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CDC UPDATE
CENTERS FOR DISEASE CONTROL AND PREVENTION
NCHSTP National Center for HIV, STD & TB PREVENTION
January 1997

Comprehensive HIV Prevention Messages for Young People

HIV-related illness and death now have the greatest impact on young people. AIDS is a leading cause of death among Americans 25- to 44-years old. In this same age group, AIDS now accounts on average for 1 in every 3 deaths among African-American men and 1 in 5 deaths in African-American women. Between 1990 and 1995, AIDS incidence among people 13- to 25- years old rose nearly 20%. While AIDS incidence among both young gay and bisexual men and young injecting drug users was relatively constant during this time period, AIDS incidence among young heterosexual men and women rose more than 130%.

A study by the National Cancer Institute, confirms existing data which reveal that as each generation comes of age, there is a substantial increase in the rate of infection as individuals enter their late teens and early twenties, with infection rates peaking in the mid-to-late twenties. Sustained, targeted prevention for each group entering young adulthood is what will keep these waves from developing. As the lead federal agency for HIV prevention, CDC is responsible for implementing public education programs to help stop the spread of HIV and other sexually transmitted diseases (STDs).

A Balance of Prevention Messages is Needed--Including Abstinence and Condom Use

Behavioral science has shown that a balance of prevention messages is important for young people. Total abstinence from sexual activity is the only sure way to prevent sexual transmission of HIV infection. Despite all efforts, some young people may still engage in sexual intercourse that puts them at risk for HIV and other STDs. For these individuals, the correct and consistent use of latex condoms has been shown to be highly effective in preventing the transmission of HIV and other STDs. Data clearly show that many young people are sexually active and that they are placing themselves and their partners at risk for infection with HIV and other STDs. These young people must be provided the skills and support they need to protect themselves.

Public Opinion on the Need for Comprehensive Messages

It is clear that the majority of Americans want strong prevention messages that include information on condom use. A 1995 Public Opinion Poll by Chilton Research found that nearly 80 percent of Americans believe information on condoms should be aired on television. Yet, there will always be groups or individuals who feel strongly about any materials that discuss sexual behaviors. The impact of HIV education and prevention

programs on the sexual activity of young people has therefore been a subject of continued debate and scientific inquiry.

Findings from Scientific Reviews

The studies to date vary in scope, quality of design, level of peer-review, age group studied, and type of prevention or education program evaluated, and it is difficult to draw definitive conclusions based on any one study alone.

World Health Organization Review:

- With these limitations in mind, the World Health Organization (WHO) has conducted comprehensive reviews of the scientific literature on sex and AIDS education. In 1993, at the 9th International Conference on AIDS, WHO presented a review of 19 studies that considered the effect of sex education on reported age at first intercourse and on reported levels of sexual activity found several clear trends:

  - There was *no evidence* of sex education leading to earlier or increased sexual activity in the young people who were exposed to it.

  - In fact, six studies showed that sex education lead either to a *delay* in the onset of sexual activity or to a *decrease* in overall sexual activity.

  - Ten studies showed that education programs increased safer sex practices among young people who were already sexually active.

- In addition to the evaluation of school-based education programs, the WHO report concluded that the two public information programs evaluated showed *no effect* on age at first intercourse and *no increase* in sexual activity in young people, despite a large increase in the use of condoms and contraception.

- Later in 1993, WHO published a more extensive review of 35 studies dating back to the 1970s. The overwhelming majority of studies over time, despite various methodologies and country of study, found no evidence that sex education encourages sexual experimentation or increased activity. If any effect was observed, it was virtually always *delayed* sexual intercourse or *increased* effective use of contraceptives including condoms. There were two studies with findings that varied from these trends. While neither study can prove cause and effect, one study found that an "abstinence only" program increased the level of sexual activity in young people, and another study reported an association between sex education and increased sexual activity. However, the latter study found that variables other than sex education may have related more strongly to the increase in sexual activity.

Office of Technology Assessment Review

- In September 1995, the Office of Technology Assessment (OTA), at the request of the 103rd Congress, examined the effectiveness of prevention programs and found no scientific evidence that curricula focusing only on abstinence delay the onset of sexual intercourse. The report further concludes that programs that include discussions of abstinence and contraception in combination with other topics such as resistance skills do not lead to earlier initiation of sex, and in fact, result in lowered incidence of sexual intercourse in some cases.

- The OTA report further concluded that among individuals already sexually active, these programs lead to fewer sexual partners and greater use of contraception. This report underscores the need for comprehensive programs and a balance of prevention messages.

These studies primarily looked at school-based education programs designed for adolescents. The findings indicate that sexual activity among young people decreased or remained the same after exposure to sexual health information that included discussions about condom use. The conclusions do provide some indication of the potential impact of HIV prevention messages delivered within a comprehensive program.

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CDC UPDATE
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September 1998

National Data on HIV Prevalence Among Disadvantaged Youth in the 1990's

Most Compelling Evidence to Date of the Continued Impact of HIV on Young African-American Women

Young disadvantaged women, particularly African-American women, are being infected with HIV at younger ages and at higher rates than their male counterparts, according to a new CDC study published in the September 1998, issue of the *Journal of Acquired Immune Deficiency Syndromes and Human Retrovirology (JAIDS).* The study presents data from 1990 through 1996 on the rates of HIV infection among entrants to the U.S. Job Corps program, a federally funded job training program for disadvantaged out-of-school youth from all 50 states and U.S. territories. While not representative of all youth, these data provide a snapshot of the continuing toll of HIV among the many young people in the United States who are economically and educationally disadvantaged.

The results indicate that of the over 350,000 16- to 21-year-olds tested, more than 2 per 1,000 were HIV-infected, with rates among young African-American women exceeding 5 per 1,000. Young African-American women had the highest HIV infection rate of any group.

Women at Greater Risk at Early Ages

One of the most alarming findings was the elevated risk among young women, compared to young men. During the seven year study period, HIV prevalence was 50% higher for women in the study than for men (3 per 1,000 versus 2 per 1,000) as a result of dramatically higher rates of infection among young women 16-18 years of age. With increased age, the differences in prevalence diminished, and at 19, 20, and 21, there were no significant differences between women and men. These findings point to the critical need to reach young women early and provide them the skills and information needed to protect themselves from infection. Many of these young women are likely infected by men older than themselves. Prevention programs for disadvantaged young women should include a focus on building the self-esteem and skills necessary to delay sexual intercourse and to negotiate condom use.

African-American Women Disproportionately Affected

HIV prevalence among young African-American women was 7 times higher than for young white women, and 8 times higher than for young Hispanic women (rates were 4.9 per 1,000, 0.7 per thousand, and 0.6 per thousand, respectively). By age 20, the HIV infection rate for African-American women in the study was 7 per 1,000.

Greatest Impact in the South and Northeast

These data suggest that HIV prevalence among disadvantaged young women is highest in the District of Columbia (10.3 per 1,000), Florida (9.8 per 1,000), Maryland (9.1 per 1,000), South Carolina (8.2 per 1,000), and Louisiana (5.1 per 1,000). Rates among young men were highest in the District of Columbia (7.8 per 1,000), Florida (4.2 per 1000), Maryland (3.9 per 1,000), Connecticut (3.8 per 1,000), and Virginia (3.7 per 1,000).

Implications for Prevention: Despite Declines Over Time, Far Too Many Infected at Young Ages

Looking at changes in HIV prevalence over time can provide an indication of the impact of prevention efforts. From the beginning of the study period to the end, HIV prevalence among young people in the Job Corps was cut in half. HIV prevalence among women dropped from 4 per 1,000 in 1990 to 2 per 1,000 in 1996, and HIV prevalence among men dropped from 3 per 1,000 in 1990 to 1.5 per 1,000 in 1996. These and other data suggest that HIV prevention has contributed to a significant slowing in the spread of the HIV epidemic. However, far too many young men and women continue to be infected with HIV, and these data indicate that much of the burden falls on our nation's most disadvantaged youth. Rates of HIV infection among Job Corps participants are more than 2 times higher than rates among youth seen in adolescent health clinics and more than 8 times higher than among young people of the same age applying for military service.

Comprehensive HIV prevention efforts for young people must be sustained and must include programs targeted to young people who are neither in school nor workplace settings. Several community-based programs for disadvantaged inner-city young people have been found effective in reducing risk behaviors. It is critical that effective approaches be replicated more widely, particularly in areas of high prevalence among young people. Despite signs of success, much remains to be done to reduce the toll of the epidemic among our nation's youngest and most vulnerable populations.

CDC UPDATE

CENTERS FOR DISEASE CONTROL AND PREVENTION

NCHSTP National Center for HIV, STD & TB PREVENTION

October 1998

"Patterns of Condom Use Among Adolescents: The Impact of Mother-Adolescent Communication" *American Journal of Public Health*, October 1, 1998

Compelling Evidence that Effective Parent-Child Communication Can Help Teens Make Life-Saving Decisions

Frank discussions between mothers and their adolescents about condoms can lead teens to adopt behaviors that will prevent them from becoming infected with HIV and other sexually transmitted diseases, according to a study published in the October 1, 1998, issue of the *American Journal of Public Health*. The findings are from interviews conducted with 372 sexually active adolescents (14- to 17-year-olds) in New York, Alabama, and Puerto Rico. The study found that mother-adolescent discussions about condoms before first sexual intercourse greatly increased the percentage of young people who use condoms, both for their first intercourse and for subsequent acts. Below are highlights from the article:

- Overall, 71% of teens in the study reported having discussed condoms with their mothers. Male adolescents discussed condoms with their mothers at an earlier age than females (12.9 years vs. 13.5 years, respectively).

- Timing of discussions is critical: Condom use increased only among teens whose mothers talked to them about condoms before their first sexual encounter. These teens were 3 times more likely to use condoms than teens who either never discussed condoms with their mothers or who discussed condoms only after initiating sexual activity.

- Condom use at first intercourse dramatically predicted future use. Teens who used condoms at first intercourse were 20 times more likely to use condoms in subsequent acts.

- The average age of sexual initiation in the sample was 13.8 years.

These findings underscore the important role parents can play in HIV prevention among young people. Parents are in a unique position to engage their children in a dialogue about HIV and STD prevention. Discussions must begin early–before adolescents begin engaging in sexual activities–and should continue throughout their child's

development.

It is estimated that half of all HIV infections in the U.S. occur among young people under the age of 25, and HIV infection is a leading cause of death among 15- to 24-year-olds in the U.S. In addition, three million cases of other STDs occur each year among teens, and up to one million teens become pregnant in the U.S. each year. CDC believes it is critical to reach young people with comprehensive prevention messages to both delay first intercourse among teens and to increase condom use among young people who are sexually active.

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MMWR Weekly January 29, 1999 / 48(03);45-48

Increases in Unsafe Sex and Rectal Gonorrhea Among Men Who Have Sex With Men -- San Francisco, California, 1994-1997

Reductions in AIDS cases among men who have sex with men (MSM) have been attributed in part to widespread declines in unprotected anal sex since the mid-1980s (1) and use of increasingly effective antiretroviral therapy (ART) since the mid-1990s (2). Because data about HIV infection incidence are limited, other indicators of transmission risk have been used. In San Francisco, data from annual behavioral surveys among MSM (1994-1997) and from the sexually transmitted disease (STD) surveillance program (1990-1997) were analyzed to characterize changes in HIV risk behaviors of MSM and changes in incidence of male rectal gonorrhea. This report describes the findings of these analyses, which indicate increases in unsafe sexual behavior and increases in rates of rectal gonorrhea among MSM.

From 1994 through 1997, volunteers in The Stop AIDS Project, a San Francisco community-based organization, conducted standardized annual surveys in which MSM were approached in various settings (e.g., neighborhoods, clubs, bars, and outdoor events) and asked to respond to a peer-administered, one-page questionnaire. Persons were excluded if they had participated previously during the same year. Methods were identical across years. First-time interviews were completed among 21,857 MSM; 6223, 5989, 5472, and 4173 interviews were completed each respective year. Demographic and sexual behavior information was collected annually; in 1997, subjects were asked whether they knew the HIV serostatus of their sex partners. In the survey, unprotected anal intercourse (UAI) was defined as insertive or receptive anal sex during the previous 6 months without always using condoms. Multiple partners was defined as more than one sex partner during the previous 6 months. Male rectal gonorrhea data reported to the San Francisco Department of Public Health, Sexually Transmitted Disease Control Section, were reviewed. The annual incidence from 1994 through 1997 was calculated as cases per 100,000 adult men aged greater than or equal to 15 years (1990 U.S. census data were used for the denominator). Changes in sexual behaviors and rectal gonorrhea incidence over time were assessed using the chi-square test for trend.

The proportion of surveyed MSM who reported having had anal sex increased from 57.6% (95% confidence interval {CI}=56.4%-58.9%) in 1994 to 61.2% (95% CI=60.1%-63.1%) in 1997 (pless than 0.01). Among MSM who had had anal sex, the proportion reporting "always" using condoms declined from 69.6% (95% CI=68.1%-71.1%) in 1994 to 60.8% (95% CI=58.9%-62.7%) in 1997 (pless than 0.01) (Figure 1[1]). The most pronounced decline in consistent condom use occurred among men aged 26-29 years (from 68.2% {95% CI=64.8%-71.5%} in 1994 to 58.0% {95% CI=53.7%-62.1%} in 1997). The proportion of men who reported having had multiple sex partners and UAI increased from 23.6% (95% CI=21.9%-25.4%) in 1994 to 33.3% (95% CI=31.1%-35.6%) in 1997 (pless than 0.01). The largest increase in this risk behavior was among respondents aged less than or equal to 25 years (from 22.0% {95% CI=18.4%-25.9%} in 1994 to 32.1% {95% CI=27.7%-36.7%} in 1997; pless than 0.01). Decreasing consistent condom use and increasing proportions of MSM reporting UAI with multiple partners occurred in all racial/ethnic groups. In 1997, 45% (95% CI=41.4%-48.8%) of 865 MSM who had had UAI during the previous 6 months also reported not knowing the HIV serostatus of all their sex partners. Among 525 MSM who had had UAI and multiple partners during the previous 6 months, 68.0% (95% CI=63.9%-72.7%) reported not knowing the HIV serostatus of all their sex partners.

Male rectal gonorrhea incidence declined from 1990 through 1993 (42, 33, 23, and 20 per 100,000 adult men, respectively). From 1994 through 1997, the incidence increased from 21 to 38 per 100,000 adult men (pless than 0.01) (Figure 1[1]). This increase in incidence was observed in all racial/ethnic and age groups but was highest among men aged 25-34 years (from 41 to 83 cases per 100,000 men aged 25-34 years, pless than 0.01).

Reported by: KA Page-Shafer, PhD, W McFarland, MD, R Kohn, J Klausner, MD, MH Katz, MD, San Francisco Dept of Public Health, San Francisco; D Wohlfeiler, MPH, S Gibson, MSW, The Stop AIDS Project, San Francisco, California. Prevention Svcs Research Br, Program Evaluation Research Br, International Activities Br, Div of HIV/AIDS Prevention, and Epidemiology and Surveillance Br, Div of Sexually Transmitted Diseases Prevention, National Center for HIV, STD, and TB Prevention, CDC.

Editorial Note

Editorial Note: The data described in this report suggest that increases in unsafe sexual behavior have occurred among MSM in San Francisco, resulting in increased risk for HIV infection and transmission. These data provide additional insight to a previous report of increasing gonorrhea among MSM in selected STD clinics (3) and document significant increases during 1994-1997 in rectal gonorrhea (a direct measure of UAI) and self-reported UAI among MSM.

The increases in reported risk behaviors and the increases in STDs in San Francisco coincide with the expanded availability of effective ART in San Francisco and the United States. Although ART can result in decreased viral load and decreased risk for HIV transmission, advances in HIV treatment and the resulting declines in AIDS deaths in San Francisco and nationally might lead to increased risk behavior by MSM who perceive that HIV infection can be managed effectively (4). Because the prevalence of HIV infection among MSM in San Francisco is high, small increases in unsafe behaviors in this population may result in increases in HIV infection incidence. Recent data do not show changes in HIV infection incidence among young MSM (aged 18-29 years) in San Francisco (5). However, HIV transmission may lag behind the transmission of other STDs, including gonorrhea, for several reasons (e.g., differences in infectivity and treatment) (6).

That increases in UAI may represent sex between mutually monogamous persons with concordant HIV serostatus (i.e., "negotiated safety") seems unlikely. One third of MSM reported UAI with multiple partners during the previous 6 months. Substantial numbers of men interviewed in 1997 reported not knowing the HIV infection status of all their partners. In addition, increases in rectal gonorrhea are inconsistent with increases in negotiated safe sex behaviors between MSM.

The findings in this study are subject to at least four limitations. First, the sample of MSM in The Stop AIDS Project surveys may not be representative of the general MSM community in San Francisco. Second, the questionnaire did not distinguish insertive versus receptive anal sex, and it did not inquire specifically about condom use with persons whose HIV serostatus was unknown. Third, survey respondents who reported UAI may not be similar to persons who acquired rectal gonorrhea. Fourth, the survey was not designed to assess the association between decreases in AIDS prevalence, AIDS deaths, or other factors and the described risk behaviors. However, the population surveyed was large, and increases in reported risk behaviors were consistent across all age and racial/ethnic groups. Other studies have described high and increasing rates of sexual risk behavior among MSM in San Francisco (7), elsewhere in the United States (8), and in Canada (9).

Male rectal gonorrhea is increasing among MSM amidst an overall decline in nationwide gonorrhea rates (10). During 1993-1997, national gonorrhea surveillance demonstrated an annual increase in the proportion of cases in males compared with cases in females in western states (CDC, unpublished data) consistent with an increase in gonorrhea infection among MSM.

The data presented in this report suggest that the substantial reduction in sexual risk behaviors among MSM and the decreases in rectal gonorrhea during the 1980s and early 1990s cannot be assumed to be maintained indefinitely. The availability of ART and the possible perception of lower risk for infection from persons receiving ART may lead to misunderstandings and complacency toward safe-sex messages. MSM of all ages and races/ethnicities in San Francisco continue to engage in behaviors that put them at high risk for HIV infection, and HIV prevalence is highest among the MSM populations compared with heterosexual populations. As the epidemic continues, it remains important to maintain resources for prevention activities targeted toward MSM across all racial/ethnic and age groups. Public health prevention and community-based outreach efforts to reduce risk behaviors and STDs remain crucial to reach these populations.

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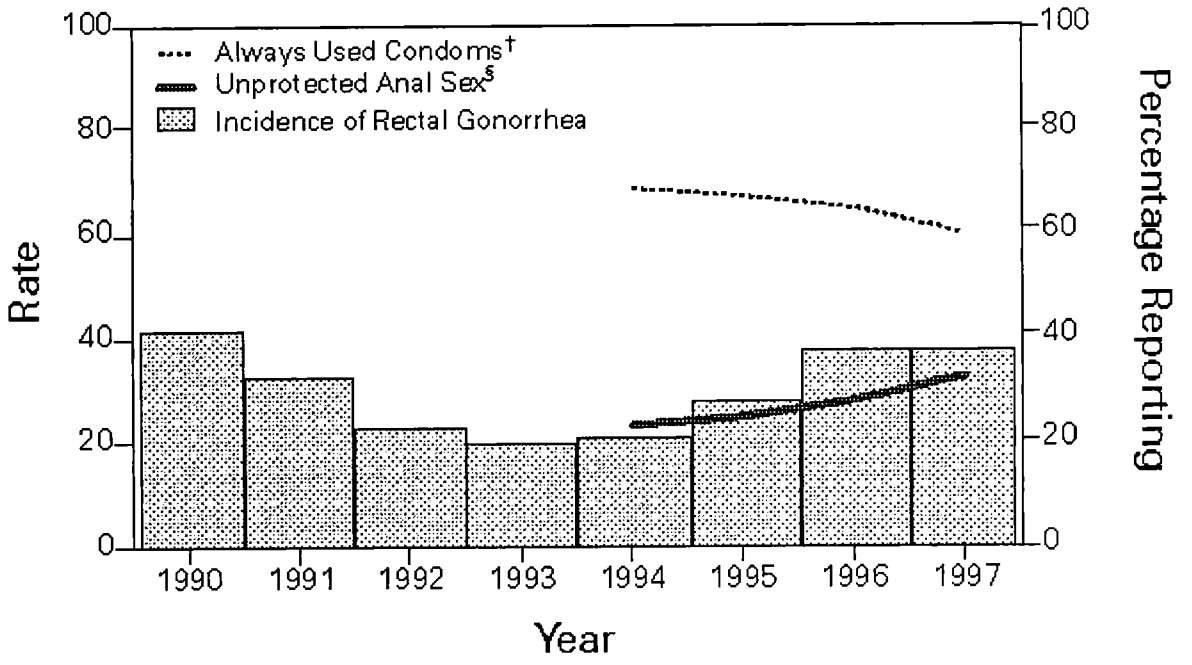
Figure_1

FIGURE 1. Percentage of men who have sex with men reporting selected sexual behaviors, and rate* of male rectal gonorrhea — San Francisco, 1990–1997



*Per 100,000 men aged ≥15 years.
†Condoms always used during anal sex during the previous 6 months.
§Unprotected anal sex with two or more partners during the previous 6 months.

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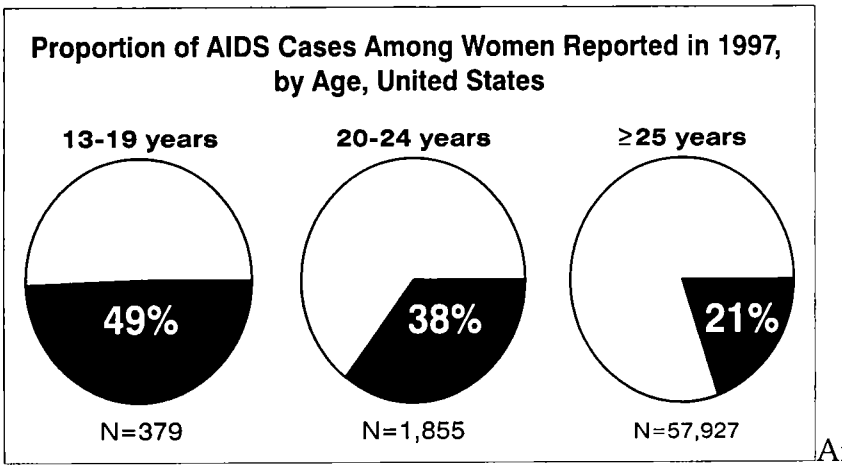
September 1998

Young People at Risk – Epidemic Shifts Further Toward Young Women and Minorities

In the United States, HIV-related death has the greatest impact on young and middle-aged adults, particularly racial and ethnic minorities. HIV is a leading cause of death for Americans between the ages of 25 and 44. It is the leading cause of death for African-American men and women in this age group. Many of these young adults likely were infected as teenagers. It is estimated that half of all new HIV infections in the United States are among people under 25, and the majority of young people are infected sexually.



Among 13- to 24-year-olds, 52% of all AIDS cases reported among males in 1997 were among young men who have sex with men (MSM); 10% were among injection drug users (IDUs); and 7% were among young men infected heterosexually. In 1997, among young women the same age, 49% were infected heterosexually and 13% were IDUs.

Because of the long and variable time between HIV infection and AIDS, surveillance of HIV infection provides a much clearer picture of the impact of the epidemic in young people than surveillance of AIDS cases. CDC recently announced results from a study that analyzed data from 25 states* that had integrated HIV and AIDS reporting systems for the period between January 1994 and June 1997. In these states, young people (aged 13 to 24) accounted for a much greater proportion of HIV than AIDS cases (14% versus 3%). Nearly half (44%) of the HIV infections in that age group were reported among

young females, and well over half (63%) were among African Americans. The study also showed that even though AIDS incidence (the number of new cases diagnosed during a given time period, usually a year) is declining, *there has not been a comparable decline in the number of newly diagnosed HIV cases among young people.*

How Can We Improve Prevention Programs for Young People?

CDC's role is to provide communities with the best available science to guide comprehensive HIV prevention programs. As part of this process, CDC conducts an ongoing research synthesis process that seeks to identify the most recent and relevant scientific findings from around the world, both published and unpublished, and make them available to prevention program planners. CDC constantly combs the scientific literature, reviews domestic and international scientific databases, and speaks with colleagues around the world to identify effective interventions for all populations at risk, including youth.

Young people's prevention needs are as diverse as young people themselves. To reduce the toll AIDS takes on young Americans, a wide range of activities must be implemented.

Comprehensive, ongoing prevention efforts are needed for each group entering adolescence and young adulthood. All groups that exert influence over young people - families, schools, peer groups and social systems, youth-serving agencies, religious organizations - must be involved.

- **School-based programs**. Because risk behaviors do not exist independently - for example, a young person's ability to resist peer pressure and social influences to smoke are integrally related to the ability to say no to risky sexual activity - topics such as HIV, STDs, unintended pregnancy, tobacco, nutrition, and physical activity should be integrated and ongoing for all students in kindergarten through high school. The specific scope and content of school health programs, especially those related to HIV and STD prevention, should be locally determined and consistent with parental and community values. For communities and schools that seek assistance, CDC and other organizations have identified elements of successful HIV education programs, and this information is widely available from CDC and other youth-serving agencies. **Research has clearly shown that the most effective programs are comprehensive ones that include a focus on delaying sexual behavior *and* provide information on how sexually active young people can protect themselves.**

- **Community-based programs.** Addressing the needs of adolescents who are most vulnerable to HIV infection, such as homeless or runaway youth, juvenile offenders, or school drop-outs, is critically important. For example, a 1993 serosurveillance

survey of females in four juvenile detention centers found that between 1% and 5% were HIV infected (median 2.8%). Increased HIV seroprevalence rates may be associated with higher rates of drug injection or high-risk sexual practices in these populations of adolescents. Community outreach programs play an important role in reaching these young people.

- **Sustaining prevention efforts for young gay and bisexual men.** Targeted, sustained prevention efforts are urgently needed for young MSM as they come of age and initiate high-risk sexual behavior. Ongoing studies show that both HIV prevalence and risk behaviors remain high among young MSM. In a sample of young MSM ages 15-22 in 6 urban counties, researchers found that, overall, between 5% and 8% were infected with HIV. HIV prevalence was higher among young African Americans (13%) and Hispanics (5%) compared with young white MSM (4%).

- **Need to address sexual and drug-related risk.** Many students report using alcohol or drugs when they have sex, and 1 in 50 high school students reports having injected an illegal drug. Surveillance data from the 25 states with integrated HIV and AIDS reporting systems between January 1994 and June 1997 showed that drug injection led to 6% of HIV diagnoses reported among those aged 13-24 during that time period, with an additional 57% attributed to sexual transmission (26% heterosexual, 31% from male-to-male sex).

- **Role of STD treatment in comprehensive HIV prevention programs for young people.** An estimated 12 million cases of STDs other than HIV are diagnosed annually in the United States, and about two-thirds (roughly 8 million) of those are among people under the age of 25. A large body of research has shown that biological factors make people who are infected with an STD more likely to become infected with HIV if exposed sexually; and HIV-infected people with STDs also are more likely to transmit HIV to their sex partners. Expanding STD treatment services is critical to reducing the consequences of these diseases and also helping reduce risks of transmitting HIV among youth.

- **Ongoing evaluation of factors influencing risk behavior.** To better understand adolescent behaviors and the impact of selected family, social, and cultural factors on risk behaviors, CDC conducts broad-based surveys of the extent of risk behaviors among young people, as well as focused studies of the factors contributing to risk and behavioral intent among specific groups of adolescents.

  Six-year trends from the Youth Risk Behavior Survey (YRBS) show both a decline in sexual risk behaviors and an increase in condom use among sexually active young people. The percentage of sexually experienced high school students decreased from 54.1 percent in 1991 to 48.4 percent in 1997. During the same time period,

condom use among students who are sexually active increased from 46.2 percent to 56.8 percent. These findings represent a reversal in the trend toward increased sexual risk among teens that began in the 1970s and point to the success of comprehensive prevention efforts to both delay first intercourse among teens and to increase condom use among young people who are sexually active. Despite success, too many youths remain at risk. Expanded efforts are needed that build on knowledge to date and address the wide range of prevention needs among young people.

For young people, it is critical to prevent patterns of risky behaviors before they start. HIV prevention efforts must be sustained and designed to reach each new generation of Americans.