

A photograph of a hospital hallway with a green wall and ceiling lights. Two medical staff members in blue scrubs and hairnets are walking away from the camera, their figures blurred to suggest motion. A metal cart is visible in the background on the right.

DON'T BE SCARED OF HIV!

Information for medical and nursing personnel

Published by:

Deutsche AIDS-Hilfe e.V.
Wilhelmstraße 138
10963 Berlin

www.aidshilfe.de
dah@aidshilfe.de

2014 (German original)

Translation: Matthias Wentzlaff-Eggebert

Order No.: 028005

Concept and editing: Silke Eggers, Holger Sweers, Christina Laußmann

Cover image: VILevi/iStockphoto.com

Other images: iStockphoto.com: fpm (p. 4); sean (p. 10) | Fotolia.com: Robert Kneschke (p. 4 and p. 6); rangizzz (p. 10); Foto-Ruhrgebiet (p. 12); gani-dteurope (p. 12); evgenyat-amanenko (p. 15) | 123rf.com: Sorapong Chaipanya (p. 3); otnaydur (p. 6); Kurhan (p. 8); ginasanders (p. 8); Evgeny Karandaev (p. 14); bialasiewicz (p. 16) | CaJa (p. 9)

Graphic design: Carmen Janiesch

Printed by: FLYERALARM GmbH, Alfred-Nobel-Str. 18, 97080 Würzburg

Donations account:

Deutsche AIDS-Hilfe e.V.
IBAN: DE27 1005 0000 0220 2202 20
BIC: BELADEBEXXX
Web: www.aidshilfe.de

You can also assist DAH by becoming a supporting member. Further information is available at www.aidshilfe.de and from DAH.

DAH has registered charitable and 'particularly worthy of support' status. Donations and supporting membership fees are tax-deductible in Germany.

Why this booklet?

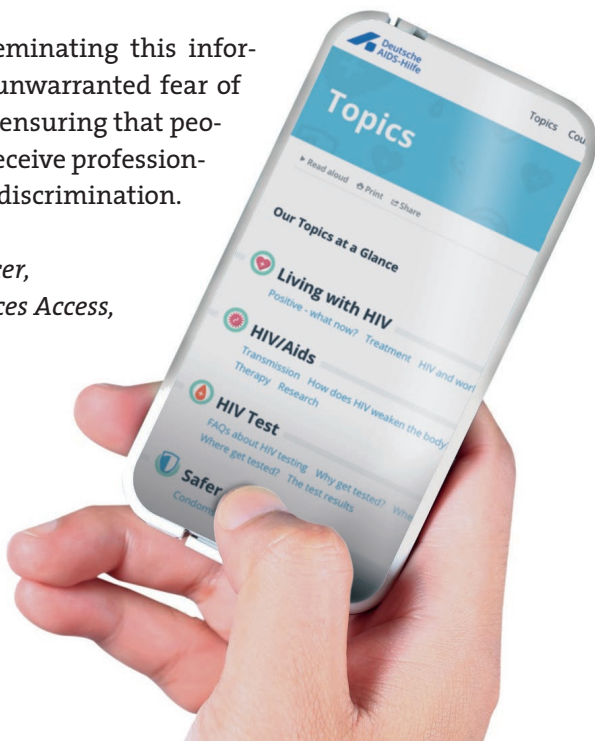
Questions, insecurities and fears often emerge when medical and nursing care is provided to people living with HIV or AIDS – whether as in domiciliary care, in hospital or at a medical practice, in (aged) care facilities or shared accommodation projects.

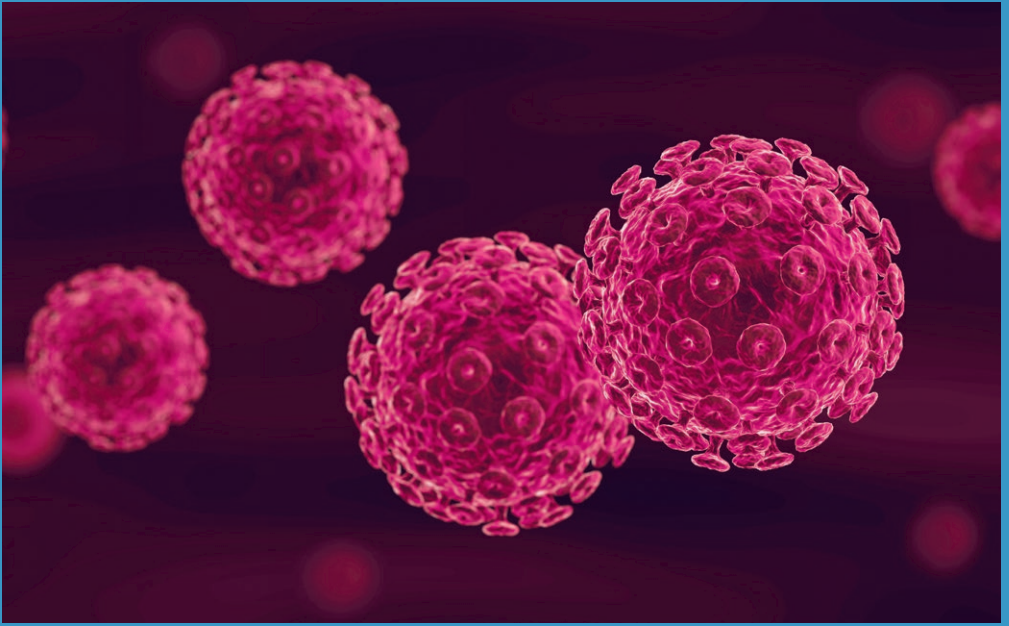
We would like to show you that **there is no infection risk to you, your colleagues or other patients if standard precautions for infection control and occupational health and safety measures are complied with. Even in case of workplace accidents**, e.g. needlestick injuries or cuts with HIV-contaminated instruments, or when open wounds or mucous membranes come into contact with fluids containing HIV, the **infection risk can be minimised by immediate interventions** and, if required, post-exposure prophylaxis (→ S. 9–11).

This booklet provides you with the most important facts on this topic and with answers to frequently asked questions.

Please assist with disseminating this information, with reducing unwarranted fear of infection and thus with ensuring that people with HIV and AIDS receive professional health care free from discrimination.

*Silke Eggers, Project Officer,
Social Support and Services Access,
Deutsche AIDS-Hilfe e. V.*





HIV AND AIDS: THE MOST IMPORTANT FACTS



What is HIV, what is AIDS?

The acronym **HIV** stands for 'human immunodeficiency virus'. HIV damages the immune system and internal organs.

However, very effective anti-retroviral medications are available that prevent the virus from replicating. Today, if diagnosed and treated in time, people infected with HIV have an almost normal life expectancy while enjoying a good quality of life.

If, on the other hand, an HIV infection remains untreated, the immune system is progressively weakened. At worst, life-threatening illnesses begin to occur after several years. This is called **AIDS** (short for 'Acquired Immune Deficiency Syndrome'). Today however, AIDS can in most cases be avoided, and even severe symptoms will often resolve with treatment.

How is HIV transmitted?

HIV is relatively **difficult to transmit**. A risk of infection is present only when a **sufficient quantity of the virus enters the body or comes into contact with open wounds or mucous membranes**. The main infectious body fluids include **blood, semen, vaginal fluid, rectal fluids and breast milk**. The most common mode of HIV transmission is unprotected sexual intercourse. Sharing needles and syringes during drug use also carries a high risk. Transmission can also occur during pregnancy, childbirth and while breastfeeding.

Given **successful treatment**, however '**viral load**' (the number of virus particles) in blood and the other body fluids will be **so small** that the **transmission risk is very low**.

Independent of viral load, no infection risk exists for **everyday social contact** (kissing, shaking hands, hugging, coughing or sneezing, using the same plates, glasses and cutlery, sharing toilets, towels or bedding, visiting swimming pools or saunas, working or sharing accommodation with people living with HIV or AIDS, cutting hair, insect bites etc.).



PRECAUTIONS REGARDING HIV AND AIDS



No special measures are required with respect to HIV and AIDS ...

Your workplace should have infection control and occupational health and safety protocols in place to protect staff and patients from infections such as hepatitis B and other risks. These include, for example, procedures for general staff hygiene and disinfection, for dealing with syringes and other potentially infectious materials, and for the waste disposal.

The standard precautions for infection control and occupational health and safety are entirely sufficient to protect against HIV.

Unnecessary are therefore the following types of measures, which may also be perceived as discriminatory:

- treatment only at the end of clinic hours or the working day
- treatment in a separate treatment room
- wearing two pairs of gloves
- disinfecting all surfaces in a room, including the floor, and prohibiting entry for an hour afterwards
- washing dishes or doing laundry separately.

In order to protect HIV-infected patients with AIDS from additional severe diseases, the rules for dealing with immunosuppressed patients apply (→ see the [recommendations of the Commission for Hospital Hygiene and Infection Control at the Robert Koch Institute](#)).

... but sensitivity is!

Despite today's effective treatment options, people living with HIV can still expect rejection and exclusion. It is therefore important to them to remain in control of who finds out about their diagnosis.

You therefore carry a particular responsibility to be aware of how you treat this information. Putting, for example, a 'warning' on a person's medical record or documentation form is not only unnecessary – because the same standard precautions of infection control apply to all patients – but it could be seen by other patients and is in contravention of privacy protection.



WHAT TO DO AFTER A POTENTIAL EXPOSURE TO HIV?



Apply immediate measures and seek medical advice

In the course of **medical or nursing care**, a **risk for HIV exists only for needlestick injuries or cuts** with HIV-contaminated instruments or needles, and in case of a fluid containing HIV coming into contact with an open wound or mucous membrane.

The **risk of infection** depends mainly on the **amount of infectious agent** that has been transmitted or absorbed, as well as on the **site** and **duration of contact** with the infectious agent. In people living with HIV, the virus replicates extremely fast during the first phase of infection, resulting in a very high risk of transmission. Under effective treatment, however, the amount of virus is very small and the risk of transmission very low.

In case of infectious material coming into contact with blood or mucous membranes, you should take the following measures immediately:

- **Needlesticks or cuts:** do not impede blood flow but avoid manipulating the tissue; rinse the puncture wound or cut using soapy water or an ethanol-based antiseptic.
- **Contact with broken or damaged skin:** rinse thoroughly with soapy water, then clean the affected skin surface and a generous area beyond using a skin antiseptic solution (swabs should be dripping wet)
- **Contact of HIV-containing substance with lips/mouth or eyes:** spit out the substance, rinse mouth or eye with a suitable and accessible liquid (tap water, Ringer's solution or normal saline).

Then contact the **physician responsible for workplace accidents**. They will, with the consent of the affected person, determine the further course of action with respect to vaccination (tetanus and HBV etc.), serologic tests (antibodies against HIV and HCV etc.) and post-exposure prophylaxis for HIV (PEP = a four-week course of treatment with anti-HIV medication).

PEP for HIV significantly lowers the risk of infection if started immediately, or within no more than 48 hours.





POST-EXPOSURE PROPHYLAXIS FOR HIV



The deciding factors for PEP being recommended or offered are the viral load of the HIV-infected person (index case) and the type of injury or contamination. To exclude potential resistance to anti-HIV medication, it should be investigated whether the source person (index case) is on antiretroviral medication and, if yes, on which types.

The following table shows the situations in which PEP for HIV is ‘recommended’, should be ‘offered’ or is ‘not indicated’:

Exposure event	Viral load > 50 copies/ml or unknown	Viral load < 50 copies/ml
<ul style="list-style-type: none"> Entry of more than 1 ml of blood or other body fluid with a potentially high virus concentration 	PEP is recommended	PEP is recommended
<ul style="list-style-type: none"> (Bleeding) percutaneous needle-stick injury with an injection or other hollow needle; cut with a contaminated scalpel, knife or similar 	PEP is recommended	PEP should be offered
<ul style="list-style-type: none"> Superficial injury (e.g. from surgical needle) without bleeding Contact between mucous membrane or broken/damaged skin and a liquid with a potentially high virus concentration 	PEP should be offered	PEP is not indicated
<ul style="list-style-type: none"> Contact between blood and intact skin Skin or mucous membrane contact with body fluids such as urine or saliva 	PEP is not indicated	PEP is not indicated

Detailed information is available in the ‘German-Austrian Guidelines for HIV Post-exposure Prophylaxis’, which you can find on the webpages of the German AIDS-Society (→ www.daignet.de → ‘HIV-Leitlinien’).

You can find a **list of hospitals** providing 24-hour access to PEP at → www.aidshilfe.de → Themen → Safer-Sex-Unfall/PEP.



FREQUENTLY ASKED QUESTIONS



Do I have to use special protection when nursing or providing services to people living with HIV?

No, HIV is a virus that is difficult to transmit. The mandatory standard precautions for infection control are sufficient to protect from infection.

What should I pay attention to when providing services to people living with AIDS?

To protect people with AIDS from additional severe diseases, the rules for dealing with immunosuppressed patients apply (→ see the recommendations of the Commission for Hospital Hygiene and Infection Control at the Robert Koch Institute).

Do I need special cleaning products to clean the apartments or rooms of people living with HIV or AIDS?

No, no special products are needed for cleaning and disinfection, and no special protective clothing is required.

What about bedding/towels and dishes used by people living with HIV/AIDS?

Dishes and bedding/towels can also be washed/laundered normally. No special detergents are required, and neither is washing or laundering them separately.

What if a body fluid containing HIV gets on my skin?

Intact skin is an effective barrier against HIV. You can simply wash the body fluid off under running water and then clean the skin using soap. In case of contact with broken/damaged skin, also rinse the area with water, then disinfect with a skin or mucous membrane antiseptic and seek advice regarding PEP for HIV (→ p. 9–11).

What do I do if I get an infectious body fluid into my eye?

Although the mucous membrane of the eye is able to absorb HIV, the eyelid protects it and wipes infectious fluids away within a fraction of a second, while the tear fluid also acts as a diluent and rinsing agent. As an emergency measure, rinse the eye immediately with water. Then seek advice on post-exposure prophylaxis for HIV from the physician responsible for workplace accidents or a medical specialist (→ p. 9–11).

How high is the risk for HIV in case of a needlestick injury or cut?

This depends, above all, on the amount of infectious agent transmitted or absorbed. In the acute phase of infection, for example, viral load and therefore the risk of transmission are particularly high. In contrast, under effective treatment, viral load is very low, and therefore the risk of transmission as well. For needlestick injuries and cuts, however, PEP should always be offered (→ the table on page 11).



Is there anything to be careful about in day-to-day interaction with people living with HIV or AIDS?

No, for day-to-day social contact there is no risk of infection. HIV is not transmitted through hugging, handshakes, kissing, coughing or sneezing on someone, or by sharing cutlery, plates, glasses, toilets, showers, towels or bed sheets.

Am I obliged to inform fellow patients or residents about a patient's or resident's HIV infection?

No, you are not even permitted to do so. Medical and nursing personnel are subject to professional confidentiality as part of the rules of these professions, as well as under workplace legislation. Therefore, diagnoses and personal information must not be passed on. But this is not even necessary as there is no risk of infection through social contact.

And what if a colleague is HIV-positive?

People living with HIV are able to work in all professions, including health care, nursing and support services, housekeeping and cleaning. Because there is no risk of infection for colleagues, patients or fellow residents, HIV-infected employees are not obliged to disclose their infection. If you find out about a colleague's infection, you must respect the person's right to privacy and control of their personal information. This means that you must not pass this information on without the person's consent, not even to your employer.

Who can I talk to if I have further questions?

You can find the most important facts about HIV and AIDS on the internet at www.aidshilfe.de. You can also order materials free of charge there. If you have further questions, it is best if you make contact with one of the ca. 120 German AIDS service organisations (contact list at www.aidshilfe.de) or the telephone and online counselling service offered by the German AIDS service organisations (→ [all relevant details at www.aidshilfe-beratung.de](http://www.aidshilfe-beratung.de)).

What else can I do?

Because not only you but also your colleagues are likely to be concerned about questions around HIV and AIDS, you could, for example, suggest an information or in-service training event on the topic at your workplace. It would allow more targeted responses to individual concerns, and it is also often easier to talk to an external person about HIV and AIDS or personal fears. The regional AIDS service organisations would be pleased to support you with ideas, materials, contacts and speakers (address list available at www.aidshilfe.de). At the federal office of Deutsche AIDS-Hilfe, your contact is Silke Eggers. You can reach her at silke.eggers@dah.aidshilfe.de or by calling 030 / 69 00 87-73.



