

Hsu, K.K., Rakhmanina, N.Y., & The Committee on Pediatric AIDS. (2022). Adolescents and young adults: The pediatrician's role in HIV testing and pre and post exposure HIV prophylaxis. *Pediatrics*, 149 (1), 1-18. doi: 10.1542/peds.2021-055207.

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December is HIV/AIDS awareness month, and this article by Hsu, Rakhmanina, and the Committee on Pediatric AIDS gives insight into the treatment of pediatric patients fighting HIV. At the end of 2018, it was found that 47,800 adolescents or young adults (ages 13-24 years) were living with HIV. Those who were unaware of their diagnosis or not receiving care were shown to increase the spread of the disease. Due to the egocentrism of many teens, youth tend to assume they are not at risk for contracting or spreading HIV and choose not to get tested. However, youth have also reported that they were never offered testing by their pediatrician. By prioritizing confidentiality, routine screening, and comprehensive support of adolescents, this age group can become more comfortable and compliant with getting tested and receiving treatment.

Hsu and Rakhmanina make several recommendations for supporting patients through the screening, testing, and treatment process. First, the authors encourage pediatricians to build trust with patients before the teen years in order to establish a foundation of nonjudgmental conversations which increase patients' honesty when screening for HIV. Using the least invasive testing method, pediatricians can support patients' coping and compliance with getting tested. Notably, the article discusses how to disclose a positive test result to minors and young adults. The authors suggest pediatricians have a conversation prior to testing in order to make a plan of how the patient wishes to receive the results. Following initial disclosure, pediatricians are then encouraged to review the diagnosis in factual terms and focus on disease management which can increase patients' sense of control. While this article recognizes the benefit of parental support to adolescents with HIV, the authors also identify parental involvement as a possible barrier to patients disclosing risk factors or accepting testing. Throughout this article, the authors encourage providers to find a balance between offering independence and confidentiality of care to young adults while also helping patients find support and appropriate care through family involvement and/or community resources. By using adolescents' development as a lens, providers can find insight into ways to best support patients undergoing screening, testing, and treatment of HIV.

Teens and young adults have unique developmental and psychosocial needs surrounding the care of HIV. Hsu and Rakhmanina outline their recommendations with a desired outcome of increased trust between patients and providers, compliance with testing, and support throughout treatment. Through these considerations, adolescents and young adults can achieve a more positive, comprehensive, and empowering medical care experience.