

## ASSOCIATION OF NURSES IN AIDS CARE

### POSITION STATEMENT

#### Adolescents and HIV Infection

Adopted by the ANAC Board of Directors February 1995

Reviewed and Revised by the ANAC Board November 1997; April 1998; November 2000; September 2002; September 2005; January 2007; January 2009; September 2011

#### **Position:**

*It is the position of the Association of Nurses in AIDS Care that*

- *adolescents require screening for HIV as a part of routine health care in order to initiate care earlier in the infection trajectory*
- *adolescents have a right to access the full spectrum of HIV care, including prevention and harm reduction services, comprehensive reproductive health services, treatment of HIV and adherence support, and clinical trial opportunities*
- *adolescent services must be developed that are adolescent-centered, culturally competent and provide seamless transitioning into the adult health care system*

#### **Statement of Concern:**

Globally, youth (ages 15-24) account for 45% of all new HIV infections in adults (UNAIDS, 2008). Young persons (aged 13-29) are estimated to comprise 31% of all new infections occurring in 2006 in the United States (Hall et al., 2008). Despite an overall decrease in annual new HIV infections in the United States, youth of minority races and ethnicities are disproportionately affected by HIV (CDC, 2008; Halfors, Iritani, Miller, and Bauer, 2007). From 2000 to 2004 there was a 42% increase in the number of youth (ages 13-24) living with AIDS (CDC, 2004). Opportunities exist for early detection and treatment of HIV in the adolescent population, thus preventing progression to AIDS (CDC, 2008).

#### **Background:**

A variety of behavioral, psychological and biological factors contribute to an increased risk for adolescents (defined as individuals between the ages of 10 and 24) to become infected with HIV. Adolescents engage in sexual risk taking behavior that increases risk for sexually transmitted infections, including HIV. According to the CDC Youth Risk Behavioral Survey (YRBS), many young people begin having sexual intercourse at young ages. 47% of high school students have had sex and 7.4% before the age of 13 (CDC, 2009)

Adherence research in adolescents suggests there is poorer adherence among youth than adults (Rao, Kekwaletswe, Hosek, Martinez and Rodriguez, 2007). Barriers to adherence, including stigma

and disclosure factors, depressive symptoms, substance use, as well as issues of sexual orientation, homelessness, lack of social support and fragmented healthcare systems must be addressed in the adolescent population. Adolescents who are HIV infected require health care systems and provider support to overcome these issues that may lead to poor adherence and further sexual risk taking behaviors. Adolescent care services must include multiservice sites and multidisciplinary teams that are sensitive to adolescent stressors.

Transitioning adolescents into adult care offers additional challenges. The New York State Department of Health AIDS Institute has developed clinical guidelines to assist clinicians with implementing best practice models. The guidelines entitled *Transitioning HIV-Infected Adolescents into Adult Care*, outline recommendations based on successful models of care and highlight the importance of facilitating a smooth transition for this population (New York State Department of Health, 2011).

and have the capabilities to intervene, provide social support, and treatment adherence support (Naar-King et al., 2007; Williams, et. al., 2006).

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