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ABSTRACT

This newsletter addresses managing the spread of communicable diseases in childhood settings as well as educational program concerns for children who are HIV infected. Noting that communicable diseases are a source of concern no matter how minor they might appear, the newsletter suggests that it is important for individuals who work with the public to become knowledgeable about the spread of diseases in order to minimize transmission and to educate those with whom they work. Modes of transmission are identified as well as universal precautions used to create barriers between the blood and body fluids of individuals, essential in preventing the spread of communicable disease no matter what the mode of transmission. Those precautions are: (1) using protective equipment such as gloves when coming in contact with blood or body fluids; (2) using puncture-proof containers for contaminated needles and syringes; (3) using disinfectant to combat the infectious agent; (4) discarding disposable articles contaminated with blood in a plastic-lined garbage can; (5) assembling portable first-aid kits; and (6) encouraging care providers to wash their hands with soap and running water for at least 15 seconds. Nine recommendations by the state of Louisiana for educational settings working with HIV positive children are also discussed. A list of 17 resources on AIDS and infectious conditions is included. (AA)

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# THE NETWORKS

A NEWSLETTER OF THE NATIONAL MCH CENTER AT CHILDREN'S HOSPITAL

Vol. 5, No. 1

Spring 1994

## Communicable Diseases in Childhood Settings

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### INTRODUCTION:



W haley and Wong (1991) define communicable disease as an "illness caused by a specific infectious agent or its toxic products through a direct or indirect mode of transmission of that agent from an environment where an infectious agent lives and multiplies." (p.74). At the turn of the century, four categories of communicable diseases were listed among the 10 leading causes of death among children: pneumonia and influenza, tuberculosis, diarrhea and enteritis, and diphtheria (Hinman, 1988). In 1990, only two categories of infectious conditions were attributed with the cause of death among children between the ages 5 and 14. Categories included pneumonia and influenza which ranked 7th and HIV infection which ranked 10th (National Center for Health Statistics, 1993). Over the last century, improved sanitary conditions, specifically drinking water and disposal of wastes, as well as immunizations, have helped to alleviate communicable disease transmission.

Communicable diseases, no matter how minor they might appear, are a source of much concern. Communicable diseases not only pose a threat to the person who

is infected, but to the elderly, persons with suppressed immune systems, pregnant women, and infants who are too young to be vaccinated. Added to the list of concerns are the financial considerations related to the disease ranging from cost of treatment to time missed from work. Educators are aware of disruption in the child's instructional program that results when a child is either ill in school or absent from school due to illness.

Another issue raised in the last 10 years involves educational programming and the system of care for children who have infectious conditions such as symptomatic or asymptomatic HIV infection. This newsletter will address both managing the spread of communicable diseases as well as educational program concerns for children who are HIV infected.

### Managing the Spread of Communicable Diseases

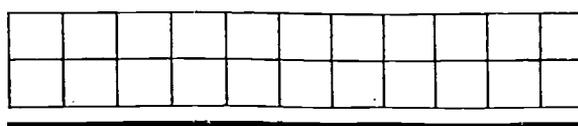


I t is important that individuals who work with the public become knowledgeable about the spread of diseases in order to minimize transmission as well as educate those with whom they work. Information serves to alleviate fears caregivers may have regarding working with children with known infections as well as providing day-to-day care that is required for young children (i.e., toileting, runny noses, cuts and abrasions, etc.). In order to identify and manage communicable

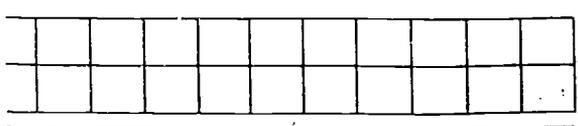
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# Educational Program Issues for Children Who Are HIV Infected

**C**ollaboration between the family, school personnel, and health professionals is vital to making decisions regarding educational placement and programming for each child who is HIV infected. Although collaboration is ideal, it may not always be possible due to hesitancy of the family to disclose this information. Families may be hesitant for fear their child might be stigmatized or because they are unsure of the benefits that this disclosure might provide. The decision as to who to inform should be made by the parent and physician (Rosen and Granger, 1992). If the parent informs school personnel of the child's condition, confidentiality must be maintained for legal reasons as well as to foster a relationship of trust between the family and school. This relationship is important in making decisions regarding the child's present and future educational program. Program concerns include lines of communication to and from school, outbreak of chicken pox or other communicable diseases in the school, emergency plans, academic work missed due to absences, decreased vitality, etc.

The State of Louisiana (Governor's Task Force on AIDS, 1987) has developed recommendations for educational settings in working with children who are HIV positive. These recommendations are consistent with those of the American Academy of Pediatrics. The recommendations are as follows:

1. Decisions regarding the type of educational and child care settings for HIV infected children should be based upon the behavior, neurological development, and physical condition of the child and the expected type of interaction with others in that setting. These decisions are best made by using a team approach, including the child's physician, school physician, school health and 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. For most infected school-aged children, the benefits of an unrestricted setting outweigh the risks of their acquiring potentially harmful infections in the setting

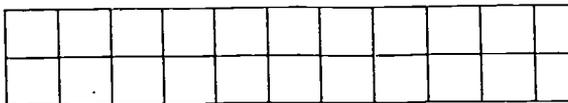
and the apparent nonexistent risk of transmission of HIV. These children should be allowed to attend school and after-school day-care and to be placed in a foster home in an unrestricted setting.

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

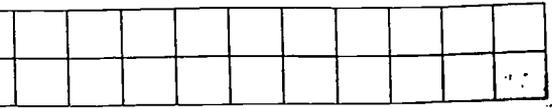
4. Because other infections in addition to HIV can be present in blood or body fluids, all schools and day-care facilities, regardless of whether children with HIV infection are attending, should adopt routine procedures for handling blood or body fluids. Soiled surfaces should be promptly cleansed with disinfectants, such as household bleach (diluted 1 part bleach to 9 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.

5. The hygienic practices of children with HIV 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.

6. Children born to mothers with AIDS are at increased risk of acquiring HIV infection. Physicians should consider testing the children for evidence of HIV infection for medical reasons. Vaccination of infected children with live virus vaccines, such as the measles-mumps-rubella vaccine (MMR), may be hazardous. These children also need to be followed closely for problems with growth and development and given prompt and aggressive therapy for infections and exposure to potentially lethal infections, such as varicella. In



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the event that an antiviral agent or other therapy for HIV infection becomes available, these children should be considered for such therapy. Knowledge that a child is infected will allow parents and other caregivers to take precautions when exposed to the blood and body fluids of the child.

7. Mandatory screening as a condition for school entry is not warranted based on available data.

8. Persons involved in the care and education of a child infected with HIV 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 the minimum needed to assure proper care of the child and to detect situations wherein the potential for transmission may increase (e.g., bleeding injury).

9. All educational and public health departments, regardless of whether children infected with HIV are involved, are strongly encouraged to inform parents, children, and educators regarding HIV and its transmission. Such education would greatly assist efforts to provide the best care and education for infected children, while minimizing the risk of transmission to others. (Adapted from the Governor's Task Force on AIDS, State of Louisiana, 1987, pp.1-2)

**Conclusion**

Persons who work in agencies that serve young children are at risk of being exposed to a variety of communicable diseases. Practicing universal precautions, modelling safe and sanitary practices for all children, and insuring that personnel have current immunizations will greatly curb the spread of disease among children and their caregivers. A team consisting of the family, school personnel, and community health provider are effective in planning for the educational needs of children who are HIV infected.

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**RESOURCES**

**AIDS AND INFECTIOUS CONDITIONS**

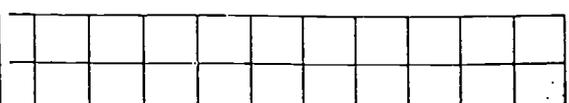
American Federation of Teachers, AFL, CIO 1-800-238-1133, ext. 4490 55 New Jersey Avenue, NW, Washington, D.C. 20001 (202) 879-4400

- ❖ It's up to You: Building A Safer Approach to Universal Hygiene
- ❖ Reducing the Risk - School Leader's Guide to AIDS Education
- ❖ Someone at School has AIDS: A Guide to Developing Policies For Students and School Staff Members who are Infected with HIV
- ❖ Local AIDS Services: The National Directory
- ❖ The medically fragile child in the school setting

American Red Cross. School Systems and AIDS: Information for Teachers and School Officials HIV Infection and AIDS. American Red Cross, 17th & D Streets, N. W., Washington, D.C. 20006.



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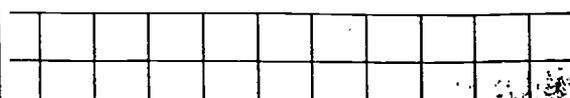
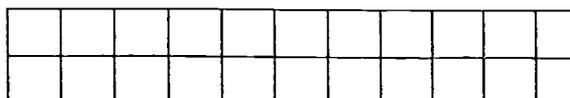
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**Information Resources:**

National AIDS Hotline  
 National Pediatric HIV Resource Center  
 Education \* Information \* Referrals  
 Children Hospital AIDS Program  
 1-800-342-AIDS  
 15 South Ninth Street  
 1-800-344-SIDA (Spanish Access)  
 Newark, NJ 07107  
 1-800-AIDS-TTY (Deaf Access)  
 (201) 268-8251 FAX: (201) 485-7769

NAIC - National AIDS  
 Center for Disease Control (CDC)  
 Information Clearinghouse  
 1600 Clifton Road  
 (Custom Search Services)  
 Atlanta, GA 30333  
 Information \* Resources \* Publications  
 (404) 639-3311  
 P.O. Box 6003, Rockville, MD 20850  
 TTY/TTD: 1-800-243-7012  
 FAX: 1-301-738-6616

Scrubby Bear Program (Infection Control)  
 Available from: American Red Cross  
 Orange County Chapter  
 ATTN: Scrubby Bear Program  
 601 North Golden Circle Drive  
 Santa Ana, CA 92705  
 (714) 835-5381



## Bulletin Board

The bulletin board is an electronic forum where users have instant access to a variety of resources and information. Features of the system include:

- Posting of latest conferences and seminars.
- Messaging services whereby users can post mail to one another.
- National conferences area where users can join in on discussions with other users and request information on specific topics.
- Database searches of local, regional and national resources and organizations.
- Database searches of the National Center's library and resource lists.
- Selected current articles available for browsing and downloading (transfer to the user's computer).

The bulletin board can be accessed by any personal computer with a modem and communications software at **(504) 897-9204**. For information or assistance, call the systems operator at **(504) 896-9287**.

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