



MidAtlantic AIDS Education and Training Center Rapid Initiation of HIV Treatment

Antiretroviral Therapy (ART) should be initiated as soon as possible in all patients with HIV, regardless of CD4 count including immediately after diagnosis, if patient is ready.



Rationale for Rapid Initiation

Starting ART on the day of diagnosis or linkage, even before labs results are obtained, is safe and well tolerated and provides these benefits:

- Shortens the time between diagnosis and viral suppression
- Prevents transmission of HIV to others
- Reduces mortality and AIDS/non-AIDS related complications
- Improves retention in care
- Higher engagement in care for patients with other significant medical/mental co-morbidities for treatment

Patient Information Before Initiating Rapid ART

Needed prior to start:

- Patient prepared for ART and interest in rapid initiation
- Medical History
- Current Medications
- Physical examination
- Active cryptococcal meningitis or TB infection could increase risk for IRIS and may warrant a short ART delay
- Other AIDS-defining conditions could increase risk of morbidity/mortality in the setting of rapid ART initiation
- Counsel on medication adherence
- Pregnancy test results:

It is not exclusionary to rapid start but knowing pregnancy status could change medication selection

NOT needed prior to start:

- CD4+ cell count
- HIV viral load
- HIV genotype
- HLA-B*5701 status
- STI screening results
- Hepatitis A/B/C status
Hepatitis A/B/C status is not exclusionary to rapid start but diagnosis could change follow up management (i.e. monitoring of liver function tests or if chronic hepatitis B follow up labs)

DHHS Rapid Start Recommended Regimens	IAS-USA Rapid Start Recommended Regimens
Biktarvy	Tivicay with Descovy, Truvada or Cimduo
Tivicay with Descovy, Truvada or Cimduo	Biktarvy
(Prezista+norvir or Prezcoibcx) + (Descovy, Truvada or Cimduo)	Prezista + Norvir with Descovy, Truvada or Cimduo
Regimens Not Recommended	
NNRTI-based regimens or DTG/3TC due to higher rate of transmitted NNRTI and NTRI drug resistance	NNRTI-based regimens due to concerns over transmitted drug resistance (K103N)
Regimens requiring ABC until HLA-B*5701 test results received	Regimens requiring ABC until HLA-B*5701 test results received

Tips for Success:

- If starting same day, ensure patient has access to medication before the end of the clinic visit
- Have grab bag of adherence tools available
 - Pill box, pill keychain holder, medication reminder app or settings
- Have a clinical team (or 1 other person) that helps with patient
 - Don't overwhelm patient on first visit with meeting EVERYONE
- Follow up EARLY and FREQUENTLY in the beginning
 - 1-2 weeks, 1 month, 3 months

Potential Risks of Rapid ART:

- Immune Reconstitution Inflammatory Syndrome (IRIS)
 - Missing conditions: TB or cryptococcal disease - increased risk of IRIS
 - Low CD4+ cell count is a risk factor for IRIS
- Severe liver or renal disease should ideally be managed before initiating ART
- Potential for patients to feel coerced to start when they are not psychologically ready
- Potential for insufficient time to discuss regimen considerations with women of childbearing potential

Key to HIV Medications

Abbreviations	Trade Name	Chemical Name
BIC/FTC/TAF	Biktarvy®	Bictegravir/emtricitabine/tenofovir alafenamide
DTG	Tivicay®	Dolutegravir
FTC/TDF	Truvada®	Emtricitabine/tenofovir disoproxil fumarate
FTC/TAF	Descovy®	Emtricitabine/tenofovir alafenamide
3TC/TDF	Cimduo®	Lamivudine/tenofovir disoproxil fumarate
DRV	Prezista®	Darunavir
RTV	Norvir®	Ritonavir
DRV/cobi	Prezcobix®	Darunavir/cobicistat
DTG/3TC	Dovato®	Dolutegravir/lamivudine

Please consult the most recent federal guidelines at: <https://clinicalinfo.hiv.gov/en/guidelines>

REFERENCES

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