HIV and Youth
The Epidemic Accelerates

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Donna Futterman, MD
Prof. of Clinical Pediatrics, Einstein College of Medicine
Director, Adolescent AIDS Program, Montefiore Medical Center

AdolescentAIDS.org
Learning Objectives

Upon completion of this presentation, learners should be better able to:

- Describe 3 elements of adolescent risk for HIV
- Appraise developmental aspects of care for HIV+ adolescents
Regarding Adolescents, do you...

1. Like and feel comfortable caring for them.
2. Like them, but have no idea how to care for them.
3. Do not like them, but caring for them is OK.
4. Please keep me far away from any youth!
Among HIV+ Adolescents

1. The majority are perinatally infected
2. The majority are sexually infected and YMSM
3. The majority are sexually infected and female
4. I have no idea
HIV and Youth: The World

50%
New HIV infections worldwide among children and youth <24

920,000
15-24 y.o. infected annually: 2,500/day; 66% young women

Geographic Hotspots
- >80% HIV+ youth live in Sub-Saharan Africa
- Rapid increases in IDU infected youth in E. Europe & Asia

Concerning numbers
- HIV+ youth untested
- Perinatally-infected reaching adolescence

Gender Disparities in Youth (15-24)

AIDS is NOT Over for US Youth

35%
New HIV infections among youth 13-29
20,000 US infections annually - 1 every hour

> 2/3
HIV+ youth sexually infected (30% young women)

> 3/4
HIV+ youth are racial/ethnic minorities

> 60%
HIV+ youth untested

Growing numbers
Perinatally-infected aging into adolescence

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Our Work Must Address...
Youth of Color >80%

• Young Men Who Have Sex With Men
  - 69% of new youth infections and rising
  - Most impacted but social forces constrain programs

• Young Women
  - 20-30% of new infections
  - Low awareness of risk - personal and partner

• Perinatally Infected
  - Cohort of 7000 (<100 new infections yearly)
  - Highly complex medical/psychosocial needs
  - Some first identified in adolescence
Race/Ethnicity: US Youth vs. HIV+

### US Youth
- African American: 17%
- White: 63%
- Latino: 16%
- Other: 4%

### HIV+ Youth
- African American: 15%
- White: 17%
- Latino: 3%
- Other: 65%
Rates of Diagnoses of HIV Infection among Young Adults Aged 20–24 Years, 2009—40 States and 5 U.S. Dependent Areas

N=6,314

Total Rate = 36.7

Rates per 100,000 population

- < 10.0
- 10.0 – 19.9
- 20.0 – 29.9
- 30.0 – 39.9
- ≥ 40.0

Note: Data include persons with a diagnosis of HIV infection regardless of stage of disease at diagnosis. All displayed data have been statistically adjusted to account for reporting delays, but not for incomplete reporting. Rates are per 100,000 population.

NH: 4.5
CT: 28.7
NJ: 43.6

American Samoa: 0.0
Guam: 0.0
Northern Mariana Islands: 0.0
Puerto Rico: 27.4
U.S. Virgin Islands: 19.2
Estimated Number of HIV/AIDS Cases among Adult and Adolescent Men Who Have Sex with Men, by Age Group, 2001–2006—33 States

Note. The data have been adjusted for reporting delay and cases without risk factor information were proportionally redistributed.
Estimated Number of HIV/AIDS Cases among Men Who Have Sex with Men, Aged 13–24 years, by Race/Ethnicity 2001–2006—33 States

Note. The data have been adjusted for reporting delay and cases without risk factor information were proportionally redistributed.
AIDS Diagnoses among Adolescents Aged 13–19 Years, by Sex, 1985–2009—United States and Dependent Areas

Year of diagnosis

1993 definition change

Diagnoses, No.

Note. All displayed data have been statistically adjusted to account for reporting delays, but not for incomplete reporting.
AIDS Diagnoses among Adolescents Aged 20–24 Years, by Sex, 1985–2009—United States and Dependent Areas

Year of diagnosis

Diagnoses, No.

643 967 1,440 1,686 1,812 1,916 2,116 2,617 2,648 2,350 2,220 1,890 1,565 1,407 1,309 1,431 1,422 1,492 1,673 1,733 1,770 1,659 1,908 1,892 2,110

Note. All displayed data have been statistically adjusted to account for reporting delays, but not for incomplete reporting.
Adolescents and Young Adults Aged 13–24 Years Living with a Diagnosis of HIV Infection, by Sex and Transmission Category, Year-end 2008—40 States and 5 U.S. Dependent Areas

**Males**
- 73% Male-to-male sexual contact
- 16% Injection drug use (IDU)
- 3% Male-to-male sexual contact and IDU
- 3% Other
- 6%

**Females**
- 59% Heterosexual contact
- 34%
- 7%

Note. Data include persons with a diagnosis of HIV infection regardless of stage of disease at diagnosis. All displayed data have been statistically adjusted to account for reporting delays and missing risk-factor information, but not for incomplete reporting.

*a* Heterosexual contact with a person known to have, or at high risk for, HIV infection.

*b* Includes hemophilia, blood transfusion, perinatal exposure, and risk factor not reported or not identified.
### HIV+ Bronx MSM Age: 16-23 yrs
#### 2006-09 AAP and BAS

<table>
<thead>
<tr>
<th>Description</th>
<th>Percentage</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>No medical insurance</td>
<td>41%</td>
<td></td>
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<tr>
<td>Sexual Identity</td>
<td></td>
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<tr>
<td>Gay/Homosexual</td>
<td>67%</td>
<td></td>
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<tr>
<td>Bisexual</td>
<td>29%</td>
<td></td>
</tr>
<tr>
<td>Sex with Women ever</td>
<td>62%</td>
<td></td>
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<tr>
<td>Mean number prior HIV Tests</td>
<td>5.5 (1-20)</td>
<td></td>
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Bruce, et al. AAP/BAS. CDC Prevention Conference 2009
Black MSM and HIV: Myths and Realities

Myths about Black MSM

• Higher frequency of risky sexual behavior
  - (unprotected anal intercourse, higher # of partners)
• Lack of gay identity or non-disclosure of identity
• Higher use of alcohol or illicit drugs

Realities

• Higher prevalence of STDs
• Undiagnosed or late diagnosis of infection
• Lower rates of ART usage

Millett, G., et. al. 2007 AIDS. 21(15):2083-2091
Millett, G., et. al. 2006. AJPH. 96(6):1007-19
“You can’t be gay, you’ll shame the family”
Family Rejection & Vulnerability
Study by Caitlin Ryan, PhD of 224 White & Latino GLB males & females ages 21-25

Compared the 1/3 who experienced high levels of rejection with the 1/3 who experienced low to no rejection and found the highly rejected youth were:

3.4 times more likely to have unprotected sex
3.4 times more likely to use illicit drugs
5.9 times greater levels of depression
8.4 times more likely to attempt suicide

HIV Transmission in Youth

Perinatal Infection
- Growing numbers of youth: ARVs are prolonging life

Sexual Infection (highest mode of transmission)
- Many at-risk women unaware of risk
- Many YMSM don’t identify with “gay” prevention
- Transgender youth avoid or don’t get care
- STD, sexual/substance abuse, mental illness increase risk
- Children of HIV+ parents at increased risk
Men in Their Teens and 20s Are the Most Likely to Contract Chlamydia and Gonorrhea

New infections per 100,000 men per year

"In Their Own Right" Guttmacher Institute, 2002.
Integration of HIV & Reproductive Health Services

Success

• Focus on HIV testing and pregnancy has virtually eliminated perinatal infections

Missed Opportunities for Youth

• FP: 24% of Title X users <19 years old
• TOP: 20% (400K of 2M Title X) <19 years old
• STI: 25% total pop but 50% of all STIs
Youth-friendly HIV Care

- Providers who are knowledgeable, nonjudgmental
- Confidentiality and Consent
  - See adolescents separately from parents
  - Cohort youth to single day
- Socioeconomic issues: poverty, schools, housing & transportation challenges
- Empowering youth to live with HIV
  - Coping/Mental Health
  - HIV care
  - Prevention
Treatment Issues

Perinatally Infected Adolescents
• Decreasing options for therapy
• Puberty and body changes
• Consequences of lifelong HIV and its treatment

Sexually Infected Adolescents
• Diagnosis and engagement in care

Common Issues
• Adherence
• Disclosure
• Ongoing risk of transmission
• Reproductive Health
• Behavioral and psychological concerns
• Transition to Adult Care
Antiretroviral Therapy: Barriers to Adherence

- Developmental issues key
  - Denial of need for treatment
  - Concrete and present-oriented thinking
  - Adverse events may seem intolerable
  - Meds rebellion as a form of independence
- Low self-esteem, depression, hopelessness
- Mistrust providers & trust misinformation from peers
- Socioeconomic: chaotic lifestyles, insurance, housing & transportation challenges
- Lack of support / disclosure
Particular Challenges of Perinatally Infected Youth

- Family dynamics
  - relationship with mother; mother’s relationship with illness; who is raising the child
- Disclosure
  - if and when child was told
- Diagnosis
  - chronic and suffering vs. asymptomatic
- Treatment
  - association with pills, side effects, death
Antiretroviral Therapy:  
When to Start

- HHS guidelines for adults appropriate for youth (B)
  - thymic volume and function favors youth
  - slower progression to AIDS than adults
  - dose on puberty status not age
  - adherence with youth more difficult

- Be aware of resistance with perinatally-infected and other heavily treated youth

- How to encourage medications and adherence at diagnosis- reframing the issues

www.AIDSInfo.nih.gov
Transitioning
Youth aging into / out of adolescent care

- Facilitate transition from supportive to independent and responsibilities from parent/provider to patient
- Promote growth, self-expression and personal decision making
- Choose adult clinic with multidisciplinary services
- Traumatic for youth to leave trusted providers
- Uncomfortable in the presence of adult patients
- Consider phased transition (case manager, GYN)

A Meyerson 2006
Prevention with Positives

- Key element of HIV care and public health
- Protect yourself/others from STIs and new HIV
- Prevention messages
  - Condomize every time you have sex
  - Engage partners: testing/disclosure if safe
  - Fewer partners = less risk
  - Drugs and alcohol = greater risk (SEP)
  - Consider not having sex (other ways to express love)
  - Discuss safe pregnancy options (PMTCT)
Prevention

US prevention leaves youth vulnerable

- Mass media promotes sex but not safer sex
- Abstinence “only” sex education shown ineffective
- Comprehensive sex education offers better foundation and is wanted by most parents

Behavior change is very difficult

- Prolonged interventions more successful
- Successful programs combine skill and knowledge
YOUTH & THE HIV/AIDS EPIDEMIC

“I don’t think I have anything to worry about. I assume they are negative. If they are positive, they wouldn’t put you at risk. You can tell a lot by appearance.”
The Power of Routine Testing

Reduces HIV Transmission

- HIV+ people who know their status reduce high-risk sex by about 50% (US studies)
- Lower viral loads from ARV also reduces transmission

Prolongs Life

- HIV treatment can improve quality of life and increase survival by many years/normal life span

Preserves Resources

- Successful ARV reduces overall care costs for HIV+
Reducing New HIV Infections

- Testing & linkage is current **BEST** strategy
- Most HIV+ youth asymptomatic: testing must be **Routine**
  - Scale up and promote to youth in Medical, ED, SBC, CBO, detention settings
  - Low numbers but high benefit
  - Its the LAW
- **Targeted**
  - Gay youth and women of color
  - Importance of ongoing/repeat testing
Field-tested Implementation System
- Reduces pre-test counseling to 1-5 minutes
- Utilizes existing staff & data resources
- Adapts easily to local testing policies
- Proven to increase testing and case finding
- Scalable from facility to municipal levels
Youth can consent for STI services in all States
- 11 states specify minimal age of 12-14 years
- 31 states include HIV testing and treatment

18 states allow but don’t require notification of minor’s parents
- 1 state requires parental notification re: HIV+

26 states allow youth to consent for HIV treatment without parent
For HIV testing among minor youth

1. Always obtain parental consent
2. You can test and treat any minor youth for HIV just like any STI
3. You can test youth without parental consent in most states but treatment consent might involve parents
“Unless you speak to teens in our own words, we won’t get it.”
EVERYBODY NEEDS TO KNOW

Man, woman, gay or straight, you’ve gotta get tested for HIV.
Found early, it’s treatable. Ignore it, and it’s deadly.

what’s your status?
- stay safe + get care ? get tested

For free testing sites, call 311 or visit www.nyc.gov/bronxhivtesting
Addressing Youth Challenges

- New generation every 5 years (sex education and social marketing)
- Youth feel invincible, not afraid of HIV (treatable, invisible)
- Fear of disclosure to parents: HIV, sex and sexual orientation
- Youth among the least insured (25% lack insurance)
- Confidentiality & Consent
- Vulnerable youth not well served
  - Economic, racial, gender, and sexual orientation disparities
Our Kids Are Dying

1980s:
Atlanta murders

Today:
HIV
Learn more about the care of HIV+ youth by visiting:

www.hivcareforyouth.org