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Teens' HIV testing must not be gossip

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Persuading teens to get tested for HIV/AIDS would be much easier if they could be sure their results would remain private. Today, there's no guarantee.

That's got to change if we are to save lives and stave off the increase in infections among Illinois teens. Nearly 50 percent of new infections in this state are to teenagers and young adults.



(Richard Laurent/For the Sun-Times)

Current state law requires the Illinois Department of Public Health to notify school principals of a student's positive HIV/AIDS status. Principals are then free to tell school nurses, classroom teachers and the local superintendent. A bill introduced by Rep. Sara Feigenholtz (D-Chicago) would strike that requirement from state law. Disease management would reside where it belongs: among physicians, children and their parents.

Well-meaning, yet chatty, school officials have demonstrated a marked inability to keep students' HIV/AIDS status out of the realm of schoolyard gossip. Teens won't submit to testing if they can't be sure their business won't be put out in the streets.

"Sometimes when we're trying to protect, we're actually having the opposite effect," Feigenholtz said. "We're trying to encourage youth to test. The unintended consequence puts children in more danger."

In 1987, when the notification rule was passed, the nation was panic-stricken over the deadly impact of HIV/AIDS. The prognosis for infected individuals was abysmal. The gay community was demonized because it was hit hard early, and the liberal sexual habits of many gay men made the entire community suspect. Lawmakers may have thought they were doing infected kids a favor, but the notification law was likely based on hysteria.

Last year, one boy's reasonable expectation of privacy vanished when he fell during a basketball team practice at a Chicago Catholic middle school, said Ann Fisher, executive director of AIDS

Legal Council of Chicago. The teacher immediately blew his whistle and told other students to stand back, holding his arms out in a manner suggesting he was protecting them from the infected student. From what we now know about transmission and the risks of blood-borne pathogens, those students were in no danger. The teacher's overreaction only served to stigmatize that student.

Any kid would be turned off to testing knowing loose lips could lead to being ostracized or harassed by classmates.

The urgency of testing is often lost on teens who know nothing of the fearful climate around the advent of HIV/AIDS. To them, the face of HIV/AIDS is a healthy, prosperous Magic Johnson, who is more associated with Starbucks franchises or movie theaters. Or they envision beleaguered children half a world away in Africa. In fact, 60 teens recently tested in Lake View and Jackson Park had an infection rate of 16.6 percent, a rate similar to that of sub-Saharan Africa or Haiti, according to the Adolescent Medicine Trials Network.

Teens are not the only ones lulled into a false sense of security. HIV infection rates among gay men is starting to shoot back up. African Americans are disproportionately affected: They were 55 percent of infected people ages 13-24, in 2004, according to Centers for Disease Control and Prevention. Men having sex with men (ages 15-22) is another worrisome group because they are less likely to know their status. Down-low men are a part of this group, so-called because they do not disclose their bisexual status to female sex partners.

HIV infection now progresses to AIDS more slowly among young people. The success of anti-retroviral drugs has contributed to what's called the graying of HIV/AIDS. The number of people ages 50 and over who are living with HIV has jumped 77 percent from 2001 to 2005.

This is still an awful, deadly disease. Even though people are living longer, the way it ravages every aspect of a person's health proves we cannot relent on our vigilance in testing, and promoting safe sex and abstinence.

We cannot protect all teens who will likely grow into infected adults until we guard the privacy of the most vulnerable.