Nurse at Texas Jail Is Fired After Possibly Exposing Inmates to HIV

Texas officials investigated the nurse's method of giving insulin shots. Here's a primer on how HIV is, and isn't, transmitted.

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A nurse working at a Texas county jail was fired for potentially exposing multiple incarcerated people to HIV. According to KWTX, a dozen people with diabetes, one of whom is HIV positive, were being treated at McLennan County jail.

On February 13, the nurse gave the HIV-positive individual a first shot of insulin and then used the same needle to draw a secondary shot for him from a different vial, an attorney who represents the county told KWTX. Although she didn't use the same needle for other inmates, she did get their insulin from that second vial—a possible transmission risk.

Another jail employee saw the nurse's process and questioned the method, leading to an investigation by county officials to determine the number of inmates who might have been exposed, according to KWTX.

Post-exposure prophylaxis (PEP) was administered to those potentially exposed. PEP involves taking a short course of antiretroviral HIV drugs for about a month after a high-risk exposure.

HIV is transmitted through bodily fluids, including blood. Reusing syringes, needles and other injection equipment is a common way to spread blood-borne viruses like HIV.

To learn more about HIV transmission, visit POZ's HIV Transmission and Risks basics. It reads in part:

HIV is transmitted through the following body fluids:

- Blood
- Semen
- Pre-cum
- Rectal fluids
- Vaginal fluids
- Breast milk.

There are several ways this can happen:

- From condomless vaginal/frontal or anal sex with someone who has HIV while not using a condom or not using medicines to prevent (PrEP and PEP) or treat HIV (undetectable equals untransmittable or U=U).
- From sharing needles, syringes or other injection equipment with someone who has HIV while not using PrEP.
- From mother to child during pregnancy, childbirth or breastfeeding. However, if the mother is in regular care and on HIV treatment, this risk is reduced to nearly zero.
- From being stuck with a needle or cut with a sharp object that contains HIV-positive blood. This is mostly a risk for health care workers.
- From getting a blood transfusion. However, this risk is rare in the United States.

HIV is not transmitted though saliva, urine, feces, vomit, sweat, animals, bugs or the air. Therefore, you are NOT at risk for HIV if you:

- Are bitten by a mosquito or any other bug or animal.
- Are near a person who is HIV positive and sneezed.
- Eat food handled, prepared or served by a person who is HIV positive.
- Share toilets, telephones or clothing with a person who is HIV positive.
- Share forks, spoons, knives or drinking glasses with a person who is HIV positive.
- Touch, hug or kiss a person who is HIV positive.

- Attend school, church, restaurants, shopping malls or other public places where there are people who are HIV positive.

When the inmate with HIV and diabetes was given insulin, trace amounts of their blood remained in the needle, which should have been properly disposed of. When the same needle was used to draw more insulin for the patient from a second vial, that vial should have been considered contaminated.

KWTX did not mention whether the inmate with HIV had an undetectable viral load, which greatly reduces the risk of transmission through needles and injection drug equipment. Due to insufficient data it isn't known exactly how much the risk is lowered in such scenarios; however, people with an undetectable viral load don't transmit HIV via sex, a fact referred to as undetectable equals untransmittable, or U=U.

Officials are still determining how many people might have been exposed to HIV, according to KWTX.

Read POZ's Post-exposure Prophylaxis (PEP) to learn more about the regimen. It reads in part:

PEP is recommended after a nonoccupational exposure that "presents a substantial risk for HIV transmission"—for example, condomless anal or vaginal sex or sharing needles with an HIV-positive person who does not have sustained viral suppression or whose status is unknown. If you suspect a high-risk exposure to HIV, contact your health care provider or local hospital emergency room as soon as possible.

Starting PEP within 72 hours can sometimes be difficult, as potential exposures may occur when it's not easy to access the medications, such as over a weekend or while traveling. PEP is typically provided on an emergency basis after the fact, but giving people pills to keep on hand in case of accidental exposure—an approach know as PEP-in-pocket—can be a good option for some people.

Edward Cortez, one of the inmates potentially exposed to HIV, called his wife to tell her what happened. "My husband is now afraid to take insulin from the jail," Penelope Cortez, the inmate's wife, told KWTX. "He don't trust them anymore. He is very afraid, and his head is just spinning around. He don't know what to think anymore, but somebody has to be held accountable if something happens to him."

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