OUTPATIENT GUIDELINES FOR MANAGEMENT OF PATIENTS WITH PRESUMED OR DEFINITE ACQUIRED IMMUNODEFICIENCY SYNDROME (AIDS)

General Information

There have been over 100 cases of acquired immunodeficiency syndrome in San Francisco and surrounding communities since the description of this disease beginning in 1979. In New York City the number of patients with this disorder far exceed that number and comprise 15-20% of all inpatient beds on the medical services of several New York hospitals. It has been projected that there may be 300 new cases of AIDS in San Francisco in the next calendar year with many hundreds of patients having "suspected AIDS" or in need of screening and counseling for the possibility of AIDS. This will pose an enormous burden on all Bay Area outpatient facilities including those at San Francisco General.

Three goals must be met in the treatment of AIDS patients:

1. Patients be provided with medical care and health counseling of the same level and quality as all other patients at this institution.

2. Medical personnel be adequately protected within the existing limits of our knowledge of modalities of transmission.

3. Attending physicians, housestaff and nursing personnel be trained in the recognition, management, treatment and counseling of these patients.

An AIDS clinic has been set up in Ward 86 for the ongoing care of patients with documented Category A AIDS which is defined by the existence of an opportunistic infection, Kaposi's sarcoma or other neoplasm commonly seen only in patients with immunocompromise. It is anticipated that with adequate staffing an AIDS screening clinic will be established to evaluate the issues most important in the efficient screening of AIDS patients. There will be widespread use of other clinic facilities however for patients with known AIDS who require services such as oral surgery, proctology, dermatology, cardiology and various X-ray and diagnostic procedures such as nuclear medicine, etc. Additionally, many patients who have not yet been documented to have AIDS will be using clinic facilities for ongoing problems associated with AIDS or incidental to that diagnosis.

The following set of guidelines incorporate the existing procedures for management of patients with AIDS that have been approved through the Infection Control Committee as San Francisco General and additional guidelines that are relevant to outpatient care that may not pertain to inpatient treatment.

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MANAGEMENT GUIDELINES FOR PATIENTS WITH ACQUIRED IMMUNODEFICIENCY SYNDROME

Purpose: To maintain the health and safety of patients and staff in preventing the transmission of the AIDS agent to susceptible individuals.

Introduction: Although an infectious etiology for the acquired immunodeficiency syndrome has not been proven, the epidemiology of this syndrome suggests a transmissible agent. Existing data suggest a transmission pattern very similar to Hepatitis B with transmission in blood, saliva, semen and other bodily secretions. Intimate contact with blood or secretions is probably necessary for transmission.

Recommendations: Until the etiologic agent is identified, it seems prudent to institute certain precautions to protect individuals working with these patients. These should include at least isolation precautions appropriate for CMV and Hepatitis B viruses. Actively coughing patients are best kept separated from individuals known to immunodeficient because of the possibility of transmission of opportunistic infections by respiratory droplet.

Identification of patients with AIDS or possible AIDS: Identification of patients will be made by physicians or triaging nurse personnel caring for such patients. The definition of a patients with AIDS is "an individual who has a malignancy including Kaposi's sarcoma or an opportunistic infection including pneumocystis that is most commonly seen in patients with underlying immunosuppression". Groups of patients who are particularly likely to have AIDS or to be incubating AIDS include:

A. Identified AIDS patients:

1. Kaposi's sarcoma
2. Pneumocystis or an opportunistic infection in a patient with no previous existing cause for immunosuppression. Such opportunistic infections include cryptosporidium of the intestine, pneumocystis carinii, strongyloidisis, toxoplasmosis, Aspergillosis, candida involving the esophagus or bowel, coccidioidomycosis, cryptococcus, histoplasmosis, atypical tuberculosis, Nocardiosis, active cytomegalovirus infection, severe progressive herpes simplex infection and progressive multifocal leukoencephalopathy.
3. Patients followed in the AIDS clinic for AIDS related problems

B. Possible AIDS

1. Immune thrombocytopenic purpura in a gay male
2. Lymph node syndrome
3. A gay male with fever or pulmonary infiltrate who is being evaluated for AIDS

C. At increased risk for AIDS:

1. Gay males
2. IV drug users (not seen yet in any significant numbers in San Francisco)
3. Haitians
4. Hemophiliacs

Symptoms in these patients which may suggest AIDS include: unexplained cough, weight loss, fevers, night sweats, laboratory findings of unexplained neutropenia, thrombycytopenia or anemia or interstitial infiltrates on chest X-ray.

1. Patients may share common waiting rooms with non-AIDS patients. Actively coughing individuals in whom AIDS is suspected are best separated from other patients in a crowded waiting room and placed in an individual room.

2. Careful hand washing after patient contact is of utmost importance even when gloves have been worn.

3. Excretion and blood precautions i.e. wearing of gloves for direct contact with blood, urine, stool, vomitus and other body fluids should be instituted.

4. Waste disposal - contaminated material should be placed in red or orange plastic bags and designated as infectious waste. Needles should be discarded in designated containers without clipping of the needle or resheathing.

5. Masks - health care personnel in close and continuous exposure to actively coughing patients should wear masks for protection from respiratory diseases such as mycobacterium sp., pneumocystis, certain fungi and the possibility of droplet transmission of CMV. An actively coughing patient should wear a mask when in transport to other hospital areas such as X-ray. There is no evidence at this time that the transmissible agent of AIDS is spread by the respiratory route.

6. Pregnant women should avoid direct care for patients with AIDS due to the high rate of CMV excretion.

7. Equipment - all equipment that is used and has direct contact with bodily secretions should be adequately decontaminated using ethylene oxide or glutaraldehyde (e.g., cidex). Disposable equipment should be used when possible.

8. Bathrooms - patients with AIDS or presumed AIDS may use common restroom facilities. Patients should be advised to use optimal hygiene and the bathrooms should be cleaned on a very regular basis.

9. Labeling of blood and other specimens - specimens sent to the clinical lab or anatomic pathology must bear a pressure sensitive label "hepatitis or AIDS precautions" on the requisition and the specimen container. Patient name and "B" number must also be put on the requisition and specimen container and the specimen put into a plastic ziploc with the requisition attached to the outside of the bag with tape. Labels and ziploc bags can be requisitioned from the storeroom.

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