Behavioral risk factors for heterosexual adolescents perinatally or behaviorally infected with HIV

New York City July 2007 through June 2010

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BACKGROUND



Sexual risk behaviors of high school students, 2009

	US	NYC
Ever had sex	46%	39%
No condom used at <u>last sex</u>	39%	29%
Four or more <u>lifetime</u> sex partners	14%	15%



New HIV diagnoses among adolescents ages 13-19, 2009

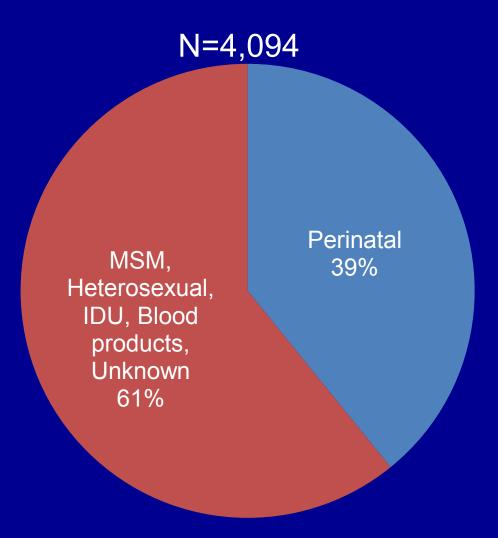
US NYC (N=42,959) (N=3,669) 2,057 4.8% 161 4.4%

^{**}NYC DOHMH Annual Surveillance Statistics, 2009



^{*}CDC HIV Surveillance Report: Diagnoses of HIV infection and AIDS in the United States and Dependent Areas, 2009.

HIV transmission risk category for persons 15-24 living with HIV/AIDS, NYC, 2009





Study of sexual risk transmission behaviors of adolescents infected with HIV

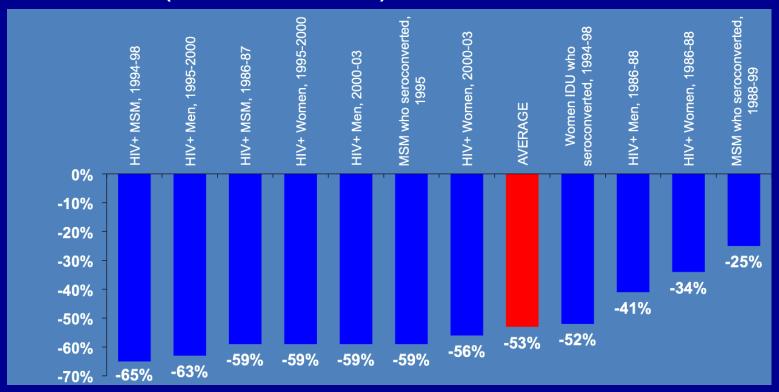
	Perinatally infected	Behaviorally acquired
Sex in past 3 months	58%	82%
Unprotected sex	32%	66%
HIV disclosure to sex partner	21%	20%

*Koenig et al. 2010. JAIDS



Factors associated with reduction in unprotected sex

Knowledge of HIV+ status associated with 53% reduction (Marks, 2005)



 Engagement in HIV care associated with at least 3 times reduction (Metsch, 2008)

Objective

 Compare sexual risk behaviors between heterosexual adolescents infected with HIV perinatally and behaviorally



METHODS



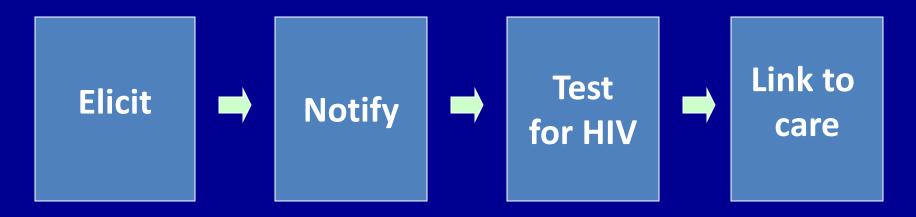
NYC health department HIV partner services Field Services Unit established June 2006

- Public health issues addressed:
 - Concurrent HIV/AIDS diagnoses
 - Diagnosed with AIDS within 31 days of HIV
 - Delayed linkage to care
 - ~25% with no VL/CD4 1 year after initial diagnosis
 - Limited HIV partner services reported outside of NYC health-department STD clinics



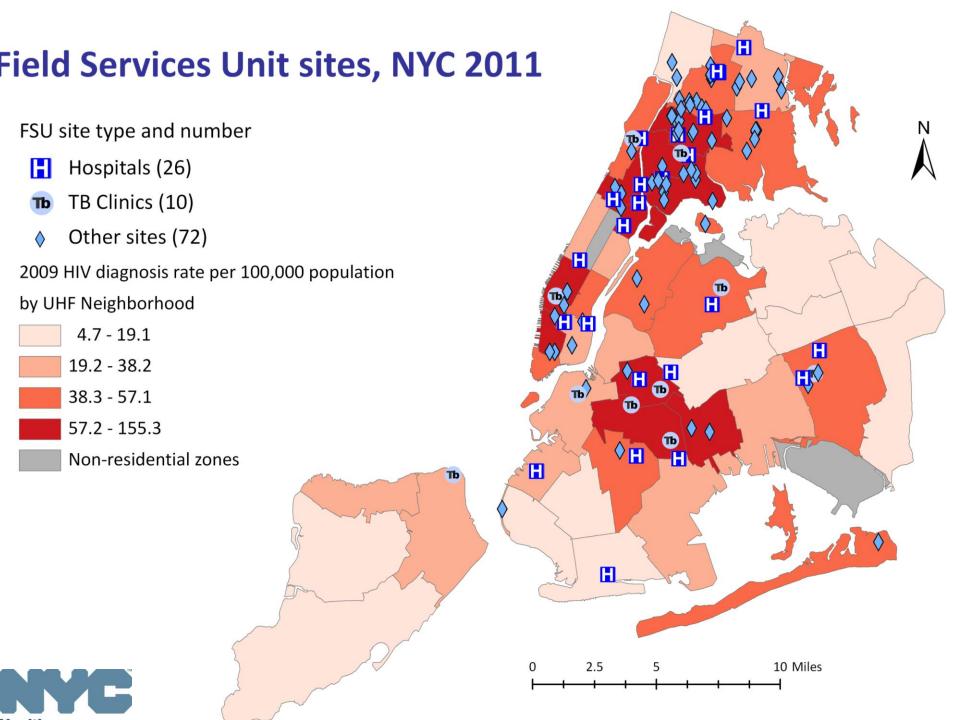
New York City health department HIV partner services (PS)

FSU offers PS to all patients newly diagnosed and selected previously diagnosed at FSU affiliated sites



HIVinfected patient Partner (sex or needle sharing)





FSU sample population July 2007 through June 2010

- HIV-infected 15-24 year olds
- Heterosexual (excluded MSM and IDU)
- Interviewed for PS
- Sexually active in past 12 months
 - At least one sex partner
 - Pregnant



Outcome measures

- Chart review and face-to-face patient interviews
 - Sexual behavior:
 - Pregnant, STI diagnosis, number of sex partners, condom use, have children
 - Substance use
 - Partner services:
 - Partners named, notified, tested
 - Linkage to care:
 - Appointment kept within 3 months



Statistical analyses

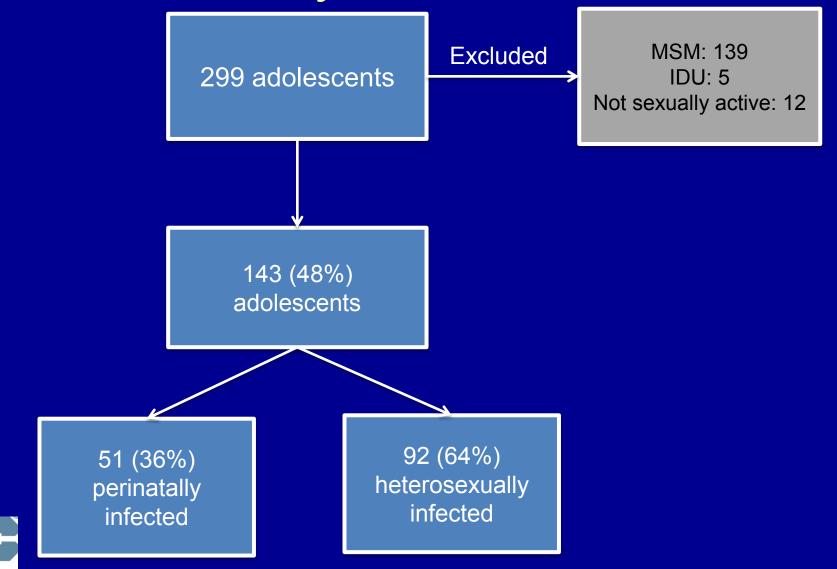
- Chi-square and Fischer exact tests for categorical variables
- T-tests for continuous variables



RESULTS



FSU sample population ages 15-24, July 2007 – June 2010



Demographics

	Perinatally infected (N=51)		Heterosexually infected (N=92)		P value
	N	%	N	%	
Age (mean)	19.3		20.9		<.0001
Female	33	65%	66	72%	0.38
Race/ethnicity					0.82
Black	33	65%	60	65%	
Hispanic	15	29%	29	32%	
White/Other	3	6%	3	3%	



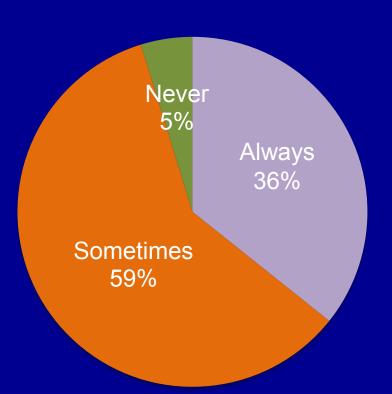
Sexual behaviors

	Perinatally infected (N=51)		Heterosexually infected (N=92)		P value
	N	%	N	%	
Sex partners, mean (range)	2.0 (1-36)		2.1 (1-20)		
STI diagnosis	13	25%	16	17%	0.40
Have children (females)	6	18%	22	33%	0.18
Pregnant	16	48%	25	42%	0.70

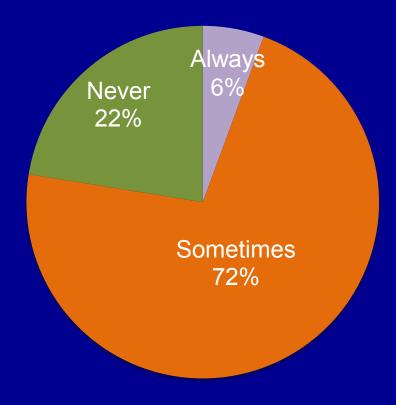


Condom Use in the Past 12 Months

Perinatally infected



Heterosexually infected





Drug and alcohol use

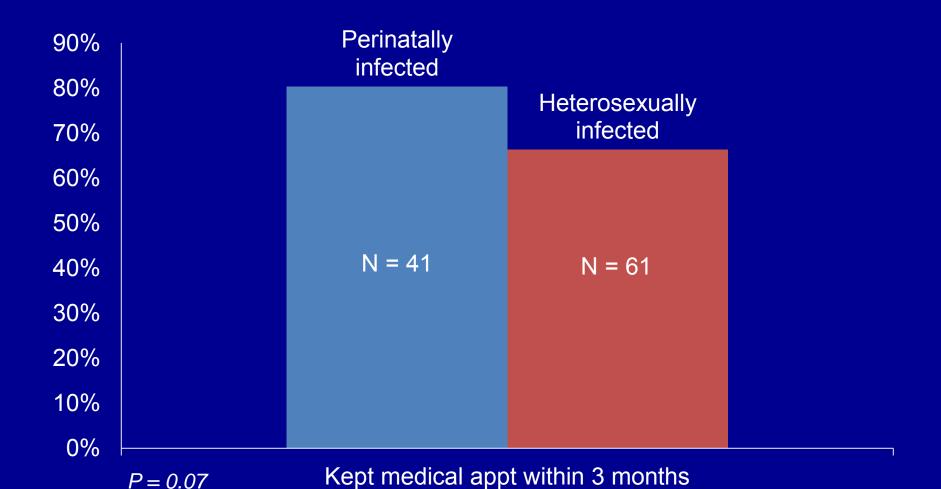
	Perinatally infected (N=51)		Heterosexually infected (N=92)		P value
	N	%	N	%	
Drug use*	11	22%	23	25%	0.64
Alcohol use**	13	25%	16	17%	0.76



Partner Services outcomes

	Perinatally infected (N=51)		Heterosexually infected (N=92)		P value
	N	%	N	%	
Named partners	38	75%	64	88%	0.06
Sex partners named	68		144		
Partners with Negative/ unknown serostatus	60	88%	118	82%	0.24
Notified of exposure to HIV	24	40%	45	38%	0.81
Tested for HIV	17	71%	39	86%	0.19
Newly diagnosed with HIV	0	0%	8	20%	0.09

Linkage to care





DISCUSSION



Adolescents reported similar levels of risky sexual behavior

- High rates of STIs
- Inconsistent condom use
- Similar and low number of sex partners
- Serodiscordant sex partners
 - >80% of partners had an HIV negative or unknown status



Identification of named partners newly diagnosed with HIV

- One-fifth of partners of adolescents heterosexually-infected were newly diagnosed
- No adolescent perinatally infected named a partner newly diagnosed



Possible reasons for differences in seroprevalence among sex partners

- Perinatal
 - Only named partners they consistently used condoms with
- Adolescents heterosexually infected may have named partners undiagnosed with HIV
 - Cannot ascertain direction of infection



Limitations

- Small sample of adolescents perinatally infected with HIV
 - Excluded MSM, who have more sex partners
- Self-reported behavior
- May not name current partners to the health department for fear of losing partner
- Persons infected for a long time may be less cooperative with health department



Conclusion

- Similar sex and drug use behaviors
- Perinatally infected reported always using condoms more often than heterosexually infected
- Perinatally infected did not provide any partners newly diagnosed with HIV



Recommendations for adolescents infected with HIV

- Disclosure of HIV status not a onetime event, but process involving ongoing discussions (NYS Department of Health guidelines)
- HIV care visits provide opportunity to emphasize safer sex
 - Some may need more intensive behavioral interventions



Acknowledgements

- FSU field staff
- FSU partnering facilities



References

- Koenig LJ, Pals SL, Chandwani S, et al. Sexual transmission risk behavior of adolescents with HIV acquired perinatally or through risk behaviors. JAIDS 2010; 55:380-390
- Metsch LR, Pereyra M, Messinger S, et al. HIV transmission risk behaviors among HIV-infected persons who are successfully linked to care. CID 2008; 47:577-584.
- Marks G, Crepaz N, Senterfitt J, Janssen R. Meta-Analysis of High-Risk Sexual Behavior in Persons Aware and Unaware They are Infected With HIV in the United States: Implications for HIV Prevention Programs. *JAIDS* 2005; 39:446-453
- New York State Department of Health AIDS Institute.
 Disclosure of HIV to perinatally infected children and adolescents. Available at www.hivguidelines.org. Accessed 7/29/2011.