

Zimbabwe Medical Association

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AIDS Guidelines for Doctors

Introduction

ZiMA has for some time been concerned by an apparent lack of practical guidelines for doctors who are handling patients with HIV infection. This is an attempt to provide guidelines, although it must be stated categorically that these are only guidelines and not instructions. Comments from members will be appreciated, and from time to time an updating exercise will be performed on these guidelines.

1. What is HIV, ARC and AIDS?

HIV is a retrovirus, first discovered in January 1983. It infects and has been recovered from blood, semen, cervical secretions, lymphocytes, serum, plasma, CSF, tears, saliva, urine, breast milk and alveolar fluid of infected persons. Only blood, semen and cervical secretions are important sources of transmission of infection. The virus is responsible for causing:

- (a) Asymptomatic carrier states.
- (b) Symptomatic carrier states, AIDS related complex (ARC) characterised by
 - lymphadenopathy
 - loss of weight
 - diarrhoea
 - skin rashes
 - neurological and haematological disorders
 - herpes zoster in a young person.
- (c) AIDS, characterised by immune deficiency with characteristic consequences
 - mucocutaneous candidiasis
 - pneumocystis carinii pneumonia
 - atypical meningitis, cryptococcal
 - resistant venereal diseases, particularly chancroid
 - atypical malignancies, particularly Kaposi's sarcomaPLUS the features of ARC.

AIDS stands for **Acquired Immune Deficiency Syndrome**, caused by the **Human Immunodeficiency Virus (HIV)**.

2. Testing for HIV Infection

(i) Who should be tested?

(a) In the clinical situation: Anyone who fulfills the following criteria and gives consent to having the investigations performed. This consent should be informed and freely given:

- (i) Any clinical features of ARC or AIDS.
- (ii) Sexual contact or child of HIV infected person.
- (iii) Patients who are at high risk of infection, such as prostitutes, IV drug abusers, patients with STD or TB.
- (iv) Promiscuous past history in people seeking premarital counseling and guidance.

(b) In the non-clinical situation, testing for HIV infection would be continued as a public health, epidemiological or research exercise. We believe such investigations by responsible bodies are urgently required in Zimbabwe.

(ii) What tests are available and what do they mean?

(a) The ELISA test (Enzyme Linked ImmunoSorbent Assay)

This is the most sensitive available test designed as a screening test for the blood transfusion services. False positive rates are high in population with a low incidence of HIV infection in the general population. The false positive rate decreases dramatically as the prevalence of the disease increases. However, strongly positive (3+ and 4+) tests have been shown to be virtually diagnostic for HIV infection in the correct clinical setting by comparison with concomitant Western Blot testing. Lesser degrees of HIV positivity should be viewed with suspicion in clinically well patients with no risk factors.

(b) Western Blot Test

Performed by enzymatic digestion of the HIV virus into component proteins followed by electrophoretic separation of these proteins on a gel, and then comparison of these with a standard strip prepared from the virus. Antibodies to at least one core protein from the virus (p24 or p25) and one envelope protein (gp 41, gp 110 or gp 160) should be present.

A 3+ or 4+ ELISA test usually means HIV infection, but may be confirmed by a positive Western Blot test before telling a patient that he/she is infected with the AIDS virus. As previously mentioned, a 3+ or 4+ ELISA is almost uniformly associated with a positive Western Blot on confirmatory testing. There is always a possibility of labeling or laboratory error in performing the initial ELISA test, and some doctors believe that a second ELISA test should be performed "to be sure".

3. What should we tell the patient?

In all situations, informed consent prior to testing should be obtained. This would explain why the test is being done (see 2(i)). After an initial 3+ or 4+ positive ELISA, the patient should be informed that he/she has a positive screening test, but that a confirmatory test is required before he can be confidently diagnosed as having HIV infection, but that the suspicion of infection is a little greater than that which led to the initial test. If the confirmatory test is positive, he/she should be told:

- (a) that he/she is infected with HIV
- (b) that he/she is infectious and should practise "safe sex" by using a condom (or the partner) and avoiding unusual sexual practices
- (c) that they cannot donate blood, and should advise anybody taking their blood of the risk of its infectiousness
- (d) that AIDS is not at present curable, but that there is work on developing vaccines and medications going on which hold out hope for them in the future
- (e) that they will need continued follow up and surveillance, and should look for and seek treatment for any evidence of infection or change in health status
- (f) that they should be advised to adopt a healthy lifestyle, to avoid, in particular, promiscuous sexual activity, smoking and alcohol abuse. They should also be advised to get plenty of rest.

What to look for specifically should be set out (as in (1)) and accompanying pamphlet.

4. How safe is our blood?

We are extremely fortunate in that our Blood Transfusion Service (BTS) was amongst the first in the world to begin testing routinely donated blood for HIV infection, and has also routinely tested for hepatitis B for many years. Dr. J. Emmanuel has done excellent work in this area and is to be thanked for saving unknown numbers of lives by the introduction of this screening test. There does, however, remain a very small risk of HIV transmission by blood transfusion during the "window period" when viraemia is present in a donor prior to their developing antibodies to the HIV.

5. What should we as a profession be doing in the current Zimbabwe situation?

We appear to be passive in the face of what is estimated to be an exponentially increasing AIDS epidemic in the country. We should be:

- (a) Actively supporting and encouraging quality research on the problem in Zimbabwe.
- (b) Promoting the dissemination of accurate information through publications, lectures, professional and public discussions.
- (c) Influencing in as positive a way as possible the "global strategy" of the country towards a comprehensive, rational and openly informed campaign to control the epidemic which we fear is coming.
- (d) Promoting "health education" in schools, colleges and universities, or any work place where the benefits of education may help change in behaviour.
- (e) Pressing for adequate but "confidential" data which can be used for monitoring the magnitude of the problem.
- (f) Getting involved and not being passive or indifferent to the problem.
- (g) Be sensitive to the small risk of transfusion induced illness and use blood products only where strictly indicated.
- (h) Sensitive but firm counseling of high risk or HIV infected individuals is an important public health measure (see accompanying pamphlet).

10th October, 1988.

Counseling the patient in whom HIV/AIDS virus has been diagnosed

A doctor has a responsibility to inform his patient of a reasonable suspicion of, or positive test for, HIV infection. Further, counseling of HIV-infected individuals is one of the most effective public health measures presently available to combat AIDS in the community.

Before testing for HIV, the patient should be informed that HIV infection is suspected, that the result will assist his/her medical care and could have important implications for prevention of serious illness in his/her loved ones. Since knowledge of a positive test compromise an application for insurance, a possible delay in performing the test could be discussed with the patient.

What to say to the patient?

Your examination and blood test indicates that you have a germ or virus called HIV in your blood. This virus is also known as the AIDS virus. However, it is clear that you do not have the disease AIDS (except if the patient does have AIDS).

The AIDS virus and the disease AIDS

The AIDS virus is the cause of AIDS. On the other hand, not everyone who has the AIDS virus has AIDS. In fact, most people with AIDS virus infection feel perfectly well or have only minor problems such as lumps in the neck. This means that the virus is present, but it is not very active or is being controlled by the body's defences. But, any person who is carrying the AIDS virus, even if they feel perfectly well, may be able to give the germ to others.

The disease AIDS

AIDS occurs if the HIV germ overcomes and damages the body's defences seriously. The body then becomes less able to defend itself against other infections such as pneumonia and TB, and against certain cancers. These secondary diseases are the usual cause of death in AIDS.

Prognosis

Because this is such a new disease, no one knows how many people with AIDS virus infection will develop the disease AIDS. Based on experience here in Zimbabwe, only a minority of those with AIDS virus infection have developed AIDS up to now. In countries where the disease has been present longer, a higher proportion have developed AIDS. As far as we know, all patients who develop AIDS will eventually die from it.

Treatment

At the present there is no cure for AIDS or the HIV virus. But many good scientists and doctors are working on the problem and some progress has been made.

Transmission of HIV

In Zimbabwe there are three important routes:

(1) Through sexual intercourse. While sex between men and drug abuse with needles are important in some parts of the world, in Zimbabwe heterosexual sex (between men and women) is the main problem. The AIDS virus can go from a man to a woman or from a woman to a man just like any other sexually transmitted disease.

(2) From a pregnant woman to the baby in her womb. This does not happen every time a woman who is carrying the AIDS virus gets pregnant, but the risk is substantial. Unfortunately, HIV infection seems to affect infants much more quickly and seriously than adults. Current estimates put risk of perinatal transmission at 25%-40%. Obviously this area must be handled sensitively if the patient being counseled is pregnant.

(3) Through blood transfusion. This risk has been almost eliminated. Every unit of blood collected by the Zimbabwe Blood Transfusion Service is tested before it is given, and rejected if there is any suspicion of the AIDS virus.

Specific Dos and Don'ts

The most important steps you can take to deal with your AIDS virus infection are to avoid giving it to others and to lead a healthy lifestyle to keep your body strong to fight infection.

1. Avoid having multiple sexual partners. This is dangerous to each partner since they could catch the AIDS virus from you. It is also dangerous for you. If you get other STDs such as "drop" or "maronda", they may be harder than usual to treat - and they may help to activate the AIDS virus in your body.

2. If you do have sex with someone who is not your spouse, the man must use a condom during sex - correctly and every time. This will reduce the risk of transmitting the AIDS virus and also other STDs. You can get condoms from clinics, family planning clinics and chemists. If you don't know what they are or how to use them ask us. A demonstration may be helpful.

3. With married or other stable couples, testing both partners can help the doctor to give you the best possible advice. Here, emphasis that one partner might have acquired the infection some years ago, so it does not imply recent infidelity, may avert marital discord. When one partner is found to be HIV positive and the other negative, consistent condom use should be strenuously encouraged.

4. We think that the risk of having a baby that will develop AIDS is so high that you (the couple) should avoid falling pregnant at the present time. If you hope to have children in the future, we suggest postponing pregnancy for some time, perhaps two years, by using a reliable method of family planning. Your doctor can then examine you, reassess your situation and advise you about the risk at that time. He can also inform you of any

developments in predicting risk of transmission or in vaccines or treatment which could help you.

5. Do not volunteer to give blood for transfusion. You can tell the nurse that you have a positive hepatitis test.

Ways in which HIV is not spread

The AIDS virus is not spread by touching, shaking hands or other nonintimate activities. A person carrying the AIDS virus is not a risk to people at work or even to the person in the next bed in hospital (unless he also has something like TB). There is no risk of giving the AIDS virus to your older children by doing any of the normal things parents and children do together.

You should probably be extra careful about protecting others from your body fluids. Aside from sexual contact, this would include cleaning up any blood carefully, covering any open wounds, and not sharing toothbrushes.

Whom the patient should tell about a positive test for HIV

If you visit a clinic or doctor you should inform them as it might be important in determining the right treatment for your problem. You should tell your sexual partner. The doctor or clinic can help to explain and to advise both partners together, usually after testing your partner.

Otherwise, this is private, confidential information. It is not the business of your employer or any of your family you do not wish to tell. Because many people are still ignorant and afraid of this problem, we advise you do not tell others except perhaps your priest or trusted friend/relative. If your health card contains any reference to HIV or the AIDS virus, do not show it to your employer. You can get a note to show you were at clinic.

What to do if illness occurs

If you become sick, the chances are it is an ordinary illness, not related to your AIDS virus infection - a cold, diarrhoea or malaria that anyone could get. But remember to tell your clinic or doctor about your HIV test, since there is a chance that the problem could be related to HIV and requires special treatment.

ALTHOUGH WE DO NOT HAVE A CURE FOR THE HIV GERM ITSELF,
WE CAN CURE MANY OF THE DISEASES, LIKE TB AND PNEUMONIA,
THAT PATIENTS WITH HIV CAN GET.