“Sex and Drugs and Rock and Roll”

Ian Drury and the Blockheads

Disclosures

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Has no financial interest or relationships to disclose.

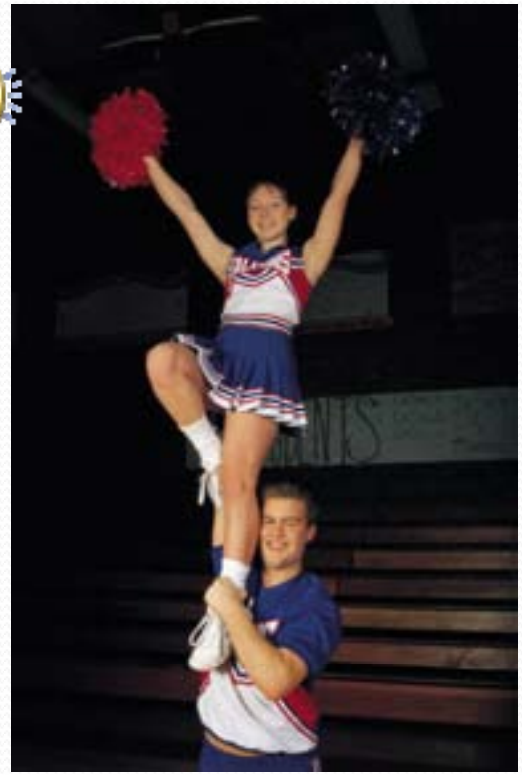
"Growing up with HIV"

248 young people perinately infected with HIV

Living longer

41% undetectable VL

We did it!



"The kids are alright!"

Comprehensive, multidisciplinary, state of the art care

- Families involved in care
- Well known to practitioners
- Kids know their diagnosis
- Wrap around services
  - 3 month health care visits
  - Psycho-social support
  - No or low cost

Growing up with HIV :

Increasing Incidence of STI's in youth

- 22,000 youth with HIV/AIDS
- 1,000,000 youth with GC, CT, or syphilis
- 25% girls (15-19) HPV, 45% girls (20-24)
- 105,000 girls visited ED for sexual assault.

- MMWR Surveillance summaries Sexual and Reproductive health of persons Aged 10-24 years 2002-2007. July 2009

Growing up with HIV: Increasing incidence of unintended pregnancies

- For sexually active women,49% of pregnancies in the US were unintended

Finer, L. *Unintended pregnancy among US Adolescents: Accounting for sexual activity.* Journal of Adolescent Health 47

sexually active teen who does not use contraceptives has a 90% chance of becoming pregnant within a year

Harlap S, Kost K and Forrest JD, *Preventing Pregnancy, Protecting Health: A New Look at Birth Control Choices in the United States*, New York: AGI, 1991.

Growing up with HIV:
Sexual health best practices aren't clear

fewer female adolescents receiving messages about birth control and STI's from their parents compared with 1995, and 1988.

+ documented decrease in adolescents hearing about these topics in sex education

+ Increased prevalence of STD's

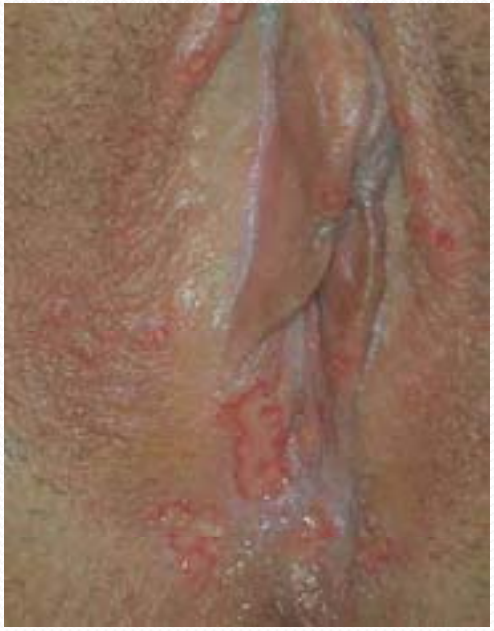
= Adolescents at risk

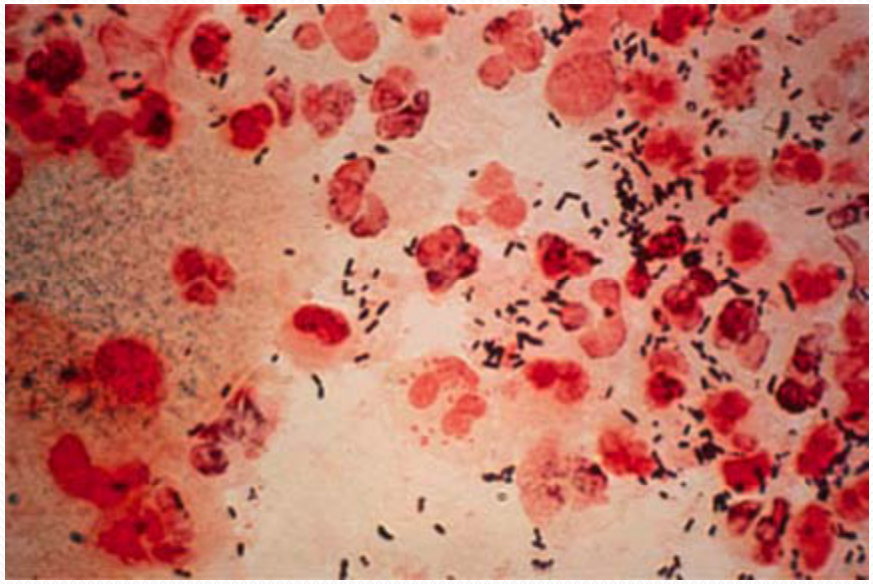
Robert, A and Sonenstien, F Journal of Adolescent Health 46 2010

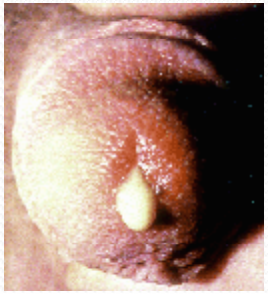
So…Maybe the kids aren't alright!

43 STI's diagnosed in clinic

22 of 25 pregnancies unintended







Goal: Integrate sexual and reproductive health services into HIV care

Challenge #1-Monica

- 15 years old
- Mother dead, lives with a stepfather
- Pregnant, had a TOP without disclosing to dad
- Requests long term contraception, refer to GYN
- Does not want her dad to know. Hospital/University Risk Management requires parent to sign consent for care for adolescents <18

Now what?

2010 AIDS Omnibus Act FL

- Minors in Florida (unemancipated children under 18) are adults for the purposes of consenting to examination and treatment of sexually transmissible diseases, including HIV testing and treatment. §384.30,F.S., and Rule 64D-2.004(5), F.A.C. The general rule that parental consent is required prior to medical diagnosis or treatment of a minor does not apply when sexually transmitted diseases such as HIV infection are involved. Indeed, Florida specifically forbids telling parents the fact of the minor's consultation, examination, or treatment for a sexually transmissible disease, such as HIV infection, either directly or indirectly(such as by billing a parent or their insurer for an HIV test without the child's permission).

Plan Ahead

- Review state and federal statutes
- Review with agency risk management policies and determine “who trumps whom”
- Clarify with guardians the right of young people to obtain sexual and reproductive health services.

Challenge #2- Angelica

- 20 years old. Broke up with BF (disclosed)
- Family problems…unstable living situation
- No health insurance
- Dramatic decrease in adherence…VL 225,000
- New partner notifies her that he was treated for GC
- She has GC and CT- reported to Health dept.

Now what?

Now what?

- Assure treatment for the patient
  - On site? Health dept?
  - ADAP/Ryan White formulary does not cover many abx
- Develop a secondary prevention plan
  - Condoms on site?
  - Dual protection-on site? Liked with other providers?
  - Seamless, accessible, affordable
- Integrate partner notification and HIV testing.
  - Health dept follows STI, doesn't routinely offer HIV testing.

Challenge #3 Maisha

- 16 years old
- Lives in Foster Care
  - 2007 HSV
  - 2008 Trichamonas
  - 2009 Secondary syphilis
  - 2010 GCx2, CT
- Viral Load undetectable *only 1 year* in her life
- Usual range 20,000-320,000

Now what?

Now what?

- Find out state statutes regarding criminal liability for failure to disclose HIV status
- Find out state statutes regarding “Duty to warn”
- Assure that EVERY client understands their liability. Document!
- Develop a process for addressing differences of opinions within the program.
- Discuss concerns with Ethics committee and Risk Management .

Florida		
Fla. Stat. Ann. § 384.24(2)	Not Specified	It is unlawful for any person who has HIV, with knowledge of such infection and having been informed that he or she may communicate it to others through sexual intercourse, to have sexual intercourse with any other person, unless the other person has been informed of the presence of HIV and has consented to the sexual intercourse.
Fla. Stat. Ann. § 381.0041(11)(b)	Third Degree Felony	Any person who knows he or she has HIV and has been informed that by donating blood, organs or human tissues he or she may communicate HIV to another person and with this knowledge donates blood, organs, plasma, skin or human tissue is guilty of a felony of the third degree.

Code of Medical Ethics

- If a physician knows that a seropositive individual is endangering a third party, the physician should, within the constraints of the law (1) attempt to persuade the infected patient to cease endangering the third party; (2) if persuasion fails, notify authorities; and (3) if the authorities take no action, notify the endangered third party [16].

American Medical Association. Opinion E-2.23.

AMA Journal of ethics 2005

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“Catch 22”

“The penalties for failure to warn OR for wrongful disclosure can be serious. Therefore, if you face a conflict between maintaining patient confidentiality and warning a third party, you should consult an attorney.”

Challenge #4 John

- 19 years old, HOPWA housing
- Multidrug resistant HIV
- VL about 3-5,000 on a complex regimen
- CD4 finally above 200
- Steady girlfriend, Jeannie, 18, disclosed
- Condom broke
- John started Jeannie on **his** drugs for **her** PEP
  - Truvada,(emtriciabine and tenofovir
  - Prezista (darunavir) , Ritonovir
  - Isentress (raltegravir)

Now What?

Now what?

PEP

- No data on efficacy, practice widespread in adult programs*
- Identify ANY options for non-occupational PEP.
- Determine who will manage the patient
- If patient <18, identify barriers to care
- Discuss with ***every patient*** that options are available to prevent HIV infection, ***and time is critical***

*Landowitz, R and Currier, J. *Postexposure Prophylaxis for HIV Infection* n engl j med 361;18 nejm.org october 29, 2009

Now what?

ECP

- Clarify with patients AND staff that Emergency Contraception prevents a pregnancyl It is not an abortion pill.
- Determine responsibility for follow up and links to adolescent care

What do we know?

- Alarming Incidence of HIV in young women of color
- Increasing numbers of new infections with resistant virus (16-20%)
- PMTCT
- Cognitive limitations in perinatally infected youth
- Importance of secondary prevention in NAS

What don't we know

- Ideal contraception for women on HAART
- Effective strategies for encouraging HIV disclosure to sexual partners
- Interpreting abnormal PAP smears in perinatally infected youth
- Efficacy of PEP in heavily treated populations
- ???

Now what?

...if we build it, will they come?