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Infectious Diseases

**Definition/
cut-off value**

A disease caused by growth of pathogenic microorganisms in the body severe enough to affect nutritional status. Includes, but is not limited to:

- tuberculosis
- pneumonia
- meningitis
- parasitic infections
- hepatitis
- bronchiolitis (3 episodes in last 6 months)
- HIV (Human Immunodeficiency Virus infection)*
- AIDS (Acquired Immunodeficiency Syndrome)*

The infectious disease must be present within the past 6 months, and diagnosed by a physician as self reported by applicant/participant/caregiver; or as reported or documented by a physician, or someone working under physician's orders.

**Participant
category and
priority level**

Category	Priority
Pregnant Women	I
Breastfeeding Women*	I
Non-Breastfeeding Women	III, IV, V, or VI
Infants	I
Children	III

*Breastfeeding is contraindicated for women with HIV or AIDS. Breastfeeding may be permitted for women with hepatitis (see Clarification for guidelines.)

Justification

Chronic, prolonged, or repeated infections adversely affect nutritional status through increased nutrient requirements as well as through decreased ability to take in or utilize nutrients.

Catabolic response to infection increases energy and nutrient requirements and may increase the severity of medical conditions associated with infection.

Bronchiolitis is a lower respiratory tract infection that affects young children, usually under 24 months of age. It is often diagnosed in winter and early spring, and is caused by the respiratory syncytial virus (RSV). Recurring episodes of bronchiolitis may

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affect nutritional status during a critical growth period and lead to the development of asthma and other pulmonary diseases.

HIV is a member of the retrovirus family. HIV enters the cell and causes cell dysfunction or death. Since the virus primarily affects cells of the immune system, immunodeficiency results (AIDS). Recent evidence suggests that monocytes and macrophages may be the most important target cells and indicates that HIV can infect bone marrow stem cells. HIV infection is associated with the risk of malnutrition at all stages of infection.

References

1. Institute of Medicine: WIC Nutrition Risk Criteria: A Scientific Assessment; 1996; pp. 184-186.
 2. Berkow, et al.: Merck Manual; 1992; 16th Edition.
 3. Grand, Stupen, and Dietz: Pediatric Nutrition: Theory and Practice; Butterworths; 1987; pp. 549-570, 571-578, 651-664.
 4. Lawrence, Ruth A: Maternal and Child Health Technical Information Bulletin: A Review of Medical Benefits and Contraindications to Breastfeeding in the United States; 1997; pp. 14-17.
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Clarification

Developments in the management and prevention of hepatitis have changed the management of infected women during pregnancy and have made breastfeeding safe. The following are guidelines for breastfeeding women with hepatitis, as found in the Technical Information Bulletin (10/97) "A Review of the Medical Benefits and Contraindications to Breastfeeding in the United States":

Hepatitis A: Breastfeeding is permitted as soon as the mother receives gamma globulin.

Hepatitis B: Breastfeeding is permitted after the infant receives HBIG (Hepatitis B specific immunoglobulin) and the first dose of the series of Hepatitis B vaccine.

Hepatitis C: Breastfeeding is permitted for mothers without co-infection (e.g. HIV).

Self-reporting of a diagnosis by a medical professional should not be confused with self-diagnosis, where a person simply claims to have or to have had a medical condition without any reference to professional diagnosis. A self-reported medical diagnosis ("My doctor says that I have/my son or daughter has...") should prompt the

CPA to validate the presence of the condition by asking more pointed questions related to that diagnosis.

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