Complete Summary

GUIDELINE TITLE

Adolescents and human immunodeficiency virus infection: the role of the pediatrician in prevention and intervention.

BIBLIOGRAPHIC SOURCE(S)

American Academy of Pediatrics, Committee on Pediatric AIDS and Committee on Adolescence. Adolescents and human immunodeficiency virus infection: the role of the pediatrician in prevention and intervention. Pediatrics 2001 Jan;107(1):188-90. [9 references]

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SCOPE

DISEASE/CONDITION(S)

Human immunodeficiency virus (HIV) infection

GUIDELINE CATEGORY

Counseling
Prevention
Risk Assessment

CLINICAL SPECIALTY

Family Practice
Infectious Diseases
Pediatrics

INTENDED USERS

Advanced Practice Nurses
Nurses
Physician Assistants
Physicians

GUIDELINE OBJECTIVE(S)

To encourage pediatricians to play an important role is educating adolescents about human immunodeficiency virus (HIV) prevention, transmission, and testing, with an emphasis on risk reduction, and in advocating for the special needs of adolescents for access to information about HIV

TARGET POPULATION

Adolescents

INTERVENTIONS AND PRACTICES CONSIDERED

1. Counseling of adolescents regarding the following:
    - Prevention and transmission of human immunodeficiency virus (HIV) infection and acquired immunodeficiency syndrome (AIDS), as well as the implications of infection
    - Availability and importance of HIV testing
    - Abstinence from sexual activity and use of safer sexual practices, including use of condoms
    - Reducing high-risk behaviors
2. Referral for medical and psychosocial treatment in HIV-positive patients
3. Helping HIV-positive adolescents to understand the importance of informing sexual partners of their HIV status
4. Advocating for the special needs of adolescents for access to information about HIV

MAJOR OUTCOMES CONSIDERED

Not stated

METHODOLOGY

METHODS USED TO COLLECT/SELECT EVIDENCE

Searches of Electronic Databases

DESCRIPTION OF METHODS USED TO COLLECT/SELECT THE EVIDENCE

Not stated

NUMBER OF SOURCE DOCUMENTS

Not stated

METHODS USED TO ASSESS THE QUALITY AND STRENGTH OF THE EVIDENCE

Not stated

RATING SCHEME FOR THE STRENGTH OF THE EVIDENCE

Not applicable

METHODS USED TO ANALYZE THE EVIDENCE

Review

DESCRIPTION OF THE METHODS USED TO ANALYZE THE EVIDENCE

Not stated

METHODS USED TO FORMULATE THE RECOMMENDATIONS

Not stated

RATING SCHEME FOR THE STRENGTH OF THE RECOMMENDATIONS

Not applicable

COST ANALYSIS

A formal cost analysis was not performed and published cost analyses were not reviewed.

METHOD OF GUIDELINE VALIDATION

Peer Review

DESCRIPTION OF METHOD OF GUIDELINE VALIDATION

Not stated

RECOMMENDATIONS

MAJOR RECOMMENDATIONS

1. Information about human immunodeficiency virus (HIV) infection and acquired immunodeficiency syndrome (AIDS) and the availability of HIV testing should be regarded as an essential component of the anticipatory guidance provided by pediatricians to all adolescent patients. This guidance should include information about HIV prevention and transmission and implications of infection.

2. Prevention guidance should include helping adolescents understand the responsibilities of becoming sexually active. Information should be provided on abstinence from sexual activity and use of safer sexual practices to reduce the risk of unplanned pregnancy and sexually transmitted diseases, including HIV. All adolescents should be counseled about the correct and consistent use of latex condoms to reduce risk of infection.
3. Availability of HIV testing should be discussed with all adolescents and should be encouraged with consent for those who are sexually active or substance users.
4. Although parental involvement in adolescent health care is a desirable goal, consent of an adolescent alone should be sufficient to provide evaluation and treatment for suspected or confirmed HIV infection.
5. A negative HIV test result can allay anxiety resulting from a high-risk event or high-risk behaviors and is a good opportunity to counsel on reducing high-risk behaviors to reduce future risk.
6. For adolescents with a positive HIV test result, it is important to provide support, address medical and psychosocial needs, and arrange linkages to appropriate care.
7. Pediatricians should help adolescents with HIV infection to understand the importance of informing their sexual partners of their potential exposure to HIV. Pediatricians can provide this help directly or via referral to a state or local health department's partner referral program.
8. Pediatricians should advocate for the special needs of adolescents for information about HIV, access to HIV testing and counseling, and HIV treatment.

CLINICAL ALGORITHM(S)

None provided

EVIDENCE SUPPORTING THE RECOMMENDATIONS

TYPE OF EVIDENCE SUPPORTING THE RECOMMENDATIONS

The type of evidence supporting each recommendation is not specifically stated.

BENEFITS/HARMS OF IMPLEMENTING THE GUIDELINE RECOMMENDATIONS

POTENTIAL BENEFITS

Half of all new HIV infections in the United States occur among young people between the ages of 13 and 24. Sexual transmission accounts for most cases of HIV during adolescence. Pediatricians can play an important role in educating adolescents about HIV prevention, transmission, and testing, with an emphasis on risk reduction, and in advocating for the special needs of adolescents for access to information about HIV.

Subgroups Most Likely to Benefit:

African American and Hispanic adolescents are at a disproportionately high risk of becoming infected with human immunodeficiency virus (HIV).

POTENTIAL HARMS

Not stated

QUALIFYING STATEMENTS

QUALIFYING STATEMENTS

The recommendations in this statement do not indicate an exclusive course of treatment or serve as a standard of medical care. Variations, taking into account individual circumstances, may be appropriate.

IMPLEMENTATION OF THE GUIDELINE

DESCRIPTION OF IMPLEMENTATION STRATEGY

An implementation strategy was not provided.

INSTITUTE OF MEDICINE (IOM) NATIONAL HEALTHCARE QUALITY REPORT CATEGORIES

IOM CARE NEED

Living with Illness
Staying Healthy

IOM DOMAIN

Effectiveness
Patient-centeredness

IDENTIFYING INFORMATION AND AVAILABILITY

BIBLIOGRAPHIC SOURCE(S)

American Academy of Pediatrics, Committee on Pediatric AIDS and Committee on Adolescence. Adolescents and human immunodeficiency virus infection: the role of the pediatrician in prevention and intervention. Pediatrics 2001 Jan;107(1):188-90. [9 references]

ADAPTATION

Not applicable: The guideline was not adapted from another source.

DATE RELEASED

2001 Jan

GUIDELINE DEVELOPER(S)

American Academy of Pediatrics - Medical Specialty Society

SOURCE(S) OF FUNDING

American Academy of Pediatrics

GUIDELINE COMMITTEE

Committee on Pediatric AIDS

Committee on Adolescence

COMPOSITION OF GROUP THAT AUTHORED THE GUIDELINE

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Section Liaison: Barbara L. Frankowski, MD, MPH (Section on School Health)
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FINANCIAL DISCLOSURES/CONFLICTS OF INTEREST

Not stated

GUIDELINE STATUS

This is the current release of the guideline.

AAP Policies are reviewed every 3 years by the authoring body, at which time a recommendation is made that the policy be retired, revised, or reaffirmed without change. Until the Board of Directors approves a revision or reaffirmation, or retires a statement, the current policy remains in effect.

GUIDELINE AVAILABILITY

Electronic copies: Available from the American Academy of Pediatrics (AAP) Policy Web site.

Print copies: Available from AAP, 141 Northwest Point Blvd., P.O. Box 927, Elk Grove Village, IL 60009-0927.

AVAILABILITY OF COMPANION DOCUMENTS

The following related American Academy of Pediatrics (AAP) position statements are cited by the original guideline:

1. American Academy of Pediatrics, Committee on Adolescence. Condom availability for youth. Pediatrics 1995 Feb;95(2):281-5. (Note – this document has been updated by the position statement titled "Condom Use by Adolescents" [Pediatrics 2001 Jun;107(6):1463-9] -- this update is available from the AAP Policy Web site.)
2. American Academy of Pediatrics, Committee on Adolescence. Contraception and adolescents. Pediatrics 1999 Nov;104(5 Pt 1):1161-6. Available from the AAP Policy Web site.
3. American Academy of Pediatrics, Committee on Adolescence. Sexually transmitted diseases. Pediatrics 1994;94:568-72. Electronic copies are not available.
4. American Academy of Pediatrics, Committee on Sports Medicine and Fitness. Human immunodeficiency virus and other blood-borne viral pathogens in the athletic setting. Pediatrics. 1999;104(6):1400-3. Available from the AAP Policy Web site.
5. American Academy of Pediatrics, Committee on Pediatric AIDS. Education of children with human immunodeficiency virus infection. Pediatrics. 2000;105(6):1358-60. Available from the AAP Policy Web site.

Print copies: Available from AAP, 141 Northwest Point Blvd., P.O. Box 927, Elk Grove Village, IL 60009-0927.

PATIENT RESOURCES

None available

NGC STATUS

This summary was completed by ECRI on October 17, 2001. The information was verified by the guideline developer as of December 5, 2001.

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