

# Why Wait? Start Now!

## Why Rapid Start is the standard of care for people with HIV in the Twin Cities

Rapid Start is the **initiation of HIV treatment on the same day or within 7 days** of a new HIV diagnosis or re-engagement in care. The ability to start medicine quickly can empower clients to feel in control of their health and push back against HIV stigma. RWHAP Part A-funded providers delivering outpatient / ambulatory health services in Minnesota are expected to offer Rapid Start services ([www.mnhivcouncil.org/standards-of-care.html](http://www.mnhivcouncil.org/standards-of-care.html)).

### Rapid Start:

- Gets more people on treatment, and sooner, than waiting to start ART
- Decreases time to virologic suppression by removing obstacles to care

**The evidence is clear:** Rapid Start is strongly recommended as the standard of care by the National Institutes of Health, International Antiviral Society USA, and the World Health Organization.<sup>1</sup> Evidence demonstrates decreases in time from HIV diagnosis to HIV care, to ART start, and to viral suppression; increased uptake of ART; high rates of viral suppression; and excellent patient acceptability.<sup>2,3</sup>

### Rapid Start Myths and Facts<sup>4</sup>

MYTH	FACT
Clients are too overwhelmed by a new HIV positive test result to receive ART same-day.	The majority of clients want Rapid Start services and are eager to start treatment after learning about their diagnosis.
Clients do not mind coming back for another visit to get their Rx for ART.	Clients expressed relief and positive sentiments when being given ART the same day, instead of waiting a few more days.
Rapid Start services start and end during a client's first Rapid Start visit.	Clients feel supported when staff check in on them after the Rapid Start visit and provide consistent reminders about picking up medication.
Rapid Start doesn't make a difference in the community — it's not worth the hassle.	Rapid Start has been shown to reduce time to viral suppression and minimize loss to follow up.

### Learn how your organization can help

implement Rapid Start in the Twin Cities at [hennepin.us](http://hennepin.us).



## References

- 1: Panel on Antiretroviral Guidelines for Adults and Adolescents. (2022). Guidelines for the Prevention and Treatment of Opportunistic Infections in Adults and Adolescents with HIV: Recommendations from the Centers for Disease Control and Prevention, the National Institutes of Health, and the HIV Medicine Association of the Infectious Diseases Society of America. <https://clinicalinfo.hiv.gov/en/guidelines/adult-and-adolescent-opportunistic-infection/>
- 2: Ford, N., et al (2018). Benefits and risks of rapid initiation of antiretroviral therapy. AIDS (London, England), 32(1), 17-23. <https://doi.org/10.1097/QAD.0000000000001671>
- 3: Pilcher, C.D., et al. (2017). The Effect of Same-Day Observed Initiation of Antiretroviral Therapy on HIV Viral Load and Treatment Outcomes in a US Public Health Setting. Journal of acquired immune deficiency syndromes (1999), 74(1), 44-51. <https://doi.org/10.1097/QAI.0000000000001134>
- 4: Jimenez, T; Brooks, K; and Damle, M (2022). Centering Patient Voices to Implement Rapid Start in RWHAP- Funded Clinical Settings [conference presentation]. United States Conference on HIV/ AIDS, 2022. <https://targethiv.org/sites/default/files/media/documents/2023-06/rapid-art-dap-USCHA-2022.pdf>