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HIV/AIDS:

transmission & infection control considerations

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St. Louis, MO

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Learning Outcomes

After this course, participants will be able to:

- identify at least two ways that HIV is transmitted
- differentiate HIV-infection from AIDS based on accepted disease classification systems
- list at least 3 standard precautions related to infection control

General Objectives

- Overview of HIV/AIDS
- Immune System & HIV
- Infection Control

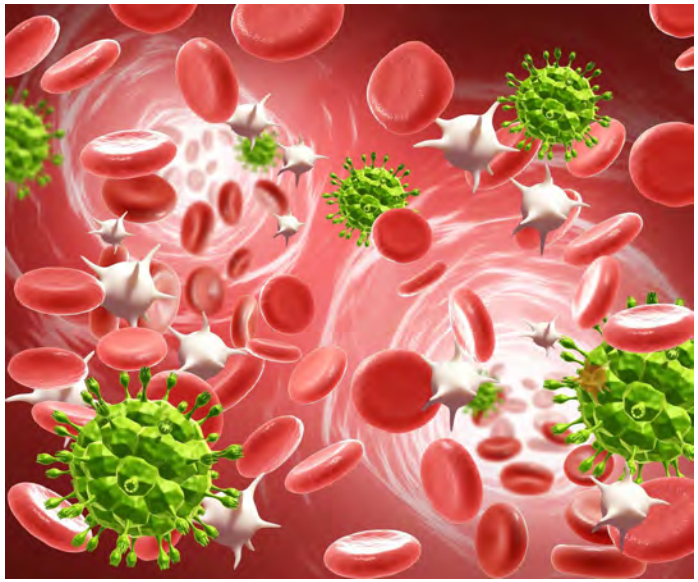
General Objectives

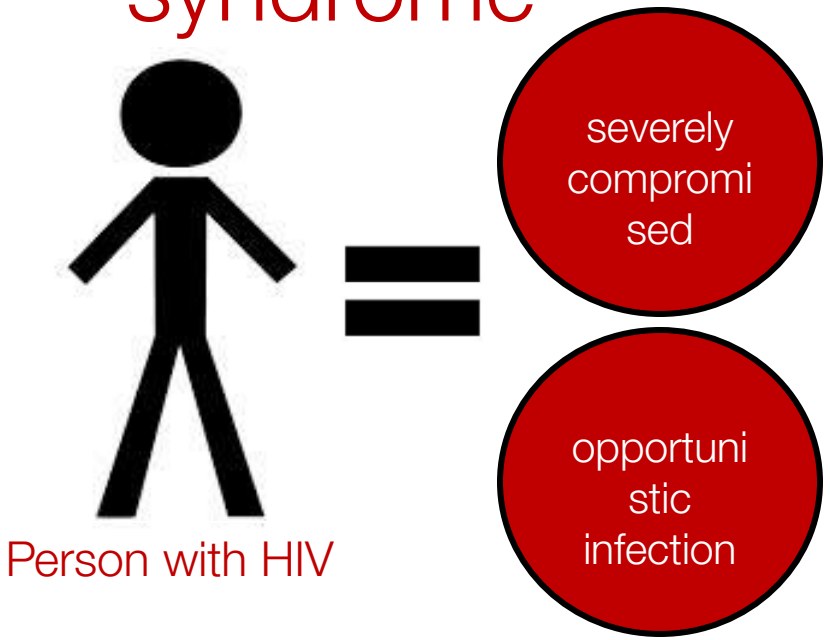
- Overview of HIV/AIDS
  - Definitions
  - Historical milestones
  - Global & domestic facts
  - Transmission & prevention

HIV AIDS

- human immunodeficiency virus

- acquired immunodeficiency syndrome





HIV-1

k b g
a c
d f
h j

Group M

Group O

Group N

HIV-2

General Objectives

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  - Definitions
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  - Transmission & prevention

1982

Initial Historical Milestones

MMWR June 5, 1981

- 5 cases Pneumocystic carinii pneumonia (PCP)
- Kaposi's sarcoma
- Persitant Generalized Lymphadenopathy (PGL)

Increased demand for PENTAMIDINE

Gay Related Immuno-Deficiency (GRID)

Hemophiliac involvement

Acquired Immuno-Deficiency Syndrome (AIDS) coined (July 27, 1982)

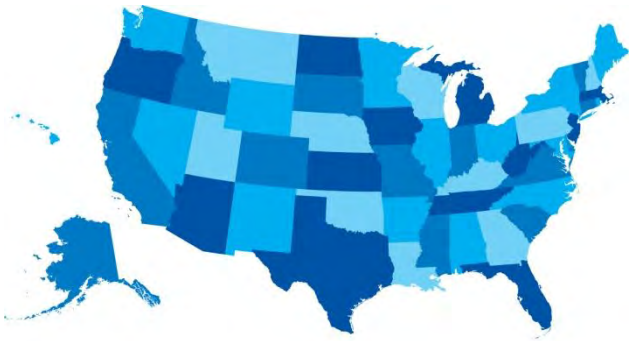
International Committee of Viral Taxonomy names virus

Human Immunodeficiency Virus

1986

Basic Statistics

- Worldwide
  - ~40 million living with HIV
  - ~2.3 million newly infected/year

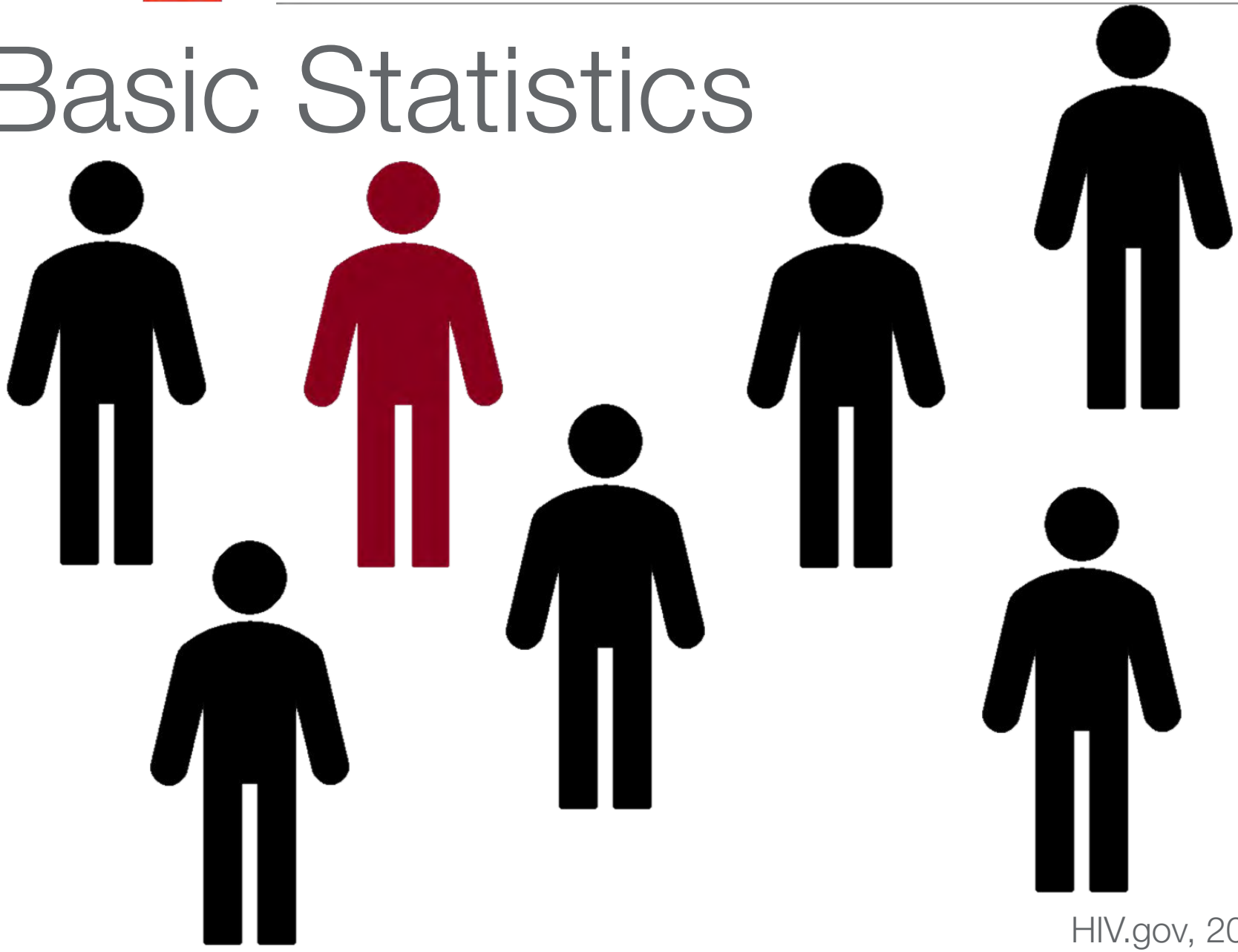


- United States
  - ~1.2 million living with HIV
  - ~40,000 newly infected/year with 14% unaware of status

Joint United Nations Programme on HIV/AIDS (UNAIDS), 2013

HIV.gov, 2018

Basic Statistics



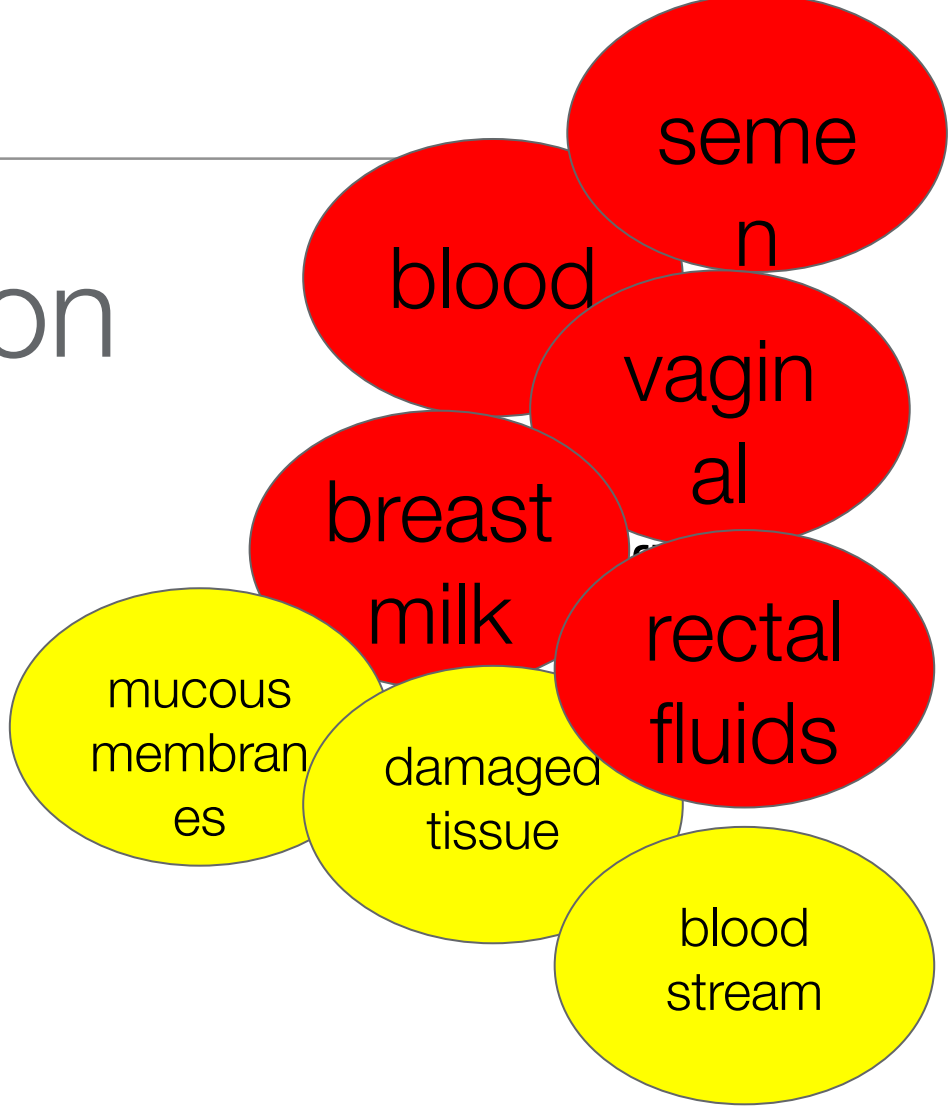
HIV.gov, 2018

General Objectives

- Overview of HIV/AIDS
  - Definitions
  - Historical milestones
  - Global & domestic facts
  - Transmission & prevention

HIV Transmission

- Mainly spread by
  - Unprotected sex
  - Sharing needles, syringes
- Less commonly by
  - Birth
  - Breast feeding
  - Blood transfusions
  - Contaminated needle
  - Bite
  - Contact between broken skin or mucous membranes with HIV-infected blood or bodily fluids



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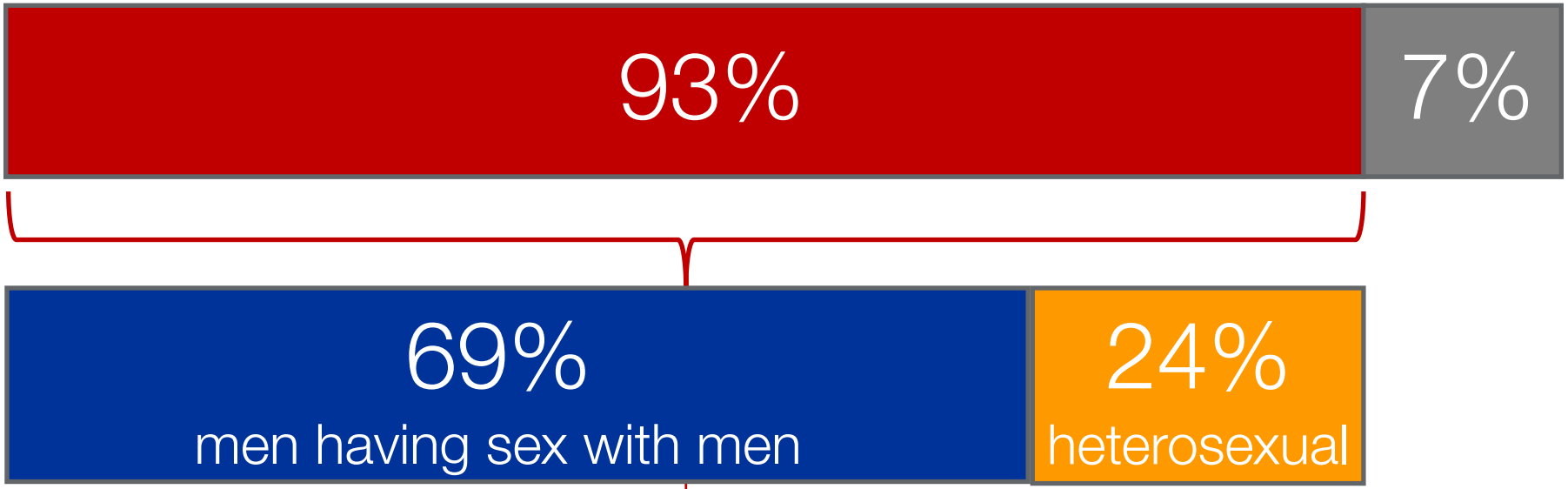
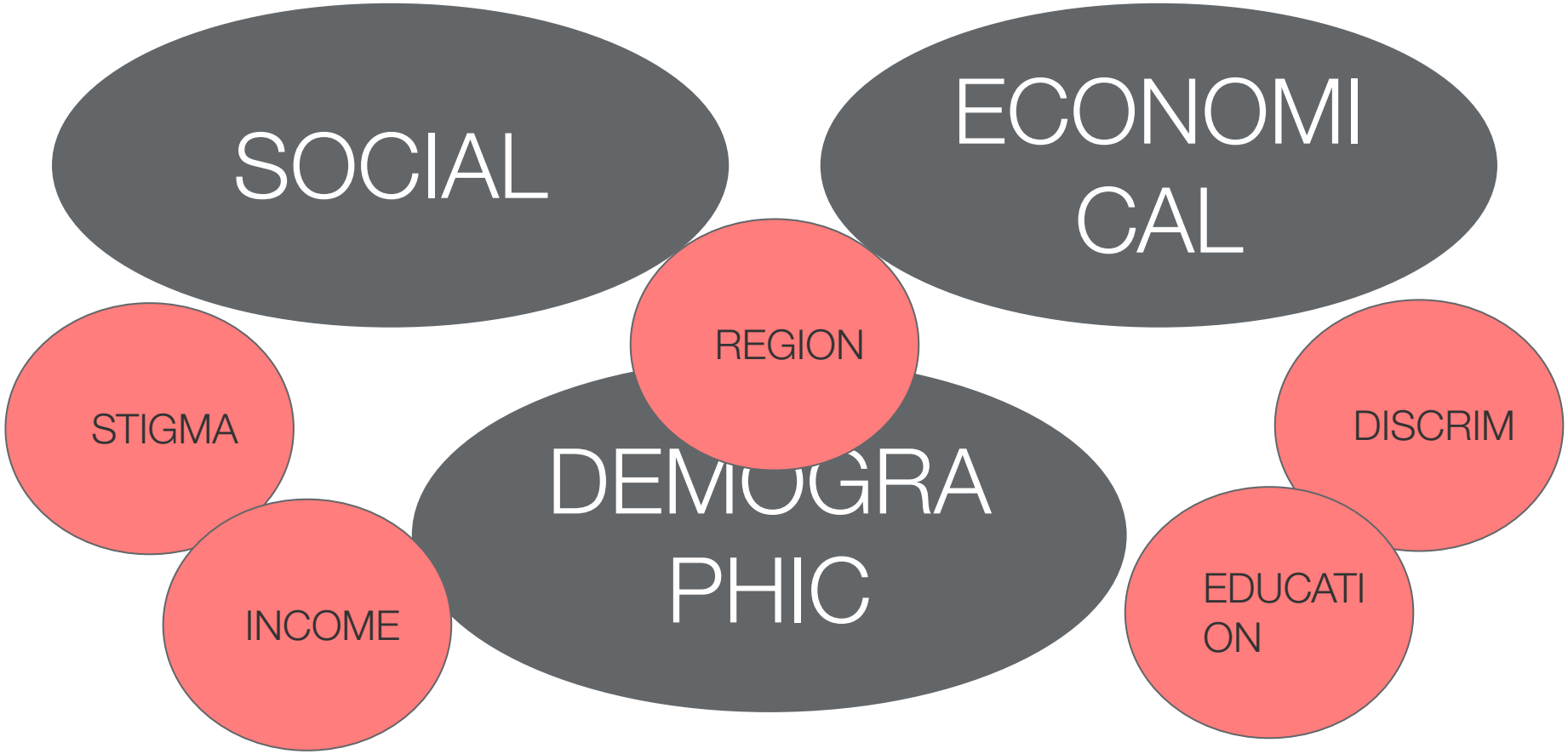


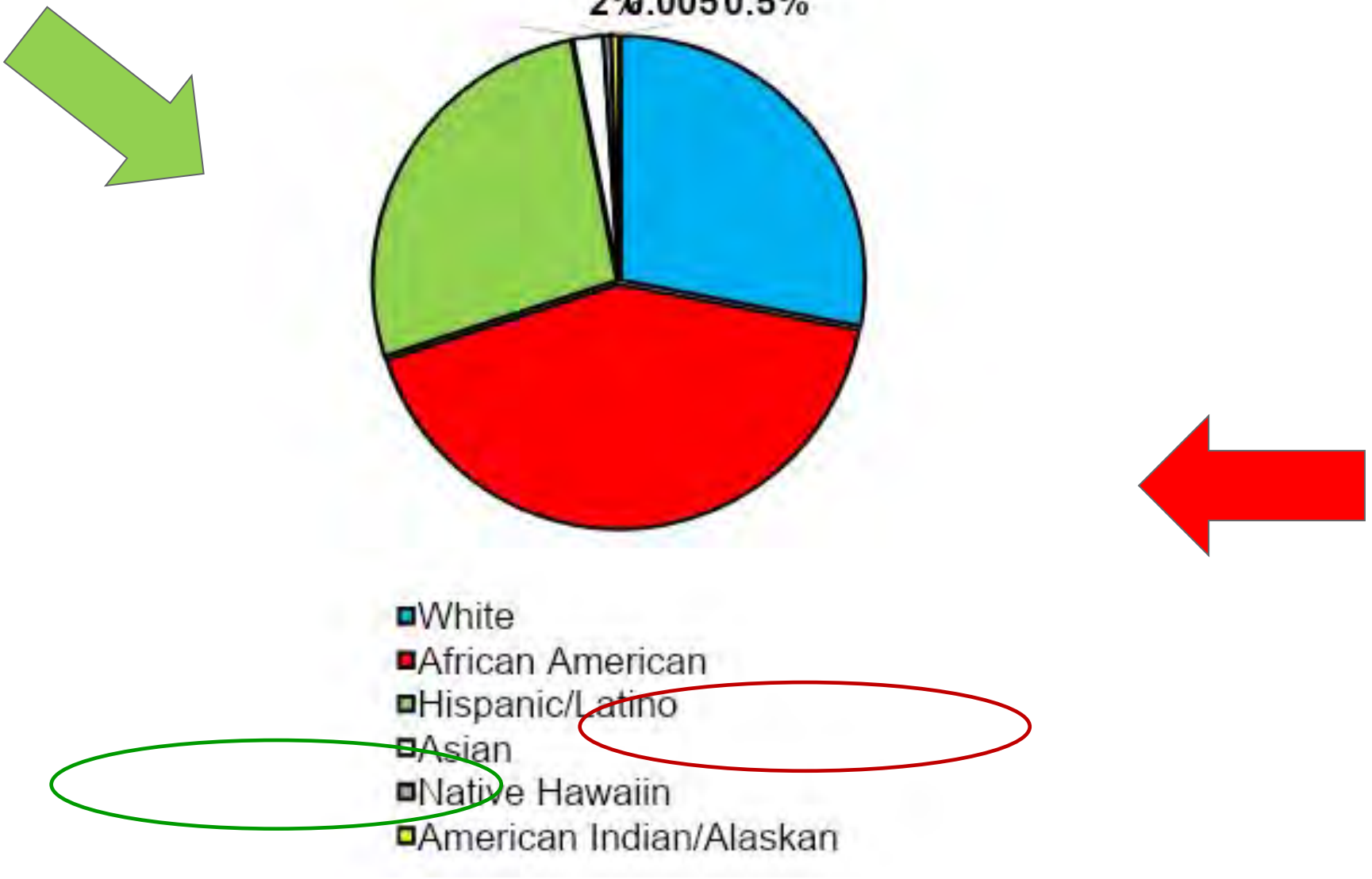
https://www.hiv.gov/hiv-basics/overview/data-and-trends/statistics

Impact on Racial and Ethnic Minorities



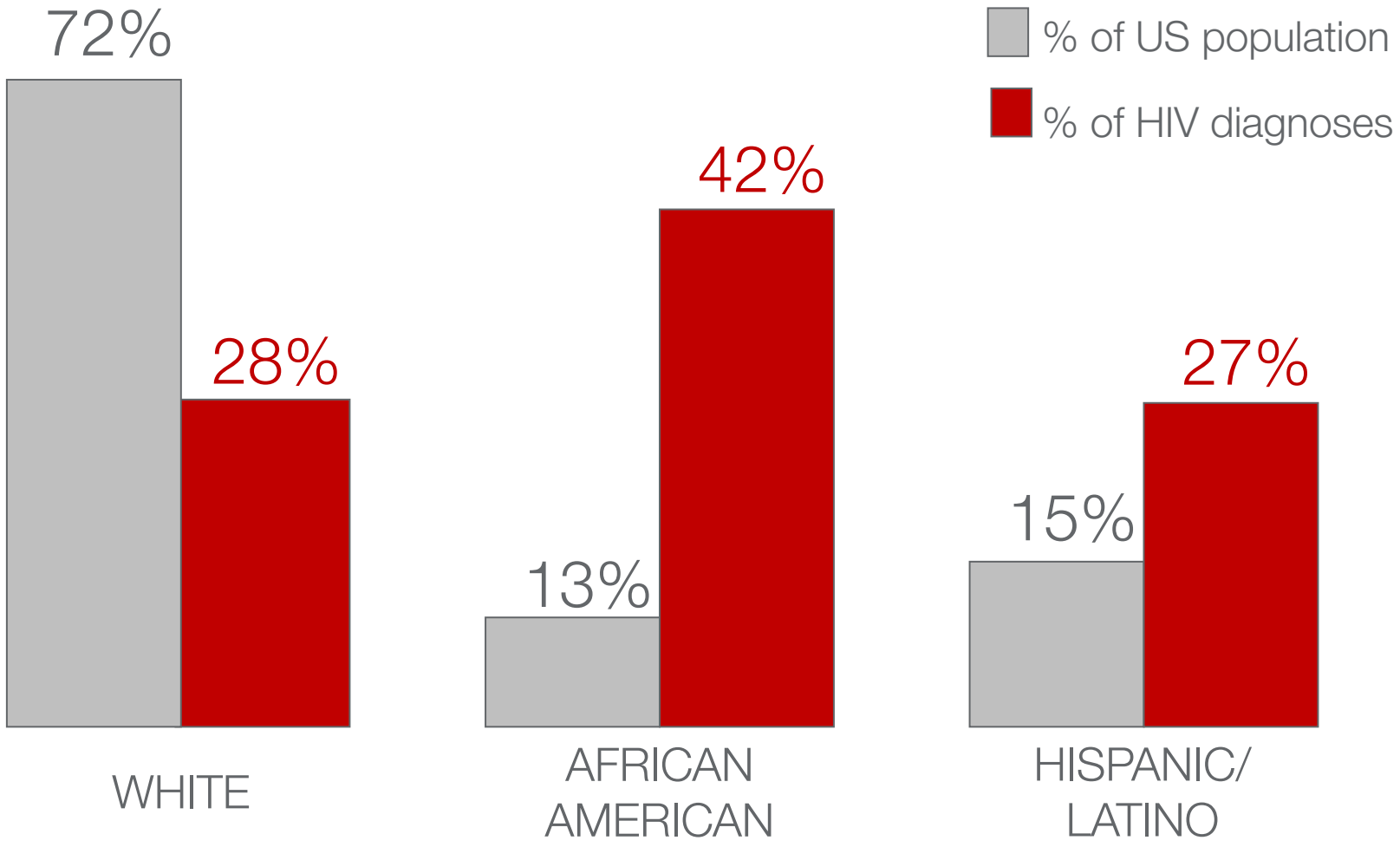
https://www.cdc.gov/hiv/library/reports/hiv-surveillance/vol-31/index.html

Who is at Risk for HIV?



https://www.cdc.gov/hiv/group/racialethnic/africanamericans/index.html

Disproportionate Burden CDC 2020



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HIV Prevention

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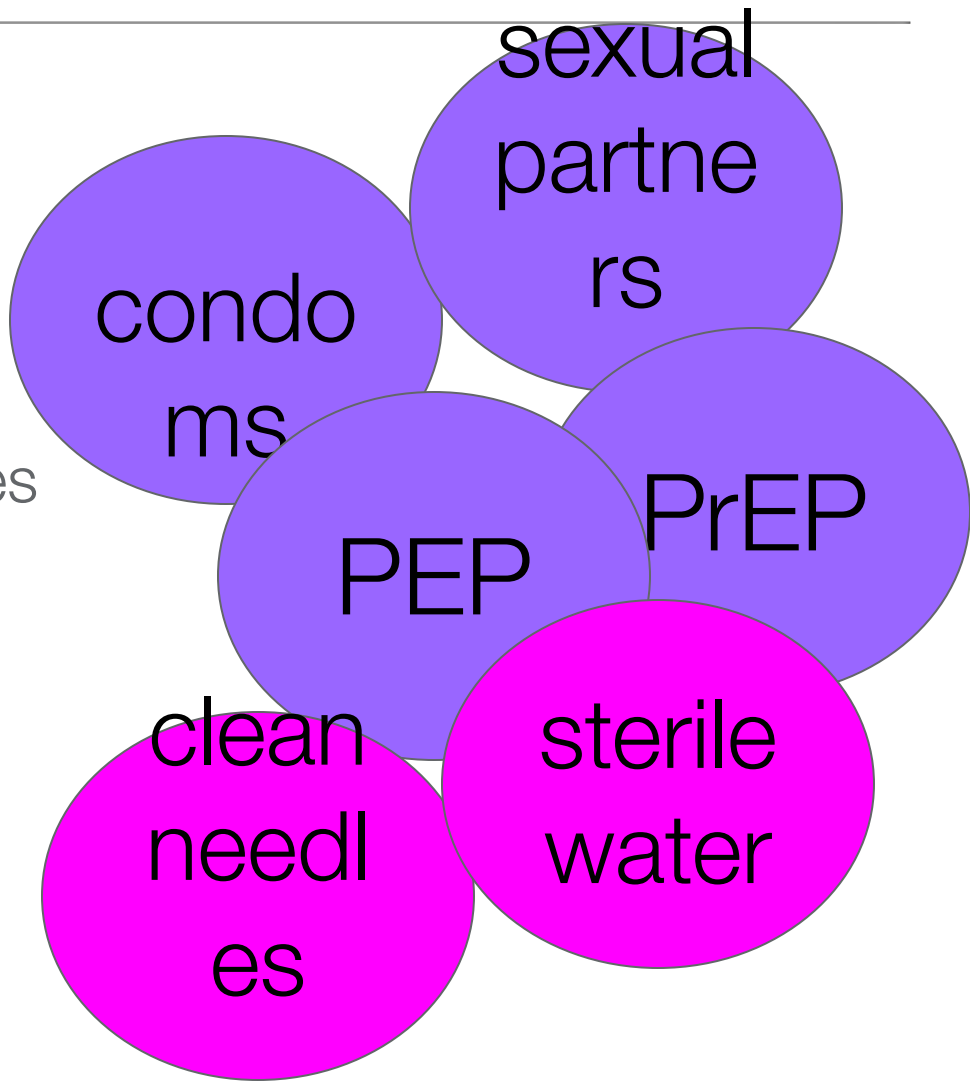
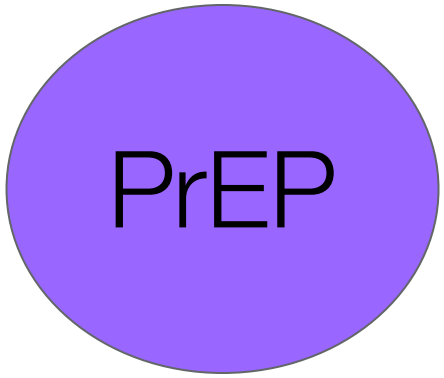


Pre-exposure prophylaxis

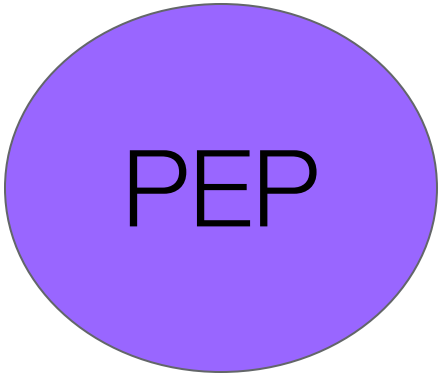
- Taking daily medicine to prevent HIV for people at high risk
  - Taken daily
  - Highly effective for preventing HIV
    - Sex: 99% reduced rate
    - Injection drug use: 75% reduced rate
  - 28 days
  - Effective but not 100%



https://www.cdc.gov/hiv/basics/pep.html

Post-exposure prophylaxis

- Taking antiretroviral meds after potential exposure
  - Within 72 hours
  - 1x – 2x daily for 28 days
  - Effective but not 100%



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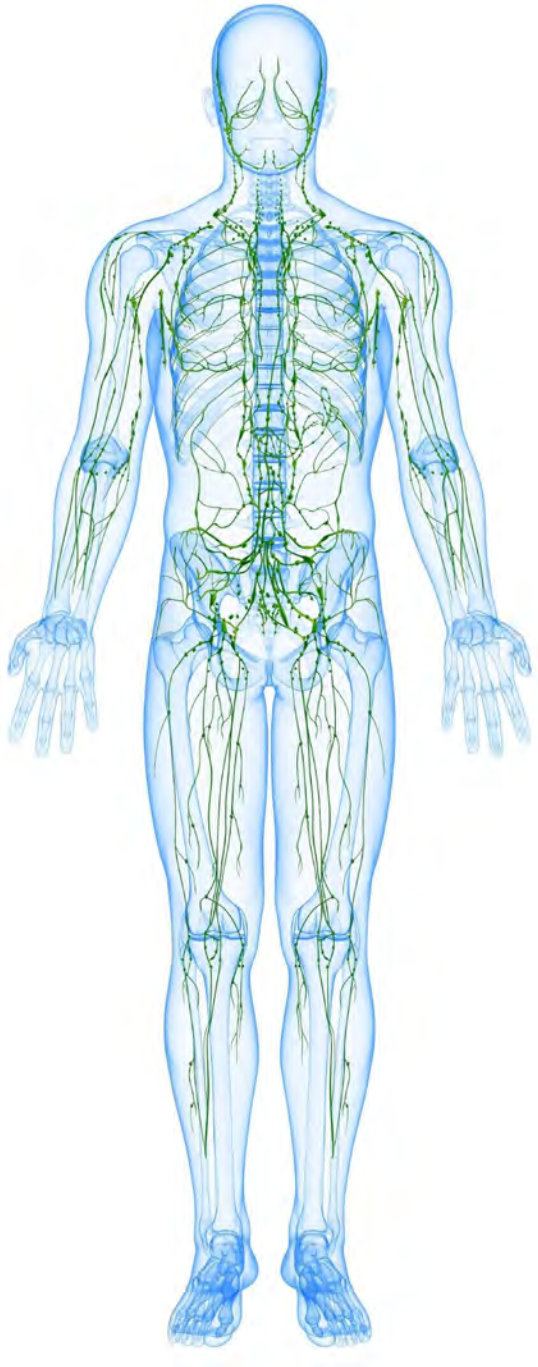
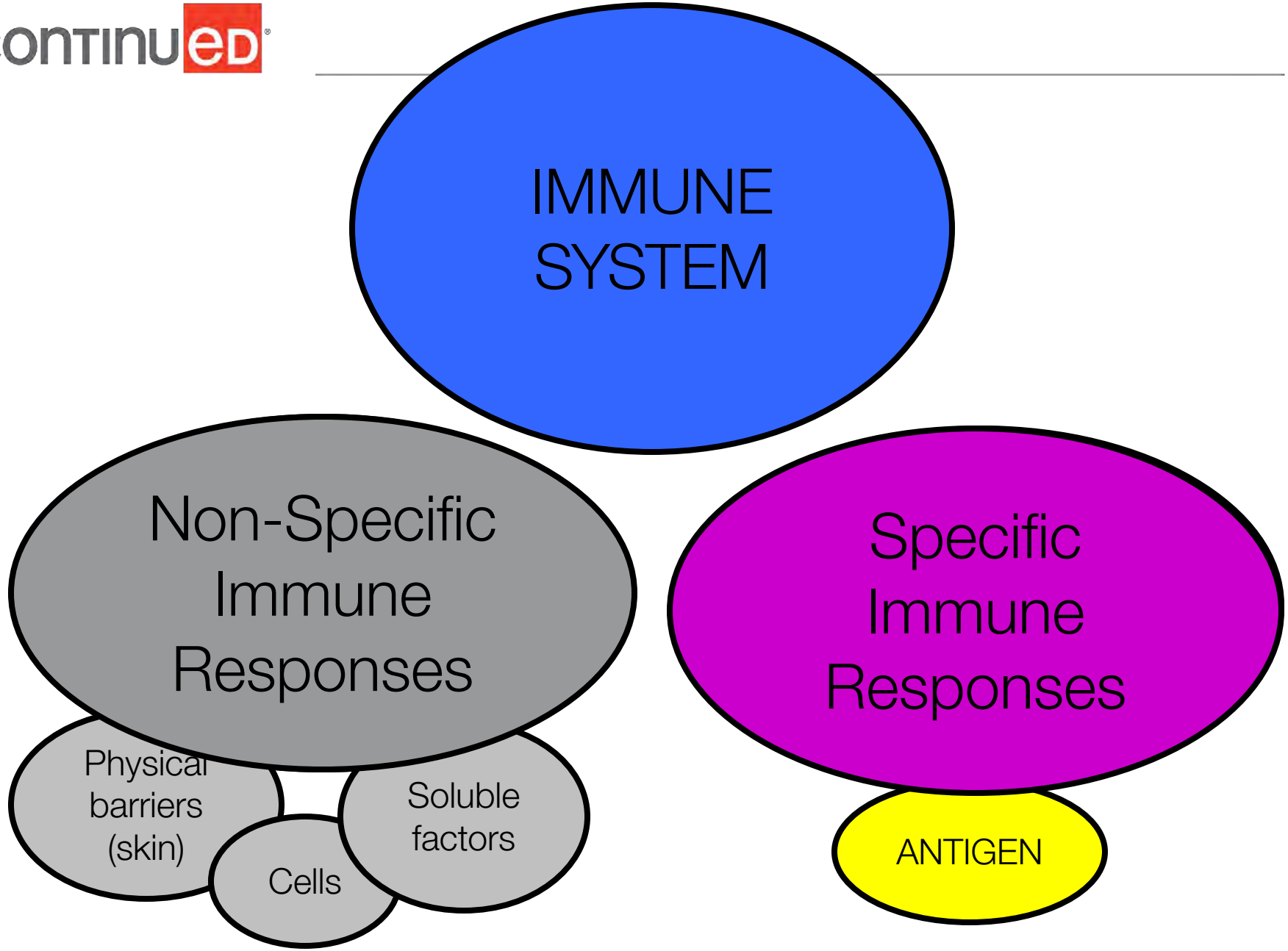
- Infection Control



PROTECT BODY FROM INFECTION


IMMUNE SYSTEM
Non-Specific Immune Responses
Physical barriers (skin)
Cells
Soluble factors
Specific Immune Responses
ANTIGEN

IMMUNE CELL ASSEMBLY

- Bone Marrow
- Thymus
- Lymph Nodes
- Spleen, tonsils, adenoids, appendix, peyer's patches

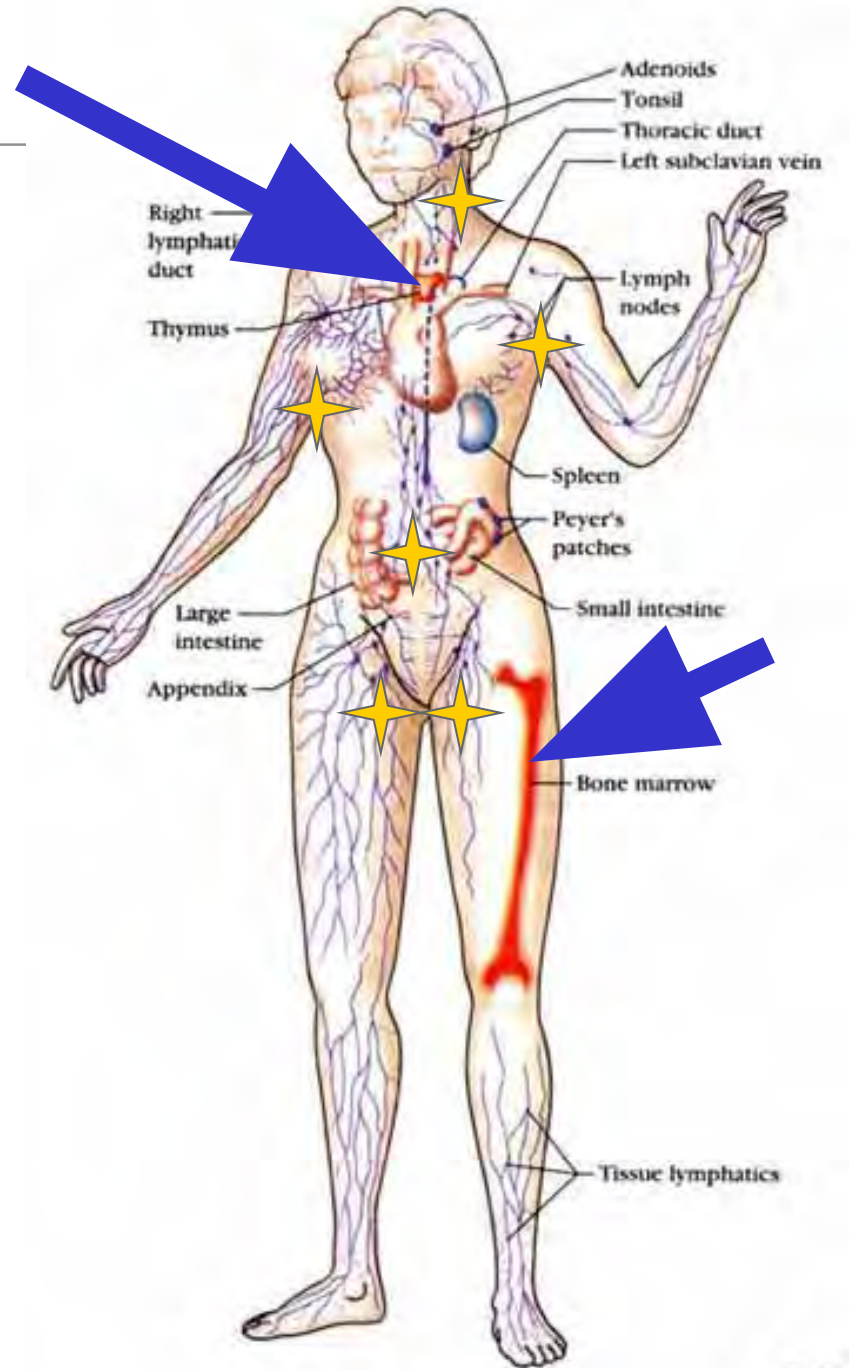


Image from: http://uhaweb.hartford.edu/BUGL/immune.htm#fluids

LYMPHATIC SYSTEM

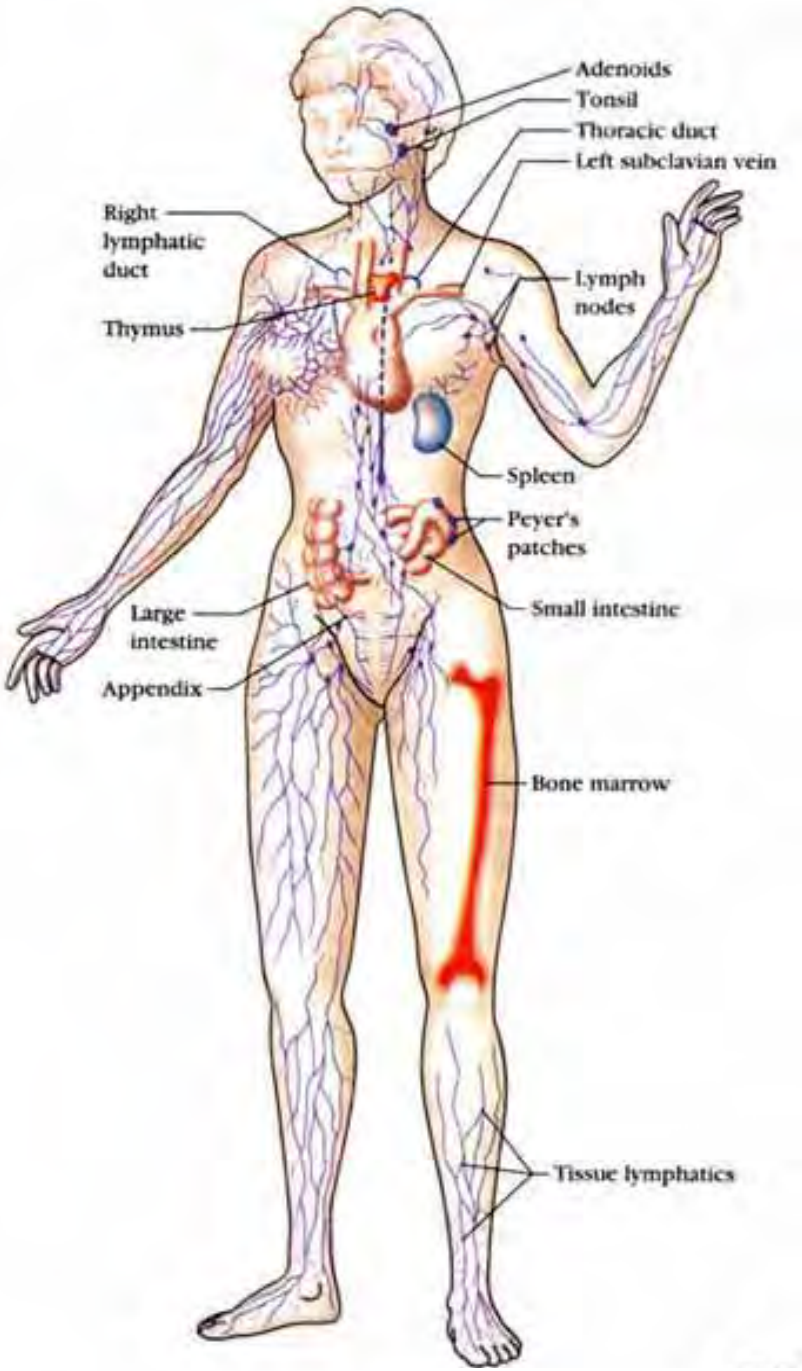
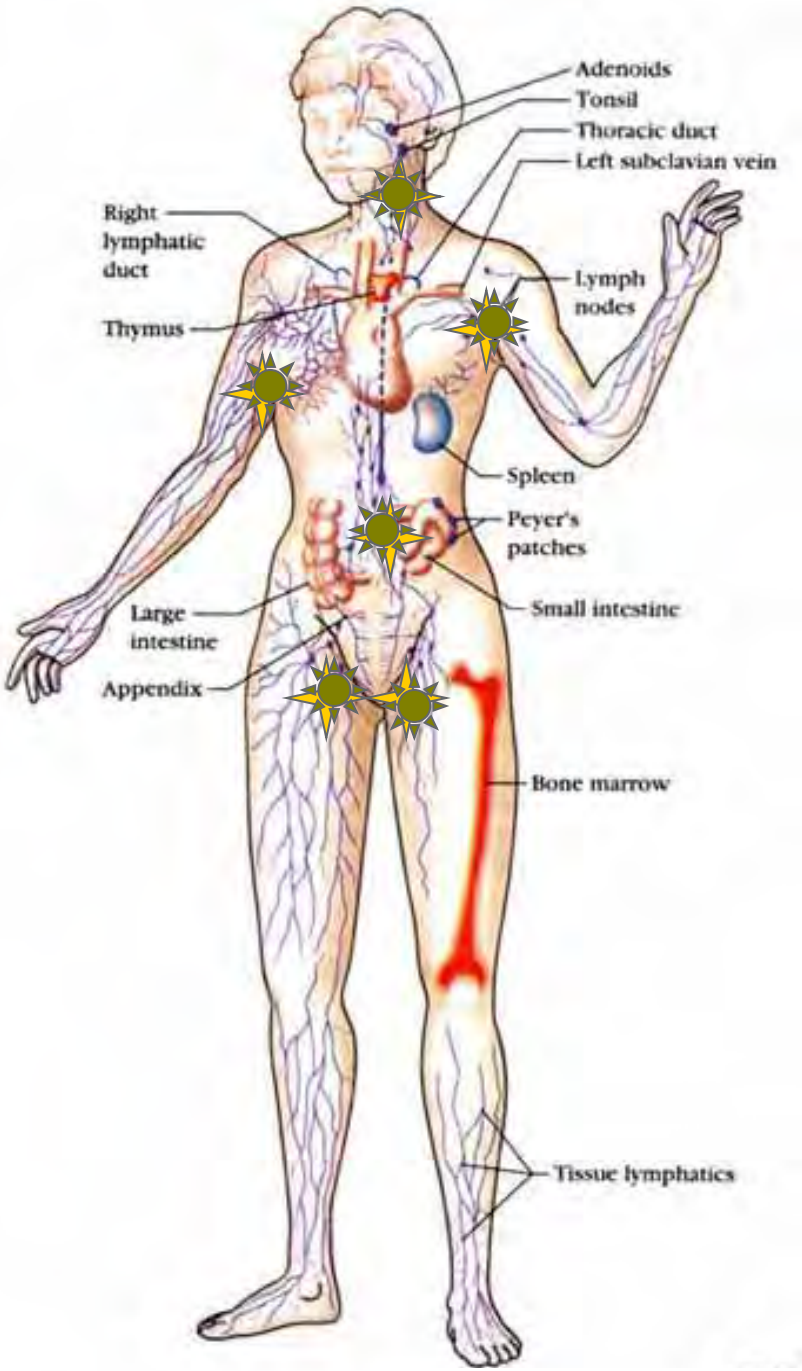


Image from: http://uhaweb.hartford.edu/BUGL/immune.htm#fluids

LYMPHATIC SYSTEM

- Network of vessels
- Channels lymph fluid to lymph nodes
- Directs lymph fluid toward chest
- Empties into bloodstream
- Reabsorbed by body tissues



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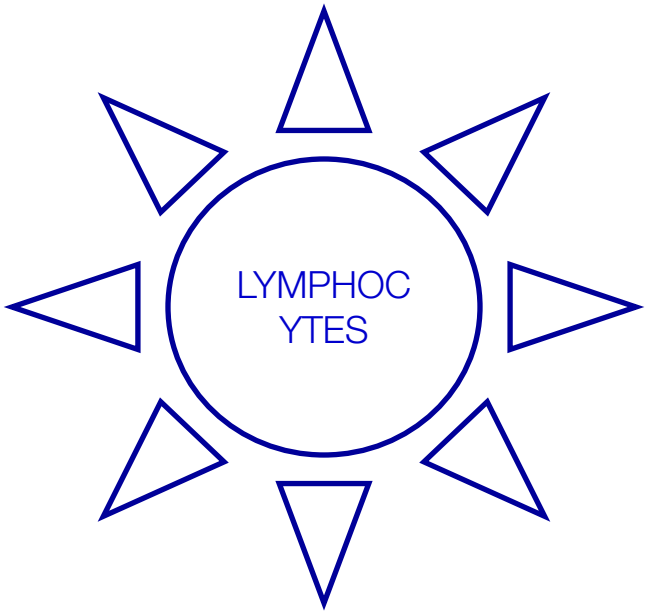
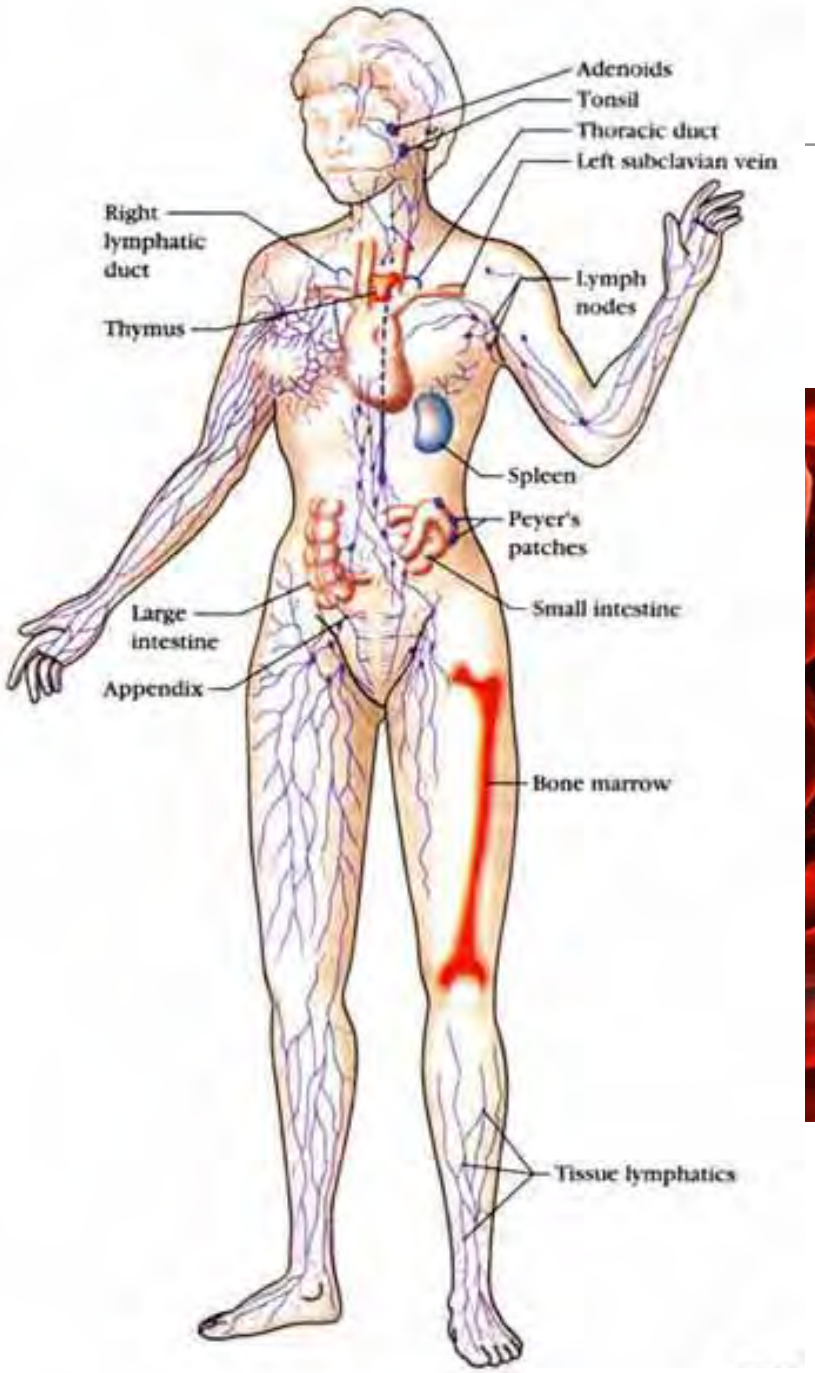


Execute & manage all activities of the adaptive immune system

B-Cell

T-Cell



How immune system works

B-Cell

ymphocytes

- Maturation process occurs within bone marrow
- Identify antigen
- Triggered to produce antigen-specific antibody proteins

ANTIGEN

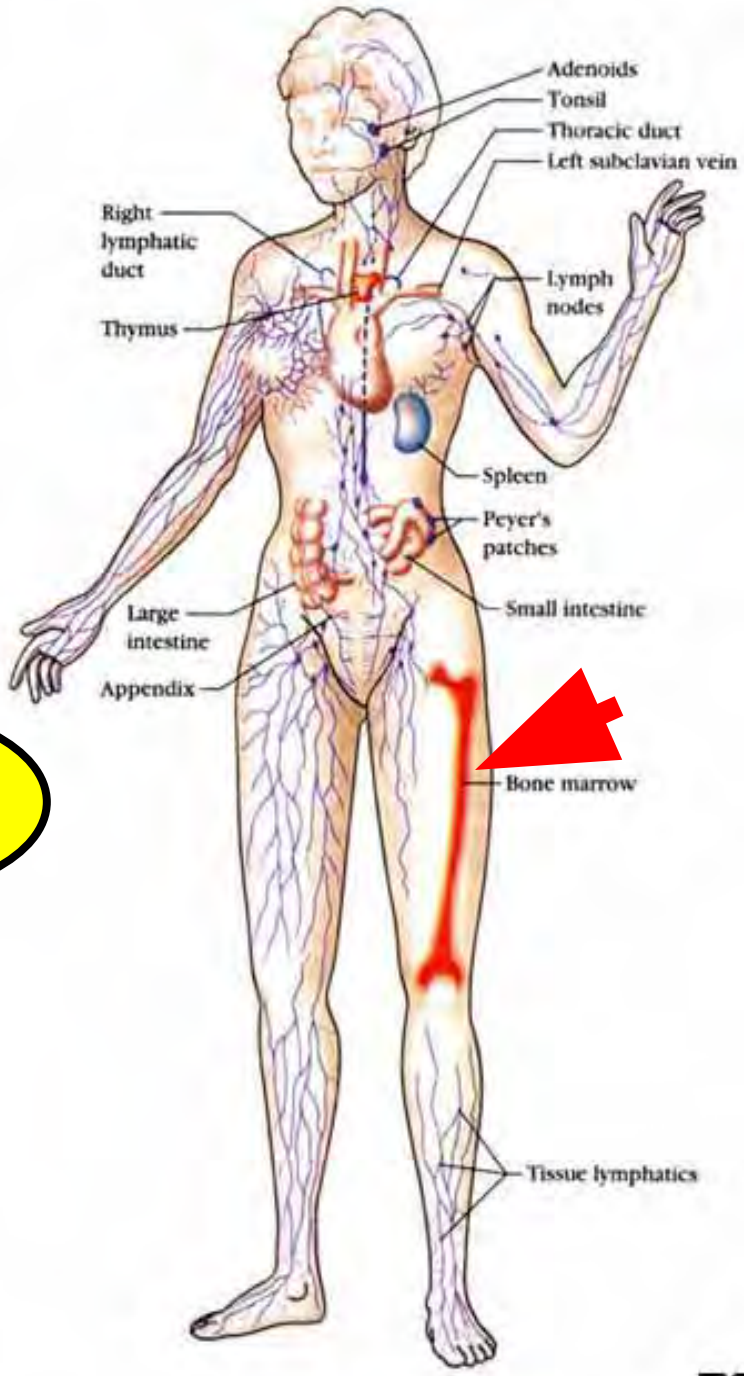
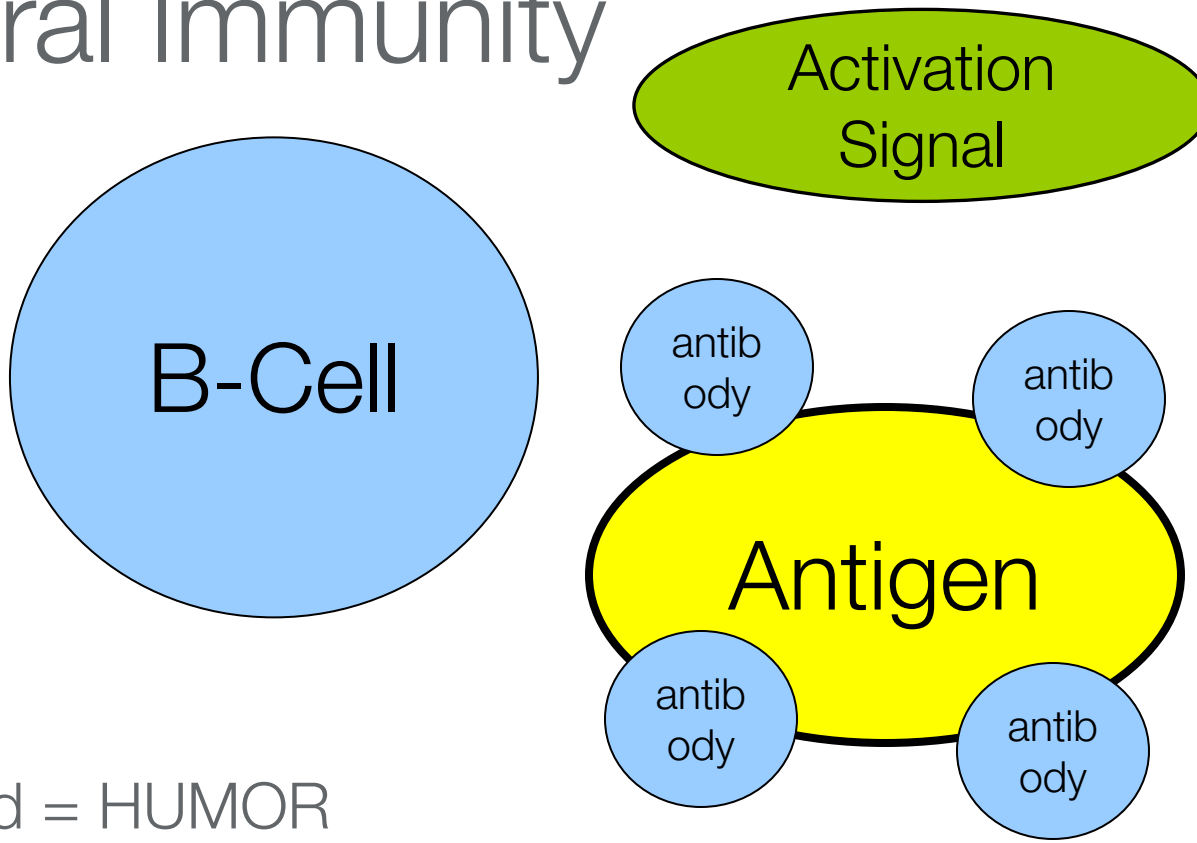
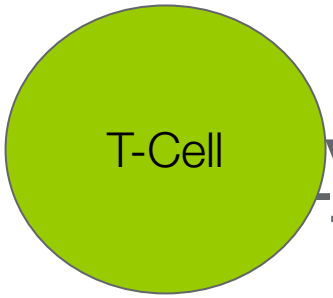


Image from: http://uhaweb.hartford.edu/BUGL/immune.htm#fluids

Humoral Immunity

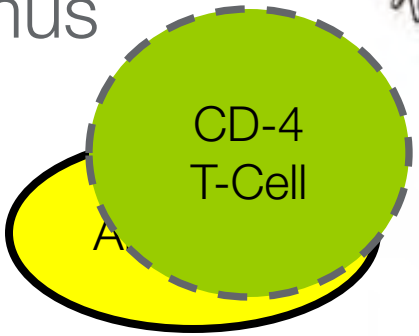


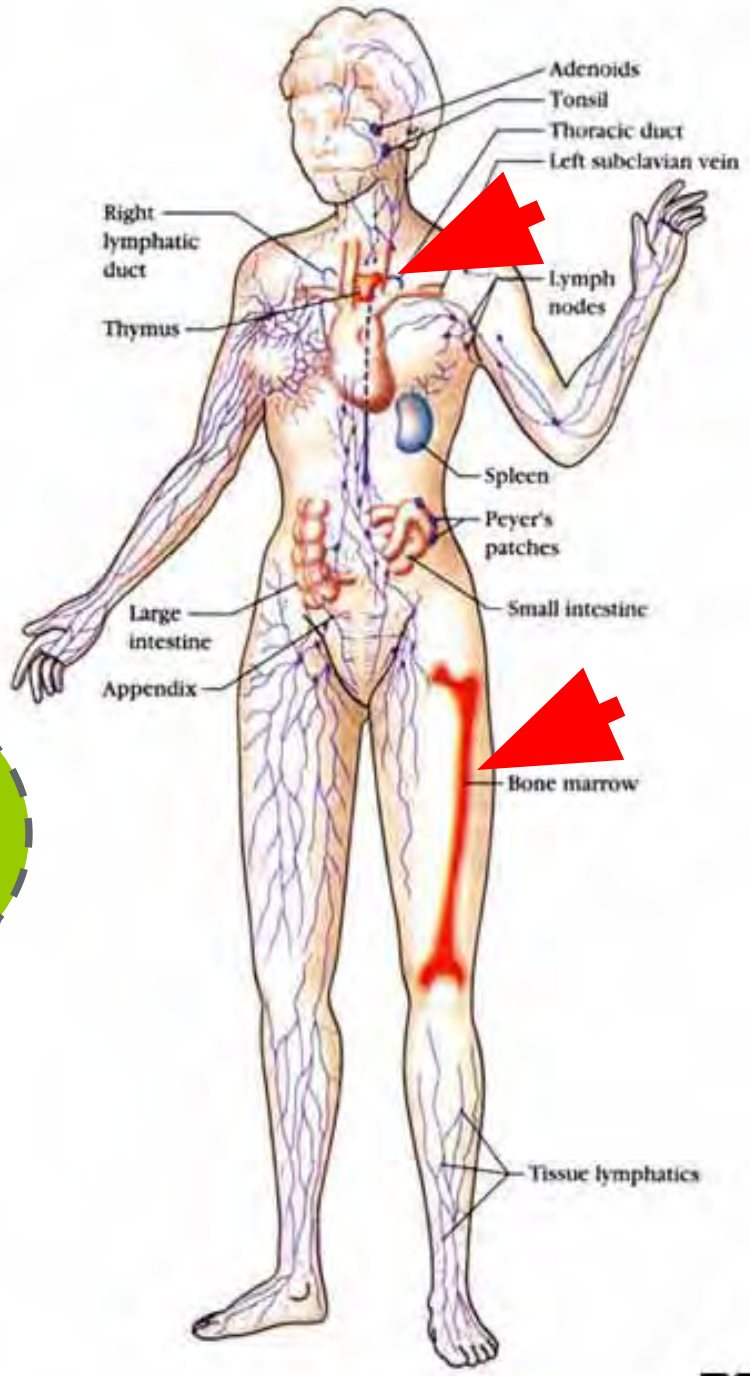
Bodily fluid = HUMOR



Lymphocytes

- Maturation process initiated within bone marrow
- Completed in thymus
- Several categories
- Detects antigen
- Destroys antigen





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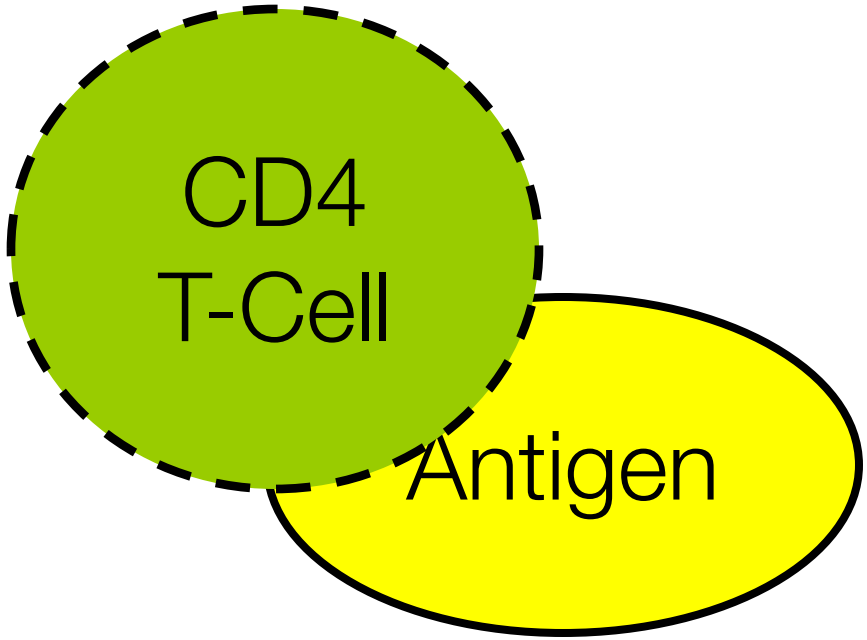
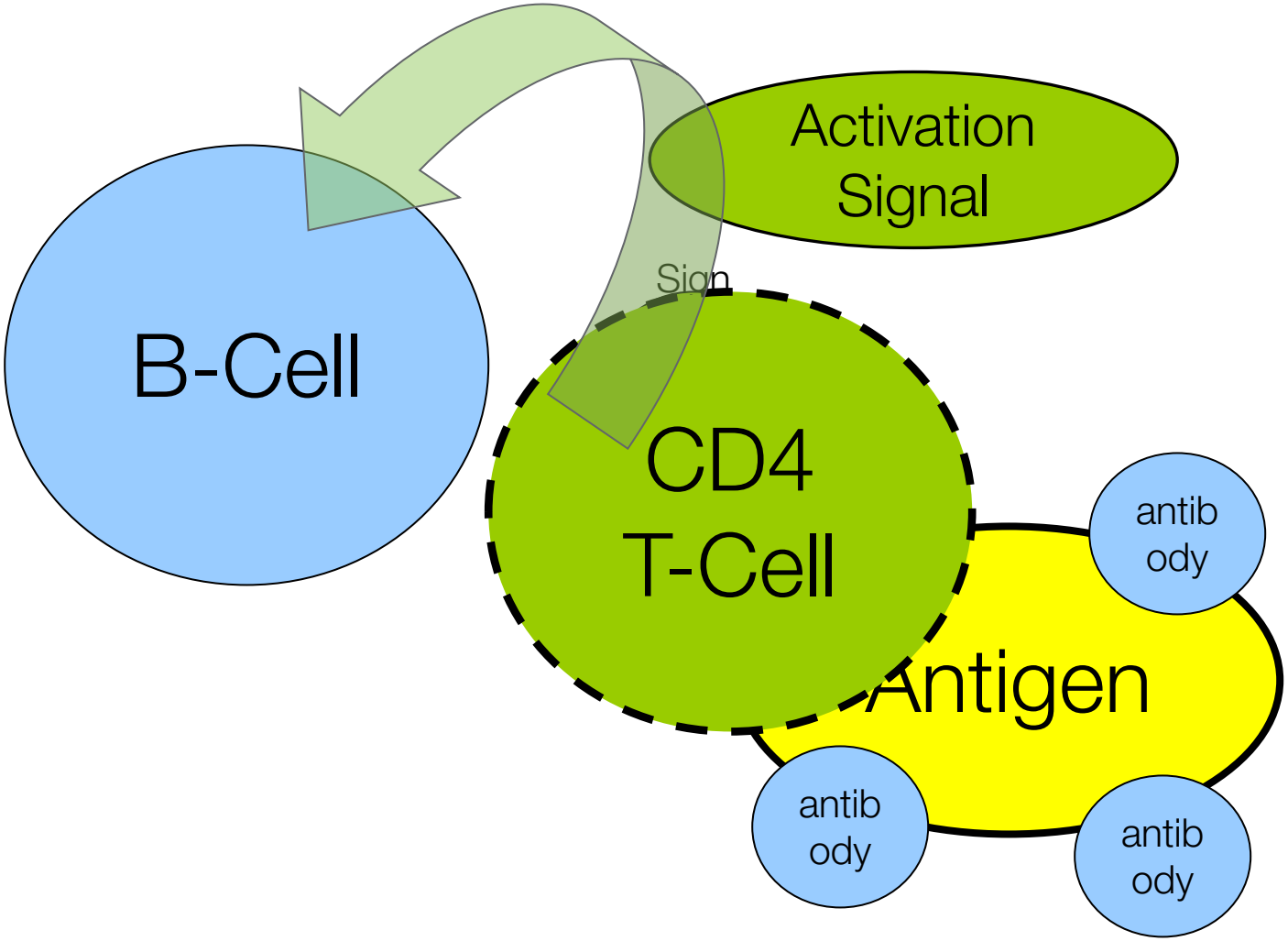
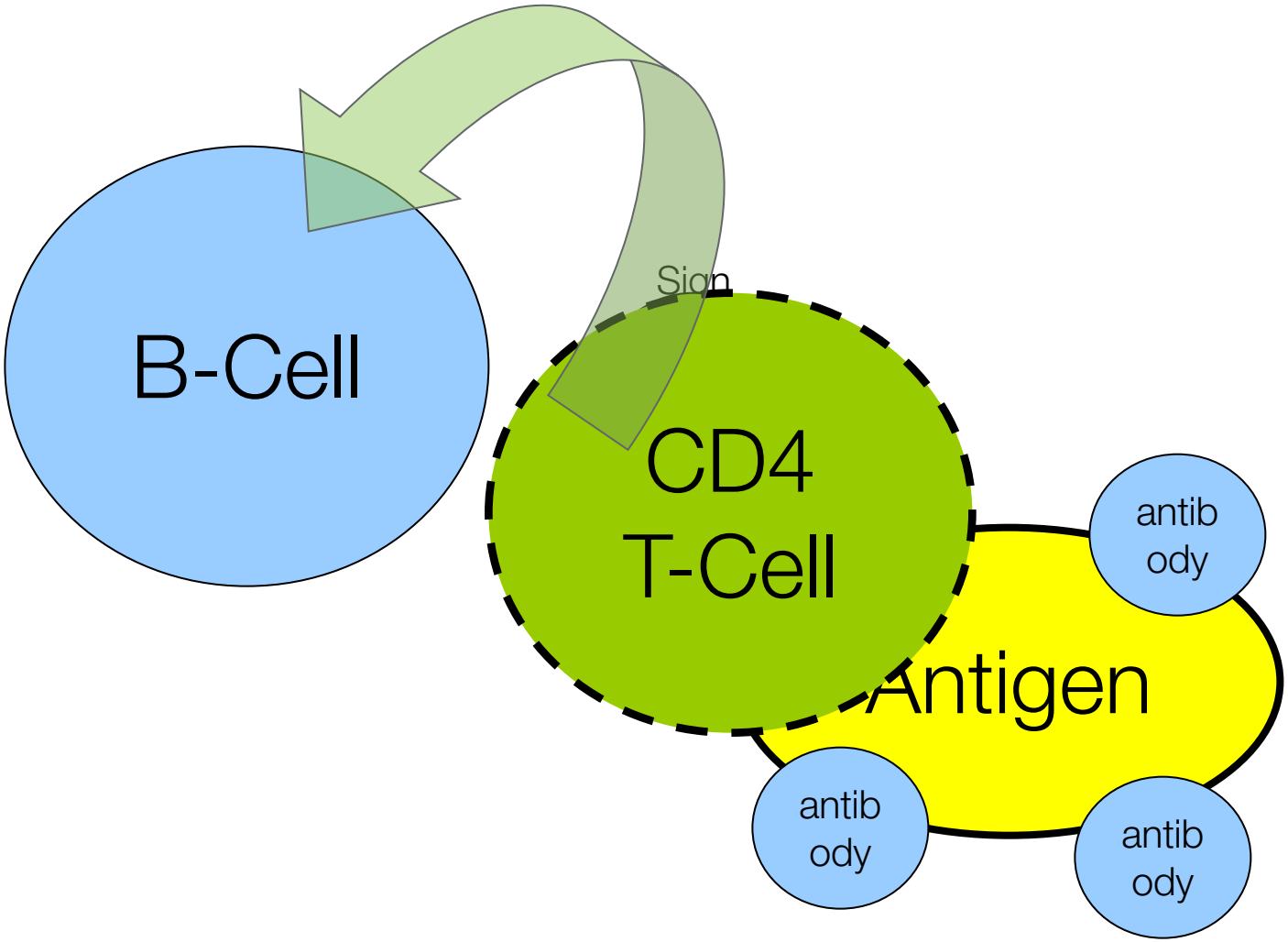
Cell-Mediated Immunity




Activation
Signal
Sign
B-Cell
CD4
T-Cell
antib
ody
Antigen
antib
ody
antib
ody


B-Cell
Sign
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General Objectives

- Immune System & HIV
  - How it works
  - How HIV attacks immune system
  - Disease classification
  - Disease Course
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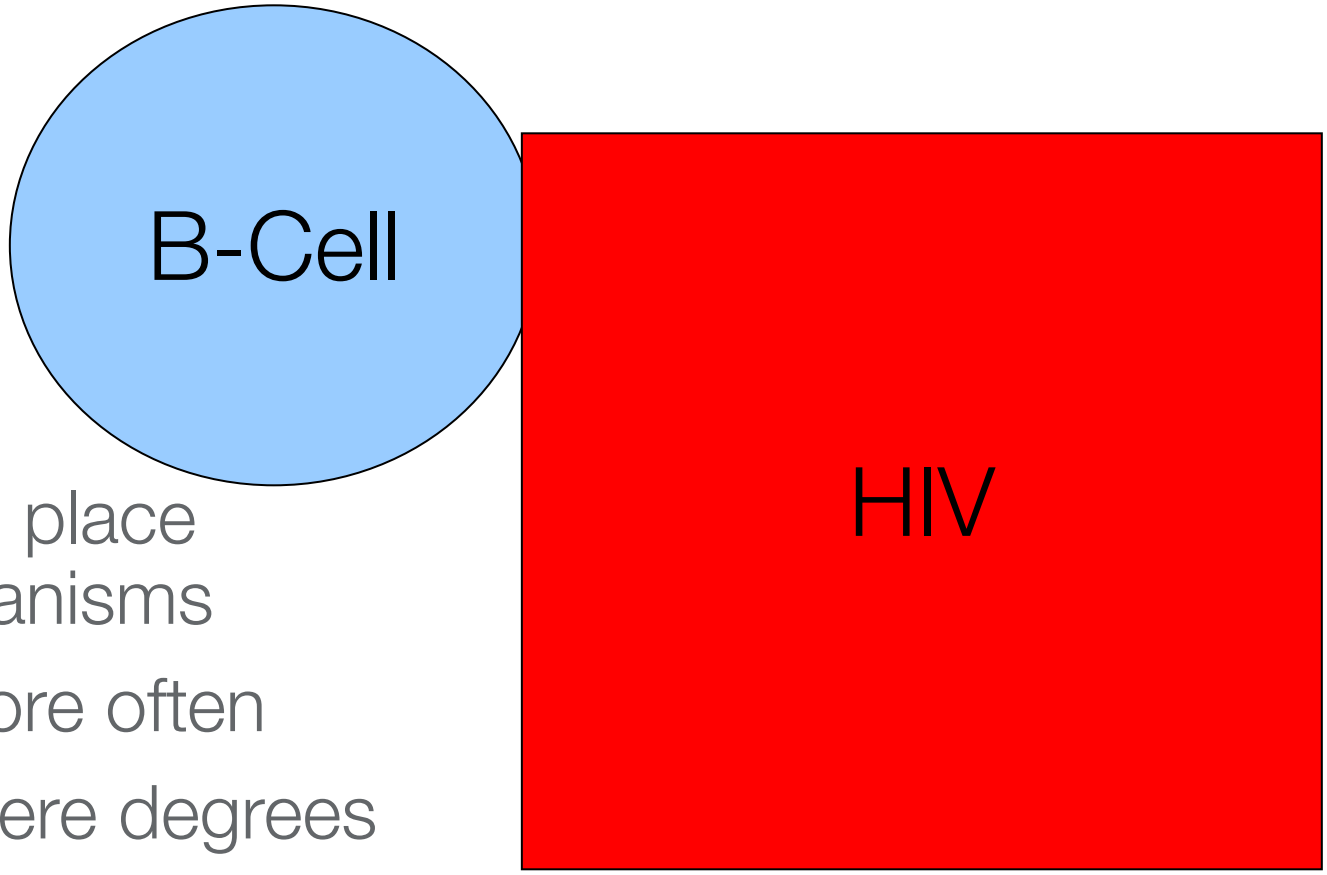
Opportunistic Infections



- Common place microorganisms
- Occur more often
- More severe degrees

Direct

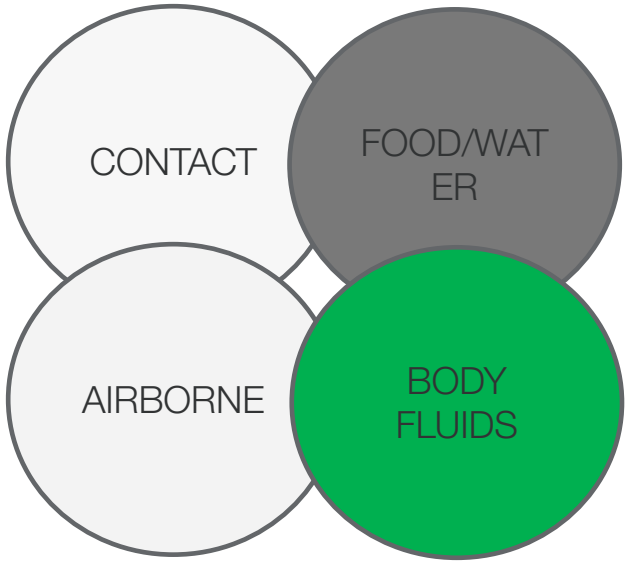
touch bodily fluid with bare hand

Indirect

reuse contaminated object

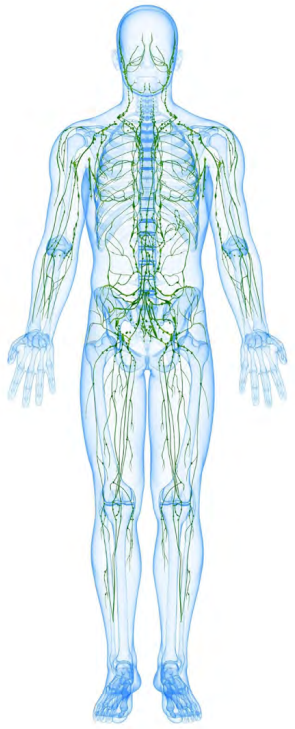
Droplet

cough, sneeze in close proximity



HOW TO CONTROL FOR DISEASE TRANSMISSION

MODE



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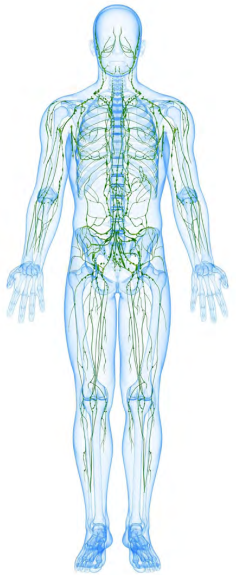
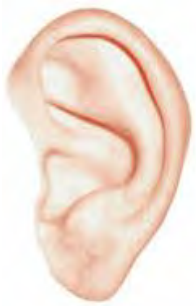


ROUTE



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Classification System-HIV/AIDS

6 years – Adult

CD4 CELL COUNTS **CATEGORY**	CLINICAL CATEGORY **A** **(asymptomatic)**	CLINICAL CATEGORY **B** **(not A or B category)**	CLINICAL CATEGORY **C** **(AIDS indicator condition)**
1 ≥500/(mm^3)			
2 200-499/(mm^3)			
3 <200/(mm^3)			

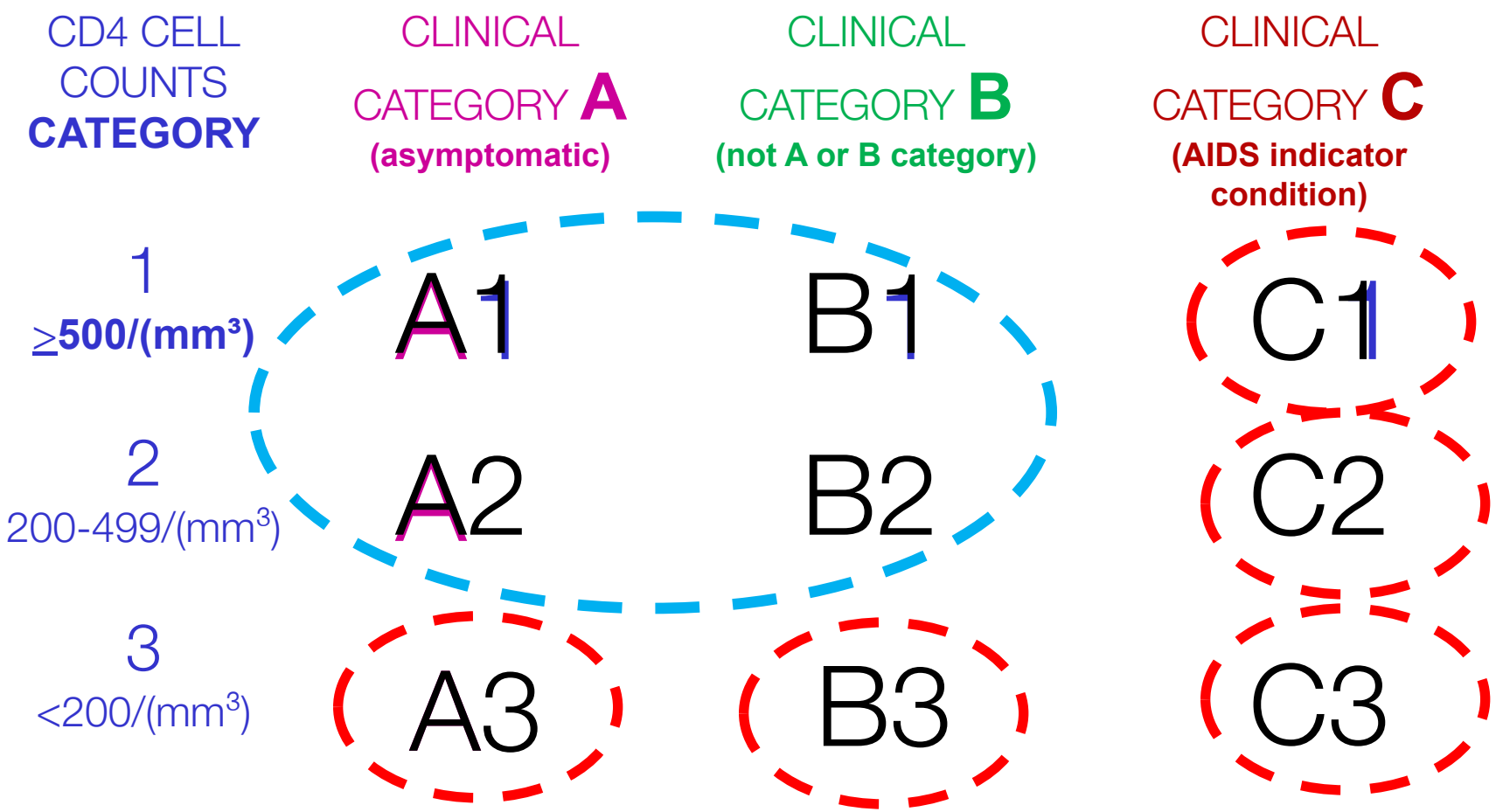
CATEGORY B:

- Candidiasis (oropharyngeal; thrush)
- Fever (38.5°C)
- Diarrhea >1 month
- Herpes zoster (shingles)
- etc.

CDC, 1993; 2014

Classification System-HIV/AIDS

6 years - Adult



CDC, 1993

Classification System-HIV/AIDS
Children

- Maternal HIV antibodies cross placenta
- Falsely HIV+ 9 to 18 months
- CD4+ t-cell count higher in infants

Immune category	<12 **mths**	1-5 yrs	≥**6 yrs**
1	>1500μL	>1000μL	>500μL
2	750-1499μL	500-999μL	200-499μL
3	<750μL	<500μL	<200μL

Classification System-HIV/AIDS

Children

N = NO SIGNS/SYMPTOMS

A = MILD

B = MODERATE

C = SEVERE

Absolute CD4+ T-cell Category

Clinical Category	N	A	B	C
1	N1	A1	B1	C1
2	N2	A2	B2	C2
3	N3	A3	B3	C3

CDC, 1994

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Course of Disease

- Initially, flu-like symptoms
- Incubation period 10 or more years
- Associated with peripheral & central nervous system symptoms that manifest as communication disorders

Stages of HIV infection

acute

chronic

AIDS

- Earliest stage
- 2-4 weeks post infection
- Flu-like symptoms (fever, headache, rash)
- HIV multiplies rapidly
- High levels in blood
- Increased risk of transmission

Stages of HIV infection

acute

chronic

- Asymptomatic HIV infection
- HIV continues to multiply
- **Without ART**
  - ~10 years
- **With ART**
  - several decades
  - Essentially no risk of transmission

Stages of HIV infection

chronic

AIDS

- Final stage
- Can't fight off IO
- CD4 count < 200 cells/mm^3
- Developed certain OI
- High viral load
- Able to transmit very easily
- Without ART, ~3 years

HIV/AIDS & Related Disorders

DIRECT

- Damages cell tissue
- Releases toxins
- Δ cell metabolism

INDIRECT

- Opportunistic infections
- Ototoxicity

INDIR ECT

Opportunistic infections

- Herpes simplex virus (HSV-1)
  - Sores on lips and mouth
- *Salmonella*
  - Bacterial infection affecting intestines
- Candidiasis (thrush)
  - Fungal infection of mouth, trachea, lungs
- Toxoplasmosis
  - Parasitic infection that affects the brain

https://www.hiv.gov/hiv-basics/staying-in-hiv-care/other-related-health-issues/opportunistic-infections

Opportunistic infections

- Complete list: https://www.cdc.gov/hiv/basics/livingwithhiv/opportunisticinfections.html
- Pneumonia
- Cancer
- Infections of the brain
- Diarrheal disease

CDC, 2020

INDIR
ECT

Ototoxicity

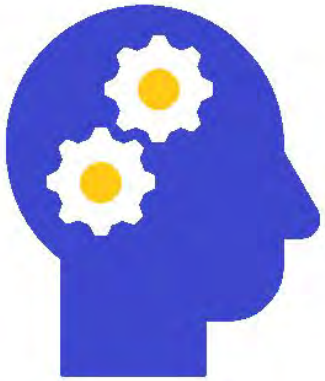
- FDA-approved and/or experimental anti-retrovirals
- Medications for opportunistic infections
- SNHL, tinnitus, vestibular/balance issues

Hearing Loss Comorbidities

~15% of Adults in US (37.5 million) report trouble hearing

Cardiovascular Disease

Cancer



Cognitive Impairment or Dementia

Depression

General Objectives

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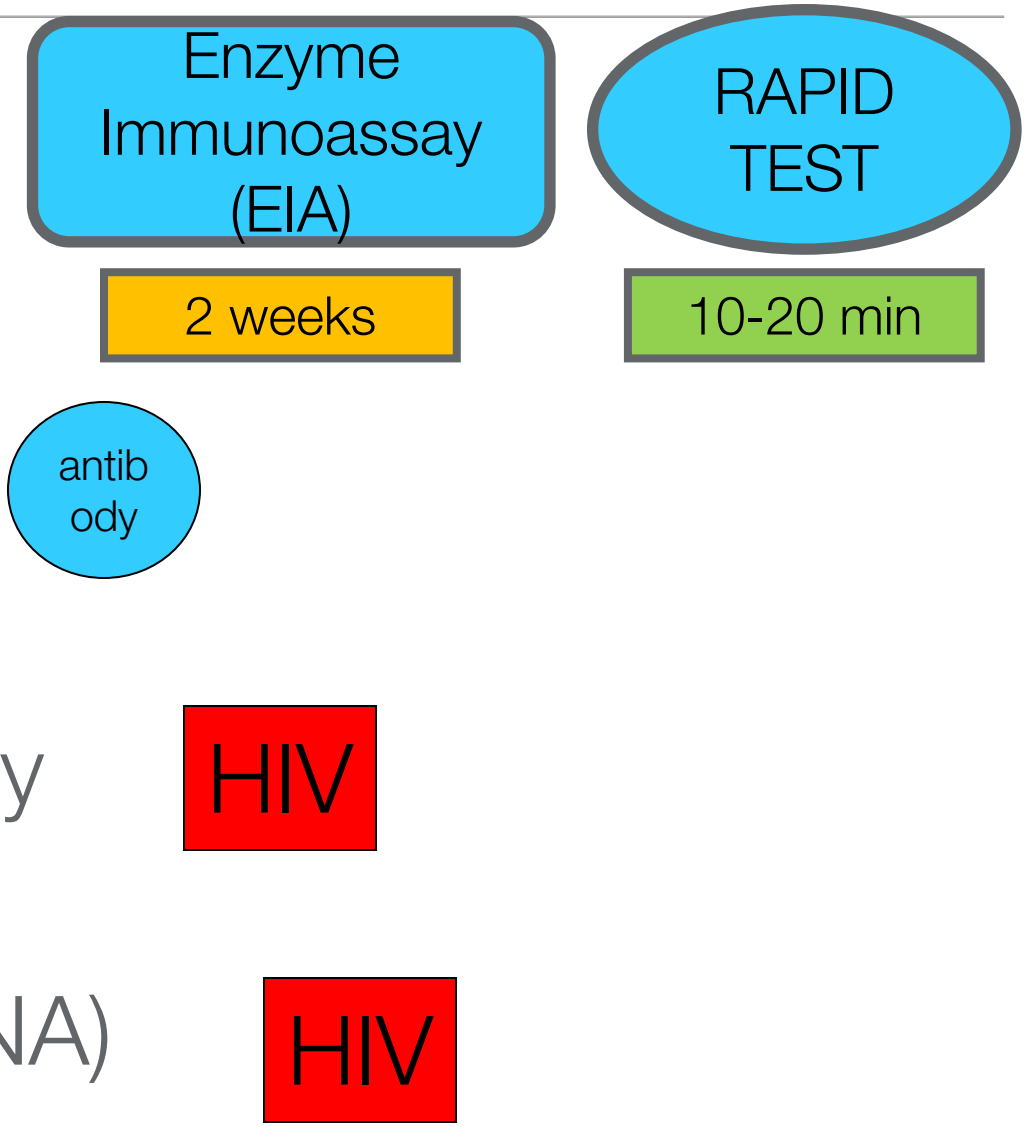
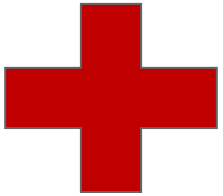
HIV Tests

TYPES:

- Antibody test
- Antigen/Antibody
- Nucleic Acid (RNA)



What HIV Results Mean

- Negative Test Result 
  - Seroconversion takes 2 weeks – 6 months
  - Retest in 3 months
- Positive Test Result 
  - Confirmatory test (Western Blot test)
  - Postexposure Prophylaxis Regimen

HIV Testing – Legal Issues

- For patients in all health-care settings
  - Routine ***voluntary*** HIV screening after patient notified testing will be performed unless patient declines (*opt-out screening*)
  - Separate written consent ***not*** required
  - Persons at high risk screened at least ***annually***
  - Prevention counseling should ***not*** be required with HIV diagnostic testing or as part of screening

CDC (2006)

Current vs Previous Recommendations

SAME

- HIV testing voluntary
- Recommended/routine for those seeking STD treatment
- Access to care, counseling, & support services essential

DIFFERENT

- Screen after notification unless patient opts-out
- NO specific consent
- Annual screening for persons at high risk
- HIV results provided in same manner as all tests
- Prevention counseling not required for screening programs
- Screening/Diagnostics distinct from counseling

For pregnant women

- *Routine* panel of prenatal screening tests
- *Voluntary* HIV screening after patient notified testing will be performed unless patient declines *(opt-out screening)*
- Separate written consent *not* required
- *Repeat screening in 3rd trimester* recommended in certain jurisdictions with elevated HIV rates amongst pregnant women

CDC (2006)

General Objectives

- Immune System & HIV
  - How it works
  - How HIV attacks immune system
  - Disease classification
  - Disease Course
  - Tests to diagnose HIV
  - Antiretroviral drug treatment

Antiretroviral Drugs for treatment of HIV & AIDS

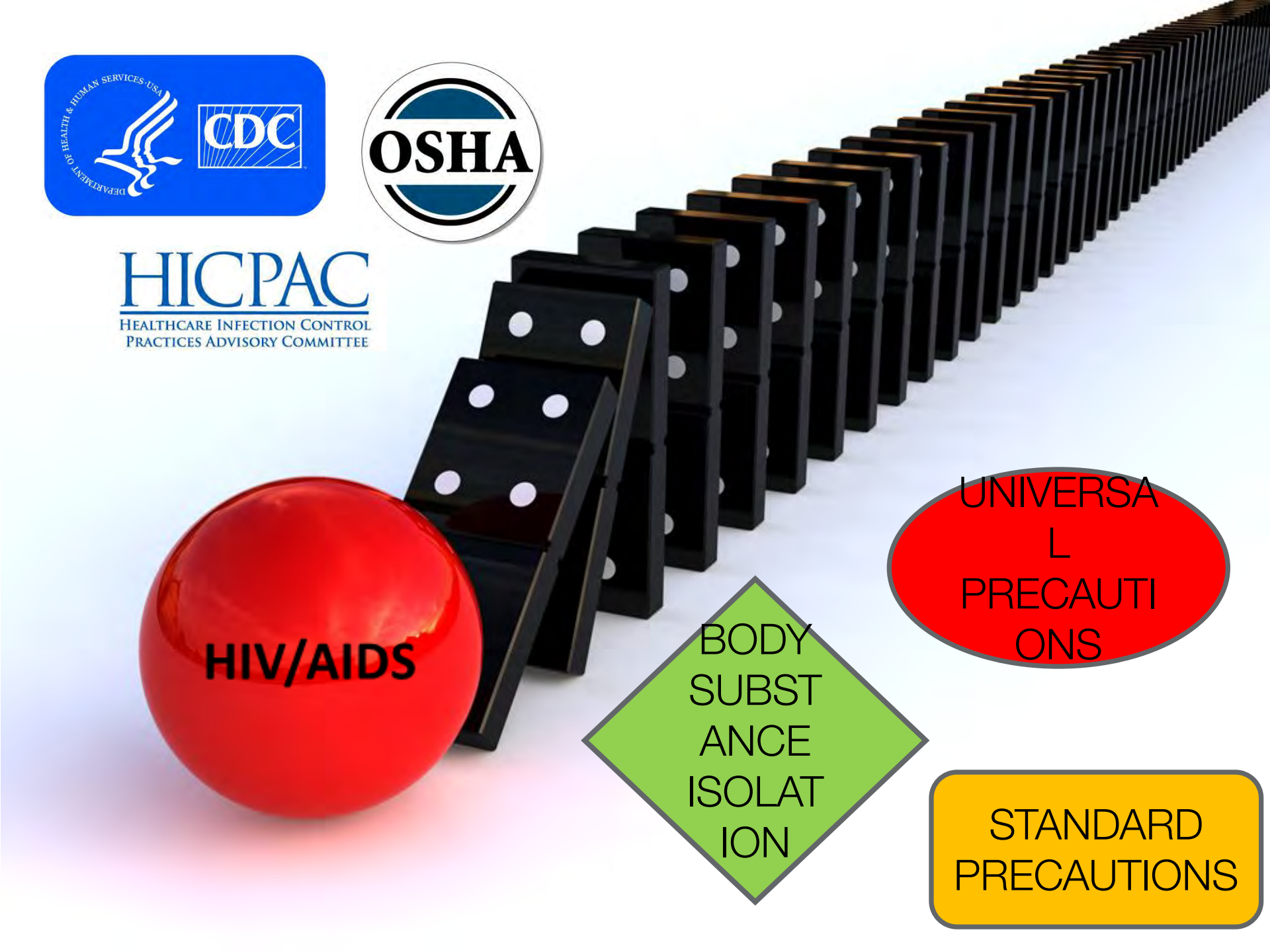
- HIV = RETROVIRUS

Antiretroviral Drugs for treatment of HIV & AIDS

- Integrase Inhibitors
  - Stop action of enzyme HIV uses to infect cell
- Reverse transcriptase inhibitors
  - Interrupt HIV life-cycle as it tries to copy itself

General Objectives

- Infection control
  - Standard Precautions
  - Key COVID-19 precautions
  - Practical application in work environments


CDC
OSHA
HICPAC
HEALTHCARE INFECTION CONTROL PRACTICES ADVISORY COMMITTEE
HIV/AIDS
UNIVERSAL PRECAUTIONS
BODY SUBSTANCE ISOLATION
STANDARD PRECAUTIONS

CDC's Response to HIV/AIDS

1983

- CDC Guideline for Isolation Precautions in Hospitals

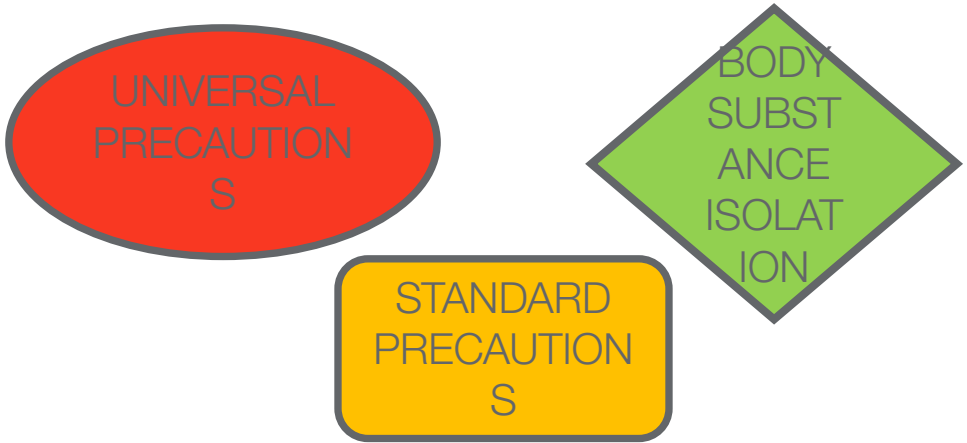
1985

- CDC expanded blood & bodily fluid precautions to prevent HIV transmission

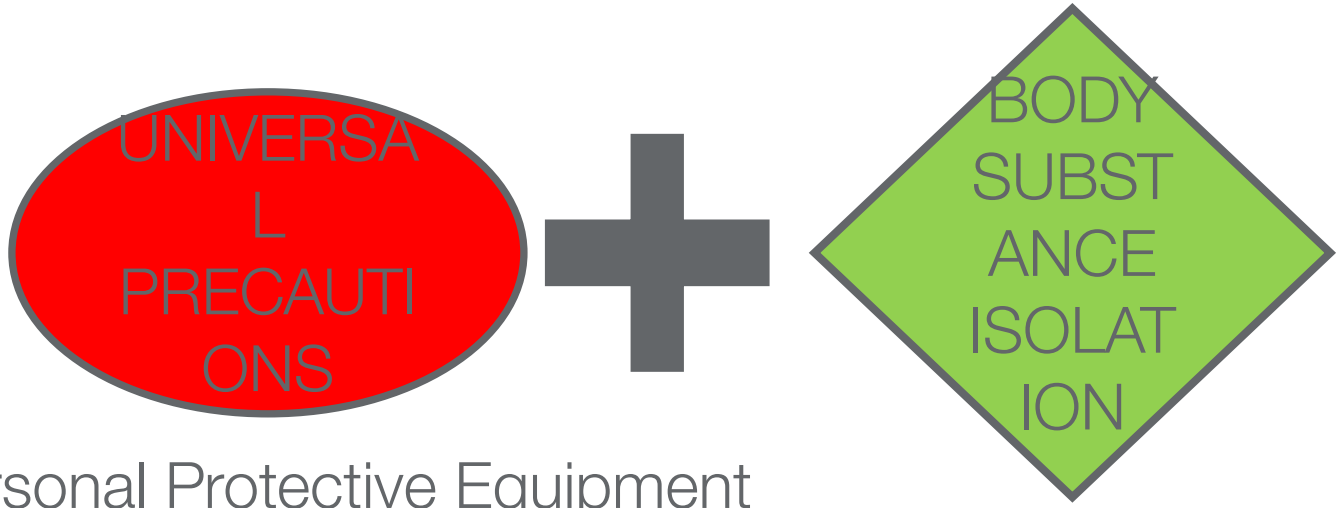
1987

- All blood treated as if infected with HIV

1996



Standard Precautions



- Personal Protective Equipment
- Hand hygiene
- Cleaning and Disinfecting
- Waste Removal
- Safe infection practice
- Cough Etiquette

Infection Control

'….conscious management of the clinical environment for purposes of minimizing or eliminating the potential spread of disease'

Bankaitis & Kemp, 2003, 2004

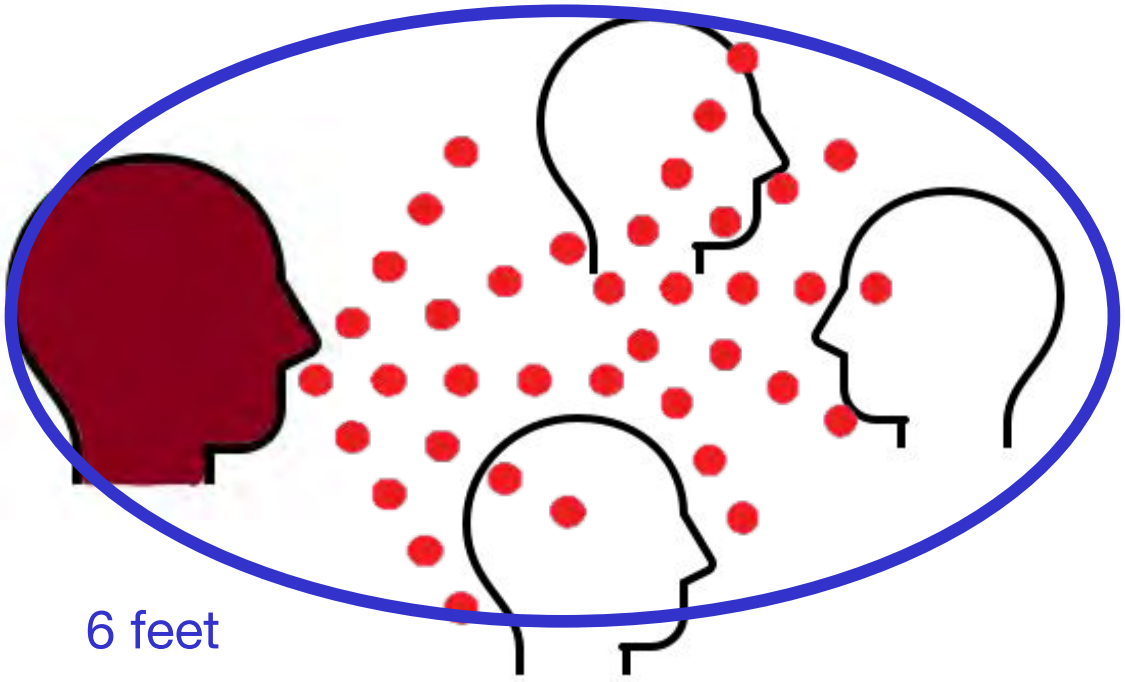
General Objectives

- Infection control
  - Standard Precautions
  - Key COVID-19 precautions
  - Practical application in work environments

SPREAD

SARS-CoV-2

CORONAVIRUS DISEASE COVID-19



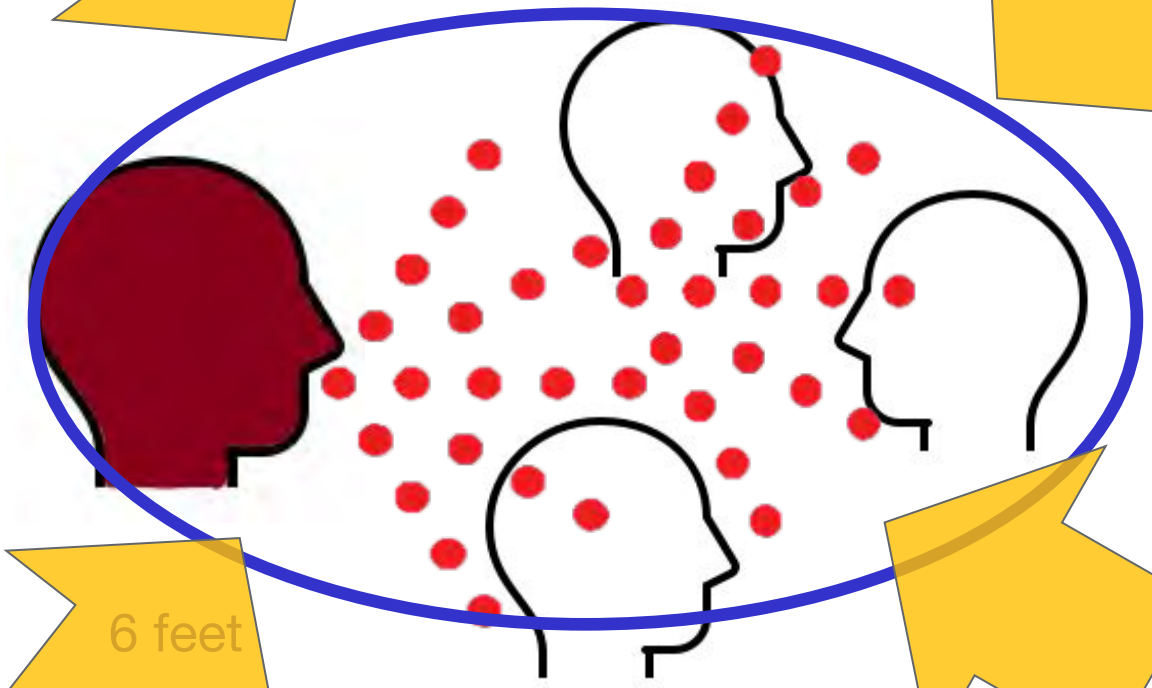
RESPIRATORY DROPLETS

TOUCH SURFACES
FOLLOWED BY FACE

SPREAD

SARS-CoV-2

CORONAVIRUS DISEASE COVID-19



6 feet

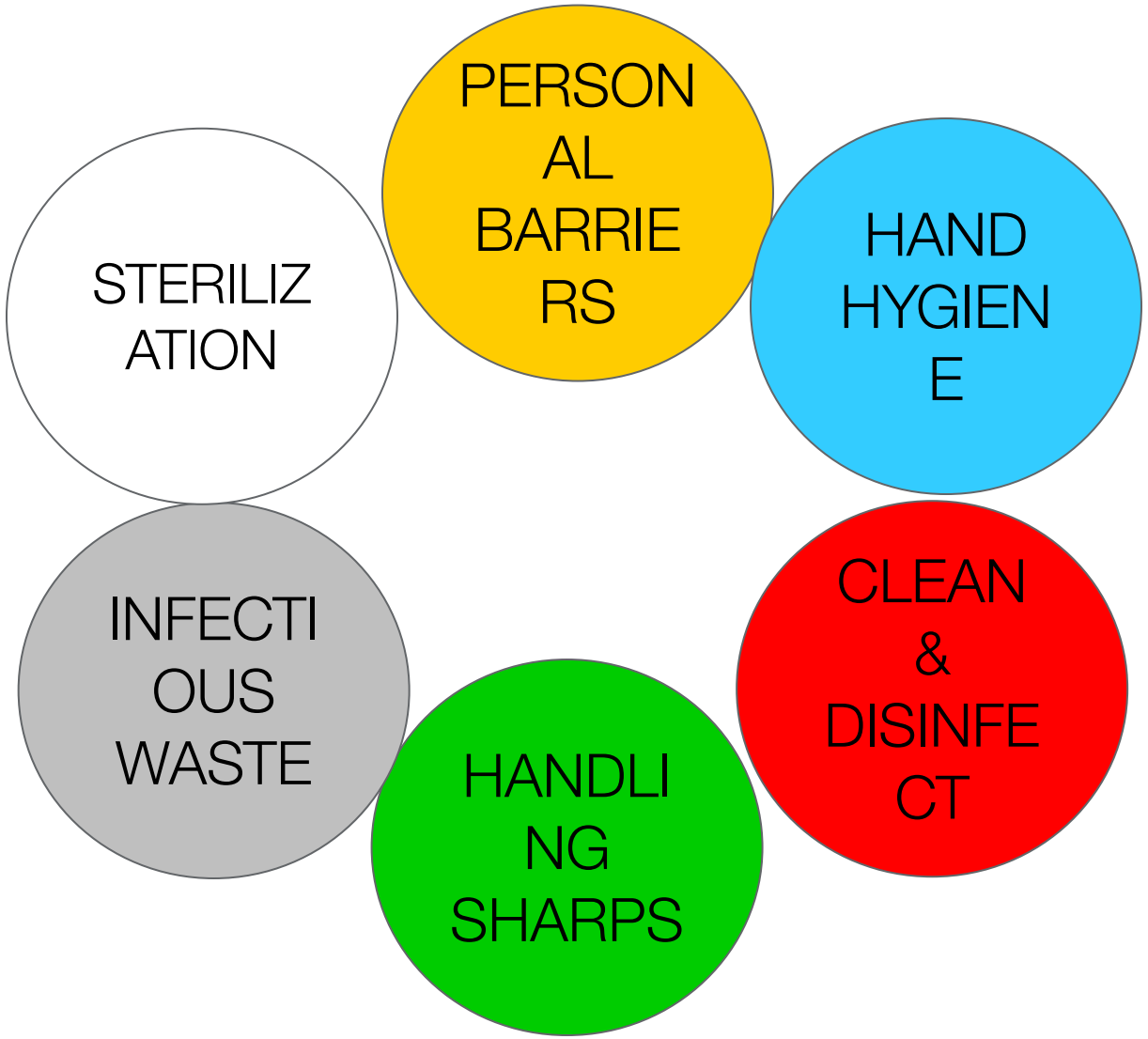
RESPIRATORY DROPLETS

TOUCH SURFACES
FOLLOWED BY FACE

COVID-19 & HIV

- ~50% HIV+ in US
  ≥ 50 years of age

- Effective treatment
  = equal risk


PERSONAL BARRIERS
HAND HYGIENE
STERILIZATION
CLEAN & DISINFECT
INFECTIOUS WASTE
HANDLING SHARPS

PERSONAL BARRIERS

Masks

Audiologists, staff, students & patients to wear a mask

Medical Mask

N95 Mask

HAND HYGIENE

Hand Sanitizers

60% ethanol

70% isopropanol

HAND HYGIENE

When

- Often
- Patient appointment
- Before
- During as needed (including glove removal)
- After
- After coughing/sneezing, blowing nose
- Before eating
- Before touching face

DISINFECT

DEFINITION

Kill germs

EPA-Registered

Hospital Grade

QUALIFIED DISINFECTANTS FOR COVID-19

The U.S. Environmental Protection Agency (EPA) released an expanded list of EPA-registered disinfectant products qualified for use against COVID-19. While these products have not been specifically tested against COVID-19, they are expected to be effective because these products have been tested and proven effective on either a harder-to-kill virus or against another similar human coronavirus.[1]

The products listed below represent disinfectant products from the EPA's expanded list offered by Oaktree Products.

Item number	Clickable Product Link	Qualification
00708	Audiologist's Choice Ultrasonic	List N (EPA Reg. No. 1839-94)
13-1100	CaviWipes (canister)	Kills SARS-CoV-2
30824	Clorox Hydrogen Peroxide (wipes)	List N (EPA Reg. No. 67619-25)
30825	Clorox Hydrogen Peroxide (wipes)	List N (EPA Reg. No. 67619-25)
30828	Clorox Hydrogen Peroxide (24 oz spray)	List N (EPA Reg. No. 67619-25)
C-24	Cavicide Disinfectant (24oz spray)	List N (EPA Reg. No. 46781-6)
C-64	Cavicide Disinfectant (1 gallon)	List N (EPA Reg. No. 46781-6)
H59200	Sani-Cloth AF3 Alcohol-Free (singles)	List N (EPA Reg. No. 9480-9)
35910	SaniZide Pro 1 (32 oz spray)	List N (EPA Reg. No. 88494-3
HO4082	Super Sani-Cloth (singles)	List N (EPA Reg. No. 9480-4)
P13872	Sani-Cloth AF3 Alcohol-Free (canister)	List N (EPA Reg. No. 9480-9)
P25372	Sani-Cloth Prime (wipes)	List N (EPA Reg. No. 9480-12)
Q55172	Super Sani-Cloth (wipes)	List N (EPA Reg. No. 9480-4)

DISINFECT

What

- Touch surfaces
- Splash surfaces

How

- Read instructions
- Clean
- Apply
- Dwell Time

General Objectives

- Infection control
  - Standard Precautions
  - Key COVID-19 precautions
  - Practical application in work environments

Practical applications

Consider & plan for telemedicine appts

Know how to contact health department

https://www.astho.org/Directory/

Stay connected with health department

Assess & restock IC supplies NOW and on a regular basis

https://www.cdc.gov/coronavirus/2019-ncov/hcp/clinic-preparedness.html

PERSONAL BARRIERS

Masks

CDC & FDA identified use of respirators approved under standards in other countries is acceptable

CHINESE STANDARDS

KN95 Mask
GB2626-2006
GB2626-2019

U.S. STANDARDS

N95 Mask

PERSONAL BARRIERS

Masks

- Extended
  - Wear same mask with multiple patients
  - Put on and keep on
  - Once remove it, dispose
  - Tie-on, N95/KN95
- Reuse
  - Wear same mask with multiple patients
  - Put on and take off
  - Continue to reuse until need to dispose
  - Ear or head loop mask

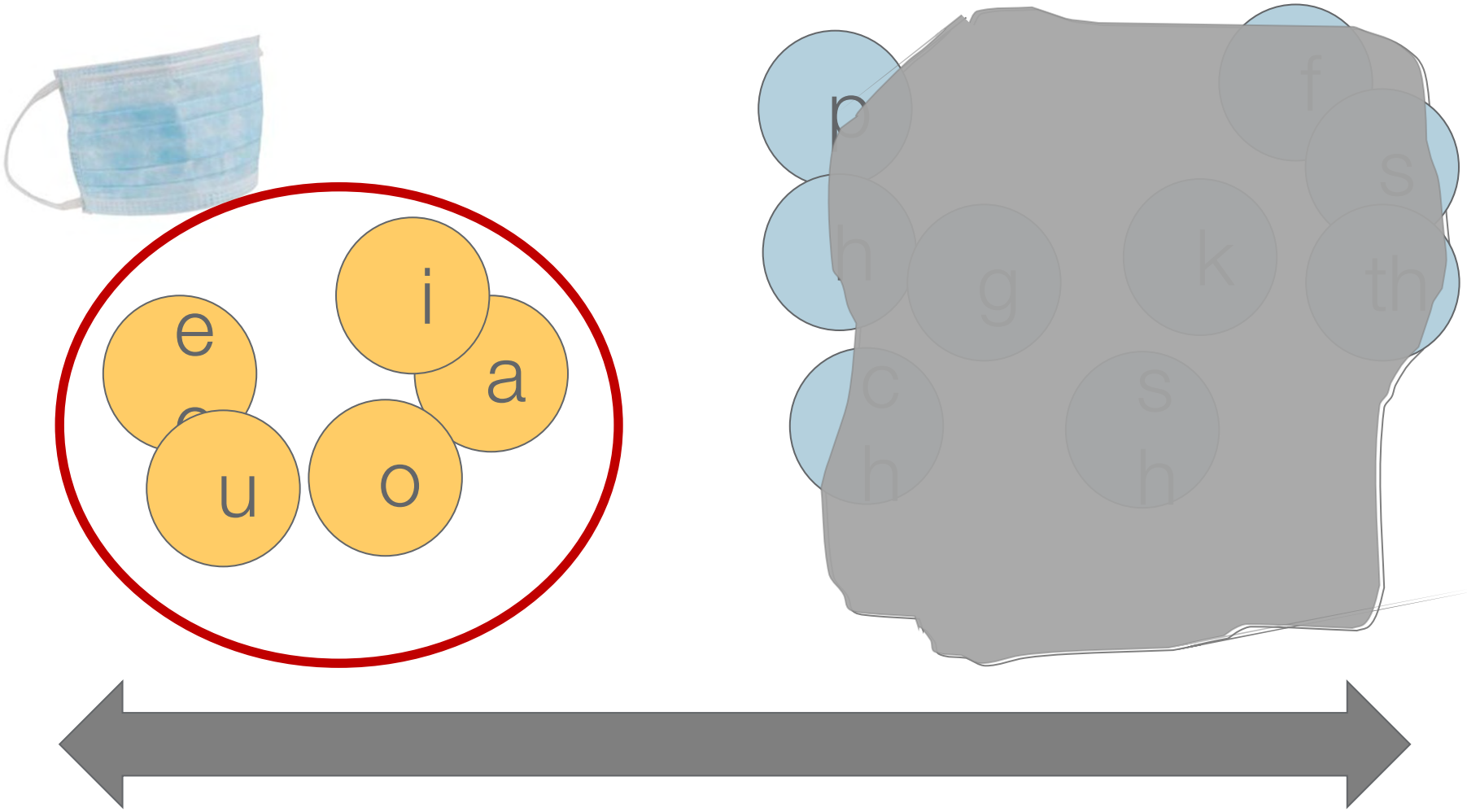
PERSONAL BARRIERS

Masks

- Extended

- Reuse

MASKS & SPEECH UNDERSTANDING



TIPS for COMMUNICATING

- Speak slowly
- Reduce noise
- Hearing aids
- Portable hearing amplifier
- Rephrase remarks
- Do not shout/over-emphasize
- Take turns talking

Goldin, Weinstein & Shiman (2020)

Personal Barriers - Face Shields

Early during the pandemic, face shields were originally deemed an appropriate alternative to traditional masks throughout spring 2020 (CDC, 2020a). By late summer 2020, the CDC updated guidance recommendations, qualifying face shields as a form of eye protection only (CDC, 2020b) although exceptions have been made. Providers who interact with individuals with hearing loss may find that a face shield helps facilitate more effective communication and wearing a hooded face shield or one that extends below the chin and wraps around both sides of the face may be considered (CDC, 2021)

References:

- Centers for Disease Control and Prevention (2020a). Strategies for optimizing the supply of facemasks. Retrieved form: www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/face-masks.html
- Centers for Disease Control and Prevention (2020b). Operational considerations for personal protective equipment in the context of supply shortages for coronavirus disease 2019 (COVID-19) pandemic: non-US healthcare settings. Retrieved from: www.cdc.gov/coronavirus/2019-ncov/hcp/non-us-settings/emergency-considerations-ppe.html
- Centers for Disease Control and Prevention (2021). Strategies for optimizing the supply of facemasks. Retrieved from: www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/face-masks.html

MASKS WITH CLEAR PANELS

ClearMask™
Disposable, anti-fog

Smile Mask
(Reusable Cloth)

Communicator Mask
Disposable

HAND HYGIENE

Hand Sanitizers

60% ethanol

70% isopropanol

Soap & Water

Plain

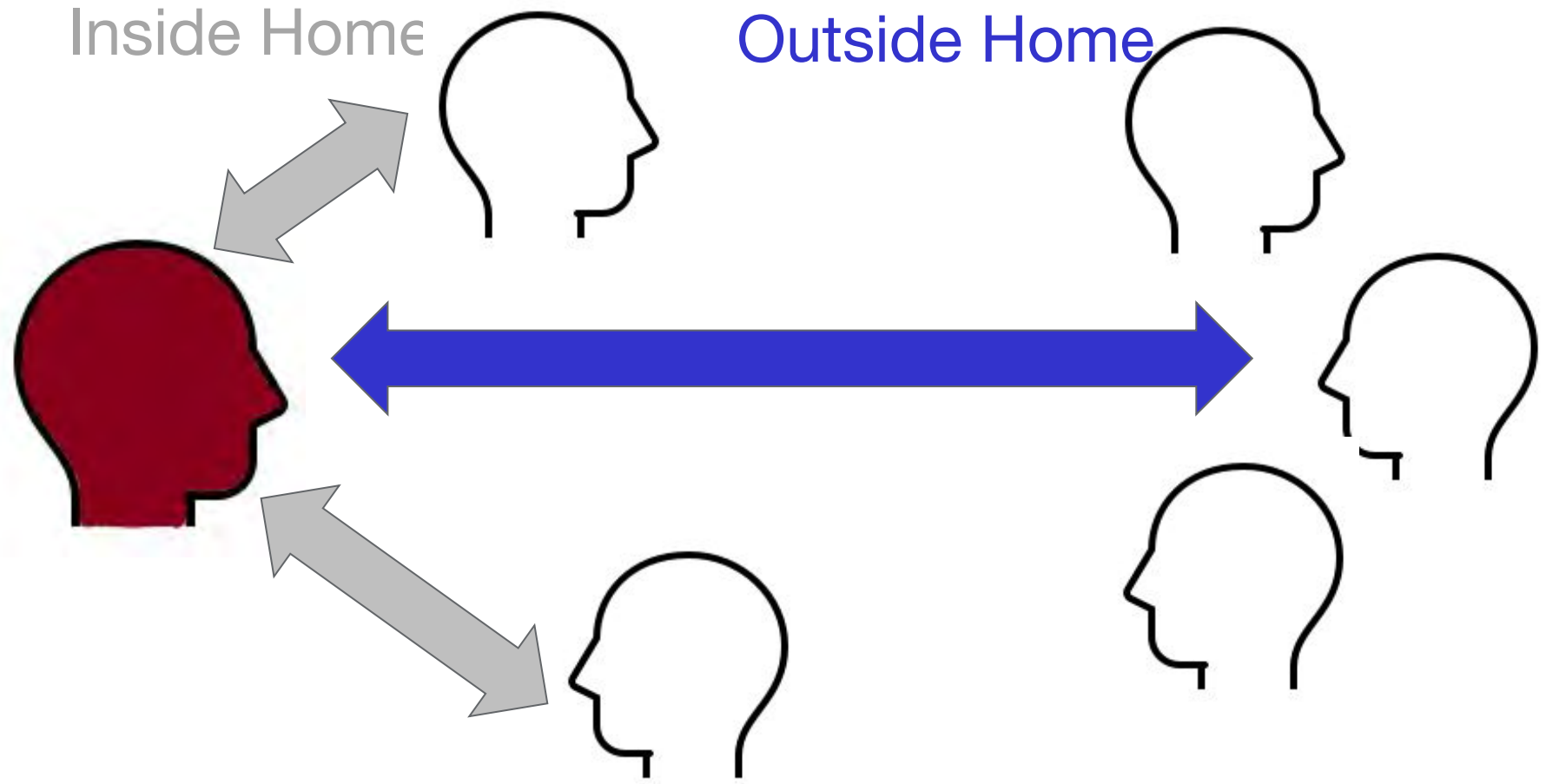
Anti-microbial

DISINFECT

Forms


COVID-19 & HIV Patients

AVOID CLOSE CONTACT



https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/hiv.html

MASK UP

- Cover mouth
- Cover nose
- Wear mask even if you do not feel sick
- Wear mask in public & around people who do not live in households
- NOT substitute for social distancing

https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/hiv.html

WASH HANDS OFTEN

- Soap and water for at least 20 seconds
  - After being in public place
  - After blowing nose, coughing, sneezing
  - Before eating/food prep
  - Before touching face
  - After using restroom
  - After handling your mask
  - After changing a diaper
  - Touching mask
  - After caring for someone sick
  - After touching animals/pets

https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/hiv.html

Wash Hands Often

20 Sec

- After in public place
- After blowing nose, coughing, sneezing
- Before eating/food prep
- Before touching face
- After using restroom
- After handling your mask
- After changing a diaper
- Touching mask
- After caring for someone sick
- After touching pets

Healthcare Provider Posters

n Hands Count Poster
6.8 MB]

My Clean Hands Count For My Family Poster
[PDF 5.5 MB]

terials

sheet

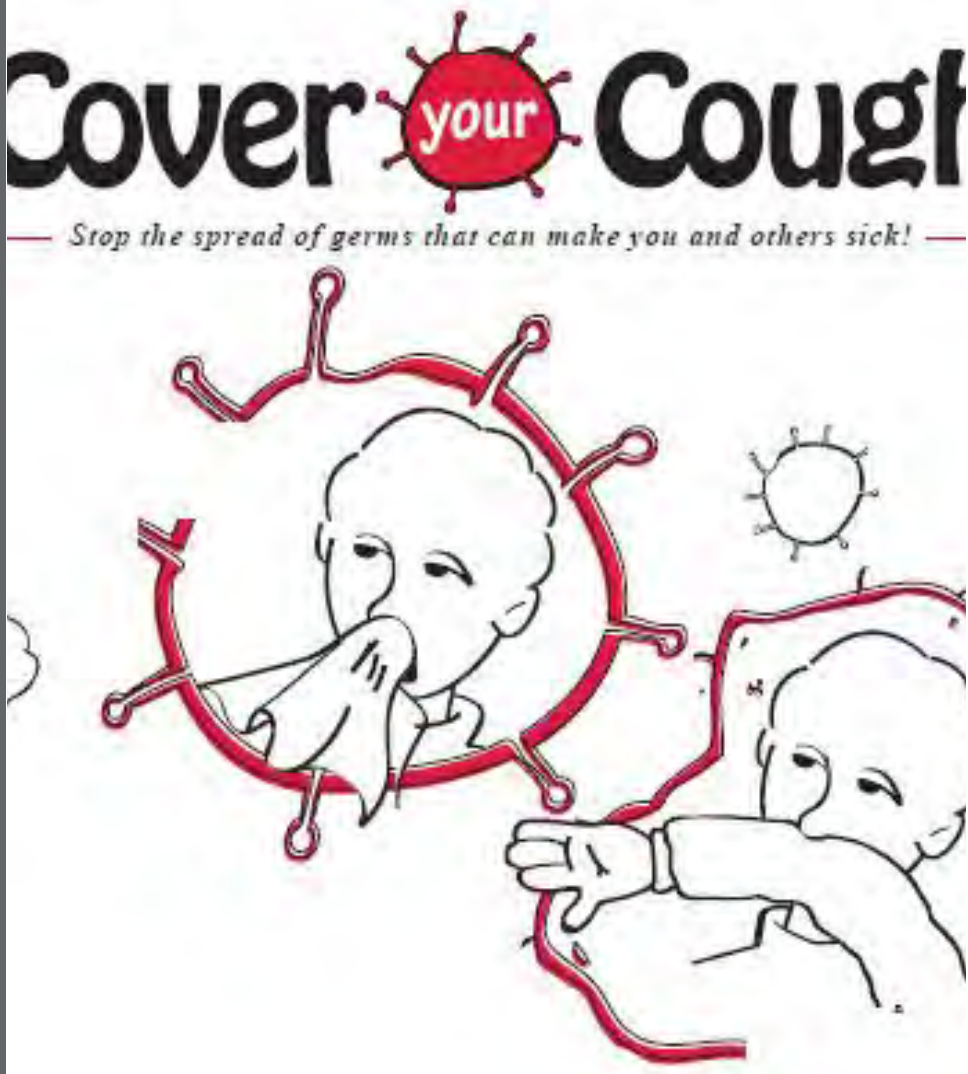
s Count Fact Sheet

FREE POSTERS & BROCHURES

https://www.cdc.gov/handhygiene/campaign/promotional.html

COVER COUGHS & SNEEZES

- Always cover mouth and nose
  - tissue
  - inside of elbow
- Immediately wash hands
  - Soap & water
  - Hand sanitizer

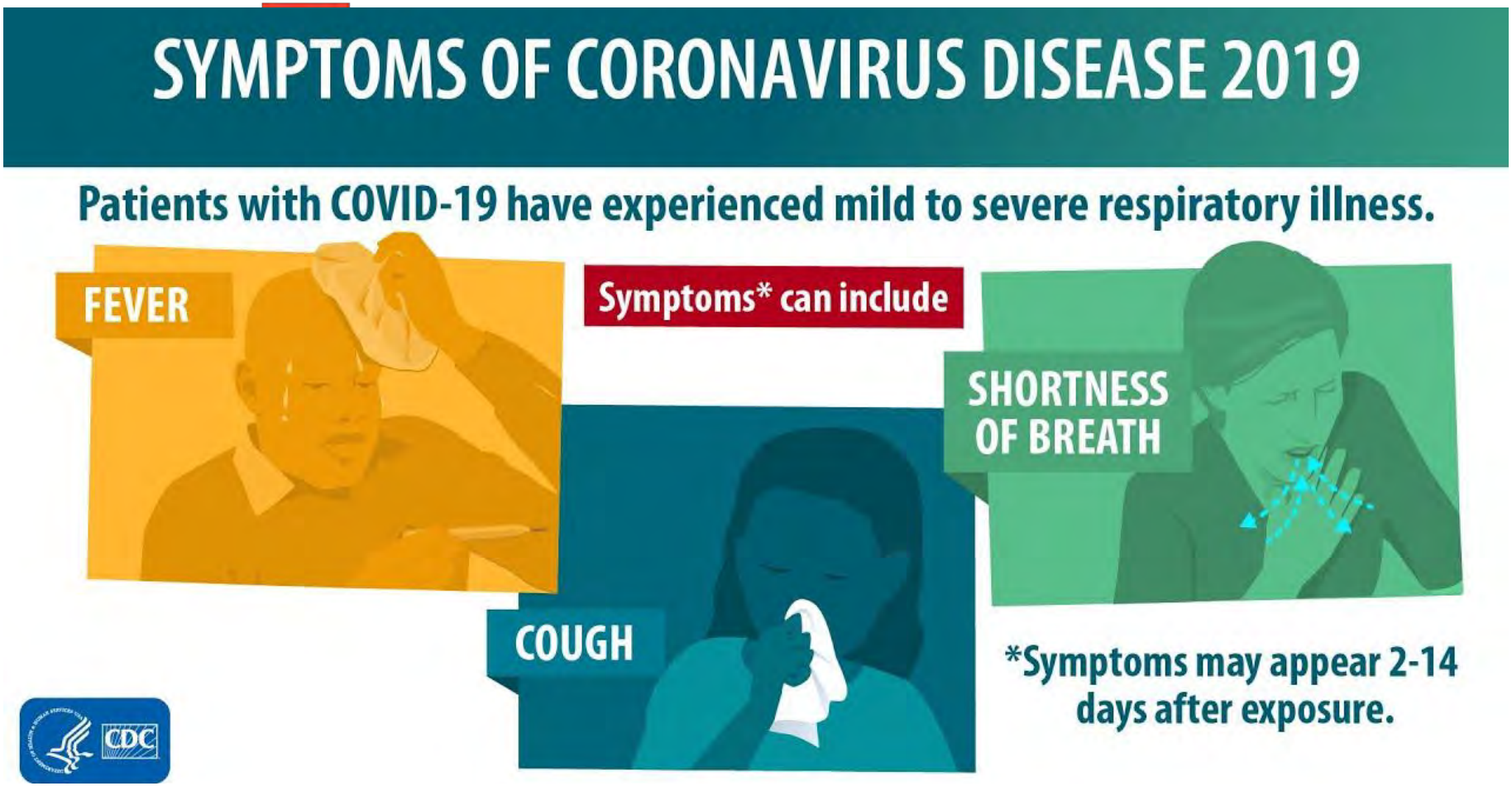


Free download
www.cdc.gov/coronavirus/2019-ncov/downloads/Appendix 2-cover-cough.pdf:

CLEAN & DISINFECT

- Touch surfaces
  - Tables
  - Doorknobs
  - Countertops
- EPA-registered household disinfectants

https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/hiv.html

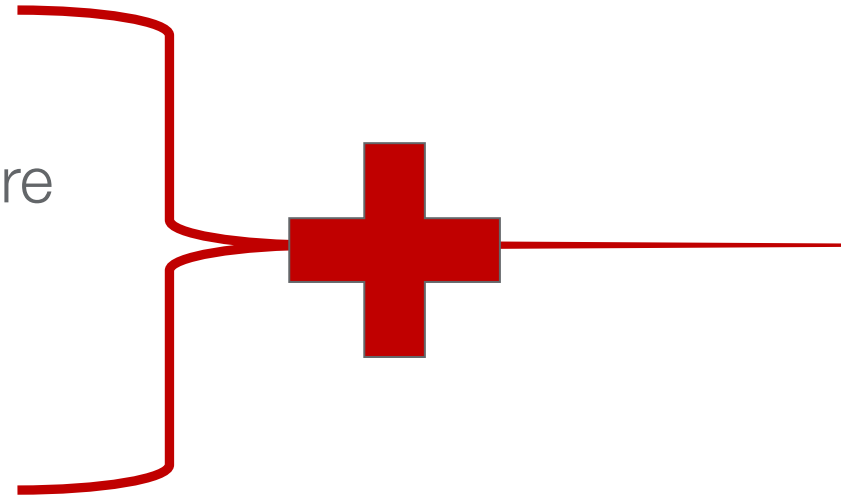


MONITOR HEALTH DAILY

For HIV+ Patients

IF SYMPTOMS DEVELOP

- Keep track of your symptoms
- Contact your healthcare provider
- If you have:
  - trouble breathing
  - persistent chest pain/ pressure
  - new confusion
  - bluish lips or face



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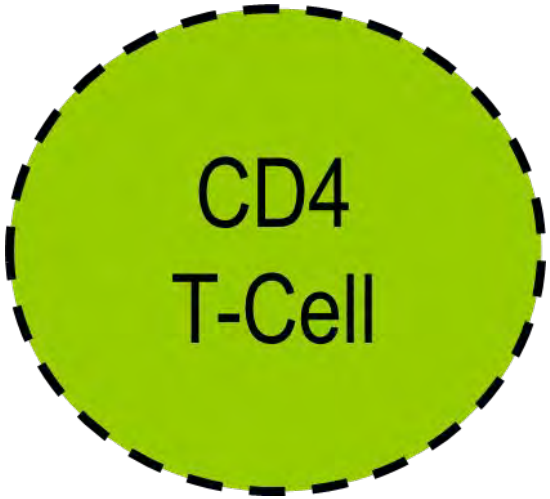
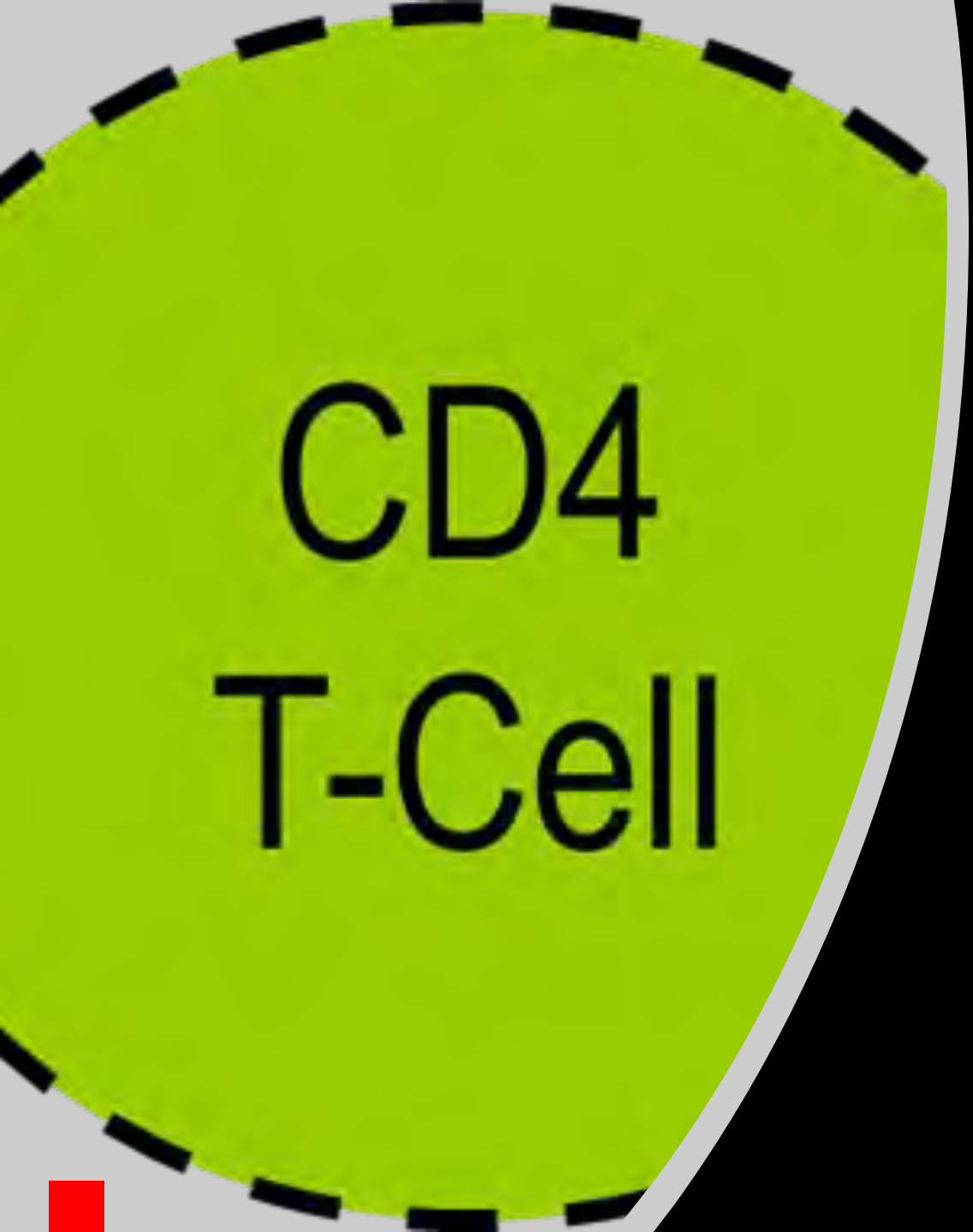


Summary

HIV ≠ AIDS

Ethnic/Racial disproportion



HIV target

OI's

Susceptible

Key precautions

Infection control resources

A.U. Bankaitis, PhD, FAAA
Oaktree Products

au@oaktreeproducts.com

References

Center for Disease Control and Prevention. (2018). *Diagnoses of HIV in the United States*. https://www.cdc.gov/hiv/library/reports/hiv-surveillance/vol-31/index.html

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United States Department of Health of Human Services. (2020, June 30). *U.S. Statistics.* *https://www.hiv.gov/hiv-basics/overview/data-and-trends/statistics#:~:text=An%20estimated%2036%2C400%20new%20HIV,distributed%20across%20states%20and%20regions*

Cultural Competence

For additional information regarding standards and indicators for cultural competence, please review the NASW resource: ***Standards and Indicators for Cultural Competence in Social Work Practice***
https://www.socialworkers.org/LinkClick.aspx?fileticket=7dVckZAYUmk=&portalid=0

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