Adolescents/Young Adults and HIV in 2013

Thursday, December 5, 2013
2:30 pm ET

This webinar is a joint collaboration between the National Resource Center for HIV/AIDS Prevention among Adolescents and the François-Xavier Bagnoud Center Local Performance Site of the New York/New Jersey AIDS Education and Training Center.
Housekeeping

- Audio via computer and phone
  - All lines muted until Q&A

- Please use chat box to submit questions for our presenter

- Session is being recorded
Today’s Objectives

In this 1-hour session, participants can expect to:

• Identify adolescents and young adults considered to be “high-risk” for HIV infection.

• Identify the connection between sexual HIV transmission and other (non-HIV) sexually transmitted infections.

• Identify at least 3 barriers to HIV-related health care services for adolescents and young adults.

• Identify evidence-based strategies utilized to engage HIV+ and HIV at-risk adolescents and young adults into health care services.
John A. Nelson, PhD, CPNP
Program Director - AIDS Education and Training Centers National Resource Center (AETC NRC)
History of Adolescent HIV Infection in the U.S.

- Hemophiliacs and other children/adolescents receiving blood transfusions before 1985
- Gay, bisexual, and other MSM adolescent biological males
- Transgender adolescents (MTF and FTM)
- Heterosexual females (FSM)
- Sexually abused female and male children/adolescents
- IDU and other needle-sharing (steroids, hormones) adolescents

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History of Adolescent HIV Infection in the U.S.

- Perinatally infected males and females
- Heterosexual males (MSF)
- Now primarily U.S., MSM, FSM, MSF, and perinatally infected
Risk Factors for Primary and Secondary HIV Infection in Adolescents

- Education (low health literacy)
- Motivation and Self-Esteem (“Am I worth protecting?”)
- Mental Health (i.e. anxiety, depression, PTSD are associated with increased risk behaviors)
- Social Networking/Social Determinants (living or socializing in high HIV prevalence areas/neighborhoods); incarceration
- Social Injustice: racism, sexism, classism, ageism, heterosexism, ableism (all are associated with stigma, anxiety, depression)
Risk Factors for Primary and Secondary HIV Infection in Adolescents

- Substance use (ETOH, marijuana, cocaine, heroin, meth . . . Non-IDU as well as IDU)
- Another STI
- Mucosal Conditions (i.e. vaginal and rectal douching or BV can decrease resistance; certain lubricants can irritate mucosa making HIV infection easier)
- Male Circumcision (uncircumcised males can become infected through the penis more easily)
- Availability of Condoms, Dental Dams, Clean Needles, PrEP/PEP
- Cognitive abilities of the adolescent (concrete vs. abstract thinking ability; living for the moment vs. thinking about the future)

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Risk Factors for Primary and Secondary HIV Infection in Adolescents

- Developmental Issues related to adolescence (“We’re in love and since he’s positive, I don’t care if I become positive.”)
- Reason for having sex (i.e. survival sex, pleasure, “to feel loved,” reproduction, comfort, or abusive/forced) as well as type of partner (i.e. casual or regular)
- Relationship power (unequal power in a relationship is associated with greater risk behaviors)
- Health Belief and health literacy
- Adolescent’s who perceive an early mortality for themselves (perception of early mortality by the adolescent correlates significantly to high-risk behaviors)
- History of being abused (emotionally, physically, sexually)
Subpopulations of Adolescents at Greatest Risk of Infection

- “Street” youth (homeless, runaway, throw-away, abandoned, foster care, familial/parental drug abuse, incarceration, mental illness or death)
- Sexually active Gay and Bisexual males
- Sexually active Transgender youth (MTF and FTM)
- Sexually active heterosexual females (primarily with an STI)
- Sexually active heterosexual males (primarily uncircumcised with STI)
- Substance users (IDU and non-IDU)
QUIZ # 1

In 2011, which of the following age groups had the HIGHEST number of new HIV diagnoses in the United States?

A. Newborn – 14 y.o. (inclusive)
B. 15 – 19 y.o.
C. 20 - 24 y.o.
D. 25 – 29 y.o.
E. 30 – 34 y.o.
## Estimated Number of Diagnoses of HIV Infection, 2011

<table>
<thead>
<tr>
<th>Age (Years)</th>
<th>Estimated Number of Diagnoses of HIV Infection, 2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>Under 13</td>
<td>192</td>
</tr>
<tr>
<td>Ages 13-14</td>
<td>53</td>
</tr>
<tr>
<td>Ages 15-19</td>
<td>2,240</td>
</tr>
<tr>
<td>Ages 20-24</td>
<td>8,054</td>
</tr>
<tr>
<td>Ages 25-29</td>
<td>7,484</td>
</tr>
<tr>
<td>Ages 30-34</td>
<td>6,209</td>
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<tr>
<td>Ages 35-39</td>
<td>5,285</td>
</tr>
<tr>
<td>Ages 40-44</td>
<td>5,753</td>
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<tr>
<td>Ages 45-49</td>
<td>5,564</td>
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<tr>
<td>Ages 50-54</td>
<td>3,951</td>
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<tr>
<td>Ages 55-59</td>
<td>2,312</td>
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<tr>
<td>Ages 60-64</td>
<td>1,229</td>
</tr>
<tr>
<td>Ages 65 or older</td>
<td>948</td>
</tr>
</tbody>
</table>
The U.S. HIV Treatment Cascade

The National Alliance for HIV Education and Workforce Development (NAHEWD) represents the national network of AIDS Education and Training Centers (AETCs). The AETCs national, regional, and local centers are a part of the HRSA-funded Ryan White Program. The AETCs provide clinical education to the HIV workforce and capacity-building support to care systems. NAHEWD and its members support the work of the AETCs to build and maintain a well-educated and culturally-sensitive health professions workforce to ensure comprehensive care and treatment to people at-risk for and living with HIV across all phases of the HIV Treatment Cascade.


December 2013
QUIZ #2

Which of the following age groups of HIV infected persons in the U.S., has the HIGHEST rate of viral suppression?

A. 13 – 24 y.o.
B. 25 – 34 y.o.
C. 35 – 44 y.o.
D. 45 – 54 y.o.
E. 55 – 65 y.o.
Percentage of Persons With Human Immunodeficiency Virus (HIV) Infection Percentages are shown for US individuals engaged in selected stages of the continuum of care by age. ART indicates antiretroviral therapy.
STI-HIV Link

- Having an STI (genital, rectal, pharyngeal) increases immune cell density and inflammation in that body part, making infection with HIV easier (Kalichman, Pellowski, Turner, 2011).
- Rates of new STI’s has been found to be higher among newly diagnosed HIV+ persons than among general population (Kalichman, Pellowski, Turner, 2011).
- Controlling STI’s has been found to decrease the rate of new HIV infection among populations (Steen, Kamali, Ndowa, 2009).
- Even those with an undetectable serum viral load are at increased risk of transmitting HIV if they have an STI (Kalichman, Eaton, Cherry, 2010).
Rates of New STI’s in HIV+ Youth in 2008
(Nelson, Hyden, Cohall, & Neu, 2009)

**STI Screening** (N=73) for GC, CT, Syphilis:
37% of sexually active patients screened positive for at least 1 of the 3 STIs:
- 55% positive for 1, 17% positive for 2, 28% positive for 3 to 5

**Only 5% symptomatic; 95% of positive labs are from routine screening**
- Most frequent positive screens:
  - Urethral Chlamydia (16% of patients)
    - Rectal Chlamydia (10%)
    - Urethral Gonorrhea (8%)
  - syphilis (6%), pharyngeal Chlamydia (4%), pharyngeal & rectal Gonorrhea (4% each)

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Public Health Implications

As part of routine care, PLWHA need to be involved in ongoing risk assessments & counseling about the importance of safer sex in order to reduce transmission of STIs and HIV.

Providers should (ASI):

- ASK about behavioral risks
- SCREEN for sexually transmitted infections – often, and at all anatomic sites exposed (rectum, pharynx, cervix, urethra)
- INTERVENE by delivering tailored harm reduction interventions. Focus on beliefs, attitudes, norms, skills, self-efficacy, environmental circumstances, & motivation to change while setting concrete and realistic behavioral goals.

CDC. *Incorporating HIV prevention into the medical care of persons living with HIV: recommendations of CDC, the Health Resources and Services Administration, the National Institutes of Health, and the HIV Medicine Association of the Infectious Diseases Society of America*. MMWR Recommendations and Reports. 2003;52(RR-12):1–24.
Barriers to Health Care Services for HIV+ and HIV at-risk Adolescents in the U.S.

- Payment concerns (no insurance, parental insurance and confidentiality, no money for co-payment)
- Transportation concerns (may not want to be tested in home neighborhood; how do they get to another site without money or without parents finding out?)
- Confidentiality Concerns ("Will my parents find out?" "What if someone I know is at that clinic or works at that hospital/clinic?")
- Legal concerns (deportation, DOH notification, DFYS notification, "street" minors)
- Fear of disapproval from a provider when reveals personal information regarding sexuality, sexual behaviors, substance use, problems at home . . .
Reducing barriers for adolescents and young adults in getting health care

- Is the clinic environment “welcoming” to at-risk adolescents and young adults? (are posters, reading material, TV/Videos/Music in waiting room something they can relate to?)

- Is the process to get “in” to see the nurse, doctor, social worker, health educator “welcoming?” (forms to be filled out? no insurance? Waiting time?)

- Is the body language and vocabulary of clinic staff “welcoming” yet professional? (“will they stare at me and talk about me because I have piercings all over my face and tattoos all over my body?”)

- Are the staff respective of adolescents and young adults (“I’m not a child,” “Are they going to say something because I came by myself or a friend/partner?”)
Reducing barriers for adolescents and young adults in getting health care

• Are the hours and days available convenient for adolescents and young adults? Are walk-in appointments available?
• Are the staff trusting and engaging?
• “Will I fit in?” “Will I be embarrassed?” “Will people know I’m HIV+ because I’m there?”
• “Are they going to make me do anything I don’t want (like make me get blood drawn or provide a urine sample)?”
HIV C&T of Adolescents

• Legal Issues
• “Why are you testing?”
• “How will the results help you?”
• “What will change in your life if you test positive?”
• Support system(s)
HIV+ Adolescent Treatment and Care Issues

- Skill building (living with chronic illness, enjoying life, and staying healthy!)
- Prevention with Positives (staying virally suppressed prevents progression of HIV disease as well as prevents transmission to others)
- Preparation for transition to adult health care system

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Questions???

• Type Questions into chat box
  or
• Use “raise hand” feature to ask question via phone
• *6 to mute/unmute phone
• Make sure computer speakers are OFF to prevent feedback
Evaluation

Please share your feedback at:
https://www.surveymonkey.com/s/7GJ73KN
For more information…..

• François-Xavier Bagnoud Center, http://fxbcenter.org/

• AIDS Education and Training Centers, National Resource Center, www.aidsetc.org


• NY/NJ AETC Local Performance Site, http://www.nynjaetc.org/index.html
THANK YOU!