

## HIV Among Young Population

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*APHA's 2020 VIRTUAL Annual Meeting and Expo (Oct. 24 - 28)*

### Abstract

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#### HIV seroconversions among youth in the US

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**Background:** Despite advances in HIV prevention with pre-exposure prophylaxis (PrEP), young people aged 14-24 years old account for 25% of newly-infected cases in the U.S. This may be due to not knowing their HIV status and/or are less likely to engage in HIV prevention. Our goal was to identify any sociodemographic or structural differences among those who seroconverted to (a) those who remained seronegative throughout the study, as well as (b) those who were seropositive at the entry of the study.

**Methods:** We recruited 1486 youth through community-based organizations serving homeless, incarcerated, and lesbian, gay, bisexual, transgender youth and dating apps in Los Angeles and New Orleans in a randomized-controlled trial for seropositive and seronegative youth. We used bivariate analyses to compare individual and structural characteristics between those who seroconverted and our remaining sample.

**Results:** Twenty-two youth (mean age 21 years, SD 2.1) seroconverted with an average time of 185 days (range 44-569) from baseline. Majority were black (73%), gay (73%), from New Orleans (73%), and assigned male at birth (100%). Twenty identified as cis-men, 2 as transwomen. No individual differences in HIV testing history (89%), PrEP awareness (69%) or lifetime PrEP use (19%) were found between those who seroconverted and those who remained negative or seropositive at baseline. Condom use was greater among those who remained seronegative ( $p < 0.01$ ). Those who were positive or seroconverted reported no health insurance compared to those who were seronegative (10.6% vs. 17.9%,  $p < 0.01$ ). Among those seroconverted, only 2 (9%) reported PrEP use, however, indicating a lapse in adherence. All youth who seroconverted were linked to care, with timely initiation to antiretroviral therapy. Given the small sample size, it would be too early to detect any intervention effect among those who seroconverted.

**Conclusion:** Our preliminary findings demonstrate that young black gay men accounted for more newly HIV infections compared to any other subgroups. While PrEP is effective at preventing HIV infection when taken as prescribed, our data suggest that there may be other barriers such as access to health insurance that may hinder HIV prevention and thus, suggest other methods for prevention than PrEP alone.

Advocacy for health and health education Public health or related education Social and behavioral sciences

### Abstract

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**they should be taught self-respect, self-confidence and self-love”: Conflicting social pressures and sexual decision-making among south African adolescents with HIV**

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**Background:** Of the 2.1 million adolescents aged 10–19 years living with HIV globally, 80% reside in sub-Saharan Africa. While all adolescents must navigate puberty, sexuality development and first relationships, adolescents living with HIV (ALHIV) face additional challenges: stigma, disclosure and HIV transmission. Programs must better address the unique sexual and reproductive health needs of ALHIV.

**Objectives:** We conducted a mixed methods study to inform future program development for adolescents living with HIV. We report on the qualitative data in this abstract, focusing on three areas: (1) current adolescent sexual behaviors and their motivations (2) socio-cultural attitudes and stigma around HIV and sex and the impact on individual decision-making, and (3) adolescents' suggestions for parents and clinicians caring for ALHIV.

**Methods:** Qualitative data were derived from ALHIV recruited from two clinics in Cape Town, South Africa. In-depth interviews were conducted with ALHIV (n = 20), including 9 males and 11 females, ages 16-19. Data were coded using NVivo 12 and analyzed to understand adolescent perspectives on sexuality and prevention while living with HIV.

**Results:** Two major themes emerged: 1) *Peer influences* foster conflicting pressures on adolescents that can lead to risky sexual decision making; and 2) *Intergenerational pressures* often stigmatize sexual behaviors of adolescents due to their age and HIV status, limiting communication and their ability to practice safer sex.

**Conclusion:** Findings highlight adolescents' self-identified need for open communication, reduced stigma around sexuality, and opportunities to interact with peer mentors, reflecting the need for interventions to promote positive sexuality for ALHIV.

Advocacy for health and health education  
Assessment of individual and community needs for health education  
Diversity and culture  
Planning of health education strategies, interventions, and programs  
Public health or related education  
Social and behavioral sciences

## Abstract

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### **Ending the HIV epidemic: Diagnosing and treating HIV in YMSM and ytg persons of color at CDC-funded CBOs**

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**Background:** CDC currently allocates over \$55 million annually to community-based organizations (CBOs) for HIV prevention. Young (13-29 years old) men who have sex with men (YMSM) and transgender (YTG) persons of color are disproportionately affected by HIV. CDC funds CBOs to conduct HIV testing and linkage to medical care for priority populations including YMSM and YTG of color. CDC directly funded CBOs provide over 100,000 HIV tests annually. This presentation will report on HIV testing, diagnoses, and linkage to care for YMSM and YTG of color at CDC-funded CBOs from 2018-2019.

**Methods:** HIV tests conducted among YMSM and YTG of color at CDC-funded CBOs will be analyzed using CDC's National HIV Monitoring and Evaluation HIV testing data. The number/percent of tests/positive tests

among priority populations were described, as were the demographic/risk attributes, linkage to medical care, and recruitment strategies. Data from 2018 were analyzed, and 2019 data will be included in the presentation.

Results: In 2018, among tests provided by CDC-funded CBOs, YMSM of color accounted for 17% of tests and 29% of new HIV diagnoses. YTG of color accounted for 2% of tests and 3% of new diagnoses.

Conclusion: CDC-funded CBOs should continue to seek innovative ways to advance their reach of YMSM and YTG of color. Our results provide insight into CBOs' ability to reach priority populations to diagnose new HIV infection and provide access to care and treatment. Results will help further the discussion on the role of CBOs in the national Ending the HIV Epidemic Initiative.

Chronic disease management and prevention  
Conduct evaluation related to programs, research, and other areas of practice  
Epidemiology Provision of health care to the public  
Public health or related laws, regulations, standards, or guidelines  
Public health or related organizational policy, standards, or other guidelines

## Abstract

### Incarceration history of at risk youth: Implications for HIV prevention

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**Background:** Incarceration is a known risk factor for HIV. However, few studies have examined the association between HIV risk and prevention engagement in incarcerated populations, particularly among youth. The objective of this study was to examine HIV risk related behaviors, such as condom and PrEP use, among youth with a history of incarceration and compare to those without.

**Methods:** We recruited HIV negative youth (n=1486) aged 14-24 years from homeless shelters, lesbian, gay, bisexual, transgender, queer organizations, community health centers, and social media platforms and dating apps in Los Angeles and New Orleans from May 2017 to September 2020. We used bivariate analyses of cross-sectional baseline data collected at baseline to compare demographics, condom use, PrEP use, and involvement in an HIV prevention program by history of incarceration (yes/no).

**Results:** A quarter of our youth (n=367, 25%) reported a history of incarceration. Among those with an incarceration history, 53% were African-American youth, 38% identifying as men who have sex with men. Compared to those who did not report a history of incarceration, those with an incarceration history reported significantly less condom use (43% vs 49%,  $p \leq 0.045$ ) and significantly less PrEP use (2% vs 9%,  $p \leq 0.01$ ). Furthermore, youth who reported a history of incarceration were also significantly more likely to report participating in an HIV prevention program compared to those who did not (25% vs 18%,  $p \leq 0.006$ ).

**Conclusion:** Compared to youth with no incarceration history, our findings indicate that although youth with a history of incarceration were more likely to participate in HIV prevention programs, they are less likely to report condom and PrEP use, suggesting these prevention programs are not working. Results from these analyses may have implications for development of tailored HIV prevention initiatives for youth with an incarceration history. Longitudinal data collection is ongoing to allow for determination of temporal associations between incarceration history and HIV risk behaviors. These data will be incorporated into a statistical model that can simultaneously test for the impact of incarceration history with other HIV risk and prevention engagement factors over time.

Public health or related research  
Social and behavioral sciences



