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TEXAS STATE DOCUMENTS COLLECTION

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contents:

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ADMINISTRATIVE GUIDELINES FOR DAY-CARE CENTERS CONCERNING CHILDREN WITH AIDS/ARC OR HTLV-III INFECTION

BACKGROUND

The Scope of the Problem: As of February 24, 1986, 252 of the 17,741 reported cases of acquired immune deficiency syndrome (AIDS) in the United States were among children under 18 years of age. This number is expected to double in the next year. Children with AIDS have been reported from 25 states, the District of Columbia, and Puerto Rico, with 75% residing in New York, California, Florida, and New Jersey. In Texas, as of March 31, 1986, seven of the 1,061 AIDS cases reported to the Texas Department of Health were children between the ages of 7 months and 3 years.

The following recommendations apply to all Texas day-care and foster-care age children known to be infected with human T-lymphotropic virus type III/lymphadenopathy-associated virus (HTLV-III/LAV). This includes children with acquired immune deficiency syndrome as defined by the Centers for Disease Control (CDC) for reporting purposes, children who are diagnosed by their physicians as having an illness because of infection with HTLV-III/LAV (Aids Related Complex, ARC) but do not meet the case definition, and children who are asymptomatic but have virologic or serologic evidence of infection with HTLV-III/LAV. These recommendations do not apply to siblings of infected children unless they are also infected.

Risk of Transmission in the School, Day-Care, or Foster-Care Setting. None of the identified cases of HTLV-III/LAV infection in the United States is known to have been transmitted in the school, day-care, or foster-care setting or through other casual person-to-person contact. Other than the sexual partners of HTLV-III/LAV-infected patients and infants born to infected mothers, none of the family members of the over 17,000 AIDS patients reported to the CDC has been reported to have AIDS. There is one report of a mother who became HTLV-III antibody positive while providing nursing care for her child that involved extensive contact with his blood and other body secretions during the first two years of his life. She did not take precautions, such as wearing gloves, and often failed to wash her hands immediately after exposure. The contact between this mother and child is not typical of the usual contact that could be expected in a family setting. The child's father is negative for HTLV-III antibodies and is healthy. Six studies of family members of patients with HTLV-III/LAV infection have failed to demonstrate HTLV-III/LAV transmissions to adults who were not sexual contacts of the infected patients or to older children who were not likely at risk from perinatal transmission.

Based on current evidence, casual person-to-person contact as would occur among school children appears to pose no risk. However, studies of the risk of transmission through contact between younger children and neurologically handicapped children who lack control of the body secretions are very limited. Based on experience with other communicable diseases, a theoretical potential for transmission would be greatest among these children. It should be emphasized that any theoretical transmission would most likely involve exposure of open skin lesions or mucous membranes to blood and possibly other body fluids of an infected person.

RECOMMENDATIONS

Based on available data, the Texas Department of Health and the Texas Department of Human Services recommend the following guidelines for caring for HTLV-III/LAV infected children in day-care centers:

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1. Decisions regarding the type of educational and care setting for HTLV-III/LAV-infected children should be based on the behavior, neurologic development, and physical condition of the child and the expected type of interaction with others in that setting. These decisions are best made using the team approach including the child's physician, public health personnel, the child's parent or guardian, and personnel associated with the proposed care or educational setting. In each case, risks and benefits to both the infected child and to others in the setting should be weighed.

2. The child, as with any other immunodeficient child, may need to be removed from the classroom for his/her own protection when cases of measles or chickenpox (or other viral infection as determined by the child's physician) are occurring in the school population. This decision should be made by the child's physician and parent/guardian in consultation with the school nurse and/or the school medical advisor.

3. For the infected preschool-aged child and for some neurologically handicapped children who lack control of their body secretions or display behavior such as biting and those children who have uncoverable, oozing lesions, a more restricted environment is advisable until more is known about transmission in these settings. Children infected with HTLV-III/LAV should be cared for and educated in settings that minimize exposure of other children to blood or body fluids.

4. Care involving exposure to the infected child's body fluids and excrement, such as feeding and diaper changing, should be performed by persons who are aware of the child's HTLV-III/LAV infection and the modes of possible transmission. In any setting involving an HTLV-III/LAV-infected person, careful handwashing with soap and hot water after exposure to blood and body fluids and before caring for another child should be observed, and gloves should be worn if open lesions are present on the caretaker's hands. Any open lesions of the infected person should also be covered.

5. Because other infections in addition to HTLV-III/LAV can be present in blood or body fluids, all day-care facilities, regardless of whether children with HTLV-III/LAV infection are attending, should adopt routine procedures for handling blood or body fluids. Soiled surfaces should be promptly cleaned with disinfectants, such as household bleach (diluted 1 part bleach to 10 parts water). Disposable towels or tissues should be used whenever possible, and mops should be rinsed in the disinfectant. Those who are cleaning should avoid exposure of open skin lesions or mucous membranes to the blood or body fluids.

6. The hygienic practices of children with HTLV-III/LAV infection may improve as the child matures. Alternatively, the hygienic practices may deteriorate if the child's condition worsens. Evaluation to assess the need for a restricted environment should be performed regularly.

7. Persons involved in the care and education of HTLV-III/LAV-infected children should respect the child's right to privacy, including maintaining confidential records. The number of personnel who are aware of the child's condition should be kept at a minimum needed to assure proper care of the child and to detect situations where the potential for transmission may increase (eg, bleeding injury).

For additional information call the Bureau of Epidemiology, Texas Department of Health, at (512) 458-7328 or the National AIDS Hotline, at 1-800-342-2437 (recorded message) and 1-800-447-2437 (live response).

1985 STD Treatment Guidelines

The 1985 STD Treatment Guidelines published by the Centers for Disease Control in September 1985, is being reprinted by the Sexually Transmitted Disease Control Division, Texas Department of Health. These guidelines for treatment of sexually transmitted diseases (STD) were established after careful deliberation by a group of medical experts and staff of the Centers for Disease Control. These guidelines should not be construed as rules, but rather as a source of guidance in the management of STDs.

These reprinted guidelines will be available for distribution after March 31, 1986, to physicians, nurses, and other medical professionals interested in the management and control of the STDs. Single copies only will be provided by the STD division office. This request form may be duplicated.

To obtain a copy of the guidelines, complete the request form below, and mail to: Texas Department of Health, STD Control Division/Guidelines, 1100 W. 49th Street, Austin, Texas 78756.

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STD Control Division/Guidelines
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Austin, Texas 78756

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VIRAL ISOLATES FOR MARCH 1986

Virus	County of Residence of Patient (Number of Isolates)
Adenovirus	Bell (1), Dallas (2), Galveston (1)
Cytomegalovirus	Bell (2), Bexar (1), Dallas (21), Galveston (4), Harris (1), Lubbock (1)
Enteroviruses	Bell (2)
Influenza B	Bexar (3), Galveston (1)
Parainfluenza (3)	Dallas (1)
Rotavirus	Bexar (3), Dallas (1), Harris (7), Lubbock (4)
Respiratory Syncytial Virus	Bell (7), Bexar (1), Dallas (1), Lubbock (1)
Varicella/Zoster	Bell (1), Travis (1)
Chlamydia trach.	Bell (13), Bexar (7), Dallas (3) Harris (1), Travis (26)

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