



VIRTUAL  
**2020 NATIONAL  
RYAN WHITE  
CONFERENCE ON  
HIV CARE & TREATMENT**

## Rapid START and YOUth;

Three Years of Rapid START Linkage, Viral Suppression, and Retention Data on Those Aged 13 – 24 Who Tested Positive.

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# Background



- In 2017, youth aged 13-24 made up 21% (8,164) of the 38,739 new HIV diagnoses in the United States. Youth with HIV are the least likely of any age group to be linked to care quickly and have a suppressed viral load.
- From December 1<sup>st</sup>, 2016 – December 31<sup>st</sup>, 2017 we tested 1,694 persons aged 13-24; with a 1.4% positivity rate (N=24). For calendar year 2018 we tested 1,630 persons aged 13-24 with a 1.1% positivity rate (N=18).
- For this study we looked at the period of 12/1/2016 - 5/15/2018; when 124 patients were enrolled in our rapid start intervention and then followed for 12 months.
- Newly diagnosed patients were linked and started on ART within 72 hours of diagnosis (often same-day) to CrescentCare, an FQHC in New Orleans.
- The proportion achieving viral suppression, time to viral suppression, sustained viral suppression 12 months post-diagnosis and engagement in care at 12 months were compared between youth (18 – 24) and adults.
- 93 were 25 or older and 31 were under 25.

# Key Program Inputs



- Same-day appointments
- Flexible provider scheduling (on call backup)
- ART-regimen preapproval prior to genotyping or lab testing
- Availability of ART starter packs
- Patient navigator
- Accelerated process for health insurance initiation
- Observation of first ART dose in clinic (recommended)
- Guarantee sustained access to ART

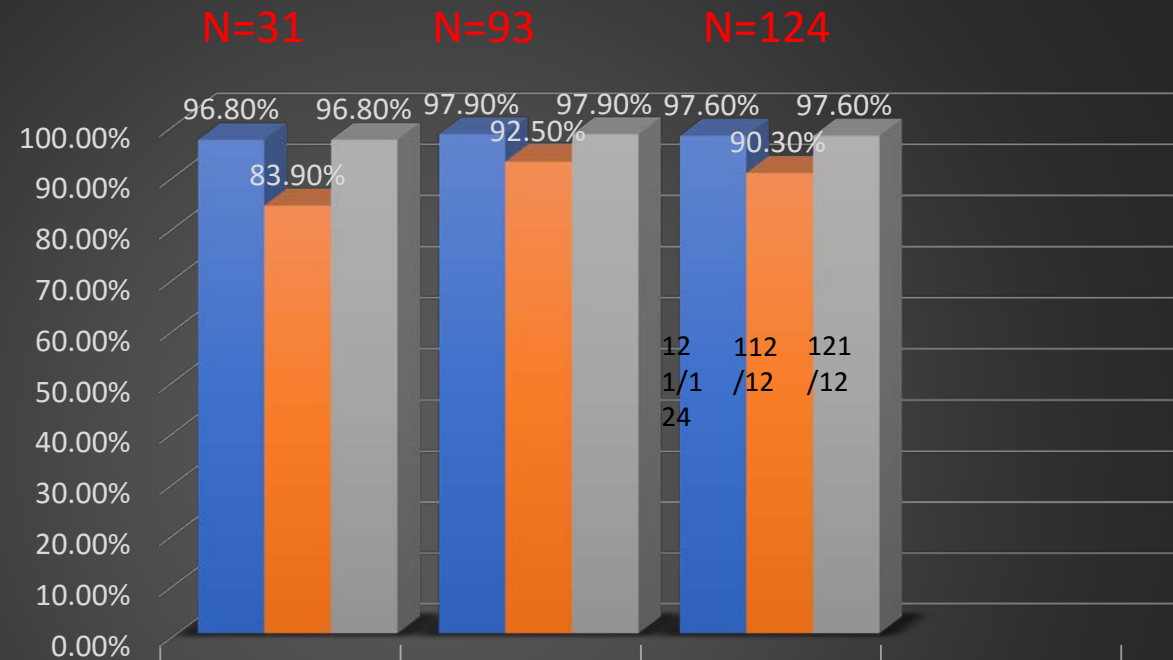
# Demographic Breakdown



	24 and under N=31	25 and older N=93	P
<b>Median age</b>	21 (18 – 24)	33 (25 – 61)	
<b>Sex</b>			
Male	25 (80.7%)	64 (68.8%)	P = 0.2042
Female	5 (16.1%)	23 (24.7%)	P = 0.3230
Trans female	1 (3.2%)	6 (6.5%)	P = 0.4934
<b>Race</b>			
African-American	21 (67.7%)	54 (58.1%)	P = 0.3456
White	9 (29.0%)	25 (26.9%)	P = 0.8212
Latin/other	1 (3.2%)	14 (15.1%)	P = 0.0800
<b>HIV Risk factor</b>			
MSM	25 (80.6%)	50 (53.8%)	P = 0.0085
Heterosexual	5 (16.1%)	40 (43.0%)	P = 0.0072
IDU	1 (3.2%)	3 (3.2%)	P= 1.00

# Results

	24 and under N=31	25 and older N=93	P
Achieved VS	30 (96.8%)	91 (97.9%)	P = 0.7286
Median Days to VS	29	28	P = 0.85
Sustained VS after 12 months	26 (83.9%)	86 (92.5%)	P = 0.1619
Engaged in care after 12 months	30 (96.8%)	91 (97.7%)	P = 0.7286



	24 and under	25 and over	Total
Achieved VS	96.80%	97.90%	97.60%
Sustained VS after 12 months	83.90%	92.50%	90.30%
Engaged in Care after 12 months	96.80%	97.90%	97.60%

■ Achieved VS    
 ■ Sustained VS after 12 months    
 ■ Engaged in Care after 12 months

- There was no significant difference in achieving VS or time to VS between the age groups.

Over 95% of both groups achieved VS with a median of less than 30 days from diagnosis.

*Additionally, there was no significant difference in engagement in care and sustained viral suppression, thus demonstrating that a rapid start intervention is critical for ending the epidemic for youth and adults.*

# Conclusions



- The intervention outcomes demonstrate that starting adults and youth on ART immediately after diagnosis, before labs are obtained, is safe, well-tolerated, and effective.
- Viral suppression was quickly achieved and maintained.
- Lally et al. in a large cohort of youth (13 – 24) published a rate of 59%.
- Louisiana state-wide rate of viral suppression for youth 18 – 24 is 51%.
- Rapid Start is a paradigm shift that upholds equity and effectively engages youth.

# Supporting Equity



- AA men are more likely to have delays in ART initiation even after seeing a prescribing provider.
- AA men and women are more likely to be prescribed a second line agent (most often a PI) when compared to white men and women.
- No better demonstration of commitment to a community than same-day immediate access to a provider.