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AIDS 100

Common questions & answers



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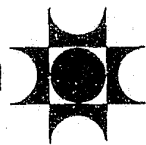
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AIDS: 100 Common Questions & Answers
Michigan Department of Public Health
January 1987

INTRODUCTION

1. What is AIDS?

Acquired Immune Deficiency Syndrome (AIDS) is a disease complex characterized by a collapse of the body's natural immunity against disease. Because of this failure of the immune system, patients with AIDS are vulnerable to one or more unusual infections or cancers that do not pose a threat to persons whose immune system is working normally.

2. What causes AIDS?

Investigators have discovered a virus that is believed to cause AIDS. Different groups of researchers have given different names to the virus: Human Immunodeficiency Virus (HIV); Human T-lymphotropic Virus, Type III (HTLV-III); Lymphadenopathy Associated Virus (LAV); or AIDS-related Virus (ARV). The recommended terminology, and that used by the Michigan Department of Public Health is HIV (Human Immunodeficiency Virus).

3. Do all people infected with the virus get AIDS?

No. Infection with this virus does not always lead to AIDS, and researchers are investigating whether other co-factors may be necessary to trigger the disease. Preliminary studies show that many HIV infected persons remain in good health; others may develop illness varying in severity from mild to extremely serious. Currently 20-30% of those infected with HIV have ultimately developed AIDS.

4. What is ARC?

ARC (AIDS Related Complex) is a variety of clinical conditions that may occur as a result of HIV infection, but does not meet the Centers for Disease Control's definition of AIDS. These conditions range from mild to serious, and may result in death at times. ARC is not necessarily a precursor of AIDS, although many patients with ARC do progress to diagnosed AIDS. Symptoms may include chronic swollen glands, recurrent fevers, unintentional weight loss, chronic diarrhea, lethargy, minor alterations of the immune system (less severe than those that occur with AIDS), and oral yeast infection.

5. Is there a progression from HIV infection to ARC to AIDS?

Not necessarily. While some progress from infection through ARC to AIDS, others may develop AIDS without ARC symptoms or exhibit ARC symptoms only for extended periods of time. Many HIV infected people have developed no symptoms to all.

6. For every case of AIDS, how many have ARC or are HIV infected?

It is estimated that there are about 5 to 10 cases of ARC and approximately 50 - 100 people infected with HIV for every case of AIDS.

7. Do all people who have immune deficiency have AIDS?

No. There are many causes of immune deficiency. These include chemotherapy for cancer, intentional immune suppression in transplant patients and some inherited disorders. AIDS is different because it is caused by a specific virus, is persistent and at times progressive.

TRANSMISSION OF THE AIDS VIRUS

8. Who is at risk for AIDS?

During the six years in which AIDS has been recognized and studied, AIDS cases have occurred among the following groups of people:

	<u>U.S.</u>	<u>Mich.*</u>
- sexually active homosexual and bisexual men;	66%	65%
- both IV drug abuser and homosexual/bisexual;	8%	8%
- present or past abusers of intravenous drugs;	17%	14%
- persons with hemophilia or others who have had transfusion of blood or blood products known or presumed to be contaminated;	3%	5%
- heterosexual contacts of persons with AIDS or at risk for AIDS;	4%	2%
- children who apparently acquired AIDS prior to or during birth from infected mothers.	1%	1%
- cases which do not fall in any of the above risk groups. Researchers believe that transmission occurred in similar ways as above. Some patients died before complete histories could be taken.	3%	4%

*Totals do not equal 100% due to rounding.

9. Why were Haitians removed from the AIDS risk groups?

Haitians were removed as a distinct risk group for AIDS when it became apparent that cases among Haitians were linked with the same risk behaviors as other cases -- sexual contact, sharing needles and transfusion of contaminated blood.

10. How is AIDS transmitted?

AIDS is not an easily transmissible disease. The AIDS virus is spread through sexual contact, needle sharing or less commonly through transfusions of infected blood or blood components. Direct blood-to-blood or semen-to-blood contact appears to be necessary to transmit the virus associated with AIDS. There is absolutely no evidence that AIDS can be transmitted through air, water, food or casual body contact.

11. How easy is it to get AIDS?
Unlike most communicable diseases -- colds, flu, measles, etc. -- HIV is not transmitted through sneezing, coughing, eating or drinking from common utensils, or merely being around an infected person for a long time. After six years of experience it is evident that casual contact with AIDS patients does not place others at risk. No cases have been found where HIV has been transmitted through casual (non-sexual) contact to a household member, relative, co-worker or friend. Health workers and others who care for AIDS patients on a daily basis have not become ill.
12. Is AIDS starting to spread outside of the known risk groups?
The percentage of AIDS cases attributed to various risk groups have remained essentially unchanged. It is important to remember that the spread of HIV is related to behavior, not membership in a "group".
13. Why are homosexual and bisexual males at increased risk for AIDS?
Cases of AIDS among homosexual and bisexual males are associated with anal intercourse and other sexual practices which may result in semen-to-blood or blood-to-blood contact. Anyone who engages in such practices is at increased risk for AIDS, whether they are homosexual, bisexual or heterosexual.
14. Why are IV drug abusers at increased risk for AIDS?
IV drug abusers often share needles for drug injection which can result in significant amounts of blood from an infected person being injected directly into the blood stream of another person.
15. Why are hemophiliacs at increased risk for AIDS?
Hemophiliacs receive frequent transfusions of a concentrated blood clotting factor which is prepared from the blood from several hundred donors. Cases of AIDS among hemophiliacs are linked with receipt of the concentrate from HIV infected donors. The development and use of heat-treated concentrates and other technological advances is eliminating this mode of transmission.
16. Is AIDS passed by kissing?
HIV has been found in the saliva of a few AIDS patients, but there is not a single case of AIDS that is known or suspected of having been transmitted by kissing. If AIDS were transmitted by kissing, many family members of persons with AIDS would be expected to have developed the condition. This has not occurred.
17. Why is anal intercourse linked with the transmission of AIDS?
It is recognized that bleeding of the rectum often occurs during anal intercourse, resulting in direct semen-to-blood contact. The lining of the rectum is thinner and more easily torn than the thicker, more protective lining of the vagina.

18. Can AIDS be transmitted through oral/genital sex?
It has not yet been determined whether oral/genital sex transmits the virus. It is recognized that the lining of the mouth is very thin and gums bleed easily, and any direct contact between the semen of an infected person and the lining of the mouth may increase the risk of HIV transmission.
19. Can AIDS be transmitted through vaginal intercourse?
Yes. Some cases of AIDS have occurred from transmission of HIV from an infected male to a female through vaginal intercourse. Female-to-male transmission occurs but probably is not as effective as male-to-female transmission.
20. How do women contract AIDS?
Many women who have developed AIDS have a history of IV drug abuse, and presumably contracted the virus through sharing of needles. Women also have developed AIDS following blood transfusion or through sexual contact with a man who is infected with HIV.
21. Can infected women transmit AIDS to men through sexual contact?
Yes. There are AIDS cases reported when HIV has been transmitted from women to men. Experts believe that female-to-male transmission of AIDS through sexual contact is probably less efficient than male to female transmission.
22. Do multiple sexual contacts increase the risk of AIDS?
Sexual contact outside of long-term mutually monogamous relationships increases the risk of AIDS and of other sexually transmitted diseases, including syphilis, gonorrhea, and herpes. In general, the greater the chance that a person has had sex with a person engaging in a high risk behavior the greater their own chance of becoming infected. Public health officials are advising all men and women to know the sexual history and health status of sexual partners, to avoid anonymous sexual contact, and to use condoms during any type of intercourse when there is any possibility of risk.
23. Can prostitutes spread AIDS?
Prostitutes are likely carriers of HIV since they engage in promiscuous sexual contact and are often IV drug abusers. Anyone who engages in sex with a prostitute, or other anonymous partner, is increasing the risk of contracting AIDS and other sexually transmissible diseases, including syphilis, gonorrhea, and herpes.
24. How does use of a condom during sex reduce the risk of AIDS?
Use of a condom during sex can reduce the risk of AIDS because it minimizes direct contact with semen, a body fluid known to carry HIV in infected persons. Manufacturers of condoms point out, however, that their products are not failsafe and people should not rely on condoms as their only defense against HIV.

25. Do spermicides help prevent AIDS?
 Nonoxyl-9, a common spermicide has been shown to have anti-HIV activity in laboratory studies. It is recommended that nonoxyl-9 be used along with a condom, to provide additional protection should the condom break. The use of nonoxyl-9 alone to reduce HIV transmission risk has not been proven and is not recommended.
26. How can people reduce their risk of getting AIDS through sexual contact?
 Avoiding anal intercourse or other sexual practices which can result in blood-to-blood or semen-to-blood contact, and use of condoms will help to decrease the risk. In addition, all sexually-active people -- males and females, homosexuals and heterosexuals -- are advised to limit the number of sexual partners and to avoid sexual contact with anyone whose past history and health status is unknown.
27. What is the risk of getting AIDS from a blood transfusion?
 Since the Spring of 1985, the risk of contracting AIDS through a blood transfusion has been significantly reduced by screening of all blood donations for antibodies to HIV and the destruction of blood found to be antibody positive.
28. Is there a danger of getting AIDS from donating blood?
 No. Blood banks and other blood collection centers always use sterile equipment and sterile, one-use only needles. The need for blood is always acute, and people who are not at increased risk for HIV infection are urged to continue to donate blood as they have in the past.
29. Can you get AIDS by drinking from the same glass or eating from the same dishes as a person with AIDS?
 Six years of experience show that HIV is not transmitted in households where people may drink or eat from common dishes or utensils. HIV would be killed by normal washing of dishes or other eating utensils.
30. Can you get AIDS from public toilets, drinking fountains, telephones or public transportation?
 HIV is not transmitted through the air, food or water, by being breathed on or by touching any object handled or touched by an AIDS patient.
31. Can you get AIDS from eating in a restaurant where someone with AIDS is working as a cook or waiter?
 Eating in restaurants does not increase the risk for AIDS. There are no cases of AIDS that have been transmitted through food preparation or food handling.
32. Can you get AIDS by touching someone who has it?
 After six years of experience there is no indication that HIV is spread through any form of casual contact, including handshakes, bumping together in crowds, contact sports, even casual kissing.

33. Can AIDS be spread by swimming pools?
There are no cases where AIDS has occurred from transmission of HIV in swimming pools. HIV would be killed by the chlorine used to disinfect swimming pools.
34. Can you get AIDS from using someone's razor or toothbrush?
Not likely, since amounts of blood on razors and toothbrushes would be very small in routine use. However, it would be prudent to avoid sharing of instruments where any blood-to-blood contact could occur.
35. Can you get AIDS from dental instruments?
There are no cases of HIV infection that have been linked with dental instruments. The disinfection or sterilization processes used by most dentists would kill the HIV virus. Dentists are being advised to take precautions, including routine use of gloves, to guard against cuts which could result in direct blood-to-blood exchange with a patient and potentially increase the risk of infection from HIV, Hepatitis B and other diseases.
36. Can you get AIDS by being in the same house with an AIDS patient?
No. Experts point out that household members of AIDS patients other than sexual partners have not become infected.
37. Can you get AIDS from a gay friend or co-worker?
HIV is not transmitted through casual (non-sexual) contact. After six years of experience no cases of AIDS have developed among casual friends or co-workers of AIDS patients. There is no evidence that being around someone with AIDS, even for an extended period of time, puts you at risk for AIDS.
38. Can I get AIDS from ear piercing, tattooing or acupuncture?
Ear piercing, tattooing and acupuncture are all procedures in which the skin is punctured by a needle. The use of needles which have not been sterilized after each patient use must be avoided, not only for prevention of HIV transmission but also for the prevention of the transmission of other diseases such as Hepatitis B.
39. Can mosquitoes transmit HIV?
There is no evidence that mosquitoes, other insects or rodents play any role in the transmission of HIV.
40. Are people at increased risk for AIDS because they live in certain geographic areas, such as San Francisco or New York City that have a high incidence of AIDS?
People are only at risk for HIV infection if they engage in high risk activities --sexual contact involving blood-to-blood or semen-to-blood contact, or sharing needles during drug use.

41. Are health care workers or other occupational groups at special risk for AIDS?

All scientific studies to date suggest that the risk to health care workers and other occupational groups is small or non-existent if they follow safety protocols and infection control procedures to minimize direct exposure to blood and body fluids. Studies of health care workers who have experienced needlesticks from needles contaminated with blood from AIDS patients show an extremely low level of resulting infection, many times lower than that known for Hepatitis B.

42. Can you get AIDS from handling money?

Six years of experience indicates that HIV is not transmitted through objects touched or handled by an AIDS patient.

DIMENSIONS OF THE PROBLEM

43. How many cases of AIDS have occurred so far?

In the United States, there have been 28,492 cases of AIDS as of December 8, 1986. Of this number, 246 cases have been diagnosed in Michigan.

44. How many men have developed AIDS?

As of December 8, 1986, a total of 26,050 men have been diagnosed with AIDS in the U.S. Of that number, 230 are residents of Michigan.

45. How many women have developed AIDS?

As of December 8, 1986, a total of 2048 women have been diagnosed with AIDS in the U.S. Of that number, 16 are residents of Michigan.

46. Is AIDS spreading in prisons?

It is difficult to determine if AIDS is transmitted in prisons due to the nature of risk-associated behaviors. However, all indications are that AIDS is not being spread within the prison system out of proportion to the spread within the outside population.

47. How many Blacks and Hispanics have developed AIDS?

As of December 8, 1986, 6976 Blacks and 4044 Hispanics have been reported with AIDS nationally. As of the same date 110 Blacks and 4 Hispanics with AIDS have been reported in Michigan.

48. How do cases of AIDS among blacks in Michigan compare to national figures?

In the United States 25% of AIDS cases have occurred in Blacks. In Michigan that figure is 45%. Both figures are higher than the proportion of Blacks in the population, Michigan even more so. The reason for the discrepancies are not known, but prevention efforts targeted towards the black community are under development. The stereotype of AIDS as a disease of gay white males is not true.

49. What is the geographic distribution of reported AIDS cases in the United States?
Thirty-two percent of the cases in the U.S. are reported from New York and about 23 percent from California. AIDS cases have been reported from all 50 states. Michigan has reported less than 1 percent of the total AIDS cases.
50. Is the incidence of AIDS increasing in Michigan?
The number of AIDS cases in Michigan is increasing roughly in proportion to that seen in other states. The rate of increase is expected to slow in coming years as persons engaging in high risk behaviors alter those behaviors to reduce the risk of infection.
51. Where does Michigan rank among other states in the numbers of AIDS cases?
In 1986, Michigan ranked 19th among the states in the number of AIDS cases.
52. Is the incidence of AIDS increasing in IV drug abusers?
The rate of increase of AIDS among IV drug abusers appears to be increasing proportionately to the other risk categories. As risk reduction behavior increases in other risk categories, the proportion in this population is expected to increase. IV drug abusers may be among the most difficult groups to reach with risk reduction messages.
53. What is the projected number of cases of AIDS expected by the end of 1991?
It is estimated that there will be approximately 270,000 AIDS cases nationally by the end of 1991 and between 2,300 and 3,600 cases in Michigan.
54. Is AIDS occurring only in our country?
Almost all developed and many underdeveloped nations have reported cases of AIDS.
55. Do AIDS cases in other countries show the same modes of transmission as here?
In general, the same modes of transmission -- blood-to-blood or semen-to-blood contact -- are associated with AIDS everywhere. The specific groups of people affected by AIDS varies to some extent from country to country. For example, more females have developed AIDS in Africa where heterosexual contact is the primary means of transmission. Studies are underway to gain a better understanding of the similarities and differences of AIDS distribution in the U.S. and other countries.
56. Where did AIDS originate and how?
Research on the origin of AIDS is continuing. Many scientists believe AIDS originated in Africa, where a similar virus has been isolated in a species of monkey.

DIAGNOSIS AND TREATMENT

57. Is there a test for AIDS?

There is no test to determine if a person has AIDS or will develop AIDS in the future. A test has been developed for detecting antibodies (substances produced in the blood to fight disease organisms) to HIV, the virus which causes AIDS.

58. What does a positive HIV antibody test mean?

Presence of HIV antibodies indicates that a person has been infected with the virus. It is likely that infected people are carrying HIV in blood and semen and can transmit the virus to others, but does not mean that they will necessarily develop AIDS.

59. What is the incubation period for AIDS?

Development of symptoms is thought to range from six months to several years following infection, should symptoms develop at all. Up to 30% of those infected may develop AIDS within five years. It is not known what proportion of the remainder will develop symptoms after five years.

60. What are the symptoms of AIDS?

In its early stages, immune deficiency may not cause any symptoms. The symptoms that AIDS patients eventually develop are related to the diseases or infections that attack them because of their inability to fight off infection.

Symptoms of AIDS and ARC may include:

- extreme tiredness, sometimes combined with headache, dizziness or lightheadedness;
- continued fever or nightsweats;
- weight loss of more than 10 pounds which is not due to dieting or increased physical activities;
- swollen glands in the neck, armpits or groin;
- purple or discolored growths on the skin or the mucous membranes (inside the mouth, anus or nasal passages);
- heavy, continual dry cough that is not from smoking or that has lasted too long to be a cold or flu;
- continuing bouts of diarrhea;
- thrush, a thick whitish coating on the tongue or in the throat which may be accompanied by sore throat;
- unexplained bleeding from any body opening or from growths on the skin or mucous membranes; bruising more easily than usual;
- progressive shortness of breath.

These symptoms may also occur with several other diseases and their presence does not necessarily mean that the person has AIDS. However, the presence of these symptoms indicate that the person should seek evaluation by a physician.

61. How is AIDS diagnosed?

Since there is no single diagnostic test for AIDS, diagnosis is based on evaluation of a variety of indicators including immune system function, the presence of HIV antibodies and AIDS-associated infections and diseases.

62. What are some of the diseases affecting AIDS patients?

About 81 percent of the AIDS patients studied have had one or both of two rare diseases: Pneumocystis carinii pneumonia (PCP), a parasitic infection of the lungs which has symptoms similar to other forms of pneumonia; and/or a rare type of cancer known as Kaposi's sarcoma (KS) which usually occurs anywhere on the surface of the skin or in the mouth. In early stages, it may look like a bruise or blue-violet or brownish spot. The spot or spots persist, and may grow larger. KS may spread to, or appear in, other organs of the body. AIDS patients also may develop unusually severe infections with yeast, cytomegalovirus, herpesvirus, and parasites such as toxoplasma or cryptosporidia; milder infections with these organisms do not suggest immune deficiency. Many AIDS patients show symptoms of dementia.

63. How is AIDS treated?

There are currently no proven drugs effective in treating the actual underlying defect in the immune system. Most treatment is directed at the specific opportunistic infections which attack people with AIDS.

64. How many people have died from AIDS?

Approximately 55% of all persons diagnosed with AIDS have died. The death rate increases to nearly 70% two years after diagnosis.

65. Does anybody ever survive AIDS?

Some people with AIDS are still alive several years after diagnosis. Since there is no known way to reverse the damage to the immune system, it is not known how long AIDS patients can live. Tracking of the disease has only been underway for about six years, so no long term records exist.

66. Is there a vaccine to prevent AIDS?

There is currently no vaccine to protect a person from infection with HIV or from developing AIDS. Researchers in the U.S. and other countries are working diligently to develop an AIDS vaccine. The most optimistic of scientists feel it will be years until a reasonably safe and effective vaccine will be available.

CHILDREN AND AIDS

67. How many children have AIDS?

As of December 8, 1986, 394 of the 28,492 reported cases of AIDS in the United States were among children under 13 years (about 1.3% of total cases). Only three children in Michigan under 13 years old have AIDS.

68. How do children get AIDS?
The majority of infected children acquired AIDS at birth from their infected mothers, presumably through blood exchange in the uterus or during birth. A few children have developed AIDS following blood transfusions, or treatment with blood clotting factor.
69. Can children develop AIDS from mother's milk?
There is one case of AIDS in Australia which is reported to have been transmitted to an infant through mother's milk. So far, there are no cases of AIDS in the U.S. linked with breastfeeding, but any woman who is positive for HIV antibodies is advised to refrain from nursing as a precautionary measure.
70. If a child has AIDS, can he/she pass it on to another child?
None of the identified cases of AIDS in the United States are known or suspected to have been transmitted from one child to another in the home, school, day-care or foster-care setting. Theoretical transmission presumably would necessitate exposure of open skin lesions or mucous membranes to blood or other body fluids of an infected person. However, children who may be involved (voluntarily or otherwise) in unprotected sexual or needle-using behaviors are at the same risk as adults engaging in high risk behavior.
71. What risk do other children pose to a child with AIDS?
Immune suppressed children are susceptible to infections from other children in a school or day-care setting. The risk of some infections such as chickenpox may be reduced by prompt use of specific immune globulin following a known exposure. Assessment of risk of attending school to an immune-suppressed child is best made by the child's physician who is aware of the child's immune status.
72. What precautions or guidelines should be introduced in schools to prevent exposure to blood or other bodily fluids from a child with AIDS?
Because other infections can be present in blood or body fluids, all schools, regardless of whether children with AIDS are attending, should adopt routine safety procedures for handling blood or body fluids. Soiled surfaces should be promptly cleaned with disinfectants, such as diluted household bleach (1 part bleach to 10 parts water). Disposable towels or tissues should be used whenever possible, and mops should be rinsed in the disinfectant. Those who are cleaning should avoid exposure of open skin lesions or mucous membranes to the blood or body fluids. Washing one's hands with soap and water is the most important infection control precaution.
73. If a child is bitten by another child with AIDS - what is the possibility of transmission?
While HIV has been identified in saliva on rare occasions, there are no cases of AIDS known to have been transmitted through a bite. Transmission of the virus appears to require direct blood-to-blood or semen-to-blood contact.

74. Suppose my child became a regular playmate of a child with AIDS?
Casual contact, even over a long period of time, is not regarded as dangerous, primarily because no child in the family of an AIDS patient has been known to contract the disease through day-to-day activities or contact. Toddlers and young pre-school aged children may need to be considered individually.
75. What if my child is in a classroom with an AIDS patient who threw up or had diarrhea?
Care should be taken to minimize direct exposure to bodily fluids or excretions from any ill person. Persons cleaning up such materials are advised to wear gloves and to use diluted household bleach (1 part bleach to 10 parts water) as a disinfectant. These precautions are recommended to prevent the transmission of many communicable diseases. It should be noted that no cases of AIDS have ever been linked with exposure to urine, saliva, vomit or feces.
76. Since AIDS is transmitted through blood contact, could a child get it through a schoolyard fight or during a contact sport like football?
There is no evidence of HIV transmission through a sports injury. Blood transfusions have transmitted HIV, as have dirty needles shared by IV drug abusers, but that is not the same thing as external contact with blood as might occur in a sports injury.
77. Is there a danger having teachers, cooks or other school personnel infected with AIDS?
HIV is not spread through air, food, water or any form of casual contact. There are no cases of AIDS reported anywhere that are known or suspected of being transmitted through food preparation, use of common toilets or drinking fountains or merely having long-term casual contact with a person with AIDS. Therefore, teachers, cooks or other school personnel with AIDS who feel well enough to work would not represent a risk to students or other school personnel.
78. Should there be HIV antibody screening for school children or school personnel?
The Centers for Disease Control do not recommend mandatory screening for any group or individual. The test that detects antibodies to the HIV is not a diagnostic test for AIDS. Many persons exposed to HIV will not develop AIDS. There is no evidence that HIV can be spread in a school or workplace environment. Therefore, screening of school children or other healthy persons will not provide any useful information upon which to base school or public health policies.
79. If AIDS cases double in the next year, will that mean more children with AIDS will be attending school?
AIDS cases in general are expected to double over the next 12-14 months, but the number of cases among school-age children is not expected to rise as fast. Most children who are infected at or before birth live less than three years. Cases among children resulting from transfusions of blood and blood products are expected to decrease as a result of testing blood supplies for antibodies to HIV and heat treatment of Factor VIII.

PREVENTING THE SPREAD OF AIDS

80. What is being done to prevent the spread of AIDS?

- a. Education: Educational campaigns are directed to the general public and those at high risk for AIDS, encouraging them to discontinue any practices which have been linked with the possible spread of AIDS.

All sexually active males and females are being advised to refrain from anonymous sexual contact with persons whose past history and current status is unknown, and to avoid sexual practices which can result in direct blood-to-blood or semen-to-blood exchange. The use of condoms is encouraged.

Male homosexuals and bisexuals who have had sexual contact with a number of partners are being advised to assume they have been exposed to HIV and to refrain from sexual contact involving the exchange of bodily fluids.

Drug abusers are being urged not to share needles or other drug injection equipment and to enter drug treatment programs to become drug free.

- b. Safety Protocols: Occupational groups that may come into contact with AIDS patients are being instructed in safety precautions to prevent direct contact with blood and body fluids, such as the routine use of rubber gloves when such contact is anticipated.
- c. Screening of blood: Blood collected in the U.S. is now being tested for antibodies to HIV and blood which tests positive is eliminated from the transfusion pool. Persons at high risk for AIDS are being advised to refrain from donating blood. Sperm banks and organ banks have been advised by the Centers for Disease Control to test potential donors for HIV antibody and to not accept sperm or organ donations from individuals who are antibody positive.
- d. Voluntary counseling and HIV testing is provided by the State through selected local health departments for persons who wish to determine if they have been exposed to the virus linked with AIDS. Such counseling and testing is not recommended for members of the general public, but is advisable for individuals at increased risk for AIDS so that they may modify their behavior to reduce further exposure to the virus and/or potential transmission to others.

81. How successful have educational efforts been in encouraging high risk persons to alter behaviors which can spread AIDS?

There has been a change in sexual practices among male homosexuals, which is verified through a significant reduction in the incidence of rectal gonorrhea. For example, surveys of 500 homosexual and bisexual men conducted in San Francisco show that 81% were modifying their sexual activity to minimize the risk of AIDS. Of those, 58% said they were now in monogamous relationships or were remaining celibate, and 23% reported engaging only in "safer sex" practices. There has been less success in educating IV drug abusers about the risks of sharing needles. Efforts are continuing to develop educational materials and approaches targeted toward this group.

82. What safety protocols have been developed for occupational groups?

All occupational groups that may come into contact with body fluids in the course of their work are advised to take special precautions to guard against AIDS, Hepatitis B and other infectious agents.

These include:

- take special care in handling and disposing of used needles
- guard against needle sticks, cuts and other injuries;
- notify supervisors of any direct exposure to blood, semen or other body fluids;
- dispose of body fluids in sealed containers;
- wear protective clothing (gloves, gowns, goggles) if there is any danger of splashing of body fluids.

83. How is the risk of spreading AIDS through blood transfusions being minimized?

Blood donated in Michigan has been tested for antibodies to HIV since the Spring of 1985 and blood that tests positive is removed from the transfusion pool. The process involves use of an ELISA (enzyme-linked immunosorbent assay) screening test, with confirmation of positive results through a more specific test known as the Western Blot.

All members of AIDS risk groups are being asked to refrain from donating blood. This includes IV drug users, homosexual or bisexual males who have had sexual contact with another male since 1977, and males who have had sexual contact with a prostitute in the past six months. As a further precautionary measure, persons who donate at blood banks are provided an opportunity to confidentially indicate that their blood should be used for research purposes only, not for transfusions.

84. How safe is the blood donor screening procedure?

All studies indicate that the HIV antibody test is highly effective in identifying infected blood in the donor pool. All blood that tests positive is destroyed.

85. Are sperm banks and organ banks screening for AIDS?

The Michigan Department of Public Health and the U.S. Centers for Disease Control recommend that sperm and organ banks screen all donations for antibodies to HIV.

86. Is the State offering AIDS counseling and testing?
Yes. AIDS counseling and testing centers have been established in Michigan to provide counseling and testing for persons who feel that they may have been exposed to the AIDS virus. Persons seeking the HIV antibody test need not give a name, address or any other potentially identifying information.
87. How do I find out information about testing?
To obtain information call your local health department or Wellness Network Hotline (800/-482-2404 - ext. 3582, or in Detroit, 876-3582). Counseling and Testing centers are located in the following counties: Genesee, Grand Traverse, Ingham, Kent, Marquette, Oakland, Wayne and the City of Detroit.
88. Why doesn't the State isolate or quarantine persons infected with the AIDS virus to prevent the spread of the disease?
Traditionally, quarantine has been used as an extraordinary measure for the containment of highly communicable diseases. AIDS is a disease which may result from infection with a specific virus but transmission of this virus from one individual to another requires intimate exchange of body fluids such as blood and semen. It is not transmitted by casual contact.
- Quarantine measures would have to include all those infected with the virus. That effort would disrupt every facet of our society, civil rights and require unimaginable resources. There is no cure for infection and those quarantined would need to remain quarantined for life. There may be up to two million infected individuals in the United States.
89. Why doesn't the State mandate testing of everyone for HIV antibodies?
Besides the logistical, civil rights and cost issues -- there is no reason to mandate testing. HIV is not spread by casual contact. There is also no vaccine or cure that could be offered those who would test positive. Testing of everyone may give a false sense of security because the test at any particular time is a reflection of antibody status at that time only. If antibody is not yet at detectable levels, the person may feel free to continue high-risk practices. Those who engage in high-risk practices must be aware of their risks and change their behavior to eliminate transmission of HIV.
90. What is the State of Michigan doing to provide accurate information to the public about AIDS?
The Michigan Department of Public Health provides support for a hotline operated by Wellness Networks Inc. of Detroit. The number is 1-800-482-2404, ext. 3582 or, in the Detroit area, 876-3582.
- AIDS Update, published bi-weekly is sent to public libraries and interested individuals throughout Michigan. AIDS: In Michigan, AIDS: In the Workplace, and AIDS: 100 Common Questions and Answers are published by MDPH and available without charge to individuals or groups within Michigan. For copies contact the Office of Communications, Michigan Department of Public Health, P.O. Box 30035, Lansing, MI 48909.

Many other education efforts are supported by MDPH with state and federal funds through grants from MDPH to specific organizations.

91. Where are AIDS patients treated?

AIDS patients are treated in hospitals, physician's offices, clinics or other health care settings, just like any other patients. AIDS patients do not pose a risk to other patients or to health care workers who follow recommended safety precautions.

92. How Can I Reduce the Risk of AIDS?

Six years of experience with AIDS indicates that the disease is not transmitted from one person to another through any form of casual, non-sexual contact. There is very strong evidence that AIDS is transmitted only through direct blood-to-blood or semen-to-blood contact. There have been no cases directly linked with other body secretions or excretions.

Based on this information, there are precautions that can be taken by the general public and by persons in special risk groups to eliminate or reduce the risk of contracting AIDS:

- o Don't have sexual contact with any person whose past history and current health status is not known.
- o Don't have sexual contact with multiple partners or with persons who have had multiple partners.
- o Don't have sexual contact with persons known or suspected of having AIDS or HIV infection.
- o Don't have sexual contact with persons who abuse IV drugs.
- o Use of a condom during sexual intercourse may decrease the risk of AIDS.
- o Don't abuse intravenous (IV) drugs.
- o Don't share needles or syringes.
- o Don't share toothbrushes, razors or other personal implements that could become contaminated with blood.
- o Health workers, laboratory personnel, funeral directors and others whose work may involve contact with body fluids should strictly follow recommended safety procedures to minimize exposure to AIDS, Hepatitis B and other diseases.
- o Persons who are at increased risk for AIDS or who have positive HIV antibody test results must not donate blood, plasma, body organs, sperm or other tissue.

- o Persons with positive HIV antibody test results should have regular medical checkups, and take special precautions against exchanging body fluids during sexual activity and needle sharing.
- o Women who have positive HIV antibody test results should recognize that if they become pregnant they and their baby are at increased risk of getting AIDS.

HUMAN RIGHTS ISSUES

93. What rights do AIDS patients have?

They have the same rights as those accorded to any other ill member of our society. Unfortunately, discrimination has occurred with some AIDS patients by employers, landlords, neighbors, co-workers and others who are acting out of unwarranted fears based on misinformation.

Persons with AIDS may file discrimination complaints with the Michigan Department of Civil Rights, according to a policy statement adopted by the Michigan Civil Rights Commission. The Commission approved the department position that AIDS falls within the statutory definition of handicap in the Michigan Handicappers' Civil Rights Act (P.A. 220 of 1976). The law prohibits discrimination in employment, housing, public accommodations, public service and education.

94. Is it right to keep an AIDS patient's identity a secret?

Since AIDS does not pose a risk to the general public there is no need for neighbors, shopkeepers, co-workers or others who may have casual contact with a person with AIDS to know.

95. Can you be fired because you have AIDS?

Some employers have reportedly discriminated against AIDS patients in spite of continued advice from public health and civil rights officials that there is no reason to exclude AIDS patients from employment as long as they feel well enough to work. Persons who believe they are being discriminated against by employers may file complaints within 180 days with the Michigan Department of Civil Rights. A suit can be filed in Circuit Court under the Handicapper Civil Rights Act within three years.

96. Should people who have AIDS be banned from working in banks, restaurants and other people-contact jobs?

There have been no cases of AIDS that are even suspected of having been transmitted through casual contact or through the air, food or water. If a person with AIDS is well enough to work, he/she should be allowed to do so unless the work environment poses a risk of potential direct blood-to-blood contact with other individuals.

97. Can hospital or ambulance personnel refuse to care for an AIDS patient?
Hospitals and ambulance services have a responsibility to care for the sick, regardless of the illness, and must assemble a staff capable of carrying out that mission. An employee refusing to care for an AIDS patient could be subject to disciplinary action. Efforts are underway to increase educational activities to ensure that all health care workers understand the potential routes for transmission of AIDS and follow recommended safety precautions.
98. Can funeral directors refuse to provide services for AIDS patients who have died?
No. According to state law, funeral directors must accept the bodies of AIDS patients. There are certain safety guidelines that are communicated to the funeral directors, as with other communicable disease. In Michigan, state law requires that physicians notify the funeral director of appropriate precautions to be taken if an infectious agent is present.
99. Does insurance cover AIDS?
In most cases, insurance does cover AIDS medical treatment, though most policies have maximum allowances. Other types of care, such as out-of-hospital nursing care or home care, are not necessarily covered.
100. Who pays for treatment of AIDS patients?
Care for AIDS patients is paid for by the same means as all medical care; insurance companies, the individual, and the government through Medicaid and Medicare.

FOR FURTHER INFORMATION

Public Health Service AIDS Hotline

1-800-342-AIDS

Hours: 9:00 a.m. to 7:00 p.m., Monday-Friday

Wellness Networks (Detroit)

Statewide: 1-800-482-2404, ext. 3582.

(Local Detroit - dial direct 1-313-876-3582.)

Hours: 9:00 a.m.-9:00 p.m., Monday-Friday

noon-3:00 p.m., Saturday and Sunday

Wellness also provides counseling and referral services.

Michigan Department of Civil Rights

1-517-334-6079, 8:00 a.m.-4:30 p.m.

Michigan Department of Public Health

1-517-335-8371, 8:00 a.m.-4:30 p.m.

Prepared by: Special Office on AIDS Prevention
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