
JAIL BULLETIN

NUMBER 44

August, 1988

The Jail Bulletin is a monthly feature of the Crime Commission Update. The Bulletin may be used as a supplement to your jail in-service training program if officers study the material and complete the attached "open book" quiz. The Bulletin and quiz may be reproduced for use by your staff. We welcome any jail training materials you would like to contribute to the Bulletin.

AIDS Incidence

38. How many cases of AIDS have occurred so far?

In the United States, there have been nearly 25,000 cases of AIDS reported to the Centers for Disease Control over a six year period, with a steady increase each year since the identification of the disease in 1981. For an update of reported AIDS cases, contact the Centers for Disease Control at (404) 329-3651.

39. How many men have developed AIDS?

Approximately 8% of reported AIDS cases are homosexual or bisexual males who report intravenous drug use and 65 are homosexual or bisexual males who are IV drug users.

40. How many women have developed AIDS?

Approximately 1% of the AIDS victims are females. Most women with AIDS are IV drug abusers; a few are sexual partners of males with AIDS.

41. What are the reported number of cases of AIDS in correctional facilities?

In a recent survey of state, federal and local correctional facilities, nearly 800 cases of AIDS were reported throughout the country. For a detailed breakdown of the source of AIDS cases see AIDS in Correctional Facilities. National Institute of Justice. Washington D.C. 1986.

42. Is AIDS spreading in prisons?

In a recent report by the National Institute of Justice, most of the prison AIDS cases appeared in persons with histories of intravenous drug use, prior to entering the correctional system. Currently, there is no research which indicates that AIDS is spread in prisons, although there may be a higher concentration of individuals in the high-risk categories within correctional facilities (jails and prisons).

43. Are there any reported cases of AIDS in Correctional Officers?

To date, there have been no reported cases of AIDS in Correctional Officers. Researchers have studied groups of health care workers, who have daily contact with AIDS patients and their body fluids. These studies indicate that health care workers did not become infected with the AIDS virus.

44. Is there incidence of AIDS among law enforcement officers?

There have been no reported cases of law enforcement officers being infected with the AIDS virus as a result of their interactions with high-risk or AIDS-infected individuals. Since the disease is transmitted through direct contact with blood and semen, it may be safe to assume that a law enforcement officer not within the high-risk groups is at no more risk of AIDS than any other professional who has daily contact with AIDS-infected individuals.

45. Is the incidence of AIDS increasing among IV drug abusers?

New York State and nearby New Jersey have the highest number of AIDS cases among IV drug abusers in the nation. In 1985, approximately 38% of all New York State AIDS patients reported IV drug use; some of these persons also reported homosexual or bisexual activity. There has been a slight increase in the proportion of IV drug related AIDS cases in the last few years, and cases in this risk group are expected to grow dramatically in the next few years.

46. What is the geographic distribution of reported AIDS cases?

Thirty-four percent of the cases in the U.S. are reported from New York State and about 23 percent from California. AIDS cases have been reported from all 50 states, the District of Columbia, Puerto Rico and most other countries.

47. Is AIDS occurring only in our country?

AIDS is a world-wide phenomenon. In addition to the United States and Canada, AIDS has been reported in 18 European countries, at least 21 African countries, the Caribbean, South America, Australia and several other places including the Middle East and Asia.

48. Do AIDS cases in other countries show the same risk factors as here?

In general, the same risk factors - blood-to-blood or semen-to-blood contact - are associated with AIDS everywhere. The specific groups of people affected by AIDS varies to some extent from country to country. For example, there are fewer drug abusers identified as AIDS victims in Europe, and more females have developed AIDS in Africa. Studies are underway to gain a better understanding of the similarities and differences of AIDS distribution in the U.S. and other countries.

49. Where did AIDS originate and how?

Research on the origin of AIDS is continuing. Some scientists believe AIDS originated in Africa, where a large number of cases is occurring, and a closely related virus to HIV has been isolated in a species of monkey.

Diagnosis and Treatment

50. Is there a test for AIDS?

There is no test to determine if a person has AIDS or will develop AIDS in the future. A test has been developed for detecting antibodies (substances produced in the blood to fight disease organisms) to the virus linked with AIDS. Presence of HIV antibodies means only that a person has been exposed to the virus; it does not indicate whether the person is infected or has or will develop AIDS.

51. How is AIDS diagnosed?

Since there is no single diagnostic test for AIDS, diagnosis is based on evaluation of a variety of indicators including immune system function and presence of HIV antibodies and AIDS-associated infections and diseases.

52. What is the incubation period for AIDS?

The onset of symptoms following infection with the HIV virus is thought to range from six months to several years. Most people exposed to the virus have not developed AIDS so far.

53. What are the symptoms of AIDS?

In its early stages, immune deficiency may not cause any symptoms. The symptoms that AIDS victims eventually develop are related to the diseases or infections that attack them because of their inability to fight off infection.

These symptoms are persistent and may include:

- extreme tiredness, sometimes combined with headache, dizziness or lightheadedness;
- continued fever or night sweats;
- weight loss of more than 10 pounds which is not due to dieting or increased physical activity;
- swollen glands in the neck, armpits or groin;
- purple or discolored growths on the skin or the mucous membranes (inside the mouth, anus or nasal passages);
- heavy, continual dry cough that is not from smoking or that has lasted too long to be a cold or flu;
- continuing bouts of diarrhea;
- thrush, a thick whitish coating on the tongue or in the throat which may be accompanied by sore throat;
- unexplained bleeding from any body opening or from growths on the skin or mucous membranes; bruising more easily than usual;
- progressive shortness of breath.

54. What are some of the diseases affecting AIDS patients?

About 85 percent of the AIDS patients studied have had one or both of two rare diseases: Pneumocystis carinii pneumonia (PCP), a parasitic infection of the lungs which has symptoms similar to other forms of pneumonia; and/or a rare type of cancer known as Kaposi's sarcoma (KS) which usually occurs anywhere on the surface of the skin or in the mouth. In early stages, it may look like a bruise or blue-violet or brownish spot. The spot or spots persist, and may grow larger. KS may spread to, or appear in, other organs of the body. AIDS patients also may develop unusually severe infections with yeast, cytomegalovirus, herpes virus, and parasites such as Toxoplasma or Cryptosporidia; milder infections with these organisms do not suggest immune deficiency. About 30 percent of patients show symptoms of brain disease or severe damage to the spinal cord.

55. How is AIDS treated?

Currently there are no drugs available that have been shown to cure AIDS, although the search for an effective treatment is being pursued vigorously. Some drugs have been found that inhibit the action of HIV, but these may not lead to clinical improvement. Treatment is directed at the specific opportunistic infections or cancer which attack AIDS patients.

56. How many people have died from AIDS?

Approximately 50 percent of all persons diagnosed with AIDS have died. The death rate increases to nearly 70 percent two years after diagnosis.

57. Does anybody ever survive AIDS?

Some people with AIDS are still alive four-five years after diagnosis. Since there is no known way to reverse the damage to the immune system, we don't know how long AIDS patients can live. Tracking of the disease has only been underway for about five years, so we have no long term records.

58. Is there a vaccine to prevent AIDS?

There is currently no vaccine to protect a person from the HIV virus or AIDS. Researchers in the U.S. and other countries are working diligently to develop an AIDS vaccine. Scientists report that this may be difficult because the virus can alter its form in the human body.

59. What is the Federal Government doing to find a cure or treatment for AIDS?

The U.S. Department of Health and Human Services, through the National Institutes of Health, is funding research projects to find preventative and or treatment methods for AIDS and/or the opportunistic infections associated with the disease. In addition, various branches of the federal government, such as the U.S. Department of Justice and the National Institute of Corrections, are funding research and training programs to assist state and local officials in addressing the problem of AIDS. An example of one such program is the National Sheriffs' Association AIDS in Correction Project.

AIDS in Children

60. How many children have AIDS?

Most recent reports indicate that approximately 300 children have AIDS, which accounts for approximately 1.2% of the total AIDS cases in the United States.

61. How do children get AIDS?

The majority of infected children acquired AIDS from their infected mothers, presumably through blood exchange in the uterus or during birth. A few children developed AIDS from blood transfusions prior to screening of the blood supplies.

62. Can children develop AIDS from mother's milk?

There is one case of AIDS in Australia which is reported to have been transmitted to an infant through mother's milk. So far, there are no reported cases of AIDS in the U.S. linked with breastfeeding, but any woman who is positive for HIV antibodies is advised to refrain from nursing as a precautionary measure.

63. If a child has AIDS, can he/she pass it on to another child?

None of the identified cases of AIDS in the United States is known or suspected to have been transmitted from one child to another in the home, school, day-care or foster-care setting. Theoretical transmission presumably would necessitate exposure of open skin lesions or mucous membranes to blood or other body fluids of an infected person.

64. What risk does mixing with other children pose to a child with AIDS?

Immune suppressed children are highly susceptible to infections from other children in a school or day-care setting. Assessment of risk to an immune-suppressed child from attending school is best made by the child's physician who is aware of the child's immune status.

65. What precautions or guidelines should be introduced in schools to prevent exposure to blood or other bodily fluids from a child with AIDS?

Because other infections can be present in blood or body fluids, all schools and day-care facilities, regardless of whether children with AIDS are attending, should adopt routine safety procedures for handling blood or body fluids. Soiled surfaces should be promptly cleaned with a disinfectant, 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.

66. Is there a danger having teachers, cooks or other school personnel infected with AIDS?

No. AIDS is not spread through air, food, water or any form of casual contact. There are no cases of AIDS reported anywhere that are known or suspected of being transmitted through food preparation, use of common toilets or drinking fountains or merely having long-term casual contact with a person with AIDS. Therefore, teachers, cooks or other school personnel with AIDS who feel well enough to work would not represent a risk to students or other school personnel.

67. Should there be HIV antibody testing for school children or school personnel?

The test that detects the antibodies to HIV is not a diagnostic test for AIDS. Most persons exposed to the virus will not develop AIDS. Therefore, screening of school children or other healthy persons will not provide useful information upon which to base a public health policy.

68. If a child is bitten by another child with AIDS - what is the possibility of transmission?

While HIV virus has been identified in saliva, there are no cases of AIDS known or suspected of having been transmitted through a bite. Transmission of the virus appears to require direct blood-to-blood or semen-to-blood contact.

69. Suppose my child became a regular playmate of a child with AIDS?

Casual contact, even over a long period of time, is not regarded as dangerous, primarily because no child in the family of an AIDS victim has been known to contract the disease through day-to-day activities or contact. Even baby twins, one infected and one not, sharing nipples, toys, food, bed and playpen have not passed the virus between them.

70. What if my child is in a classroom with an AIDS patient who threw up or had diarrhea?

Your child would be at no risk. Care should be taken to minimize direct exposure to bodily secretions or excretions from any ill person. Persons cleaning up such secretions are advised to wear gloves and to use a solution of household bleach and water (diluted 1 part bleach to 10 parts water) as a disinfectant. While these precautions are recommended, it should be noted that no cases of AIDS have ever been linked with exposure to urine, saliva, vomit or feces. The body secretions linked with AIDS are blood and semen.

71. Since AIDS is transmitted through blood contact, could a child get it through a schoolyard fight or during a contact sport like football?

There is no evidence of AIDS transmission through a sports injury. Blood transfusions have transmitted the virus associated with AIDS, as have dirty needles shared by IV drug abusers, but that is not the same thing as external contact with blood as might occur in a sports injury.

72. Is there a national policy with respect to children with AIDS attending schools?

There is no national policy with respect to children with AIDS attending school. Decisions regarding the type of educational setting for children with AIDS or ARC should be based on the behavior, neurological development and physical condition of the child. The appropriate decision makers would include the child's parent or guardian, physician, public health personnel and school officials.

Note: The above article is taken from the booklet 100 Questions And Answers About AIDS, published by the National Sheriffs' Association under a National Institute of Corrections grant. The remainder of the material will be included in future issues of the Jail Bulletin.

QUIZ

Nebraska Jail Standards require that jail staff receive eighteen (18) hours of in-service training each year. The Jail Bulletin may be used to supplement in-service training if an officer studies the Bulletin, completes the quiz, and this process is documented by the jail administrator for review during annual jail inspection.

SUBJECT: QUESTIONS AND ANSWERS NAME _____
 ABOUT AIDS
NUMBER: 44 DATE _____

- 1. Approximately _____% of AIDS victims are females.
- 2. How many correctional officers have been reported to have AIDS?
 - A. None
 - B. 15
 - C. 37
 - D. 3353
- 3. Approximately _____% of all persons diagnosed with AIDS have died.
- 4. List the 10 symptoms of AIDS given:

CREDIT: 1/2 HOUR CREDIT FOR JAIL IN-SERVICE TRAINING REQUIREMENT.

ANSWER SHEET SHOULD BE RETAINED BY JAIL ADMINISTRATOR.

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 - A. None
 - B. 15
 - C. 37
 - D. 3353
3. Approximately 50 % of all persons diagnosed with AIDS have died.
4. List the 10 symptoms of AIDS given:

EXTREME TIREDNESS, SOMETIMES COMBINED WITH HEADACHE OR DIZZINESS;
CONTINUED FEVER OR NIGHT SWEATS;
WEIGHT LOSS OF MORE THAN 10 LBS.-NOT DUE TO DIETING OR PHYSICAL ACTIVITY;
SWOLLEN GLANDS IN THE NECK, ARMPITS OR GROIN;
PURPLE OR DISCOLORED GROWTHS ON THE SKIN OR MUCOUS MEMBRANES;
HEAVY, CONTINUAL DRY COUGH-NOT FROM SMOKING OR FROM A COLD OR FLU
CONTINUING BOUTS OF DIARRHEA;
THRUSH WHICH MAY BE ACCOMPANIED BY SORE THROAT;
UNEXPLAINED BLEEDING FROM ANY BODY OPENING OR GROWTHS ON THE SKIN OR
MUCOUS MEMBRANES, BRUISING MORE EASILY THAN USUAL; OR
PROGRESSIVE SHORTNESS OF BREATH.

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