

**AIDS/HIV INFECTION**  
**(Reportable disease - Report to Local Health Agency)**

**IMMUNIZATION:** None

**INCUBATION PERIOD:** Variable. 6 - 12 weeks for HIV seroconversion  
1 - 10 years or greater for AIDS disease

**SYMPTOMS:** Failure to thrive, generalized lymphadenopathy (swollen lymph glands), enlarged liver and/or spleen, central nervous system disease, recurrent invasive bacterial infections, opportunistic infections, specified malignancies, more.

**PERIOD OF COMMUNICABILITY:**  
From 6-12 weeks after infection till death

**MODE OF TRANSMISSION:** NOT by routine social or community contact with an HIV-infected person. Transmitted person-to-person through sexual contact, sharing of HIV-contaminated needles and syringes, transfusion of infected blood, via needlesticks or mucous membrane contact with HIV-infected blood/body fluids, mother to infant transmission before or around time of birth, and breast feeding.

**SCHOOL ATTENDANCE:** \*

Except for blood exposure, HIV infection is not acquired through the usual types of contacts which occur in the school setting. Therefore:

- Children and adolescents infected with HIV should generally be allowed to attend pre-school/school without restrictions, provided the child's physician gives approval.
- The need for a more restricted school environment for some infected children should be evaluated on a case-by-case basis with consideration of conditions that may pose an increased risk to others, such as aggressive biting behavior or the presence of exudative, weeping skin lesions that cannot be covered.
- Only the child's parents, other guardians, and physician have an absolute need to know that the child is HIV-infected.
- All schools/day cares should adopt and follow routine standard procedures (universal precautions) for handling blood or blood-contaminated fluids regardless of whether students with HIV infection are known to be in attendance (see appendix for Blood and Body Fluids Precautions).

**SCHOOL ATTENDANCE, cont. : \***

- Children infected with HIV develop progressive immunodeficiency, which increases their risk of experiencing severe complications from some infections. The child's physician should regularly assess the risk of an unrestricted environment on the health of the HIV-infected student, including evaluation of possible contagious diseases in the school (e.g., measles, chicken pox, tuberculosis).
- HIV infection should be treated like other chronic illnesses that require special education and other related services.
- Continuity of education must be assured whether at school or at home.
- Because of the stigmata associated with this disease, maintaining confidentiality is essential. Disclosures of information should be only with the informed consent of the parents or legal guardians and age-appropriate assent of the student.

\* Taken from 1997 Red Book, Report of the Committee on Infectious Diseases, Twenty-Fourth Edition. American Academy of Pediatrics

**CONTACT/FOLLOW-UP:**

Any person who experiences a skin injury from a sharp object or mucous membrane exposure to blood or bloody secretions from an HIV-infected (seropositive) person must be immediately referred for medical evaluation, counseling and possible preventive treatment. Notification of sexual and needle-sharing partners by infected person or State Department of Health/designee.