

Rapid Initiation of HIV Antiretroviral Therapy

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Dear Colleague,

Initiation of antiretroviral treatment (ART) on the same day that an individual has a reactive result on an HIV screening test, or is diagnosed with HIV, or on the first clinic visit is the recommended standard of care for HIV treatment in New York. [The New York City Department of Health and Mental Hygiene](#) (NYC Health Department) and the New York State Department of Health (NYSDOH) encourage medical facilities to establish policies and procedures to immediately initiate ART in almost all people newly diagnosed with HIV. This recommendation follows [New York State Clinical Guidelines](#) and recommendations of the [International Antiviral Society \(IAS\)-USA Panel](#).

Immediate ART provides individual and public health benefits. Evidence from [multiple studies](#) establishes that initiating ART on the day of diagnosis is safe, improves retention in care and increases the proportion of patients who are virally suppressed after 12 months. Anecdotally, providers and patients report that same-day treatment eliminates a potentially stressful waiting period and reduces barriers to initiation of HIV care. **Offer immediate ART to newly diagnosed patients and to previously diagnosed patients out of care.**

To prescribe ART on the day of diagnosis or at the initial clinic visit:

1. **Educate and counsel the patient about HIV and treatment.** Discuss the benefits of immediate ART and potential barriers to adherence.
2. **Conduct a medical evaluation.** Take an HIV and general medical history, conduct a physical exam and collect an HIV genotype and other lab specimens.
3. **Establish that there are no contraindications to immediate ART.**
 - If a patient has a history of irregularly taking ART as HIV treatment, with a strong possibility of acquired resistance, delay prescribing an initial regimen until receipt of a genotype.
 - If a patient has signs or symptoms of severe opportunistic infections (e.g., cryptococcal meningitis, tubercular meningitis), delay ART until safe to initiate (see [guidance](#) on acute opportunistic infections and ART initiation).
4. **Immediately prescribe a recommended initial HIV regimen.** Follow guidance from [NYSDOH Clinical Guidelines Program](#), [U.S. Department of Health and Human Services](#) or [International Antiviral Society \(IAS\)-USA Panel](#). Consider factors that may require an alternative regimen, such as:
 - Severe liver or kidney disease and the potential for drug-drug interactions
 - A patient's desire to become pregnant or lack of consistent contraceptive use
 - Recent inconsistent use of HIV PrEP (pre-exposure prophylaxis) or PEP (post-exposure prophylaxis)
5. **Ensure coverage of care.** See below for support available to uninsured or underinsured patients.

6. **Address potential barriers to medication adherence and continuity in care.** Patients with active substance use, untreated mental health conditions, immigration issues or unstable housing deserve the highest standard of HIV care, including the option of rapid initiation of ART. Help address barriers to care with appropriate counseling and linkage to support services.
7. **Plan follow-up care.** Schedule a check-in by the patient's preferred method of contact in two to three days to answer questions and discuss medication adherence and possible side effects. Arrange a clinic visit within one to two weeks to complete medical and psychosocial assessments, reinforce adherence, and review the genotype and other baseline laboratory tests to verify that the initial treatment regimen is appropriate. Schedule a four-week follow-up visit to obtain a quantitative viral load.

Initial ART regimens seldom require modification. Real-world clinical experience suggests that providers seldom have to change the initial regimen. In 2017, New York City's Sexual Health Clinics began routinely offering ART on the day of HIV diagnosis. Of 130 patients provided immediate ART: 10 had a false-positive test result; none had a GFR < 50 ml/min (indicating moderate renal insufficiency); only two had virus resistant to one of the drugs in the standard initial regimen (tenofovir alafenamide/emtricitabine/dolutegravir); and only one patient required a change in their treatment regimen. (Clinics promptly contacted patients with false-positive test results who had initiated HIV treatment and told them to discontinue ART.)

Also in 2017, a large HIV program in Rochester began offering immediate treatment to newly diagnosed patients: all 32 patients agreed to start ART at their first clinic visit and none have required a change to their initial regimen.

Financial support is available. NYS' [Uninsured Care Programs](#) provide access to no-cost health care for low-income NYS residents with HIV who are uninsured or underinsured. A simplified [application](#) allows same-day patient enrollment. In addition, several pharmaceutical manufacturers offer eligible patients free medication or assistance with copayments.

Learn more about rapid ART initiation. [New York City](#) and [New York State](#) websites provide more detailed guidance on starting HIV treatment at the time of diagnosis and added information on patient assistance programs.

We thank you for your efforts to ensure timely care and treatment for all New Yorkers living with HIV. Expanding rapid initiation of ART will help [end the HIV epidemic](#).

Sincerely,



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