

# HIV/AIDS



## What Is It?

AIDS is an infection caused by a virus called HIV (human immunodeficiency virus). Over time, it damages the body's immune system and other organs, and can lead to severe life-threatening illness.

## What Are the Symptoms?

When a person is first infected with the human immunodeficiency virus (HIV), he or she may have no symptoms or may become ill with a fever, night sweats, sore throat, general tiredness, swollen lymph glands and a skin rash lasting for a few days to a few weeks. These early symptoms then go away by themselves. However, the virus stays in the body (becomes a chronic infection) and causes increasing loss of immune function. This results in the body becoming unable to fight off infections to which we are all normally exposed. The late stage of this infection is called acquired immunodeficiency syndrome (AIDS). A person who is infected becomes potentially infectious to others for life.

Early symptoms of HIV infection in children include failure to grow and gain weight, chronic diarrhea without a specific cause, enlarged liver and spleen, swollen lymph glands, chronic thrush (yeast infections) and candida (yeast) skin infections, pneumonia, and other bacterial, viral, fungal and parasitic infections that healthy children do not usually get. However, many children are infected with HIV for many years before developing any symptoms.

## Who Gets It and How?

HIV is not easily transmitted. For HIV to spread, the virus, present in blood and other body fluids, must enter the uninfected person's blood stream through a break in the skin or through the mucous membranes. In a child care setting, this can only happen through blood-to-blood exchange. It cannot be transmitted through urine, stool, vomit, saliva, mucus or sweat. There is no evidence of casual transmission by sitting near, living in the same household with, or playing with an individual with clinical AIDS or evidence of infection with HIV virus.

HIV is most commonly spread:

- By sharing contaminated needles for intravenous drug abuse, tattoos and body piercing
  - Through sexual intercourse
  - By infected pregnant women to the fetus
- Less commonly, HIV may be spread:
- By infected mothers who breastfeed their infants
  - Occupationally to health care workers, primarily after being stuck with a needle containing HIV in infected blood
  - By exposure of open skin or mucous membranes to HIV-contaminated body fluids. Although it is very rare, a few cases have been reported in which HIV was spread by contact with blood or other body fluids from an infected person.
- Reports available at this time definitely indicate that biting does not transmit HIV infection. Three factors would have to be present, and it is highly unlikely that these events would occur simultaneously.
1. The bite would have to be so severe that the skin would be punctured enough for blood to flow (this rarely happens).
  2. The biter would have to have an open, bloody sore or injury in the mouth.
  3. One of the two would have to be infected with the HIV virus.

Recommendations for child care providers who care for children with AIDS/HIV:

- Provide inservice education for appropriate personnel to insure accurate information about AIDS and the practice of standard precautions.
- Protect all children and staff at the facility by strictly following special procedures for cleaning and handling blood and body fluids containing blood.
- Protect vulnerable HIV-infected people from infections by communicable diseases (e.g., chickenpox or measles) by excluding them with the advice of their health provider if there is an outbreak.
- Immediately notify parents of all children if there is a case of chicken pox, tuberculosis, fifth disease, diarrheal disease, or measles in another child attending the facility.
- Immediately refer children with HIV to their health care providers to receive appropriate preventive

measures and advice about readmission to child care if they are exposed to measles or chicken pox.

- Protect the right to privacy of these children by maintaining confidential records and by giving medical information only to persons with an absolute need to know it, and with consent of the parent or guardian.
- Help children with clinical AIDS or evidence of infection with the HIV virus to lead as normal a life as possible.

### **How Can I Limit the Spread of HIV/AIDS?**

No vaccine against HIV is available. However, HIV is not likely to be spread from one child to another in a child care setting, and no such case has ever been reported. The family home provider or center director should be informed by the child's parents or guardians when an HIV-positive child is admitted to child care, but this is the parent's decision. Because of concern over stigmatization, the persons aware of a child's HIV infection should be limited to those who need such knowledge to care for the children in the child care setting. In situations where there is concern about the possibility of exposure of others to infected blood or other body fluids, a child who is infected with HIV should be evaluated by a team that includes the child's parents or guardians, the child's physician, public health personnel, and the proposed child care provider to determine the most appropriate child care setting. This evaluation should consider the behavior, neurologic development and physical condition of the child, and the expected type of interaction with others in the child care setting. In each case, risks and benefits to both the infected child and to others in the child care setting should be weighed.

Children with HIV infection need to be closely monitored by their physicians because they are more vulnerable to severe presentations of infectious illnesses than are other children. Children with HIV infection should receive childhood vaccinations (diphtheria-pertussis-tetanus vaccine, measles-mumps-rubella vaccine, inactivated polio vaccine, Haemophilus influenzae type b conjugate vaccine, influenza vaccine and pneumococcal vaccine) following the immunization schedule. Parents of children with weakened immune systems, whether due to HIV infection or other causes, should be advised when certain infectious diseases, such as cryptosporidiosis and fifth disease, have occurred in the child care setting. Such children may need to be removed from the child care setting until the outbreak has subsided in order to protect them from infections that could have severe complications for them.

If a child care provider has a weakened immune system, he or she should discuss with his or her health care provider the precautions to be taken to avoid becoming

infected with the many infections that young children are likely to transmit.

To reduce the risk of spreading HIV (or any other blood-borne infection) in the child care setting, all child care providers should routinely follow precautions:

- Make sure all children and adults use good hand washing practices.
- Make sure all adults use good diapering practices.
- Wear gloves when changing a diaper soiled with bloody stools.
- Wash skin on which breast milk has spilled with soap and water immediately.
- Do not allow children to share toothbrushes.
- Wear gloves when cleaning up blood and bodily fluid spills unless the spill is so small it can be contained in the cloth or towel being used to clean it up.
- Immediately clean and disinfect any surfaces on which blood or bodily fluids have been spilled, using freshly-prepared bleach solution.
- If a child care provider has open sores, cuts or other abrasions on the hands, wear gloves when changing diapers or cleaning up blood spills.
- Cover open wounds on children and adults.
- Develop policies and procedures to follow in the event of an exposure to blood.
- Screening children for the presence of the HIV antibody prior to program entry is not justified or recommended.
- Programs offering services specifically for children with HIV infections may provide appropriate alternative placements for individual children, but separate programs are not necessary for infection control and should not be used to segregate children.

### **When Should I Report It?**

- Licensing requires that child care providers report to their local health department and to Licensing if there are two or more known or suspected cases of HIV infection in a child care program. However, the American Academy of Pediatrics strongly recommends that child care providers report even if there is only a single case, to ensure that the local Public Health Department is aware that this serious illness is present in a child care setting.
- Parents of children attending group programs do not have the "right" to know the HIV status of other children in the program. Caregivers and teachers need to know when a child has an immunodeficiency, regardless of cause, so that precautions can be taken to protect the child from other infections. However, this does not require knowledge of HIV status.