2020 Ryan White HIV/AIDS Program CLINICAL CONFERENCE

Managing Sexual Health in Adolescents

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Financial Relationships With Commercial Entities

Dr Agwu has served as an advisor to Gilead Sciences, Inc, and Merck & Co, Inc. (Updated 07/17/20)

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Learning Objectives

After attending this presentation, learners will be able to:

- Describe the reasons for increased risk of sexually transmitted infections (STIs) and HIV among adolescents
- List important aspects of a detailed sexual history for adolescents, including sexual and gender minority adolescents
- Identify approaches to improving sexual health among adolescents

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Why discuss sexual health among adolescents?

IAS–USA

Adolescents are having sex.



- High school students (9-12th grade)
- 40% had ever had sexual intercourse.
- 10% had ≥4 sexual partners.
- 30% had sex during the previous 3 months, and, of those:
  - 46% did not use a condom with last sex.
  - 14% did not use any method to prevent pregnancy.
  - 19% drank alcohol or used drugs before last sex.
- 7% had been physically forced to have sex when they did not want to.
- <10% of all students have ever been tested for HIV.

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National Youth Risk Behavior Survey 2017

Youth are at Increased Risk for STIs/HIV.

- Biologic risk
  - -Anatomy: cervical ectopy, lower circumcision rates
  - -Lack of immunity from prior infections
  - -?Greater risk for physically traumatic sex
  - -Concurrent STIs
- Brain development*
  - -Maturation of "executive suite": center that includes risk-reward calibration, problem-solving, prioritizing, thinking ahead, self-evaluation, long-term planning, and regulation of emotion
  - Note: multiple factors (environment, culture, trauma, substance use, illness, parenting style, race/ethnicity) impact development impact maturation
- Cognitive development: concrete thinking; limited ability to perceive consequences

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*Significant variability

"Risky Behavior" & Normal Development?

Cognitive development
- Concrete thinking → more complex
- Limited ability to perceive consequences

Risk taking & experimentation
- Exploration of _____ (fill in the blank)
- self-esteem, self-confidence & self-identity
- autonomy, peer acceptance & respect

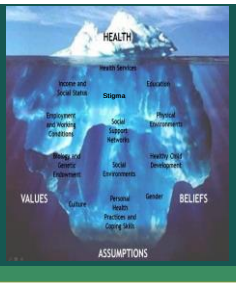
Psychosocial development
- Invincibility & independence-seeking

Decreased parental supervision
- Runaway, truancy



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Increased Risk for STIs/HIV among Youth…..



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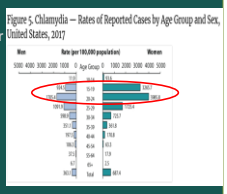
ARS Question 1: Which of the following is true about sexual health in adolescents?

a) Rates of sexually transmitted infections are declining
b) Pregnancy rates are increasing
c) Sexual and gender minority adolescents and youth have higher risk of STIs
d) There are no data on STIs in adolescents.

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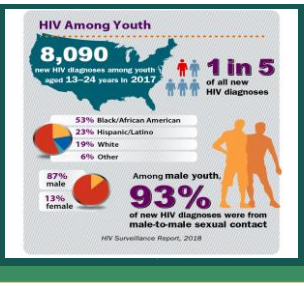
STI Rates among Adolescents

- Rates of chlamydia, gonorrhea, and primary & secondary syphilis ↑ for both sexes in 15–24 year olds
- Chlamydia: highest among women 15–24 years; males 15–24 years ↑ 29% (2013–2017), while the rate in females ↑ 9%
- Gonorrhea: males 15–24 years ↑ 52%, while the rate in females increased 24%
- Reasons for increases include:
  - ↑ incidence
  - ↑ screening among young men
  - ↑ extragenital screening



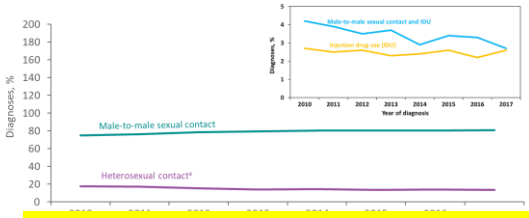
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HIV among Youth



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Diagnoses of HIV Infection among Adolescents and Young Adults Aged 13–24 Years, by Transmission Category, 2010–2017—United States and 6 Dependent Areas



≈ 51,000 youth with HIV; 40% unaware of HIV status (CDC 2016)
Trends (2010-16): ↓ 6% overall among youth (32% women; men unchanged);
Among MSM: ↓ 5% among AA; ↓ 6% among white; ↑17% Hispanic/Latino

Sexual and Gender Minority Youth

- ***Sexual minority youth:*** youth who identify as same gender loving, gay, lesbian, bisexual, questioning or some other sexual identity and/or have sexual contact with persons of the same or both sexes
- ***Gender minority youth:*** youth who identify as a gender different from their gender assigned at birth, as non-binary, are questioning their gender identity or are otherwise gender diverse
- Together this group is often referred to as ***LGBTQ***

Slide 13 of 33 Courtesy of Errol Fields

Sexual and Gender Minority Youth

LGBTQIAP

Lesbian
Gay
Bisexual
Transgender
Queer/questioning

Intersection

- Each letter represents distinct populations with their own health concerns
- Subpopulations within each – based on race, ethnicity, age, SES, region, etc.
- Intersectionality considers an individual's multiple identities and the ways in which they interact



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Risks among Sexual and Gender Minority Youth

Compared to heterosexual and cisgender youth:

- More likely to have had sex before age 13
- More likely to have sex with >4 partners
- More likely to have used alcohol or drugs before last sex
- Less likely to use condoms last sex
- More likely to have not used any pregnancy prevention method last sex

Slide 15 of 33 Levine, *Pediatrics*, 2013; Kann et al, MMWR, 2018; Rasberry et al., MMWR, 2018

Young Transgender Men and Women

- Transgender young women face highest rates of HIV and STIs compared to other SGM youth
- ↑ HIV/STI risk may be associated with commercial sex work, transactional sex, unemployment, substance abuse, history of incarceration, homelessness, nonconsensual sex, access to care, number of partners, stigma, and condomless anal intercourse
- HIV prevalence among transgender men is relatively low (0-3%), a 2011 study suggests that transgender MSM are at high risk for acquiring HIV



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Levine, *Pediatrics*, 2013; Rowniak et al. *AIDS Educ Prev* 2011

What can be done to assess and decrease risk?

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Annual Preventive Health Visit

- Develop rapport & trust
- Normalize discussions on sexuality
- Assess changes and evolution
- Opportunity for comprehensive education and delivery of health services
- Decision-making around healthy relationships, healthy sexual behavior, and prevention of STIs, HIV, and HPV
- Screenings
- Vaccinations



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AAP, Marsai Martin (Blackish)

HEADSS: Beyond the Check Boxes

- **H** – Home/Household
- **E** – Education/Employment
- **A** – Activities
- **D** – Drugs
- **S** – Sex/Sexuality
- **S** – Suicidality/Mental Health
- HEADSS assessment should be a conversation not a survey (more in depth probing as therapeutic relationship develops)
- Adolescents need to be closely and carefully engaged to understand their psychosocial history
- Rapport building is key!!!!!
- ANY CLINICIAN may be one of few allies for youth

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Sexual History 101

- Confidential
- Nonjudgmental
- Non-assuming
- Be specific
- 5 Ps (Partners, prevention of Pregnancy, Protection from STIs, sexual Practices, and Past history of STIs)
- Avoid medical jargon
- Engage the adolescent in the process of adopting health-promoting behaviors



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Barriers to Care in Pediatric Settings for Adolescents

- 1/3 of adolescent annual visits had no discussion of sexuality issues
- Average length of discussions was 36 seconds (when it occurred)
- Providers less comfortable with taking sexual history of SGM youth
- SGM youth marginalized by non-inclusive health settings
- Inadequate training to elicit disclosure of sexual or gender identity

Alexander et al *JAMA Pediatrics*, 2014; Hayes et al., 2015; HRC, 2018

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Taking an Inclusive Adolescent Sexual History

- Engage youth on other aspects of their lives before addressing sex, drugs and other sensitive topics
- Be comfortable asking sensitive questions or *at least pretend to be*.
- Adolescents prefer if you are direct
- Put them at ease: *"I know this may be embarrassing, but I ask all of my patients these questions because it's important for your health*"
- How a person identifies their sexuality or gender does **NOT** always tell you who they have sex with or who they are attracted to (make no assumptions)

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Taking an Inclusive Adolescent Sexual History

- Be aware that there are a wide range of sexual behaviors, activities, and expressions.
- Remain open and neutral
- Provide comprehensive and non-stigmatizing information about sexual and reproductive health
- Promote healthy sexuality even if teen is not sexually active

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STI Screening and Prevention

- Base decisions about STI screening on sexual behaviors, and the anatomy/body parts used for sex as identified through the ***inclusive*** sexual history
- Include extra-genital chlamydia and gonorrhea screening in patients with history of oral/anal sex
- Sexually active youth should be screened at least annually with more frequent intervals based on risk behavior
- Refer to CDC 2015 STD Treatment Guidelines for specific STI testing recommendations
- Nucleic acid amplification test (NAAT) testing sufficient in most cases

Slide 24 of 33 http://www.cdc.gov/std/tg2015/screening-recommendations.htm

When may a Pelvic Examination be Indicated?

- Persistent vaginal discharge
- Dysuria or urinary tract symptoms in a sexually active female
- Dysmenorrhea unresponsive to nonsteroidal antiinflammatory drugs
- Amenorrhea
- Abnormal vaginal bleeding
- Lower abdominal pain
- Contraceptive counseling for an intrauterine device or diaphragm
- Perform Pap test
- Suspected/reported rape or sexual abuse
- Pregnancy

Slide 25 of 33 AAP Clinical Report—Gynecologic Examination for Adolescents in the Pediatric Office setting. Pediatrics 2010. 126(3): 583-590

HIV Testing among Adolescents

- 51% of adolescents/young adults living with HIV are unaware of their status
- Barriers to testing include: low perceived risk of infection, confidentiality, access to services



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U.S. HIV Screening Recommendations

- Universal screening
  - 13-64 years old
  - All pregnant women
- Repeat screening
  - Subsequent tests for all persons with increased risk at least annually
- Family diagnosis
- Clinical suspicion
- Patient request



Slide 27 of 33 CDC

Pre-Exposure Prophylaxis (PrEP)



FDA-approved for PrEP (weight ≥35 kg)
Does not need to be prescribed by specialist!

Slide 28 of 33 Celum and Baeten. *Antiviral Therapy* 2012; **17**:1483-1493

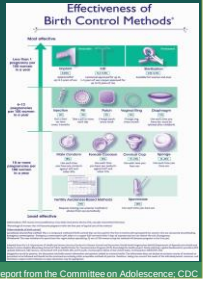
Adolescent and Young Adult PrEP Barriers

- Young adults < 10% of PrEP prescriptions but >20% of new HIV infections
- ↓ adherence among adolescents and young adults who have started PrEP
- Greatest risk are often disproportionately burdened by factors that may limit uptake and adherence to PrEP
- Minor consent laws
- Concerns for confidentiality*
- Barriers to disclosing same-sex behavior or sexual risk behavior
- Lack of access to comprehensive, culturally and developmentally sensitive care

Slide 29 of 33 *Know your minor consent laws

Family Planning and Reproductive Health

- Pregnancy among adolescents declining (across all demographics); ↓ 64% (1991-2015)
- 80% of adolescent pregnancies unplanned
- Strategies for addressing sexual history important in counseling about contraception: nonjudgmental, empathetic, nonthreatening, engaging, supportive
- All options are available to adolescents, including abstinence



Slide 30 of 33 AAP Technical report from the Committee on Adolescence; CDC

Family Planning and Reproductive Health (SGM)

- Important to have open discussions with all youth, including SGM youth, about reproductive health and family planning
- Sexual behavior and sexual identity are not always aligned
- Many SGM may have sexual encounters that may not be predicted by their orientation, conversation about birth control is important



Slide 31 of 33 https://www.advocate.com/commentary/2015/06/03/op-ed-why-there-epidemic-pregnancy-among-queer-youth

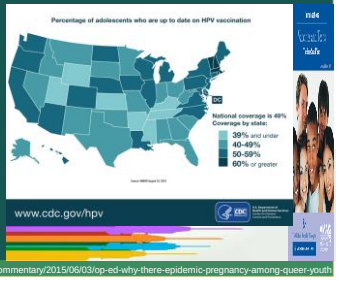
ARS Question 2: In a sexual history, which of the following is not one of the 5 Ps?

a) Partners
b) Prevention of Pregnancy
c) Sexual practices
d) Protection of STIs
e) Pills

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Immunizations for Adolescents and Young Adults

- Human Papilloma (HPV)
- Hepatitis A
- Hepatitis B
- Tdap
- MCV
- Flu
- Others as indicated



Slide 33 of 33 https://www.advocate.com/commentary/2015/06/03/op-ed-why-there-epidemic-pregnancy-among-queer-youth

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Question-and-Answer Session