UNIT 10  STRATEGIES FOR HIV AND AIDS PREVENTION AND CONTROL

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10.1 INTRODUCTION

In the previous block you read about the various modes/routes of transmission of HIV in detail. Understanding the process of passing on of HIV from one person to another will enable a person to protect himself/herself from this killer disease. This self-knowledge will also help in planning and implementing programmes for the prevention and control of HIV and AIDS among individuals, groups and communities.

The most effective HIV and AIDS prevention programme is the one that involves the behaviour modification of a person. Education for prevention is the only strategy that can reduce the AIDS epidemic. During the year 1998, almost six million people all over the world, became infected with HIV, including over half a million children. By the end of year 2003, over 38 million people worldwide were probably living with HIV.

10.2 OBJECTIVES

The aim of this unit is to help you to understand the importance of HIV/AIDS prevention as far as individuals from every walk of life are concerned. The lesson will also focus on the three modes of transmission and the steps to be taken for prevention at the personal level i.e., by the individual. After reading this unit you will be able to:

- state the need for prevention;
- state the various modes of transmission and the precautions required to be taken for prevention;
- describe how modification of the individual's behaviour can prevent the spread of HIV and AIDS; and
- understand the universal precautions for preventing HIV and AIDS.
There is an age old saying, "prevention is better than cure". There has always been this understanding that if the routes of transmission are known it should be checked or preliminary precautions should be taken so that there is no further spread. HIV/AIDS is a disease, which spread and took the shape of a calamity because of the undesirable behaviour of the humans. As the cause of the spread and its precautionary measures are known, this disease can be checked from spreading further.

There is no known cure for HIV/AIDS as yet. Therefore, once infected, sooner or later, the person will die of AIDS defining illness. At present, we have no vaccine which can prevent us from getting infected. Doctors and medical scientists all over the world have tried to study the disease. They continue to do research to discover drugs that can cure the AIDS. They are also trying to develop a vaccine, which can prevent people from getting infected. But all these efforts have not produced any satisfactory result.

The HIV/AIDS has been in existence for almost two decades. Perhaps no other virus has undergone so much research as the HIV virus. Yet, we have not achieved any breakthrough. Therefore, the only solution available for the prevention and control of this disease is proper awareness. This awareness should reach everyone across the country. There is a need to consciously develop a well designed HIV/AIDS education programme. Such a programme will aim at providing accurate and complete information on various aspects surrounding the AIDS disease. It will also aim at removing myths, misinformation and misconceptions about HIV/AIDS.

**Education for Prevention**

Prevention of further HIV infection is the only tool that is available with us to control this pandemic. Everyone has a right to information. Proper Education about HIV and AIDS will help people to protect themselves and others from infection by HIV. Education is the only medicine available in the world to contain the HIV epidemic. All preventive education programmes should offer much more than just information. While sharing information, they should also include the exploration of values and aim at development and practice of skills.

To educate people about HIV/AIDS and STDs, it is first necessary to overcome denial. Almost every country in the world, which has been faced with the problem of HIV infection, has first reacted by denial of the facts. This is true of many states even in India. In fact, there is an attempt by some people to hide the extent of the problem. Until we acknowledge the existence of the problem, changing risk behaviour of potential target groups will not be possible.

**The Need of the Hour**

What we require today is to contain the further spread of HIV/AIDS and STDs. We also need to take care of those who are affected with HIV infection. Rehabilitation of the victims of HIV, faced with social isolation is of utmost importance. Therefore, let us briefly discuss some of the preventive measures keeping in mind the routes of HIV transmission and the potential target groups described in previous units.

**10.4 PREVENTION OF SEXUAL TRANSMISSION**

Prostitutes and the female population as a whole should not be seen as a commodity available for sexual pleasure. Our tradition, our culture, our social norms, our
religions, our philosophy and our value system do not propagate misuse or abuse of human beings. Every human being is created with a purpose and order. And let us also remember that through the birth of every child, God is telling us that “He is not fed up of human beings”. Without a woman, a man is incomplete. Similarly, without a man, a woman is incomplete. The religious scriptures clearly state from the beginning of creation, “God made them male and female. For this reason, a man shall leave his father and mother and be joined to his wife, and the two shall become one flesh. So they are no longer two, but one flesh. Therefore, what God has joined together, let no one separate.” If we remain faithful to our spouse and avoid sex outside marriage, transmission of HIV through heterosexual activities can be prevented.

**Same Sex Activities**

It is a fact that some people are also involved in same sex relationships. It is known that the sexual activities carried out by people involved in same sex relationships are high-risk, activities. Apart from oral and anal sex, people are also involved in sex with animals. These are all undesirable practices. They also downgrade the dignity of human beings. It is certainly not healthy for a society to promote such practices.

It is true that there are vices in every society. For example kleptomania is an undesirable activity. It is crime before society. At the same time, we also know that it is a psychological sickness. Therefore, instead of condemnation, we have to approach the problem with understanding. Similarly, due to one or another reason, a person may be motivated or attracted towards the same sex. The family background and social environment in which one has grown up can certainly influence a person to develop such inclinations. Such persons need understanding and help from every quarter - viz., family, friends, society, religion, as well as emotional and psychological support. Instead, it can be disastrous to encourage a person to develop and maintain unhealthy practices, which have already become threats to our society.

**HIV and Eunuchs**

Our society is known for sheltering and promoting the third sex — the eunuchs. Very little research has been conducted on this group in India. But they are a large population consisting of over a million eunuchs. However, available information shows that very few - not even one per cent eunuchs are born eunuchs in the country. There are exceptions. People do come into the world as blind, deaf, dumb, mentally retarded etc. Similarly, a very small percentage is also born without proper organs.

Somehow, our culture permitted the eunuchs to have their own organised life. This has prompted them to make additions to their population. When born eunuchs are very limited, the best source is to catch and castrate young boys and young men. Thousands of such castrations take place every year in India.

The eunuchs are held in high regard by some sections of our society. It is a known fact that eunuchs provide sexual satisfaction to those who have normal sex organs. They are reported to be providing anal and oral sex to their customers. Therefore, it is a matter of great concern in India to consider the possibility of HIV transmission through the activities of eunuchs.

Parents and teachers must caution their children and students about the dangers involved in interacting with eunuchs and strangers.
Sperm Donation and HIV

Sperm donation and artificial insemination are practices that are product of modern science and technology. With the advent of HIV, one should be extremely careful while seeking medical intervention for such practices.

Pre-marital Sex

Sexual activities among adolescents, street children, drug addicts have no formal sanction of our Indian society. Our society permits sex only within marriage.

Studies in India indicate that about 16 to 20 per cent adolescents engage in pre-marital sexual activities. This shows the extent of risk behaviour existing among the young people. It includes a sizeable population of children living in the streets.

Prisoners and HIV

Prisoners have a high prevalence of HIV infection and AIDS. HIV infection rates among this group are difficult to determine accurately due to various reasons. Intravenous drug use and homosexuality are the predominant risk behaviours commonly found in prisons. According to the Indian Penal Code sodomy is prohibited in the country. Using this clause as a shield, even distribution of condom among prisoners is not permitted. A country like Israel permits the spouse of the prisoners to visit him/her once a week so that they are able to continue the monogamous relationship and avoid same sex relationship. But in India we have to evolve a suitable strategy to create awareness among policy makers keeping in mind our socio-cultural and religious values.

Behaviour Modification

The safest and surest way to avoid HIV is to mend one’s behaviour in terms of sexual activities. It is unfortunate that whatever is being supplied in terms of information dissemination in our country advocates only one message - use condoms to have sexual intercourse. Where are our traditional, cultural, social and religious values which always gave us one and only one message: “No sex before marriage - have sex after marriage; that too only with one’s own spouse”. If we are faithful to ourselves, then we don’t need a condom to protect ourselves against HIV, AIDS and STDs. If we remain faithful to our spouse there is no question of getting infected with HIV. The old saying ..., ‘History repeats itself’ seems to be proving true in this regard. It is man who thought and developed social and behavioural norms in the society in terms of family life, marriage, and sexual restriction. The advancement of science and technology and propagation of the “freedom theory” have overpowered the societal norms giving way to vulgarity. Now man has once again been shown his place and his limitations by the AIDS pandemic.

Studies across the globe show that over 75 per cent of HIV transmission takes place through sexual activities. Certainly these sexual relations occur outside marriage. Therefore, it is high time that everyone involving or intending to involve in sex outside marriage needs to modify his/her behaviour to avoid getting infected with HIV. Whatever be the occasion, one should avoid sex outside marriage if one wants to avoid risking one’s own life. A women is somebody’s mother, sister, daughter or wife. Similarly a man is somebody’s father, husband, brother or son. Let this thought remind people every time they want to be involved in sex with a person outside marriage.

Condom Use

The present policy to promote condom use in India, as if it is the only method to prevent HIV and AIDS has met with stiff resistance. This was an idea borrowed from foreign countries where sexual freedom is an accepted norm of the society. It
has proved wrong in the Indian context - a society which has not accepted the theory of 'freedom of sex' outside marriage. As a result, all efforts to bring about awareness and proposals for AIDS and sex education have met with strong opposition. In fact most parents and teachers disagree with the very idea. One of the possible reasons is that the policy makers almost ignored the feelings of the people.

Studies across the world indicate that infection with HIV among people who use the condom while involving in sexual activities, if used correctly offers a substantial degree of protection against acquiring HIV infection. HIV transmission, despite condom use is rarely attributable to a failure of the condom itself and is more often attributable to their incorrect use. Condom failure can occur; due to breakage, leakage or improper use. Each of these types of failures can be minimized by the following techniques:

- Use a new condom for each act of intercourse.
- Use latex condoms only.
- Use a lubricant or pre-lubricated condoms.
- A proper condom should have a tip, bubble or nipple at the end to collect semen.
- A condom should be worn as instructed on the product. It should not be unrolled until placed on the head of the penis.
- Condoms that feel gritty or gummy should not be used. This indicates that the latex may have deteriorated.
- The condom should be held at the base of the penis immediately after ejaculation to prevent the condom from slipping while withdrawing the penis.

Nonoxynol -9 studies have revealed that it inclosed the risk of HIV transmission. It has therefore been recalled & strong recommendations are in place to NOT USE IT.

For those involved in prostitution, same sex relationship, and those who want to risk their lives by indulging in sex outside marriage,- condoms may be useful to some extent as recommended by experts on the subject. Some people and organisations promote condom as a protection against transmission and refection if the spouse (one or both) is infected.

**HIV Prevention through Sexual Activities**

The following are the best ways to prevent the spread of HIV through sexual activities.

- Practice abstinence before marriage.
- Have sex only with your uninfected and faithful spouse.
- Educate yourself and your family members about HIV/AIDS; how it is spread and how to avoid it.
- Do not involve in sexual activities with homosexuals, strangers, prostitutes etc.
- Educate yourself about moral values and the teachings of your religion,
- Seek guidance from your parents, teachers and elders in your family.
•Experimenting sex with anyone outside the marriage even once can infect you with HIV.

•Do not blindly believe that the condom gives you full protection against HIV/AIDS. In fact it has not shown 100 per cent safety against birth control India is one of the top manufacturer of condoms & the quality is comparable to the best.

•Live in dignity. Have respect for the opposite sex. Nobody stops you from mingling with the opposite sex or making friends. It is worth waiting till marriage to have sex.

•If you wish to have an uninfected virgin as your spouse, the same may be the desire by the would be spouse. Therefore, if you want some one to wait for you, you should also wait for some one to share all you have.

•Life will be thrilling meaningful and joyful, if you can take care of yourself for some more time.

Check Your Progress

Notes: a) Use the space provided for your answer.

b) Check your answer with those provided at the end of this Unit.

1. What are the best ways to prevent HIV through sexual activities?

10.5 PREVENTION OF TRANSMISSION THROUGH BLOOD AND BLOOD PRODUCTS

Needles and Surgical Instruments

Transmission of HIV from one person to another is possible through the use of un-sterilized needles, syringes and other skin-piercing instruments like surgical equipment.

In procedures involving surgical instruments, the instrument should be properly sterilized. If it is possible to use disposable instruments like disposable syringes and needles they should be used. The disposable instruments should be properly discarded.

Therefore, you should be careful in getting an injection from a hospital or health clinic. Carry a fresh disposable needle. That is the best way to avoid infection. Or you must ask the nurse or doctor whether the needle is a fresh and sterile one, before they use it to inject you. One should ensure that a dentist takes adequate precautions when providing dental care and treatment to his/her clients.

While visiting a barber for a shave, carry a fresh blade, or ask the barber to use a fresh blade. While getting your own or your relative’s ears or nose pierced, please ensure that a fresh and sterilized instrument is used. This is applicable to tattooing as well.
HIV through Blood Transfusions

HIV/AIDS is passed on to a person through blood transfusion with contaminated blood. A person can also get HIV through tissue and organ transplant. Anaemic persons may need blood transfusions. All these are routes for HIV to cross over to uninfected persons. Therefore, ensure that every unit of blood is screened for HIV before transmission.

Hemophilia and HIV

Hemophiliacs were found to be a principal group at the risk for HIV/AIDS. As discussed earlier, this group is at a higher risk to encounter a blood-borne pathogen because of the frequent blood transfusions and use of clotting factor. In 1989 the Medical and Scientific Advisory Council of the National Hemophilia Foundation (U.S.A.) released revised guidelines for therapy of hemophilia in order to reduce the transmission of HIV. The following were the major recommendations:

- Factor VIII products are heated for 10 hours at 60° degree C, or are detergent-solvent treated, or are monoclonal antibody purified, or are heated in suspension in organic media, or are dry heated at high temperatures.
- Viral-attenuated factor IX concentrate be treated with the methods described above for patient with factor IX deficiency.
- Fresh frozen plasma, a blood product containing clotting proteins, be used in factor IX deficiency with mild to moderate factor deficiency.
- Decompression (DDAVP), a synthetic hormone that improves clotting should be used when possible with mild to moderate Hemophilia type A.
- Persons with Von Willebrand’s Disease (a different form of factor VIII) clotting disorder should be treated with DDAVP or cryoprecipitate from carefully tested donors. Patient with severe disease should receive processed factor VIII.
- Bleeding episodes should continue to be treated with appropriate clotting factor.

Therefore, you must make sure before blood, tissue and any organ is required to be transfused or transplanted that the HIV status of the person donating the same is verified. Blood supplied from any blood bank including that of the Red Cross Society should be tested of HIV. Do not accept blood from a professional blood donor as many professional blood donors in India are found to be infected with HIV.

Sperm Donation and HIV

The practice of sperm donation and artificial insemination are high-risk activities. It can infect the recipient with HIV. It is also an activity not permitted by most religions. In India, many communities do not approve of this practice. It also has wider implications for the child born through the unnatural way. Therefore, it is always better to avoid such acts for healthy and peaceful living.

Injecting Drug Users

HIV and AIDS virus can be passed on to an uninfected person from injecting drug abusers. Needle sharing is a common practice among drug addicts. We already have thousands of HIV victims especially in the North-Eastern states who have been infected through sharing needles.

Drug addicts also involve themselves in a lot of sexual activities. Through these sexual activities, these addicts can easily pass on the virus to their partners - either spouse or another person. It can also lead to the birth of an HIV infected baby. All
HIV and AIDS Prevention and Care

these are undesirable activities, which are not approved by our families, religion and society. Therefore, let us try to prevent these unhealthy practices for the well-being of all of us. For those, who cannot manage, use of fresh needle is recommended. They should avoid needle sharing in anyway.

The efforts to reduce HIV transmission in drug users include implementing educational programmes that explain the risks inherent in using contaminated equipment, replacing used syringes, legalizing syringe sales, providing antiseptics to treat needles before their use, implementing methadone maintenance programmes, and providing primary drug treatment to wean the individual from his or her habit. No single approach is uniformly effective and the relative values of each of these different procedures are under evaluation.

10.6 PREVENTION OF TRANSMISSION FROM MOTHER TO CHILD

Transmission of HIV can occur from an infected mother to her child during pregnancy, during the process of child birth or shortly after birth through breast milk.

a) Transmission from an infected mother to her unborn child is estimated to be the cause for about 95 per cent of all pediatric AIDS cases. Among children born to HIV positive mothers, about 25 to 30 per cent are found to become infected with HIV.

b) Mother to child transmission occurs most often during the process of delivery. Today effective drug treatments like ACTG 076, AZT or ZDV are available to prevent mother to child transmission. Many interventions like avoiding instrumental deliveries, early tying of the cord and early bathing of the child can prevent mother to child transmission. Caesarian sections definitely decrease the spread of the infection during labour.

c) One must always go for available information on the risks associated with breast-feeding and HIV transmission. About 14 per cent of children get infected through breast-feeding. It should be a well thought out and joint decision by the parents to decide for artificial feeding that can replace breast-feeding for the child.

Drug intervention can prevent mother to child transmission. In 1994 researchers in the United States reported the result of a study on mother-to-child transmission of HIV (ACTG 076). The scientists found that when the antiretroviral drug zidovudine (AZT or ZDV) is given to HIV-positive women orally five times daily from the 14th week of pregnancy onwards, and intravenously during labour and administered to their infants for six weeks after birth, the risk of transmission of HIV to the child is reduced by over two thirds. The ACTG 076 regimen is now offered routinely to HIV-positive women in the industrialized world. However the regimen is costly, long and complicated to administer.

Since the treatment with the regimen was costly time consuming various regimens that are cheap and effective have been discovered. Studies in Thailand showed that giving AZT from the 36th week of pregnancy gave the same protection as the ACTG 076 trial. In Africa, it was shown that a single dose of Nevirapine at the time of delivery and one dose to the baby within 72 hrs. after birth prevented the transmission of the infection. If mothers are put on regular antiretroviral therapy, transmission to the baby is less than 2%. Consult the local physician (specialist) on the regimen that is used in your area.
Other preventive measures include:

- HIV positive woman wanting to conceive, must seek counselling as well as medical opinion (as well the opinion of her religious leaders who can guide her towards an appropriate decision).
- Positive pregnant women shall not opt for an abortion and must seek medical opinion.
- She should opt for a caesarian section as it will prevent the child from getting infected during childbirth.
- As far as possible an HIV positive mother also should not breast-feed her baby. HIV can be passed on to the child from breast milk.
- WHO recommends HIV positive women in third world countries to breastfeed their babies, this recommendation should be followed by HIV positive mothers in India who are not in a position to provide artificial feeds to the babies mainly due to poverty.

We should be cautious about reading literature on HIV prevention imported from other countries. We should also be careful while reading material copied from western literature. There can be misleading messages. For example:

- We in India have very few single parents (particularly mothers) though there are a few exceptions.
- Women involved in lesbian activities hardly seek motherhood. Such a phenomena can hardly be found in India.

As mentioned in the beginning of this unit, education about HIV, AIDS and STDs and a good understanding of their various aspects can go a long way to prevent and control HIV. The best way to contain the virus is to be faithful to one’s spouse and family.

| Check Your Progress |
| Notes: a) Use the space provided for your answer. |
| b) Check your answer with those provided at the end of this Unit. |
| 2. What are the preventive measures for mother-to-child transmission of HIV? |

10.7 STATE INITIATIVES AND UNIVERSAL PRECAUTIONS FOR HIV PREVENTION

State Initiatives

The Government of India recognized quite early the seriousness of the problem caused by HIV/AIDS and reacted soon after the first cases were reported.
The Ministry of Health and Family Welfare constituted the National AIDS Committee in 1986. The Committee was formed with a view to bring together various ministries, NGOs and private institutions for effective co-ordination in implementing the National Aids Control Programme (NACP). The committee oversees the performance of the programme, deliberates to form a policy and encourages multi-sectoral collaborations. The committee is the highest decision making authority on policy matters. In the initial years, the focus of the programme was on blood screening for transfusion purpose and conducting surveillance activities in the epicenters of the epidemic.

The NACP was launched in 1987. The objectives of the NACP were to establish a comprehensive, multi-sectional programme for the prevention and control of HIV/AIDS in India. The main objectives were:

- prevent HIV transmission;
- decrease the morbidity and mortality associated with HIV infection; and
- minimize the socio-economic impact resulting from HIV infection.

National AIDS Control Organisation (NACO)

The NACO was established in India in 1992 as an executive body in the Ministry of Health and Family Welfare. The main functions of NACO are as follows:

1. To expedite sanction, approve procurement and to undertake and award contracts to private agencies.
2. Allocation of funds between programme components.
3. Formation of programme managerial teams and appointment of senior programme staff.
4. The Board exercises all administrative and financial powers.

Initiatives at the State Level

To strengthen HIV and AIDS control programme various steps have been initiated at the state level. Each state has a State AIDS Cell which is responsible for the implementation, supervision, intersectoral co-ordination, monitoring and evaluation of the programme in the state.

At the state level, an empowered committee has been constituted which takes the policy decisions for implementation of the HIV/AIDS control programme in the respective states and approve administrative and financial actions which otherwise would have been approved by the State Department of Finance.

To remove the bottlenecks faced by the State AIDS Cell in implementing the programme, each of the State Governments/Union territories constituted a registered society under the chairmanship of the Secretary Health. The successful functioning of these societies in Tamil Nadu and Pondicherry led the Government to advise other States to initiate societies for implementation of NACP. Now every state has a State AIDS Society (registered under the Societies Registration Act, 1860) which is in place of the State AIDS Cell.

Components of National AIDS Control Programme

i) STD Control Programme

ii) Blood Safety Programme
iii) Information, Education, Communication and Social Mobilisation (IEC)

iv) Non-Governmental Organisation Collaboration

v) Targeted Interventions

vi) Care and Support

Universal Precautions

Until now we have studied the three direct methods through which there is a high possibility of getting infected by the virus. Universal precautions consist of a set of guidelines created to prevent the spread of diseases transmitted through body fluids, for the protection of caregivers and anyone with such diseases. These precautions were created primarily for medical professionals working in a hospital setting whenever they are likely to come into contact with blood or other body fluids.

The Centers for Disease Control (CDC), Atlanta, USA introduced universal precautions to emphasize that precaution must be taken when exposed to any blood or body fluids, because any patient could be infected, all blood must be treated as potentially infected by any person handling or exposed to blood. These precautions also apply to other bodily fluids that are a potential source of HIV including semen, vaginal secretions, and tissue.

These universal precautions are now known as standard precautions. The change in the nomenclature has been brought about because these precautions have to be applied in all situations and have become the accepted standard of care. Universal precautions include the following practices:

1. Treat every patient as potentially infected. (By the time a patient is diagnosed as HIV positive almost 50% of blood investigations may be over.)

2. Hand washing with soap and water between each patient contact. Hands should always be washed before and after contact with patients. Hands should always be washed even when gloves are worn. If you accidentally touch blood or other bodily fluids, thoroughly wash the hands.

3. Use of disposable gloves, if body fluids are contacted and double gloves during surgical procedures. Those with open skin lesions should not perform procedures if they are exposed to body fluids.

4. Wearing of gowns when clothes may be exposed to body fluids.

5. Wearing of masks and eye wear when performing procedures that may splash the worker with body fluids.

6. Sharp instruments should be disposed of in puncture-resistant containers immediately after use. Needles should be disposed of immediately after use without recapping. Disposal containers should be placed in all areas where sharp objects are used.

HIV Prevention and Health Care System

No health care worker has been reported to have been infected with HIV infection through casual contact while taking care of infected patient. Till 2000 there have been 57 documented cases of HIV transmission to the health care workers from percutaneous exposure. The registry was stopped in 2000 because the infection rate was low.
There have been no cases where a HIV infected health care worker has infected a patient. (In 1990 a dentist in Denver, transmitted HIV infection to six of his patients. The method used by the dentist is not known.)

Although the risks from HIV infected health care patients are very low, the CDC issued recommendations in 1991 to reduce the risks even further. The recommendations include:

1. Health care workers who perform invasive procedures should know their HIV status.

2. HIV-infected health care workers should:
   i) Avoid performing invasive procedures that involve significant exposure to body fluids and that pose a clear risk of HIV transmission. These procedures include those that present a risk of a puncture wound to a health care worker and contact of the health care worker’s blood with the patient’s body cavity, tissues beneath the skin or mucous membranes.
   ii) Seek opinion from an expert panel on which an invasive procedure will be conducted of his or her infection.

3. HIV-infected health care workers approved for conducting invasive medical procedures should inform the patient on whom an invasive procedure will be conducted of his/her infection.

4. Mandatory testing of health care workers is not warranted because of the low risk of transmission and the expense of conducting a screening programme.

5. A pregnant health care worker limiting her interaction with HIV-infected persons to casual contact runs no increased risk of HIV infection for either herself or her child. Patient with AIDS are infected with other micro-organisms such as cytomegalovirus that are more readily transmissible than HIV. The possible transmission of these other agents prompts recommendations by some that pregnant health care workers limit their exposures to AIDS patients and avoid direct involvement in their care.

Prevention of Infection after an Accident in Hospital

If a health care worker gets accidentally injured, he/she can be protected against acquiring the infection. Most of the injuries that occur are due to needle stick injuries, these can be prevented if they are careful and follow the procedures diligently. If they get a needle stick injury, bleeding from the wound should be encouraged. The wound should be washed with water and an antiseptic (not dettol or quaternary ammonium compounds).

The injury has to be assessed by medical personnel. If HIV status of the source not known then patient should be checked for the infection after obtaining his/her consent. If the patient refuses consent the test can be done without the consent of the patient. However, the result can be disclosed to the patient only after adequate counselling. This is legally permitted as it poses a threat to an uninfected person. Consult your doctor for the drugs. These drugs have to be taken for a period of twenty-eight days. If a healthcare worker gets an injury from an infected patient, he should get his blood tested immediately and it should be repeated after/an interval of six weeks. If the first test is negative and the second test is positive then the injury can be attributed to cause the infection.
Check Your Progress

Notes: a) Use the space provided for your answer.

b) Check your answer with those provided at the end of this Unit.

3. What are the universal precautions to be followed for preventing HIV transmission?

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10.8 LET US SUM UP

The introductory part of the unit gave an idea about the situation of the rising AIDS cases and how alongwith governmental initiatives the personal aspect in its prevention is important. The unit then focused on the various modes of transmission and how prevention at the personal level can put a check in its spread. The lesson emphasised the importance of how prevention of HIV/AIDS can be managed by the individual through behaviour modification and by upholding ethical values. The unit ended with some universal precautions, which should be followed by the person taking care of the AIDS patient.

10.9 UNIT-END EXERCISES

1. Describe various initiatives taken up by international agencies like UNICEF for controlling the AIDS pandemic.

2. Carry out a survey in your city about various efforts taken up by government and non-government organizations in relation to prevention of HIV and AIDS.

10.10 SUGGESTED READINGS

Adopted from: IGNOU study material related to BSWE-05, Block 3, Unit 1 & 2.


10.11 ANSWERS TO CHECK YOUR PROGRESS

1. The following are the best ways to prevent the spread of HIV through sexual activities:
   
   — Practice abstinence before marriage.
   
   — Have sex only with your uninfected and faithful spouse.
   
   — Do not involve in sexual activities with homosexuals, strangers, prostitutes etc.
   
   — Do not blindly believe that the condom gives you full protection against HIV/AIDS. In fact it has not shown 100 per cent safety against birth control and against HIV/AIDS.

2. A Medical intervention can prevent mother to child transmission to some extent. Other preventive measures include:
   
   — An HIV positive mother should not consider opting for motherhood.
   
   — If at all an HIV positive woman wants to conceive, she must seek counselling. It is essential that she also seek the opinion of her religious leaders who can guide her towards an appropriate decision.
   
   — If a pregnant woman discovers that she is HIV positive, she may not opt for an abortion. She must see medical opinion as well as opinion of her religious leaders. However, she can and she must opt for a caesarian section. This will prevent the child from getting infected during childbirth.

   — An HIV positive mother also should not breast-feed her baby. HIV can pass on to the child from breast milk.

3. a) Treat every patient as potentially infected. Hand washing with soap and water between each patient contact. Hands should always be washed before and after contact with patients. Hands should always be washed even when gloves are worn. If you accidentally touch blood or other bodily fluids thoroughly wash hands.

   b) Use disposable gloves if body fluids are contacted and double gloves during surgical procedures. Those with open skin lesions should not perform procedures if they are exposed to body fluids.

   c) Wearing of gowns when clothes may be exposed to body fluids.

   d) Wearing of masks and eyewear when performing procedure that may splash the worker with body fluids.

   e) Sharp instruments should be disposed of in puncture-resistant containers immediately after use. Needles should be disposed of immediately after use without recapping. Disposal containers should be placed in all areas where sharp objects are used.