

R A P* Time



RURAL CENTER *for* AIDS/STD PREVENTION

A JOINT PROJECT OF
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*Rural AIDS/STD prevention. rap (rap) v. *Slang*. To talk freely and openly

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Youths, ages 13-24, account for a quarter of new HIV infections but testing is low

In 2009, youths (persons aged 13-24 years), represented 21% of the U.S. population and 6.7% of persons living with HIV. Six of ten were unaware of their infection, the highest for any age group.

The risk of acquiring HIV among youths begins with the initiation of sexual behavior or injection drug use along with factors such as alcohol use. All persons need to understand the threat of HIV and its prevention.

This report describes, among youths, (1) rates of those living with a diagnosis of HIV infection at the end of 2009, (2) the estimated number of new HIV infections in 2010, (3) the percentage that have been tested for HIV, and (4) the percentage that engage in selected risk behaviors.

Methodology

Data from the National HIV Surveillance System was used to estimate, among youths, the prevalence rates of diagnosed HIV infection in 2009 and the number of new infections in 2010.

For determining the prevalence of risk factors and HIV testing among youths, CDC used the 2009 and 2011 Youth Risk Behavior Surveillance System for 9th-12th

grade students and the 2010 National Health Interview Survey (NHIS) for persons 18-24 years.

Outcomes of the Study

Major findings include:

- In 2010, of 47,500 new infections, 12,200 (26%) were among youths: 83% (10,100) for males, 17% (2,100) for females.
- At the end of 2009, the prevalence of persons aged 13-24 years living with HIV diagnosis was 70 per 100,000. Rates were higher in the South and Northeast compared with the West and Midwest.
- An estimated 7,000 (57%) newly infected youths were blacks/African Americans (5,600 males and 1,400 females), 2,390 (20%) were Hispanics/Latinos (2,100 males and 290 females), and 2,380 (20%) were whites (2,100 males and 280 females).
- By transmission category, 72% of all new HIV infections among youths were attributed to male-to-male sexual contact, 20% to heterosexual contact, 4% to injection drug use, and 4% to male-to-male sexual contact and injection drug use.
- Among females, 86% of infections were attributed to heterosexual contact and 13% to

injection drug use.

- Among males, 87% of infections were attributed to male-to-male sexual contact, 6% to heterosexual contact, 2% to injection drug use, and 5% to male-to-male sexual and injection drug use.
- Of the 8,800 new infections among youths attributed to male-to-male sexual contact, 4,800 (54%) were among blacks/African Americans, 1,900 (22%) among Hispanics/Latinos, and 1,800 (21%) among whites.
- 13% of all 9th-12th graders have been tested for HIV: 22% of those ever having had sexual intercourse have been tested.

Implications for Prevention

Effective school- and community-based educational and health care interventions should be provided to all youths, particularly MSM, so they will have the knowledge, skills, resources, and support needed to avoid HIV infection.

SOURCE:

CDC. (2012). Vital signs: HIV infection, testing, and risk behaviors among youths -- United States, *MMWR*, 61, 971-976.

College hookups occur less often than relationship sex

Hookups are sex involving persons not dating nor expecting relationship commitment. The frequency of sexual hookups of female college students (N=483) across the first year and rates of hookups and romantic relationship sex was assessed.

The prevalence of hookups involving oral or vaginal sex was 40% during the first year of college, compared with 58% with romantic partners.

Less than one in five study participants (7%-18%) had a sexual hookup each month, whereas 25%-38% had sex within a relational context. During the year long study, 37% had oral sex, 32% had vaginal sex, and 40% had oral and/or vaginal sex with a hookup partner. 53% had oral sex, 51% had vaginal sex, and 56% had oral and/or vaginal sex with a romantic partner.

Hooking for females varies in frequency during first year of college but remains less common than relational sex.

SOURCE: Fielder, R. L., et al. (2012). Are hookups replacing romantic relationships? A longitudinal study of first-year female college students. *Journal of Adolescent Health*. doi: 10.1016/j.jadohealth.2012.09.001.

PHIV youth behaviors place their sexual partners at risk for HIV

This study examined factors associated with sexual initiation among perinatally HIV-infected (PHIV) youth. Participants were PHIV youth aged 10-18 years (mean, 13.5 years) enrolled in the U.S.-based Pediatric HIV/AIDS Cohort Study between 2007 and 2009. Data was collected via ACASI.

Twenty-eight percent of PHIV youth reported sexual intercourse (SI) (median initiation age, 14 years). 62% of sexually active youth reported unprotected SI. Among youth not reporting SI history at baseline, ARV nonadherence was associated with sexual initiation during follow-up.

Thirty-three percent of youth disclosed their HIV status to their first sexual partner. Thirty-nine of 92 sexually active youth had HIV RNA \geq 5000 copies/mL after sexual initiation.

As PHIV became sexually active, many participate in behaviors that might place their partners at risk for HIV infection, including infection with drug-resistant virus.

SOURCE: Tassiopoulos, K., et. al. (2012). Sexual risk behavior among youth with perinatal HIV infection in the United States: Predictors and implications for intervention development. *Clinical Infectious Diseases*. doi:10.1093/cid/cis816.

MSM accounted for 64% of new HIV infections in US, 2010

Of newly diagnosed HIV infections in persons aged \geq 13 years in 2010, 64% were attributable to male-to-male sexual contact. The percentages of HIV infection from MSM were higher in metropolitan statistical areas. These results highlight the burden of HIV among MSM who are estimated to be 3.9% of male population aged \geq 13 years in 2008 in the U.S.

SOURCE: CDC. (2012). HIV infections attributed to male-to-male sexual contact - Metropolitan Statistical Areas, United States and Puerto Rico, 2010. *MMWR*, 61, 962-966.

Universal HIV screening recommended

The US Preventive Services Task Force strongly recommends that all persons aged 15 to 65 years be screened by clinicians for HIV infection according to a draft statement. Also, HIV screening was recommended for all pregnant women and younger adolescents and older adults at increased risk.

SOURCE: Screening for HIV: Draft Recommendation Statement. USPSTF AHRQ Publication 12-05173-EF-3.

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The opinions expressed here do not necessarily represent those of the cooperating universities.

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