


Making HIV testing a routine part of health care for adolescents and adults aged 13–64 years is one of the most important strategies recommended by CDC for reducing the spread of HIV.¹ State, local, and territorial education agencies are essential partners in this effort.



HIV Testing Among ADOLESCENTS

Many young people are already infected, and the numbers are increasing.

- By the end of 2006, an estimated 56,500 young people aged 13–24 were living with HIV infection or AIDS.²
- Approximately 19,200 adolescents and young adults aged 13–29 were newly infected with HIV during 2006.⁸ This age group represented about 34% of all new HIV infections that year.
- Since 1985, more than 6,600 cases of AIDS among youth aged 13–19 have been reported.⁹
- Certain subpopulations are disproportionately affected by HIV/AIDS, including young men who have sex with men, African Americans, and Hispanics.

Why HIV Testing Is Important

- Of the more than 1 million persons in the United States living with HIV/AIDS, an estimated 21% are unaware they are infected.² This percentage is even higher among certain populations: more than 50% of HIV-infected adolescents and, according to one study, nearly 80% of young HIV-infected men who have sex with men do not know their infection status.^{3–5}
- Early identification of HIV infection enables people to start treatment sooner, leading to better health outcomes and longer lives.
- Increasing the number of HIV-infected people who are aware of their status is an integral part of prevention. Studies show that people who know they are infected are far less likely to have unprotected sex than those who do not.⁶
- HIV testing presents a vital opportunity to teach—or remind—people how they can protect themselves and others from HIV/AIDS and other sexually transmitted diseases (STDs).

Why HIV Testing Is Important for Adolescents

Adolescents report multiple risk behaviors for HIV infection, including early sexual activity.

Among U.S. high school students,⁷

- 48% have had sexual intercourse at least once (including 33% of 9th grade students and 65% of 12th grade students).
- 7% had sexual intercourse for the first time before age 13.
- 15% have had four or more sex partners (including 9% of 9th grade students and 22% of 12th grade students).
- 38% of sexually active students did not use a condom the last time they had sex (including 31% of 9th grade students and 46% of 12th grade students).
- 2% have injected illegal drugs at least once.

Data on HIV Testing Among Adolescents

Available National Data

The national Youth Risk Behavior Survey (YRBS) provides data on the percentage of students in grades 9–12 who have been tested for HIV. According to the 2007 survey, 13% of 9th–12th grade students had ever been tested for HIV.⁷ Testing rates varied by sex (15% among female students, 11% among male students), race/ethnicity (22% among black students, 13% among Hispanic students, 11% among white students), and grade (9% among 9th graders, increasing to 19% among 12th graders).

The Need for State and Local Data

Although the national YRBS data are useful for characterizing HIV testing trends nationwide, state and local data are needed to examine local trends in testing behaviors, identify gaps in testing for certain populations, and determine whether young people at risk are being tested.

States and localities looking to characterize HIV testing trends in their areas can add an optional question to their YRBS questionnaires:

Have you ever been tested for HIV, the virus that causes AIDS?

A. Yes

B. No

C. Not sure

Three states added the HIV testing question to their YRBS in 2007: Connecticut, Massachusetts, and New Jersey. Both of the states with weighted data*, Connecticut and Massachusetts, found that 14% of 9th–12th grade students had been tested for HIV. In these same two states, however, 37% and 39% of students, respectively, who had had sexual intercourse within the preceding three months had not used a condom the last time they had sex. These findings indicate a gap between engaging in risky behavior and being

tested for HIV. Adding the HIV testing question to the YRBS can help states and districts identify such gaps, discover racial/ethnic disparities in testing, and prioritize interventions accordingly.

What Schools Are Doing to Support HIV Testing

Many schools have already demonstrated their commitment to HIV education, counseling, and testing. The 2006 School Health Policies and Programs Study¹⁰ indicated that among U.S. high schools,

- 85% teach, as part of required courses, how HIV is transmitted.
- 77% teach how HIV is diagnosed and treated.
- 76% teach how to find valid information or services regarding HIV or HIV counseling or testing.

School health professionals are in an excellent position to identify and refer youth for HIV prevention, counseling, and testing services. A number of states, districts, and schools have taken an active role[†]:

- Many schools maintain linkages with local health centers and community-based organizations to help students receive needed screenings and treatment.
- Some school-based health clinics offer HIV and other STD testing on site. For example, school-based health centers across Seattle provide free, on-site clinical services, including HIV and STD counseling and testing.
- In Philadelphia, all 9th grade and transfer students are offered STD testing at school, in collaboration with the health department. Students who test positive are provided STD treatment at school and referred locally for HIV testing.
- In Hawaii, Peer Education Program Coordinators are given sample HIV test kits to use when teaching school staff about HIV testing as part of World AIDS Day activities.
- In Puerto Rico, the Department of Health formed a cooperative agreement with the Department of Education to conduct HIV and STD counseling and testing in public high schools across the island.

* Weighting is a mathematical procedure that makes data representative of the population from which it was drawn. In the YRBS, only surveys with a scientifically drawn sample, appropriate documentation, and an overall response rate of at least 60% are weighted.

† Funding from CDC's Division of Adolescent and School Health (DASH) may not be used for clinical testing, screening services, direct delivery of patient care, or treatment services. However, DASH-funded partners can play a significant role in promoting policies and practices that encourage HIV and STD testing among adolescents, including surveillance activities.

HIV Testing Resources

- CDC HIV Testing Web site: www.cdc.gov/hiv/topics/testing.
- National HIV and STD Testing Resources Web site, www.hivtest.org, is a searchable database of testing sites by city, state, and ZIP code. Mobile phone users can send a text message with their ZIP code to "KNOWIT" (566948) to identify a nearby testing site.
- The Web site of the Adolescent AIDS Program of the Children's Hospital at Montefiore Medical Center provides information about youth-friendly HIV testing, counseling, and care: www.adolescentaids.org.

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Centers for Disease Control and Prevention
National Center for Chronic Disease Prevention and Health Promotion
Division of Adolescent and School Health
www.cdc.gov/HealthyYouth

February 2009

