

HIV / AIDS

Investigation Guideline

Note: A Behavioral Intervention Specialist (BIS) from Kansas Department of Health and Environment (KDHE) will investigate all reports. All HIV and/or AIDS cases have special reporting and follow up requirements. Contact the HIV Surveillance Program at 785-296-5597 for complete information.

CONTENT:

VERSION DATE:

Investigation Protocol:

- Investigation Guideline

05/2013

Revision History:

Date	Replaced	Comments
05/2013	11/2005	Updated terminology and Section Information

HIV / AIDS

Disease Management and Investigation Guidelines

CASE DEFINITION

Refer to the “Guidelines for National Human Immunodeficiency Virus Case Surveillance, Including Monitoring for Human Immunodeficiency Virus Infection and Acquired Immunodeficiency Syndrome”(MMWR 1999; 48(RR13):1-31) available at: www.cdc.gov/mmwr/preview/mmwrhtml/rr4813a1.htm

See also: Appendix: www.cdc.gov/mmwr/preview/mmwrhtml/rr4813a2.htm

LABORATORY ANALYSIS

Specimens are not required to be sent to the State Public Health Laboratory; however, they are equipped to test for HIV if requested.

For additional information and/or questions concerning specimen collection, sample transport and laboratory kits call (785) 296-1620 or refer to the online resource guide at: www.kdheks.gov/labs/lab_ref_guide.htm

EPIDEMIOLOGY

Approximately 40 million people globally are infected with the human immunodeficiency virus (HIV). Although the epidemic has plateaued in developed countries, it is still increasing in developing countries with countries in sub-Saharan Africa accounting for 70% of all infections. In the United States, an estimated 50,000 people are infected yearly. While men having sex with men and injection drug users remain the dominant risk factors, new patterns are emerging. An increasing number of cases are becoming infected through unprotected heterosexual intercourse and African Americans are becoming infected disproportionately.

DISEASE OVERVIEW

A. Agent:

HIV is an RNA retrovirus. Three types have been identified: type 1, type 2, and type O. They are distinct, but produce similar symptoms and disease.

B. Clinical Description:

Symptoms associated with recent HIV infection (i.e., acute retroviral syndrome) are non-specific and often resemble mononucleosis. Symptoms may include: fever, malaise, lymphadenopathy, pharyngitis, headache, night sweats, myalgia, and rash. Symptoms usually occur 2-3 weeks after initial infection and resolve within 1-2 weeks.

Most persons remain asymptomatic for years after the initial infection. During this time the infection can only be determined by laboratory testing. Eventually, all HIV-infected individuals begin to exhibit symptoms consistent with progressive immunosuppression (e.g., wasting, persistent lymphadenopathy, etc.) and frequently become infected with a variety of opportunistic infections (e.g., pneumococcal and other bacterial pneumonia, Kaposi's sarcoma, and oral hairy leukoplakia).

C. Reservoirs: Humans.

D. Mode(s) of Transmission:

Transmission occurs when blood, blood products, semen, vaginal fluids or breast milk from an infected person enters the bloodstream of another person. This may occur through sexual contact, sharing of HIV-contaminated needles, transfusion of infected blood or its components, transplantation of infected tissues or organs and breastfeeding.

E. Incubation Period:

Variable. Antibodies are usually detectable 3 weeks to 3 months after initial infection. Approximately 50% of HIV-infected persons develop clinical AIDS within 10 years of infection if left untreated.

F. Period of Communicability:

An HIV-infected individual is infectious for life, although infectivity may vary significantly over time. The presence of other sexually transmitted infections (STI) may increase infectiousness.

G. Susceptibility and Resistance: Susceptibility is general.

H. Treatment:

The treatment of HIV and AIDS is complex and beyond the scope of this document. For complete information refer to the current HIV-AIDS Treatment Guidelines available at www.cdc.gov/hiv/treatment.htm#treatment

NOTIFICATION TO PUBLIC HEALTH AUTHORITIES

Report all confirmed, probable, and suspect cases to the STI/HIV Section within 24 hours of initial report at 785-296-5596 or fax a report to 785-296-5590.

INVESTIGATOR RESPONSIBILITIES

A Behavioral Intervention Specialist (BIS) from KDHE will complete all investigation and case activity. There are no local responsibilities beyond the initial reporting requirements unless additional information and/or help are requested.

STANDARD CASE INVESTIGATION AND CONTROL METHODS

Case Investigation

The medical provider who reported or ordered testing of the case will be contacted to obtain the following:

- Information on symptoms and onset dates.
- Diagnosis date of disease.
- Laboratory testing results and dates.
- Information on hospitalizations, including location and dates
- Current treatment.
- Outcomes: disabilities, survived or date of death
- Case’s demographic data and contact information (birth date, county, sex, race/ethnicity, occupation, address, phone number(s))

Contact Investigation

A contact is any sexual and/or needle sharing partner(s) within the past year and any spouse(s) within the past 10 years.

Isolation, Work and Daycare Restrictions

Universal precautions apply to all cases.

Case Management

Proper referral to case management and/or physician specializing in the treatment of HIV/AIDS will be assured for all cases. Cases should be counseled on how to prevent transmission. Cases should not donate blood, plasma, and organs for transplantation, tissues, cells, semen for artificial insemination or breast milk for human milk banks.

Contact Management

- Contacts will need to be interviewed by Behavioral Intervention Specialists from the STI/HIV Section of the KDHE.
- Sexual or needle sharing partners of cases should not donate blood, plasma, organs for transplantation, tissues, cells, semen for artificial insemination or breast milk for human milk banks.

Environmental Measures

Disinfection of all equipment and surfaces contaminated with blood and/or body fluids using a bleach solution or tuberculocidal germicide.

Education

Counseling and testing should be offered to all persons with risk factors for HIV transmission, including: men having sex with men, injection drug use, history of an STI, exchange of sex for money or drugs, blood transfusion before 1986, immigration from (or partner of someone from) a high-incidence country. All pregnant women should be offered the opportunity for counseling and testing.

MANAGING SPECIAL SITUATIONS

A. Outbreak Investigation:

- 1) Outbreak definition:
 - Higher than usual number of cases or unusual clustering of cases in time and/or space.
 - If you suspect an outbreak, consult with the STI/HIV Section at the KDHE (785-296- 5597). They can help determine a course of action to prevent further cases and can perform surveillance for cases that may cross county lines that would be difficult to detect at the local level.
- 2) Recommendations will be made based on the CDC guidance.

B. Case Attends School:

Children with HIV infection should not be excluded from school for the protection of other children and/or staff. In the absence of blood exposure, the transmission of HIV will not occur in a school setting including contact with saliva or tears.

C. Case has been a Blood or other Tissue Donor since 1978:

If the case has donated blood, plasma, sperm, tissue or other body organs since 1978, obtain details of all donations, including date(s), type(s), and site(s) of donation. Verify that recipient agency (e.g., the Red Cross) has been notified.

DATA MANAGEMENT AND REPORTING TO THE KDHE

A. Collect and organize data.

B. Report data by fax (785-296-0792).

- Local health departments and medical providers should report data using KS Notifiable Disease Form.
- KDHE staff will ensure that the appropriate CDC Adult Case Report or Pediatric Case Report Form is completed and reported to the CDC.

ADDITIONAL INFORMATION / REFERENCES

A. **Treatment / Differential Diagnosis:** 2010 CDC STD Treatment Guidelines available at: www.cdc.gov/std/treatment/2010/default.htm.

B. **Epidemiology, Investigation and Control:** Heymann. D., ed., Control of Communicable Diseases Manual, 19th Edition. Washington, DC, American Public Health Association, 2009.

C. **Case Definitions:** CDC Division of Public Health Surveillance and Informatics, Available at: www.cdc.gov/ncphi/diss/nndss/casedef/case_definitions.htm

D. **Kansas Regulations/Statutes Related to HIV/AIDS:** www.kdheks.gov/hiv/download/Kansas_State_HIV_AIDS_Statutes_and_Regulations.pdf

E. **Additional Information (CDC):** www.cdc.gov/hiv/.