

Table 1. Position Statement Excerpts from Professional Societies Regarding Chestfeeding in Lactating Persons Living with HIV

Organization	Position	Date
Academy of Breastfeeding Medicine	"ABM accepts and endorses the 2010 WHO statement on HIV and infant feeding, recognizing that exclusive breastfeeding reduces mother-to-child transmission compared with mixed feeding and that breastfeeding is an important choice for HIV-positive women in many settings, and these dyads must have access to appropriate antiretroviral prophylaxis or treatment while breastfeeding." ⁴	October 2015
American Academy of Pediatrics	"Mothers in the United States should not breastfeed or feed expressed milk to their infants if they have HIV infection." ²	June 2022
United States Department of Health and Human Services	"Individuals with HIV who are on ART with a sustained undetectable viral load and who choose to breastfeed should be supported in this decision." ⁵	January 2023
World Health Organization	"Mothers living with HIV should breastfeed for at least 12 months and may continue breastfeeding for up to 24 months or longer (similar to the general population) while being fully supported for ART adherence" ³	July 2016

Abbreviations: ABM, academy of breastfeeding medicine; WHO, world health organization; HIV, human immunodeficiency virus; ART, antiretroviral therapy.

Original table created from references 2–5.

Outbreak of Hand, Foot, and Mouth Disease Among University Residential Students

To the Editor: Between mid-September and mid-October, 2023 our university student health clinic encountered 60 cases of hand, foot, and mouth disease that occurred primarily among freshman residential students. Diagnoses were made clinically. None of the students became seriously ill and there were likely additional infected students who did not present to our clinic. Diagnosed students were instructed on hygiene measures and to isolate in place until they were fever-free and the lesions had healed.

As was the case in the students we saw, typical symptoms of hand, foot, and mouth disease include a low-grade fever with a maculopapular rash or papulovesicular rash on the hands and soles of the feet as well as painful oral ulcerations that resolve in 7 to 10 days.^{1,2} Fingernail and toenail changes can include Beau's lines, yellow-orange discoloration, and separation of the nail plate from the nail matrix that occur 4 to 8 weeks after disease onset and resolve within 1 to 2 months.³

Rare serious complications from hand, foot, and mouth disease include aseptic meningitis, encephalomyelitis, pulmonary edema, pulmonary hemorrhage, and viral myocarditis, and cardiorespiratory failure.^{1,2} Erythema multiforme-like lesions with atypical presentation on the torso have been reported in adult immunocompetent patients which can delay the diagnosis of hand, foot, and mouth disease and institution of mitigation measures.^{4,5}

Most cases of hand, foot, and mouth disease occur in patients under 10 years old.¹ Outbreaks on college campuses have occurred but are infrequent.⁶ Our experience demonstrates the need for vigilance in the immediate post-COVID-19 pandemic era for outbreaks of infectious diseases that may follow an atypical epidemiologic pattern as a

result of prior social distancing measures, particularly in adolescent and young adult populations.

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