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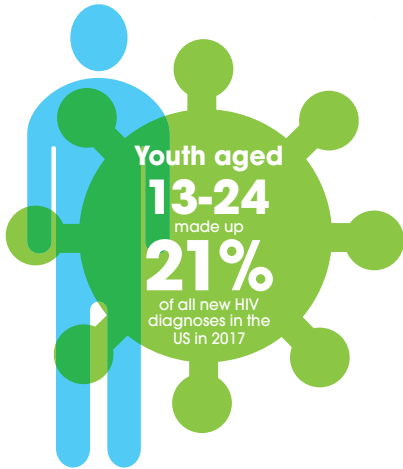
**ADOLESCENT**  
**PREP**  
**IN**  
**WASHINGTON, D.C.**

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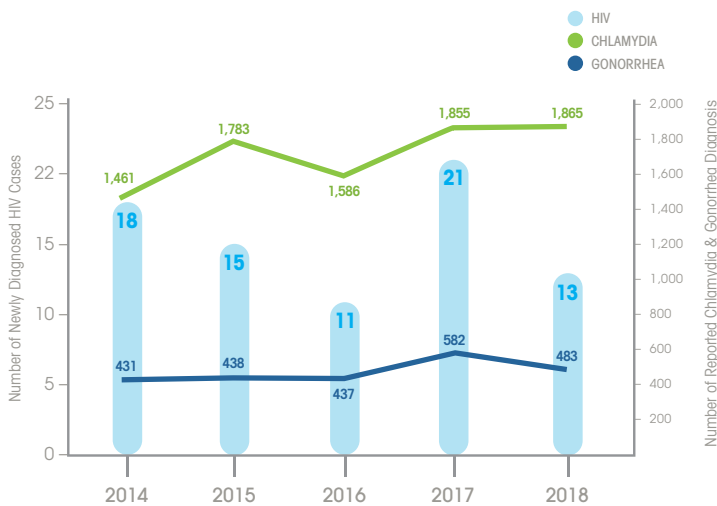


# HIV AMONG ADOLESCENTS & YOUNG ADULTS IN THE U.S. & WASHINGTON, D.C.



HIV continues to disproportionately affect young people, particularly racial/ethnic minority and sexual and gender minority youth. In 2017, **youth aged 13-24 years made up 21% of all new HIV diagnoses** in the United States, and 87% of those new diagnoses occurred among young men. Recent surveillance data from the CDC shows that although HIV incidence has remained stable in the U.S., young Black MSM continue to experience the greatest number of new HIV diagnoses among individuals age 13-24 years.

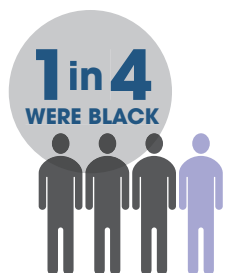
New diagnoses of HIV, gonorrhea & chlamydia among youth ages 13-19, District of Columbia (2014-2018)



The HIV epidemic in Washington, D.C., like other urban areas in the U.S., continues to be a public health problem. Despite a number of efforts to control the epidemic, HIV rates remain stable and disproportionately high among young Black MSM (men who have sex with men) and Black heterosexual women. Moreover, **sexually transmitted infection (STI) rates continue to increase** among key groups of young people. This increase is particularly alarming given the behavioral and biological HIV risks associated with an STI diagnosis.

Recently, the U.S. Department of Health and Human Services (HHS) launched Ending the HIV Epidemic: A Plan for America. This is a ten-year initiative beginning in FY 2020 to achieve the goal of reducing new HIV infections to less than 3,000 per year by 2030. Reducing new infections to this level means HIV transmissions would be rare and meet the definition of ending the epidemic. The District was named one of the target hotspots for the initiative due to a recent Centers for Disease Control and Prevention (CDC) analysis of HIV data which found that D.C., San Juan, Puerto Rico, and 48 other counties in the U.S. account for more than 50% of new HIV infections in the country.

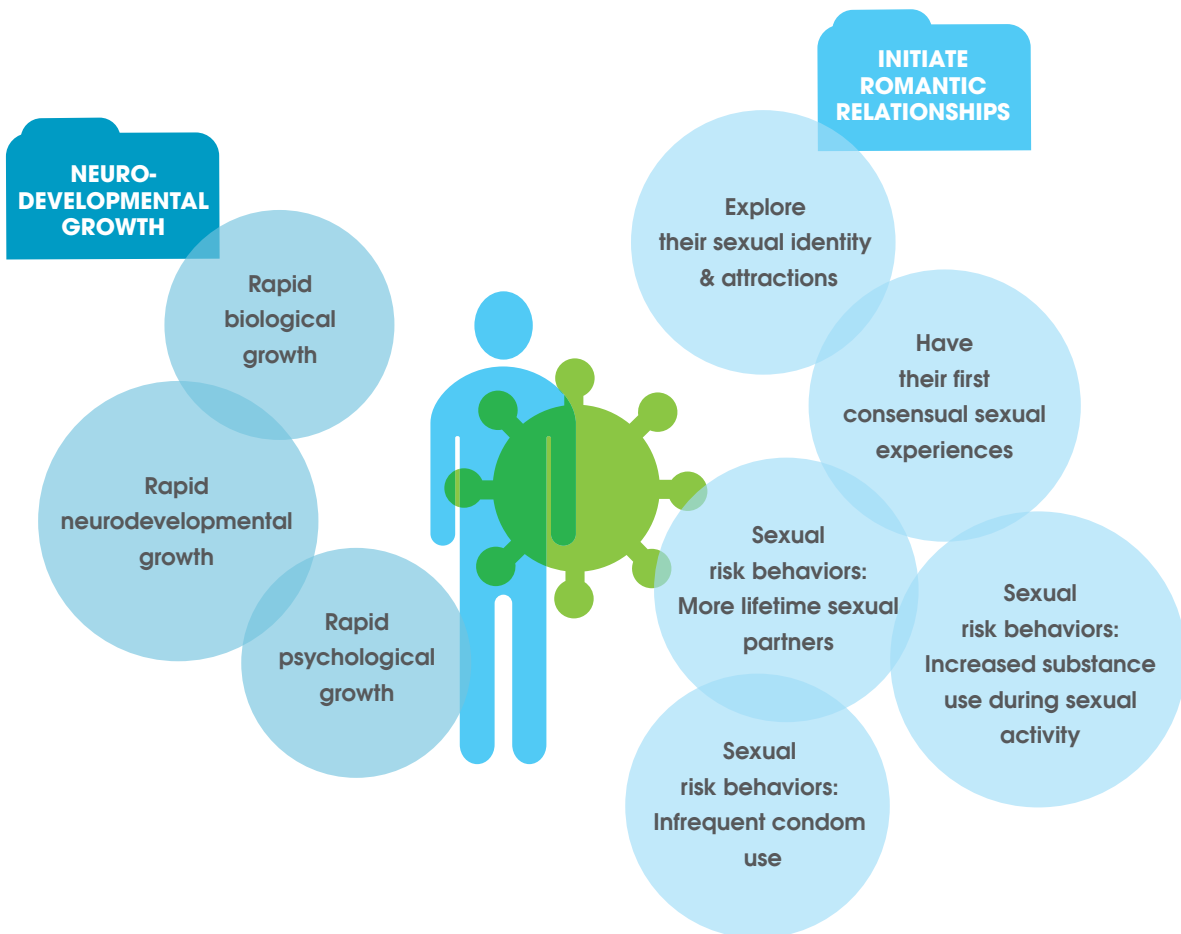
Of those newly diagnosed with HIV in DC in 2018:



# DRIVERS OF ADOLESCENT HIV

HIV is a major public health concern for adolescents nationally and in D.C. Adolescence and young adulthood are critical stages in the life course and are periods during which individuals engage in more HIV-related behaviors (e.g., sexual risks and substance use). Adolescence is a transitional stage characterized by rapid biological, neurodevelopmental, and psychological growth. It is also the time during which many adolescents initiate romantic relationships, begin to explore their sexual identity and attractions, and have their first consensual sexual experiences. While sexual interests and exploration are normative within this age group, sexual initiation during adolescence is associated with a number of sexual risk behaviors including more lifetime sexual partners, increased substance use during sexual activity, and infrequent condom use; behaviors that are associated with an increased risk of HIV.

There are also observed differences in adolescent sexual activity by race and gender. For example, compared to White and Latina adolescent girls, Black adolescent girls are more likely to initiate sexual activity at earlier ages. Compared to heterosexual males, adolescent MSM (aged 13-19 years) are more likely to report condomless anal intercourse with same-sex partners and to have had sexual intercourse with four or more persons. These trends further support the importance of increasing adolescents' access to evidence based HIV prevention strategies including pre-exposure prophylaxis (PrEP).



# CURRENT HIV PREVENTION EFFORTS FOR ADOLESCENTS

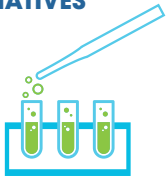
CURRENT HIV PREVENTION EFFORTS FOR ADOLESCENTS CAN BE DIVIDED INTO FOUR AREAS:

## 1 COMPREHENSIVE SEXUALITY EDUCATION



**Comprehensive sexuality education** provides information and guidance about the physical and emotional aspects of growing up and starting relationships, in addition to promoting adolescent sexual health, disease prevention, and reducing sexual health related risk behaviors. Interventions designed to provide comprehensive sexuality education may be implemented as part of other sexual health education programs or as stand-alone interventions. Project IMAGE is a group and individual-level cognitive-behavioral HIV/STI risk reduction intervention. Project IMAGE provides two weekly workshop sessions delivered to groups of 4-8, up to five optional weekly support group sessions, and individual counseling sessions upon request. Workshops use motivational interviewing to address HIV/STI knowledge and awareness; basic information about sex, drugs, STIs, HIV, and contraception; and condom use, partner communication, and decision-making skills building. The weekly support groups cover topics generated by the group and the optional individual sessions focus on expressed participant needs. Initially implemented in groups of Black and Mexican American adolescent girls, results show that intervention participants have increased HIV knowledge and awareness, fewer STI diagnoses, and improved partner communication compared to those who did not receive the intervention.

## 2 HIV TESTING & SAFER SEX INITIATIVES



HIV prevention efforts also include **HIV testing and other safer sex initiatives** that promote de-stigmatizing HIV testing, and support initiatives to raise awareness about testing and linkage to care. Many Men, Many Voices (3MV) provides group level intervention developed to address behavioral and social determinants and other factors that influence HIV/STI risk among Black MSM. The other factors include cultural, social and religious norms, identity of Black MSM and their degree of connectedness to the Black and gay communities, HIV/STI interactions, sexual relationship dynamics, and the social influences of racism and homophobia. 3MV consists of six 2-3 hour long sessions where men engage in culturally targeted training, discussions, and skills building activities to improve engagement in HIV prevention. Results show that compared to control groups, young Black MSM who participated in 3MV experienced a greater reduction in unprotected sex, number of sexual partners, and increase in HIV testing.

## 3 SUBSTANCE ABUSE & HIV PREVENTION



Harm reduction approaches to substance use often promote coupling adolescent **substance use prevention and treatment with HIV prevention**. In recent years, a number of clinical trials have shown that HIV prevention interventions with young people who inject drugs are effective in decreasing high-risk substance use and sexual behaviors. These interventions include peer education, syringe exchange and other harm reduction approaches, group counseling, skills building, and role playing.

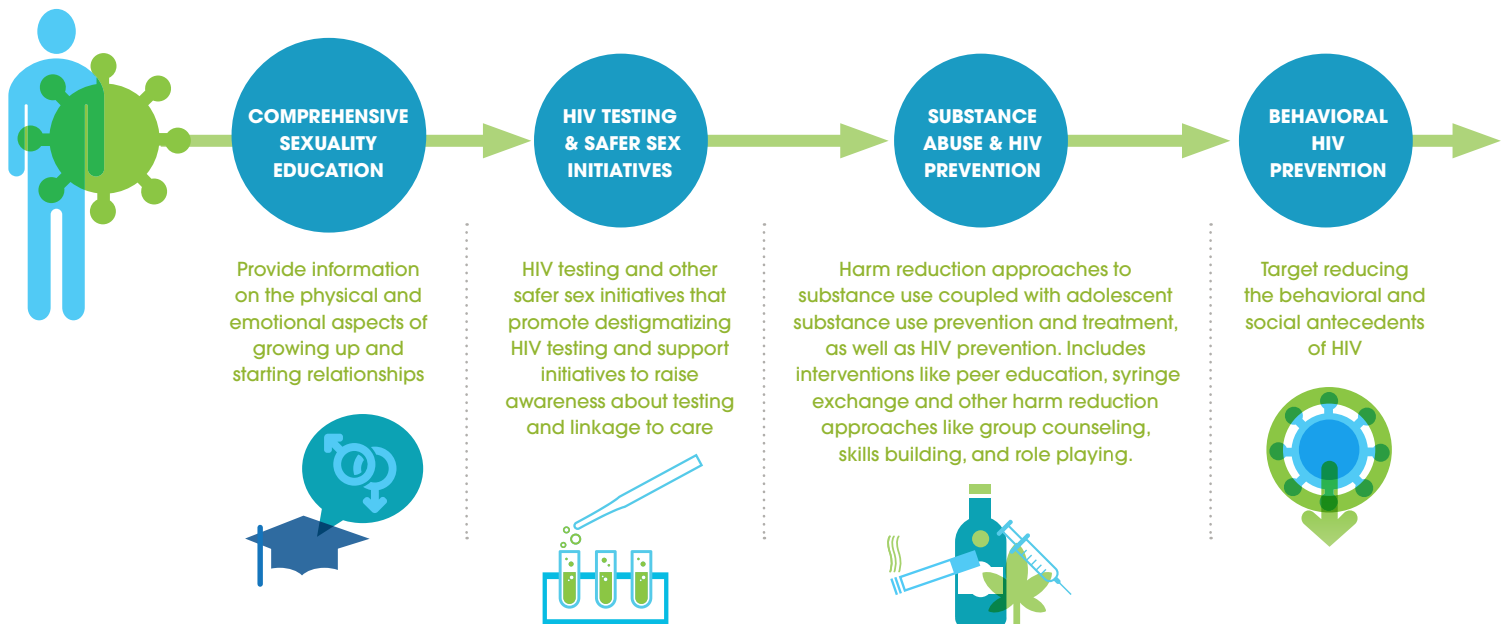
## 4 BEHAVIORAL HIV PREVENTION



# CURRENT HIV PREVENTION EFFORTS FOR ADOLESCENTS

**Behavioral HIV prevention** interventions more specifically target reducing the behavioral and social antecedents of HIV. Focus on the Future is an individual-level, clinic-based, single-session intervention designed to address condom misuse among heterosexual Black men. In addition to the standard of care at a public STD clinics, the 45 to 50 minute one-on-one intervention provides information, motivation, and skills to increase men's ability to use condoms correctly and consistently. The intervention is delivered by lay health advisors, who are Black men from the participants' community, selected on their ability to quickly establish rapport and effectively communicate with men about sex and condom use in a non-judgmental manner. The lay health advisor provides information about the variety of condoms and proper lubricants, motivates the participant to protect himself and to respond personally to the HIV/AIDS epidemic in the Black community, and increases the participant's condom application skills through demonstrations and practice. Additionally, the lay health advisor helps the men link condom use to an investment in their future. Black men who participated in the intervention were less likely to contract another STI, more likely to report consistent condom use, and more likely to have fewer sexual partners in comparison to those outside the intervention.

There are a number of other evidence-based interventions available to practitioners. The CDC maintains the Effective Behavioral Interventions website which provides a compendium of scientifically proven, cost-effective, and scalable interventions directed to the most vulnerable populations (including adolescents) in the geographic areas where HIV prevalence and incidence is high. The expansion of PrEP to adolescents adds a biomedical component to the expanding toolkit of HIV prevention options for young people.



# ADOLESCENT PrEP IN WASHINGTON, D.C.

**DAILY ORAL PrEP  
REDUCES THE RISK  
OF CONTRACTING  
HIV FROM SEX**

**>90%**

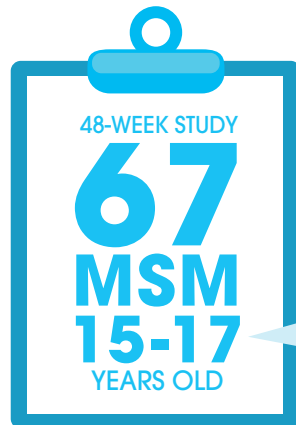


## PrEP 101

Pre-exposure prophylaxis (PrEP) is the use of anti-HIV medications to keep HIV negative people from becoming infected with HIV. Approved by the FDA in 2012, adherence to daily oral PrEP reduces the risk of contracting HIV from sex by more than 90%. Numerous clinical trials showed that PrEP usage is well-tolerated, with most adults experiencing little or no side effects.

In 2018, the FDA approved PrEP for use in adults and adolescents who weigh at least 77 pounds and are at high risk for HIV. To date, the indications for PrEP usage, including initial and follow-up prescribing and laboratory testing recommendations, are the same for adolescents and adults.

The expansion of PrEP usage to adolescents was based on findings by a research study conducted by the Adolescent Trials Network for HIV prevention. This study enrolled 67 MSM ages 15-17 years. During the 48-week study, participants completed monthly clinic visits for the first three months, then switched to visits every three months. This study showed that although participants' overall level of adherence to the daily oral PrEP regimen was promising during the initial three months, adherence dropped once the study protocol switched to less frequent clinic visits. Additionally, STI rates were high and HIV infections occurred among those with poor PrEP adherence. Nevertheless, the overall findings were that PrEP was well-tolerated by adolescents, and that additional behavioral and social support services may be needed to support PrEP adherence for adolescents.

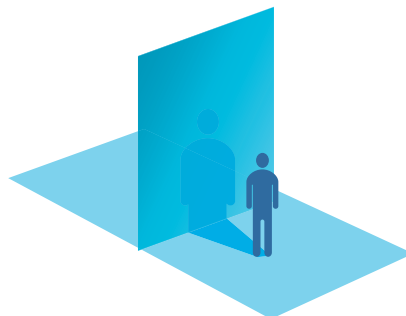
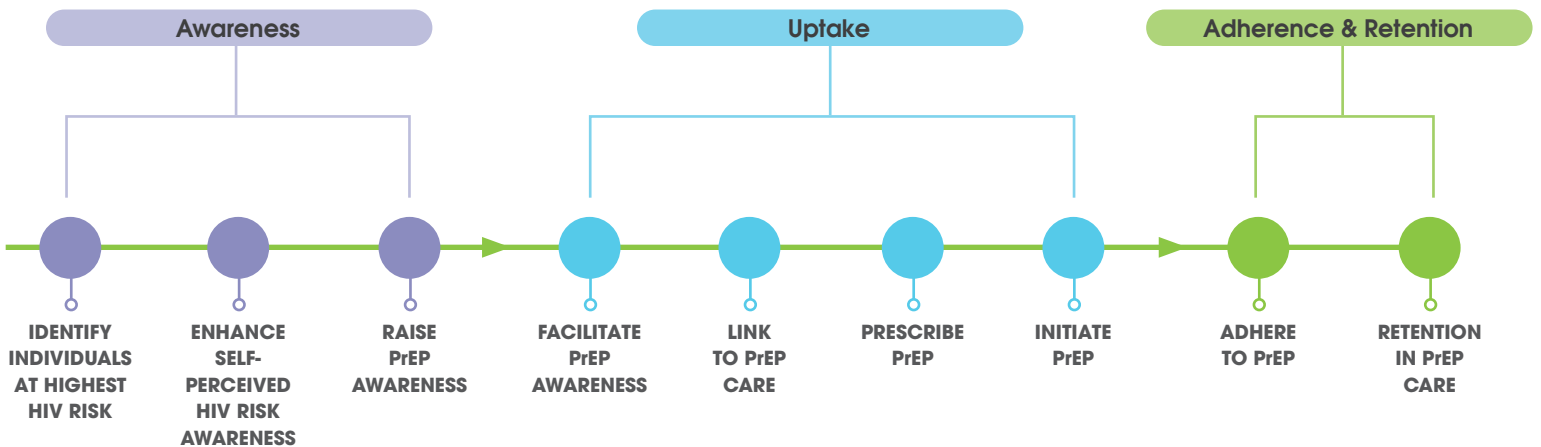


**PrEP WAS  
WELL-TOLERATED  
BY ADOLESCENTS**

**Additional  
behavioral & social  
support services may be  
needed to support  
PrEP adherence  
for adolescents**

## PrEP CONTINUUM OF CARE

Despite the overall promising results from PrEP clinical trials with adolescent participants, PrEP uptake among adolescents remains low, especially among key groups of young people. The PrEP care continuum is a useful model developed to assess PrEP implementation across process. The **PrEP care continuum** also provides a tool for understanding barriers to and facilitators of PrEP uptake. Divided into nine steps, the first three steps in the continuum focus on PrEP awareness. Steps 4-7 are related to PrEP uptake, and steps 8 and 9 focus on adherence and retention in PrEP care. While not initially operationalized for adolescents, the model may provide guidance in understanding how and why adolescent patients initiate, adhere, and are retained or disengaged from PrEP care.





Many of the barriers that adults have to accessing and adhering to PrEP hold true for adolescents. These barriers include:

**FINANCIAL, SOCIAL, & PSYCHOSOCIAL COSTS**

**FEAR OF DISCLOSURE & PrEP STIGMA**

**CONCERNS ABOUT POSSIBLE SIDE EFFECTS &/OR COMORBID CONDITIONS**

**CONCERNS ABOUT ADHERENCE &/OR ABILITY TO TAKE A DAILY ORAL PILL**

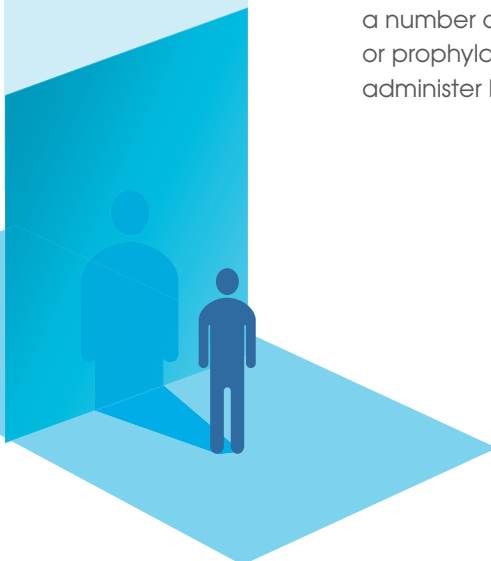
**LEGAL CHALLENGES RELATED TO ADOLESCENTS' ABILITY TO PROVIDE CONSENT FOR SEXUAL & REPRODUCTIVE HEALTH SERVICES**

## ADOLESCENT PrEP BARRIERS

Stigma is a significant barrier to engaging in HIV prevention (and care) in general and PrEP in particular. PrEP stigma and a fear of being judged by family members and peers may affect adolescents' interest in PrEP and act as a barrier to seeking PrEP provisions. Moreover, negative beliefs about PrEP and people who use PrEP (e.g., PrEP is for people who are promiscuous, have sex with bad people, or have too much sex) are also barriers to using PrEP. Additionally, a number of studies show that while HIV-negative adolescents may be aware of and interested in PrEP, mistrust of medical professionals (e.g., will a provider judge an them for asking about PrEP, will a provider tell their parents/guardians about their interest in PrEP, or will the provider disclose an their sexual behaviors or orientation to their parents/guardians) and social stigma are significant barriers to engaging youth in PrEP.

Some of the side effects of PrEP, like headaches, nausea, and weight loss, subside over time. However, effects on bone density and kidney functioning may be especially problematic for adolescents who are still growing physically and for whom these side effects may have developmental consequences. Even as other PrEP modalities (e.g., injectable PrEP or event-driven PrEP) are developed for possible use, concerns about the medication may remain.

There are several practical concerns that may serve as barriers to adolescent PrEP usage. Many adolescents are on their parent's health insurance which could create potential issues around privacy and confidentiality for young people seeking services on their own. Additionally, while some states allow adolescents to consent to medical care for diagnosis and treatment of STIs, a number of jurisdictions prohibit adolescents from consenting to preventative or prophylactic services. In these states, parental consent may be required to administer PrEP to adolescents.



# ADOLESCENT PrEP FACILITATORS

Adolescents' interest in PrEP and their ability to adhere to a PrEP regimen largely depends on broader social and structural contexts. These contexts can act as barriers to adolescent PrEP and can provide insight on strategies to facilitate adolescent PrEP programs. There has been an increase in research investigating ways to address barriers in adolescent PrEP and to better understand strategies to promote PrEP use in adolescents.



Evidence supports specific approaches to facilitating PrEP uptake among adults, but these approaches may not be the same for adolescents. Adolescent treatment requires greater consideration of local laws and regulations, regardless of the age at which youth can consent for sexual and reproductive health services without a parent/guardian. Additional discussions and education are needed to help youth develop strategies to promote autonomy, privacy and address personal safety and cost concerns related to PrEP. Protocols and interventions need to be developed to support an adolescent's adherence to PrEP. That is, adolescents may need more frequent clinical visits, access to youth friendly support services, more frequent drug monitoring, and ongoing counseling about PrEP, sexual health, and health decision making. A more detailed sexual health history may be needed to facilitate access and adherence to an adolescent PrEP regimen. This would be a history that also accounts for relationship characteristics, risky familial relationships, substance use, and sexual practices. Lastly, adolescents need access to providers who are comfortable with discussing comprehensive HIV prevention (including PrEP) as part of adolescent health.



## ADOLESCENT PrEP BENEFITS



Some of the benefits of PrEP for adolescents extend beyond HIV prevention and risk reduction. PrEP also represents an opportunity for adolescents to be connected to other sexual health services and general primary care. This connection may be especially important for adolescent boys who have less regular contact with health care settings than adolescent girls.

PrEP can also serve as a tool of empowerment. Providing adolescents with a sense of control over their sexual health can be especially important for youth who may not be able to exercise control in other areas of their lives. PrEP can also lessen worry about HIV acquisition which can provide peace of mind and support other safer sex practices.

### TAKING THE HISTORY

#### Introduction

- Some of my patients your age have started having sex. Have you had sex?  
OR

- Are you sexually active?

#### Partners

- In the past 6 months, how many sex partners have you had?
- Are your partners men, women, both, or transgender?
- Were any partners known to be HIV positive?  
How many partners were known to be HIV positive?

#### Practices

- What kind of sexual contact do you have or have you had?  
Genital (penis or vagina?) Anal (penis in the anus?)  
Oral (mouth on penis, vagina or anus?)  
Other (e.g. digit/finger in vagina or anus?)
- For men who have sex with men, are you the receptive partner (the "bottom"), the insertive partner (the "top") or both ("versatile")?

#### Protection from STDs

- Do you use condoms consistently? In which situations are you most likely to use or not use a condom?
- How many times did you have vaginal or anal sex without a condom?
- Did you use a condom during your last sexual encounter?  
(This question provides an opportunity to gauge condom use and assess the need for emergency contraception in women and possible risk of acute HIV infection risk in all patients.)

## PROVIDER'S ROLE IN ADOLESCENT PrEP UPTAKE

While the CDC has not yet released any additional guidelines for prescribing PrEP to adolescents, there has been some discussion among practitioners about doing so. Many of these [guidelines](#) highlight barriers to adolescent PrEP and suggest strategies for providers to address these in care settings. For example, greater assessment and discussion of support for disclosing PrEP use and routinizing discussions about PrEP as part of primary care may address issues of medical mistrust and stigma. More frequent drug and sexual behavior monitoring may provide guidance for the timing of sexual health education and an opportunity to re-evaluate the need for PrEP as the adolescent ages. More broadly, training on sexual health histories, taking gender-neutral sexual histories, and the benefits of providing PrEP to adolescents may improve provider comfort with discussing and providing adolescent PrEP.



## ADOLESCENT PrEP IN WASHINGTON, D.C.

# RESOURCES FOR D.C. PROVIDERS

There are a host of resources available to help adults access PrEP, and many of these resources are now available to adolescents. DC Health offers the PrEP Drug Assistance Program for insured & uninsured HIV negative residents in the DC metropolitan area who are at high risk of HIV infection and are prescribed Truvada® as PrEP. PrEP is also covered by commercial health plans, and DC Medicaid and Medicare. Gilead Sciences, the manufacturer of Truvada® and Descovy®, also offers a patient assistance program. DC Health has developed a PrEP handbook for clinicians which describes how to get started with providing PrEP, contact information for questions, referrals, additional detailed guidance, and a specific section on prescribing PrEP to adolescents.

Title	Citation or Website	Summary	Resource Type	Link	Source
Nurses on the Front Lines: Improving Adolescent Sexual and Reproductive Health Across Health Care Settings	Santa Maria, D., Guilamo-Ramos, V., Jemmott, L. S., Derouin, A., & Villarruel, A. (2017). Nurses on the Front Lines: Improving Adolescent Sexual and Reproductive Health Across Health Care Settings. <i>The American journal of nursing</i> , 117(1), 42–51. doi:10.1097/01.NAJ.0000511566.12446.45	A guide for nurses to provide reproductive and sexual health services for adolescents. The guide includes resources and goals to improve youth friendly confidential health care across health care settings.	Guide	<a href="https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5513155/?report=classic">https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5513155/?report=classic</a>	
PrEP-RN: Clinical Considerations and Protocols for Nurse-Led PrEP	O'Byrne, P, MacPherson, R, Orser, L., Jacob, J. D., & Holmes, D. (2019). PrEP-RN: Clinical Considerations and Protocols for Nurse-Led PrEP. <i>The Journal of the Association of Nurses in AIDS Care : JANAC</i> , 30(3), 301–311. doi:10.1097/JNC.0000000000000075	Proposal supporting nurses providing PrEP to patients, and highlighting guidance for nurses to provide PrEP.	Proposal	<a href="https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6551248/">https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6551248/</a>	
PrEP Education for Youth-Serving Primary Care Providers Toolkit	<a href="https://aldsetc.org/sites/default/files/resources_files/PrEP%20Toolkit.pdf">https://aldsetc.org/sites/default/files/resources_files/PrEP%20Toolkit.pdf</a>	Toolkit for health providers for discussing PrEP with adolescents and young adults.	Toolkit	<a href="https://aldsetc.org/sites/default/files/resources_files/PrEP%20Toolkit.pdf">https://aldsetc.org/sites/default/files/resources_files/PrEP%20Toolkit.pdf</a>	
Prescribe HIV Prevention — Discussing Sexual Health With Your Patients	<a href="https://www.cdc.gov/stophivtogether/library/prescribe-hiv-prevention/brochures/cdc-lsht-php-brochure-discussing-sexual-health-with-your-patients.pdf">https://www.cdc.gov/stophivtogether/library/prescribe-hiv-prevention/brochures/cdc-lsht-php-brochure-discussing-sexual-health-with-your-patients.pdf</a>	Resource for providers to discuss sexual health with their patients.	Brochure	<a href="https://www.cdc.gov/stophiv-together/library/prescribe-hiv-prevention/brochures/cdc-lsht-php-brochure-discussing-sexual-health-with-your-patients.pdf">https://www.cdc.gov/stophiv-together/library/prescribe-hiv-prevention/brochures/cdc-lsht-php-brochure-discussing-sexual-health-with-your-patients.pdf</a>	
PrEP to Prevent HIV and Promote Sexual Health: Effective strategies to provide adolescent sexual and reproductive health services and to increase demand and community support	<a href="https://www.hivguidelines.org/prep-for-prevention/prep/">https://www.hivguidelines.org/prep-for-prevention/prep/</a>	Guidelines developed by the New York State Department of Health AIDS Institute as a component of New York's End the Epidemic initiative. The guidelines are to be used by providers to study assessing effective strategies to provide reproductive health care to adolescents.	Guide	<a href="https://cdn.hivguidelines.org/wp-content/uploads/20200212083009/NYSDOH-AI-PrEP-to-Prevent-HIV-and-Promote-Sexual-Health-pocket-guide-1_2-12-2020_HG.pdf">https://cdn.hivguidelines.org/wp-content/uploads/20200212083009/NYSDOH-AI-PrEP-to-Prevent-HIV-and-Promote-Sexual-Health-pocket-guide-1_2-12-2020_HG.pdf</a>	
DC Providers PrEP Toolkit	<a href="https://doh.dc.gov/sites/default/files/dc/sites/doh/service_content/attachments/DC%20Providers%20PrEP%20Handbook.pdf">https://doh.dc.gov/sites/default/files/dc/sites/doh/service_content/attachments/DC%20Providers%20PrEP%20Handbook.pdf</a>	Toolkit developed by the DC Department of Health to assist providers in educating and administering PrEP to patients.	Toolkit	<a href="https://doh.dc.gov/sites/default/files/dc/sites/doh/service_content/attachments/DC%20Providers%20PrEP%20Handbook.pdf">https://doh.dc.gov/sites/default/files/dc/sites/doh/service_content/attachments/DC%20Providers%20PrEP%20Handbook.pdf</a>	DC Department of Health
Making the Sexual History a Routine Part of Primary Care	<a href="https://www1.nyc.gov/assets/doh/downloads/pdf/chl/chl-36-3.pdf">https://www1.nyc.gov/assets/doh/downloads/pdf/chl/chl-36-3.pdf</a>	A guide for providers to ask patients' their sexual history in a kind, nonjudgmental way that also includes language for seniors, LBGTQ+ patients, and adolescents.	Guide	<a href="https://www1.nyc.gov/assets/doh/downloads/pdf/chl/chl-36-3.pdf">https://www1.nyc.gov/assets/doh/downloads/pdf/chl/chl-36-3.pdf</a>	New York Department of Health and Mental Hygiene
End The Epidemic: Ready, Set, PrEP	<a href="https://www.getyourprep.com/">https://www.getyourprep.com/</a>	A program to provide PrEP to patients at no cost. The website includes both a patient portal for individuals to enroll as well as a provider portal for providers to enroll an individual.	Website	<a href="https://www.getyourprep.com/">https://www.getyourprep.com/</a>	US Department of Health and Human Services
Gilead Co-Pay Program	<a href="https://www.gileadadvancingaccess.com/copay-coupon-card">https://www.gileadadvancingaccess.com/copay-coupon-card</a>	This program covers up to \$7,200 per year in prescription co-payments for PrEP though patients must have private insurance and cannot be covered by Medicaid or Medicare. Adolescents do need a representative to sign on their behalf.	Website	<a href="https://www.gileadadvancingaccess.com/copay-coupon-card">https://www.gileadadvancingaccess.com/copay-coupon-card</a>	Gilead
Gilead Advancing Access Patient Payment Program	<a href="https://www.gileadadvancingaccess.com/hcp/financial-assistance/uninsured-support">https://www.gileadadvancingaccess.com/hcp/financial-assistance/uninsured-support</a>	This program is for uninsured patients or patients whose insurance does not cover prescriptions to receive PrEP at no-cost who are 500% below the FPL. Adolescents do need a representative to sign on their behalf.	Website	<a href="https://www.gileadadvancingaccess.com/hcp/financial-assistance/uninsured-support">https://www.gileadadvancingaccess.com/hcp/financial-assistance/uninsured-support</a>	Gilead
Preexposure Prophylaxis for the Prevention of HIV Infection in the United States - 2017 Update	<a href="https://www.cdc.gov/hiv/pdf/risk/prep/cdc-hiv-prep-guidelines-2017.pdf">https://www.cdc.gov/hiv/pdf/risk/prep/cdc-hiv-prep-guidelines-2017.pdf</a>	Practice guidelines for providers for PrEP out of the US HHS and CDEC.	Guidelines	<a href="https://www.cdc.gov/hiv/pdf/risk/prep/cdc-hiv-prep-guidelines-2017.pdf">https://www.cdc.gov/hiv/pdf/risk/prep/cdc-hiv-prep-guidelines-2017.pdf</a>	CDC & HHS

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