

Knowledge, Practices and Attitudes of Youth Providers



about STI, HIV Testing, and PrEP

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Background

- In 2016 over half of sexually transmitted infections (STI) and 21% of new HIV infections were among youth age 15 to 24 in the U.S.^{1,2}
- Latest Utah data from 2016, showed that youth accounted for 61% of chlamydia, 34% of gonorrhea, 26% of primary and secondary syphilis and 22% of new HIV infections^{3,4}
- HIV testing in Utah is low with 25.6% of adults ever tested and there is no testing data for youth⁵

Methods

An anonymous email-based survey was sent to 396 youth providers in Utah during an eight week span in 2017. 102 (26%) responded and analysis was limited to 83 (21%) providers who reported caring for patients age 15 to 24.

Results

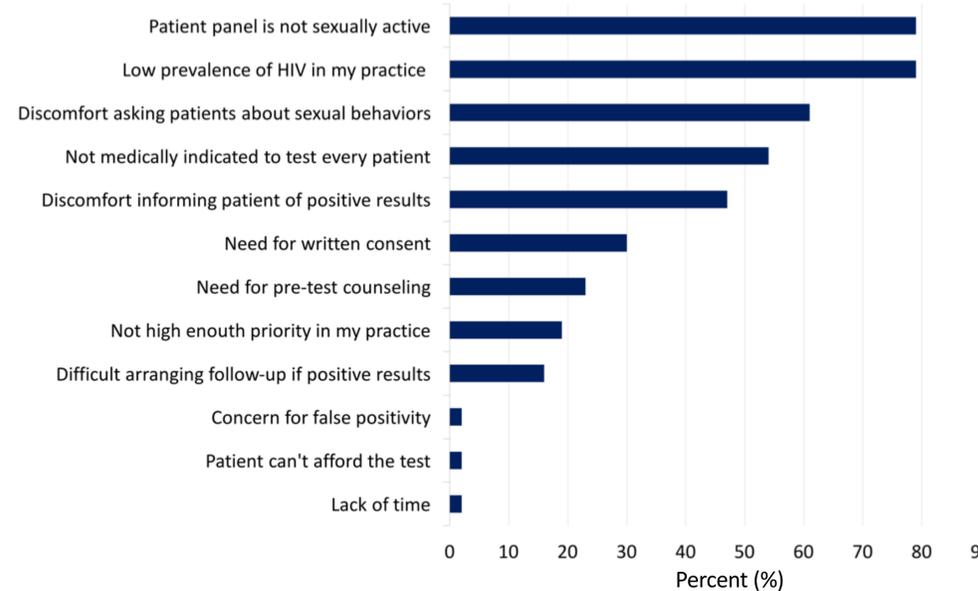
Provider characteristics:

- Median age: 35.5 years
- Median years out of residency: 8.5
- Most were female (54%), self-identified as Caucasian (86%), attending level physicians (70%), in an urban practice setting (61%)

HIV testing:

- Over half identified as comfortable screening for HIV
- Approximately 75% were familiar with CDC HIV testing guidelines. However, only 16% report always or often testing youth for HIV
- Providers were more likely to screen for HIV in older patients
- Common reasons for rarely or never offering testing included: belief the patient panel is not sexually active, low prevalence of HIV and provider discomfort in discussing sexual behaviors (Figure 1)

Figure 1: Provider given reasons for not offering HIV testing to youth patients



- Factors that increased the likelihood of offering an HIV test included: patient request, men who report sex with men, prior STI or a history of injection drug use (Figure 2)

Figure 2: Patient characteristics affecting the likelihood of provider offered HIV testing

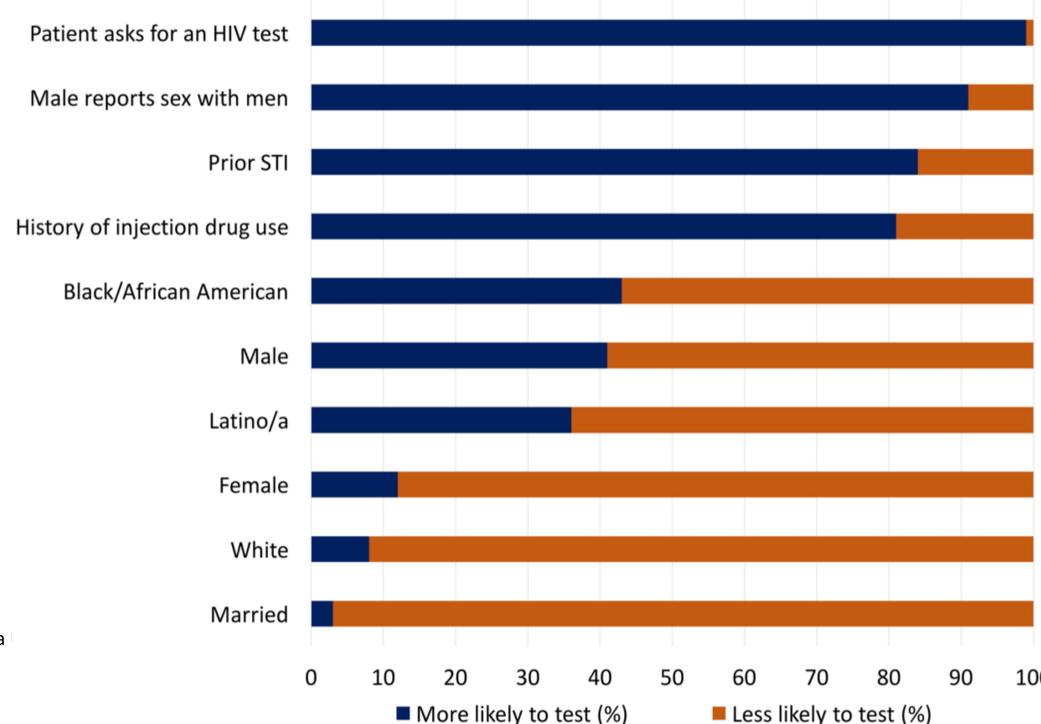
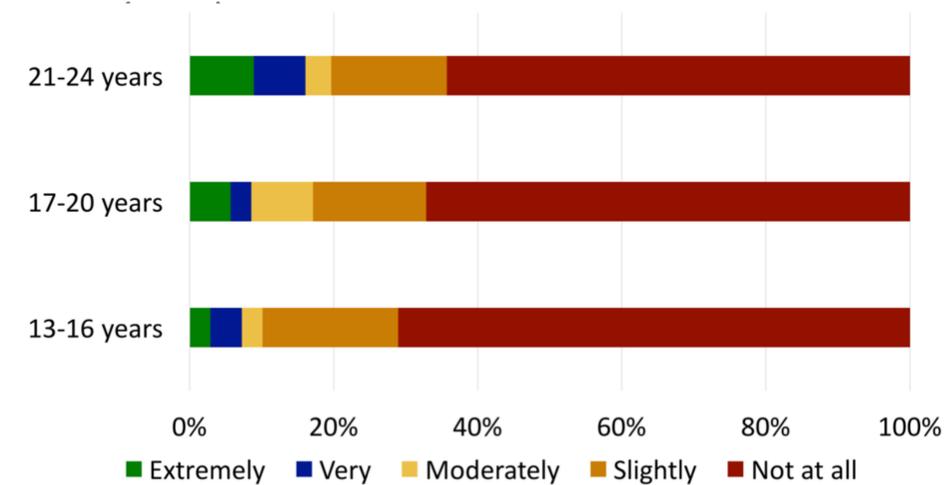


Figure 3: Provider comfort level offering PrEP by patient age



- Less than 1/3 of providers reported familiarity with the CDC's PrEP guidelines, but most (91%) expressed interest in more information
- Provider discomfort in offering PrEP was highest in the younger patients (Figure 3). The same factors that increased the likelihood of testing for HIV held true for prescribing PrEP.
- Multivariate analysis: For patients age 13-20, female providers were more comfortable asking about HIV risk factors (p=0.016); Med-Peds physicians were more likely to be familiar with CDC HIV testing guidelines (p=0.023), more likely to test for HIV in patients ages 21-24 (p<0.01) and more comfortable prescribing PrEP for those patients (p<0.01).

Conclusions

In Utah, the majority of providers are familiar with CDC HIV testing guidelines; however, testing remains low. This may be due to misconceptions around HIV risk and provider comfort. This is a missed opportunity for early detection of HIV in youth with known high STI rates and a comparable national HIV rate. Youth providers are not familiar with PrEP but they would like further education.

Acknowledgments

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