

HIV and the Young Adult

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Disclosure Slide

- ▶ I have no actual or potential conflict of interest in relation to this program/presentation.

Outline

- ▶ Epidemiology and Social Impact of HIV in Adolescents
- ▶ Screening Adolescents in Louisiana
- ▶ Referring Patients in Louisiana
- ▶ Future directions and Treatments
- ▶ Conclusion

You receive a “notice” from the hospital laboratory about a 15 yo boy who is your primary care patient with scoliosis with plans for spinal fusion...

You call the lab and they tell you the following:

- ▶ “Patient X came in for a blood donation prior to planned surgery and tested positive for HIV Ab”
- ▶ “We are waiting on the confirmatory test, which just came back this afternoon and is positive”

So you look through your patient's history:

- ▶ Past Medical: Ear infections as an infant, no issues since
- ▶ Past Surgical: ET Tubes
- ▶ Family History: M- HTN, Father- unknown, Brother- No history
- ▶ Social History: Lives with mom, younger brother. Mom smoker in home. Freshman in Highschool. Plays basketball
- ▶ Medications: None
- ▶ Allergies: NKDA

So you look through your patient's history:

- ▶ Last clinic note from his 16 year well child visit: “Doing well in school however getting progressively tired during sports activity. Mom concerned he is getting “lanky”.
- ▶ His HEADSS Assessment revealed he was sexually active only one female partner, but admitted to rare condom use.

What do you do now?



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Epidemiology Worldwide

- ▶ An estimated 35.3 million people were living with HIV at the end of 2012
 - ▶ 2.1 million were adolescents aged 10–19 years, of which the majority was girls (56%)
 - ▶ 85% of all adolescents living with HIV were located in sub-Saharan Africa (1.7 million)
- ▶ An estimated 300,000 new infections occurred among adolescents aged 15–19 years in 2012 (about 13% of total new infections)
- ▶ Surveys worldwide suggest in most countries, less than half of adolescent boys and girls, aged 15–19 years, have a basic understanding of HIV

Journal Of AIDS, 2014



Epidemiology USA

- ▶ 26% of the approximately 50,000 newly diagnosed with HIV in 2010 were among youth 13 to 24 years of age.
- ▶ Amongst youth, 57% of the new infections were among young black/African Americans with an increasing rise in the Hispanic/Latino Population.
- ▶ Of the new infections, 75% were among young men who have sex with men (MSM).
- ▶ 6 US dependent areas and the South continue to have the highest rate of incidence and new numbers of cases across all ages

HIV Surveillance Report, 2015

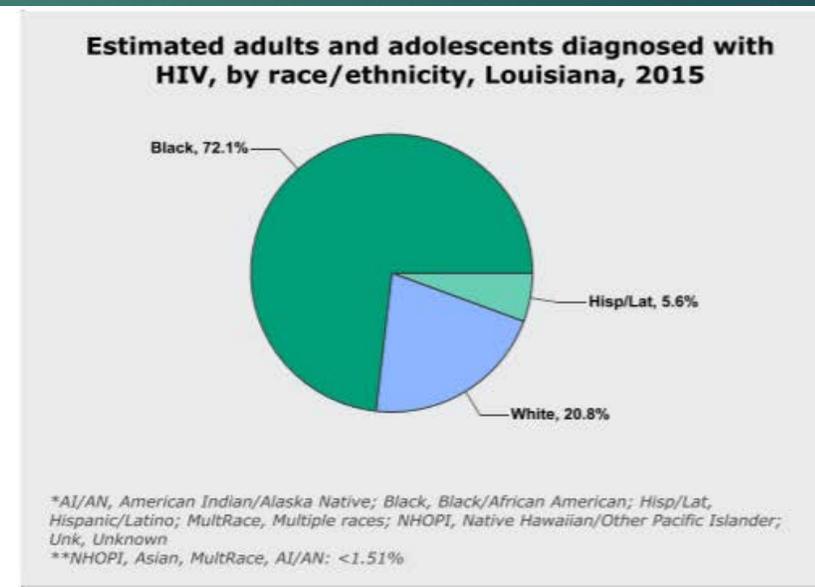
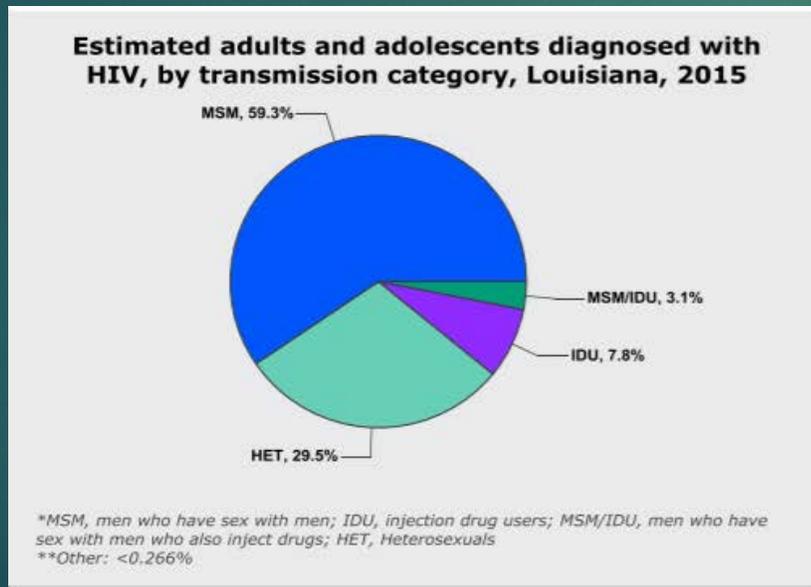
Epidemiology USA

- ▶ Among Adolescents with HIV in 2010, CDC estimates almost 60% had undiagnosed infections and were unaware their diagnosis
- ▶ Except amongst young MSM, it appears all other categories among adolescents and young adults continues to decrease or remain stable between 2007-2010

HIV Surveillance Report, 2015

Epidemiology in Louisiana

- ▶ In In 2015, an estimated 1,129 adults and adolescents were diagnosed with HIV in Louisiana.
- ▶ Louisiana ranked 11th among the 50 states in the number of HIV diagnoses in 2015.
- ▶ New Orleans Metro Area and Baton Rouge, LA fall in top 5 cities with highest rates of new diagnoses of HIV



What can the pediatrician do?

- ▶ Screen patients and/or refer for screening
- ▶ Refer patients to counseling/further services
- ▶ Educate patients on prevention
- ▶ Support patients who may have lost loved ones to HIV/AIDS

Screening: AAP Guidelines

- ▶ In 2011, AAP put out new guidelines on HIV screening
 - ▶ Where prevalence $>0.1\%$, offer screening at least once by 16-18 yo
 - ▶ Where prevalence lower, routine testing for sexually active teens and those with substance abuse
 - ▶ Annual HIV testing recommended for high risk youth/adolescents undergoing testing for STIs
 - ▶ ERs and Urgent Cares should also offer testing in high-prevalence areas
 - ▶ Physicians need to know symptomAmong Adolescents with HIV in 2010, CDC estimates almost 60% had undiagnosed infections and were unaware their diagnosis
 - ▶ Except amongst young MSM, it appears all other categories among adolescents and young adults continues to decrease or remain stable between 2007-2010
 - ▶ Recognize Symptoms of acute retroviral syndrome and understand testing

Screening: CDC Guidelines

- ▶ The CDC recommends performing an HIV test routinely beginning at age 13 years and the US Preventive Services Task Force guidelines recommend routine screening beginning at age 15 years

Screening: Barriers faced

- ▶ Comfort with ordering testing or testing availability
- ▶ Insurance Barriers
- ▶ Parental Barriers
- ▶ Access to Healthcare Barriers

How can we screen?
Where can we screen?
What do we do with a positive test?

Screening: How?



Screening: Where?



Referral: What next?



PreP and the Young Adult

- ▶ Prescribing PREP:
 - ▶ Counseling: Side effects, adherence and possibility of resistance
 - ▶ Screening: Negative HIV test prior to start, Negative Hepatitis B Test, STD screening, Liver and Renal function panel
 - ▶ Follow up: Every 3 months for HIV test and Renal testing

Annals of Internal Medicine, 2012

Future of HIV in Young Adults

- ▶ As per epidemiology, numbers stable or decreasing in some subpopulations
- ▶ Pre-exposure prophylaxis in teenagers recently approved by FDA
- ▶ Depo injection of HIV medications- currently under trial

Lancet, 2017



Summary

- ▶ HIV is still a global health crisis
- ▶ Young adults are at risk and are often lost in the current medical system
- ▶ AAP guidelines suggest screening at 13 and yearly if sexually active
- ▶ There are many resources for pediatricians in Louisiana for Screening and Counseling
- ▶ Future medication regimens for both treatment and PrEP may improve care in Young Adults

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