The goal of this guide is to provide methods and materials that will help students gain the knowledge and skills needed for realistic decision-making regarding Acquired Immune Deficiency Syndrome (AIDS) and other sexually transmitted diseases (STD) while emphasizing drug use prevention. AIDS and other sexually transmitted are presented as communicable diseases with the following characteristics: they follow a chain of infection; they need prompt medical care; and they can be prevented. Student activity worksheets and a pre-post questionnaire regarding student knowledge, attitudes, and behavioral intentions are included. The guide contains the following chapters: (1) Why Teach STD's?; (2) How to Use This Guide; (3) Basic Information--Teacher Keys; (4) Student Activities; (5) Evaluation; and (6) AIDS Materials. (MT)
Educator's Guide to AIDS and other STD's

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Acknowledgments

The Educator's Guide to AIDS and other STD's, is a response to the Surgeon General's Report on AIDS which urges educators to teach about AIDS and other STD's and drugs, and the U.S. Public Health Service's STD Education Objective which states "by 1990, every junior and senior high school student in the U.S. should receive accurate, timely information about STD's."

Educator's Guide to AIDS and other STD's was written by Stephen R. Sroka, Ph.D., an urban intermediate public school health educator and Adjunct Associate Professor of Health Education at Cleveland State University.

The Guide's AIDS medical consultants were Leonard H. Calabrese, D.O., F.A.C.P., Department of Rheumatic and Immunologic Disease and Immunopathology; Head, Section on Clinical Immunology; and Chairperson, AIDS Task Force, The Cleveland Clinic Foundation, and Michael M. Lederman, M.D., Assistant Professor of Medicine, Case Western Reserve University, School of Medicine.

The author would like to especially acknowledge the insightful and helpful editorial contributions of Robert N. Kohmescher, Education Specialist, Division of Sexually Transmitted Disease, Centers for Disease Control, Atlanta, Georgia.

The Educator's Guide to AIDS and other STD's and the SROKA PLAN, a program to implement AIDS and STD education in schools, are being utilized throughout the U.S.A.

Additional information and comments may be directed to:

Stephen R. Sroka, Ph.D., Inc.
Health Education Consultants
1284 Manor Park
Lakewood, Ohio 44107
(216) 521-1766
Data Form —
from Educator Receiving Guide

Date __________________________

Attending Workshop? Yes ____ No ____

Name __________________________ Position __________________________

School System __________________________

School Name __________________________

School Address __________________________

City __________________________ State __________________________ Zip __________________________

School Phone (____) __________________________

Home Phone (____) __________________________

Please circle or fill in:

If AIDS education is different than other STD's, please note.

Grade level(s) STD education is taught in your school:

1 2 3 4 5 6 7 8 9 10 11 12 college

Average number of class sessions spent on STD education:

1 2 3 4 5 6 7 8 9 10 ______

About how many students receive STD education in your school each year? ______

In what class do you teach STD education? __________________________

In what subject area do you teach STD education? __________________________

Tips for Previewing the Guide

1. Look behind the 6 tabs to examine the 6 units.

2. Read the "How to Use This Guide" page.

3. Help us to help others — don’t forget to return the Teacher Evaluation Form after using the Guide in your classroom.

Any comments or concerns about STD Education?

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________
Features of the Guide

UNIT  FEATURES
1. WHY TEACH  legal, statistical, educational and human reasons
   STD'S?
2. HOW TO USE  Goal: to provide methods and materials to help teachers help students gain
   THIS GUIDE  the knowledge and skills needed for realistic decision-making regarding
                  STD's while emphasizing drug use prevention
                  Teachable:
                  developed by students, teachers, parents, disease intervention specialists,
                  and medical experts
                  activity oriented with ready-to-use-tomorrow reproduction masters
                  Student Activity Sheets and Teacher Keys with memory helping acronyms
                  requires minimal teacher preparation time while maintaining quality education
                  assures maximum teacher comfort with the subject of STD's by offering
                  desirable options from various methods and materials for STD education
                  including teaching STD's as communicable diseases
                  respects the teacher as the person who best knows what and how to teach
                  his or her students in his or her school and community
                  Adaptable:
                  3-ring notebook format allows you to add, take out or rearrange
                  what is most appropriate for your students, and facilitates easy updating
                  Flexible:
                  a complete or supplemental STD curriculum
                  4 Objectives:
                  to describe the communicable disease chain of infection concept
                  to identify basic STD information and attitudes needed to break
                  the chain of infection
                  to plan actions for persons with STD's
                  to analyze and practice strategies to prevent STD's and drug use

3. BASIC  STD's presented within a framework of a chain of infection and like all communicable
   INFORMATION  diseases, they need prompt diagnosis, treatment and they may be prevented
                  Anatomical charts of the possible sites of STD infections
                  Accurate and pertinent up-to-date information on selected STD's presented in
                  a concise, and easily taught format
                  Description of an STD clinic visit
                  Action Plans for persons with STD's
                  STD Prevention Strategies - Including "Saying NO Skills" (No Sex! No Drugs!)

4. ACTIVITIES  Student Activity Worksheets which examine STD knowledge, attitudes and
                  behavioral intentions (correspond to Teacher Keys in Basic Information)
                  Some activities encourage creativity and language development skills

5. EVALUATION  A Pre-Post fill-in student questionnaire evaluating STD knowledge, attitudes
                  and behavioral intentions
                  A Teacher Evaluation Form to be completed and returned after teaching
                  the Guide in the classroom

6. AIDS  If your teaching situation requires more information on AIDS than is in the BASIC
   MATERIALS  INFORMATION, a copy of the Surgeon General's Report on AIDS and additional
                  AIDS activities are included here as well as "AIDS Guidelines for Schools"

Your local STD resource:

Clinic Name: ____________________________________________________________
Address: ______________________________________________________________
City: ___________________ State: _______ Zip: __________________________
Phone: _______________ Contact Person: ________________________________
Hours: ____________________________

* This information may need to be added to the activities entitled STD — Help Resources, Sample Script for an STD
  Program, and Being an STD Teacher.
The Educator's Guide to AIDS and other STD's has been written to be as sensitive as possible to the concerns of different teaching situations.

The Guide presents AIDS and other STD's as communicable diseases within a chain of infection disease concept. It emphasizes that AIDS and other STD's are like all other communicable diseases; they follow a chain of infection, need prompt medical care, and can be prevented. This rational conceptual approach helps the educator teach and allay fears because it clarifies and desensationalizes the STD, and especially AIDS, issues.

Abstinence (saying, "NO!" to sex and drugs) is presented as the most effective way to prevent AIDS and other STD's. Responsible sexual behavior and drug use prevention are also strongly emphasized.

Student Activities do not contain any controversial or explicit language. The Teacher Keys contain detailed and explicit information, but the educator decides what is appropriate to teach his or her students in his or her school and community.

Parental consent and involvement is encouraged. Parents and guardians of each pupil may be provided with a written notice explaining the purpose of the AIDS and other STD's instruction. This notice may specify that any parent or guardian may request that his or her child not receive the instruction. Parental permission and active participation should be stressed.

The Guide's format allows the utmost adaptability and flexibility to make it as teachable as possible in different classroom situations, either as a complete AIDS/STD curriculum or a compatible adjunct to health, science or family education.

Stephen R. Sroka
Dear Parent:

Your child will soon be taking instruction in AIDS and other sexually transmitted diseases (STD's). As you know, this instruction can be a matter of life and death.

The four objectives of this instruction are that the student will:
(1) describe the communicable disease chain of infection
(2) identify basic STD information and attitudes needed to break the chain of infection
(3) plan actions for an STD infected person
(4) analyze and practice strategies to prevent STD's and drug use (including SAYING NO skills, while emphasizing abstinence, No Sex!, No Drugs!, as the most effective way to prevent AIDS and other STD's)

If you have any questions or would like more information how you can help educate your child in this matter, please contact:

Name __________________________
Address __________________________
Phone ____________________________

Your permission and active participation is sincerely requested.

I certify that I am the parent or guardian of __________________________ and I do □ / do not □ (please check one) give consent for AIDS and other STD's instruction.

Date ______________ Signature __________________________
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1. A legal reason to teach STD's is: STD (sexually transmitted disease), formerly called VD (venereal disease) education is mandated (the law) in some states. But even when STD education is not mandated, there are serious statistical, educational and human reasons to teach about STD’s.

2. Some statistics that demonstrate the need for STD education are: Sexually Transmitted Diseases are prevalent in the school age groups. Each year approximately 25% of all reported cases of STD’s occur in persons 15 to 19 years old. About 2.5 million teenagers (1 out of 7) are affected with an STD annually. Since AIDS symptoms may not appear for years, teenagers may be a hidden problem.

3. An educational reason to teach STD’s is: Teaching STD’s is a logical addition to the disease unit in most curricula. Using the Chain of Infection Disease Concept leads easily into the presentation of S1D’s as diseases that must be diagnosed, treated, and prevented as any other disease.

4. Human concerns that justify the teaching of STD’s are: Teaching STD education may help prevent the human physical and emotional sufferings of STD complications. At the least, we can hope that the presentation of objective facts with suggested action plans will allow the infected person to make a rational decision unburdened by the ignorance, shame and fear which may keep many from prompt care. The strategies for prevention will hopefully help students avoid the consequences of contracting STD's.

5. I believe that the best reason to teach about STD's is:

The United States Public Health Service has emphasized the need for STD education for students by declaring a 1990 STD Health Education Objective which states that by 1990 every junior and senior high school student should receive accurate, timely information about sexually transmitted diseases.

The Surgeon General has emphasized the need for AIDS education for students by urging schools and parents to teach about sex and the prevention of AIDS and other STD's at the lowest grade possible.
How to Use This Guide

The Educator's Guide to AIDS and other STD's is a classroom ready, activity-oriented, behavioral approach to STD education. It was developed by students, teachers, parents, disease intervention specialists, and medical experts.

The main purpose of this Guide is to make STD's easier to teach. The Basic Information is presented as Teacher Keys with corresponding Student Activity worksheets ready-for-use as reproduction masters or overhead transparencies so as to require minimal teacher preparation time and effort. Memory helping acronyms help teachers teach and students learn.

The Guide is designed to be flexible and adaptable. It can be used either as a complete STD curriculum or as supplemental methods and materials for STD education within a disease, sexuality, or other unit. The three-ring notebook format allows the educator to add, take out, or rearrange anything he or she chooses in order to adapt to his or her individual curriculum, students, and community. It also facilitates easy updating.

There is an STD Pre/Post Questionnaire with a Teacher's Key ready for student evaluation before and after the STD education program. The Questionnaire measures student STD knowledge, attitudes, and behavioral intentions.

The AIDS Materials section is included for those whose teaching situations need additional AIDS information and activities. A copy of the Surgeon General's Report on AIDS (which is easily read and reproduced for distribution to students, staff, parents, the general community, etc.) and related activities are enclosed here as well as "AIDS Guidelines for Schools."

The goal of the Guide is to provide accurate and timely methods and materials to help students gain the knowledge, attitudes and life/social skills needed for realistic decision-making regarding STD's while emphasizing drug use prevention.

The four objectives of the Guide are that the student will:

1. describe the communicable disease chain of infection concept
2. identify basic STD information and attitudes needed to break the chain of infection.
3. plan actions for persons with STD's
4. analyze and practice strategies to prevent STD's and drug use.

A suggested organization plan for teaching STD education with these four objectives is illustrated on the next page.

After using the Guide in your classroom, help us help others teach STD education; please complete and return the Teacher Evaluation Form.

Teacher Note: Drugs decrease the ability to make healthy decisions. Intravenous drug abuse is a high risk behavior for acquiring the AIDS virus. For a practical handbook to help prevent drug use in your school, you can obtain, free of charge, a copy of the U.S. Department of Education's "What Works: Schools Without Drugs," by calling 1-800-624-0100 or write to Schools Without Drugs, Pueblo, CO 81009.

This Guide is for educational purposes only. Questions about diagnosis and treatment of STD's should be directed to qualified health professionals.
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2. Breaking Links in the Chain of Infection | Breaking Links in the Chain of Infection | Pre/Post Questionnaire |
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Stephen R. Siroka, Ph.D., Inc., Lakewood, Ohio
### Basic Information

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CONCEPT: Germs, the agents of infection, must travel from one person to another. This creates a cycle which can be visualized as a chain linking all the necessary components for disease spread. Understanding and breaking the chain at any one link can prevent further infection.

This concept may be used to teach any communicable disease. In this Guide measles is presented before examining the selected STD's.

This design is used to help the student to realize that STD's are like other communicable diseases and that prompt medical care and prevention strategies are important for all communicable diseases. This approach may also allow the educator added flexibility to "ease" into the teaching of STD's while teaching a disease unit.

The Chain of Infection Disease Concept is a rational conceptual approach to STD education which helps the educator to allay fears, and to desensationalize and clarify the STD, and especially AIDS, issues.

Teacher Note:

Teachers should realize that this Chain of Infection Disease Concept is primarily background information. While one or two examples of Disease Fact Sheets might be provided, teachers should realize that it is not recommended to present each one of these. For instance, the STD Summary Sheet could be use' to describe major STD symptoms and methods of transmission. Students should understand that it is not important to learn what bacteria or virus is responsible for a particular infection or what symptoms that it causes. It is only important to recognize the symptoms that might suggest an STD and what to do if they do occur as well as how to prevent the STD's.

* Thanks to the Cleveland Health Education Museum, Lowell Bernard, Executive Director, for providing the idea of the chain of infection and to John Beeston, M.D. University of Southern California who developed the concept.
Breaking Links in the Chain of Infection

The six links in the Chain of Infection are:

**AGENT**: The germ or pathogen which produces an infection. Agents include bacteria, viruses, fungi and parasites.

**NOTE**: With STD's an infected person may have two or more STD's at the same time and therefore may need more than one kind of treatment.

**RESERVOIR**: A place where germs survive, such as in humans, animals, soil, air, food or water or any such object.

**PLACE OF EXIT**: Where germs leave the reservoir. In humans, it includes the mouth, nose, anus, genitals (sex organs) and breaks in the skin.

**METHOD OF TRANSMISSION**: How the germ travels. Direct transmission involves close, intimate contact, such as sexual intercourse or blood to blood contact such as in intravenous drug abuse. Indirect transmission occurs when something else carries the germ, such as insects, food or contaminated water.

**PLACE OF ENTRY**: Where germ or pathogen enters the next host, usually in the way it exited the old host.

**SUSCEPTIBLE HOST**: Condition of the body for infection. Immunizations, proper hygiene, good nutrition, adequate rest, physical exercise, stress reduction, limiting toxic substances such as alcohol, tobacco and other drugs contribute to a healthy lifestyle.

**BREAKING LINKS IN THE CHAIN OF INFECTION INCLUDE**: Diagnosis, treatment, prevention, immunizations*, knowledge, avoiding infected contacts, condoms (rubbers, prophylactics) for some STD's. Remember: when one person has an STD, someone else has it too! That's why you should tell your sex partner(s).

*NOTE: Unlike with some diseases, most people do not acquire immunity to STD's after they have them, nor are effective immunizations against most STD's available.

3-2 15
Disease Fact Sheet

MEASLES (Rubeola)

DESCRIPTION
- Viral disease
- NOT AN STD

SYMPTOMS
- Fever, white spots in mouth, high temperature, possible eye infection, cough, nasal drip, rash starts at neck and face and soon spreads over whole body, within a week disease disappears

COMPLICATIONS
- Rarely, pneumonia, strep throat, encephalitis, bacterial infections

AGENT
Measles virus

RESERVOIR
Humans, reservoir between epidemics is unknown

PLACE OF ENTRY
Nose, mouth

METHOD OF TRANSMISSION
Droplet spray or direct contact with secretions from an infected person

PLACE OF EXIT
Nose, throat, mouth

SUSCEPTIBLE HOST
Any human who comes into contact with the germs; Once infected, a person becomes immune for life; Vaccination prevents infections

BREAKING THE CHAIN OF INFECTION

IF SUSPECTED, ONE SHOULD:
- Seek prompt medical diagnosis and ask about treatment for contacts who are not immunized. Alert all possible contacts who are not immunized.

PREVENTION INVOLVES:
- Immunizations
# Disease Fact Sheet

## SUMMARY SEXUALLY TRANSMITTED DISEASES (STD's)

### DESCRIPTION
- **[F]ormerly called VD (venereal disease)**
- **[A]IDS is an STD**
- **[C]ontact, sexual and/or intravenous drug abuse, is how STD's are spread**
- **[T]here are over 20 STD's and syndromes**

### SYMPTOMS
- **[S]kin changes (sores, rashes, bumps) around the genitals**
- **[I]rritating (burning) urination**
- **[G]ential itching**
- **[N]oticeable pelvic pain (females)**
- **[S]ex organs discharges**
- **[N]o symptoms for many people yet they can transmit the disease(s)**
- **[O]nly qualified health professionals can diagnose and care for persons with STD’s**

### COMPLICATIONS
- **[D]eath**
- **[E]motion (fear, shame, guilt)**
- **[A]ffects newborns of infected mothers**
- **[T]ubal (ectopic) pregnancy, fatal to embryo and dangerous to mother**
- **[H]ave risk of sterility (inability to reproduce)**

### AGENT
- Bacteria, viruses, protozoa, parasites, fungi

### RESERVOIR
- Humans

### PLACE OF EXIT
- Penis, vagina, rectum, mouth, breaks in skin, mucous membranes, blood

### METHOD OF TRANSMISSION
- Usually intimate sexual contact, (penis-vagina, penis-rectum, mouth-rectum, mouth-vagina, mouth-penis), sharing a drug needle with an infected person, infected pregnant mother may infect newborn, rarely blood transfusions (the blood supply is now as safe as possible)

### PLACE OF ENTRY
- Penis, vagina, rectum, mouth, breaks in skin, mucous membranes, blood

### SUSCEPTIBLE HOST
- Anyone having sexual contact with an infected person, sharing a drug needle with an infected person, newborn babies of infected mothers, rarely through a blood transfusion from an infected person

## BREAKING THE CHAIN OF INFECTION

**IF SUSPECTED, ONE SHOULD:**
- [A]ttain prompt medical care and if infected, follow instructions.
- [C]ontact sex partner(s) to seek medical care.
- [T]alk with a qualified health professional about how to notify your sex partner(s).

**PREVENTION INVOLVES:**
- [P]ractice abstinence (No Sex! No Drugs!)
- [R]esponsible sex behavior
- [E]ducation
- [V]oluntary testing
- [E]xercise healthy behaviors
- [N]ot cheating (on partner)
- [T]reatment of partner(s)
- [I]dentify, reduce risks
- [O]bservation of partner, self
- [N]o risky sex or drug behaviors

For more information call the VD National HOTLINE
1-800-227-8922

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3-5.d
Disease Fact Sheet

(AIDS)
ACQUIRED IMMUNE DEFICIENCY SYNDROME

DESCRIPTION
• [A]cquired Immune Deficiency Syndrome
• [I]mmune system disorder
• [O]f disease with far more serious consequences than other STD's
• [S]usceptible to serious and often fatal opportunistic infections, such as pneumonia, cancer, brain damage

SYMPTOMS
• [S]kin changes (purplish blotches, bumps, rashes)
• [I]ntestinal symptoms (diarrhea, fatigue, fever, nausea, vomiting)
• [O]f loss of appetite, persistent dry cough, night sweats, weight loss
• [G]lands swollen
• [N]ote: some symptoms can be other diseases
• [S]ymptoms do not disappear and will progress
• [O]ften symptoms for many people yet they can transmit the disease
• [O]nly qualified health professionals can diagnose and care for persons with AIDS

COMPLICATIONS
• [D]eat
• [E]motionally (fear, shame, guilt)
• [A]ffects newborns of infected mothers
• [T]hreat of discrimination
• [H]as no cure or vaccine

AGENT
A virus referred to as HTLV-III / LAV or HIV (human immunodeficiency virus) — or just the AIDS virus

Teacher Note: Infection with the AIDS virus may cause a person to develop AIDS. One does not become infected with AIDS; rather, one develops AIDS after being infected with the AIDS virus.

RESERVOIR
Humans, not insects, such as mosquitoes, dogs, cats, domestic animals, or swimming pools, hot tubs, etc.

PLACE OF EXIT
Penis, vagina, rectum, mouth, breaks in skin, mucous membranes, blood

METHOD OF TRANSMISSION
Sexual contact (spread by anal and vaginal intercourse and probably also by oral-genital and oral-anal contact), sharing drug needles, mother to baby, rarely blood transfusions (the blood supply is now as safe as possible)

PLACE OF ENTRY
Penis, vagina, mouth, rectum, breaks in skin, mucous membranes, blood

SUSCEPTIBLE HOST
Anyone having sexual contact with an infected person, sharing a drug needle with an infected person, newborn babies of infected mothers, rarely through a blood transfusion from an infected person

BREAKING THE CHAIN OF INFECTION
IF SUSPECTED, ONE SHOULD:
• [A]ttain prompt medical care and if infected, follow instructions.
• [C]ontact sex and intravenous drug partner(s) to seek testing and counseling.
• [T]alk with a qualified health professional about how to notify your sex partner(s).

For more information
call the AIDS National HOTLINE
1-800-342-AIDS

PREVENTION INVOLVES:
• [P]ractice abstinence, (No Sex! No Drugs!)
• [R]esponsible sex behavior
• [E]ducation
• [V]oluntary testing and counseling
• [E]xercise healthy behaviors
• [N]ot cheating (on partner)
• [T]esting and counseling of partner(s)
• [I]dentify, reduce risks
• [O]bservation of partner, self
• [N]ot risky sex or drug behaviors
Disease Fact Sheet

CHLAMYDIA (kluh-MID-ee-uh)

**DESCRIPTION**
- The most prevalent STD bacterial pathogen (germ) in the U.S. today
- The leading cause of non-gonococcal urethritis in males

**SYMPTOMS**
- **Males:** Painful urination and watery discharge, some have no symptoms
- **Females:** Itching, burning, discharge, dull pelvic pain, bleeding between periods but most have no symptoms.

**COMPLICATIONS**
- **Males:**
  - Prostatitis - inflammation of the prostate
  - Epididymitis - inflammation of the epididymis - may cause scarring which may result in sterility
- **Females:**
  - Salpingitis - inflammation of the fallopian tubes - may cause scarring which may result in ectopic (tubal) pregnancy and/or sterility
- **Newborns:**
  - Eye infections and pneumonia

**AGENT**
- Chlamydia trachomatis bacteria

**RESERVOIR**
- Humans

**PLACE OF EXIT**
- Penis (urethra), vagina, throat

**METHOD OF TRANSMISSION**
- Direct mucous membrane contact with the germs during sexual contact; If one is infected and has no symptoms, the disease may still be passed on

**PLACE OF ENTRY**
- Penis (urethra), vagina, anus, throat

**SUSCEPTIBLE HOST**
- Anyone having sexual contact with an infected person

**BREAKING THE CHAIN OF INFECTION**

**IF SUSPECTED, ONE SHOULD:**
- [A]ttain prompt medical diagnosis and treatment and if infected, follow instructions.
- [C]ontact sex partner(s) to seek medical care.
- [T]alk with a qualified health professional about how to notify your sex partner(s).

**PREVENTION INVOLVES:**
- Abstinence (No Sex!).
- Responsible sex behavior.
- Avoid sexual contact with individuals with genital pain or discharges.
- Use condoms (rubbers) during (start to finish) sexual intercourse.
GENITAL HERPES

DESCRIPTION
A viral STD infection of the genitals
- Don’t fall victim to the herpes hysteria
- It is not a “sexual leprosy” and is not life threatening to healthy adults
- It is a disease you can learn to live with, especially with treatments which help control herpes

SYMPTOMS
- Painful blisters or sores on the genitals which heal on their own within a few weeks but often reactivate later (1/3 do not)
- Some feel an itching and/or tingling prior to the onset of the sores (It is important to note that even at this time the herpes virus is “shedding” and may infect another person)
- Some have swollen glands, fever, aches, and pains, discharges, or tiredness
- Research indicates that many people may have asymptomatic (no symptoms) herpes and transmit it without knowing they even have it

COMPLICATIONS
- No cure, virus becomes dormant, only to possibly activate again when triggered by stress (yet many people experience no recurrences)
- Proctitis (inflammation of the rectum)
- Herpes keratitis (eye problems which may lead to blindness)
- Rarely, encephalitis (brain inflammation)
- Possible link to cervical cancer
- Danger of possible death or brain damage to newborn of mother with active herpes (at which time Caesarean suction may be performed to avoid infection)

AGENT
- Herpes Simplex Virus II
- Humans

RESERVOIR
- Penis, vagina, anus, mouth

PLACE OF EXIT
- Usually direct, intimate contact with infected person

METHOD OF TRANSMISSION
- Transfer of herpes to the eye after fingers have touched the sore is particularly dangerous

PLACE OF ENTRY
- Any person having contact with the virus

SUSCEPTIBLE HOST
- Any person having contact with the virus

BREAKING THE CHAIN OF INFECTION
IF SUSPECTED, ONE SHOULD:
- Attain prompt medical diagnosis and suggestions for managing the disease.
- Contact sex partner(s) to seek medical care.
- It is a disease you can learn to live with:
  - Recurrences are generally less severe and after two years most people have no recurrences.
  - However, a small percentage suffer debilitating recurrences.
- Avoid sexual contact when herpes sores are active (from the time the itching and tingling before the blisters erupt until the eruption is healed).
- Since the herpes virus can be transmitted asymptomatically, those infected should be encouraged to use condoms.

PREVENTION INVOLVES:
- Abstinence (No Sex!).
- Responsible sex behavior.
- Avoid sexual contact with individuals with blisters in the genital area.
- Condoms (rubbers) help reduce the transmission of herpes if they cover the lesions.
- Treatments are available to help prevent or reduce recurrences of genital herpes.
# GENITAL WARTS

## DESCRIPTION
- Infectious warts on the genitals caused by a virus
- One of most rapidly increasing STD's

## SYMPTOMS
- Warts on genitals and anus
- Subclinical (not visible) warts may exist and may be transmitted

## COMPLICATIONS
- Lesions may enlarge and produce tissue destruction
- May block body openings
- Possible link to cervical cancer

### Agent
- Human papillomavirus

### Reservoir
- Humans

### Place of Exit
- Human genitals and anus

### Method of Transmission
- Sexual contact

### Place of Entry
- Human genitals and anus

### Susceptible Host
- Humans

---

## BREAKING THE CHAIN OF INFECTION

**IF SUSPECTED, ONE SHOULD:**
- [A]ttain prompt medical diagnosis and treatment. The agent is treated with antibiotics, although damage done is often irreversible. Antibiotic resistant gonorrhea presents new treatment problems and re-emphasizes the need for a follow-up test of cure visit.
- [C]ontact sex partner(s) to seek medical care.
- [T]alk with a qualified health professional about how to notify your sex partner(s).

**PREVENTION INVOLVES:**
- Abstinence (No Sex!).
- Responsible sex behavior.
- Avoid sexual contact with individuals with genital warts.
- Use condoms (rubbers) during (start to finish) sexual intercourse.
GONORRHEA (GON-oh-REE-uh)

**DESCRIPTION**
- An STD caused by a bacteria, sometimes called "clap"

**SYMPTOMS**
- **Males:** 3-8 days after contact, sometimes men have a burning discharge from penis, but many may be asymptomatic (no symptoms)
- **Females:** Most women have no symptoms since infection is of the cervix and not vagina

**COMPLICATIONS**
- In females, salpingitis (inflammation of the fallopian tubes) may cause scarring which may result in ectopic (tubal) pregnancy and/or sterility
- In males, epididymitis (inflammation of the epididymis) may cause scarring which may result in sterility
- Eye infections to newborns
- Arthritis

**AGENT**
- Neisseria gonorrhoeae, a double kidney-bean shaped bacteria

**RESERVOIR**
- Humans

**PLACE OF ENTRY**
- Penis (urethra), vagina (cervix), anus, throat

**METHOD OF TRANSMISSION**
- Direct mucous membrane contact with the germs during sexual contact; If one is infected and has no symptoms, the disease may still be passed on

**PLACE OF EXIT**
- Penis (urethra), vagina (cervix), anus, throat

**SUSCEPTIBLE HOST**
- Anyone having sexual contact with an infected person

**BREAKING THE CHAIN OF INFECTION**

**IF SUSPECTED, ONE SHOULD:**
- [A]ttain prompt medical diagnosis and treatment. The agent is treated with antibiotics, although damage done is often irreversible. Antibiotic resistant gonorrhea presents new treatment problems and re-emphasizes the need for a follow-up test of cure visit.
- [C]ontact sex partner(s) to seek medical care.
- [T]alk with a qualified health professional about how to notify your sex partner(s).

**PREVENTION INVOLVES:**
- Abstinence (No Sex!).
- Responsible sex behavior.
- Avoid sexual contact with individuals with genital pain or discharges.
- Prompt urination after intercourse may help males, but don't count on it.
- Use condoms (rubbers) during (start to finish) sexual intercourse.
HEPATITIS (hep-uh-TITE-us)

DESCRIPTION
- A disease which means "inflammation of the liver"
- May be transmitted without sexual contact
- There are several different viruses that cause hepatitis

SYMPTOMS
- Some mild cases are like the flu
- Fever, nausea, chills, loss of appetite
- Changes in urine (dark color)
- Abdominal pain
- Jaundice (skin and whites of eyes turn yellow)
- No symptoms for many people yet they can transmit the virus

COMPLICATIONS
- No medical cure
- Rest, proper nutrition and avoidance of drugs are only treatments and it can take up to several months to recover
- Although rare, can cause serious illness, liver damage, and death
- Mother can give disease to unborn child
- For pregnant female, increased danger of spontaneous abortion or premature death

AGENT
- Hepatitis A virus
- Hepatitis B virus

RESERVOIR
- Feces of infected person
- Human body fluids

PLACE OF ENTRY
- Mouth, anus
- Penis, vagina, rectum, mouth, breaks in skin, mucous membranes, blood

METHOD OF TRANSMISSION
- Anal-oral sex; most cases contracted through nonsexual contact such as eating food or drinking water which has been contaminated by sewage, or by an infected person
- Blood transfusion, contaminated needles, easily transmitted through sexual intercourse; blood to blood, such as razor blades, toothbrushes, eating utensils; transmitted through all body fluids including saliva, semen, urine, menstrual blood, vaginal secretions of infected person

PLACE OF EXIT
- Mouth
- Penis, vagina, rectum, mouth, breaks in skin, mucous membranes, blood

BREAKING THE CHAIN OF INFECTION

IF SUSPECTED, ONE SHOULD:
- Attain prompt medical diagnosis and treatment and if infected, follow instructions.
- Contact sex and intravenous drug partner(s) to seek medical care.
- There are treatments available to prevent or at least lessen the symptoms of both hepatitis A and B for those recently exposed.

PREVENTION INVOLVES:
- Abstinence (No Sex! No Drugs!).
- Responsible sex behavior.
- Avoid sexual contact with an infected person.
- Avoid using personal articles of an infected person.
- Practice good hygiene - wash your hands after going to the bathroom.
- Use condoms (rubbers) during (start to finish) sexual intercourse.
- A vaccine is available for hepatitis B and is recommended for those at risk including medical workers.
**Disease Fact Sheet**

**NON-GONOCOCCAL URETHRITIS (NGU)**
(non-gon-oh-KAHK-ul)
(yoo-reeth-RIGHT-us)

**DESCRIPTION**
- A group of STD germs causing inflammation of the urethra, but not gonorrhea, often called NSU (non-specific urethritis) twice as common as gonorrhea for males

**SYMPTOMS**
- Men may have a thin, clear, watery or milky discharge from the penis
- Women may have burning on urination

**COMPLICATIONS**
- Prostatitis (inflammation of prostate)
- Epididymitis (inflammation of the epididymis) may cause scarring which may result in sterility
- Arthritis

<table>
<thead>
<tr>
<th>AGENT</th>
<th>Common agents include: Chlamydia, Ureaplasma, Mycoplasma, Trichomonas, Herpes</th>
</tr>
</thead>
<tbody>
<tr>
<td>RESERVOIR</td>
<td>Humans</td>
</tr>
<tr>
<td>PLACE OF EXIT</td>
<td>Penis (urethra), vagina, anus, throat</td>
</tr>
<tr>
<td>METHOD OF TRANSMISSION</td>
<td>Direct mucous membrane contact with the germs during sexual contact; If one is infected and has no symptoms, the disease may still be passed on</td>
</tr>
<tr>
<td>PLACE OF ENTRY</td>
<td>Penis (urethra), vagina, anus, throat</td>
</tr>
<tr>
<td>SUSCEPTIBLE HOST</td>
<td>Any person having sexual contact with an infected person</td>
</tr>
</tbody>
</table>

**BREAKING THE CHAIN OF INFECTION**

**IF SUSPECTED, ONE SHOULD:**
- [A]ttain prompt medical diagnosis and treatment and if infected, follow instructions.
- [C]ontact sex partner(s) to seek medical care.
- [T]alk with a qualified health professional about how to notify your sex partner(s).

**PREVENTION INVOLVES:**
- Abstinence (No Sex!).
- Responsible sex behavior.
- Avoid sexual contact with individuals with genital pain or discharge.
- Prompt urination after intercourse may help males, but don’t count on it.
- Use condoms (rubbers) during (start to finish) sexual intercourse.
Disease Fact Sheet

PUBIC LICE (Crabs) (PYOO-bik)

DESCRIPTION
- Tiny flea-like insects (lice) which infest the pubic hair (hair on the outside of the genital area)
- Usually but not always spread by sexual contact

SYMPTOMS
- Itching caused by the lice sucking blood
- Sometimes a rash
- Pin head blood spots on underwear

COMPLICATIONS
- Some experience intolerable itching
- Scratching may spread the disease to other parts of the body

AGENT
- Pediculosis Pubis a flat, small insect commonly called a louse

RESERVOIR
- Pubic hair (sometimes armpits or eyelashes), bed sheets, underwear, occasionally toilet seats

PLACE OF EXIT
- Pubic hair

METHOD OF TRANSMISSION
- Usually pubic hair contact, but lice can crawl from bed sheets, toilet seats, or clothing onto your body;
  They glue their eggs to the pubic hair; Scratching may spread the disease to other parts of the body

PLACE OF ENTRY
- Pubic hair

SUSCEPTIBLE HOST
- Anyone having sexual contact with an infected person

BREAKING THE CHAIN OF INFECTION

IF SUSPECTED, ONE SHOULD:
- Attain prompt medical diagnosis and treatment and if infected, follow directions.
- Some effective treatments are available over-the-counter in drug stores.
- Hot water laundering of infected clothing helps eliminate the lice.
- Contact sex partner(s) to seek medical treatments.

PREVENTION INVOLVES:
- Abstinence (No Sex!).
- Responsible sex behavior.
- Avoid sexual contact with individuals who have genital itching or irritation.
**Disease Fact Sheet**

**SYPHILIS** (SIF-uh-liss)

**DESCRIPTION**
- An STD caused by a bacteria, known as the siff, pox, and Great Imitator since it imitates other diseases in its second stage

**SYMPTOMS**
- **1st stage**: 10-90 days after contact a "chancre" (painless sore that goes away)
- **2nd stage**: 2-6 months after contact, feeling "unwell" (tired, fever, sore throat), loss of hair, non-itchy rash appears then disappears
- **3rd stage**: after 2 years, possible damage to central nervous system, insanity, even death

**COMPLICATIONS**
- Insanity, paralysis, heart disease, birth defects, stillbirth, death, major organ damage occurs in about 1/3 of the untreated

**AGENT**
- Treponema pallidum, a corkscrew shaped bacteria (spirochete)

**RESERVOIR**
- Humans

**PLACE OF EXIT**
- Penis, vagina, anus, mouth; Also passed to developing fetus by mother through the placenta

**METHOD OF TRANSMISSION**
- Direct mucous membrane contact with the sores or rash during sexual contact, or (rarely) kissing if the sores are oral, also congenital where infant acquires it before birth

**PLACE OF ENTRY**
- Penis, vagina, anus, mouth; A break in the skin may allow germ entry

**SUSCEPTIBLE HOST**
- Anyone having sexual contact with an infected person during the time sores or rash are present; Since the sores do not hurt or itch and may be inside the vagina, anus, mouth or even the urethra of the penis, they are often unnoticed

**BREAKING THE CHAIN OF INFECTION**

**IF SUSPECTED, ONE SHOULD:**
- Attend prompt medical diagnosis and treatment and if infected, follow instructions.
- Contact sex partner(s) to seek medical care.
- Talk with a qualified health professional about how to notify your sex partner(s).

**PREVENTION INVOLVES:**
- Abstinence (No Sex!).
- Responsible sex behavior.
- Avoid sexual contact with individuals with suspicious sores.
- A condom should always be worn.
- For the male, washing with soap and water immediately after intercourse may wash the germs away; however, this method affords little protection by itself.
VAGINITIS
(vaj-in-ITE-us)

DESCRIPTION
- Common female infections
- Usually but not always caused by sexual contact
- Several agents may cause vaginitis
- Non-specific vaginitis (NSV) is used when a specific diagnosis is not made

SYMPTOMS
Female:
- Pain
- Discharge
- Irritation
- Redness
- Itching
- Odor
- But often asymptomatic (no symptoms)

Male:
- May be asymptomatic and yet pass the disease

COMPLICATIONS
- Some are similar to gonorrhea including sterility and eye infections to newborns
- But others pose more of a nuisance

AGENT
Common agents include those that cause candidiasis (yeast), chlamydia, gardnerella, herpes, trichomonas and mycoplasma

RESERVOIR
Humans

PLACE OF EXIT
Vagina, penis, anus, throat

METHOD OF TRANSMISSION
Usually sexual contact, but some vaginitis may occur without sexual contact

PLACE OF ENTRY
Vagina, penis, anus, throat

SUSCEPTIBLE HOST
Any female having sexual contact with an infected person

BREAKING THE CHAIN OF INFECTION

IF SUSPECTED, ONE SHOULD:
- [A]ttain prompt medical diagnosis and treatment and if infected, follow instructions.
- [C]ontact sex partner(s) to seek medical care.
- [T]alk with a qualified health professional about how to notify your sex partner(s).

PREVENTION INVOLVES:
- Abstinence (No Sex!).
- Responsible sex behavior.
- Avoid sexual contact with individuals with genital pain, discharge, irritation, itching, etc.
- Use condoms (rubbers) during (start to finish) sexual intercourse.
A Walk Through an STD Clinic

While it is encouraged that minors consult with their parents before visiting a clinic or doctor, the law permits minors to obtain confidential STD medical care without parental permission.

1. How will you be identified in the clinic visit? by number

2. How do you give the medical staff permission to treat you? your signature

3. What routine screening test will be done first? blood sample from arm for syphilis

4. What follows the blood test? history

5. Who will do the physical examination? clinician

6. Routine cultures for women and smears for gram stains for men are obtained to check for what disease? gonorrhea

7. What should males not do and females do before seeing the clinician for diagnosis? urinate, (females should not douche)

8. Evaluation and consulting the physician under normal circumstances should take no more than how long? one to two hours

9. If you are diagnosed as having either gonorrhea or syphilis, who must you see? disease intervention specialist

10. Why? to aid bringing your contact(s) in and to answer your questions

11. If treatment is indicated, most medicines prescribed are available at what cost to you? no extra cost

If you are an STD patient, what can you do to help fight STD's?

- [H]ave follow-up, if infected
- [E]ncourage sex partner(s) to seek medical care
- [L]earn how to and take all medicines
- [P]ractice ways to avoid STD's
STD Clinic Visit

You have just received a sheet of paper requesting pertinent information that will help us to make a medical chart for you. After filling that in, please return to the front desk. You have also received a number. This is the number that the medical staff will use to call you into the back where your exam will be done. You will not be called by your name.

Please notice, on the bottom of the information sheet there is a statement giving our medical staff your permission to treat you for whatever problems we find as well as your permission to complete whatever tests they find necessary to make a diagnosis. Your signature on the bottom of that information sheet is your approval.

Have a seat in the lobby after you return the information sheet to the front desk. While you are waiting, our clerk is making up your medical chart, and it will be given to the medical staff when it is completed.

You will be called in numerical order by the medical staff into one of the examining rooms. At that time a blood sample will be taken from your arm. This is a routine screening test for syphilis that is done on all of our patients. The only exceptions to this test are patients who are returning to the clinic in less than a month for tests of cure, who do not have any new problems. Results of this test take 3 to 4 days.

After your blood test is obtained, a clinician will take a history from you concerning your present problem. This history asks a few very personal questions about your recent sexual history. It is extremely important that you be as truthful as you can. It is important in making an accurate diagnosis of your problem. If there is any additional information that you think is important, such as other medical problems, present medications or recent visits to a doctor, please inform your clinician even if he/she does not specifically ask.

Your physical examination will be done by this clinician as well. Routinely, gonorrhea cultures and smears for gram stains are obtained on both males and females.

After obtaining the required specimens, they will be taken to the lab. Males, please do not urinate before seeing the clinician because you may wash away the necessary secretions which will aid us in making your diagnosis. For our female patients, the bladder should be emptied before you are examined, but do not douche. Just tell the clinician to direct you to the restroom after the history is taken.

Evaluating your lab work and consulting the physician, under normal circumstances, should take no more than one or two hours. Some patients with special problems may cause slight delays in services. Please be patient: it should affect your visit time. If you are diagnosed as having gonorrhea or syphilis it is necessary that you see a Disease Intervention Specialist who will aid you in bringing your sexual contacts to the clinic for treatment. Everyone with a diagnosis of syphilis or gonorrhea must be seen by a Disease Intervention Specialist. The Disease Intervention Specialist is also available to answer any of your questions concerning your visit.

Most medicines prescribed for you will be available at our pharmacy at no extra cost to you. Please make certain that you understand how your medications are to be taken before you leave. This can be discussed with either the clinician, Disease Intervention Specialist or the pharmacist. If you have problems with your medications after you begin taking them, you should call the clinic and talk with a clinician.

Thank you for your patience in reading this. We at the STD Clinic hope that the information discussed in this hand-out will help make this and any return clinic visits easier for you.

If you are an STD patient, help fight STD's! Don't forget to:

- [H]ave follow-up, if infected
- [E]ncourage sex partner(s) to seek medical care
- [L]earn how to and take all medicines
- [P]ractice ways to avoid STD's
1. The Toll-free VD National Hotline is 1-800-227-8922.
The Toll-free AIDS National Hotline is 1-800-342-AIDS.
Call for latest information, the name of your nearest location for medical
care, or just to talk to someone about STD’s or AIDS.

2. The local VD Confidential Information phone number is ______________________
The local AIDS Information phone number is ______________________
While it is encouraged that minors consult with their parents before visiting a clinic or doctor, the law permits
minors to obtain confidential STD medical care without parental permission.

3. Clinics in the area that offer confidential medical care are (call for information):

4. If I suspected that I contacted a person with an STD, I would talk to ________
because ________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________

5. For STD information and medical care, I would go to:
Clinic or Doctor: _______________________________________________________
Address: ______________________________________________________________
Phone: _________________________________________________________________

Draw a map on the back of this sheet outlining the way to get to your selected STD
resource from your home or school.
1. What signs would alert you to seek prompt medical care for an STD?
   - [S]kin changes (sores, rashes, bumps) around the genitals
   - [I]rritating (burning) urination
   - [G]enital itching
   - [N]oticeable pelvic pain (females)
   - [S]ex organs discharge(s)

Will you always have signs if you contract an STD?
- [N]o symptoms for many people yet they can transmit the disease(s)

2. Who can diagnose and care for persons with STD’s?
- [O]nly qualified health professionals

3. The three most important things to do if you suspect you made contact with a person with an STD are to:
   - [A]ttain prompt medical care and if infected, follow instructions
   - [C]ontact sex partner(s) to seek medical care
   - [T]alk with a qualified health professional about how to notify your sex partner(s)

4. List some reasons why some persons with STD’s do not seek prompt medical care and tell their sex partners.
   - asymptomatic (no symptoms)
   - discrimination
   - fear
   - guilt
   - ignorance
   - misinformation
   - no money
   - shame

5. What can be done to encourage these persons with STD’s to seek help and tell their sex partner(s)?
   - advertising (media)
   - education
   - emphasis on moral responsibility

6. To tell your sex partner(s) about you having an STD is difficult, but why is it so important?
   - to help your sex partner(s) avoid complications of STD’s
   - to protect yourself from possible reinfection
   - to break the STD chain of infection

7. List some ways that you can lead into a conversation to tell your sex partner(s) about your STD problem.

8. If I suspected I contracted an STD, I would call __________________ at ________________ located at __________________ address for help.

9. If I suspected that I contracted an STD, I would do these things in the following order.
   1. _____________________________
   2. _____________________________
   3. _____________________________
   4. _____________________________

10. If you are an STD patient, help fight STD’s — Don’t forget to:
    - [H]ave follow-up, if infected
    - [E]ncourage sex partner(s) to seek medical care
    - [L]earn how to and take all medicines
    - [P]ractice ways to avoid STD’s
STD Prevention Strategies

1. Comment on the effectiveness of the following strategies for the prevention of STD's:

- [P]ractice abstinence (No Sex! No Drugs!): the most effective way to prevent STD's. It's all right to say "NO!" and respect your partner's right to say "NO!" Learn how to say "NO!" Drugs and alcohol decrease your ability to make healthy decisions.

- [R]esponsible sex behavior: refrain from sexual activity until as adults you are ready to establish a mutually faithful monogamous relationship such as marriage. Sexual behaviors have serious physical, mental and social implications and possible consequences.

- [E]ducation: effective, if objective, factual, up-to-date and practiced.

- [V]oluntary testing: the more sexually active you are, the more you need regular STD check-ups. For instance, several sex partners in a year may justify several STD check-ups in a year. If you have sex with a high risk partner(s), attain prompt medical care.

- [E]xercise healthy behaviors: proper hygiene, good nutrition, adequate rest, physical exercise, stress reduction, and limiting toxic substances such as alcohol, tobacco and other drugs contribute to a healthy lifestyle. Urinating and washing immediately after sex may be somewhat effective, especially for males, but don't count on it.

- [N]ot cheating on your partner (mutual fidelity): very effective if both partners are not infected.

- [T]reatment of partner(s): if you are infected, contact your partner(s) to seek medical care and talk with a qualified health professional about how to notify your sex partner(s).

- [I]dentify and reduce risks: avoid sexual contact with high risk individuals such as partners who have multiple sex partners, especially sexually active homosexual and bisexual men, intravenous drug abusers, prostitutes. Do not abuse intravenous drugs, but if you do, do not share needles or syringes and enroll in a drug treatment program.

- [O]bservation of partner and self: look for discharges, sores, rashes, warts. Itching. What you see may be what you get. Be wary and remember a sex partner(s) may have no symptoms and yet transmit STD's to you.

- [N]o risky sex or drug behavior: know your partner, talk and find out if he or she is at risk. Avoid sexual contact with high risk individuals. Be selective. Limit the number of sex partners. Avoid exchanging body fluids (blood, semen, vaginal secretions, urine, feces). Short of abstinence and knowing with absolute certainty that your partner is not at risk (that is, neither of you has had other sexual partners or has used illegal intravenous drugs for the last five years), condoms (rubbers, prophylactics) offer the best protection if used during (start to finish) sexual intercourse (vagina, mouth, rectum). But condoms are not 100% effective because of possible breakage, incorrect use, and they only protect where they cover. Sharing needles in intravenous drug abuse is a high risk behavior for acquiring the AIDS virus and other STD's.

2. Can you think of any other effective and useful strategies to prevent STD? Name and discuss.

3. The best strategies to prevent STD's for a teenager are:

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________
More than fears and facts are needed to say, "NO!" One needs prevention skills to be psychosocially "innoculated" from the pressures which encourage unhealthy behaviors.

To effectively fight the pressures you must first prepare some Saying NO Skills to prevent unhealthy behaviors before the situations arise. Here are some strategies.

**Decision Making**

Make a Decision to Say "NO!" Using These Easy Steps:
1. You are offered a choice.
2. You look at all the reasons to say, "YES!"; to say, "NO!"
3. You consider the consequences of your decisions.
4. You make your decision.
5. You evaluate your decision.

Use common sense and try to avoid situations where you must say, "NO!" such as being alone with someone you don't trust or being with people who may expect unhealthy behavior from you.

Write out your decision steps here for a say "NO!" situation.

1. You are offered a choice to
2. 
3. 
4. 
5. 

**Assertive Communication**

Say What You Mean and Mean What You Say

Once you have made your decision, you need to be able to communicate it clearly and assertively.

Here are some tips:
- Say, "NO!" as soon as possible
- Be direct
- Be firm
- Be calm
- Be honest
- Be brief
- Don’t apologize
- Look the person in the eyes
- Look as if you mean it
- Use a clear, loud voice
- And don’t make up reasons; you might get caught!

**Reducing Nervousness Technique**

Sometimes you may have thought out your decision about saying "NO!" but the situation makes you nervous and you need to relax. Try this technique. It only takes about 10 seconds and you can do it anywhere.

1. As soon as you feel nervous, say to yourself, "This is a stupid thing to do to my body."
2. Take a deep breath slowly.
3. Think about the nervousness in your head and as you breathe slowly out, imagine the nervousness "flowing" out through your mouth.
4. Take a second deep breath slowly.
5. Now think about the nervousness in your body, and as you breathe out, imagine the nervousness "flowing" out through your hands and feet.

With practice this technique can become automatic and very effective in helping you to control any nervous situations.
Even though you have prepared your Saying NO Skills, it is necessary to practice them to prepare for real-life, on-the-spot situations where you are pressured to do unhealthy behaviors.

### Individual Activities

Be prepared! Write out responses (counter-arguments) to these arguments:

<table>
<thead>
<tr>
<th>Arguments</th>
<th>Your Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Everyone is doing it.</td>
<td>NO! Not true. I'm not.</td>
</tr>
<tr>
<td>2. You would if you loved me.</td>
<td>NO! If you loved me you wouldn’t pressure me.</td>
</tr>
<tr>
<td>3. It makes you mature.</td>
<td>NO! Mature means making wise decisions, not doing things with possible serious consequences.</td>
</tr>
<tr>
<td>4. It's fun because you're not supposed to.</td>
<td>NO! It’s not fun to possibly hurt my health or my family if I get caught.</td>
</tr>
<tr>
<td>5. If you don't say, &quot;Yes,&quot; I'm leaving.</td>
<td>NO! If that's all you want, then good-bye.</td>
</tr>
<tr>
<td>6. Drugs help you enjoy life.</td>
<td>NO! Drugs decrease your ability to make healthy decisions, communicate effectively and to cope with stress.</td>
</tr>
<tr>
<td>7. Why do you say, &quot;NO&quot;?</td>
<td>It's my right to say, &quot;No&quot;, anytime I want (even if I said, &quot;Yes,&quot; in the past.)</td>
</tr>
</tbody>
</table>

### Group Activities

Now form groups of two or more and practice verbally responding to a role-playing situation which pressures you to do something you don't want to do. You can use the above arguments or create new ones. Students should exchange roles. As you go through this exercise, remember to practice your communication skills and say what you mean and mean what you say. If you get nervous, practice the reducing nervousness technique.

If possible, videotape and play back for class evaluation so that the students may prepare, practice, evaluate and reformulate Saying NO Skills.

### Why Should You Use Your Saying NO Skills?

Standing up for what you want can help you feel good about yourself. How do you feel when someone else tells you what to do, especially when you do not want to do it?

List some reasons why people enjoy making their own decisions and sticking to them.

- To be in control of their lives
- Helps get what you want
- Helps avoid misunderstandings
- People respect you for standing up for what you believe in
- Helps you create a better self-image
Creative Ideas for STD Education Activities

POSTER IDEAS

Have your students create a poster with an STD message. Give credit for ingenuity, cleverness, artistic ability, etc. Example: "STD means Seek Treatment without Delay" or "For STD Pain, relief is spelled Prompt Medical Diagnosis and Treatment."

WRITING ASSIGNMENTS

- This writing activity may act as an "icebreaker and closure technique" for your STD classroom activities. This activity involves students writing a "Dear Abby" type letter concerning an STD situation. The students then exchange letters with someone nearby and both write the "Dear Abby" type of reply. The two students then discuss the letters and advice given to each other. Classroom discussions may follow.

At the end of the STD education program have the same students discuss once again the letters in light of their learning experiences. Classroom discussions may focus on highlights of these learning experiences.

- Have your students write a short story or poem with an STD message. Example:
  "Times were when some diseases were called VD's
  But nowadays the proper term seems to be STD's
  However the damage by them is still being done
  And no matter how you call them, they still are no fun."

This above example is a good one to give to your students, because I'm sure they can do no worse!

- Have students complete the activity worksheet
  "Choose an STD and Complete This Short Story About an STD Called ______________________" and/or "Being an STD Teacher."

MULTI MEDIA

- Produce a TV public service announcement concerning STD's. Write a script, create a visual, and if possible actually present a TV message while recording it on a video recorder. If you can make a video, replay it and discuss its effectiveness.

- Produce a slide-cassette program. Have students write the script, take the pictures, and record the audio. This can be very inexpensive (film, developing of slides and cassette tape for less than $10). This project can be very educational, worthwhile and satisfying to the students involved. Additionally this project is often quite effective to other students who see their friends in the slides. A sample script produced by 9th graders is enclosed.
A Sample Script
For An STD
AV Program

SPEAKER DIALOGUE

Eliminating Sexually Transmitted Diseases

Students Hey! ___________________________ (Teacher), are you still here?
Students Yeah, we were on the field trip today and missed our health class.
Teacher I can’t hear you — turn down that tape. What can I do for you?
Student What did you talk about today in Health?
Teacher Communicable diseases.
Student What are communicable diseases?
Teacher A communicable disease is one that you give or get from somebody.
Student Measles is a communicable disease.
Teacher STD’s are communicable diseases.
Student What are STD’s?
Teacher STD’s are sexually transmitted diseases, formerly called VD.
Student How do you get an STD?
Teacher STD’s follow a communicable disease chain of infection, and you usually get them from intimate, sexual contact and/or intravenous drug abuse.
Student How do you know if you have STD’s?
Teacher Symptoms may include painful urination, unusual discharges from the sex organs, skin changes, pelvic pain and itching, but many people are asymptomatic (no symptoms).
Student What can these STD’s do to you?
Teacher Complications may include sterility, ectopic pregnancy, mother-to-newborn infections and even death.
Student Where can you go for help if you suspect you have an STD?
Teacher Clinic or Doctor: ______________________________________________________________________
Address: __________________________________________________________________________________
Phone: ____________________________________________________________________________________
Student How can I avoid getting STD’s?
Teacher Prevention includes • Abstinence — Say NO to Sex, NO to Drugs • Responsible Sex Behavior • Have regular STD checkups • Make sure your partner(s) are tested if you are infected.
Student Are there any more questions? It’s getting late. Let’s go home.
Students Thanks — later!
Being An STD Teacher

You have just finished learning about STD’s in your classes at school today. A friend who has been sick and out of school stops by to visit and to catch up on schoolwork. After talking about your favorite new albums he asks you what you were studying in school that was interesting. You say, “STD’s,” and the following conversation takes place.

YOUR FRIEND’S QUESTIONS

What are STD’s?
Why did you study them?
How do you get STD’s?
How do you know if you have one?
What should you do if you suspect you have an STD?
If you don’t get treatment for STD’s what can they do to you?
Where can you go for help for STD’s?

YOUR ANSWERS

Sexually transmitted diseases
Reasons Include legal, statistical, educational and human
STD’s follow a communicable disease chain of infection and you get them usually by intimate, sexual contact and/or intravenous drug abuse
Common symptoms may include:
- Skin changes around genitals
- Irritating (burning) urination
- Genital itching
- Noticeable pelvic pain
- Sex organ discharge(s)
- No symptoms for many people yet they can transmit the disease
- Only qualified health professionals can diagnose and treat STD’s

Attain prompt medical care and if infected, follow instructions
Contact sex partner(s) to seek medical care
Talk with a qualified health professional about how to notify your sex partner(s)

Some serious complications include:
- Death
- Emotional (fear, shame, guilt)
- Affects newborns if mother infected
- Tubal (ectopic) pregnancy
- Have risk of sterility (inability to reproduce)

Clinic or Doctor: ______________________
Address: ____________________________
Phone: ____________________________

But what if you’re a minor?

While it is encouraged that minors consult with their parents before visiting a clinic or doctor, the law permits minors to obtain confidential STD medical care without parental permission

Prevention strategies involve:
- Practice abstinence (No Sex! No Drugs!)
- Responsible sex behavior
- Education
- Voluntary testing
- Exercise healthy behaviors
- Not cheating on partner
- Treatment of partner(s)
- Identify, reduce risks
- Observation of partner, self
- No risky sex or drug behaviors

I really don’t want to get an STD; what can I do to prevent them?

Wow! You sure learned a lot about STD’s. Thanks for the information. By the way, did you ever think about being an STD teacher? See you in school tomorrow.
Solve This Disease Puzzle With The Clues Below

DOWN
1. NEW ABBREVIATION FOR VD.
3. GERM
4. STD SYMPTOM, PAINFUL ________
6. STD's ARE _______ DISEASES.
7. DISEASE INTERVENTION ________
11. OFTEN NO SYMPTOMS

ACROSS
2. TREATMENT IN A CLINIC IS _________
5. EFFECTIVE AGAINST MOST STD's
8. NO SYMPTOMS
9. CONTACT WHICH USUALLY SPREADS STD's
10. CYCLE OF DISEASE MAY BE SEEN AS A _______ OF INFECTION.
12. NO SEX.

Clues

1. NEW ABBREVIATION FOR VD.
3. GERM
4. STD SYMPTOM, PAINFUL ________
6. STD's ARE _______ DISEASES.
7. DISEASE INTERVENTION ________
11. OFTEN NO SYMPTOMS
BE AN EPIDEMIOLOGIST (DISEASE DETECTIVE) AND USE THESE CLUES TO FIND THE KEY WORD IN BREAKING THE CHAIN OF INFECTION.

CLUES

1. **s y p h i l i s**
   - a non-itchy rash occurs in the second stage of this disease.

2. **h e r p e s**
   - a disease which may be triggered by emotional upset.

3. **u r e t h r i t i s**
   - twice as common as gonorrhea non-gonococcal

4. **r e s e r v o i r**
   - any place germs can survive.

5. **l i c e**
   - found in pubic hair.

6. **v a g i n i t i s**
   - common female infection.

7. **w a r t s**
   - treatment includes electrosurgery.

8. **A l D s**
   - fatal and no cure.

9. **g o n o r r h e a**
   - an antibiotic resistant strain presents treatment problems.

10. **c a n d i d i a s i s**
    - yeast infection.

KEY WORD IN BREAKING THE CHAIN OF INFECTION:

PREVENTION

1. 2. 3. 4. 5. 6. 7. 8. 9. 10.
Student Activities

Introduction
- STD Awareness Worksheet (No Teacher Key) .............. 4-1.a
- Why Teach STD's? ........................................... 4-1.b
(See page 1-1 for Teacher Key)

STD Information
- Breaking Links in the Chain of Infection ................. 4-2
- Possible Sites of STD Infections (Male) .................. 4-3
- Possible Sites of STD Infections (Female) ............... 4-4
- Reproduction Master for Disease Fact Sheet ............. 4-5
(to use with disease(s) you decide to teach)

Action Plans
- A Walk through an STD Clinic .............................. 4-6
- STD Help Resources ........................................ 4-7
- Action Plans for Persons with STD's ..................... 4-8

Prevention Strategies
- STD Prevention Strategies ................................. 4-9
- Preparing Saying NO Skills ............................... 4-10
- Practicing Saying NO Skills ............................... 4-11

Creative Ideas for STD Education Activities
- Being an STD Teacher ..................................... 4-12
- Short Story about the STD Called (No Teacher Key) .... 4-12.a
- Communicable Disease Crossword ....................... 4-13
- STD Word Fill-In .......................................... 4-14
STD Awareness

1. When I think of STD's, I think of ______________________________________________________

2. When and where did you first learn about STD's?
   when __________________________________________________________
   where _________________________________________________________

3. How would you feel if you found out that you had contracted an STD?
   _______________________________________________________________
   _______________________________________________________________

4. What do you feel are some of the worst complications which can result from STD's?
   _______________________________________________________________
   _______________________________________________________________
   _______________________________________________________________

5. How would you feel if a doctor told you that you could not have a child because you had an untreated STD?
   _______________________________________________________________
   _______________________________________________________________

6. Since STD's are preventable, why are so many people infected?
   _______________________________________________________________
   _______________________________________________________________

7. More people would know about and what to do about STD's if we _________________________________________
   _______________________________________________________________

8. Things about STD's that I would like to know more about are:
   _______________________________________________________________
   _______________________________________________________________
1. A legal reason to teach STD's is:

2. Some statistics that demonstrate the need for STD education are:

3. An educational reason to teach STD’s is:

4. Human concerns that justify the teaching of STD’s are:

5. I believe that the best reason to teach about STD’s is:

The United States Public Health Service has emphasized the need for STD education for students by declaring a 1990 STD Health Education Objective which states that

The Surgeon General has emphasized the need for AIDS education for students by urging schools and parents to teach about
The six links in the Chain of Infection are:

AGENT: ________________________________

RESERVOIR: ________________________________

PLACE OF EXIT: ________________________________

METHOD OF TRANSMISSION: ________________________________

PLACE OF ENTRY: ________________________________

SUSCEPTIBLE HOST: ________________________________

BREAKING LINKS IN THE CHAIN OF INFECTION INCLUDE:

______________________________

______________________________
Possible Sites of STD Infections (Male)
Possible Sites of STD Infections (Female)
While it is encouraged that minors consult with their parents before visiting a clinic or doctor, the law permits minors to obtain confidential STD medical care without parental permission.

A Walk Through an STD Clinic

1. How will you be identified in the clinic visit?

2. How do you give the medical staff permission to treat you?

3. What routine screening test will be done first?

4. What follows the blood test?

5. Who will do the physical examination?

Routine cultures for women and smears for gram stains for men are obtained to check for what disease?

6. What should males not do and females do before seeing the clinician for diagnosis?

Evaluation and consulting the physician under normal circumstances should take no more than how long?

7. If you are diagnosed as having either gonorrhea or syphilis, who must you see?

Why?

8. If treatment is indicated, most medicines prescribed are available at what cost to you?

9. If you are an STD patient, what can you do to help fight STD's?

[H]

[E]

[L]

[P]
STD Help Resources

1. The Toll-free VD National Hotline is 1-800-
The Toll-free AIDS National Hotline is 1-800-

2. The local VD Confidential Information phone number is _______________________
The local AIDS Information phone number is _______________________

While the law permits minors to obtain confidential medical care without parental permission, it is recommended that minors consult with their parents before visiting a clinic or doctor.

3. Clinics in the area that offer confidential medical care are (call for information):

4. If I suspected that I contacted a person with an STD, I would talk to _______________________
because _______________________

5. For STD information and medical care, I would go to:
Clinic or Doctor: _______________________
Address: _______________________
Phone: _______________________

Draw a map on the back of this sheet outlining the way to get to your selected STD resource from your home or school.
Action Plans For Persons with STD's

1. What signs would alert you to seek prompt medical care for an STD?

2. Who can diagnose and care for persons with STD's?

3. The three most important things to do if you suspect you made contact with a person with an STD are to:

4. List some reasons why some persons with STD's do not seek prompt medical care and tell their sex partners.

5. What can be done to encourage these persons with STD's to seek help and tell their sex partner(s)?

6. To tell your sex partner(s) about you having an STD is difficult, but why is it so important?

7. List some ways that you can lead into a conversation to tell your sex partner(s) about your STD problem.

8. If I suspected I contracted an STD, I would call at phone number located at address for help.

9. If I suspected that I contracted an STD, I would do these things in the following order:

10. If you are an STD patient, help fight STD's -- Don't forget to:
STD Prevention Strategies

1. Comment on the effectiveness of the following strategies for the prevention of STD's:
   - Practice abstinence (No Sex! No Drugs!):
   - Responsible sex behavior:
   - Education:
   - Voluntary testing:
   - Exercise healthy behaviors:
   - Not cheating on your partner (mutual fidelity):
   - Treatment of partner(s):
   - Identify and reduce risks:
   - Observation of partner and self:
   - No risky sex or drug behavior:

2. Can you think of any other effective and useful strategies to prevent STD? Name and discuss.

3. The best strategies to prevent STD's for a teenager are:
More than fears and facts are needed to say, "NO!" One needs prevention skills to be psychosocially "inoculated" from the pressures which encourage unhealthy behaviors.

To effectively fight the pressures you must first prepare some Saying NO Skills to prevent unhealthy behaviors before the situations arise. Here are some strategies.

Decision Making
Make a Decision to Say "NO!" Using These Easy Steps:
1. 
2. 
3. 
4. 
5. 

Use common sense and try to avoid situations where you must say, "NO!" such as being alone with someone you don't trust or being with people who may expect unhealthy behavior from you.

Write out your decision steps here for a say "NO!" situation.
1. You are offered a choice to 
2. 
3. 
4. 
5. 

Assertive Communication
Say What You Mean and Mean What You Say
Once you have made your decision, you need to be able to communicate it clearly and assertively.
Here are some tips:

Reducing Nervousness Technique
Sometimes you may have thought out your decision about saying "NO!" but the situation makes you nervous and you need to relax. Try this technique. It only takes about 10 seconds and you can do it anywhere.

1. 
2. 
3. 
4. 
5. 

With practice this technique can become automatic and very effective in helping you to control any nervous situations.
PRACTICING SAYING NO SKILLS

Even though you have prepared your Saying NO Skills, it is necessary to practice them to prepare for real-life, on-the-spot situations where you are pressured to do unhealthy behaviors.

Individual Activities
Be prepared! Write out responses (counter-arguments) to these arguments:

Arguments
1. Everyone is doing it.
2. You would if you loved me.
3. It makes you mature.
4. It's fun because you're not supposed to.
5. If you don't say, "Yes," I'm leaving.
6. Drugs help you enjoy life.
7. Why do you say, "NO"?

Your Responses
1. ________________________________
2. ________________________________
3. ________________________________
4. ________________________________
5. ________________________________
6. ________________________________
7. ________________________________

Group Activities
Now form groups of two or more and practice verbally responding to a role-playing situation which pressures you to do something you don't want to do. You can use the above arguments or create new ones. Students should exchange roles. As you go through this exercise, remember to practice your communication skills and say what you mean and mean what you say. If you get nervous, practice the reducing nervousness technique.

If possible, videotape and play back for class evaluation so that the students may prepare, practice, evaluate and reformulate Saying NO Skills.

Why Should You Use Your Saying NO Skills?
Standing up for what you want can help you feel good about yourself. How do you feel when someone else tells you what to do, especially when you do not want to do it?

List some reasons why people enjoy making their own decisions and sticking to them.

• ________________________________
• ________________________________
• ________________________________
• ________________________________
Being An STD Teacher

You have just finished learning about STD's in your classes at school today. A friend who has been sick and out of school stops by to visit and to catch up on schoolwork. After talking about your favorite now albums he asks you what you were studying in school that was interesting. You say, "STD's," and the following conversation takes place.

YOUR FRIEND'S QUESTIONS
What are STD's?
Why did you study them?
How do you get STD's?

How do you know if you have one?

[ ] Signs
[ ] Symptoms
[ ] Not
[ ] Other

What should you do if you suspect you have and STD?

[ ] [A]
[ ] [C]
[ ] [T]

If you don't get treatment for STD's what can they do to you?

[ ] [D]
[ ] [E]
[ ] [F]
[ ] [T]

Where can you go for help for STD's?

Clinic or Doctor:________
Address________
Phone________

But what if you're a minor?

I really don't want to get an STD; what can I do to prevent them?

[ ] [P]
[ ] Prevention
[ ] 
[ ] 

Wow! You sure learned a lot about STD's. Thanks for the information. By the way, did you ever think about being an STD teacher? See you in school tomorrow.
CHOOSE AN STD AND COMPLETE THIS SHORT STORY ABOUT AN STD CALLED __________________________

This is a story about Chris and Pat and the STD __________________________.

Chris and Pat went on a date to the movie and then to a fast food restaurant. Afterwards they went back to Pat's house and ended up having sex.

After a period of time Chris noticed these signs ______________ on ___________ and Pat noticed these signs ______________ on ___________.

Because both of them had studied STD education in school, both Chris and Pat knew to do these three things: ____________________________ and ____________________________.

In order to tell Pat, Chris planned to call and say, "__________________________".

In order to tell Chris, Pat planned to call and say, "__________________________"

They went to an STD clinic where a disease intervention specialist explained to each of them that since an STD must be contracted from an infected person, all their contacts should be ____________________________.

The doctor treated them for _____________________________. She described it as an STD ____________________________

She told them that it was caused by _____________________________ and explained that this disease had possible complications including: _____________________________.

To help break the chain of infection for the disease _____________________________ the doctor suggested the following prevention strategies: _____________________________.

Hopefully the experience of Chris and Pat in this short story will give you the knowledge and skills needed for realistic decision making regarding the STD called_________________________.

THE END
Solve This Disease Puzzle
With The Clues Below

DOWN
1. NEW ABBREVIATION FOR VD.
3. GERM
4. STD SYMPTOM, PAINFUL
6. STD's ARE ________ DISEASES.
7. DISEASE INTERVENTION ________.
11. OFTEN NO SYMPTOMS

ACROSS
2. TREATMENT IN A CLINIC IS ________.
5. EFFECTIVE AGAINST MOST STD's
8. NO SYMPTOMS
9. CONTACT WHICH USUALLY SPREADS STD's
10. CYCLE OF DISEASE MAY BE SEEN AS A ________ OF INFECTION.
12. NO SEX.
BE AN EPIDEMIOLOGIST (DISEASE DETECTIVE) AND USE THESE CLUES TO FIND THE KEY WORD IN BREAKING THE CHAIN OF INFECTION.

CLUES

1. ____________  — a non-itchy rash occurs in the second stage of this disease.

2. ____________  — a disease which may be triggered by emotional upset.

3. ____________  — twice as common as gonorrhea non-gonococcal ____________.

4. ____________  — any place germs can survive.

5. ____________  — found in pubic hair.

6. ____________  — common female infection.

7. ____________  — treatment includes electrosurgery.

8. ____________  — fatal and no cure.

9. ____________  — an antibiotic resistant strain presents treatment problems.

10. ____________  — yeast infection.

KEY WORD IN BREAKING THE CHAIN OF INFECTION:
STD Pre/Post Questionnaire-Part A

What Do You Know?

1. STD stands for **sexually transmitted diseases**, formerly called VD for venereal disease.
2. What are four reasons for studying STD's? • legal • statistical • educational • human
3. Name the six links in the chain of infection: • agent • reservoir • place of exit • method of transmission • place of entry • susceptible host
4. How are STD's usually spread? **Intimate sexual contact and/or intravenous drug abuse**
5. What are five common symptoms or signs of STD's?
   - [S]kin changes (sores, rashes, bumps) around the genitals
   - [I]rritating (burning) urination
   - [G]enital itching
   - [N]oticeable pelvic pain (females)
   - [S]ex organs discharge(s)
   Do you always have symptoms with STD's or need them to transmit the diseases?
   - [N]o X _UNDecided _ YES __
6. Who can diagnose and care for persons with STD's?
   - [O]nly qualified health professionals
7. List five complications of STD's:
   - [D]eath
   - [E]motional (fear, shame, guilt)
   - [A]ffects newborns of infected mothers
   - [T]ubal (ectopic) pregnancy, fatal to embryo and dangerous to mother
   - [H]ave risk of sterility (inability to reproduce)
8. If you suspect you have an STD, what three actions should you take?
   - [A]ttain prompt medical care and if infected, follow instructions
   - [C]ontact sex partner(s) to seek medical care
   - [T]alk with a qualified health professional about how to notify your sex partner(s)
9. If you are an STD patient, help fight STD's. Don't forget these four actions:
   - [H]ave follow-up, if infected
   - [E]ncourage sex partner(s) to seek medical care
   - [L]earn how to and take all medicines
   - [P]ractice ways to avoid STD's
10. While it is encouraged that minors consult with their parents before visiting a clinic or doctor, the law permits minors to obtain confidential STD medical care without parental permission.
    YES X UNDECIDED ___ NO ___
11. If you suspected you contracted an STD, who would you call or where would you go for help?
    **Clinic or Doctor:** ____________________________
    **Address:** ___________________________________
    **Phone:** ____________________________________
12. List ten strategies for STD prevention:
   - [P]ractice abstinence (No Sex! No Drugs!)
   - [R]esponsible sex behavior
   - [E]ducation
   - [V]oluntary testing
   - [E]xercise healthy behaviors
   - [N]ot cheating on partner
   - [T]reatment of partner(s)
   - [I]dentify, reduce risks
   - [O]bservation of partner, self
   - [N]o risky sex or drug behaviors
TEACHER NOTE:

PART B evaluates STD attitudes and behavioral intentions. There are no "correct" answers for these questions, but the "Yes" answers are more desirable, especially a shift toward the "Yes" between the Pre and Post Questionnaires.

What Do You Think?

1. I feel comfortable studying STD's.                  YES _ UNDECIDED _ NO _
2. It is important for me to learn about STD's.      YES _ UNDECIDED _ NO _
3. I can do things to prevent STD's.                 YES _ UNDECIDED _ NO _
4. I would appreciate a sex partner or qualified health professional who informed me that I had been exposed to an STD.  YES _ UNDECIDED _ NO _

What Would You Do?

1. If you were to have sex, would you use strategies to prevent STD's?
   YES _ UNDECIDED _ NO _

   If you suspected you had an STD:
2. Would you seek prompt medical care?
   YES _ UNDECIDED _ NO _

3. Would you tell your sex partner(s) to get medical care?
   YES _ UNDECIDED _ NO _

4. Would you talk with a qualified health professional about how to notify your sex partner(s)?
   YES _ UNDECIDED _ NO _

Post Test Only

What did you think of your STD education?
Very Helpful ____ Somewhat Helpful ____ Not Helpful at All ____

Please write any additional thoughts about your STD education: __________________________________________
                                                                                                         __________________________________________
                                                                                                         __________________________________________
                                                                                                         __________________________________________
                                                                                                         __________________________________________
                                                                                                         __________________________________________
                                                                                                         __________________________________________
                                                                                                         __________________________________________
### STD Pre/Post Questionnaire - Part A

#### What Do You Know?

1. STD stands for ____________________________, formerly called VD for venereal disease.
   
2. What are four reasons for studying STD's?
   
3. Name the six links in the chain of infection:
   
4. How are STD's usually spread?
   
5. What are five common symptoms or signs of STD's?
   - [ ] __________
   - [ ] __________
   - [ ] __________
   - [ ] __________
   
   Do you always have symptoms with STD's or need them to transmit the disease?
   - [ ] NO  UNDECIDED  [ ] YES
   
6. Who can diagnose and care for persons with STD's?
   - [ ] __________
   
7. List five complications of STD's:
   - [ ] __________
   - [ ] __________
   - [ ] __________
   - [ ] __________
   
8. If you suspect you have an STD, what three actions should you take?
   - [ ] __________
   - [ ] __________
   - [ ] __________
   
9. If you are an STD patient, help fight STD's. Don't forget these four actions:
   - [ ] __________
   - [ ] __________
   - [ ] __________
   
10. While it is recommended that minors consult with their parents before visiting a clinic or doctor, the law permits minors to obtain confidential STD medical care without parental permission.
    - [ ] YES  UNDECIDED  [ ] NO
   
11. If you suspected you contracted an STD, who would you call or where would you go for help?
    
    - Clinic or Doctor: __________
    - Address: __________
    - Phone: __________
   
12. List ten strategies for STD prevention:
   - [ ] Prevention
   - [ ] Prevention
   - [ ] Prevention
   - [ ] Prevention
   - [ ] Prevention
   - [ ] Prevention
   - [ ] Prevention
   - [ ] Prevention
   - [ ] Prevention
   - [ ] Prevention
   
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STD Pre/Post Questionnaire—Part B

What Do You Think?

1. I feel comfortable studying STD's. [ ] YES [ ] UNDECIDED [ ] NO

2. It is important for me to learn about STD's. [ ] YES [ ] UNDECIDED [ ] NO

3. I can do things to prevent STD's. [ ] YES [ ] UNDECIDED [ ] NO

4. I would appreciate a sex partner or qualified health professional who informed me that I had been exposed to an STD. [ ] YES [ ] UNDECIDED [ ] NO

What Would You Do?

1. If you were to have sex, would you use strategies to prevent STD's? [ ] YES [ ] UNDECIDED [ ] NO

If you suspected you had an STD:

2. —would you seek prompt medical care? [ ] YES [ ] UNDECIDED [ ] NO

3. —would you tell your sex partner(s) to get medical care? [ ] YES [ ] UNDECIDED [ ] NO

4. —would you talk with a qualified health professional about notifying your sex partner(s)? [ ] YES [ ] UNDECIDED [ ] NO

Post Test Only

What did you think of your STD education?

Very Helpful [ ] Somewhat Helpful [ ] Not Helpful at All [ ]

Please write any additional thoughts about your STD education:

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

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HELP!

TEACHER EVALUATION

Dear STD Educator:

We helped you by providing the Educator's Guide to AIDS and other STD's. Now we need your help to help others.

Please complete and return this teacher evaluation after using the Guide in your classroom.

If AIDS education is different than other STD's, please note.

Thanks very much,

Steve Sroka

Please circle or write in the appropriate response.

1. In what city and state do you teach? ______________________________

2. Does your school use the Guide? YES ___ NO ___

   If no, list reason(s) and return evaluation ______________________________

3. Grade level(s) STD education is taught in your school: 4 5 6 7 8 9 10 11 12 ___

4. Average number of class sessions spent on STD's: 1 2 3 4 5 6 7 8 9 10 ___

5. About how many students receive STD education in your school each year? ___

6. In what class and subject area do you teach STD's?

   Class = health, family health, physical education, other

   Subject area = disease, sex, other

   SA = strongly agree   A = agree   U = undecided   D = disagree   SD = strongly disagree

7. The Guide offers effective methods and materials to teach students:

   • to describe the communicable disease chain of infection concept

   • to identify ways to break the chain of infection

   • to recognize STD symptoms

   • to find and use STD clinics or other health care providers

   • to refer all sex partners for medical care

   • to follow treatment instructions if infected

   • to avoid STD's

8. The Guide helps make STD education easier to teach

9. Overall, the Guide helped produce significant educational gains in my students:

   STD knowledge  ______________________________

   STD attitudes  ______________________________

   STD behavioral intentions  ______________________________

10. I will use the Guide again

11. Did you attend a workshop explaining the Guide? Yes ___ No ___

Additional comments about the Guide: ______________________________

Please fold, staple and mail to:

Dr. Stephen R. Sroka
1284 Manor Park
Lakewood, Ohio 44107
AIDS Materials

OBJECTIVES

The three AIDS specific objectives of the Guide are that the student will:

1. identify basic AIDS information and attitudes needed to break the chain of infection
2. plan actions for a person infected with the AIDS virus
3. analyze and practice strategies to prevent AIDS infections

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TEACHING SUGGESTIONS

Here are some strategies to help present the AIDS activities.

1. LISTENING CENTER • The "Story of AIDS" may be read by the teacher and/or student. Afterwards, have the students answer the questions by themselves and then have a class discussion.

2. GAMING • Separate your students into 2 teams. Play tic-tac-toe where a correct answer allows that team’s player to mark an X or O in the grid on the board. Play until a team wins. Continue until you use all your questions.

   For questions use these activities:
   1) "The Story of AIDS"
   2) "Myths and Facts about AIDS"
   3) "What are the Risks for AIDS?"

   Your questions may take the form of True/False, Yes/No, or fill-in for answers.

3. CREATE AN AIDS LEARNING CENTER • On an AIDS Bulletin Board (perhaps in the AIDS corner), post the latest information about AIDS. Use pamphlets, newspapers, magazines or have students write reports about TV shows or news coverage. Have students interview their peers, teachers or community residents about AIDS issues. Help your students separate AIDS myths from the facts.

   • Create situations to allow students to ask questions about AIDS in a non-threatening way. For instance, have an AIDS Questions Box where students can drop off questions anonymously.

   You could post these questions in a “Dear Abby” type column on your AIDS Bulletin Board and either have yourself or other students write replies. Also these questions could act as springboards for class discussions.

   • Encourage your students to share their AIDS information with friends and family.

   Teach your students to be AIDS educators.
AIDS Awareness

1. When I think of AIDS, I think of

2. When and where did you first learn about AIDS?
   when
   where

3. How would you feel if you found out that you had become infected with the AIDS virus?

4. What do you feel are some of the worst complications which can result from infection with the AIDS virus?

5. Why do persons with AIDS need compassion and understanding?

6. Since AIDS is preventable, why are so many people infected?

7. More people would know about and what to do about AIDS if we

8. Things about AIDS that I would like to know more about are:
FOREWORD

This is a report from the Surgeon General of the US Public Health Service to the people of the United States on AIDS. Acquired Immune Deficiency Syndrome is an epidemic that has already killed thousands of people, mostly young, productive Americans. In addition to illness, disability, and death, AIDS has brought fear to the hearts of most Americans - fear of disease and fear of the unknown. Initial reporting of AIDS occurred in the United States, but AIDS and the spread of the AIDS virus is an international problem. This report focuses on prevention that could be applied in all countries.

My report will inform you about AIDS, how it is transmitted, the relative risks of infection and how to prevent it. It will help you understand your fears. Fear can be useful when it helps people avoid behavior that puts them at risk for AIDS. On the other hand, unreasonable fear can be as crippling as the disease itself. If you are participating in activities that could expose you to the AIDS virus, this report could save your life.

In preparing this report, I consulted with the best medical and scientific experts this country can offer. I met with leaders of organizations concerned with health, education, and other aspects of our society to gain their views of the problems associated with AIDS. The information in this report is current and timely.

This report was written personally by me to provide the necessary understanding of AIDS.

The vast majority of Americans are against illicit drugs. As a health officer I am opposed to the use of illicit drugs. As a practicing physician for more than forty years, I have seen the devastation that follows the use of illicit drugs, addiction leading to family disruption, emotional and psychological problems, and death. I applaud the President's action in the nation of the Comprehensive Drug Abuse Prevention and Control Act. The success of this act will determine the health of the young generation. The success of our efforts to reduce the demand for drugs will affect the spread of the AIDS virus.

Teenagers often consider themselves immortal, and these young people may be putting themselves at great risk. Education about AIDS should start in early elementary school and at home so that children can grow up knowing the behavior to avoid to protect themselves from exposure to the AIDS virus. The threat of AIDS can provide an opportunity for parents to instill in their children their own moral and ethical standards.

Those of us who are parents, educators and community leaders, indeed all adults, cannot disregard this responsibility to educate our young. The need is critical and the price of neglect is high. The lives of our young people depend on our fulfilling our responsibility.

AIDS is an infectious disease. It is contagious, but it cannot be spread in the same manner as a common cold or measles or chicken pox. It is contagious in the same way that sexually transmitted diseases, such as syphilis and gonorrhea, are contagious. AIDS can also be spread through the sharing of intravenous drug needles and syringes used for injecting illicit drugs.

AIDS is not spread by common everyday contact but by sexual contact (penis-vagina, penis-rectum, mouth-rectum, mouth-vagina, mouth-penis) and perhaps experimenting with drugs. Teenagers often consider themselves immortal, and these young people may be putting themselves at great risk.

Today those practicing high risk behavior who become infected with the AIDS virus are found mainly among homosexual and bisexual men and male and female intravenous drug users. Heterosexual transmission is expected to account for an increasing proportion of those who become infected with the AIDS virus in the future.

At the beginning of the AIDS epidemic, many Americans had little sympathy for people with AIDS. The feeling was that somehow people from certain groups "deserved" their illness. Let us put those feelings behind us. We are fighting a disease, not people. Those who are already afflicted are sick people and need our care as do all sick patients. The country must face this epidemic as a unified society. We must prevent the spread of AIDS while at the same time preserving our humanity and liberty.

AIDS is a life threatening disease and a major public health issue. Its impact on our society is and will continue to be devastating. By the end of 1991, an estimated 270,000 cases of AIDS will have occurred with 170,000 deaths within the decade since the disease was first recognized. In the year 1991, an estimated 145,000 patients with AIDS will need health and supportive services at a total cost of between $8 and $16 billion. However, AIDS is preventable. It can be controlled by changes in personal behavior. It is the responsibility of every citizen to be informed about AIDS and to exercise the appropriate preventive measures. This report will tell you how.

The spread of AIDS can and must be stopped.

C. Everett Koop, MD, ScD
Surgeon General
I. AIDS

1. AIDS Caused by Virus

The letters A-I-D-S stand for Acquired Immune Deficiency Syndrome. When a person is sick with AIDS, he/she is in the final stages of a series of health problems caused by a virus (germ) that can be passed from one person to another chiefly during sexual contact or through the sharing of intravenous drug needles and syringes used for “shooting” drugs. Scientists have named the AIDS virus “HIV (Human Immunodeficiency Virus) or HTLV-II (Human T Lymphotropic Virus Type III) or LAV (lymphadenopathy Associated Virus)” These abbreviations stand for information denoting a virus that attacks white blood cells (T-Lymphocytes) in the human blood. Throughout this publication, we will call the virus the “AIDS virus.” The AIDS virus attacks a person’s immune system and damages his/her ability to fight other disease.

2. No Known Cure

There is presently no cure for AIDS. There is presently no vaccine to prevent AIDS.

3. Virus Invades Blood Stream

When the AIDS virus enters the blood stream, it begins to attack certain white blood cells (T-Lymphocytes). Substances called antibodies are produced by the body. These antibodies can be detected in the blood by a simple test, usually two weeks to three months after infection. Even before the antibody test is positive, the victim can pass the virus to others by methods that will be explained.

Once an individual is infected, there are several possibilities. Some people may remain well but even so they are able to infect others. Others may develop a disease that is less serious than AIDS referred to as AIDS Related Complex (ARC). In some people the protective immune system may be destroyed by the virus and then other germs (bacteria, protozoa, fungi, and other viruses) and cancers that otherwise would never get a foothold cause “opportunistic diseases...” using the opportunity of lowered resistance to infect and destroy. Some of the most common are Pneumocystis carinii pneumonia and tuberculosis. Individuals infected with the AIDS virus may also develop certain types of cancers such as Kaposi’s sarcoma. These infected people have classic AIDS. Evidence shows that the AIDS virus may also attack the nervous system, causing damage to the brain.

II. SIGNS AND SYMPTOMS

4. No Signs

Some people remain apparently well after infection with the AIDS virus. They may have no physically apparent symptoms of illness. However, if proper precautions are not used, they may show up as “opportunist infections” would not otherwise gain a foothold in the body. These opportunistic diseases may eventually kill.

Some symptoms and signs of AIDS and the “opportunistic infections” may include a persistent cough and fever associated with shortness of breath or difficult breathing and may be the symptoms of Pneumocystis carinii pneumonia. Multiple purplish blotches and bumps on the skin may be a sign of Kaposi’s sarcoma. The AIDS virus in ill infected people is essentially the same; the reactions of individuals may differ.

5. ARC

AIDS Related Complex (ARC) is a condition caused by the AIDS virus in which the patient tests positive for AIDS infection and has a specific set of clinical symptoms. However, ARC patients’ symptoms are often less severe than those with the disease we call classic AIDS. Signs and symptoms of ARC may include loss of appetite, weight loss, fever, night sweats, skin rashes, diarrhea, tiredness, lack of resistance to infection, or swollen lymph nodes. These are also signs and symptoms of many other diseases and a physician should be consulted.

6. AIDS

Only a qualified health professional can diagnose AIDS, which is the result of a natural progress of infection by the AIDS virus. AIDS destroys the body’s immune (defense) system and allows otherwise controllable infections to invade the body and cause additional diseases.

7. Long Term

The AIDS virus may also attack the nervous system and cause delayed damage to the brain. This damage may take years to develop and the symptoms may show up as “opportunist infections” would not otherwise gain a foothold in the body. These opportunistic diseases may occur alone, or with other symptoms mentioned earlier.

8. AIDS: THE PRESENT SOLUTION

The number of people estimated to be infected with the AIDS virus in the United States is about 1.5 million. All of these individuals are assumed to be capable of spreading the virus sexually (heterosexually or homosexually) or by sharing needles and syringes or other implements for intravenous drug use. Of these, an estimated 100,000 to 200,000 will come down with AIDS Related Complex (ARC). It is difficult to predict the number who will develop ARC or AIDS because symptoms sometimes take as long as nine years to show up. With our present knowledge, scientists predict that 20 to 30 percent of those infected with the AIDS virus will develop an illness that fits an accepted definition of AIDS within five years. The number of persons known to have AIDS in the United States to date is over 25,000. Of these, about half have died of the disease. Since there is no cure, the others are expected to also eventually die from their disease.

The majority of infected antibody positive individuals who carry the AIDS virus show no
Surgeon General's Report on Acquired Immune Deficiency Syndrome

No Risk from Casual Contact

There is a known risk of non-sexual infections in most of the situations we encounter in our daily lives. We know that family members living with individuals who have the AIDS virus do not become infected except through sexual contact. There is no evidence of transmission (spread) of the AIDS virus by everyday contact even though these family members shared food, towels, cups, razors, even toothbrushes and kissed each other.

Health Workers

We know even more about health care workers exposed to AIDS patients. About 2500 health workers who were caring for AIDS patients when they were sickest have been carefully studied and tested for infection with the virus. None of these doctors, nurses and other health care givers have been exposed to the AIDS patients' blood, stools and other body fluids. Approximately 750 of these health workers reported possible additional exposure by direct contact with a patient's body fluid through spills or being accidentally stuck with a needle. Upon testing these 750, only 3 who had accidentally stuck themselves with a needle had a positive antibody test for exposure to the AIDS virus. Because health workers had much more contact with patients and their body fluids than would be expected from common everyday contact, it is clear that the AIDS virus is not transmitted by casual contact.

Control of Certain Behaviors Can Stop Further Spread of AIDS

Knowing the facts about AIDS can prevent the spread of the disease. Education of those who risk infecting themselves or infecting other people is the only way we can stop the spread of AIDS. People must be responsible about their sexual behavior and must avoid the use of illicit intravenous drugs and needle sharing. We will describe the types of behavior that lead to infection by the AIDS virus and the personal measures that must be taken for effective protection. If we are to stop the AIDS epidemic, we all must understand the disease - its cause, its nature, and its prevention. Precautions must be taken. The AIDS virus infects persons who expose themselves to known risk behavior, such as certain types of homosexual and heterosexual activities or sharing intravenous drug equipment.

Risk

Although the initial discovery was in the homosexual community, AIDS is not a disease only of homosexuals. AIDS is found in heterosexual people as well. AIDS is not a black or white disease, it is not just a male disease. AIDS is found in women; it is found in children. In the future AIDS will probably increase and spread among people who are not homosexual or intravenous drug abusers in the same manner as other sexually transmitted diseases like syphilis and gonorrhea.

Sex Between Men

Men who have sexual relations with other men are especially at risk. About 70 percent of AIDS victims throughout the country are male homosexuals and bisexuals. This percentage probably will decline as heterosexual transmission increases. Infection results from a sexual relationship with an infected person.

Multiple Partners

The risk of infection increases according to the number of sexual partners one has, male or female. The more partners you have, the greater the risk of becoming infected with the AIDS virus.

How Exposed

Although the AIDS virus is found in several body fluids, a person acquires the virus during sexual contact with an infected person's blood or semen and possibly vaginal secretions. The virus then enters a person's bloodstream through the rectum, vagina or penis. Small (unseen by the naked eye) tears in the surface lining of the vagina or rectum may occur during insertion of the penis, fingers, or other objects, thus opening an avenue for entrance of the virus directly into the bloodstream; therefore, the AIDS virus can be passed from penis to rectum and vagina or vice versa without a visible tear in the tissue or the presence of blood.

Prevention of Sexual Transmission - Know Your Partner

Couples who maintain mutually faithful monogamous relationships (only one continuing sexual partner) are protected from AIDS through sexual transmission. If you have been faithful for at least five years and your partner has been faithful too, neither of you is at risk. If you have not been faithful, then you and your partner are at risk. If your partner has not been faithful, then you and your partner are at risk which also puts you at risk. This is true for both heterosexual and homosexual couples. Unless it is possible to know with absolute certainty that neither you nor your sexual partner is not carrying the virus of AIDS, you must use protective behavior. Absolute certainty means not only that you and your partner have maintained a mutually faithful monogamous sexual relationship, but it means that neither you nor your partner has used illegal intravenous drugs.

17. AIDS: YOU CAN PROTECT YOURSELF FROM INFECTION

Some personal measures are adequate to safely protect yourself and others from infection by the AIDS virus and its complications. Among these are:

- If you have been involved in any of the high risk sexual activities described above or have injected illicit intravenous drugs into your body, you should have a blood test to see if you have been infected with the AIDS virus.
- If your test is positive or if you engage in high risk activities and choose not to have a test, you should tell your sexual partner. If you decide to have sex, you must protect your partner by always using a rubber (condom) during (start to finish) sexual intercourse (vagina or rectum).
- If your partner has a positive blood test showing that he/she has been infected with the AIDS virus or you suspect that he/she has been exposed by previous heterosexual or homosexual behavior or use of intravenous drugs with shared needles and syringes, a rubber (condom) should always be used during (start to finish) sexual intercourse (vagina or rectum).
- If you or your partner is at high risk, avoid mouth contact with the penis, vagina, or rectum.
- Avoid all sexual activities which could cause cuts or tears in the linings of the rectum, vagina, or penis.
- Single teenage girls have been warned that pregnancy and contracting sexually transmitted diseases can be the result of only one act of sexual intercourse. They have been taught to say NO to sex! They have been taught to say NO to drugs! By saying NO to sex and drugs, they can avoid AIDS which can kill them! The same is true for teenage boys who should also not have rectal intercourse with other males. It may result in AIDS.
- Do not have sex with prostitutes. Infected male and female prostitutes are frequently also intravenous drug abusers; therefore, they may infect clients by sexual intercourse and other intravenous drug abusers by sharing their intravenous drug equipment. Female prostitutes also can infect their unborn babies.

18. Intravenous Drug Users

Drug abusers who inject drugs into their veins are another population group at high risk and with high rates of infection by the AIDS virus. Users of intravenous drugs make up 25 percent of the cases of AIDS throughout the country. The AIDS virus is carried in contaminated blood left in the needle, syringe, or other drug related implements and the virus is injected into the new victim by reusing dirty syringes and needles. Even the smallest amount of infected blood left in a used needle or syringe can contain live blood left to be passed on to the next user of those dirty implements.
No one should shoot up drugs because of addiction, poor health, family disruption, emotional disturbances and death that follow. However, many drug users are addicted to drugs and for one reason or another have not changed their behavior. For these people, the only way not to get AIDS is to use a clean, previously unused needle, syringe or any other implement necessary for the injection of the drug solution.

19. Hemophilia

Some persons with hemophilia (a blood clotting disorder that makes them subject to bleeding) have been infected with the AIDS virus either through blood transfusions or the use of blood products that help their blood clot. Now that we know how to prepare safe blood products to aid clotting, this—unlikely to happen. This group represents a very small percentage of the cases of AIDS throughout the country.

20. Blood Transfusion

Currently all blood donors are initially screened and blood is not accepted from high risk individuals. Blood that has been collected for use is tested for the presence of antibody to the AIDS virus. However, some people may have had a blood transfusion prior to March 1985 before we knew how to screen blood for safe transfusion and may have become infected with the AIDS virus. Fortunately there are now a large number of these cases. With routine testing of blood products, the blood supply for transfusion is now safer than in years past. Persons who have engaged in homosexual activities or have shot street drugs within the last 10 years should never donate blood.

21. Mother Can Infect Newborn

If a woman is infected with the AIDS virus and becomes pregnant, she is more likely to develop ARC or classic AIDS. She also can pass the AIDS virus to her unborn child. Approximately one third of the babies born to AIDS-infected mothers will also be infected with the AIDS virus. Most of the infected babies will eventually develop the disease and die. Several of these babies have been born to wives of hemophiliacs infected with the AIDS virus by way of contaminated blood products. Some babies have also been born to women who became infected with the AIDS virus by bisexual partners who had the virus. Almost all babies with AIDS have been born to women who were intravenous drug users or the sexual partners of intravenous drug users who were infected with the AIDS virus. More such babies can be expected.

Think carefully if you plan on becoming pregnant. If there is any chance that you may be in any high risk group or that you have had sex with someone in a high risk group, such as homosexual and bisexual males, drug abusers and their sexual partners, see your doctor.

22. Summary

AIDS afflicts certain groups of the population. Homosexual and bisexual males who have had sexual contact with other homosexual or bisexual males as well as those who "shoot" street drugs are at greatest risk of exposure, infection and eventual death. Sexual partners of these high risk individuals are at risk, as well as any children born to women who carry the virus. Heterosexual persons are increasingly at risk.

23. AIDS: WHAT IS SAFE

Most Behavior Is Safe

Everyday living does not present any risk of infection. You cannot get AIDS from casual social contact. Casual social contact should not be confused with casual sexual contact which is a major cause of the spread of the AIDS virus. Casual social contact such as shaking hands, hugging, social kissing, crying, coughing or sneezing, will not transmit the AIDS virus. Nor has AIDS been contracted from swimming in pools or hot tubs or from eating in restaurants (even if a restaurant worker has AIDS or carries the AIDS virus). AIDS is not contracted from sharing bed linens, towels, cups, straws, dishes, or any other eating utensils. You cannot get AIDS from toilets, doorknobs, telephones, office machinery, or household furniture. You cannot get AIDS from body massages, masturbation or any non-sexual body contact.

Donating Blood

Donating blood is not risky at all. You cannot get AIDS by donating blood.

25. Receiving Blood

In the US every blood donor is screened to exclude high risk persons and every blood donation is now tested for the presence of antibodies to the AIDS virus. Blood that shows exposure to the AIDS virus by the presence of antibodies is not used either for transfusion or for the manufacture of blood products. Blood banks are as safe as current technology can make them. Because antibodies do not form immediately after exposure to the virus, a newly infected person may unknowingly donate blood after becoming infected but before his/her antibody test becomes positive. It is estimated that this might occur less than once in 100,000 transfusions.

There is no danger of AIDS virus infection from visiting a doctor, dentist, hospital, hairdresser or beautician. AIDS cannot be transmitted non-sexually from an infected person through a health or service provider to another person. Ordinary methods of disinfection for urine, stool and vomitus which are used for non-infected people are adequate for people who have AIDS or are carrying the AIDS virus. You may have wondered why your dentist wears gloves and perhaps a mask when treating you. This does not mean that he has AIDS or that he thinks you do. He is protecting you and himself from hepatitis, common colds or flu.

There is no danger in visiting a patient with AIDS or caring for him or her. Normal hygienic practices, like wiping of body fluid spills with a solution of water and household bleach (1 part household bleach to 10 parts water), will provide full protection.

26. Children in School

None of the identified cases of AIDS in the United States are known or are suspected to have been transmitted from one child to another in school, day care, or foster care settings. Transmission would necessitate exposure of open cuts to the blood or other body fluids of the infected child, a highly unlikely occurrence. Even then routine safety procedures for handling blood or other body fluids which should be standard for all children in the school or day care setting) would be effective in preventing transmission from children with AIDS to other children in school.

Children with AIDS are highly susceptible to infections, such as chicken pox, from other children. Each child with AIDS should be examined by a doctor before attending school or before returning to school, day care or foster care settings after an illness. No blanket rules can be made for all schoolboards to cover all possible cases of children with AIDS and each case should be considered separately and individualized to the child and the setting, as would be done with any child with a special problem, such as cerebral palsy or asthma. A good team to make such decisions with the schoolboard would be the child's parents, physician and a public health official.

Casual social contact between children and persons infected with the AIDS virus is not dangerous.

27. Insects

There are no known cases of AIDS transmission by insects, such as mosquitoes or ticks.

28. Pets

Dogs, cats and domestic animals are not a source of infection from AIDS virus.

29. Tears and Saliva

Although the AIDS virus has been found in tears and saliva, no instance of transmission from these body fluids has been reported. AIDS comes from sexual contact or from infected persons and from sharing of syringes and needles. There is no danger of infection with AIDS virus by casual social contact.

30. Testing of Military Personnel

You may wonder why the Department of Defense is currently testing its uniformed services personnel for presence of the AIDS virus antibody.
The military feel this procedure is necessary because the uniformed services act as their own blood bank in a time of national emergency. They also need to protect new recruits (who unknowingly may be AIDS virus carriers) from reusing live virus vaccines. These vaccines could activate disease and be potentially threatening to the recruits.

31. AIDS: WHAT IS CURRENTLY UNDERSTOOD

Although AIDS is still a mysterious disease in many ways, our scientists have learned a great deal about it. In five years we know more about AIDS than many diseases that we have studied for even longer periods. While there is no vaccine or cure, the results from the health and behavioral research community can only add to our knowledge and increase our understanding of the disease and ways to prevent and treat it.

AIDS no longer is the concern of any one segment of society; it is the concern of us all. No American’s life is in danger if he/she or their sexual partners do not engage in high risk sexual behavior or use shared needles or syringes to inject illicit drugs into the body. People who engage in high risk sexual behavior or who shoot drugs are risking infection with the AIDS virus and are risking their lives and the lives of others, including their unborn children.

We cannot yet know the full impact of AIDS on our society. From a clinical point of view, there may be new manifestations of AIDS - for example, mental disturbances due to the infection of the brain by the AIDS virus in carriers of the virus. From a social point of view, it may bring to an end the free-wheeling sexual lifestyle which has been called the sexual revolution. Economically, the care of AIDS patients will put a tremendous strain on our already overburdened and costly health care delivery system.

34. LOOK TO THE FUTURE

The Challenge of the Future

An enormous challenge to public health lies ahead of us and we would do well to take a look at the future. We must be prepared to manage those things we can predict, as well as those we cannot.

At the present time there is no vaccine to prevent AIDS. There is no cure. AIDS, which can be transmitted sexually and by sharing needles and syringes among illicit intravenous drug users, is bound to produce profound changes in our society, changes that will affect us all.

35. Information and Education

We Cannot yet know the full impact of AIDS on our society, it is likely that cases of AIDS will appear far and wide. Be prepared. Learn as much about AIDS as you can. Learn to separate scientific information from rumor and myth. The Public Health Service, your local public health officials and family physician will be able to help you.

36. AIDS will Impact All

The changes in our society will be economic and political and will affect our social institutions, our educational practices, and our health care. Although AIDS may never touch you personally, the societal impact certainly will.

37. Be Educated — Be Prepared

Be prepared. Learn as much about AIDS as you can. Learn to separate scientific information from rumor and myth. The Public Health Service, your local public health officials and family physician will be able to help you.

38. Concern About Spread of AIDS

While the concentration of AIDS cases is in the larger urban areas today, it has been found in every state and with the mobility of our society, it is likely that cases of AIDS will appear far and wide.

39. Special Educational Concerns

There are a number of people, primarily adolescents, that do not yet know they will be homosexual or become drug abusers and will not heed this message; there are others who are illiterate and cannot heed this message. They must be reached and taught the risk behaviors that expose them to infection with the AIDS virus.

40. High Risk Get Blood Test

The greatest public health problem lies in the large number of individuals with a history of high risk behavior who have been infected with and may be spreading the AIDS virus. Those with high risk behavior must be encouraged to protect others by adopting safe sexual practices and by the use of clean equipment for intravenous drug use. If a blood test for antibodies to the AIDS virus is necessary to get these individuals to use safe sexual practices, they should get a blood test.

Call your local health department for information on where to get the test.
infected with the AIDS virus.

The responsibility of state and local task forces should be far reaching and might include the following areas:

- Insure enforcement of public health regulation of such practices as ear piercing and tattooing to prevent transmission of AIDS virus.
- Conduct AIDS education programs for police, firemen, correctional institution workers and emergency medical personnel for dealing with AIDS victims and the public.
- Insure that institutions catering to children or adults who soil themselves or their surroundings with urine, stool, and vomitus have adequate equipment for cleaning and disposal, and have policies to insure the practice of good hygiene.

44. School

Schools will have special problems in the future. In addition to the guidelines already mentioned in this pamphlet, there are other things that should be considered such as sex education and education of the handicapped.

45. Sex Education

Education concerning AIDS must start at the youngest grade possible as part of any health and hygiene program. The appearance of AIDS could bring together diverse groups of parents and educators with opposing views on inclusion of sex education in the curriculum. There is now no doubt that we need sex education in schools and that it include information of heterosexual and homosexual relationships. The threat of AIDS should be sufficient to permit sex education curriculum with a heavy emphasis on prevention of AIDS and other sexually transmitted diseases.

46. Handicapped and Special Education

Children with AIDS or ARC will be attending school along with others who carry the AIDS virus. Some children will develop brain disease which will produce changes in mental behavior. Because of the right to special education of the handicapped and the mentally retarded, school boards and higher authorities will have to provide guidelines for the management of such on a case-by-case basis.

47. Labor and Management

Labor and management can do much to prepare for AIDS so that misinformation is kept to a minimum. Unions should issue preventive health messages because many employees will listen more carefully to a union message than they will to one from public health authorities.

48. AIDS Education at the Work Site

Offices, factories, and other work sites should have a plan in operation for education of the work force and accommodation of AIDS or ARC patients before the first such case appears at the work site. Employees with AIDS or ARC should be dealt with as any workers with a chronic illness. In house video programs provide an excellent source of education and can be individualized to the needs of a specific work group.

49. Strain on the Health Care Delivery System

The health care system in many places will be overburdened as it is now in urban areas with large numbers of AIDS patients. It is predicted that during 1991 there will be 145,000 patients requiring hospitalization at least once and 64,000 patients who will die of AIDS. Mental disease (dementia) will occur in some patients who have the AIDS virus before they have any other manifestation such as ARC or classic AIDS.

State and local task forces will have to plan for these patients by utilizing conventional and time honored systems but will also have to investigate alternate methods of treatment and alternate sites for care including homecare.

The strain on the health system can be lessened by family, social, and psychological support mechanisms in the community. Programs are needed to train chaplains, clergy, social workers, and volunteers to deal with AIDS. Such support is critical to minority communities.

50. Mental Health

Our society will also face an additional burden as we better understand the mental health implications of infection by the AIDS virus. Upon being informed of infection with the AIDS virus, a young, active, vigorous person faces anxiety and depression brought on by fears associated with social isolation, illness, and dying. Dealing with these individual and family concerns will require the best efforts of mental health professionals.

51. Controversial Issues

A number of controversial AIDS issues have arisen and will continue to be debated largely because of lack of knowledge about AIDS, how it is spread, and how it can be prevented. Among these are the issues of compulsory blood testing, quarantine, and identification of AIDS carriers by some visible sign.

52. Compulsory Blood Testing

Compulsory blood testing of individuals is not necessary. The procedure could be unnecessary and costly. It can be expected that many who test negatively might actually be positive due to recent exposure to the AIDS virus and give a false sense of security to the individual and his/her sexual partners concerning necessary protective behavior. The prevention behavior described in this report, if adopted, will protect the American public and contain the AIDS epidemic. Voluntary testing will be available to those who have been involved in high risk behavior.

53. Quarantine

Quarantine has no role in the management of AIDS because AIDS is not spread by casual contact. The only time that some form of quarantine might be indicated is in a situation where an individual carrying the AIDS virus knowingly and willingly continues to expose others through sexual contact or sharing drug equipment. Such circumstances should be managed on a case-by-case basis by local authorities.

54. Identification of AIDS Carriers by Some Visible Sign

Those who support the marking of carriers of the AIDS virus by some visible sign have not thought the matter through thoroughly. It would require testing of the entire population which is unnecessary, unmanageable and costly. It would miss those recently infected individuals who would test negatively, but be infected. The entire procedure would give a false sense of security. AIDS must and will be treated as a disease that can infect anyone. AIDS should not be used as an excuse to discriminate against any group or individual.

55. Updating Information

As the Surgeon General, I will continually monitor the most current and accurate health, medical, and scientific information and make it available to you, the American people. Armed with this information you can join in the discussion and resolution of AIDS-related issues that are critical to your health, your children’s health, and the health of the nation.

ADDITIONAL INFORMATION

Telephone Hotlines (Toll Free)

PHS AIDS Hotline
800-342-AIDS
800-342-2437

National Sexually Transmitted Diseases Hotline/American Social Health Association
800-227-8922

National Gay Task Force
AIDS Information Hotline
800-221-7044
(212) 807-6016 (NY State)

Information Sources

U.S. Public Health Service
Public Affairs Office
Hubert H. Humphrey Building
Room 725-H
200 Independence Avenue, S.W.
Washington, D.C. 20201
Phone: (202) 245-6867

Local Red Cross or American Red Cross
AIDS Education Office
1730 D Street, N.W.
Washington, D.C. 20006
Phone: (202) 737-8300

Phone: (202) 737-0360
Washington, D.C. 20006
Phone: (202) 245-6067
Phone: (202) 227-9922
Phone: (202) 342-2437
Phone: (202) 221-7044
(212) 807-6016 (NY State)
The Story of AIDS

Acquired Immune Deficiency Syndrome (AIDS) is a communicable disease, a disease you get from someone. AIDS is contagious, but it cannot be spread in the same way as a common cold or measles.

AIDS is a virus that invades your body. It triggers your body’s immune system to make antibodies to search and destroy the invaders to help you get well.

Once exposed to the AIDS virus, not everyone’s body reacts the same. For many people, the immune system is still able to work and there are no symptoms (even though this person could still spread the AIDS virus to others). For others, the immune system is only slightly damaged, and there are symptoms such as swollen lymph nodes, diarrhea, weight loss and fever. This is called AIDS Related Complex (ARC).

But for others who develop AIDS (Acquired Immune Deficiency Syndrome), the immune system becomes damaged and cannot fight diseases. Serious infections, like pneumonia and cancer which would not infect a healthy person, can now attack the victim.

Since there is no cure for AIDS, most people with AIDS die within two years. But it may take up to ten years or longer for symptoms of AIDS to appear.

The symptoms of AIDS are found in many diseases, such as tiredness, night sweats, fevers, weight loss, swollen glands, dry cough, diarrhea, but with AIDS they do not go away. There is a blood test to detect antibodies to AIDS in your blood. But this does not mean you have developed AIDS. Only a qualified health professional can diagnose AIDS.

The AIDS virus is spread by only a few ways. You can get the AIDS virus by having sex with someone (man or woman) who has the virus. You can also get the AIDS virus using the same needle as an infected person. This is how drug abusers have gotten AIDS from "shooting" drugs into their veins. And infected mothers can give the AIDS virus to their newborn babies. A small number of people have gotten the AIDS virus from receiving blood transfusions (but now the blood supply is as safe as possible).

You cannot get AIDS by donating blood.

AIDS is hard to catch. You cannot get it by casual contact such as:
- going to school with an AIDS victim
- shaking hands, hugging, touching
- contact with a doorknob, toilet seat, telephone, dishes, towels, etc.
- crying, coughing, sneezing
- mosquito bites
- dogs, cats, pets
- swimming pools

AIDS is preventable through healthy behaviors. So protect yourself from AIDS: Do not have sex (No Sext) and do not share needles (No Drugs!).
The Story of AIDS Worksheet

1. AIDS is a **communicable** disease.

2. AIDS is caused by a **virus**.

3. Your **immune system** makes antibodies to fight viruses.

4. If you are infected with the AIDS virus, do you always have symptoms?
   - Yes __________
   - No __________

5. If you have the AIDS virus in your body, you can spread it to others.
   - True __________
   - False __________

6. If you develop AIDS your immune system becomes **damaged** and **cannot fight diseases**.

7. There is a cure for AIDS.
   - True ________
   - False ________

8. Symptoms of AIDS are found in many other diseases.
   - True ________
   - False ________

9. Who can diagnose AIDS? Only a qualified health professional

10. Only an adult can get AIDS.
   - True ________
   - False ________

11-14. Name four ways AIDS can be spread:
   - **sex with an infected partner**
   - **sharing a needle with an infected person**
   - **infected mother to newborn**
   - **rarely blood transfusions from an infected person (but now the blood supply is as safe as possible)**

15. You cannot get AIDS by donating blood.
   - True ________
   - False ________

16. You cannot get the AIDS virus from casual contact such as going to school with someone with AIDS.
   - True ________
   - False ________

17-18. You can prevent AIDS by these two ways:
   - **Do not have sex (No Sex!)**
   - **Do not share needles (No Drugs!)**
The Story of AIDS Worksheet

1. AIDS is a ___________________ Disease.

2. AIDS is caused by a _________________.

3. Your ________________________ makes antibodies to fight viruses.

4. If you are infected with the AIDS virus, do you always have symptoms?
   Yes   No

5. If you have the AIDS virus in your body, you can spread it to others.
   True   False

6. If you develop AIDS your immune system becomes ______________________

7. There is a cure for AIDS.   True   False

8. Symptoms of AIDS are found in many other diseases.
   True   False

9. Who can diagnose AIDS? ___________________________

10. Only an adult can get AIDS.   True   False

11-14. Name four ways AIDS can be spread:

   ____________________________
   ____________________________
   ____________________________
   ____________________________

15. You cannot get AIDS by donating blood.
   True   False

16. You cannot get the AIDS virus from casual contact such as going to school with someone with AIDS.
   True   False

17-18. You can prevent AIDS by these two ways:

   ____________________________
   ____________________________
Myths and Facts About AIDS

1. AIDS is a very serious health problem. True. The problem is so serious that the Surgeon General has written a report on AIDS to the people of the U.S. He warns that AIDS is a life-threatening disease. He urges schools and parents to teach about sex education and the prevention of AIDS and other STD’s at the lowest grade possible.

2. AIDS can be cured. False. There is no cure or vaccine for AIDS.

3. The cause of AIDS is unknown. False. Scientists know that AIDS is caused by a virus called HIV, HTLV-III, LAV or just AIDS virus. It is a virus that attacks the person’s immune system and damages his or her ability to fight other diseases, which are often fatal. AIDS is the final stages of a series of health problems caused by the AIDS virus.

4. Persons with AIDS usually have other diseases resulting from AIDS. True. Persons with AIDS with damaged immune systems are susceptible to “opportunistic diseases” which normally would not infect the body. Common opportunistic diseases include pneumocystis carinii pneumonia, Kaposi’s sarcoma cancer, and meningitis.

5. AIDS is only a male homosexual disease. False. AIDS is not a male homosexual disease. It is a viral disease. Although most cases of AIDS in the U.S. involve homosexual and bisexual men, it is found in heterosexual males and females, blacks, whites, Hispanics and others, and even children. Your risk depends on your risk behaviors, not your risk group. For instance, a male homosexual who says NO to sex is not at risk, while a sexually active heterosexual who has unprotected sex is at risk. Most AIDS experts expect the heterosexual (male-female) transmission rates to increase in the U.S.

6. Going to school with a classmate who has AIDS puts you at risk for AIDS. False. The AIDS virus is not transmitted by casual contact. Casual contact includes such behaviors as shaking hands, hugging, social kissing, crying, coughing or sneezing, etc. or contact with such items as door knobs, toilet seats, telephones, towels, dishes, glasses, etc. In fact, no one has contracted AIDS in a school setting.

7. You cannot get AIDS from donating blood. True. There is no risk at all donating blood. All equipment is sterilized, used only one time, and then destroyed.

8. AIDS can be transmitted only from sexual contact with someone who is infected. False. Although most cases of AIDS have been sexually transmitted, AIDS can also be transmitted through sharing drug needles, from mother to newborn, and rarely from transfusion of blood (but now the blood supply is as safe as possible).
Myths and Facts About AIDS

True - False - Don’t Know

9. A person must have symptoms of AIDS to give it to someone else.
   False. A person may be asymptomatic (have no symptoms) and yet be infected with the AIDS virus and be able to transmit the virus to others. Since the incubation period (time from infection to AIDS) may be as short as a few months or as long as 10 years or more, this is a very serious reason for concern.
   If you think you have been exposed to the AIDS virus, you may consider taking the AIDS antibody blood test.

10. There is a test for AIDS.
    False. Once exposed to the AIDS virus, the body produces antibodies which can be detected by a blood test two weeks to six months after contact. A positive antibody blood test for AIDS does not mean you have AIDS, the syndrome, but means that you have been exposed to the AIDS virus and are capable of transmitting it to others sexually or through intravenous drug abuse. You may or may not develop ARC or AIDS. Scientists predict 30-50% of persons infected with the AIDS virus will develop AIDS within 5-7 years. But the experts do not know how many will become ill in later years.

11. AIDS is preventable.
    True. AIDS is preventable through education and responsible health behaviors such as:
    • Say NO to Sex and Drugs (abstinence)—the most effective way to prevent AIDS.
    • Refrain from sexual activity until as adults you are ready to establish a mutually monogamous relationship such as in marriage.
    • If you have sex and you are not completely sure your partner is safe, use a condom during (start to finish) sexual intercourse (vagina, mouth, rectum).
    • Do not abuse intravenous drugs, but if you do, do not share needles or syringes and enroll in a drug treatment program.
    • Since mothers can infect newborns, if you are planning to have children and think you could be at risk for AIDS, see your doctor.
    • Learn as much as you can about AIDS to separate the AIDS myths from facts.

Get the facts concerning AIDS call the AIDS HOTLINE 1-800-342-AIDS.
Myths and Facts About AIDS

True - False - Don't Know  

1. AIDS is a very serious health problem.  
2. AIDS can be cured.  
3. The cause of AIDS is unknown.  
4. Persons with AIDS usually have other diseases resulting from AIDS.  
5. AIDS is only a male homosexual disease.  
6. Going to school with a classmate who has AIDS puts you at risk for AIDS.  
7. You cannot get AIDS from donating blood.  
8. AIDS can be transmitted only from sexual contact with someone who is infected.
### Myths and Facts About AIDS

**True - False - Don't Know**

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</table>

9. A person must have symptoms of AIDS to give it to someone else.

### SYMPTOMS

<table>
<thead>
<tr>
<th></th>
<th>ARC (AIDS Related Complex) Symptoms</th>
<th>AIDS (Acquired Immune Deficiency Syndrome)</th>
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<tbody>
<tr>
<td></td>
<td>often less severe than AIDS</td>
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<tr>
<td>loss of appetite</td>
<td>skin rashes</td>
<td>persistent cough and fever</td>
</tr>
<tr>
<td>weight loss</td>
<td>diarrhea</td>
<td>shortness of breath</td>
</tr>
<tr>
<td>fever</td>
<td>tiredness</td>
<td>or difficult breathing</td>
</tr>
<tr>
<td>night sweats</td>
<td>swollen lymph nodes</td>
<td>multiple purplish blotches and bumps on skin</td>
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</table>

**NOTE:** These symptoms can be other diseases. They do not disappear and will progress. **ARC and AIDS can only be diagnosed by a qualified health professional.**

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10. There is a test for AIDS.

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</table>

11. AIDS is preventable.

---

Get the facts concerning AIDS call the AIDS HOTLINE 1-800-342-AIDS.
What are the Risks for AIDS?

The Surgeon General has said that information and education are the only weapons against AIDS, a life-threatening disease.

Don’t put yourself at risk for AIDS or AFRAIDS (Acute Fear Regarding AIDS) which is based on lack of knowledge and understanding.

You need to identify and reduce risk behaviors.

### What behaviors put you at risk for AIDS?

<table>
<thead>
<tr>
<th>Behavior</th>
<th>Definitely a Risk</th>
<th>Probably a Risk</th>
<th>Risky</th>
<th>Definitely Not a Risk</th>
<th>Explain</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Abstinence (no sex)</td>
<td></td>
<td></td>
<td></td>
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<td>• best way to avoid AIDS</td>
</tr>
<tr>
<td>2. Sharing needles in intravenous drug abuse</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>• transmission method for approximately 25% of all AIDS cases in the U.S.</td>
</tr>
<tr>
<td>3. Sexual contact</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>• transmission method for approximately 70% of all AIDS cases in the U.S.</td>
</tr>
</tbody>
</table>
| Teacher Note: 
  a mutually monogamous relationship, such as in marriage, is definitely not a risk if neither partner is infected |                   |                 |       |                       | • anal (penis-rectum) intercourse is the most efficient method of sexual transmission of the AIDS virus
  • vaginal intercourse (penis-vagina) is definitely a risk behavior
  • oral (mouth-penis, mouth-vagina) intercourse is probably a risk behavior
  • oral-anal contact is probably a risk behavior
  • sexual contact with a condom decreases the risk, but not 100% effective due to possible breakage and incorrect use |
| 4. Social kissing (dry)                       |                   |                 |       |                       | • no evidence of AIDS virus transmission by casual contact with people |
| 5. Open-mouthed, intimate, deep kissing (wet) |                   |                 |       |                       | • no evidence of AIDS virus transmission by saliva but you should reserve this behavior for a safe partner |
| 6. Blood transfusion after March 1985         |                   |                 |       |                       | • some people became infected with the AIDS virus prior to March 1985 before we knew how to screen blood for safe transfusions
  • but now blood supplies are as safe as possible
  • but because someone might give blood before his or her AIDS virus test becomes positive, there is a very small chance (1 in 100,000) of AIDS virus infected blood |
| 7. Donating blood                             |                   |                 |       |                       | • there is no risk at all from donating blood
  • all equipment is sterilized, used only once and then destroyed |

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What are the Risks for AIDS?

What behaviors put you at risk for AIDS?

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<tr>
<td>8. contact with doorknobs, toilet seats, telephones, towels, bed linen,</td>
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<td></td>
<td></td>
<td></td>
<td>* no evidence of AIDS virus transmission by casual contact with objects</td>
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<td>dishes, glasses</td>
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</tr>
<tr>
<td>9. shaking hands, hugging, touching</td>
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<td></td>
<td>* no evidence of AIDS virus transmission by casual contact with people</td>
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<tr>
<td>10. crying, coughing, sneezing</td>
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<td>* no evidence of AIDS virus transmission through the air or with tears</td>
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<tr>
<td>11. infected mother to newborn</td>
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<td></td>
<td>* 30-50% of babies born to AIDS infected mothers will be infected with the AIDS virus and most will eventually develop the disease and die</td>
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<tr>
<td>12. mosquito bites</td>
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<td>* no evidence of AIDS virus transmission by insect bites</td>
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<tr>
<td>13. dogs, cats, domestic animals</td>
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<td></td>
<td></td>
<td>* pets are not sources of AIDS virus infections for humans</td>
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<tr>
<td>14. swimming pools, hot tubs</td>
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<td></td>
<td>* no evidence of AIDS virus transmission</td>
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<td>15. sharing a toothbrush or razor or other implements that could be</td>
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<td>* blood to blood is a method of transmission</td>
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<td>contaminated with blood</td>
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<tr>
<td>16. ear piercing or tattooing</td>
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<td></td>
<td>* blood to blood is a method of transmission</td>
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<tr>
<td>17. going to school with an AIDS victim</td>
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<td></td>
<td>* AIDS is difficult to catch, casual contact does not transmit the AIDS virus</td>
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<td></td>
<td>* no one has contracted AIDS in a school (or at work or home) from casual contact</td>
</tr>
</tbody>
</table>

AIDS is a behaviorally transmitted disease. You choose to put yourself at risk to contract the virus through risky sexual contact and/or intravenous drug abuse. Casual social contact does not transmit the disease.

Know the risks for AIDS and act responsibly. AIDS education is a matter of life and death.
What are the Risks for AIDS?

The Surgeon General has said that ___________ and ___________ are the only weapons against AIDS, a life-threatening disease.

Don't put yourself at risk for AIDS or AFRAIDS (Acute Fear Regarding AIDS) which is based on lack of ___________ and ___________.

You need to ___________ and ___________ risk behaviors.

What behaviors put you at risk for AIDS?

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<td>4. social kissing (dry)</td>
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<tr>
<td>6. blood transfusion after March 1985</td>
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<td>7. donating blood</td>
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AIDS is a behaviorally transmitted disease. You choose to put yourself at risk to contract the virus through ________________ and/or ________________. Casual social contact ________________ transmit the disease.

Know the ___________ for AIDS and act ________________:

AIDS education is a matter of ___________ and ___________.

Explain: ____________________________
### Being An AIDS Educator

You have just learned about the Surgeon General's Report on AIDS in school today. A friend who has been sick and out of school stops by to visit and to catch up on schoolwork. After talking about your favorite TV programs, he asks you what you were studying in school that was interesting. You say, "The Surgeon General's Report on AIDS," and the following conversation takes place.

#### YOUR FRIEND'S QUESTIONS

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer (Based on the Surgeon General's Report on AIDS)</th>
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</table>
| **1. What is AIDS?** | • AIDS (Acquired Immune Deficiency Syndrome) is a serious disorder of the natural immune system where the AIDS virus, called HIV (human immunodeficiency virus) or HTLV-III or LAV, attacks the immune system, and damages its ability to fight serious and often fatal "opportunistic diseases" which use the opportunity of lowered resistance to infect and destroy.  
• AIDS is the final stage of a series of health problems caused by the AIDS virus.  
• AIDS is a major public health issue where myths and rumors have created an epidemic of fear. |
| **2. Why did the Surgeon General write a Report on AIDS?** | • To inform you about AIDS, how it is transmitted, the relative risks of infection and how to prevent it.  
• To urge schools and parents to teach students about sex (heterosexual and homosexual) education and the prevention of AIDS and other sexually transmitted diseases at the lowest grade possible.  
• To influence adolescents and pre-adolescents because of their vulnerability when they are exploring their sexuality (heterosexual and homosexual) and perhaps experimenting with drugs.  
• To alert people that AIDS is no longer only a disease of certain well-defined "risk groups" such as homosexuals and drug addicts. Today almost everyone is vulnerable including heterosexuals, blacks, whites, Hispanics, women, etc. and even children. In the future, it will probably spread just like the other sexually transmitted diseases. In other words, we are fighting a disease, not people. |
| **3. How do you get AIDS?** | • The AIDS virus is transmitted (spread) by sexual contact, intravenous drug abuse, mother to newborn and rarely blood transfusions.  
   —Sexual contact means penis-vagina, penis-rectum, mouth-vagina, mouth-genital, mouth-rectum, where there is an exchange of bodily fluids (sperm, blood, vaginal secretions). The delicate lining of the anus and rectum seem to be a primary site for AIDS infection. However, most sexual activity causes microabrasions (invisible tears) and even in the vagina and mouth, they may allow the virus to enter the bloodstream.  
   —About 70% of AIDS victims in the US are male homosexuals and bisexuals.  
   —About 25% of AIDS victims in the US are users of intravenous drugs who shared contaminated needles and syringes.  
   —A mother with the AIDS virus can pass the AIDS virus to her newborn (30-50% chance) and also by breast feeding. |
3. How do you get AIDS?

Blood supplies are as safe as possible now. The chance of getting AIDS from a blood transfusion and blood products after March, 1985 when we learned how to safely screen blood is very small (less than 1 out of 100,000) where someone might give blood before his or her AIDS antibody test becomes positive.

Some persons with hemophilia (a blood clotting disorder that makes them subject to bleeding) have been infected with the AIDS virus either through blood transfusion or the use of blood products that help their blood clot. Now that we know how to prepare safe blood products to aid clotting, this is unlikely to happen. This group represents a very small percentage of the cases of AIDS throughout the country.

Increasingly heterosexuals are at risk, especially partners of high risk individuals which include persons who have multiple sex partners, sexually active homosexual and bisexual men, intravenous drug abusers, and prostitutes.

How do you not get AIDS?

The AIDS virus is not transmitted (spread) by casual social contact.

Casual social contact includes such things as shaking hands, hugging, social kissing, crying, coughing, sneezing and contact with such items as doorknobs, toilet seats, telephones, bed linen, towels, dishes, glasses, etc.

Persons living with individuals with the AIDS virus do not become infected except through sexual contact.

No cases of AIDS in the U.S. have been transmitted from one child to another in school, day care or foster care settings. Transmission would necessitate exposure of open cuts to the blood or other body fluids of the infected child, a highly unlikely occurrence.

There are no known cases of AIDS transmission by insects, such as mosquitoes, by hot tubs or pools, or by tears or saliva. (Nevertheless deep, open-mouthed, intimate kissing should be reserved for safe partners).

Since AIDS is not spread by casual contact, quarantine has no role in the management of AIDS except, perhaps in special cases where infected persons willingly and knowingly try to infect other by sexual contact or sharing drug equipment.

YOU CANNOT GET THE AIDS VIRUS BY DONATING BLOOD.

4. How do you know if you have the AIDS antibodies?

Once exposed to the AIDS antibody, the body produces antibodies which can be detected by a blood test two weeks to six months after infection.

5. Where can you get tested for the AIDS antibodies?

For confidential AIDS antibody testing information and counseling:

- Clinic or Doctor: ____________________________
- Address: ____________________________
- Phone: ____________________________
# Being An AIDS Educator

<table>
<thead>
<tr>
<th>YOUR FRIEND’S QUESTIONS</th>
<th>YOUR ANSWERS</th>
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<tbody>
<tr>
<td><strong>6. But what if you’re a minor?</strong></td>
<td><em>While it is encouraged that minors consult with their parents before visiting a clinic or doctor, the law permits minors to obtain confidential testing and counseling without parental permission.</em></td>
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</table>
| **7. If I have a positive antibody blood test does it mean I have AIDS?** | *No. A positive blood test does not mean you have AIDS or will ever get AIDS.*  
*Only a qualified health professional can diagnose AIDS.*  
*CAUTION: Once you have the AIDS virus in your blood, you can give the AIDS virus to others, even before the AIDS test is positive. Persons with the AIDS virus can be asymptomatic (no symptoms) carriers and infect others without apparently being sick themselves for years.* |
| **8. What should you do if you suspect you might have been exposed to the AIDS virus?** | *If you have been involved in any of the high risk sexual activities or have injected illicit intravenous drugs, you should have a blood test to see if you have been infected with the virus.*  
*The purpose of the test is to decrease the spread of the disease and protect others.*  
*NOTE: Voluntary testing should be done only with high quality, confidential counseling before and after the test.*  
*Public health clinics maintain the strictest confidentiality concerning AIDS testing.*  
*If you decide not to have the AIDS virus blood test, and you decide to keep having sex, practice safer sex. Use a rubber (condom) during (start to finish) sexual intercourse (vagina, mouth, rectum).*  
*Avoid exchanging body fluids (semen, blood, vaginal secretions).*  
*Do not share toothbrushes, razors or other items that could be contaminated with blood.*  
*Females should plan carefully before becoming pregnant. 30-50% of the babies born to AIDS infected mothers will be infected with the AIDS virus and most will eventually develop the disease and die.*  
*Ordinary methods of disinfection for urine, stool and vomiting are adequate for people who have AIDS or are carrying the AIDS virus. (1 part household bleach to 10 parts water).*  
*Keep healthy to increase your body’s ability to fight infections. Eat regularly, exercise, get enough sleep and reduce stress levels and drug abuse, including alcohol.*  
*Do not donate blood, semen, tissues or organs.* |
| **9. What can the AIDS virus do to you?** | *The majority of infected antibody positive individuals who carry the AIDS virus show no disease symptoms and may not come down with the disease for many years, if ever.*  
*CAUTION: However, these asymptomatic carriers can spread the disease to others.*  
*Some persons with the AIDS virus will develop AIDS-Related Complex (ARC) with a specific set of clinical symptoms (less severe than the AIDS disease). Signs may include loss of appetite, weight loss, fever, night sweats, skin rashes, diarrhea, tiredness, lack of resistance to infection or swollen lymph nodes. Since these are signs and symptoms of many other diseases, a physician should be consulted.* |
### Being An AIDS Educator

#### YOUR FRIEND’S QUESTIONS

<table>
<thead>
<tr>
<th>9. What can the AIDS virus do to you?</th>
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<tr>
<td>Continued</td>
<td>(Based on the Surgeon General’s Report on AIDS)</td>
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<tr>
<td></td>
<td>• Scientists predict 30-50% of persons infected with the AIDS virus will develop AIDS within 5-7 years. This is difficult to predict because symptoms may take as long as 10 years or more to show up (or as short as a few months).</td>
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<td></td>
<td>• Signs and symptoms of AIDS and the “opportunistic infections” may include persistent cough and fever with shortness of breath or difficult breathing (symptoms of <em>pneumocystis carinii</em> pneumonia) or multiple purplish blotches or bumps on the skin (symptoms of Kaposi’s sarcoma cancer).</td>
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<td></td>
<td>• Recent evidence indicates the AIDS virus may also damage the central nervous system and brain.</td>
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<td></td>
<td>• Only a qualified health professional can diagnose AIDS.</td>
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<td></td>
<td>• Half the people known to have AIDS have died. Since there is no cure, the others are expected to die eventually.</td>
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<td></td>
<td>• What we see in persons with AIDS is just the tip of the iceberg of all those infected with the AIDS virus.</td>
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<tr>
<td>10. I really don’t want to get AIDS. What can I do to prevent AIDS?</td>
<td>• AIDS is a behaviorally transmitted disease. You choose to put yourself at risk to contract the AIDS virus, through unprotected sex or intravenous drug abuse.</td>
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<td>• There is no known risk of non-sexual infection in most of the situations we encounter in our daily lives.</td>
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<td></td>
<td>• AIDS is preventable through education and responsible health behaviors.</td>
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<td>• Say NO to sex and say NO to drugs!</td>
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<td></td>
<td>• Refrain from sexual activity until as adults you are ready to establish a mutually monogamous relationship such as in marriage.</td>
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<td>• Short of abstinence and knowing for absolute certainty that your sexual partner is not infected (that is, neither of you had other sexual partners or used illicit intravenous drugs within the last five years) condoms (rubbers) offer the best protection during (start to finish) sexual intercourse (vagina, mouth, rectum), but remember condoms are not 100% effective.</td>
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<td></td>
<td>• Avoid sexual contact with high risk individuals such as partners who have multiple sex partners, especially sexually active homosexual and bisexual men, intravenous drug abusers and prostitutes.</td>
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<td>• Avoid exchanging body fluids (semen, blood and vaginal secretions).</td>
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<td>• If your partner is a high risk individual, avoid mouth contact with penis, vagina or rectum.</td>
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<td>• Avoid sharing needles and syringes.</td>
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<td>• For persons addicted to drugs who cannot change their behavior: do not share needles and syringes. Use only a clean, previously unused needle. Enroll in a drug treatment program.</td>
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<td></td>
<td>• Keep healthy to increase your body’s ability to fight infection. Eat regularly, exercise, get enough sleep and reduce stress levels and drugs abuse, including alcohol.</td>
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<tr>
<td></td>
<td>• Be educated. Be prepared. Learn as much as you can about AIDS to help you separate scientific information from rumor and myth.</td>
</tr>
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<td>11. How can I get accurate, timely information about AIDS</td>
<td>• Call the AIDS Information HOTLINES.</td>
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<td></td>
<td><strong>Local AIDS HOTLINE</strong></td>
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<tr>
<td></td>
<td><strong>U.S. Public Health Service AIDS HOTLINE</strong> 1-800-342-AIDS</td>
</tr>
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**Wow! You sure learned a lot about AIDS. Thanks for the information. By the way, have you ever thought about becoming an AIDS educator? See you in school tomorrow.**
Being An AIDS Educator

You have just learned about the Surgeon General's Report on AIDS in school today. A friend who has been sick and out of school stops by to visit and to catch up on schoolwork. After talking about your favorite TV programs, he asks you what you were studying in school that was interesting. You say, "The Surgeon General's Report on AIDS," and the following conversation takes place.

YOUR FRIEND'S QUESTIONS

1. What is AIDS?

2. Why did the Surgeon General write a Report on AIDS?

3. How do you get AIDS?
## Being An AIDS Educator

### YOUR FRIEND'S QUESTIONS

(3) How do you get AIDS?  
*continued*

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6. But what if you’re a minor?

7. If I have a positive antibody blood test does it mean I have AIDS?

8. What should you do if you suspect you might have been exposed to the AIDS virus?

9. What can the AIDS virus do to you?
Being An AIDS Educator

YOUR FRIEND'S QUESTIONS

9. What can the AIDS virus do to you?
   continued

   10. I really don't want to get AIDS. What can I do to prevent AIDS?

   11. How can I get accurate, timely information about AIDS?

   Call the AIDS Information HOTLINES.
   Local AIDS HOTLINE
   U.S. Public Health Service AIDS HOTLINE 1-800-

Wow! You sure learned a lot about AIDS. Thanks for the information. By the way, have you ever thought about becoming an AIDS educator? See you in school tomorrow.
AIDS Pre/Post Questionnaire

What Do You Know?
1. If you develop AIDS after being infected with the AIDS virus, your immune system becomes damaged and cannot fight other diseases.
2. Name four ways the AIDS virus is transmitted:
   - sex with an infected partner
   - sharing a needle with an infected person
   - infected mother to newborn
   - rarely blood transfusions from an infected person (now the blood supply is as safe as possible)
3. You cannot get the AIDS virus from casual contact such as going to school with someone with AIDS. TRUE __X__ FALSE ______
4. You cannot get AIDS by donating blood. TRUE __X__ FALSE ______
5. Describe the symptoms or signs of the AIDS virus infection.
   - [S]kin changes (purplish blotches, bumps, rashes)
   - [I]ncludes diarrhea, fatigue, fever, appetite loss, persistent dry cough, night sweats, weight loss
   - [G]lands swollen
   - [N]ote these symptoms can be other diseases
   - [S]ymptoms do not disappear and will progress
6. Do you always have symptoms with an AIDS virus infection or need them to transmit the AIDS virus to others?
   - [N]O __X___ UNDECIDED ____ YES ____
7. Who can diagnose and care for persons with AIDS?
   - [O]nly qualified health professionals can diagnose and care for persons with AIDS
8. List five complications of AIDS:
   - [D]eath
   - [E]motional (fear, shame, guilt)
   - [A]ffects newborns of infected mothers
   - [T]reat of discrimination
   - [H]as no cure or vaccine
9. If you suspect you have been exposed to the AIDS virus, what three actions should you take?
   - [A]ttain prompt medical care and if infected, follow instructions
   - [C]ontact sex and Intravenous drug partners to seek testing and counseling
   - [T]alk with a qualified health professional about notifying your sex partner(s)
10. While it is encouraged that minors consult with their parents before visiting a clinic or doctor, the law permits minors to obtain confidential testing and counseling without parental permission. TRUE __X__ UNDECIDED ____ NO ____
11. If you suspected you have been exposed to the AIDS virus, who would you call or where would you go for help?
   - Clinic or Doctor: ____________________________
   - Address: ____________________________
   - Phone: ____________________________
12. Strategies for AIDS prevention:
   - [A]bstinence (No Sex! No Drugs!)
   - [R]esponsible sex behavior
   - [E]ducation
   - [T]esting and counseling
   - [E]xercise healthy behaviors
   - [N]ot cheating on partner
   - [T]esting and counseling of partner(s)
   - [I]dentify, reduce risks
   - [O]bservation of partner, self
   - [N]o risky sex or drug behaviors
What Do You Know?
1. If you develop AIDS after being infected with the AIDS virus, your immune system becomes

2. Name four ways the AIDS virus is transmitted:
   - 
   - 
   - 
   - 

3. You cannot get the AIDS virus from casual contact such as going to school with someone with AIDS. TRUE _______ FALSE _______

4. You cannot get AIDS by donating blood. TRUE _______ FALSE _______

5. Describe the symptoms or signs of the AIDS virus infection.
   - [S] 
   - [I] 
   - [G] 
   - [N] 
   - [S] 

6. Do you always have symptoms with an AIDS virus infection or need them to transmit the virus to others?
   - [N]O _______ UNDECIDED _______ YES _______

7. Who can diagnose and care for persons with AIDS?
   - [O] 

8. List five complications of AIDS:
   - [D] 
   - [E] 
   - [A] 
   - [I] 
   - [H] 

9. If you suspect you have been exposed to the AIDS virus, what three actions should you take?
   - [A] 
   - [C] 
   - [I] 

10. While it is encouraged that minors consult with their parents before visiting a clinic or doctor, the law permits minors to obtain confidential testing and counseling without parental permission. TRUE _______ UNDECIDED _______ NO _______

11. If you suspected you have been exposed to the AIDS virus, who would you call or where would you go for help?
   Clinic or Doctor: 
   Address: 
   Phone: 

12. List ten strategies for AIDS prevention:
   - [P] 
   - [R] 
   - [E] 
   - [V] 
   - [E] 
   - [N] 
   - [T] 
   - [O] 
   - [N] 
   - [N]
If Someone You Know Has AIDS...

A Message From A Doctor

If someone you know is infected with the AIDS virus, there are a few things I think you ought to know.

First, you have nothing to fear from him or her in regards to contracting the AIDS infection. The AIDS virus is very fragile and is impossible to transmit casually. This means there is no need to worry about sharing drinking fountains, lavatories, desks or locker rooms. I can assure you of this personally because I have cared for hundreds of individuals infected with the AIDS virus over a number of years, and I would not tell you to do anything that I do not do myself.

Secondly, I would like you to realize that he or she is going through a tough time and needs your help. An infected person must realistically look at the prospect of potentially dying from their infection. And if that isn't bad enough, he or she must frequently put up with being treated in mean and unfeeling ways by people who are seriously uninformed about their illness. If you had a friend with a serious illness other than AIDS, like leukemia, you would no doubt feel very sorry for him or her and try to help anyway you could. Your friend with the AIDS virus needs that same help and understanding even more.

I'm sure you will understand and help.

Dr. Leonard H. Calabrese
AIDS Guidelines for Schools

The Public Health Service has developed recommendations to help state and local health and education departments formulate their own guidelines for the education and foster care of children with AIDS.

These recommendations are designed to protect and promote the well-being of all children in school and day care settings.

- Decisions about education and care for children infected with the AIDS virus should be made by a team including the child’s physician, public health personnel, parents or guardian, and school or day/foster care workers.
- Most infected school-age children should be allowed to attend school and after-school day care and, if needed, to be placed in a foster home. The benefits of an unrestricted setting outweigh the risks of their acquiring harmful infections. The risk of transmitting the virus to others is almost nonexistent.
- A more restricted environment is advised for infected preschool-age children, for children who cannot control their bowels or bladder, for children who display such behavior as biting, and for infected children who have uncoverable, oozing sores. These children should be cared for and educated in settings that minimize the exposure of other children to their blood and body fluids.
- Persons who are exposed to an infected child’s body fluids and excrement (when changing diapers, for example) must know that the child is infected and must know procedures to follow to prevent transmission. Disposable diapers should be used, and soiled diapers should be placed in a plastic bag before discarding. Feces can be flushed down the toilet. Hands should be washed after exposure to blood and body fluids and before caring for another child. Gloves should be worn if open sores are present on the caretaker’s hands. Any open sore on the infected child should also be covered.
- Blood and body fluids on surfaces should be cleaned with one part household bleach diluted in 10 parts water.
- The hygienic practices of an infected child may improve as the child matures, or they may deteriorate if the child’s condition worsens. For these reasons, the need for a restricted environment should be re-evaluated regularly.
- Adoption and foster care agencies should consider screening for AIDS virus infection before a child is placed in a foster or adoptive home. Foster and adoptive parents should be aware that they will need to learn about special care for the child.
- There is no reason to screen all children before they begin school.
- The records of children with AIDS should be kept confidential. The number of people who are aware of the child’s condition should be kept to the minimum needed to assure proper care of the child and to detect situations, such as a bleeding injury, that may present a potential for transmission.
- All educational and public health departments are strongly encouraged to inform parents, children, and educators about AIDS and its transmission.

No blanket rules can be made for all school boards to cover all possible cases of children with AIDS and each case should be considered separately and individualized to the child and the setting, as would be done with any child with a special problem, such as cerebral palsy or asthma.