Growing Up Positive

February 1, 2004 By Carmen Retzlaff

George Johnson, MD, directs the Pediatric HIV Clinic at the Medical University of South Carolina, but many of his patients aren't babies. Of the 82 HIVers in the clinic, 31 are in their teens or early 20s. Jen is typical: Born with HIV and treated at the clinic as an infant, toddler and preteen, "when she got sick with *Candida esophagitis* [thrush in the esophagus] in her early 20s, she wanted to come back here," Johnson recalls.

These coming-of-age HIVers challenge the pediatric staff, who must get retrained in STD screening and gyn care, among other things. And Johnson says that with few babies now being born with HIV, thanks to perinatal HIV meds, "we'll continue to move toward adolescent care."

Johnson's No. 1 concern with teen and young-adult HIVers? Adherence. "Some kids just stop [taking their meds]," he says. "They say, 'You know what, I'm fine.'" He sees *Candida* in other lifetime HIVers like Jen who have stopped taking both their HAART and opportunistic infection-prevention drugs, "and some PCP in those who don't take their Septra [a drug to prevent *Pneumocystis carinii* pneumonia]."

But here's reason to celebrate: The clinic recently saw the first baby born to a young woman who'd herself been born with HIV—and the infant is negative.

Johnson advises young-adult HIVers:

Don't stop "Take your meds regularly. If you're having trouble, talk to your health care team. It's better to take them all or none, otherwise you can develop drug resistance."

Glove the love "Even though you're on birth control—Depo [Depo-Provera] or the Pill—you can transmit HIV and catch other STDs or another strain of HIV" if you or your partner don't wear a condom.

Team up "View HIV like a chronic disease—for the rest of your life. It's important to have a good health care provider and team that you work with."

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