

Abstract:

Same Day Antiretroviral Therapy Initiation in a Chicago Federally Qualified Health Center

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Over the past few decades, HIV incidence in the United States has down trended. However, in recent years, reductions in new HIV cases have remained somewhat stagnant. Additionally, several parts of the country demonstrate disproportionately high HIV incidence including the southern United States having an estimated 52% of new HIV diagnoses in 2018. Similarly, HIV incidence rates that have historically affected non-Hispanic Black and Latinx patients are stably elevated; specifically Black and Latinx patients demonstrated rates of 42% and 27% of new diagnoses. Populations in these areas are key demographics to benefit from efforts to reduce HIV incidence. In keeping with the aims of the current U.S. Ending the HIV Epidemic: A Plan for America initiative, efforts must continue to address the disparities in HIV acquisition in the United States. To address these disparities, investigations have been conducted and demonstrated new antiretroviral therapy (ART) regimens involving rapid initiation and linkage to care have shown promise in the campaign to reduce HIV incidence.

This study proposes that the newer same day start ART initiation strategy will achieve viral suppression faster than convention methodology and that it will improve HIV retention in care. This retrospective chart review study will review data from January 1, 2015-January 1, 2021 comparing rates of HIV suppression and retention in care at Erie Family Health Centers.