

**AIDS for AIDS, a useful information sheet for physicians with numerous facts and figures by the National AIDS Control Organisation, Ministry of Health and Family Welfare of the Government of India. Colour lithograph, ca. 1995.**

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# Aids for AIDS

## Useful information for Physicians

AIDS has arrived in India. Physicians face the challenge of proper diagnosis of the Syndrome and effective treatment of opportunistic infections. As a carrier of the Human Immunodeficiency Virus (HIV) can look and feel fine it is essential for all physicians to know the facts and follow standard precautions. This poster will aid you in this task.

### PROVISIONAL WHO CLINICAL CASE DEFINITION FOR AIDS

**AIDS**  
AIDS in an adult is defined by the existence of at least two of the major signs associated with at least one minor sign, in the absence of known causes of immunosuppression such as cancer or severe malnutrition or other recognized etiologies.

**Major signs :**  
(a) Weight loss for > 1 month;  
(b) Chronic diarrhoea for > 1 month;  
(c) Prolonged fever for > 1 month.

**Minor signs:**  
(a) Persistent cough for > 1 month;  
(b) Generalized pruritic dermatitis;  
(c) Recurrent herpes zoster;  
(d) Oropharyngeal candidiasis;  
(e) Chronic progressive and disseminated herpes simplex infection;  
(f) Generalised lymphadenopathy.  
The presence of generalised Kaposi's sarcoma or cryptococcal meningitis are sufficient by themselves for the diagnosis of AIDS.

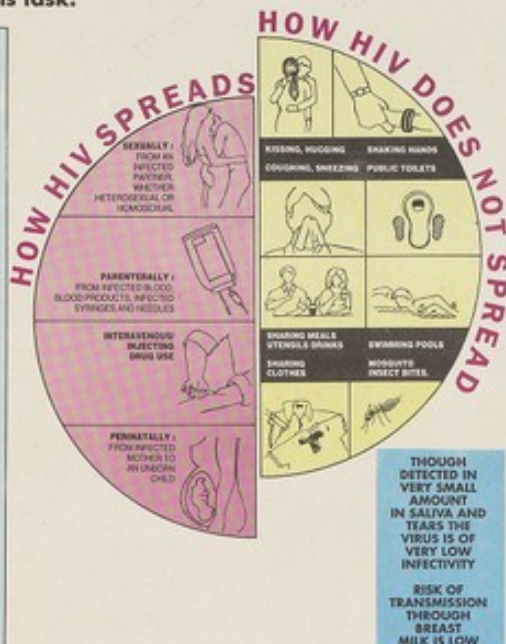
**CHILDREN**  
Paediatric AIDS is suspected in an infant or child presenting with at least two of the following major signs associated with at least two minor signs in the absence of known causes of immunosuppression such as cancer or severe malnutrition or other recognized etiologies.

**Major signs :**  
(a) Weight loss or abnormally slow growth;  
(b) Chronic diarrhoea for > 1 month;  
(c) Prolonged fever for > 1 month.

**Minor signs:**  
(a) Generalised lymphadenopathy;  
(b) Oropharyngeal candidiasis;  
(c) Repeated common infections (otitis, pharyngitis, etc.);  
(d) Persistent cough;  
(e) Generalized dermatitis;  
(f) Confirmed maternal HIV infection.

### Definitive diagnostic methods for diseases indicative of AIDS

Diseases	Definitive diagnostic methods
Cryptosporidiosis Cytomegalovirus Isosporiasis Kaposi's sarcoma Lymphoma Lymphoid pneumonia or hyperplasia Pneumocystis carinii pneumonia Progressive multifocal leukoencephalopathy Toxoplasmosis	Microscopy (histology or cytology).  Gross inspection by endoscopy or autopsy or by microscopy (histology or cytology) on a specimen obtained directly from the tissues affected (including scrapings from the mucosal surface), not from a culture.
Candidiasis	Microscopy (histology or cytology), culture, or detection of antigen in a specimen obtained directly from the tissues affected or a fluid from those tissues.
Coccidioidomycosis Cryptococcosis Herpes simplex virus Histoplasmosis	Culture
Tuberculosis Other mycobacteriosis Subacute meningitis Other bacterial infection	Culture
HEV encephalopathy* (elemental)	Clinical findings of disabling cognitive and/or motor dysfunction interfering with occupation or activities of daily living, or loss of behavioural/developmental milestones affecting a child, progressing over weeks to 30 months, in the absence of a concurrent illness or condition other than HIV infection that could explain the findings. Methods to rule out such concurrent illnesses and conditions must include cerebrospinal fluid examination and either brain imaging (computed tomography or magnetic resonance) or autopsy.



### THERAPY FOR INFECTIOUS DISEASES IN AIDS PATIENTS

INFECTION	DRUG, DAILY ADULT DOSES AND NUMBER OF DOSES	ROUTE	MINIMUM DURATION
<b>Pneumocystis pneumonia</b>	Trimethoprim, 15-20 mg/kg/day Sulfamethoxazole, 75-100 mg/kg/day OR Pentamidine isethionate, 4 mg/kg/day	Intravenous Oral	21 days For Life
<b>Maintenance therapy</b>	Trimethoprim, 150 mg/day Sulfamethoxazole, 800 mg/day OR Dapsone, 100 mg twice a week OR Pentamidine 300 mg/week 4 weeks	Oral	For Life
<b>Toxoplasmosis</b>	Pyrimethamine, 75 mg once then 25-50 mg/day AND Sulfadiazine, 4-6 g/day AND Calcium folinate, 15 mg 2 times a day OR Pyrimethamine, 25 mg AND Sulfadiazine, 2g/5-6 times a week No drug known to be effective	Oral Intravenous Oral	28 days 28 days For Life
<b>Maintenance therapy</b>	Pyrimethamine, 180 mg Sulfamethoxazole, 400 mg, 4 times a day for 14 days, then twice a day for 28 days	Oral	1021 days
<b>Cryptosporidiosis</b>	Paromomycin, 400 mg/day	Oral	7-10 days
<b>Isosporiasis</b>	Co-trimoxazole, 400 mg/day	Oral	7-10 days
<b>Oral candidiasis</b>	Clotrimazole, 10 mg 4 times a day OR Nystatin, 500,000 unit, 4 times a day OR Ketoconazole, 400 mg/day	Local application Oral	7-10 days 7-10 days
<b>Candida oesophagitis</b>	Ketoconazole, 200-400 mg/day	Oral	7-10 days
<b>Cryptosporidiosis</b>	Amphotericin B, 0.3 mg/kg/day AND Fluconazole, 150 mg/kg/day	Intravenous Oral	42 days 42 days
<b>Maintenance therapy</b>	Amphotericin B, 0.8-0.9 mg/kg/day OR Amphotericin B, 1 mg/kg/day	Intravenous	For Life
<b>Herpesvirus infection</b>	Acyclovir, 200 mg/day OR Famciclovir, 250 mg/day	Oral	For Life
<b>Zoster</b>	Acyclovir 10 mg/kg 5 times a day 800 mg 5 times a day	Intravenous Oral	7 days 7 days
<b>Cytomegalovirus infection</b>	Ganciclovir 5 mg/kg 3 times a day 800 mg 3 times a day	Intravenous Oral	7 days 7 days
<b>Maintenance therapy</b>	Ganciclovir 5 mg/kg/day	Intravenous	14-21 days
<b>A typical mycobacterial infection</b>	No drug known to be effective		
<b>Tuberculosis</b>	Standard antitubercular treatment (avoiding rifampicin)	Oral	12 months

### UNIVERSAL PRECAUTIONS

- Wash hands before and after all patient or specimen contact
- Treat the blood of all patients as potentially infectious
- Wear gloves for potential contact with blood and body fluids
- Place used syringes immediately in nearby impermeable container; DO NOT recap or manipulate needles in any way
- Wear protective eyewear and mask if splatter with blood or body fluids is possible (e.g. bronchoscopy, oral surgery)
- Wear gowns when splash with blood or body fluid is anticipated
- Handle all linen soiled with blood and/or body secretions as potentially infectious
- Process all laboratory specimens as potentially infectious
- Wear masks for TB and other respiratory organisms (HIV is not airborne)

WHO RECOMMENDATIONS FOR HIV TESTING STRATEGIES ACCORDING TO TEST OBJECTIVES AND PREVALENCE OF INFECTION IN THE POPULATION	PREVALENCE OF INFECTION	TESTING STRATEGY*
Highly sensitive laboratory	All prevalence	1
Surveillance	10% 1-10%	1 2
Clinical	All prevalence	3
Diagnosis	10% 1-10%	3 2
Screening I	All samples are tested with one ELISA or rapidly tested. All samples that react with one test. Any reactive samples are retested with a different principle and/or different enzyme preparation.	3
Screening II	All samples are tested with a different test. Samples found reactive by the second test are subjected to a third and reference test.	3

TASK OF ACTIVITY	USE JUDICIOUSLY SELECTED APPAREL TO PROTECT YOURSELF FROM HIV AND HIV INFECTION			
	DISPOSABLE/SURGICAL GLOVES	GOWN	MASK	PROTECTIVE EYEWEAR
1. Measuring blood pressure	No	No	No	No
2. Measuring temperature	No	No	No	No
3. Caring on injection	No	No	No	No
4. Bandaging patient (Injured sprain expected)	No	No	No	No
5. Bandaging patient (ignoring blood expected)	Yes	Yes	Yes	No
6. Blood drawing (impromptu)	No	No	No	No
7. Starting on intravenous line (IV)	Yes	Yes	Yes	Yes
8. Emergency childbirth	Yes	Yes	Yes	Yes
9. Handling and cleaning contaminated / used instruments	Yes	Yes	Yes	Yes
10. Oral / Nasal suction (nasal)	Yes	Yes	Yes	Yes
11. Endotracheal intubation, esophageal dilatation etc.	Yes	Yes	Yes	Yes

**HIGH LEVEL CHEMICAL DISINFECTANTS**  
For Linen, Clothing, Instruments : To be immersed for at least 30 minutes before washing with soap with soap and water

**CHLORINE RELEASING COMPOUNDS**  
Prepare fresh before use.  
Sodium Hypochlorite (5%)  
(Eg: Chlorox, Bleachid, Sani)  
Desired effective strength 0.5-1.0% available chlorine.  
1. Dilute one part of the liquid concentrate with four parts of water.  
Cost : Rs. 3/1000 ml.  
2. Bleaching powder (Sandy bleach)  
Dissolve four tablespoons of bleaching powder in two litres of water.  
Cost : Rs. 2/1000 ml.  
Haloxone in one litre water  
Recommendations :  
For contaminated linen (clothing, stainless steel instrument, table top spill) : Cover spills with 1% solution for 30 minutes before wiping/cleaning.  
1. Bleach Tablet (Haloxone Tablet)  
Dissolve one tablet of haloxone in one litre water.

**CITRIC ACID (Diluted)**  
Desired concentration - 1:1000 can be prepared from the concentrate. Dilute 10 ml of concentrate with 990 ml of water.  
Cost : Rs. 2/1000 ml  
Use : for cleaning and disinfection of equipment, furniture and fittings. Add sodium Nitrate (3.4%) to solution dilute solution to prevent soiling. Use undiluted commercial preparation for 15 seconds for hand wash.  
Iodine compounds (Phenoxide, Betadine)  
Desired effective strength 1%. Dilute one part of concentrate with 125 parts of water.  
Cost : Rs. 3.5/1000 ml to prepare 2.5%. Dilute concentrate solution (5%) with equal parts of water.  
Recommendations for :  
Instruments, equipment, hand wash, table spill.

**HYDROGEN PEROXIDE 6%, 3%, 2% w/v**  
Desired strength 1%. Dilute 20% w/v stock one part with four parts of boiled water.  
Cost : Rs. 30/1000 ml  
Ethyl Alcohol (Concentrated spirit)  
Desired effective strength 70%. Mix 757 parts of alcohol with 243 parts of water.  
Cost : Rs. 25/1000 ml  
Recommended for :  
Instruments/equipment, hand wash, table spill, decontamination, rubber tubing.  
Dichlorophenyl (Dettol-3)  
Concentrate - Dichlorophenol 1.5%. Non-irritant, Non-poisonous. Dilute 10 ml of concentrate with 990 ml of water.  
Cost : 2/1000 ml after dilution  
Recommendations for :  
Disinfection of instruments, antiseptic of patient's skin, disinfection of clothing, floor etc.

**RISK OF YOUR GETTING HIV INFECTION IS VERY LOW (45 TO 120 TIMES LESS THAN HEPATITIS B)**  
**BUT WHY TAKE RISK ?**

ISSUED IN PUBLIC INTEREST BY  
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