

# Sexual & reproductive health amongst HIV+ adolescents: An HIV young persons network (HYPnet) survey

---

Barbour A, Hamlyn E, Foster C, Prime K

Dr Alison Barbour  
GUM/HIV SpR  
St George's Hospital, London



# Background

- Increasing adolescents transitioning to adult services
- HYPNet audit of pregnancies: 81% unplanned (Kenny et al, 2011)

## Aim:

- Capture data on SRH of HIV positive adolescents
- To optimise:
  - Sexual health screening
  - Contraception provision
  - Provide appropriate SRH advice

# Methods

- A multi-centre, case note review
- Vertically infected
- 16-25y
- Attending transition or adult HIV clinic
- Clinics managing adolescent cohorts identified
- Anonymised data collected via standardised proforma

## Data collected:

- Demographics
- Surrogate markers
- ARVs
- Sexual history
- Sexual health screening
- Contraception
- Discussions on HIV transmission
- Disclosure to partners
- Post exposure prophylaxis

# Results - Demographics

Table 1: Demographics		
Gender	Male	75 (45%)
	Female	19 (11%)
Ethnicity	Black African	121 (72%)
	Black other	27 (16%)
	Caucasian	15 (9%)
	Other	4 (2%)
Age (median)	Assessment	20y (16-25y)
	Diagnosis	7y (0-19y)
	Transition	17y (15-21y)
Sexuality	Heterosexual	144 (86%)
	MSM	3 (2%)
	WSW	3 (2%)
	Unknown	17 (10%)
Coitarche	Male	12-20y
	Female	14-21y
	Overall	17y

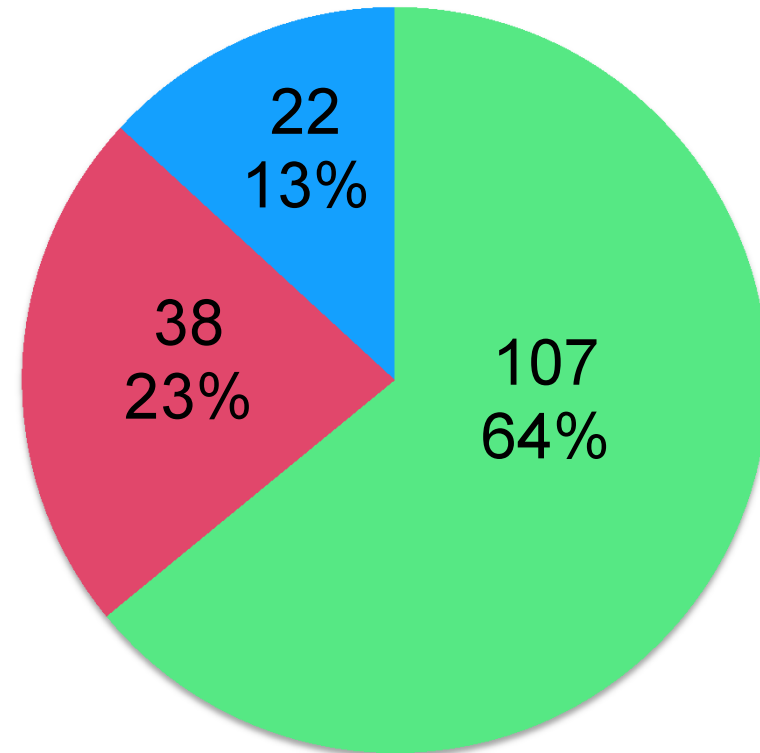
# Results – ARVs & virological control

## ARV Regimens:

- Salvage regimens  
8/145 (6%)
- PI monotherapy  
8/145 (6%)

## CD4 <350:

- 44/167 (26%)
- 9 not on ARVs



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

# Results – sexual activity

## Safer sex:

- 92% documented discussion overall

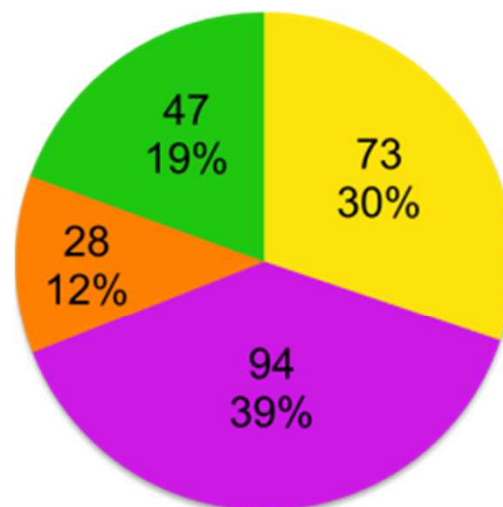
## STIs:

- 63% offered screen in last 12m
- 17% sexually active patients diagnosed with STI

## Contraception:

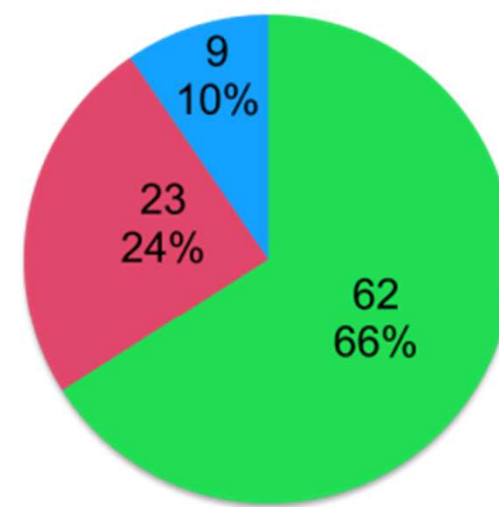
- 30% females LARC
- 58% PSI only
- 22% previous pregnancy

Last reported sexual activity



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

Condom use amongst sexually active



- Always
- Suboptimal
- Not documented

# Results – Social situation

## Domestic situation

- 14% reported previous coercion
- 14% sexual abuse
- 14% domestic violence

## Disclosure

- 38% disclosed
- 82% whom tested
- 16% serosorted

# Conclusions – Sexual activity

- 56% vertically infected adolescent cohort were sexually active
  - Quarter reported suboptimal condom use
  - One sixth a past STI
- Median age of coitarche and that of transition were both 17y
  - Many patients becoming sexually active whilst under paediatrics
  - Addressing safer sex early is therefore important



# Conclusions

## Social situation

- 40% had disclosed their HIV status to current partners
  - 82% tested for HIV
  - Half had attended for PEPSE
- 16% serosorted:
  - 4 of these were known MTCT

## Take home messages

Improved, targeted, sexual and reproductive health services are essential to meet the needs of this vulnerable group

**Need to address sexual health and awareness earlier**

# 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

# Acknowledgements

With thanks to the following individuals for their data contribution:

- Katherine Bethell (Western General Hospital, Edinburgh)
- Dr Daniella Chilton (Guy's & St Thomas' NHS Trust)
- Dr Ellen Dwyer (Croydon University Hospital & St George's Healthcare NHS Trusts)
- Deirdre Redmond (Beaumont Hospital, Dublin, Ireland)
- Kathy Masoli (Ipswich Hospital NHS Trust)
- Dr Heather Wankowska (Ipswich Hospital NHS Trust)
- Dr Sophie Herbert (Mortimer Market Centre)
- Katrina Humphreys (Southampton General Hospital)
- Charlotte Jackson (St George's Healthcare NHS Trust)
- Dr Mo Kawsar (Luton & Dunstable NHS Trust)
- Andre Mukela (Guy's & St Thomas' NHS Trust)