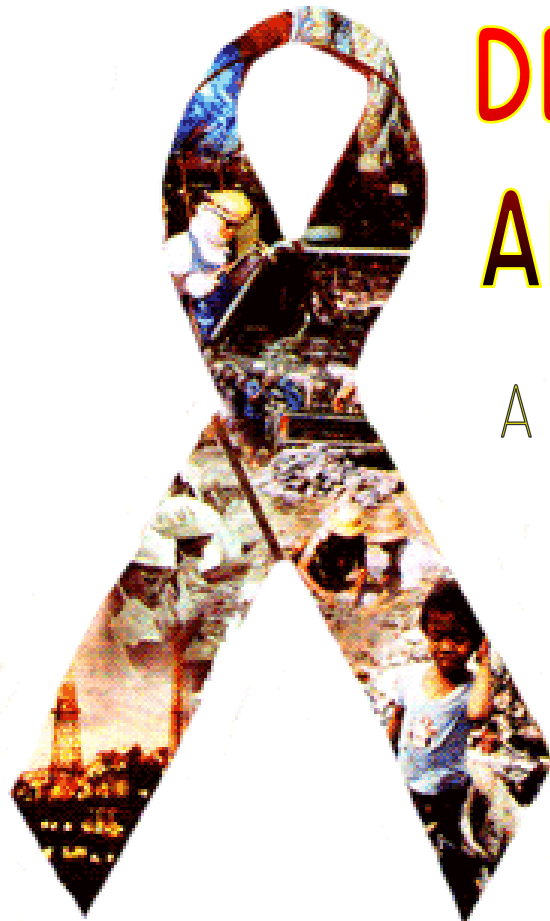




International
Labour Office



DECENT WORK AND HIV/AIDS

A CIS bibliography

28 April 2006

World Day for Occupational Safety and Health

International Occupational
Safety and Health
Information Centre



Held on April 28, the World Day for Safety and Health at Work is an annual event for the ILO that aims to focus international attention on the establishment and promotion of a safety and health culture at work and the reduction of the number of work-related deaths each year. This year, the overall theme is Decent Work – Safe work – HIV/AIDS. The internet site www.ilo.org/safework/safeday gives access to numerous products for the promotion of this major event.

In order to contribute to its success and promote decent work in the face of the HIV/AIDS epidemic, CIS has compiled a list of information resources (standards, books, articles, CD-ROMs, etc.) on HIV/AIDS at the workplace. It comprises material on the prevention of HIV/AIDS, the protection of workers against discrimination and the care and support of workers infected and affected by HIV/AIDS, as well as the management and mitigation of its impact on the world of work.

References contain full bibliographic descriptions, including abstracts and links giving access to the documents on the Internet when available. They are extracted from the CISDOC bibliographic database, a practical tool for seeking information of international interest on OSH that is available on the Web at www.ilo.org/dyn/cisdoc/.

International Information Centre on Occupational Safety and Health (CIS)

International Labour Office (ILO)

CH-1211 Geneva 22

Switzerland

www.ilo.org/cis

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ILO PUBLICATIONS

CIS 06-26 Trade union actions against HIV/AIDS in Uganda: A workers' education manual. Mwamadzingo M, Nassanga R, eds., ILO Area Office Pretoria, PO Box 11694, Hatfield, Pretoria 0028, South Africa, 2005. xii, 116p. Illus. 21 ref., ISBN 92-2-1-114220-5 (In English)

http://www.ilo.org/public/english/dialogue/actrav/publ/aids_uqa.pdf

This workers' education manual was compiled jointly by the ILO Bureau for Workers' Activities (ACTRAV) and the Ugandan National Organisation of Trade Unions (NOTU). It is aimed at educating workers on the subject of HIV/AIDS and comprises six training modules: epidemiological issues of HIV and AIDS; communication and counselling for trade union educators; the nature and magnitude of HIV/AIDS in Uganda; HIV/AIDS and the role of trade unions; HIV/AIDS and the role of the ILO; and results of a rapid assessment survey on trade union actions to combat HIV/AIDS at the workplace in Uganda. An inventory of HIV/AIDS institutions in Uganda is included. (104710)

CIS 06-24 HIV/AIDS and work. A handbook on HIV/AIDS for labour and factory inspectors. ILO Programme on HIV/AIDS and the world of work (ILOAIDS), ILO Publications, International Labour Office, 1211 Genève 22, Switzerland, 2005. 49p. Price: CHF 20.00; USD 14.95; GBP 8.95; EUR 13.00., ISBN 92-2-117134-5 (print version), ISBN 92-2-117135-3 (web pdf version) (In English)

<http://www.ilo.org/public/english/protection/trav/aids/publ/gl-labourinspectorshandbook-feb05.pdf>

This handbook is designed to be used primarily in training seminars and may also be used as a source of reference. It shows how HIV/AIDS concerns labour and factory inspectors and provides guidance on how to apply the *ILO Code of Practice on HIV/AIDS and the world of work* (see CIS 03-444). It examines the links between HIV/AIDS and the principles and practice of labour inspection, with particular reference to occupational safety and health. It includes a range of learning activities, case studies and samples of legislation, policies and collective agreements. (104704)

CIS 06-21 Joint ILO/WHO guidelines on health services and HIV/AIDS. ILO Publications, International Labour Office, 1211 Genève 22, Switzerland, 2005. xiv, 80p. Illus. Bibl. ref. (In English)

<http://www.ilo.org/public/english/protection/trav/aids/publ/hsgl.pdf>

<http://www.ilo.org/public/spanish/dialogue/sector/techmeet/tmehs05/guidelines.pdf>

<http://www.ilo.org/public/french/dialogue/sector/techmeet/tmehs05/guidelines.pdf>

These guidelines aim to promote the sound management of HIV/AIDS in health services. They are intended for governments, employers, workers and others concerned with the delivery of health care. Contents: key principles of the *ILO Code of Practice on HIV/AIDS and the world of work* (see CIS 03-444); legal and policy framework; the health sector as a workplace and the recognition of HIV/AIDS as a workplace issue; occupational safety and health management systems (protection against infectious pathogens, safe work practices, monitoring and evaluation); exposure incident management; treatment and support; education and training; research and development. Includes an overview of international programmes and instruments and 12 fact sheets on control measures designed to protect health workers from exposure to HIV and other infectious pathogens. (104705)

CIS 06-20 HIV/AIDS and work. Using the ILO Code of Practice on HIV/AIDS and the world of work - Guidelines for the transport sector. ILO Programme on HIV/AIDS and the world of work (ILOAIDS), ILO Publications, International Labour Office, 1211 Genève 22, Switzerland, Dec. 2005. 21p. 9 ref. (In English)

<http://www.ilo.org/public/english/protection/trav/aids/publ/trql.pdf>

This guide provides advice for employers and workers in the transport sector on the application of the *ILO Code of Practice on HIV/AIDS and the world of work* (see CIS 03-444) and the education and training manual on the implementation of the Code (see CIS 04-270). It outlines the potential impact of HIV and AIDS on the sector, identifies specific risks for transport workers and reviews policy and workplace initiatives that have been taken to address those risks. (104703)

CIS 00-00 HIV/AIDS in the transport sector of Southern African countries: A rapid assessment of cross-border regulations and formalities. ILO Publications, International Labour Office, 1211 Genève 22, Switzerland, 2005. ix, 35p. 4 ref. ISBN 92-2-117985-0 (printed version), ISBN 92-2-117986-9 (web version) (In English)

This report assesses policies and practices relating to HIV/AIDS in the transport sector of Southern African countries, focusing on the harmonization of border-crossing procedures to prevent long waiting periods. Common risk factors are identified and recommendations are presented for the implementation of policies and activities to help prevent the spread of HIV/AIDS in the sector. (104888)

CIS 06-216 Indicators to monitor the implementation and impact of HIV/AIDS workplace policies and programmes in the UN System. ILO Publications, International Labour Office, 1211 Genève 22, Switzerland, 2004. 11p., ISBN 92-2-116496-9 (In English)
<http://www.ilo.org/public/english/protection/trav/aids/publ/indicators.pdf>

This document summarizes the findings of a review of UN personnel policy on HIV/AIDS with reference to the *ILO Code of Practice on HIV/AIDS and the world of work* (see CIS 03-444). Workplace indicators on HIV/AIDS are presented along with suggested tools for measurement. It is recommended that indicators should be measured at regular intervals to monitor the implementation of an HIV/AIDS policy. Implementation benchmarks for use in the UN workplace are also listed. (104718)

CIS 06-209 HIV/AIDS and work. Technical cooperation - A means to implement the ILO Code of Practice on HIV/AIDS and the world of work. ILO Programme on HIV/AIDS and the world of work (ILOAIDS), ILO Publications, International Labour Office, 1211 Genève 22, Switzerland, 2004. 40p. 17.ref., ISBN 92-2-115826-8 (In English)

http://www.ilo.org/public/english/protection/trav/aids/publ/tech_coop/tech_cooperation.pdf

This report provides an overview of the role of technical cooperation in achieving the objectives of the ILO's Global Programme on HIV/AIDS and the World of Work (ILOAIDS). Key areas of technical cooperation are outlined, based on the *ILO Code of Practice on HIV/AIDS and the world of work* (see CIS 03-444). The implementation and achievements of selected projects in a range of countries and sectors are described to illustrate the different approaches used. Lessons learned from these projects are summarized and priority areas for future work are identified. ILO collaboration with intergovernmental organizations is also discussed. (104706)

CIS 06-23 HIV/AIDS and work. Guidelines for trade unions - Using the ILO Code of Practice and training manual. (*French*: HIV/AIDS and work. Guide d'utilisation à l'intention des syndicats - Recueil de directives pratiques du BIT sur le VIH/SIDA et manuel de formation; *Spanish*: HIV/AIDS and work. Directrices destinadas a los sindicatos - Utilización del Repertorio de recomendaciones prácticas sobre el VIH/SIDA y el mundo del trabajo y del Manual de capacitación respectivo) ILO Programme on HIV/AIDS and the world of work (ILOAIDS), ILO Publications, International Labour Office, 1211 Genève 22, Switzerland, 2004. 8p. (In English, French, Spanish)

http://www.ilo.org/public/english/protection/trav/aids/publ/tu-guideline_eng.pdf

http://www.ilo.org/public/english/protection/trav/aids/publ/tu-guideline_es.pdf

http://www.ilo.org/public/english/protection/trav/aids/publ/tu-guideline_fr.pdf

This guide provides advice for trade unions on the use of the *ILO Code of Practice on HIV/AIDS and the world of work* (see CIS 03-444) and the education and training manual on the implementation of the Code (see CIS 04-270). It outlines the potential impact of the disease on trade unions and their members and highlights the need to develop a trade union policy and to stimulate action by mobilizing trade union networks and by working with employers, the government and others. (104702)

CIS 06-22 HIV/AIDS and work. Guidelines for employers - Using the ILO Code of Practice and training manual. (*French*: HIV/AIDS and work. Guide d'utilisation à l'intention des employeurs - Recueil de directives pratiques du BIT sur le VIH/SIDA et manuel de formation; *Spanish*: HIV/AIDS and work. Directrices destinadas a los empleadores - Utilización del Repertorio de recomendaciones prácticas sobre el VIH/SIDA y el mundo del trabajo y del Manual de capacitación respectivo) ILO Programme on HIV/AIDS and the world of work (ILOAIDS), ILO Publications, International Labour Office, 1211 Genève 22, Switzerland, 2004. 8p. (In English, French, Spanish)

http://www.ilo.org/public/english/protection/trav/aids/publ/employer-guideline_eng.pdf

http://www.ilo.org/public/english/protection/trav/aids/publ/employer-guideline_es.pdf

http://www.ilo.org/public/english/protection/trav/aids/publ/employer-guideline_fr.pdf

This guide provides advice for employers on the use of the *ILO Code of Practice on HIV/AIDS and the world of work* (see CIS 03-444) and the education and training manual on the implementation of the Code (see CIS 04-270). It outlines the potential impact of the disease on business and highlights the need for employers to develop workplace policies and programmes and to stimulate action by working with employers' organizations, trade unions, the government and others. (104701)

CIS 04-270 Implementing the ILO Code of Practice on HIV/AIDS and the world of work - An education and training manual. (*French*: Mise en œuvre des directives pratiques du BIT sur le VIH/SIDA et le monde du travail - Manuel de formation; *Spanish*: Aplicación de las recomendaciones prácticas de la OIT sobre el VIH/SIDA y el mundo del trabajo - Manual de capacitación) ILO Publications, International Labour Office, 1211 Genève 22, Switzerland, 2004. Binder containing eight training modules; CD-ROM with documents in PDF format is included., ISBN 92-2-113462-8 (En), ISBN 92-2-213462-1 (fr), ISBN 92-2-313462-5 (es) (In English, French, Spanish)

<http://www.ilo.org/public/english/protection/trav/aids/code/manualen/complete.pdf>
<http://www.ilo.org/public/english/protection/trav/aids/code/manuales/manuales.pdf>
<http://www.ilo.org/public/english/protection/trav/aids/code/manualfr/implementingthecodef.pdf>

The world of work has been recognized as a key arena in which HIV/AIDS can be fought. The ILO developed a Code of Practice which contains fundamental principles for policy development and practical guidelines to be implemented at the enterprise level. This training manual has been prepared to guide the use of the Code by ILO's constituents and stakeholders. It is an education and reference document as well as a tool for training, a framework for social dialogue and a guide for action. Each module is designed to facilitate active learning through the presentation of key issues, case studies, diverse learning activities, and samples of legislation, policies and collective agreements. Contents: user guide; HIV/AIDS epidemic and its impact on the world of work; HIV/AIDS and human rights; role of employers, workers and their organizations in workplace actions through social dialogue; role of governments in setting up the legal and policy framework on HIV/AIDS in the world of work; gender aspects of HIV/AIDS and the world of work; workplace programmes for HIV/AIDS prevention; care and support; HIV/AIDS and the informal economy; guide to further information. (103500)

CIS 04-227 HIV/AIDS and work: Global estimates, impact and response. ILO Publications, International Labour Office, 1211 Genève 22, Switzerland, 2004. xii, 99p. Illus. 149 ref. Price: CHF 25.00., ISBN 92-2-115824-1 (In English)

http://www.ilo.org/public/english/protection/trav/aids/publ/global_est/glob_report_2004rev.pdf

This report presents the estimates by the ILO of the impact of HIV/AIDS on the working population of 50 countries of Africa, Asia, Latin America and the Caribbean, as well as in more developed regions. Contents: global estimates of the impact of HIV/AIDS on the world of work; macroeconomic impact; impact of HIV/AIDS in the private and public sectors, agriculture and informal economy; impact on women and children; policy implications; response to HIV/AIDS in the world of work. (103004)

CIS 06-213 Tripartite Interregional Meeting on Best Practices in HIV/AIDS Workplace Policies and Programmes, Geneva, 15-17 December 2003: Consensus Statement. ILO Programme on HIV/AIDS and the world of work (ILOAIDS), ILO Publications, International Labour Office, 1211 Genève 22, Switzerland, 2003. 9p. (In English)

<http://www.ilo.org/public/english/protection/trav/aids/publ/consensusstatement.pdf>

This consensus statement defines principles for workplace action on HIV/AIDS using a good practice approach. It sets out criteria for identifying good practice and for adapting a practice for replication and describes factors which are common to good practices in HIV/AIDS workplace policies and programmes. Areas where further action is required are also identified. These recommendations serve as a guideline for the development of workplace HIV/AIDS programmes. (104714)

CIS 06-212 Workplace action on HIV/AIDS: Identifying and sharing best practice. Background report for Tripartite Interregional Meeting on Best Practices in HIV/AIDS Workplace Policies and Programmes, 15-17 December 2003, ILO, Geneva. ILO Programme on HIV/AIDS and the world of work (ILOAIDS), ILO Publications, International Labour Office, 1211 Genève 22, Switzerland, 2003. x, 62p., ISBN 92-2-115157-3 (In English)

<http://www.ilo.org/public/english/protection/trav/aids/bpreport.pdf>

This report reviews the economic and social impact of the HIV/AIDS epidemic worldwide, in particular in the world of work, and describes the ILO's involvement in the global response. The identification and use of best practices in tackling HIV/AIDS in the workplace is discussed and examples of the implementation of best practice in key areas are examined: policy and legal frameworks; workplace policies and programmes for prevention, care, support and treatment; links beyond the formal workplace (informal economy, community, vulnerable groups); and knowledge and evidence (data analysis, monitoring and feedback). (104713)

CIS 03-1935 Facing HIV/AIDS at the workplace. (*Spanish*: Cómo enfrentar el VIH/SIDA en el lugar de trabajo) ILO Publications, International Labour Office, 1211 Genève 22, Switzerland, 2003. CD-ROM and presentation leaflet (4p.). (In English, Spanish)

This CD-ROM provides guidelines to address the HIV/AIDS epidemic at the workplace within the context of ILO global programme on HIV/AIDS and the world of work. It contains two documents in PDF format: the ILO codes of practice on HIV/AIDS and the world of work, together with a training and education manual on the implementation of the ILO codes of practice on HIV/AIDS and the world of work (in English). The guidelines apply to the following areas of activity: prevention of HIV/AIDS; management and mitigation of its impact on the world of work; care and support of workers infected and affected by HIV/AIDS; elimination of stigma and discrimination on the basis of real or perceived HIV status. (102895)

CIS 03-1118 Managing emerging health-related problems at work - SOLVE: Stress, Tobacco, Alcohol and Drugs, HIV/AIDS, Violence. (French: Gérer les problèmes émergents liés à la santé dans le monde du travail - SOLVE : Stress, violence, alcool et drogue, VIH/sida, tabagisme) Di Martino V., Gold D., Schaap A., ILO Publications, International Labour Office,

1211 Genève 22, Switzerland, 2003. Loose-leaf folder. Approx.120p. Illus. Bibl.ref. + CD-ROM., ISBN 92-2-112797-4 (En), ISBN 92-2-212797-8 (fr) (In English, French)

SOLVE is an interactive educational programme designed to assist in the development of policy and action to address psychosocial issues at the workplace. Stress, alcohol and drugs, violence (both physical and psychological), HIV/AIDS and tobacco all lead to health-related problems for the worker and lower productivity for the enterprise or organization. Taken together, they represent a major cause of accidents, fatal injuries, disease and absenteeism at work in both industrialized and developing countries. SOLVE focuses on prevention in translating concepts into policies and policies into action at the national and enterprise levels. This training package (folder and CD-ROM) provides the foundation for a five-day interactive training course with a goal to give participants the knowledge and skills to formulate a comprehensive policy and strategies to address these issues in the workplace. (See also CIS 01-746). (102110)

CIS 06-219 HIV/AIDS and world of work: A collection of relevant information. International Labour Organization, Subregional Office for South Asia, India Habitat Centre, 3rd Floor, Core 4B, Lodi Road, New Delhi 110 003, India, 2002. CD-ROM. (In English)

<http://www.ilo.org/public/english/region/asro/newdelhi/aids/htms/dataacd.htm>

This CD-ROM was prepared by the ILO-AIDS Programme in India in collaboration with the V.V. Giri National Labour Institute. It contains abstracts of nearly 300 publications from existing studies, training manuals, statistics, legislation, policies, community programmes and enterprise initiatives (at regional, national, state and enterprise levels) on HIV/AIDS in the world of work. The collection is classified into eight sections: behavioural surveys and studies; community initiatives; legislation and policies; impact of HIV/AIDS on labour, employment and the economy; migration and the spread of HIV/AIDS; stigma and discrimination; women and HIV/AIDS; workplace initiatives. (104708)

CIS 06-217 Workshop for employers' organizations in East and Southern Africa on a time-bound action plan to combat HIV/AIDS, Mombasa, Kenya, 26-27 November 2001. ILO Programme on HIV/AIDS and the world of work (ILOAIDS), ILO Publications, International Labour Office, 1211 Genève 22, Switzerland, 2002. 17p., ISBN 92-2-112960-8 (In English)

<http://www.ilo.org/public/english/protection/trav/aids/publ/mombasa01.pdf>

This report presents an overview of the range of activities undertaken by employers in East and Southern Africa to combat HIV/AIDS and provides a guide to the development of policies and programmes in the world of work. An action plan is set out which aims to reduce the rate of HIV/AIDS infections through workplace-based education and prevention programmes and to improve the workplace environment for workers living with HIV/AIDS. (104719)

CIS 06-214 Enterprises and HIV/AIDS in India. ILO Publications, International Labour Office, 1211 Genève 22, Switzerland, 2002. Resource package. Illus., ISBN 92-2-113221-8 (In English)

This resource package comprises a compilation of case studies of HIV/AIDS programmes in eight enterprises in India, a manual providing guidelines for implementing a response to HIV/AIDS in the workplace, a copy of the *ILO Code of Practice on HIV/AIDS and the world of work* (see CIS 03-444) and a CD-ROM on the prevention of HIV/AIDS in the world of work. The case studies document the key experiences and lessons learned in the areas of social initiatives, prevention and care activities at the workplace, advocacy and partnerships. The manual provides a six-step approach for developing a workplace programme. (104715)

CIS 06-82 Combating child labour and HIV/AIDS in sub-Saharan Africa. Rau B., International Programme on the Elimination of Child Labour (IPEC), ILO Publications, International Labour Office, 1211 Genève 22, Switzerland, 2002. x, 63p. 68 ref., ISBN 92-2-113288-9 (In English)

http://www.ilo.org/public/english/standards/ipec/publ/policy/aids_africa.pdf

This report reviews national policies and programmes, NGO projects and community-based initiatives on HIV/AIDS and child labour in three African countries - South Africa, Tanzania and Zambia. A range of initiatives from broad national policies and strategic frameworks to small local efforts by committed individuals and groups are described. Lessons learned and elements of good practice are identified. (104707)

CIS 06-25 A handbook: Trade unions and HIV/AIDS. International Labour Organization, Subregional Office for South Asia, India Habitat Centre, 3rd Floor, Core 4B, Lodi Road, New Delhi 110 003, India, 2002. PDF document, 80p. Illus.10 ref., ISBN 92-2-113220-X (In English, Hindi)

<http://www.ilo.org/public/english/region/asro/newdelhi/aids/htms/tuhbk.htm>

<http://www.ilo.org/public/english/region/asro/newdelhi/aids/htms/tuhbkh.htm>

This handbook explains how trade unions, together with government and employers, can help in responding to the challenges posed by HIV/AIDS. It reviews the HIV/AIDS situation in India, provides basic information about the disease and examines gender issues and legal and ethical aspects. Components of an HIV/AIDS programme in both the organized and the unorganized sector are described, based on the *ILO Code of Practice on HIV/AIDS and the world of work* (see CIS 03-444), and an example of a policy by the Trade Union Congress of the Philippines is included. (104709)

CIS 03-444 HIV/AIDS and the world of work. (*French*: Le VIH/SIDA et le monde du travail; *Spanish*: El VIH/SIDA y el mundo del trabajo) ILO Publications, International Labour Office, 1211 Genève 22, Switzerland, 2002. xiii, 63p. 131 ref. Price: CHF 20.00., ISBN 92-2-111633-6 (En), ISBN 92-2-211633-X (fr), ISBN 92-2-311633-3 (es) (In English, French, Spanish)

The objective of this code of practice is to help prevent the spread of HIV/AIDS, to mitigate its impact in the world of work and to promote decent work in the face of this epidemic. It is built on and around two pillars, namely the protection of workers against discrimination, and prevention. It provides guidance to policy-makers, organizations and social partners for forming effective and appropriate workplace and national policy that respects the dignity of all workers. It covers the key principles such as recognition of HIV/AIDS as a workplace issue, the role of social dialogue, the gender dimension, confidentiality, screening and testing, adapting jobs and workplaces to the capacities of workers with HIV-related sickness. It addresses the specific responsibilities of governments, workers' and employers' organizations and includes measures for education, care and support, and training for all with workplace responsibilities. (101449)

CIS 02-1947 HIV epidemic and other crisis response in sub-Saharan Africa. Cohen D., InFocus Programme on Crisis Response and Reconstruction, ILO Publications, International Labour Office, 1211 Genève 22, Switzerland, 2002. vii, 42p. 68 ref., ISBN 92-2-113128-9 (In English)

<http://www.ilo.org/english/employment/recon/crisis/download/wp6.pdf>

The overall objective of the ILO's *InFocus Programme on Crisis Response and Reconstruction* is to develop the ILO's coherent and rapid response to different crises, such as natural disasters, armed conflicts, financial or economic downturns and difficult political and social transitions, focusing on areas of ILO's comparative advantage. This report on the HIV epidemic and other crises in sub-Saharan Africa is one of the outputs of the programme's research work. It has three objectives: understanding HIV as a developmental issue; analysing interconnections between crises and the HIV epidemic; reviewing the activities of the ILO InFocus Programme with a view of identifying the processes whereby the HIV epidemic affects the work of the programme. Contents: understanding the structural conditions; HIV risk, prevention and mitigation in crisis-affected populations; integrating HIV/AIDS into the ILO's crisis response programme. (100618)

CIS 02-439 Global programme on HIV/AIDS and the world of work. (*French*: Programme mondial sur le VIH/SIDA et le monde du travail; *Spanish*: Programa mundial sobre el VIH/SIDA y el mundo laboral) ILO Publications, International Labour Office, 1211 Genève 22, Switzerland, 2001. Folder with 4 leaflets and 1 booklet (8p. + vii, 32p. 79 ref.), ISBN 92-2-112561-0 (en), ISBN 92-2-212561-4 (fr), ISBN 92-2-312561-8 (es) (In English, French, Spanish)

Folder containing 4 leaflets, including a message from the Director-General of the ILO and two copies (one pocket-sized) of "An ILO code of practice on HIV/AIDS and the world of work". This code of practice provides guidelines to address the HIV/AIDS epidemic in the world of work in the context of the promotion of decent work. The guidelines cover: prevention of HIV/AIDS; management and mitigation of the impact of HIV/AIDS and the world of work; care and support of workers infected and affected by HIV/AIDS; elimination of stigma and discrimination on the basis of real or perceived HIV status. (78244)

CIS 00-1765 Action against HIV/AIDS in Africa - An initiative in the context of the world of work. (*French*: Action contre le VIH et le SIDA en Afrique - Une initiative lancée dans le contexte du monde du travail) ILO Publications, International Labour Office, 1211 Genève 22, Switzerland, 1st ed., 2000. vii, 89p. Illus. 16 ref., ISBN 92-2-111916-5 (En), ISBN 92-2-211916-9 (fr) (In English, French)

This publication contains the proceedings of a tripartite meeting on HIV and AIDS in Africa held in Windhoek (Namibia) from 11 to 13 October 1999 to reflect on the social and labour implications of the crisis and the draft Platform of Action adopted at the meeting. This Platform of Action focuses on critical issues such as social inclusion, income and security, social security, solidarity and optimal use of treatments. It establishes principles and goals, and identifies the essential elements for national and international action to combat the spread of HIV/AIDS and protect its victims. (75822)

CIS 99-700 HIV/AIDS and employment. N'Daba L., Hodges-Aeberhard J., ILO Publications, International Labour Office, 1211 Genève 22, Switzerland, 1998. ix, 71p. Bibl.ref. Price: CHF 15.00., ISBN 92-2-110334-X (In English)

Legislation and enterprise practices concerning the employment of people with HIV/AIDS. Topics: conditions of work; handicapped workers; ILO; immunodeficiency syndrome; international agreements; legislation; medical confidentiality; pre-employment medical examinations; role of employers organizations; role of workers organizations. (72771)

CIS 97-455 AIDS in the workplace. Roskam E., Bureau of Workers' Activities, ILO Publications, International Labour Office, 1211 Genève 22, Switzerland, 1996. x, 69p. Illus. Price: CHF 5.00 (for the collection: CHF 50.00)., ISBN 92-2-108020-X (In English)

This training module provides an overview of the disease AIDS, of particular importance as an occupational hazard in certain occupations (e.g. in the health care industry). Coverage: level of the problem worldwide; why AIDS is a trade union issue; description of the disease; workplace exposure; AIDS education in the workplace; AIDS and workplace policy issues; role of the health and safety representative; exercise case-study of the HIV virus in the workplace; glossary. In appendices: related WHO documents. (68927)

CIS 95-125 Workers' privacy. Part I: Protection of personal data; Part II: Monitoring and surveillance in the workplace; Part III: Testing in the workplace. ILO Publications, International Labour Office, 1211 Genève 22, Switzerland, Part I- 1991, Vol.10, No.2, 277p.; Part II- 1993, Vol.12, No.1, 374p.; Part III- 1993, Vol.12, No.2, 361p. Price: CHF 45.00 each issue., ISBN 92-2-108251-2 (10:2), ISBN 92-2-108740-9 (12:1), ISBN 92-2-108746-8 (12:2) (In English)

Part I introduces the issues surrounding workers' privacy in the context of new data-processing techniques; Part II contains international instruments, or relevant provisions thereof, on the protection of personal data (monitoring of telephone calls, video surveillance, badge systems and locational devices). Part III provides a country-by-country analysis of the implications for employers and workers of the legislation that has been adopted in 19 countries to protect the privacy of the citizen in data-processing systems (alcohol and drug testing, AIDS, genetic or psychological testing). (63665)

O T H E R I N F O R M A T I O N R E S O U R C E S

CIS 05-466 Occupational exposure to human immunodeficiency virus (HIV) - How can we reduce the risk?. Leszczyszyn-Pynka M., Klys-Rachwalska M., Sacharczuk B., Boroń-Kaczmarska A., *International Journal of Occupational Safety and Ergonomics*, 2004, Vol.10, No.4, p.425-429. 15 ref. (In English)

The aim of this study was to analyse occupational exposure to potentially infectious body fluids among health care workers (HCWs) in a region of Poland. Nurses were the most commonly exposed category of HCWs. Needle-sticks were responsible for 73.6% of the incidents, while recapping a needle was the cause of exposure in 6.9% of the incidents. Prophylaxis with antiretroviral drugs was necessary in 22.8% of the cases. Among 189 registered nurses, 66 performed invasive procedures without any personal protective equipment. As many as 60.3% of exposures to potentially infectious material result from non-compliance with the relevant recommendations. Continuous education and training is critically needed to prevent occupational exposure to blood-borne infections among HCWs. (104230)

CIS 05-229 Living in a world with HIV and AIDS. (*French*: Vivre dans un monde confronté au VIH et au SIDA; *Russian*: Žizn' v mire VIČ/SPIDa; *Spanish*: Vivir en un mundo con VIH y SIDA) Joint United Nations Programme on HIV/AIDS (UNAIDS), 20 avenue Appia, 1211 Genève 27, Switzerland, 2004. 56p. Illus. 20 ref., ISBN 92-9-173371-7 (En), ISBN 92-9-173372-5 (Fr), ISBN 92-9-173376-8 (Ru), ISBN 92-9-173377-6 (Es) (In English, French, Russian, Spanish)

<http://unworkplace.unaids.org/UNAIDS/common/docs/UNAIDSengALL-Jan24.pdf>

<http://unworkplace.unaids.org/UNAIDS/common/docs/SpanishBooklet.pdf>

<http://unworkplace.unaids.org/UNAIDS/common/docs/FrenchBooklet.pdf>

<http://unworkplace.unaids.org/UNAIDS/common/docs/BookletRussian.pdf>

This booklet is aimed at employees of the UN system and their families. It is designed to provide important information about HIV and AIDS and to make them aware of the resources and services available. Many UN employees do not really know how HIV is transmitted or prevented, or even if they themselves have been infected with the virus. Many employees are also unfamiliar with the UN's workplace policy on HIV and AIDS, which is aimed at eliminating the HIV-related stigma and discrimination that are still all too common in workplaces. This booklet attempts to answer questions that can make a positive difference in the lives of employees and their families: how to protect oneself and loved ones from HIV; how to talk about HIV and AIDS with one's partner or children; why be tested; when living with HIV, where can one turn, inside and outside the UN, for support and treatment; what can be done to create a compassionate workplace for all, including colleagues living with, and affected by, HIV. (103922)

CIS 04-37 Action against AIDS in the workplace: The Africa region. Joint United Nations Programme on HIV/AIDS (UNAIDS), 20 avenue Appia, 1211 Geneva 27, Switzerland, 2003. Folder containing 5 information sheets, 12p. Illus. (In English)

http://www.unaids.org/html/pub/Topics/Partnership-Menus/PDF/WORKPLACE_AFRICAfolder_en_pdf.pdf

Besides affecting economic growth and social development of many Sub-Saharan African countries, AIDS is also a workplace issue. It reduces the supply of skilled labour and causes increased absenteeism and reduced productivity, adding to labour costs for employers. This folder aimed at employers contains information sheets that outline the key elements of an AIDS prevention policy. Contents: preventive actions by businesses; key components of a workplace policy; ten steps for the implementation of the workplace policy; key principles of the ILO code of practice; actions by trade unions. (103088)

CIS 03-528 Decree No.43/03 of 4 July 2003 - Regulations on HIV/AIDS, employment and professional training [Angola]. (*Portuguese*: Decreto n.º43/03 de 4 de Julho - Regulamento sobre o HIV/SIDA, emprego e formação profissional) *Diário da República*, 4 July 2003, Series I, No.52, p.1417-1420. (In Portuguese)

These regulations cover the workplace-related aspects of HIV/AIDS infection. OSH-related provisions include: provision of education, sensitization and prevention programmes in the workplace; prohibition of non-voluntary HIV testing and of discriminatory practices; right to medical treatment of HIV-positive workers; obligation of employers to offer alternative employment to HIV-positive workers when their condition requires this; prevention of HIV infection in the workplace; right to compensation of workers infected with HIV in the course of their professional activity. In annex: definitions. (101575)

CIS 03-441 National Code of Practice for the control of work-related exposure to hepatitis and HIV (blood-borne) viruses. AusInfo Government Info Shops, www.ausinfo.gov.au, Australia, 2nd ed., Dec. 2003. xiii, 53p. 19 ref. (In English)

http://www.nohsc.gov.au/PDF/Standards/Codes/HIV_2Ed_2003.pdf

Contents of this Code of Practice (1st edition, NOHSC:2010 (1993), see CIS 94-2115): introduction (hepatitis viruses and HIV); hazard identification; risk assessment; risk control (sharps, safe working procedures, standard precautions, risk control strategies for certain occupations, education and training, exposure incidents, vaccination, monitoring and evaluation). In the appendices: discrimination and privacy; principles of the storage, transport and disposal of clinical waste; what to do in the event of exposure of if you find a syringe; principles of standard precautions; workers with hepatitis B, C and HIV; glossary; sources of information. (101130)

CIS 06-215 Workplace HIV/AIDS programs: An Action guide for managers. Rau B., Family Health International (FIH), 2101 Wilson Blvd., Ste. 700, Arlington VA 22201, USA, 2002. 102p. Illus., ISBN 1-931547-04-1 (In English)

<http://www.fhi.org/NR/rdonlyres/ehocvdvqlpgxee4suywcwepettjpyak655vqpdnmny57ictcaxa6ceovvl4pdcx63ctt4qvifkb4wk/Workplace1.pdf>

This guide provides practical steps for developing and implementing workplace prevention and care programmes to serve both employees and managers. Contents: HIV/AIDS issues in the workplace; assessing the risks and impact of HIV/AIDS on companies; workplace HIV/AIDS policies and prevention and care programmes; managing the impact of HIV/AIDS on a company; company leadership in HIV/AIDS prevention and care. Includes sample workplace HIV/AIDS policies and case studies. (104717)

CIS 06-211 The faces, voices and skills behind the GIPA Workplace Model in South Africa. (*French*: Des visages, des voix, des compétences - Le Modèle GIPA sur le lieu de travail en Afrique du Sud) Simon-Meyer J, Odallo D., Joint United Nations Programme on HIV/AIDS (UNAIDS), 20 avenue Appia, 1211 Genève 27, Switzerland, June 2002. 56p. Illus. 10 ref., ISBN 92-9173-196-X (En), ISBN 92-9173-197-8 (Fr) (In English, French)

http://data.unaids.org/Publications/IRC-pub02/JC770-GIPA-SA_en.pdf

http://data.unaids.org/Publications/IRC-pub02/JC770-GIPA-SA_fr.pdf

This case study describes the development and operation of the GIPA (Greater involvement of people living with or affected by HIV/AIDS) Workplace Model, developed with the support of the UN Development Programme (UNDP) and the World Health Organization (WHO). Its aim was to place trained fieldworkers, living openly with HIV/AIDS, in selected partner organizations to set up or renew workplace policies and programmes in response to the HIV/AIDS epidemic. The experiences of 11 fieldworkers are described and elements of best practice are identified. (104712)

CIS 06-210 The private sector responds to the epidemic: Debswana - a global benchmark. (*French*: La riposte du secteur privé à l'épidémie: Debswana - une référence mondiale) Barnett T., Fantan T., Mbakile B., Whiteside A., Joint United Nations Programme on HIV/AIDS (UNAIDS), 20 avenue Appia, 1211 Genève 27, Switzerland, Sep. 2002. 48p. Illus. 11 ref., ISBN 92-9173-217-6 (En), ISBN 92-9173-218-4 (Fr) (In English, French)

http://data.unaids.org/Publications/IRC-pub02/JC769-Debswana_en.pdf

http://data.unaids.org/Publications/IRC-pub02/JC769-Debswana_fr.pdf

This case study describes the development of an HIV/AIDS management policy in the Debswana diamond mining company in Botswana. An institutional audit of the susceptibility and vulnerability of the company to HIV/AIDS was carried out and the findings were used as the basis for the development of an effective HIV/AIDS strategy. Key issues identified in the audit included the

identification of critical posts, a review of employee benefits, the provision of antiretroviral drugs, pre- and post-employment testing strategies and a revision of the management information system to take into account HIV/AIDS. (104711)

CIS 03-1440 Employers' handbook on HIV/AIDS - A guide for action. (*French*: Manuel des employeurs sur le VIH/SIDA - Guide pour l'action; *Spanish*: Manual sobre el VIH/SIDA para empleadores - Guía para la acción) UNAIDS, 20 avenue Appia, 1211 Genève 27, Switzerland, 2002. 39p. Illus. 19 ref., ISBN 92-9173-173-0 (En), ISBN 92-9173-177-3 (fr), ISBN 92-9173-178-1 (es) (In English, French, Spanish)

Across the world, AIDS is having a direct and indirect impact on business. For example, in southern Africa, it is estimated that more than 20% of the population in the 15-49 year-old group are infected with HIV. Employers are experiencing reduced productivity as a result of employee absenteeism and death. This manual is aimed at providing employers' organizations and their members in mitigating the effects of HIV/AIDS on their companies and business environments. Contents: basic facts about HIV/AIDS; world regional trends; economic impact of HIV/AIDS on the business environment and individual enterprises; guidelines for responding to the impact of HIV/AIDS at the workplace aimed at employers' organizations and enterprises; developing an enterprise policy on HIV/AIDS; providing prevention education, care, support and treatment at the workplace; implementing fair employment practices; community involvement; examples of initiatives by employers' organizations and enterprises. (102207)

CIS 03-112 A primer on HIV/AIDS and the workplace: Based on RA 8504 - The Philippine AIDS Prevention and Control Act of 1998. Estrella-Gust D.P., Hernandez Diaz P., eds., Department of Labor and Employment, Occupational Safety and Health Center, OSHC Building, North Avenue corner Agham Road, Diliman, Quezon City, Philippines, July 2002. 22p. Illus., ISBN 971-8806-05-9 (In English)

This booklet on human immunodeficiency virus (HIV) and acquired immune deficiency syndrome (AIDS) is presented in the form of answers to frequently-asked questions, where appropriate with reference to Republic Act (RA) 8504, also known as the Philippine AIDS Prevention and Control Act of 1998. (101373)

CIS 02-1943 Occupational HIV and HCV seroconversions among health care workers in France - Situation as of 30 June 2001. (*French*: Séroconversions professionnelles par le VIH et le VHC chez le personnel de la santé en France - Le point au 30 juin 2001) Lot F., Miguères B., Yazdanpanah Y., Tarantola A., Abiteboul M., Domart M., Bouvet E., *Documents pour le médecin du travail*, 2nd Quarter 2002, No.90, p.157-166. Illus. 5 ref. (In French)

This article presents the results of an ongoing study on contaminations by the human immunodeficiency syndrome (HIV) and the hepatitis C virus (HCV) among health care workers in France as of 30 June 2001. No new cases of HIV seroconversion were reported since 1997, the total number of cases since the start of the study remaining at 13. With respect to HCV, 43 seroconversions were reported, of which 32 were the result of contacts with patients known to be infected at the time of accidental exposure. The breakdown in the number of cases is given by occupation, by health care department and by geographical region, together with data concerning the circumstances of the accidental infection, clinical surveillance and biological monitoring, medical follow-up evolution. The study protocol and the questionnaires are included as appendices. (100785)

CIS 02-944 One-year study of occupational human immunodeficiency virus postexposure prophylaxis. Garb J.R., *Journal of Occupational and Environmental Medicine*, Mar. 2002, Vol.44, No.3, p.265-270. 14 ref. (In English)

A 12-month experience with human immunodeficiency virus (HIV) post-exposure prophylaxis (PEP) in a specialized medical care centre in the United States was evaluated for timeliness of treatment and adherence to treatment recommendations. 46 health care workers were started on HIV PEP. Risk status of the source patient, rather than type of exposure, was a significant determinant for both initiating and completing treatment. Of those exposed to HIV-positive sources, 79% completed the full 28 days of therapy. Only 22% of all health care workers who started PEP discontinued treatment because of adverse effects. The mean time from exposure to first dose of PEP was one hour and 46 minutes. The use of a defined treatment protocol, with supporting educational material and immediately-available PEP medication is an effective way of managing HIV exposures. (78736)

CIS 02-1945 Proposed procedure to be adopted in non-hospital environments following injuries by potentially-contaminated blood-stained objects. (*French*: Proposition de procédure à suivre, en dehors d'un milieu hospitalier, lors d'un accident du travail avec blessure causée par un objet souillé par du sang susceptible d'être contaminé) Brouwers J.F., *Médecine du travail & Ergonomie / Arbeidsgezondheidszorg & Ergonomie*, 4th Quarter 2001, Vol. XXXVIII, p.167-178. 12 ref. (In French)

Outside of the hospital sector, many enterprises and public services are also confronted with the risk of occupational accident resulting in wounds acquired with objects possibly soiled by infected blood. Although the working procedure for such accidents is well known and regularly applied in hospitals, this is generally not the case in other sectors. This article proposes an approach derived from hospital recommendations. Appendices include information documents aimed at the enterprise-level occupational safety and health committee, at the medical practitioner treating the patient on the day of the accident and at the medical

practitioner following this patient, as well as a list of hospitals in Belgium that are able to apply urgently a preventive AIDS tritherapy to injured workers who are not part of their personnel. (100943)

CIS 02-431 HIV/AIDS in the South African mining industry: Health and safety implications. La Grange M., *Journal of Occupational Health and Safety - Australia and New Zealand*, Feb. 2001, Vol.17, No.1, p.31-37. Illus. 10 ref. (In English)

As the global HIV/AIDS epidemic continues unabated, South Africa is experiencing a rapid spread of the virus. The mining industry, in spite of having recognized the risks of the epidemic at an early stage, suffers greatly from the full impact of this disease. In addition to the socio-economic implications of the disease, it has significant consequences for occupational safety and health (impact of the disease on workers' performance, fatalistic or suicidal attitudes, risk of contagion). (78112)

CIS 01-1836 Blood-borne viruses in the workplace - Guidance for employers and employees. Health and Safety Executive, HSE Books, P.O. Box 1999, Sudbury, Suffolk CO10 2WA, United Kingdom, July 2001. 8p. 11 ref. (In English)

Blood-borne viruses (BBVs) include hepatitis B, hepatitis C and hepatitis D, which affect the liver, and human immunodeficiency virus (HIV), which causes acquired immune deficiency syndrome (AIDS). This guidance note is aimed at all persons involved in work where exposure to blood or other body fluids may occur. Contents include: description of BBVs; types of work where exposure to BBVs may occur; legal responsibilities of employers and employees; actions to be taken after possible infection with a BBV; special considerations for first-aid attendants. (77738)

CIS 01-1309 Occupational Exposure to Bloodborne Pathogens; Needlestick and Other Sharps Injuries: Final Rule [USA]. Department of Labor - Occupational Safety and Health Administration (OSHA), *Federal Register*, 18 Jan. 2001, Vol.66, No.12, p.5318-5325. (In English)

http://www.osha.gov/FedReg_osh_data/FED20010118A.html

http://www.osha.gov/FedReg_osh_pdf/FED20010118A.pdf

This is a revision of the Bloodborne Pathogens standard (for 1991 original, see CIS 93-371) in conformity with the requirements of the *Needlestick Safety and Prevention Act*. New examples have been included in the definition of engineering controls, along with two new definitions (*needleless systems* and *sharps with engineered sharps injury protections*). In addition, employers who are required to establish an Exposure Control Plan must document how the Plan is implemented. Certain employers are also required to establish and maintain a log of percutaneous injuries from contaminated sharps. (77438)

CIS 01-746 SOLVE - Stress, Tobacco, Alcohol and Drugs, HIV/AIDS, Violence: Managing emerging health-related problems at work. Di Martino V., Gold D., Schaap A., International Labour Office, InFocus Safework, 1211 Genève 22, Switzerland, 2001. 5 brochures. Illus. (In English)

Folder with five leaflets on common psychosocial issues that may affect safety and health in the workplace. (76685)

CIS 06-218 Code of practice on the management of HIV/AIDS and hepatitis at workplaces. WorkSafe Western Australia, 1260 Hay Street, West Perth, WA 6005, Australia, rev. ed. Sep. 2000. 46p. Illus. 10 ref. (In English)

<http://www.safetyline.wa.gov.au/PageBin/codewswa0197.pdf>

This revised code of practice provides practical guidance for the management of HIV/AIDS, hepatitis B and hepatitis C in the workplace. It describes the nature and means of transmission of the diseases and presents guidance on risk management: sources of infection; hazardous activities and occupations; control measures; personal hygiene; sharp instruments; cleaning and disinfection; spills; waste management; vaccination; personal protective equipment; information and training; monitoring and evaluation. Replaces CIS 99-1353. (104720)

CIS 03-434 Antiretroviral prophylaxis of health care workers at two urban medical centers. Russi M., Buitrago M., Goulet J., Calello D., Perlotto J., van Rhijn D., Nash E., Friedland G., Hierholzer W., *Journal of Occupational and Environmental Medicine*, Nov. 2000, Vol.42, No.11, p.1092-1100. 33 ref. (In English)

This study examined the influence of job category, source patient HIV status and exposure type on whether health care workers initiated antiretroviral prophylaxis after potential blood-borne pathogen exposures. Of 639 exposures over an 18-month period, 82 individuals (13%) elected to receive prophylaxis, of whom 66% took medications for fewer than 96 hours and only 12% completed a 4-week course. Reasons for early drug discontinuation included confirmation of source patient HIV negative serological status (65%), gastrointestinal side effects (13%), headache (4%), and personal decision after counseling or other inputs (18%). Individuals exposed to HIV-positive source patients were more likely to initiate prophylaxis (odds ratio (OR), 5.1). Licensed nurses were less likely than others to accept prophylaxis (OR 0.5), whereas physicians and medical students were more likely to accept prophylaxis (OR 1.9). (101134)

CIS 01-1533 Tuberculosis, AIDS and work. (Spanish: Tuberculosis, SIDA y trabajo) Trad Fager C., *Salud Ocupacional*, Jan.-June 2000, Vol.XVIII, No.76, p.10-17. Illus. (In Spanish)

More than two thirds of the world population is believed to be infected by tuberculosis. The association between tuberculosis (TB) and immunodeficiency syndrome (AIDS) shows characteristic morbidity. This article describes the clinical features of TB, including its association with AIDS. This article reviews transmission factors, susceptibility and resistance to bacilli, treatment and screening, in particular in the Argentinian context. In terms of occupational hazards, TB represents a risk factor for workers in hospitals, veterinary practices, geriatric care institutions and in the meat processing industry. Various screening methods are also discussed. (77461)

CIS 01-1310 Code of Good Practice on key aspects of HIV/AIDS and employment [South Africa]. Department of Labour, *Government Gazette - Staatskoerant*, 1 Dec. 2000, Vol.426, No.22506, p.4-17. (In English)

<http://www.gov.za/gazette/regulation/2000/21815.pdf>

This Code of Practice was issued in order to set out guidelines for employers and trade unions to the implementation of non-discriminatory practices for HIV-infected workers. It is to be read in conjunction with other labour legislation, including the *Occupational Health and Safety Act, 1993* (see CIS 94-1451), the *Compensation for Occupational Injuries and Diseases Act, 1993* (see CIS 94-1452) and the *Mine Health and Safety Act* (see CIS 96-1928). Summary: promotion of a non-discriminatory work environment; HIV testing (incl. prohibition of compulsory pre-employment testing), confidentiality and voluntary disclosure; promotion of safe workplaces (incl. particular attention to the prevention of HIV transmission in health care professions); compensation for occupationally acquired HIV; employee benefits; dismissal (prohibition of dismissal solely on the basis of HIV/AIDS status); grievance procedures; management of HIV in the workplace; assessing the impact of HIV/AIDS in the workplace; measures to deal with HIV/AIDS in the workplace (incl. the development of HIV/AIDS Policies). In annex: glossary. (77447)

CIS 06-205 Beyond the biomedical and behavioural: Towards an integrated approach to HIV Prevention in the Southern African mining industry. Campbell C., Williams B., *Social Science and Medicine*, June 1999, Vol. 48, No.11, p.1625-1639. 34 ref. (In English)

http://www.sciencedirect.com/science?_ob=MIimg&_imagekey=B6VBF-3WG3JKB-C-3&_cdi=5925&_user=1991186&_orig=search&_coverDate=06%2F30%2F1999&_qd=1&_sk=999519988&_view=c&_wchp=dGLbVtz-zSkWz&_md5=979e5c5cf36856731a6e302d02d2a466&_ie=/sdarticle.pdf

This paper examines limitations in the response of key players in the gold mining industry in countries of the Southern African Development Community (SADC) to the problem of HIV/AIDS. It is argued that attention was given to biomedical or behavioural prevention programmes or to human rights issues rather than to the social and developmental dimensions of HIV-transmission. A case study highlights some of the social, economic and political factors which make southern African migrant workers susceptible to HIV infection and describes an intervention in a mining community in South Africa which seeks to develop a more holistic approach to HIV/AIDS management in an industrial setting. (104716)

CIS 01-1832 Cost-effectiveness of a post-exposure HIV chemoprophylaxis program for blood exposures in health care workers. Marin M.G., Van Lieu J., Yee A., Bonner E., Glied S., *Journal of Occupational and Environmental Medicine*, Sep. 1999, Vol.41, No.9, p.754-760. Illus. 17 ref. (In English)

A cost-effectiveness analysis of a post-exposure chemoprophylaxis programme for health care workers who sustained exposures to blood was performed. A programme of treatment with zidovudine (AZT) alone versus no treatment and a treatment with three-drug therapy versus no treatment was analysed. Assuming that 35% of exposures were to HIV positive sources, the ATZ regimen prevented 53 HIV seroconversions per 100,000 exposures, at a societal cost of USD 2.0 million per case of HIV prevented. The cost per quality-adjusted life year saved was USD 175,222. A three-drug chemoprophylactic therapy programme (postulating 100% effectiveness and 35 % source HIV positivity), prevented 66 seroconversions per 100,000 exposures, at a cost of USD 2.1 million per case of HIV prevented and USD 190,392 per quality-adjusted life year saved. Treating only workers exposed to sources known to be HIV-positive would be the most cost-effective strategy. (77642)

CIS 01-581 Bloodborne occupational diseases of health care workers (HCW). Murlidhar V., Society for Participatory Research in Asia (PRIA), 42 Tughlakabad Institutional Area, New Delhi 110062, India, 1999. i, 27p. 52 ref. (In English)

This manual on the risks of exposure to bloodborne diseases of health care personnel focuses on hepatitis B and C, HIV and AIDS transmission risks. Transmission mechanisms, risk factors for seroconversion following percutaneous injury, post-exposure prophylaxis, hygiene practices, decontamination and sterilization, personal protective equipment and vaccination are presented along with safety recommendations for dealing with sharp instruments and body fluids. (76544)

CIS 00-1157 Prevention, safety and prophylaxis in occupational HIV infection in Italy, the European Union and the United States. (*Italian*: Misure di prevenzione, sicurezza e profilassi nell'infezione occupazionale da HIV in Italia, Unione europea e USA) Papacchini M., Delle Piane R., Palmi S., Tomao P., *Medicina del lavoro*, Sep.-Oct. 1999, Vol.90, No.5, p.681-692. 46 ref. (In Italian)

Regulations and guidelines adopted by the United States, the European Union and Italy with respect to the prevention of HIV infection among occupationally exposed workers were compared, and found to be substantially homogeneous. Health-care workers are in the highest risk category. Post-exposure management is crucial for worker protection. A combination of chemotherapeutic agents is now recommended, but further evaluation of short- and long-term effects of the treatment is needed. (75349)

CIS 00-371 Manual for paramedics on HIV/AIDS. Society for Participatory Research in Asia, 42 Tughlakabad Institutional Area, New Delhi, India, 1999. 30p. Illus. (In English)

This booklet aimed at paramedics, patients and people dealing with HIV/AIDS patients provides practical information about safe behaviour and protective measures. Main topics covered: basic facts; how to protect oneself from AIDS; misconceptions about AIDS; precautions to be taken by health care workers (personal protective equipment, hygiene of the hands, management of body fluids, waste disposal). (74784)

CIS 00-253 Molecular methods of measurement of hepatitis B virus, hepatitis C virus, and human immunodeficiency virus infection: Implications for occupational health practice. Kao J.H., Heptonstall J., Chen D.S., *Occupational and Environmental Medicine*, Nov. 1999, Vol.56, No.11, p.730-734. 31 ref. (In English)

Over the past decade, several molecular techniques for the detection of human immunodeficiency virus (HIV), hepatitis B virus (HBV), and hepatitis C virus (HCV) have been developed that have implications for occupational health practice. This review describes the techniques used for qualitative and quantitative detection of the viral genome, and briefly explains nucleic acid sequencing and analysis of phylogenetic trees. The review also discusses the current and potential uses of these techniques in investigations of transmission of bloodborne viruses by patient to worker and worker to patient, in the management of occupational exposure to blood, in research, and in the development of guidance and policy on infected healthcare workers who perform procedures prone to exposure. (74354)

CIS 99-1685 Postexposure chemoprophylaxis for occupational exposures to the human immunodeficiency virus. Henderson D.K., *Journal of the American Medical Association*, Mar. 1999, Vol.281, No.10, p.931-936. 63 ref. (In English)

Postexposure chemoprophylaxis is now recommended for health care workers who experience certain kinds of occupational exposures to the human immunodeficiency virus (HIV) in the workplace. Substantial information has emerged that supports but does not prove the efficacy of antiretroviral agents in preventing HIV infection after occupational exposure. Data that have accrued in the past eight years that bear directly on this question are reviewed and a systematic approach to the clinical management of health care workers occupationally exposed to HIV is described. Topics: animal experiments; chemotherapy; health care personnel; human experiments; immunodeficiency syndrome; infection control; literature survey; prophylaxis. (73599)

CIS 04-717 STDs and AIDS at the place of work - Study of awareness, attitudes and practices in enterprises where SESI undertook preventive programmes. (*Portuguese*: DST e AIDS no local de trabalho - Um estudo sobre conhecimentos, atitudes e práticas nas empresas trabalhadas pelo SESI) Serviço Social da Indústria (SESI), Ministério do Saúde do Brasil, Esplanada dos Ministérios, Bloco G, CEP 70058-900 Brasília-DF, Brazil, 1998. 91p. Illus. (In Portuguese)

This study investigated the awareness of sexually-transmitted diseases (STDs) and AIDS among 4893 workers in 123 enterprises where the Brazilian social service for industry (SESI) had undertaken preventive programmes. The analysis of answers to a 34-item questionnaire revealed that although workers were well aware of the mode of transmission of these diseases and of their prevention, certain unfounded beliefs and discriminatory attitudes towards infected workers persisted. Only few workers regularly used condoms. The study highlights the need for more thorough information in order to close certain gaps. (103747)

CIS 00-632 Act No.235 on the prevention of AIDS and on the social protection of the population [Ukraine]. (*Ukrainian*: Zakon Ukraïny - Pro zapobigannja zahvorjuvannju na syndrom nabutoho imunodeficytu (SNID) ta social'nyj zahyst naselennja) *Vidomosti verhovnoi rady Ukraïny*, 16 Sep. 1998, No.35, p.706-715. (In Ukrainian)

Topics: immunodeficiency syndrome; law; medical prevention; Ukraine. (74819)

CIS 99-1880 Creating alliances for disease management in industrial settings: A case study of HIV/AIDS in workers in South African gold mines. Williams B., Campbell C., *International Journal of Occupational and Environmental Health*, Oct.-Dec. 1998, Vol.4, No.4, p.257-264. Illus. 50 ref. (In English)

Using the South African mining industry as a case study, the state of the HIV epidemic is reviewed and programmes that have been undertaken to manage HIV are discussed. The reasons that current interventions have had little impact on HIV among mine workers are analyzed, tracing the lack of success to neglect of the social and community contexts within which HIV transmission takes place, as well as the lack of attention to the psychosocial processes and mechanisms underlying disease transmission. Finally, an intervention is described that aims to address the limitations of existing industrial programmes and improve the management of sexually transmitted diseases, including HIV, in a particular occupational setting through creating alliances between a wide range of community stakeholders. Topics: gold mining; health programmes; immunodeficiency syndrome; infection control; information of personnel; role of employers organizations; role of workers organizations; social aspects; South Africa. (73929)

CIS 98-1498 Reducing the risk of nosocomial HIV infection in British health workers working overseas: Role of post-exposure prophylaxis. Gilks C.F., Wilkinson D., *British Medical Journal*, 11 Apr. 1998, No.7138, p.1158-1160. Illus. 9 ref. (In English)

Topics: biological hazards; economic aspects; health care personnel; immunodeficiency syndrome; infection control; injection injuries; prophylaxis. (71695)

CIS 00-547 AIDS and work. (French: Sida et travail) Performances Humaines et Techniques, May-June 1997, No.88, p.6-37. (In French)

Topics: discriminatory practices; drug dependence; drugs; employee rights; ethics; France; handicapped workers; human behaviour; immunodeficiency syndrome; industrial physicians; infectious diseases; information of personnel; legislation; medical treatment; narcotics; nursing personnel; responsibilities of employers; role of supervisory staff; social aspects; work in isolation. (74627)

CIS 99-1690 Company level interventions on HIV/AIDS - 4: Human resource interventions. Loewenson R., Organisation of African Trade Union Unity Health Safety and Environment Programme, ed., OATUU Health Safety and Environment Programme, Box EH148, Emerald Hill, Harare, Zimbabwe, Nov. 1997. 11p. (In English)

For parts 1: What can companies do?, 2: Assessing the impact of AIDS, and 3: Human resource interventions, see CIS 99-1687, CIS 99-1688 and CIS 99-1689, respectively. Topics: Africa; care of sick workers; compensation of occupational diseases; developing countries; human relations; immunodeficiency syndrome; sickness absenteeism; vocational training; work organization. (73784)

CIS 99-1689 Company level interventions on HIV/AIDS - 3: Health promotion strategies. Loewenson R., Organisation of African Trade Union Unity Health Safety and Environment Programme, ed., OATUU Health Safety and Environment Programme, Box EH148, Emerald Hill, Harare, Zimbabwe, Nov. 1997. 9p. (In English)

For parts 1: What can companies do?, 2: Assessing the impact of AIDS, and 4: Human resource interventions, see CIS 99-1687, CIS 99-1688 and CIS 99-1690, respectively. Topics: Africa; care of sick workers; developing countries; health programmes; immunodeficiency syndrome; infection control; information of personnel; medical supervision; plant health organization; safety and health training; tuberculosis; vaccination. (73783)

CIS 99-1688 Company level interventions on HIV/AIDS - 2: Assessing the impact of AIDS. Loewenson R., Organisation of African Trade Union Unity Health Safety and Environment Programme, ed., OATUU Health Safety and Environment Programme, Box EH148, Emerald Hill, Harare, Zimbabwe, Nov. 1997. 19p. Illus. 8 ref. (In English)

For parts 1: What can companies do?, 3: Health promotion strategies, and 4: Human resource interventions, see CIS 99-1687, CIS 99-1689 and CIS 99-1690, respectively. Topics: Africa; cost of diseases; developing countries; hazard evaluation; immunodeficiency syndrome; infection control; sickness absenteeism. (73782)

CIS 99-1687 Company level interventions on HIV/AIDS - 1: What can companies do?. Loewenson R., Organisation of African Trade Union Unity Health Safety and Environment Programme, ed., OATUU Health Safety and Environment Programme, Box EH148, Emerald Hill, Harare, Zimbabwe, Nov. 1997. 9p. (In English)

For parts 2: Assessing the impact of AIDS, 3: Health promotion strategies, and 4: Human resource interventions, see CIS 99-1688, CIS 99-1689 and CIS 99-1690, respectively. Topics: Africa; developing countries; hazard evaluation; health programmes; immunodeficiency syndrome; infection control; information of personnel; plant health organization; responsibilities. (73781)

CIS 98-1496 Cost-effectiveness of chemoprophylaxis after occupational exposure to HIV. Pinkerton S.D., Holtgrave D.R., Pinkerton H.J., *Archives of Internal Medicine*, 22 Sep. 1997, Vol.157, p.1972-1980. Illus. 63 ref. (In English)

Topics: antiviral agents; biological hazards; cost-benefit analysis; economic aspects; health care personnel; immunodeficiency syndrome; infection control; mathematical models; prophylaxis; USA. (71428)

CIS 98-969 HIV prophylaxis for health care workers. Forst L.S., Fletcher B., *Journal of Occupational and Environmental Medicine*, Dec. 1997, Vol.39, No.12, p.1212-1219. 17 ref. (In English)

Topics: economic aspects; health care personnel; hospitals; immunodeficiency syndrome; prophylaxis; USA. (71197)

CIS 98-962 Epidemiological study on knowledge, attitudes and behaviour of health care workers with respect to HIV infection. Brusaferrero S., Martina P., Puzzolante L., Gasparini V., *Medicina del lavoro*, Nov.-Dec. 1997, Vol.88, No.6, p.495-506. Illus. 35 ref. (In English)

Topics: health care personnel; hospitals; human behaviour; immunodeficiency syndrome; Italy; nursing personnel; questionnaire survey; risk awareness. (70785)

CIS 98-958 A case-control study of HIV seroconversion in health care workers after percutaneous exposure. Cardo D.M., Culver D.H., Ciesielski C.A., Srivastava P.U., Marcus R., Abiteboul D., Heptonstall J., Ippolito G., Lot F., McKibben P.S., Bell D.M., *New England Journal of Medicine*, Nov. 1997, Vol.337, No.21, p.1485-1490. 26 ref. (In English)

Topics: zidovudine; case-control study; health care personnel; immunodeficiency syndrome; prophylaxis; risk factors; virus diseases. (70872)

CIS 97-2061 Hospital nurses' occupational exposure to blood: Prospective, retrospective and institutional reports. Aiken L.H., Sloane D.M., Klocinski J.L., *American Journal of Public Health*, Jan. 1997, Vol.87, No.1, p.103-107. 23 ref. (In English)

The risk of exposure by nurses to contaminated blood from injuries with needles and sharps were studied in medical units of 20 US hospitals in cities with a high incidence of AIDS. The rate of injuries was 0.8 per nurse-year. Factors associated with an increased number of injuries included the practice of recapping needles and working in temporary assignments. Injuries from needlesticks are rather common and do not occur at random. Increasing precautions, reducing reliance on temporary nursing personnel and other organizational changes may lower the odds of nurses being injured. (70069)

CIS 97-2060 Compliance with universal precautions among physicians. Michalsen A., et al., *Journal of Occupational and Environmental Medicine*, Feb. 1997, Vol.39, No.2, p.130-137. 58 ref. (In English)

This questionnaire survey on compliance with universal precautions against HIV infection by 322 physicians from 3 hospitals was conducted in the United States. Compliance measured through 11 items examined how often physicians followed specific recommended work practices. Compliance varied: it was very high for certain kinds of preventive measures (94% for glove use, 92% for disposal of sharps) and low for others (55% for wearing protective clothing, 56% for not recapping needles). Compliance with all items was very low (31-38%). Compliance was higher among physicians who were knowledgeable about universal precautions and who perceive an organizational commitment to safety. Compliance was low among physicians who were relatively old (>37years), who reported high levels of work stress and who perceived a conflict of interest between providing medical care and protecting themselves. (70065)

CIS 97-1707 Code on HIV/AIDS and employment in Southern African Development Community (SADC). International Labour Organization, Southern Africa Multidisciplinary Advisory Team (SAMAT), 1997. 7p. Available from the International Occupational Safety and Health Information Centre (CIS), International Labour Office, 1211 Genève 22, Switzerland. (In English)

This code provides guidance for SADC member states on the development of a tripartite national code on human immunodeficiency virus (HIV) and acquired immune deficiency syndrome (AIDS) in relation to employment. The code aims to ensure non-discrimination against individuals with HIV infection. Policy components include: education, awareness and prevention programmes; job access; no compulsory workplace testing and confidentiality; managing illness and job security; occupational benefit schemes; risk management, first aid and compensation; and protection against victimization. (69866)

CIS 97-290 A critical review of the literature on sharps injuries: Epidemiology, management of exposures and prevention. Hanrahan A., Reutter L., *Journal of Advanced Nursing*, Jan. 1997, Vol.25, No.1, p.144-154. Illus. 130 ref. (In English)

Literature review on the epidemiology, management and prevention of sharps injuries in health care workers, particularly nurses. The problem is of special importance because of the increasing evidence of a small, but measurable, risk of the transmission of human immunodeficiency virus through sharps injuries. A retrospective survey of the factors related to these injuries was conducted, primarily in hospital settings. The authors point out the need to investigate the organizational and behavioural factors both in hospitals and in other health care settings. (68398)

CIS 99-658 IARC monographs on the evaluation of carcinogenic risks to humans - Human immunodeficiency viruses and human T-cell lymphotropic viruses. International Agency for Research on Cancer (IARC), IARC Press, 150 cours Albert Thomas, 69372 Lyon Cedex 08, France, 1996. xii, 424p. Illus. Bibl.ref., ISBN 92-832-1267-3 (In English)

This monograph presents the views and expert opinions of an IARC working group which met in Lyon, France 11-18 June 1996. Overall evaluation: infection with human immunodeficiency virus 1 (HIV-1) or human T-cell lymphotropic virus I (HTLV-I) is

carcinogenic to humans; infection with HIV-2 is possibly carcinogenic to humans; infection with HTLV-II is not classifiable as to its carcinogenicity to humans. Topics: animal experiments; antibodies; carcinogenic effects; criteria document; Hodgkin's disease; human experiments; IARC; immunobiological changes; immunodeficiency syndrome; Kaposi's sarcoma; leukaemia; literature survey; lymphatic diseases; lymphoma; viruses; WHO. (72526)

CIS 99-333 Disability and AIDS. (Spanish: Invalidez y SIDA) Villanueva Loscertales C., *Medicina y seguridad del trabajo*, 1996, Vol.XLIII, No.171, p.37-45. 9 ref. (In Spanish)

Topics: assessment of working capacity; contagion; degree of disability; expertise; handicapped workers; immunodeficiency syndrome; medico-legal aspects; Spain; workmen's compensation. (72394)

CIS 97-662 Update: Provisional public health service recommendations for chemoprophylaxis after occupational exposure to HIV. *Journal of the American Medical Association*, 10 July 1996, Vol.276, No.2, p.90-92. 10 ref. (In English)

These provisional recommendations relate to zidovudine (ZDV) postexposure prophylaxis (PEP) following occupational exposure to human immunodeficiency virus (HIV). PEP should be recommended to exposed workers after occupational exposures associated with the highest risk for HIV transmission; it should be offered for exposures with lower, but nonnegligible, risk. At present, ZDV should be considered for all PEP regimens. PEP should be initiated promptly, preferably within 1-2h post-exposure. Exposed workers should receive follow-up counselling and medical evaluation. (68623)

CIS 96-1097 The bloodborne pathogens standard: A pragmatic approach. O'Neil J.T., Van Nostrand Reinhold, 115 Fifth Ave., New York NY 10003, USA; Chapman & Hall, 2-6 Boundary Row, London SE1 8HN, United Kingdom, 1996. xiii, 319p. Illus. Bibl.ref. Index. Price (in Europe): GBP 34.95., ISBN 0-442-01779-0 (In English)

This handbook on the prevention of occupational exposure to bloodborne pathogens is aimed at all workers with potential exposure, with a particular emphasis on exposure in a health-care environment. It is a practical guide to the implementation of the 1991 US *Bloodborne Pathogen Standard* (CIS 93-371). Contents: the Occupational Safety and Health Administration (OSHA) and its role in the setting of occupational safety and health standards; hepatitis B (biology of the HBV virus, disease outcomes, transmission, epidemiology, vaccination, post-exposure prophylaxis); HIV and AIDS (biology, the HIV antibody test, transmission, occupational case histories, workers with AIDS); the creation of the Standard; detailed explanation of the Standard (exposure control, methods of compliance, HIV and HBV research laboratories and production facilities, HBV vaccination and post-exposure follow-up, hazard communication, record keeping, effective dates); compliance and legal implications; future trends. In annex: full text of the Standard; various recommendations and guidelines for the prevention of bloodborne infections; management of occupational exposure to HIV, including post-exposure use of zidovudine. (66387)

CIS 00-297 Health workers and AIDS - Research, intervention and current issues in burnout and response. Benett L., Ross M., Miller D., eds., Harwood Academic Publishers, Poststrasse 22, 7000 Chur, Switzerland, 1995. 419p. Illus. Bibl.ref. Index., ISBN 3-7186-5659-0 (In English)

Topics: ethics; health care personnel; immunodeficiency syndrome; overstrain; social aspects; stress factors; stress studies. (74454)

CIS 97-1704 Occupational exposure to hepatitis B virus and human immunodeficiency virus: A comparative risk analysis. Zuckerman A.J., *American Journal of Infection Control*, Oct. 1995, Vol.23, No.5, p.286-289. 20 ref. (In English)

Data on the probability of exposure to human immunodeficiency virus (HIV) or hepatitis B and subsequent seroconversion are reviewed. Mortality and morbidity rates associated with both viruses in health care workers are also examined. A model for the analysis of occupational risk for HIV and hepatitis B is presented and shows that quality-adjusted loss in life expectancy is greater after percutaneous exposure to a patient seropositive for hepatitis B than after exposure to a patient with symptomatic HIV infection. (69970)

CIS 97-1703 The risks of occupational exposure and infection by human immunodeficiency virus, hepatitis B virus, and hepatitis C virus in the dialysis setting. Petrosillo N., et al., *American Journal of Infection Control*, Oct. 1995, Vol.23, No.5, p.278-285. 43 ref. (In English)

A survey of human immunodeficiency virus (HIV), hepatitis B virus and hepatitis C virus infection was carried out among 1002 patients in nine dialysis units. A subsequent 1-year surveillance study of percutaneous injuries and skin and mucous membrane contaminations was carried out among 527 health care workers in the same units. The risk of acquiring infection was calculated to be 4000 and 8000 times lower for HIV than for hepatitis B and C, respectively. Compliance with universal precautions and improvements in the design of needles and dialysis equipment are recommended. (69969)

CIS 96-2310 Prevention of infection in dentistry and dental staff habits: Results of a field survey. (*Italian: Prevenzione delle infezioni e comportamenti del personale in odontoiatria: risultati di un'indagine sul campo*) Ficarra M.G., Deli G., Di Liso G., Berloco F., Rizzelli R., *Archivio di Scienze del Lavoro*, Jan.-Mar. 1995, Vol.11, No.1, p.1-6. 7 ref. (In Italian)

This study is based on a questionnaire self administered by dental professionals in order to assess their knowledge of the risks of catching an infectious disease and of preventive measures to be adopted in the work place. Only 47% of the interviewed staff claimed to have a good knowledge of AIDS; while 46% considered their knowledge to be barely sufficient. About 1/4 of the subjects thought it was understandable that some health workers could decline to treat HIV-positive patients. Utilization of protective devices (gloves, masks, goggles) was satisfactory. However, a significant number of these workers had not been vaccinated against hepatitis B. Basic rules of hygiene were observed by a limited number of nurses (only 7% of them washed their hands after each single treatment). A low percentage of workers used an antibacterial preparation after washing their hands. The importance of adequate health training for all health staff is stressed. (67891)

CIS 96-1493 Information note DGS/DH/DRT No.81 or 25.9.1995 regarding measures for the prevention of transmission of the human immunodeficiency virus among health care professionals and action to be taken in case of an accident involving exposure to blood or other body fluid. (*French: Note d'information DGS/DH/DRT n°81 du 25.9.95 relative aux mesures de prévention de la transmission du virus de l'immunodéficience humaine chez les professionnels de santé et à la conduite à tenir en cas d'accident avec exposition au sang ou à un autre liquide biologique*) *Documents pour le médecin du travail*, 4th Quarter 1995, No.64, p.297-302. (In French)

Official circular issued by the French authorities. The essential preventive measure is to consider any blood or biological fluid to be potentially infectious, and thus to observe strict hygiene and take special care in manipulating sharp or pointed objects. In case of accident, the measures to be taken are: clean the wound, evaluate the risk of infection, administer prophylactic zidovudine (AZT), submit an official notification of the accident, monitor the serological and clinical state of the victim. (67165)

CIS 96-102 HIV and AIDS in health care. Scriptographic Publications Ltd., Channing House, Butts Road, Alton, Hants GU34 1ND, United Kingdom, 1995. 15p. Illus. Price: GBP 0.55-0.94 (depending on number of Scriptographic booklets ordered). ### (In English)

Training booklet on the prevention of HIV infection among health-care staff: symptoms and results of HIV infection; transmission of HIV; precautions for health-care and laboratory personnel; protective measures for post-mortem work. Test for self assessment. (66249)

CIS 95-2275 Improving working conditions - Workplace AIDS policies. (*French: Pour une amélioration des conditions de travail - Une politique-SIDA dans l'entreprise*) Vaillancourt M., *Archives des maladies professionnelles et de médecine du travail*, 1995, Vol.56, No.5, p.359-368. Illus. 60 ref. (In French)

Main issues dealt with in this review of current knowledge on workplace AIDS and on the relevance of the implementation of an AIDS policy in companies: Should a company institute an AIDS policy? Do carriers of the human immunodeficiency virus (HIV) threaten the health of their colleagues, customers or that of their own? Disclosure of the serological status of workers has serious socio-economic consequences. Is it possible to prevent involuntary unemployment of HIV-infected workers or to workers having AIDS who otherwise accomplish their duties? What are the essential elements of a workplace AIDS policy? What are the ethical issues to be considered in developing an AIDS policy? (65492)

CIS 99-1353 A code of practice for hepatitis B and HIV/AIDS in the workplace. WorkSafe Western Australia Commission, Westcentre, 1260 Hay Street, West Perth, WA 6005, Australia, Feb. 1994. 20p. Illus. Price: AUD 3.00., ISBN 0-7309-3959-6 (In English)

Topics: Australia; directive; disposal of harmful waste; high-risk groups; immunodeficiency syndrome; infection control; infectious hepatitis; vaccination; Western Australia. (73206)

CIS 96-154 The relationship between TB and HIV infections. Rose D., *Occupational Medicine: State of the Art Reviews*, Oct.-Dec. 1994, Vol.9, No.4, p.575-587. 89 ref. (In English)

AIDS is widely believed to be the strongest influence on the spread of tuberculosis, one of the most common opportunistic infections in people infected with the human immunodeficiency virus. In this chapter, the author details the unique interrelationship between these two widespread infections as well as their epidemiology, pathogenesis, clinical manifestations, prevention, and treatment. (66220)

CIS 95-1893 Effect of AIDS infection on employment law. (*French: Incidence de l'infection par le virus de l'immuno-déficience humaine sur le droit des relations du travail*) Conseil supérieur de la prévention des risques professionnels, *Documents pour le médecin du travail*, 4th Quarter 1994, No.60. p.365-366. (In French)

This document deals with legal questions raised by AIDS seropositivity in connection with hiring practices in France (documents that may be required, pre-employment medical examinations, contents of the occupational aptitude card) and with the carrying out of the employment contract (adaptation of the job in line with the health requirements of the worker or transfer to another position, problems in the workplace due to the presence of a seropositive worker, right to refuse dangerous work). The legal situation with respect to laying off or dismissing seropositive workers is also discussed. (65290)

CIS 95-1125 Perception of AIDS among health-care workers in the Ouémé Region (Benin). (*French: Perception du SIDA par les agents de santé du département de l'Ouémé, au Bénin*) Fayomi E., Zohoun T., Josse R., Catrayé J., Akinochi E., *Archives des maladies professionnelles et de médecine du travail*, 1994, Vol.55, No.3, p.203-207. (In French)

Knowledge, attitude and work practices of health workers on AIDS transmission were studied in one department in south-east Benin (West Africa). 60% of the workers gave accurate answers concerning the transmission and prevention of AIDS but understanding of the notion of personal precaution at work was poor and 50% suggested systematic isolation of AIDS patients. Two out of three workers thought that HIV is not sensitive to soap or chlorine bleach and that hand washing does not provide protection either. Educational programmes are urgently required to upgrade the level of understanding of HIV contamination among health care workers in Benin. (64422)

CIS 95-750 Universal precautions and prevention of occupational transmission of HIV infection. (*French: Mesures universelles et prévention de la transmission professionnelle du VIH*) Lert F., Marne M.J., Sampil M., Morcet J.F., *Archives des maladies professionnelles et de médecine du travail*, 1994, Vol.55, No.2, p.93-101. 20 ref. (In French)

Practices of health care workers regarding HIV transmission were studied in 1991 in 14 French hospitals with various levels of HIV infection in the general population. 1,399 subjects answered a self-administered questionnaire: 234 physicians, 581 nurses, 584 orderlies; 338 were working in AIDS units, 447 in emergency units, 384 in surgical department (excluding the operating theatre), 230 in medium-term care. Only 57.5% of non medical staff had received training concerning AIDS prevention at work. Compliance with universal precautions remained poor: only 28% of nurses reported that they never recapped needles (44% in AIDS units). Gloves, eye protection and gowns were worn more often in AIDS units than in other services, where compliance is very low. This poor compliance with prevention guidelines is related to the reluctance of hospital staff to consider every patient as potentially infected. The implications of the findings are discussed considering the different components of blood exposure during nursing and surgical procedures. (63991)

CIS 95-746 Workplace infections with HIV virus in France as of 31 December 1993. (*French: Infections professionnelles par le VIH en France - Le point au 31 décembre 1993*) Lot F., Abiteboul D., *Documents pour le médecin du travail*, 3rd Quarter 1994, No.59, p.289-293. 15 ref. (In French)

Since 1984, 65 cases of proven seroconversion (117 presumed contaminations) following occupational exposure have been reported by health care professionals in industrialized countries. In the USA, the Centers for Disease Control and Prevention (CDC) have recognized 39 cases of seroconversion among health care personnel following occupational exposure; in Europe (outside France), 14 cases have been reported; in France 8 proven seroconversions (and 20 presumed contaminations) have been reported. In prospective studies, the assessed risk reaches an average of 0.37% (0.21%-0.54%) following percutaneous exposure. In these cohort studies, only one case of seroconversion has been reported following splashes on wounded skin or mucosa (average risk 0.01%-0.25%). Other workers outside the medical or paramedical profession could be occupationally exposed to HIV. (64300)

CIS 94-1410 A forward glance at lookback. *Lancet*, 26 Mar. 1994, Vol.343, No.8900, p.744-745. 6 ref. (In English)

This editorial discusses the management of HIV-infected health care workers with reference to recently issued guidelines in the United Kingdom which require infected workers to seek medical and occupational health advice and to cease exposure-prone procedures. The guidelines also advise that patients who have been exposed to certain procedures carried out by infected workers should be notified (lookback). It is concluded that self-regulation by HIV-infected workers and lookbacks after notification may fail as effective policies to protect the public and are at odds with the view that the risk of transmission is remote. (62786)

CIS 95-343 Risk of exposure to blood among nursing personnel: Monitoring and evolution 1990-1992. (*French: Risque d'exposition au sang parmi le personnel infirmier - Surveillance et évolution 1990-1992*) Abiteboul D., Antona D., Descamps J.M., Bouvet E., *Documents pour le médecin du travail*, 4th Quarter 1993, No.56, p.363-373. Illus. 14 ref. (In French)

This multicentre study (12 French health care centres), follow-up to a previous study (CIS 92-2055), covers the period from 1 Sep. 1991 to 1 Sep. 1992 to assess the changes in the incidence and the characteristics of blood exposure accidents (BEA). Participating teams were very active in developing preventive strategies suiting their needs. It is then incumbent upon employers to provide workers with the means to protect themselves with improved materials while taking into account other factors such as

workload and organization. The resulting cost should be compared with that of serum monitoring, prophylaxis with AZT and with the social costs resulting from occupational HIV seroconversion or chronic hepatitis C. Appendices: list of participating centres in the 1990-92 study; questionnaire on the occurrence of BEA; main items of a survey conducted at the same time on BEA in operating theatres. (63633)

CIS 94-2115 Human immunodeficiency virus and hepatitis B and the workplace. National Occupational Health and Safety Commission (Worksafe Australia), Australian Government Publishing Service, GPO Box 84, Canberra ACT 2601, Australia, Nov. 1993. vii, 65p. 71 ref., ISBN 0-644-33202-6 (In English)

These two consensus statements provide advice on education and policies regarding human immunodeficiency virus (HIV) and hepatitis B in the workplace. The code of practice provides guidelines for health care workers and others at risk of the transmission of these diseases. Contents: definitions; employee consultation; mode of transmission of HIV and hepatitis B; control program for the prevention of transmission; risk identification and assessment; risk control (engineering controls, safe work practices, information and training, personal protective equipment); monitoring and evaluation; provision of first aid; management of employee exposures to blood or body fluids. (63293)

CIS 94-1197 Coal, lead, asbestos, and HIV: The politics of regulating risk. Bayer R., *Journal of Occupational Medicine*, Sep. 1993, Vol.35, No.9, p.897-901. 15 ref. (In English)

This article is a discussion of politics versus scientific evidence, when it comes to setting exposure limits. What is needed to set a reasonable exposure limit? A number of statements from participants in the debate are summarized. It is stated that the setting of exposure limits and other regulations to limit exposure to harmful factors is a political issue more than a scientific one. The main discussion is on whether doubts should be resolved in favour of workers' health or the economy. (62671)

CIS 94-1076 HIV and occupational medicine. (French: VIH et médecine du travail) Monod G., *Encyclopédie médico-chirurgicale*, Intoxications - Pathologie professionnelle, 1993, Vol.64, No.101, 5p. 35 ref. (In French)

This information note surveys the hazards due to HIV infection in the working environment (hazards specific to certain work situations and to health-care and laboratory environments; HIV risks and first aid). Relevant French legislation is summarized (HIV-infection detected at hiring or occurring in the course of employment). Conditions for compensation. (62310)

CIS 93-2073 Body fluid exposure in an urban tertiary care medical centre. Longbottom H.M., Cox K., Sokas R.K., *American Journal of Industrial Medicine*, May 1993, Vol.23, No.5, p.703-710. Illus. 14 ref. (In English)

The increasing prevalence of the human immunodeficiency (HIV) and hepatitis B virus has focused attention on the risks that health care workers face when exposed to potentially infective body fluids. This study establishes a profile of 320 parenteral exposure incidents and 47 exposure incidents to mucous membranes or abraded skin, reported in a medical centre between July 1988 and July 1990. It was found that 102 (27.8%) of the incidents involved an HIV-positive patient, that 130 (35.4%) of the reporting employees had completed their hepatitis B vaccination at the time of the incident, and that, although the majority of incidents involved employees with patient contact, service workers also were represented (4.6%, n=17). Factors contributing to incidents included recapping (10.9%, n=40), full needle-boxes (7.6%, n=28), and inappropriate disposal (13.1%, n=48). A health fair featuring walk-in hepatitis B immunisation attracted 260 participants, 90% of whom completed the entire immunisation series. This significantly improved the immunisation rate of employees subsequently reporting body fluid exposure. (61264)

CIS 93-2065 Virion concentration in bronchoalveolar lavage fluids of HIV infected patients. Lu W., Israël-Biet D., *Lancet*, 31 July 1993, Vol.342, No.8866, p.298. 7 ref. (In English)

Bronchoalveolar lavage (BAL) was administered to 25 HIV-seropositive patients. Free HIV virions were found in cell-free BAL fluid of all the patients, with a statistically significant 10-fold increase in virion number among those with *Pneumocystis carinii* pneumonia (PCP). As a consequence, health-care workers exposed to BAL fluids from HIV infected patients could be at a risk of infection. (61376)

CIS 93-1029 Combination chemoprophylaxis after needlestick injury. Malcolm J.A., Dobson P.M., Sutherland D.C., *Lancet*, 9 Jan. 1993, Vol.341, No.8837, p.112-113. 9 ref. (In English)

Letter to the editor. The use of zidovudine as a post-exposure prophylaxis for health-care workers after accidental high-risk exposure to HIV has in several instances failed to prevent HIV seroconversion after needlestick injury. Long-term side effects of such treatment are also unknown. A case involving zidovudine and didanosine administration is described. The use of antiretroviral prophylaxis should be based on personal informed choice and health-care workers should be given the option of taking two prophylactic antiretroviral drugs. Drug prophylaxis should be tailored to the likely sensitivities of the viral strains to which exposure has occurred. (60259)

CIS 93-2064 Risk of workplace infection with the HIV virus. (*French: Risque professionnel d'infection par le virus de l'immunodéficience humaine*) Leprince A., Bouvet E., Abiteboul D., *Travail et sécurité*, Oct. 1992, No.505, p.552-562. Illus. 9 ref. (In French)

Survey of existing knowledge concerning the risk of infection with the AIDS virus (HIV) among hospital workers in France, based in part on a study. Data are presented on the actual cases of occupational HIV infection found in France. The occupational risk of contamination is discussed. Recommendations are made as to the basic and absolutely necessary preventive measures to be applied both in the wards and in laboratory work: wearing of safety gloves and masks; safe handling of sharp objects; contamination etc. Action to be taken after an accident possibly involving contamination is discussed: notification of the accident, tests, repairs. Case-story of a nurse who suffered an accident with potential transmission of the HIV virus. (61290)

CIS 93-1731 Needlesticks: Preaching to the seroconverted?. *Lancet*, 12 Sep. 1992, Vol.340, No.8820, p.640-642. 23 ref. (In English)

This editorial on needlestick accidents discusses the potential for infectious disease transmission and the need for prevention strategies. The principal causes for concern are human immunodeficiency virus (HIV) and hepatitis B virus (HBV). Most of the work published on needlestick injuries concerns primary prevention (improved designs for the recapping and disposal of needles, staff training), while secondary prevention issues have been less publicised. It is argued that optimum management of injuries and peace of mind, particularly in less medically informed staff, demand a hospital policy for action and an expert contact for advice. (60925)

CIS 93-1381 Surveillance for occupationally acquired HIV infection - United States, 1981-1992. *Journal of the American Medical Association*, 16 Dec. 1992, Vol.268, No.23, p.3294. 9 ref. (In English)

This report summarises data on occupationally acquired HIV infection from two national surveillance systems. As of September 1992, 32 reports had been received of health-care workers in the United States which documented occupationally acquired HIV infection and 69 with possible occupationally acquired infection. An editorial note from the *US Centers for Disease Control and Prevention* states that health-care workers with AIDS and without an identified behavioural or transfusion risk for HIV infection should undergo immediate follow-up inspection by health departments to determine whether the infection occurred through occupational exposure. (60501)

CIS 92-2055 Risk of exposure to blood among nursing personnel: Results of a one-year monitoring programme in 17 hospitals. (*French: Risque d'exposition au sang pour le personnel infirmier - Résultats d'un an de surveillance dans 17 hôpitaux*) Fourrier A., Antona D., Abiteboul D., Bouvet E., Brucker G., Descamps J.M., *Documents pour le médecin du travail*, 1st Quarter 1992, No.49, p.61-71. Illus. 19 ref. (In French)

This multi-centre study was conducted during the calendar year 1990. It was a follow-up to a 3-month study in 1989 (see CIS 92-1366), and examined the incidence and the circumstances of accidents involving exposure to blood among hospital nursing staff of intensive care and medical departments, the two departments most at risk according to the 1989 study. Main conclusions: it is essential to improve preventive efforts, if only for their educational value; medical equipment should be designed with safety in mind; work planning should also take safety into consideration. Nursing activities at the time of accident are analysed by type, frequency by department, seniority, and time elapsed since the beginning of the shift. In annex: list of participating hospitals. (59156)

CIS 93-1730 Medical surveillance of hospital personnel exposed to risks of direct or indirect infection by HIV-positive subjects. (*Italian: Sorveglianza sanitaria dei lavoratori ospedalieri esposti a rischio per contagio diretto e indiretto con soggetti HIV positivi*) Arboni G., Bragonzi G., Carreri V., Perna M.C., Ronchin M., *Prevenzione oggi*, July-Sep. 1990, Vol.2, No.3, p.55-64. 4 ref. (In Italian)

Investigation of the risks for medical personnel deriving from the possibility of contracting infections by the HIV virus. Epidemiological data of personnel showing seroconversion to HIV are presented, with an analysis according to their tasks. Main entry paths for the virus are the skin and the mucous membranes. Personnel is also subject to psychological problems (including burnout) linked to the HIV risk. Since no form of primary prevention is possible, the authors propose several recommendations for the medical surveillance of personnel exposed to risk. (60988)

CIS 93-1032 Work disability in patients affected by H.I.V. (*Spanish: Menoscabo laboral en los pacientes afectados de V.I.H.*) Sánchez de San Lorenzo A., de Andrés Grande A., Luna Rodrigo D.G., *Medicina y seguridad del trabajo*, Oct.-Dec. 1991, Vol.38, No.154, p.57-65. 17 ref. (In Spanish)

General parameters useful to orientate the quantifying of work disability concerning acquired immunodeficiency syndrome (AIDS) are discussed. A classification of patients affected by AIDS is presented. General assessment criteria based on the classification of the *Centers for Disease Control* (CDC) of the United States, as well as assessment criteria following the National Classification of Economic Activities (Spain) in order to determine working capacity are also presented. Tables are included. (60280)

CIS 93-371 Occupational Exposure to Bloodborne Pathogens: Final Rule [USA]. Department of Labor - Occupational Safety and Health Administration (OSHA), *Federal Register*, 6 Dec. 1991, Vol.56, No.235, p.64003-64182. Illus. (In English)

This standard (effective 6 Mar. 1992), aimed at eliminating or minimising occupational exposure to bloodborne pathogens (particularly Hepatitis B Virus (HBV) and Human Immunodeficiency Virus (HIV)), concerns: definitions; exposure controls; methods of compliance (engineering and work practice controls, personal protective equipment, housekeeping); HIV and HBV research laboratories and production facilities; Hepatitis B vaccination and post-exposure evaluation and follow-up; communication of hazards to employees (labels and signs, information and training); recordkeeping. The introduction to the standard includes a very detailed discussion of: events leading to the standard; health effects of exposure to bloodborne pathogens (epidemiology and symptoms of Hepatitis B and AIDS; other bloodborne pathogens: syphilis, malaria, babesiosis, brucellosis, leptospirosis, arboviral infections, relapsing fever, Creutzfeldt-Jacob disease, human T-lymphotropic virus type I, viral haemorrhagic fever); quantitative risk assessment (principally among health-care workers); significance of risk; regulatory impact/flexibility analysis; environmental impact. (60003)

CIS 92-1744 Experience with AIDS in the workplace. (*French: Vécu du SIDA en milieu de travail*) Gerst A., Gallissian C., Isnard G., Tarpinian N., Dubuc M., Auquier P., Manuel C., *Documents pour le médecin du travail*, 2nd Quarter 1991, No.46, p.127-135. Illus. 20 réf. (In French)

The results of an investigation carried out in an interprofessional occupational medical service in the Marseille region (France) are reported. The objective was to evaluate the level of knowledge about and tolerance of AIDS in a population of 70,000 employees of small and medium-sized enterprises. The study reveals the presence of baseless attitudes of rejection and a widespread desire for knowledge. The fact that tolerance seems to be correlated with knowledge justifies the implementation of an education programme targeted at the workplace. (58932)

CIS 92-1715 AIDS and medical care personnel - Epidemiologic data. (*French: SIDA et personnel soignant - Données épidémiologiques*) Lot F., Bouvet E., Laporte A., *Documents pour le médecin du travail*, 2nd Quarter 1991, No.46, p.123-126. Illus. (In French)

About 30 documented cases of transmission of HIV to health-care personnel have been published throughout the world. Reported cases of AIDS in France among health professionals are analysed in order to identify the socio-demographic characteristics of reported AIDS cases among them and to compare these cases with reported cases of AIDS among the active population in general. Another aim of the study was to examine cases of AIDS among health-care personnel for which the mode of contamination remained unknown. (58931)

CIS 92-1031 HIV infection. General rules for disinfection and risk prevention in the health professions. (*French: Infection à VIH. Règles générales de désinfection, prévention des risques dans les professions de santé*) Brücker G., *Encyclopédie médico-chirurgicale, Toxicologie-pathologie professionnelle*, 1991. 6p. 14 ref. (In French)

The prevention of HIV infection should take into account not only the risks of infection by HIV itself but also the risk of associated infections, often asymptomatic (such as hepatitis B), as well as immunodepressive complications. The principles of disinfection and of estimating the activity of disinfectants are explained, along with applications and methods of use of antiseptics and disinfectants. The problem of the prevention of risks of infection in hospitals is also approached by considering risks for AIDS patients, other sick people and personnel. For health service and laboratory personnel, sources of contamination according to biological site are outlined along with exposure to risks according to post or service, and the frequency of accidents and seroconversions. Preventive measures include recommendations concerning containers for disposable soiled objects so as to avoid all contact with blood. Finally, measures to take in case of accident involving exposure to blood or biological products are described. (58005)

CIS 92-1030 Prevention of blood transmitted infections in health care personnel: How to choose the containers for the disposal of sampling materials. (*French: Prévention des infections transmises par le sang chez les personnels de santé: comment choisir les conteneurs destinés à recueillir le matériel de prélèvement ou d'injection?*) Vincent-Ballereau F., Lafaix C., *Travail et sécurité*, Feb. 1991, No.2, p.146-151. Illus. 9 ref. (In French)

The study of different types of containers usable for the disposal of sampling and injection instruments has led to the establishment of 10 quality criteria. Those are described in detail in order to provide guidance to the user. (58215)

CIS 92-1029 AIDS at the working place. (*French: SIDA et milieu de travail*) Leprince A., *Travail et sécurité*, Feb. 1991, No.2, p.132-145. Illus. 23 ref. (In French)

Review of the workplace aspects of HIV/AIDS: contamination hazard for co-workers, dangers of continuing the employment of an HIV-infected worker at specific workplaces. The risk of being infected by HIV at the workplace is discussed, the occupational hazard being as of now demonstrated only in hospitals, health care facilities and laboratories. Guidance for safe working methods and reporting of incidents involving contact with the blood of the patient. (58214)

CIS 92-323 HIV infection among members of the US Army Reserve Components with medical and health occupations. Cowan D.N., Brundage J.F., Pomerantz R.S., Miller R.N., Burke D.S., *Journal of the American Medical Association*, 5 June 1991, Vol. 265, No.21, p.2826-2830. 29 ref. (In English)

Members of the US Army Reserve Components are routinely tested for human immunodeficiency virus (HIV). Tests between 1985 and 1989 showed that levels of infection were not higher among women or among currently married men with medical occupations compared with those with non-medical occupations. Prevalence and incidence were elevated among never-married men with medical occupations compared with never-married men with non-medical occupations. Based on report civilian occupation, male registered nurses and men with other medical occupations, excluding physicians and dentists, had a significantly higher prevalence of infection than men in non-medical occupations. These findings may have application in the design and interpretation of results of health care worker HIV surveillance programmes. (57407)

CIS 92-319 Universal precautions and mortuary practitioners: Influence on practices and risk of occupationally acquired infection. Beck-Sagué C.M., Jarvis W.R., Fruehling J.A., Ott C.E., Higgins M.T., Bates F.L., *Journal of Occupational Medicine*, Aug. 1991, Vol.33, No.8, p.874-878. Illus. 22 ref. (In English)

Embalming, the most common funeral practice in North America, may expose the embalmer to infectious diseases and blood. 860 morticians in the US and Canada were surveyed in 1988 to estimate the incidence of self-reported occupational contact with blood and infectious disease, assess morticians' knowledge of acquired immunodeficiency syndrome (AIDS), determine their adherence to universal precautions, and identify predictors of practices designed to reduce risk of occupational exposure to infections. Of 539 (63%) respondents, 212 (39%) reported needle-stick injuries in the past 12 months, and 15 (3%) reported percutaneous exposures to HIV-contaminated blood. Those rating the risk of occupationally acquired human immunodeficiency virus infection as very high or high (194/539 [36%]) were more likely to decline funerals of bodies with antemortem diagnosis of AIDS (59/194 [30%]) and/or to charge more for such funerals (133/194 [69%]) than those who rated the risk as low to moderate (31/345 [9%], 174/345 [51%]). (57374)

CIS 91-2066 AIDS and health care workers. Payton C., *Occupational Health*, Aug. 1991, Vol.43, No.8, p.243-245. 7 ref. (In English)

Discussion of the risk of HIV infection through needlestick injury and of the risk faced by patients of being infected by HIV positive practitioners. (57003)

CIS 91-1724 Attitudes and behaviors of medical technologists as a result of AIDS. Gauch R.R., Feeney K.B., Brown J.W., *Journal of Occupational Medicine*, Jan.1991, Vol.33, No.1, p.74-79. 18 ref. (In English)

To determine the influence of AIDS on the attitudes and behaviours of medical technologists, a survey was taken which shows that one quarter are considering leaving the profession. Individuals who plan to stay in the profession are less fearful of AIDS, more satisfied with the policies their organisations have established regarding the disease, and less willing to associate a declining employment situation with it. Improvement in safe laboratory practices is present in both groups, but the individuals considering a move out of the field exhibit the largest change. A surprising result is that fear of AIDS is not related to or only weakly associated with traditional demographic and occupational variables, suggesting that other more complex factors are influencing the views and work habits of medical technologists as a result of AIDS. (56633)

CIS 91-1365 Employees' sources of AIDS information: the workplace as a promising educational setting. Barr J.K., Waring J.M., Warshaw L.J., *Journal of Occupational Medicine*, Feb. 1991, Vol.33, No.2, p.143-147. 18 ref. (In English)

Employees' evaluations of AIDS education in the workplace are related to the nature of the programme sponsored by employers. A survey of 3460 employees in eight corporate work sites and four public agencies in the USA indicated that workplace programmes are more highly valued by employees than are other sources of AIDS information where the programmes are extensive. The findings suggest conditions under which employers can be valued as AIDS educators and credible sources of AIDS information. (56314)

CIS 91-1015 Knowledge and attitude of health care workers about AIDS and HIV infection before and after distribution of an education booklet. McKinnon M.D., Insall C., Gooch C.D., Cockcroft A., *Journal of the Society of Occupational Medicine*, Spring 1990, Vol.40, No.1, p.15-18. 24 ref. (In English)

Hospital workers (509) in a health authority were surveyed, and asked if they were in contact with HIV positive or AIDS patients, about their perception of risk and their knowledge about attitudes towards HIV and AIDS problems at work. Following the first survey, an information booklet was distributed to all health authority staff and after distribution, 232 staff were surveyed again. In this group (the follow-up group), there was a reduction in perceived risk, and improvement in the level of knowledge and in attitudes, and a reduction in the desire for further information. The group who initially had the least level of knowledge and most unfavourable attitudes (non-clinical workers) were the group who improved most. (55835)

CIS 93-1383 AIDS. The occupational hazard in nursing personnel. (*Spanish*: SIDA. Riesgo laboral en personal de enfermería) Tovar Benito E., Ruiz Sánchez I., *Medicina y seguridad del trabajo*, Oct.-Dec. 1990, Vol.37, No.150, p.43-50. 12 ref. (In Spanish)

Acquired immunodeficiency syndrome (AIDS) as an occupational hazard for nursing personnel is discussed. In this respect, data in Spain for 1988, obtained from a regional register of health care workers at risk in the Madrid Region, are provided. Cases of accidental infection are analysed according to age, sex, work environment, type of accident, and occupational group. Preventive measures to be taken when working with patients infected with AIDS are reviewed. (60582)

CIS 92-1719 Blood contact incidents among health care personnel. (*Swedish*: Incidenter med blodkontakt bland sjukvårdspersonal) Jörbeck H., Skoglund G., Bäckström B., Persson M., Hallqvist J., Arbetsarkyddsstyrelsen, Publikationsservice, 171 84 Solna, Sweden, 1 Aug. 1990. 49p. Illus. 20 ref. (In Swedish)

Among some 2,000 persons in 37 departments of five hospitals in the region of Stockholm, Sweden, there were 465 reported cases of blood contact: 65 cases of contact with puncture wounds or cuts ('injection' cases), 57 with mucous membranes or injured skin and 343 with intact skin. Midwives had the highest frequency of incidents (389 per 100 persons), followed by physicians with 217 and nurses with 146 (laboratory and dental personnel were also included in the study). Injection cases were most frequent for the physicians (34/100 persons), followed by the nurses (27) and midwives (24). A follow-up study of 522 of the initial group showed that incidents were under-reported. Interviews with representative subjects gave details on the circumstances of the incidents. (58785)

CIS 92-1368 Industrial physicians and the prevention of AIDS. (*French*: Les médecins du travail et la prévention du SIDA) Fatras J.Y., Bajos N., Leprince A., Charrel M., Grizeau D., *Documents pour le médecin du travail*, 4th Quarter 1990, No.44, p.407-420. Illus. (In French)

This report presents the results of an investigation carried out among industrial physicians concerning the fight against AIDS conducted by the public authorities and associations in France. The aim of this study is to record and describe the educational activities already carried out by industrial physicians, and to get to know their requirements and their specific needs for information, support and training in this area in order to propose means of follow-up and of improving preventive measures at work. (58569)

CIS 92-1366 Risk of exposure to blood by health care personnel. Setting up of an active supervision system: Presentation of the network and preliminary results. (*French*: Risque d'exposition au sang pour le personnel soignant. Mise en place d'une surveillance active: présentation du réseau et résultats préliminaires) Abiteboul D., Fourrier A., Bouvet E., *Documents pour le médecin du travail*, 4th Quarter 1990, No.44, p.421-426. Illus. 9 ref. (In French)

In 1989, a 3-month prospective study was carried out in 12 French hospitals at the initiative of the Department of Health. Accidental exposures to blood among health care personnel were described and their monthly incidence was estimated. This first study phase has shown the need for a more elaborate system of supervision and evaluation, enabling us to have a better idea of the frequency of incidents, the health care procedures and materials contributing to them, and the application of preventive measures. (58570)

CIS 91-1364 The 'slippery slope': handling HIV-infected health workers. Breo D.L., *Journal of the American Medical Association*, 19 Sep. 1990, Vol.264, No.11, p.1464-1466. (In English)

This paper discusses the issues concerning the possible restriction of invasive procedures performed by HIV-infected health workers, notably surgeons and dentists. Although the number of HIV-infected health workers is small and the potential risk to patients is remote, the subject is an emotive one. A case report involving a patient who claimed to have contracted AIDS following an invasive dental procedure highlights the problem. A meeting of AIDS consultants convened by the US Centers for Disease Control (CDC) concluded that there was a need to define and identify high-risk invasive medical procedures and to develop CDC guidelines for the management of HIV-infected health workers. (56268)

CIS 91-1363 Occupational infection among anaesthetists. *Lancet*, 3 Nov. 1990, Vol.336, No.8723, p.1103. 17 ref. (In English)

Short review of the risks for anaesthetists of exposure to blood and body fluids carrying infectious organisms, in particular hepatitis B virus (HBV) and human immunodeficiency virus (HIV). The fact that anaesthetists have more HBV markers than the general population suggests that occupational infection does occur. Immunisation against hepatitis B gives a high level of protection. Although there have been no fully documented cases of accidental HIV infection among anaesthetists, such incidents have been reported in other health care workers. There is no protective vaccine against HIV and the wearing of gloves is advised as a minimum protective measure. (56177)

CIS 91-1026 Guidelines on AIDS and first aid in the workplace. League of Red Cross and Red Crescent Societies, World Health Organization, Distribution and Sales Service, 1211 Genève 27, Switzerland, 1990. iii, 12p. Annex. Price: CHF 4.00; USD 3.20., ISBN 92-4-121007-9 (In English)

This booklet presents concise guidelines on the precautions that should be followed in order to protect first-aid workers from contracting HIV infection following the administration of first-aid measures in the workplace. The guidelines contain general information on the transmission of human immunodeficiency virus and specific information on risks associated with first-aid treatment of injured employees. The book concludes with a consensus statement on AIDS and the workplace, including advice on the development of employment policies. (55865)

CIS 91-730 Law No.135 of 5 June 1990. Urgent action plan for the prevention of and the fight against AIDS; Decree of 28 Sep. 1990 on standards of protection against occupational-related infection by HIV in public and private health-care and relief establishments [Italy]. (*Italian*: Legge 5 giugno 1990, n.135. Programma di interventi urgenti per la prevenzione e la lotta contro l'AIDS; Decreto 28 set. 1990 - Norme di protezione dal contagio professionale da HIV nelle strutture sanitarie ed assistenziali pubbliche e private) *Gazzetta ufficiale*, 8 June 1990, Year 131, No.132, Part I, p.5-14; 8 Oct. 1990, Year 131, No.235, Part I, p.5-11. (In Italian)

The Law is concerned essentially with the preparation of a national plan of action to deal with the growing menace of AIDS. It includes provisions dealing with the prevention of AIDS contamination in the workplace and with the prohibition of AIDS testing of potential employees. The Decree deals with the specific problems of health-care providers: general safety precautions (elimination of needles and other sharp objects); special categories of workers (dental personnel, people performing autopsies, laboratory workers, first aid and ambulance personnel); responsibilities of employers and workers. (56099)

CIS 91-675 HIV/AIDS and the workplace: information for health workers and others at risk. Worksafe Australia Information Services, GPO Box 58, Sydney NSW 2001, Australia, 1990. 13p., ISBN 0-644-12302-8 (In English)

This pamphlet provides basic information which employees and employers can use to prevent transmission of human immunodeficiency virus (HIV) in the workplace. Contents: HIV infection and the way it spreads; how the infection does not spread; workplace policies concerning the prevention of HIV infection (personnel policies, changes in work practices, education and training, equipment needs, infection control procedures); infection control guidelines (general guidelines, practices which increase the risk of exposure to HIV, work practices); accidents; first aid; disinfection and sterilisation; testing; other information sources. (55481)

CIS 90-2066 AIDS and hepatitis B and C: Contamination risk at transurethral resection - A study using sodium fluorescein as a marker. Taylor J.D., *Medical Journal of Australia*, 3 Sep. 1990, Vol. 153, No.5, p.257-260. Illus. 20 ref. (In English)

Endoscopic surgeons performing transurethral resection are exposed to facial splashes containing minute and dilute quantities of irrigating fluid used during the operation, as was proven by the use of a fluorescent dye marker in 17 out of 20 consecutive operations. The surgeons generally were not aware of the splashes. As irrigating fluid can be contaminated by HIV and hepatitis B/C virus, it is important that endoscopic surgeons be vaccinated against hepatitis B, and that protective glasses and masks be used during the operation in order to guard against HIV infection. (54907)

CIS 90-1397 Outcomes of AIDS training for supervisory and nonsupervisory personnel in the workplace. Feldmann T.B., Bell R.A., Purifoy F.E., Stephenson J.J., Schweinhart A., Grissom S., *Journal of Occupational Medicine*, Feb. 1990, Vol.32, No.2, p.103-109. 12 ref. (In English)

Dealing with AIDS in the workplace is complicated by a variety of complex issues. One factor influencing the way AIDS is dealt with is the difference in knowledge and attitudes between supervisory and nonsupervisory personnel. 3834 supervisory and nonsupervisory personnel from a number of business and corporations in the Louisville metropolitan area were surveyed. The differences found in this study suggest strategies for training to address the problem of AIDS in the workplace. (54268)

CIS 00-00 Daly K. The business response to HIV/AIDS: Impact and lessons learned. Joint United Nations Programme on HIV/AIDS (UNAIDS), 20 avenue Appia, 1211 Genève 27, Switzerland, 2000. iv, 91p. Illus. ISBN 92-9173-006-8 (en), ISBN 92-9173-141-2 (fr). Price: USD 15.00. (Downloadable version free of charge). (In English and French)

http://data.unaids.org/Publications/IRC-pub05/JC445-BusinessResp_en.pdf

http://data.unaids.org/Publications/IRC-pub05/JC445-BusinessResp_fr.pdf

This report follows on from the report "Business Response to HIV/AIDS: Innovation and Partnerships" published in 1997. It examines the impact of HIV/AIDS on business at the macroeconomic and individual company levels and provides guidance on how to undertake HIV/AIDS policies and programmes. Factors that create and maintain successful partnerships in response to HIV/AIDS are highlighted. Case studies from 17 companies worldwide are presented to illustrate a range of workplace activities in response to the disease, identifying the key lessons learned and providing models of good practice. (104881)

CIS 00-00 HIV/AIDS: It's your business. Joint United Nations Programme on HIV/AIDS (UNAIDS), 20 avenue Appia, 1211 Genève 27, Switzerland, Aug. 2003. 28p. Illus. ISBN 92-9173-314-8 (en), ISBN 92-9173-315-6 (fr), ISBN 92-9173-316-4 (es) (In English, French and Spanish)

http://data.unaids.org/Publications/IRC-pub06/JC1008-Business_en.pdf

http://data.unaids.org/Publications/IRC-pub06/JC1008-Business_fr.pdf

http://data.unaids.org/Publications/IRC-pub06/JC1008-Business_sp.pdf

This report examines the economic and social impacts of HIV/AIDS on companies and workers and sets out a checklist for developing company HIV/AIDS policies and programmes. Highlights the need for information dissemination and education, ensuring non-discriminatory practices, helping the more vulnerable workers and providing treatment and care for sick workers. Includes brief case studies of workplace programmes in a range of sectors worldwide. (104882)

CIS 00-00 Caborn J., Gold D. An overview of selected references related to SOLVE. InFocus Programme on Safety and Health at Work and the Environment (SafeWork), International Labour Office, 1211 Genève 22, Switzerland, Mar. 2003. 67 ref. (In English)

This literature survey reviews selected studies on psychosocial issues in the workplace. The five main issues considered are stress, violence, alcohol and drug use, HIV/AIDS and tobacco consumption. The impact of these issues on the workplace is outlined and their interrelationships are discussed in detail. The review supports the integrated approach adopted in the SOLVE methodology for the management of psychosocial issues in the workplace. (104883)

CIS 00-00 Working positively: A guide for NGOs managing HIV/AIDS in the workplace. UK Consortium on AIDS & International Development, Grayston Centre, 28 Charles Square, London N1 6HT, United Kingdom, Dec. 2003. 24p. Illus. 30 ref. (In English)

<http://www.aidsconsortium.org.uk/Workplace%20Policy/workplaceguide.htm>

This guide identifies the key issues involved in developing a workplace strategy for the management of HIV/AIDS and provides examples of approaches adopted by different NGOs, particularly in countries with a high prevalence of the disease. Contents: recent trends and current situation in HIV/AIDS workplace strategies; procedure for developing a strategy; situation analysis; overview of HIV/AIDS workplace policies; education and awareness programmes; treatment and care. Includes case studies and a list of relevant publications and organizations. (104884)

CIS 00-00 HIV/AIDS workplace tools: Manager's kit. Business and Labor Resource Service, Centers for Disease Control and Prevention (CDC), P.O. Box 6003, Rockville, MD 20849-6003, USA, 2003. Collection of resource materials. (In English and Spanish)

<http://www.hivatwork.org/tools/business-managers.cfm>

<http://www.hivatwork.org/tools/smgrkit.htm>

This kit provides managers with the necessary resources for building a workplace programme for HIV/AIDS. It covers the development of HIV/AIDS policies, training of managers to conduct HIV/AIDS workshops, education of workers and their families about HIV/AIDS and its effect on the workplace and the promotion of community service. The kit also contains a list of resource materials and individual brochures concerning health insurance, universal precautions, OSHA guidelines, contract language, The Americans with Disabilities Act and other workplace laws. (104885)

CIS 00-00 HIV/AIDS workplace tools: Labor leader's kit. Business and Labor Resource Service, Centers for Disease Control and Prevention (CDC), P.O. Box 6003, Rockville, MD 20849-6003, USA, 2003. Collection of resource materials. (In English)

<http://www.hivatwork.org/tools/labor.cfm>

This kit provides labour leaders and workers with the necessary resources for building a workplace programme for HIV/AIDS. It covers the development of policies on HIV/AIDS to educate workers and their families and encourages workers to promote community service. The kit includes basic facts about HIV/AIDS, information on Federal laws and individual brochures on worker training, benefits, and education. Also included are profiles of unions that have responded to HIV/AIDS, the OSHA Bloodborne Pathogens Standard, facts on preventing occupational exposure and additional resources. (104886)

CIS 00-00 Bloom D., Bloom L.R., Steven D., Weston M. Business and HIV/AIDS: Commitment and action. A global review of the business response to HIV/AIDS 2004-2005. World Economic Forum, Global Health Initiative, 91-93 route de la Capite, 1233 Genève, Switzerland, 2004-2005. 57p. Illus. (In English)

http://www.weforum.org/pdf/Initiatives/GHI_Report_2005_Final.pdf

This report provides an overview and summary of business perceptions and responses to HIV/AIDS. It draws in particular on the information collected by the 2004-2005 Executive Opinion Survey that forms part of the World Economic Forum's annual Global

Competitiveness Report. The survey questioned nearly 9000 business executives in 104 countries. Questions on HIV/AIDS addressed the perceived impact of the virus (and to a lesser extent TB and malaria) on workforces and communities, the effect of HIV on company operations and revenues, and firms' response to the disease. The report includes global, regional and industry level reviews of the impact of HIV/AIDS and the business response. (104887)

CIS 00-00 Report on the global HIV/AIDS epidemic 2002. Joint United Nations Programme on HIV/AIDS (UNAIDS), 20 avenue Appia, 1211 Genève 27, Switzerland, July 2002. 226p. Illus. Bibl. ref. ISBN 92-1973-185-4 (en), ISBN 92-9173-187-0 (es), ISBN 92-9173-193-5 (ru) (In English, French, Russian and Spanish)

http://data.unaids.org/Global-reports/Barcelona/BRGlobal_AIDS_Report_en.pdf

This report provides a global overview of the state of the HIV/AIDS epidemic and reviews responses mounted by governments, the business sector and civil society. It includes a chapter on AIDS and the world of work which summarizes the implementation of workplace programmes around the world, highlighting the adaptation of programmes to local conditions, the needs of workers in the informal economy, innovative programmes in South African gold mines and international collaboration. Includes country-specific data and estimates as of end 2001. (104889)

CIS-00-00 2004 Report on the global AIDS epidemic. Joint United Nations Programme on HIV/AIDS (UNAIDS), 20 avenue Appia, 1211 Genève 27, Switzerland, June 2004. 228p. Illus. Bibl. ref. ISBN 92-9173-355-5 (en), ISBN 92-9173-356-3 (fr), ISBN 92-9173-358-x (ru) (In English, French and Russian)

http://www.unaids.org/bangkok2004/GAR2004_pdf/UNAIDSGlobalReport2004_en.pdf

This report sets out current knowledge on the state of the HIV/AIDS epidemic and provides country-specific estimates and data as of end 2003. Topics highlighted in this year's report include: the impact of AIDS on people and societies; treatment, care and support for people living with HIV; financing the response to AIDS; and national responses to AIDS. (104890)

CIS 00-00 Jarke J. Occupational physicians and personnel with a chronic infection (*German: Betriebsärztinnen/-ärzte und chronisch infiziertes Personal*). *Praktische Arbeitsmedizin*, July 2005, No.1, p. 9-15. Illus. 13 ref. (In German)

Description of measures for preventing the transmission of pathogens by infected health care personnel to patients and to other employees. The pathogens considered are hepatitis B, hepatitis C and HIV as well as methicillin-resistant *Staphylococcus aureus* (MRSA). Precautions to be taken include continuous surveillance of infected personnel by an occupational physician, constant reminders of safety guidelines (use of protective gloves and appropriate containers for waste disposal) and notification of injuries to occupational physicians. Following an accident involving exposure to blood, a meeting should be held in the presence of the person concerned, the occupational physician, a virologist and representatives of the works council and the human resources department. The meeting should decide whether the person should continue his/her work or would benefit from transfer to other work. Among newly-infected people, the percentage who develop a chronic infection is from 5 to 10% for hepatitis B, 70% for hepatitis C and 100% for HIV. (104871)

CIS 00-00 Zimmermann S. HIV/AIDS is poorly understood by enterprises - Results of a global survey (*German: Unternehmen wissen zu wenig über Aids/HIV – Ergebnisse einer weltweiten Umfrage*). *Bundesarbeitsblatt*, 2005, No.4, p. 19-24. Illus. (In German)

The World Economic Forum, UNAIDS and the Harvard School of Public Health surveyed 9000 enterprise managers in 104 countries to investigate their understanding of the impact of HIV/AIDS on their enterprise. According to the report of the survey, published under the title "Business and HIV/AIDS: Commitment and Action" most of the managers questioned, even those in the countries most affected by HIV/AIDS, did not know the rate of infection among their employees. It is suggested that it is because of this ignorance that so little effort is made to prevent HIV infection. Only 4% of enterprises in Eastern Europe have a section on AIDS in their health promotion programme, and this rate falls to 2% in the Baltic countries, Russia and the Ukraine, where the rate of infection is high. It is feared that HIV/AIDS will spread from Eastern to Western Europe, a fact not foreseen by Western European business leaders. Only a few large German enterprises, such as those in the automobile industry, have taken an interest in this question. (104872)

CIS 00-00 Jarke J. Health service personnel with chronic HBV, HCV and HIV infections - Guidelines for work versus exclusion from the profession (*German: Chronisch HBV-, HCV-, HIV-infiziertes Personal im Gesundheitsdienst – Regelungen zur Berufsausübung versus Berufsverbote*). *Arbeitsmedizin - Sozialmedizin - Umweltmedizin*, 2004, No.8, p. 428-434. 12 ref. (In German)

Patients at health care centres should be effectively protected against viral infections (hepatitis, HIV) transmitted by infected health care personnel. While the occupational physician is responsible for health and safety at work rather than for protecting the patient, they must act with regard to the well-being of the patient. In Germany, no guidelines have been issued for the protection of patients which could serve as a guide to occupational physicians, infected health care workers and employers. Nevertheless,

recommendations published by scientific institutions provide sufficient guidance for rational measures to be drawn up to allow infected workers to continue in their occupation and to enable employers to carry out their duties in accordance with labour laws. Unfortunately, those in charge often make decisions on an irrational or emotional basis, leading to discrimination and injustice for health care workers. It is argued that a legal directive is urgently needed. (104873)

CIS 00-00 von Schwarzkopf H. Different forms of prophylaxis after exposure to HIV (*German: Differenzierte Handlungsanweisungen bei der ostexpositionprophylaxe HIV*). Paper presented at the 17th Freiburg Symposium, "Occupational Medicine in the Health Services", 10-12 September 2003. Illus. (In German)

Guidelines concerning the management of health care personnel in contact with material potentially infected with HIV provide advice on whether it is necessary to administer post-exposure prophylaxis in order to reduce the risk of transmission. According to the type of exposure (puncture or cut, contact with skin, mucous membranes, lips or eyes, etc.), it is advisable to take immediate precautions within the following two hours, or the following 12 to 24 hours. In all cases, disinfection should be carried out and the occupational physician, or the emergency services or HIV specialist should be consulted to decide whether a post-exposure prophylaxis should be started. Such a prophylaxis is indicated when the patient is seropositive. When in doubt, a blood analysis and an ELISA (enzyme-linked immunosorbent assay) test should be carried out. Everything should be done to limit the use of post-exposure prophylaxis to obvious cases and to give as little medication as possible and in the most targeted manner. (104874)

CIS 00-00 Gensch R.W. Is AIDS still a topical issue in occupational medicine?

(*German: AIDS – immer noch ein Thema für Arbeitsmedizin?*). Paper presented at the 17th Freiburg Symposium, "Occupational Medicine in the Health Services", 10-12 September 2003. (In German)

Infection with HIV/AIDS is an important occupational health issue in health care establishments. According to estimations, there will be some 500,000 puncture injuries per year potentially leading to infection with HIV or hepatitis B or C. To reduce the number of these injuries, the following measures are necessary: provision of special containers for hazardous waste; use of fewer dangerous instruments; procedures for the declaration of accidents involving exposure to blood and the offer of post-exposure prophylaxis; reduction of work rates; and examination of workstation ergonomics. It is also necessary to make health service managers aware of the importance of workers' health requirements so that these workers will in turn adopt appropriate behaviours with respect to safety and health. (104875)

CIS 00-00 Hoffman F., Kralj N., Beie M. Needle-stick injuries in health care - Frequency, causes and preventive measures (*German: Kanülenstichverletzungen im Gesundheitsdienst – Häufigkeit, Ursachen und Präventionsstrategien*) Gesundheitswesen, 2002, No.5, p. 259-266. Illus. 112 ref. (In German)

Health service personnel are at risk of infection by blood-borne pathogens, notably the hepatitis B and C virus and the human immunodeficiency virus (HBV, HCV, HIV) which may be contracted during injuries or punctures with sharp or pointed instruments or needles. An epidemiological study conducted in two German health care establishments showed that some 500,000 needle-stick injuries occur each year in Germany, most of them during the disposal or recapping of used syringes. The administration of post-exposure prophylaxis is recommended for all health service workers immediately after the declaration of exposure. Programmes for the prevention of needle-stick injuries (avoidance of recapping, waste disposal in specially adapted containers, wearing surgical gloves) would limit the cost of post-exposure prophylaxis and avoid the development of chronic hepatitis, cirrhosis or liver cancer. (104876)

CIS 00-00 Jarke J., Marcus U. HIV infection of occupational origin among medical personnel - An assessment (*German: Berufsbedingte HIV-Infektionen bei medizinischem Personal – eine aktuelle Übersicht*) Arbeitsmedizin - Sozialmedizin - Umweltmedizin, 2002, No.5, p. 218-220, 222-231. 73 ref. (In German)

In Germany, the risk of workplace infection by HIV is lower than that for hepatitis B or C. The possibilities for preventing a chronic infection by one of these viruses by a post-exposure intervention are comparable. Prophylactic procedures following a known or possible exposure to HIV are described in detail in German-Austrian recommendations concerning post-exposure prophylaxis for HIV. In 44 declared cases of HIV infection of occupational origin among health care workers in Germany, only eight were identified as being clearly linked to work. In 16 cases, the link with occupational exposure was judged to be insufficient and in 20 cases, other risk factors were evident. To detect HIV infections contracted at work following an undeclared exposure and to facilitate the evaluation of the risk of transmission at work, all health care personnel in all sectors at risk should be offered HIV tests at regular intervals. (104877)

CIS 00-00 Jarke J. HIV/AIDS infection of occupational origin outside the health sector (*German: Berufskrankheit HIV/AIDS bei anderer Tätigkeit als im Gesundheitswesen*). Arbeitsmedizin - Sozialmedizin - Umweltmedizin, 2002, n@1d5, p. 214-217 5 ref. (In German)

In Germany, health care personnel who contract an HIV infection in the workplace may be compensated according to the provisions of the relevant German order (Berufskrankheitenverordnung – BKV). Moreover, German legislation on accident compensation (Entwicklungshelfergesetz - EhfG) allows the recognition of an HIV infection as an occupational disease even if it was acquired outside the health care setting. Since the start of the epidemic, 40 cases have been recorded in Germany. By the end of 2001, 20 cases had been compensated; 18 workers had become infected with HIV while working in different non-health occupations in countries with a high prevalence of HIV. This article describes the accident compensation laws, the criteria for the recognition of occupationally acquired HIV infection by accident insurance associations and the cases recognized so far. (104878)

CIS 00-00 Plettenberg A., Albrecht D., Lorenzen T., Stoehr A. Post-exposure prophylaxis for HIV - An assessment (*German: HIV-PEP State of the art*). Bundesgesundheitsblatt - Gesundheitsforschung - Gesundheitsschutz, 2000, No.1, p. 18-25. 18 ref. (In German)

Recommendations published in 1998 by the German-Austrian AIDS societies describe the risks of transmission of HIV, preventive measures and prophylaxis procedures for different types of exposure. Regardless of the origin of the contamination (occupational or following sexual relations or drug use), post-exposure prophylaxis is indicated in certain conditions. The procedure involves taking two reverse transcriptase inhibitors (AZT and 3-TC) and a protease inhibitor (Indinavir or Nelfinavir). Depending on individual characteristics, other medication may be administered as soon as possible after exposure (if possible within two hours). Administration of the protease inhibitor is not recommended for pregnant women. The official recommendations of the German-Austrian AIDS societies are described and supplemented. (104879)