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Beauty and Health INSTITUTE®

The Future of Aesthetics is Here

Initial 4-Hour HIV/AIDS Course

4.0 Hours • Florida DBPR Board of Cosmetology

Provider: Beauty & Health Institute (BHI)
Provider Approval No.: PVD167 / 0004893

Course Outline & Narrative Summaries

Section 1: HIV Basics (Virology, Strains, Stages, AIDS)

Defines HIV and AIDS, explains how HIV infects CD4 cells, and summarizes key disease stages and AIDS diagnostic criteria, emphasizing how modern treatment changes outcomes.

Section 2: Testing, Treatment, and Viral Suppression

Reviews common HIV test types and window periods, and explains antiretroviral therapy, viral load monitoring, and the public-health meaning of Undetectable = Untransmittable (U=U).

Section 3: Epidemiology, Risk, and Prevention Tools

Summarizes who is affected and why risk differs across populations; reviews practical prevention tools such as condoms, PrEP, PEP, and harm-reduction strategies.

Section 4: Transmission, Infection Control, and Workplace Relevance

Clarifies how HIV is and is not transmitted, addresses myths, and ties prevention to infection-control practices relevant to cosmetology environments and accidental exposure response.

Section 5: Legal and Ethical Considerations

Covers confidentiality expectations, nondiscrimination obligations, and appropriate professional conduct when serving or employing people living with HIV.

Time & Topic Agenda (4 Hours / 240 Minutes)

Time	Topics
0:00–0:15 (15 min)	Course orientation, objectives, terminology
0:15–1:05 (50 min)	HIV basics: virology, origin/strains, stages, AIDS criteria
1:05–1:45 (40 min)	Testing, window periods, treatment (ART), U=U
1:45–2:35 (50 min)	Epidemiology and risk: who is affected, risk factors, prevention tools
2:35–3:25 (50 min)	Transmission vs non-transmission; workplace/salon relevance; infection control and exposure response
3:25–3:55 (30 min)	Legal/ethical: confidentiality, ADA/discrimination, professional standards
3:55–4:00 (5 min)	Evaluation, certificate instructions, wrap-up

What is HIV?

HIV is the human immunodeficiency virus that can lead to AIDS if not treated. HIV is a member of a group of viruses called retroviruses.[1] It infects certain human immune cells and uses the energy and nutrients provided by those cells to grow and reproduce. The immune system cannot completely eliminate HIV because the virus targets a key component of the immune system, the T-cells (CD4 cells), and can hide by integrating into the DNA of infected cells.[1][2][3] Effective HIV treatment (antiretroviral therapy, or ART) can suppress HIV to very low levels, allowing people to live long, healthy lives.[1][9]

The virus particle is called a virion. HIV virions contain RNA inside a protein shell (capsid) and an outer envelope. After HIV enters a host cell, it converts its RNA into DNA and integrates that DNA into the host cell's genome.[2] This integrated viral DNA is called a provirus; it can remain inactive (latent) for long periods and later become active, producing new virus.[3

Origin and Strains of HIV:

DNA analysis has identified HIV-1 as originating from a virus that infected chimpanzees in west equatorial Africa. It has been determined that early spread was centered around Kinshasa (now the capital of the Democratic Republic of Congo). Scientists theorize that HIV-1 moved from

primates to humans when hunters were exposed to infected blood while handling bushmeat. Once established in humans, HIV spread globally, influenced by travel and migration patterns, sexual practices, drug use, war, and economic factors. (Historical origins are still supported by the established scientific literature.)[4][5]

There are at least two types of HIV: HIV-1 and HIV-2. Worldwide, the predominant virus is HIV-1. HIV-2 is found mainly in West Africa and is generally less transmissible and often progresses more slowly, but it can still cause AIDS. In the United States, HIV-2 remains uncommon and is most often identified in people with links to West Africa.[6]

HIV mutates readily, leading to many different strains (variants), even within the body of a single infected person. Based on genetic similarities, strains are classified into types, groups, and subtypes.HIV-1 includes several groups (including group M, the major pandemic group).[7]

HIV Infection Stages:

Acute HIV infection stage is the time period immediately following infection with the virus. HIV replication is rapid soon after infection, and viral load can become very high. Some people have no symptoms, while others develop a short, flu-like illness (fever, sore throat, rash, swollen lymph nodes, etc.). During acute infection, a person is at increased risk of transmitting HIV because viral load is typically highest early on.[11]

This interval is often described as a "window period"—the time after infection before a test can reliably detect HIV. Modern HIV testing has different window periods depending on the test**:**[8]

1. NAT (nucleic acid test): usually detects HIV 10 to 33 days after exposure
2. Lab antigen/antibody test: usually detects HIV 18 to 45 days after exposure
3. Antibody test: usually detects HIV 23 to 90 days after exposure

Eventually, the body's immune response reduces the level of virus and it becomes relatively stable. This is referred to as the clinical latency stage (also called "chronic HIV infection"). Without treatment, this stage can last years; with effective ART, people can remain healthy and the virus can be suppressed to undetectable levels for decades.[1] Importantly, people with HIV who take HIV medicine as prescribed and get and keep an undetectable viral load do not transmit HIV to their sex partners (Undetectable = Untransmittable, U=U).[9]

What is AIDS?

AIDS (acquired immunodeficiency syndrome) is the most advanced stage of HIV infection. When a person is infected with HIV, the virus enters the body and multiplies primarily in certain white blood cells. The hallmark of HIV infection is the progressive loss of CD4 (T-helper) cells, weakening the immune system and leaving the person vulnerable to opportunistic infections and certain cancers.[1]

A person with HIV is diagnosed as having AIDS if they meet one or both of these conditions:

1. They have experienced one or more AIDS-defining opportunistic infections or illnesses; and/or
2. The number of CD4 cells has reached or fallen below 200 cells per cubic microliter of blood.
3. In healthy individuals, the CD4 count normally ranges roughly from 450 to 1200.[1]

How quickly do people infected with HIV develop AIDS?

Without HIV treatment, some people progress to AIDS within a few years, while others may take a decade or longer. With today's effective HIV treatment, many people with HIV do not progress to AIDS and can live long, healthy lives.[1]

How many people are affected by HIV/AIDS?

The first recognized cases of AIDS in the U.S. were reported in 1981. In 1985, HIV antibody testing became available and was used to protect the blood supply.[1]

Global (latest available estimates): UNAIDS estimates that 40.8 million people were living with HIV at the end of 2024, with 1.3 million new HIV infections in 2024 and 630,000 deaths from HIV-related causes in 2024.[10] UNAIDS also estimates about 5.3 million people were living with HIV in 2024 without knowing their status (not "most," as older materials often stated).[10] [13]

United States (recent national estimates): About 1.2 million people in the U.S. were living with HIV at the end of 2022, and about 13% were unaware of their infection. There were about 31,800 new HIV infections in 2022.[12]

Since the beginning of the epidemic, HIV has caused tens of millions of deaths globally; WHO estimates HIV has claimed about 44.1 million lives to date.[14] UNICEF estimates that about 13.8 million children (ages 0–17) had lost one or both parents to AIDS-related causes (often referred to as "AIDS orphans").[15]

At Risk Population:

Nationally, HIV affects people of all ethnicities, genders, ages, and income levels. However, gay, bisexual, and other men who have sex with men remain the most affected group in the U.S. Other groups disproportionately impacted include Black/African American communities, Hispanic/Latino communities, people who inject drugs, and transgender people.[12][13]

Men who have sex with men (MSM):

In the U.S., men who have sex with men accounted for an estimated 67% of new HIV infections in 2022. MSM remain disproportionately affected, driven by a combination of higher community prevalence, stigma, barriers to care, and inconsistent access to prevention tools like PrEP. [12]

People who inject drugs (PWID):

Sharing needles, syringes, or other injection equipment can transmit HIV because blood can remain in the equipment. In the U.S., people who inject drugs accounted for an estimated 7% of new HIV infections in 2022. [11] [12]

African Americans: Black/African American people are disproportionately affected by HIV in the U.S. HIV.gov reports that Black people make up about 12% of the U.S. population but accounted for about 38% of new HIV diagnoses in 2022. [12] [13]

Women and Children:

Globally, women and girls accounted for about 45% of new HIV infections in 2024. In the U.S., women accounted for an estimated 18% of new HIV infections in 2022. [10] [12]

Older Adults:

Older adults make up a growing share of people living with HIV, partly because effective treatment allows people to live longer, and partly because some people are diagnosed later. Older adults may be less likely to be routinely tested, and later diagnosis can mean more immune damage before treatment begins.[12]

Incarcerated Populations:

HIV prevalence is higher in correctional settings than in the general community, largely because many incarcerated individuals acquired HIV prior to incarceration and because certain risk behaviors can occur both in the community and inside facilities. Prevention and treatment access, stigma, and continuity of medical care after release remain key issues.[10][12]

Commercial Sex Workers:

Sex work can involve higher HIV risk when it includes condomless sex, high partner turnover, barriers to healthcare, violence, homelessness, substance use, or lack of legal protections. Stigma and criminalization can reduce access to prevention, testing, and treatment. Effective prevention requires realistic harm reduction, access to condoms, STI care, PrEP, and nonjudgmental healthcare.[10][20][23]

Transgender People:

Transgender is an inclusive term for persons whose gender identity, expression, or behavior differs from norms expected from their sex assigned at birth. Transgender people—especially transgender women in many settings—are disproportionately affected by HIV due to stigma, discrimination, violence, barriers to care, and socioeconomic factors.

UNAIDS reports a median HIV prevalence of 8.5% among transgender people in countries reporting data (a level far higher than the general adult population in most settings).[10]

How is HIV transmitted?

HIV is carried in certain body fluids. HIV can be transmitted only if HIV-infected fluids enter another person's bloodstream through a mucous membrane, damaged tissue, or direct injection (such as through a needle). The body fluids that can transmit HIV include: blood, semen (including pre-seminal fluid), vaginal fluids, rectal fluids, and breast milk.[11][16]

Usually, HIV is transmitted through:[11]

1. Unprotected anal or vaginal sex with someone who has HIV and is not virally suppressed
2. Sharing needles, syringes, or other injection equipment
3. Perinatal transmission during pregnancy, childbirth, or breastfeeding (especially if HIV is untreated)

Sexual Contact:

Women can acquire HIV through vaginal sex, and men can also acquire HIV from women. Anal sex poses a higher per-exposure risk than vaginal sex, especially for the receptive partner, because rectal tissue can be fragile and more prone to tearing.[11]

HIV transmission between women who have sex with women is uncommon, but risk can exist when blood is present (including during menses), when there are sores or inflammation, or when sex toys are shared without cleaning or condoms.[11]

Major update vs older materials: People with HIV who take HIV medicine as prescribed and maintain an undetectable viral load do not transmit HIV to their sex partners (U=U).[9]

Transfusion:

Transmission of HIV through blood transfusion is extremely rare in the United States because donor screening and advanced testing have made the blood supply very safe.[11][16][17]

Blood-Sharing Activities and Non-Sterile Equipment:

HIV transmission is possible if equipment contaminated with blood is reused or not properly sterilized. The risk is very low when procedures are performed by trained professionals using sterile, single-use needles and proper infection control.[11][16]

Pregnancy and Breastfeeding:

Mother-to-child transmission of HIV can occur during pregnancy, childbirth, or breastfeeding. With effective HIV treatment, the risk can be less than 1%. HIV.gov states that if a person takes HIV medicine as prescribed during pregnancy and childbirth and the baby receives HIV medicine for a period after birth, transmission risk can be less than 1%.[18][11][16]

Important update vs older U.S. guidance:

1. Replacement feeding with properly prepared formula or pasteurized donor milk eliminates postnatal HIV transmission risk through breastfeeding.[18]

2. For mothers on ART with sustained undetectable viral load, CDC notes the risk of transmission through breastfeeding is less than 1% but not zero, and counseling should be patient-centered and evidence-based.[18]

Biting:

Biting poses little risk of HIV transmission. Transmission would require unusual circumstances (for example, significant blood exposure into an open wound). Bites can transmit other infections and should be treated promptly with thorough washing and appropriate medical evaluation.[11]

Oral sex:

There are far fewer cases of HIV transmission attributed to oral sex than to vaginal or anal sex. Risk can increase if ejaculation occurs in the mouth and there are oral ulcers, bleeding gums, or genital sores, or if other STIs are present.[11]

Sharing needles or syringes:

A used needle or syringe can introduce HIV into the bloodstream of the next person who uses it. HIV can also spread through other injection equipment (cookers, cottons, water).HIV is most commonly spread via sex or injection equipment sharing.[11]

How is HIV not transmitted?

HIV is not spread by air or water. There has never been evidence of HIV transmission through casual day-to-day contact such as sharing toilets, sharing dishes, hugging, or closed-mouth kissing. HIV is not spread by mosquitoes, ticks, or other insects HIV is also not spread by saliva, tears, sweat, feces, or urine unless those fluids are mixed with blood. HIV cannot be passed through healthy, unbroken skin. HIV does not survive long outside the human body (for example, on surfaces) and cannot reproduce outside a human host.[11] .[1][16]

How can I reduce HIV risk of becoming infected through sexual contact?

HIV infection is preventable, but prevention can be difficult because it involves behaviors many people find pleasurable and personal. Prevention begins with education and practical risk-reduction tools.[11]

If you are sexually active, protect yourself by using combination prevention strategies such as:

3. Using condoms consistently and correctly [23]
4. Using PrEP if you are HIV-negative and at increased risk [20][22]
5. Getting tested regularly [8]
6. Treating HIV early (if positive) to reach undetectable viral load (U=U for sex) [9]
7. Reducing exposure to blood and body fluids and treating STIs promptly [11]

When using condoms, use only latex or other approved barrier products.Use water-based or silicone-based lubricants with latex condoms (oil-based lubricants can weaken latex). Use protection each and every time you have sex.[23]

How can I avoid acquiring HIV from a contaminated needle?

If you are injecting drugs of any type, including steroids, do not share syringes or other injection equipment. If you receive any service involving needles or other sharps, choose a qualified professional who uses sterile, single-use equipment and follows infection-control procedures.[11][16]

Syringe services programs (SSPs) are an evidence-based harm reduction strategy. They provide access to sterile syringes and safe disposal, and they can connect people to testing, treatment, and substance use care.[24][25]

Biomedical Interventions:

Antiretroviral-based strategies have been proven highly effective in reducing HIV transmission and preventing infection.[9][20] [22]

Postexposure Prophylaxis (PEP):

Postexposure prophylaxis is a short course of HIV medicines that may be taken after a possible exposure to HIV, including:

8. During sex (for example, a condom broke)
9. While sharing injection equipment
10. Due to sexual assault
11. At work (occupational exposure)

To be effective, PEP must be started within 72 hours after exposure and taken for 28 days as prescribed.[19]

Preexposure Prophylaxis (PrEP):

For people who do not have HIV, PrEP is an evidence-based way to prevent HIV.[20][22] HIV.gov reports:

1. PrEP can reduce the risk of getting HIV from sex by about 99% when taken as prescribed.
2. Among people who inject drugs, it reduces risk by at least 74% when taken as prescribed.

Major update vs older materials: PrEP is no longer "just Truvada daily." HIV.gov lists multiple FDA-approved PrEP options:

1. Daily oral pills: Truvada (or generics) and Descovy (with specific use limitations)

2. Long-acting injectable PrEP: Apretude (every other month) and Yeztugo (twice yearly; includes a short oral starter dose)[20][21]

Treatment as Prevention (TasP):

TasP uses HIV treatment (ART) to reduce transmission risk by lowering viral load. ART can reduce HIV in blood and sexual fluids to undetectable levels. People with HIV who take treatment as prescribed and maintain an undetectable viral load do not transmit HIV through sex (U=U). [9][11]

Male Circumcision:

Research has shown that male circumcision reduces the risk of acquiring HIV through penile-vaginal sex in high-incidence settings.It does not eliminate risk and does not replace condoms, PrEP, or other prevention tools.[26]

Prevention Research:

Research continues to develop additional prevention options.

Contraceptives and HIV (Depo-Provera/DMPA):

People should discuss contraception and HIV prevention with a qualified healthcare provider. Condoms help reduce HIV risk, and PrEP may be appropriate for people with ongoing exposure risk.[20][23][27]

Microbicides:

Microbicides are products applied inside the vagina and/or rectum to reduce HIV risk during sex. Current prevention research continues to evaluate new products and delivery methods as part of combination prevention.[20][29]

HIV Vaccine:

There is still no licensed HIV vaccine. Research continues, but no vaccine is currently available for general use.[30]

<u>Infection Control:</u>

RISKS FOR OCCUPATIONAL EXPOSURE

The acquisition of HIV infection in the workplace is extremely rare. CDC reports 58 confirmed cases of occupational HIV transmission to U.S. healthcare personnel, with only one since 1999 (and the most recent confirmed case associated with an incident in 2008).[31]

Occupational groups with potential exposure to HIV (as well as HBV and HCV) include:

3. Healthcare personnel
4. Dental workers
5. Law enforcement
6. Fire/ambulance and other emergency responders
7. Morticians/embalmers
8. Housekeeping, waste management, and laundry staff in medical facilities

Needlestick injuries and exposures to blood or potentially infectious materials should be treated as medical events requiring immediate reporting and evaluation.[31]

WORKPLACE STANDARDS:

OSHA's Bloodborne Pathogens Standard (29 CFR 1910.1030) is designed to protect workers against hazards caused by bloodborne pathogens such as HIV and HBV. In general, it requires employers to:

9. Have a written exposure control plan and update it regularly
10. Use Standard Precautions (treating blood and certain body fluids as potentially infectious)
11. Use engineering controls and safe work practices
12. Provide personal protective equipment (PPE)
13. Provide training and keep records
14. Provide post-exposure evaluation and follow-up

(Employers and schools should always check current OSHA/state-plan requirements.)[32]

Legal and Ethical Issues:

Confidentiality:

Confidentiality remains a paramount concern for people with HIV. Medical information must be handled in a manner consistent with state law and (when applicable) federal privacy requirements.[33] Stigma and discrimination remain barriers to testing and treatment in many communities.[10][12]

In a salon/spa setting, the professional standard is simple: you do not "need to know" a client's HIV status, and you must treat all clients with respect and provide services using infection-control practices that protect everyone.[11][32]

Consent:

Consent requirements for HIV testing vary by state and setting, but as a general standard, patients must be informed HIV testing is being done and must agree, except in limited circumstances defined by law. Policies have shifted over time toward routine "opt-out" testing in healthcare settings.[8]

Disability and Discrimination:

People with HIV are protected under federal disability and anti-discrimination laws. It is illegal to discriminate against someone because they have HIV, AIDS, or are perceived to have HIV/AIDS. This applies to employment, housing, access to services, and public accommodations.[34][35]

Is there a link between HIV and other STIs?

Having another STI can increase risk of acquiring or transmitting HIV. STIs can cause sores or inflammation that make HIV transmission more likely. Treating STIs and using condoms/PrEP where appropriate reduces risk.[11][20][23]

Can you tell whether someone else has HIV or AIDS?

You cannot tell by looking at someone whether they have HIV or AIDS. A person can look and feel healthy and still have HIV, especially early in infection or when treated.[1]

During early infection, some people experience short-lived, nonspecific symptoms such as:

15. Headache or fever
16. Tiredness
17. Swollen lymph nodes or sore throat
18. Rash
19. Muscle/joint pain
20. Diarrhea

Without treatment, later symptoms can include:

21. Rapid weight loss
22. Extreme tiredness
23. Night sweats or recurring fever
24. Prolonged swollen lymph nodes
25. Persistent diarrhea
26. Mouth/genital sores
27. Pneumonia or other opportunistic infections [1]

Should I get tested?

If you think you might have been exposed to HIV, get tested as soon as possible and follow up after the appropriate window period for the test used. Testing is recommended for anyone with potential exposure risk.[8]

CDC Advises:

1. At least one HIV test in a lifetime for all persons ages 13 to 64
2. At least annual testing for people with certain risk factors
3. Routine screening during pregnancy, with repeat screening in high-incidence settings [8]

If you think you've been exposed to HIV in the last 72 hours, talk to a healthcare provider immediately about PEP.[19]

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