Learning Objectives

Given the course materials, participants will be able to:

- Define and compare HIV and AIDS.
- Describe how HIV is transmitted.
- Recognize popular misconceptions and stigma surrounding HIV/AIDS.
- Identify standard precautions that can be taken to prevent spreading HIV/AIDS within your workplace.
- Recall rules and regulations regarding HIV/AIDS status disclosure relevant to cosmetology professionals and clients.
- Paraphrase protections afforded to HIV positive cosmetologists under the Americans with Disabilities Act (ADA)

Introduction

Human Immunodeficiency Virus (HIV) and Acquired Immune Deficiency Syndrome (AIDS) are commonly recognized terms. However, while many have heard of these terms, the stigmatization of HIV positive individuals paired with commonly believed myths and misconceptions surrounding the HIV/AIDS epidemic can influence behaviors when working with HIV positive persons. Cosmetologist must be comfortable working around all types of people, and misinformation can interfere with their ability to provide quality, non-discriminatory services to all clients.

Receiving an HIV positive diagnosis can be devastating and hard to accept for anyone. Those who are able to best cope with the realities of the disease are those who are able to establish a strong support system within their families, friends, communities, and service providers. For anyone diagnosed with HIV, the need for compassion, sensitivity, and fair treatment is greatly needed. Yet too often the stigma associated with the disease can stand in the way of ensuring an HIV positive person is treated fairly and with respect. It can also create situations in which unnecessary steps are taken and exorbitant costs are expended when working with HIV positive clients. This has an impact not only on the client’s comfort, but also on the bottom line for the salon.

According to the World AIDS Campaign on Eliminating Stigma & Discrimination, “Stigma and discrimination are the top hindrances to effective HIV/AIDS prevention and care.” Due to the stigmatization of the disease, many HIV positive persons are not willing to inform others of their status. This can prevent them from seeking treatment, sustaining treatment programs, seeking support structures, and even informing sexual partners. As a result, HIV positive individuals often remain silent due to their fear of social isolation, judgement from their families, friends, and other peers, and other social constructs (such as religious groups, co-workers, and even service providers). The effects of stigmatization prevent them from becoming more informed, seeking out information, and sharing important information with others, making it increasing difficult to promote understanding and reduce discrimination.

Learning about HIV/AIDS and recognizing commonly believed myths and misconceptions about the disease is important to professional cosmetology and the salon industry, as business is built upon customer relationships and the provision of quality and fair services to all customers. Acknowledging
the stigma and arming themselves with facts about the HIV virus can assist cosmetology professionals in working with all clients in the salon setting and recognizing and implementing safety and precautionary measures to keep themselves and their clients protected. This course outlines the need-to-know information surrounding HIV/AIDS to keep cosmetology professionals and clients informed and protected in terms of identification, contraction, prevention, disclosure, and legal ramifications.

Myths and Misconceptions

First recognized as a new disease in 1981, today science has made great strides in research and trends that have changed the way we look at and work with HIV/AIDS. Unfortunately, just as our knowledge of the disease has increased, the number of people living with HIV/AIDS has increased over the last decade, with over 1.2 million reported cases living in the United States (U.S.) alone. In 2013 (most recent data availability), an estimated 47,352 new cases of HIV infection and 26,688 cases of AIDS were diagnosed. It is estimated that almost one in seven (12.8%) of those living with the disease remain undiagnosed to date. While the numbers may be startling, they underscore the importance of obtaining and communicating factual information and prevention tips to slow the spreading and progression of HIV/AIDS.

Having accurate information is the key to understanding and preventing HIV transmission and working safely and respectfully with HIV positive clients. The following provides commonly believed myths and misconceptions paired with the true facts about HIV/AIDS.

**Myth #1 – There is a cure for HIV/AIDS.** Despite advances in treatments, there is currently no cure readily available for HIV positive individuals today. There have been rare cases publicized through research findings and clinical trials in which extreme treatments have been thought to cure HIV. The most famous of these has been dubbed as the “Berlin Patient.” In these cases, treatment included a bone marrow transplant resulting in a new immune system which eradicated the HIV virus. The infected patients had to be readied for their transplants with a modified protocol to ensure decreased intensity. This affords them the strength to maintain antiretroviral drug treatments. These treatments are generally too toxic for HIV positive cancer patients to tolerate.

To date, it appears that the patients’ new immune systems have remained HIV-free, yet more study is necessary to ensure the bloodstream continues to remain free of any HIV genetic material throughout the duration of the patient’s life. Scientists continue to monitor these patients to determine if the virus was in fact cured, rather than simply in a sustained remission. Nevertheless, this type of treatment is risky, expensive, and not feasible for the millions of

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**HIV**

[ˌæCH, ɪˈvɛ]  

1. Human immunodeficiency virus, a retrovirus that causes AIDS. HIV is transmitted by sexual intercourse, through infected blood and blood products, and through the placenta.

H – Human – The HIV virus attacks human beings through their bloodstream. No other animals are susceptible to HIV.

I – Immunodeficiency – HIV weakens your immune system by destroying important cells that fight disease and infection.

V – Virus – HIV is a virus that hijacks cells in the body in order to replicate itself. There is no cure for the HIV virus.

**AIDS**

[ˈædz]  

1. A disease of the immune system characterized by increased susceptibility to opportunistic infections, certain cancers, and neurological disorders; a condition, caused by the HIV virus resulting in loss of the body’s ability to protect itself against disease.

A – Acquired – a person has to “catch” the HIV virus in order to develop AIDS. It doesn’t just spontaneously occur.

I – “Immuno” –AIDS is caused by the immune system being depleted of its cells by HIV.

D – Deficiency –Once enough white blood cells have been destroyed by HIV, the immune system becomes weak and is not capable of fighting off other bacteria and viruses easily.

S – Syndrome - AIDS is characterized by a group of symptoms including rapid weight loss; extreme fatigue; recurring fever; susceptibility to illness; sores of the mouth, anus, or genitals; pneumonia; blotches under the skin; memory loss, etc.
people currently living with the virus. An effective cure that could be made available to the public is still far in the horizon.

Fortunately, increased and ever evolving understanding of the virus and resulting illness has led to advances in medicine that are effectively treating the disease for those who take it regularly. When sustaining this type of treatment, an HIV positive person can reduce their viral load (or amount of HIV in the blood) to the point that it is undetectable, or unable to be seen in laboratory tests. **Maintaining an undetectable viral load helps prevent the progression of the virus and prevent HIV from developing into AIDS and other infections.** Currently, research is still being done to identify new treatments and improve existing regimens to further ease the burden for HIV carriers and their health providers. Every day, more is being learned to identify new ways of preventing HIV infection. Even without a cure, people can live full, happy, and healthy lives despite their HIV positive diagnosis.

**Myth #2 - HIV and AIDS are the same thing.** HIV and AIDS are commonly mistaken as interchangeable terms for the same disease. However, in truth, they are distinct terms that are not transposable. HIV is a **virus that attacks a person’s immune system.** If left untreated, it can evolve into AIDS. AIDS is an immunodeficiency syndrome. It is the third and most advanced stage of infection caused by HIV. Most people who are living with HIV do not have AIDS and will never progress into the AIDS phase of the disease. HIV progresses into AIDS when a person’s immune system is diminished to the point of not being able to combat certain kinds of infections and cancers. To determine the stage of infection caused by HIV, a lab test is conducted to identify the number of CDR cells a person has, otherwise known as their “viral load.” A viral load under 200 in an HIV-infected person indicates an AIDS diagnosis. Without medication, it can take between two to 10 years or longer for an HIV-positive person to develop AIDS.

**Myth #3 - HIV diagnosis is a death sentence.** Revolutions in medications and treatments make it possible for HIV carriers to live long, healthy lives. In the Western world, where resources are available for treatment, HIV has been downgraded from a fatal virus to a chronic life-threatening illness (similar to cancer, diabetes mellitus, and hypertension). The virus becomes life-threatening once it progresses to the third and most severe stage of HIV: AIDS. However, in many case, individuals diagnosed with AIDS can be reverted to HIV status after starting anti-HIV drug “cocktails,” regaining their health and returning to a normal life.

There are many treatments that can now help people with HIV, each attacking the virus in their own way. As a result, many HIV positive people are living much longer and healthier lives than ever before. Medicines today can slow the growth of the virus or stop it from making copies of itself. These treatment therapies cannot fully eradicate the virus from the bloodstream, but are able to keep the amount of virus in the blood low or undetectable. Currently, there are many clinical and research trails that continue to bring insight into the virus and its treatments and the potential pathway to a cure.

Today’s treatment and prevention interventions were made through scientific advances funded through federal and private investments in basic, biomedical, behavioral, and social science research. All findings point to the fact that starting treatment for HIV early (as soon as possible after diagnosis) significantly improves the patient’s health and reduces the risk of illness and death, decreasing the risk of onward transmission by 96%.
Myth #4 - You can contract HIV through tears, sweat, feces, and urine. HIV can only be contracted through specific bodily fluids. These include semen, pre-seminal fluid, vaginal fluid, rectal fluids, blood, and breast milk. A person can get infected from sexual contact with someone who is infected with HIV through vaginal, anal, or oral sex; however, unprotected sex with someone who is infected doesn’t mean a person will automatically contract the disease. Using a latex condom or other latex barrier greatly reduces the risk. Furthermore, HIV is not spread by hugging or massage, dry kissing, or daily contact with someone who has HIV. HIV can be transmitted from mother to her child, either in the womb, during vaginal childbirth, or through breastfeeding. There are treatments today that can reduce the risk of this type of transmission, keeping the baby safe and virus free. They are most effective if started as soon as possible during the pregnancy. Even with treatment, breastfeeding is not recommended for HIV positive mothers.

Finally, people who inject drugs, hormones, steroids, or silicone can get HIV by sharing needles or syringes and other injection equipment. Anytime a needle penetrates a person’s skin, even with tattooing or medical procedures, it is important that a new needle is used. Keeping the penetration area clean and unexposed can greatly reduce the risk of infection.

Myth #5 - You can tell someone has HIV by looking at them. It is true that as the HIV virus progresses and begins affecting the immune system there can be physical symptoms of the disease. Also, when a person is taking HIV medicines, there may be changes in body shape and appearance, including fat accumulation (increased deposits of fat in the abdomen, neck, shoulders, breasts, or face or fatty bumps on the body) and lipoatrophy (loss of fat, particularly in the face, legs, or arms). However, all of these symptoms can also be linked to many other conditions as well, so it is never possible to tell if someone has HIV just by looking at them.

The HIV virus can actually live in the body asymptomatic for up to 10 years during the latency period. Yet, during this time, it is still possible to transmit the virus to others. This is why it is so important to use condoms correctly and every time. Doing so can reduce the risk of contracting or passing HIV by up to 80%.
In addition, thanks to new drug therapies, many people who are aware of their HIV positive status are living symptom free and have no outward sign of carrying the virus. Medications and treatments can keep them at a healthy body weight and prevent them from progressing to symptomatic stages of HIV. As previously noted, many are able to maintain the status of undetectable, meaning that there are so few copies of the virus in their blood stream they can no longer be detected by a laboratory test. However, even if undetectable, there is still a possibility (though greatly diminished) of transmitting the disease.

The only way to know for sure whether a person has HIV is for them to get tested. Knowing your status is important because it helps you make healthy decisions to prevent contracting or transmitting HIV. To find places near you that offer confidential HIV testing, visit https://gettested.cdc.gov/, text your ZIP code to KNOW IT (566948), or call 1-800-CDC-INFO (1-800-232-4636). You can also use a home testing kit, available for purchase in most pharmacies and online.

**Myth # 6 - If someone is HIV positive, they will eventually develop AIDS.** When people get HIV and don’t receive treatment, they will typically progress through three stages of disease, the last and most severe stage being AIDS. Yet, if properly treated, an HIV positive person may never acquire AIDS. Medicine to treat HIV, known as antiretroviral therapy (ART), helps at all stages of the disease if taken the right way, every day. This treatment can slow or prevent progression from one stage to the next. It can also dramatically reduce the chance of transmitting HIV to someone else.

**Stages of HIV Infection**

HIV is a virus spread through certain body fluids. It attacks the body’s immune system, specifically the CD4 cells (white blood cells), often called T cells. These special cells help the immune system fight off infections. Over time, if left untreated, HIV can destroy so many of these cells that the body can’t fight off infections and disease, allowing opportunistic infection or cancers to take advantage of a very weak immune system. While no safe and effective cure currently exists, with proper medical care, HIV can be controlled. Developed in the 1990’s, ART therapy can dramatically prolong the lives of many people infected with HIV and lower their chance of infecting others. Today, someone diagnosed with HIV and treated can have a nearly normal life expectancy. Without ART treatments, however, HIV will continue to duplicate itself within the body, moving through the three stages of HIV infection.

**Stage 1: Acute HIV infection** – Within 2 to 4 weeks after infection with HIV, people may experience a flu-like illness, which may last for a few weeks. This is the body’s natural response to infection. During this time, the body produces an influx of white blood cells in an attempt to eradicate the virus. As the body is unable to eliminate the virus, it readjusts and proceeds into the second stage of the disease.

**Stage 2: Clinical latency (HIV inactivity or dormancy)** – This period is sometimes called asymptomatic HIV infection or chronic HIV infection. During this phase, HIV is still active but reproduces at very low levels. People may not have any symptoms or get sick during this time. For people who aren’t taking medicine to treat HIV, this period can last a decade or longer, but some progress through this phase much faster. People who are taking medicine to treat HIV (ART) the right way, every day may be in this stage for several decades or throughout their lifespan. It’s important to remember that people can still transmit HIV to others during this phase, although people who are on ART and stay virally suppressed (having a very low level of virus in their blood) are much less likely to transmit HIV than those who are not virally suppressed. At the end of this phase, a person’s viral load starts to go up and the CD4 cell
count begins to go down. As this happens, the person may begin to have symptoms as the virus levels increase in the body and the person moves into Stage 3.

**Stage 3: Acquired Immunodeficiency Syndrome (AIDS)** – AIDS is the most severe phase of HIV infection. People with AIDS have such badly damaged immune systems that they get an increasing number of severe illnesses, called opportunistic illnesses. **Without treatment, people with AIDS typically survive about 3 years.** Common symptoms of AIDS include chills, fever, sweats, swollen lymph glands, weakness, skin lesions, and weight loss. People are diagnosed with AIDS when their CD4 cell count drops below 200 cells/mm or if they develop certain opportunistic illnesses. People with AIDS can have a high viral load and be very infectious. An estimated 658,507 people in the United States with an AIDS diagnosis have died since its discovery, with tens of thousands of deaths each year.

**Who Is At Risk?**

Anyone that engages in behaviors that place them in contact with blood, semen, pre-seminal fluid, rectal fluids, vaginal fluids, and breast milk may be at risk for getting HIV. Even if you are in a long-term, monogamous relationship with one person, it is important to confirm your HIV status to be sure that you and your partner remain healthy and HIV negative. According to the CDC, everyone aged 13 to 64 should include HIV testing as part of their health care routine, even if they do not feel they are at risk.

The following are risk factors that can affect anyone, at any age or status in their life.

- Having sex with someone without being 100% sure of their HIV status. Remember, 1 in 6 people are unaware of their infection.
- Injecting drugs or sharing needles. This can include steroids, hormones, insulin, or even getting tattoos.
- Acquiring any sexually transmitted disease, hepatitis, or tuberculosis. HIV often travels with other infectious diseases, so if you have contracted another virus, there is a heightened chance you could have also contracted HIV.
- Having sex with someone who has any of the above risk factors. Don’t forget, when you put yourself at risk, you put all of your future partners at risk as well.

**High Risk Groups**

In the U.S., HIV is most commonly spread through sexual intercourse, be it anal or vaginal, and by sharing drug-use equipment (or works) with someone who is carrying the virus. While these risks are the same for everyone, HIV continues to devastate some risk groups more than others. Certain populations are at greater risk based on the fact that there are higher rates of HIV infection existing within their communities or population groups. This means that with each sexual or drug use encounter, they are placing themselves at heightened risk of contracting the virus. Furthermore, the different demographic, social, and economic factors of each distinct community can further attribute to the level of risk. These factors can include income, education, geographic region, or even prevalence of stigma and discrimination.
High Risk Ethnic and Racial Groups:

African Americans
- 296,500 African Americans were living with the HIV virus at the end of 2012.
- In 2014, 48% of people in the US diagnosed with AIDS were African American (10,045).
- With 44% of new HIV diagnoses, African Americans have the highest prevalence of HIV infection in the US—this was an increase of 22% over a period of 9 years (2005-2014).
- Over half of the African Americans affected are gay and bisexual men (57% with 49% aged 13-24) — this was an increase of 87% from 2005-2015.
- African American women have the highest rates among women, despite a 42% decline in new HIV infections (5,128 African American women in 2014 compared to 1,350 Hispanic/Latino women, and 1,483 white women).
- In 2013, 3,742 African Americans died of HIV or AIDS (54% of total deaths attributed to the disease).

American Indians/Alaska Natives
- Highest rate of HIV infection due to injection drug use of all races/ethnicities.

Hispanics/Latinos
- Despite representing about 17% of the US population, Hispanics/Latinos accounted for almost one quarter of all estimated new HIV diagnoses.
- Hispanics/Latinos tend to have sex with partners of the same race/ethnicity, increasing the risk of HIV infection in this community.

Other HIV Risk Demographics

Gender
- 76% of all people living with HIV are men.
- 80% of all new HIV infections are in men.

Sexual Preference
Certain members of the Lesbian, Gay, Bisexual, Transgender, and Queer/Questioning (LGBTQ) community are at the highest risk for contracting the HIV virus. Gay, bisexual, and other men who have sex with men of all races and ethnicities remain the population most affected by HIV, accounting for 57% of all persons living with HIV.

Injection Drug Users
Injection drug users represented 8% of new HIV infections in 2010 and 15% of those living with HIV in 2011. Since the epidemic began, nearly 186,728 people with AIDS who inject drugs have died, including an estimated 3,514 in 2012.

Despite the level of risk based on ethnicity, gender, and lifestyle, everyone can take precautions to help reduce their risk and maintain a HIV negative status. By learning about the prevention strategies and standard precautions, we can reduce the prevalence of HIV/AIDS and lessen the devastation resulting from the HIV/AIDS epidemic.
Prevention and Precautions

National HIV/AIDS Strategy
As of July 2015, the Federal government has developed a National HIV/AIDS Strategy for the United States. Their vision is for the US to become a place free from new HIV infections, where all currently infected have free and equal access to high quality, life-extending care. In order to accomplish this goal, efforts must be taken in:

- Intensifying and expanding prevention efforts.
- Increasing education regarding risks, prevention, and transmission.
- Implementing systems to connect people with care providers immediately following diagnosis.
- Supporting comprehensive coordinated patient-centered care for people living with HIV.
- Reducing HIV-Related disparities and health inequities.
- Reducing stigma and eliminating discrimination associated with HIV status.
- Achieving a more coordinated national response to the HIV epidemic.

The Strategy acknowledges that HIV is still an epidemic and major health issue in the US, despite the fact that most people can live long and healthy lives once diagnosed and treated. It recognizes that everyone across the nation deserves access to prevention tools and education and immediate access to treatment and care. It will require a collaborative national response to address the HIV/AIDS epidemic and achieve the strategic goals provided. This includes all health and human service providers, including cosmetology professionals. Fulfilling this national strategy starts with each individual, and should begin with you and your salon.

Protecting Yourself in the Workplace: HIV and Salons
Salons have come under intense scrutiny in the past decade because of various outbreaks of infectious diseases that were traced to improperly cleaned equipment. State licensing boards have set strict rules for salon procedures and the exact steps for proper sanitation and sterilization of equipment to make sure disease transmission can’t happen in salons. It is important that all licensed cosmetologist are familiar with and consistently practice these safety rules and guidelines. Among the most important is the simplest: workers must wash their hands frequently, between clients and sometimes more often, when there is a chance of any kind of disease transmission. Not only will this (and other mandated safety precautions) significantly reduce the likelihood of transmitting HIV/AIDS, it will also provide protection against the transmission of staph infection and other harmful bacteria and germs that are statistically much more likely to be transmitted within the salon setting.

Only 58 cases of confirmed occupational transmission of HIV to health care workers have been documented in the United States (while extremely rare, in a very few cases, HIV transmission has occurred in a household setting due to unprotected contact between infected blood and broken skin or mucous membranes). To date, there are no documented cases of HIV transmission through blood contact that have occurred in a salon setting. Therefore, while transmission of HIV in the salon is highly unlikely (and likely a direct result of the strict regulations in sanitization and operations), it is still essential that salon professionals stay up-to-date on HIV/AIDS specific prevention techniques and protocols to stop transmission.

Seasoned cosmetologists know that the presence of blood during various cosmetic procedures is not that usual. For example, it is not unheard of to draw blood during a manicure or pedicure, close shave, or facial procedure. When/if this happens, if the blood is infected with the HIV virus and comes in
contact with a cut or an open wound, there is potential to transmit the virus. It is important to note that while risk of exposure due to direct splashes with body fluids is minimal, there is increased danger if infected blood enters the body via a scratch or open wound. Nail clippers, acrylic nail drills, cuticle scissors, callus paring blades, and reusable razors and blades all have the potential to transmit infectious diseases if they are not properly sterilized. Following proper sanitation rules and standard precautions will greatly decrease the potential of HIV transmission and protect both professionals and clients from transmitting the disease.

Prevention and Standard Precautions
To prevent transmission of HIV in the workplace, cosmetologists and other health and human service providers must assume that blood and other body fluids from all patients are potentially infectious. To stay safe, when working with any client standard precautions must be taken to avoid contact with bodily fluids. The following table provides standard precautions that should be taken when providing cosmetic services:

<table>
<thead>
<tr>
<th>Standard Precautions for Preventing HIV Transmission</th>
</tr>
</thead>
<tbody>
<tr>
<td>If there is a possibility of contact with blood or other bodily fluids that could potentially contain visible blood (such as urine, feces, or vomit), always wear gloves and/or other protective equipment.</td>
</tr>
<tr>
<td>Cover cuts, sores, or breaks in the skin with bandages (for both clients and cosmetologist).</td>
</tr>
<tr>
<td>Anytime contact is made with blood or other bodily fluids, immediately wash hands and/or other body parts that have been in contact.</td>
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<tr>
<td>Carefully handle all sharp instruments and tools, taking caution during use and disposal.</td>
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<tr>
<td>Sanitize or dispose of any tools/materials that may have come into contact with blood or other bodily fluids, and properly clean and sanitize the surrounding workstation.</td>
</tr>
<tr>
<td>Avoid any practices that can increase the probability of contact with blood or bodily fluids (e.g. sharing razors, toothbrushes, or any equipment that could come in contact with the virus).</td>
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</tbody>
</table>

Research indicates that the use of standard precautions by healthcare and human service providers when dealing with HIV/AIDS positive clients is inconsistent. This impacts both stigmatization and the reporting of discriminatory practices. Therefore, it is important that standard precautions are employed universally with every client, not just those that have disclosed HIV positive status. For everyone’s safety and health, human service providers must keep up to date on current research and findings surrounding transmission and stay knowledgeable regarding misconceptions around transmission and assumptions about patient lifestyle and risk. It is also helpful to have a plan in place for post exposure management should direct contact with known HIV infected blood takes place.

The impact of HIV/AIDS on the workplace continues to grow as the population of those most affected by the disease (those aged 20-44) make up over 50% of the 143 million people employed in the United States. It is important that while taking precautions against the spreading and/or contraction of HIV/AIDS, licensed professionals in no way infringe upon a person’s (be it a client, co-worker, or self) civil rights.
**Know Your Rights: Protections**

It is unlawful to prohibit a person living with HIV/AIDS from participating in services offered to others, and it is illegal to deny them a benefit because of their HIV status. Section 504 of the Rehabilitation Act of 1973, Title II of the Americans with Disabilities Act of 1990, and the Health Insurance Portability and Accountability Act of 1996 (HIPA) protect those living with HIV/AIDS and their friends and family from this type of discrimination.

| Rehabilitation Act of 1973 – Section 504 | No qualified individual with a disability shall, by reason of his or her disability, be excluded from the participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving federal financial assistance or under any program or activity conducted by any executive agency or by the United States Postal Service. |
| Americans with Disabilities Act of 1990 – Title II | No qualified individual with a disability shall, by reason of such disability, be excluded from participation in or be denied the benefits of services, programs, or activities of a public entity or be subjected to discrimination by any such entity. |
| Health Insurance Portability and Accountability Act of 1996 | Mandates privacy and confidentiality restrictions to protect those living with the disease. This Act maintains the confidentiality of health information and provides a person the right to not only review but make corrections to personal medical records. |

The Rehabilitation Act of 1973 ensures that every person is given equal opportunity to participate in and receive benefits from any program or activity that receives federal funding, and every person in the United States is afforded equal opportunity in employment under the Americans with Disabilities Act (ADA), despite disabilities (including positive HIV status). The ADA maintains that people with HIV, whether or not it is symptomatic, are physically impaired to the point that it substantially limits the life activities, and are therefore covered under the Act. In this, the ADA protects against discrimination against HIV-positive persons and specifically those who are denied an occupational license or admission to a school on the basis of their HIV status. Title II of the ADA prohibits both state licensing agencies and occupational training schools (including cosmetology schools) from discriminating against individuals with HIV or AIDS. A licensing entity, trade school, or training program cannot exclude a person with HIV/AIDS because of their status.

A person infected with HIV may be excluded, however, from activities or services of a private or public entity only if there is a health concern in which they pose a significant risk to the health or safety of others or a “direct threat” that cannot be eliminated or reduced to an acceptable level by reasonable
modification. Evidence of the direct threat must be based on an individualized assessment of the person with the disability and based on current medical evidence. However, transmission of HIV will rarely raise a legitimate direct threat issue as HIV cannot be transmitted by casual contact. Therefore, circumstances do not exist for the transmission of HIV in a school or workplace setting, including those involving cosmetology. If a licensing entity or trade school requires an applicant to provide a doctor’s certification that he or she is free of infectious, communicable, or contagious disease, this must exclude diseases, such as HIV, not transmitted through casual contact or usual practice of the occupation for which a license is required.

Furthermore, the Health Insurance Portability and Accountability Act of 1996 (HIPAA) mandates privacy and confidentiality restrictions to further protect those living with the disease. This Act maintains the confidentiality of health information and provides a person the right to not only review but make corrections to personal medical records.

**HIV and the Right to Obtain Occupational Training and State Licensing**

Service providers are not required to disclose personal HIV status in the workplace, as this is a personal choice that can have both a positive and/or negative impact. Disclosing to co-workers can be of benefit in cultivating a support system amongst colleagues; or it can unnecessarily create stigma causing coworkers to behave differently. When making this decision, it is important to carefully consider which individuals to tell. Best practice would be to have a specific plan for disclosure which takes into consideration who to inform, how to inform them, expectations for third-party disclosure, etc. Many employers offer an Employee Assistance Program (EAP) which will help employees handle disclosure at work and navigate personal issues that may affect performance, health, or well-being. Information share with EAPs is protected by confidentiality from your employer. Workplace discrimination based on HIV status is illegal and there are regulations in place to assist anyone experiencing discrimination after disclosing status.

Even though it is not required to disclose status in the workplace, those living with HIV/AIDS do have the responsibility to disclose their status to healthcare providers (doctors, clinical workers, dentists, etc.) and sex or needle-sharing partners under penalty of law. **However, they are not obligated to disclose to all service providers, and therefore may keep this information private when securing cosmetology services.** Again, all services should be provided using standard precautions, making disclosure from clients irrelevant to safety and prevention.

**Conclusion**

While tremendous progress has been made, we have yet to win the victory over the HIV/AIDS epidemic, evidenced by the fact that by 2012, 658,507 people with an AIDS diagnosis have died in the US, with an estimated 13,712 people dying that year. We must each play our part in increasing prevention efforts in order to save lives and improve the quality of life for those living with HIV. Despite the advances in treatment and therapies, today the world faces a heightened risk of contracting and transmitting HIV. To conquer the disease and reign in the next era of HIV prevention, we must be informed and consistent in our prevention and education efforts. At the same time, we must keep in mind that although this is a serious disease, it is also a preventable disease, and the extra care that we take in our lives and in our salons can be the difference between life and death – for not only our clients, but also yourself.
1. Learning about HIV/AIDS and recognizing commonly believed myths and misconceptions about the disease is important to professional cosmetology and the salon industry, as business is built upon customer relationships and the provisions of quality and fair services to all customers.
   a. True.
   b. False.

2. Because of advances in treatments, there is now a cure readily available for HIV positive individuals today.
   a. True.
   b. False.

3. Due to the stigmatization of the disease, many HIV positive persons are not willing to inform others of their status. This can prevent them from seeking treatment, sustaining treatment programs, seeking support structures, and even informing sexual partners.
   a. True.
   b. False.

4. Fortunately, just as our knowledge of the disease has increased, the number of people living with HIV/AIDS has decreased over the last decade, with over 1.2 million reported cases living in the United States (U.S.) alone.
   a. True.
   b. False.

5. Maintaining an undetectable viral load helps prevent the progression of the virus and prevent HIV from developing into AIDS and other infections.
   a. True.
   b. False.

6. HIV and AIDS are the same thing.
   a. True.
   b. False.
7. There are many treatments that can now help people with HIV, each attacking the virus in their own way. As a result, many HIV positive people are living much longer and healthier lives than ever before.
   a. True.
   b. False.

8. HIV is not spread by hugging or massage, dry kissing, or daily contact with someone who has HIV.
   a. True.
   b. False.

9. A needle that penetrates a person’s skin may be safely reused.
   a. True.
   b. False.

10. The HIV virus can actually live in the body asymptomatic for up to 1 year during the latency period.
    a. True.
    b. False.

11. AIDS, or Acquired Immunodeficiency Syndrome, is the most severe phase of HIV infection.
    a. True.
    b. False.

12. Without treatment, people with AIDS typically survive about 3 years.
    a. True.
    b. False.

13. In the U.S., HIV is most commonly spread through sexual intercourse, be it anal or vaginal, and by sharing drug-use equipment (or works) with someone who is carrying the virus.
    a. True.
    b. False.

14. American Indians/Alaska natives have the lowest rate of HIV infection due to injection drug use of all races/ethnicities.
    a. True.
    b. False.
15. Gay, bisexual, and other men who have sex with men of all races and ethnicities remain the population most affected by HIV, accounting for 57% of all persons living with HIV.
   a. True.
   b. False.

16. State licensing boards have set strict rules for salon procedures and the exact steps for proper sanitation and sterilization of equipment to make sure disease transmission can’t happen in salons. It is important that all licensed cosmetologist are familiar with and consistently practice these safety rules and guidelines. Among the most important is the simplest: workers must wash their hands frequently, between clients and sometimes more often, when there is a chance of any kind of disease transmission.
   a. True.
   b. False.

17. It is important that while taking precautions against the spreading and/or contraction of HIV/AIDS, licensed professionals in no way infringe upon a person’s (be it a client, co-worker, or self) civil rights.
   a. True.
   b. False.

18. It is unlawful to prohibit a person living with HIV/AIDS from participating in services offered to others, and it is illegal to deny them a benefit because of their HIV status.
   a. True.
   b. False.

19. The American with Disabilities Act of 1990 – Title II – states: No qualified individual with a disability shall, by reason of such disability, be excluded from participation in or be denied the benefits of services, programs, or activities of a public entity or be subjected to discrimination by any such entity.
   a. True.
   b. False.

20. Those living with HIV/AIDS are obligated to disclose their diagnosis to all service providers.
   a. True.
   b. False.