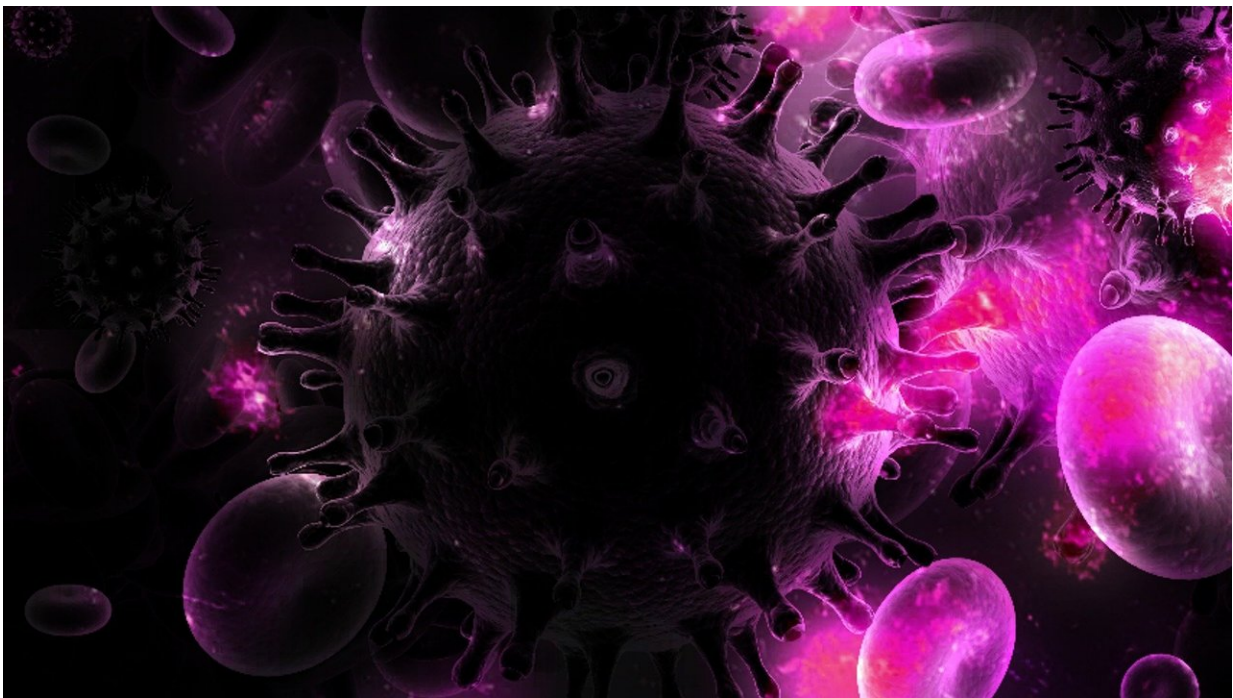


Newer HIV therapies have led to dramatic gains in viral suppression rates over the past 2 decades

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Viral suppression rates have nearly tripled in the U.S. over the past 2 decades, but disparities still exist for younger persons and blacks living with HIV. Researchers say that newer, better-tolerated treatment regimens, such as fixed-drug combinations that include integrase strand

transfer inhibitors (ISTIs), have likely contributed to these dramatic gains. Findings from an observational cohort study are published in *Annals of Internal Medicine*.

Approximately 1.2 million adults in the U.S. are living with HIV, and men who have sex with men and African Americans are disproportionately affected. Achieving and maintaining HIV [viral suppression](#) is essential for optimal outcomes and prevention efforts. As such, understanding trends and predictors of viral suppression is imperative to inform [public health policy](#).

Researchers supported by the National Institutes of Health (NIH) analyzed data for nearly 32,000 adults living with HIV who were enrolled in care at eight Centers for AIDS Research Network of Integrated Clinical Systems sites from 1997 to 2015 to evaluate trends in viral suppression. The researchers evaluated associated factors, such as demographic characteristics and ISTI use. They found that overall rates of viral suppression increased significantly during the timeframe, from 32 percent in 1997 to 86 percent in 2015. They also found that the average interval from enrollment to suppression was shortened substantially from 9 months for those initiating antiretroviral therapy, or ART, between 1997 and 2000 to 2 months for those initiating ART between 2010 and 2015. However, the gains in viral suppression were not equally distributed across populations. Younger persons and blacks were more likely to have detectable viral load. According to the researchers, these disparities warrant further research.

More information:

<http://annals.org/aim/article/doi/10.7326/M17-2242>

Editorial: <http://annals.org/aim/article/doi/10.7326/M18-1944>

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