

We as a committee would love to hear from you. Do you have ideas for articles? We would welcome anyone who would like to submit an article. Deadline for our next publication date is April 4, 2003. Let us know if you are interested in writing an article.

In this issue...

- I Resolve...
- Hints for Staying Healthy
- West Nile Virus
- Girl Talk: Women & HIV
- Ask A Nurse

To try is to risk failure. But risk must be taken because the greatest hazard of life is to risk nothing. The person who risks nothing does nothing, has nothing, is nothing. He may avoid suffering and sorrow, but he simply cannot learn, feel, change, grow, live, and love. (Leo Buscaglia)

I Resolve...

David J. Sterken MN, CNS, CPNP

Resolutions – the act or process of reducing to a simpler form; a formal expression of opinion, will or intent (Webster’s Dictionary). As we anticipate a New Year many of us “resolve” to make changes in our lives. I find it interesting that contained within the very definition of “resolution” is the resolve to live simply. Notice, however, that it is not something that magically occurs, but instead requires **action** or **process**. Action defined is little more than an act of the will. Process, however, infers marked **gradual** change that leads to a particular result.

Living with a disease like HIV can sometimes seem overwhelming and complex. As you contemplate the New Year think about having a personal Inventory Clearance Sale. Get rid of old patterns of behavior/beliefs – recognize them as unhealthy and let them go. You can choose what you will and will not carry into the NewYear. Don’t waste your time retracing your life on yesterday’s chalkboard. Bask in your perfection. Trust the mystery. Live simply. Keep in mind always that **Resolve = Action + Process**.

Hints for Staying Healthy

David J. Sterken MN, CNS, CPNP

What is the “decibel level” of your everyday existence? What do I mean – simply do you spend time **DAILY** quietly listening to your inner spirit. Think for a minute about the things that create “noise” in your life – relationships, family, career, projects, television, radio, traffic, HIV – and how sometimes all you long for is a quiet moment. We get so wrapped up in our “doing” that we forget the “being”. It is the noise of our

life that can result in lack of balance and illness. Our life is filled with many external forces making demands on us physically, mentally, emotionally, and spiritually.

Recently I have committed to spending an hour each day just quietly listening to my inner voice. I found a wonderful CD called *Reiki – The Light Touch* that is 60 minutes long, that is very soothing and non-distracting. I have decided not to be so structured as to time of day, as my schedule varies, but I long for the time when I grab my leopard print floor cushion, light several fragrant candles, pop the CD in the player, and just quietly listen. I have found that I feel refreshed and gain new insight into my life during these times as my inner voice speaks from the well spring of my soul.

P.S. For you ladies that like to take long relaxing bubble baths *Reiki – The Light Touch* would prove to set the mood. Light and few candles and just relax. Take care though that you do not fall asleep in the tub and drown!

Reiki – The Light Touch is sixty minutes of beautiful, serenely blissful instrumental music for healing and happiness, this recording was specifically composed and arranged by Andreas Mock of MERLIN’S MAGIC to be played during Reiki treatment, but its soothing sounds are also wonderful for many other forms of body work, energy balancing, meditation, or relaxation. Enjoy the lovely sounds of acoustic guitar, piano,, viola and deep resonant Tibetan bells when you want to feel wonderful.

For information in this recording write: Inner Worlds Music, P.O. Box 325, Twin Lakes, WI 53181. Or call (800) 444-9678.

West Nile Virus

Compiled by
David J. Sterken MN, CNS, CPNP

What is it? West Nile Virus is a flavivirus (structurally unique virus family of positive-sense, single stranded RNA viruses, that cause encephalitis) spread mainly by mosquitoes. It is common in Africa, West Asia, and the Middle East. It was first found in the United States in New York City in 1999.

How did it get here? The virus most likely was introduced into the United States by an infected host (bird or human) or an infected vector (mosquito) coming from a country where the virus is endemic. Genetic studies of the virus suggest that the virus may have been imported to the United States from Israel, where a nearly identical strain of the virus has been circulating since 1997.

How is WNV spread to people? According to the Center for Disease Control and Prevention, WNV is spread to people by bites from infected mosquitoes. Mosquitoes become infected by feeding on infected birds, then transfer the virus through their saliva to other birds, horses, and sometimes humans and other animals.

Can WNV be spread by human-to-human contact? No, however, the CDC is investigating some evidence that it may be spread through organ donation and blood transfusion.

Does everyone who is bitten by an WNV-infected mosquito become ill? Although 80 percent of infections are mild without symptoms, 20 percent of infected people develop a mild flu-like, febrile illness that can be accompanied by malaise, headache, muscle weakness, myalgia, altered mental status, eye pain, swollen lymph glands, rash, abdominal pain, anorexia, nausea, vomiting. The illness usually lasts less than a week, with fatigue lingering much longer.

Do people get seriously ill from WNV? Only about one in 100 people who contract WNV will have a severe case or experience more serious symptoms. Symptoms of severe WNV infection include: high fever, severe headache, body and muscle weakness, rash, gas-

trointestinal upset, change in mental status/disorientation, awkward gait/paralysis, stiff neck and nerve abnormalities, tremors/seizures, stupor/coma. Occasionally, the infection will lead to an inflammation of the brain called encephalitis. The worst cases of WNV infection can affect the heart (myocarditis), the pancreas (pancreatitis), and the liver (fulminant hepatitis).

Who is at most "risk" for developing serious complications from WNV?

The disease is most dangerous to children, older adults, and persons with weak immune systems (such as those who have HIV/AIDS or who have undergone chemotherapy).

Can I reduce my risk of being bitten by mosquitoes?

Mosquitoes are attracted by a person's breath and the chemical released by a person's skin – perspiration, body odor, carbon dioxide, and lactic acid. Sensitive carbon dioxide receptors on the mosquitoes' antennae can locate a human host from about 50 feet, and each time a person exhales carbon dioxide or lactic acid, he or she lures a mosquito looking for a blood meal. (The chemical DEET in insect repellents works by disrupting the ability of the mosquitoes to detect the source of carbon dioxide). Some people seem to be more attractive to mosquitoes than others. It may be from their use of certain fragrances, perfumes, soaps, shampoos or lotions, or the smell of their feet. Entomologists have discovered that about 38 percent of people carry an acid-producing bacterium (*Brevibacterium epidermis*) on their feet. The interaction between the bacteria and perspiration forms the odors that attract mosquitoes.

How can I reduce my risk of being exposed to WNV?

As no human vaccine for WNV is available, the best way to prevent infection is to avoid mosquito bites. Precautions include reducing the number of mosquitoes through mosquito abatement plans, reducing mosquito breeding sites by eliminating standing water sources and preventing mosquitoes from biting humans with the use of barrier methods (wearing light-colored, long-sleeved shirts and long pants) and applying insect repellents. Because mosquito activity peaks at dawn and dusk, outdoor activity should be limited during these times in areas where mosquitoes are known to be infected with

The rich substance of the Universe is yours to do with as you wish. Why settle for so little in life when you can have so much, just by daring to be different in your thinking. (Catherine Ponder)

focus on each day and maximize the present, recognizing that time is precious, as it may be short. Define her own sense of meaning in a world that may seem meaningless and out of control.

Transforming of the self-concept – Suspension of the idea of objective truth and a focusing on the individual's subjective experience. As they develop a new and more real sense of self, they will hopefully relinquish society's label in favor of a more positive self-image.

Responsibility, choice, and guilt – While HIV infection may limit the range of choices in the lives of infected women, it also presents them with many new and complex choices. Broadening the visual field can help a woman view certain aspects of her predicament in a positive light.

From: Mayers, A., & Svartberg, M. (2001). Existential loneliness: A review of the concept, its psychosocial precipitants and psychotherapeutic implications for HIV-infected women. British Journal of Medical Psychology, 74, 539-553.

Ask A Nurse

Question: I am concerned about the federal governments plan to vaccinate nearly 10 million health care workers. I am an HIV positive RN in a small community and because of my status I cannot receive the vaccine. So I feel that my HIV status is being "outed". Any suggestions?

Answer: You make a very valid point. Because the vaccinia virus used in smallpox vaccine can be spread for the vaccine site of the person vaccinated to others it is contraindicated in immune compromised individuals and their household contacts.

However, there are other contraindications associated with smallpox vaccination. These include: solid organ transplants, stem cell transplant, generalized malignancy, leukemia, lymphoma, agammaglobulinemia, and autoimmune disease. Anyone with any of these conditions is at an increase risk for developing unchecked replication of the vaccine once it is administered (progressive vac-

cinia).

The Centers for Disease Control and Prevention (CDC) is recommending that HIV testing be readily available to anyone thinking about getting vaccinated who does not know their HIV status. It will be imperative to make sure health care organizations are fully educated on this matter since the potential of harm to HIV positive individuals (and others) is great.

Other contraindications to smallpox vaccination are pregnancy and not to become pregnant for 4 weeks post vaccination. Also, persons who have ever been diagnosed with eczema or atopic dermatitis should not be vaccinated, even if the condition is not currently active.

It is imperative for hospitals and other health care organizations to set up a system that protects the privacy rights of all individuals including health care workers. There needs to be massive educational effort to inform health care organizations of the potential risks and concerns over being "outed" as an HIV positive individual.

Richard S. Ferri, PhD, ANP, ACRN, FAAN

Contact us

One of the main goals of the HIV-Positive Nursing Committee and +Nurse is to reach out to all HIV-Positive nurses, regardless of practice setting or organizational affiliation. You do not have to be a member of ANAC or an AIDS nurse to benefit from +Nurse.

You can contact us at +Nurse, c/o Association of Nurses in AIDS Care, 80 S. Summit Street, 500 Courtyard Square, Akron, Ohio 44308; Phone: 330-762-5739 or 800-260-6780;

Fax: 330-762-5813;

E-Mail: anac@anacnet.org;

Web Site: www.anacnet.org

Co-Editors

David J. Sterken, MN, CNS, CPNP

Richard S. Ferri, PhD, ANP, ACRN, FAAN

Editorial Reviewers

Alton Burch, RN, ACRN

Cheryl Erichsen, LPN

Richard MacIntyre, PhD, RN

Robert Thompson, RN, CRNI

Life's a pretty precious and wonderful thing. You can't sit down and let it lap around you...you have to plunge into it, you have to dive through it. (Kyle Crichton)

West Nile virus.

Are their guidelines for the use of insect repellent in children?

Children younger than 6 months

Do not use insect repellent on skin

Use other methods of protection, such as long-sleeved shirts, long pants, and mesh cover over strollers

Children ages 6 months to 2 years

Use only one application of DEET (10% or less) per day and only in high-risk situations

Apply repellent sparingly and not to face or hands

Avoid prolonged use

Wash skin with soap and water when child returns inside

Children 3 to 12 years

Use DEET product containing 10% or less

Apply sparingly and not more than three times a day

Do not use on face or hands

Wash skin with soap and water when returning indoors

Persons 13 years and older

Use products with 30% DEET or less

Apply sparingly

Do not spray on face; instead, apply to hands, then rub onto face

Avoid contact with eyes

Wash skin with soap and water when returning indoors

DEET has been reported to cause toxic encephalopathy, seizures, and rashes. The most serious side effects are seen with very high doses, for instance when concentrations meant for clothing impregnation were used inappropriately on the skin of infants, or in cases of accidental ingestion. The AAP (American Academy of Pediatrics) states that there is a very low risk of adverse events when the products are used according to the label.

References

Chettle, C. West Nile virus: Spread of the mosquito-borne illness. *Great Lakes Nurse Week*, 2(10), 18-19.

What you should know about ...West Nile Virus. *Clinician News*, 6(9), 9-10.

How soon will you realize that the only thing you don't have is the direct experience that there's nothing you need that you don't have? (Ken Keyes)

Girl Talk: Women & HIV

David J. Sterken MN, CNS, CPNP

As I contemplated a New Year and writing another +Nurse newsletter I felt very strongly about adding a column that specifically deals with issues unique to women with HIV. Now I must admit that I am not an expert on women and HIV, and I would be tickled to death if someone, or multiple someone(s), would step forward and be willing to write this column on a quarterly basis. If you are interested please contact me by phone (616) 391-2202 or email david.sterken@spectrum-health.org – until that time I will have a go at it.

Mayers & Svartberg (2001) looked at the concept of *existential loneliness* and the implications for HIV-infected women. Loneliness is not unique to HIV-infected women, yet it is an emotional problem that is often overlooked in the HIV-population. The authors conclude that despite decreased mortality rates and improved quality of life, various psychosocial factors may contribute to a poorer outcome despite treatment advances in many HIV-infected women. These factors include:

Of the AIDS cases reported in women in the United States, 81% are among African American and Hispanic women, most of whom live in impoverished circumstance.

Many struggle with the inordinate demands of the infection in a culture that frequently shuns them, thereby making it difficult for them to obtain and sustain adequate care associated with a positive outcome in treatment.

Limited financial resources and inadequate knowledge among impoverished women may decrease the likelihood that they will seek out those health-care providers who are the most updated in a field where knowledge of rapidly changing medical regimes is crucial.

Many women find it difficult to focus sufficiently on their own medical needs due to confounding effects of co-morbid psychiatric conditions (e.g. depression, substance abuse) and the competing needs of children and partners who may themselves be infected.

Mayers and Svartberg (2001) believe that it is factors such as those listed above that makes HIV-infected women

Life was never meant to be a struggle just a gentle progression from one point to another, much like walking through a valley on a sunny day. (Stuart Wilde)

Power comes from understanding that wherever others are is where they need to be, and whatever they are doing is for their highest growth, and you should not judge it. Totally accepting other people's reality invigorates your own progress, because judgement holds you back to the baser physical levels. (Stuart Wilde)

particularly vulnerable to existential loneliness. Since much evidence points to the adverse effects of psychosocial issues on the progress of HIV disease, identifying and appropriately treating the experience of existential loneliness in women is an important task.

The definition of existential loneliness is a type of loneliness that is a primary and inevitable condition of existence for which no permanent remedy can be found. It stems from the belief that all humans are born into a world where perfect communication with others is impossible, and only death is certain. Out of this belief emerges a basic sense of loneliness (existential) in which the individual's desires and actions are motivated by a wish to escape the sense of being condemned to this frightening state.

Various aspects of the lives of HIV-infected women are likely to induce existential loneliness.

Seeing their life's plans dashed – The structure and direction of their former life collapses, and they are faced with a present and future replete with uncertainty. HIV infection often strikes people at the pinnacle of their productive years, and may cause enormous disruptions in the tasks of adulthood, such as establishing a career, forming enduring intimate relationships, building a family, and solidifying one's identity.

Women's sense of themselves as creative and productive beings is placed in jeopardy as they struggle to keep the virus under control

Uncertainty remains concerning transmission of the virus to the child
Self esteem may be more bound up with caring for others.

May feel shame due at the prospect that they may be unable to care for others and, in an unconscious effort to manage these feelings, may neglect their own health-care needs and concentrate their sparse emotional and financial resources on other family members who also require attention.

Inversion of the lifecycle – Some HIV-infected women may bury their children in advance of themselves and prepare to bury themselves despite their young age. If a child's death precedes that of the parents, death anxiety and existential loneliness may be triggered, for the loss of a child highlights the cosmic indifference and one's utter helplessness

in the face of this.

Profound isolation – The accompanying feelings of loneliness that may be aroused may pertain to the difficulty these women have in finding the sufficient validation that every person requires for the maintenance of a cohesive self. Significant others in our lives, such as parents, friends, partners and society serve to validate our existence through our ability to communicate with them and feel their affirming and reassuring presence and interest. For HIV-infected women, finding persons to lean on or imbue with these powers of protection may seem increasingly difficult. A number of issues may contribute to this profound isolation and loneliness Society's attitude toward them – "dirty women" who contracted a "dirty disease"

Disclosure issues - rejection

Geographical factors - rural areas = more community stigma, less social support

Drug abuse - higher proportion of injection drug abusers, social network provides no support

Poverty - economic dependence and the ensuing emotional dependence on partners contribute to their feelings of powerlessness and isolation

Believe they may be denied the possibility of a romantic relationship, thereby precluding their ability to achieve unity with another through physical intimacy.

Death imprint and survivor guilt – The death imprint generates feelings of "death anxiety" and may plague the survivor with images of death and dying. Survivor guilt occurs when the survivor is plagued by their sense of helplessness and responsibility that they were unable to take appropriate action to ensure the survival of a loved one.

The most appropriate therapeutic stance for this population may be one that helps them to both process the overwhelming situation and to find meaning in their predicament. An existential therapeutic perspective may be particularly suitable for this population as it highlights several crucial feelings with which HIV-infected women struggle.

Death anxiety and terror – Help them face the terror that emerges as they confronted with the uncertainty of their future health status and perhaps that of other family members.

Meaning and authenticity – Finding meaning occurs as the women learns to