



# Seroconverters: then and now

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## Background

There is growing evidence around the benefits of early ART initiation both in terms of health outcomes and TasP.

TasP is especially relevant in seroconverters who have very high viral loads [1].

### Aim

To assess our management of seroconverting patients.

## Methods

A service evaluation and comparison of seroconverters accessing a HIV centre in the North West of England, between Jul/14-Jul/15 and Jul/17-Jul/18.

## Conclusion

There were significant improvements in 6 month CD4 count in those who started ART immediately compared with delayed starters .

This combined with the reduced time to virological suppression and fulfilment of U=U reflect the wide reaching benefits of early ART.

## Results

British MSM 79%	Mean age of infection 31.9	British MSM 75%	Mean age of infection 29.6
2014 – 2015 (n = 14)		2017 – 2018 (n = 16)	
Average days to undetectable from Δ 369 (148 – 563)	Average days to start ART from Δ 229 (17 – 706)	Average days to undetectable from Δ 125 (61 - 198)	Average days to start ART from Δ 28 (0 – 129)

Cohort	CD4 Count (mm <sup>3</sup> )		
	0 months	6 months	P Value
2014 -2015 (n=14)	536.62 ±177.66	548.77 ±147.06	0.121
2017 - 2018 (n=16)	406.92 ±152.13	684.54 ±228.50	<b>0.014*</b>

Seroconverter:  
patients with a documented  
negative HIV test in the 12 months  
prior to diagnosis.

## References

1. Initiation of Antiretroviral Therapy in Early Asymptomatic HIV Infection. INSIGHT START Study Group et al. N Engl J Med. 2015 Aug 27;373(9):795-807.

## Abbreviations

ART, antiretroviral therapy;  
TasP, treatment as prevention;  
U=U, undetectable=untransmissible.

