When Should Youth Get Tested for HIV or Start PrEP?

The American Academy of Pediatrics recommends HIV testing for youth ages 15 and older. Updated guidance now includes PrEP and PEP.

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Youth ages 15 and older should be offered HIV testing at least once in a health care setting, and those who are at risk should be screened annually, and potentially more often, advises the American Academy of Pediatrics (AAP) in an updated report published in the upcoming issue of Pediatrics. The new guidance for youth also includes recommendations for pre- and post-exposure prophylaxis (PrEP and PEP), which prevent at-risk people from contracting HIV.

The report—"Adolescents and Young Adults: The Pediatrician's Role in HIV Testing and Pre- and Postexposure HIV Prophylaxis"—updates the organization's 2011 guidance. The introduction to the report summarizes in part:

> This clinical report reviews epidemiological data and recommends that routine HIV screening be offered to all youth 15 years or older, at least once, in health care settings. After initial screening, youth at increased risk, including those who are sexually active, should be rescreened at least annually, and potentially as frequently as every 3 to 6 months if at high risk (male youth reporting male sexual contact, active injection drug users, transgender youth; youth having sexual partners who are HIV-infected, of both genders, or injection drug users; youth exchanging sex for drugs or money; or youth who have had a diagnosis of or have requested testing for other sexually transmitted infections). Youth at substantial risk for HIV acquisition should be routinely offered HIV preexposure prophylaxis, and HIV postexposure prophylaxis is also indicated after high-risk exposures.

The report also recommends that pediatricians "create an environment of confidentiality and tolerance and facilitate open discussion of gender, sexual orientation and behavior, and sexual and reproductive health issues," according to an AAP press release about the report. In addition, the report covers topics of consent, risk assessment, confidentially and insurance coverage—issues that pediatricians often face when offering their patients HIV services.

"It is important to disclose a positive HIV test result to youth before involving the parent or caregiver," the report states. "In fact, disclosure of the HIV status to the parent or caregiver for patients younger than 18 years may require adolescent consent.... Preferred methods of

communicating about HIV test results to youth need to be discussed before or at the time of testing. Although in-person disclosure is preferred, disclosure can occur by phone or through patient portal when necessary."

The new guidance is based on the latest epidemiological data, such as the fact that in 2018, an estimated 45% of people ages 13 to 24 living with HIV were not aware of their status. What's more, young people living with HIV are less likely to maintain an undetectable viral load, which means they are more likely to transmit the virus and to experience health problems and a shortened lifespan. (People who maintain an undetectable viral load cannot pass HIV sexually, a fact referred to as Undetectable Equals Untransmittable, or U=U.)

The report also notes that HIV risk varies among individuals and is influenced by a numerous factors, including community HIV rates, sexual behavior, substance use and sexual networks. Furthermore, as in the HIV epidemic at large, certain minority populations are at higher risk, including Black and brown communities, transgender people, folks who live in the South and men who have sex with men.

In related news, see the POZ cover story from March 2021 "Raising HIV Awareness Among Young People," which highlights youth advocates seeking inclusive sex education for their peers.

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