

Community HERO Treatment Survey: Insights Into Rapid Antiretroviral Therapy Initiation Patterns and Perceptions Across a Global Population of People With HIV

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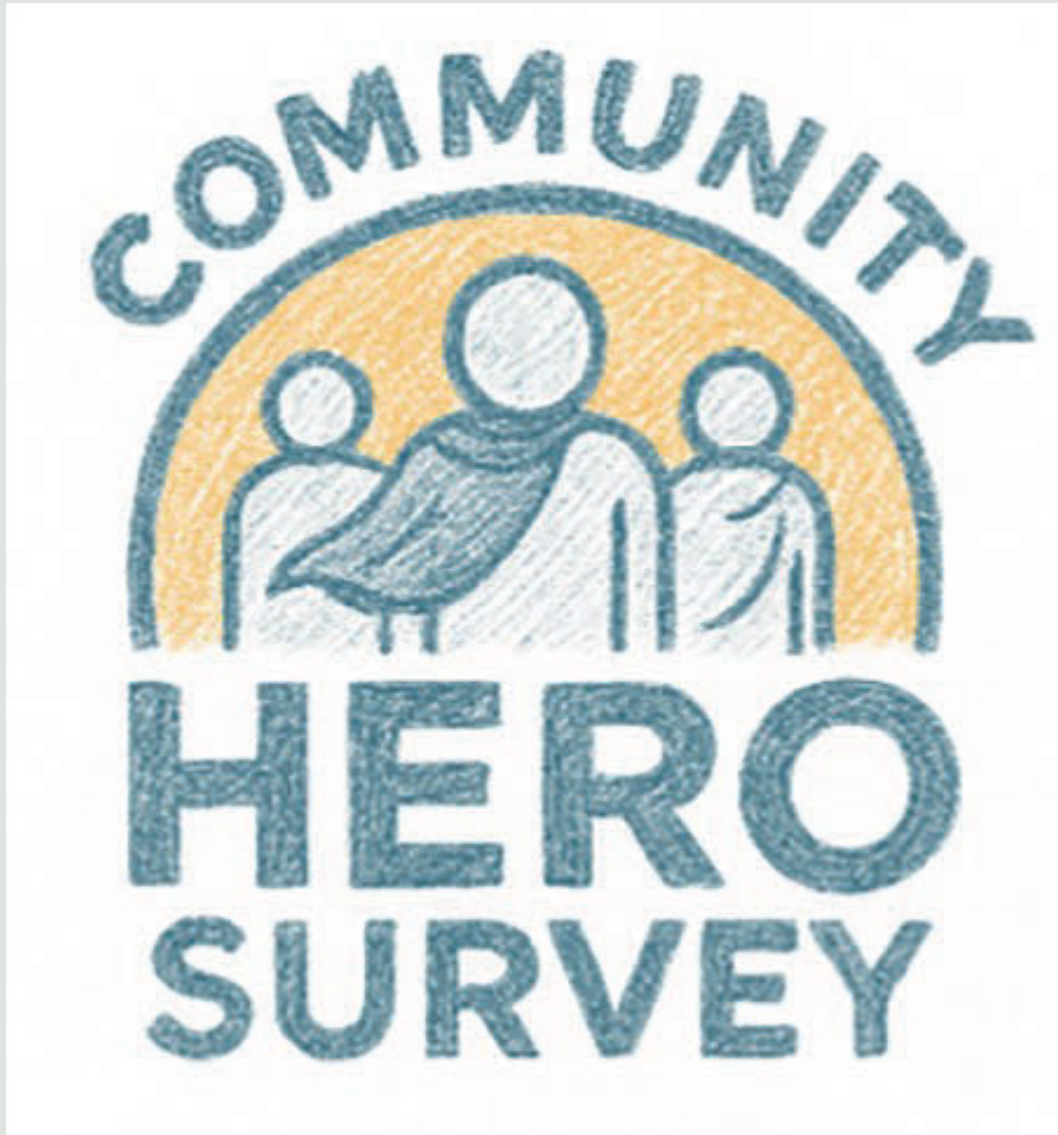


Conclusions

- In this global survey of 2532 people with HIV, immediate antiretroviral therapy initiation after HIV diagnosis was perceived as important by 96% of people with HIV who had ever received treatment
- While the proportion of people diagnosed with HIV who rapidly initiate antiretroviral therapy has increased over time, only 40% of people diagnosed with HIV in 2020 or later initiated antiretroviral therapy within 7 days of diagnosis, while 21% initiated antiretroviral therapy >30 days after diagnosis, with the proportion rapidly initiating antiretroviral therapy varying by country
- People with HIV who initiated antiretroviral therapy >30 days after diagnosis cited physician recommendation based on CD4 count as the most common reason for delay
 - This reason for delay was more common among people with HIV diagnosed ≥10 years ago than among those diagnosed <10 years ago
 - Appointment availability and administrative difficulties were more common reasons for delay among people with HIV diagnosed <10 years ago than among those diagnosed ≥10 years ago
 - These trends were consistent with those observed among people with HIV diagnosed <5 years ago and ≥5 years ago
- This study highlights an ongoing need for additional strategies to improve rapid antiretroviral therapy initiation uptake globally

Plain Language Summary

- HIV medicines work best when people start them as soon as possible after diagnosis
- Treatment guidelines recommend that people with HIV start treatment within the first week after diagnosis
- Although most people with HIV understand the importance of starting treatment quickly, more than half of those diagnosed since 2020 waited longer than a week to start treatment
- People said they delayed starting treatment because of discussions with their doctors, concerns about side effects, and other reasons



Additional analyses of the survey focus on treatment adherence (THPED275) and ageing (WEPED317).

Introduction

- In 2017 through 2019, the World Health Organization, the European AIDS Clinical Society, the US Department of Health and Human Services, and the International Antiviral Society—USA Panel HIV treatment guidelines strongly recommended rapid antiretroviral therapy (ART) initiation, either on the same day as or within a week of diagnosis, to improve ART uptake, achieve faster viral suppression, and reduce transmission¹⁻⁴
- Rapid ART initiation following HIV diagnosis has also been associated with lower mortality, higher treatment adherence, and improved retention in care^{5,6}
- Despite the adoption of rapid ART initiation guidelines, people with HIV (PWH) face psychosocial, financial, and institutional barriers to care that can delay or disrupt their ART uptake⁷⁻⁸
 - It is crucial to understand the factors influencing uptake of rapid ART initiation among PWH to improve their long-term clinical outcomes and retention in care⁹
- This ongoing study surveyed PWH from 11 countries/regions and included assessment of rapid ART initiation uptake and perceptions and factors affecting time to ART initiation globally

Objective

- To evaluate the patterns and perceptions of rapid ART initiation after HIV diagnosis among a global population of PWH

Methods

- This ongoing, multinational, observational, cross-sectional study consisted of a quantitative, 45-minute online survey conducted among participants recruited via a multimodal approach, including HIV communities and databases; referrals from HIV advocacy groups, physicians, and other PWH; and social media targeting
 - Results presented in this poster reflect data collected from May 2024 to May 2025
 - The survey was codeveloped by investigators and community advocates representing the survey countries/regions (Canada, France, Germany, Italy, Japan, Mexico, South Africa, Spain, Taiwan, the United Kingdom, and the United States) and was translated into local languages
- Eligible participants were ≥18 years of age, had a self-reported diagnosis of HIV, resided in 1 of the survey countries/regions, and could complete the survey in 1 of the local languages
- Survey questions for this analysis assessed the patterns and perceptions of rapid ART initiation after HIV diagnosis
 - Subgroup analyses included time since HIV diagnosis (<5 years ago vs ≥5 years ago and <10 years ago vs ≥10 years ago) to correspond with HIV treatment guidelines' adoption of rapid ART initiation recommendations
 - Data were also stratified according to country
- The data were summarised using descriptive statistics, with continuous/discrete variables presented as counts, means (SDs), and medians (IQRs), and categorical variables presented as frequencies and percentages
- Statistical comparisons were performed using the chi-squared test

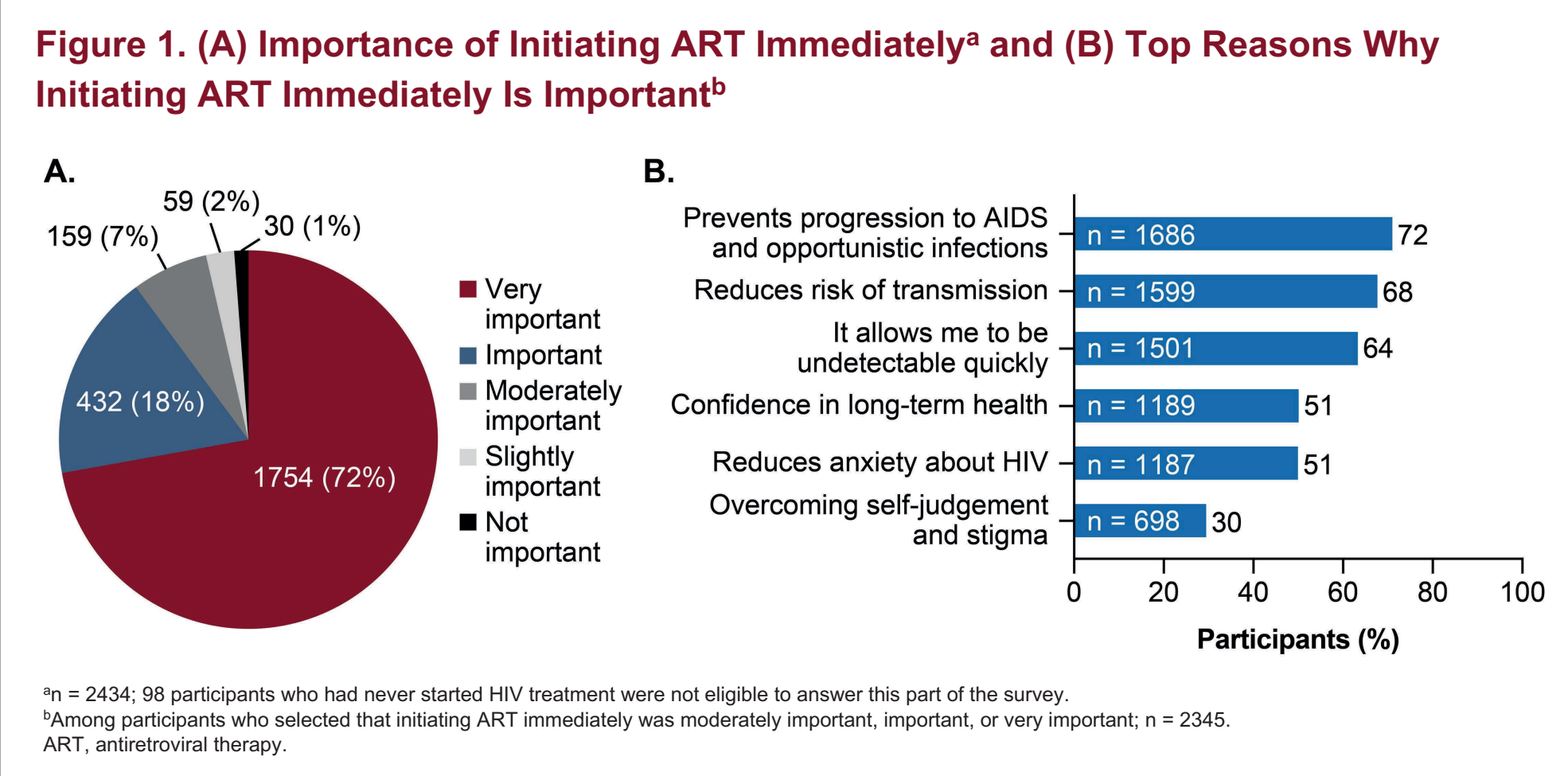
Results

Participant Demographic and Clinical Characteristics

- A total of 2532 PWH have participated in the survey to date; demographic and clinical characteristics are summarised in **Table 1**
 - At the time of the survey, 711/2532 (28%) participants had been diagnosed with HIV <5 years ago, and 1821/2532 (72%) participants had been diagnosed with HIV ≥5 years ago
 - Among PWH diagnosed <5 years ago and ≥5 years ago, respectively, the median (IQR) time to ART initiation post diagnosis was 14.0 (6.0-30.0) days and 30.0 (10.0-365.0) days

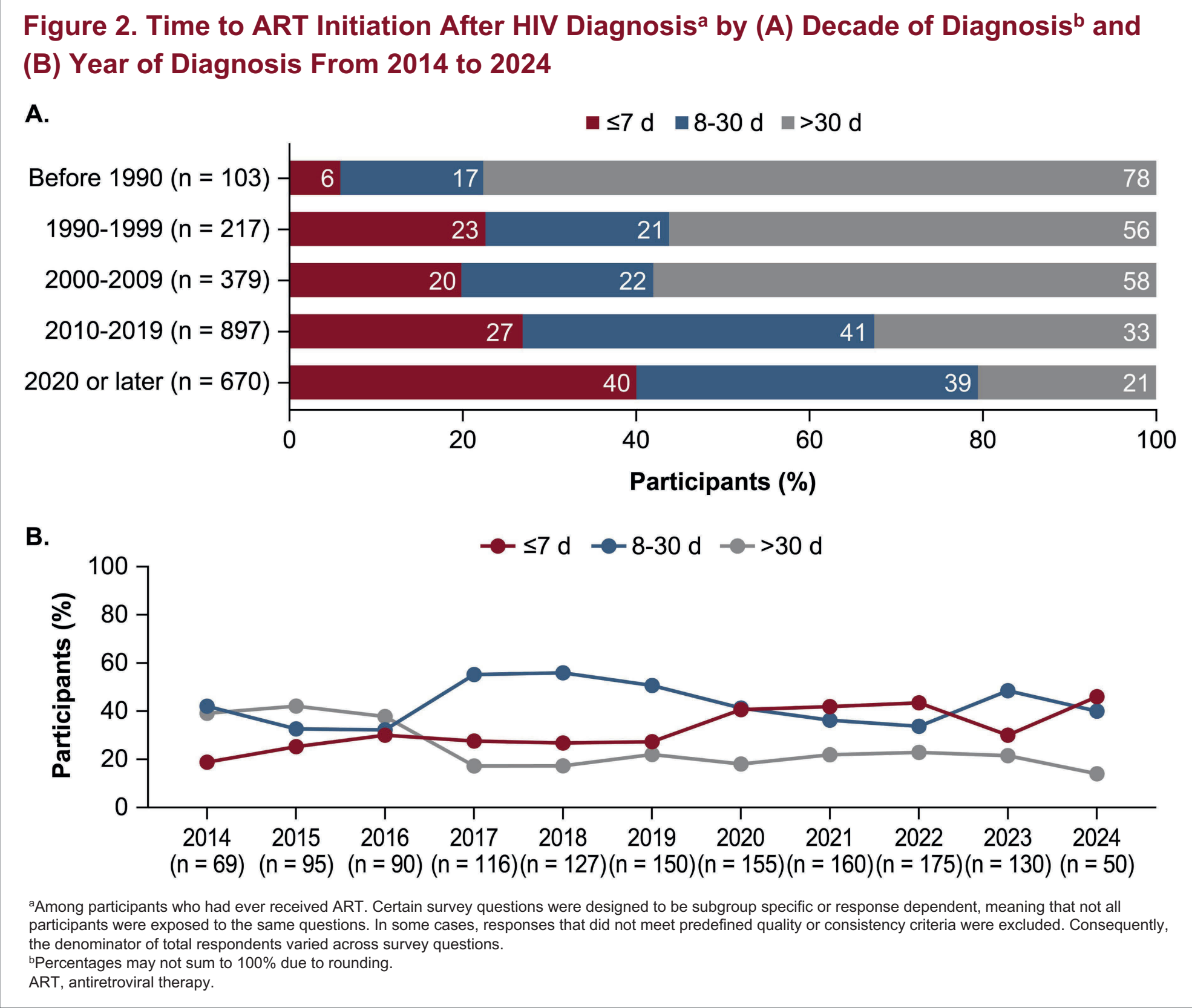
Importance of Rapid ART Initiation

- Immediate ART initiation was perceived as moderately important, important, or very important by 2345/2434 (96%) participants who had ever received treatment (**Figure 1A**)
 - Among those participants, the most commonly cited reason for why initiating ART immediately was important was because it prevents progression to AIDS and opportunistic infections (72%); **Figure 1B**; this was also the most commonly cited reason among PWH diagnosed <5 years ago (65%) and ≥5 years ago (75%)



ART Initiation by Time of HIV Diagnosis and Country

- The proportion of PWH who initiated ART ≤7 days after diagnosis increased from 6% (6/103) before 1990 to 40% (268/670) in 2020 or later, and the proportion who initiated ART >30 days after diagnosis decreased from 78% (80/103) before 1990 to 21% (138/670) in 2020 or later (**Figure 2A**)
- Among PWH diagnosed between 2014 and 2024, the proportion who initiated ART ≤7 days after diagnosis increased from 19% (13/69) in 2014 to 46% (23/50) in 2024, and the proportion who initiated ART >30 days after diagnosis decreased from 39% (27/69) in 2014 to 14% (7/50) in 2024 (**Figure 2B**)
 - The proportion of PWH who initiated ART >30 days after diagnosis reduced from 38% (34/90) to 17% (20/116) among those diagnosed in 2016 and 2017, respectively, and remained <23% from 2017 to 2024

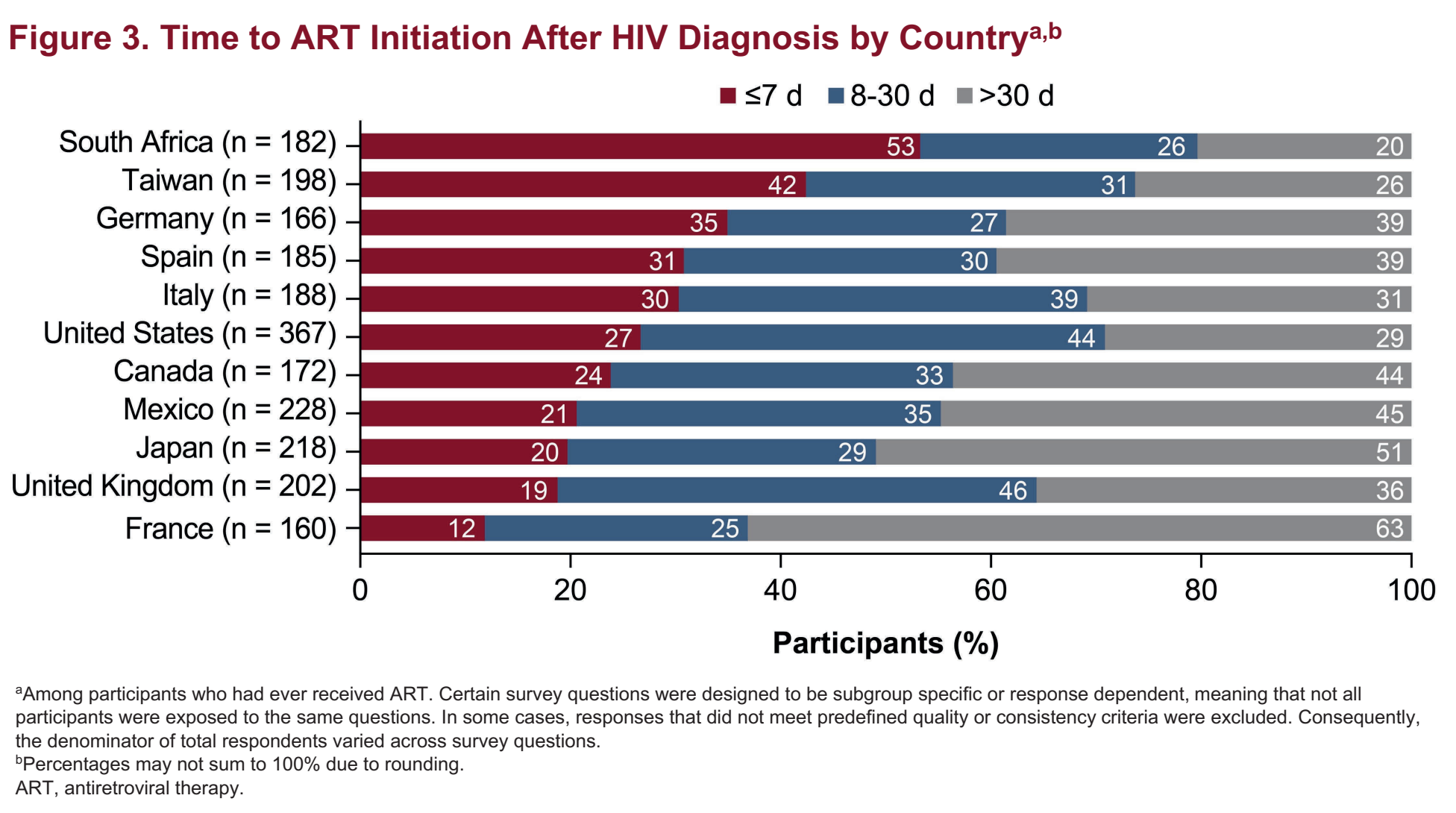


Limitations

- As this was a cross-sectional study, no causal claims could be made
- Because this was a voluntary online survey, some groups of PWH may have been underrepresented, such as older adults, individuals with limited internet access, and those with more complex health needs. In addition, responses were based on participants' own recollections and experiences, which may have introduced recall bias
- Results from this study are exploratory; thus, conclusions should be interpreted with caution
- Future directions include using multivariable analyses to account for potential confounders

- The distribution in time to ART initiation varied significantly across countries (**Figure 3**)

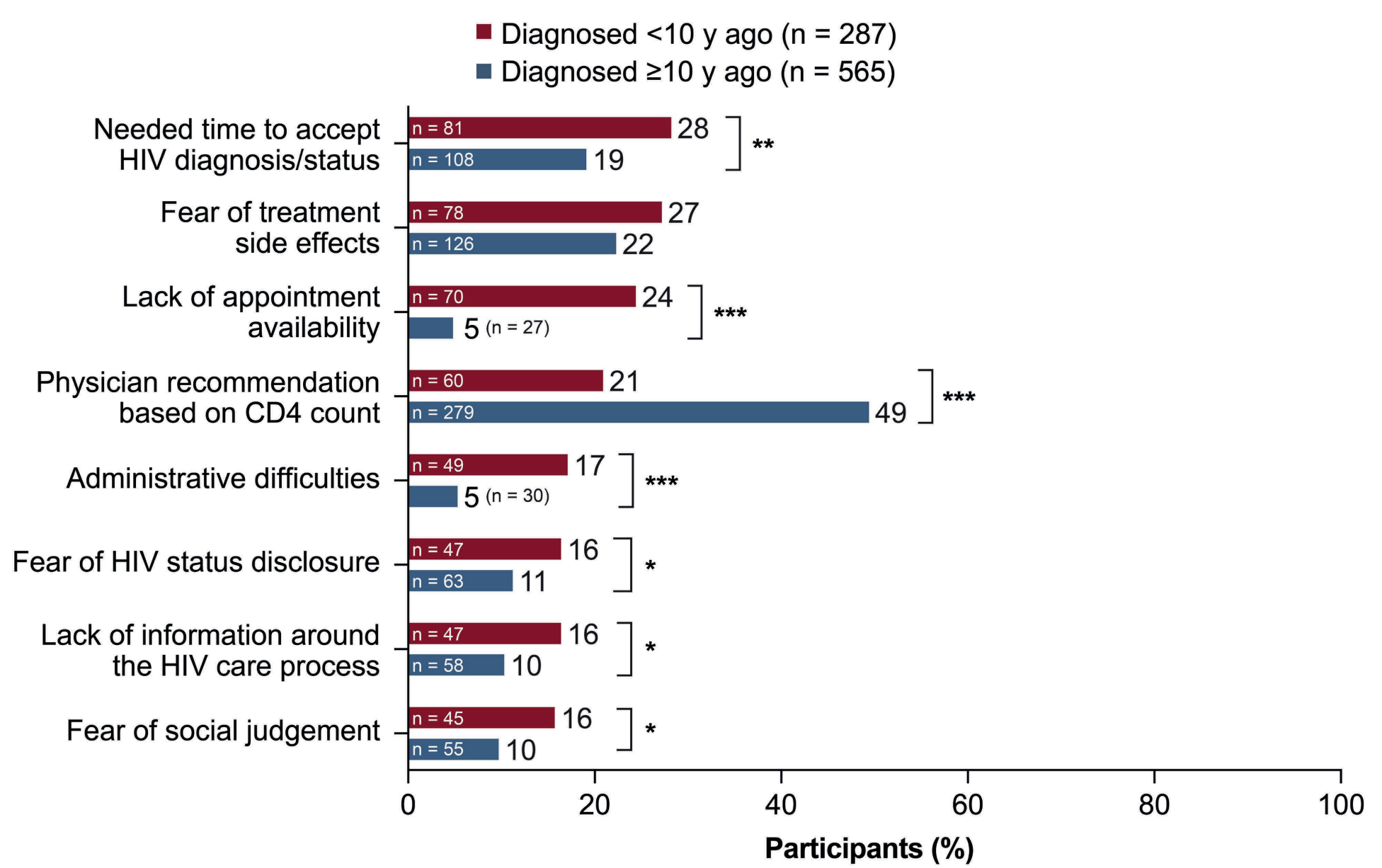
- The proportion of participants with ART initiation within 7 days of HIV diagnosis was highest in South Africa (53%) and lowest in France (12%)



Reasons for Delayed ART Initiation

- Among PWH who initiated ART >30 days after their HIV diagnosis, the most common reasons for delay were physician recommendation based on CD4 count (40%), fear of treatment side effects (24%), needed time to accept HIV diagnosis/status (22%), fear of HIV status disclosure (13%), and lack of information around the HIV care process (12%)
- To more clearly evaluate changes in reasons for delaying ART initiation in the context of the introduction of rapid ART initiation guidelines, reasons for delay among PWH were analysed with respect to time since diagnosis, with data for those diagnosed <10 years ago and ≥10 years ago shown in **Figure 4**
 - Compared with PWH diagnosed ≥10 years ago, a higher proportion of PWH diagnosed <10 years ago cited lack of appointment availability (24% vs 5%) and administrative difficulties (17% vs 5%) as reasons for delaying ART initiation
 - Compared with PWH diagnosed <10 years ago, a higher proportion of PWH diagnosed ≥10 years ago cited physician recommendation based on CD4 count as a reason for delaying ART initiation (49% vs 21%)
 - Similar trends were observed among PWH diagnosed <5 years ago and ≥5 years ago

Figure 4. Most Common Reasons for Delayed ART Initiation (>30 Days Post Diagnosis)*^{a,b}



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