
**PS#63 – ISSUES SURROUNDING ADOLESCENT HIV/STD
PREVENTION COUNSELING AND TESTING**

This Periodic Survey was initiated by the Committee on Pediatric AIDS to explore current practices regarding the: 1) identification of high risk behaviors, including sexual activity and substance use, among adolescents; 2) counseling on prevention of HIV and other sexually transmitted diseases (STDs); 3) testing and treatment of adolescents with HIV/STDs; and 4) HIV/STD risk reduction activities employed by pediatricians. The survey was funded in part by a grant from the Centers for Disease Control and Prevention, as part of the HIV Prevention with National Medical and Nursing Associations project (Cooperative Agreement U65/CCU524395-02). Findings from this survey will be used in the development of educational materials and clinical strategies to help pediatricians routinely offer HIV/STD counseling and testing.

The survey was an eight-page self-administered questionnaire sent to 1,626 nonretired United States members from May 2005 through September 2005; 752 questionnaires were received for a total adjusted response rate of 46%. Analysis was limited to 468 pediatricians who provide health supervision to patients ≥ 11 years of age (62% of all respondents). For the purpose of this survey, “high-risk” behaviors were defined as follows: “behaviors that are considered high-risk for HIV and other sexually transmitted diseases include: (1) having vaginal, anal or oral sex without use of condoms, (2) a history of STDs or multiple sex partners, or (3) IV drug use or other needle use.”

- More than 8 out of 10 pediatricians routinely discuss tobacco use, drug/alcohol use, reproductive health and sexual activity with the majority of their patients ≥ 11 years of age at preventive care or other visits. More than half routinely discuss abstinence, contraception, use of condoms and STDs and HIV. Only 18% routinely discuss sexual identity/homosexuality.
- Nearly half of pediatricians say they routinely discuss puberty/reproductive health with parents of adolescent patients at preventive or other visits. More than 40% discuss tobacco and drug/alcohol use, 30% discuss sexual activity, while about 20% of pediatricians routinely discuss abstinence, contraception, use of condoms, STDs or HIV with parents. A large proportion of pediatricians (~40%) say they discuss sexual-related topics with parents when the situation warrants, while about one-fourth rarely or never discuss sexual activity, abstinence, contraception, use of condoms, STDs or HIV with parents.
- More than half of pediatricians (56%) say they routinely offer reproductive health care services in their main practice. Among those pediatricians, most provide on-site HIV testing, primarily conventional blood tests; only 4% use the conventional oral test and 3% provide the rapid test (multiple response was allowed). Among those who do not test on-site, nearly all refer out for HIV testing.
- Only 19% of pediatricians say they or their staff provide condom demonstrations when counseling on pregnancy and/or HIV/STD prevention; 71% do not provide such demonstrations and 10% do not counsel of these topics.
- About 2/3 of pediatricians identify adolescents with high risk behaviors by initiating inquiry during patient visits; 17% use standardized risk assessment tools with all adolescents and 4% use these tools with some adolescents. Pediatricians most frequently use a risk assessment tool developed by themselves or their practice.

- When a patient screens at high risk for HIV or STDs, most pediatricians always discuss the patient's individual risk-taking behaviors (82%), identify ways to reduce personal risk (79%), and recommend a test for STDs (75%) and HIV (68%). Less than half (45%) say they follow up at subsequent visits to help patients achieve these risk reduction goals.
- About 7 out of 10 pediatricians recommend testing for STDs and HIV for all patients who screen at high risk, and for all patients who ask for the tests. About 45% recommend testing for STDs and 27% recommend HIV testing for all sexually active patients.
- Few pediatricians (<9%) are very familiar with either AAP policies on STD and HIV testing in adolescents or CDC guidelines/recommendations on HIV counseling. About half are somewhat familiar with AAP policies. About 4 out of 10 are somewhat familiar with CDC revised guidelines for HIV counseling, testing and referral or CDC recommendations to make HIV testing part of routine medical care; most of the balance say they are vaguely familiar.
- Two-thirds of pediatricians think personalized preventive counseling is effective in reducing high risk behaviors among adolescents, yet 76% agree there is a lack of sufficient time to conduct such personalized counseling with every adolescent patient. About 7 out of 10 think cultural/language differences, adolescents' inaccurate responses to inquiries about sexual behaviors, and physicians' discomfort discussing sexual issues are barriers to STD/HIV counseling. About 60% think adolescents' fear of parental notification of HIV infection, lack of adequate reimbursement for HIV prevention counseling, and lack of interest in adolescent health issues are barriers. Lack of adequate reimbursement for counseling on sexual issues other than HIV, insufficient training in how to talk about STDs and HIV, and lack of confidential reimbursement codes were each named as barriers by 55%.