

RAP* Time



RURAL CENTER *for* AIDS/STD PREVENTION

A JOINT PROJECT OF
INDIANA UNIVERSITY, UNIVERSITY OF KENTUCKY,
AND UNIVERSITY OF ARIZONA

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

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HIV testing rates are low among gay and bisexual adolescents

Adolescent gay and bisexual men (AGBM) are disproportionately impacted by the HIV epidemic. Young men who have sex with men (YMSM) but who do not label as AGBM are similarly disproportionately affected. For YMSM aged 13-24 years, in the U.S., the number of new HIV diagnoses has continued to increase from 2009 to 2013.

Over six of ten YMSM and over half of racial/minority MSM are unaware of their HIV infection. Research has shown that about 5% of YMSM between ages 15 to 19 years were HIV positive. HIV testing is the initial step in providing health care, yet little is known about HIV testing among YMSM.

Hence, this study investigated HIV testing behaviors among a diverse national sample of AGBM.

Methodology

In 2014, 302 gay, bisexual, or queer identified males ages 14-18 years across the U.S. (43 states) were recruited via Facebook ads to participate in a mHealth (text messaging-based) HIV prevention program. Recruitment was stratified so that about 50% were sexually inexperienced.

Besides assessing sexual identity, an online survey also assessed HIV testing behaviors, HIV testing barriers, and consensual sexual experience.

Outcomes of the Study

Two-thirds, 14%, and 18% identified as white, black and other race, respectively. About one-third were aged 14-15 years and 32% identified as bisexual.

Major findings include:

- Half of participants reported ever having vaginal or anal sex in their lifetime. The sexually experienced were more likely to have been tested for HIV.
- One in five have ever been tested for HIV and less than half of those had been tested in prior three months.
- For all AGBM, the mean of lifetime HIV tests were .4.
- Nearly one-half did not know where to get an HIV test, which was significantly related to not getting an HIV test.
- The most common endorsed barriers to HIV testing were not knowing where to get tested (45% indicated “very important”), believing oneself not at risk for HIV (35%), and not wanting other people to learn that they

had been tested (34%).

- Participants who had never been HIV tested were more likely than those having been tested to endorse “very true” or “somewhat true” in response to the statement “Most people my age who have sex get tested for HIV” (72% vs. 55%).

Implications for Prevention

This study found that HIV testing was low in this sample of adolescent gay and bisexual men. The most important barriers to HIV testing among AGBM were not knowing where to get tested, fear about being tested, and believing that one is invincible from contracting HIV.

The findings suggest that interventions for AGBM should address both internal and external barriers to HIV testing and include HIV testing services within secondary schools.

SOURCE:

Phillips, G., et al. (2015, August). Low rates of human immunodeficiency virus testing among adolescent gay, bisexual, and queer men. *Journal of Adolescent Health*, doi.org/10.1016/j.jadohealth.2015.06.014.

More condom errors/problems from rushed application

Condom effectiveness is compromised by user errors and problems. This study determined whether four condom-use errors/problems occurred more often when condom application was self-reported to be “rushed” among a clinic-based sample (n=512) from three U.S. states.

6.5% of condom-use events (n=574) were reported to be rushed; during these events condom breakage occurred 4.7% of the time contrasted to 2.2% times for adequate time group.

When events involved rushed condom application the odds of condom breakage and condom slipping off during sex almost doubled. When application was rushed the odds of not using the condom throughout sex and the condoms leaked nearly tripled.

This event-level analysis suggests that women and men who reported rushed condom application are more likely to experience condom-use errors/problems that increase STI risk and pregnancy risk.

SOURCE: Crosby, R., et al. (2015). Associations between rushed condom application and condom use errors and problems. *Sexually Transmitted Infections*, 91, 275-277.

Factors of HIV/HCV rural outbreak not unique to Indiana

The recent HIV and hepatitis C virus (HCV) outbreak in a rural Indiana county grew to over 170 new cases of HIV infection, almost all of whom were co-infected with HCV. Most HIV cases were due to syringe sharing among persons who injected prescription oral opioid.

Jonathon Mermin, CDC director of the Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention stated that “The underlying factors of this outbreak are not unique to Indiana.” He continued by saying that across the U.S. many communities are also experiencing increases in injection drug use and HCV infection. These communities are vulnerable to a similar outbreak as the one that occurred in Southern Indiana.

To prevent a similar situation public health officials should, for example, utilize available data to identify cases and possible outbreaks and support evidence-based treatment and prevention programs for drug use, HIV and HCV. Proactively using sound public health and medical principles and tools can prevent a similar outbreak from occurring elsewhere.

SOURCE: The HIV/HCV outbreak in Indiana: Could it happen in your state? *Medscape*, August 24, 2015

HIV PrEP popular in high-risk patients in US and Brazil

Data from trials of HIV pre-exposure prophylaxis use conducted in U.S. and Brazil found that uptake was high. Results of the trial were presented at the 8th International AIDS Society conference, July 2015, Vancouver, British Columbia. Adherence was particularly high among transgender women and men who have sex with men. The study shows that individuals will likely take the drugs and adhere to treatment in real-world settings.

SOURCE: HIV Pre-exposure prophylaxis popular in high-risk patients. *Medscape*, July 23, 2015.

HIV high among transgender people

In 2010, CDC reported that the highest percentage of newly identified HIV-positive test results was among transgender people (2.1%) compared to HIV+ test results of females (0.4%) and males (1.2%). In considering race/ethnicity, black/African American transgender women have the highest percentage of new HIV positive test results.

SOURCE: CDC. (2015). HIV among transgender people - Fast Facts. Atlanta, GA.

RAP* Time is a monthly AIDS/STD prevention bulletin published by the Rural Center for AIDS/STD Prevention (RCAP) at Indiana University, Bloomington. RCAP is a joint project of Indiana University, University of Arizona, and University of Kentucky. The major focus of RCAP is the promotion of HIV/STD prevention in rural America, with the goal of reducing HIV/STD incidence.

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

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