Complete Summary

GUIDELINE TITLE

Reducing the risk of HIV infection associated with illicit drug use.

BIBLIOGRAPHIC SOURCE(S)

American Academy of Pediatrics Committee on Pediatric AIDS. Reducing the risk of HIV infection associated with illicit drug use. Pediatrics 2006 Feb;117(2):566-71. [47 references] PubMed

GUIDELINE STATUS

This is the current release of the guideline.

It updates a previously published version: Provisional Committee on Pediatric AIDS. Reducing the risk of human immunodeficiency virus infection associated with illicit drug use. Pediatrics 1994;94:945-7.

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SCOPE

DISEASE/CONDITION(S)

- Human immunodeficiency virus (HIV)-1 infection
- Illicit drug use

GUIDELINE CATEGORY

Counseling
Prevention
Risk Assessment

CLINICAL SPECIALTY

Family Practice
Infectious Diseases
Internal Medicine
Pediatrics
Preventive Medicine

INTENDED USERS

Advanced Practice Nurses
Health Care Providers
Physician Assistants
Physicians

GUIDELINE OBJECTIVE(S)

To present strategies for reducing the risk of human immunodeficiency virus type 1 (HIV)-1 infection associated with illicit drug use

TARGET POPULATION

Children, adolescents, and young adults, particularly those who use illicit drugs

INTERVENTIONS AND PRACTICES CONSIDERED

1. Assessing human immunodeficiency virus type 1 (HIV-1)-related risk behaviors
2. Counseling and educating patients and families by providing information about all known drugs including alcohol and tobacco and risky sexual behaviors
3. Promoting cessation or reduction of illicit drug use and entry into substance-abuse treatment programs
4. Decontamination of used injection drug equipment and access to sterile syringes and needles
5. Postexposure prophylaxis (PEP) with antiretroviral drugs

MAJOR OUTCOMES CONSIDERED

Risk of human immunodeficiency virus (HIV) acquisition and transmission

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

Expert Consensus (Committee)

RATING SCHEME FOR THE STRENGTH OF THE EVIDENCE

Not applicable

METHODS USED TO ANALYZE THE EVIDENCE

Review
Review of Published Meta-Analyses

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

The transmission of human immunodeficiency virus type 1 (HIV-1) is one of many adverse consequences of illicit drug use. Initiatives to reduce the risk of HIV-1 transmission should include the following.

1. Engaging youth in care
    - Engagement of a youth in his or her own health care is critical to achieving a physician-patient relationship in which honest discussions about high-risk behavior are possible. Pediatricians should review their state laws governing health care services available to minors without parental consent. Confidentiality policies should be developed and discussed with both the youth and parent(s) present. Pediatricians should advocate for services (mobile vans, drop-in centers) that can engage hard-to-reach youth populations such as homeless and runaway youth.

2. Preventing and treating substance abuse
    - Primary prevention activities in the community and in care settings should be directed at families of preadolescents and youth and should promote healthy lifestyles. Physicians should support frank discussion between families and their children to avoid the initiation of illicit drug use, including alcohol and tobacco use. Parents also should be given information and strategies on ways to incorporate dialogue about substance use and sexual activity in their homes.
    - Pediatricians should advocate for youth-friendly substance-abuse treatment facilities that are able to accommodate all youth, including those who are uninsured, underinsured, and undocumented. Pediatricians should familiarize themselves with referral sources for substance-abuse prevention and treatment and mental health services.

3. Preventing acquisition of HIV-1 infection
    - Pediatricians should assess HIV-1-related risk behaviors as part of every health care encounter.
    - Pediatricians should advocate for seamless access to reproductive health care services for youth and be aware of the close association of illicit drug use and high-risk sexual activity.
    - Pediatricians should advocate for unencumbered access to sterile syringes and improved knowledge about decontamination of injection equipment. Physicians should be knowledgeable about their states' statutes regarding possession of syringes and needles and available mechanisms for procurement. These programs should be encouraged, expanded, and linked to drug treatment and other HIV-1 risk-reduction education. It is important that these programs be conducted within the context of continuing research to document effectiveness and clarify factors that seem linked to desired outcomes.
    - For youth with a single recent (within 72 hours) high-risk exposure to HIV-1 through either sharing needles/syringes with an HIV-1-infected individual or engaging in unprotected intercourse with an individual

who engages in injection drug use, the risks and benefits of postexposure prophylaxis (PEP) with antiretroviral drugs should be considered. Such prophylaxis must be accompanied by risk-reduction counseling and referral to appropriate substance-abuse treatment.

CLINICAL ALGORITHM(S)

None provided

EVIDENCE SUPPORTING THE RECOMMENDATIONS

TYPE OF EVIDENCE SUPPORTING THE RECOMMENDATIONS

The type of evidence supporting the recommendations is not specifically stated.

BENEFITS/HARMS OF IMPLEMENTING THE GUIDELINE RECOMMENDATIONS

POTENTIAL BENEFITS

Reduced human immunodeficiency virus (HIV)-1 infection achieved by preventing and treating illicit drug use, promoting healthy lifestyles, and using postexposure prophylaxis

POTENTIAL HARMS

Not stated

QUALIFYING STATEMENTS

QUALIFYING STATEMENTS

The guidance in this report does 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

Staying Healthy

IOM DOMAIN

Effectiveness
Patient-centeredness
Timeliness

IDENTIFYING INFORMATION AND AVAILABILITY

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ADAPTATION

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

DATE RELEASED

1994 (revised 2006 Feb)

GUIDELINE DEVELOPER(S)

American Academy of Pediatrics - Medical Specialty Society

SOURCE(S) OF FUNDING

American Academy of Pediatrics

GUIDELINE COMMITTEE

Committee on Pediatric AIDS

COMPOSITION OF GROUP THAT AUTHORED THE GUIDELINE

Committee on Pediatric AIDS, 2003-2004: Mark W. Kline, MD, *Chairperson*; Robert J. Boyle, MD; Donna Futterman, MD; Peter L. Havens, MD; *Lisa M. Henry-Reid, MD; Susan King, MD

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FINANCIAL DISCLOSURES/CONFLICTS OF INTEREST

Not stated

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GUIDELINE AVAILABILITY

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

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

AVAILABILITY OF COMPANION DOCUMENTS

None available

PATIENT RESOURCES

None available

NGC STATUS

This NGC summary was completed by ECRI on March 31, 2006. The information was verified by the guideline developer on April 11, 2006.

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