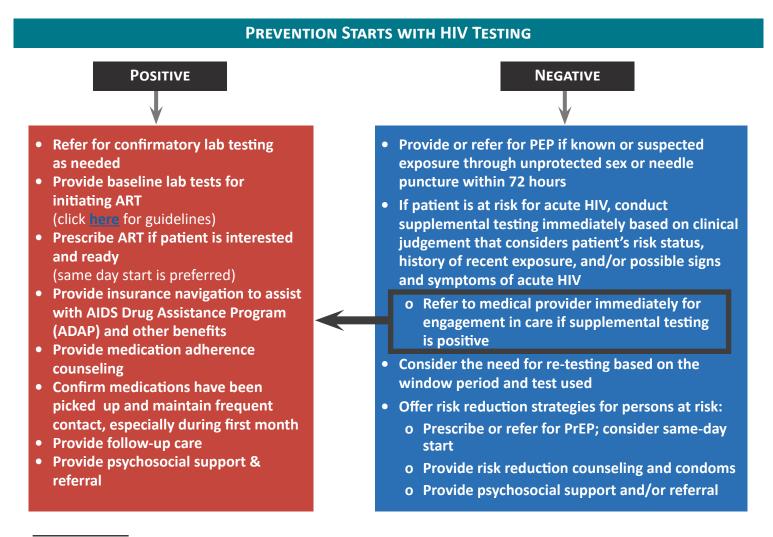


For individuals testing positive for HIV, immediate initiation of antiretroviral therapy (sometimes referred to as I-ART), represents a departure from earlier clinical practice. Studies show that I-ART can help people with HIV to achieve viral suppression more quickly and promote overall health.ⁱ People with HIV who use antiretroviral therapy as prescribed and stay virally suppressed, have effectively no risk of sexually transmitting HIV to others.ⁱⁱⁱ Providers at clinical settings should work towards helping HIV-positive persons initiate ART as soon as possible, either on site or through immediate linkage. Providing same day and/or rapid I-ART may also help patients to feel empowered.^{iv}

HIV testing is the first step in initiating I-ART, pre-exposure prophylaxis (PrEP), and post-exposure prophylaxis (PEP). Assuring access to these medications in a timely way can help change the course of HIV for individuals and communities. The graphic below illustrates the steps needed for initiating I-ART for persons who test positive for HIV. It also includes information about re-testing, and eligibility for PrEP^v and PEP^{vi} for individuals with negative test results.



i Cohen MS, Chen YQ, McCauley M, et al. Prevention of HIV-1 infection with early antiretroviral therapy. N Engl J Med. 2011;365(6):493-505. Available at: https://www.ncbi.nlm.nih.gov/pubmed/21767103.

ii Dept. of Health and Human Services, Guidelines for the Use of Antiretroviral Agents in Adults and Adolescents Living with HIV. Downloaded from https://aidsinfo.nih.gov/guidelines. 7/16/19

iii Centers for Disease Control and Prevention, Treatment as Prevention, https://www.cdc.gov/hiv/risk/art/index.html, accessed 9/10/19

iv Ferrus, C et al. "Implementation of Rapid HIV Treatment in Ambulatory Care Settings"

v U.S. Public Health Serivce, Preexposure Prophylaxis for the Prevention of HIV Infection in the United States – 2017 Update, A Clinical Practice Guideline. Downloaded from https://www.cdc.gov/hiv/pdf/risk/prep/cdc-hiv-prep-guidelines-2017.pdf, October 17, 2019

vi CDC, PEP 101, Downloaded from https://www.cdc.gov/hiv/pdf/library/factsheets/cdc-hiv-pep101.pdf, October 17, 2019

I-ART IMPLEMENTATION CONSIDERATIONS

- Conduct staff training pertaining to I-ART
- Listen to staff concerns and be prepared to request training and technical assistance as needed *
- Identify potential champion(s) within your health center to be part of implementation team
- Implement and/or modify HIV testing practices to be in alignment with CDC HIV testing guidelines
 - ✓ Click <u>here</u> for routine HIV testing guidelines which include recommendations for testing individuals ages 13-64
 - \checkmark Click <u>here</u> for HIV testing guidelines for HIV screening of gay, bisexual, and other men who have sex with men^{vii}
- Establish and/or revise protocols and practices for HIV testing including: test selection, confirmatory testing, insurance navigation, medical adherence counseling, psychosocial assessment, and referrals
- Assure that re-testing recommendations are based on last reported exposure, the type of test used, and the window period. If a person gets a laboratory-based antigen/antibody test on blood plasma less than 45 days after a possible HIV exposure and the result is negative, follow-up testing can begin 45 days after the possible HIV exposure. For all other tests, CDC recommends testing again at least 90 days after exposure to be sure that a negative test result is accurate.^{viii}
- Identify possible sources of ART starter pack in collaboration with other entities and organizations (i.e. pharmacy linkages, leveraging pharmaceutical company programs, 340B)
- If unable to provide medication on site, develop and/or revise protocols for linkage to medical providers

Working with Patients Who Test Positive for HIV

- Provide patient-centered health and counseling services that consider the social determinants of health
- Provide counseling on benefits of I-ART and initiate if acceptable to patient
- Acknowledge that patient readiness for treatment and medication adherence are key components of I-ART
- Using a team approach, address patient barriers to I-ART
- If patient wants to initiate ART immediately, prescribe regimen based on patient history and clinical guidelines; click <u>here</u> to review

We know that ending HIV will require us to address health disparities and engage in partnerships with health care providers, health departments, community-based organizations, and persons with HIV. If your health care organization is not ready to provide I-ART, you can develop a plan to work towards this goal; while establishing relationships with providers in your community where you can refer people with HIV for treatment. While you are working on the plan, remember the time is now to initiate antiretroviral therapy.

* If your organization needs training or technical assistance pertaining to I-ART, or other topics pertaining to HIV testing and treatment, please contact us at hip@pcdc.org or at 212-437-3900.

vii CDC, HIV in Clinical Settings, Downloaded from https://www.cdc.gov/hiv/testing/clinical/index.html, Sept. 30, 2019 viii Centers for Disease Control and Prevention, Downloaded from https://www.cdc.gov/hiv/testing/clinical/index.html, October 14, 2019



