The Fast Lane to Undetectable

People in JumpstART achieved viral suppression three times faster than those in the control group.

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To win a race, it helps to have a pit crew for support and a coach to help you get off the blocks fast. When people participating in a supportive program left their HIV diagnosis appointment with a 30-day supply of HIV meds and a first care appointment scheduled with an outside provider through the help of a navigator, they achieved an undetectable viral load three times faster than those who did not receive that level of support.

The program, JumpstART, ran in New York City public sexual health clinics between 2016 and 2019 and provided free or low-cost HIV treatment, HIV prevention services, sexually transmitted infection (STI) testing and treatment and pregnancy testing, along with navigation services, case management, adherence counseling, partner testing, connection to external HIV providers and follow-up care.

A total of 230 people were diagnosed with HIV and treated through JumpstART. Their viral load results were compared with a control group of 36 people diagnosed with HIV previously through a private provider.

Researcher Preeti Pathela, DrPH, of the New York City Department of Health and Mental Hygiene, and her colleagues found that one third of JumpstART participants didn't connect with a provider within 30 days and returned for a second starter pack of HIV medications. The rest successfully linked to care outside the clinic. Although by the end of the first 30 days, the same proportion of people in JumpstART and in the control group were linked to care, by three months after diagnosis, 85% of JumpstART participants had achieved viral suppression, compared with just 45% of those in the control group. By the end of the study period, 92% of JumpstART participants had an undetectable viral load, compared with 86% of people not in the program.

After controlling for viral load at the time of diagnosis, people in JumpstART achieved viral suppression three times faster than those in the control group.

"When newly diagnosed individuals have to be referred elsewhere to start [antiretroviral treatment], they are often faced with multiple disjointed steps and a complex system," wrote Pathela and colleagues. And "that can delay time to viral suppression, or effectively impede it altogether."

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