People Diagnosed With HIV in NYC Are Getting on Treatment Faster

But health officials stress there is still room for improvement.

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After New York City recommended universal HIV treatment regardless of CD4 count in late 2011, people diagnosed with the virus began getting on antiretrovirals (ARVs) more quickly. Nevertheless, health officials stress there remains much room for improvement.

In 2015, the global START study proved that starting HIV treatment when CD4s are higher than 500 led to a net benefit for health. Consequently, after having previously recommended starting after CD4s declined to certain thresholds, global guidelines switched to recommending treatment for everyone living with the virus. New York was ahead of the game in this regard.

Additionally, research presented at conferences and published between 2011 and 2019 led to the global scientific consensus that those on ARV treatment for HIV who sustain an undetectable viral load cannot transmit the virus to their sexual partners. This increasingly crystallized finding added another layer of urgency to getting people with HIV on treatment as soon as possible after they are diagnosed with the virus.

Publishing their findings in the Journal of Infectious Diseases, researchers in the new study analyzed population-based HIV surveillance data on people diagnosed with HIV in New York City between 2012 and 2015 and followed through June 2017. They looked specifically at the proportion of those diagnosed each year who had a CD4 count of 500 or greater, indicating they likely contracted the virus relatively recently—or "early," in the parlance of the study.

A total of 9,987 people were diagnosed between 2012 and 2015. Thirty-five percent of them were diagnosed early, and 87% had started ARVs by June 2017. Thirty-five percent of those diagnosed in 2012 and 37% of those diagnosed in 2015 had a CD4 count of at least 500—a difference that was not statistically significant, meaning it could have been driven by chance.

The proportion of those diagnosed during each year of the study period who started ARVs within six months of their diagnosis increased from 62% in 2012 to 67% in 2013, 72% in 2014 and 77% in 2015. The median time between diagnosis and initiation of HIV treatment for those diagnosed in each year was a respective 3.34 months, 2.62 months, 2.16 months and 2.03 months. In other words, half of those diagnosed in 2015 were on ARVs within about two months.

Such promising news notwithstanding, the study authors concluded: “Although recommendations for [ARV treatment] initiation on diagnosis are increasingly being implemented, the findings of the current study suggest that immediate treatment initiation is not universal. Continued efforts are needed to expand and better target HIV testing to promote earlier diagnosis.”

To read a press release about the study, click here.

To read the study abstract, click here.

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