

Rapid Initiation of (HIV) Antiretroviral Treatment (RIA) Policy Statement

A new HIV diagnosis is an immediate call to action for every provider who engages with that individual, to assure the rapid initiation of antiretroviral treatment (RIA). New York State Department of Health (NYSDOH) HIV Clinical Guidelines state that treatment is recommended for all patients with a confirmed HIV diagnosis regardless of their CD4 cell count or viral load. All providers serving persons with HIV should establish systems which strive for the same-day initiation of HIV treatment, even while initial lab work¹ is pending. While same-day initiation of treatment may not always be possible, it is ideal that patients be started on treatment within three days. In the outpatient setting, in no instance should treatment initiation take longer than 30 days.

Background

- New York State policy on rapid access to HIV antiretroviral (ARV) treatment supports the "Undetectable equals Untransmittable" (U=U) message that individuals with a sustained undetectable viral load will not sexually transmit HIV.
- Currently preferred ARV regimens are safe, effective, and because the virus is suppressed more quickly, limit the development of early drug resistance.
- Rapid initiation of ARV treatment improves engagement and retention in care and encourages self-management.

Information for Clinical Providers

All clinical care settings should be prepared, either on-site or with a confirmed referral, to support patients in initiating ART as rapidly as possible after diagnosis. Facilities can be prepared by:

- Focusing on increasing access and decreasing the time to treatment initiation and appointments for HIV care.
- Proactively forming partnerships with community agencies conducting HIV screening.
- Creating sustainable, effective linkages between health care, public health, and HIV support services to improve patients' access to care.
- Developing a model of care that is flexible and consistent with clinical guidelines.
- Utilizing systems to activate pharmacy payment support for obtaining ART in the first 24 hours.
- Establishing a committed HIV care team to support rapid access to treatment and care.

Information for Community-Based Organizations

Community-based organizations that do not provide clinical services play an important role in promoting rapid access to treatment for persons who are newly diagnosed. Community-based organizations providing HIV prevention services, HIV/STI/HCV testing and screening, and supportive services should consider the following activities to promote awareness of rapid access to treatment.

- Train all staff on the importance of rapid access to treatment including how rapid access to treatment impacts HIV transmission and stigma (U=U, Treatment as Prevention) and incorporate information about rapid access to treatment into the agency's services.
- Ensure that culturally relevant information and messaging about rapid access to treatment is incorporated into all program activities including, but not limited to, HIV/STI/HCV testing and screening, individual and group behavioral interventions, and public education and awareness campaigns (e.g., social media campaigns). These messages should promote the benefits of rapid access to treatment and dispel myths and outdated information about HIV treatment and its effects.
- Ensure staff know the referral process for rapid access to treatment including the systems that support rapid access to treatment such as insurance coverage, pharmacy role, and the process for first appointments.
- Actively assist persons who are newly diagnosed to navigate access to rapid treatment and offer counseling and support for medication adherence.

¹ *NYSDOH HIV Clinical Guidelines require HIV-1 Genotype resistance testing to be conducted with other baseline laboratory tests for all newly diagnosed persons.* https://www.hivguidelines.org/hiv-care/primary-care-approach/#tab_3

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For more information about Rapid Initiation of ART, go to the [Rapid Initiation of ART home page](#).