

APPENDICES

APPENDIX A:

Student Guide to HIV Antibody Testing

1. *Who may wish to get tested?*

People who:

- Have been sexually active since their last HIV test, or who have been sexually active and never been tested.
- Are pregnant or have a partner who is pregnant.
- Have recently been diagnosed with another sexually transmitted infection (STI).
- Used drugs in ways that could transmit HIV, for example, using a syringe or other injection equipment that was used by someone else.
- Were born to an HIV-positive mother.

2. *If there is no cure for HIV/AIDS, why get tested?*

- If a person has engaged in high-risk behavior but is found not to be infected, he or she can:
 - Learn how to avoid infection or reduce chances of becoming infected.
- If a person is infected with HIV, he or she can:
 - Seek early medical care and treatment, such as antiretroviral medications, as well as other services that can help people effectively manage their HIV so that they live long and healthy lives.
 - Inform sexual partners about any exposure to HIV and the need for protection.
 - Learn how to prevent transmitting HIV to others.

3. *How does HIV antibody testing work?*

- A small sample of blood or saliva is tested for antibodies to HIV. The most commonly used test is an EIA/ELISA test. If the test reveals the presence of antibodies to HIV, a follow-up test, such as a Western Blot, is done to confirm the results. The EIA/ELISA test can take three to ten days for results.
- There is also a rapid testing option, using either a finger stick for blood or oral fluids from the mouth. This technology allows for a preliminary test result in twenty minutes. A positive result must also be confirmed with a Western Blot.
- There is a window period from the time of infection to the time when antibodies appear in the blood or saliva. This window period is usually three to twelve weeks.
- For this reason, a person who receives a negative test result can only be certain of its accuracy if he or she:
 - Received a negative test result and repeated the HIV test three months after the most recent possible exposure, and has not had unprotected oral, vaginal, or anal sex and has not shared injecting equipment since the time of testing.

4. *Do I have to be tested if I don't want to be tested?*

Under New York State law, HIV testing is a voluntary personal choice. Even if a person visits a testing site, he or she can leave before the test is conducted and think about the decision to test.

5. *Where do I go to get tested?*

Many agencies and/or organizations that provide HIV testing services. Contact the New York City Department of Health and Mental Hygiene or a health center that provides services. In addition, all city clinics provide rapid HIV testing free of charge. The clinics' locations can be found at: www.nyc.gov/html/doh/html/std/std2.shtml, or call 311.

6. *What is the difference between anonymous and confidential testing?*

- Voluntary counseling and testing may be either anonymous or confidential, although a choice between the two may not be available at each site.
- In anonymous testing no one, including staff, knows the name of the person who has come for testing; the person is identified only through the use of a code number.
- In confidential testing, the counselor or agency knows the name of the person being tested, and is bound by law to keep the test results confidential. The results are maintained in confidential medical records, and positive results are reported confidentially to the city and state Departments of Health, and from them, anonymously to the Centers for Disease Control and Prevention (CDC).

Although for adults no test result can be revealed to others without the person's first signing a release form, this is not always true for adolescents, such as youth in foster placement, incarcerated youth, etc.

APPENDIX B:

Classroom Guides

Establishing Classroom Ground Rules

Ground rules help create a comfortable classroom atmosphere for learning together, solving problems, and communicating feelings and ideas. The following ground rules will help students feel connected with their peers and confident about expressing themselves.

- No put-downs allowed.
- Honor confidentiality.
- All questions should be treated with respect. There are no “stupid questions.”
- Everyone should be encouraged to participate in class activities.
- Everyone has the option to “pass” during activities and discussion, but should still listen to others.
- Use correct terminology.

How to Host Guest Speakers

Guest speakers bring current events to life by telling students about their experiences. Students get the chance to talk to a person they might not otherwise get to meet, and to find out what it is like to live the issues they are studying. Guest speakers can be especially valuable during HIV/AIDS instruction.

- A sexuality education professional can talk about why abstinence is the best protection against HIV.
- A teenager or adult can tell what it is like to live with HIV/AIDS.
- An HIV/AIDS counselor can report on how people with AIDS and their families cope, and can introduce the class to an HIV/AIDS resource in the community.
- An HIV/AIDS activist can describe the process and experience of working for greater HIV/AIDS awareness and resources and discuss how students can become involved.
- A doctor, nurse, or medical researcher can provide insight into the progress and frustrations involved in treatment of HIV disease.

Inviting Guest Speakers

Identify and invite speakers by:

- Calling or writing to HIV/AIDS resources. (See Appendix E, “Resources for More Information and/or Counseling.”)
- Visiting HIV/AIDS resources in the school community, such as a clinic or hospital.
- Suggesting people featured in newspapers magazines or on TV or radio shows.

Compile a list of possible speakers. If possible, involve students in deciding whom to invite.

Teacher Note: Remember to obtain approval from your principal before inviting a guest to speak about HIV/AIDS or related topics. Meet or talk by phone with the guest speaker in advance to determine the appropriateness for the grade level. Examine all materials with your principal at least 72 hours prior to the presentation.

APPENDIX B:

Classroom Guides (continued)

Encourage Students to Participate by...

- **Making Phone Calls:** When a student calls an organization, hospital, clinic, or other HIV/AIDS resource, instruct him or her to:
 - State briefly, “I am a student at school, and I am calling to request a guest speaker for my class.” Some organizations have a “speakers program” already set up, while others are not as accustomed to requests for a guest speaker.
 - Be polite but persistent. If you need help finding the right person to speak with, ask to be connected with the office of the organization's director.
 - Follow the same “five Ws” described below to help guide the conversation.
- **Writing a Letter to Guest Speakers:** When a student writes a letter inviting a guest to speak to the class, instruct him or her to remember the “five Ws” of writing:
 - **Who:** Identify who you are. (“My name is _____. I am a student at _____ school in the ____th grade. My teacher, _____, is teaching us about HIV/AIDS.”)
 - **Why:** Why are you writing? (“I would like to invite you to speak to our class.”) Why did you choose this speaker? (“You have been a courageous example of how to live with HIV.” or “A representative of your agency can help us understand how an HIV antibody testing site works.”)
 - **What:** What do you want the speaker to do? What HIV/AIDS topic should the speaker address? (“We would like you to speak about _____, and then answer students’ questions. If you have materials such as handouts, films, etc., please send them at least 72 hours before your presentation so that our faculty advisor can review them.”)
 - **When:** When do you want the speaker to come? By what date should the speaker respond? (“Our class meets every Wednesday at 1:30 PM. Would you be available to speak to us one Wednesday next month? Please call [teacher's name and phone number] as soon as possible.”)
 - **Where:** Write on school letterhead or type the school's name, address, and phone number at the top of the page. Type, date, and proofread all letters. Send a copy of each letter to the school principal.
- **Preparing for the Guest Speaker’s Visit:** Inform the speaker that you need to review his or her speech and materials (brochures, handouts, film, or video, etc.) at least 72 hours in advance of the visit, according to school and New York City Department of Education policies. You also need advance notice of any equipment needed (VCR, film projector). Ask if the speaker needs directions or information about public transportation or parking.

When the Guest Speaker Arrives

Choose a student to greet the speaker at the office, have him or her sign the school guest book, and show him or her to the classroom. Instruct the class to:

- Listen carefully to the speech and add new questions to the list of questions they have already prepared.
- Listen to other students' questions and the speaker's answers, so they do not repeat a question that was already asked.
- Be sensitive to the speaker's feelings.

Follow-Up

- Discuss the presentation and have students offer their opinions about what the speaker said.
- Explain anything that was not clear.
- Have students write a thank-you letter mentioning one or two things in particular that impressed them about the presentation.
- Consider inviting the speaker to return. Sometimes it is a good idea to invite a speaker back to discuss how things have changed in the intervening time, or to respond to specific questions.

Teacher Note: While these Classroom Guides are primarily for teachers' use, they may also be photocopied for distribution for students' use in student-peer leadership activities, projects involving student presentations, small-group work, debates, panel discussions, and special projects, especially those involving guest speakers and role-plays.

APPENDIX B:

Classroom Guides (continued)

How to Brainstorm

Brainstorming = Letting Your Brain Rain Ideas

Brainstorming is a great way to tackle a problem by coming up with lots of possible solutions. Brainstorming frees the mind to be creative by letting all ideas come out, whether they seem sensible or silly, offbeat, or predictable. During brainstorming, write down all the ideas, and talk about them later.

Too many ideas are killed by the words, "IT CAN'T WORK." Brainstorming takes students into the world of the imagination, where ANYTHING IS POSSIBLE.

Steps to Creative Brainstorming

- State the problem. Write it on the chalkboard.
- For a set time period (about 10 minutes), let ideas "rain" forth. Say whatever possible (or even impossible) solutions come to mind.
- No censoring or put-downs are allowed. During this part of the brainstorming, don't worry about whether ideas are logical, practical, right, or good. For now, concentrate only on creating ideas, not evaluating them.
- Have a "recorder" write down all ideas on the chalkboard or on a large piece of paper.
- After brainstorming, review all ideas, and then select "focus ideas," the two or three you would like to focus on.
- Discuss how the "focus ideas" could be put into effect. What steps can be taken to make an idea into a reality?

How to Organize into Groups

Some activities require dividing students into two or more groups. Do not separate students by gender, but rather by one of the following methods:

- Count off by twos, threes, or fours.
- Choose group assignments from a hat. On slips of paper write "Group 1," "Group 2," and so on. Or use stickers or drawings.
- Divide the class by alphabet. Form two groups of last names that begin with A-K and L-Z, respectively, or divide into smaller groups.
- Divide by birthday seasons to get four groups (1. December/January/February; 2. March/April/May; 3. June/July/August; 4. September/October/November).
- Divide by what color people are wearing (everyone is wearing something blue, something red, both, or neither).
- Divide by odd-month and even-month birthdays. To form four groups, further divide by birthdays on odd and even days.
- Use a deck of cards to form four groups (hearts, spades, clubs, diamonds). Or assemble by Aces, Jacks, Queens, Kings.

APPENDIX B:

Classroom Guides (continued)

How to Process Role-Plays

- Remind students that role-play is only playing a character. Actors should use fictitious names for characters, not their own names.
- Begin a role-play with the word “curtain” (referring to a curtain rising on a stage) and say “end” when the role-play is over. Using these words will establish the role-play's boundaries.
- Have one student act as “narrator” to set the scene before the role-play.
- Have students shake arms and legs after the role-play as if to “shake off the character” symbolically.
- In class discussion, refer to characters in the third person. For example, ask actors how their characters felt or how they felt playing the character, rather than asking, “How did you feel?”

Teacher Note: Role-playing is an effective way to help students internalize and express concepts of risk reduction. Ask another teacher for assistance if you are not comfortable or experienced with facilitating role-plays.

Sometimes students can get caught up emotionally in role-plays. Help them keep the activity in perspective by following these ground rules.

- Ask the actors and other class members such questions as:
 - What worked well in this role-play?
 - Which statements were most persuasive?
 - What are some other ways the characters could have responded?
 - What effect might additional characters have on this scene, e.g., parents, teachers, friends?
 - What alternative choices could the characters have made?
- In addition to class discussion, other ways to follow up on role-plays are:
 - As an in-class activity or as a homework assignment, have students write a “sequel” to the role-play. This might be in the form of a paragraph, a dialogue involving the same and/or new characters, a soliloquy for one of the characters, a short story, a “news interview” of one or more characters by a fictitious reporter, etc.
 - With the authors’ permission, the “sequels” can be shared with the class, e.g., stories can be read aloud, dialogues acted out, etc. Follow up with class discussion.
 - In subsequent class sessions, have students suggest other situations involving the characters; the same actors can recreate their roles, or other students can be given a chance to perform.

APPENDIX B:

Classroom Guides (continued)

The Decision-Making Process

ACTIVITY SHEET

The following page may be copied and distributed as a handout.

THE DECISION-MAKING PROCESS

IDENTIFY THE DECISION TO BE MADE.

LIST THE POSSIBLE CHOICES.

Option 1:

Option 2:

Option 3:

EVALUATE THE POSSIBLE CONSEQUENCES.

	POSITIVE CONSEQUENCES	NEGATIVE CONSEQUENCES
Option 1:		
Option 2:		
Option 3:		

MAKE A CHOICE.

EVALUATE YOUR CHOICE.

APPENDIX C:

Condom Demonstration Instructions and Review Activity

FOR HIGH SCHOOL STUDENTS ONLY;

NOT FOR NINTH-GRADE STUDENTS IN JUNIOR HIGH SCHOOLS

Teacher Note: Condom demonstrations are to be done for high school students only (not for ninth-graders in junior high schools). Parents or legal guardians and students should be advised that parents and legal guardians have the right to ask that their child not participate in the lessons dealing with methods of prevention, including this condom demonstration. *Condom demonstrations are not to be done in classrooms.* They should be done in the school's Health Resource Room. Students whose parents have opted them out may not participate. Note that it is a crime in New York State for an adult to have non-marital vaginal, anal, or oral intercourse with a under the age of 17. In New York State, a person under 17 years of age is incapable of giving legal consent.

Teachers' Guide: How to Demonstrate Condoms

- Take a latex condom out of the package. Show students how the condom unrolls. Stretch a condom to illustrate its elasticity and that "one size fits all." Emphasize that condoms are strong, but must be handled carefully, since long or sharp fingernails or jewelry can rip them.
- Show how to put on a condom by applying it to two fingers of your hand or by using an anatomical model. Determine in what direction the condom unrolls. Squeeze the tip to eliminate any air pocket and to leave space for semen. Unroll the condom all the way down, smoothing out any air bubbles.

Teacher Note: Make sure that learning disabled and all students understand that a condom goes on the erect penis, and not on the fingers as demonstrated.

- Equally important, show how to remove the condom. After ejaculation, a man should withdraw his penis while it is still erect. *He must hold onto the base of the condom* so it does not slip off or leak. Wrap the condom in a tissue or a piece of paper, and discard properly into a trash can. Do not flush the condom down the toilet. Never use a condom more than once.

STEPS FOR CORRECT CONDOM USE

ACTIVITY SHEET

Teacher Note: The following review activity is only for high school students. Do not use this activity with ninth graders in junior high schools.

Directions: Write each of the following 14 instructions on an index card or sheets of paper, scramble them, and have the students arrange them in the proper order and post them in front of the class. The activity can help reinforce students' knowledge of the correct way to use a latex or polyurethane condom.

**Buy a latex (or polyurethane) condom or
obtain a free condom from the
Health Resource Room.
Be sure to check expiration date.**

Get a water-based lubricant such as K-Y Jelly.

Check to make sure the condom package is not torn or damaged.

**Check for air bubble in the condom package.
(If there is no air bubble, throw it out and get another condom.)**

Check condom expiration date.

Remove condom from package, being careful not to tear the condom with fingernails or jewelry.

Check to see which way the condom unrolls.

Squeeze the tip of the condom to press out the air.

Place the condom on the erect penis.

**Unroll the condom onto the penis all the way to the base,
leaving a space at the tip for semen
and smoothing out air bubbles.**

Apply the water-based lubricant.

After ejaculation, hold onto the base of the condom.

Carefully withdraw penis.

**Wrap the condom in a tissue or piece of paper and discard.
(Do not flush. Do not reuse.)**

APPENDIX D:

Teachers' Glossary*

Abstinence: Refraining from an activity, often used in reference to any type of sexual intercourse and/or drug/alcohol use.

Acquired Immune Deficiency Syndrome (AIDS): An advanced phase of infection with HIV (human immunodeficiency virus) in which the immune system is weakened. The person becomes more susceptible to a variety of infections (called opportunistic infections) and other conditions such as cancer. A diagnosis of AIDS is made based on clinical criteria and/or the results of blood tests.

Addiction: Habitual/compulsive use of a substance (like injected drugs) that continues even though it is causing the addicted person physical, psychological, or social harm.

AIDS-defining illness: One of more than 20 conditions or diseases listed by the U.S. Centers for Disease Control and Prevention (CDC) whose occurrence, together with evidence of HIV infection, indicates a person has progressed to AIDS (see Acquired Immune Deficiency Syndrome). Among these conditions are certain pneumonias, cancers, brain and nerve diseases, and AIDS wasting syndrome.

AIDS Drug Assistance Program (ADAP): Funded by federal grants to the states, it allows people without insurance to afford the most up-to-date drugs for HIV.

AIDS wasting syndrome: The involuntary weight loss of 10% of baseline body weight plus either chronic diarrhea (two loose stools per day for more than 30 days) or chronic weakness and documented fever (for 30 days or more, intermittent or constant) when in the absence of a concurrent illness or condition other than HIV infection that would explain the findings. With the advances in medications for HIV/AIDS, AIDS wasting syndrome is not currently common in the United States, but it is still a major concern in developing countries.

Airborne pathogen: An infectious agent that is carried by or through the air. Disease transmission occurs through the lungs after breathing in the agent. Examples include influenza and tuberculosis.

Anal sex: A type of sexual intercourse in which the penis is inserted into the partner's anus.

Anonymous HIV test: A test for HIV where only a number identifies the person being tested; the person's name is not placed in any records of the test or in any test results, and no one will ever know the name of the person being tested.

Antibodies: Substances in the blood produced by the body's immune system to identify and protect the body against organisms or toxins that may be harmful to the body. Antibodies against HIV can appear from three to twelve weeks after the time of infection.

Antigen: Any foreign substance (virus, bacterium, etc.) that stimulates the production of antibodies after it enters the body.

* Some definitions have been excerpted from the revised HIV/AIDS Instructional Guide, K-12, issued by the New York State Education Department, June 1992. A number of definitions are also from AIDS-info, a service of the US Department of Health and Human Services. Others are from Stine G., AIDS Update 2004. San Francisco: Pearson, 2004; the Encarta Dictionary 2003; www.webmd.com, and www.medterms.com.

Antiretroviral therapy: Treatment with drugs designed to prevent HIV from replicating itself in HIV-infected persons. Antiretroviral therapy often uses several drugs in combination (called HAART), each of which has a slightly different action against HIV. This form of treatment has been very successful in reducing the amount of HIV in infected persons and enabling many of them to lead longer, healthier lives in which HIV-infection is a manageable long-term (chronic) illness. However, antiretroviral therapy does not eliminate HIV from the body; to date, there is no medication that will do this.

Antiretroviral: Means “against retrovirus”; HIV is a retrovirus. An antiretroviral is a drug that interferes with replication of a retrovirus.

Antiviral: Means “against virus”; drugs that destroy or weaken a virus.

Asymptomatic: The condition of having no visible symptoms of an illness (such as HIV infection), even though an individual has that illness. The only way a person who is asymptomatic will know if he or she has HIV is to take the HIV antibody test.

Bacteria: A group of microscopic organisms that is responsible for decay, fermentation, nitrogen fixation, and many plant and animal diseases. Some opportunistic infections are caused by bacteria.

B-cells: White blood cells that produce antibodies.

Barrier method: A device that prevents the exchange of body fluids during sexual intercourse. Condoms are a barrier method used to prevent semen from entering the partner's body and to prevent the partner's body fluids from entering the penis through the urethra. Latex barriers (such as male condoms) and polyurethane barriers (such as female condoms or male condoms for people who are allergic to latex) are the most effective barriers.

Bisexual: A person who is attracted physically, sexually, romantically, and emotionally to both men and women.

Blackout: 1. A period of unconsciousness which may be caused by an injury, an illness or drug or alcohol consumption. 2. A period of amnesia where a person had been awake but cannot remember events that took place during a particular span of time. It may have the same causes.

Blood transfer: The act of transmitting blood from one individual to another. In pregnancy, blood transfer occurs between the woman and fetus through maternal/fetal circulation.

Bloodborne pathogen: An infectious agent that is carried by or through the blood. Disease transmission occurs through the blood or certain body fluids, such as semen and vaginal fluids. Examples include Hepatitis B, Hepatitis C, and HIV.

Body fluids: Fluids found in the human body, including blood, semen, preseminal fluid (known by the slang “pre-cum”), vaginal fluids, menstrual blood, breast milk, urine, saliva, sputum, and tears. Blood, semen, preseminal fluid, vaginal fluids, menstrual blood, and breast milk can transmit HIV from an infected person, although they do not always do so. HIV cannot be transmitted through urine, saliva, sputum, or tears.

Bone marrow: A soft, highly vascular tissue that occupies the cavities of most bones. It occurs in two forms: (a) a whitish or yellowish bone marrow consisting chiefly of fat cells and predominating in the cavities of the long bones; and (b) a reddish bone marrow that is the primary location for red blood cell formation and for the formation of lymphocytes, which are a crucial part of the body's immune response.

Carrier: A person who harbors a specific infectious agent, in the absence of clinical disease (i.e., is not visibly ill with the infection), and who serves as a potential source of infection for other people.

Casual contact: The usual daily interaction between people at work, in school, in social situations, or at home. HIV cannot be transmitted through casual contact.

CD4 cells: See T-cells.

CD4 count: The number of CD4 or T-cells in a cubic millimeter of blood. In healthy people it is usually between 500 and 1500 cells. A CD4 count below 200 is a criterion for an AIDS diagnosis.

CDC (Centers for Disease Control and Prevention): A federal agency that is part of the United States Department of Health and Human Services. The CDC develops and applies disease prevention and control, environmental health, and health promotion and education activities designed to improve the health of the people of the United States.

Cervix: The narrow outer end of the uterus.

Chain of infection: The progression of infection in the body including the following elements: pathogens or infectious agents, the reservoir (the normal location of the pathogen), portal of exit from the reservoir, a method of transmission, portal of entry into a host, and a susceptible host.

Cilia: Tiny hair-like structures that cover some cells. In the nose and ears, cilia catch some pathogens and “sweep” them back out of the body.

Communicable disease: A disease that can be transmitted directly or indirectly from one person to another. It is caused by bacteria, viruses, and other organisms or their toxic products.

Community-Based Organization (CBO): A service organization that provides social services at the local level, primarily to members of a specific community. There are many community-based AIDS Service Organizations (ASOs) in New York City.

Condom: A sheath used to cover the penis during sexual intercourse in order to prevent the transmission of preseminal fluid, semen, blood, or vaginal fluids. Condoms are barrier methods used to protect against infection with HIV or other sexually transmitted infections (STIs). They also help to prevent pregnancy. Condoms come in a variety of materials. Latex is a material that prevents passage of HIV and does not break as easily as other materials. A small percentage of people are allergic to latex and should use polyurethane condoms instead. Lambskin condoms should not be used, as the skin has small pores through which HIV or the germs that cause other STIs can pass.

Confidential HIV test: An HIV test in which a record of the test and of the results are placed in the person’s medical chart. Although a named record of the person is kept, this information is maintained under strict privacy regulations and is only released to specific governmental agencies under very narrow circumstances for public health purposes.

Confirmatory test: A highly specific test for the presence of HIV used to confirm the positive results of a previously administered HIV screening test.

Contagious: Easily transmissible by direct or casual contact. Colds and most kinds of flu are contagious. HIV is not contagious, although it is transmissible under certain specific circumstances.

Diabetes: A condition caused by an imbalance of the hormone insulin which controls body glucose. Type 1 diabetes occurs because the insulin-producing cells of the pancreas are destroyed by the immune system. People with type 1 diabetes produce no insulin and must use insulin injections to control their blood glucose.

EIA/ELISA: The Enzyme Immune Assay/Enzyme-Linked Immunosorbent Assay test that detects HIV antibodies. This is the most common form of testing for HIV. However, because the EIA/ELISA test only tests for the presence of HIV antibodies, not for the virus itself, a positive result is always followed by the Western Blot Test (see also confirmatory test) in order to ensure that the positive result is not a false positive. On rare occasions, the EIA/ELISA test will return a false positive because it has detected the presence of antibodies against infections other than HIV. Also, because there is usually a three-week to three-month lag time between infection with HIV and the production of HIV antibodies, a person may test negative for HIV antibodies but still be infected with HIV. Therefore, it is strongly urged that people who obtain a negative EIA/ELISA test result but suspect that they have become HIV-infected not engage in any risk behaviors during the window period and that they then get retested three months after risk behavior.

Epidemic: An outbreak of an infectious disease that spreads widely and rapidly.

False negative: A negative result from an HIV (rapid or EIA/ELISA) antibody test that falsely indicates that the person is not HIV-positive when he or she actually is. False negatives are rare, but do occur.

False positive: A positive result from the EIA/ELISA HIV antibody test that falsely indicates that the person does have HIV when, in fact, he or she does not. False positives are rare, but do occur.

Fetus: An organism that develops from an embryo (fertilized egg) at the end of about seven weeks of pregnancy and receives nourishment through the placenta (a vascular organ that joins the mother to the fetus and provides oxygen, water, and nutrients from the mother's blood).

Fungus: A parasitic plant lacking chlorophyll, leaves, true stems, and roots, and which reproduces by spores. Fungus includes molds, mildews, mushrooms, and yeasts.

Gay: An acceptable, everyday term used to refer to a person who is physically, emotionally, romantically, and sexually attracted to people of the same sex. "Gay" usually refers to men, but is sometimes used as an umbrella term for lesbian, gay, bisexual, and transgender people, as in "the gay community."

Gender: An individual's internal and external sense of him/herself as a man or woman (or boy or girl). Composed of gender identity (how one thinks of oneself relative to "gender role" – see below), gender expression/presentation (how an individual presents him/herself publicly), and gender attribution (how an individual is perceived as male or female by others), gender is NOT necessarily the same as "sex" (see below). Man, woman, transgender, boy, and girl are all examples of genders.

Gender role: The collection of social expectations, indicated by such factors as behavior and dress, associated with one's biological sex, sometimes referred to as "masculinity" and "femininity."

HAART: Highly Active Antiretroviral Therapy; see antiretroviral therapy.

Harm reduction: Actions designed to reduce (rather than eliminate) the harm to oneself or others in a health-risk situation, such as one involving impairment via substance use or possible HIV transmission. For example, while it may be preferable for injection drug users to enter treatment programs to stop using drugs, needle exchange programs are a form of harm reduction that reduce the possibilities of HIV infection by enabling injection drug users who have not yet entered treatment programs to avoid sharing needles, which is a highly effective mode of HIV transmission.

Health Resource Room: Every public high school in New York City is mandated to create a Health Resource Room where information on sexually transmitted diseases and other health issues, including HIV/AIDS, is made available to students. The Health Resource Room is the only place within the school where students can obtain condoms and receive a condom demonstration.

Heterosexual: A term used to refer to a person who is attracted physically, sexually, romantically, and emotionally to people of the opposite sex and/or gender, sometimes referred to as “straight.”

HIV: Human Immunodeficiency Virus. This virus attacks the body's immune system, making infected people potentially vulnerable to other diseases and infections. HIV sometimes develops into AIDS (see above), although not all HIV-positive people will develop AIDS. Many people with either HIV or AIDS lead healthy lives when receiving appropriate medical treatment.

HIV antibody test: The most common blood test used to diagnose HIV infection. It does not test for the presence of HIV, but for the presence of antibodies against the virus. See EIA/ELISA.

HIV-infected or HIV-positive: A term used to refer to a person who has contracted HIV and has it present in his/her blood.

HIV life cycle: A series of cellular changes that result in new HIV reproduction.

Homeopathic: A complementary disease treatment system in which a patient is given minute doses of natural drugs that in larger doses would produce symptoms of the disease itself.

Homophobia: Fear and/or hatred of lesbian, gay, bisexual, and/or transgender people or those who are perceived to be lesbian, gay, bisexual, or transgender.

Homosexual: A person who is physically, sexually, romantically, and emotionally attracted to people of the same sex and/or gender. This term is considered clinical; “gay” and “lesbian” are more appropriate everyday terms.

Hormones: Chemical substances produced in the body and carried by the bloodstream to another part of the body to effect physiological activity, such as growth or metabolism.

Host: Any person or other organism in which an infectious agent can live and multiply, whether or not that person shows signs or symptoms of disease associated with that infectious agent.

Illegal drugs: Drugs that are not, and generally cannot be, obtained through legal means or for legitimate medical purposes.

Immune deficiency: A breakdown of the body's immune system or an inability of certain parts of the immune system to function. This breakdown makes a person more susceptible to diseases that a healthy immune system would not allow to develop.

Immune system: A body system that helps fight off invading organisms (such as infectious agents) and disease.

Immunity: Resistance to a disease because the body has developed defenses against it. Immunity can occur naturally or be acquired through vaccines, exposure to disease, or through breast milk.

Immunization: A method of producing resistance to an infectious disease, usually by vaccination or inoculation, which puts a small amount of an infectious agent into a person's body – not enough for the person to get very sick, but enough to cause the development of antibodies that will fight future exposures to that infectious agent.

Immunostimulant: An agent that stimulates or enhances the function of the immune system.

Incubation period: The time period between becoming infected by an infectious agent and appearance of the first visible signs or symptoms of the disease in question.

Infected partner: Individual in a sexual relationship who is HIV-positive, whether or not he or she knows it or is showing visible signs or symptoms of infection.

Infectious agent: An organism (virus, bacterium, etc.) that is capable of producing infection or disease.

Injection drug user: An individual who injects drugs intravenously (“into veins”), intramuscularly (“into muscles”), or via skin-popping/intradermal (“under the skin”).

Inoculation: Giving a weak form of a disease, usually by injection, to a person or animal to protect against future development of that disease.

Intravenous drugs: Drugs that are administered through a needle and/or a syringe and injected directly into a vein and thus into the bloodstream.

Kaposi’s Sarcoma (KS): A cancer or tumor of the blood and/or lymphatic vessel walls. It usually appears as blue-violet to brownish skin blotches or bumps. It is one of the more common cancers that occur in immunodeficient individuals. KS is considered to be an AIDS defining illness by the CDC, though not all people with AIDS develop KS.

Lesbian: An acceptable, everyday term used to refer to a woman who is physically, sexually, romantically, and emotionally attracted to other women.

Lubricants: Viscous substances used to reduce friction during sexual intercourse, thereby making intercourse more comfortable and reducing the likelihood of breaks or tears in condoms and/or skin (which would increase the likelihood of HIV or other STI transmission). Only water-based lubricants, such as K-Y jelly, should be used with latex condoms. Oil-based lubricants, such as mineral oil, baby oil, vegetable oil, shortening, cold cream, or petroleum jelly, can damage a latex condom, and thus increase the chances of transmission of HIV and other STIs.

Lymph: A transparent, slightly yellow fluid that carries lymphocytes, bathes body tissues, and drains into the lymphatic system.

Lymph nodes: Gland-like structures in the lymphatic system that help to prevent the spread of infection.

Lymphatic system: That part of the circulatory system concerned especially with trapping antigens that have escaped from cells and tissues and returning them to the blood system, where they can be destroyed by white blood cells. It is a crucial part of the body’s immune system, and consists primarily of the thymus, spleen, tonsils, lymph, lymph nodes, lymphatic vessels, lymphocytes, and bone marrow.

Lymphocyte: A type of white blood cell that is produced in the bone marrow and that fights disease. Lymphocytes include T-cells and B-cells. HIV attacks T-cells and reduces their number, thus limiting the body’s ability to fight disease.

Macrophage: “Big eater,” a large immune cell that acts as a microbe-devouring phagocyte (“cell swallower”).

Method of entry: Manner in which organisms enter the host’s body.

Method of escape: Manner in which organisms leave the host’s body.

Mode of transmission: Manner in which an infectious agent is passed from one person to another.

Monogamous: Having sexual intercourse with the same individual, and no others, over a period of time.

Mucous membrane: The lining of the canals and cavities of the body, such as the gastrointestinal tract, the respiratory tract, and the genitourinary tract.

Needles and works: Equipment used to prepare and inject drugs directly into the vein, a muscle, or under the skin and thus into the bloodstream.

Night sweats: Excessive sweating during sleep. A person may develop night sweats upon first becoming HIV-positive. Night sweats are not, in and of themselves, indicators of HIV infection; they often accompany a wide variety of infections and indicate the body is trying to fight illness through fever (raising body temperature) and other means.

Noninfectious or nontransmissible disease: A disease that cannot be passed from person to person (for example, cancer).

Nonoxynol-9 (N-9): A spermicide (“sperm killer”) that has been demonstrated to kill HIV in laboratory tests. However, its use is no longer recommended by the CDC, as it may cause irritation and inflammation, which may increase the risk of HIV transmission. Condoms with N-9 should not be used.

Opportunistic infection: An infection in a person with a weakened immune system caused by a microorganism that rarely causes disease in persons with a healthy immune system.

Organism: Any living thing, such as a virus, a bacterium, an animal, a plant, a person, etc.

Pandemic: A widespread outbreak of an infectious disease affecting a large part of the population worldwide.

Pathogen: Any disease-producing microorganism or substance.

Pneumocystis Pneumonia (PCP): Previously called Pneumocystis Carinii Pneumonia, it is a pneumonia that is a common life-threatening opportunistic infection diagnosed in people with HIV. PCP is a lung infection caused by a fungus. It is considered to be an AIDS-defining illness by the CDC.

PCR test (Polymerase Chain Reaction test): A test that detects the presence of HIV in the blood, rather than detecting HIV antibodies.

Perinatal: Occurring in the period during or just after birth. Perinatal transmission of HIV is the transmission of HIV from mother to child during pregnancy or birth. It has been largely eliminated via mandatory testing of pregnant women and subsequent methods of treatment, including antiretroviral medications and washing of the birth canal.

Phagocyte: A cell (such as a white blood cell) that engulfs and consumes foreign material (such as microorganisms) in the blood system.

PLWHA: Person (or People) Living with HIV/AIDS.

Polyurethane condom: A condom made of a plastic product called polyurethane (no latex) providing an alternative to those allergic to latex. Female condoms are made of polyurethane.

Pregnancy: The condition of having a developing embryo or fetus in the body.

Preseminal fluid: Also known by the slang “pre-cum.” The fluid secreted by the penis prior to secretion of semen. Preseminal fluid can transmit HIV.

Prophylaxis: A treatment intended to prevent the occurrence of disease.

Protozoa: A group of one-celled animals, a few of which cause human disease.

Rapid HIV test: A test to detect HIV antibodies that can be collected and processed in a short time (about 20 minutes). Rapid HIV Tests are used in all New York City Department of Health and Mental Hygiene STI clinics, and do not require the person being tested to return to pick up test results at another time.

Receptor: Special molecule located on the surface of cells that serves as a binding site for antibodies or antigens.

Replication (of viruses): Unlike a cell that has all the equipment it needs to replicate itself, a virus has to force the cell it infects to replicate the virus. As a result of this replication, many new viruses are made.

Resistance: Reduction in a pathogen's sensitivity and/or response to a particular drug.

Retrovirus: Viruses that contain RNA and produce a DNA version of their RNA in order to make copies of themselves. HIV is a retrovirus. (See also "Antiretroviral therapy.")

Risk behavior: Activity that makes a person more susceptible or more likely to be exposed to harm. Because different activities have different levels of risk, activities are often called either high-risk or low-risk.

Risk factor: Characteristic that makes a person more susceptible or more likely to be exposed to harm.

Ryan White Care Act: A federally funded program that provides grants to state and local governments, hospitals, and community-based organizations to provide specialized HIV services (primary healthcare and support services) for those who do not have insurance or do not have other resources.

Semen: The fluid containing sperm that is expelled from the penis during sexual activity. Semen can transmit HIV.

Seroconversion: The point at which someone who has been exposed to HIV develops HIV antibodies.

Sex: A set of biological, chromosomal, hormonal, and anatomical factors (identified by primary and secondary sex characteristics, such as genitalia and/or distribution of body fat and body hair), usually referred to as male and female (although there are other anatomical and chromosomal sexes).

Sexual abstinence: Not having sexual intercourse with any person.

Sexual identity/sexual orientation: An individual's self-definition as described by the gender(s) of the person(s) to whom someone is physically, sexually, romantically, and emotionally attracted. This attraction can fall along a continuum and is not necessarily the same throughout one's lifetime. Gay, lesbian, heterosexual, bisexual, and straight are all examples of sexual identities.

Sexual intercourse: Physical contact between individuals that involves sexual penetration of a person's body openings. Examples include penile/vaginal intercourse, oral/penile intercourse, oral/vaginal intercourse, and penile/anal intercourse.

Sexuality: The interplay of gender, sexual attraction, sexual behavior, and social norms, and the identities associated with them.

Sexual Orientation: A person's primary physical, emotional, romantic, and sexual attractions. This term also sometimes refers to a person's identity associated with those attractions, such as "straight," "heterosexual," "gay," "lesbian," or "bisexual."

Sexually Transmitted Infection (STI): Sometimes referred to as sexually transmitted diseases (STDs), any disease or infection that is transmitted primarily through sexual contact. A subcategory of STIs is sexually transmissible infections; these can be transmitted sexually and also in other ways.

Susceptible host: A person not possessing sufficient resistance against a particular organism to prevent contracting an infection when exposed to the organism.

Syndrome: A group of related signs and symptoms that occur together and have the same underlying cause. For example, AIDS is not a specific disease, but a syndrome (whose underlying cause is HIV).

T-cells: A class of immune system cells that play a major role in carrying out the activities of the immune system. Some T-cells are called Helper T-cells (or CD4 cells).

Thymus: A gland in the lower throat, where T-lymphocytes (T-cells) multiply and mature. It is part of the lymphatic system.

Transgender: A person whose gender identity, gender expression, or gender attribution (see “gender”) is different from societal expectations for the person’s biological, chromosomal, and/or physical sex.

Transmissible or infectious disease: A disease that can be passed directly or indirectly from one person to another. Contagious, airborne diseases are diseases that are easily transmissible. HIV is not contagious, although it is transmissible.

Transmission: The spreading or passing of infectious agents from one person to another.

Tuberculosis: A highly infectious, airborne disease that is caused by the tubercle bacillus that affects the lungs, but may spread to other areas (kidneys or the spinal column).

Universal precautions: Measures that prevent the transmission of all infectious diseases, including HIV. Protection against infection can be achieved through general infection control methods (e.g., hand washing, sterilization), through use of barriers (e.g., latex gloves), through proper disposal of “sharps” (e.g., syringes), and other methods that prevent the contact of potentially infectious agents from one person with the skin or mucous membranes of another person.

Urethra: Duct through which urine is discharged in most mammals and that serves as the male genital duct.

Uterus (womb): Hollow, muscular, pear-shaped organ in females in which the fetus develops.

Vaccine: A collection of dead microorganisms, such as viruses or bacteria, incapable of causing serious disease or infection on their own, but capable of enabling the immune system to produce antibodies against live versions of these microorganisms.

Vaginal fluids: The natural wetness within the vaginal tract.

Viral load: A measure of HIV in the blood. The PCR test tests for viral load, not for the presence of HIV antibodies.

Virus: A microscopic organism that can cause infections.

White blood cells: Blood cells that are part of the body’s immune system and fight off disease. T-cells are one of many types of white blood cells.

Window period: The time from exposure to HIV until the production of detectable HIV antibodies. Most people develop detectable quantities of antibodies by twelve weeks after exposure. Although people may test negative for HIV antibodies during the window period, they are still capable of transmitting the virus to others if they are infected with HIV.

Western Blot: A follow-up test used to confirm the presence of HIV antibodies in blood already deemed HIV-infected by the EIA/ELISA test.

APPENDIX E:

Resources for More Information and/or Counseling

The following is a listing of key resources. Your own community may have additional resources.

Telephone Hotlines (Toll-Free) Information Source

Centers for Disease Control and Prevention (CDC)
National STD/AIDS Hotline
1-800-232-4636
24/7

New York State HIV/AIDS Hotline
1-800-541-AIDS
24/7

CDC STD/AIDS Hotline for the Hearing Impaired
1-888-232-6348 (TTY)
M-F 10AM-10PM

National STD Hotline
1-800-227-8922
24/7

CDC STD/AIDS Hotline: Spanish
1-800-344-7432
8 AM - 2 AM - 7 Days

New York City Department of Health and Mental Hygiene:

AIDS Hotline
1-800-541-2437, or 311 in New York City

New York State HIV Counseling Hotline
1-800-872-2777

Office of HIV Epidemiology
346 Broadway, Room 706
New York, NY 10013
1-212-442-3388
(For professionals, 9 AM-5 PM)

New York State SIDA Hotline: Spanish
1-800-233-SIDA

Teachers, administrators, and students or their families can call the New York City Youthline at 800-246-4646, a 24-hour service administered by the New York City Department of Youth Services. The Youthline offers information on a variety of topics of concern to youth, such as library hours, day care centers, after-school programs, youth centers, and health and education resources.

You may also refer to *A Guide to Social Services and Health Care in New York City, 2005*, available for download at www.nyc.gov/html/doh/downloads/pdf/std/std-socialsrvc-guide-2005.pdf.

APPENDIX F:

Information on Sexually Transmitted Infections (STIs)

DISEASE	HOW YOU GET IT	SYMPTOMS	TREATMENT	PARTNERS
<p>Chlamydia</p> <p>Infection of mucous membranes lining the genitals; can lead to pelvic inflammatory disease in women and infertility in men and women.</p>	<p>By having unprotected vaginal, oral, or anal sex (i.e., without a condom), with someone who has infection; from mother to baby (eye and chest infections).</p>	<p>Women and men may have no symptoms. Women may have pain with sexual intercourse, lower abdominal pain, or change in menstruation pattern. Men may have watery thick discharge from penis, pain when urinating.</p>	<p>Antibiotics.</p>	<p>Recent sexual partners need to be tested and treated if positive. Current health recommendations advise no sex until the infection has been treated. If you do have sex, you must use a condom.</p>
<p>Gonorrhea</p> <p>Bacterial infection of genitals, throat, or rectum; can lead to infertility in both men and women.</p>	<p>By having unprotected vaginal, oral, or anal sex (i.e., without a condom), with someone who has infection; from mother to baby.</p>	<p>Women usually have no symptoms, but may have pain with sex, vaginal discharge, lower abdominal pain. Men may have no symptoms, or discharge from penis, discharge from rectum, pain in testicles, pain in urinating.</p>	<p>Antibiotics. Generally, persons are treated simultaneously for chlamydia and gonorrhea as gonorrhea and chlamydia often occur together.</p>	<p>Recent sexual partners need to be tested and treated if positive. Current health recommendations advise no sex until the infection has been treated. If you do have sex, you must use a condom.</p>
<p>Syphilis</p> <p>Bacterial infection entering the body through breaks in the skin or linings of the genital area; can damage internal organs (heart, brain, spinal cord) at late stage.</p>	<p>By having unprotected vaginal, oral, or anal sex (i.e., without a condom), with someone who has infection; from mother to baby across placenta during pregnancy (congenital syphilis).</p>	<p>Painless ulcer (chancre) usually on genitals, later swollen glands, rash, hair loss.</p>	<p>Antibiotics with follow-up blood tests.</p>	<p>Recent sexual partners need to be tested and treated if positive. Current health recommendations advise no sex until the infection has been treated. If you do have sex, you must use a condom.</p>
<p>Genital Herpes</p> <p>Herpes simplex virus causes cold sore like infection usually on the mouth and lips (cold sores), or on the genitals.</p>	<p>Close contact with skin or mucous membranes with someone with the virus; from mother to baby.</p>	<p>Painful, red blisters, little sores or ulcers, flu-like symptoms, and sometimes a discharge.</p>	<p>Not curable. Anti-herpes drug to promote healing, shorten the length of an outbreak, and to suppress subsequent outbreaks, and pain relief.</p>	<p>Partners may or may not catch herpes. Do not have sex when open sores are present. Condoms provide some protection, but not complete.</p>

DISEASE	HOW YOU GET IT	SYMPTOMS	TREATMENT	PARTNERS
<p>Non-Gonococcal Urethritis (NGU)</p> <p>Generalized infections that cause inflammation of the urethra; variety of bacteria, viruses or other organisms.</p>	<p>By having unprotected vaginal, oral, or anal sex (i.e., without a condom).</p>	<p>Women usually have no symptoms. Men may have discharge from penis or pain on urinating, but often there are no symptoms.</p>	<p>Antibiotics.</p>	<p>Recent sexual partners need to be tested and treated if positive. Current health recommendations advise no sex until the infection has been treated. If you do have sex, you must use a condom.</p>
<p>Trichomoniasis</p> <p>Trichomoniasis vaginalis, a small parasitic organism causes irritation in the vagina in women and can cause non-specific urethritis in men.</p>	<p>By having vaginal, oral, or anal sex without a condom.</p>	<p>Women may have no symptoms, but there may be a yellowy-green frothy vaginal discharge, sometimes malodorous. Men usually have no symptoms, until non-specific urethritis develops.</p>	<p>Antibiotics.</p>	<p>Recent sexual partners need to be tested and treated if positive. Current health recommendations advise no sex until the infection has been treated. If you do have sex, you must use a condom.</p>
<p>Hepatitis A</p> <p>Viral infection that affects the liver.</p>	<p>Mainly through contaminated food or water with no hand-washing after toilet/before food, etc; can be transmitted through sex (mainly anal) and oral to anal contact ("rimming").</p>	<p>Often no symptoms, but may have flu-like illness, or vomiting, abdominal pain, dark urine, and yellowing of skin and whites of eyes.</p>	<p>Immunization for prevention; supportive care if infected.</p>	<p>Immunization for prevention and avoid any sexual practices until recovered. Always use a condom if partner is not immunized.</p>
<p>Hepatitis B</p> <p>Viral infection that affects the liver.</p>	<p>By having vaginal, oral, or anal sex without a condom, with someone who has infection; from mother to baby; by sharing needles, syringes, toothbrushes, razors, and unsterilized instruments that pierce the skin; blood transfusion in countries that do not pre-test blood for transfusion.</p>	<p>May have no symptoms or flu-like illness or vomiting, abdominal pain, dark urine, and yellowing of skin and whites of the eyes.</p>	<p>Immunization for prevention; supportive care if infected.</p>	<p>Immunization offers the best protection (currently, all children are immunized as part of the immunization schedule). Treatments are available for those exposed. Always use a condom if partner is not immunized.</p>

DISEASE	HOW YOU GET IT	SYMPTOMS	TREATMENT	PARTNERS
<p>Hepatitis C</p> <p>Viral infection that affects the liver.</p>	<p>After contact with infected blood or by sharing needles and syringes; small chance of sexual transmission; blood transfusion in countries that do not pre-test blood for transfusion.</p>	<p>Often no symptoms or may have mild, flu-like illness or vomiting, abdominal pain, dark urine, and yellowing of skin and whites of eyes.</p>	<p>No immunization available; supportive care if infected.</p>	<p>Sexual and needle-sharing partners can have a blood test to check for Hep C antibodies. If infected, always use a condom.</p>
<p>Pubic Lice - Crabs</p> <p>Small lice that live in the pubic hair; can cause irritation and secondary infections.</p>	<p>By close body contact usually during sex with an infected person; can be spread via infected bedding and clothing.</p>	<p>Intense itching in the pubic area, small nits (eggs) on pubic hair.</p>	<p>Special shampoo, cream, or spray applied to pubic area. Wash all clothing and bed linen.</p>	<p>Sexual partners in the three months prior to diagnosis should be treated in the same way at the same time.</p>
<p>Scabies</p> <p>Small mites that burrow into the skin and cause irritation.</p>	<p>By close body contact sometimes during sex; can be spread by sharing clothes or bedding.</p>	<p>Itching, worse at night and a rash on the body.</p>	<p>Special lotion, cream or ointment. Wash all clothing and bed linen.</p>	<p>Sexual partners in the three months prior to diagnosis should be treated in the same way at the same time.</p>
<p>Cystitis</p> <p>Bacteria causing inflammation of the bladder lining; can spread to kidneys and cause damage to kidney function.</p>	<p>Bacteria from around the anus getting into the urethra and bladder, not emptying the bladder properly; much more common in women than in men.</p>	<p>Burning sensation when urinating, needing to urinate urgently and more often than usual, cloudy, bloodstained or smelly urine, aching in lower abdomen or back.</p>	<p>Antibiotics after urine test if symptoms last longer than a day; supportive care.</p>	
<p>Bacterial Vaginosis</p> <p>If the control of the normal bacteria in a healthy vagina fails, an overgrowth of certain bacteria can occur. The normal environmental balance of the vagina is changed with resultant irritation.</p>	<p>It may be brought on by anything that changes the balance in the vagina, e.g., new sexual partners, increased sexual activity.</p>	<p>Greyish white, smelly vaginal discharge.</p>	<p>Antibiotics.</p>	<p>No treatment indicated for partners.</p>

Adapted from: www.wintec.ac.nz/index.asp?PageID=2145823130

APPENDIX G:

Information on Hepatitis A, B, and C

HEPATITIS A

What is Hepatitis A?

Hepatitis A is an acute liver disease that is caused by the Hepatitis A virus (HAV).

Who gets Hepatitis A?

Anyone can get Hepatitis A. It is the most common type of hepatitis reported in the U.S.

How is the virus spread?

The Hepatitis A virus is found in feces. It usually enters through the mouth, and then multiplies in the body. The virus is spread from person to person by putting something in the mouth that is contaminated with the feces of an infected person. It can be spread by direct contact, by consuming food or drink that has been handled by the individual, and oral/anal sexual activity. In some cases, it can be spread by consuming water contaminated with improperly treated sewage.

What are the symptoms of Hepatitis A?

The symptoms of Hepatitis A may include fatigue, poor appetite, fever, and vomiting. Urine may become darker in color, and then jaundice (a yellowing of the skin and whites of the eyes) may appear. The disease is rarely fatal and most people recover in a few weeks without any complications. Infants and young children tend to have very mild symptoms and are less likely to develop jaundice than are older children and adults. Not everyone who is infected will have all of the symptoms.

How soon do symptoms appear?

The symptoms commonly appear within 15 to 50 days after exposure, with an average of 28 days.

For how long is an infected person able to spread the virus?

The contagious period begins about a week or two before the symptoms appear and is minimal the week after the onset of jaundice.

Does past infection with Hepatitis A make a person immune?

Once an individual recovers from Hepatitis A, he or she is immune for life and does not continue to carry the virus.

What is the treatment for Hepatitis A?

There are no special medicines or antibiotics that can be used to treat a person once the symptoms appear. Generally bed rest is all that is needed.

How can Hepatitis A be prevented?

Long term protection is available from the vaccine for persons over the age of two. Temporary protection is available from immune globulin shots, effective before and up to two weeks after exposure to HAV. An effective way to prevent spreading Hepatitis A is careful hand washing after using the toilet, changing diapers, and before preparing or handling food.

For more information:

http://www.health.state.ny.us/nysdoh/communicable_diseases/en/hepat.htm

<http://www.cdc.gov/ncidod/diseases/hepatitis/a/fact.htm>

Information on Hepatitis A, B, and C (continued)

HEPATITIS B

What is Hepatitis B?

Hepatitis B is a liver infection caused by the Hepatitis B virus (HBV). Chronic infection occurs in 90 percent of infants infected at birth; 30 percent of children ages 1-5; and 6 percent of persons over 5 years old.

Who gets Hepatitis B?

Anyone can get Hepatitis B, but those at greater risk include:

- Persons who have sexual contact (oral, vaginal, or anal) with infected persons.
- Persons with multiple sex partners.
- Men who have sex with men.
- Infants born to mothers who are HBV carriers.
- Injection drug users who share needles.
- Healthcare workers and public safety workers.
- Persons in custodial care (in settings such as developmental centers).
- Household contacts of an infected person.
- Infants/children of immigrants from and travelers (for more than 6 months) to areas with high rates of HBV infection.

How is the virus spread?

Hepatitis B virus is spread when blood or body fluids of an infected person enters the body of a person who is not immune to HBV. It can be spread through unprotected sex with an infected person, sharing infected injecting equipment, or from an infected mother to a baby during birth. Hepatitis B is not spread through casual contact.

What are the symptoms of Hepatitis B?

The symptoms of Hepatitis B include fatigue, poor appetite, fever, vomiting, and occasionally joint pain, hives, or rash. Urine may become darker in color, and stool may appear clay-colored. Jaundice (a yellowing of the skin and whites of the eyes) may also occur. The symptoms usually appear within three months, but can appear between two to six months after exposure. About 30 percent of persons have no signs or symptoms.

For how long is a person able to spread the virus?

The virus can be found in blood and other body fluids several weeks before symptoms appear and generally persists for several months afterward.

What is the treatment for Hepatitis B?

There are no special medicines or antibiotics that can be used to treat a person with acute HBV once the symptoms appear. Generally, bed rest is all that is needed. Treatment is available to those with chronic HBV infection. HBV-infected people should be evaluated by their doctor for liver disease. Alcohol consumption can progress liver disease.

How can Hepatitis B be prevented?

The HBV vaccine is the best protection and is recommended to people in high-risk settings who have not already been infected. The vaccine is effective once a series of three separate shots are administered. Routine vaccination should be administered to all persons up to 18 years old. Hepatitis B immune globulin is also available for people who are exposed to the virus. Correct and consistent condom use and avoiding contact with infected blood (through injection drug use equipment, tattooing instruments, razors, toothbrushes, and anything that may be contaminated with blood or other body fluids) can help prevent transmission. Pregnant women should be tested for HBV.

For more information:

http://www.health.state.ny.us/nysdoh/communicable_diseases/en/hep_b.htm

<http://www.cdc.gov/ncidod/diseases/hepatitis/b/index.htm>

Information on Hepatitis A, B, and C (continued)

HEPATITIS C

What is Hepatitis C?

Hepatitis C is a liver infection caused by the Hepatitis C virus (HCV). HCV is the most common chronic bloodborne virus in the U.S. and a major cause of liver disease. Chronic infection occurs in 75-85 percent of infected persons. Chronic liver disease occurs in 70 percent of chronically infected people and 1-5 percent of infected persons may die.

Who gets Hepatitis C?

HCV occurs most often in people who have received a blood transfusion prior to 1992; who have shared injection drug use equipment; and who have been exposed to a needle stick through work.

How is the virus spread?

HCV is bloodborne and requires blood-to-blood contact for transmission. Sexual transmission and mother-to-child transmission appear to be low-risk. There is no evidence that HCV can be transmitted through casual contact.

What are the symptoms?

Eighty percent of people have no symptoms until their liver disease is advanced, which can be 20-30 years after infection. Some people experience appetite loss, fatigue, nausea and vomiting, vague stomach pains, and jaundice (a yellowing of the skin and whites of the eyes).

How soon do symptoms occur?

If symptoms occur, they appear from two weeks to six months after exposure, usually within two months.

When and for how long is a person able to spread Hepatitis C?

Some people carry the virus in their bloodstream and may remain contagious for years.

What is the treatment for Hepatitis C?

There are no special medicines or antibiotics that can be used to treat people with acute Hepatitis C. All persons with HCV infection should be tested for liver disease by their doctor. Treatment is available for people with chronic HCV. Alcohol consumption could progress liver disease.

How is Hepatitis C diagnosed?

HCV is diagnosed by a positive test for the Hepatitis C antibody. The HCV antibody test is recommended for anyone at risk for infection.

What's the relationship between Hepatitis C and HIV?

Both HCV and HIV can be transmitted through blood-to-blood contact, but HCV is 10 times more infectious during blood-to-blood transmission.

How can the spread of Hepatitis C be prevented?

There is no vaccine for HCV. People who have had Hepatitis C should remain aware that their blood and other body fluids are potentially infective. Care should be taken to avoid blood exposure to others by sharing injection drug use equipment, toothbrushes, razors, tattooing equipment, etc. Though risk is low, condoms should be used correctly and consistently. In addition, infected people must not donate blood and should inform their dental or medical care providers so that proper precautions can be followed.

For more information:

http://www.health.state.ny.us/nysdoh/communicable_diseases/en/hep_c.htm

<http://www.cdc.gov/ncidod/diseases/hepatitis/c/index.htm>

APPENDIX H: HIV/AIDS Medication Chart

FDA-Approved Medications to Treat HIV Infection*

Anti-HIV (also called antiretroviral) medications are used to control the reproduction of the virus and to slow the progression of HIV-related disease. Highly Active Antiretroviral Therapy (HAART) is the recommended treatment for HIV infection. HAART combines three or more anti-HIV medications in a daily regimen. Anti-HIV medications do not cure HIV infection and individuals taking these medications can still transmit HIV to others.

DRUG TYPE	DESCRIPTION	DRUG NAMES
Fusion Inhibitors	Fusion Inhibitors prevent HIV entry into cells.	Enfuvirtide (Fuzeon®, T-20)®
Nonnucleoside Reverse Transcriptase Inhibitors (NNRTIs)	NNRTIs bind to and disable reverse transcriptase, a protein that HIV needs to make more copies of itself.	Efavirenz (Sustiva®) Nevirapine (Viramune®) Delavirdine (Rescriptor®)
Nucleoside Reverse Transcriptase Inhibitors (NRTIs)	NRTIs are faulty versions of building blocks that HIV needs to make more copies of itself. When HIV uses an NRTI instead of a normal building block, reproduction of the virus is stalled.	Abacavir (Ziagen®) Stavudine (Zerit®, d4T) Didanosine (Videx®, ddl) Lamivudine (EpiVir®, 3TC) Zidovudine (Retrovir®, AZT, ZDV) Zalcitabine (Hivid®, ddC) Tenofovir DF (Viread®) Emtricitabine (Emtriva®, FTC) Abacavir + Lamivudine (Epzicom®) Lamivudine + Zidovudine (Combivir®) Emtricitabine + Tenofovir DF (Truvada®) Abacavir+Lamivudine+Zidovudine (Trizivir®)
Protease Inhibitors (PIs)	PIs disable protease, a protein that HIV needs to make more copies of itself.	Indinavir (Crixivan®) Ritonavir (Norvir®) Amprenavir (Agenerase®) Atazanavir (Reyataz®) Nelfinavir (Viracept®) Saquinavir (Fortovase®, Invirase®) Fosamprenavir (Lexiva®, 908) Lopinavir+Ritonavir (Kaletra®)

Information obtained 4/05 from: http://aidsinfo.nih.gov/other/crbochure/english/05_en.pdf



A Service of the U.S. Department of Health and Human Services

* As of October 2004

APPENDIX I:

Sample Letter Notifying Parents About HIV/AIDS Education

Dear Parent or Guardian:

HIV/AIDS is one of the most serious health problems Americans have ever faced. It has no cure, and education is the only way we can help our students protect themselves from the spread of HIV, the virus that causes AIDS.

Our school will begin to teach your child about Acquired Immune Deficiency Syndrome (AIDS). The New York State Education Department and the New York City Department of Education have mandated that HIV/AIDS education be provided for all students in Kindergarten through Grade 12. This mandate states that HIV/AIDS instruction must be age-appropriate and address the nature of the disease, the methods of transmission, and methods of prevention. Abstinence from alcohol and other drug use and sexual intercourse is emphasized as the most appropriate and effective method of prevention for students. Lessons focus on developing an understanding of communicable diseases, ways to live a healthy life, and how to identify community resources that can help enhance the quality of life.

State Regulations require that all students attend lessons on the nature of the disease and methods of transmission. However, parents or legal guardians have the right to ask that their child not participate in the lessons dealing with methods of prevention. These lessons are labeled "Prevention." Parents or legal guardians who do make such a request must file with the principal of their child's school a written request that the child not receive such instruction, and assure that the pupil will receive such instruction at home.

An HIV/AIDS advisory council composed of Panel on Educational Policy members, community representatives, parents, teachers, and supervisors has thoroughly reviewed and approved the curriculum and related materials to be used. The curriculum has also been reviewed and approved by the New York City Department of Health and Mental Hygiene.

Encourage your child to speak with you about HIV/AIDS. You might wish to point out newspaper or magazine articles about HIV/AIDS issues that you can discuss together. Or you and your child might watch television programs about HIV/AIDS together. Doing so can help you reinforce your child's awareness of how HIV is transmitted, and present opportunities for you and your child to discuss how abstaining from sexual intercourse and alcohol and other drug use is the most appropriate and effective way for children to protect their health and their futures.

We welcome your involvement at school. For example, parents are needed on high school HIV/AIDS teams and to coordinate PTA presentations about HIV/AIDS. Speak to your child's teacher, parent coordinator, or me about how you can support HIV/AIDS lessons.

If you have any questions regarding this program or would like to review HIV/AIDS curriculum materials, please do not hesitate to call.

Sincerely,

Principal

APPENDIX J:

Evaluation of HIV/AIDS Curriculum Guide

Date: _____

Name: _____

Title/Position: _____

School: _____

Address: _____

Phone: _____

Thank you for taking the time to complete this form. Your comments are very important to the success of this curriculum, and will help focus future HIV/AIDS programs.

Please be specific in your answers. Attach extra sheets if necessary.

Please return this form to:

New York City Department of Education
Office of Health Education and Family Living
Division of Teaching and Learning
52 Chambers Street, Room 215
New York, New York 10007
1-212-374-0854

1. Are the curriculum guide's goals clear?

Yes No Not Sure

Explain: _____

2. Do the lessons meet your students' needs?

Yes No Not Sure

Explain: _____

EVALUATION OF HIV/AIDS CURRICULUM GUIDE (cont.)

3. Is this document's format useful?

Yes No Not Sure

Explain: _____

4. Is this document well organized?

Yes No Not Sure

Explain: _____

5. Is there sufficient emphasis on the facts about HIV/AIDS?

Yes No Not Sure

Explain: _____

6. Is there sufficient emphasis on skills that can help students protect themselves against HIV infection?

Yes No Not Sure

Explain: _____

EVALUATION OF HIV/AIDS CURRICULUM GUIDE (cont.)

7. Are the materials on an appropriate reading level for your students?

- Yes No Not Sure

Explain: _____

8. Were students interested in the materials?

- Yes No Not Sure

Explain: _____

9. What do you consider to be this curriculum's overall strengths?

- Yes No Not Sure

Explain: _____

10. How can the curriculum be improved?

- Yes No Not Sure

Explain: _____

