

Background

- Increasing numbers of HIV positive adolescents are transitioning from paediatric to adult HIV services and are becoming sexually active.
- This group have complex needs and their management needs to be patient-centred and holistic in its approach to ensure that both the medical and psycho-social aspects of care are met.
- A HYPNet audit of pregnancies in this population published in 2011 found of the 42 pregnancies in 30 adolescents, 34 (81%) were unplanned (Kenny et al, 2011).
- This study aims to capture data on the sexual and reproductive health (SRH) of HIV positive adolescents in the UK, in order to optimise sexual health screening, provision of ongoing and emergency contraception and appropriate SRH advice in this population.

Method

A multi-centre, case note review of vertically infected adolescents aged 16-25 years attending either a transition clinic or adult HIV clinic in the UK and Ireland was conducted. Clinics known to manage adolescent cohorts were identified via a central database and were asked to collect anonymised data via a standardised proforma. This included data on demographics, surrogate markers, ARVs, sexual history, sexual health screening, contraception, discussion regarding HIV transmission, disclosure to partners and post exposure prophylaxis.

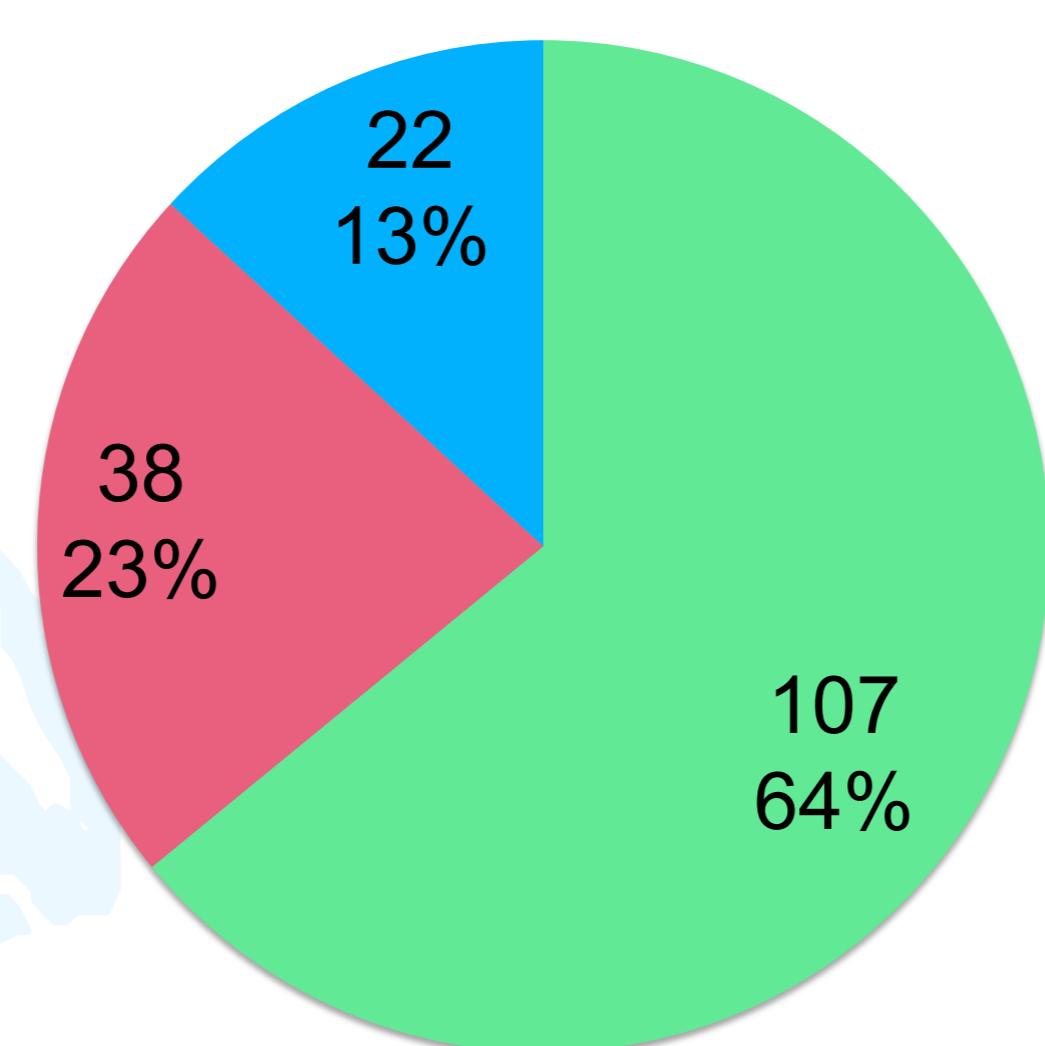
Results

Data was returned from 11 clinics (6 London, 5 non-London) for 167 adolescents.

Table 1:	Demographics	
Gender	Male	75 (45%)
Ethnicity	Black African	121 (72%)
	Black other	27 (16%)
	Caucasian	15 (9%)
	Other	4 (2%)
	Age (median)	Assessment
	Diagnosis	7y (0-19y)
	Transition	17y (15-21y)
Sexuality	Heterosexual	144 (86%)
	MSM	3 (2%)
	WSW	3 (2%)
	Unknown	17 (10%)

Figure 1: ARV use & virological control

- Undetectable on ARVs
- Detectable on ARVs
- Not on ARVs

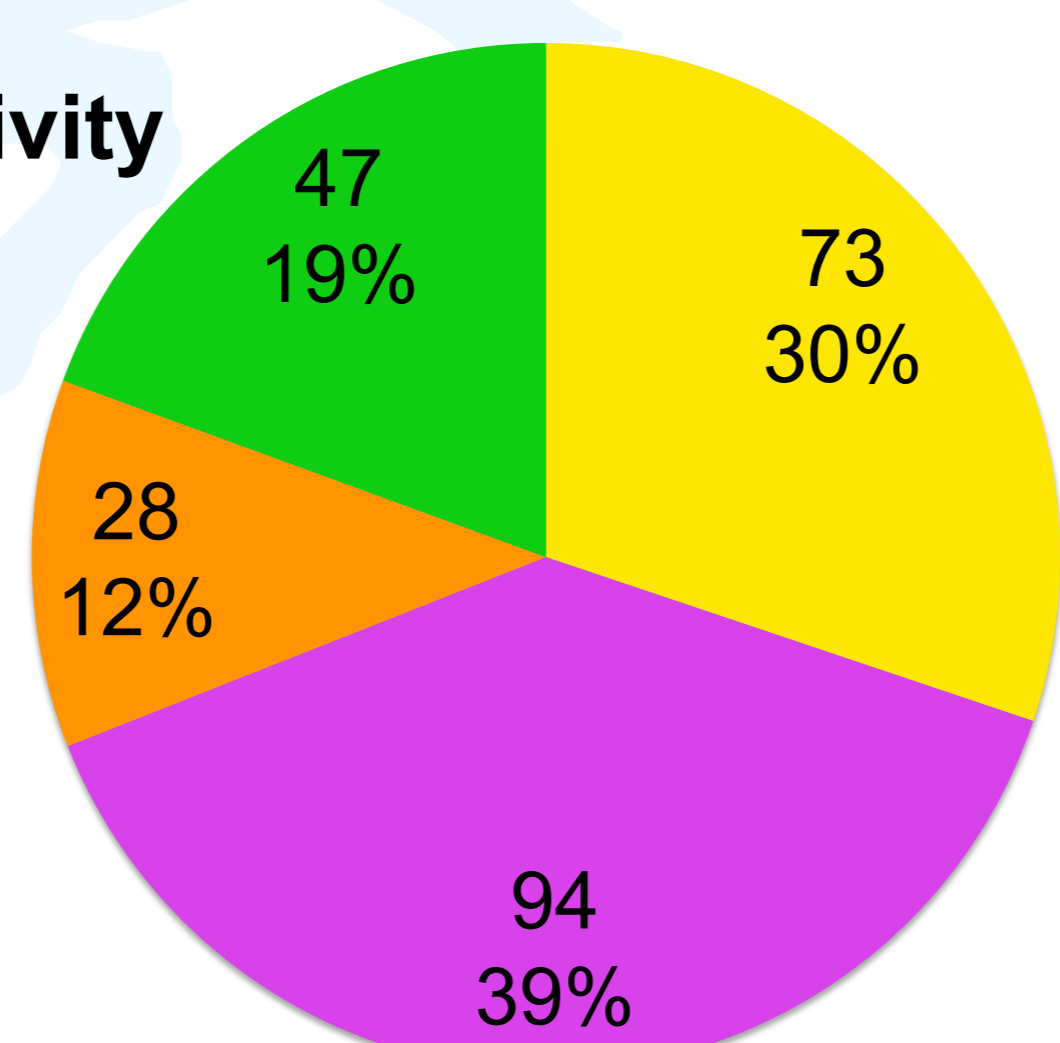


Sexual activity

- Age of coitarche (median): 17y (males 12-20y, females 14-21y)
- Lifetime partners (median): 2 (range 1-35)

Figure 2: Last reported sexual activity

- Never
- >12 months
- 3-12 months
- <3 months



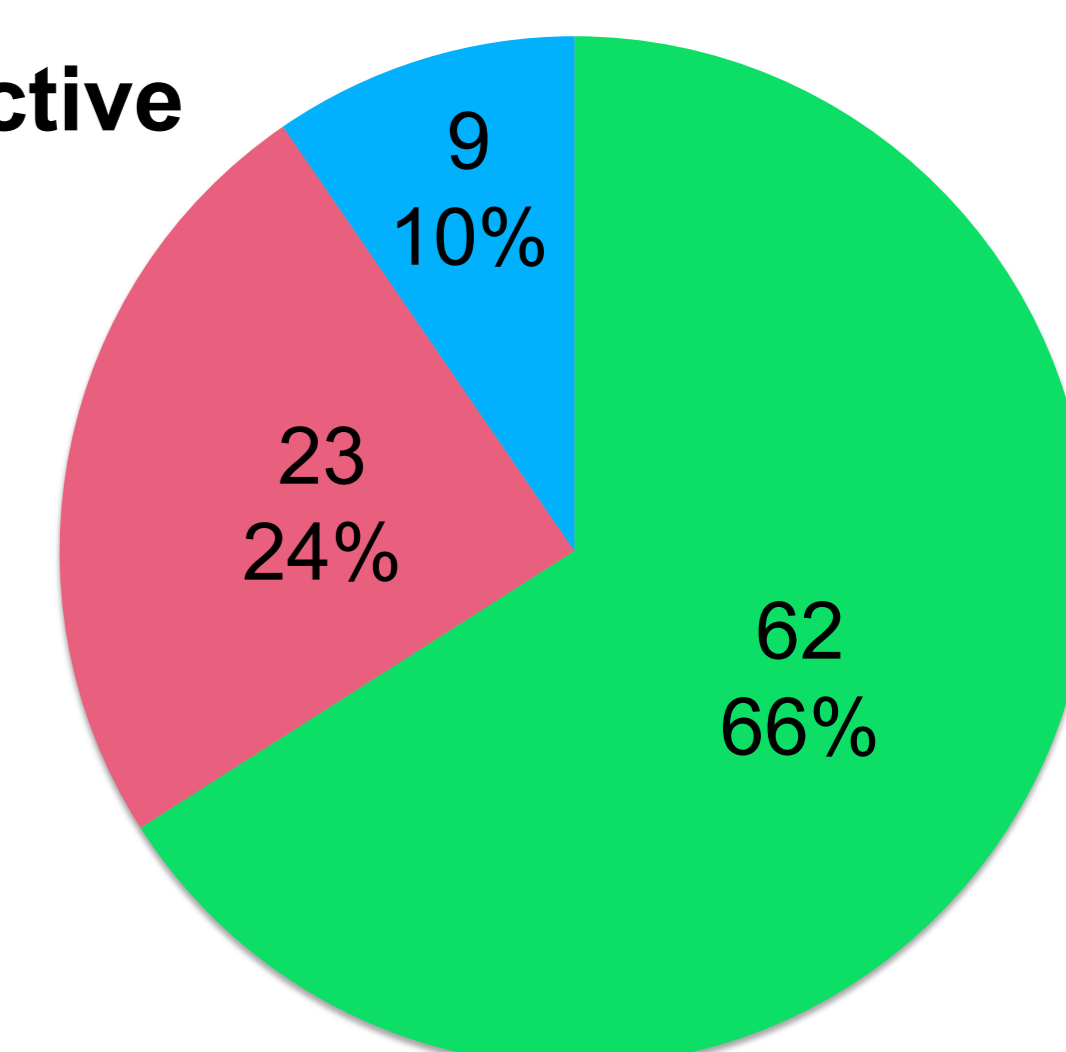
Results

Safer sex

- 93/94 (99%) sexually active patients' notes had documented safer sex discussions; 154/167 (92%) documentation overall including those not disclosing sexual activity.
- 144/167 (86%) were aware an undetectable HIV VL reduced transmission.
- 59/94 (63%) had been offered an STI screen in the last 12 months.
- 16/94 (17%) sexually active patients reported previous STIs.

Figure 3: Condom use amongst sexually active

- Always
- Suboptimal
- Not documented



Contraception

- Of the 50 sexually active females, 15 (30%) used LARC (IUS, IUD or depo), 29 (58%) used condoms alone and 11 (22%) reported previous pregnancy.
- 5/12 (42%) patients who reported previous pregnancy were currently using LARC, although 7/12 (58%) remained using condoms only, all remained sexually active and 7/12 (58%) reported at least one previous STI.
- Of all 91 females, 56 (62%) reported being aware of emergency contraception (EC) with 36 (40%) aware of double dose oral EC if on ART.

Domestic situation

- 8 (14%) patients from 59 documented responses reported domestic violence.
- A further 8 (14%) patients reported coercion or sexual abuse.

Disclosure

- 38/94 (40%) sexually active adolescents had disclosed their status to their current partner; 31 (82%) of whom had tested for HIV; 25/31 (81%) HIV negative and 5/31 (16%) HIV positive (4 known MTCT).
- 140/167 (84%) patients had recorded discussions about PEPSE and 17 partners had attended for PEPSE.

Conclusions

- 56% of this HIV positive perinatally transmitted adolescent cohort were sexually active, of whom a quarter reported suboptimal condom use and one sixth a past STI.
- The median age of coitarche and that of transition were both 17y and so a large number of patients are becoming sexually active whilst in paediatric services and addressing safer sex early is therefore important.
- 40% had disclosed their HIV status to current sexual partners, of whom 82% had tested for HIV and half had attended for PEPSE.
- 16% patients described sero-sorting behaviour amongst those who were aware of their partner's HIV status, 4 of these were known MTCT
- Improved, targeted, sexual and reproductive health services are essential to meet the needs of this vulnerable group.

Limitations

- Under-reporting is likely to be a factor
- Inevitable bias towards clinic attenders – not representative of the cohort as a whole
- London centric response – reflecting in part geographical distribution, but also HYPNet stakeholder response

References

Kenny J, Williams B, Prime K, Tookey P, Foster C (2011), Pregnancy outcomes in adolescents in the UK and Ireland growing up with HIV, HIV Med, Vol. 13(5):304-8

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