This is an observational retrospective cohort study. Subjects were included if they had a diagnosis of AHI* between Jan-2016 and Dec-2021. (defined as: positive p24, acute retroviral syndrome with baseline viral load log7 and/or negative serologic test in the last 6 months.)

Clinical characteristics of our cohort were similar to those previously described in the literature. The proportion of AHI diagnosis in our center was over two times higher than the national average. Although a trend towards reduction in time until ART initiation is observed throughout the study period, significant efforts are still required towards WHO rapid ART initiation goal.

**OBJECTIVES**

To describe clinical characteristics, viro-immunological status and time to ART initiation within the first six months after diagnosis in a cohort with AHI in a public general hospital in Buenos Aires, Argentina.

**BACKGROUND**

Only 4% of new HIV diagnoses in Argentina are occur in the setting of an acute retroviral syndrome (1).

Rapid antiretroviral (ART) initiation during acute HIV infection could be relevant in both long term prognosis and in reduction of community transmission (2,3).

**MATERIALS AND METHODS**

This is an observational retrospective cohort study. Subjects were included if they had a diagnosis of AHI* between Jan-2016 and Dec-2021.

*Refers to a detailed clinical description of the cohort including demographic, virological and clinical characteristics. The results section includes an analysis of the time to ART initiation and a discussion of the findings.

**RESULTS**

- 708 HIV diagnosis
- 68 AHI (9.6% of total diagnosis)
- 56 subjects included: Median of age: 28 years-old (Q1-Q3 24-36)
- Cis men:75%; cis women:16%; trans women:9%
- 46 subjects (82%) were symptomatic or had a laboratory abnormality (Figure 2).
- 4 subjects required hospital admission.
- 32% had syphilis coinfection (17/52).
- Median plasma HIV viral load: 5.59 log (Q1-Q3 5-6.4).
- Median CD4 count 438 cel/mm3 (Q1-Q3 309-532).
- 12 excluded due to lack of clinical data
- 39 initiated ART during follow-up
- 7 accomplished rapid ART initiation* (≤1 week from diagnosis as per WHO definition)
- 10 lost-to-follow-up

**REFERENCES**

(1) Boletín epidemiológico Nº 37 - Dirección de Respuesta al VIH, ITS, Hepatitis Virales y Tuberculosis - MSAL de la Nación. Diciembre 2020

**CONCLUSIONS**

Clinical characteristics of our cohort were similar to those previously described in the literature. The proportion of AHI diagnosis in our center was over two times higher than the national average. Although a trend towards reduction in time until ART initiation is observed throughout the study period, significant efforts are still required towards WHO rapid ART initiation goal.