

In the event that hemorrhage continues, the child should be evaluated by a practitioner, who may pack the nose with epinephrine-soaked gauze. After a nosebleed, a water-soluble jelly can be inserted into each nostril to prevent crusting of old blood and to lessen the likelihood of the child's picking at the nose and restarting the hemorrhage. If a child has numerous nosebleeds, factors believed to increase the likelihood of bleeds are eliminated, such as discouraging nose picking or altering the household humidity by placing a cool-mist humidifier in the child's room. Repeated bleeding episodes lasting longer than 30 minutes may be an indication to refer the child for evaluation for the possibility of a bleeding disorder.

Immunologic Deficiency Disorders

A number of disorders can cause profound, often life-threatening alterations within the body's immune system. The most serious are those conditions that completely depress immunity, such as severe combined immunodeficiency disease (SCID). However, the one disorder that generates the most anxiety, within both the family and the community at large, is HIV infection and the subsequent development of AIDS.

Several classifications of immune dysfunction exist. AIDS, SCID, and **Wiskott-Aldrich syndrome (WAS)** are syndromes wherein the body is unable to mount an immune response. The immune response can also be misdirected. In **autoimmune disorders**, antibodies, macrophages, and lymphocytes attack healthy cells.

Human Immunodeficiency Virus Infection and Acquired Immune Deficiency Syndrome

HIV infection and AIDS have generated intense medical investigation and constitute one of world's most serious medical, public health, and social challenges of our time ([Ezekowitz, 2009](#); [Joint United Nations Programme on HIV/AIDS \(UNAIDS\), 2013](#)). Research has led to early diagnosis and improved medical treatments for HIV infection, changing this disease from a rapidly fatal one to a chronic disease.