

AIDS/HIV

4 Contact Hours

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COURSE DESCRIPTION:

The purpose of this course is to introduce and reinforce knowledge about HIV and AIDS. The content of the course includes HIV modes of transmission, risk factors, pathophysiology, signs and symptoms, infection control, and prevention. Also included is the treatment of AIDS/HIV, opportunistic infections, the signs and symptoms of opportunistic infections, occupational and nonoccupational post exposure prophylaxis, some legal considerations relating to HIV, AIDS/HIV resources for patients and AIDS/HIV resources for professional healthcare providers.

This course meets the Florida State AIDS/HIV continuing education requirement for biennial license renewal and for initial licensure.

OBJECTIVES:

At the conclusion of this course, the learner will be able to:

1. Summarize the modes of transmission, risk factors, pathophysiology, signs and symptoms and preventive measures, including infection control practices, associated with AIDS/HIV;
2. Discuss the treatment of AIDS/HIV, opportunistic infections and their signs and symptoms;
3. Relate some legal considerations, such as confidentiality and the criminal transmission of HIV, patient resources and professional resources related to AIDS/HIV;
4. Detail occupational and nonoccupational post exposure prophylaxis guidelines.

WHAT ARE HIV and AIDS?

HIV, human immunodeficiency virus, is a human retrovirus. At the current time, there is the classic HIV-1 and HIV-2. HIV-2 has been identified in several people in our country but, for the most part, this variant is primarily found among West Africans. HIV-1 and HIV-2 are quite similar, except each have differing glycoproteins. (Centers for Disease Control and Prevention, 1998)

AIDS, acquired immunodeficiency syndrome, is defined as a group of symptoms, caused by an infection and/or a cancer, coupled with an adversely affected immune system. (Centers for Disease Control and Prevention, 1998)

MODES OF TRANSMISSION

The modes of transmission for HIV are the same as those for hepatitis B: sexual transmission; parenteral transmission; and transmission to newborns by an HIV positive mother. The sexual practice at greatest risk for HIV transmission is receiving anal sex from an infected partner. The risk is less for vaginal sex because traumatic bleeding and tearing is less frequent. Research indicates that about 1 in 300 exposures to HIV contaminated needles leads to HIV infection.

It is estimated that about 13% to 40% of infants born to mothers infected with HIV become infected with the virus. The risk of this transmission can be decreased by almost two-thirds by administering an antiretroviral medication by the second trimester of pregnancy, during labor, and during delivery. (Tierney, McPhee & Papadakis, 2003)

THE PATHOPHYSIOLOGY OF HIV

HIV leads to three known pathophysiological mechanisms:

- *Immunodeficiency.* HIV affects immune cells. A number of infections and neoplasms occur as a result of this immunodeficiency.
- *Autoimmunity.* Autoimmunity can result from B lymphocyte dysfunction or the dysfunctional immune function of the body infected with HIV. Lymphocytic interstitial pneumonitis and immunologic thrombocytopenia are examples of the autoimmunity disorders found in HIV patients.
- *Neurological Dysfunction.* (Tierney, McPhee & Papadakis, 2003)

THE RISK FACTORS ASSOCIATED WITH HIV

The risk factors associated with HIV have remained relatively unchanged since this infection was first recognized. The risk factors include:

- *Sexual contact.* Sexual contact with an infected person spreads the virus. HIV is spread with blood and other bodily fluids, including those associated with sexual contact. HIV is spread through semen, vaginal secretions, and blood contact during sexual contact. Homosexual and bisexual males, as well as heterosexual males and females, who have sexual contact with HIV positive individuals, are at risk for HIV.
- *IV drug use.* Sharing needles contaminated with HIV spreads the disease.
- *Childbirth to an HIV infected mother.* HIV is transmitted to the children of HIV infected mothers. (Centers for Disease Control and Prevention, Nettina, 2001; Tierney, McPhee & Papadakis, 2003)

HIV STATISTICS

It is estimated that about 850,000 to 950,000 people in the United States have HIV. As many as 280,000 affected people do not even know that they have it. (Fleming, Byers & Sweeney, 2002)

The number of estimated AIDS cases among adult males is 749,887 and among adult females, 170,679. There are an estimated 9,419 AIDS cases among those less than 13 years of age. (Centers for Disease Control and Prevention, 2004)

During 2003, 17,934 adults and adolescents died as a result of AIDS. The number of deaths among AIDS affected children was 83 during the same year. The cumulative number of deaths related to AIDS through the year 2003 has reached 524,060, with 5,492 pediatric deaths and 518,568 adult and adolescent deaths. (Centers for Disease Control and Prevention, 2004)

Those between the ages of 35 and 44 years of age have the highest cumulative estimated cases of AIDS. Through the end of 2003 this age group had 365,432 cases. (Centers for Disease Control and Prevention, 2004)

According to the Centers for Disease Control and Prevention (2004), the population with the highest estimated number of AIDS cases is the white race. Other race or ethnicity statistics for the year 2003 and on a cumulative basis are shown below.

Race or Ethnicity	Cumulative Estimated # of AIDS Cases	2003 Estimated # of AIDS Cases
American Indian/Alaska Native	3,026	196
Asian/Pacific Islander	7,166	497
Hispanic	172,993	8,757
Black (not Hispanic)	368,169	21,304
White (not Hispanic)	376,834	12,222
(Centers for Disease Control and Prevention, 2004)		

AIDS/HIV PREVENTION

The focus of AIDS/HIV prevention remains on safe sexual and IV use practices, the continued screening of blood and blood products, and infection control measures within healthcare facilities where blood and other body fluids are, or could be, present. To date there is no effective vaccine against HIV so other preventive measures are of utmost importance.

Screening, education, and counseling are critical components of primary prevention. All patients, whether in the community or within our healthcare facilities, should be assessed for sexual history and possible IV drug use. Women who are pregnant should also be assessed and given HIV counseling to prevent perinatal transmission.

Education should consist of safe sex practices. For those who are HIV positive, the education should detail the proper use, application and removal of condoms, the use of only latex condoms, and the role of a water-soluble lubricant and nonoxynol-9 in safe sexual practices. It is not realistic to teach abstinence as the only way to prevent the spread of this disease. Sex is a normal part of life. A more feasible approach is conveying safe sex, monogamy, and prudence.

IV drug users should be warned against sharing needles and other drug paraphernalia. (Tierney, McPhee & Papadakis, 2003)

The Centers for Disease Control recommends:

- individual interventions including health education, risk reduction counseling, and referrals to appropriate community resources such as a substance abuse treatment center to support the individual's preventive practices;
- peer support and educational groups that aim to reinforce the individual's preventive behaviors and to promote interpersonal negotiating skills, skills that aid and facilitate sustained behavioral change;
- intense community efforts that aim to change affective attitudes and norms of high risk for HIV subgroups;
- public information and educational campaigns to debunk myths and misinformation about AIDS/HIV and to reverse discrimination against HIV positive people in the community. (Centers for Disease Control and Prevention, 1995)

Our nation has successfully reduced the risk of HIV transmission from the infusion of blood or a blood product to 1:100,000. Continued vigilance in this area is necessary to prevent any sentinel events in blood screening and testing. (Tierney, McPhee & Papadakis, 2003)

INFECTION CONTROL MEASURES

Standard precautions in healthcare have greatly reduced the risk of occupational exposures to HIV and other blood borne pathogens. Other infection control measures that decrease the risk of spreading HIV in our healthcare facilities include:

- frequent handwashing;
- engineering controls, such as "needleless" systems to replace needles;
- work practice controls;
- the use of personal protective equipment, such as gowns, goggles, gloves and masks; and
- the proper handling of sharps and regulated, biohazardous waste.

The greatest occupational risks appear to remain in areas where invasive procedures are done. Sharps, including needles, appear to be the culprits in these high-risk areas. Take our course entitled *OR: Safety in the Operating Room and Other Areas Where Invasive Procedures Are Done* for further information about safety in these areas.

THE SIGNS AND SYMPTOMS OF HIV

Many people are asymptomatic for years even without antiretroviral treatment. The average amount of time between infection with HIV and the development of AIDS, the emergence of an opportunistic infection, is an average of 10 years. (Tierney, McPhee & Papadakis, 2003)

Some of the signs and symptoms of AIDS/HIV include the following disorders by system:

- *Pulmonary.* Pneumocystis pneumonia, noninfectious pulmonary diseases like interstitial pneumonitis, infectious pulmonary diseases like pneumonia and pseudomonas aeruginosa and sinusitis.
- *Central nervous system.* AIDS dementia complex, central nervous system lymphoma, toxoplasmosis, cryptococcal meningitis, and HIV myelopathy.
- *Peripheral nervous system.* Sensory neuropathies, mononeuropathies and inflammatory polyneuropathies.
- *Rheumatological.* Systemic lupus erythematosus and psoriatic arthritis.
- *Retinitis*
- *Myopathy*
- *Oral lesions.* Oral candidiasis, hairy leukoplakia, gingivitis and periodontitis.
- *Liver.* Cytomegalovirus, hepatitis B and C.
- *Biliary.* Cholecystitis.
- *Gastrointestinal.* Enterocolitis, candidal esophagitis, gastropathy, and malabsorption.
- *Endocrine.* Adrenal and thyroid dysfunction.
- *Integumentary.* Herpes simplex, herpes zoster, bacillary angiomatosis and molluscum contagiosum.
- *Gynecological.* Vaginal candidiasis, pelvic inflammatory disease and cervical neoplasia and dysplasia. (Tierney, McPhee & Papadakis, 2003)

There are also some malignancies and systemic signs and symptoms of HIV/AIDS.

- *Malignancies.* Invasive cervical cancer, Kaposi's sarcoma, primary lymphoma of the brain and non-Hodgkin's lymphoma.

- *Systemic manifestations.* Fever, weight loss, night sweats, anorexia, nausea, and vomiting. (Tierney, McPhee & Papadakis, 2003)

THE TREATMENT OF AIDS/HIV

The treatment of HIV consists of four categories, as follows:

1. prophylaxis of opportunistic infections;
2. treatment of opportunistic infections and malignancies;
3. antiretroviral therapy; and
4. hematopoietic stimulating factors

Prophylaxis of Opportunistic Infections

Several opportunistic infections respond to prophylaxis. The table below lists these opportunistic infections and the recommended prophylaxis.

<i>Opportunistic Infection</i>	<i>Prophylactic Medications</i>
Pneumocystis carinii pneumonia	Dapsone Aerosolized pentamidine Trimethoprim-sulfamethoxazole
M avium complex	Clarithromycin Azithromycin Rifabutin
Toxoplasmosis	Trimethoprim-sulfamethoxazole Dapsone Pyrimethamine
M tuberculosis	Isoniazid
Cytomegalovirus	Oral ganciclovir
Cryptococcosis Candidiasis	Fluconazole

Compiled by Author. Source: Tierney, McPhee & Papadakis, 2003

The Signs and Symptoms of Opportunistic Infections

Pneumocystis carinii pneumonia

Pneumocystis carinii pneumonia is a pneumonia caused by a fungus. In the past it was believed that it was caused by a protozoan. About

80% of those affected by AIDS become infected with *Pneumocystis carinii* if prophylactic therapy is not given. (Beers and Berkow, 2005).

The signs and symptoms of *Pneumocystis carinii* pneumonia include:

- a dry, unproductive cough;
- dyspnea; and
- fever.

These symptoms can emerge subacutely over a period of time or acutely over only a few days. Up to 1/3 of the patients with *Pneumocystis carinii* pneumonia have a normal x-ray. Others show bilateral, diffuse perihilar infiltration. A sputum specimen reveals the infectious organism when stained with Weigert-Gram, Giemsa, methenamine silver, Wright-Giemsa, modified Grocott, or monoclonal antibody stain. (Beers and Berkow, 2005).

M avium complex

M avium complex is a mycobacterial pulmonary infection caused by a nontuberculosis mycobacteria, *Mycobacterium intracellulare* and *Mycobacterium avium*. This complex consists of two forms, a disseminated infection and a pulmonary infection which is found primarily among those with a normal, functioning immune system. (Cook, 1992)

Some of the signs and symptoms of the pulmonary form of M avium complex include:

- fever;
- night sweats;
- coughing;
- purulent sputum;
- weight loss; and
- hemoptysis.

The signs and symptoms of the disseminated form of M avium complex are:

- cervical lymphadenitis;
- weight loss;
- persistent night sweats;
- anemia;
- bone pain;

- nodular skin lesions;
- hepatomegaly; and splenomegaly (Cook,1992)

The chest x-ray reveals either cavitation, sometimes more than one pulmonary cavity, or a pulmonary nodule without cavitation. (Cook, 1992)

Toxoplasmosis

Toxoplasmosis results from an infection with *Toxoplasma gondii* which is a protozoan parasite that infects birds and mammals, including cats. It reproduces in the gastrointestinal tract of the infected mammal or bird and the portal of exit is the feces. It can remain infectious for up to one year in moist soil. Toxoplasmosis infection occurs when an individual inadvertently eats cat feces or eats undercooked lamb, beef or pork that contains the protozoan. It can also be passed to the unborn fetus by an infected mother. This infection can be asymptomatic and benign or it can lead to severe central nervous system disease and mental retardation. (Beers and Berkow, 2005).

Some of the signs and symptoms of toxoplasmosis are:

- fever;
- lymphadenopathy (axillary and/or cervical);
- hepatosplenomegaly;
- pharyngitis;
- myalgia;
- mild anemia; and
- leukopenia.

In its severe form, high fevers, chills, a diffuse rash, pneumonitis, myocarditis, meningoencephalitis, pneumonitis, orchitis and/or polymyositis are seen. Patients with AIDS can present with life threatening meningoencephalitis, myocarditis, cardiovascular conduction defects, encephalitis, motor and/or sensory loss, seizures, central nervous system involvement, and/or coma. (Beers and Berkow, 2005).

The signs and symptoms associated with toxoplasmic pneumonitis include:

- interstitial infiltrates which can progress to consolidation;
- respiratory compromise and failure; and
- endarteritis.

M tuberculosis

M tuberculosis is spread with the airborne route by a droplet nuclei of an infected person. It is not spread with fomites to humans, however, this infectious organism can remain in the air for several hours.

The signs and symptoms of pulmonary tuberculosis include:

- a cough;
- a minimal amount of mucus which can progress to more productive green or yellow mucus;
- dyspnea;
- pneumothorax;
- pleural effusion;
- hemoptysis; and
- hilar lymphadenopathy, especially among children. (Beers and Berkow, 2005).

Cytomegalovirus

Cytomegalovirus is a bloodborne pathogen that is transmitted through blood and body fluids. This infection can be acquired in the same manner as other bloodborne pathogens including transplacentally during the birth of a neonate. The signs and symptoms of a congenital cytomegaloviral infection may consist of nothing more than cytomegaloviruria at one end of the continuum to spontaneous abortion, postnatal death or stillbirth as a result of severe central nervous system or liver damage, hemorrhage and anemia. (Beers and Berkow, 2005).

Among immunocompromised AIDS patients, the signs and symptoms of cytomegalovirus are life threatening and consist of the following:

- gastrointestinal, pulmonary and central nervous system involvement;
- retinitis; and
- ulcerative damage to the esophagus and/or the colon (Beers and Berkow, 2005).

Cryptococcosis Candidiasis

Cryptococcosis candidiasis is a fungus infection that people contract when they inhale contaminated soil. This fungal infection can lead to a

minor, self-limited pulmonary infection or it can disseminate to the skin, bones, organs and meninges. (Beers and Berkow, 2005).

Most infections are self-limited, however, cryptococcal opportunistic infections among those affected with AIDS may be severe and lead to:

- subcutaneous nodules in the liver, spleen, kidneys, prostate, long bones, joints and other bodily tissue; and
- cutaneous lesions (papular, nodular, pustular, and ulcerated lesions). (Beers and Berkow, 2005).

Treatment of Opportunistic Infections and Malignancies

A large number of opportunistic infections and malignancies, such as Kaposi's sarcoma, are effectively treated with medication. Many opportunistic infections require lengthy therapy and some, including cryptococcosis, toxoplasmosis and cytomegalovirus retinitis, require lifelong therapy. A small number patients, after having gained significant benefit from highly active antiretroviral therapy (HAART), may be able to discontinue their medication regimen for an opportunistic infection without ill effect. Corticosteroids, something not initially thought to benefit an immunocompromised patient, has benefit when given within 72 hours of the onset of moderate or severe pneumocystosis.

P. carinii infections can be treated with trimethoprim-sulfamethoxazole, pentamidine, trimethoprim, atovaquone, primaquine, or trimetrexate. Clarithromycin is used for the treatment of *M. avium* complex; and toxoplasmosis is treated with pyrimethamine combined with sulfadiazine and folinic acid, followed by a regimen of pyrimethamine in combination with clindamycin and folinic acid.

Some forms of Kaposi's sarcoma respond to chemotherapy, alpha interferon and radiation. Herpes simplex and herpes zoster are treated with acyclovir and foscarnet. Herpes zoster also responds to famciclovir. Amphotericin B alone or in combination with flucytosine followed by fluconazole is effective for the treatment of cryptococcal meningitis. (Tierney, McPhee & Papadakis, 2003)

Antiretroviral Therapy

Antiretroviral therapy has greatly improved the prognosis for many people affected with AIDS/HIV. The goal of this treatment is to stabilize or even improve immune response and to decrease the complications associated with immunosuppression.

A combination of three antiretroviral medications is recommended. Once the treatment course is chosen, total suppression using the recommended dosages should begin and continue without interruption. Resistance to these drugs develops quite quickly, therefore, rendering them impotent for future use. If the patient develops toxicity to one of the medications in the combination, that dosage should not be decreased. Instead, the entire regimen should be replaced with another one with full, optimal dosages for each of the three medications.

Antiretroviral therapy is not easy for patients. It is costly and it takes a lifelong commitment to compliance. Education is very important before the person begins this therapy. They should be told about the expense and the need to continue the treatment regimen without fail. (Tierney, McPhee & Papadakis, 2003)

Antiretroviral medications include:

1. Nucleosides and nucleotide analogs

- zidovudine
- didanosine
- zalcitabine
- stavudine
- lamivudine
- abacavir
- adefovir

2. Protease inhibitors

- indinavir
- netfinavir
- ritonavir
- saquinavir
- amprenavir

3. Nonnucleoside reverse transcriptase inhibitors

- nevirapine
- delavirdine
- efavirenz

Hematopoietic Stimulating Factors

Hematopoietic stimulating factors, like erythropoietin, are used to treat anemia among HIV patients. It is also useful for the treatment of anemia resulting from zidovudine use. (Tierney, McPhee & Papadakis, 2003)

LEGAL ASPECTS OF HIV/AIDS

In the past, law did not protect people with HIV. Many suffered from cruel discrimination and unnecessary harm. Laws to protect this population became necessary. The State of Florida now has laws, as do many other states, to protect the rights of individuals in to AIDS/HIV. Some of these laws are below:

- *Confidentiality.* The results of HIV tests are confidential. These results can be shared only with those with a need to know or when the affected individual agrees in writing to share the results with others. Healthcare providers in hospitals, as well as others in the community such as a school nurse, have the need to know.
- *HIV Testing.* Informed consent to HIV testing is necessary, except when it is necessary during an emergency situation and the person is unable to consent, or it is court mandated.
- *Reporting.* Test results must be shared with the individual regardless of the outcome of the test. Florida also requires that confirmed and suspected HIV cases be reported to the Department of Health.
- *Nondiscrimination.* HIV positive people cannot be discriminated against in terms of health insurance, access to healthcare, nor in the workplace or within our schools.

Florida Law: Confidentiality and Testing

“(3) HUMAN IMMUNODEFICIENCY VIRUS TESTING; INFORMED CONSENT; RESULTS; COUNSELING; CONFIDENTIALITY.--

(a) No person in this state shall order a test designed to identify the human immunodeficiency virus, or its antigen or antibody, without first obtaining the informed consent of the person upon whom the test is being performed, except as specified in paragraph (h). Informed consent shall be preceded by an explanation of the right to confidential treatment of information identifying the subject of the test and the results of the test to the extent provided by law. Information shall also be provided on the fact that a positive hiv test result will be reported to the county health department with sufficient information to identify the test subject and on the availability and location of sites at which anonymous testing is performed. As required in paragraph (4)(c), each county health department shall maintain a list of sites at which anonymous testing is performed, including the locations, phone numbers, and hours of operation of the sites. Consent need not be in writing provided there is documentation in the medical record that the test has been explained and the consent has been obtained.

(b) Except as provided in paragraph (h), informed consent must be obtained from a legal guardian or other person authorized by law when the person:

1. Is not competent, is incapacitated, or is otherwise unable to make an informed judgment; or
2. Has not reached the age of majority, except as provided in s. [384.30](#).

(c) The person ordering the test or that person's designee shall ensure that all reasonable efforts are made to notify the test subject of his or her test result. Notification of a person with a positive test result shall include information on the availability of appropriate medical and support services, on the importance of notifying partners who may have been exposed, and on preventing transmission of hiv. Notification of a person with a negative test result shall include, as appropriate, information on preventing the transmission of hiv. When testing occurs in a hospital emergency department, detention facility, or other facility and the test subject has been released before being notified of positive test results, informing the county health department for that department to notify the test subject fulfills this responsibility.

(d) A positive preliminary test result may not be revealed to any person except in the following situations:

1. Preliminary test results may be released to licensed physicians or the medical or nonmedical personnel subject to the significant exposure for purposes of subparagraphs (h)10., 11., and 12.
2. Preliminary test results may be released to health care providers and to the person tested when decisions about medical care or treatment of, or recommendation to, the person tested and, in the case of an intrapartum or postpartum woman, when care, treatment, or recommendations regarding her newborn, cannot await the results of confirmatory testing. Positive preliminary hiv test results may not be characterized to the patient as a diagnosis of hiv infection. Justification for the use of preliminary test results must be documented in the medical record by the health care provider who ordered the test.
3. The results of rapid testing technologies shall be considered preliminary and may be released in accordance with the manufacturer's instructions as approved by the federal Food and Drug Administration.
4. Corroborating or confirmatory testing must be conducted as followup to a positive preliminary test. Results shall be communicated to the patient according to statute regardless of the outcome. Except as provided in this section, test results are confidential and exempt from the provisions of s. [119.07\(1\)](#).

(e) Except as provided in this section, the identity of any person upon whom a test has been performed and test results are confidential and exempt from the provisions of s. [119.07\(1\)](#). No person who has obtained or has knowledge of a test result pursuant to this section may disclose or be compelled to disclose the identity of any person upon whom a test is performed, or the results of such a test in a manner which permits identification of the subject of the test, except to the following persons:

1. The subject of the test or the subject's legally authorized representative.
2. Any person, including third-party payors, designated in a legally effective release of the test results executed prior to or after the test by the subject of the test or the subject's legally authorized

representative. The test subject may in writing authorize the disclosure of the test subject's hiv test results to third party payors, who need not be specifically identified, and to other persons to whom the test subject subsequently issues a general release of medical information. A general release without such prior written authorization is not sufficient to release hiv test results.

3. An authorized agent or employee of a health facility or health care provider if the health facility or health care provider itself is authorized to obtain the test results, the agent or employee participates in the administration or provision of patient care or handles or processes specimens of body fluids or tissues, and the agent or employee has a need to know such information. The department shall adopt a rule defining which persons have a need to know pursuant to this subparagraph.

4. Health care providers consulting between themselves or with health care facilities to determine diagnosis and treatment. For purposes of this subparagraph, health care providers shall include licensed health care professionals employed by or associated with state, county, or municipal detention facilities when such health care professionals are acting exclusively for the purpose of providing diagnoses or treatment of persons in the custody of such facilities.

5. The department, in accordance with rules for reporting and controlling the spread of disease, as otherwise provided by state law.

6. A health facility or health care provider which procures, processes, distributes, or uses:

a. A human body part from a deceased person, with respect to medical information regarding that person; or

b. Semen provided prior to July 6, 1988, for the purpose of artificial insemination.

7. Health facility staff committees, for the purposes of conducting program monitoring, program evaluation, or service reviews pursuant to chapters 395 and 766.

8. Authorized medical or epidemiological researchers who may not further disclose any identifying characteristics or information.

9. A person allowed access by a court order which is issued in compliance with the following provisions:

a. No court of this state shall issue such order unless the court finds that the person seeking the test results has demonstrated a compelling need for the test results which cannot be accommodated by other means. In assessing compelling need, the court shall weigh the need for disclosure against the privacy interest of the test subject and the public interest which may be disserved by disclosure which deters blood, organ, and semen donation and future human immunodeficiency virus-related testing or which may lead to discrimination. This paragraph shall not apply to blood bank donor records.

b. Pleadings pertaining to disclosure of test results shall substitute a pseudonym for the true name of the subject of the test. The disclosure to the parties of the subject's true name shall be communicated confidentially in documents not filed with the court.

c. Before granting any such order, the court shall provide the individual whose test result is in question with notice and a reasonable opportunity to participate in the proceedings if he or she is not already a party.

d. Court proceedings as to disclosure of test results shall be conducted in camera, unless the subject of the test agrees to a hearing in open court or unless the court determines that a public hearing is necessary to the public interest and the proper administration of justice.

e. Upon the issuance of an order to disclose test results, the court shall impose appropriate safeguards against unauthorized disclosure which shall specify the persons who may have access to the information, the purposes for which the information shall be used, and appropriate prohibitions on future disclosure.

10. A person allowed access by order of a judge of compensation claims of the Division of Administrative Hearings. A judge of compensation claims shall not issue such order unless he or she finds that the person seeking the test results has demonstrated a compelling need for the test results which cannot be accommodated by other means.

11. Those employees of the department or of child-placing or child-caring agencies or of family foster homes, licensed pursuant to s. [409.175](#), who are directly involved in the placement, care, control, or custody of such test subject and who have a need to know such information; adoptive parents of such test subject; or any adult custodian, any adult relative, or any person responsible for the child's welfare, if the test subject was not tested under subparagraph (b)2. and if a reasonable attempt has been made to locate and inform the legal guardian of a test result. The department shall adopt a rule to implement this subparagraph.

12. Those employees of residential facilities or of community-based care programs that care for developmentally disabled persons, pursuant to chapter 393, who are directly involved in the care, control, or custody of such test subject and who have a need to know such information.

13. A health care provider involved in the delivery of a child can note the mother's hiv test results in the child's medical record.

14. Medical personnel or nonmedical personnel who have been subject to a significant exposure during the course of medical practice or in the performance of professional duties, or individuals who are the subject of the significant exposure as provided in subparagraphs (h)10.-12.

15. The medical examiner shall disclose positive hiv test results to the department in accordance with rules for reporting and controlling the spread of disease.

(f) Except as provided in this section, the identity of a person upon whom a test has been performed is confidential and exempt from the provisions of s. [119.07](#)(1). No person to whom the results of a test have been disclosed may disclose the test results to another person except as authorized by this subsection and by ss. [951.27](#) and [960.003](#). Whenever disclosure is made pursuant to this subsection, it shall be accompanied by a statement in writing which includes the following or substantially similar language: "This information has been disclosed to you from records whose confidentiality is protected by state law. State law prohibits you from making any further disclosure of such information without the specific written consent of the person to whom such information pertains, or as otherwise permitted by state law. A general authorization for the release of medical or other information is NOT sufficient for this purpose." An oral disclosure shall

be accompanied by oral notice and followed by a written notice within 10 days, except that this notice shall not be required for disclosures made pursuant to subparagraphs (e)3. and 4.

(g) Human immunodeficiency virus test results contained in the medical records of a hospital licensed under chapter 395 may be released in accordance with s. [395.3025](#) without being subject to the requirements of subparagraph (e)2., subparagraph (e)9., or paragraph (f); provided the hospital has obtained written informed consent for the hiv test in accordance with provisions of this section.

(h) Notwithstanding the provisions of paragraph (a), informed consent is not required:

1. When testing for sexually transmissible diseases is required by state or federal law, or by rule including the following situations:

a. hiv testing pursuant to s. [796.08](#) of persons convicted of prostitution or of procuring another to commit prostitution.

b. hiv testing of inmates pursuant to s. [945.355](#) prior to their release from prison by reason of parole, accumulation of gain-time credits, or expiration of sentence.

c. Testing for hiv by a medical examiner in accordance with s. [406.11](#).

d. hiv testing of pregnant women pursuant to s. [384.31](#).

2. Those exceptions provided for blood, plasma, organs, skin, semen, or other human tissue pursuant to s. [381.0041](#).

3. For the performance of an hiv-related test by licensed medical personnel in bona fide medical emergencies when the test results are necessary for medical diagnostic purposes to provide appropriate emergency care or treatment to the person being tested and the patient is unable to consent, as supported by documentation in the medical record. Notification of test results in accordance with paragraph (c) is required.

4. For the performance of an hiv-related test by licensed medical personnel for medical diagnosis of acute illness where, in the opinion of the attending physician, obtaining informed consent would be detrimental to the patient, as supported by documentation in the medical record, and the test results are necessary for medical

diagnostic purposes to provide appropriate care or treatment to the person being tested. Notification of test results in accordance with paragraph (c) is required if it would not be detrimental to the patient. This subparagraph does not authorize the routine testing of patients for hiv infection without informed consent.

5. When hiv testing is performed as part of an autopsy for which consent was obtained pursuant to s. [872.04](#).
6. For the performance of an hiv test upon a defendant pursuant to the victim's request in a prosecution for any type of sexual battery where a blood sample is taken from the defendant voluntarily, pursuant to court order for any purpose, or pursuant to the provisions of s. [775.0877](#), s. [951.27](#), or s. [960.003](#); however, the results of any hiv test performed shall be disclosed solely to the victim and the defendant, except as provided in ss. [775.0877](#), [951.27](#), and [960.003](#).
7. When an hiv test is mandated by court order.
8. For epidemiological research pursuant to s. [381.0032](#), for research consistent with institutional review boards created by 45 C.F.R. part 46, or for the performance of an hiv-related test for the purpose of research, if the testing is performed in a manner by which the identity of the test subject is not known and may not be retrieved by the researcher.
9. When human tissue is collected lawfully without the consent of the donor for corneal removal as authorized by s. [765.5185](#) or enucleation of the eyes as authorized by s. [765.519](#).
10. For the performance of an hiv test upon an individual who comes into contact with medical personnel in such a way that a significant exposure has occurred during the course of employment or within the scope of practice and where a blood sample is available that was taken from that individual voluntarily by medical personnel for other purposes. The term "medical personnel" includes a licensed or certified health care professional; an employee of a health care professional or health care facility; employees of a laboratory licensed under chapter 483; personnel of a blood bank or plasma center; a medical student or other student who is receiving training as a health care professional at a health care facility; and a paramedic or emergency medical technician certified by the department to perform life-support procedures under s. [401.23](#).

a. Prior to performance of an hiv test on a voluntarily obtained blood sample, the individual from whom the blood was obtained shall be requested to consent to the performance of the test and to the release of the results. The individual's refusal to consent and all information concerning the performance of an hiv test and any hiv test result shall be documented only in the medical personnel's record unless the individual gives written consent to entering this information on the individual's medical record.

b. Reasonable attempts to locate the individual and to obtain consent shall be made, and all attempts must be documented. If the individual cannot be found, an hiv test may be conducted on the available blood sample. If the individual does not voluntarily consent to the performance of an hiv test, the individual shall be informed that an hiv test will be performed, and counseling shall be furnished as provided in this section. However, hiv testing shall be conducted only after a licensed physician documents, in the medical record of the medical personnel, that there has been a significant exposure and that, in the physician's medical judgment, the information is medically necessary to determine the course of treatment for the medical personnel.

c. Costs of any hiv test of a blood sample performed with or without the consent of the individual, as provided in this subparagraph, shall be borne by the medical personnel or the employer of the medical personnel. However, costs of testing or treatment not directly related to the initial hiv tests or costs of subsequent testing or treatment may not be borne by the medical personnel or the employer of the medical personnel.

d. In order to utilize the provisions of this subparagraph, the medical personnel must either be tested for hiv pursuant to this section or provide the results of an hiv test taken within 6 months prior to the significant exposure if such test results are negative.

e. A person who receives the results of an hiv test pursuant to this subparagraph shall maintain the confidentiality of the information received and of the persons tested. Such confidential information is exempt from s. [119.07](#)(1).

f. If the source of the exposure will not voluntarily submit to hiv testing and a blood sample is not available, the medical personnel or the employer of such person acting on behalf of the employee may seek a court order directing the source of the exposure to submit to hiv testing. A sworn statement by a physician licensed under chapter

458 or chapter 459 that a significant exposure has occurred and that, in the physician's medical judgment, testing is medically necessary to determine the course of treatment constitutes probable cause for the issuance of an order by the court. The results of the test shall be released to the source of the exposure and to the person who experienced the exposure.

11. For the performance of an hiv test upon an individual who comes into contact with medical personnel in such a way that a significant exposure has occurred during the course of employment or within the scope of practice of the medical personnel while the medical personnel provides emergency medical treatment to the individual; or who comes into contact with nonmedical personnel in such a way that a significant exposure has occurred while the nonmedical personnel provides emergency medical assistance during a medical emergency. For the purposes of this subparagraph, a medical emergency means an emergency medical condition outside of a hospital or health care facility that provides physician care. The test may be performed only during the course of treatment for the medical emergency.

a. An individual who is capable of providing consent shall be requested to consent to an hiv test prior to the testing. The individual's refusal to consent, and all information concerning the performance of an hiv test and its result, shall be documented only in the medical personnel's record unless the individual gives written consent to entering this information on the individual's medical record.

b. hiv testing shall be conducted only after a licensed physician documents, in the medical record of the medical personnel or nonmedical personnel, that there has been a significant exposure and that, in the physician's medical judgment, the information is medically necessary to determine the course of treatment for the medical personnel or nonmedical personnel.

c. Costs of any hiv test performed with or without the consent of the individual, as provided in this subparagraph, shall be borne by the medical personnel or the employer of the medical personnel or nonmedical personnel. However, costs of testing or treatment not directly related to the initial hiv tests or costs of subsequent testing or treatment may not be borne by the medical personnel or the employer of the medical personnel or nonmedical personnel.

d. In order to utilize the provisions of this subparagraph, the medical personnel or nonmedical personnel shall be tested for hiv pursuant to

this section or shall provide the results of an hiv test taken within 6 months prior to the significant exposure if such test results are negative.

e. A person who receives the results of an hiv test pursuant to this subparagraph shall maintain the confidentiality of the information received and of the persons tested. Such confidential information is exempt from s. [119.07\(1\)](#).

f. If the source of the exposure will not voluntarily submit to hiv testing and a blood sample was not obtained during treatment for the medical emergency, the medical personnel, the employer of the medical personnel acting on behalf of the employee, or the nonmedical personnel may seek a court order directing the source of the exposure to submit to hiv testing. A sworn statement by a physician licensed under chapter 458 or chapter 459 that a significant exposure has occurred and that, in the physician's medical judgment, testing is medically necessary to determine the course of treatment constitutes probable cause for the issuance of an order by the court. The results of the test shall be released to the source of the exposure and to the person who experienced the exposure.

12. For the performance of an hiv test by the medical examiner or attending physician upon an individual who expired or could not be resuscitated while receiving emergency medical assistance or care and who was the source of a significant exposure to medical or nonmedical personnel providing such assistance or care.

a. hiv testing may be conducted only after a licensed physician documents in the medical record of the medical personnel or nonmedical personnel that there has been a significant exposure and that, in the physician's medical judgment, the information is medically necessary to determine the course of treatment for the medical personnel or nonmedical personnel.

b. Costs of any hiv test performed under this subparagraph may not be charged to the deceased or to the family of the deceased person.

c. For the provisions of this subparagraph to be applicable, the medical personnel or nonmedical personnel must be tested for hiv under this section or must provide the results of an hiv test taken within 6 months before the significant exposure if such test results are negative.

d. A person who receives the results of an hiv test pursuant to this subparagraph shall comply with paragraph (e).

13. For the performance of an hiv-related test medically indicated by licensed medical personnel for medical diagnosis of a hospitalized infant as necessary to provide appropriate care and treatment of the infant when, after a reasonable attempt, a parent cannot be contacted to provide consent. The medical records of the infant shall reflect the reason consent of the parent was not initially obtained. Test results shall be provided to the parent when the parent is located.

14. For the performance of hiv testing conducted to monitor the clinical progress of a patient previously diagnosed to be hiv positive.

15. For the performance of repeated hiv testing conducted to monitor possible conversion from a significant exposure.

(4) COUNTY HEALTH DEPARTMENT NETWORK OF VOLUNTARY HUMAN IMMUNODEFICIENCY VIRUS TESTING PROGRAMS.--

(a) The Department of Health shall establish a network of voluntary human immunodeficiency virus testing programs in every county in the state. These programs shall be conducted in each health department established under the provisions of part I of chapter 154. Additional programs may be contracted to other private providers to the extent that finances permit and local circumstances dictate.

(b) Each county health department shall have the ability to provide counseling and testing for human immunodeficiency virus to each patient who receives services and shall offer such testing on a voluntary basis to each patient who presents himself or herself for services in a public health program designated by the State Health Officer by rule.

(c) Each county health department shall provide a program of counseling and testing for human immunodeficiency virus infection, on both an anonymous and confidential basis. Counseling provided to a patient tested on both an anonymous and confidential basis shall include informing the patient of the availability of partner-notification services, the benefits of such services, and the confidentiality protections available as part of such services. The Department of Health or its designated agent shall continue to provide for anonymous testing through an alternative testing site program with sites throughout all areas of the state. Each county health department shall

maintain a list of anonymous testing sites. The list shall include the locations, phone numbers, and hours of operation of the sites and shall be disseminated to all persons and programs offering human immunodeficiency virus testing within the service area of the county health department, including physicians licensed under chapter 458 or chapter 459. Except as provided in this section, the identity of a person upon whom a test has been performed and test results are confidential and exempt from the provisions of s. [119.07](#)(1).

(d) The result of a serologic test conducted under the auspices of the Department of Health shall not be used to determine if a person may be insured for disability, health, or life insurance or to screen or determine suitability for, or to discharge a person from, employment. Any person who violates the provisions of this subsection is guilty of a misdemeanor of the first degree, punishable as provided in s. [775.082](#) or s. [775.083](#).

(5) HUMAN IMMUNODEFICIENCY VIRUS TESTING REQUIREMENTS; REGISTRATION WITH THE DEPARTMENT OF HEALTH; EXEMPTIONS FROM REGISTRATION.--No county health department and no other person in this state shall conduct or hold themselves out to the public as conducting a testing program for acquired immune deficiency syndrome or human immunodeficiency virus status without first registering with the Department of Health, reregistering each year, complying with all other applicable provisions of state law, and meeting the following requirements:

(a) The program must be directed by a person with a minimum number of contact hours of experience in the counseling of persons with acquired immune deficiency syndrome or human immunodeficiency virus infection, as established by the Department of Health by rule.

(b) The program must have all medical care supervised by a physician licensed under the provisions of chapter 458 or chapter 459.

(c) The program shall have all laboratory procedures performed in a laboratory licensed under the provisions of chapter 483.

(d) The program must meet all the informed consent criteria contained in subsection (3).

(e) The program must provide the opportunity for pretest counseling on the meaning of a test for human immunodeficiency virus, including

medical indications for the test; the possibility of false positive or false negative results; the potential need for confirmatory testing; the potential social, medical, and economic consequences of a positive test result; and the need to eliminate high-risk behavior.

(f) The program must provide supplemental corroborative testing on all positive test results before the results of any positive test are provided to the patient. Except as provided in this section, the identity of any person upon whom a test has been performed and test results are confidential and exempt from the provisions of s. [119.07\(1\)](#).

(g) The program must provide the opportunity for face-to-face posttest counseling on the meaning of the test results; the possible need for additional testing; the social, medical, and economic consequences of a positive test result; and the need to eliminate behavior which might spread the disease to others.

(h) Each person providing posttest counseling to a patient with a positive test result shall receive specialized training, to be specified by rule of the department, about the special needs of persons with positive results, including recognition of possible suicidal behavior, and shall refer the patient for further health and social services as appropriate.

(i) When services are provided for a charge during pretest counseling, testing, supplemental testing, and posttest counseling, the program must provide a complete list of all such charges to the patient and the Department of Health.

(j) Nothing in this subsection shall be construed to require a facility licensed under chapter 483 or a person licensed under the provisions of chapter 457, chapter 458, chapter 459, chapter 460, chapter 461, chapter 466, or chapter 467 to register with the Department of Health if he or she does not advertise or hold himself or herself out to the public as conducting testing programs for human immunodeficiency virus infection or specializing in such testing.

(k) The department shall deny, suspend, or revoke the registration of any person or agency that violates this section, or any rule adopted under this section, constituting an emergency affecting the immediate health, safety, and welfare of a person receiving service.

(6) PENALTIES.--

(a) Any violation of this section by a facility or licensed health care provider shall be a ground for disciplinary action contained in the facility's or professional's respective licensing chapter.

(b) Any person who violates the confidentiality provisions of this section and s. [951.27](#) commits a misdemeanor of the first degree, punishable as provided in s. [775.082](#) or s. [775.083](#).

(c) Any person who obtains information that identifies an individual who has a sexually transmissible disease including human immunodeficiency virus or acquired immunodeficiency syndrome, who knew or should have known the nature of the information and maliciously, or for monetary gain, disseminates this information or otherwise makes this information known to any other person, except by providing it either to a physician or nurse employed by the department or to a law enforcement agency, commits a felony of the third degree, punishable as provided in s. [775.082](#) or s. [775.083](#).

(7) EXEMPTIONS.--Except as provided in paragraph (4)(d) and ss. [627.429](#) and [641.3007](#), insurers and others participating in activities related to the insurance application and underwriting process shall be exempt from this section.

(8) MODEL PROTOCOL FOR COUNSELING AND TESTING FOR HUMAN IMMUNODEFICIENCY VIRUS.--The Department of Health shall develop, by rule, a model protocol consistent with the provisions of this section for counseling and testing persons for the human immunodeficiency virus. The protocol shall include criteria for evaluating a patient's risk for human immunodeficiency virus infection and for offering human immunodeficiency virus testing, on a voluntary basis, as a routine part of primary health care or admission to a health care facility. The Department of Health shall ensure that the protocols developed under this section are made available to health care providers.

(9) FEES.--

(a) Each person or private organization registered as an AIDS or hiv testing site shall pay the department a fee which shall be set by rule of the department.

(b) Fees established pursuant to paragraph (a) shall be an amount sufficient to meet all costs incurred by the department in carrying out its registration, data collection, complaint monitoring, and

administrative responsibilities under this section, for all private AIDS or hiv testing sites, but shall not exceed \$100.

(c) No other fees shall be charged by other governmental agencies for these purposes.

(10) RULES.--The Department of Health may adopt rules to implement this section, including definitions of terms, procedures for accessing confidential information, requirements for testing, and requirements for registered testing sites.

(11) TESTING AS A CONDITION OF TREATMENT OR ADMISSION.--

(a) It is unlawful for any facility the operation of which, or for any person engaged in an occupation the practice of which, requires a license by the Agency for Health Care Administration, the Department of Health, or the Department of Business and Professional Regulation, to require any person to take or submit to a human immunodeficiency virus-related test as a condition of admission to any such facility or as a condition of purchasing or obtaining any service or product for which the license is required. This subsection shall not be construed to prohibit any physician in good faith from declining to provide a particular treatment requested by a patient if the appropriateness of that treatment can only be determined through a human immunodeficiency virus-related test.

(b) The Agency for Health Care Administration, the Department of Health, and the Department of Business and Professional Regulation shall adopt rules implementing this subsection.

(c) Any violation of this subsection or the rules implementing it shall be punishable as provided in subsection (6)." (Florida State Statutes, 2005)

Florida State Law: Criminal Transmission of HIV

775.0877 Criminal transmission of hiv; procedures; penalties.--

(1) In any case in which a person has been convicted of or has pled nolo contendere or guilty to, regardless of whether adjudication is withheld, any of the following offenses, or the attempt thereof, which offense or attempted offense involves the transmission of body fluids from one person to another:

- (a) Section [794.011](#), relating to sexual battery,
- (b) Section [826.04](#), relating to incest,
- (c) ¹Section [800.04](#)(1), (2), and (3), relating to lewd, lascivious, or indecent assault or act upon any person less than 16 years of age,
- (d) Sections [784.011](#), [784.07](#)(2)(a), and [784.08](#)(2)(d), relating to assault,
- (e) Sections [784.021](#), [784.07](#)(2)(c), and [784.08](#)(2)(b), relating to aggravated assault,
- (f) Sections [784.03](#), [784.07](#)(2)(b), and [784.08](#)(2)(c), relating to battery,
- (g) Sections [784.045](#), [784.07](#)(2)(d), and [784.08](#)(2)(a), relating to aggravated battery,
- (h) Section [827.03](#)(1), relating to child abuse,
- (i) Section [827.03](#)(2), relating to aggravated child abuse,
- (j) Section [825.102](#)(1), relating to abuse of an elderly person or disabled adult,
- (k) Section [825.102](#)(2), relating to aggravated abuse of an elderly person or disabled adult,
- (l) Section [827.071](#), relating to sexual performance by person less than 18 years of age,
- (m) Sections [796.03](#), [796.07](#), and [796.08](#), relating to prostitution, or
- (n) Section [381.0041](#)(11)(b), relating to donation of blood, plasma, organs, skin, or other human tissue, the court shall order the offender to undergo hiv testing, to be performed under the direction of the Department of Health in accordance with s. [381.004](#), unless the offender has undergone hiv testing voluntarily or pursuant to procedures established in s. [381.004](#)(3)(h)6. or s. [951.27](#), or any other applicable law or rule providing for hiv testing of criminal offenders or inmates, subsequent to her or his arrest for an offense enumerated in paragraphs (a)-(n) for which she or he was convicted or to which she or he pled nolo contendere or guilty. The results of an

hiv test performed on an offender pursuant to this subsection are not admissible in any criminal proceeding arising out of the alleged offense.

(2) The results of the hiv test must be disclosed under the direction of the Department of Health, to the offender who has been convicted of or pled nolo contendere or guilty to an offense specified in subsection (1), the public health agency of the county in which the conviction occurred and, if different, the county of residence of the offender, and, upon request pursuant to s. [960.003](#), to the victim or the victim's legal guardian, or the parent or legal guardian of the victim if the victim is a minor.

(3) An offender who has undergone hiv testing pursuant to subsection (1), and to whom positive test results have been disclosed pursuant to subsection (2), who commits a second or subsequent offense enumerated in paragraphs (1)(a)-(n), commits criminal transmission of hiv, a felony of the third degree, punishable as provided in subsection (7). A person may be convicted and sentenced separately for a violation of this subsection and for the underlying crime enumerated in paragraphs (1)(a)-(n).

(4) An offender may challenge the positive results of an hiv test performed pursuant to this section and may introduce results of a backup test performed at her or his own expense.

(5) Nothing in this section requires that an hiv infection have occurred in order for an offender to have committed criminal transmission of hiv.

(6) For an alleged violation of any offense enumerated in paragraphs (1)(a)-(n) for which the consent of the victim may be raised as a defense in a criminal prosecution, it is an affirmative defense to a charge of violating this section that the person exposed knew that the offender was infected with hiv, knew that the action being taken could result in transmission of the hiv infection, and consented to the action voluntarily with that knowledge.

(7) In addition to any other penalty provided by law for an offense enumerated in paragraphs (1)(a)-(n), the court may require an offender convicted of criminal transmission of hiv to serve a term of criminal quarantine community control, as described in s. [948.001](#).

POST EXPOSURE PROPHYLAXIS: OCCUPATIONAL AND NONOCCUPATIONAL

Occupational Exposures

For the last several years, the U.S. Public Health Service has published recommendations for the management of occupational exposures of healthcare workers to blood and other bodily fluids that potentially contain human immunodeficiency virus (HIV), hepatitis B virus (HBV) and/or hepatitis C virus (HCV). These recommendations were again updated in June of 2001.

Occupational exposures to bloodborne pathogens are a matter of grave concern that requires prompt action. Postexposure prophylaxis for HBV consists of hepatitis B immune globulin (HBIG) and/or the hepatitis B vaccine. Antiviral medications, such as interferon and immune globulin, are not recommended for hepatitis C postexposure prophylaxis.

A four-week regimen of two antiretroviral medications is recommended for most HIV post exposure prophylaxis. These 2 medications can be:

- zidovudine (ZDV) and lamivudine (3TC); or
- lamivudine (3TC) and stavudine (d4T); or
- didanosine (ddI) and stavudine (d4T).

The addition of a third antiretroviral medication is recommended for occupational exposures of high risk. When the source patient is known and the source virus is resistant to one or more available medications, ones that are least likely to be resisted are used.

Many occupational exposures occur when someone is stuck with a needle or sharp carelessly left in an area or discarded in a container other than an impervious sharps container. Therefore, the source patient is often difficult, if impossible, to identify.

The National Clinicians' Post-Exposure Prophylaxis Hotline (PEP Line) can be reached at 1-888-448-4911. This hotline is particularly useful when the prophylactic treatment of occupational exposure requires a consultation, as is the case when a pregnant woman has been exposed, and/or PEP has been delayed for one reason or another. (Centers for Disease Control and Prevention, 2001)

Nonoccupational Exposures

The U.S. Department of Health and Human Services also recommends antiretroviral postexposure prophylaxis after nonoccupational exposures to HIV. Most of these nonoccupational exposures occur as the result of sex or IV drug use.

Despite the fact that preventing exposures to HIV is the most effective way to prevent it, exposures do occur. Some of these exposures are consensual and others are not. For example, rape is not consensual and it is not anticipated; nonetheless, it may expose the victim to hepatitis, HIV, and other sexually transmitted diseases.

The recommended PEP for nonoccupational exposures to blood, genital secretions and/or other possibly infectious bodily fluids is as follows:

- 28 day course of treatment with highly active antiretroviral therapy (HAART) when the exposure has high risk of transmission, as is the case if the exposure was to the bodily fluids of a person known to have HIV.

At the current time, no PEP is recommended if there has been a nonoccupational exposure to genital secretions, blood or other possibly infected bodily fluids when the person is NOT known to have HIV and the nature of the exposure does not indicate high risk. However, individual patient care decisions, including those relating to PEP, should be made on an individual basis. (U.S. Department of Health and Human Services, 2005)

AIDS/HIV RESOURCES FOR PROFESSIONALS

AIDS Education Global Information System (AEGIS)

AEGiS began in the mid-1980s and has continued to be the definitive web-based reference for HIV/AIDS-related information. The collaborative effort of many organizations and individuals has enabled the creation of this vast database of facts regarding the history, prevention and treatment of HIV/AIDS.

Website: <http://www.aegis.com/>

AIDSinfo

AIDSinfo is a U.S. Department of Health and Human Services (DHHS) project providing information on HIV/AIDS clinical trials and treatment.

This site has the latest federally approved information on HIV/AIDS clinical research, treatment and prevention, and medical practice guidelines for consumers, HIV/AIDS patients, their families and friends, health care providers and researchers.

Website: <http://aidsinfo.nih.gov/>

*Centers for Disease Control & Prevention
National Center for HIV, STD, and TB Prevention
Divisions of HIV/AIDS Prevention*

The CDC provides national leadership in helping control the HIV epidemic by working with community, state, national, and international partners in surveillance, research, prevention and evaluation activities.

Website: <http://www.cdc.gov/hiv/dhap.htm>

FDA HIV/AIDS Program

US. Food and Drug Administration: HIV, HIV infection, aids, milestones,/aids treatment, testing information, clinical, trials, drug development, barrier products, evaluating medical treatments.

Website: <http://www.fda.gov/oashi/aids/hiv.html>

John Hopkins AIDS Service

The latest information and research relating to AIDS/HIV.

Website: <http://www.hopkins-aids.edu/>

Joint United Nations Programme

The Joint United Nations Programme on HIV/AIDS, **UNAIDS**, is the main advocate for global action on the epidemic. It leads, strengthens and supports an expanded response aimed at preventing transmission of HIV, providing care and support, reducing the vulnerability of

individuals and communities to HIV/AIDS, and alleviating the impact of the epidemic

Website: <http://www.unaids.org>

Journal of the International AIDS Society

Website: <http://www.aidsonline.com>

MedlinePlus: AIDS

Frequently Asked Questions about HIV and AIDS (National Center for HIV, STD, ... HIV/AIDS (Mayo Foundation for Medical Education and Research)

Website: <http://www.nlm.nih.gov/medlineplus/aids.html>

The Pocket Guide to Adult HIV/AIDS Treatment: January 2005

A quick reference by John G. Bartlett, M.D. for antiretroviral drugs, antiretroviral therapy, opportunistic infections, and related issues.

Website: <http://hopkins-aids.edu/publications/pocketguide/pocketgd0105.pdf>

AIDS/HIV RESOURCES FOR PATIENTS AND THE PUBLIC

AIDSinfo

AIDSinfo is a U.S. Department of Health and Human Services (DHHS) project providing information on HIV/AIDS clinical trials and treatment. This site has the latest federally approved information on HIV/AIDS clinical research, treatment and prevention, and medical practice

guidelines for consumers, HIV/AIDS patients, their families and friends, health care providers and researchers.

Website: <http://aidsinfo.nih.gov/>

AIDS.ORG

The mission of AIDS.ORG is to help prevent HIV infections and to improve the lives of those affected by HIV and AIDS by providing education and facilitating the free and open exchange of knowledge at an easy-to-find centralized website.

Website: <http://www.AIDS.Org>

The Body: The Complete HIV/AIDS Resource

The Body's mission is to:

- Use the Web to lower barriers between patients and clinicians.
- Demystify HIV/AIDS and its treatment.
- Improve patients' quality of life.
- Foster community through human connection.

Website: <http://www.thebody.com/index.shtml>

National Association of People With AIDS

The National Association of People with AIDS advocates on behalf of all people living with HIV and AIDS in order to end the pandemic and the human suffering caused by HIV/AIDS. It is the oldest national AIDS organization in the United States and the oldest national network of people living with HIV/AIDS in the world.

Website: <http://www.napwa.org>

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