

# RAPID START LEADS TO SUSTAINED VIRAL SUPPRESSION IN YOUNG PEOPLE IN THE SOUTH

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## BACKGROUND:

Rapid Start is a linkage-to-care intervention where people newly diagnosed with HIV are started immediately on ART which supports equity in care. Our prior data have shown that rapid ART initiation improves linkage and viral suppression.

HIV incidence continues to increase in young men of color. Youth living with HIV have lower rates of viral suppression and retention in care.

Rapid Start data for US youth have not been published.

## METHODS:

Newly diagnosed patients were linked within 72 hours of diagnosis (often same-day) to CrescentCare, a Federally Qualified Health Center in New Orleans.

The first dose was directly observed and patients were provided a 30-day dose pack. Labs were drawn and patients underwent expedited insurance enrollment.

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 (age 25 and over).

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.

**Rapid Start is a paradigm shift that upholds equity and effectively engages youth.**

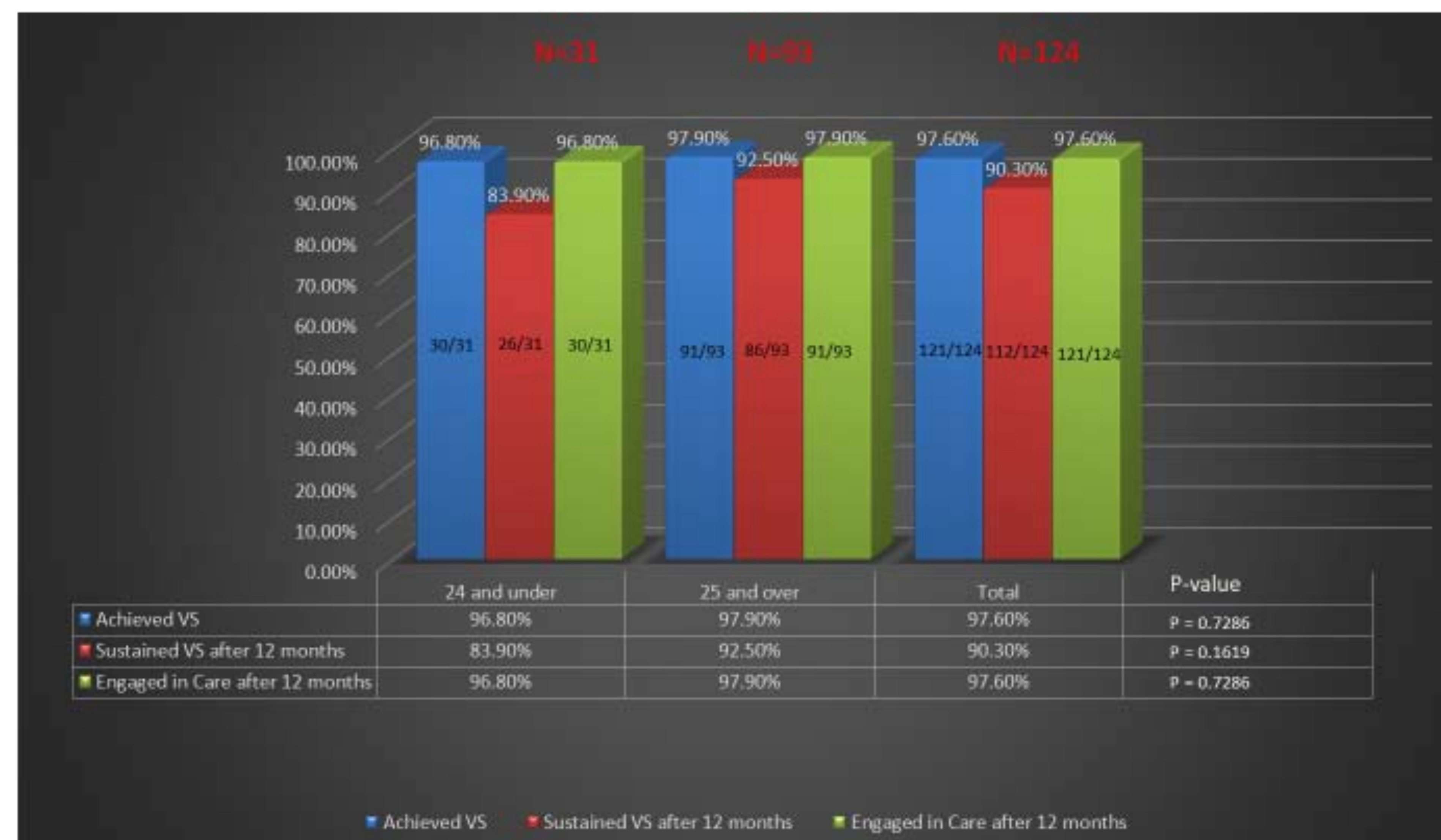
## RESULTS:

124 patients were enrolled in our rapid start intervention between 12/1/2016 and 5/15/2018. Ninety-three were 25 or older with a median age of 33. Thirty-one were under 25 with a median age of 21.

All patients chose to start ART, and none stopped due to adverse effects. 96.8% (30/31) of the youth population achieved viral suppression with a median of 29 days from diagnosis. 83.9% (26/31) remained virally suppressed at 12 months post-diagnosis and 96.8% (30/31) remained engaged in care.

97.9% (91/93) of the adult population achieved viral suppression with a median of 28 days from diagnosis. 92.5% (86/93) remained virally suppressed at 12 months post-diagnosis and 97.9% (91/93) remained engaged in care.

There were no significant differences in these outcomes between the two groups.



	24 and under N=31	25 and over N=93	P
Median age	21 (18 – 24)	33 (25 – 61)	
Sex			
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
Race			
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
HIV Risk factor			
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