HIV/AIDS

What is HIV/AIDS?

Human immunodeficiency virus (HIV) infection affects the body in a variety of ways. In the most severe infection, the virus progressively destroys the body's immune system, causing a condition called acquired immunodeficiency syndrome (AIDS). With early testing and appropriate treatment, children in the United States rarely develop the severe signs and symptoms of HIV infection.

What are the signs or symptoms?

Children with HIV infection may show few signs or symptoms. Children with HIV infection may have

- Unexplained fevers
- Failure to grow and develop well
- Enlarged lymph nodes
- Swelling of salivary glands
- Enlargement of the liver and spleen
- Frequent infections, including pneumonia, diarrhea, and thrush (ie, a yeast infection on the surfaces of the mouth)
- Inflammation of the heart, salivary glands, liver, and kidneys
- Central nervous system disease
- Specific types of tumors

What are the incubation and contagious periods?

- Incubation period: If the infection is acquired before or during birth from infected mothers, children typically develop signs or symptoms between 12 and 18 months of age, although many remain symptom free for more than 5 years. With treatment, most children live into adulthood. However, approximately 15% to 20% of untreated children in the United States die before 4 years of age.
- Contagious period: Infected individuals can transmit the virus in their body fluids throughout their lifetime.

How is it spread?

• Contact of mucous membranes or openings in the skin with infected blood and body fluids that contain blood, semen, and cervical secretions; can also be spread from mother to baby through breastfeeding. If an infant has been mistakenly fed another infant's bottle of expressed human (breast) milk, the possible exposure to infectious disease should be treated just as if an unintentional exposure to other body fluids

had occurred. For a detailed discussion of what to do if the milk of one mother is fed to an infant of another mother, see *Caring for Our Children: National Health and Safety Performance Standards; Guidelines for Early Care and Education Programs,* Standard 4.3.1.4 (https://nrckids.org/CFOC).

- Contaminated needles or sharp instruments.
- Mother-baby transmission before or during birth.
- Sexual contact.
- HIV is not spread by the type of contact that occurs in early childhood education (ECE) and school settings, such as in typical classroom activities or with surfaces touched by infected people. It is not spread through non-bloody saliva, tears, stool, or urine.

How do you control it?

- Standard Precautions should be followed when blood or blood-containing body fluids are handled. For blood and blood-containing substances, these are the same precautions described by the US Occupational Safety and Health Administration (OSHA) as Universal Precautions.
 - Wear disposable gloves or, if using utility gloves, be sure the utility gloves are sanitized after use. Use barriers (eg, gloves) and cleanup techniques to minimize potential contact of mucous membranes or openings in the skin to blood.
 - Absorb as much of the spill as possible with disposable materials; put the contaminated materials in a plastic bag with a secure tie.
 - Clean contaminated surfaces with detergent and water, and then rinse with water. Floors, rugs, and carpeting should be cleaned by blotting to remove the fluid as quickly as possible and disinfected by spot-cleaning with a US Environmental Protection Agency (EPA)-registered detergent or disinfectant. Additional cleaning by shampooing or steam cleaning the contaminated surface may be necessary.
 - Disinfect the cleaned and rinsed surface using an EPA-registered disinfectant. Follow the manufacturer's instruction for preparation and use of the disinfectant. For guidance on disinfectants, refer to Chapter 8, Selecting an Appropriate Sanitizer or Disinfectant.
 - Clean, rinse, and disinfect reusable household rubber gloves. Dry and store them away from any surface or object related to food. Discard disposable gloves.
 - Dispose of all soiled items in plastic bags with secure ties.

- Perform hand hygiene after cleaning and disinfecting are done, even though gloves were worn.
- Children with HIV infection should not be excluded from ECE and school settings solely for the protection of other children or personnel. As long as affected children's health status enables participation, they should be admitted. Uncommonly, the risk of a child's transmission of blood-borne pathogens, through conditions such as generalized skin rash or bleeding problems, would merit assessment by the child's health professional and the ECE program director/ administrator or school principal to see whether the child can participate.

What are the roles of the educator and the family?

- Parents/guardians of all children, including children with HIV, should be notified immediately if a case of a highly contagious disease, such as measles or chickenpox, occurs in an educational setting. Children with HIV infection may be at increased risk of severe complications from certain types of infections.
- Parents/guardians of a child with HIV are not required to reveal that their child is infected with HIV. They may choose to share the information confidentially so they can ask the program to observe their child more closely than other children for signs of illness that might require medical attention. If parents/guardians share HIV status of their children, this information is not to be disclosed to staff members without written permission of the parents/ guardians. Only the child's parents/guardians and health professional have an absolute need to know the child is infected with HIV.
- Parents/guardians of children with HIV should consult with their children's health professional when their children have been exposed to a potentially harmful infectious disease.
- All staff members in ECE and school settings should receive annual education about Standard Precautions, which include OSHA requirements for Universal Precautions.

Exclude from educational setting?

No, unless

• The child has symptoms that require exclusion according to the child's individual care plan.

- The child is unable to participate and staff members determine they cannot care for the child without compromising their ability to care for the health and safety of the other children in the group.
- The child has weeping skin lesions that cannot be covered.
- The child has bleeding problems.
- Exposure to a highly contagious disease (eg, measles, chickenpox) occurs at the facility. Parents/ guardians of children who have a compromised immune system can ask their child's primary health professional whether the child should receive preventive measures, including removal from the educational setting, to reduce the risk. Parents/ guardians of all children in the facility should be notified immediately if their child has been exposed to chickenpox, tuberculosis, fifth disease (parvovirus B19), diarrheal disease, measles, or other infectious diseases through contact with other children in the facility.
- The child meets other exclusion criteria (see Conditions Requiring Temporary Exclusion in Chapter 4).

Readmit to educational setting?

Yes, when all the following criteria are met:

- A child who is known to have HIV and has been excluded because of risk of exposure to infections in an educational setting can return when the child's health professional determines it is safe for the child to return.
- When skin lesions are dry or covered.
- When the child is able to participate and staff members determine they can care for the child without compromising their ability to care for the health and safety of the other children in the group.

Comment

See Caring for Our Children: National Health and Safety Performance Standards; Guidelines for Early Care and Education Programs, 4th Edition, Standards 3.2.3.4, 3.6.1.1, 4.3.1.4, 7.6.3.1 through 7.6.3.4, 9.2.3.6, and 9.4.1.5 (https://nrckids.org/CFOC), or the Centers for Disease Control and Prevention HIV/AIDS website (https://www.cdc.gov/hiv/default.html) for more details on HIV/AIDS policies.





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