

ADOLESCENTS & HIV/AIDS


A GUIDE TO SELECTED RESOURCES

CDC NATIONAL AIDS CLEARINGHOUSE

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**DOCUMENTATION
CENTRE**


INSA

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U.S. DEPARTMENT OF HEALTH
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Public Health Service

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CENTERS FOR DISEASE CONTROL
AND PREVENTION

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Table of Contents

Introduction	i
Organizations	1
National Services	3
Regional and Local Services	21
Materials From The CDC National AIDS Clearinghouse	37
Materials for Adolescents	39
Fact Sheet	39
Guides to Information	39
Posters	40
Videorecordings	43
Materials About HIV/AIDS and Young People	47
Fact Sheets	47
Guides to Information	48
Information Packages	49
MMWRs	49
Poster	50
Report	51
Other Materials	51
Journals and Newsletters	59
Funding Organizations	67
U.S. Department of Health and Human Services	69
Private Funding Organizations	71
Internet Resources	75
Clinical Trials	81
Index	85
Resource Materials	89
CDC Fact Sheets	
Facts About Adolescents and HIV/AIDS	
Facts About HIV Prevention Messages for Young Adults	
<i>Morbidity and Mortality Weekly Report: 1993 Revised Classification System for HIV Infection and Expanded Case Definition for AIDS Among Adolescents and Adults, Dec. 18, 1992; Vol. 41, No. RR-17 (Abridged version)</i>	
University of California San Francisco (UCSF) Fact Sheets	
What Are Adolescents' HIV Prevention Needs?	
What Are Young Gay Men's HIV Prevention Needs?	
Youth and HIV/AIDS: An American Agenda (Executive Summary)	

Introduction

Today, one quarter of all new HIV infections in the United States are estimated to occur in young people between the ages of 13 and 20. HIV/AIDS ranks as the sixth-leading cause of death among those age 15-24 in the United States, with an increase in reported adolescent AIDS cases from one case in 1981 to 405 cases in 1995. Additionally, since 1 in 5 reported AIDS cases is diagnosed among those age 20-29, and the incubation period between HIV infection and AIDS diagnosis can be many years, it is clear that large numbers of people reported with AIDS in their twenties became infected with HIV as teenagers.

The most recent Centers for Disease Control and Prevention (CDC) public service announcement (PSA) campaign "Respect Yourself, Protect Yourself," launched Nov. 30, 1995, places a new emphasis on the importance of educating young adults age 18-25 about the risks they face from HIV/AIDS and other sexually transmitted diseases.

This second edition of *Adolescents & HIV/AIDS: A Guide to Selected Resources* was prepared by the staff of the CDC National AIDS Clearinghouse (CDC NAC) in order to provide information on resources to assist you and your organization in dealing with the increasing impact that the HIV/AIDS epidemic continues to have on adolescents in the United States.

It includes up-to-date information from the Clearinghouse's Resources and Services, Educational Materials, Periodicals, and Funding databases, as well as the text of selected CDC fact sheets. Resource materials also include an abridged version of the CDC case definition for AIDS and the executive summary of *Youth and HIV/AIDS: An American Agenda, A Report to the President*. This edition also offers an expanded section of Internet resources and a new section listing clinical trials open to adolescents and children.

The Guide includes:

- ◆ Information on organizations that have services targeting adolescents. Some serve a national audience, while others are included as examples and/or models of local or regional programs focusing on youth.
- ◆ An extensive listing of materials from the CDC National AIDS Clearinghouse inventory, some designed for adolescents, some for those that work with this population. This comprehensive list includes materials from earlier PSA campaigns whose messages are still relevant.
- ◆ Descriptions of newsletters, journals, and other periodicals that target adolescents.
- ◆ Information on organizations that have funded programs which focus on adolescents.
- ◆ Addresses and descriptions of pertinent World Wide Web sites.
- ◆ Information on clinical trials.

The Clearinghouse constantly adds new entries and updates the existing information in its databases. To obtain the most current information, to order a **free** Clearinghouse catalog of publications, or to ask specific questions about HIV/AIDS, please contact the CDC NAC Reference Service:

1-800-458-5231 (Voice)

1-800-243-7012 (TTY)

1-301-738-6616 (Fax)

aidsinfo@cdcnac.org (E-mail)

Other Reference Services

Spanish- and English-speaking reference specialists are available for the following specialized services operated by CDC NAC:

AIDS Clinical Trials Information Service (ACTIS) 1-800-874-2572 (voice)

Provides up-to-date information on clinical trials that evaluate experimental drugs and other therapies for adults and children at all stages of HIV infection. ACTIS is sponsored by the Centers for Disease Control and Prevention, the Food and Drug Administration, the National Institute of Allergy and Infectious Diseases, and the National Library of Medicine.

HIV/AIDS Treatment Information Service (ATIS) 1-800-448-0440 (voice)

Provides information about federally approved treatment guidelines for HIV and AIDS to health-care providers and people living with HIV infection. ATIS is sponsored by the Agency for Health Care Policy and Research, the Centers for Disease Control and Prevention, the Health Resources and Services Administration, the Indian Health Service, the National Institutes of Health, and the Substance Abuse and Mental Health Services Administration.

CDC Business and Labor Resource Service (BLRS) 1-800-458-5231 (voice)

Is a centralized information and referral service that links the business and labor communities with resources for developing HIV/AIDS in the workplace programs.

All of the HIV/AIDS reference services operate Monday - Friday from 9:00 a.m. to 7:00 p.m., Eastern Time. All calls are completely confidential.

Electronic Information Dissemination

NAC FAX is a service of the CDC National AIDS Clearinghouse through which you can obtain information directly via your fax machine. Selected documents, including CDC fact sheets, *HIV/AIDS Surveillance Reports*, and information on Clearinghouse services are available free through the service. NAC FAX is available 24 hours a day, 7 days a week at 1-800-458-5231.

The Clearinghouse has the following **Internet services** available, including a World Wide Web site. CDC NAC Internet services can be located at the addresses below:

World Wide Web Site:	http://cdcnac.org
Gopher:	gopher://gopher.cdcnac.org:72
AIDSNEWS listserv:	listserv@cdcnac.org
File Transfer Protocol:	ftp://ftp.cdcnac.org/pub/cdcnac
E-mail:	aidsinfo@cdcnac.org

ORGANIZATIONS



Organizations listed in this section either offer national programs targeting adolescents, or provide examples of regional and local programs related to HIV/AIDS. These regional and local programs are included either because they reach out to targeted populations, such as street youth, gay and lesbian teens, or minorities; or they provide unique services.

The information was drawn from the CDC National AIDS Clearinghouse's Resources and Services Database. In order to ensure the accuracy of information, organizations were contacted prior to publication. However, changes, especially in address and telephone number information, occur frequently. Please contact the Clearinghouse at 1-800-458-5231 for the most current information on these organizations, or for a customized search of the Resources and Services Database.

Entries are divided into two sections, one of national organizations and one of regional and local programs. Within these sections, organizations are listed alphabetically.

National Services

Advocates for Youth

Address: 1025 Vermont Ave., NW, Suite 200, Washington, D.C. 20005
Phone Number: (202) 347-5700
Fax Number: (202) 347-2263

Description: Advocates for Youth aims to increase the opportunities for, and abilities of, youth to make healthy decisions about sexuality. The National Adolescent AIDS and HIV Prevention Initiative assists organizations that educate adolescents with developing HIV/AIDS education programs. Advocates for Youth also develops educational materials for professionals serving youth. A model peer education program, Teens for AIDS Prevention (TAP), trains a core group of youth in sexuality issues, then assists these young people in designing activities to educate their peers. The National School Condom Availability Clearinghouse maintains information about school condom availability programs that are in development, in existence, or that have been considered but rejected. Staff are available to provide technical assistance to individuals and school districts that are trying to move programs forward or that need assistance in program design and evaluation. Referrals to physicians and housing services are also available.

American College Health Association (ACHA), Task Force on HIV Disease

Mailing Address: P.O. Box 28937, Baltimore, MD 21240-8937
Phone Number: (410) 859-1500
Fax Number: (410) 859-1510

Description: The American College Health Association (ACHA), Task Force on AIDS provides guidelines on responses to AIDS in higher education. Technical assistance, educational materials, speakers, consultation, and research tools are also available to individuals, colleges, and universities.

American Friends Service Committee (AFSC), National Community Relations Division, Bridges Project

Address: 1501 Cherry St., Philadelphia, PA 19102-1479
Phone Number: (215) 241-7000
Fax Number: (215) 241-7119

Description: The American Friends Service Committee's (AFSC) Bridges Project works to coordinate existing resources, enhance services, and develop new services for lesbian, gay, bisexual, and transgendered youth. It networks with AIDS service organizations and maintains a clearinghouse for groups providing services to sexual minority youth.

American Institute for Teen AIDS Prevention

Mailing Address: P.O. Box 136116, Ft. Worth, TX 76136
Phone Number: (817) 237-0230
Fax Number: (817) 238-2048

Description: The American Institute for Teen AIDS Prevention provides counseling to community organizations, schools, churches, and other groups throughout the United States that are attempting to develop effective programs to slow the spread of HIV among teenagers. It produces and publishes AIDS education materials aimed at junior high and high school youth. These materials include brochures, a video, and a teaching guide.

American Medical Student Association (AMSA) Resource Center, Students Teaching AIDS to Students (STATS) Program

Address: 1902 Association Dr., Reston, VA 20191
Mailing Address: P.O. Box 2291, Merrifield, VA 22116-2291
Phone Number: (703) 620-6600
Fax Number: (703) 620-5873

Description: The Students Teaching AIDS to Students (STATS) Program, developed through the Resource Center of the American Medical Student Association (AMSA), is a programmed approach to teaching adolescents about HIV infection and its prevention. AMSA also produces a newsletter, training manuals, and teaching guides.

American Red Cross, HIV/AIDS Teen Hotline

Address: c/o 105 W. Main St., Carrboro, NC 27510
Phone Number: (800) 440-8336
Tollfree Number: (800) 440-TEEN — U.S. and Canada.

Description: The HIV/AIDS Teen Hotline is staffed by peer educators who are trained to talk with teens about HIV/AIDS.

American Red Cross, National Headquarters, Customer and Program Support, African American HIV/AIDS Program

Address: 8111 Gatehouse Rd., 6th Fl., Falls Church, VA 22042
Phone Number: (703) 206-7120
Fax Number: (703) 206-7754

Description: The African American HIV/AIDS Program provides sound and unbiased information regarding HIV/AIDS to African American youth and the adults who provide guidance in their lives. One component of the program is an instructor course that trains individuals to make nonjudgmental, culturally appropriate HIV/AIDS prevention presentations in classrooms, places of worship, community centers, and wherever else young people gather. Presentations are designed to support teens in making decisions that promote self-protection barriers to HIV infection. It offers videos, workbooks, a teaching guide, posters, and buttons. The African American HIV/AIDS Program also produces public service announcements (PSAs) and educational materials.

American School Health Association (ASHA)

Address: 7263 State Rt. 43, Kent, OH 44240-0708
Mailing Address: P.O. Box 708, Kent, OH 44240-0708
Phone Number: (330) 678-1601

Fax Number: (330) 678-4526

Description: American School Health Association (ASHA) is a nonprofit organization which has been in existence since 1927. ASHA works to promote school health programs comprised of health services, health education, and a healthy school environment. It also establishes guidelines for school health programs and standards of competency and excellence for school health professionals. ASHA has a cooperative agreement with the Centers for Disease Control and Prevention titled "School-Based AIDS Education: A Multidisciplinary Approach to Prevention."

Association on Higher Education and Disability (AHEAD), AIDS Task Force, Special Interest Group

Mailing Address: P.O. Box 21192, Columbus, OH 43221-0192

Phone Number: (614) 488-4972

Fax Number: (614) 488-1174

Description: The Association on Higher Education and Disability (AHEAD) provides information on services being made available to HIV-affected individuals on college campuses.

Athletes and Entertainers for Kids

Address: 1845 Camino Dos Rios, Newbury Park, CA 91320

Phone Number: (805) 496-7077

Fax Number: (805) 496-3077

Description: Athletes and Entertainers for Kids is a national nonprofit youth service educational organization comprised of athletes and members of the arts community. Its mission is prevention through education. The members are committed to brightening the lives of all youth, including children and teens who have serious illnesses such as AIDS. They teach youth decision-making skills through programs that showcase athletes and entertainers providing basic educational information. The organization administers the Ryan White HIV/AIDS Education Program for Youth, an education information presentation performed by athletes and entertainers at individual schools.

Boys and Girls Clubs of America (B&GCA), National Headquarters

Address: 1230 W. Peachtree St., NW, Atlanta, GA 30309-3447

Phone Number: (404) 815-5700

Fax Number: (404) 815-5789

Description: Boys and Girls Clubs of America (B&GCA) is a private, nonprofit, national youth organization. It provides Boys and Girls Clubs across the country with the resources, consultation, and support services necessary for them to become the most effective youth development organizations in their communities. The Act SMART program is an HIV/AIDS education curriculum produced in cooperation with the American Red Cross. Brochures are available. B&GCA programs serve at-risk and disadvantaged youth and provide opportunities for young people to contribute, learn, grow, and advance on merit to their full potential. SMART Moves is a national prevention effort that has had a positive impact on alcohol, tobacco, and other drug use, as well as early sexual involvement and pregnancy. Peer leaders are trained to guide Club members through a series of developmentally appropriate activities and service learning projects that build their resistance to problems and empower them to lead

successful lives. The Boys and Girls Clubs of America have offered guidance and youth development programs that build self-esteem, character, and positive relationships for boys and girls since 1860.

Boys Town National Hotline (BTNHL)

Address: Fr. Flanagan's Boys Home, Boys Town, NE 68010

Phone Number: (800) 448-3000

Description: The Boys Town National Hotline (BTNHL) focuses on serving children and families.

Camp Fire Boys and Girls

Address: 4601 Madison Ave., Kansas City, MO 64112-1278

Phone Number: (816) 756-1950

Fax Number: (816) 756-0258

Description: Camp Fire Boys and Girls is a nationwide service organization for adolescents. It has launched an HIV/AIDS education campaign to educate Camp Fire councils regarding the AIDS epidemic. Camp Fire Boys & Girls are also conducting workshops and collaborating with local organizations.

CDC National AIDS Hotline (CDC NAH)

Mailing Address: P.O. Box 13827, Research Triangle Park, NC 27709-3827

Phone Number: (800) 342-2437

Fax Number: (919) 361-4855

Description: The CDC National AIDS Hotline (CDC NAH) is a toll-free service available to the general public 24 hours a day, 7 days a week throughout the U.S. and its territories. The Hotline provides callers with confidential information, education, and referrals related to AIDS and HIV infection. Trained information specialists are available to answer calls in English and Spanish or through a TTY machine for the deaf and hearing impaired. The specialists can answer questions about HIV transmission, HIV prevention, risk reduction behaviors, HIV-antibody testing, symptoms, treatment, resources, and other topics. Callers can be given referrals specific to their needs, including public health clinics and hospitals, alternative HIV-antibody test site locations, counseling and support groups, AIDS educational organizations, local hotlines, financial and legal services, and many others. The Classroom Calls program allows teachers to arrange an appointment to have students ask questions of a CDC NAH reference specialist in a group format using a speaker phone.

Child Welfare League of America (CWLA)

Address: 440 1st St., NW, Suite 310, Washington, D.C. 20001-2085

Phone Number: (202) 638-2952

Fax Number: (202) 638-4004

Description: The Child Welfare League of America (CWLA), established in 1920, is a federation of more than 800 public and voluntary agencies that work to improve the lives of at-risk children, youth, and their families. CWLA member agency personnel work with young people who are most vulnerable for HIV infection, including infants infected perinatally, youth in foster care, sexually active youth, drug abusers, runaway and homeless youth, child prostitutes, and out-of-school youth. Building on

the initial guidelines developed by its National Task Force on Children and HIV Infection, CWLA produced guidelines for residential group care, family foster care, and child day care. CWLA also offers training to all care providers, managers, and practitioners in HIV prevention and education and conducts forums on children and AIDS. CWLA launched an initiative in 1993 to assist child welfare agencies in placing children who lose their parents to AIDS with extended and adoptive families.

Childhelp USA

Address: 1345 N. El Centro Ave., Hollywood, CA 90028
Phone Number: (213) 465-4016
Fax Number: (213) 466-4432

Description: Childhelp USA is a nationwide referral service offering crisis intervention counseling and referrals.

Children's Animated Television (CAT)

Address: 22 Beech St., No. 3, Norwood, MA 02062
Phone Number: (617) 440-0011
Fax Number: (617) 440-9183

Description: Children's Animated Television (CAT), a nonprofit organization, produces and distributes educational videorecordings for children and teenagers on social issues such as HIV/AIDS, substance abuse, and diversity. CAT also provides a free public computer bulletin board service and produces a weekly newsletter.

Children's Defense Fund (CDF)

Address: 25 E St., NW, Washington, D.C. 20001
Phone Number: (202) 628-8787
Fax Number: (202) 662-3560

Description: The Children's Defense Fund (CDF) is an advocacy and research group that lobbies for children's health issues. CDF publishes an annual report on maternal and child health titled *Health of America's Children*, which includes data on pediatric AIDS. A newsletter is produced quarterly.

Covenant House, National Headquarters

Address: 346 W. 17th St., New York, NY 10011
Phone Number: (212) 727-4000
Tollfree Number: (800) 999-9999
Fax Number: (212) 989-7586

Description: Covenant House provides immediate crisis intervention to children and adolescents in trouble, and to parents having difficulties with their children. It does this through its national 800-number hotline and through its local offices in major cities in the U.S. as well as in Toronto, Ontario, Canada. The hotline, otherwise called the Nineline, makes available conference calls between parents and runaways. It refers callers to help in their own communities. It also provides information on problems affecting youth and families, and provides shelter referrals, suicide prevention, abuse reporting, and referral services.

Exposure Musical Revues

Address: 82 Callahan Ct., Newark, NJ 07103
Phone Number: (201) 624-8431
Tollfree Number: (800) 624-8474

Description: Exposure Musical Revues produces an anti-AIDS version of its play *Love Yourself* called *Think Before You Do* built around guidelines for effective school health education from the Centers for Disease Control and Prevention (CDC) and the New York and Baltimore City AIDS education programs. The presentation is available throughout the U.S. and is intended for teenagers and adults. It stresses the relationship between substance abuse and HIV and focuses on heterosexual transmission of the virus. Exposure Musical Revues also gives presentations on racial harmony and African-American history.

Girl Scouts of the U.S.A., Membership and Program Cluster

Address: 420 Fifth Ave., New York, NY 10018
Phone Number: (212) 852-8000
Fax Number: (212) 852-6515

Description: The Girl Scouts of the U.S.A. has developed activity books about HIV/AIDS for five age levels that address basic hygiene and personal safety for younger girls, and problem solving and decision making for older girls. Community service ideas and peer leadership opportunities are also provided along with outreach, a speakers' bureau, and seminars.

Good Samaritan Project, Teens Teaching AIDS Prevention (Teens TAP)

Address: 3030 Walnut St., Kansas City, MO 64108
Phone Number: (816) 561-8784
Fax Number: (816) 531-7199

Description: The Good Samaritan Project, Teens Teaching AIDS Prevention (Teens TAP) is a national HIV/AIDS information line staffed by trained teenagers who answer questions about HIV transmission and prevention. The teens are supervised by an adult. All calls are confidential. Teens who work the information line also participate in community presentations to their peers.

Helping Individual Prostitutes Survive (HIPS)

Address: 651 Pennsylvania Ave., SE, Washington, D.C. 20003
Phone Number: (202) 543-5262
Tollfree Number: (800) 676-4477 - HIPS Hotline
Fax Number: (202) 543-3343

Description: The Helping Individual Prostitutes Survive Project (HIPS) operates a national hotline that allows child sex workers 24-hour access to information and assistance. The Project is designed to end the abuse of child prostitutes living on the streets and to help them improve their lives. It also provides immediate support services, including temporary housing, food, clothing, transportation, legal assistance, and health and child care. To stay out of prostitution, teens are provided with education, job

training, counseling, and referrals through the HIPS Outreach Mobile Unit. HIPS can provide assistance in obtaining birth certificates, picture identification, and Social Security cards.

Hispanic Designers, Incorporated (HDI), National Hispanic Education and Communications Projects

Address: 1000 Thomas Jefferson St., NW, Suite 310, Washington, D.C. 20007
Phone Number: (202) 337-9633
Fax Number: (202) 337-9635

Description: The Hispanic Designers, Incorporated (HDI), National Hispanic Education and Communications Projects is a nonprofit educational organization specializing in Spanish- and English-language education and information programs targeting the Hispanic community. HDI provides AIDS education and public service announcements (PSAs) and broadcasts culturally appropriate messages on two major Spanish networks, Univision and Telemundo, as well as other commercial stations. HDI is particularly concerned with reaching Hispanic youth and women of all ages. It created the Educational Leadership Council Latinas: Partners for Health, a national network of Hispanic women leaders involved in public health that aims to facilitate HIV prevention services in communities nationally. Meetings and information production services are provided. As one of the national partners funded by the Centers for Disease Control and Prevention (CDC), HDI operates the Teatro AIDS Prevention Project for Latinas (TAPP for Latinas) at the national and local levels to address the need for HIV prevention among Latinas under the age of 25. Training sessions, technical assistance workshops, and focus groups will adapt the standard curriculum to community needs, provide quality control for cultural and linguistic competency, and mobilize new groups of community leaders to join in the fight against HIV/AIDS. Referrals to HIV-antibody testing, counseling, housing, and physician services are available.

Hope is Vital

Address: 10801 Linson Rd., Owings Mills, MD 21117
Phone Number: (301) 718-2089

Description: Hope is Vital is a theatre-based prevention education, community dialogue, and outreach program. The program focuses on HIV/AIDS issues, and also issues surrounding teen pregnancy, substance abuse, violence, conflict resolution, and diversity. It promotes awareness and understanding for students in middle and high school, educators, and health professionals. The interactive performances, done on a nationwide basis, consist of theatre games, role-playing scenarios, and discussions. One-day workshops and seminars are also available.

In the Best Interests of the Children (ITBIC)

Address: 351 Boylston St., Boston, MA 02116
Phone Number: (617) 973-5487

Description: Founded in 1991, In the Best Interests of the Children (ITBIC) is a volunteer nonprofit organization composed of a national network of individuals who share a concern for children and adolescents living with HIV/AIDS. Inspired by singer/songwriter Cris Williamson, ITBIC's activities are directed by a volunteer board of directors with support from a national honorary advisory board. ITBIC

works to raise public awareness about the plight of children and teenagers living with HIV/AIDS; to increase visibility and funding for hospitals and community programs that provide direct care to these persons; and to help shatter the stigma that surrounds issues of AIDS through education outreach and community involvement. ITBIC's AIDS awareness events have been held on college campuses, at corporate offices, in art galleries, and street fairs. In addition to the direct grants that ITBIC makes to hospital and community pediatric HIV programs, it has also generated funding for media coverage of programs that serve children and teenagers living with HIV/AIDS. The Massachusetts Pediatric AIDS Awareness Week is a multicultural, multimedia series of events that features entertainment-based, educational and informational activities designed to raise consciousness about children with HIV/AIDS, as well as funds for the programs that provide them with treatment and care. ITBIC organizes Health Jam, a multi-site teen awareness concert intended to encourage teens to make their own decisions about substance use, racism, pregnancy, violence, and AIDS. ITBIC also sponsors Camp Colors, a family day camp for children with HIV/AIDS.

Links Foundation, Incorporated, Project LEAD High Expectations!

Address: 1200 Massachusetts Ave., NW, Washington, D.C. 20005
Mailing Address: P.O. Box 97100, Washington, D.C. 20090
Phone Number: (202) 842-0123
Fax Number: (202) 289-1880

Description: Project LEAD: High Expectations! is a model, community-based alcohol and other drug (AOD) prevention program targeting African American youth. It uses an indirect, skill-building, and youth empowerment approach designed to reduce the use of drugs and alcohol and to prevent early parenthood and sexually transmitted diseases including HIV infection. It seeks to demonstrate the potential of its organizational concept using national leadership to stimulate and support implementation of community prevention projects. The 261 chapters of The Links Foundation and other organizations serve as sponsors at sites in their own neighborhoods or cities. Local chapters build a project team with other groups such as the Young Women's Christian Association, churches, or the Boys' and Girls' Clubs. Leaders are selected by local sponsor membership and trained by The Links Foundation's national project office. They then train volunteers at the local level.

Love Heals — Alison Gertz Foundation for AIDS Education

Address: 345 Park Ave., New York, NY 10154
Phone Number: (212) 371-1335
Fax Number: (212) 371-1556

Description: Love Heals is a foundation that sends speakers into middle schools, high schools, and colleges nationwide to inform students about HIV/AIDS. The mission of Love Heals is to provide HIV/AIDS prevention and education for young people, especially teenagers.

Metro TeenAIDS

Address: 651 Pennsylvania Ave., SE, Washington, D.C. 20003
Mailing Address: P.O. Box 15577, Washington, D.C. 20003-5577
Phone Number: (202) 543-9355

Fax Number: (202) 543-3343

Description: Metro TeenAIDS promotes, coordinates, and supports adolescent HIV/AIDS education and prevention. Through its TeenAIDS Education and Information component, it provides an education and medical services referral directory, HIV/AIDS training for parents, a Lifeguard Peer Education Training program, adolescent HIV-antibody testing and counseling training, a speakers bureau, the TeenAIDS Wheel-a-Thon, and a teen newsletter. This component consists of the Street Wise Coalition, the TeenAIDS Student Coalition, the Metro Condom Availability Coalition, and the Abstinence Education Coalition. Referrals to HIV-antibody testing and pre- and post-test counseling for adolescents are also available.

National Association of State Boards of Education (NASBE)

Address: 1012 Cameron St., Alexandria, VA 22314

Phone Number: (703) 684-4000

Fax Number: (703) 836-2313

Description: The National Association of State Boards of Education (NASBE) is a nonprofit, private association that represents state-level and territorial boards of education. In cooperation with the Centers for Disease Control and Prevention (CDC), Division of Adolescent and School Health (DASH), NASBE is working to foster comprehensive policies and programs which use collaborative approaches at the national, state, and local levels to assure the healthy growth and full development of all children. NASBE can assist policymakers with specific information about current research and effective practices in HIV/AIDS prevention and comprehensive school health education, including guidelines for school districts developing policies concerning students and staff who are living with HIV. In cooperation with the American Medical Association's Department of Adolescent Health, NASBE is demonstrating innovative approaches to the enhancement of children's health and education in several states and localities.

National Center for Youth Law (NCYL), Adolescent Health Care Project

Address: 114 Sansome St., Suite 900, San Francisco, CA 94104-3820

Phone Number: (415) 543-3307

Fax Number: (415) 956-9024

Description: The National Center for Youth Law (NCYL) is a nonprofit support center for legal services lawyers and other advocates working on behalf of poor children nationwide. NCYL's Adolescent Health Care Project, established in 1985, advocates for the right of adolescents to necessary health care services and works to clarify the controversial legal and ethical issues that arise for professionals treating adolescents in sensitive situations. The Adolescent Health Care Project has published extensively on the legal and ethical issues related to HIV infection and AIDS and has advocated for the development of appropriate HIV-related policies. It addresses issues of consent of testing and treatment, confidentiality of HIV-related information, financing of health care and related services, participation of minors in research, and discrimination. Project staff are available for consultation and training to attorneys, medical personnel, and other professionals serving low-income children and youth. A bimonthly newsletter provides reports on developments in law for youth.

National Clearinghouse for Alcohol and Drug Information (NCADI)

Address: 11426 Rockville Pike, Suite 200, Rockville, MD 20852-3007
Mailing Address: P.O. Box 2345, Rockville, MD 20847-2345
Hotline Number: (800) 729-6686
Phone Number: (301) 468-2600
Fax Number: (301) 468-6433

Description: The National Clearinghouse for Alcohol and Drug Information (NCADI) is sponsored by the Center for Substance Abuse Prevention (CSAP), and was established as the central point within the federal government for current print and audiovisual materials about alcohol and other drugs. NCADI's resources include scientific findings, databases on prevention programs and materials, field experts, federal grants, and market research, tailored materials for parents, teachers, and youth, and information about organizations and groups concerned with alcohol and other drug problems. NCADI shares this information with the nation through free computerized literature searches, an audiovisual loan program, bulk distribution of federally developed materials, and exhibits at national conferences. PREVline, an electronic bulletin board, is available to members of the professional community and the public.

National Coalition of Advocates for Students, Viviremos HIV Education Project

Address: 100 Boylston St., Suite 737, Boston, MA 02116
Phone Number: (617) 357-8507
Tollfree Number: (800) 441-7192 - Resource info line.
Fax Number: (617) 357-9549

Description: The National Coalition of Advocates for Students, Viviremos HIV Education Project, was established to ensure that children and youth with the greatest need would have access to quality health care and HIV education. Staff train health personnel and educators how to educate farm worker youth and their parents about HIV. The Coalition has created a Spanish/English bilingual curriculum and set standards on effective HIV education programs.

National Coalition to Support Sexuality Education (NCSSE), D.C. Policy Office

Address: 1711 Connecticut Ave., Suite 206, Washington, D.C. 20009
Phone Number: (202) 265-2405
Fax Number: (202) 462-2340

Description: The National Coalition to Support Sexuality Education (NCSSE), comprised of more than 80 national non-profit organizations, advocates comprehensive sexuality education for all children and youth in the United States. The NCSSE works to develop strategies for the implementation of sexuality education programs at both the national and state levels.

National Commission on Correctional Health Care (NCCHC)

Address: 2105 N. Southport, Suite 200, Chicago, IL 60614
Phone Number: (312) 528-0818
Fax Number: (312) 528-4915

Description: The National Commission on Correctional Health Care (NCCHC) is a not-for-profit organization working to improve the quality of care in the nation's jails, prisons, and juvenile detention and confinement facilities. NCCHC offers a wide range of services and programs designed to help correctional health care systems provide efficient, quality health care. It establishes standards for health care services in correctional facilities, operates a voluntary accreditation program for institutions that meet these standards, produces and disseminates resource publications, provides technical assistance, offers a quality review program, conducts educational trainings and conferences, and offers a certification program for correctional health professionals. NCCHC is supported by 36 national organizations representing the fields of health, law, and corrections. Each of these organizations has named a representative to the NCCHC Board of Directors. NCCHC provides educational services to incarcerated adolescents and adults, develops resource materials that address comprehensive health education within correctional environments, and provides a 3-day training session for educators, counselors, medical staff, and administrators of both adult and juvenile confinement facilities nationwide.

National Education Association (NEA), Health Information Network (HIN)

Address: 1201 16th St., NW, Washington, D.C. 20036-3290
Phone Number: (202) 822-7570
Fax Number: (202) 822-7775

Description: The National Education Association (NEA), Health Information Network (HIN), was established in 1987 by NEA to provide information about HIV/AIDS and other health issues to teachers, administrators, counselors, and other education support personnel. NEA HIN accomplishes this through a partnership with the National Association of School Nurses, the U.S. Public Health Service, and the American Academy of Pediatrics. In August 1988, NEA HIN received a five-year cooperative agreement from the Centers for Disease Control and Prevention (CDC) to develop and implement an HIV Education and Training Project for field staff, called UniServ. In February 1989, it expanded its HIV education to Association members with a focus on minority populations through a second five-year cooperative agreement from the CDC. Topics cover training sessions, including HIV basics, psychosocial issues relating to the epidemic, HIV school basics, psychosocial issues relating to the epidemic, HIV school attendance/employment policies, and effective strategies for teaching students about HIV/AIDS. In cooperation with CDC, NEA HIN develops and implements training programs for NEA leadership and provides selected school districts with technical assistance in the development of comprehensive school health programs. As a CDC-funded national partner, NEA HIN created the HIV/AIDS Prevention Program. Through the program, NEA HIN will develop national goals and objectives for the Labor Responds to AIDS program; provide training and technical assistance in two pilot sites to engage NEA locals in community HIV activities; promote CDC-sponsored HIV prevention and marketing campaigns through the NEA state affiliate network; and offer additional training and technical assistance to NEA Education Support Personnel to revise and strengthen HIV/AIDS workplace programs.

National Federation of State High School Associations, TARGET Program

Address: 11724 NW Plaza Circle, Kansas City, MO 64195-0626
Mailing Address: P.O. Box 20626, Kansas City, MO 64195-0626
Phone Number: (816) 464-5400
Tollfree Number: (800) 366-6667

Description: The National Federation of State High School Associations, TARGET program, educates students participating in athletic activities about HIV/AIDS. It provides a communicable disease procedure statement in each of its athletic/activity rules books.

National Gay and Lesbian Youth Hotline

Address: Indianapolis, IN 46220
Mailing Address: P.O. Box 20716 Indianapolis, IN 46220
Phone Number: (317) 541-8726
Tollfree Number: (800) 347-TEEN - Mon.-Thurs., 7pm-10pm: Fri.-Sun., 7pm-12 midnight.
Fax Number: (317) 545-8594

Description: The Indianapolis Youth Group's National Gay and Lesbian Youth Hotline, run by and for youth under 21, provides crisis intervention and referral services to gay, bi-sexual, transgender, and lesbian youth nationwide. Certain services are available to the deaf. The Group also runs the International Pen Pal Program for Gay Youth.

National Hemophilia Foundation (NHF), Hemophilia and AIDS/HIV Network for Dissemination of Information (HANDI)

Address: 110 Greene St., Suite 303, New York, NY 10012
Phone Number: (212) 219-8180
Fax Number: (212) 219-0906

Description: The National Hemophilia Foundation (NHF), Hemophilia and AIDS/HIV Network for Dissemination of Information (HANDI) is the hemophilia community's link to available resources dealing with hemophilia and HIV. HANDI provides information, resources, and referrals on hemophilia and AIDS/HIV to NHF Chapters, hemophilia treatment centers, people with hemophilia, and the general public. HANDI also provides referrals, maintains a resource collection, and produces a newsletter and other publications, including a quarterly compendium of HIV treatment literature. The HANDI information center's resource collection includes information on topics such as recommended hemophilia treatments, HIV drug therapies, psychosocial and emotional support, and nutrition.

National Lesbian and Gay Health Association (NLGHA)

Address: 1407 S St., NW, Washington, D.C. 20009
Phone Number: (202) 939-7880
Fax Number: (202) 234-1467

Description: The National Lesbian and Gay Health Association (NLGHA) disseminates information regarding health care issues in the gay and lesbian community. Topics include racial and ethnic diversity, transgender sexuality, and development of non-HIV services for lesbian and gay youth as well as poor and uninsured persons. NLGHA operates a research institute and develops resources for lesbian and gay health. It also provides

technical assistance and policy analysis to emerging lesbian and gay health centers, community-based services related to HIV/AIDS, mental health services, and substance abuse services. Referrals to HIV-antibody testing, physicians, housing, and financial aid services are available. Brochures and a quarterly newsletter are distributed.

National Network of Runaway and Youth Services, Safe Choices Project

Address: 1319 F St., NW, Suite 401, Washington, D.C. 20004
Phone Number: (202) 783-7949
Fax Number: (202) 783-7955

Description: The National Network for Youth, Safe Choices Project provides innovative HIV prevention training, technical assistance, and telephone consultation to professionals working with youth in high-risk situations. It also distributes *the Safe Choices Guide*, a skills-based HIV/STD prevention manual for youth workers.

National Runaway Switchboard

Address: 3080 N. Lincoln Ave., Chicago, IL 60657
Phone Number: (312) 880-9860
Hotline Number: (800) 621-0394

Description: The National Runaway Switchboard is a crisis intervention hotline that provides referrals to food programs and shelters for runaway youth and their families. It also offers referrals to runaway youth living with AIDS or at risk for HIV infection.

National School Boards Association (NSBA), HIV and AIDS Resource Database

Address: 1680 Duke St., Alexandria, VA 22314-3493
Phone Number: (703) 838-6754
Fax Number: (703) 683-7590

Description: The National School Boards Association (NSBA) HIV and AIDS Resource Database provides information about HIV and AIDS policy and education issues to policymakers and educators. The database contains more than 1,400 entries, including such resources as sample policies from districts throughout North America, curricula, articles on medical and behavioral research and court decisions, books and journals, and videotapes. In addition to an abstract and basic bibliographic information, each entry includes information about the resource's target audience (e.g., school board members, parents, administrators, school attorneys), the type of material (e.g. legislation/guidelines, policies, curricula), and the subjects the material addresses. Subjects include modes of HIV transmission, legal/policy issues, HIV prevention education, comprehensive health education, and community involvement. Database searches can be tailored to meet the needs of specific requests.

New York State Literary Center, AIDS 'N Us Project

Address: 155 S. Main St., Fairport, NY 14450-2517
Phone Number: (716) 223-0784

Description: The AIDS 'N Us Project is a nationwide AIDS education project targeted at middle school and high school adolescents. It enables adolescents to act as peer educators and reach out to their immediate peers and the larger community. A booklet and a poster have been developed as part of this effort.

Planned Parenthood Federation of America (PPFA)

Address: 810 7th Ave., New York, NY 10019
Phone Number: (212) 541-7800
Tollfree Number: (800) 829-7732 - National Office.
Fax Number: (212) 245-1845

Description: The Planned Parenthood Federation of America (PPFA) is a federation of family planning organizations that provides reproductive health care, family planning services, and sexuality education to persons worldwide. Contraception, abortion, sterilization, and infertility services are offered. PPFA also sponsors and advocates for biomedical, socioeconomic, and demographic research regarding reproductive health issues. PPFA produces educational materials, serves as a clearinghouse, and provides community education through affiliates. Most PPFA affiliates offer anonymous and/or confidential HIV-antibody testing and counseling to clients. All affiliates provide HIV-educational materials, safer sex counseling, and referral services.

Population Services International (PSI), Portland Training Office, Project ACTION

Address: The Willamette Bldg., 534 SW, 3rd Ave., Suite 512, Portland, OR 97204
Phone Number: (503) 294-0554
Fax Number: (503) 294-0565

Description: Population Services International (PSI), Portland Training Office, is a national technical assistance center that shares skills and lessons learned from Project ACTION with national, state, and community-based agencies interested in applying tested, effective social marketing techniques to prevention efforts. Project ACTION is a model social marketing HIV/AIDS prevention project targeting teens at highest risk between the ages of 12 and 21 years of age. Project ACTION is a synergistic model which combines interventions aimed at teens and their larger community to motivate and reinforce risk reduction practices, especially correct and consistent condom use, among sexually active young people. The project's five components include community mobilization, a media campaign, condom accessibility, teen peer skills building and outreach, and research evaluation.

Prototypes/Women AIDS Risk Network (WARN)

Address: 5601 W. Slauson Ave., Suite 200, Culver City, CA 90230
Phone Number: (310) 641-7795
Fax Number: (310) 649-4347

Description: The Prototypes/Women and AIDS Risk Network's (WARN) major objective is to demonstrate model outreach programs on HIV/AIDS education/prevention and intervention. Specific targets are women substance abusers, sex partners of male

injection drug users (IDUs), adolescent sex workers, and adult sex workers. Individual counseling, group counseling, drop-in groups, and AIDS education services are provided. Other services include networking, behavioral research, and training.

Ryan White Foundation

Address: 1717 W. 86th St., Suite 220, Indianapolis, IN 46260
Phone Number: (317) 876-1100
Tollfree Number: (800) 444-7926
Fax Number: (317) 876-3300

Description: The Ryan White Foundation is a national non-profit HIV/AIDS educational foundation dedicated to teaching America about HIV/AIDS. The foundation provides speakers addressing school-age youth and communities in general.

StandUP For Kids, National Office

Address: 1111 Osage St., Suite 205C, Denver, CO 80204
Phone Number: (303) 892-8328
Tollfree Number: (800) 365-4KID
Fax Number: (303) 671-2845

Description: StandUP For Kids is an all-volunteer, non-profit organization that provides a range of support services to homeless adolescents and adolescents who are employed in the sex industry. It provides counseling and assistance with finding housing and getting back into school. It also provides help in getting medical attention. StandUP distributes a number of hygiene products for street youth, such as condoms and prenatal vitamins for pregnant youth.

Substance Abuse Education, Incorporated

Address: 670 S. 4th St., Edwardsville, KS 66113
Mailing Address: P.O. Box 13738, Edwardsville, KS 66113
Phone Number: (913) 441-1868
Tollfree Number: (800) 530-5607
Fax Number: (913) 441-2119

Description: Substance Abuse Education, Incorporated, develops and distributes Computer-Assisted Instruction (CAI) programs on AIDS education, substance abuse prevention, and adolescent pregnancy. The CAI programs are designed for use by young adults, teachers, parents, and the general public to augment educational efforts by providing individualized study material. An interactive format, color, graphics, and immediate feedback are used to maintain the student's interest. A special interest file into which the student may enter confidential questions or concerns, a self-test, and a glossary of terms and definitions that can be accessed during the tutorial is included in the following programs: *Understanding AIDS*, a tutorial program that contains content based on the Surgeon General's recommendations and follows the Centers for Disease Control and Prevention (CDC) guidelines; *Substance Abuse Prevention*, a series of tutorial programs about alcohol, marijuana, tobacco, cocaine, crack, and other psychoactive drugs; and *Adolescent*

Pregnancy simulation and tutorial programs which present a realistic understanding of the responsibilities of being a parent, the consequences of sexual behavior, and pregnancy.

Team HIV

Address: P.O. Box 840, Camino, CA 95709

Phone Number: (916) 644-8448

Fax Number: (916) 644-8448

Description: Team HIV is dedicated to providing education regarding HIV and the immune system for students at the elementary, high school, and college levels, as well as their families, educators, and health professionals, on a nationwide basis. Its educational materials use a cast of characters to explain concepts of sexually transmitted diseases (STDs), bloodborne pathogens, and their transmission. Materials include information packages, teacher guides, slides, videotapes, and monographs. Team HIV also offers seminars for staff development.

University of Connecticut, AIDS Risk Reduction Project

Address: 406 Babbidge Rd., U-20, Rm. 107, Storrs, CT 06269-1020

Phone Number: (860) 486-4875

Fax Number: (860) 486-4876

Description: The AIDS Risk Reduction Project develops interventions that promote risk reduction behavior in college students nationwide. It has also conducted behavior research with high school students and gay men, and run pilot interventions with high school students and with college student couples in relationships. The project also has developed educational videos, an intervention manual, and an extensive peer education training program.

University of Minnesota, Division of General Pediatrics and Adolescent Health, National Center for Youth with Disabilities (NCYD)

Address: 420 Delaware St., SE., Box 721, Minneapolis, MN 55455-0392

Phone Number: (612) 626-2825 - MN residents

Tollfree Number: (800) 333-6293 - Nationwide

Fax Number: (612) 626-2134

Description: The University of Minnesota, National Center for Youth With Disabilities (NCYD), established in 1985, is a resource and information center focusing on adolescents with chronic illnesses and disabilities, including HIV/AIDS. The Center provides current information covering research, advocacy efforts, and policy and program development. Various databases provide additional information about training and educational materials, technical assistance, and health care reform. The Technical Assistance Center provides consultation and support to professionals, organizations, and consumers working with youth with disabilities. NCYD also develops regular activities and programs to give youth with disabilities a direct vehicle to express their thoughts, ideas, and opinions.

Westover Consultants, Applied Behavioral Sciences Division, AIDS Training for Adolescents and Staff

Address: 8630 Fenton St., Suite 724, Silver Spring, MD 20910
Phone Number: (301) 495-7405
Fax Number: (301) 495-7174

Description: The AIDS Training for Adolescents and Staff project, an HIV/AIDS intervention project, is funded by the Center for Substance Abuse Treatment and administered by Westover Consultants, Inc. The project has three major components: 1) The AIDS High Risk Adolescent Prevention (AIDS/HRap) Project, a 3-day training designed for youth service personnel who work with high risk adolescents to acquire skills and information for initiating HIV prevention work with youths; 2) The Reduce AIDS Risk Effectively In Teens (RARE-T) Project, a 2-day training designed for adolescents 13-19 years of age to participate in their own protection against HIV-infection and AIDS; and 3) The Technical Assistance (TA) component, providing support to agencies that have sponsored AIDS/HRap and RARE-T trainings and are interested in replicating the trainings in their own states. TA also includes assistance in curriculum modification; i.e., designing agency-specific evaluation, adapting the training design and delivery, and providing resource articles, age-appropriate exercises, activities, and videos. Special groups targeted are adolescents, all ethnic groups, and all youth services workers, including counselors, prevention/intervention counselors, drug abuse treatment counselors, shelter workers, and teachers. There is a computer related component, the Interactive Computer-Assisted Training Module (ICSAT), which complements both the AIDS/HRap and RARE-T training programs. It serves as a teaching instrument for service providers.

YMCA of the USA

Address: 101 N. Wacker Dr., Chicago, IL 60606
Phone Number: (312) 977-0031
Tollfree Number: (800) 872-9622
Fax Number: (312) 977-9063

Description: The YMCA of the USA strives to educate and provide healthy alternatives to the misuse of alcohol and drugs across the nation. It provides counseling, training, and resources to local YMCAs, coordinates and encourages program development, and distributes selected materials to YMCAs. The National Advisory Committee meets annually to develop policy and guidelines for children with HIV/AIDS. Brochures regarding HIV/AIDS are also available. Referrals to housing and financial aid services are provided.

Youth Development International, Youth Crisis Hotline

Mailing Address: P.O. Box 178408, San Diego, CA 92177-8408
Phone Number: (619) 292-5683
Tollfree Number: (800) HIT-HOME - National Youth Crisis Hotline
Fax Number: (619) 759-1460

Description: Youth Development International's Youth Crisis Hotline is a 24-hour hotline for youth facing crises, including pregnancy, suicide, depression, and substance abuse; and for families who have missing children. It provides shelter referrals, counseling

referrals, rehabilitation referrals, pregnancy center referrals, messages to parents, and transportation for runaways wanting to go home. A newsletter is provided and disseminated.

Youth In Need (YIN)

Address: 516 Jefferson St., St. Charles, MO 63301

Phone Number: (314) 946-0101

Fax Number: (314) 925-0116

Description: Youth In Need (YIN) provides counseling groups to high schools throughout the country. On a more local level, it also offers emergency shelter and crisis services to runaway and homeless youth ages 9-21. Related specialized services to their families are available. Cornerstone, a long-term group home for emotionally disturbed, abused, and/or neglected teenage girls, provides intensive supervision and counseling. The Shelter/YIN House provides an emergency residential center for youth ages 9 to 21 who are in crisis and need emergency housing and counseling. A crisis hotline is available for emergency placement or alternate referral. An alternate school, Excel, is provided for YIN House residents where they can continue studies during periods of crisis. The Teen Parents Program provides education, counseling, and support to young, parents or soon-to-be parents. On an out-client basis, family counseling for youth and parents is available.

Zeta Phi Beta Sorority

Address: 1734 New Hampshire Ave., NW, Washington, D.C. 20009

Phone Number: (202) 387-3103

Tollfree Number: (800) 368-5772

Fax Number: (202) 232-4593

Description: Zeta Phi Beta Sorority, a predominantly African American organization founded in 1920, is committed to improving the health and welfare of youth and their parents, and has conducted local and national programs to improve conditions for them. The Stork's Nest program provides information on safer sex, AIDS, and drug and alcohol abuse education and prevention.

Regional and Local Services

AIDS Action Committee of Massachusetts, Youth Only AIDS Line (YO Line)

Address: 131 Clarendon St., Boston, MA 02116
Phone Number: (617) 437-6200
Fax Number: (617) 437-6445

Description: AIDS Action Committee of Massachusetts, Youth Only AIDS Line (YO Line) is a tollfree hotline that provides information and support to adolescents in Massachusetts. Phones are answered by teen peer counselors who have received training in a multitude of subjects, including HIV transmission, safer sex, sexual involvement, condom use, substance use, cultural diversity, abstinence, and homophobia. The counselors provide referrals to HIV-antibody testing sites, condom distribution locations, and HIV/AIDS service organizations. The teen speakers also provide peer education at schools and community organizations. The YO Line also produces a newsletter for adolescents.

Albert Einstein College of Medicine, Montefiore Medical Center, Department of Pediatrics, Adolescent AIDS Program, Risk Evaluation Program

Address: 111 E. 210th St., Bronx, NY 10467
Phone Number: (718) 882-0023
Fax Number: (718) 882-0432

Description: The Risk Evaluation Program, through a grant from the Health Resources and Services Administration (HRSA), develops and provides programs, training resources, and information tailored to the needs of health professionals in its service area. The Program is offered for adolescents between the ages of 13-21. Comprehensive medical and psychosocial treatment includes all outpatient and inpatient medical services, clinical trials, support groups, and value-free counseling for persons living with HIV/AIDS (PLWAs) and those at risk of infection. Anonymous and confidential HIV-antibody testing, pre- and post-test counseling, and case management services are available. It has also established a model comprehensive health care program for adolescents age 13-21 in New York City who are infected with HIV.

Albuquerque Area Indian Health Board, Albuquerque Area HIV/AIDS Prevention Services

Address: 301 Gold, SW, Suite 105, Albuquerque, NM 87102
Phone Number: (505) 764-0036
Fax Number: (505) 764-0446

Description: The Albuquerque Area Indian Health Board, Albuquerque Area HIV/AIDS Prevention Services, is a recently established HIV prevention program that targets Native American youth, especially youth exposed to high-risk situations, with culturally sensitive health protection information. Outreach workers visit families in their homes to discuss risk behaviors with parents and other family members. Workers discuss various methods of prevention and safer sexual behaviors, and provide



condoms where appropriate. The At-Risk Education Program provides safer sex outreach and education services for sex workers. Additional outreach services are provided for homeless and transient populations. Other services include confidential HIV-antibody testing, pre- and post-test counseling, and referrals.

Association for Advancement of Mexican Americans (AAMA), AIDS Program

Address: 6001 Gulf Freeway, Building B-3, Suite 165, Houston, TX 77023
Phone Number: (713) 926-2953
Fax Number: (713) 926-8035

Description: The Association for Advancement of Mexican Americans (AAMA), AIDS Program, focuses primarily on the protection and care of Hispanic children and adolescents, although most programs are open to any member of the community. AAMA offers AIDS education, case management, volunteer training, street outreach, anonymous and confidential HIV antibody testing and counseling, tuberculosis testing, referrals to shelters, and a culturally sensitive food bank and food delivery service. AAMA operates an alternative high school for dropouts, an emergency shelter for abused, neglected, and abandoned children; and a foster home. Outreach programs include an alcohol and drug abuse treatment program, a college placement service, a job training program, citizenship training, and a cultural ballet folklore group. Volunteers help persons living with HIV/AIDS (PLWAs) with their housecleaning, meal preparation, and shopping chores.

Baltimore Urban League

Address: 512 Orchard St., Baltimore, MD 21201
Phone Number: (410) 523-8150
Fax Number: (410) 523-4022

Description: The Baltimore Urban League has two target audiences: African American youth and people receiving health care from doctors who are members of Chi Delta Mu, the fraternity of African American health professionals. African American youth, through a series of workshops, are given information about AIDS, prevention, and risky behaviors. All presentations include discussion of the issues surrounding AIDS and are presented at a level consistent with the target group's comprehension ability. Health care recipients are provided with information, counseling, and guidance concerning AIDS. The Baltimore Urban League works with health professionals to increase their awareness of the non-medical issues surrounding AIDS.

Bay Area Black Consortium for Quality Health Care, AIDS Minority Health Initiative (AMHI), Case Management Services

Address: 1440 Broadway, Suite 209, Oakland, CA 94612
Phone Number: (510) 763-1872
Fax Number: (510) 763-3132

Description: The Bay Area Black Consortium for Quality Health Care, AIDS Minority Health Initiative (AMHI) provides case management services to minority residents of Alameda County who have AIDS. Other services include clothing, food, housing, transportation, and financial assistance. The organization also makes referrals for and provides financial assistance for home health care and hospice services, which include nursing; physical, occupational, and speech therapy; attendant care; intravenous therapy; and spiritual, bereavement, and psychological counseling for

individuals and families. The Consortium also conducts an education and prevention program that features street outreach and peer education for young women between the ages of 13 and 40 who are at risk. The educational team conducts workshops, seminars, and other educational presentations in housing projects, schools, and other community facilities and agencies. There is also support group for persons living with HIV/AIDS (PLWAs).

Bay Area Young Positives (BAY +)

Address: 518 Waller St., San Francisco, CA 94117
Phone Number: (415) 487-1616
Fax Number: (415) 487-1617

Description: The Bay Area Young Positives (BAY +) is a peer-run organization that provides emotional, social, and psychological support to teenagers, youth, and young adults living with HIV/AIDS (PLWAs) in the San Francisco Bay Area. The primary focus of the group is to help minimize the isolation felt by young people who are HIV positive. It also works to provide access to medical and social support services. Support groups are offered for heterosexual men, symptomatic HIV-positive persons, youth of color, and young women. A support group is also provided for persons involved in the theatre. Other services include intake, peer counseling, and retreats. With funding from the San Francisco AIDS Foundation, it provides a poster outreach campaign for young, HIV-positive youth. The posters are shown at bus shelters and on buses and billboards around the city and provide information about low-cost medical care and housing for PLWAs.

California Prostitutes Education Project (CAL-PEP)

Address: 630 20th St., Suite 305, Oakland, CA 94612
Mailing Address: P.O. Box 23855, Oakland, CA 94623-0055
Phone Number: (510) 874-7850
Fax Number: (510) 839-6775

Description: The California Prostitutes Education Project (CAL-PEP) provides AIDS and STD education and drug abuse information to sex workers, juvenile sex workers, runaways, and incarcerated women. The outreach education programs include safer sex workshops, condom and bleach distribution, and safer use drug awareness. CAL-PEP also provides support groups for incarcerated juveniles ages 14-17. The vocational reorientation program provides assistance to those sex workers who want to change the direction of their lives by providing counseling, job placement and training, and referrals. CAL-PEP also has a speakers' bureau to talk to media, schools, and agencies about HIV prevention programs. It has published a training manual on HIV prevention for health educators and a newsletter. The organization also offers anonymous and confidential HIV-antibody testing and pre- and post-test counseling.

Catholic Charities Diocese of Ft. Worth, Pediatric and Family HIV/AIDS Project

Address: 2641 Avenue L, Ft. Worth, TX 76105
Phone Number: (817) 536-1160
Fax Number: (817) 536-4671

Description: The Pediatric and Family HIV/AIDS Project provides medical and social services including day care, residential care, foster care, respite care, counseling, and support groups for women, children, and adolescents affected by HIV. It also has a speakers' bureau, a women's clinic, and a resource library, and makes arrangements for foster care and respite beds for HIV-positive children. Referrals are also provided.

Children's Hospital, Division of Adolescent/Young Adult Medicine, Boston Adolescent HIV Network Program, Boston HIV Adolescent Provider and Peer Education Network for Services (HAPPENS)

Address: 300 Longwood Ave., Boston, MA 02115
Phone Number: (617) 355-7181
Fax Number: (617) 730-0442

Description: The Boston Adolescent HIV Network Program/Boston HIV Adolescent Provider and Peer Education Network for Services (HAPPENS) Program, through a grant provided under the Special Projects of National Significance (SPNS), provides outreach and early intervention services to homeless youth and HIV-positive youth at risk for HIV/AIDS. It also works to enhance the delivery of multidisciplinary primary care and referral services at the participating agencies which include three hospitals, three health centers, and two outreach centers. Boston HAPPENS offers case management and primary care for persons living with HIV/AIDS (PLWAs), referrals, counseling, mental health services, and nutrition services. It also provides confidential and anonymous HIV-antibody testing and test-related counseling.

Children's Hospital, Family AIDS Clinic and Educational Services (FACES)

Address: 700 Children's Dr., Columbus, OH 43205-2696
Phone Number: (614) 722-4460
Fax Number: (614) 722-6770

Description: The Children's Hospital, Family AIDS Clinic and Educational Services offers medical and counseling services for persons with HIV/AIDS. The Children's Hospital Family AIDS Clinic is an AIDS Clinical Trial Group Pediatric Subunit sponsored by the National Institute of Allergy and Infectious Diseases (NIAID).

Children's Hospital of Los Angeles, Division of Adolescent Medicine, Teenage Health Center, Risk Reduction Program

Address: 5000 Sunset Blvd., Los Angeles, CA 90027
Mailing Address: P.O. Box 54700, Los Angeles, CA 90054-0700
Phone Number: (213) 669-2390
Tollfree Number: (888) 259-6884
Fax Number: (213) 913-3614

Description: The Risk Reduction Program of the Division of Adolescent Medicine, Children's Hospital Los Angeles, operates both clinic-based and community-based HIV prevention and intervention services for youth age 12-24. Program services include a clinic for HIV-infected youth, comprehensive case management services, street outreach targeting homeless and runaway youth, HIV education to youth at risk, and

training for community health and allied health professionals on adolescents and HIV. The Program runs support groups for HIV-positive adolescents and their families. Children's Hospital has a grant to evaluate and disseminate health care and support services delivery models for HIV-infected and at-risk adolescents.

Children's Hospital Medical Center, Hemophilia Treatment Center

Address: 3333 Burnet Ave., Cincinnati, OH 45229
Phone Number: (513) 559-4269
Fax Number: (513) 559-5599

Description: The Hemophilia Treatment Center of the Children's Hospital Medical Center provides hemophilia and HIV medical and referral services, including anonymous and confidential HIV-antibody testing, and pre- and post-test counseling. Outreach education services are targeted at youth who engage in high risk behavior and toward area schools.

Community Action of Greater Indianapolis (CAGI), Fighting AIDS Through Education (FATE)

Address: 2451 N. Meridian St., Indianapolis, IN 46208
Phone Number: (317) 327-7654
Fax Number: (317) 927-5715

Description: Community Action of Greater Indianapolis (CAGI), Fighting AIDS Through Education (FATE) Program targets minority, injection drug-using youth and low-income persons living with HIV/AIDS (PLWAs). Services include education, anonymous and confidential HIV-antibody testing, and confidential pre- and post-test counseling. Educational programs discuss modes of HIV transmission, prevention strategies, testing, and referrals for care coordination services. Programs include dissemination of educational pamphlets and brochures, and distribution of condoms. Presentations to adolescent groups emphasize abstinence as the primary means of preventing HIV infection.

Community Health Project, Health Outreach to Teens (HOTT)

Address: 208 W. 13th St., 2nd Flr., New York, NY 10011
Phone Number: (212) 255-1673
Fax Number: (212) 645-0013

Description: Health Outreach to Teens (HOTT) supplies free, nonjudgmental health care, counseling, and education, with an emphasis on prevention, to youth who are homosexuals, bisexuals, lesbians, or cross dressers. Services include general medical, routine health maintenance, entitlements advocacy, AIDS treatment, case management, outreach education, and referrals. Confidential HIV-antibody testing and pre- and post-test counseling are available on the recommendation of a staff physician. HOTT also provides safer sex counseling, substance abuse counseling, crisis intervention counseling, and individual and group counseling. HOTT Health Raps provides outreach/health education to youth.

**District of Columbia, Department of Human Services, Commission of Public Health,
Office of Maternal and Child Health, Comprehensive HIV Intervention and
Prevention Services for Families (CHIPS)**

Address: 800 9th St., SW, 3rd Fl., Washington, D.C. 20024

Phone Number: (202) 686-0567

Fax Number: (202) 686-2793

Description: Comprehensive HIV Intervention and Preventions Services for Families (CHIPS) offers family conferences, case management, and primary care referrals for infected pregnant women, infants, children, and adolescents, including infected infants and children in foster or adoptive care. Family support and services are offered from hospital pediatric and OB/GYN departments and public health clinics.

Family Planning Council of Southeastern Pennsylvania

Address: 260 S. Broad St., Suite 1000, Philadelphia, PA 19102-3865

Phone Number: (215) 985-2600

Fax Number: (215) 732-1252

Description: The Family Planning Council of Southeastern Pennsylvania offers HIV risk-reduction counseling, technical assistance, and activities for family planning staff and affiliated provider sites. A video and an accompanying facilitator's guide on client-centered HIV counseling is also offered. Other services include research demonstration programs regarding transmission of HIV from mother to child, and referrals to HIV-antibody testing, education programs, and condom distribution services for persons at risk for HIV infection. In addition, train the trainer services, caregiver training, and volunteer training are offered. Counseling services, behavioral research, and statistical reporting are provided.

Gay and Lesbian Latino AIDS Education Initiative (GALAEI)

Address: 1233 Locust St., 3rd Fl., Philadelphia, PA 19107

Phone Number: (215) 985-3382

Fax Number: (215) 985-3388

Description: The Gay and Lesbian Latino AIDS Education Initiative (GALAEI) provides HIV prevention education designed to meet the needs of Latino sexual minorities. Anonymous and confidential HIV-antibody testing and counseling, follow-up services, and assistance with medical, nutritional, psychological, legal, and alternative therapies are available. Support groups are provided for men who test positive and negative for HIV. GALAEI also runs a Women's Health Project, a peer education/youth program, and distributes condoms. The Midnight Cowboy Project is an AIDS education/early risk reduction and intervention program that provides condoms, education, counseling, and referrals to male sex industry workers. GALAEI provides education to schools, youth programs, and transgendered individuals. It also develops bilingual literature and provides anti-homophobia training workshops for Latino agencies.

Greater Bridgeport Adolescent Pregnancy Program, Teen Outreach Primary Services (TOPS) Project

Address: 200 Mill Hill Ave., Bridgeport, CT 06610
Phone Number: (203) 384-3629
Fax Number: (203) 384-4034

Description: The Greater Bridgeport Adolescent Pregnancy Program, Teen Outreach Primary Services (TOPS) Project offers HIV/AIDS peer outreach for youth ages 15-24. It offers support groups for persons living with HIV/AIDS (PLWAs), referral services, and training for peer educators.

Haitian American Public Health Initiatives

Address: 10 Fairway St., Boston, MA 02126
Phone Number: (617) 298-8076
Fax Number: (617) 298-1224

Description: Haitian American Public Health Initiatives provides community outreach and policy analysis, as well as recommendations targeting adolescent and young adult Haitian women. Its AIDS education project, a cooperative venture with Boston City Hospital and three other health centers, recruits and trains peer counselors for weekly small-group education sessions in Haitian community schools, churches, beauty salons, recreational centers, clinics, and health centers.

Health Initiatives for Youth (HIY), Youth Empowerment Services (YES) Center

Address: 1242 Market St., 2nd and 3rd Fls., San Francisco, CA 94102
Phone Number: (415) 487-5777
Fax Number: (415) 487-5771

Description: Health Initiatives for Youth (HIY) is a health education and advocacy group especially interested in peer-to-peer collaboration. Its Youth Empowerment Services (YES) project targets youth with HIV/AIDS. YES offers a drop-in center for youth that provides a place to socialize and to feel comfortable building relationships of trust. The center also offers training, health promotion, and support. Four HIV-infected young people create and staff the program. The program acts as a support and skills-building model for youth serving agencies and youth with HIV/AIDS. YES trains youth mentors, initiates leadership training, identifies sources of community support, and develops support groups for staff and volunteers. YES provides peer-based services, as well as mentoring for youth, training for program volunteers, and involvement for family members and friends of youth with HIV/AIDS. The goal is to replicate the YES project in other cities.

Hetrick-Martin Institute (HMI)

Address: 2 Astor Place, New York, NY 10003
Phone Number: (212) 674-2400
Fax Number: (212) 674-8650

Description: The Hetrick-Martin Institute, Incorporated (HMI), is a social service education and advocacy organization founded in 1979 to serve lesbian, gay, and bisexual youth, including homeless adolescents, minority youth, adolescent prostitutes, persons who are coming to terms with issues of sexuality, and youth at risk of or living with

HIV/AIDS and their families. The Institute networks with gay organizations, conducts free training workshops and seminars, and provides technical assistance for professionals involved in programs dealing with homosexuality and AIDS among homeless youth. HMI offers an after-school drop-in center, support groups, AIDS education prevention materials, and a program for deaf adolescents and their families. HMI also offers on-site and telephone counseling and referrals to medical, legal, and other vital services for local clients and other youths around the country who have nowhere else to turn. Services include Project First Step, an outreach program for street youth. The staff of Project First Step provides risk-reduction information, condoms, opportunities for personal hygiene improvement, and help with locating food, shelter, and medical services. The Harvey Milk School educates youth and gives homosexuals, bisexuals, and lesbians the opportunity to obtain a high school education without anti-gay harassment.

Illusion Theater Prevention Program

Address: 528 Hennepin Ave., Suite 704, Minneapolis, MN 55403
Phone Number: (612) 339-4944
Fax Number: (507) 237-8042

Description: The Illusion Theater Prevention Program is an arts-related organization that provides plays, awareness and training seminars, and resource materials that encourage compassion for people living with AIDS. It also promotes the healthy sexuality and safer sexual conduct necessary to avoid HIV infection. It has produced *Amazing Grace*, a play for adolescents about living with AIDS and dealing with issues related to HIV infection, and *Alphabet of AIDS*, a play for upper elementary grades focusing on developing empathy.

Indiana Department of Health, Division of HIV/STD, AIDS Program

Address: 2 N. Meridian St., Indianapolis, IN 46206
Phone Number: (317) 233-7867
Fax Number: (317) 233-7663

Description: The Indiana Department of Health, Division of HIV/STD, AIDS Program, conducts activities regarding HIV/AIDS and other sexually transmitted diseases (STDs). It provides HIV testing and counseling training for clinic staff, and produces a quarterly newsletter and an HIV quarterly report on surveillance. The Indiana Youth Access Project provides health education, risk reduction, surveillance/seroprevalence, and HIV-related services throughout the state.

Lambda Youth Group

Address: 409 Jackson St., Hayward, CA 94544
Phone Number: (510) 247-8200

Description: Lambda Youth Group is a nonprofit agency that reaches out to isolated gay, lesbian, and bisexual youth. It provides a national listing of pen pal programs, helplines, newsletters, and other resources for youth 23 and under.

Larkin Street Youth Center (LSYC)

Address: 1044 Larkin St., San Francisco, CA 94109
Phone Number: (415) 673-0911
Fax Number: (415) 923-1378

Description: The Larkin Street Youth Center (LSYC) is a community-based, nonprofit agency providing homeless and runaway youth (ages 12-23) with viable alternatives to life on the streets. An aftercare unit offers support services, such as emergency food and clothing, AIDS and drug abuse outreach, case management, substance abuse education and counseling, anonymous and confidential HIV-antibody testing, pre- and post-test counseling, street outreach, educational assistance, medical and counseling services, and drop-in activities. The Center also serves Central American refugee youth. Outreach staff work on the streets of San Francisco to identify homeless youth and refer them to the Center for services. A Drop-In Program provides them with a safe, drug-free environment to participate in group raps and become involved in a variety of recreational and educational activities geared toward supporting the youth as they go through the process of leaving the streets. Case managers provide intensive counseling, and in conjunction with the Department of Public Health, a doctor, a nurse practitioner, and a medical assistant provide health screenings and limited on-site treatment. Finally, in conjunction with the San Francisco Unified School District, a part-time teacher provides one-to-one tutoring with youths preparing for their GED exams, as well as facilitating educational groups in the Drop-In area. There is also an AIDS Prevention Program for Homeless Youth. The primary goal of the Center is to divert youth from the streets and return them to their family of origin when possible.

Los Angeles Youth Network

Address: 1944 N. Cahuenga Blvd., Los Angeles, CA 90068
Phone Number: (213) 957-7340
Tollfree Number: (800) 843-5200 - California Youth Crisis line. CA only.
Fax Number: (213) 957-7369

Description: The Los Angeles Youth Network provides a 20-bed shelter, a transitional living program for chronic runaway and homeless street youth between the ages of 12 and 17, and a street outreach center for homeless people ages 12-17. The gay- and lesbian-sensitive staff also provide HIV prevention education, vocational assistance, case management counseling, and referrals. Weekly medical screenings are provided on site. Services include showers, clothing, food, and tutoring. They also provide an onsite substance abuse counselor as well as a risk-reduction counselor who provides advocacy, counseling, and transportation for youth at risk for HIV. The organization also provides anonymous and confidential HIV-antibody testing, and pre- and post-test counseling.

Lutheran Social Services, Street Program

Address: 2414 Park Ave., Minneapolis, MN 55404
Phone Number: (612) 774-9507
Fax Number: (612) 774-5017

Description: The Lutheran Social Services, Street Program offers support and advocacy for homeless youth and youth involved in prostitution.

Medical and Health Research Association (MHRA) of New York City, Maternity Infant Care — Family Planning Project

Address: 225 Broadway, 17th Fl., New York, NY 10007
Phone Number: (212) 267-0900
Fax Number: (212) 571-5641

Description: The Medical and Health Research Association (MHRA) of New York City, Maternity Infant Care-Family Planning Project administers 10 clinics providing technical assistance and networking.

Mi Casa Resource Center for Women, Fenix Program

Address: 571 Galapago St., Denver, CO 80204
Phone Number: (303) 573-1302
Fax Number: (303) 595-0422

Description: The Mi Casa Resource Center for Women offers a variety of programs for women and teenagers. The Fenix Program, a HIV/STD Teen Pregnancy Prevention Program, provides peer support and education for minority youth. The Program offers educational workshops on abstinence, self-esteem, communication skills, relationships, and decision-making related to HIV/AIDS and other STDs. Other services include peer counseling, crisis intervention counseling, street outreach prevention education, condom distribution, meetings, a speakers' bureau, networking, and a teen helpline.

Midwest AIDS Prevention Project (MAPP)

Address: 702 Livernois, Ferndale, MI 48220
Phone Number: (810) 545-1435
Tollfree Number: (800) 627-7769
Fax Number: (810) 545-3313

Description: The Midwest AIDS Prevention Project (MAPP) is a volunteer-based organization. MAPP conducts media events, meetings and conferences, street and bar outreach, safer sex workshops, speaking engagements, and workplace education programs; offers support groups for HIV-positive gay men; produces and distributes educational materials; trains HIV outreach workers, health care professionals, and teen peer educators; and refers its clients to other organizations for HIV-antibody testing, legal services, and medical care.

Mt. Sinai Medical Center, Adolescent Health Center (AHC)

Address: 312 E. 94th St., No. 1005, New York, NY 10128
Mailing Address: P.O. Box 1005 New York, NY 10128
Phone Number: (212) 423-3000
Fax Number: (212) 423-2994

Description: The Mount Sinai Medical Center, Adolescent Health Center (AHC) was established in 1968 to provide confidential comprehensive medical, mental health, family planning, and health education services to young adults ages 12.5-20.5. It also operates school-based clinics in two local high schools. Special programs include support groups for rape and incest survivors and a parenting program for young adults. The Center maintains a confidential health care policy that includes an HIV

prevention and treatment program. It provides confidential HIV-testing, pre- and post-test counseling, medical care for persons living with HIV/AIDS (PLWA's), individual counseling, peer support groups for HIV-positive youth, and an AIDS bereavement group. It has street and community outreach programs, distributes condoms, and offers education. It also operates the S.T.A.R. Theater Program which uses teen culture as a vehicle for AIDS education. S.T.A.R. Theater is composed of four theater companies of young adults ages 9-24, and performs for youth audiences throughout New York City. The program includes a session with the actors, who remain in character and answer questions from the audience. Some of the actors are themselves HIV-positive.

Oregon Research Institute (ORI)

Address: 1715 Franklin Blvd., Eugene, OR 97403-1983
Phone Number: (541) 484-2123
Fax Number: (541) 484-0806

Description: The Oregon Research Institute (ORI) conducts research related to the behavior of adolescents. Subjects include the epidemiology of depression, family influences in substance abuse and use, social behavior within the family and peer group, and prevention of adolescent tobacco and other substance use. Other research projects include the study of high-risk sexual behavior, perceptions of high-risk behaviors, and high-risk sexual behaviors of adolescents. A new research initiative concerns the social, behavioral, and cognitive correlates of engagement in high-risk sexual behavior, and developing and validating an intervention to reduce high-risk sexual behavior among adolescents who have had a sexually transmitted disease. Treatment of adolescent depression educational programs for children and youth with disabilities are also available.

People With AIDS Coalition of Dade County

Address: 187 NE 36 St., Miami, FL 33137
Phone Number: (305) 576-1111
Fax Number: (305) 576-4470

Description: The People With AIDS Coalition of Dade County provides education and information about HIV infection. Services provided directly or through companion organizations include educational services, counseling, substance abuse counseling, alternative therapies, library services, HIV-positive peer presentations, newsletter production and dissemination, social programs, and stress reduction workshops. A thrift shop is available along with free haircuts and massages for PWAs. Services are targeted toward difficult-to-reach populations such as adolescents, African American women, incarcerated women, sex workers, women in drug rehabilitation programs, and the African American community in general.

Planned Parenthood of New York City, Project Street Beat

Address: 1747 Pitkin Ave., Brooklyn, NY 11212
Phone Number: (718) 385-5793

Description: Planned Parenthood of New York City, Project Street Beat is an outreach program targeted to teenagers living on the streets who are at risk of being involved in drug use or prostitution. A medical van offers condoms, bleach kits, clean clothes, showers, and counseling. Services include case management, HIV prevention

education, risk assessment, risk-reduction counseling, and referrals. The van's medical services include diagnosis and treatment of sexually transmitted diseases (STDs) and pregnancy testing. Project Street Beat also offers support groups.

Prevention Point of Buffalo, Incorporated

Address: 593 Winspear Ave., Buffalo, NY 14215-1209
Phone Number: (716) 836-7485
Fax Number: (716) 836-7485

Description: Prevention Point of Buffalo, Incorporated is a not-for-profit organization that provides outreach services to high-risk individuals, targeting gay and lesbian youth, veterans, sex workers, and the homeless. Services include needle exchange programs; condom distribution; safer sex, substance abuse, and crisis intervention counseling; and referrals to HIV-antibody testing sites and other resource services. The organization also provides training, meetings, a speakers' bureau, and workplace education programs. It operates an electronic bulletin board, and produces a newsletter and educational materials.

San Francisco Department of Public Health, Community Public Health Services, Special Programs for Youth (SPY)

Address: 375 Woodside Ave., W-1, San Francisco, CA 94127
Phone Number: (415) 753-7760
Fax Number: (415) 753-7759

Description: Special Programs for Youth (SPY), San Francisco Department of Public Health provides various AIDS-related services to San Francisco youth. Focusing on youth who are homeless, runaways, or involved in the juvenile justice system, SPY provides extensive prevention services, offers continuing support and participation in citywide collaborative HIV prevention/reduction efforts, and provides confidential HIV-antibody counseling and testing specifically designed for adolescents. Comprehensive treatment services, including primary medical care/early intervention, case management, mental health and other support services are available to all HIV-positive youth under the age of 25 residing in San Francisco. Emotional support services are made available to families and loved ones of infected young people as well. In addition, information on, and referrals to, clinical trials appropriate for young people is available. In 1993, a natural history clinical trials project has been established and will outreach to young people in the larger San Francisco Bay area. Project Alliance for the Health of Adolescents (AHEAD) focuses on training, advocacy and education, and has recently set up a speakers' bureau made up entirely of young people living with HIV.

Sasha Bruce Youthwork, Incorporated, AIDS Prevention Services

Address: 701 Maryland Ave., NE, Washington, D.C. 20002
Phone Number: (202) 675-9370
Fax Number: (202) 546-7761

Description: Sasha Bruce Youthwork, AIDS Prevention Services, provides education, outreach services, and support services. Educational programs include group forums, safer sex activities, AIDS presentations, one-on-one discussions, and youth retreats related to HIV/AIDS. A mobile van street outreach program is provided for African American youth and prostitutes in Washington, D.C. It offers risk assessment,

counseling, support groups, parent workshops, an AIDS educational theater program, and follow-up discussions. Transportation to testing sites and testing referrals are also available.

Seattle Counseling Service for Sexual Minorities, HIV/AIDS Programs

Address: 1820 E. Pine St., Seattle, WA 98122
Phone Number: (206) 323-1768
Tollfree Number: (800) 527-7683 - WA only.
Fax Number: (206) 323-2184

Description: The Seattle Counseling Service for Sexual Minorities, HIV/AIDS Programs offers confidential HIV-antibody testing and counseling, individual and group counseling, AIDS crisis intervention and counseling, long-term therapy, case management, referrals, and educational outreach programs tailored to the specific needs of an agency or organization. The Seattle Counseling Service for Sexual Minorities also provides a youth crisis intervention program for youth ages 22 and under at agency and Lambert House. Persons living with HIV/AIDS (PLWAs) are offered closed session groups. Other services include training for mental health professionals and providers, and a hotline.

Seattle-King County Department of Public Health, Northwest Family Center (NFC)

Address: 1001 Broadway Ave., Suite 105, Seattle, WA 98122
Phone Number: (206) 720-4300
Tollfree Number: (800) 462-4965
Fax Number: (206) 720-4302

Description: The Northwest Family Center (NFC) is a multi-agency center where families affected by HIV/AIDS can get coordinated medical care, case management, and child care. A special program serves pregnant HIV-positive women and teens with followup care through the first year after birth. A Women, Infant, Children (WIC) program is also offered.

Sexual Minority Youth Assistance League (SMYAL)

Address: 333 1/2 Pennsylvania Ave., SE, 3rd Fl., Washington, D.C. 20003-1148
Phone Number: (202) 546-5940
Fax Number: (202) 544-1306

Description: The Sexual Minority Youth Assistance League (SMYAL) provides youth services and advocacy for sexual minority youth, including those who are gay, lesbian, bisexual and transgender between the ages of 14 and 21. Outreach and condom distribution services are available. Other services include a youth helpline, a drop-in recreation program, and support groups. A training and education program, including a speakers' bureau, is also provided for teachers, parents, counselors, and other professionals working with sexual minority health issues.

Sociedad Latina Association

Address: 1530 Tremont St., Boston, MA 02120
Phone Number: (617) 442-4299
Fax Number: (617) 442-4087

Description: Sociedad Latina Association provides support and education services for persons living with HIV/AIDS (PLWAs). Through its "Party Nets," it offers outreach, education, and support in private and confidential gatherings to PLWAs as well as those at risk. Peer educators also operate train-the-trainer programs for youth between the ages of 14 and 19. It offers HIV street outreach, an HIV/AIDS prevention program, and peer education for youth between the ages of 14 and 19. It also offers substance abuse prevention and referral, pregnancy prevention education, and support groups for females over the age of 13. In cooperation with Madison Park High School, Sociedad Latina also provides a stay-in-school program for Latinos and Latinas. Workshops for Latina youth provide assistance in writing resumes and other practical skills.

South Carolina AIDS Education Network (SCAEN), Incorporated

Address: 2768 Decker Blvd., Suite 98, Columbia, SC 29206
Phone Number: (803) 736-1171
Tollfree Number: (800) 506-2114 - Phone Orders.
Fax Number: (803) 736-0473

Description: The South Carolina AIDS Education Network (SCAEN) is a nonprofit community service organization. Most of the services are provided by volunteers who are involved in outreach to the minority population, youth education, and awareness. Workshops have been organized and include training programs with role-playing. SCAEN is also involved in the development of videorecordings for youth, providing buddy services to persons living with HIV/AIDS (PLWAs) and those who test positive for HIV infection, and counseling. Eighty-five percent of the client population is African American, Hispanic, or Asian, and clients represent a mix of economic backgrounds. Support groups are available for women, men, teens, and persons with HIV/AIDS. Other goals include informing the public about safer sex practices, abandoning injection drugs, and meeting the direct and indirect personal needs of PWAs. The videorecording, *I Think We Should Talk*; an educational manual for couples, *Safer Sex, Get Acquainted*; low-literacy brochures; and other AIDS-related print materials are also available.

Stop AIDS Let's Unite to Educate (SALUTE)

Mailing Address: P.O. Box 7032, Houston, TX 77248
Phone Number: (713) 868-2408
Fax Number: (713) 868-2410

Description: Stop AIDS Let's Unite to Educate (SALUTE) works with other local organizations to educate and increase the awareness of HIV/AIDS and its prevention on the part of junior and senior high school students. SALUTE stresses abstinence and postponing sex until marriage. Using musical entertainment, SALUTE presents its message in a friendly and relaxed atmosphere. Part of the presentation is a display of artwork by HIV/AIDS patients, with an accompanying biography of the artist.

Tulane University School of Social Work, Institute for Research and Training in HIV/AIDS Counseling

Address: 6823 St. Charles Ave., New Orleans, LA 70118-5672
Phone Number: (504) 865-5314
Fax Number: (504) 862-8727

Description: The Institute for Research and Training in HIV/AIDS Counseling provides HIV prevention workshops for college students and the staff of social service, juvenile justice, and public welfare agencies. It also provides social work curriculum development consultation on HIV/AIDS and substance abuse to schools. The Institute participates in a tri-college National AIDS conference, hosting the event every third year. A social work bibliography and bibliographic database are also available.

University of Minnesota, Adolescent Health Program, Youth and AIDS Projects

Address: 420 Delaware St., SE, Minneapolis, MN 55455
Mailing Address: P.O. Box 721, UMHC, Minneapolis, MN 55455
Phone Number: (612) 627-6820
Fax Number: (612) 627-6819

Description: The University of Minnesota, Youth and AIDS Prevention Program is a special HIV prevention and service program for gay and bisexual youth. Services include HIV risk assessment, risk-reduction counseling, peer education, condom distribution, case management, and referrals. Anonymous HIV-antibody testing and pre- and post-test counseling are offered. The program also provides comprehensive health services for HIV seropositive adolescents 12-21 years of age.

Walden House Care Unit, Adolescent Planetree Program (APT)

Address: 1840 Van Ness Ave., San Francisco, CA 94109
Phone Number: (415) 241-5574

Description: Walden House Care Unit, Adolescent Planetree program (APT) provides a residence for young adults (ages 13-24) with behavioral and emotional issues connected with substance abuse. Therapy includes individual, peer, group, and family counseling. The staff consists of professionals and ex-addicts. Staff are specially trained to deal with HIV/AIDS, substance abuse, and mental health issues. Services include HIV antibody testing, pre- and post-test counseling, and HIV education. Also provided are meditation, support groups, nutritional counseling, and referrals. In addition, clients attend a non-public school while in the program.

YouthCare Adolescent Health Promotion Program

Address: 333 First Ave., West Seattle, WA 98119-4103
Phone Number: (206) 282-1288
Fax Number: (206) 282-6463

Description: YouthCare's Adolescent Health Promotion Program provides HIV/AIDS prevention services to youth in detention facilities, drug and alcohol treatment programs, shelters, group homes, drop-in centers, and alternative schools, as well as to youth living on the streets. The program provides comprehensive HIV/AIDS prevention services to runaway, homeless, and street-involved youth. To do this, the

Adolescent Health Promotion Program uses several approaches, including direct education, peer education, HIV/AIDS education training for youth service providers, outreach services, educational materials development, and special events. The Program offers prevention case management, anonymous HIV-antibody testing, anonymous test-related counseling, and early intervention services.

YWCA of Greater Atlanta, Phyllis Wheatley Branch

Address: 599 Mitchell St., Atlanta, GA 30314
Phone Number: (404) 522-9922
Fax Number: (404) 688-8795

Description: The YWCA of Greater Atlanta has initiated an HIV/AIDS education and prevention program targeting adolescents, specifically Hispanics. The YWCA of Greater Atlanta incorporated the Centers for Disease Control and Prevention's (CDC's) guidelines for effective school health education to prevent the spread of HIV. Four program options are offered. Act Intelligently Decide on Safety (AIDS) is a one-hour, culturally sensitive informative presentation tailored to Hispanic adolescents. The HIV/AIDS education curriculum addresses issues that teenagers have identified as important to them, including HIV/AIDS, sexually transmitted diseases (STDs), abstinence, safer sex, risk reduction, self-esteem, personal responsibility, safe and healthy living skills, alcohol and drug use, and pregnancy. Summer camp presentations are a miniature version of the HIV/AIDS education curriculum. Finally, the teen theater has created a culturally sensitive play and rap session in Spanish and English performed by bilingual high school students.

**MATERIALS FROM
THE CDC NATIONAL
AIDS CLEARINGHOUSE**



The educational materials listed in this section are available through the CDC National AIDS Clearinghouse. These materials are divided into two sections: the first includes items that are designed for use by young people; the second provides information for adults working with, or interested in, adolescents. Several materials are listed in both sections because they meet the needs of both groups.

The order form at the end of this section can be used to order these materials, and includes additional information about ordering from the Clearinghouse.

For information on other educational materials available from a wide variety of government and community-based organizations, call CDC NAC at 1-800-458-5231 and ask for the following titles: *HIV/AIDS and Adolescents: Materials for Parents and Educators*; *HIV/AIDS Educational Materials for Adolescents*; and *HIV/AIDS and Abstinence*. All three are part of the Clearinghouse's *Standard Search Series*. Or, ask for a customized search of our Educational Materials Database.

Materials for Adolescents

Fact Sheet _____

Facts About Condoms and Their Use in Preventing HIV Infection and Other STDs

Producer: U.S. Department of Health and Human Services, Public Health Service, Centers for Disease Control and Prevention; CDC NAC Inventory no. D444; Free, single copies only

Year: 1996

Abstract: This fact sheet discusses the role of condoms in preventing the transmission of HIV and other sexually transmitted diseases (STDs). It encourages the proper and consistent use of condoms during any act of sexual intercourse. Directions for proper application of condoms are given. Myths about condom efficacy are dispelled. The fact sheet includes recommendations on HIV prevention strategies, such as spermicides and condoms for women. It concludes by urging individuals to make responsible choices.

Guides to Information _____

Locating Basic Resources on HIV/AIDS

Producer: CDC National AIDS Clearinghouse; CDC NAC Inventory no. D317; Free, single copies only.

Year: 1996

Abstract: This is a guide to sources of information about HIV/AIDS. Different sources are suitable for students at various levels ranging from the upper elementary grades through college undergraduate. Subject headings related to HIV and AIDS are presented for assistance in using the suggested library resources. The fact sheet explains the library catalog and the vertical file, refers to encyclopedias and dictionaries, and describes some reference books about AIDS. It discusses periodical and newspaper indexes, and lists several journals and newsletters that provide current information about HIV/AIDS. It also outlines computer-assisted literature searches, and briefly refers to additional sources of information such as local and state health departments and the Internet.

Locating Basic Resources on HIV/AIDS and Sports

Producer: CDC National AIDS Clearinghouse; CDC NAC Inventory no. B685; Free, single copies only.

Year: 1996

Abstract: This document is intended to help high school, collegiate, and professional athletic personnel make informed decisions about the issues related to athletics and HIV. In addition to providing an overview of the subject, it lists sources for more information. It covers AIDS and HIV transmission, with a specific reference to HIV and sports-related injuries; steroid use and needle-sharing; athletic participation by HIV-positive persons; universal precautions; HIV-antibody testing of players; and the need for education.

Standard Search Series: HIV/AIDS and Abstinence

Producer: CDC National AIDS Clearinghouse; CDC NAC Inventory no. D170; Free, single copies only.
Year: 1997
Abstract: This guide lists titles of materials about HIV and abstinence education. The entries are organized by formats, such as brochures, journal articles, or books. Within each format, the titles are sorted by year, with the most recent listed first. Each entry provides an abstract, the source, and a physical description of the document.

Standard Search Series: HIV/AIDS Educational Materials for Adolescents

Producer: CDC National AIDS Clearinghouse; CDC NAC Inventory no. D280; Free, single copies only.
Year: 1996
Abstract: This guide contains the results of a search of the CDC National AIDS Clearinghouse Educational Materials Database for HIV/AIDS educational materials to be used by adolescents. The information in this search is organized by format, and listings include brochures, posters, and videorecordings.

Posters

AIDS Is Scary, But a Zit Is Real. Right?

Producer: U.S. Department of Health and Human Services, Public Health Service, Centers for Disease Control and Prevention; CDC NAC Inventory no. P058; 10¢ per copy.
Year: 1991
Abstract: This poster uses a question-and-answer format to tell young people about the dangers of HIV infection.

Al Cumplir los 17, Me Entere que Tenia el HIV y Tambien que Todo el Mundo lo Puede Contraer.

(When I Found Out I Had HIV at Age 17, I Learned That Anyone Can Get It: translated title)

Producer: U.S. Department of Health and Human Services, Public Health Service, Centers for Disease Control and Prevention; CDC NAC Inventory no. P709; 10¢ per copy.
Year: 1992
Abstract: This poster features a message from Pedro Zamora, a young Hispanic man who died from HIV infection in 1994, two years after this poster was created. Zamora, who was 19 at the time the poster's photograph was taken, says the frightening part of his diagnosis has been that his friends continue to practice risky behaviors; he tells young adults that they are not invincible or immune to HIV. The poster features a photograph of Zamora seated on the ground, leaning against a basketball hoop.

Getting High Doesn't Cause AIDS, It Just Lets It Happen

Producer: U.S. Department of Health and Human Services, Public Health Service, Centers for Disease Control and Prevention; CDC NAC Inventory no. P145; 10¢ per copy.

Year: 1989

Abstract: This poster makes the point that recreational drug and alcohol use may dull the mind to the point at which judgment is impaired, and one may indulge in behavior that puts oneself at risk for HIV infection.

If You Get the AIDS Virus Now, You and Your License Could Expire at the Same Time

Producer: U.S. Department of Health and Human Services, Public Health Service, Centers for Disease Control and Prevention; CDC NAC Inventory no. P140; 10¢ per copy.

Year: 1989

Abstract: This poster conveys the message that HIV may take several years to develop into AIDS; young people should be aware they are at risk. National hotline numbers are given.

If You're Dabbling in Drugs . . . You Could Be Dabbling With Your Life

Producer: U.S. Department of Health and Human Services, Public Health Service, Centers for Disease Control and Prevention; CDC NAC Inventory no. P061; 10¢ per copy.

Year: 1990

Abstract: Addressed to injecting drug users (IDUs), this poster emphasizes that sharing needles involves the risk of contracting HIV, and that just one exposure can result in infection. The poster features the picture of a young African American man in a basketball uniform.

Putting on a Condom Is Just As Simple

Producer: U.S. Department of Health and Human Services, Public Health Service, Centers for Disease Control and Prevention; CDC NAC Inventory no. P108; 10¢ per copy.

Year: 1989

Abstract: Addressed to young men, this poster shows a man putting on a sock and emphasizes the ease and importance of using a condom. It urges readers to use condoms every time they have sexual intercourse to protect themselves and their partners against HIV infection.

Some People Think They Come of Age When They've Been Burnt by Gonorrhea, But if They've Been Burnt by AIDS They May Never Come of Age

Producer: U.S. Department of Health and Human Services, Public Health Service, Centers for Disease Control and Prevention; CDC NAC Inventory no. P146; 10¢ per copy.

Year: 1989

Abstract: This poster makes the point that HIV infection, unlike other sexually transmitted diseases (STDs), is incurable.

Tell Him He Has A Choice of What to Wear

Producer: U.S. Department of Health and Human Services, Public Health Service, Centers for Disease Control and Prevention; CDC NAC Inventory no. P734; 10¢ per copy.

Year: 1994

Abstract: This poster uses an illustration of a wrapped condom and a pair of men's jeans to tell viewers to either use a condom or avoid sex. It also bears the words: "Use a latex condom consistently and correctly for protection against HIV."

There's A Simple Way to Prevent AIDS

Producer: U.S. Department of Health and Human Services, Public Health Service, Centers for Disease Control and Prevention; CDC NAC Inventory no. P141; 10¢ per copy.

Year: 1989

Abstract: This poster urges young people to practice sexual abstinence as an effective way to avoid HIV/AIDS.

Today, Almost One Million Americans Are Infected With HIV, How's It All Going to End?

Producer: U.S. Department of Health and Human Services, Public Health Service, Centers for Disease Control and Prevention; CDC NAC Inventory no. P711; 10¢ per copy.

Year: 1992

Abstract: This poster urges viewers to reconsider sexual behaviors that put them at risk for HIV infection and other sexually transmitted diseases (STDs). They explain safer sexual conduct and how it can prevent the spread of HIV and other STDs. These materials feature a black-and-white photograph of a young man and woman talking and smiling at each other.

Your Sex Partner for Life

Producer: U.S. Department of Health and Human Services, Public Health Service, Centers for Disease Control and Prevention; CDC NAC Inventory no. P735; 10¢ per copy.

Year: 1993

Abstract: This poster uses an illustration of an unwrapped condom to tell viewers to use condoms in order to prevent HIV transmission and save their lives. It also bears the words: "Use a latex condom consistently and correctly for protection against HIV."

What to Look for in A Man

Producer: U.S. Department of Health and Human Services, Public Health Service, Centers for Disease Control and Prevention; CDC NAC Inventory no. P736; 10¢ per copy.

Year: 1993

Abstract: This poster uses an illustration of a wrapped condom to tell viewers to make sure their sex partners carry, and are prepared to use, condoms every time they have sex. It also bears the words: "Use a latex condom consistently and correctly for protection against HIV."

With AIDS Around, Gonorrhea, Syphilis & Herpes Are Fair Warning

Producer: U.S. Department of Health and Human Services, Public Health Service, Centers for Disease Control and Prevention; CDC NAC Inventory no. P142; 10¢ per copy.
Year: 1989
Abstract: This poster warns young people that HIV infection is transmitted like other sexually transmitted diseases, but is far more serious.

Why Alcohol, Crack and Other Drugs Can Put You at Risk for the AIDS Virus *El Licor, el Crack Y Otras Drogas Te Ponen en Riesgo de Contraer el SIDA*

Producer: U.S. Department of Health and Human Services, Public Health Service, Centers for Disease Control and Prevention; CDC NAC Inventory no. P149 (English); CDC NAC Inventory no. P150 (Spanish); 10¢ per copy.
Year: 1989
Abstract: This poster makes the point that recreational drug and alcohol use may dull the mind to the point at which judgment is impaired, and one may indulge in behavior that puts one at risk for HIV infection.

Videorecordings

Respect Yourself, Protect Yourself

Producer: U.S. Department of Health and Human Services, Public Health Service, Centers for Disease Control; CDC NAC Inventory No. V841; Free, single copies only.
Year: 1995
Abstract: This videorecording contains 12 television and 7 radio public service announcements (PSAs) from the CDC's campaign titled *Respect Yourself, Protect Yourself*, which targets young adults age 18-25. Television PSAs include: *Wake Up Call*, 30 seconds; *Abstinence*, 30 seconds, 15 seconds, and 10 seconds; *Men — Talk About It*, 30 seconds; *Communication*, 60 seconds; *Buying Condoms*, 30 seconds; *Communication* (Spanish), 30 seconds; *How Do You Know?*, 30 seconds; *Alcohol — Stay In Control*, 15 seconds; *Gatekeeper*, 20 seconds; and *Responsibility* (Spanish), 30 seconds. Radio announcements are *Communication*, 30 seconds; *How Do You Know?*, 30 seconds; *Responsibility* (Spanish), 30 seconds; *Abstinence*, 30 seconds; *Buying Condoms*, 30 seconds; *Communication* (Spanish), 30 seconds; and *Alcohol — Stay In Control*, 15 seconds.

America Responds to AIDS, Public Service Announcements: It's Your Move, Prevent AIDS

Producer: U.S. Department of Health and Human Services, Public Health Service, Centers for Disease Control and Prevention; CDC NAC Inventory no. V046; Free, single copies only.
Year: 1994
Abstract: This videorecording contains eight television public service announcements (PSAs) and four radio spots from the Centers for Disease Control and Prevention's (CDC) Prevention Marketing Campaign. The unifying theme is that consistent and correct condom use can help prevent the spread of HIV infection. Television spots include *Automatic*, *Turned Down* (in two lengths), *Asi No* (Spanish version of *Turned Down*), *We'll Wait* in versions

with a male speaker and a female speaker, *For a Free Brochure, Condoms, and Delay* featuring peer educator Denise Stokes. Radio spots include *Así No* and two versions of *MIC* with different narrators.

Smart Sex, T.V. Special

Producer: Lucky Duck Productions; CDC NAC Inventory no. V139; \$12.00; CDC NAC Inventory no. V439 (classroom version), \$12.00; CDC NAC Inventory no. V789 (highlights); Free, single copies only.

Year: 1994

Abstract: This videotape features young people talking about sexual relationships and making informed, intelligent choices about safer sex. It emphasizes condom use and abstinence.

America Responds to AIDS, Public Service Announcements: 1992 English/Spanish

Producer: U.S. Department of Health and Human Services, Public Health Service, Centers for Disease Control and Prevention; CDC NAC Inventory no. V716; Free, single copies only.

Year: 1992

Abstract: This videorecording features 17 tracks from Phase VI of the America Responds to AIDS public education campaign. A number of titles are presented in different lengths and in both radio and television versions. The basic theme is education — viewers are urged to learn more about HIV in order to protect themselves from infection. The three versions of *America* address the needs for widespread health education. The three versions of *Krista* feature the voice of Krista Blake, a 19-year-old from a small town who has HIV infection. Four versions of *Peter*, with the voice of Peter (Pedro) Zamora, warn young adults that they are not as invulnerable as they might think. Two versions of *Frankie* tell women that simply loving their male partners is no protection. Three PSAs — *Christina*, *Missy*, and *Diana* — all warn viewers that anyone can be affected by the virus. *STD Woman* — *HIV* points out that anyone who has had a sexually transmitted disease (STD) has practiced behaviors that put them at risk for HIV. In *Sofa*, a young heterosexual couple learn that they cannot shut HIV out of their world.

Song of Superman

Producer: Canadian Hemophilia Society, National Hemophilia Foundation; CDC NAC Inventory no. V549; \$12.00.

Year: 1992

Abstract: This videorecording uses the allegory of the story of Superman and Lois Lane to illustrate the difficulties an adolescent with hemophilia has in telling his girlfriend that he is HIV positive. Jack, the young man, doesn't want to hurt Dominique, his girlfriend, and in the process almost loses her. Other scenarios depict Jack and the support he receives from his friends. The video also shows other Canadians with hemophilia as they share their experiences with disclosing their HIV status to others.

Envuelvete

Wrap It Up (translated title)

Producer: Hispanic Designers, Incorporated, National Hispanic Education and Communications Projects; CDC NAC Inventory no. V491; Free, single copies only.

Year: 1992

Abstract: This public service announcement (PSA) tells teen viewers they are not immune to HIV, and to protect themselves by learning about AIDS.

America Responds to AIDS, Public Service Announcements: Parents & Youth Campaign

Producer: U.S. Department of Health and Human Services, Public Health Service, Centers for Disease Control and Prevention; CDC NAC Inventory no. V168 (English and Spanish); Free, single copies only.

Year: 1989

Abstract: This videorecording with 23 tracks of public service announcements (PSAs) is targeted to children and their parents. It is designed to help them communicate with each other about preventing HIV. Individual times and titles follow: *Latch Key*, 30 seconds; *Roving Eyes*, 60 seconds; *Remote*, 60 seconds; *STD Woman*, 30 seconds; *AIDS Education*, 30 seconds; *Motherwit*, 60 second and 30 seconds; *Getting High*, 30 seconds; *Shooting Up*, 30 seconds; *Single Mother (Madre Soltera)*, 30 seconds; *Father/Daughter (Padre/Hija)*, 30 seconds; *Drugs Cloud Thinking (Las Drogas Nublan Tu Mente)* 30 seconds; *Don't Do It*, 60 seconds; *AIDS at a Glance*, 60 seconds;; *Happy Birthday*, 60 seconds; *Crack*, 30 seconds; *Hispanic Culture (Cultura Hispana)*, 30 seconds; *HIV-Teenagers (HIV-Adolescentes)*, 30 seconds; *Mother's Talk*, 2 minutes; and *Wait a Little Bit (Espera un Poco)*, 2 minutes, 60 seconds, and 30 seconds.

I Have AIDS — A Teenager's Story

Producer: Children's Television Workshop, 3-2-1 Contact; CDC NAC Inventory no. V467 (videorecording); CDC NAC Inventory no. D468 (study guide); \$12.00.

Year: 1989

Abstract: This videorecording presents basic information about HIV transmission and prevention for children, adolescents, and their families. It explains how persons with AIDS (PWAs) wish society would treat them through the telling of the story of 16-year-old Ryan White, a hemophiliac infected with HIV prior to testing of the nation's blood supply. Ryan describes how the disease has affected his daily life, with emphasis on physical, emotional, and social issues, particularly as they surround his successful battle to continue to attend public school. The reactions of individuals, including school personnel and classmates, address issues of discrimination, blame, and isolation. The school AIDS education program put in place in Ryan's community is discussed. It trained fellow classmates to educate their peers through process-oriented activities that focus on values and attitudes about health, wellness, and AIDS. It encourages the development of prevention efforts that not only provide information, but also make persons with AIDS (PWAs) a focus of young people's compassion and concern.

Olga's Story

La Historia de Olga

Producer: KCET Television, Educational Enterprises, Special Hispanic Health Projects; CDC NAC Inventory no. V486 (English video); CDC NAC Inventory no. V487 (Spanish video); CDC NAC Inventory no. D489 (English discussion guide); CDC NAC Inventory no. D490 (Spanish discussion guide); \$12.00.

Year: 1989

Abstract: This videorecording recounts the story of Olga, a young Hispanic woman with AIDS. In a question-and-answer session with a moderator, she describes how she became infected with HIV and how the disease has affected her physically. She indicates that she contracted the disease from her first husband, who was an injecting drug user (IDU). She then infected her unborn child. The symptoms of the child and the care he received are discussed. She explores her emotions and the effect the disease has had on her life as she indicates lack of family support. She cautions high school students not to become involved with drugs and makes a plea for other IDUs to stop their high-risk behavior.

Materials About HIV/AIDS and Young People

Fact Sheets

Does HIV Prevention Work?

Se Obtienen Resultados al Prevenir el VIH?

Producer: University of California San Francisco, Center for AIDS Prevention Studies; CDC NAC Inventory no. D805 (English); CDC NAC Inventory no. D806 (Spanish); Free, single copies only.

Year: 1995

Abstract: This fact sheet looks at effective HIV prevention programs. Small group counseling for gay and bisexual men, needle exchange programs for injecting drug users, and sex education and skills-training for adolescents are programs that work. The fact sheet lists characteristics of successful HIV-prevention strategies.

Does Sex Education Work?

Producer: University of California San Francisco, Center for AIDS Prevention Studies; CDC NAC Inventory no. D818; Free, single copies only.

Year: 1995

Abstract: This fact sheet, using a question-and-answer format, discusses sex education. It addresses the question as to whether sex education should be taught in school, examines the need for sex education, and looks at shortcomings of sex education. It also describes the kinds of programs that work best and the need for sex education programs.

Facts About Adolescents and HIV/AIDS

Producer: U.S. Department of Health and Human Services, Public Health Service, Centers for Disease Control and Prevention; CDC NAC Inventory no. D289; Free, single copies only.

Year: 1994

Abstract: This fact sheet looks at the risky behaviors practiced by many adolescents, and how these behaviors put them at risk of HIV infection. It looks at school-based programs, community-based programs, and public information programs that can help prevent the spread of HIV in this population cohort.

What Are Adolescents' HIV Prevention Needs?

Que Necesitan Adolescentes en la Prevencion del VIH?

Producer: University of California San Francisco, Center for AIDS Prevention Studies; CDC NAC Inventory no. D816 (English); CDC NAC Inventory no. D823 (Spanish); Free, single copies only.

Year: 1995

Abstract: This fact sheet, using a question-and-answer format, describes the HIV prevention needs of adolescents. It acknowledges that adolescents can get HIV, discusses what puts them at risk, and debates the pros and cons of AIDS education and the role of schools in the prevention of HIV in adolescents.

What Are Young Gay Men's HIV Prevention Needs?

Producer: University of California San Francisco, Center for AIDS Prevention Studies; CDC NAC Inventory no. D815; Free, single copies only.

Year: 1995

Abstract: This fact sheet, using a question-and-answer format, describes the HIV prevention needs of young gay men. It states that young gay men are at risk, discusses what places them at risk, and points out behaviors that contribute to risk taking. The fact sheet outlines HIV prevention programs which meet the needs of young gay men and offers program recommendations.

Guides to Information

Locating Basic Resources On HIV/AIDS and College Students

Producer: CDC National AIDS Clearinghouse; CDC NAC Inventory no. B437; Free, single copies only.

Year: 1995

Abstract: This guide is designed to lead the reader to information resources about college students and HIV/AIDS. The information in the first section responds to questions frequently asked of the CDC National AIDS Clearinghouse (CDC NAC) reference staff on a variety of topics related to HIV/AIDS and college students. It briefly discusses behaviors that may place college students at risk for contracting HIV and effective ways to educate students about the disease. The next section lists selected organizations that provide HIV/AIDS-related services for college students, administrators, and educators. A listing of pertinent materials available from CDC NAC and other sources is included.

Locating Basic Resources on HIV/AIDS and Sports

Producer: CDC National AIDS Clearinghouse; CDC NAC Inventory no. B685; Free, single copies only.

Year: 1996

Abstract: This document is intended to help high school, collegiate, and professional athletic personnel make informed decisions about the issues related to athletics and HIV. In addition to providing an overview of the subject, it lists sources for more information. It covers AIDS and HIV transmission, with a specific reference to HIV and sports-related injuries; steroid use and needle-sharing; athletic participation by HIV-positive persons; universal precautions; HIV-antibody testing of players; and the need for education.

Standard Search Series: HIV/AIDS and Abstinence

Producer: CDC National AIDS Clearinghouse; CDC NAC Inventory no. D170; Free, single copies only.

Year: 1997

Abstract: This guide lists titles of materials about HIV and abstinence education. The entries are organized by formats, such as brochures, journal articles, or books. Within each format, the titles are sorted by year, with the most recent listed first. Each entry provides an abstract, the source, and a physical description of the document.

Standard Search Series: HIV/AIDS and Adolescents, Materials for Educators

Producer: CDC National AIDS Clearinghouse; CDC NAC Inventory no. D802; Free, single copies only.

Year: 1996

Abstract: This guide contains the results of a search of the CDC National AIDS Clearinghouse's Educational Materials Database on the topic of HIV/AIDS and adolescents. Materials provide background information and teaching guidelines and can be used for training purposes by professionals working with this population. The information in this search is organized by format, and listings include brochures, posters, and videorecordings.

Information Packages

It's Your Move: Prevent AIDS

Producer: U.S. Department of Health and Human Services, Public Health Service, Centers for Disease Control and Prevention; CDC NAC Inventory no. D738. Free, single copies only.

Year: 1993

Abstract: This information package contains a number of materials on the Centers for Disease Control and Prevention (CDC) Prevention Marketing Campaign. Various facets of the program are explained, and background and resource information is given. A catalog lists the public service announcements (PSAs) included in the campaign.

Respect Yourself, Protect Yourself

Producer: U.S. Department of Health and Human Services, Public Health Service, Centers for Disease Control and Prevention; CDC NAC Inventory no. D829; Free, single copies only.

Year: 1995

Abstract: This kit provides information on the CDC's public service announcement (PSA) campaign titled *Respect Yourself, Protect Yourself*, which targets young adults age 18-25. It includes a catalog of television and radio PSAs and fact sheets about the campaign.

MMWRs

School-Based HIV-Prevention Education — United States, 1994

Producer: Centers for Disease Control and Prevention, CDC NAC Inventory no. D383; *Morbidity and Mortality Weekly Report*, Vol. 45, No. 35; 10¢ per copy. Limit 50 copies per order.

Year: 1996

Abstract: The Centers for Disease Control and Prevention (CDC) conducted the School Health Policies and Programs Study (SHPPS) to assess five components of the school health program: health education, physical education, health services, food service, and health

policies. This report summarizes findings from the health education component of the study. The findings indicate that although HIV-prevention education has been widely implemented in U.S. schools, improvement in these programs is needed. In particular, efforts are needed to increase the percentage of teachers who teach HIV prevention in a health education setting and who receive in-service training on HIV prevention. Current in-service training is vital for HIV education because new methods are being identified to assist youth in developing the skills needed to avoid HIV infection.

1993 Revised Classification System for HIV Infection and Expanded Surveillance Case Definition for AIDS Among Adolescents and Adults

- Producer:** U.S. Department of Health and Human Services, Public Health Service, Centers for Disease Control and Prevention; CDC NAC Inventory no. D294; *Morbidity and Mortality Weekly Report*; Vol. 41, no. RR-17; 10¢ per copy. Limit 50 copies per order.
- Year:** 1992
- Abstract:** This report contains the Centers for Disease Control and Prevention (CDC) revised classification system for HIV infection and AIDS among adolescents and adults. The new definition replaces the system published by CDC in 1986 and contains the expanded AIDS surveillance case definition. Appendixes include equivalences for CD4 + T-lymphocyte count and percentage of total lymphocytes, conditions included in the 1993 AIDS surveillance case definition, definitive diagnostic methods for diseases indicative of AIDS, and suggested guidelines for presumptive diagnosis of diseases indicative of AIDS.

Guidelines for Effective School Health Education to Prevent the Spread of AIDS

- Producer:** U.S. Department of Health and Human Services, Public Health Service, Centers for Disease Control and Prevention; CDC NAC Inventory no. D018; *Morbidity and Mortality Weekly Report*; Vol. 37, no. S-2; 10¢ per copy. Limit 50 copies per order.
- Year:** 1988
- Abstract:** This report contains guidelines developed to help school personnel and others plan, implement, and evaluate educational efforts to prevent unnecessary morbidity and mortality associated with AIDS and other illnesses related to HIV infection. It includes a program assessment with a series of nine questions intended to help school officials evaluate the effectiveness of their educational programs related to AIDS.

Poster

Your Daughter Worries About AIDS

- Producer:** U.S. Department of Health and Human Services, Public Health Service, Centers for Disease Control and Prevention; CDC NAC Inventory no. P076; 10¢ per copy.
- Year:** 1990
- Abstract:** This poster uses a dialogue with a father in a question-and-answer format to convey the message that his daughter is likely to be worried about AIDS, and that fathers should initiate conversations about HIV with their daughters.

Report

Youth & HIV/AIDS: An American Agenda, A Report to the President

Producer: Office of National AIDS Policy, CDC NAC Inventory no. D010; Free, single copies only.
Year: 1996

Abstract: This report examines the current state of the impact of HIV/AIDS on adolescents and young adults in the United States. Data on incidence and prevalence is summarized, and the growing rate of HIV infection among people under the age of 20 is addressed. American adolescents are engaging in behaviors that put them at risk of HIV infection as well as other sexually transmitted diseases (STDs). The report indicates that without significant education and prevention efforts, this trend is likely to continue. These efforts should include: the encouragement of sexual abstinence; programs that identify and develop intervention strategies for decreasing high-risk behaviors; school-based HIV-prevention programs; and community-based prevention and education programs. The report considers advances in HIV testing, treatment, and medical care and the agenda of federally funded HIV research programs.

Other Materials

AIDS Prevention Guide: The Facts About HIV Infection and AIDS; Putting the Facts to Use

Guía Sobre La Prevención del SIDA

Producer: U.S. Department of Health and Human Services, Public Health Service, Centers for Disease Control and Prevention; CDC NAC Inventory no. D458 (English); CDC NAC Inventory no. D115 (Spanish); 10¢ per copy.
Year: 1994

Abstract: This manual for parents and other concerned adults defines HIV and AIDS, discusses ways one can and cannot become infected, and presents answers to common questions. One chapter offers suggestions for talking with young people about HIV prevention. Other chapters focus on the issue of deciding how to address different age groups, targeting the information to the various needs and fears of younger children (late elementary and middle school) and teenagers (junior and senior high school). Final sections discuss organizing a community response to AIDS and list resources for further information and assistance.

Family-Centered Comprehensive Care for Children With HIV/AIDS: Panel on Women, Adolescents, and Children With HIV Infection and AIDS; A Guide

Producer: U.S. Department of Health and Human Services, Public Health Service, Office of the Surgeon General; CDC NAC Inventory no. D204; \$5.50.
Year: 1991

Abstract: This book assists state and local program administrators in responding to the need for comprehensive family-centered care for children with HIV infection. It defines community-based as geographically proximate, available services, delivered in and by a given community. However, it says, the necessary range of services may not be



available in many communities, or they may not be accessible to those in greatest need. The book defines the scope of the problem, outlines the elements of care, describes how to organize these elements into a coordinated system, and suggests ways to finance these programs. Case studies are included.

National Commission on AIDS Report: Preventing HIV/AIDS in Adolescents

Producer: National Commission on Acquired Immune Deficiency Syndrome; CDC NAC Inventory no. D360; \$7.50.

Year: 1993

Abstract: The prevention of further HIV infection among adolescents is the focus of this National Commission on AIDS report. It covers: 1) HIV and other sexually transmitted diseases among adolescents; 2) alcohol and drug use; 3) adolescent development, cultural diversity, and language; 4) health and social services needs; 5) the role of the media, schools, and other youth services organizations; 6) high-risk youth (hemophilia and other blood diseases, runaways and homeless, youth in detention, homosexual and bisexual youth, sexual abuse, immigrants, young women, rural youth, etc.); 7) parental involvement; 8) information, attitudes, skills building, and access to services; and 9) seven recommendations for the President, Congress, and the federal government.

National HIV Serosurveillance Summary: Results Through 1992; Vol. 3

Producer: U.S. Department of Health and Human Services, Public Health Service, Centers for Disease Control and Prevention; CDC NAC Inventory no. D733; 10¢ per copy.

Year: 1992

Abstract: This report is a summary of the U.S. Public Health Service National HIV Serosurveillance. Background information concerning this serosurveillance is given. Select clinics and special populations, (women, homeless persons, incarcerated persons, and adolescents), were some of the groups surveyed. Also surveyed were some broader populations, such as: patients in sentinel hospitals, ambulatory care patients, civilian applicants for military service, blood donors, and Job Corps entrants. The objectives of the Serosurveillance are: 1) to provide state and local health officials and the general public with information on levels and trends of HIV infection in various local populations at potential, so that education and prevention programs can be developed, targeted, and evaluated; 2) to indicate regional and national changes over time in the prevalence and incidence of infection in various behavioral, demographic, and geographic population subgroups; and 3) to indicate the magnitude and extent of HIV infection by demographic and behavioral subgroup and by geographic area to assist in projecting the number of children and adults who will develop HIV-associated morbidity and require medical care. Some uses of HIV serosurveillance are provided.

Prevention Marketing Initiative Summary Document

Producer: U.S. Department of Health and Human Services, Public Health Service, Centers for Disease Control and Prevention; CDC NAC Inventory no. D781; Free, single copies only.

Year: 1994

Abstract: This document summarizes the Centers for Disease Control and Prevention (CDC) Prevention Marketing Initiative (PMI), which applies market techniques and consumer-oriented communications technologies, based on science, to the prevention of the transmission of HIV and other sexually transmitted diseases (STDs) among young adults 18 to 25 years of age. PMI is composed of four distinct yet integrated

components: national health communications, prevention collaborative forum, local demonstration sites, and application of prevention marketing principles within the HIV prevention community planning process. The goal of the first component, national health communications, is to provide leadership in HIV and STD prevention by establishing a national agenda through media; promoting credible messages based on science through credible channels; and encouraging and supporting prevention efforts at the local level. The second component, prevention collaborative partners, aims to establish a collaboration of partners composed of national, state, and local organizations. Component III intends to apply social marketing principles at the local level to demonstrate the participatory social marketing process, measure the effects of behavior-based interventions, and document the lessons learned. Lastly, the fourth component is designed to facilitate the application of prevention marketing principles in CDC-funded community planning efforts.

CDC National AIDS Clearinghouse

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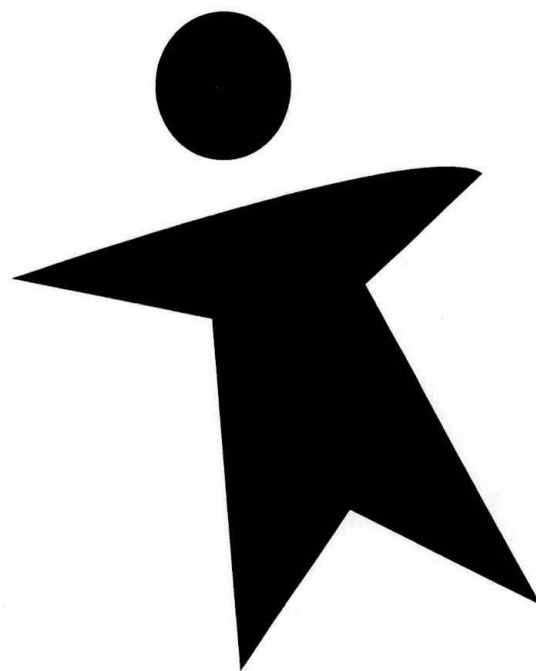
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**JOURNALS
AND
NEWSLETTERS**



This section provides a list of journals and newsletters that focus on adolescents and HIV/AIDS. They address issues such as adolescent sexuality, school health programs, runaway and street youth, minorities, treatment and care, and prevention efforts targeting youth.

Alborada

Publisher: Fundación SIDA de Puerto Rico, Calle 16 Sureste, Esquina 15, No. 1200 Caparra Terrace, Rio Piedras, PR 00921; (809) 782-9600.

Abstract: This monthly newsletter targets the Hispanic community with HIV/AIDS education information for injecting drug users (IDUs) and their sex partners, homosexual and bisexual men, adolescents, and young adults.

CAT Chronicle

Publisher: Children's Animated Television (CAT), 1492 Highland Ave., Suite 3, Needham, MA 02192; (617) 449-9699

Abstract: This weekly newsletter discusses a range of topics relevant for both parents and adolescents. A regular feature discusses the difficulties faced by gay, lesbian, and bisexual adolescents, and lends support to their situation. This newsletter is available via the Internet and fax as well as in printed form. The Internet E-mail address is cat@qcfurball.com, and the World Wide Web site, where the newsletter is also available, is <http://www.qcfurball.com/cat/index.html>

The Challenge

Publisher: National Clearinghouse for Alcohol and Drug Information (NCADI), 11426 Rockville Pike, Suite 200, Rockville, MD 20852-3007; (800) 729-6686

Abstract: This quarterly newsletter concentrates on one health topic per issue. Suggested exercises are included for students in kindergarten through 12th grade. Information on organizations providing educational and health services, such as information clearinghouses, and a listing of new educational materials, is included.

Connections

Publisher: University of Minnesota, Division of General Pediatrics and Adolescent Health, National Center for Youth with Disabilities (NCYD), 420 Delaware St., SE, Box 721, Minneapolis, MN 55455; (612) 626-2825

Abstract: This quarterly newsletter examines mental health issues which affect adolescents and children from the counselor's point of view. Mental health programs in the United States are profiled, and new resources are reviewed.

Educating At-Risk Youth

Publisher: National Professional Resources, Inc., P.O. Box 1479, Port Chester, NY 10573; (914) 937-8879.

Abstract: This monthly newsletter publishes articles aimed at those who educate youth at high risk for pregnancy, incarceration, substance abuse, homelessness, suicide, or sexually transmitted diseases (STDs).

Family Life Matters

Publisher: Rutgers University, School of Social Work, Center for Community Education, AIDS Training Project, Livingston Campus, Bldg. 4086, Rm. 136, New Brunswick, NJ 08903-5062; (908) 932-5938.

Abstract: This quarterly newsletter discusses family life and sex education in schools. Articles on teaching about various aspects of family life are included.

Information from HEATH

Publisher: Health Resource Center (HEATH), 1 Dupont Circle, Washington, D.C., 20036-1193; (202) 939-9320

Abstract: This newsletter, published three times a year, offers articles dealing with the education of developmentally delayed young adults for independent working and living.

Journal of Adolescent Health

Publisher: Society for Adolescent Health, Elsevier Science Publishing Co., Inc., 655 Avenue of the Americas, New York, NY 10010; (212) 633-3815

Abstract: This journal, published irregularly, includes reprints of the texts of research papers presented at various conferences dealing with adolescent health. Major issues throughout these papers include runaway and street youth, adolescent pregnancy, HIV prevention, and violence. Risk factors in this population are addressed; emphasis is placed on statistics and analysis.

Journal of Health Education

Publisher: American Alliance for Health, Physical Education, Recreation, and Dance, Association for the Advancement of Health Education (AAHPERD), 1900 Association Dr., Reston, VA 22091; (703) 476-3422

Abstract: This bimonthly journal publishes research papers and studies on trends and issues in school health education. Features include reviews of books and videorecordings, and short news items.

Journal of School Health

Publisher: American School Health Association (ASHA), National Office, P.O. Box 708, Kent, OH 44240-0708; (216) 678-1601

Abstract: This monthly journal contains articles dealing with school health education and school health services. It includes the texts of related research papers and articles on programs for schoolchildren. Features include classified advertisements, literature abstracts, resources, and an AIDS update.

Journal of Youth and Adolescence

Publisher: Plenum Publishing Corporation, American Society for Adolescent Psychiatry, 4330 East West Highway, Suite 1117, Bethesda, MD 20814-4408; (301) 718-6502

Abstract: This bimonthly technical journal publishes the text of research papers on societal, cultural, and sexual issues affecting adolescents and young adults.

Link

Publisher: Advocates for Youth, 1025 Vermont Ave., NW, Suite 210, Washington, D.C. 20005.; (202) 347-5700.

Abstract: This quarterly newsletter provides information related to technical assistance, training, policy analysis, and advocacy with regard to school-based health care.

Metro TeenAIDS News

Publisher: Metro TeenAIDS, 651 Pennsylvania Ave., SE, Washington, D.C. 2000; (202) 543-5683.

Abstract: This monthly newsletter discusses HIV/AIDS issues relevant to adolescents and their parents. It examines prevention programs at area high schools, and includes information on activities of the publishing organization.

NOAPP Network

Publisher: National Organization on Adolescent Pregnancy, Parenting, and Prevention, Inc., (NOAPP), 4421-A East West Highway, Bethesda, MD 20814; (301) 913-0378.

Abstract: This quarterly periodical includes articles on various aspects of adolescent pregnancy. It includes extensive reviews of literature and materials, a calendar of events, letters to the editor, and lists of awards.

Options

Publisher: Advocates for Youth, 1025 Vermont Ave., NW, Suite 200, Washington, D.C. 20005; (202) 347-5700

Abstract: This quarterly newsletter provides information for those working in the family planning field. It touches on topics surrounding adolescent pregnancy, abortion, contraception, civil rights, and the use of television as a teaching tool.

Pediatric AIDS and HIV Infection: Fetus to Adolescent

Publisher: Mary Ann Liebert, Inc., 1651 Third Ave., New York, NY 10128; (212) 289-2300.

Abstract: This monthly technical journal covers advances and issues in pediatric AIDS, covering issues related to children from before birth through adolescence. It looks at health care delivery treatment advances, clinical trials, and legal issues.

Reach Out

Publisher: Indianapolis Youth Group (IYG), P.O. Box 20716, Indianapolis, IN 46220; (317) 541-8726

Abstract: This bimonthly newsletter discusses issues that affect the adolescent gay community.

REALITY: A Newsletter By and For Youth Living With HIV

Publisher: Health Initiatives for Youth, Youth Empowerment Services Center, 1242 Market St., 3rd Fl., San Francisco, CA 94102; (415) 487-5777

Abstract: This monthly newsletter tells personal stories of young people living with HIV disease. It also publishes information on test sites, support services and groups, and medical services in the San Francisco Bay area. A list of resources throughout the nation is included.

Resource

Publisher: University of Medicine and Dentistry of New Jersey, Division of Allergy, Immunology, and Infectious Diseases, Department of Pediatrics, National Pediatric and Family HIV Resource Center (NPHRC), 15 S. 9th St., Newark, NJ 07107; (201) 268-8251

Publisher: This biannual newsletter focuses on issues relevant to those who provide care to children, adolescents, and families infected or affected by HIV/AIDS. Articles cover research developments, conferences, recently developed resources, and legislative issues.

SIECUS Report

Publisher: Sexuality Information & Education Council of the United States (SIECUS); 130 W. 42nd St., Suite 2500, New York, NY 10036-7802; (212) 819-9770

Abstract: This bimonthly journal gives information to those involved in sex education. Its articles focus on sexually transmitted diseases (STDs), including HIV. Emphasis is placed on the needs of special populations, such as women, adolescents, and minorities. Recommended reading suggestions are included, along with information on upcoming conferences.

Staying Current

Publisher: AIDS Information Ministries, 6032 Jacksboro Highway, Suite 100, Ft. Worth, TX, 76135; (817) 237-3146

Abstract: This monthly newsletter addresses issues that involve the AIDS epidemic and related outreach to adolescents through the church. Statistics are included.

Student Assistance Journal

Publisher: National Association of Leadership for Student Assistance Programs, Performance Resource, P.O. Box 6282, Syracuse, NY 13217-9926; (313) 588-7733.

Abstract: This journal, published on an irregular basis, offers articles of interest to teachers and nurses who provide counseling and related assistance to students. Articles focus on various issues in education counseling, including special programs and drug abuse.

Take Action Make Noise

Publisher: Health Initiatives for Youth, 1242 Market St., San Francisco, CA 94102; (415) 487-5777.

Abstract: The editors of this quarterly newsletter encourage their readers to go out and be active in the fight against HIV and AIDS through education and prevention. It provides information regarding the activities of Congress and other government agencies.

Teen Views

- Publisher:** Hispanic Office of Planning and Evaluation, Inc., Latinos Unidos Contra el SIDA Program (HOPE), 165 Brookside Ave., Jamaica Plain, MA 02130; (617) 524-8888
- Abstract:** This quarterly newsletter presents articles on social topics, such as racism and substance abuse, written by Hispanic adolescents.

TOPS Quarterly

- Publisher:** New York University Medical Center, Department of Pediatrics, Teen Outreach Prevention Services, 550 1st Ave., New York, NY 10016; (212) 263-8973.
- Abstract:** This newsletter, published on an irregular basis, discusses activities of the publishing organization. A list of services provided is also included.

Youth Today

- Publisher:** American Youth Work Center, 1200 17th St., NW, 4th Fl., Washington, D.C., 20036-3006; (202) 785-0764
- Abstract:** This bimonthly publication focuses on youth and youth education. It features information about today's issues, newsmakers, and publications.

FUNDING ORGANIZATIONS



Organizations listed in this section have funded programs related to adolescents and the HIV/AIDS epidemic. It includes two sections: one lists various agencies which fall under the U.S. Department of Health and Human Services; the second lists private organizations that have funded programs on a national basis. Because the federal government issues requests for proposals at various times throughout the year, contact information only is included for these agencies. Call the CDC National AIDS Clearinghouse for a search of the Funding Database to find out about current funding opportunities, or contact the organizations for more information.

The CDC National AIDS Clearinghouse maintains information on many current funding opportunities in its Database. The Database provides information on funders in your local area in addition to information on national organizations. Call 1-800-458-5231 for a search of the Funding Database.

Private Funding Organizations

American Honda Foundation

Address: P.O. Box 2205, Torrance, CA 90509-2205
Phone Number: (310) 781-4090

Description: The American Honda Foundation has funds available for programs in the areas of youth. Preferred programs will be humanistic, managed and administered in a manner appropriate for youth, look to the future, be innovative and creative, and possess a high potential for success with limited potential for duplication. Programs should be important to the public and thus in urgent need of funding, and be broad in scope, intent, impact, and outreach. The Foundation defines youth as pre-natal through 21 years.

AT&T Foundation

Address: 1301 Avenue of the Americas, Room 3100, New York, NY 10019
Phone Number: (212) 841-4747

Description: The AT&T Foundation makes cash grants to nonprofit organizations. HIV-related grants are made through the Health and Human Services Program. This program focuses on projects in several areas, including increasing the availability of, and access to, health care and social services, with an emphasis on children, adolescents and their families; and improving community-based education for children and adolescents.

Colin Higgins Foundation

Address: Presidio Main Post, Building 37, San Francisco, CA 94129-9412
Phone Number: (415) 561-6400

Description: The Colin Higgins Foundation focuses on responding to the AIDS epidemic by funding community-based service organizations, programs seeking alternative treatments for people with AIDS, and model programs attempting to coordinate services and education efforts within a community. It also supports efforts to combat homophobia, programs working with young gays and lesbians, and programs working with young people.

Digital Equipment Corporation, Corporate Contributions Program

Address: 111 Powder Mill Road, MS01/L14, Maynard, MA 01754-1418
Phone Number: (508) 493-9210
E-mail: contribution@mso.mts.dec.com

Description: Digital Equipment Corporation provides cash and computer/technology grants to programs directed towards children and youth. Grants support health, education and leadership development programs and organizations. Health programs should address positive social development and family issues, ranging from AIDS education to substance abuse prevention and violence/abuse against children. Education programs should bridge the gap between schools and community programs in order to enhance learning experiences.

Engelberg Foundation

Address: 30 W. 68th St., New York, NY 10023

Phone Number: (212) 877-4050

Description: The Engelberg Foundation focuses on projects that advance health care, and educational and social services, particularly in urban areas. The Foundation supports and seeks to stimulate programs designed to provide improved health education, counseling and family planning services for adolescents; stimulate the development of education programs designed to enrich the education, social development and self-confidence of underprivileged children; and encourage the pursuit of careers in health care services.

Kathleen Price and Joseph M. Bryan Family Foundation

Address: 3101 N. Elm St., Greensboro, NC 27408

Phone Number: (910) 288-5455

Description: The Kathleen Price and Joseph M. Bryan Family Foundation provides support to nonprofit organizations seeking to improve conditions and opportunities for the people of North Carolina. The Foundation considers proposals in a range of fields, including, but not limited to, youth and HIV/AIDS.

Magic Johnson Foundation

Address: 1888 Century Park East, Los Angeles, CA 90067

Phone Number: (310) 785-0201

Description: The Magic Johnson Foundation funds HIV/AIDS organizations specializing in education, prevention, and care geared toward young people.

New York Community Trust

Address: 2 Park Ave., New York, NY 10016

Phone Number: (212) 686-0010

Description: The funding priorities of the New York Community Trust include health and people with special needs, including children and youth with disabilities and/or HIV/AIDS.

Pacific Mutual Foundation

Address: 700 Newport Center Drive, Newport Beach, CA 92660

Phone Number: (714) 640-3787

Description: The Pacific Mutual Foundation funds nonprofit organizations in the areas of health and human services, education, arts and culture, and civic and community services. Recent grants have focused on support of education and prevention programs for youth.

Pediatric AIDS Foundation

Address: 1311 Colorado Ave., Santa Monica, CA 90404

Phone Number: (310) 395-9051

E-mail: pafhope@aol.com

U.S. Department of Health and Human Services

Administration on Children, Youth, and Families, Administration for Children and Families, Division of Discretionary Grants

Address: Hubert H. Humphrey Building, Room 341-F.2, 200 Independence Ave., SW,
Washington, D.C. 20201
Phone Number: (202) 690-0049

Agency for Health Care Policy and Research

Address: 2101 E. Jefferson St., Suite 501, Rockville, MD 20852
Phone Number: (301) 594-1360

Centers for Disease Control and Prevention, Procurement and Grants Office

Address: 255 E. Paces Ferry Road, NE, Atlanta, GA 30305
Phone Number: (404) 842-6548

National Institutes of Health, National Institute of Mental Health, Office on AIDS

Address: 5600 Fishers Lane, Parklawn Building, Room 10-75, Rockville, MD 20857
Phone Number: (301) 443-7281

National Institutes of Health, National Institute on Drug Abuse, Office on AIDS

Address: 5600 Fishers Lane, Parklawn Building, Rockville, MD 20857
Phone Number: (301) 443-6046

Office of Minority Health

Address: 5515 Security Lane, Suite 1000, Rockville, MD 20852
Phone Number: (301) 443-9923

Office of Population Affairs, Office of Adolescent Pregnancy Programs

Address: 4350 East-West Highway, Suite 200 West, Bethesda, MD 20814
Phone Number: (301) 594-4000

Description: The Pediatric AIDS Foundation's (PAF) Emergency Assistance Program offers support to hospitals and clinical facilities providing medical care to significant populations of HIV infected pregnant women, children, and adolescents. The program's goal is to help patients and families of patients by addressing needs not met by existing programs, including insurance, Medicaid, or Ryan White funding. Funds may only be used for food, a miscellaneous family fund, patient transportation, memorial assistance, emergency lodging, child care, and drugs and prescription medicine not covered by other sources.

Public Welfare Foundation

Address: 2600 Virginia Ave., NW, Suite 505, Washington, D.C. 20037-1977
Phone Number: (202) 965-1800

Description: The Public Welfare Foundation is dedicated to supporting organizations that provide services to disadvantaged populations, and to those working for lasting improvements in the delivery of services that meet basic human needs. Funding is focused in seven program areas, including disadvantaged youth.

San Francisco Foundation

Address: 685 Market St., Suite 910, San Francisco, CA 94105-9716
Phone Number: (415) 495-3100

Description: The San Francisco Foundation, established in 1948, makes grants in five major categories: arts and humanities, community health, education, environment, and urban affairs. One of its areas of special emphasis is AIDS through targeting hard-to-reach and vulnerable populations, especially gay youth.

Sega Youth Education and Health Foundation

Address: 255 Shoreline Dr., Suite 200, Redwood City, CA 94065
Phone Number: (415) 802-3621

Description: The Sega Foundation was founded to address the well-being of children and youth by supporting health and education programs. Foundation health grants improve access to quality medical care. Grants will be considered for programs that address the pediatric AIDS epidemic.

Wheat Ridge Ministries

Address: 1 Pierce Place, Suite 250E, Itasca, IL 60143-2634
Phone Number: (800) 762-6748

Description: Wheat Ridge Ministries is a Lutheran charitable organization providing seed funds to short-term pilot projects around the world in the category of Christian ministries of health and hope. Wheat Ridge encourages the development of innovative projects that seek to meet human needs, and have the potential for demonstrating new models of ministry for use elsewhere in the church. Priority categories have included children, youth and family ministries.

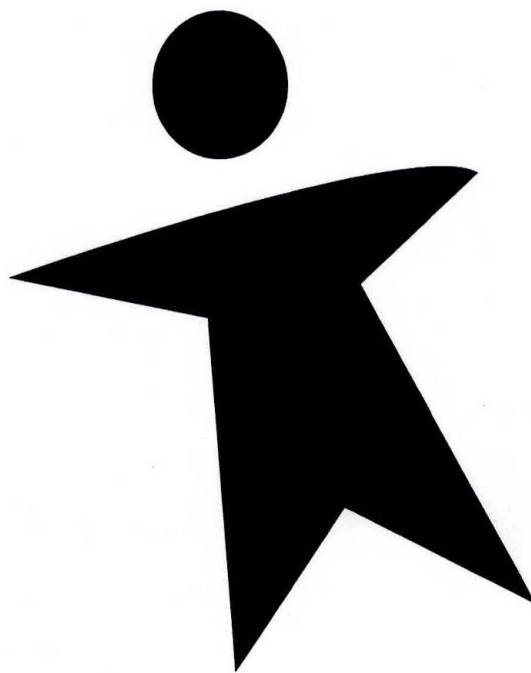
W.K. Kellogg Foundation

Address: 1 Michigan Ave., East, Battle Creek, MI 49017-4058

Phone Number: (616) 968-1611

Description: The W.K. Kellogg Foundation targets its grants toward several program priorities, including education. Grants in education strengthen the problem-solving capacity of American higher education and improve the well-being of America's youth through comprehensive youth development initiatives.

INTERNET RESOURCES



This section lists selected World Wide Web sites that provide information about adolescents and HIV/AIDS. They were located by using a variety of search engines (Yahoo, Infoseek, Lycos, etc.) and key words such as "youth" or "adolescents," and "pediatric aids."

AIDS Clinical Trials Information Service (ACTIS)

URL: <http://www.actis.org>
Contact: actis@cdcnac.org

Description: The AIDS Clinical Trials Information Service (ACTIS) is sponsored by the Centers for Disease Control and Prevention, the Food and Drug Administration, the National Institute of Allergy and Infectious Diseases, and the National Library of Medicine. This web site provides information on federally and privately sponsored clinical trials for persons with AIDS and HIV infection, trial results, and drugs being tested. Information on the purpose of each study, whether or not a study is open to enrollment, study locations, eligibility requirements and exclusion criteria, and contact persons, is included. Adolescents are included in some of the trials.

Bay Area Young Positives

URL: <http://www.cyberteens.com/ezone/Issue3/bayp.html>
Contact: baypoz@aol.com

Description: Bay Area Young Positives is a peer-run, peer-based nonprofit organization which provides psychosocial and recreational services to HIV-positive youth up to age 26. This site gives details on their services and programs, and lists members of their board of directors.

Child Welfare League of America (CWLA)

URL: <http://www.handsnet.org/cwla>
Contact: HN3898@handsnet.org

Description: The Child Welfare League of America (CWLA) is the nation's oldest and largest organization devoted entirely to the well-being of America's vulnerable children and their families. This web site provides information on the organization and on ways to support and protect America's children.

Children's Animated Television (CAT)

URL: <http://www1.qcfurball.com/cat/index.html>
Contact: cat@qcfurball.com

Description: This site provides relevant information to parents and adolescents on a variety of topics, including HIV/AIDS and the difficulties faced by gay, lesbian, and bisexual adolescents. The latest edition of the organization's newsletter, *CAT Chronicle*, is posted at this site.

Center for Adolescent Studies

URL: <http://education.indiana.edu/cas/cashmpg.html>
Contact: ADOL@indiana.edu

Description: The Center for Adolescent Studies focuses on meeting the social and emotional needs of adolescents through providing support to adults working with youth, investigating current social issues and providing tools for teens to learn and practice new, healthy behaviors. The web site contains information on the center's programs and Teacher Talk Forum, "a teacher's guide to the web."

Center for AIDS Prevention Studies (CAPS)

URL: <http://chanane.ucsf.edu/capsweb/index.html>
Contact: CAPS_Web@quickmail.ucsf.edu

Description: The Center For AIDS Prevention Studies (CAPS) conducts epidemiological and behavioral studies in the primary prevention and early intervention of HIV disease. CAPS research projects related to adolescents which are included on this Web site are: HIV Prevention in Oakland Junior High Schools; and An HIV Prevention Intervention for Young Gay Men.

CDC National AIDS Clearinghouse (CDC NAC)

URL: <http://cdcnac.org>
<gopher://gopher.cdcnac.org:72>
<ftp://ftp.cdcnac.org/pub/cdcnac>
Listserv: aidsnews@cdcnac.org
Contact: aidsinfo@cdcnac.org

Description: The CDC National AIDS Clearinghouse provides current information on HIV and AIDS, including information on the CDC's new *Respect Yourself, Protect Yourself* campaign. The Clearinghouse Web site contains information about Clearinghouse services, allows users to read and/or download the current *AIDS Daily Summary* and search a database of back issues, and link to other AIDS-related Web and gopher sites. Included in the FTP site and gopher are text of a number of the materials listed in the "Materials from the CDC NAC Publications Inventory" section. The read-only listserv distributes the *AIDS Daily Summary* as well as AIDS-related *MMWRs* and press releases and publications from other government agencies.

Eastchester Middle School

URL: <http://www.westnet.com/~rickd/AIDS/AIDS1.html>
Contact: MrDonahue@aol.com

Description: Students at this school have produced an AIDS Handbook, "written by middle school kids for middle school kids." The site provides access to the text of the handbook.

HIV/AIDS Treatment Information Service (ATIS)

URL: <http://cdcnac.hivatis.org>
Contact: atis@cdcnac.org

Description: The HIV/AIDS Treatment Information Service (ATIS) is a joint project of the Agency for Health Care Policy and Research, the Centers for Disease Control and Prevention, the Health Resources and Services Administration, the Indian Health Service, the National Institutes of Health, and the Substance Abuse and Mental Health Services Administration. This web site includes information about federally approved treatment guidelines for adults and adolescents, the National Library of Medicine's HSTAT database of HIV/AIDS treatment information, and other resources.

HIV/School Health Project

URL: <http://www.ccsso.org/hlth.htm>
Contact: E-mail addresses for various project staff are listed on the site
Description: The HIV/School Health Project assists chief state school officers and their staff with providing effective HIV/AIDS education through comprehensive school health programs. This site explains the program and provides links to other sites.

In Our Own Words: Teens & AIDS

URL: <http://www.abouthealth.com/teens/teens.html>
Contact: webmaster@abouthealth.com
Description: At this site, teens offer information about safer sex, denial, self-esteem, and other issues related to HIV/AIDS.

Living With AIDS: HIV-Positive Teens Tell Their Stories

URL: <http://desires.com/1.4/Sex/Docs/aids.html>
Description: This site is sponsored by the group YouthWave, whose members are HIV-positive young adults. They tour the country visiting schools and telling their stories in an effort to educate teens about the risks involved in unsafe sex.

Maternal and Child Health Network — University of Florida

URL: <gopher://mchnet-server.ichp.ufl.edu:70/11/HIV>
Contact: John Reiss, John_Reiss@qm.server.ufl.edu
Description: This service is provided by the Institute for Child Health Policy at the University of Florida through grant support from the Health Resources and Services Administration, Maternal and Child Health Bureau. The content focuses on information dealing with systems of care for children and teens, particularly children with special health care needs.

National Association of State Boards of Education (NASBE)

URL: <http://www.nasbe.org>
Contact: boards@nasbe.org
Description: The National Association of State Boards of Education (NASBE) is a nonprofit, private association that represents state and territorial boards of education. Links to state education departments, a description of current NASBE projects, and access to publications are included at this site.

National Clearinghouse for Alcohol and Drug Information (NCADI)

URL: <http://www.health.org/>
Contact: webmaster@health.org
Description: The National Clearinghouse for Alcohol and Drug Information (NCADI), a service of the Substance Abuse and Mental Health Administration, Center for Substance

Abuse Prevention, is the world's largest resource for current information and materials on alcohol and other drugs. This site includes the text of NCADI's electronic publication and links to online service, as well as additional information on NCADI.

Oasis

URL: <http://www.oasismag.com>

Contact: jeff@oasismag.com

Description: This web site provides access to Oasis, an online magazine for lesbian, gay, bisexual, transgender, and questioning youth. It includes back issues as well as the current publication.

Sexuality Information and Education Council of the United States (SIECUS)

URL: <http://www.siecus.org>

Contact: siecus@siecus.org

Description: The Sexuality Information and Education Council of the United States (SIECUS) is a national, private, nonprofit advocacy organization which affirms that sexuality is a natural and healthy part of living. At this web site, SIECUS offers information about its programs and activities, and access to its publications.

TeenAIDS-PeerCorps

URL: <http://www.teenaid-peer corps.com/index.shtml>

Contact: chittick@tiac.net

Description: This site has been designed and authored by a Harvard researcher specializing in adolescent education and HIV/AIDS prevention. Information is divided into five sections of resources that can be used to assist with adolescent HIV/AIDS education.

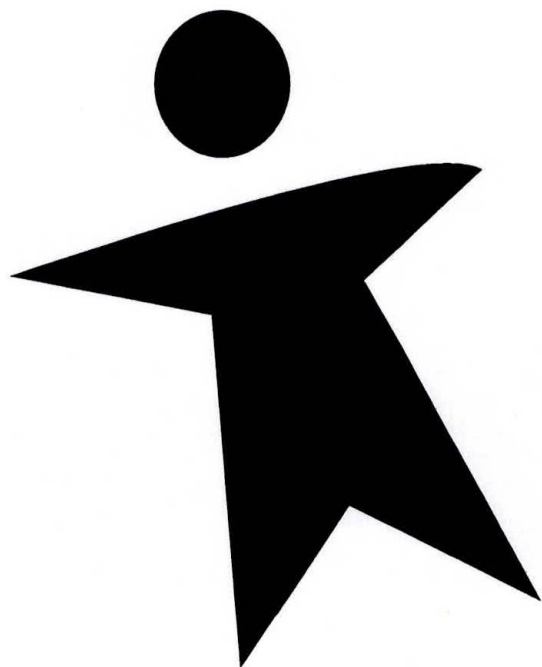
Just Say Yes

URL: <http://www.webcom.com/~jps/jsy/jsy.html>

Contact: The Coalition for Positive Sexuality, cps@webcom.com

Description: Subtitled "Sex Ed for Teens," this web site provides information on safer sex. It is written in language accessible to teenagers and emphasizes having a positive attitude about sexuality. There are pages on, among other things, respect, safer sex, pregnancy, abortion, AIDS, HIV testing, STDs, and resources. It also includes a glossary of terms.

CLINICAL TRIALS



The clinical trials listed in this section are limited to children and adolescents. For more information on these, or other trials, contact the AIDS Clinical Trials Information Service (ACTIS) at 1-800-TRIALS-A.

A Pilot Study of Recombinant Interleukin-2 (IL-2) in Children and Adolescents With Human Immunodeficiency Virus Infection.

Protocol Number: NCI 95 C-183.

Purpose: To evaluate the safety, tolerance, and immunomodulatory activity of low versus high dose aldesleukin (rIL-2) administered in combination with oral zidovudine (AZT) and didanosine (ddl) in HIV-infected children and adolescents.

Rationale: Increasing awareness of the mechanisms of immune dysregulation and subsequent immune dysfunction in HIV infection has led to interest in the use of biological response modifiers as adjunctive therapy. IL-2 is a critical T cell-derived mediator of both cellular and humoral immune function and therefore may contribute to reconstitution and preservation of immune function in HIV-infected patients.

Methodology: Patients receive combination AZT/ddl for 8 weeks prior to initiation of subcutaneous IL-2 therapy. When at least 10 of 17 patients on low dose IL-2 have completed 12 weeks, subsequent patients may begin therapy on the high dose IL-2 arm. IL-2 is administered bid for 5 consecutive days every other month during each cycle; therapy with IL-2 continues at least 24 weeks and possibly may be extended.

Sponsor: National Cancer Institute.

Phase I Study of Levamisole in Children and Adolescents With Advanced Human Immunodeficiency Virus Infection

Protocol Number: NCI 95 C-184

Purpose: To evaluate the safety, tolerance, and immunomodulatory activity of levamisole administered in combination with zidovudine (AZT) and didanosine (ddl). To define the MTD and toxicity profile of levamisole and to assess the impact of levamisole on quantitative and qualitative immune function and viral burden.

Methodology: Patients receive AZT and ddl for 8 weeks, followed by one of four doses of levamisole for at least 24 weeks.

Sponsor: National Cancer Institute

Pediatric Late Outcomes Protocol

Protocol Number: NIAID ACTG 219.

Purpose: **PRIMARY:** To describe late outcomes (long-term consequences related to HIV disease progression, treatment effects, and interaction of HIV disease and therapy) in HIV-infected infants, children, and adolescents currently or previously enrolled in pediatric ACTG protocols, including children at ACTG sites who are enrolled in the long-term survivor study; and to evaluate late treatment effects in these children. To determine whether infants of indeterminate HIV status who enroll in treatment studies and those born to HIV-infected women who were enrolled in ACTG protocols while pregnant demonstrate any late treatment effects (late consequences of antiretroviral therapy received in utero and/or in the newborn period). **SECONDARY:** To provide data describing the demographic, medical, and treatment characteristics of children enrolled in ACTG clinical trials and the long-term survivor study.

Rationale: The potential long-term benefits, toxicities, and other adverse outcomes of new anti-HIV therapies cannot currently be assessed within the time frame of clinical trials underway. The need exists to better assess both positive and negative late outcomes and late treatment effects in children who are still growing.

Methodology: Children have a complete physical exam, history, Tanner staging growth, neurologic exam, and quality-of-life assessment every 6 months (if < 3 years of age) or every 12 months (if ≥ 3 years of age). Laboratory tests (hematology, chemistries, urinalysis, etc.) are also performed every 6 or 12 months (according to age) in infected individuals and every 6 months or 3 years in uninfected individuals. Audiometry is performed at ages 6 and 12. EKG and ophthalmic exams are performed at specified intervals. Participants are followed until age 21 or until lost to follow-up.

Sponsor: National Institute of Allergy & Infectious Diseases (ACTG).

A Randomized, Phase II/III, Double-Blind, Two-Armed Study of Micronized Atovaquone and Azithromycin as Compared to Trimethoprim-Sulfamethoxazole (TMP/SMX) in the Prevention of Serious Bacterial Infections When Used in Children Ages 2 Through 19 Years (was 18 years, amended 3/15/96) With HIV Infection.

Protocol Number: NIAID ACTG 254

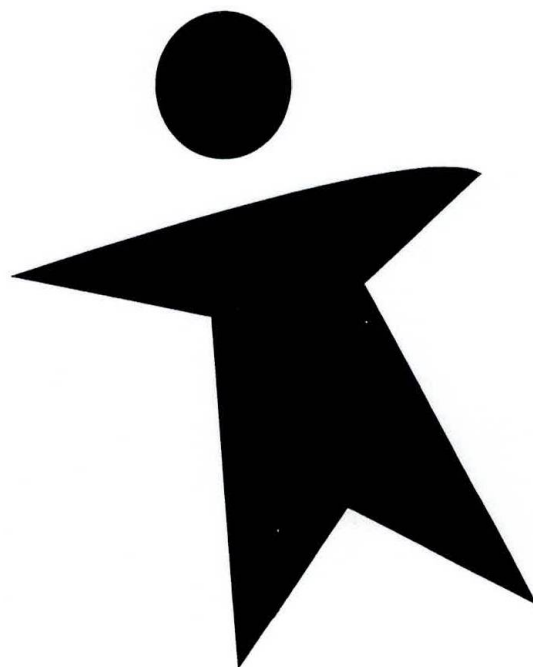
Purpose: **PRIMARY:** To determine whether micronized atovaquone / azithromycin combination is as effective as trimethoprim / sulfamethoxazole (TMP/SMX) for prophylaxis against serious bacterial infections in HIV-infected infants and children. To compare long-term safety and tolerance of these two regimens. For the first 30 patients, to examine the likelihood of pharmacokinetic interaction between atovaquone and azithromycin. **SECONDARY:** To determine Pneumocystis carinii pneumonia (PCP) breakthrough rates, incidence of other opportunistic infections and survival, and hospitalization rates in this patient population.

Rationale: Although TMP/SMX remains the drug of choice for PCP prophylaxis, drug sensitivity may limit its use. Atovaquone has demonstrated greater safety than TMP/SMX and thus is suitable as a candidate drug for treatment and prophylaxis of PCP. Azithromycin, with a broad anti-microbial spectrum (including mycoplasma and atypical mycoplasma) is an attractive prophylactic agent for use in children with HIV infection due to its relative safety and once daily dosing regimen. Therefore, the combination of atovaquone and azithromycin may offer broader antimicrobial coverage and greater safety than TMP/SMX.

Methodology: Patients are randomized to receive either TMP/SMX or combination micronized atovaquone/azithromycin. Cross-over to the alternative regimen may occur if serious toxicity is observed. Patients are monitored for occurrence of serious bacterial infections or PCP breakthrough, and when a serious bacterial infection occurs, patients are crossed over to the alternative regimen. Treatment continues until 2 years after the last patient is enrolled. The first 30 patients will undergo a pharmacokinetic profile. Patients are followed every 4 weeks for the first 4 months, then every 8 weeks thereafter.

Sponsor: National Institute of Allergy & Infectious Diseases (ACTG). Glaxo Wellcome. Pfizer Central Research.

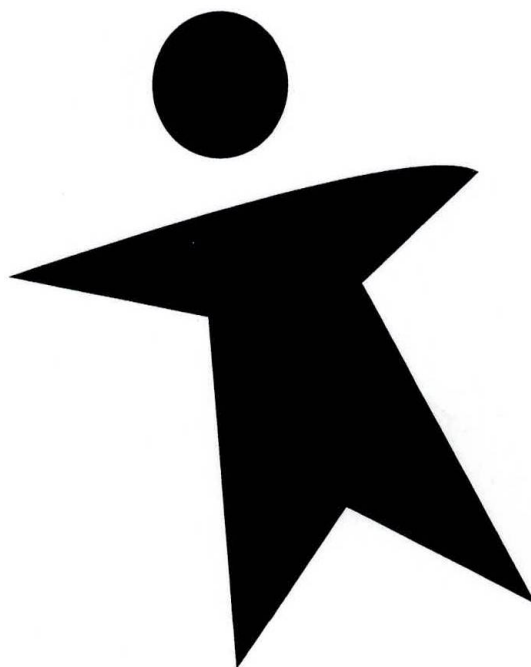
INDEX



Abortion	16, 63, 80
Abstinence	11, 21, 25, 30, 34, 36, 40, 42-44, 48, 49, 51
Athletics	14, 39, 48
Advocacy	3, 7, 11, 12, 16, 18, 25, 27, 29, 32, 33, 63, 77, 80
African American(s)	4, 8, 10, 20, 22, 31, 32, 34, 41
Alcohol	5, 10, 12, 17, 19, 20, 22, 35, 36, 41, 43, 52, 61, 79, 80
Alternative therapies	26, 31, 71, 84
Bisexuals	3, 27, 47, 61
Case definition	50
Case management	21, 22, 24-26, 29, 31-33, 35, 36
Child care	8, 33
Civil rights	63
Clearinghouses	3, 12, 15, 61
Clinic(s)	6, 26, 27, 30, 52
Clothing	8, 22, 29
College students	3-5, 10, 48
Compassion	28, 45
Condom distribution	3, 11, 21, 26, 30, 32, 33, 35
Condoms	17, 21, 22, 25, 26, 28, 31, 39, 41-44
Conference(s)	7, 12, 13, 26, 30, 35, 62, 64
Contraception	16, 63
Correctional health care	13
Counseling and testing	4, 6, 7, 9, 11, 16, 17, 19-26, 28-36, 47, 64
Crisis intervention	7, 14, 15, 25, 30, 32, 33
Deaf/hearing impaired	6, 14, 28
Decision making	8
Depression	19, 31
Disabilities	5, 18, 62, 79, 72
Discrimination	11, 45
Drama	8, 9, 10, 28, 34
Emergency shelter	20, 22
Empowerment	10, 27, 63
Entitlements	9, 11
Family planning	16, 26, 30, 63, 72
Food	8, 15, 22, 28, 29, 49, 62, 77
Gay youth	3, 14, 15, 18, 26-30, 32, 33, 35, 47, 48, 61, 63, 71, 73, 77, 78, 80
Group counseling	17, 25, 33, 47
Hemophilia	14, 25, 44, 52
Hispanic(s)/Latino(s)	9, 12, 22, 26, 33, 34, 36, 40, 44-46, 61, 65
Homelessness	6, 17, 20, 22, 24, 27-29, 32, 35, 52
Homosexuality	28, 52, 61
Hotline(s)	4, 6-8, 12, 14, 15, 19-21, 33, 41
Housing services	3, 7, 8, 9, 15, 17, 19, 20, 22, 23, 28, 29
Incarceration	13, 23, 31, 52, 61
Incest	30
Injection drugs	17, 25, 34
Intercourse	39, 41
Interventions	16, 18, 53
Legal issues	6, 8, 11, 15, 26, 28, 30, 63
Legislation	7, 8, 15, 64
Lesbian youth	14, 25, 28, 32, 71
Media	16, 23, 63
Medical care	23, 30-33, 51, 52

Mental health	61
Ministries	64, 73
Minority youth	3, 27, 30, 33
Native American(s)	21
Needle sharing	41
Newsletters	4, 7, 11, 21, 23
Nursing	22, 29
Nutrition	14, 24, 35
Outreach/outreach services	8-10, 16, 21-25, 27-34, 36, 64, 65
Outreach education	23, 25, 79
Out of school youth	3, 5, 6
Parents	7, 10-12, 15, 17, 20, 21, 30, 31, 33, 45, 51, 61, 63, 77
Pediatric AIDS	7, 10, 23, 24, 26, 63, 73
Peer educators	3, 4, 5, 8, 11, 16, 19, 27, 30, 34, 63
Peer support	23, 30, 31
Perinatal transmission	6, 46
Physicians	3, 15
Policy issues	12, 15, 18, 19, 27, 30, 51, 63, 78, 79
Public service announcements	4, 9, 44, 45, 49
Pregnancy and pregnancy prevention	5, 6, 9, 10, 16, 17-20, 26, 27, 30, 32, 34, 36, 61-63, 80
Psychological services	22, 23, 26, 77
Rape	30
Referrals	3, 6, 7, 9, 11, 14, 15, 19-26, 28, 29, 32, 33, 35, 80
Reproductive health	16
Risk factors	22, 40, 41, 47, 61, 62
Risk reduction	5, 6, 16, 18, 24, 26, 28, 36, 77
Runaway(s)	6, 7, 15, 20, 21, 23, 31, 32, 35, 51, 52, 62
Ryan White	5, 17, 45
Safer sex	16, 20-23, 25, 30, 32, 34, 36, 44, 47, 79, 80
Self-esteem	43, 79
Seminars	8, 9, 18, 23, 27, 28, 29
Sex workers	8, 17, 22, 23, 31, 32
Sexuality education	3, 12, 44, 62, 64, 80
Social issues	7, 45, 77
Social services	24, 29, 52, 71, 72
Staff development	17, 18, 19
Stress reduction	31
Substance abuse	7-9, 10, 12, 14-20, 22, 23, 25, 29, 31, 32, 34, 35, 36, 41, 43, 46, 47, 52, 61, 65, 78, 79
Suicide	7, 19, 61
Support groups	6, 21, 23-28, 30-35
Technical assistance	3, 9, 13, 15, 16, 18, 19, 26, 28, 30, 63
Tobacco	5, 17, 31
Transgendered youth	3, 14, 33, 80
Transportation	8, 20, 22, 29, 33, 73
Violence	9, 10, 62, 71
Volunteer(s)	9, 10, 17, 22, 26, 27, 30, 34
Workshops	6, 9, 22, 23, 26, 28, 30, 31, 33-35

RESOURCE MATERIALS



This section includes the text of selected key documents related to the HIV/AIDS epidemic and adolescents.

It includes the following:

CDC Fact Sheets

Facts About Adolescents and HIV/AIDS

Facts About HIV Prevention Messages for Young Adults

Morbidity and Mortality Weekly Report: 1993 Revised Classification System for HIV Infection and Expanded Case Definition for AIDS Among Adolescents and Adults, Dec. 18, 1992; Vol. 41, No. RR-17 (Abridged version)

University of California San Francisco (UCSF) Fact Sheets

What Are Adolescents' HIV Prevention Needs?

What Are Young Gay Men's HIV Prevention Needs?

Youth and HIV/AIDS: An American Agenda (Executive Summary)



Facts about

Adolescents and HIV/AIDS

The number of acquired immunodeficiency syndrome (AIDS) cases reported each year among U.S. adolescents (13-19 years of age) has increased from 1 case in 1981 to 417 cases in 1994. Through June 1995, a total of 2,184 AIDS cases among adolescents has been reported. Human immunodeficiency virus (HIV)/AIDS is still the sixth leading cause of death among 15- to 24-year-olds in the United States.

Although the number of adolescents with AIDS is relatively small, we know many more young people are infected with HIV. Since 1 in 5 reported AIDS cases is diagnosed in the 20-29 year age group, and the incubation period between HIV infection and AIDS diagnosis is many years, it is clear that large numbers of people who were reported with AIDS in their 20s became infected with HIV as teenagers. (Through June 1995, almost 18,000 persons aged 20-24 and more than 69,000 persons aged 25-29 have been reported with AIDS to the Centers for Disease Control and Prevention [CDC].)

Among adolescents reported with AIDS, older teens, males, and racial and ethnic minorities are disproportionately affected. However, the proportion of females among U.S. adolescent AIDS cases has almost tripled—from 14 percent in 1987 to 43 percent of the reported cases in 1994.

Many American teenagers are engaging in behaviors that may put them at risk of acquiring HIV infection, other sexually transmitted infections, or infections associated with drug injection. CDC studies conducted every 2 years in high schools (grades 9-12) consistently indicate that by the twelfth grade, approximately three-fourths of high school students have had sexual intercourse; less than half report consistent use of latex condoms, and about one-fifth have had more than four lifetime sex partners. Many students report using alcohol or drugs when they have sex and, in the most recent survey, 1 in 62 high school students reported having injected an illegal drug.

Surveys conducted in 1992 (see chart below) show that reported condom use actually declines with age, often because other forms of contraception, such as birth control pills, are used more frequently in the older age groups, and/or many older youth are married or in long-term monogamous relationships.

To reach youth with HIV prevention messages and services, CDC provides numerous HIV prevention programs through three primary avenues:

- School settings
- Community-based, regional, and national organizations, including minority organizations
- Programs for the general public

School-Based Programs

Ninety-one percent of all persons between the ages of 5 and 19 in the United States are enrolled in schools, providing an effective way to reach young people. School-based health education programs in the United States have had consistently positive effects in preventing students from engaging in health risk behaviors.

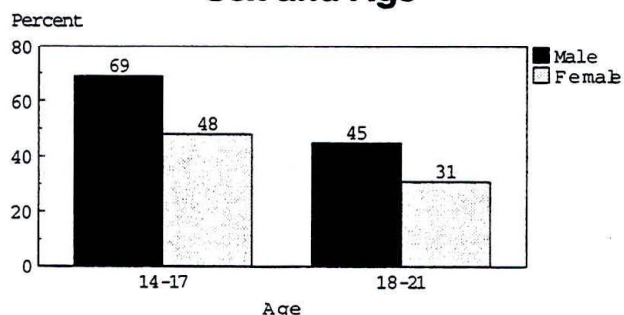
Since 1987, CDC has provided direct assistance to schools to develop, implement, and evaluate HIV/AIDS education programs. In 1988, only 17 states required such education. By 1992, the number of states requiring HIV education had increased to 34. CDC also helps train teachers, school administrators, and representatives from youth-serving community organizations from every state on the best ways to conduct HIV prevention education programs. CDC's Combined Health Information Database, which is accessible to any educator through the CDC National AIDS Clearinghouse, provides information on more than 1,000 curriculum guides, audiovisuals, and other relevant information for use in teaching young people about HIV infection and AIDS.

Community-Based, Regional, and National Prevention Programs

Not all youth can be reached through the schools. To reach teenagers and others not in school who may be at high risk for HIV infection, CDC funds (directly or through state and local health departments) HIV prevention activities by more than 500 community-based organizations. These efforts include street outreach; clinic-based education; counseling, testing, and referral programs; and programs that address the specific needs of runaway, incarcerated, migrant, homeless, and other youth in high-risk situations. Recent data indicate that street outreach activities are useful in providing HIV prevention messages and interventions to populations at high risk of infection, including youth. CDC also provides financial and technical assistance to 21 national organizations for educational programs and materials directed to youth in high-risk situations, particularly inner-city and minority youth.

All CDC-funded state, local, and territorial health departments have instituted an HIV prevention community planning process. The community planning process aims to address unique community needs and at the same time to improve the cultural competence and scientific basis of HIV prevention programs. Together, representatives of affected populations, epidemiologists, behavioral scientists, HIV/AIDS prevention service providers, health department staff, and others analyze the course of the epidemic in their jurisdiction, determine their priority prevention needs, and identify HIV prevention interventions to meet those needs. The health department then incorporates these priority interventions into its prevention objectives for funding by CDC. In this manner, HIV prevention planning is shifted from a federally mandated to a locally directed program.

Percentage of Adolescents Who Used a Condom at Last Sexual Intercourse Among Those Who Had Sex in Past 3 Months, by Sex and Age*



*Source: 1992 NHIS YRBS

Public Information/Education Programs

CDC also targets prevention efforts for young people through its public information and education campaigns. These programs include a number of activities designed to educate all members of the public, including adolescents, about how HIV is transmitted, who is at risk of acquiring the infection, and how the infection can be prevented. The programs include a national public information campaign, the CDC National AIDS Hotline, and the CDC National AIDS Clearinghouse.

Research has shown that most Americans, including teenagers, understand how HIV is transmitted and how they can avoid being infected. Therefore, confronting the belief that "it can't happen to me" was a primary goal of one series of CDC-sponsored public service announcements. Previous phases of the public information campaign have included many youth-oriented materials. In 1989, CDC launched a special education effort called "Parents and Youth" designed to help parents, teachers, and other concerned adults talk to children about HIV and AIDS. The educational materials from that campaign, including a brochure called "The AIDS Prevention Guide," are still available to anyone who requests them from the CDC National AIDS Hotline.

Another activity targeting youth is CDC's *Prevention Marketing Initiative (PMI)*, a large-scale social marketing program to influence behaviors that contribute to the sexual transmission of HIV and other diseases. It represents a shift from previous mass health communications programs, aimed at increasing general awareness of HIV/AIDS, to influence behavior changes among people at high risk for HIV infection or transmission. PMI is an application of marketing techniques and consumer-oriented communications technologies based on science and directed, in its first phase, to the prevention of sexual transmission of HIV and other diseases among young adults 18-25 years of age. The most visible PMI activity to date has been the national release of a series of public service announcements promoting abstinence as well as the correct and consistent use of latex condoms. To achieve the PMI behavioral objectives, CDC will work simultaneously at the national, state, and local levels through four components: (1) National Communications, (2) Prevention Collaborative Partners, (3) Local Demonstration Sites, and (4) Integration with *HIV Prevention Community Planning*.

For more information:

CDC National AIDS Hotline: 1-800-342-AIDS (2437)

Spanish: 1-800-344-SIDA (7432)

Deaf: 1-800-243-7889

CDC National AIDS Clearinghouse

P.O. Box 6003

Rockville, MD 20849-6003



December 14, 1995

Facts about...

HIV Prevention Messages for Young Adults

In 1994, CDC launched the Prevention Marketing Initiative (PMI) to specifically target young adults 18-25 years old. The program includes both media and community-based components. On November 30, 1995, to expand and amplify these efforts, CDC released a new series of public service announcements (PSAs) urging young Americans to take personal responsibility for protecting themselves from HIV infection.

The "Respect Yourself, Protect Yourself" series of 12 television and 7 radio PSAs shows young adults talking candidly about their lives and modeling protective behaviors and skills including: abstinence from sex; communication with sexual partners and parents; and use of latex condoms consistently and correctly if choosing to have sexual intercourse.

To reach our target audience, we have provided the PSAs to television networks and encouraged them to air the ads at those times when young adults ages 18-25 are most likely to be watching. The PSAs CDC released in 1994 received over \$30 million in donated air time, and virtually all of airings occurred after 8 p.m., with many airings during late night programming frequently viewed by our target audience.

Critical Need to Reach Young Adults

HIV-related illness and death now have the greatest impact on young adults. In 1993, AIDS became the leading cause of death among Americans 25- to 44-years old. From 1993 through 1994, AIDS deaths in this age group rose from 28,100 to 30,300. In this same age group, AIDS now accounts on average for 1 in every 3 deaths among African-American men and 1 in 5 deaths in African-American women. AIDS incidence has increased much more rapidly in recent years among younger individuals born in 1960 or later than among older individuals. With the long and variable lag time between HIV infection and death, many of the young adults in this group were likely infected in their teens.

A study recently released by the National Cancer Institute, confirms existing data which reveal that as each generation comes of age, there is a substantial increase in the rate of infection as individuals enter their late teens and early twenties, with infection rates peaking in the mid-to-late twenties. Sustained, targeted prevention for each group entering young adulthood is what will keep these waves from developing. As the lead federal agency for HIV prevention, CDC is responsible for implementing public education programs to help stop the spread of HIV and other sexually transmitted diseases (STDs).

A Balance of Prevention Messages Are Needed

Behavioral science has shown that a balance of prevention messages is important for young adults. Young adults themselves have also indicated that there are a number of messages that are important for their peers to hear. Young adults were involved extensively in the development and evaluation of these messages.

Messages By, For, and About Young Adults

A diverse group of young adults representing a variety of national and community-based organizations conducted an extensive review of initial footage to determine the best and most appropriate material

for the PSAs. They helped determine all aspects of the spots, including the themes, the messages, the characters, and the slogan. Young adults not only deliver the messages, but also contributed significantly to the design of the messages. For example, the "Gatekeeper" spot was developed because young adults indicated that communicating with parents was an important message for their peers and parents to hear.

Obligation to Provide Variety of Protective Options-- Including Abstinence and Condom Use

Total abstinence from sexual activity is the only sure way to prevent sexual transmission of HIV infection, and several of the PSAs specifically model this behavior. However, for those people who choose to have sexual intercourse, the correct and consistent use of latex condoms has been shown to be highly effective in preventing the transmission of HIV and other STDs. CDC cannot withhold potentially lifesaving information.

Data clearly show that many young adults are sexually active and that they are placing themselves and their partners at risk for infection with HIV and other STDs. CDC must give these young adults the skills and support they need to protect themselves.

Public Opinion and Science on the Need for Comprehensive Messages

It is clear that the majority of Americans want strong prevention messages that include information on condom use. A 1995 Public Opinion Poll found that nearly 80 percent of Americans believe information on condoms should be aired on television. Yet, there will always be groups or individuals who feel strongly about any materials that discuss sexual behaviors. The impact of HIV education and prevention programs on the sexual activity of young people has therefore been a subject of debate and scientific inquiry.

The majority of these studies have looked at sex education programs in schools, rather than messages targeted to young adults. The studies vary in scope, quality of design, level of peer-review, age group studied, and type of prevention or education program evaluated, and it is difficult to draw definitive conclusions based on any one study alone.

Findings from Scientific Reviews

World Health Organization Review:

- With these limitations in mind, the World Health Organization (WHO) has conducted comprehensive reviews of the scientific literature on sex and AIDS education. In 1993, at the 9th International Conference on AIDS, WHO presented a review of 19 studies which considered the effect of sex education on reported age at first intercourse and on reported levels of sexual activity found several clear trends:
 - There was *no evidence* of sex education leading to earlier or increased sexual activity in the young people who were exposed to it.
 - In fact, six studies showed that sex education lead either to a *delay* in the onset of sexual activity or to a *decrease* in overall sexual activity.
 - Ten of the studies showed that education programs increased safer sex practices among young people who were already sexually active.
- In addition to the evaluation of school-based education programs, the WHO report concluded that the two public information programs evaluated showed *no effect* on age at first intercourse and

no increase in sexual activity in young people, despite a large increase in the use of condoms and contraception.

- Later in 1993, WHO published a more extensive review of 35 studies dating back to the 1970s. The overwhelming majority of studies over time, despite various methodologies and country of study, found no evidence that sex education encourages sexual experimentation or increased activity. If any effect was observed, it was virtually always *delayed* sexual intercourse or *increased* effective use of contraceptives including condoms. There were two studies with findings that varied from these trends. While neither study can prove cause and effect, one study found that an "abstinence only" program increased the level of sexual activity in young people, and another study reported an association between sex education and increased sexual activity. However, the latter study found that variables other than sex education may have related more strongly to the increase in sexual activity.

Office of Technology Assessment Review

- In September of 1995, the Office of Technology Assessment (OTA) of the 103rd Congress examined the effectiveness of prevention programs and found no scientific evidence that curricula focusing only on abstinence delay the onset of sexual intercourse. The report further concludes that programs that include discussions of abstinence and contraception in combination with other topics such as resistance skills do not lead to earlier initiation of sex, and in fact, result in lowered incidence of sexual intercourse in some cases.
- The OTA report further concluded that among individuals already sexually active, these programs lead to fewer sexual partners and greater use of contraception. This report underscores the need for comprehensive programs and a balance of prevention messages.

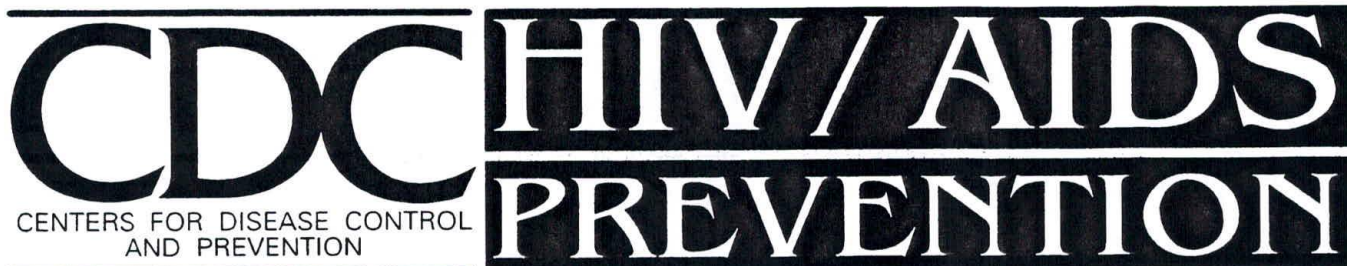
These studies primarily looked at school-based education programs designed for adolescents. The findings indicate that sexual activity among young people decreased or remained the same after exposure to sexual health information that included discussions about condom use. The conclusions do provide some indication of the potential impact of HIV prevention messages delivered within a comprehensive program.

The impact of media campaigns is more difficult to evaluate because of the complexities of isolating the effect of a specific message from the numerous implicit and explicit messages about sexuality that individuals receive daily. However, the limited data available indicates results similar to those found in school-based programs. The WHO reviews included evaluation of some AIDS education programs with community and media components, including a Swiss study of 16-19 year olds. This AIDS prevention effort focused on condoms and *did not increase* the level of sexual activity or the number of sex partners of young people. However, condom use *did increase* among those 16-19 year olds already sexually active.

The Role of PSAs

PSAs alone cannot be expected to change behaviors. Instead, they serve to increase awareness and reinforce social norms around healthy behaviors.

Preliminary testing of these PSAs has shown their ability to raise awareness and communicate messages about specific safer sex behaviors young adults can adopt to protect themselves from HIV and other STDs. Testing of the "Respect Yourself, Protect Yourself" PSAs among young adults across the country found that on average, 93 percent said each PSA was worth watching; 90 percent found each PSA relevant; and 83 percent found each PSA persuasive.



Facts about

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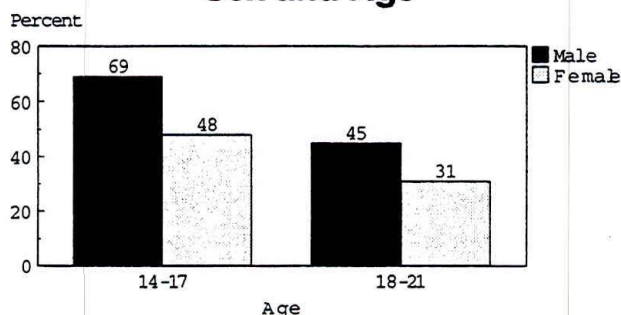
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Rockville, MD 20849-6003



December 14, 1995

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World Health Organization Review:

- With these limitations in mind, the World Health Organization (WHO) has conducted comprehensive reviews of the scientific literature on sex and AIDS education. In 1993, at the 9th International Conference on AIDS, WHO presented a review of 19 studies which considered the effect of sex education on reported age at first intercourse and on reported levels of sexual activity found several clear trends:
 - There was *no evidence* of sex education leading to earlier or increased sexual activity in the young people who were exposed to it.
 - In fact, six studies showed that sex education lead either to a *delay* in the onset of sexual activity or to a *decrease* in overall sexual activity.
 - Ten of the studies showed that education programs increased safer sex practices among young people who were already sexually active.
- In addition to the evaluation of school-based education programs, the WHO report concluded that the two public information programs evaluated showed *no effect* on age at first intercourse and

no increase in sexual activity in young people, despite a large increase in the use of condoms and contraception.

- Later in 1993, WHO published a more extensive review of 35 studies dating back to the 1970s. The overwhelming majority of studies over time, despite various methodologies and country of study, found no evidence that sex education encourages sexual experimentation or increased activity. If any effect was observed, it was virtually always *delayed* sexual intercourse or *increased* effective use of contraceptives including condoms. There were two studies with findings that varied from these trends. While neither study can prove cause and effect, one study found that an “abstinence only” program increased the level of sexual activity in young people, and another study reported an association between sex education and increased sexual activity. However, the latter study found that variables other than sex education may have related more strongly to the increase in sexual activity.

Office of Technology Assessment Review

- In September of 1995, the Office of Technology Assessment (OTA) of the 103rd Congress examined the effectiveness of prevention programs and found no scientific evidence that curricula focusing only on abstinence delay the onset of sexual intercourse. The report further concludes that programs that include discussions of abstinence and contraception in combination with other topics such as resistance skills do not lead to earlier initiation of sex, and in fact, result in lowered incidence of sexual intercourse in some cases.
- The OTA report further concluded that among individuals already sexually active, these programs lead to fewer sexual partners and greater use of contraception. This report underscores the need for comprehensive programs and a balance of prevention messages.

These studies primarily looked at school-based education programs designed for adolescents. The findings indicate that sexual activity among young people decreased or remained the same after exposure to sexual health information that included discussions about condom use. The conclusions do provide some indication of the potential impact of HIV prevention messages delivered within a comprehensive program.

The impact of media campaigns is more difficult to evaluate because of the complexities of isolating the effect of a specific message from the numerous implicit and explicit messages about sexuality that individuals receive daily. However, the limited data available indicates results similar to those found in school-based programs. The WHO reviews included evaluation of some AIDS education programs with community and media components, including a Swiss study of 16-19 year olds. This AIDS prevention effort focused on condoms and *did not increase* the level of sexual activity or the number of sex partners of young people. However, condom use *did increase* among those 16-19 year olds already sexually active.

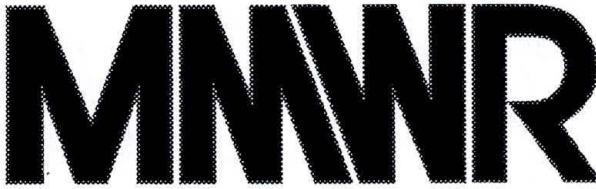
The Role of PSAs

PSAs alone cannot be expected to change behaviors. Instead, they serve to increase awareness and reinforce social norms around healthy behaviors.

Preliminary testing of these PSAs has shown their ability to raise awareness and communicate messages about specific safer sex behaviors young adults can adopt to protect themselves from HIV and other STDs. Testing of the “Respect Yourself, Protect Yourself” PSAs among young adults across the country found that on average, 93 percent said each PSA was worth watching; 90 percent found each PSA relevant; and 83 percent found each PSA persuasive.



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*Recommendations
and
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MORBIDITY AND MORTALITY WEEKLY REPORT

**1993 Revised Classification System
for HIV Infection
and
Expanded Surveillance Case Definition
for AIDS
Among Adolescents and Adults**

Reprinted August 1994



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**1993 Revised Classification System
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1993 Revised Classification System for HIV Infection and Expanded Surveillance Case Definition for AIDS Among Adolescents and Adults

Summary

CDC has revised the classification system for HIV infection to emphasize the clinical importance of the CD4+ T-lymphocyte count in the categorization of HIV-related clinical conditions. This classification system replaces the system published by CDC in 1986 (1) and is primarily intended for use in public health practice. Consistent with the 1993 revised classification system, CDC has also expanded the AIDS surveillance case definition to include all HIV-infected persons who have <200 CD4+ T-lymphocytes/ μ L, or a CD4+ T-lymphocyte percentage of total lymphocytes of <14. This expansion includes the addition of three clinical conditions — pulmonary tuberculosis, recurrent pneumonia, and invasive cervical cancer — and retains the 23 clinical conditions in the AIDS surveillance case definition published in 1987 (2); it is to be used by all states for AIDS case reporting effective January 1, 1993.

REVISED HIV CLASSIFICATION SYSTEM FOR ADOLESCENTS AND ADULTS

The etiologic agent of acquired immunodeficiency syndrome (AIDS) is a retrovirus designated human immunodeficiency virus (HIV). The CD4+ T-lymphocyte is the primary target for HIV infection because of the affinity of the virus for the CD4 surface marker (3). The CD4+ T-lymphocyte coordinates a number of important immunologic functions, and a loss of these functions results in progressive impairment of the immune response. Studies of the natural history of HIV infection have documented a wide spectrum of disease manifestations, ranging from asymptomatic infection to life-threatening conditions characterized by severe immunodeficiency, serious opportunistic infections, and cancers (4-13). Other studies have shown a strong association between the development of life-threatening opportunistic illnesses and the absolute number (per microliter of blood) or percentage of CD4+ T-lymphocytes (14-21). As the number of CD4+ T-lymphocytes decreases, the risk and severity of opportunistic illnesses increase.

Measures of CD4+ T-lymphocytes are used to guide clinical and therapeutic management of HIV-infected persons (22). Antimicrobial prophylaxis and antiretroviral therapies have been shown to be most effective within certain levels of immune dysfunction (23-28). As a result, antiretroviral therapy should be considered for all persons with CD4+ T-lymphocyte counts of <500/ μ L, and prophylaxis against *Pneumo-*

cystis carinii pneumonia (PCP), the most common serious opportunistic infection diagnosed in men and women with AIDS, is recommended for all persons with CD4+ T-lymphocyte counts of $<200/\mu\text{L}$ and for persons who have had prior episodes of PCP. Because of these recommendations, CD4+ T-lymphocyte determinations are an integral part of medical management of HIV-infected persons in the United States.

The classification system for HIV infection among adolescents and adults has been revised to include the CD4+ T-lymphocyte count as a marker for HIV-related immunosuppression. This revision establishes mutually exclusive subgroups for which the spectrum of clinical conditions is integrated with the CD4+ T-lymphocyte count. The objectives of these changes are to simplify the classification of HIV infection, to reflect current standards of medical care for HIV-infected persons, and to categorize more accurately HIV-related morbidity.

The revised CDC classification system for HIV-infected adolescents and adults* categorizes persons on the basis of clinical conditions associated with HIV infection and CD4+ T-lymphocyte counts. The system is based on three ranges of CD4+ T-lymphocyte counts and three clinical categories and is represented by a matrix of nine mutually exclusive categories (Table 1). This system replaces the classification system published in 1986, which included only clinical disease criteria and which was developed before the widespread use of CD4+ T-cell testing (1).

* **Criteria for HIV infection for persons ages ≥ 13 years:** a) repeatedly reactive screening tests for HIV antibody (e.g., enzyme immunoassay) with specific antibody identified by the use of supplemental tests (e.g., Western blot, immunofluorescence assay); b) direct identification of virus in host tissues by virus isolation; c) HIV antigen detection; or d) a positive result on any other highly specific licensed test for HIV.

TABLE 1. 1993 revised classification system for HIV infection and expanded AIDS surveillance case definition for adolescents and adults*

CD4+ T-cell categories	Clinical categories		
	(A) Asymptomatic, acute (primary) HIV or PGL [†]	(B) Symptomatic, not (A) or (C) conditions [§]	(C) AIDS-indicator conditions [¶]
(1) $\geq 500/\mu\text{L}$	A1	B1	C1
(2) 200–499/ μL	A2	B2	C2
(3) $<200/\mu\text{L}$ AIDS-indicator T-cell count	A3	B3	C3

*The shaded cells illustrate the expanded AIDS surveillance case definition. Persons with AIDS-indicator conditions (Category C) as well as those with CD4+ T-lymphocyte counts $<200/\mu\text{L}$ (Categories A3 or B3) will be reportable as AIDS cases in the United States and Territories, effective January 1, 1993.

[†] PGL=persistent generalized lymphadenopathy. Clinical Category A includes acute (primary) HIV infection (29,30).

[§] See text for discussion.

[¶] See Appendix B.

CD4+ T-Lymphocyte Categories

The three CD4+ T-lymphocyte categories are defined as follows:

- **Category 1:** ≥ 500 cells/ μ L
- **Category 2:** 200–499 cells/ μ L
- **Category 3:** < 200 cells/ μ L

These categories correspond to CD4+ T-lymphocyte counts per microliter of blood and guide clinical and therapeutic actions in the management of HIV-infected adolescents and adults (22–28). The revised HIV classification system also allows for the use of the percentage of CD4+ T-cells (Appendix A).

HIV-infected persons should be classified based on existing guidelines for the medical management of HIV-infected persons (22). Thus, the lowest accurate, but not necessarily the most recent, CD4+ T-lymphocyte count should be used for classification purposes.

Clinical Categories

The clinical categories of HIV infection are defined as follows:

Category A

Category A consists of one or more of the conditions listed below in an adolescent or adult (≥ 13 years) with documented HIV infection. Conditions listed in Categories B and C must not have occurred.

- Asymptomatic HIV infection
- Persistent generalized lymphadenopathy
- Acute (primary) HIV infection with accompanying illness or history of acute HIV infection (29,30)

Category B

Category B consists of symptomatic conditions in an HIV-infected adolescent or adult that are not included among conditions listed in clinical Category C and that meet at least one of the following criteria: a) the conditions are attributed to HIV infection or are indicative of a defect in cell-mediated immunity; or b) the conditions are considered by physicians to have a clinical course or to require management that is complicated by HIV infection. **Examples** of conditions in clinical Category B include, **but are not limited to:**

- Bacillary angiomatosis
- Candidiasis, oropharyngeal (thrush)
- Candidiasis, vulvovaginal; persistent, frequent, or poorly responsive to therapy
- Cervical dysplasia (moderate or severe)/cervical carcinoma in situ
- Constitutional symptoms, such as fever (38.5°C) or diarrhea lasting > 1 month

- Hairy leukoplakia, oral
- Herpes zoster (shingles), involving at least two distinct episodes or more than one dermatome
- Idiopathic thrombocytopenic purpura
- Listeriosis
- Pelvic inflammatory disease, particularly if complicated by tubo-ovarian abscess
- Peripheral neuropathy

For classification purposes, Category B conditions take precedence over those in Category A. For example, someone previously treated for oral or persistent vaginal candidiasis (and who has not developed a Category C disease) but who is now asymptomatic should be classified in clinical Category B.

Category C

Category C includes the clinical conditions listed in the AIDS surveillance case definition (Appendix B). For classification purposes, once a Category C condition has occurred, the person will remain in Category C.

EXPANSION OF THE CDC SURVEILLANCE CASE DEFINITION FOR AIDS

In 1991, CDC, in collaboration with the Council of State and Territorial Epidemiologists (CSTE), proposed an expansion of the AIDS surveillance case definition. This proposal was made available for public comment in November 1991 and was discussed at an open meeting on September 2, 1992. Based on information presented and reviewed during the public comment period and at the open meeting, CDC, in collaboration with CSTE, has expanded the AIDS surveillance case definition to include all HIV-infected persons with CD4+ T-lymphocyte counts of <200 cells/ μ L or a CD4+ percentage of <14 . In addition to retaining the 23 clinical conditions in the previous AIDS surveillance definition, the expanded definition includes pulmonary tuberculosis (TB), recurrent pneumonia, and invasive cervical cancer.* This expanded definition requires laboratory confirmation of HIV infection in persons with a CD4+ T-lymphocyte count of <200 cells/ μ L or with one of the added clinical conditions. This expanded definition for reporting cases to CDC becomes effective January 1, 1993.

In the revised HIV classification system, persons in subcategories A3, B3, and C3 meet the immunologic criteria of the surveillance case definition, and those persons with conditions in subcategories C1, C2, and C3 meet the clinical criteria for surveillance purposes (Table 1).

*Diagnostic criteria for AIDS-defining conditions included in the expanded surveillance case definition are presented in Appendix C and Appendix D.

COMMENTARY

Revised Classification System

The revised classification system for HIV infection is based on the recommended clinical standard of monitoring CD4+ T-lymphocyte counts, since this parameter consistently correlates with HIV-related immune dysfunction and disease progression and provides information needed to guide medical management of persons infected with HIV (14–18, 22–28). The classification system also allows for use of the percentage of CD4+ T-cells instead of absolute CD4+ T-lymphocyte counts (Appendix A). Other markers of immune status — such as serum neopterin, beta-2 microglobulin, HIV p24 antigen, soluble interleukin-2 receptors, immunoglobulin A, and delayed-type hypersensitivity (DTH) skin-test reactions — may be useful in the evaluation of individual patients but are not as strongly predictive of disease progression or as specific for HIV-related immunosuppression as measures of CD4+ T-lymphocytes (14–21, 31). DTH skin-test reactions are often used in conjunction with the Mantoux tuberculin skin test to evaluate HIV-infected patients for TB infection and anergy (31–33).

Other systems have been proposed for classification and staging of HIV infection (1, 31, 34–39). In 1990, the World Health Organization (WHO) published an interim proposal for a staging system for HIV infection and diseases that was based primarily on clinical criteria and included the use of CD4+ T-lymphocyte determinations (34). The WHO system incorporates a performance scale and total lymphocyte counts to be used in lieu of CD4+ T-lymphocyte determinations in countries where CD4+ T-lymphocyte testing is not available.

The accuracy of CD4+ T-lymphocyte counts is important for medical care of individual patients. To assure reliability, laboratories conducting CD4+ T-lymphocyte measurements should be experienced with test procedures, have established quality assurance methods, and participate in proficiency testing programs conducted by CDC or other organizations (22, 40). CDC has published guidelines for the performance of CD4+ T-cell determinations for HIV-infected persons (41). To assure that test results are indicative of a patient's medical condition, the health-care provider should evaluate the results with those of earlier tests and with the patient's clinical condition. In clinical practice, repeat CD4+ testing may be judged necessary in guiding therapeutic decisions for individual patients. For surveillance purposes, however, a requirement for repeat CD4+ determinations is impractical for population-based monitoring.

The revised classification system of the clinical and immunologic manifestations of HIV infection provides a framework for categorizing HIV-related morbidity and immunosuppression and will assist efforts to evaluate the overall impact of the HIV epidemic. Knowledge of the spectrum of clinical conditions and the extent of immunosuppression that may occur during the course of HIV infection is important for prompt evaluation and for provision of appropriate health services. Clinicians should be aware of the clinical conditions suggestive of HIV infection and the need for prophylactic and therapeutic interventions.

This revised HIV classification system should be used by state and territorial health departments that conduct HIV infection surveillance. Because AIDS surveillance data will continue to represent only a portion of the total morbidity caused by HIV, surveillance for HIV infection may be particularly useful in depicting the total impact of HIV on health-care and social services (42). More accurate reporting and analysis of CD4+

T-lymphocyte counts, together with HIV-related clinical conditions, should facilitate efforts to evaluate health-care and referral needs for persons with HIV infection and to project future needs for these services.

Expanded AIDS Surveillance Case Definition

The population of HIV-infected persons with CD4+ T-lymphocyte counts of $<200/\mu\text{L}$ is substantially larger than the population of persons with AIDS-defining clinical conditions (43). The inclusion in the AIDS surveillance definition of persons with a CD4+ T-lymphocyte count of <200 cells/ μL or a CD4+ percentage <14 will enable AIDS surveillance to reflect more accurately the number of persons with severe HIV-related immunosuppression and those at highest risk for severe HIV-related morbidity. Since the AIDS surveillance case definition was last revised in 1987, the increasing use of prophylaxis against PCP and antiretroviral therapy for persons infected with HIV has slowed the rate at which HIV-infected persons develop AIDS-defining clinical conditions (2,22–25). For example, among homosexual/bisexual men with AIDS reported to CDC, the proportion with PCP decreased from 62% in 1988 to 46% in 1990 (44). This trend is expected to continue.

The ability of clinicians to report HIV-infected persons on the basis of CD4+ T-lymphocyte counts may also simplify the case-reporting process. A simplified AIDS surveillance case definition will be particularly important for outpatient clinics in which the availability of staff to conduct surveillance is limited and from which an increasing proportion of AIDS cases are being reported. For example, from pre-1985 to 1988, the proportion of AIDS cases reported from outpatient sites in the state of Washington increased from 6% (9/155) to 25% (55/219) (45). A similar increase occurred in Oregon (25% [44/171] before 1987 to 38% [40/105] in the first half of 1989) (46).

Pulmonary Tuberculosis

Throughout the world, pulmonary TB is the most common type of TB in persons with HIV infection (47). The addition of pulmonary TB to the list of AIDS-indicator diseases is based on the strong epidemiologic link between HIV infection and the development of TB (48–50). Persons co-infected with HIV and TB have a substantially increased risk of developing active TB compared with persons without HIV infection (48, 49). In a prospective evaluation of injecting-drug users (IDUs) with positive tuberculin skin tests, the estimated annual incidence of active TB among 49 HIV-infected IDUs was 7.9 cases/100 person-years; however, no cases of active TB occurred among 62 tuberculin-positive but HIV-seronegative IDUs followed for as long as 30 months (48).

There is also a substantial immunologic association between HIV-infected persons and pulmonary TB when compared with HIV-infected persons with extrapulmonary TB (a condition included in the 1987 surveillance definition). In a recent review, median CD4+ T-lymphocyte counts in HIV-infected patients with pulmonary TB ranged from 250 to 500 cells/ μL (51). In comparison, the median CD4+ lymphocyte count was 242 cells/ μL in one study of persons with localized extrapulmonary TB and ranged from 70 to 79 cells/ μL in two studies of patients with disseminated or miliary TB (51–53). In CDC's Adult and Adolescent Spectrum of HIV Disease (ASD) Project, 69% of HIV-in-

fectured persons with pulmonary TB had CD4+ T-lymphocyte counts of $<200/\mu\text{L}$, compared with 77% of persons with extrapulmonary TB (CDC, unpublished observations).

The addition of pulmonary TB to AIDS surveillance criteria will require continued collaboration between state and local TB and HIV/AIDS programs. Knowledge of a patient's HIV status is important for the proper medical management of TB because longer courses of therapy and prophylaxis are recommended for HIV-infected patients with TB (54). Furthermore, HIV-infected TB patients should be a priority for epidemiologic investigation because these persons are more likely to have HIV-infected contacts than are seronegative TB patients. TB contact follow-up among HIV-infected persons will help to ensure delivery of a full course of preventive therapy to these contacts, who are at greatly increased risk of developing active TB themselves.

Recurrent Pneumonia

With the exception of conditions included in the 1987 AIDS surveillance case definition, pneumonia, with or without a bacteriologic diagnosis, is the leading cause of HIV-related morbidity and death (55, 56). In addition, several studies have shown that persons with HIV-related immunosuppression are at an increased risk of bacterial pneumonia (57–59). For example, one study found that the yearly incidence rate of bacterial pneumonia among HIV-infected IDUs without AIDS was five times that found in non-HIV-infected IDUs (58). Recurrent episodes of pneumonia (two or more episodes within a 1-year period) are required for AIDS case reporting because pneumonia is a relatively common diagnosis and multiple episodes of pneumonia are more strongly associated with immunosuppression than are single episodes. For example, data from the ASD Project indicate that the risk of an HIV-infected person having had one episode of pneumonia in a 12-month period is approximately five times higher among infected persons with CD4+ T-lymphocyte counts of $<200/\mu\text{L}$ (320/2,411) than among those with higher CD4+ T-lymphocyte counts (90/2,792). In contrast, data from the same study indicate that the risk for multiple episodes of pneumonia in a 12-month period is approximately 20 times higher among HIV-infected persons with CD4+ T-lymphocyte counts of $<200/\mu\text{L}$ (67/2,411) than among those with higher CD4+ T-cell counts (4/2,792) (CDC, unpublished observations).

Invasive Cervical Cancer

Several studies have found an increased prevalence of cervical dysplasia, a precursor lesion for cervical cancer, among HIV-infected women (60, 61). In a study of 310 HIV-infected women attending methadone maintenance and sexually transmitted disease clinics in New York City and Newark, New Jersey, cervical dysplasia was confirmed by biopsy and/or colposcopy in approximately 22%, a prevalence rate 10 times greater than that found among women attending family planning clinics in the United States (Wright TC, personal communication; 62). Several studies have documented that a higher prevalence of cervical dysplasia among HIV-infected women is associated with greater immunosuppression (Wright TC, personal communication; 61,63). In addition, HIV infection may adversely affect the clinical course and treatment of cervical dysplasia and cancer (64–69).

Invasive cervical cancer is a more appropriate AIDS-indicator disease than is either cervical dysplasia or carcinoma in situ because these latter cervical lesions are common and frequently do not progress to invasive disease (70). Also, cervical dysplasia or carcinoma in situ among women with severe cervicovaginal infections, which are common in HIV-infected women, can be difficult to diagnose. In contrast, the diagnosis of invasive cervical cancer is generally unequivocal.

Invasive cervical cancer is preventable by the proper recognition and treatment of cervical dysplasia. Thus, the occurrence of invasive cervical cancer among all women — including those who are HIV-infected — represents missed opportunities for disease prevention. The addition of invasive cervical cancer to the list of AIDS-indicator diseases emphasizes the importance of integrating gynecologic care into medical services for HIV-infected women.

Impact on AIDS Case Reporting

The expanded AIDS surveillance case definition is expected to have a substantial impact on the number of reported cases. The immediate increase in case reporting will be largely attributable to the addition of severe immunosuppression to the definition; a smaller impact is expected from the addition of pulmonary TB, recurrent pneumonia, and invasive cervical cancer, since many persons with these diseases will also have CD4+ T-lymphocyte counts of <200 cells/ μ L. If all of the approximately 1,000,000 persons in the United States with HIV infection were diagnosed and their immune status were known, it is estimated that 120,000–190,000 persons who do not have AIDS-indicator diseases would be found to have CD4+ T-lymphocyte counts of <200 cells/ μ L (71). However, not all of these persons are aware of their HIV infection and of those who know their HIV infection status, not all have had an immunologic evaluation; thus, the immediate impact on the number of AIDS cases will be considerably less than 120,000–190,000. If AIDS surveillance criteria were unchanged, approximately 50,000–60,000 reported AIDS cases would be expected in 1993. Based on current levels of HIV and CD4+ testing, CDC estimates that the expanded definition could increase cases reported in 1993 by approximately 75%. Early effects of expanded surveillance will be greater than long-term effects because prevalent as well as incident cases of immunosuppression will be reported following implementation of the expanded surveillance case definition. In subsequent years, the effect on the number of reported cases is expected to be much smaller.

Uses of the HIV Classification System or AIDS Surveillance Case Definition

The revised HIV classification system and the AIDS surveillance case definition are intended for use in conducting public health surveillance. The CDC's AIDS surveillance case definition was not developed to determine whether statutory or other legal requirements for entitlement to Federal disability or other benefits are met. Consequently, this revised surveillance case definition does not alter the criteria used by the Social Security Administration in evaluating claims based on HIV infection under the Social Security disability insurance and Supplemental Security Income programs. Other organizations and agencies providing medical and social services should develop eligibility criteria appropriate to the services provided and local needs.

Confidentiality

The confidentiality of AIDS case reports — including laboratory reports of HIV test results, CD4+ T-lymphocyte test results, and medical records under review by health department staff — is of critical importance to maintaining effective HIV/AIDS surveillance. CDC and state health departments have implemented procedures and policies to maintain confidentiality and security of HIV/AIDS surveillance data (72). CDC's efforts include a federal assurance of confidentiality, the removal of names before encrypted records are transmitted to CDC, strict guidelines for the release of aggregate data, and the inclusion of confidentiality and security safeguards as evaluation criteria for federal funding of state HIV/AIDS surveillance activities (73). These strict criteria will continue to apply to cases reported under the expanded definition. CDC funding of surveillance cooperative agreements is dependent on the recipient's ability to ensure the physical security of case reports and on state policies or laws to protect the confidentiality of persons reported with AIDS. Failure to ensure the security and confidentiality of personal identifying information collected as part of AIDS or HIV surveillance activities will jeopardize federal surveillance funding.

CD4+ T-lymphocyte test results reported by laboratories will be an important adjunct to medical record review and provider-initiated reporting in order to increase completeness, timeliness, and efficiency of AIDS surveillance. Information from a laboratory-initiated report of a CD4+ T-lymphocyte count is insufficient for reporting a case of AIDS. Confirmation of HIV infection status and receipt of other surveillance information from the health-care provider or from medical or public health records will remain necessary.

Every effort should be made by health-care providers, laboratories, and public health agencies to protect the confidentiality of CD4+ T-lymphocyte test results, including the review of record-keeping practices in laboratories and health-care settings. Some states have considered additional means to assure the confidentiality of CD4+ T-lymphocyte test results. For example, a proposal in Oregon would allow health-care providers to send specimens to laboratories for CD4+ T-lymphocyte testing with a unique code for each person being tested. If the test result indicates a CD4+ T-lymphocyte count of <200 cells/ μ L, the health department would notify the health-care provider that an AIDS case report is required if the person is HIV infected, the CD4+ T-lymphocyte count is valid, and the case has not been previously reported. Informed consent for CD4+ T-lymphocyte testing should be obtained in accordance with local laws or regulations. CD4+ T-lymphocyte test results alone should not be used as a surrogate marker for HIV or AIDS. A low CD4+ T-lymphocyte count without a positive HIV test result will not be reportable since other conditions may result in a low CD4+ T-lymphocyte count. Health-care providers must ensure that persons who have a CD4+ T-lymphocyte count of $<200/\mu$ L are HIV infected before initiating treatment for HIV disease or reporting those persons as cases of AIDS.

CONCLUSION

The revised HIV classification system provides uniform and simple criteria for categorizing conditions among adolescents and adults with HIV infection and should facilitate efforts to evaluate current and future health-care and referral needs for per-

sons with HIV infection. The addition of a measure of severe immunosuppression, as defined by a CD4+ T-lymphocyte count of <200 cells/ μ L or a CD4+ percentage of <14, reflects the standard of immunologic monitoring for HIV-infected persons and will enable AIDS surveillance data to more accurately represent those who are recognized as being immunosuppressed, who are in greatest need of close medical follow-up, and who are at greatest risk for the full spectrum of severe HIV-related morbidity. The addition of three clinical conditions — pulmonary TB, recurrent pneumonia, and invasive cervical cancer — to AIDS surveillance criteria reflects the documented or potential importance of these diseases in the HIV epidemic. Two of these conditions (pulmonary TB and cervical cancer) are preventable if appropriate screening tests are linked with proper follow-up. The third, recurrent pneumonia, reflects the importance of pulmonary infections not included in the 1987 definition as leading causes of HIV-related morbidity and mortality. Successful implementation of expanded surveillance criteria will require the extension of existing safeguards to protect the security and confidentiality of AIDS surveillance information.

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what are adolescents' HIV prevention needs?

can adolescents get HIV?

Unfortunately, yes. HIV infection is increasing most rapidly among young people. One in four new infections in the US occurs in people younger than 22.¹ In 1993, 588 new AIDS cases were diagnosed among people 13-19 years old, and 3,911 new cases in 20-24 years old.² Since infection may occur up to 10 years before an AIDS diagnosis, most of those people were infected with HIV either as adolescents or pre-adolescents.

Adolescents are experiencing skyrocketing rates of sexually transmitted diseases. In California, 15-19-year-olds have the highest rates of gonorrhea and chlamydia of any age group in the state.³ Experts fear that if these diseases are being transmitted, then HIV is too.

what puts adolescents at risk?

Part of being a teenager is taking risks. Teens may act as though they're invincible. They test limits and question authority. But in this day and age, the impact of unsafe sex can be irreversible. It's like playing a game of Russian roulette: maybe you won't get infected, but maybe you will. Thankfully, most STDs can be treated. But no one has yet been cured of AIDS.

Teenagers are having sex earlier than ever, often with multiple partners. By the time they reach age 20, 77% of girls and 86% of boys have had sex.⁴

And most teens do not consistently use condoms. The 1991 National Survey of Adolescent Males found that condom use is likely to be highest at the beginning of a relationship and then decline once the partner is perceived as "safe."⁵ Teenagers with the largest number of sexual partners were the least likely to use condoms.⁶

African-American adolescents are especially vulnerable to HIV. For youths aged 13-19, African-American females accounted for 73% of new HIV infections in 1993; African-American males accounted for 48%.²

Especially vulnerable to HIV and other STDs are teens who are gay, drug users, juvenile offenders, school dropouts, runaways, homeless or migrant youth. These youth are often hard to reach for prevention and education efforts, and have limited access to health care and service-delivery systems.⁷

can education help?

Yes. Schools offer a window of opportunity to educate about how HIV/STDs are spread. But education can't be a one-time thing; it should be an ongoing process, growing more sophisticated as children mature. When should HIV/STD education start? The sooner, the better. Early discussion of germs, disease transmission and normal public health precautions—for example, washing hands before eating—can set the stage for later education in STD prevention.

One common argument against HIV/STD education programs is that exposing teens to information about sex will encourage them to engage in sexual activity. But a comprehensive review of 23 school-based programs found quite the opposite was true: teens who received specific AIDS education were less likely to engage in sex, and those who did were more likely to have sex less often and have safer sex.⁸ Elements of successful programs included: narrow, specific focus; instruction on social influences and pressures; age- and experience-appropriate reinforcement of values and norms against unprotected sex; and skills-building activities.

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are schools the only answer?

No. Schools alone can't do the job. There remain major obstacles to good HIV/STD education. Some schools lack properly trained personnel. Others refuse to discuss homosexuality. And many offer inadequate instruction on condom use. Although three-quarters of sex education curricula in the nation's schools mention condoms, only 9 percent include information about how to use them.⁹ Significantly, studies show that for teens to wear condoms, they must not only believe that sex with a condom can be enjoyable, but trust their technical ability to use condoms in a confident way.¹⁰

In 1993 an estimated 3 million adolescents (12.7%) had dropped out of high school. Youth drop-outs have higher frequencies of behaviors that put them at risk for HIV/STDs, and are less accessible by prevention efforts. More intensive STD/HIV and substance abuse prevention programs should be aimed at students at risk for dropping out of school. For example, in Miami, a dropout prevention program in an urban neighborhood offers a peer education activity as a course for high school credit.¹¹

Programs targeting hard-to-reach adolescents at high risk for HIV are necessary in many different venues outside of schools. In New York City, runaway youths in residential shelters who received intensive education, skills training and counseling sessions reported an increase in consistent condom use and a decrease in high-risk sexual behavior.¹²

A study of African-American children 9-15 years old living in public housing in a large US city found that although knowledge about the hazards of sex increased with age, their sexual activity also increased (from 12% sexually active at 9 years old, to 80% at 15). Parental monitoring and perceived behavior of friends influenced sexual activity. The early onset and prevalence of sexual behavior stresses the need for youth-focused interventions that influence both the parents and peers in children's social networks.¹³

Gay and bisexual youth often benefit from individual counseling, peer education, and skills building. One program found that 6 months after such an intervention, 60% fewer youths reported unprotected anal intercourse. More consistent use of condoms, and less use of amphetamines and amyl nitrate were also reported.¹⁴

what needs to be done?

Teenagers are the future of our society, and everything possible should be done to safeguard their lives. A comprehensive HIV prevention strategy uses many elements to protect as many people at risk for HIV as possible. Explicit school-based education that is started at an early age and repeated throughout adolescence is crucial. Education should not only give facts about HIV/STD transmission, but should include information on how to use condoms, skills building and role playing to help teens delay the onset of sexual activity, and sensitive information about homosexuality and drug and alcohol use.

Programs for hard-to-reach youth who are most at risk of HIV infection should be implemented in venues outside of schools, such as runaway shelters, dropout centers, shopping malls, and neighborhood centers.

Young people should receive two messages: one promoting abstinence and the delay of sexual activity, the other warning against high-risk behaviors and teaching teens how to protect themselves. These messages are not contradictory, but they are complex. "Don't drink, but if you do drink, don't drive" is a similarly complex message which has saved many people from death on the highway.

PREPARED BY LISA KRIEGER

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what are young gay men's HIV prevention needs?

are young gay men at risk?

Unfortunately, yes. Accumulating research shows alarmingly high HIV prevalence rates among young gay men and high rates of sexual risk-taking, suggesting that young gay men in their 20's are forging a "second wave" of the AIDS epidemic. During the 1980s, the median age at HIV infection was older than 30 years. It dropped to 25 years during the period from 1987 to 1991. From 1987 to 1991, one in every four newly infected individuals in the US was age 22 or under.¹

A recent study of 425 gay men aged 18-29 in San Francisco, CA found that 18% were already infected with HIV, with a seroincidence rate of 2.6% per year: among the 27-29 year olds, 29% were HIV+.² Another study which sampled young gay men aged 17-22 from public venues such as bars, street corners, dance clubs and parks found 9% of the men to be HIV positive.³ Young African-American men were found to have especially high HIV seroprevalence (21%). A study of gay men aged 18-24 in New York City found 9% HIV positive.⁴

what places young gay men at risk?

In contrast to studies with older gay men which demonstrate dramatic reductions in HIV risk-taking behaviors,^{5,6} a variety of studies show that young gay men are engaging in high rates of unsafe sex. In a survey of gay men aged 18-25 in three medium-sized West Coast communities, 43% of the sample reported having engaged in unprotected anal intercourse during the previous 6 months.⁷ A study of gay and bisexual adolescent males in Minnesota found that 63% were at "extreme risk" due to unprotected anal intercourse or intravenous drug use.⁸ A San Francisco telephone survey showed that 44% of gay men under the age of 30 had engaged in unprotected anal intercourse during the previous year, compared to 18% of the men over age 30.⁹

what contributes to risk taking?

A complex array of factors—at individual, interpersonal and community levels—contributes to the high sexual risk-taking of young gay men. Since the bulk of AIDS cases among gay men is among men aged 30-40, many young gay men perceive AIDS as a disease of older men and feel it is safe to have unprotected sex with other young men. Most young men know how HIV is transmitted and men who engage in unprotected sex do label their behavior as putting themselves at risk for AIDS. Nonetheless, with their feelings of invulnerability typical of youth, young men may feel the negative consequences "won't happen to me".⁷

Young men are often in an exploratory phase with regard to sexuality which may entail high numbers of partners and a willingness to try a variety of activities. Due to inexperience, young men may be less competent in negotiating low-risk sex and less knowledgeable about making safe sex activities enjoyable. Coming out as gay can also be a period of great emotional turbulence, resulting in low self-esteem and depression which may reduce their feelings of self-efficacy and motivation for safe sex.¹⁰

Further, protecting one's health is not necessarily a young gay man's top concern. Interpersonal motivations may be more pressing—wanting to fit in, to find companionship and intimacy. However, interpersonal issues can also contribute to unsafe sex. For young gay men, unsafe sex is most likely to occur with a boyfriend—someone whose affection is very important to them.⁷

The social structure and norms of the young gay subculture may not be entirely conducive to safer sex. In many communities, gay bars and public cruising settings provide the main opportunities for young gay men to meet and socialize. Yet each is highly sex-charged and the bar scene's emphasis on alcohol sets the stage for engaging in sex while high—consistently found to contribute to unsafe sex.

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what works for young gay men?

Despite enormous need, only a handful of programs specifically targeting young gay men have been designed and evaluated. Individualized risk-reduction counseling followed by peer education and referrals to drug, counseling and health services were reported to be an effective strategy for decreasing unprotected anal intercourse among gay male adolescents in Minneapolis, MN.¹¹ In New York City, an intensive, multi-session small group intervention was offered to gay youth aged 14-19 seeking services at a community-based agency for gay youth; the more sessions youth attended, the more dramatic the changes in risk behavior.¹²

Community-level programs can reach large numbers of young men. One successful program promoted a norm for safer sex among young gay men through a variety of social, outreach and small group activities designed and run by young men themselves. Rates of unprotected anal intercourse dropped from 40% to 31% after the intervention. The program found that young men engaging in unsafe sex who were unlikely to attend workshops were more likely to be reached through outreach activities—such as dances, movie nights, picnics, gay rap groups, and volleyball games.¹³ STOP AIDS's Q Action, in San Francisco, CA, is a community organizing model that promotes HIV prevention by putting the power for designing and implementing interventions directly into the hands of young gay men.

Youth-oriented media can also be used creatively to reach large numbers of young gay men. In Australia, ads promoting HIV prevention peer support groups appeared in popular youth magazines across the country. Over 1,300 young men responded. Follow-up questionnaires showed that 73% had not told a family member about being gay, and 48% had told no one. Direct mail was also found to be highly successful for sending AIDS and sexuality information to gay adolescents in rural, isolated, or culturally difficult environments who would otherwise not access support.¹⁴

what needs to be done?

Since there are multiple factors that contribute to HIV risk-taking among young gay men, multi-level prevention programs are necessary—programs that impact variables at individual, interpersonal and social system levels. Funding, designing, implementing and evaluating HIV prevention programs for young gay men must be a high priority to halt the AIDS epidemic.

The myth that the gay community has been saturated with AIDS prevention services is in serious need of debunking. New young men will come out each year who have not been exposed to prevention campaigns of previous years, thus HIV prevention for young gay men must be ongoing and dynamic.

Engaging, creative programs are needed that address HIV prevention within the contexts of young gay men's lives, incorporating issues of self-esteem, coming out, substance use and interpersonal and social needs. Community-level and peer outreach programs are especially promising, and services for young gay men of color are particularly needed. Since previous sexual history is a strong predictor of current risk-taking behavior, intervention at an early point in a young man's sexual initiation will be maximally effective.⁹

Societal homophobia may impede implementing effective prevention programs for gay youth and may discourage young gay men from accessing prevention services.¹⁵ Political concerns must not interfere with HIV prevention services for young gay men. A comprehensive HIV prevention strategy uses multiple elements to protect as many of those at risk of HIV infection as possible. Targeting young gay men with AIDS prevention messages and services is not "condoning" or "promoting" homosexuality, it is acting responsibly in the face of a grave public health threat. Unless action is taken quickly, we will lose a new generation of gay men.

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Executive Summary

Youth and HIV/AIDS: An American Agenda

This report is neither a set of new recommendations nor a list of new ideas. It is intended as a catalyst of change in the way Americans view the threat of HIV and AIDS to the next generation.

This report was requested by President Clinton and written after numerous interviews were conducted with young people who are affected by this epidemic as well as professionals who are engaged in HIV research, prevention, and care. What they said, and what is outlined in this report, is that even though progress has been made, this nation must increase its commitment to greater understanding, education, communication, research, and care to bring an end to this tragic disease among America's youth. Until then, adolescents across America will continue to be infected and affected by HIV and AIDS at troubling rates.

One in four new HIV infections in the U.S. are estimated to occur among people under the age of 21.

An estimated 40,000 to 80,000 Americans become infected with HIV each year, or an average of 110 to 220 a day. Under current trends, that means that between 27 and 54 young people in the United States under the age of 21 are infected by HIV each day, or more than two young people every hour. A significant number of young people are engaging in sexual intercourse as well as drug and alcohol use at earlier stages in their lives. This fact, coupled with the disturbing number of adolescents who are prone to high risk behavior due to homelessness, sexual abuse, and other circumstances, places young Americans in a situation that leaves them extremely vulnerable to HIV infection. Experts expect this high rate of infection to continue unless a greater commitment to HIV prevention is made by young people themselves, their families, their educational and cultural institutions, their religious institutions, and their peers.

HIV/AIDS does not discriminate by gender, geography, or sexual orientation.

In the nearly 15 years since the first cases of AIDS were reported in the U.S., the epidemic has spread across the country. Cases have been reported in every state, Puerto Rico,

the District of Columbia, and the American territories. Earlier concentrations in urban centers have given way to waves of cases in suburban and rural communities. Young gay men -- especially young gay men of color -- remain at very high risk for HIV. Young women are also at an increased risk both biologically and behaviorally.

A concerted effort must be made by parents, community leaders, policy makers, schools, and young people to communicate to America's youth that they have worth and that the decisions they make now can affect them for the rest of their lives.

Reaching out to those who are most at-risk -- gay and lesbian youth, homeless and runaway youth, those in families with lower socioeconomic status, those who have lost a parent to AIDS, those born HIV positive, and illiterate adolescents -- and communicating these important messages can mean the difference between life and death. Homophobia in the design and implementation of AIDS prevention programs drives away many gay and bisexual adolescents from needed information and care.

Unless education and prevention programs are made available and accessible to young people they will continue to be at risk for HIV.

While many adolescents are aware of HIV/AIDS, enough information is not available to them on how to prevent infection and spread of the disease. Education on HIV/AIDS prevention should begin at an early age and be continually reinforced both in and beyond the classroom. Educational programs and preventive messages need to be developed and delivered by parents, teachers, religious leaders, youth leaders, professionals working with adolescents, peers, media, and role models. Young people themselves -- serving as peer educators -- need to be enlisted and relied on as an important part of the prevention effort.

The lack of access to HIV counseling and voluntary testing for young people is a major barrier to prevention and treatment.

In some areas, there is a clear lack of access to voluntary and confidential HIV counseling and testing for young people. Lack of insurance, parental consent laws, personal finances, and transportation logistics are all barriers to access. Enhanced education programs need to include information on how a young person can receive appropriate counseling and testing for HIV. The nation's health care system needs to incorporate HIV prevention information for young people into consumer education programs and provide adequate financial coverage for young people who test positive for HIV.

Adolescents must become a bigger part of the research process.

Adolescent treatment approaches may vary from those used for adults or infants. Because little definitive research has been conducted to date with HIV-positive adolescents, the specific impact of puberty on the course of HIV infection has not yet been determined. Behavioral trends that play a key factor in treatment and prevention have also not been sufficiently studied. Barriers to more age-appropriate treatment research include the difficulties in enrolling young people in research programs and insufficient long-term funding for this research.

Young people are an important resource in the Nation's response to this epidemic.

Government, medical, and community leaders can learn a great deal by listening to the voices of young people as they articulate their needs for understanding, education, communication, and research. Young people must become more involved in our response to the epidemic and help each other understand the scope of this epidemic. They must work together with the nation's leaders to overcome a disease that threatens all our futures and the future of our country.

The goals the Federal government has established to address the epidemic of HIV/AIDS affecting the youth population, and the methods that have been set forth to achieve them, can serve as an example for states, regions, and communities across the nation.

The Federal government can further address the needs of adolescents affected by HIV/AIDS in the following ways:

- ◆ Prevention programs increasingly address the needs of young people. The Centers for Disease Control and Prevention has established the Prevention Marketing Initiative and an ambitious broadcast and print public service effort focused on HIV infection in young adults. Young people and their advocates should be included in all HIV prevention community planning councils to provide their perspective on how to best address their needs for prevention programs at the local level.

- ◆ The Department of Health and Human Services should create a forum of young people who are infected or affected by HIV as well as their parents, advocates, and health care providers to report to Federal officials and help identify and articulate the needs of adolescents in fashioning Federal responses to HIV and AIDS.

- ◆ The Health Resources and Services Administration should encourage the inclusion of young people and their advocates on AIDS care planning councils to help identify local needs and ways to target Federal funds to help meet the distinct developmental and comprehensive care needs of youth.

- ◆ The Centers for Disease Control and Prevention (CDC) should encourage the inclusion of young people and their advocates in AIDS prevention planning councils to provide their unique perspective of the needs of youth in prevention efforts.

- ◆ The Federal government should continue to help the nation's schools and other youth serving agencies implement comprehensive programs to prevent the spread of HIV among young people.

- ◆ The National Institutes of Health and the Food and Drug Administration should continue to encourage the enrollment of adolescents in government and industry sponsored HIV/AIDS clinical trials.

- ◆ The Public Health Service should work with the researchers, clinicians, medical community, and patients to develop appropriate clinical practice guidelines for adolescents with HIV/AIDS.

- ◆ In releasing data from clinical trials, NIH and FDA should include specific data related to adolescents. In those cases where the number of adolescents participating in a trial is too small, anecdotal data should be released on a limited basis to allow clinicians an opportunity to begin building a base of information for their use in treatment.

- ◆ The Federal government should support expanded access to testing and counseling for young people. The CDC guidelines for testing and counseling should address the special needs of adolescents, such as developmental issues, processes for consent, confidentiality, and payment for services. As part of a grant application for counseling and testing funding, states should demonstrate the availability of testing and counseling services for young people.

- ◆ The Substance Abuse and Mental Health Services Administration (SAMHSA), the Centers for Disease Control and Prevention (CDC), and the Health Resources and Services Administration (HRSA) should collaborate on substance abuse treatment and prevention strategies affecting adolescents to ensure a coordinated effort.

