HIV/AIDS



Clinical Description:

Infection occurs when an individual acquires the human immunodeficiency virus (HIV). Within a few weeks of the initial infection, persons may experience a few days of clinical symptoms suggestive of a viral illness. Symptoms may include fever, rash, myalgia, neuralgia, headaches, and gastrointestinal disturbances. After this initial response, persons usually become asymptomatic, although suppression of the immune system is occurring. Opportunistic infections occur when immune suppression becomes severe. The final stage of HIV infection is known as acquired immunodeficiency syndrome (AIDS), and is characterized by development of certain infections or conditions associated with immune suppression.

Incubation Period:

The incubation period is variable, from 1 week - 10 years or longer. HIV antibodies may not be detectable for 3 - 6 months after exposure, depending on the sensitivity of the antibody test. However, in most persons they are detectable in 2 - 8 weeks. In most instances, the virus itself begins to replicate upon entering the host and can be detected with an RNA test within 9 - 11 days after exposure. The antibody test is the routine test for HIV. http://www.cdc.gov/hiv/topics/testing/resources/qa/be_tested.htm#wait

Mode of Transmission:

In a non-medical setting, HIV is transmitted from an infected person to another by four body fluids: blood, semen, vaginal secretions and breast milk. HIV may be passed from one person to another when infected fluids come in contact with an uninfected person's broken skin or mucous membranes in enough quantity to allow for the replication of the virus. There are three major ways of contracting HIV: (1) unprotected sexual encounters; (2) sharing needles with persons who are infected with HIV; (3) mother to child transmission during pregnancy, labor and delivery, or breast feeding.

Period of Communicability:

A person can spread HIV to others before it is detectable with commonly used antibody tests, and anyone infected remains a life-long carrier of the virus. HIV-infected mothers should consult a health care provider. Prenatal treatment of pregnant women and post partum treatment of their infants reduces transmission of HIV from mother to the baby.

Exclusion/Reporting:

According to IC 16-41-9-3, children must **not** be excluded from school activities based on their HIV status. http://www.in.gov/legislative/ic/code/title16/ar41/ch9.html

HIV is **not** reportable by school systems or to school systems. All confidentiality requirements found in IC 16-41-8 must be followed: http://www.in.gov/legislative/ic/code/title16/ar41/ch8.html

Prevention/Care:

• Provide comprehensive, fact-based education to prevent HIV infection in children.

- Equipment contaminated with blood or other potentially infectious body fluids (or both) must be appropriately disinfected or sterilized prior to reuse (see Rule 410 IAC 1-2.3-73(3)). Universal precautions to prevent exposure to blood and body fluids should be practiced.
- Dispense medications to infected students in a discreet manner in accordance with the exact directions regarding time of day to be taken, dosage, and other specifications as indicated (i.e. the need to be given on empty stomach or with food).
- Children infected with HIV are more likely to have complications from the diseases prevented by routine
 vaccination. HIV infection is not a contraindication to vaccination unless the child has developed AIDS. Live
 viral vaccines such as MMR or varicella may be contraindicated in children with AIDS. Make sure students
 infected with HIV receive all recommended vaccinations. If you are uncertain about whether a child with
 HIV should receive a vaccine, please contact the child's infectious disease doctor.

Outbreaks:

According to the ISDH Communicable Disease Reporting Rule (410 IAC 1-2.3) the definition of an outbreak means cases of disease occurring in a community, region, or particular population at a rate in excess of that which is normally expected. The local health department should be notified of suspected and/or documented cases of HIV/AIDS if the number of cases is in excess of what is normally experienced in your school or occur with a common connection (same class, sports team, etc.). For additional information and recommendations regarding the preparation for, and the management of an outbreak situation in a school setting, see Appendix A, "Managing an Infectious Disease Outbreak In a School Setting."

Other Resources:

Indiana State Department of Health Quick Fact (found on disease/condition page):

http://bit.ly/12lJLfD

Centers for Disease Control and Prevention (CDC):

http://www.cdc.gov/hiv/