

RECOMMENDATIONS TO HELP PATIENTS AVOID EXPOSURE TO OR INFECTION WITH OPPORTUNISTIC PATHOGENS

SEXUAL EXPOSURES

- √ Patients should use a latex condom during every act of sexual intercourse to reduce the risk for acquiring CMV, HSV, and human papillomavirus (HPV), as well as other sexually transmitted pathogens. Condom use also will, theoretically, reduce the risk for acquiring human herpes virus-8 (HHV-8), as well as super-infection with another HIV strain. Condom use will also reduce the risk of transmission of HIV and other sexually transmitted pathogens to others. Data regarding the use and efficacy of female condoms are incomplete, but these devices should be considered as a risk-reduction strategy.
- √ Patients should avoid sexual practices that might result in oral exposure to faeces (e.g. oral-anal contact) to reduce the risk for intestinal infections (e.g. cryptosporidiosis, shigellosis, campylobacteriosis, amebiasis, giardiasis, and HAV). Latex condom use alone may not reduce the risk of acquiring these faecal-orally transmitted pathogens, especially those which have low infectious doses. Persons wishing to reduce their risk of exposure might consider using dental dams or similar barrier methods for oral-anal and oral-genital contact, changing condoms after anal intercourse, and wearing latex gloves during digital-anal contact. Frequently washing hands and genitals with warm soapy water during and after activities that may bring these body parts in contact with faeces may further reduce risk of illness.
- √ HBV immunisation is recommended for all susceptible (anti-HBc-negative) HIV-infected patients.
- √ HAV immunisation is recommended for all susceptible MSM, as well as others with indications for HAV vaccine.

INJECTION DRUG USE EXPOSURES

- √ Injection drug use is a complex behaviour that puts HIV-infected persons at risk for HBV and hepatitis C virus infection; additional, possibly drug-resistant strains of HIV; and other blood-borne pathogens. Providers should assess the individual's readiness to change this practice, and encourage efforts to provide education and support directed at recovery. Patients should be counselled to stop using injection drugs and to enter and complete substance-abuse treatment including relapse prevention programmes.
- √ If they are continuing to inject drugs, patients should be advised:
 - √ to never reuse or share syringes, needles, water, or drug preparation equipment; if, nonetheless, injection equipment that has been used by other persons is shared, to first clean the equipment with bleach and water;¹
 - √ to use only sterile syringes obtained from a reliable source (e.g. pharmacies or syringe exchange programmes);
 - √ to use sterile (e.g. boiled) water to prepare drugs; if this is not possible, to use clean water from a reliable source (e.g. fresh tap water); to use a new or disinfected container ("cooker") and a new filter ("cotton") to prepare drugs;
 - √ to clean the injection site with a new alcohol swab before injection; and
 - √ to safely dispose of syringes after one use.
- √ All susceptible injection drug users should be immunised against HBV and HAV.

ENVIRONMENTAL AND OCCUPATIONAL EXPOSURES

- √ Certain activities or types of employment might increase the risk for exposure to TB. These include

¹US Public Health Service. HIV prevention bulletin: medical advice for persons who inject illicit drugs. 8 May 1997. Available from: <http://www.cdc.gov/hiv/pubs/guidelines.htm>. Last accessed 2004.

volunteer work or employment in healthcare facilities, correctional institutions, and homeless shelters, as well as other settings identified as high-risk by local health authorities. Decisions about whether to continue with such activities should be made in conjunction with the healthcare provider and should be based on such factors as the patient's specific duties in the workplace, the prevalence of TB in the community, and the degree to which precautions designed to prevent the transmission of TB are taken in the workplace. These decisions will affect the frequency with which the patient should be screened for TB.

- √ Childcare providers and parents of children in childcare are at increased risk for acquiring CMV infection, cryptosporidiosis, and other infections (e.g. HAV and giardiasis) from children. The risk for acquiring infection can be diminished by good hygienic practices, such as handwashing after faecal contact (e.g. during nappy-changing) and after contact with urine or saliva. All children in childcare facilities also are at increased risk for acquiring these same infections; parents and other caretakers of HIV-infected children should be advised of this risk.
- √ Occupations involving contact with animals (e.g. veterinary work and employment in pet stores, farms, or slaughterhouses) might pose a risk for cryptosporidiosis, toxoplasmosis, salmonellosis, campylobacteriosis, or *Bartonella* infection. However, the available data are insufficient to justify a recommendation against work in such settings.
- √ Contact with young farm animals, especially animals with diarrhoea, should be avoided to reduce the risk for cryptosporidiosis.
- √ Handwashing after gardening or other contact with soil might reduce the risk for cryptosporidiosis and toxoplasmosis.
- √ In areas endemic for histoplasmosis, patients should avoid activities known to be associated with increased risk (e.g. creating dust when working with surface soil; cleaning chicken coops that are heavily contaminated with compost droppings; disturbing soil beneath bird-roosting sites; cleaning, remodelling, or demolishing old buildings; and cave exploring).
- √ In areas endemic for coccidioidomycosis, when possible, patients should avoid activities associated with increased risk, including those involving extensive exposure to disturbed native soil (e.g. at building excavation sites or during dust storms).