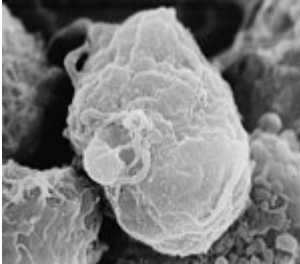


## HIV/AIDS AND INFECTION CONTROL

### 1. DEFINITIONS AND OVERVIEW

#### What Is AIDS?

AIDS stands for **A**cquired **I**mmuno**D**eficiency **S**yndrome. It is caused by a virus called the **Human Immunodeficiency Virus** or HIV for short. People get AIDS by picking up HIV from others in certain ways. This is why it is called **acquired**. After a person gets HIV, they are no longer able to fight off certain infections and cancers. HIV makes someone sick by destroying the **immune system**. This part of the body, made up of special cells, tissues, and glands, normally keeps other viruses and germs from making us sick. It does this by making **antibodies**, small disease-fighting substances. People with HIV make antibodies but they do not fight off HIV in the body. As time goes on, HIV destroys the immune system, opening up the body to all kinds of infections. If not treated, a person with AIDS will die from these infections and diseases. These infections, diseases and their symptoms make up the **syndrome** known as AIDS.

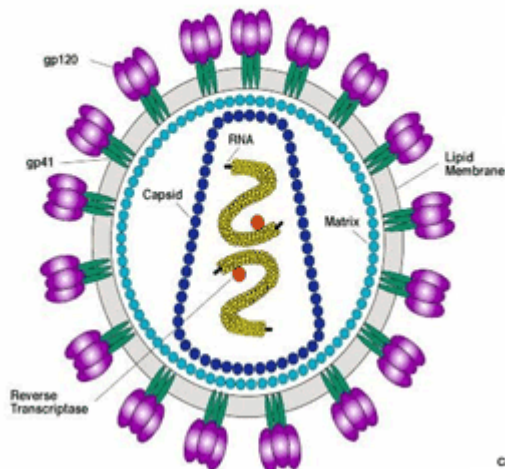


#### What is the Difference Between HIV and AIDS?

HIV is the virus that causes AIDS. HIV is transmitted from one person to another through sexual contact, sharing of needles, or other means which will be discussed later in this book. The time at which this transmission takes place is known as the time of “infection.” A person can carry HIV in their body for many years before they start to look and feel sick. These individuals may be called **HIV-infected** or **HIV-positive (HIV+)**. AIDS is only used to describe an HIV-infected person who has become sick with one or more illnesses or diseases (called **opportunistic infections**) or who has only a few special immune cells left (called **CD4+ cells**).

Many people with HIV infection look and feel healthy. These individuals are usually described as being **asymptomatic** (without symptoms). This is important, as there is no way of knowing if a person is HIV+ by looking at them.

### Organization of the HIV-1 Virion



Credit: NIAID

## When Do People with HIV Get Sick?

As time goes on, an individual carrying HIV in their immune cells starts to get sick. They can develop many different health problems, such as severe weight loss, pneumonia, cancer and problems with their nervous system. Some people with HIV start developing these problems a year or two after they are infected. Other individuals may stay healthy for a long time, sometimes 10 years or more before they start to get sick. Today, doctors try to treat people with HIV as early as possible after they know about their infection before these problems start. This is why everyone should have an HIV antibody test to make sure they are not carrying the virus.

## 2. NUMBERS OF AIDS CASES AND TRENDS

### Total Cases.

As of December 31, 2003, there were 902,223 total AIDS cases reported to the Centers for Disease Control and Prevention (CDC), the U.S. governmental agency responsible for keeping track of AIDS cases in the U.S.. Adults, adolescents, and children can all get AIDS.

Adults/adolescents		892,875
Males		734,261
Females		167,961
Children (Under age 13 at time of diagnosis)		9,438

The total deaths of persons reported with AIDS are 524,060, including 518,568 adults and adolescents, and 5,492 children.

### Ages of Persons with AIDS

Individuals aged 25 to 44 are the largest population group with AIDS. Here is an age breakdown of AIDS cases:

Under 13:		9,419
Ages 13 to 14:		891
Ages 15 to 24:		37,599
Ages 25 to 34:		311,137
Ages 35 to 44:		365,432
Ages 45 to 54:		148,347
Ages 55 to 64:		43,451
Ages 65 or older:		13,711

### Race and Ethnic Distribution

White (not Hispanic) individuals represent the highest number of total AIDS cases. AIDS continues to hit hard among black (not Hispanic) and Hispanic individuals. The specific race or ethnic background of persons reported with AIDS is as follows:

White, not Hispanic		368,731
Black, not Hispanic		354,890
Hispanic		167,168
Asian/Pacific Islander		6,847

American Indian/ Alaska Native		2,912
Race/ethnicity unknown		1,657

### How People Get AIDS

On the next page is a list of AIDS cases shown by how the person got their infection (called **exposure category**). Men who have sex with men represent the largest number of total AIDS cases. The next biggest groups are individuals with a history of injecting drugs, and men who have sex with men and also inject drugs. In the early years of AIDS, persons with hemophilia (where the blood fails to clot right) or individuals receiving blood transfusions were also at risk for getting HIV. Today, it is *very* safe to receive a blood transfusion. New ways to make blood products needed by hemophiliacs have also removed the risk of getting HIV for these individuals.

Category	Males	Females	Total
Men who have sex with men	440,887		440,887
Injecting drug use	175,988	70,558	246,546
Men who have sex with men and inject drugs	62,418		62,418
Heterosexual cases	56,403	93,586	149,989
Other*	14,191	6,535	20,726

\*Includes hemophilia, blood transfusion, perinatal (contracted from Mother in the womb), and risk not reported or not identified.

### Exposure Categories-Children

Most reported cases of AIDS among children are born to mothers who have, or who are at risk for, HIV infection.

Category	Total
Mother with, or at risk for, HIV infection	8,629
Receipt of blood transfusion, blood components, or tissue	390
Hemophilia. Coagulation disorder	236
Other, including risk not reported or identified	45

### Cities and States with AIDS Cases

The largest number of AIDS cases has been reported from the East and West coasts, particularly from New York, California, and **Florida**. The 10 leading states or territories reporting the highest number of AIDS cases among residents are as follows:

State or Territory	Total
New York	162,446
California	133,292
<b>Florida</b>	<b>94,725</b>
Texas	62,983
New Jersey	46,703
Illinois	30,139
Pennsylvania	29,988
Puerto Rico	28,301
Georgia	27,915
Maryland	26,918

Within these East and West Coast states, New York City, Los Angeles, and San Francisco continue to be hit hard by AIDS. The 10 leading cities reporting the highest number of AIDS cases among residents are as follows:

1. New York City
2. Los Angeles
3. San Francisco
4. **Miami**
5. Washington, D.C.
6. Chicago
7. Philadelphia
8. Houston
9. Newark
10. Atlanta

### **Current Trends**

Currently, there are an estimated 1,039,000 to 1,185,000 persons in the United States were living with HIV/AIDS, with 24-27% undiagnosed and unaware of their HIV infection. with approximately 40,000 new HIV infections occurring in the U.S. every year. Using the most current census data, that means that approximately **1 out of every 275 people** in the United States is living with HIV. HIV (and the resulting complications from AIDS) is now the leading cause of death among adults aged 25 to 44.

The largest number of individuals with AIDS remains men who have sex with men. Recent trends, however, now indicate that AIDS is increasing among injecting drug users and persons infected through heterosexual contact. This increase in heterosexual transmission is resulting in more cases being reported among women.

While the East and West coasts remain affected by AIDS, the greatest increases are being seen in the South and Midwest. Blacks and Hispanics continue to be affected by AIDS at an increasing rate.

### **AIDS Around the World**

HIV has been seen in every country in the world. The CDC estimates that 37.5 million adults and about 2.5 million children are currently living with HIV. **There were 5 million new infections in 2003, nearly 14,000 a day.** As of December 31, 2003, an estimated 25 million individuals have died from AIDS. Developing countries currently account for approximately 95% of all people with HIV infection. As of the year 2002, the total number of women living with HIV has reached 19.2 million. It is estimated that 34 million children have lost their mother or both parents to AIDS. Although Sub-Saharan Africa has the largest number of people living with HIV (one in five adults are infected), there is explosive spread of HIV in Asia and the Pacific. In this part of the world, there are 7.4 million HIV-infected adults, triple the estimated number in 1993. AIDS is having a bad impact on the economies of these countries. For example, the AIDS epidemic will have cost Thailand's economy 11 billion U.S. dollars through the year 2000 as a result of people not being able to work because of their disease.

### **3. HOW PEOPLE GET HIV INFECTION**

People become infected with HIV by doing certain things that allow the virus to enter their bodies. Getting HIV has nothing to do with who an individual is as a person or whether or not they are gay or straight. It is what one does that puts them at risk for getting HIV.

#### **Infection occurs in two main ways:**

Having sex with a person who is infected with HIV.

Sharing needles or syringes with a person who is infected with HIV.

Individuals who work in hospitals or other health care settings are also at risk for getting HIV from taking care of patients who may have HIV infection. This risk comes from exposure to blood or other body fluids during surgery or procedures such as drawing blood. Today, all health care settings have certain work practices in

place, called **universal precautions**, that help workers avoid getting infected. Universal precautions use latex gloves, protective clothing, and safer needles to reduce this risk.

### **How Does a Person Get HIV from Having Sex?**

HIV can be spread through unprotected sexual intercourse. Unprotected sex means having sex without using a latex condom. Transmission may occur from male-to-female, female-to-male, or male-to-male. Female-to-female sex *can* spread HIV to the other partner, but this is rare.

HIV may be found in the infected partner's blood, semen, or vaginal fluids. The virus can enter the body through cuts or sores found in the vagina, on the penis, in the rectum, and in the mouth. Some may be so small that the person doesn't even know they have them.

All sexual intercourse can put people at risk for HIV infection if they do not use a latex condom. This means they can get HIV from vaginal intercourse, anal intercourse, or oral sex. The more frequent a person's sexual activity, the more likely they will end up having sex with someone who has HIV infection.

### **What About Kissing?**

You will not get HIV from a kiss. Some people are concerned about deep, long kissing (also called "French" kissing) with someone who might be infected with HIV. Although HIV has been found sometimes in saliva, it is in such low amounts that scientists believe it is impossible to get HIV from this form of kissing. **Not one case of AIDS has ever been linked to kissing alone.**

While there is almost no chance of getting HIV from deep, long kissing, one cannot completely rule out any risk. Cuts or sores in the mouth might allow any trace of HIV to enter the bloodstream. Scientists still believe kissing is very, very safe.

### **How Does a Person Get HIV from Using Needles?**

Injecting drugs can spread HIV if needles are shared with another person. Blood from an infected person can stay in or on a needle or syringe and then be spread when someone uses the same needle or syringe. Sharing needles carries with it a very high risk for spreading HIV.

Using needles for injecting drugs is not the only way a person can get HIV from needles. A person can be infected by HIV and other germs such as hepatitis by sharing needles for tattooing or ear-piercing. People who share needles to inject steroids to get bigger muscles may also spread HIV in this way. If you decide to get a tattoo or your ears pierced, make sure you go to someone who uses sterile needles and who follows good infection control in their shop. Ask the shop owner how they do this to protect their customers.

### **How Do Babies Get HIV?**

A woman who is pregnant and infected with HIV can pass along the infection to her baby. She can pass HIV to her baby in one of three ways:

- During pregnancy when she carries the baby,
- During the time when she gives birth to the baby, and
- During breast-feeding after the baby is born.

If a woman becomes infected with HIV before or during pregnancy, her baby has about one chance in four of being born infected with HIV. Today, women who are pregnant with HIV can take certain drugs called **antiretrovirals** to help stop them from infecting their babies.

### **Can Giving or Receiving Blood Give Someone HIV?**

During the early years of AIDS before 1985, some people became infected with HIV from blood transfusions needed for surgery or illness. Other people who had hemophilia (where their blood fails to clot right) also

became infected with HIV by using various blood products to treat their disease. Today, all donated blood is screened and for the presence of HIV virus. Better ways to make clotting factor products have also stopped people with hemophilia from getting HIV in this way. There is almost no chance of a person getting HIV through a blood transfusion. Giving blood at a blood bank or at a Red Cross blood drive has always been safe. The needles used for blood donation are sterile, used once, and then thrown away.

### **Ways That You Can't Get HIV**

Some people still think you can get HIV in other ways. They confuse the way HIV is spread with the way, say, a common cold is spread. You can't catch HIV like a cold or the flu. HIV is not spread by coughs or sneezes.

#### **You will not get HIV from the following:**

- Everyday contact with infected people at school, work, home, or anywhere else
- Clothes
- Phones
- Toilet seats
- Spoons, cups, glasses, or other utensils used by an infected person
- Insects such as mosquito bites, bed bugs, lice, or flies
- Sweat or tears
- Food made by an infected person

### **What is My Personal Risk for HIV Infection?**

Scientists believe that HIV has been in the United States since 1978. You may be at risk for HIV infection. Ask yourself the following questions. If you answer yes to any one or more of them, you should get an HIV antibody test to make sure you are not infected.

- Have you shared needles or syringes to inject drugs or steroids?
- If you are male, have you had unprotected sex with other males?
- Have you had unprotected sex with someone who you believe may have been infected with HIV?
- Have you had a sexually transmitted disease (STD)?
- Have you received blood transfusions or blood clotting factor between 1978 and 1985?
- Have you had unprotected sex with someone who would answer yes to any of these questions?

## **4. HOW TO PREVENT HIV INFECTION**

Cosmetologists and nail technicians have a very low risk of HIV infection on the job. Unlike health care workers who have daily contact with blood, personal service workers rarely come in contact with blood or other body fluids.

Your greatest risk for HIV infection comes from your personal activities off the job. The only sure way not to get HIV is to abstain from having sex and from injecting illegal drugs. If you choose to have sex, you should practice **safer sex** with your partner.

### **What is Safer Sex?**

Sex means different things to different people. Some sexual activities have been rated based on their ability to spread HIV between partners. Below are some of these activities and their risk ratings.

#### **Sex Practices and Their Risk for Spreading HIV**

##### **Unsafe Practices with High Risk of HIV Transmission:**

- Numerous sex partners
- Unprotected anal receptive sex with an infected partner
- Unprotected anal penetration with the hand ("fisting")

Anal douching in combination with anal sex  
Oral-anal contact ("rimming")  
Vaginal intercourse without a condom with an infected partner

### **Possibly Unsafe Practices with Unclear Risk of Transmission**

Fellatio (oral contact with male genitals and with semen)  
Cunnilingus (oral contact with female genitals)  
Sharing sex toys and implements

### **Low Risk Practices with Some Risk of HIV Transmission**

Anal or vaginal sex with proper use of intact latex condom  
Wet kissing ("French" kissing)  
Fellatio interruptus (contact with male genitals without ejaculation)

### **Practices with Probably No Risk of HIV Transmission**

Abstaining from sexual contact  
Monogamous relationship, both partners uninfected  
Self masturbation  
Masturbation of partner (if no broken skin on hands and genitals of either partner)  
Touching, massage, hugging, stroking  
Dry kissing ("social" kissing)

### **How Do I Use A Condom Correctly?**

Latex condoms are an important part of preventing the spread of HIV during sex. When used all the time and correctly, they are very effective. Condoms not only help stop the spread of HIV; they also help prevent the spread of other sexually transmitted diseases (STDs) and unwanted pregnancies.

Using a condom alone will not reduce the spread of HIV. The condom must be used in the right way and used every time you have sex with someone. Here are some guidelines to help you use condoms correctly.

Do not store condoms in wallets, car glove compartments, or other hot places. Keep them in cool, dark places.

Do not use a condom that has gone past its expiration date stamped on the wrapper.

Do not use a condom that feels gritty or gummy.

Use a new condom for each act of vaginal, anal, or oral intercourse.

Be careful when opening up the condom package so that you do not tear the condom with your fingernails.

Put on the condom as soon as erection takes place and before any vaginal, anal, or oral contact with the penis.

Hold the tip of the condom and unroll it onto the erect penis, leaving space at the tip of the condom, and making sure that no air is trapped in the condom's tip.

Use only a water-based lubricant (glycerine or lubricating jellies such as K-Y) to prevent the breaking of the condom. Do not use oil-based lubricants (petroleum jelly [such as Vaseline], cold cream, hand lotion, baby oil, etc.).

Withdraw from your partner right after ejaculation, holding the condom firmly at the base of the penis to keep it from slipping off.

### **What About Condoms for Women?**

Women can now use a female condom (also called the vaginal pouch). More studies are needed, however, to make sure it is effective in stopping the spread of HIV. If available, a male condom should be used during sexual activity to prevent HIV. If one is not available or it cannot be used properly, a female condom can be used.

## **What About Condoms Other Than Latex?**

Condoms made out of natural materials, such as lamb intestine, should not be used to prevent the spread of HIV. Only latex and the newer plastic condoms made out of polyurethane have been shown to stop HIV. Plastic condoms are good choices for people who are allergic to latex. These plastic condoms are thinner than latex, have no odor, and are safe for use with oil-based lubricants which cannot be used with latex condoms.

## **Should I Use A Spermicide with a Condom?**

Some individuals like to use a spermicide, such as nonoxynol-9, along with a condom when having sexual intercourse as added protection against the spread of HIV. Laboratory studies show that it kills HIV. It is not known whether it protects against HIV during sexual intercourse. Some women may find they are sensitive to nonoxynol-9, resulting in genital irritation and ulceration. Using a spermicide is up to the individual condom user and their partner. It may provide added protection, particularly if prevention of pregnancy is also desired.

## **5. INFECTION CONTROL IN THE SALON**

A clean salon or barber shop is simply good for business. Customers notice and appreciate a place that is spotless, well-lit, tidy, and friendly. Making sure combs, razors, and other instruments used in the barber shop or salon are clean and free from germs is also a good way to stop any possible infection of HIV that may exist.

### **Personal Service Workers (PSWs)**

People who work in a salon or barber shop are called **personal service workers** (PSWs). Individuals considered to be PSWs are the following:

- Barbers
- Cosmetologists
- Ear piercers
- Electrologists
- Estheticians
- Hairdressers
- Manicurists
- Pedicurists

Tattoo artists, massage therapists, and acupuncturists are also considered to be PSWs. The risk of passing along HIV to a client receiving services from these workers is very, very low. Still, everyone who works in one of these areas must practice good infection control to stop whatever small risk there may be.

### **What Procedures Could Put Someone at Risk for HIV?**

Any procedure that could result in bleeding can put your or your customer at risk for HIV. Since many work practices in the salon or barber shop use sharp instruments, such as scissors, the risk of bleeding is always present. Here are some procedures done on a daily basis in salons, beauty shops, and barber shops that could cause someone to bleed:

- Hair cutting
- Shaving
- Waxing
- Manicuring
- Pedicuring
- Other procedures using scissors, razors, cuticle pushers, or other sharp instruments

### **What About Cuts on the Scalp or Fingers?**



Cuts are the biggest cause for concern for both the hairdresser and the customer. Most workers who cut hair have cuts on their fingers from time-to-time. In addition, a customer could have a cut on their scalp or get a nick or cut from a service they received in the salon. Here are a few ways that HIV could be transmitted from these two situations:

While doing a manicure on a customer, the cuticle bleeds on a cut you have on your finger.

While cutting hair, you cut your finger with scissors and then reach for a comb. A small amount of your blood on the comb touches a cut or sore on your customer's head.

While giving a facial, you remove a blackhead, drawing blood that touches a cut on your finger.

Remember, the key word here is *could*. The risk of transmitting HIV in the salon setting is very low. Workers doing nails are more at risk than workers who cut hair. However, since any cut on you or your customer can provide a direct opening on the skin for HIV to go into the body, you must be careful to protect yourself and your customer.

### **What Do I Do If I Get a Cut on My Finger?**

**If you get a cut on your finger, make sure you do the following:**

Wash the cut with soap and water.

Use dispenser soap rather than bar soap. You may want to consider using a dispenser soap that contains germ-killing ingredients.

Dry the cut and then cover it with a bandage.

Change the bandage often, particularly if it becomes bloody or wet.

Keep your cut covered with a bandage until all broken skin has healed.

### **What Do I Do If the Customer Starts Bleeding from a Nick?**

Do not use a styptic pencil to stop the bleeding. Instead, use a powder astringent. Apply the powder to the customer's neck with a damp cotton swab or Q-tip. When done, throw away the swab and wash your hands before continuing your work with the client.

### **How Do I Handle Dip Sticks and Wax When Waxing?**

You should only melt the amount of wax that will be needed for each client. A fresh dip stick should also be used with each new client. You can create problems if you use a big pot of wax and put in it dipsticks from several clients. Always wear gloves, particularly during wax removal.

### **When Should I Wear Gloves?**

**Wear gloves whenever you give any of the following services to your customer:**

Give a facial

Do any tweezing

Give a manicure or pedicure

Waxing, especially during removal

Do any other procedure that might draw blood

In addition, you should always wear gloves if you have a cut, sore, or skin condition on your hands or if your customer has cuts or sores on the scalp. In these cases, it is a good idea to wear gloves, for example, when giving a shampoo.

### **What Kind of Gloves Should I Use?**

The gloves should be made out of latex rubber and feel like a second skin on you. You should not buy or use cheap gloves. Ask a good surgical glove company to help you choose the best glove for your needs. You

should not be afraid to pass along this cost to your customers if the price of gloves hurts your profit. If customers are told that the level of protection has been raised in your salon, they will thank you for being concerned about their safety and well-being.

### **How Do I Disinfect in the Salon?**

In today's salon, it is important to use hospital-level disinfectants for all utensils and instruments. Alcohol and single-phase quats, popular years ago, no longer provide the right level of germ-free and HIV-free protection. By using hospital-grade disinfectants, you remove the risk of HIV and other infections that may be present.

When choosing a hospital-level disinfectant, look for one with the following qualities:

- The product kills a broad range of germs, viruses, and other organisms.
- It is fast-acting and easy-to-use.
- The product should be non-corrosive (does not destroy metals or surfaces)
- It is economical and fairly priced.
- The product is registered with the Environmental Protection Agency (EPA) and shows this on its label.

If possible (and your state allows it), get into the habit of disinfecting in full view of your clients. By seeing this, the salon's customers will know how carefully the staff is paying attention to cleanliness, safety, and infection control.

### **What is a Good Way to Disinfect Instruments?**

After selecting a hospital-grade disinfectant, a few steps should be followed:

1. Wash all instruments to be disinfected with soap and water to remove any surface dirt, blood, or other matter.
2. Put the instruments in a wet sanitizer containing the hospital-grade disinfectant solution.
3. Leave instruments to disinfect for the proper time before removing them from the solution.
4. Remove the instruments and rinse them in clean water.
5. Dry instruments completely
6. Store disinfected, clean instruments in a dry, clean cabinet or drawer.

### **What is a Good Way to Handle Sharps?**

A sharp is anything that can cut the skin. Examples of sharps are scissors, razors, blades, and other sharp instruments. These should always be handled with extreme care to prevent cutting yourself or your client. Any sharps that are made to be thrown away should be placed in a separate container designed specifically for this purpose. One way to do this is to use a special container, known as a "sharps container," used by hospitals to throw away needles and syringes.

### **General Salon Guidelines for Cleanliness**

Keeping your shop or salon clean and orderly is good not only for you but also for business. If a client sees a clean salon, they are more likely to feel confident and good about the services they receive there. Here are some suggestions for keeping your salon or barber shop safe and clean for all workers and customers.

1. Keep walls, ceilings, floors, and equipment clean, washed, and free from dust.
2. Make sure the shop is well lighted and ventilated with fresh air.
3. Provide an adequate supply of hot and cold running water.
4. Install all plumbing fixtures under the supervision of a licensed plumber.
5. Check to make sure all electrical connections and equipment are installed properly under the supervision of a licensed electrician and grounded.
6. Provide disposable paper cups at all drinking facilities.
7. Keep the rest rooms always supplied with hot and cold water, liquid soap, and paper towels.

8. Do not use the salon as a place for eating or sleeping. A separate room, outside of public view, can be used as a lunch or break room.
9. Keep the salon free of any insects, rodents, or vermin. Use a professional exterminator if necessary for any problems.
10. Do not allow dogs, cats, birds, or other animals inside a salon.
11. Provide in a handy location an S-tube or hand-operated resuscitator bag for use in case mouth-to-mouth resuscitation is needed.

Source: Adapted from *Bacteriology & Sanitization for the Personal Care Worker*, DiAna, D editor. Columbia SC: South Carolina AIDS Education Network, Inc.

### **General Guidelines for Maintaining Supplies and Equipment**

Throughout the day, activities in a busy salon require attention to cleanliness and good infection (including HIV) control. For example, someone is always sweeping the floor to remove cut hair. There are a number of other daily procedures that should become part of the routine in a busy salon. Once these are done on a regular basis, they will become second-nature to you.

1. Change head rest covering for every new customer.
2. Clean shampoo boards and bowls.
3. Clean the shampoo sink area with a spray bleach solution (containing 1 part bleach to 9 parts water) after each client has used the area.
4. Use clean linens, towels, client gowns, etc. only once. Deposit them in containers used only for this purpose.
5. Do not use any instrument or item again if it is dropped on the floor. Pick up the item and place it in disinfectant solution before using again.
6. Sweep the salon floor frequently to prevent build-up of hair and other waste materials. Throw away sweepings into a covered container.
7. Remove individual amounts of creams and all other semi-solid substances from their original containers using a sterile spatula or spoon and place in an individual dish to be used only for one client. Use a clean dish or container with every new client.
8. Use single, fresh cotton swabs, balls, or other applicators to apply lotions or fluids to an individual client.
9. Do not pass around lipstick, rouge, powder puffs, sponges, or other make-up to be used by more than one person.
10. Use dispenser soap instead of bar soap in all places where the washing of hands is required.
11. Give each individual manicure client his or her own paper cup with finger bowl.
12. Use neck strips to stop shampoo capes from touching a client's skin at the neck.
13. Remove all soiled combs, brushes, and other instruments or materials from the work station after each use.
14. Disinfect all instruments after each use on a client.
15. Do not place any clips, pins, or other instruments in the mouth.
16. Wash all hairnets after each individual use.
17. Do not carry instruments of any kind in uniform or personal pockets.

Source: Adapted from *Bacteriology & Sanitization for the Personal Care Worker*, DiAna, D editor. Columbia SC: South Carolina AIDS Education Network, Inc.

### **General Guidelines for Cosmetologists**

The cosmetologist is an important member of the salon team when it comes to providing services to clients. They often have the most contact with customers, most of which is of a personal nature. A special bond is often created between the client and the cosmetologist, one that can create--and keep--a long-term business relationship.

In order for all customers to feel safe, secure, protected, and comfortable during their salon experience, the cosmetologist must keep certain guidelines in mind. What follows is a set of these guidelines designed to keep this important relationship a happy and healthy one.

1. Follow all rules of personal hygiene.
2. Do not work with customers if you are sick with a cold, the flu, or other illness that can be caught by your client.
3. Do not give services to any customer who has a visible infection that may be caught by you or your coworkers.
4. Ask clients with open sores or cuts on their scalp to return for services after they have healed.
5. Wear a washable uniform with sleeves that are no more than 3/4 length.
6. Wash your hands before and after working with a client and after every visit to the restroom.
7. Do not attempt to treat any disease or condition of the skin, scalp, face, or hands. Instead, recommend that the customer see their doctor.
8. Wear disposable latex gloves during manicuring, pedicuring, waxing, facials, shampoos, tweezing, and any other service where you may come in contact with blood or body fluids, no matter how small the amount.
9. Wear gloves whenever handling any combs, brushes, or other salon instruments that may be contaminated or when cleaning the salon.
10. Do not work on a client if you have chapped or dry skin on your hands.
11. Clean up any blood stains on counters or surfaces with a solution of 1 part bleach to 9 parts water.
12. Disinfect all instruments after each individual use according to proper instructions.
13. Disinfect electrodes by cleaning their surfaces with 70% alcohol on a cotton pad.
14. Use a hospital-grade product to clean and disinfect floors, sinks, and toilets.
15. Spray sinks and toilet seats with a bleach spray containing 1 part bleach to 9 parts water.
16. Sanitize all body wraps by washing them in soap and water containing bleach.
17. Wipe down all slenderizing, massage, and toning tables with a bleach solution after each client.

Source: Adapted from *Bacteriology & Sanitization for the Personal Care Worker*, DiAna, D editor. Columbia SC: South Carolina AIDS Education Network, Inc.

## 6. CARE AND TREATMENT FOR PERSONS WITH HIV/AIDS

During the early years of AIDS, there were few treatments available. Today, doctors have a number of drugs and other treatments that are helping persons with HIV and AIDS to lead normal, productive lives. No longer necessarily a death sentence, AIDS is now viewed by many doctors and individuals as just another chronic disease that can be treated and kept in check for a long time.

### **How Can the Doctor Delay Someone with HIV from Progressing to AIDS?**

As mentioned earlier, someone with HIV infection can live symptom-free for many years before showing signs of disease or sickness. Someone is said to have AIDS only when their immune system becomes destroyed to a certain level. It is then that they are more at risk for getting other infections and cancers that their bodies can no longer fight off.

People with HIV infection can stop progression to AIDS by taking certain drugs called **antiretrovirals**. These drugs act by slowing the reproduction of HIV in immune cells. With less virus present in the blood and tissues, the person's immune system can get strong again and protect against the other infections and cancers linked with AIDS. Today, doctors can use a variety of different drugs that kill HIV in the body. Persons with HIV usually take more than one of these different drugs during various times of the day. This is called **combination** therapy. Taking these drugs can be difficult; some require food while others require an empty stomach. These drugs often have serious side effects that can make the person sick. None of these drugs, no matter how they are used, can be considered a cure. Nevertheless, individuals with HIV infection and AIDS are seeing dramatic results after using these drugs.

After trying to reduce the amount of HIV in the body, doctors can also give other drugs that prevent certain AIDS-related infections from starting in the first place. This is called **prophylaxis**. For example, PCP (*Pneumocystis carinii* pneumonia), a type of pneumonia that can cause serious illness or even death in someone with HIV, can now be prevented by taking a pill on a daily basis.

Depending on how bad a person's immune system is, different drugs can be given to prevent these opportunistic infections.

### **What Can Doctors Do for Someone with AIDS?**

When a person has AIDS, doctors treat the various infections and cancers that have developed. They do this with drugs, radiation, surgery, and other medical procedures. In addition, most people with AIDS continue to take antiretrovirals in an attempt to slow the reproduction of HIV in their bodies. Doctors are not always successful in treating someone with AIDS. As AIDS patients become weaker and weaker, the opportunistic infections or cancers take over their body, resulting in death in most cases.

### **What Else Do People with HIV/AIDS Need?**

Living with HIV/AIDS can be very difficult for each individual, their families, and friends. There are good days and bad days. Days when the person can't get out of bed and days when they are able to do everything they set out to do. Thanks to today's drug treatments, most people with HIV/AIDS are living longer, happier, and productive lives.

In addition to drugs, people with HIV/AIDS can often benefit from other non-medical services. These include psychological counseling, legal help, financial services, and housing advice. Local and national **AIDS service organizations (ASOs)** have been created all across the country to give these services to people living with HIV/AIDS in their local communities.

## **7. THE HIV-POSITIVE PERSONAL SERVICE WORKER**

By now, the chances are that you already know someone who has been living with HIV. Perhaps it is a family member, a friend, or a fellow coworker at the salon. You may yourself be infected with HIV.

A lot of people in the hair business have been affected by AIDS in one form or another. It is a rare personal service worker today who does not know someone in the business with the disease. In some cities, such as San Francisco, Miami, and New York, the salon industry has been hit hard.

Many salon owners and stylists have sponsored cut-a-thons and other fund-raisers to raise money for AIDS service organizations or for individual stylists with AIDS.

### **Should Someone with HIV Be Allowed to Work in a Salon?**

Federal law prohibits employers to discriminate against individuals with HIV in the workplace. Salons, barber shops, and other related businesses are no exception. As long as proper disinfection procedures are followed, there is no reason why any individual who is HIV-positive should not be able to work in a salon or shop.

### **Who Should Someone with HIV Tell About Their Condition?**

A personal service worker who has HIV has to decide who should be told about their infection. It is a good idea to tell the salon owner or manager first. This way, the owner can help with work schedules in order for the individual to make doctor's appointments or to help in other ways. The decision to tell other coworkers is often a difficult one and is best left up to the individual. Coworkers could be told in a group and educated about AIDS at the same time.

### **Should Someone with HIV Tell Their Clients?**

Again, this is a very personal decision that only the individual can make on their own. The personal service worker faces a loss of business if clients are concerned about getting infected. Some stylists have been very open about their HIV infection with no negative consequences. A lot depends on the relationship the stylist has with their clients, the geographic location of the salon, and whether or not the stylist is becoming ill and cannot

keep up their usual schedule. No personal service worker should ever feel required to tell their clients about having HIV.

### **One of My Coworkers Has HIV. What Can I Do to Help?**

The best thing to do is simply to support the individual with a positive, caring, emotional response that shows compassion and concern. Allow the person to talk to you about the ups and downs of living with HIV. If they become ill, offer to help them with daily chores or their pets. Just being there for them is sometimes the most important thing you can do for the person.

Whether or not you know someone at your shop or salon with HIV, get involved in AIDS activities that show your understanding and commitment. Volunteer your time at an AIDS service organization in your area. For example, you may want to offer free haircuts to persons with AIDS who are homebound and can't get out to see their regular stylist. You may also want to participate in cut-a-thons or other hair industry benefits for AIDS-related causes.

## **8. FLORIDA LAW**

### **What Is The Current Legislation Regarding Confidentiality And HIV Discrimination?**

One of the main tenets of the 1988 Omnibus AIDS Act (Chapter 88-380, Florida Statutes) is to promote voluntary HIV testing by ensuring that those who want to be tested may do so without fear of reprisal or discrimination. It also protects the rights of those individuals who test positive for HIV by ensuring that they remain in the workforce as long as they are able and that no measures be taken against them by employers, insurers, etc. The statute specifically reads as follows:

*The Legislature finds that the use of tests designed to reveal a condition indicative of human immunodeficiency virus infection can be a valuable tool in protecting the public health. The Legislature finds that despite existing laws, regulations, and professional standards which require or promote the informed, voluntary, and confidential use of tests designed to reveal human immunodeficiency virus infection, many members of the public are deterred from seeking such testing, because they misunderstand the nature of the test or fear that the test results will be disclosed without their consent. The Legislature finds that the public health will be served by facilitating informed, voluntary, and confidential use of tests designed to detect human immunodeficiency virus infection. [Florida Statute #381.004, (1)]*

A major element in the language of the Act concerns confidentiality. The results may not be given to anyone else without the tested person's permission, except in cases where the person's physician may need medical information for treatment purposes or there is a court order requesting such information. In some cases the doctor may decide to inform the person's sex or needle-sharing partners to protect their health. The Florida State Department of Health and Rehabilitative Services (HRS) can provide partner notification upon request from the person who was tested.

There are also certain procedures required by the Act concerning counseling, both before and after the test is performed. The pre-test counseling session is intended to give the person sufficient information about the virus, testing procedures, and the meaning of all possible results so that he or she is able to make an informed decision about being tested. After this information is given, the person can give "informed consent" to be tested. The law also specifies that consent must be completely voluntary and not forced. A 1991 amendment to the original Act states that it is up to the person providing the counseling and testing procedures to establish a "sound and reasonable standard" of HIV information, with the exception that **confidentiality** must be explained in all cases. Other items recommended in the pre-test information include the following:

- (1) Voluntary nature of the test: the person may change his or her mind about being tested any time before the test is actually carried out.
- (2) Purpose of the test: to detect the presence of antibodies to HIV, *not* to establish the diagnosis of AIDS.
- (3) Procedures for testing: what tests are performed, how they differ, and the function of each in establishing HIV status; also, test limitations.

- (4) Meaning of test results: results may be negative, positive, or inconclusive; also, an explanation of what these results would mean to each individual.
- (5) Partner elicitation: the responsibility to identify sex and/or needle-sharing partners of one's positive HIV status.

Other protections for persons who wish to be tested for HIV or who are HIV-positive include employment and health care provisions. The law specifically states that employers may not discriminate against an employee who has been tested (regardless of the results) or whose status is HIV-positive. This provision also covers so-called "perceived status," which protects those who may be HIV-positive but asymptomatic. The anti-discrimination language covers such employment areas as hiring, compensation, duties and assignments, promotions, and bonuses. Also, employers may not require HIV testing as a basis for employment unless that employer can prove that being HIV-negative is a direct requirement of the specific job.

Health care facilities and their workers may not discriminate against patients based on their real or imagined HIV status. The 1991 amendment required health care workers to take HIV education sessions in order to get relicensed.

### **What Is The Current Legislation Protecting Public Health?**

The 1988 Omnibus AIDS Act also protects the general public from deliberate infection by HIV-positive individuals. Persons who are HIV-infected and knowingly expose others to the virus may be criminally prosecuted. A puncture or any wound that involves exposure to blood may be grounds for legal action. The provision also applies to anyone who is HIV-positive and has sex without informing the partner of their status--such persons are guilty of a first-degree misdemeanor.

Persons who donate blood or tissue and do not report their HIV-positive status may be charged with a third-degree misdemeanor.

In cases where there has been exposure on the job to potentially infectious blood or body fluids, the person who is the source of the blood or fluid may be required to be tested for HIV. This "significant exposure" must be determined when employees (such as health care workers, law enforcement personnel, or emergency medical technicians) come into contact with potentially infectious substances.

### **What Are The Legal Requirements Of HIV Testing?**

Informed consent must be obtained before anyone can be tested. The law also requires that two confirmatory tests must be performed on any blood sample that initially tests positive before the results can be given to the subject. While blood donors who know they are HIV-positive can be criminally prosecuted for donating without revealing their status, the law does not require informed consent before donation.

The law requires that both pre- and post-test counseling must be *offered* before testing occurs and before results are given. The sessions are not required in order to obtain either the test or its results, but it must be **offered**. While the pre-test session provides the necessary information for informed consent, the post-test counseling session provides information about the results of the test (whether negative or positive), how behavior should be modified, the possible need for additional testing, and ways to protect one's health.

The law prohibits test results being given over the phone. Face-to-face disclosure is one of the requirements of the post-test counseling session, where confidentiality may be ensured. Test results may be given to a person's designated representatives if they have a signed release form, but the information cannot be given over the phone.

## **9. HIV TESTING AND COUNSELING**

### **How Is Blood Tested To Confirm HIV Infection?**

Testing for HIV is usually performed on a sample of blood from the subject. The blood is tested for the presence of **antibodies** to the virus, not the virus itself. Antigen testing or polymerase chain reaction (PCR), which tests for the presence of the actual infectious agent, is too expensive and time-consuming to be used for mass screening of the general public. However, there are several tests which identify the presence of antibodies that are commonly performed and relatively inexpensive. These tests are the ELISA, IFA, and Western blot. There are also home test kits on the market, where a dipstick can be used on saliva, urine, or other body fluids. These tests give a reaction in about ten minutes. However, the FDA has approved *only one* of these tests because of concern over their unreliability and possible transmission danger posed by fingerstick equipment. The approved test is called "Home Access Express HIV-1 Test System" and is manufactured by Home Access Health Corporation

The first test to be performed on the blood sample is the enzyme-linked immunosorbent assay (ELISA). This is a highly sensitive test that reveals if antibodies are present. Because of its sensitivity, it can occasionally give a false positive reading--a small percentage of people may be told they are HIV-positive when they are not. For that reason, if the test result is positive, the test is repeated. If the reading is still positive, a supplemental or confirmatory test is performed.

A reliable supplemental test is the immunofluorescent assay (IFA). The person's blood is added to a slide prepared with HIV. It is observed through an immunofluorescent microscope to see how it reacts. The slide is then compared to control slides containing cells that have not been infected with HIV.

Another reliable confirmatory test is the Western blot. This test is more costly and time-consuming than the IFA, but still yields accurate readings. It tests for the individual proteins that make up the virus, and as such is labor intensive, not lending itself easily to mass public testing.

It is important to remember that an initial seronegative test result only means that the person's blood did not contain detectable antibodies *at the time of testing*.

It is possible that infection has taken place, but antibodies have not had time to develop in detectable amounts in response to the presence of the antigen. This is called the "window period." To be sure that infection is not present, the person should be tested again in six months, assuming he or she has not engaged in any risk behaviors during that time.

If the first ELISA test is positive, the test is then repeated. If the second ELISA test is also positive, a supplementary test is required under Florida law before the person can be given the official reading of seropositive. If the initial ELISA screening test is negative, no further testing is necessary. However, the person should be told about the window period and the need to be retested if there has been risk exposure. Sometimes the confirmatory tests are indeterminate (neither clearly negative nor positive). In that case, another blood sample should be drawn in three or four weeks, and the complete test series performed again.

### **What Are The Requirements For Pre- and Post-Test Counseling In The State Of Florida?**

According to current Florida legislation, anyone desiring the HIV antibody test must be offered the opportunity for counseling, both before the test and after the results are received. Participating in the counseling sessions is not required in order to have the test done, but the opportunity for counseling must be offered. If a person chooses to be tested, he or she must sign a consent form allowing blood to be drawn. If the person chooses to be tested anonymously, he or she does not sign a consent form - their request is considered acceptable consent because they are not known by name or any other means of identification. Persons wanting to be tested should be strongly encouraged to accept the counseling session, because much valuable information is given in these sessions, and in the case where the test results are positive, a trained counselor can help the person accept the information and decide on a plan of action.



The primary goals of HIV counseling are to provide education that will help people avoid behaviors which put them and others at risk of infection. The counseling should be given in language and terms that people can understand.

Good counseling skills are essential to gather personal and sensitive information. One of the most important aspects of counseling is the establishment of a good relationship between the counselor and the person to be tested. Being nonjudgmental and creating a private, comfortable environment for the counseling session are important.

Risk assessment is an important function of the pre-test counseling session. First the counselor must find out why the subject wants to be tested, that is, if he or she has some basis for suspecting HIV infection. Asking straightforward, personal questions is a necessary part of the risk determination procedure. The counselor will want to find out if the person has been tested before, if he or she was sent by a doctor, what risky behaviors the person may have engaged in recently, what expectations the person may have about the test results, and if he or she knows how the test is performed.

The counselor also explains confidentiality, which means personal information and test results cannot be released without the person's written permission. In confidential testing, only those people with a clear "need to know," such as the counselor or the person's doctor, will have access to this information. In anonymous testing, these forms and permissions are not required, because test results are given on the basis of a numbered lab slip only, and no personal files are established for the person being tested.

The following list gives the standard information recommended by HRS to be explained to the person before testing:

- The purpose of the test
- The testing procedures to be followed
- What the results mean
- The limitations of the test
- How the results are used
- The voluntary nature of the test
- The right to withdraw consent before the test takes place
- Confidentiality concerning the test and its results

(**Note:** Only an explanation of confidentiality is required by the most current Florida Statutes)

Once the person consents to testing, the following is offered as part of the pre-test counseling:

- Infection prevention information (handouts, etc.)
- Explanation of partner notification, in the event of a positive test result
- Establishment of a plan of action, whether the results are positive or negative

At the close of the pre-test counseling session, the counselor will give the person an appointment time to return for the test results. The person may also receive a list of community resource people or groups to help with the anxiety that is natural during this waiting period.

When the person returns for the test results, the first thing the counselor should do is (1) confirm this is the person who was tested, (2) give the results immediately, and (3) stress the confidentiality of the information they are going to discuss.

**Seropositive results.** If the test results are positive, the counselor should be prepared to deal with a wide range of reactions such as guilt, anger, fear, relief, disbelief, and apathy. Occasionally a person may request a retest, although the reliability of the test series does not justify retesting.

A positive test means that antibodies to HIV were found in the blood sample. This means the person is infectious and can transmit the virus to others. It does NOT mean that the person has or will have AIDS. A

complete medical examination is recommended for those who are HIV-positive, for only a doctor can tell the state of a person's health. The T4-cell count will help show the amount of damage to the immune system.

The HIV-positive person will be counseled to take the following steps:

- Protect his or her health: avoid infections (especially other STDs), alcohol, drugs, cigarettes, stress, poor nutrition, overwork, or other things that may further lower the immune system and keep them from making healthy lifestyle decisions.

- Obtain a complete medical evaluation, including tests for other STDs and TB.

- Avoid reinfection, especially the passing and receiving of body fluids. Also, use appropriate protection (condoms, etc.).

- Avoid travel to areas where communicable diseases and intestinal parasites are common. Also, try to avoid food contamination (salmonella, etc.).

- Keep all sores or open wounds clean and covered.

- Avoid sources of pet infection: wear gloves when cleaning fish tanks or kitty litter.

- If a drug user, avoid using illicit drugs and enroll in a treatment program.

- Contact community support groups.

- Understand that all sex and needle-sharing partners are at increased risk of HIV infection and should be informed about the possibility of exposure.

It is important to remember that the test counselor is not a therapist or mental health practitioner. The counselor will **refer** the person to the proper support services (medical, community support, mental health). These professionals can help the HIV-positive person with anxiety therapy, medical information on their health status, coping techniques, and emotional support.

**Seronegative results.** The counselor will stress the confidentiality of the information. The person will be encouraged to change any high-risk behaviors he or she may be engaging in. It is important to stress that they may not be virus-free if they have taken part in any high-risk activities within the last six months or window period prior to the test. Retesting within six months of the last possible exposure is recommended.

The person will be given a list of risk reduction behaviors such as the following:

- If possible, abstain from sex and drugs.

- Seek a mutually monogamous relationship, where both partners are known to be virus-free.

- Discuss HIV infection with your partner to correct any misinformation.

- Always use condoms during sexual intercourse unless you are in a mutually monogamous relationship where both of you are virus-free.

- If using drugs, enroll in a treatment program.

- Do not share needles.

- If needles are reused, disinfect thoroughly with a bleach and water solution, then rinse thoroughly in clean water.

- If female, seek family planning assistance. A woman with high-risk behavior who becomes pregnant also puts her unborn child at risk.

- Seek the help of referral support services, especially if there is difficulty in changing high-risk behaviors.

As with the seropositive post-test counseling session, the person will be asked to establish a plan of action, in this case to remain virus-free. Handouts with information on condom use, resources and hotlines, and basic facts are usually given to the person at the end of the session.

## **10. APPENDIX: Additional HIV/AIDS Information, Surveillance and Resource Information**

### ***Frequently Asked Questions Regarding HIV and HIV Testing***

Reprinted from National HIV Testing Resources. A Service of the Centers for Disease Control.

Available on the Internet at: <http://www.hivtest.org/subindex.cfm?FuseAction=FAQ#6a>

### ***Types of HIV Tests***

#### **What is an HIV antibody test?**

When HIV enters the body, it begins to attack certain white blood cells called T4 lymphocyte cells (helper cells). Your doctor may also call them CD4 cells. The immune system then produces antibodies to fight off the infection. Although these antibodies are ineffective in destroying HIV, their presence is used to confirm HIV infection. Therefore, the presence of antibodies to HIV result from HIV infection. HIV tests look for the presence of HIV antibodies; they do not test for the virus itself.

#### **What blood tests detect the presence of HIV?**

HIV testing consists of an initial screening with two types of tests commonly used to detect HIV infection. The most commonly used initial test is an enzyme immune assay (EIA) or the enzyme-linked immunosorbent assay (ELISA). If EIA test results show a reaction, the test is repeated on the same blood sample. If the sample is repeatedly the same result or either duplicate test is reactive, the results are "confirmed" using a second test such as the Western blot. This more specific (and more expensive) test can tell the difference between HIV antibodies and other antibodies that can react to the EIA and cause false positive results. False positive EIA results are uncommon, but can occur. A person is considered infected following a repeatedly reactive result from the EIA, confirmed by the Western blot test.

In addition to the EIA or ELISA and Western blot, other tests now available include:

- Radioimmunoprecipitation assay (RIPA): A confirmatory blood test that may be used when antibody levels are very low or difficult to detect, or when Western blot test results are uncertain. An expensive test, the RIPA requires time and expertise to perform.
- Dot-blot immunobinding assay: A rapid-screening blood test that is cost-effective and that may become an alternative to standard EIA and Western blot testing.
- Immunofluorescence assay: A less commonly used confirmatory blood test used on reactive ELISA samples or when Western blot test results are uncertain.
- Nucleic acid testing (e.g., viral RNA or proviral DNA amplification method): A less available blood test that can be used to resolve an initial indeterminate Western blot result in certain situations.
- Polymerase chain reaction (PCR): A specialized blood test that looks for HIV genetic information. Although expensive and labor-intensive, the test can detect the virus even in someone only recently infected.

#### **Do all HIV tests involve drawing blood?**

No. Urine and oral-fluid HIV tests offer alternatives for anyone reluctant to have blood drawn.

Urine testing for HIV antibodies is not as sensitive or specific as blood testing. Available urine tests include an EIA and a Western blot test that can confirm EIA results. A physician must order these tests, and the results are reported to the ordering physician or his or her assistant.

Orasure© is currently the only FDA approved oral-fluid test. Fluid is collected from inside the mouth and analyzed using an EIA test and supplemental Western blot test, if necessary. Oral fluid tests are offered at many HIV testing locations. Contact a location near you to find out if this test is available.

#### **What are rapid HIV tests?**

A rapid HIV test is a test that usually produces results in up to 107 minutes. In comparison, results from the commonly used HIV-antibody screening test, the EIA, are not available for 1-2 weeks.

There are currently three rapid HIV tests licensed for use in the United States:

- OraQuick Rapid HIV-1 Antibody Test, manufactured by OraSure Technologies, Inc.
- Reveal HIV-1 Antibody Test, manufactured by MedMira, Inc.
- Single Use Diagnostic System for HIV-1 (SUDS™), manufactured by Abbott-Murex

The availability of these tests may differ from one place to another. These rapid HIV blood tests are considered to be just as accurate as the EIA. As is true for all screening tests (including the EIA), a positive test result must be confirmed with an additional specific test before a diagnosis of infection can be given.

### **What about home test kits?**

The Food and Drug Administration (FDA) has not approved home-use HIV test kits, which allow consumers to interpret their own HIV test results in a few minutes. The Federal Trade Commission has warned that these home-use HIV test kits, many of which are available on the Internet, supply inaccurate results.

Currently only the Home Access test is approved by the Food and Drug Administration. The Home Access test kit can be found at most drug stores. The testing procedure involves pricking your finger, placing drops of blood on a specially treated card, and then mailing the card in for testing at a licensed laboratory. Customers are given an identification number to use when phoning for the test results. Callers may speak to a counselor before taking the test, while waiting for the test result, and when getting the result.

### ***Getting Tested***

#### **Am I at risk?**

Evidence suggests that HIV, the virus that causes AIDS, has been in the United States at least since 1978. The following are known risk factors for HIV infection. If you answer yes to any of these questions, you should definitely seek counseling and testing. You may be at increased risk of infection if any of the following apply to you since 1978.

- Have you injected drugs or steroids or shared equipment (such as needles, syringes, cotton, water) with others?
- Have you had unprotected vaginal, anal, or oral sex with men who have sex with men, multiple partners, or anonymous partners?
- Have you exchanged sex for drugs or money?
- Have you been diagnosed with or treated for hepatitis, tuberculosis (TB), or a sexually transmitted disease (STD), like syphilis?
- Have you received a blood transfusion or clotting factor between 1978 and 1985?
- Have you had unprotected sex with someone who would answer yes to any of the above questions?

If you have had sex with someone whose history of risk-taking behavior is unknown to you or if you or they may have had many sex partners, then you have increased the chances that you might be HIV infected.

If you plan to become pregnant, counseling and testing is even more important. If a woman is infected with HIV, medical therapies are available to lower the chance of passing HIV to the infant before, during, or after birth.

#### **How do I know if I am infected?**

The HIV-antibody test is the only way to tell if you are infected. You cannot tell by looking at someone if he or she carries HIV. Someone can look and feel perfectly healthy and still be infected. In fact, an estimated one-third of those who are HIV positive do not know it. Neither do their sex partners.

When HIV enters the bloodstream, it begins to attack certain white blood cells called T4 lymphocyte cells (helper cells). The immune system then produces antibodies to fight off the infection. Therefore, the presence of antibodies to HIV result from HIV infection. Testing can tell you whether or not you have developed antibodies to HIV.

#### **If I think I have been exposed to HIV, how soon can I get tested?**

To find out when you should be tested, discuss it with your testing site staff or personal physician. The tests commonly used to detect HIV infection actually look for antibodies produced by your body to fight HIV. Most people will develop detectable antibodies within 3 months after infection, the average being 20 days. In rare cases, it can take 6-12 months. During the time between exposure and the test, it is important to avoid any behavior that might result in exposure to blood, semen, or vaginal secretions.

### **Where can I get tested for HIV infection?**

Many places offer HIV testing including local health departments, private doctors' offices, hospitals, and sites specifically set up to provide HIV testing. It is important to get tested at a place that also provides counseling about HIV and AIDS. Counselors can answer any questions you might have about risky behavior and ways you can protect yourself and others in the future. In addition, counselors can help you understand the meaning of the test results and tell you about AIDS-related resources in your area.

The CDC National AIDS Hotline can answer questions about testing and can refer you to testing sites in your area. You can also search <http://www.hivtest.org/> for a list of sites in your area. You may call the CDC National AIDS Hotline 24 hours a day, 365 days a year at:

- 1-800-342-AIDS (1-800-342-2437)
- 1-800-AIDS-TTY (1-800-243-7889) TTY
- 1-800-344-SIDA (1-800-344-7432) Spanish

### **What if I test positive for HIV?**

If you test positive for HIV, immediate medical treatment and a healthy lifestyle can help you stay well. There are now many drugs that treat HIV infection and AIDS-related illnesses. Prompt medical care may help delay the onset of AIDS and prevent some life-threatening conditions.

You can immediately take a number of important steps to protect your health:

- See a doctor, even if you do not feel sick. Try to find a doctor who has experience in treating HIV.
- Have a TB (tuberculosis) test done. You may be infected with TB and not know it. Undetected TB can cause serious illness, but it can be successfully treated if caught early.
- Smoking cigarettes, drinking too much alcohol, or using illegal drugs (such as cocaine) can weaken your immune system. Cessation programs are available that can help you reduce or stop using these substances.
- Have a screening test for sexually transmitted diseases (STDs). Undetected STDs can cause serious health problems. It is also important to practice safe-sex behaviors so you can avoid getting STDs.

### **If I test HIV negative, does that mean that my partner is HIV negative also?**

No. Your HIV test result reveals only your HIV status. Your negative test result does not tell you whether your partner has HIV.

HIV is not necessarily transmitted every time there is an exposure. Therefore, your taking an HIV test should not be seen as a method to find out if your partner is infected. Testing should never take the place of protecting yourself from HIV infection. If your behaviors are putting you at risk for exposure to HIV, it is important to reduce your risks.

### **What happens if I am infected with HIV?**

Being infected with HIV does not necessarily mean you have AIDS. It does mean you will carry the virus in your body for the rest of your life. It also means you can infect other people if you do things - such as have unprotected sex - that can transmit HIV. You can infect others even if you feel fine and have no symptoms of illness. Perhaps more importantly, you can infect others when you don't know you carry HIV.

### **Why is the Centers for Disease Control and Prevention (CDC) recommending that pregnant women be tested for HIV?**

Highly effective interventions exist that can prevent HIV-infected women from transmitting the virus to their infants. The timely administration of antiretroviral drugs during pregnancy can reduce the risk of mother-to-child HIV transmission to 1-2 percent, and also improve the health of the mother.

When preventive anti-retroviral treatment is not initiated until labor and delivery or given solely to the newborn, the risk of transmission is estimated at about 9 percent to 13 percent. Without any intervention, the chance of transmission is approximately 25 percent in the United States.

To reduce HIV transmission in the United States, CDC recommends that all pregnant women

1. Receive prenatal care;
2. Be offered screening for HIV;
3. If the woman is HIV infected, be offered combination antiretrovirals prenatally and intrapartum; as well as obstetrical interventions at delivery and antiretroviral prophylaxis to their newborn;
4. Be offered routine voluntary rapid screening at labor and delivery with right of refusal; and
5. For women not tested prenatally or at labor/delivery, rapid HIV testing should routinely be made available for the mother or her newborn in order to offer HIV prophylaxis as soon as possible to HIV exposed neonate.

#### Florida: Cumulative AIDS Cases and National Ranking

	FL #	National #	National Rank
Cumulative Number of AIDS Cases, Reported through December 2003	<b>94,725</b>	<b>902,223</b>	<b>3</b>
Cumulative Number of Adult/Adolescent AIDS Cases, Reported through December 2003	<b>93,235</b>	<b>892,875</b>	<b>3</b>
Cumulative Number of AIDS Cases in Children <13, Reported through December 2003	<b>1,490</b>	<b>9,348</b>	<b>2</b>
Distribution of Cumulative AIDS Cases by Sex, Reported through 2003			
Male	<b>72,431</b>	<b>734,261</b>	<b>3</b>
Female	<b>22,294</b>	<b>167,961</b>	<b>2</b>
Distribution of Cumulative AIDS Cases by Race/Ethnicity, Reported through 2003			
White	<b>34,786</b>	<b>368,731</b>	<b>3</b>
Black	<b>44,576</b>	<b>354,890</b>	<b>2</b>
Hispanic	<b>14,786</b>	<b>167,168</b>	<b>3</b>
Asian/Pacific Islander	<b>146</b>	<b>6,847</b>	<b>7</b>
American Indian	<b>74</b>	<b>2,912</b>	<b>11</b>
Unknown	<b>357</b>	<b>1,6575</b>	<b>1</b>
Cumulative AIDS Cases by Exposure Category, Reported through December 2001			
Men Who Have Sex With Men (MSM)	<b>33,989</b>	<b>368,643</b>	<b>3</b>
Injection Drug Use	<b>13,779</b>	<b>201,188</b>	<b>3</b>
MSM and Injection Drug Use	<b>4,062</b>	<b>51,241</b>	<b>4</b>
Hemophilia/Coagulation Disorder	<b>275</b>	<b>5,282</b>	<b>4</b>
Heterosexual Contact	<b>15,105</b>	<b>90,067</b>	<b>1</b>
Blood/Tissue Transfusion	<b>984</b>	<b>8,962</b>	<b>2</b>
Risk Not Reported or Identified	<b>15,694</b>	<b>80,855</b>	<b>2</b>

Source for this Table and those to follow: Centers for Disease Control and Prevention. *HIV/AIDS Surveillance Report*, 2003 (Vol. 15). Atlanta: US Department of Health and Human Services, Centers for Disease Control and Prevention; 2004. Also available at: <http://www.cdc.gov/hiv/stats/hasrlink.htm>.

National rankings found at <http://www.statehealthfacts.org> which is maintained by the Kaiser Family Foundation

### Florida: New AIDS Cases and National Ranking

	FL #	National #	National Rank
New AIDS Cases, Reported in 2003	4,666	44,963	3
New Adult/Adolescent AIDS Cases, Reported in 2003	4,646	44,811	3
New AIDS Cases in Children <13, Reported in 2003	20	152	2
Distribution of New AIDS Cases by Sex, 2003			
Male	3,254	33,320	3
Female	1,412	11,643	2
Distribution of New AIDS Cases by Race/Ethnicity, 2003			
White	1,324	13,634	2
Black	2,449	21,155	2
Hispanic	823	9,168	4
Asian/Pacific islander	8	559	12
American Indian	1	220	23
Unknown	61	227	1

### Florida: HIV/AIDS-Related Deaths and National Ranking

	FL #	National #	National Rank
Cumulative Reported Deaths Among Persons with AIDS through December 2003	53,102	512,758	3
Number of Deaths due to HIV Disease, 2002	1,719	14,095	2
Age-Adjusted Death Rate for HIV Disease, 2002*	10.4	4.9	3

\* Age-adjusted rates per 100,000 U.S. standard population. Populations used for computing death rates are postcensal estimates based on the 2000 census estimated as of July 1, 2002. Since death rates are affected by the population composition of a given area, age-adjusted death rates should be used for comparisons between areas because they control for differences in population composition. U.S., state and territory data are deaths for 2002.

### Florida: Insights on HIV Testing and National Ranking

	FL %	National %	National Rank
Percentage of Persons Aged 18-64 Who Reported Ever Receiving an HIV Test, 2001	57.2	45.6	3
Percentage of Persons Aged 18-64 Who Reported Having Received an HIV Test in the Preceding 12 Months, 2001	32.4	27.7	12

#### Anonymous and Confidential HIV Testing Policies, 2004

- Florida currently allows both anonymous and confidential testing along with 39 other states and Washington, DC. 10 states currently offer confidential testing only.
  - Anonymous Test-Individual does NOT use their name, and a name is not associated with test result. Anonymous tests are offered at anonymous testing centers, available in many, but not all, states.*
  - Confidential Test-Individual DOES use their name. If test is positive, individual's name will be known to their health-care provider and potentially, to other health care professionals.*