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Policy for Schools, Daycare, and Foster Care For Children Infected with the Human Immunodeficiency Virus (HIV)

The Department of Health and Social Services adopted policies regarding children with HIV infection for schools, day care, and foster care in 1985.¹ The following updates this policy statement to reflect current terminology and knowledge of the absence of HIV transmission in school and child care settings. The revisions have been approved by the State AIDS Task Force and endorsed by the Anchorage Medical Society, the Alaska Public Health Association, the Department of Health and Human Services of the Municipality of Anchorage, the Medical Advisory Committee of the Anchorage School District, and the Alaska Department of Education.

BACKGROUND

Persons infected with HIV follow a spectrum of disease from healthy with no symptoms to severe illnesses with conditions defining Acquired Immunodeficiency Syndrome (AIDS). HIV infection is transmitted among adolescents and adults primarily through unprotected sexual intercourse and sharing injection drug equipment. In children, HIV infection is most frequently acquired perinatally (before or during birth) from an HIV-infected mother. Children and adults may also acquire HIV infection through receiving blood products from HIV-infected donors. This has become a rare occurrence in the United States since 1985 when HIV testing of all blood and tissue donations was instituted.

No cases of HIV infection in the United States are known to have been transmitted in schools, day care, or foster care settings; through close, non-sexual contact among family members; or through casual person-to-person contact.

All evidence indicates that there is no risk of HIV transmission in the kinds of contact that children have with each other and with staff or care givers in schools, day care, and foster care settings.

RECOMMENDATIONS

- HIV-infected children should generally be allowed to attend school and day care and to be placed in a foster home in an unrestricted setting.
- Decisions about HIV-infected children with developmental delays and with behavioral or medical problems should be made on a case-by-case basis by a team including the child's physician, public health personnel, the child's parent or guardian, and personnel associated with the proposed care or educational setting.
- Routine screening for HIV infection for school entry, day care, or foster care is not warranted.

NON-DISCRIMINATION

State statute (AS 18.80.010 - 18.80.300) and Federal laws (Section 504 of the Rehabilitation Act of 1973, Americans with Disabilities Act of 1990) prohibit discrimination against persons with disabilities. **AIDS and HIV are considered handicapping conditions covered under these statutes.**

1. Section of Epidemiology. AIDS Policies for Schools, Day-Care, and Foster-Care. Epidemiology Bulletin No. 23, December 27, 1985.