



## HIV Adoption: Parent Education and Resources

### Overview of HIV Condition and Treatments

#### HIV- Basic Definition

HIV stands for 'human immunodeficiency virus'. HIV is a virus that infects cells of the human immune system and destroys or impairs their function. Infection with this virus results in the progressive deterioration of the immune system, leading to 'immune deficiency'. The immune system is considered deficient when it can no longer fulfill its role of fighting off infections and diseases.

Immunodeficient people are more susceptible to a wide range of infections, most of which are rare among people without immune deficiency. A person living with HIV may look healthy and feel good. A blood test is the only way a person can find out if he or she is infected with HIV. HIV is generally a chronic, manageable illness

HIV can be as much of a social issue as it is a medical one. A lack of knowledge regarding the disease and how it is transmitted can lead to discrimination of those with the disease.

#### Statistics

Statistics from the WHO:

- There were approximately 36.7 (34.0–39.8) million people living with HIV at the end of 2015 with 2.1 (1.8–2.4) million people becoming newly infected with HIV in 2015 globally.
- It is estimated that currently only 60% of people with HIV know their status. The remaining 40% or over 14 million people need to access HIV testing services. By mid-2016, 18.2 (16.1–19.0) million people living with HIV were receiving antiretroviral therapy (ART) globally.
- Between 2000 and 2015, new HIV infections fell by 35%, AIDS-related deaths fell by 28% with some 8 million lives saved. This achievement was the result of great efforts by national HIV programmes supported by civil society and a range of development partners.
- Expanding ART to all people living with HIV and expanding prevention choices can help avert 21 million AIDS-related deaths and 28 million new infections by 2030.

#### Symptoms and Transmission

HIV is found and transmitted through only the following bodily fluids: blood, semen, vaginal fluids, and breast milk. It is not transmitted or found in: skin, tears, saliva, mucous (nose), urine or stool.

It is transmitted in four ways: 1) Unprotected sex (vaginal, anal and to a lesser extent oral sex) with an infected person 2) Sharing contaminated needles or other sharp instruments 3) From mother to child during pregnancy, childbirth or breast feeding when the mother is already HIV positive 4) Blood transfusion with contaminated blood.

HIV is not transmitted through non-sexual day-to-day contact. People cannot be infected by shaking someone's hand, by hugging someone, by using the same toilet or by drinking from the same glass as a person living with HIV. HIV is not transmitted through coughing, sneezing or kissing. HIV is not spread by mosquitoes or other biting insects.

## AIDS- Definition

AIDS stands for Acquired Immunodeficiency Syndrome. This is a surveillance definition based on signs, symptoms, infections, and cancers associated with the deficiency of the immune system that stems from infection with HIV. AIDS is a surveillance term defined by the United States Centers for Disease Control and Prevention (CDC). The term AIDS applies to the most advanced stages of HIV infection, defined by the occurrence of any of more than 20 opportunistic infections or HIV-related cancers. In addition, the CDC defines AIDS on the basis of a CD4 positive T cell count of less than 200 per mm<sup>3</sup> of blood.

## Testing

Commonly-used HIV tests detect the antibodies produced by the immune system in response to HIV. For most people, it takes three months for these antibodies to develop. In rare cases, it can take up to six months or longer. During this “window period” of early infection a person is at their most infectious. PCR test of virus in cells can be positive 3 weeks after exposure.

## Treatment Adherence and Resistance

Most Children affected will need to take medicine 2 times a day and then once a day when older. The treatment plan will be specific to each child and will be determined by the doctor. On average the child will need to go to doctor 3-4 times a year and have blood work done.

In almost all cases families can expect their child will go to school, play sports and do all the things that kids do. They can get married, have sex, and have biological children (there is some risk) and have normal life expectancy.

Medication is not a cure but can prevent the development of AIDS and can give person with HIV a normal life (quality and quantity). Anti-retroviral medications (ARVs) block virus at different points in lifecycle and prevent HIV from multiplying inside the T-Cells. Currently there is a 3 drug regimen to begin that then is changed based on patient's response, compliance, and medication side effects

HIV will mutate (change shapes) and this can cause the medications to stop working. By taking 3 medications (that attack the virus in different ways) you get the best killing of the virus and also makes it harder for the virus to mutate. By not taking all 3 medications daily, you are giving the virus an opportunity to mutate faster and thus become resistant to the medications.

## **Family Preparations**

### Health Insurance and Access to Medical Facilities

Families need to understand their medical coverage. A HIV positive child will likely need to take medicine daily for their entire life and will need doctor visits and blood work done at least 3 times per year. Depending on the insurance coverage, this may or may not be expensive, particularly in regards to the medications. Additionally the family will need to have access to a medical clinic that has the ability to treat a child with HIV, this can include a children's hospital, university hospital or other clinic that has a Pediatric Infectious Disease Doctor that cares for children with HIV.

### Home Study and Social Worker Approval

Just as with any other medical need, families that hope to adopt a child with HIV need to be approved for this in their home study. A home study update can also be done to provide this approval for a family that has already finalized their home study, if needed. Example of information that should be covered in the home study report include:

- ❖ Discussions the family had with other families who have adopted HIV+ children.
- ❖ Research regarding what daily life is like living with a child who is HIV positive including transmission of the virus, and the impact on their family both socially and medically, and safety precautions that must be taken within the home.

- ❖ Considerations regarding the potential ridicule and social stigma around the disease and when to tell their children and others in their community.
- ❖ Discussions they have had with HIV+ specialists and/or primary care physicians (PCP) regarding the future medical care of their adopted child.

### Social Aspects and Communication and Information Disclosure

Families are informed of the referral confidentiality requirements and general guidelines upon accepting a referral and are encouraged to talk to their social worker about issues of how, who and when to disclose information about their adopted child including their social and medical history. When disclosing sensitive information, families should consider how their child may feel when they are older and become aware that private details of their life have been disclosed through conversation, websites, blogs and Facebook.

Disclosure laws state that families are not required to report a child's HIV status. Therefore, it is up to the families' discretion with whom this information will be shared.

### In-Country Process when Adopting Your Child

While in country, all families visit a medical professional approved by the Embassy to conduct the mandatory physicals required for your child to obtain their visa to enter the United States, regardless of medical need. Typically families whose children are HIV positive will need to have more extensive testing completed with regards to Tuberculosis, this typically adds a few days on to the family's trip at the most.

## Resources

### General Resources, Education and Support

Project Hopeful (<http://projecthopeful.org/index.html>)  
 Pediatric Aids Foundation (<http://pedaids.org/>)  
 Positively Orphaned (<http://www.positivelyorphaned.com/>)  
 HIV to Home (<http://www.fromhivtohome.org/>)  
 The Well Project ([http://www.thewellproject.org/en\\_US/](http://www.thewellproject.org/en_US/))  
 AVERT (<http://www.avert.org/>)  
 AidsMap (<http://www.aidsmap.com/cms1038153.aspx>)

### Medical Websites

UNAIDS (<http://www.unaids.org>)  
 CDC (<http://www.cdc.gov/hiv/>)  
 World Health Organization (<http://www.who.int/hiv/en/>)

### Family and Doctor References

Contact AWAA staff to receive the contact information for families who have previously adopted children who have HIV and who have offered to be references. Additionally AWAA can provide a list of doctors who are specialists in this area who will review with families and help them prepare to care for a child with HIV.

## Bibliography

- Dr. Patrick Van Winkle, MD, Pediatric Hospitalist, Kaiser Permanente, Anaheim, CA
- UNAIDS [unaids.org](http://unaids.org)
- CDC [cdc.gov](http://cdc.gov)
- WHO [who.int](http://who.int)
- NIH guidelines <http://aidsinfo.nih.gov>

***NOTE:** This document was prepared by staff at America World Adoption Association and was reviewed by a medical professional for general accuracy. However, this resource packet is intended only to provide a general overview of HIV and should not be interpreted as medical advice. America World strongly recommends that your family consult a physician experienced in treating HIV for more detailed information and advice.*