HIV AND SEXUALLY TRANSMITTED INFECTIONS AMONG YOUTHS: A BRAZILIAN PERCEPTION

Plax et al. recently published an article on the activities of their youth center—Supporting Positive Opportunities with Teens (SPOT)—among youths in St. Louis, Missouri, at risk for HIV and sexually transmitted infections (STIs), with a special focus on diagnostic testing services.

The purpose of the service is very interesting. The Brazilian national health system, the Sistema Único de Saúde provides access to diagnostic HIV testing, patient care and drug treatment free of charge to the entire population in various health services across the country and in most of the municipalities. Furthermore, free condoms and harm reduction kits are available to anyone who needs them for the prevention of various STIs. However, some reflections on the results presented by Plax et al. should be mentioned.

In Brazil, a significant increase of HIV and other STIs was also observed among youths aged 15 to 24 years. There was a 120% increase in the number of new cases of HIV infection between 2004 and 2013 in this age group, and there was an increase in the infection rate among youths aged 17 to 21 years engaged in same-sex relationships.

Several studies have shown that this increased vulnerability is associated with illicit drug use and nonadherence to condom use (data not shown in Plax et al.). However, it should be highlighted that the current generation of adolescents who were not born when the AIDS epidemic started are less concerned about HIV infection.

Communications of test results at the SPOT were made through phone calls, social networks, text messages or e-mail, including results of HIV testing. The authors stated that any youths who tested positive for HIV were linked to the care of a case manager. The question is, what happened with the 20% who did not seek the service after being diagnosed with HIV? We are concerned about the psychological impact of receiving such results and not taking preventive measures to break the chain of HIV transmission through sexual practices. In Brazil, there is a process of pre- and posttest counseling, which involves adequate psychological support for receiving HIV diagnosis and adhering to drug treatment against the disease.

The SPOT seems to be very useful to bring together youths in a safe environment and offer them free-of-charge services. However, besides the serological detection, little is said about which preventive measures have been discussed in this group and if this approach has reduced STI rates.

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**References**

PLAX RESPONDS
Thanks to Schuelter-Trevisol et al. for their letter on our article. They raise concerns about how the psychological impact of receiving the news of a positive HIV test is handled at our clinic and ask what preventive measures are used. We agree these are important aspects of providing comprehensive care for this high-risk population, and it is interesting to compare the approach in two different systems of care: the United States and Brazil.

Our HIV testing was rapid OraQuick testing (OraSure Technologies, Inc., Bethlehem, PA),
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Our HIV testing was rapid OraQuick testing (OraSure Technologies, Inc., Bethlehem, PA),
so patients were given their preliminary positive results in person, with access to mental health services if they exhibited distress. At the initial rapid HIV-positive posttest session, youths were told their positive results, given factual information about the importance of condoms to prevent spread, provided with condoms, and told about Linkage to Care case management. Some youths sat with SPOT (Supporting Positive Opportunities With Teens) staff for hours to handle their news, and others kept posttest result sessions brief. Some youths met immediately with Linkage to Care case management on-site, while for others this was not possible. All youths were informed that Linkage to Care would contact them and youth contact information was verified. Safety and support were also discussed.

For all positive patients, we did confirmatory testing, which typically came back in two days when we again reached out to patients to let them know their results. For the 20% who did not choose to meet with a Linkage to Care case manager, we reported their HIV status to the health department as required by law. These cases were then actively investigated by disease intervention specialists, who go out into the community and identify contacts to try to track and find youths and link them into care. In our community, we cannot guarantee that that linkage into care happens, but there is a coordinated and sustained effort.

It is of course our goal to link all HIV-positive youths into care because we know treatment is important for the individual patient, but also for the prevention of HIV infection to other sexual contacts. Lastly, the SPOT has used a number of evidence-based HIV/sexually transmitted infection prevention interventions on-site, including condom distribution, MPowerment, and Safer Sex. At the present time, we do not have the data to demonstrate that these interventions have decreased sexually transmitted infection rates at the SPOT.

Kathryn Plax, MD

References

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