



U.S. Immigration
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Enforcement

ICE Health Service Corps (IHSC)
Enforcement and Removal Operations
U.S. Immigration and Customs Enforcement

Infectious Disease Public Health Actions Guide: Management of HIV

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Foreword

This *Infectious Disease Public Health Actions Guide: Management of HIV* supplements the following IHSC Directive:

- IHSC Directive: 05-06, *Infectious Disease Public Health Actions*.

This Guide explains concepts, assigns responsibilities and details procedures for public health actions for the management of HIV in IHSC-staffed medical clinics.

The intended audience is IHSC-staffed medical clinics supporting health care operations in ICE owned or contracted detention facilities.

I. Overview

A. Purpose

This guide assists health staff to implement public health actions for the management of Human Immunodeficiency Virus (HIV). Topics addressed in this guide include surveillance, reporting, continuity of care and post-exposure prophylaxis.

B. Responsibilities

Health Services Administrator and Infection Prevention Officer or Facility Health Care Program Manager

- Assist with HIV continuity of care activities.
- Assist with reporting HIV cases to the health department in accordance with local and state laws.
- Ensure that health staff receive orientation and annual training related to public health actions for the management of HIV, including accessing resources to facilitate continuity of care.
- Ensure protocols are implemented to comply with all policies and standards related to public health actions for the management of HIV.
- Facilitate completion of information requests related to public health actions for HIV care and continuity of care.

Medical Providers

- Oversee the clinical management of detainees diagnosed with HIV.
- Facilitate continuity of care by providing HIV resources to detainees diagnosed with HIV specific to their country of nationality.
- Report HIV cases to the local health department in accordance with applicable local and state laws.

Health Staff

- Implement infection prevention and control measures and the exposure control plan to limit the spread of bloodborne pathogens.

- Maintain knowledge about infection prevention and control measures applicable to work duties.
- Report patients with HIV to the local health department in accordance with applicable local and state laws.

Public Health, Safety, and Preparedness Unit Staff

- Provide guidance on activities related to public health actions for the management of HIV.
- Update and review HIV treatment center resources available to medical providers.
- Maintain relationships with public health partners and organizations to identify HIV treatment center information in foreign nations.

IHSC Infectious Disease Consultant

- Provides clinical guidance related to clinical management and public health actions for the management of HIV at the request of the medical provider or headquarters staff.

C. About Human Immunodeficiency Virus

HIV is a virus that when contracted chronically infects humans and leads to a spectrum of disease from asymptomatic carriage to acquired immunodeficiency syndrome (AIDS) and eventual death. HIV can be transmitted by blood, transplanted organs, semen, pre-seminal fluid, rectal fluids, vaginal fluids and breast milk through the following mechanisms:

- Sexual contact
- Pregnancy, childbirth or breastfeeding
- Injection drug use
- Occupational exposure
- Needle stick
- Splash to mucous membrane

- Blood transfusion
- Organ transplant

For detailed information about HIV, including topics such as transmission, risk factors, prevention, testing and treatment, access the references and resources listed at the end of this guide.

D. Acronyms

AIDS – Acquired Immunodeficiency Syndrome

AETC – AIDS Education and Training Centers

ART – Antiretroviral therapy

ARV – Antiretroviral

CDC – United States Centers for Disease Control and Prevention

HIV – Human Immunodeficiency Virus

nPEP – Non-occupational post-exposure prophylaxis

oPEP – Occupational post-exposure prophylaxis

OPIM – Other potentially infectious materials

PAHO – Pan American Health Organization

PEP – Post-exposure prophylaxis

PHSP Unit – Public Health, Safety, and Preparedness Unit

PPE – Personal protective equipment

UMBAST – U.S.-Mexico Border AETC Steering Team

WHO – World Health Organization

E. Definitions with Expanded Information

See also: [AIDS info](#) | [Glossary](#)

Acquired Immunodeficiency Syndrome (AIDS) – A disease of the immune system due to infection with HIV.

Adherence – Taking medications exactly as prescribed. Poor adherence to an HIV treatment regimen increases the risk for developing drug-resistant HIV and virologic failure

AIDS Education and Training Centers (AETCs) – Regional centers that conduct education and training programs for health care providers who treat people living with HIV/AIDS. Training is targeted to providers who serve minority populations, the homeless, rural communities, prisoners, community and migrant health centers, and Ryan White HIV/AIDS Program-funded sites. AIDS Education and Training Centers (AETCs) serve 50 states and many U.S. territories.

Antiretroviral (ARV) – A drug used to prevent a retrovirus, such as HIV, from replicating. The term primarily refers to antiretroviral HIV drugs.

Blood-borne pathogens – Microorganisms that are present in human blood and can cause disease in humans (e.g., hepatitis B virus and HIV).

CD4 Count – A laboratory test that measures the number of CD4 T lymphocytes (CD4 cells) in a sample of blood. In people with HIV, the CD4 count is the most important laboratory indicator of immune function and the strongest predictor of HIV disease progression.

CD4 Percentage – Percentage of white blood cells that are CD4 cells. In certain cases, such as during acute HIV infection or HIV infection in children younger than five years of age, CD4 percentage is used rather than CD4 count to assess HIV progression or response to ART. It may also inform the medical provider of “discordance” (a CD4 count which does not as accurately represent immune function) which affects the decision to provide prophylactic treatments.

Coinfection – When a person has two or more infections at the same time. For example, a person infected with HIV may be co-infected with hepatitis C (HCV) or tuberculosis (TB) or both.

Epidemiology – The study of the distribution, causes and clinical characteristics of disease or health status in a population.

Exposure – The condition of being subjected to something (noise, dust, chemicals, radiation, infectious agents) that could have an adverse health effect.

Human Immunodeficiency Virus (HIV) - The virus that causes AIDS, which is the most advanced stage of HIV infection. HIV is a retrovirus that occurs as two types; HIV-1 and HIV-2. Both types are transmitted through direct contact with HIV-infected

body fluids, such as blood, semen, and genital secretions, or from an HIV-infected mother to her child during pregnancy, childbirth, or breastfeeding (through breast milk).

Immunocompromised – When the body is unable to produce an adequate immune response. A person may be immunocompromised because of a disease or an infection, such as HIV, or as the result of treatment with drugs or radiation.

Incidence – The number of new cases of a disease in a specific area during a specific time.

Infection – Invasion and growth of an infectious microorganism, such as a bacterium or virus, in the body. Infection can also refer to the disease caused by the infectious microorganism. For example, HIV infection is caused by the human immunodeficiency virus.

Other potentially infectious material (OPIM) – Body parts that have the potential to cause infection, to include: 1) semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, any body fluid that is visibly contaminated with blood, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids; 2) unfixed tissue or organ (other than intact skin) from a human (living or dead); 3) HIV-containing cell or tissue cultures, organ cultures, and HIV or hepatitis B virus (HBV)-containing culture medium or other solutions; and 4) blood, organs, or other tissues from experimental animals infected with HIV or HBV.

Post-Exposure Prophylaxis (PEP) – Short-term treatment started as soon as possible after high-risk exposure to an infectious agent, such as HIV, HBV or HCV. The purpose of PEP is to reduce the risk of infection after such an exposure.

Viral Load – The amount of HIV in a sample of blood. Viral load (VL) is reported as the number of HIV RNA copies per milliliter of blood.

II. Clinical Management

A physician oversees the clinical management of detainees diagnosed with HIV. For clinical management guidance, including treatment and diagnosis, see the [HIV/AIDS Clinical Guidelines](#) and [CDC | HIV/AIDS Guidelines and Recommendations](#)

III. Infection Prevention and Control

A. Health Staff

Health staff are at risk for occupational exposure to bloodborne pathogens and should take precautions to prevent exposure to bloodborne pathogens and other potentially infectious materials (OPIM). Refer to *Directive 05-02 Occupational Health, 05-02-G-01 Occupational Health Guide: Bloodborne Pathogens and Other Potentially Infectious Materials, 05-02-G-02 Occupational Health Guide: Personal Protective Equipment, and 05-02-G-04 Occupational Health Guide: Workforce Health.*

B. Detainees

Health staff must document and report detainee blood borne pathogen exposures in accordance with IHSC Directive: 11-06, *Time Frame for Submitting Medical Incident Reports*. Medical providers should evaluate detainees for non-occupational post-exposure prophylaxis (nPEP) to detainees as soon as possible. A medical provider should also assess the baseline status of the exposed detainee and the source detainee (if known) for blood-borne pathogens and/or sexually transmitted infections, as the scenario of exposure dictates. For detailed guidance refer to [CDC | Updated guidelines for antiretroviral postexposure prophylaxis after sexual, injection drug use, or other nonoccupational exposure to HIV—United States, 2016](#)

1. Medical providers should evaluate detainees rapidly for nPEP after a potential nonoccupational exposure that presents a substantial risk for HIV acquisition.
2. All detainees considered for nPEP should have determination of their HIV infection status by HIV 4th generation testing. Note, there are other labs (pathogens and organ function) which should be tested for at baseline as well as in follow up so please follow established CDC guidelines, [CDC | Updated guidelines for antiretroviral postexposure prophylaxis after sexual, injection drug use, or other nonoccupational exposure to HIV—United States, 2016.](#)
3. If rapid HIV blood test results are unavailable or testing is delayed, and nPEP is otherwise indicated, it should be initiated without delay and can be discontinued if the patient is later determined to have HIV infection already or the source is determined not to have HIV infection.

4. For clinical guidance, refer to [CDC | Updated guidelines for antiretroviral postexposure prophylaxis after sexual, injection drug use, or other nonoccupational exposure to HIV—United States, 2016.](#)

IV. Surveillance and Reporting

Surveillance, defined as the ongoing systematic collection, analysis and interpretation of health data for purposes of improving health and safety, is an important public health function. Health care personnel that newly diagnose cases of HIV are required to report specific case information to the local or state health department. Health departments, along with the CDC, use this information to inform HIV programs, policies, resources, funding, and other efforts to control the spread of HIV. For more information, refer to *05-06-G-03 Infectious Disease Public Health Actions Guide: Surveillance and Reporting*.

A. Surveillance

The Public Health, Safety, and Preparedness (PHSP) Unit staff monitor the number of detainees at IHSC-staffed facilities carrying a diagnosis of HIV in their electronic health record problem list using electronic health record reporting tools. To ensure the accuracy of information, it is important that health staff use the appropriate ICD-9 code for HIV infection, 042 or V08, or ICD-10 code B20 or Z21.

Health staff may view infectious disease surveillance and other reports relevant to PHSP activities using the Tableau Dashboard on the [SharePoint | PHSP Unit](#). The Tableau Dashboard tool allows users to filter reports by facility and time period. The reports retrieved via Tableau Dashboard may be exported to a standard file format.

B. Reporting

HIV is a nationally notifiable condition and should be reported to the local health department in accordance with local and state laws.

V. Release Planning for Continuity of Care

Medical providers should take necessary steps to facilitate release planning for detainees diagnosed with HIV. Medical providers select resources to detainees living with HIV infection so they can follow up and access care if they are returned to their country of nationality or are released in the United States. Medical providers should initiate HIV release planning within three days of diagnosis, or as soon as

possible to provide referral information prior to release or removal. If a detainee is released to a community in the United States, medical providers will identify resources specific to that community; the following resource should be provided to detainees, [State HIV Warmlines | Updated March 2018](#). An online HIV service locator is available at [AIDS.gov](#).

PHSP Unit staff maintain and update resources on treatment centers where detainees can seek care in their countries of nationality. PHSP Unit staff also collaborate with public health partners to assist in identifying treatment center resources. Examples of public health partners include the World Health Organization (WHO), Pan American Health Organization (PAHO), CDC, and AIDS Education and Training Centers (AETCs).

A. Release Planning Process

Medical providers follow these steps to facilitate release planning for detainees diagnosed with HIV. Steps might occur in a different order or at the same time.

1. HIV diagnosis (new or previous).
2. Determine where the detainee plans to live if returned to his or her country of nationality (city, state, and/or country).

The medical provider should attempt to assess the likelihood of release in the United States; this will affect referral services as well as the anti-retroviral regimen chosen (as some may not be available in the detainee's country of nationality).

3. Access [SharePoint | PHSP Unit | Infectious Disease | HIV Continuity of Care Resources](#) to identify resources.
4. If resources are not already identified for the country or specific region, or to suggest that resources you have identified be added, click the "Suggest a new resource" box to submit a request additional resources (select Communication Type = "HIV resources").
5. Medical providers are highly encouraged to take the following action(s) and provide the following information to detainees diagnosed with HIV prior to release or removal:
 - Prescribe current HIV medications for transfer, release, or removal per usual protocols.

- Provide a recent CD4 T lymphocytes (CD4 cell) count/percentage.
- Provide a recent viral load (HIV RNA with genotype) test result.
- Provide an antiretroviral treatment history including current regimen (preferably using generic drug names, since drug names vary in different countries).
- Provide a copy of relevant medical documentation (last chronic note or complex physical exam, whichever is most recent).
- Offer culturally and linguistically appropriate referral information.
- Offer patient education.

B. Referral Resources

International

1. [AIDS Healthcare Foundation | Country Resources](#)
2. [AIDSMAP E-atlas](#)
3. [CDC - Global HIV/AIDS - Global HIV Resources](#)
4. [Pan American Health Organization \(PAHO\) HIV and STI Resources](#)
5. [AIDS Education and Training Centers \(AETC\) | National Resource Center](#)
6. [U.S.-Mexico Border AETC Steering Team \(UMBAST\) Resources](#)
7. [The United States President's Emergency Plan for AIDS Relief \(PEPFAR\)](#)

United States

For patients released in the United States, health staff should work with the local health department to identify community resources or use the online search tool at [AIDS.GOV](#); see also [State HIV Warmlines | Updated March 2018](#). A medical provider provides contact information for Ryan White funded clinics in the geographic area of a detainee's sponsor to support release planning.

VI. Program Monitoring

PHSP Unit staff monitor HIV public health activities using the electronic health record reporting tools. PHSP Unit staff periodically request information from health staff for program monitoring. The HSA and Infection Prevention Officer or Facility Healthcare Program Manager should facilitate prompt completion of information requests.

VII. Training and Education

A. Health Staff

The HSA, Infection Prevention Officer, Facility Healthcare Program Manager or designee should ensure that orientation and annual training include public health actions for the management of HIV is implemented and documented in accordance with *Directive 01-04 Medical Education and Development*.

B. Detainees

Health care personnel should educate detainees diagnosed with HIV about transmission, risk factors, infection prevention and control, medication adherence, and continuity of care.

VIII. Privacy and Recordkeeping

Health staff should refer to IHSC Directive: 05-06, *Infectious Disease Public Health Actions* for guidance on complying with privacy and recordkeeping procedures.

IX. References and Resources

1. [Centers for Disease Control and Prevention - HIV/AIDS](#)
2. [HIVMA : HIV Medicine Association](#)
3. [AIDS.gov](#)
4. [AIDS Education and Training Centers \(AETC\) | National Resource Center](#)
5. [CDC | Updated guidelines for antiretroviral postexposure prophylaxis after sexual, injection drug use, or other nonoccupational exposure to HIV—United States, 2016](#)
6. [CDC | HAI | HIV in Healthcare Settings](#)
7. [HIV/AIDS Clinical Guidelines](#)