Rapid initiation of antiretroviral treatment in newly diagnosed HIV: experience of a central London clinic

G Whitlock, S Blackwell, M Carbonell, S Patel, T Suchak

M Mohabeer, M Toby, T Barber, N Nwokolo, A McOwan

56 DEAN STREET

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2.0 Summary of recommendations

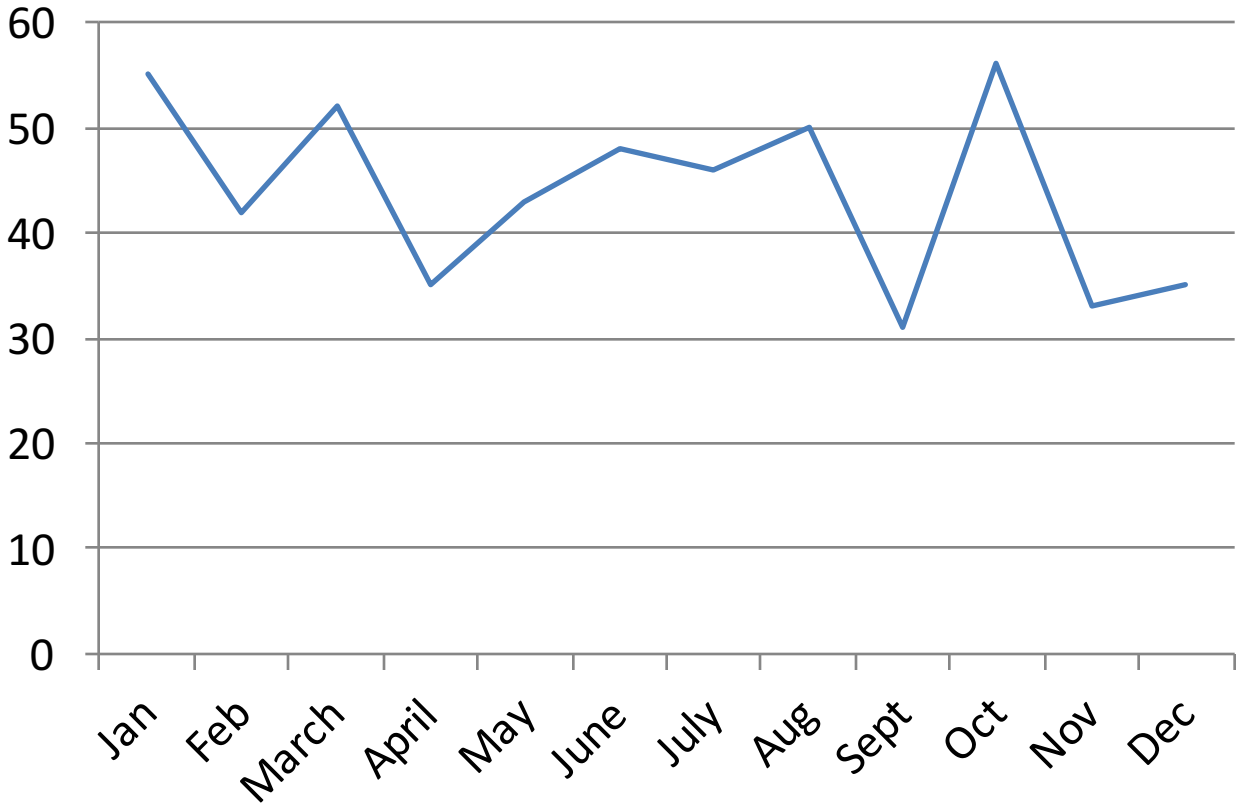
3.0 Involvement of people living with HIV in decision-making
3.1 Recommendations
• We recommend PLWH are given the opportunity to be involved in making decisions about their treatment (GPP).
• Provision of treatment-support resources should include in-house, independent and community information providers and peer-support resources (GPP).
4.0 When to start
4.1 Chronic infection
4.1.1 Recommendations
• We recommend people with HIV start ART (1A).
4.2 Individuals presenting with AIDS or a major infection
4.2.1 Recommendation
• We recommend that individuals presenting with an AIDS-defining infection, or with a serious bacterial infection and a CD4 cell count <200 cells/µL, start ART within 2 weeks of initiation of specific antimicrobial chemotherapy (1B).
4.3 Treatment of primary HIV infection
4.3.1 Recommendation
• We recommend all individuals with suspected or diagnosed PHI are reviewed promptly by an HIV specialist and offered immediate ART (1B).
4.4 Impact of treatment on prevention of onward transmission
4.4.1 Recommendations
• We recommend that ART is offered to all PLWH for the prevention of onward transmission (1A).
• We recommend the evidence that treatment with ART substantially lowers the risk of transmission is discussed with all PLWH (GPP).
• An assessment of the risk of transmission to others should be made at diagnosis and subsequent visits (GPP).

Background

- UK HIV seroconverters [1]
  - Median time to start ART, 1.4y 2010-11
- SF RAPID program [2]
  - Same day assessment and DOT ART for PHI
  - Pilot showed:
    - better retention in care
    - rapid viral suppression

1. Parsons et al (2014)
2. Pilcher et al (2017)

HIV: new diagnoses at 56 DS 2015



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Aims of the 56DS pilot

- Respond to patient demand to start ART immediately

- Treat newly diagnosed HIV faster

56DS pilot
SERVICE EVALUATION

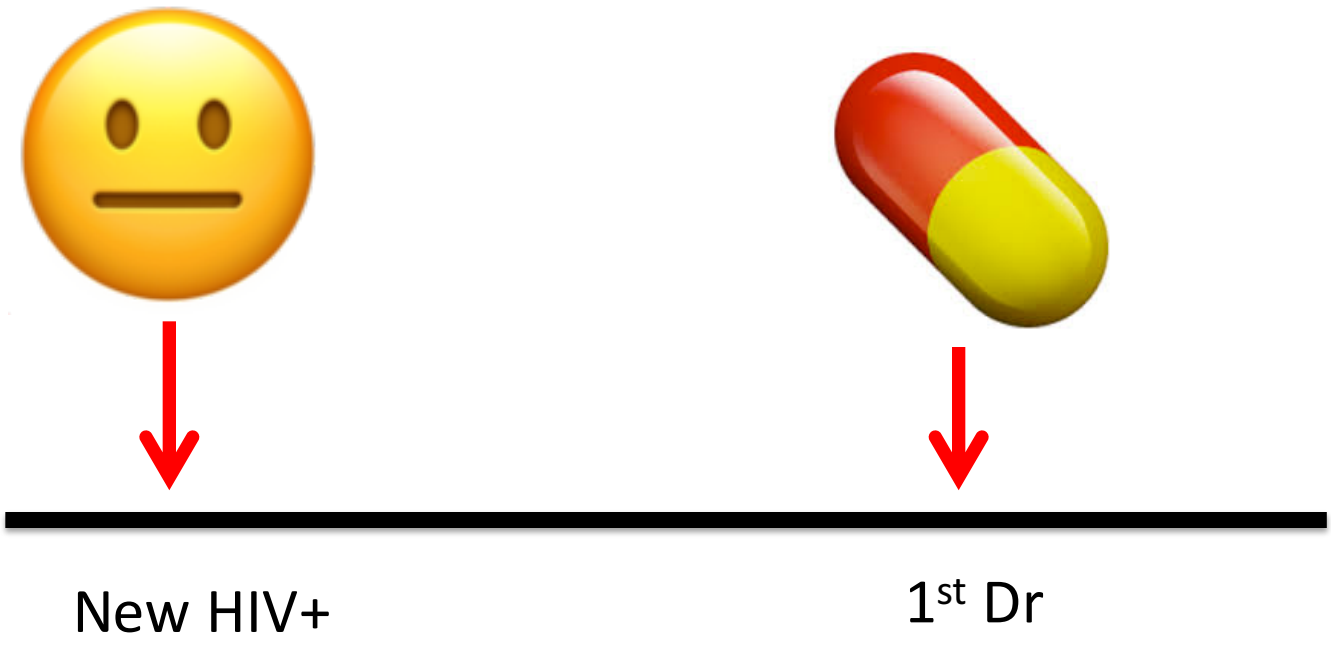
- All patients diagnosed with HIV at 56 Dean St
  - Offer 1st Dr appt within 48h
  - In absence of results, offer ART as TasP: boosted-PI and Truvada
  - Switch away from PI asap

- 1st July – 30th November 2016

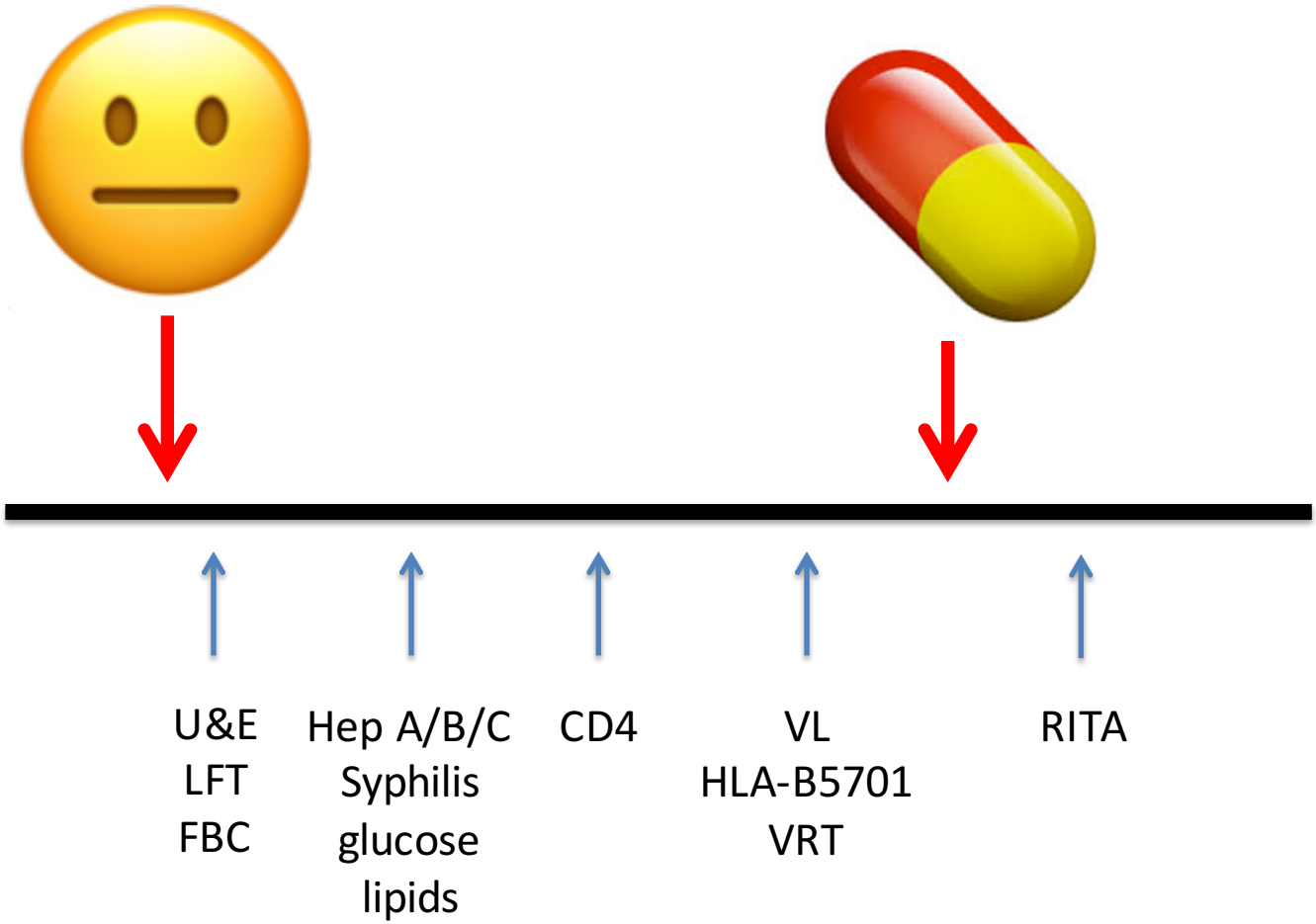
- Case-note review up to 7th March 2017

- Compare outcomes with those of new HIV diagnoses
  - 56 Dean Street
  - 1st May – 30th September 2015

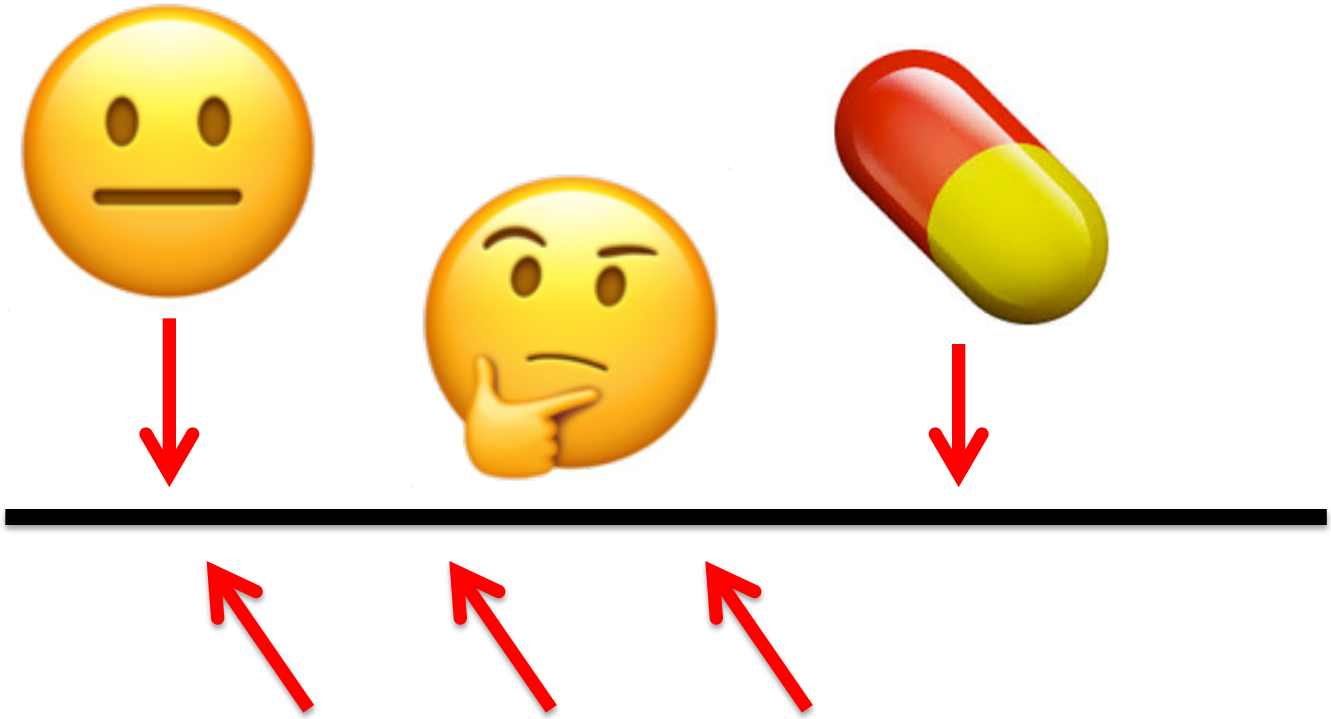
‘Standard’ pathway



‘Standard’ pathway

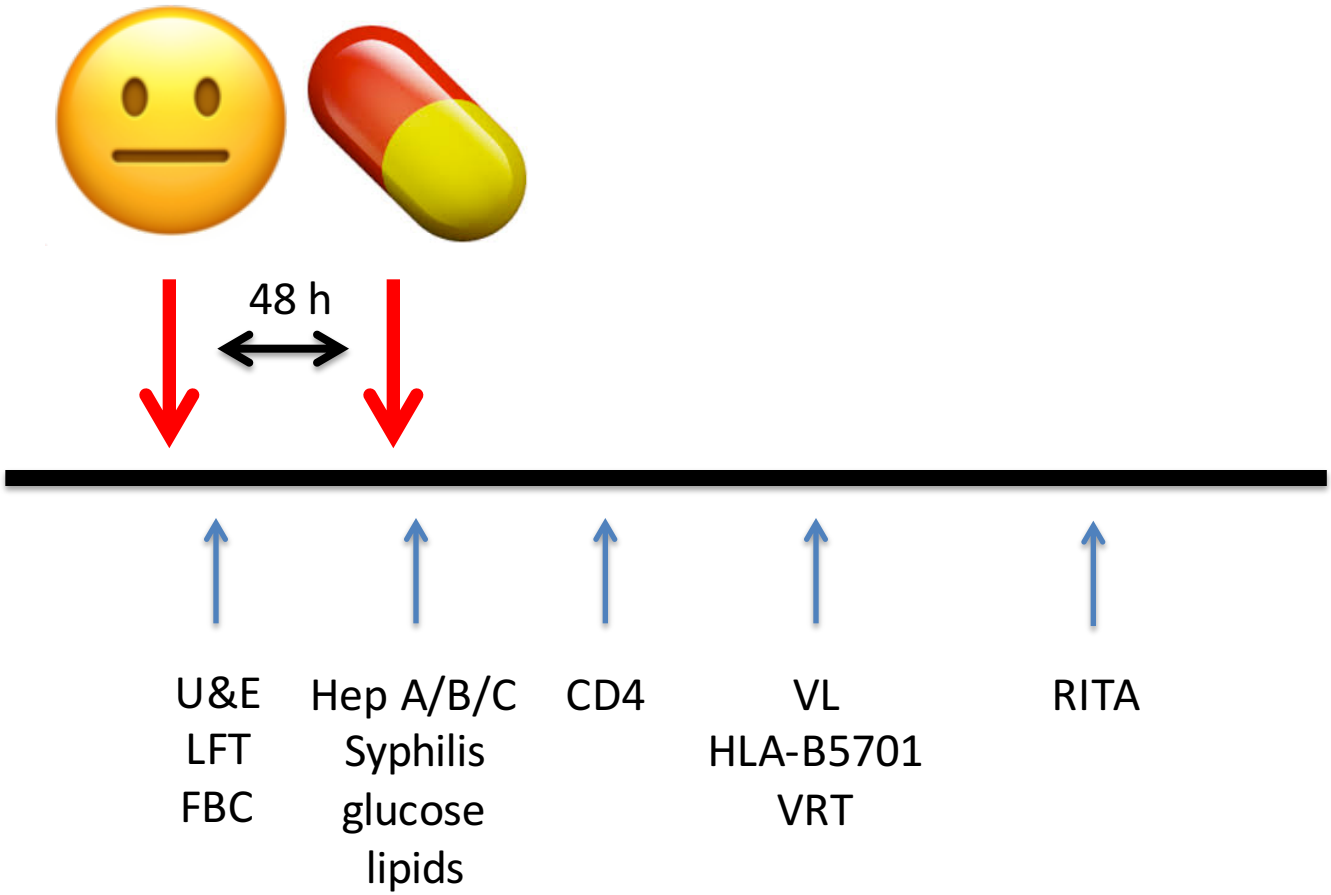


‘Standard’ pathway



HA input

New pathway


48 h
U&E
LFT
FBC
Hep A/B/C
Syphilis
glucose
lipids
CD4
VL
HLA-B5701
VRT
RITA

Capacity

3 slots
am NPOS

pm NPOS

Eve NPOS

Week	Mo	Tu	We	Th	Fr	Sa	Su
13					1	2	3
14	4	5	6	7	8	9	10
15	11	12	13	14	15	16	17
16	18	19	20	21	22	23	24
17	25	26	27	28	29	30	

127 new HIV diagnoses

Characteristic	
Age (mean, y)	34
Sex: Male of which, MSM	100% (127/127) 98% (125/127)
Recent infection (RITA) %	50% (58/116)
Baseline CD4 (median, IQR) cells/mm^3	466 (310 - 578)
Baseline VL (median, IQR) cpm VL > 1million cpm	72,000 (24,000 – 290,000) 14%

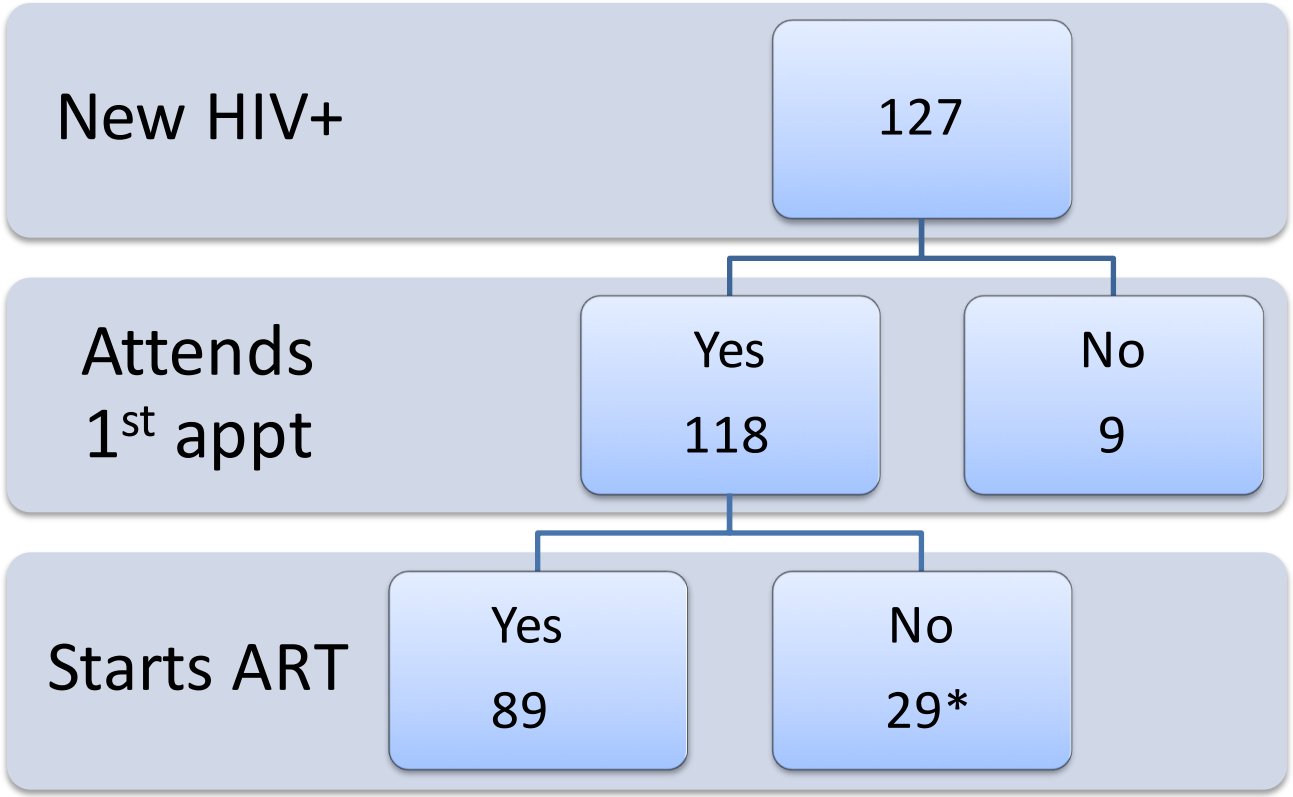
Baseline characteristics

Characteristic	
Baseline ALT (median, IQR) iU/L ALT > 100 iU/L	29 (22 – 44) 7% (9/125)
Baseline eGFR > 60 mL/min/1.73 m^2	100% (125/125)
Baseline Hepatitis C antibody positive	2% (3/125)
Transmitted resistance*	24% (28/118)

*3 not sent; 6 did not amplify

Baseline resistance mutations

Major resistance mutations	N
L90M	9
M46L	2
E138A	3
V179E	3
V179D	2
K103N	1
M184V	2
M41L T215E	1
D67N T69D K219Q	1
M46L K103N	1
K219N H221Y	2
E138G T215L K238T	1



Of 118 who attend 1st Dr appt, 89 (75%) started ART at 1st appt

*Of the 29 who did not start, 26 subsequently start ART

ART initiation

Time to start ART	N* (%)
Within 48h	28 (24%)
48h – 7d	30 (26%)
7d – 14d	20 (17%)
>14d	37 (32%)

*Includes the 26 who do not start at 1st appt and subsequently start

ART regimen

ART regimen initiated*	N (%*)	VRT available?
Boosted-PI	62 (54%)	7**
INSTI	33 (29%)	31***
NNRTI	12 (10%)	12
4-drug ART (as part of RIVER)	7 (6%)	3
RCT (GEMINI)	1 (1%)	1

*Includes the 26 who do not start at 1st appt and subsequently start (n=115)

**All 7 had major resistance mutations

***2 on PEP at diagnosis: VL<20

Follow-up

Characteristic (median days, IQR)	Pre-pilot (n=214)	Pilot (n=118)	P-value
Time to 1st Dr appt	16 (14-21)	6 (2 – 12)	<0.05

Characteristic (median days, IQR)	Pre-pilot (n=214)	Pilot (n=115*)	P-value
Time to ART initiation	26 (16 – 55)	7 (3 - 20)	<0.05

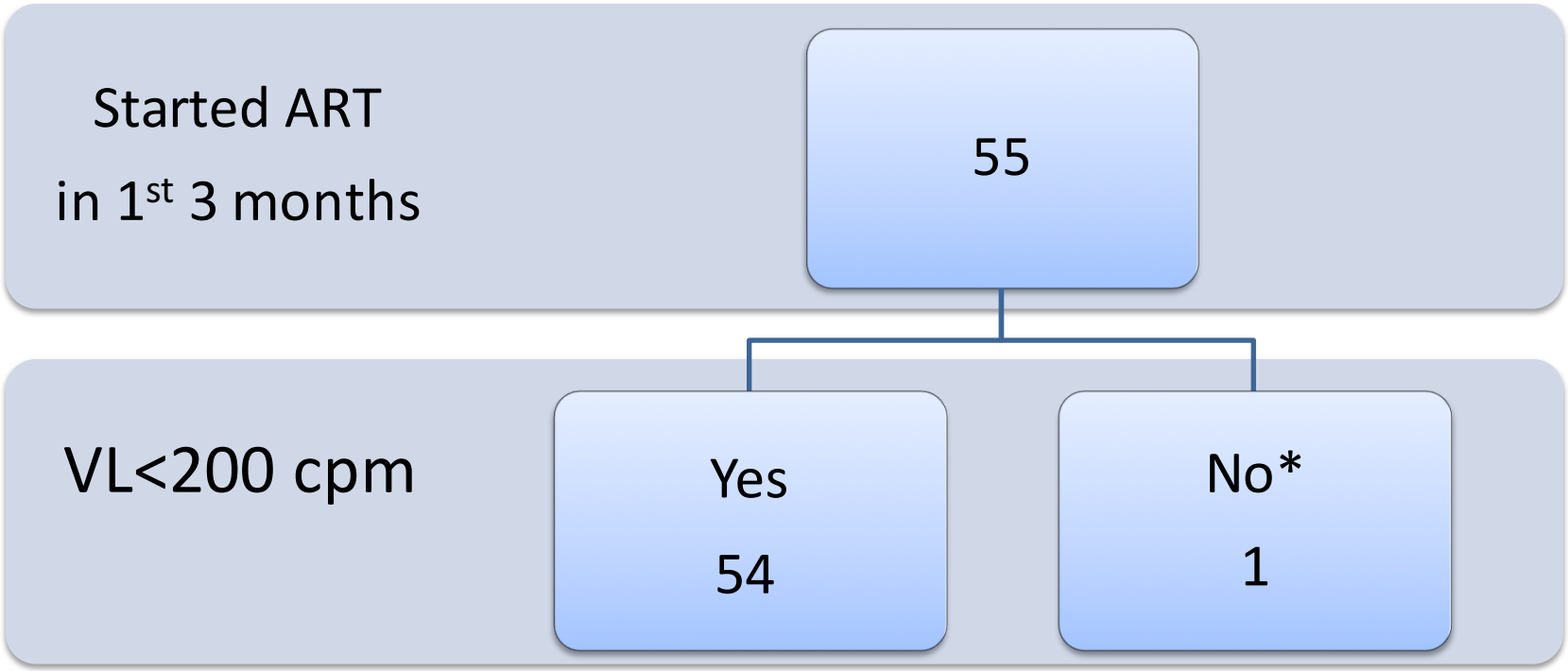
*Includes the 26 who do not start at 1st appt and subsequently start

Outcomes

Of 118 who attend 1st Dr appt,

98% (115/118) have started ART

Outcomes



Time to VL<200 (median, IQR) = 62 d (44 – 117 d)

*VRT L90M; started boosted-PI and Truvada

Baseline VL 183k to 70 then rebounded 1344 then DNA

Summary

- Pilot at 56DS
  - Rapid ART initiation is deliverable
    - 26% attend within 48h
    - Quicker ART initiation
    - Patients are able to DECLINE rapid ART
  - 50% PHI; well-informed MSM

Thanks