What is HIV/AIDS?

Human immunodeficiency virus (HIV) infection affects the body in a wide 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 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 (i.e., 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, infants 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; also can be spread from mother to infant through breastfeeding.
- Contaminated needles or sharp instruments.
- Mother-infant transmission before or during birth.
- Sexual contact.

- HIV is not spread by the type of contact that occurs in child care and school settings, such as 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 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.
  - 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.
  - Rinse with water.
  - Disinfect the clean surface by using a US Environmental Protection Agency (EPA)-registered disinfectant according to the instructions on the product’s label.
  - Dispose of all soiled items in plastic bags with secure ties.

- Children with HIV infection should not be excluded from school, child care, or other group care settings solely for the protection of other children or personnel. As long as the affected child’s health status enables participation, she should be admitted. Uncommonly, the child’s risk of 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 child care program director or school principal to see whether the child can participate.

What are the roles of the teacher/caregiver 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 group care settings. Children with HIV infection may be at increased risk of severe complications from certain types of infections. Parents/guardians of a child with HIV may choose to ask the program to observe

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their child more closely than other children for signs of illness that might require medical attention.

- 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 child care and school settings should receive annual education about Standard Precautions, which include OSHA requirements for universal precautions.
- Parents/guardians do not have to share information about the HIV status of their children. 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 physician have an absolute need to know that the child is infected with HIV.

**Exclude from group setting?**

**No, unless**

- The child has symptoms that require exclusion according to the child’s individual care plan.
- The child has weeping skin lesions that cannot be covered.
- The child has bleeding problems.
- The child meets other exclusion criteria (see “Conditions Requiring Temporary Exclusion” on 55).

**Readmit to group setting?**

- A child who is known to have HIV and has been excluded because of risk of exposure to infections in the group care 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 that 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, 3rd Edition, standards 3.2.3.4, 3.6.1.1, 4.3.1.4, 7.6.3.1–7.6.3.4, 9.2.3.6, and 9.4.1.5 or the Centers for Disease Control and Prevention HIV/AIDS Web site (www.cdc.gov/hiv) for more details on HIV/AIDS policies.