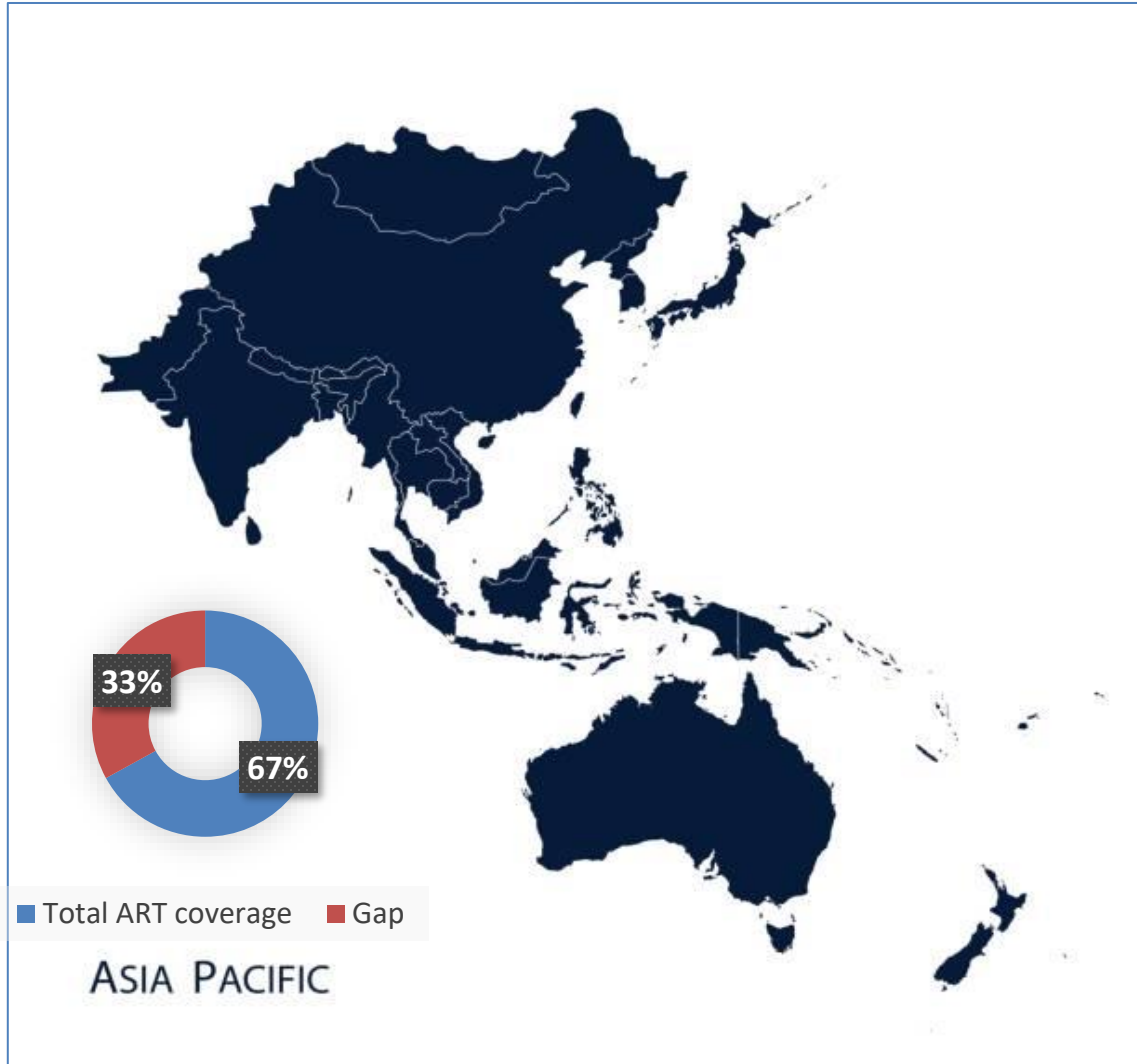


Temporal trends from HIV diagnosis to ART initiation among adults living with HIV in the Asia-Pacific (2013-2023)

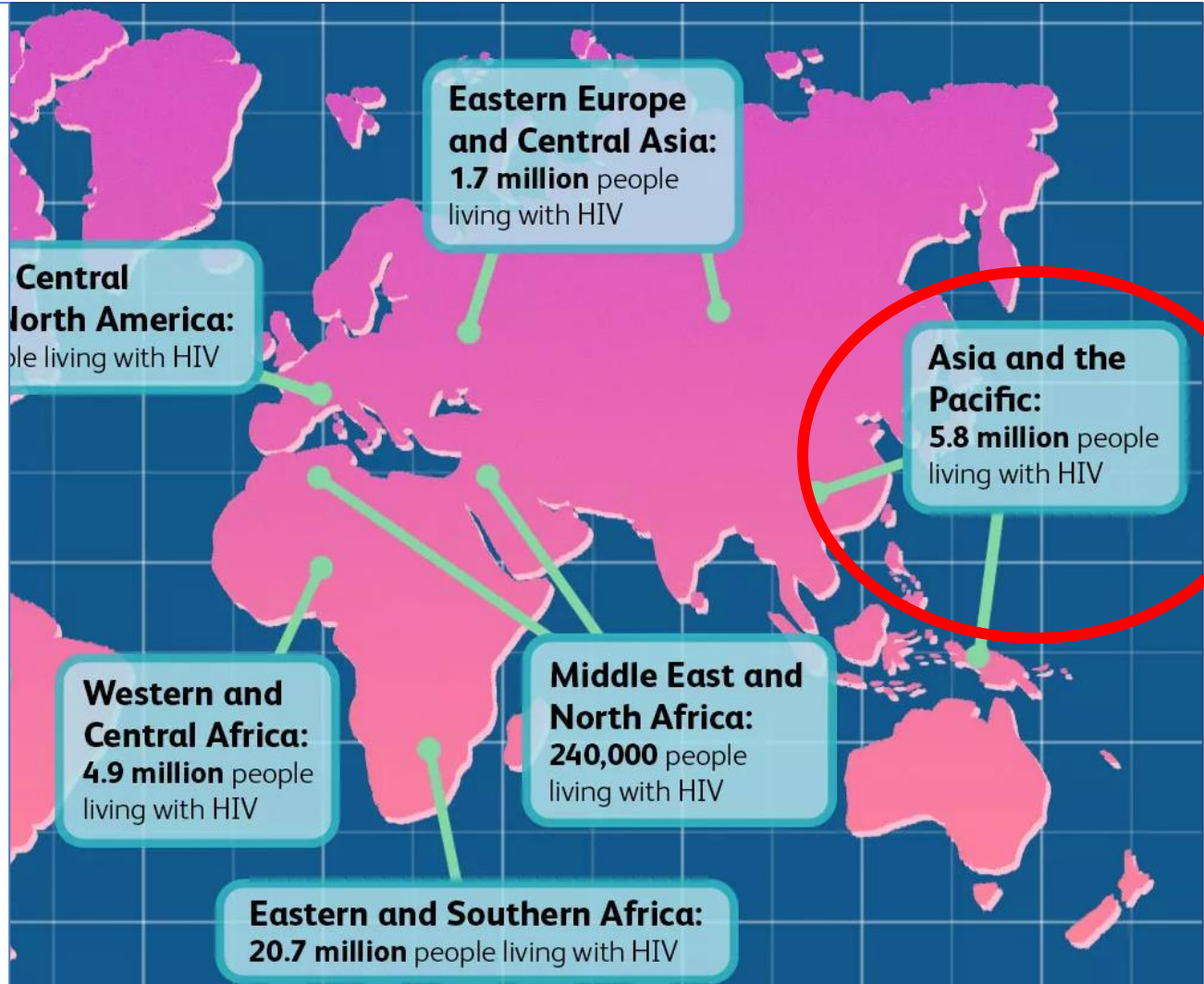
Thinh Toan Vu, Dhanushi Rupasinghe, Vohith Khol, Romanee Chaiwarith, Junko Tanuma, Nagalingeswaran Kumarasamy, Suwimon Khusuwan, I Ketut Agus Somia, Sanjay Pujari, Man Po Lee, Rohidas T Borse, Sasisopin Kiertiburanakul, Evy Yuniastuti, Iskandar Azwa, Jun Yong Choi, Hsin-Pai Chen, Rossana Ditangco, Anchalee Avihingsanon, Yasmin Gani, Jeremy Ross, Awachana Jiamsakul, on behalf of IeDEA Asia-Pacific

Background

39.9 million PLHIV



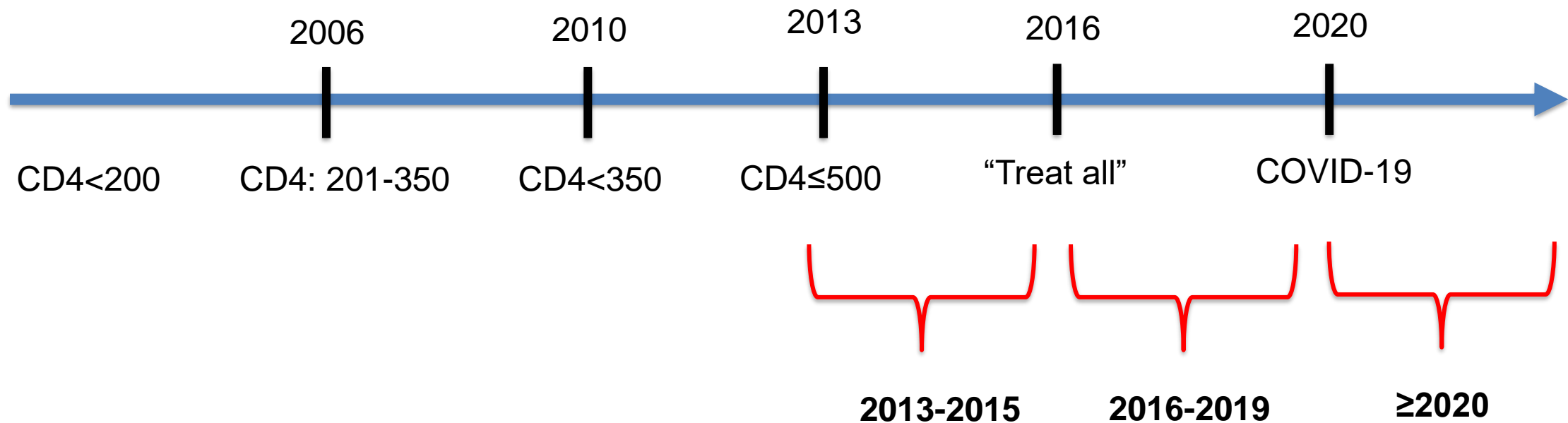
Source: [UNAIDS](#)



Source: [Very well health](#)

Background

- WHO guidelines on ART



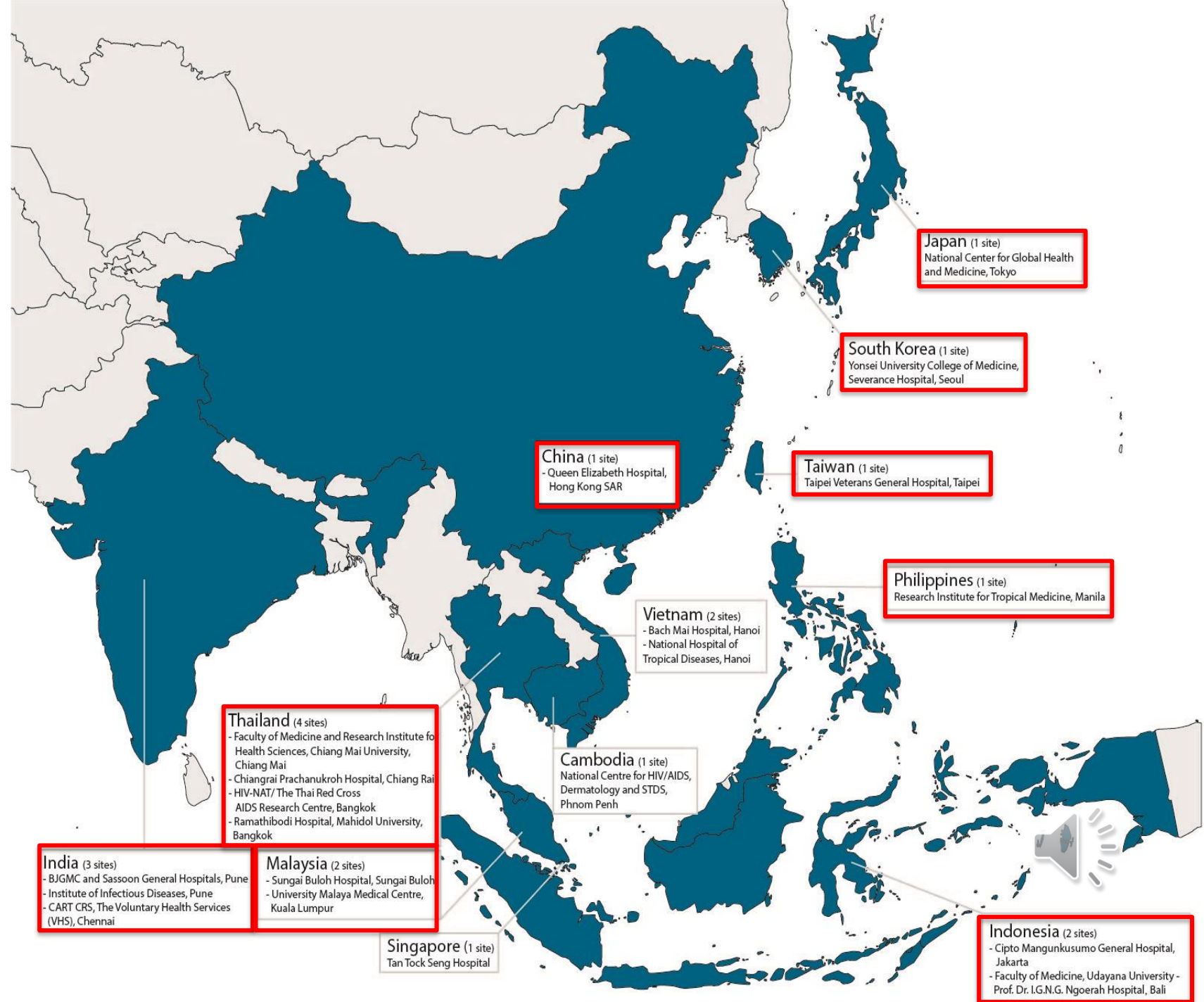
Source: [Ford, N., et al.](#); [Esber, A.L., et al.](#); World Health Organization [2013](#) and [2016](#)

Objective

- To investigate temporal trends in the timing of ART initiation from the date of HIV diagnosis among PLHIV in the Asia-Pacific
- To identify factors associated with time to ART initiation in the context of WHO guideline changes and COVID-19 impacts

Methods

Data source: The TREAT Asia Adult HIV Observational Database Continuum of Care study (TAHOD-CC), an observational cohort study encompassing more than 60,000 adult PLHIV (aged 18 and older)



Methods

- **Measurements**

- ART initiation: first date that individuals received three or more ARV medications
- Risk time: interval of time from the date of the HIV diagnosis to the date of ART initiation
- Censored: those in active follow-up or transferred out without evidence of ART initiation
- Competing risks:
 - LTFU was defined as not being seen at the clinic for more than 12 months excluding deaths or transfers
 - Death prior to ART initiation

Methods

- **Data analysis**

- Survival analysis

- Stratified by time periods of WHO treatment guideline and COVID-19 (2013-2015; 2016-2019, vs. ≥ 2020)
 - Log-rank test

- Fine and Gray competing risk regression

- Backward stepwise selection

Results

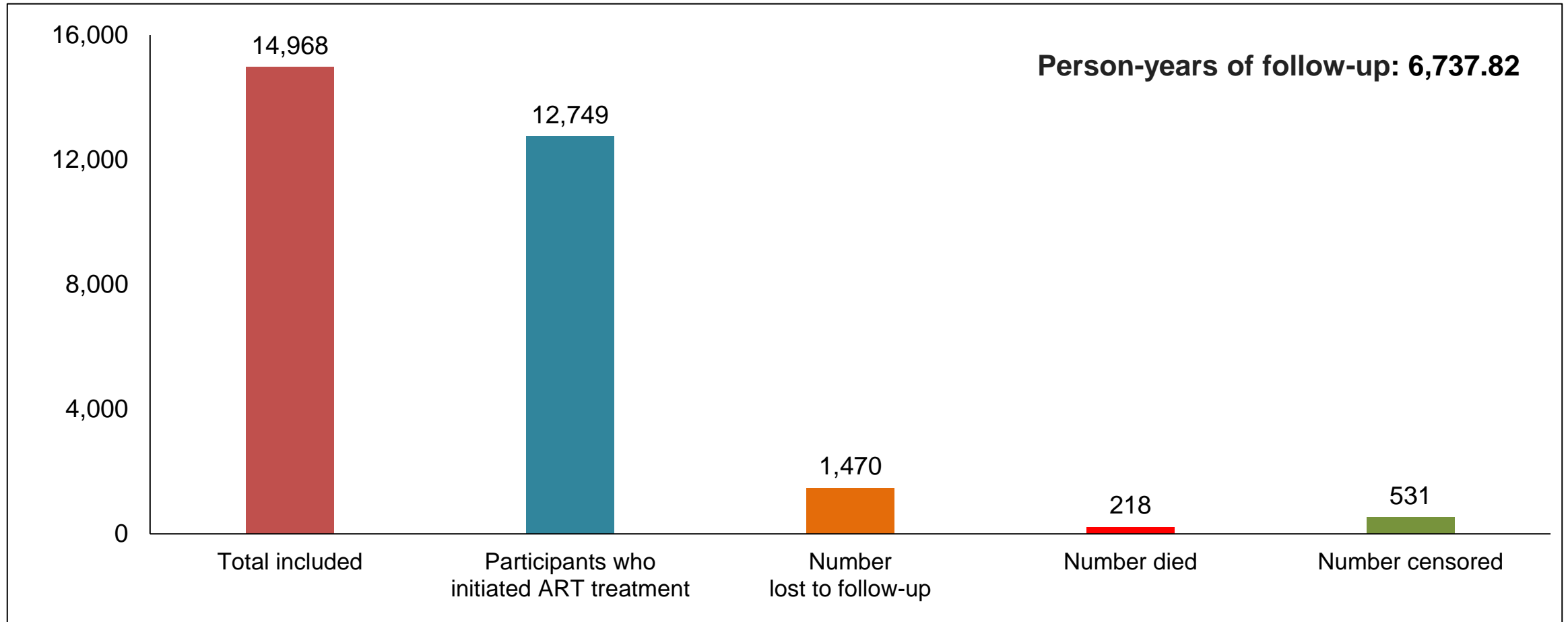


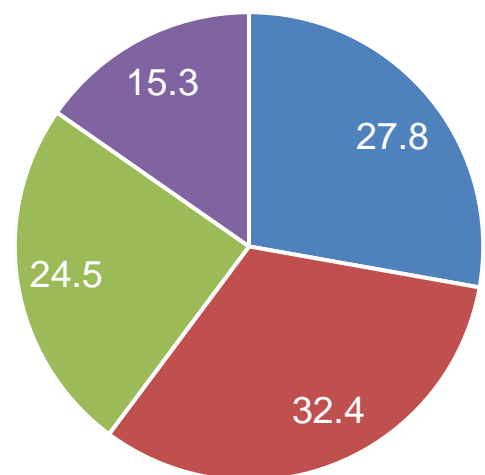
Figure 1. Sample size distribution

Results

Demographic characteristics at HIV diagnosis

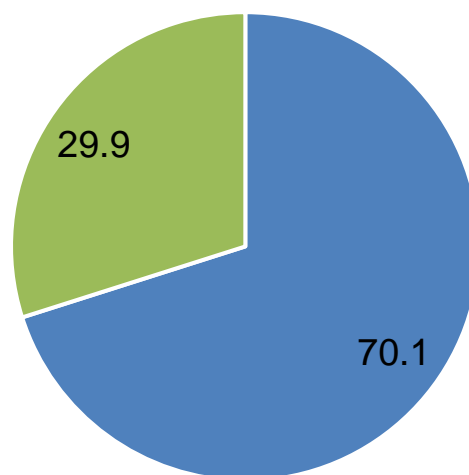
Median age
36 (28-44) years

Age



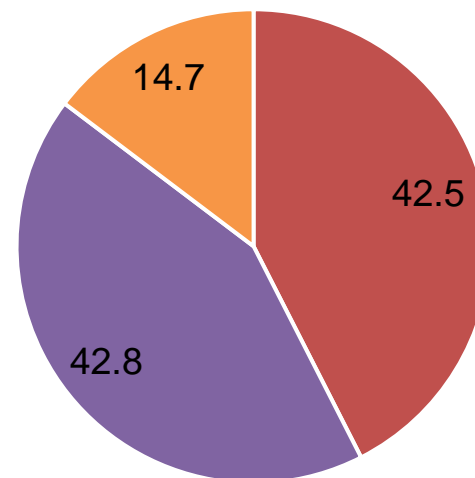
■ <30 ■ 30-39 ■ 40-49 ■ ≥50

Sex



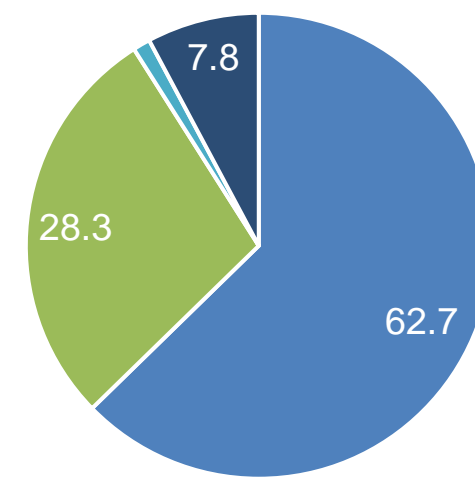
■ Male ■ Female

Country income level



■ Lower-middle ■ Upper-middle ■ High

Transmission mode



■ Heterosexual ■ Male-to-male
■ Injection ■ Other

Results

Clinical characteristics at HIV diagnosis

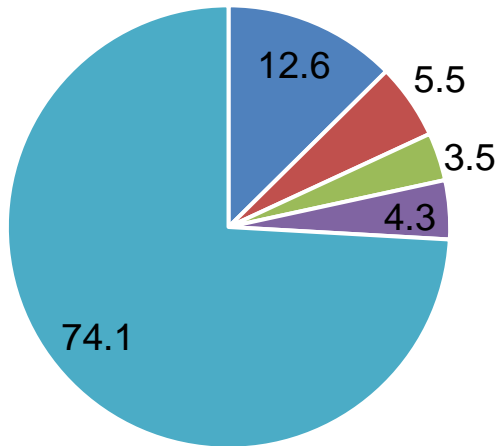
Median CD4

208 cells/ μ L

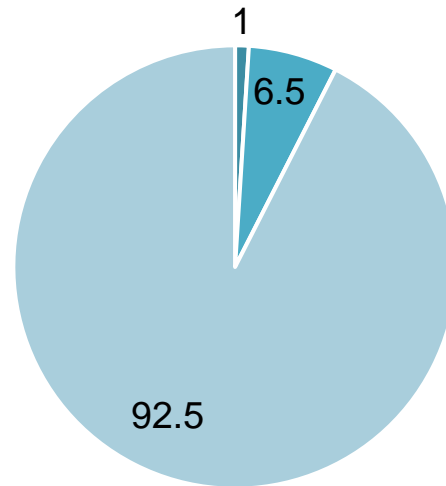
Median VL

86,296 copies/mL

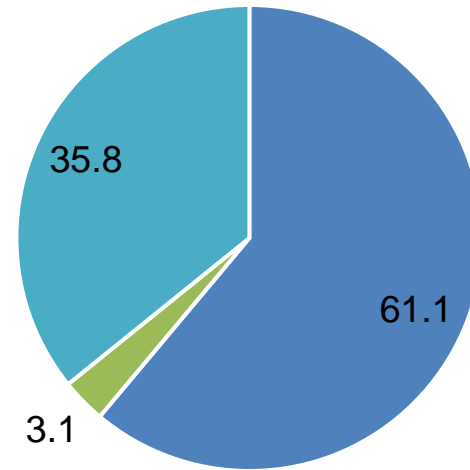
CD4



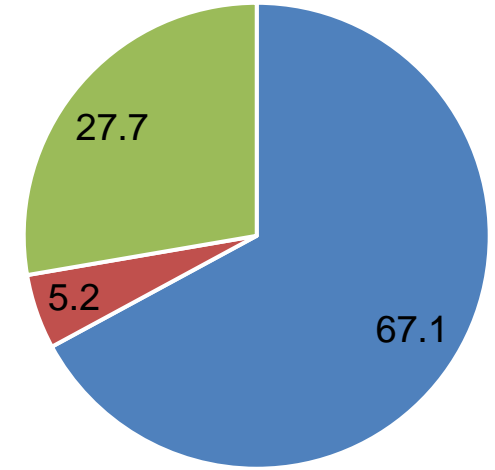
Viral load



HCV



HBV



■ <200 ■ 200-349 ■ 350-499 ■ \geq 500 ■ NR

■ \leq 1000 ■ >1000 ■ NR

■ Negative ■ Positive ■ NR

■ Negative ■ Positive ■ NR

NR: Not reported

Results

Median CD4 and viral load over time

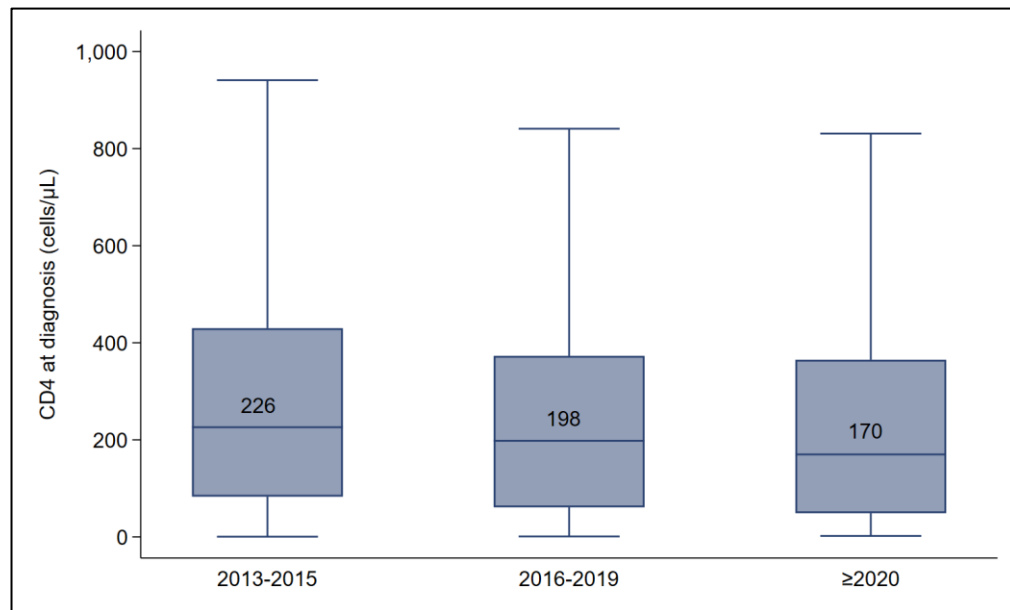


Figure 2a. Median CD4 (cells/μL) at HIV diagnosis

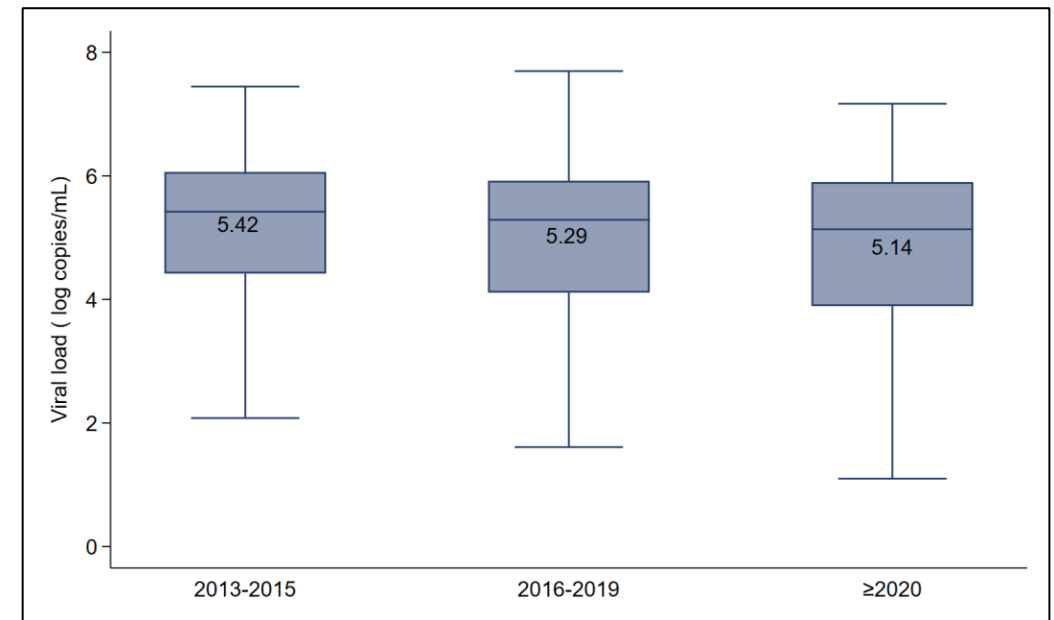
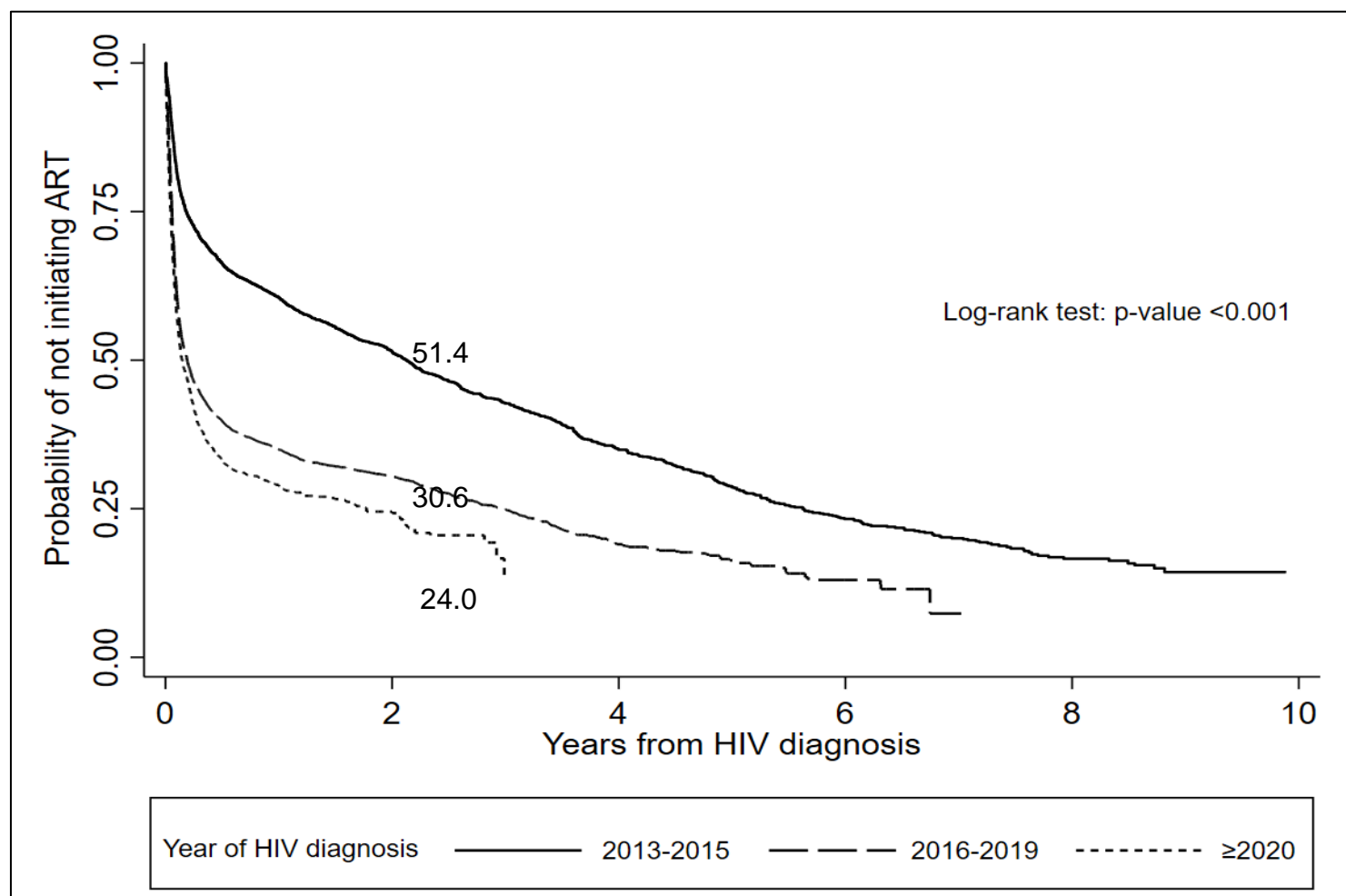


Figure 2b. Median viral load (log copies/mL) at HIV diagnosis

Results

Time to ART initiation from HIV diagnosis



Median time to ART initiation:

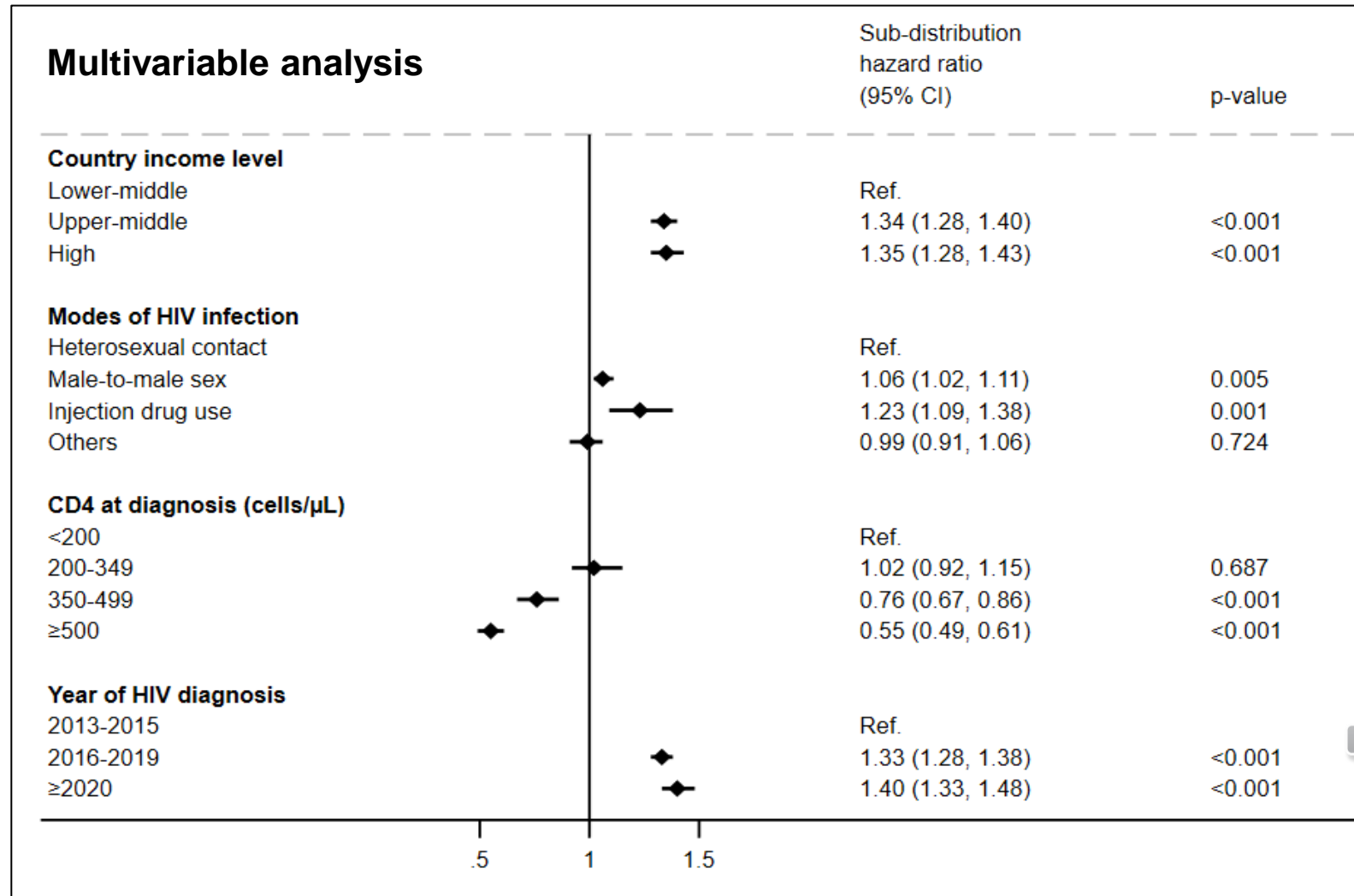
- 2013-2015: 2.12 years
- 2016-2019: 0.19 years (2.3 months)
- ≥2020: 0.15 years (1.8 months)

Results

Factors associated with time to ART initiation

Bivariate analysis:

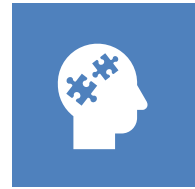
- Demographics: Age, sex, country income level, mode of HIV transmission
- Clinical factors: CD4 and viral load at diagnosis, hepatitis B infection, and years of HIV diagnosis.



Limitations

- The dataset lacked details regarding the exact timing of the implementation of the treat-all strategies and the onset of the COVID-19 pandemic in each TAHOD-CC country
 - Further investigation into the impact of treat-all strategies on HIV management across diverse settings is needed
- As TAHOD-CC includes a limited and pre-specified scope of routinely collected data, there are aspects of HIV management practices and emerging epidemics that may not be captured

Conclusions



This study found that time to ART initiation from HIV diagnosis decreased after 2016, aligning with evolving WHO guidelines, and did not appear to be impacted by COVID-19



Socioeconomic factors, mode of HIV transmission, and guideline updates all play a role in ART initiation practices



Optimizing treatment initiation is crucial, including those with higher CD4 counts



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Study members: V Khol, V Ouk, C Pov, V Bun, S Heng, National Center for HIV/AIDS, Dermatology & STDs, Phnom Penh, Cambodia; MP Lee, PCK Li, TS Kwong, S Chan, KY Yeung, Queen Elizabeth Hospital, Hong Kong SAR; N Kumarasamy, S Poongulali, B Faith, VHS-Infectious Diseases Medical Centre, Chennai Antiviral Research and Treatment Clinical Research Site (CART CRS), Voluntary Health Services, Chennai, India; S Pujari, K Joshi, S Gaikwad, A Chitalikar, Institute of Infectious Diseases, Pune, India; RT Borse, V Mave, I Marbaniang, S Nimkar, BJ Government Medical College and Sassoon General Hospital, Pune, India; IKA Somia, TP Merati, NM Dewi Dian Sukmawati, F Yuliana, Faculty of Medicine Udayana University - Ngoerah Hospital, Bali, Indonesia; E Yuniastuti, B Wicaksana, A Widhani, S Maria, M Yulianti, Faculty of Medicine Universitas Indonesia - Dr. Cipto Mangunkusumo General Hospital, Jakarta, Indonesia; H Uemura, H Gatanaga, R Kinjo, National Center for Global Health and Medicine, Tokyo, Japan; JY Choi, JH Kim, JE Park, Division of Infectious Diseases, Department of Internal Medicine, Yonsei University College of Medicine, Seoul, South Korea; YM Gani, TK Heng, SK Chidhambaram, Hospital Sungai Buloh, Sungai Buloh, Malaysia; I Azwa, A Kamarulzaman, SF Syed Omar, S Ponnampalavanar, University Malaya Medical Centre, Kuala Lumpur, Malaysia; RA Ditangco, MK Pasayan, JB Sornillo, Research Institute for Tropical Medicine, Muntinlupa City, Philippines; HP Chen, YJ Chan, PF Wu, Taipei Veterans General Hospital, Taipei, Taiwan; CS Wong, PL Lim, P A Kumar, Z Ferdous, CY Choy, National Centre for Infectious Diseases, Tan Tock Seng Hospital, Singapore; A Avihingsanon, HMS Lwin, N Hiranburana, C Wongvoranet, C Ruengpanyathip, HIV-NAT/Thai Red Cross AIDS and Infectious Diseases Research Centre, Bangkok, Thailand; S Kiertiburanakul, A Phuphuakrat, L Chumla, N Sanmeema, Faculty of Medicine Ramathibodi Hospital, Mahidol University, Bangkok, Thailand; R Chaiwarith, T Sirisanthana, J Praparattanapan, K Nuket, Faculty of Medicine and Research Institute for Health Sciences, Chiang Mai University, Chiang Mai, Thailand; S Khusuwan, P Kambua, S Pongprapass, J Limlertchareonwanit, Chiangrai Prachanukroh Hospital, Chiang Rai, Thailand; TN Pham, DTH Nguyen, DT Nguyen, TT Nguyen, National Hospital for Tropical Diseases, Hanoi, Vietnam; CD Do, NCT Nguyen, LT Nguyen, TT Doan, Bach Mai Hospital, Hanoi, Vietnam; AH Sohn, JL Ross, B Petersen, TREAT Asia, amfAR - The Foundation for AIDS Research, Bangkok, Thailand; MG Law, K Petoumenos, A Jiamsakul, D Rupasinghe, The Kirby Institute, UNSW Sydney, NSW, Australia.

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