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Hudson County NJ Ending the HIV Epidemic (EHE) in the U.S.  
Rapid Antiretroviral Therapy (ART) Protocol  
December 2023

Hudson County Department of Health and Human Services

## Introduction

To end the HIV epidemic in Hudson County, a County-wide approach is needed to provide people with HIV infection rapid access to antiretroviral therapy (ART) and ongoing HIV medical care to improve individual health outcomes, reduce transmission of HIV from persons on suppressive ART, and ultimately reduce the number of new HIV infections. Rapid ART is defined by the AIDS Education and Training Center (AETC) National Coordinating Resource Center (NCRC) as starting HIV treatment as soon as possible after the diagnosis of HIV infection, preferably on the first clinic visit and even on the same day the HIV diagnosis is made.

## Purpose of the Hudson County Rapid ART Protocol

The Hudson County EHE jurisdiction's Rapid ART strategy is designed to immediately engage all people with newly diagnosed HIV in HIV care and to start ART the same day or within 5 days of HIV diagnosis. This comprehensive protocol establishes Rapid ART as a Standard of Care for Hudson County and includes:

1. definition of Rapid ART standards, including appropriateness for Rapid ART and contraindications
2. components of the Rapid ART initial visit and follow up
3. list of Hudson County Rapid ART providers, and their points of contact
4. processes for healthcare providers and other providers (e.g., HIV testing sites) in Hudson County to link people with HIV to ART the same day or within 5 days of an HIV positive test result

## Rationale for Rapid ART

The Guidelines for the Use of Antiretroviral Agents in Adults and Adolescents with HIV from the U.S. Department of Health and Human Services recommends "initiating ART immediately (or as soon as possible) after HIV diagnosis in order to increase the uptake of ART and linkage to care, decrease the time to viral suppression for individual patients, and improve the rate of virologic suppression among persons with HIV." Rapid initiation of ART also may improve retention in HIV care and potentially reduce the time during which people with newly diagnosed HIV can transmit HIV.

## Who is Appropriate for Rapid ART

Rapid ART is appropriate for:

- Individuals with a confirmed positive HIV test result (i.e., via HIV Ag, Ab, and/or HIV RNA viral load testing)
- Individuals with suspected acute HIV infection, with or without confirmed HIV positive result (HIV Ag or Ab test results may be negative, or discordant), pending further evaluation

Rapid ART is **not** appropriate for:

- Individuals with certain untreated opportunistic infections (OIs), e.g., the CNS infections cryptococcal or TB meningitis (in this setting, OI treatment usually should be started before ART; consult with experts)

### The Rapid ART Referral Process

Designated Hudson Rapid ART providers are committed to accepting referrals and scheduling new patient visits for Rapid ART services within 5 days of the HIV test result (see list below). Rapid ART staff at each site will facilitate warm handoffs from testing sites and support patients in linking to their Rapid ART appointment.

[\(Please see the attached Rapid ART Process FlowChart document\)](#)

#### **Process for Referrals from Healthcare Settings and HIV Testing Sites:**

- For patients with positive or confirmed HIV test results, notify them the same day if possible or within 2 days
- Educate and counsel patients on the meaning of their HIV results and on Rapid ART
- Refer patient to a designated Hudson Rapid ART clinic on the day of HIV results or within 2 days
- Healthcare/Testing provider should make a referral directly by calling a designated Rapid ART clinic or by calling a Community Health Worker (CHW) program for newly diagnosed patients that may need support and assistance with system navigation (see list below)
- Rapid ART appointment will be scheduled within 5 days of HIV result (a Rapid ART appointment may be available on the same day or usually within 24-72 hours of the referral)
- Referring provider should submit the positive HIV test result (reactive HIV lab result, point of care rapid HIV test result, etc.) with the referral, either electronically or via fax
- Referring provider will give as much information on patients' demographics, contact numbers, contact preferences, etc., as possible to facilitate the intake process and allow for follow-up
- Referring provider will include signed Release of Information form with the referral to allow Rapid ART clinic to communicate with referring provider as needed

## The Rapid ART Initial Visit

Medical Provider
<ul style="list-style-type: none"> <li>• Conducts a brief/ condensed medical evaluation</li> <li>• Educates the patient on HIV care, the benefits of Rapid ART, possible adverse effects, adherence, etc.</li> <li>• Determines if patient is willing and ready to start ART</li> <li>• Selects a medication regimen based on recommended Rapid ART regimens</li> <li>• Medical provider prescribes ART (payment assistance available on-site)</li> <li>• 2<sup>nd</sup> medical visit scheduled to occur within 7 days</li> <li>• Provider or clinic staff follows-up with patient by phone or other preferred method within 3 -5 days to assess medication tolerance and adherence</li> </ul> <p>If patient declined Rapid ART at initial visit, schedule return appointment in 1 week &amp; reoffer &amp; encourage Rapid ART</p>
Recommended Antiretroviral (ARV) Medication Regimens
<ul style="list-style-type: none"> <li>• Recommended Rapid ART regimens for most persons with new HIV diagnoses:                             <ul style="list-style-type: none"> <li>➢ Bictegravir/tenofovir alafenamide (TAF)/emtricitabine (FTC) (Biktarvy)</li> <li>➢ Darunavir/cobicistat/TAF/FTC (Symtuza)</li> </ul> </li> <li>• Recommended Rapid ART regimen for most pregnant persons:                             <ul style="list-style-type: none"> <li>➢ Dolutegravir (DTG) + TAF/FTC or tenofovir disoproxil fumarate (TDF)/FTC</li> </ul> </li> <li>• Recommended Rapid ART regimen for persons with previous or current use of long-acting cabotegravir (CAB) as PrEP:                             <ul style="list-style-type: none"> <li>➢ Darunavir/cobicistat/TAF/FTC (Symtuza)</li> </ul> </li> </ul> <p>*ARV components or regimens that should NOT be used for Rapid ART (need results of baseline tests or other info before using):</p> <ul style="list-style-type: none"> <li>-NNRTIs</li> <li>-Abacavir</li> <li>-2-drug regimens (DTG/rilpivirine (RPV), CAB/RPV, DTG/lamivudine (3TC), etc.)</li> </ul>
Baseline Labs
<ul style="list-style-type: none"> <li>• Repeat HIV testing (if indicated to confirm HIV status)</li> <li>• HIV RNA (quantitative viral load)</li> <li>• CD4 cell count</li> <li>• HIV genotype, including integrase</li> <li>• HLA-B*5701</li> <li>• CBC/differential</li> <li>• Complete metabolic panel (kidney &amp; liver tests, glucose)</li> <li>• STI testing: syphilis test (RPR, VDRL, or treponemal test), chlamydia and gonorrhea NAAT tests (urine, pharynx, rectum as indicated by sites of exposure)</li> <li>• TB screening test (e.g., Quantiferon)</li> <li>• Hepatitis serologies (HAV IgG, HBsAb, HBsAg, HBcAb, HCV IgG)</li> <li>• Pregnancy test (if appropriate)</li> </ul>
Linkage and Retention Staff/Case Management
<ul style="list-style-type: none"> <li>• Completes process for payment assistance for obtaining Rapid ART medications if needed (pharmaceutical patient assistance or EHE/RW funding to cover cost of medications)</li> <li>• Assists with insurance eligibility and enrollment, and benefits navigation for initial visit and ongoing HIV care</li> <li>• If the patient is uninsured, assists patient in applying for Charity Care (covers medical visits) and NJ ADDP (covers medications) for ongoing HIV care.</li> <li>• Completes an initial intake which includes supportive counseling, HIV education, and referrals for other services, e.g., transportation, food, housing etc.</li> <li>• Assesses any barriers to care (social, psychological, etc.)</li> </ul>

## After Rapid ART Initiation

Follow Up During the 1st Year	
<ul style="list-style-type: none"> <li>At the 2<sup>nd</sup> medical visit (within 7 days of initial visit), provider conducts a full medical evaluation, reviews baseline lab results, assesses ART adherence and adjusts ART if needed</li> <li>If patient declined Rapid ART at initial visit, reoffer and encourage Rapid ART</li> </ul> <p><u>Follow-Up Medical Visits (Ongoing HIV care)</u></p> <ul style="list-style-type: none"> <li>3<sup>rd</sup> medical appointment scheduled within 1 month of 2<sup>nd</sup> visit</li> <li>Scheduled medical appointments at least every 3 months thereafter</li> </ul> <p><u>Lab Monitoring</u></p> <ul style="list-style-type: none"> <li>Check HIV viral load and CD4 at 1 month</li> <li>Viral load testing repeated monthly until virally suppressed</li> <li>Labs completed every 3 months thereafter</li> </ul>	<p><u>Ongoing Medical Case Management (MCM)</u></p> <ul style="list-style-type: none"> <li>MCM assists with scheduling medical appointments and follows up with the patient if they miss medical appointments</li> <li>MCM maintains contact with and supports patient between medical appointments</li> <li>MCM develops a Service Plan with the patient that is reviewed and updated every 6 months</li> <li>MCM links to additional services if needed, e.g., mental health, substance use counseling, housing, dental care</li> <li>MCM refers to outreach services to prevent patient from being lost to follow-up</li> <li>If the patient has a signed Release of Information form, MCM communicates with referring provider as needed</li> </ul>
Hudson County Rapid ART Providers	
<p>Jersey City Medical Center-Center for Comprehensive Care (CCC) 1825 John F. Kennedy Boulevard Jersey City, NJ 07305</p>	<ul style="list-style-type: none"> <li>Katia Valera– Linkage to Care Coordinator Office: 201-395-7650 Ext 77654 Work Cell: 201-687-1672 Fax: 201-706-3897 <a href="mailto:Katia.Valera@rwjbh.org">Katia.Valera@rwjbh.org</a></li> <li>Patricia Battle- Linkage to Care Case Manager Office: 201-395-7650 Ext 77656 Work Cell: 551-338-1441 <a href="mailto:Patricia.Battle@rwjbh.org">Patricia.Battle@rwjbh.org</a></li> <li>Alina Oswald, Community Health Worker Office: 201-395-7650 Ext 70937 Work Cell: 551-337-0410 <a href="mailto:Alina.Oswald@rwjbh.org">Alina.Oswald@rwjbh.org</a></li> </ul>
<p>CarePoint Health Hoboken 308 Willow Avenue Hoboken, NJ 07030</p>	<p>HIV Clinic Intake Line: 201-792-6161</p> <ul style="list-style-type: none"> <li>Jacqueline Mercedes-Vega (Administrative Coord) <a href="mailto:Jacqueline.Mercedes@CarePointhealth.org">Jacqueline.Mercedes@CarePointhealth.org</a></li> <li>Wendy Jeter (Patient Health Advocate): Office: 201-418-3146 Fax: 201-716-3974</li> </ul>
<p>Hyacinth Foundation Rapid Start Community Health Worker (CHW)* Program (<b>Not a Rapid ART Clinic</b>) 440 60th Street, Suite 201-202 West New York, NJ 07093 <i>*Referring Provider can call Hyacinth instead of one of the 2 clinics listed above. Hyacinth will schedule the Rapid ART appointment for the patient. The Hyacinth CHW will accompany the patient to their initial Rapid ART medical visit, provide payment assistance for obtaining Rapid ART medications if needed, and offer ongoing navigation services and support to promote retention in HIV care.</i></p>	<ul style="list-style-type: none"> <li>LaToya Goodman, Regional Services Manager Office: 201-472-0985 Work Cell: 848-252-9030 Fax: 201-868-6039 <a href="mailto:lgoodman@hyacinth.org">lgoodman@hyacinth.org</a></li> <li>Armando Rivera, Community Case Manager Office: 201-472-0985 Work Cell: 732-421-5196 Fax: 201-868-6039 <a href="mailto:arrivera@hyacinth.org">arrivera@hyacinth.org</a></li> </ul>

## References

Panel on Antiretroviral Guidelines for Adults and Adolescents. Guidelines for the Use of Antiretroviral Agents in Adults and Adolescents with HIV. Department of Health and Human Services. 2023. Available at <https://clinicalinfo.hiv.gov/en/guidelines/hiv-clinical-guidelines-adult-and-adolescent-arv/>

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<https://aidsetc.org/resource/rapid-immediate-art-initiation-restart-guide-clinicians>

Compendium of Best Practices in Provision of Rapid Start Services for People with HIV.  
<https://targethiv.org/library/rapid-art-dap/best-practice-compendium>

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