

Working with children infected and affected by HIV & Blood Borne Viruses

Learning to work within ethical boundaries of professional practice



Introduction

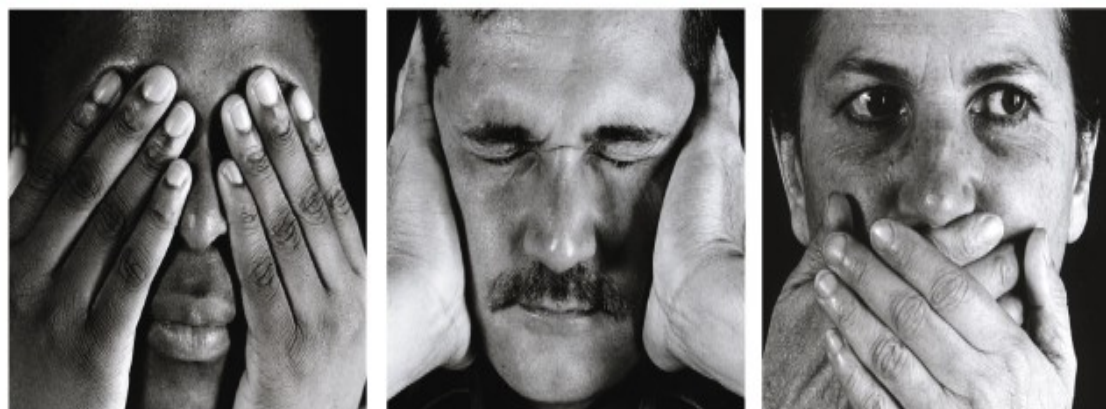
- Define the aims of the day
- Identifying learning objectives
- Group ground rules
- Domestic arrangements

What do we know about HIV?

- Where did HIV originate?
- How does this knowledge fuel racism?
- Why such an emphasis upon “stigma and discrimination”
- Where does AIDS fit into the social/clinical picture?
- Any questions

Global HIV & AIDS

WORLD AIDS DAY 1 DECEMBER



**FACE UP
TO THE CHALLENGE**



People living with
HIV & AIDS 42m

Adults 38.6m

Women 19.2m

Children under 15
years – 3.2m

HIV cases to date
70 million

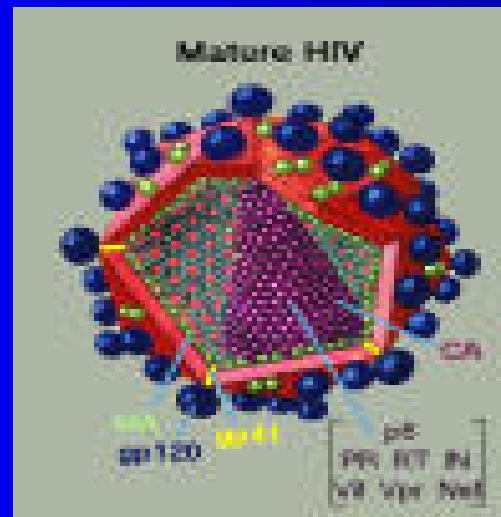
Total AIDS deaths
to date 28.1 million

What is HIV?

- H = HUMAN
- I = IMMUNODEFICIENCY
- V = VIRUS

📄 HIV - the virus which compromises the immune system to such a degree that opportunistic infections are easily caught

The HIV Virus



What is AIDS

- A = ACQUIRED
- I = IMMUNE
- D = DEFICIENCY
- S = SYNDROME

📄 AIDS - The result of opportunistic infections to such a degree that the affects may be very serious

Listening to young people

- In research young people 16-18 think HIV is “nothing to do with them”
- Most young people have a vague recollection of some HIV education from school, but most of their knowledge had come from the Eastenders’ Mark Fowler storyline.

Key findings

- Friends and magazines are the most common source of sex education for 16-18 year olds, although they acknowledge that friends often get things wrong.
- Sex education at school is slated as “too biological” with no discussion of social and emotional issues.

More findings

- Many young people experience peer pressure to lose their virginity early to fit in with their social group.
- A sense of self worth and assertiveness about sex is often lacking, particularly among young women.
- Young men see sex advice as irrelevant to them and concerned only with women's issues.

The bigger picture

- More than one in ten 16-24 year olds (12%) think that there is a cure for HIV.
- Many other young people know the facts about HIV but choose not to use condoms.
- Teenagers suggest that sex education at school should begin at the age of 10 and include social/emotional issues as well as life skills training

Facts & Figures

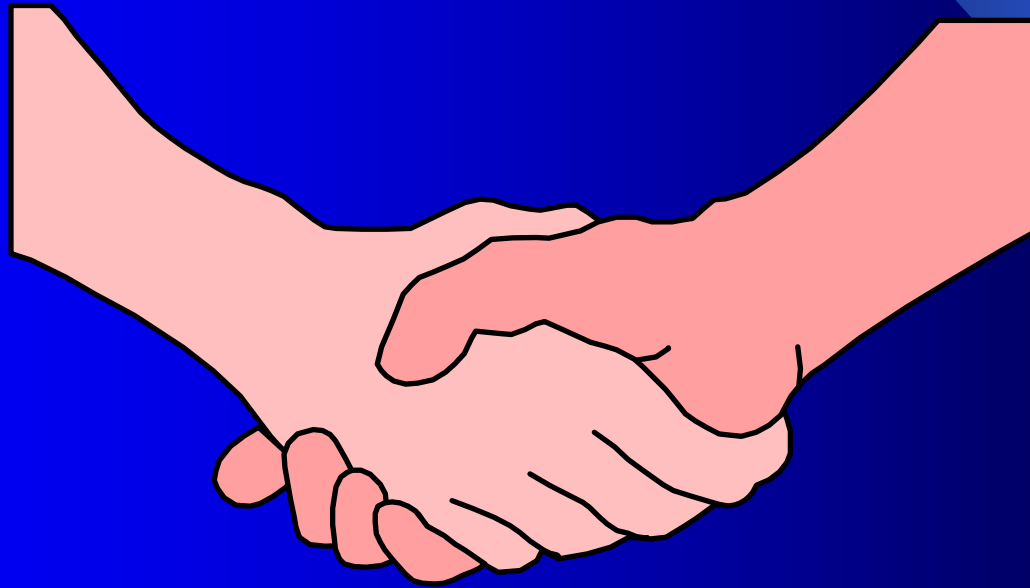
- New estimates indicate the number of people infected by HIV in the UK is in excess of 50,000 adults.
- About 17,000 of these are undiagnosed and so unaware of their infection.
- HIV cases diagnosed in 2002 – 33,000 increasing by 26% from 2001
- Two thirds of infections diagnosed in the UK are due to heterosexual exposure, thought to have been contacted abroad.

HIV In Scotland - Diagnosed

- 2002 - 2751 cases – Fife 137 (Dec 03)
- Affected groups:
 - Heterosexual sexual intercourse
 - Sexual activities by gay men
 - Intravenous drug users (Sex and Needle Sharing)
 - Mother to baby transmission

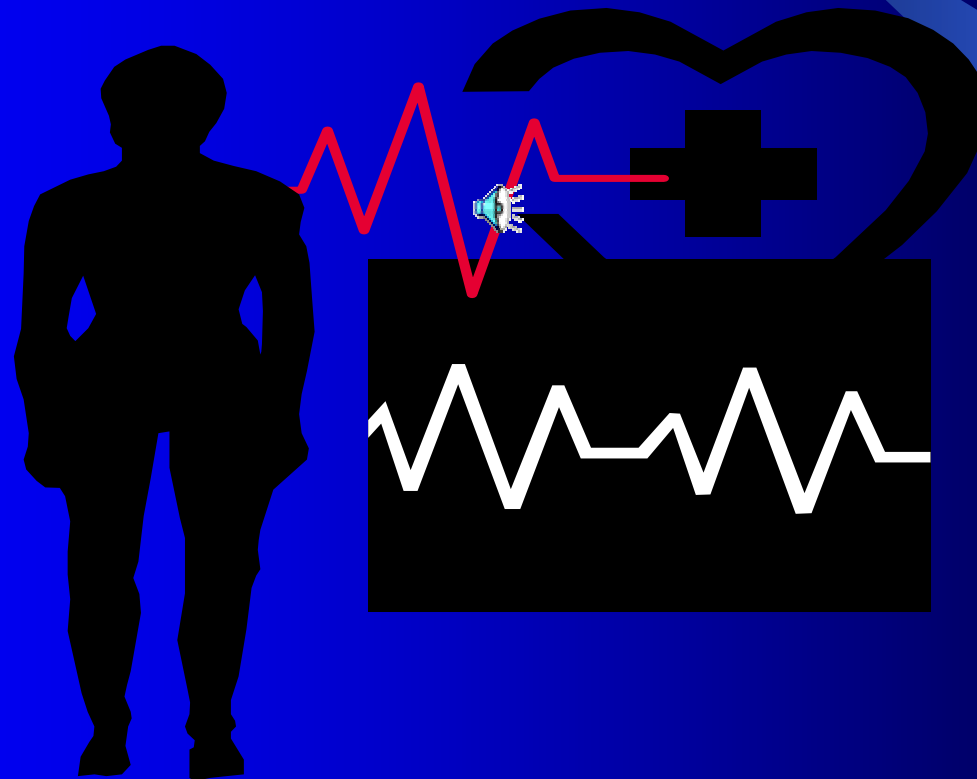
HIV is not transmitted by

- Social Contact



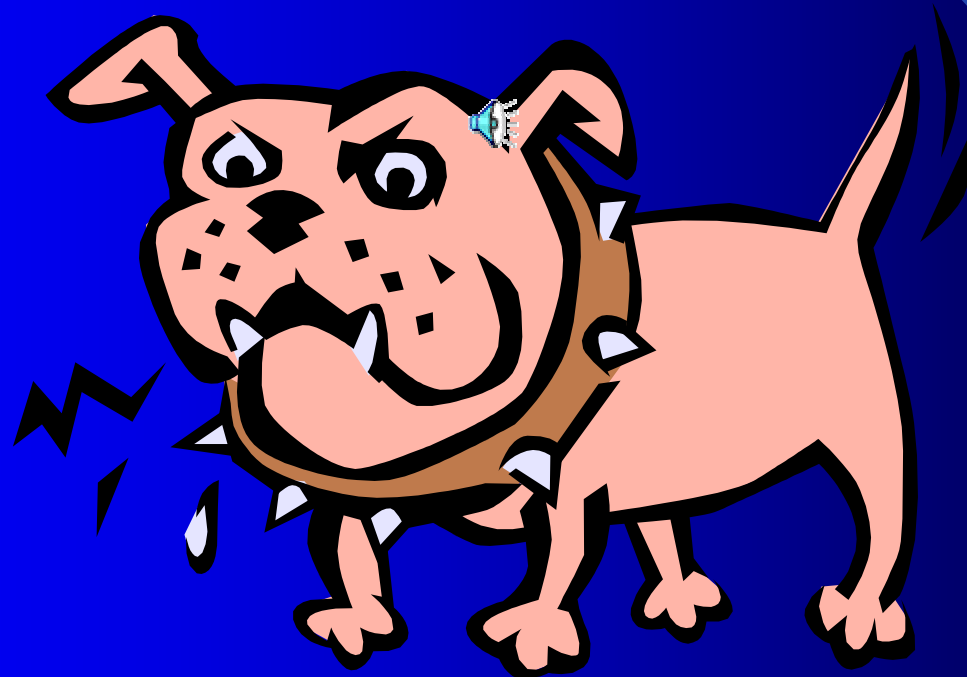
HIV is not transmitted by

- Mouth to mouth resuscitation



HIV is not transmitted by

- Insects, Animals



HIV is not transmitted by

- Sharing eating and drinking utensils



HIV is not transmitted by

- Using toilets



HIV is not transmitted by

- Coughing and sneezing



HIV is not transmitted by

- Kissing



You should not become infected by HIV by

- Doctors, Dentists, State Registered Chiropractors as they should use sterile or new equipment when an injection is given or an incision made.
- Ask your health care workers about their routine in preventing cross infections.

HIV is transmitted by

- Needle Sharing



HIV is transmitted by

- Not practising safer sex



Where did HIV come from?

- Africa has been the focus of much speculation about the origins of HIV.
- In 1993 it became clear that many people from Africa had HIV.
- Indicators suggest that HIV has been transmitted across species, from specific chimpanzees to humans.

Does it matter where HIV came from?

- No
- What does matter is that we know how to prevent the spread of the virus, or once infected know how to minimise the affects of the disease.

Wonder Cure!

- Imagine you are a doctor, a specialist in HIV.
- You have seven patients who are affected by HIV related illnesses and you have one dose of the cure for HIV.
- You could completely cure one of your patients of HIV.
- The problem is which one of your patients deserves it the most and why?

Wonder Cure!

- Patient one is a businessman
- Patient two is haemophiliac
- Patient three is a single man
- Patient four is a single woman
- Patient five is a baby
- Patient six is a fifteen year old girl
- Patient seven is a doctor

Wonder Cure!

- With this further information on the individuals, would you still want to give the cure to the same patient, or would you rather give it to someone else?
- If you have changed your mind, why have you do so?

Wonder Cure!

- 1: Businessman has a wife and 3 children
- 2: Haemophiliac is a gay man
- 3: Single man is a drug user
- 4: Single woman—unknown infection route
- 5: Baby is a Romanian orphan
- 6: 15 year old girl is a sex worker
- 7: Doctor was infected at work

Wonder Cure!

- Here is one final piece of information on the individuals, would you still give the cure to the same patient?

Wonder Cure!

- Businessman has a wife and three children, he became infected through having unprotected sexual intercourse with a sex worker while on a business trip in Asia.

Wonder Cure!

- Haemophiliac is a gay man who became infected through infected blood transfusion. He states that he has always used safer sex methods, and take responsibility for his sexual behaviour seriously.

Wonder Cure!

- Single man is a drug user who only injected drugs once. Although regularly taking recreational drugs he does not inject and has demonstrated strong views against injecting drug use.

Wonder Cure!

- Single woman, route of the infection is not known. She is employed as a HIV vaccine researcher, and is viewed by her organisation as a valued member of the research programme.

Wonder Cure!

- Baby is a Romanian orphan who has a poor prognosis and ability to sustain life.

Wonder Cure!

- Fifteen year old girl is a sex worker. She was sold into prostitution by her Thai parents.

Wonder Cure!

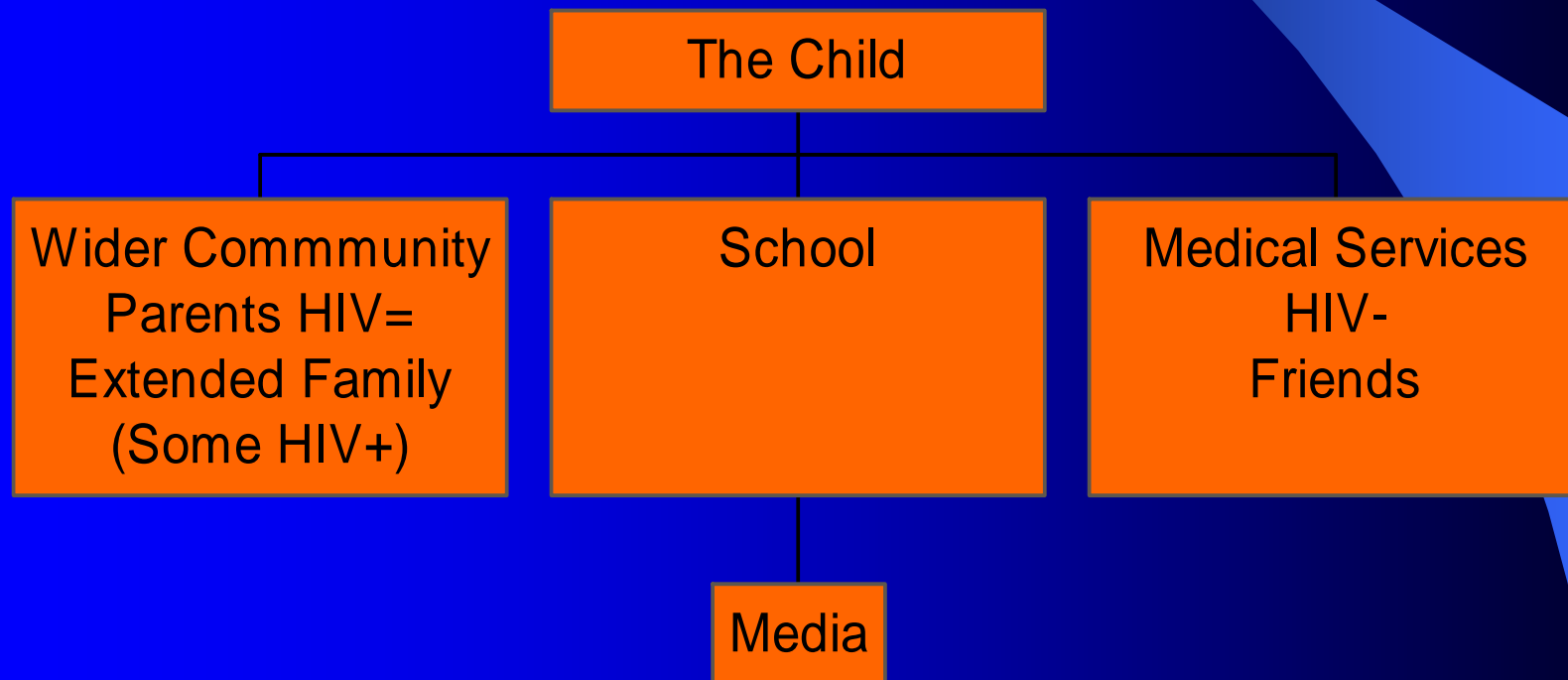
- The doctor contracted infection at work through their own bad practice.

Wonder Cure!

- CONSIDER:
- How you feel about the individual based on the information that you have been given.
- What assumptions have you made about these individuals?
- Why you want to give the wonder drug to the particular person you have chosen?

Issues for an affected child

Children's Issues



Children's Issues

- Support Networks, Who? Where? When?
- Information, Type? Content? Implications?
- The Chance to Talk, Who With & Why?
- The Future, Goals & Aspirations
- Bereavement & Loss, The Processes
- Being A Child, Missed Opportunities

Setting the Scene

- Parent(s) well ----- children well
- Parent(s) ill ----- children well
- Parent(s) well ----- children ill
- Parent(s) and children ill
- Impact on siblings and other family members
- KEEPING FAMILIES TOGETHER

Emotional Responses

- Continuing desire to “parent”
- Do not want a constant procession of carers
- Do not want to be separated from their families
- Want to talk - at their pace
- Issues relating to loss
- Issues relating to sexuality
- Issues relating to education for prevention

Partnership with parents

- Balance support, advice, enablement
- Work at their pace
- Help them keep control
- Practice advice, support, housing, home care, child care, financial aspect
- Talking about their children and with their children
- Rights of children v rights of parent
- Respite and befriending care

Critical task in parenting

- Biological
- Nurturing
- Educational
- Kinship
- Preparation for citizenship
- Value Systems
- Challenges

Professional Concerns

- Dilemma of empowerment and protection
- Children's rights and parents' rights
- Long term social and emotional support based upon individual family needs
- Normalising the situation
- Professional support and collaboration
- Agency interactions & confidentiality

Hepatitis

- Given the availability of an effective vaccine against hepatitis B, it should be possible to eliminate occupational transmission of hepatitis B almost entirely
- Viral Hepatitis is a prescribed industrial disease amongst workers exposed to blood and body fluids (DSS 1991)

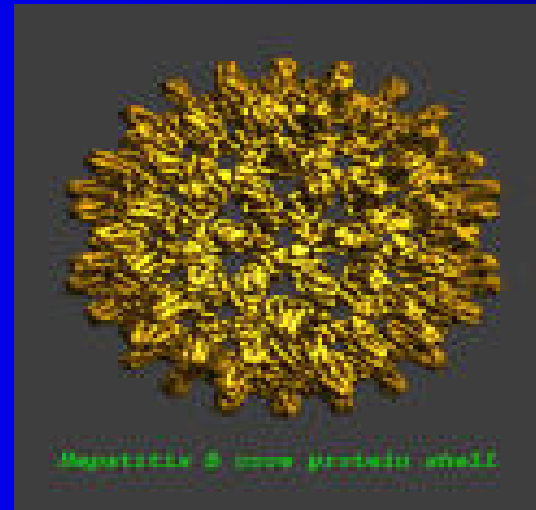
Hepatitis Care Policy

- Main focus should cover
- medical aspects of cover
- infection control issues
- ethical practice within a non-discriminatory environment
- practical issues

Hepatitis A & B

- What is Hepatitis?
- Hepatitis makes your liver swell and stops it from working right.
- You need a health liver. The liver does many things to keep you alive and healthy.
- Your liver fights infection and stops bleeding. It removes poisons from your blood and stores energy for when you need it.

Core hepatitis



How could I get Hepatitis?

- You could get Hepatitis B by:
- Having sex with an infected person without using a condom, you can also get another virus this way, HIV.
- Sharing drug needles, which again could give you the HIV virus.
- Getting a tattoo or body piercing with dirty tools that were used on someone else.

More ways of getting ill

- Getting pricked with an needle that has infected blood on it.
- Sharing a toothbrush or razor with an infected person.
- An infected women can give Hepatitis B to her baby at birth through her breast milk.

You can NOT get Hepatitis B by

- Shaking hands with an infected person.
- Hugging an infected person.
- Sitting next to an infected person.
- Usual social contact.

What are the symptoms?

- You might:
- feel tired
- feel sick to your stomach
- have a fever
- not want to eat
- have a stomach pain
- have diarrhoea

Other symptoms

- Some people have yellow urine
- Light coloured stools
- Yellowish eyes and skin
- But many people will have no symptoms at all until they get really poorly!

How will I know if I have Hepatitis B?

- To check for Hepatitis B the doctor will take a sample of your blood and send it to the laboratory for analysis.
- The test shows if you have Hepatitis B and how serious it may be.
- If you have Hepatitis B the doctor may then want to do some more tests such as a liver biopsy.

How is Hepatitis treated?

- The treatment for Hepatitis B may involve:
- A drug called “interferon”. It is given through jags for about 4 months.
- Sometimes surgery is needed, and in very serious cases your liver may need to be replaced by what is called a “transplant”.

How can I protect myself?

- A vaccine is a drug that you take when you are healthy that keeps you from getting sick.
- Vaccines teach your body to attack certain viruses like Hepatitis B virus.
- The Hepatitis B vaccine is given through three jags, over a period of a few months. You will also need to have two blood tests.

What else can I do?

- Use a condom when you have sex.
- Don't share drug needles with anyone.
- Wear gloves if you touch anyone's blood.
- Don't use share your toothbrush or razors or use anyone elses.
- Also is you get a tattoo or body piercing make sure it is done with clean equipment.

What Causes Hepatitis?

- The virus is a germ that causes sickness. For example, flu is a virus that makes us feel unwell.
- People can pass on viruses to each other.
- There are many viruses.
- Hepatitis A, B,C,D,E,F,G.

What is PEP?

- Post Exposure Prophylaxis
- Vaccine against HIV and related infections effective 1 hour (-24 hours) after initial exposure
- Exposure through needle stick injury or physical attack
- Report to Accident & Emergency Department of your local hospital. Victoria in Kirkcaldy or Queen Margaret Dunfermline

Further information

- www.fifemen.co.uk
- www.nat.org
- www.hepcscotland.org.uk
- www.scheh.org.uk
- Fife Positive Support Team – Rosyth
Social Work, Park Road, Rosyth 708 3320