

CHAPTER 8 - SEXUALLY TRANSMITTED DISEASES AND OTHER INFECTIONS

1 INTRODUCTION

The assessment of fitness for aviation duties should be guided by criteria of recovery and satisfactory control. Guidance on recommended methods of treatment are published and periodically up-dated by the World Health Organisation.

2 SYPHILIS

An applicant who has a history of syphilis may be assessed as fit provided that adequate treatment has been completed.

3 HIV POSITIVITY AND ACQUIRED IMMUNODEFICIENCY SYNDROME (AIDS)

[The HIV infection is caused by the Human Immunodeficiency Virus (HIV), a so-called retrovirus. HIV serological testing of individuals for aeromedical fit assessment purposes is required only when indicated on clinical grounds.]

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For some years the position adopted by most authorities has been that a holder of a pilot licence who has tested positive for HIV but otherwise is totally asymptomatic, is not disqualified from flight duties provided regular follow-up is carried out. However, there is a growing concern that HIV positive individuals will develop neuropsychiatric symptoms including dementia, subtle cognitive or other psychological changes associated with HIV encephalopathy or opportunistic Central Nervous System (CNS) infections. In general, the present position is that medical fitness status of licence holders who are biologically infected but in good health and completely asymptomatic, should be maintained.

However the neuropsychological status of asymptomatic HIV seropositive individuals is still a controversial issue in clinical aviation medicine. Even if there is no evidence reported for an increase of clinically significant neuropsychological abnormalities in HIV seropositive persons compared with HIV seronegative controls, it has been argued that the specific flight environment of an air crew flying with somewhat reduced oxygen tension and arterial [pO₂] would favour the appearance of CNS symptoms in HIV seropositive pilots. Individuals with early opportunistic infections such as pneumonia might be asymptomatic on the ground but be incapable of performing flight duties at certain cabin altitudes.

An individual with a history of HIV seropositivity shall undergo the evaluation of T₄ (CD₄-helper) and T₈ (CD₈-suppressor) lymphocytic ratio with a frequency of at least every three months. [Fit assessment with multi-pilot (Class 1 OML) or safety pilot limitation (Class 2 OSL)] may be considered by the AMS if the ratio is above 1 or if the count of the T₄ is above 300/ml of blood.

Milder forms of the disease caused by the HIV virus such as AIDS Related Complex (ARC) and Lymphadenopathy Syndrome (LAS) are disqualifying. Persons with LAS without evidence of previous opportunistic infections may be [assessed as fit] by the AMS with frequent follow-up.

This aeromedical disposition however, might be changed if and when more information is gained about the tendency of the disease to develop pertinent symptoms. An airman who is HIV seropositive with symptoms is [to be assessed as unfit].

[AIDS is an absolute bar to flight duties because of the high risk of opportunistic infections, which can appear suddenly and cause acute incapacitation. The virus responsible for AIDS is called Human Immunodeficiency Virus (HIV). The criteria for the diagnosis of AIDS include

immunodeficiency with non-specific known cause, with a positive serologic or virologic test for HIV, a history of opportunistic infections and Kaposi's sarcoma.]

4 IMPAIRMENT OF THE IMMUNE SYSTEM (IMMUNE DEFICIENCY DISEASES)

Immune deficiency syndromes, whether congenital, spontaneously acquired, or iatrogenic, are characterised by unusual susceptibility to infection, and sometimes, to autoimmune disease and lymphoreticular malignancies. All cases must be assessed in conjunction with the AMS.

5 INFECTIOUS HEPATITIS

Jaundice, as a result of inflammation of the liver, may be caused by infections or toxic agents.

Active infectious hepatitis is incompatible with flying. [Fit assessment] may be considered by the AME in conjunction with the AMS after full clinical recovery and normal liver function tests.

For assessment see also paragraph 9 in the Chapter on Digestive System, and paragraphs [4.2.5 and 4.2.6] in the Chapter on Tropical Medicine.

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