

HIV and AIDS 101 Participant Manual

This 90 minute training is designed for those just entering the HIV/AIDS field, students, community groups, and for those with very little information on HIV and AIDS.

This workshop includes information on:

- Epidemiology
- Definition of HIV and AIDS
- Basics of the Immune System and how HIV works
- How HIV is transmitted
- How AIDS is diagnosed
- HIV Antibody Testing
- Risk Reduction for Sex, Drug Use and Maternal/Child Transmission

The objectives of this training:

- Participants will understand the impact of HIV/AIDS on communities.
- Participants will know the difference between HIV and AIDS and how they are diagnosed.
- Participants will understand how HIV infects and does not infect.
- Participants will know how HIV is detected, and how people can prevent infection.

Acknowledgements

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- **One-on-one technical assistance** to help individual organizations and collaborative groups address specific needs.
- **Leadership development programs and workshop series** which provide opportunities for administrators, managers, and volunteers to learn more about potential solutions to common needs.
- **Resource products** which provide reference materials and management tools recipients can share with others.

CNYHSA has provided planning and program development assistance to the community since 1976. Issues addressed include health care access, need, utilization, finance, and program design; information system development; program evaluation; case management; strategic planning; and grant writing. **CNYHSA** also sponsors the Ryan White Central New York HIV Care Network and operates two HIV rental assistance programs.

This curriculum was developed and designed by Jeanette Shanley and Steve Wood of REACH CNY. REACH CNY's mission is to ensure access and support for the full range of quality, culturally-sensitive health and human services, reduce teen pregnancies and promote the health and well-being of individuals and families through education and advocacy.

Materials herein have been adapted from the NYS Department of Health, AIDS Institute curriculum "Overview of HIV Infection and AIDS. In addition, materials have also been adapted from the Center for Disease Control and Prevention (CDC).

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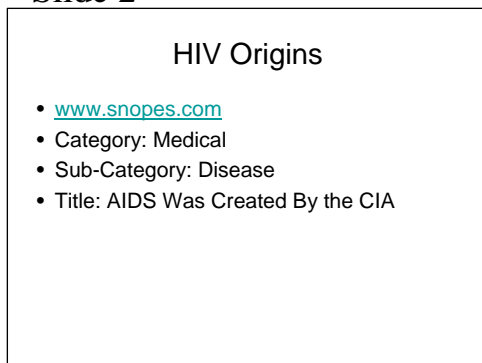
Introduction and Origins:

Slide 1



Notes:

Slide 2




Notes:

Epidemiology (Statistics and Trends)

Slide 3

HIV Infection rates in the U.S.

- In 2007, it was estimated that 33.2 million people worldwide are living with HIV/AIDS.
- More than 25 million people worldwide have died of AIDS since 1981.
- Each year 50,000 U.S. citizens become infected with HIV
- Of those, 24-27% are unaware of their HIV infection




*includes 1 person whose sex is unknown

Slide 4

AIDS in the U.S.

- AIDS has been reported in all 50 states.
 - The cumulative number of AIDS cases reported to the CDC at the end of 2005 is 984,155
 - 80% Male
 - 19% Female
 - 1% Under 13 Years Old



*includes 1 person whose sex is unknown

Slide 5

Breakdown of Transmission
Cumulative AIDS Cases in USA

- 1981 – 2005
 - MSM 452,111
 - IVDU 241,364
 - Heterosexual
 - Males = 61,438
 - Females = 102,171
 - Other 86,441

Slide 6

By the Numbers
Cumulative AIDS Cases in USA

- Racial and Ethnic groups make up 25% of the US population
- Right now, 59% of AIDS Cases are made up of racial or ethnic groups
 - 41% White
 - 42% Black/African-American
 - 16% Latino
 - Less than 1% Asian/Pacific Islander
 - Less than 1% Native American

Slide 7

By the Numbers
Cumulative AIDS Cases in USA

- More than 50% of new AIDS Cases each year happen to African-American/Black People
- 1 in 50 Black/African-American Men
- 1 in 160 Black/African American Women
 - 1 in 3,000 White Women

Slide 8

YOUTH

- Half of all new HIV infections happen to people under 25
- 4 million people under 20 will get an STD
- Women under 24 are at highest risk

Epidemiology

The New York State Department of Health website should be checked each year for updated numbers.

<http://www.health.state.ny.us/diseases/aids/statistics/index.htm>

Other Important Points:

Up to 25% of those infected with HIV are unaware of their infection. It is crucial to encourage HIV antibody testing to prevent further spread of the virus.

Historically, the majority of AIDS cases have been men. However, in recent years there has been an increase within females. This may be due to increased testing efforts aimed at the female population, and new recommendations to OB/GYN practitioners.

In the United States, the highest numbers of AIDS cases and deaths have been in the gay male population. This population was the first group identified in the U.S. as being impacted by HIV. The gay male population has also gone to great lengths to educate their peers on risk reduction and encourage testing within this community. Gay men are still one of the largest groups experiencing this disease. We often refer to this population as MSM – men who have sex with men. This term is more inclusive of men who do not identify as “gay” yet still have romantic or sexual relationships with other men.

Within the last decade, HIV/AIDS has increased dramatically in the Black and African American communities in the U.S.

Young women of any race appear to be at very high risk for HIV and sexually transmitted diseases (STDs.) It may be due to physical development of the cervix, which does not mature until around the age of 17.

What is HIV? What is AIDS? How does it work?

Slide 9

| HIV | vs. | AIDS |
|--------------------|-----|--------------|
| ■ Human | | ■ Acquired |
| ■ Immunodeficiency | | ■ Immune |
| ■ Virus | | ■ Deficiency |
| | | ■ Syndrome |

What is HIV and AIDS?

HIV stands for

Human Immunodeficiency Virus

It is a virus transmitted only by people to other people. Since HIV is a virus it is not curable, although treatment is available.

AIDS stands for

Acquired Immune Deficiency Syndrome.

“AIDS” is not a virus, but a diagnosis caused by long-term infection with HIV.

Slide 10

| Strains of HIV | |
|---|--|
| • <u>HIV-1</u> – major type in United States, Europe, & Africa | • <u>HIV-2</u> – progresses slower than HIV-1 – mostly found in Western Africa – few cases in the United States |

There are two strains of HIV:

HIV-1 and HIV-2.

Because there are so few cases of HIV-2 in the U.S., standard testing only looks for antibodies for HIV-1. This does not mean a person infected with HIV-2 will go undiagnosed. Standard HIV testing can detect abnormalities that indicate a specific HIV-2 test should be ordered. The lab testing the sample will automatically test for HIV-2 if deemed necessary. Written request is not required

Slide 11

| Defining AIDS |
|--|
| HIV is the virus that causes AIDS AIDS is a clinical condition that requires: |
| ✓ A positive HIV antibody test |
| ✓ T cell count of 200/mm ³ or less, t cell ratio of 14% less (&/or) |
| ✓ Having one or more “AIDS Indicator Conditions” |

Defining AIDS

AIDS is defined as a T-cell count of 200 or less, or diagnosis of an opportunistic infection, or both. One must also have a positive HIV antibody test.

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T-Cell Counts

- Healthy Immune System 800- 1200
- HIV-Related Illness – 500 & Below
- AIDS – 200 & Below

HIV-Related Illness is diagnosed when T-cells drop to 500 or below. This indicates that the immune system is declining, and a patient may have a difficult time getting over simple infections. The most common infections associated with HIV-Related Illness are vaginal yeast infections and other fungal infections (toenail, throat, etc.) that do not respond to over-the-counter medications or treatments, sinus infections that are difficult to treat, or an increase in outbreaks of herpes simplex (if the patient is infected with HSV-I)

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Immune System

- External Immune system
 - skin (protects against germs, viruses, & bacteria)
- Internal Immune system
 - various cells, such as CD 4 T cell, B cells, macrophage cells
 - healthy immune system = 800-1200 CD4 T cells

The immune system

Intact skin is a great barrier to many infectious diseases including HIV. The virus cannot “soak through” skin. It must have an opening like a cut or sore.

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Functions of the CD4 T cell

- CD4 T cell or helper cell:
 - type of white blood cell
 - plays a major role in starting the immune response by identifying the invading foreign agent & stimulates other cells to react and fight.
 - This is what HIV attacks



HIV attacks the internal immune system – particularly the **CD4 T-cells**. These cells are the very part of the immune system that identifies invaders and helps destroy them. By attacking these cells, HIV depletes the immune system until it is unable to fight off simple and/or unusual infections that a healthy immune system can easily take care of.

How is HIV Transmitted? How is it NOT Transmitted?

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| What's Risky? | |
|----------------|-------------------|
| • Razors | • Toilet Seats |
| • Toothbrushes | • Bites |
| • Mosquitoes | • Kissing |
| • Animals | • Swimming Pools |
| • Sneezes | • Hot Tubs |
| • Food | • Sheets/Blankets |
| • Doorknobs | • Hugs |

What's Risky?

Notes:

Razor blades & toothbrushes: Both of these items will have trace amounts of blood on them and should never be shared with another individual. However, the risk of contracting HIV is extremely low to non-existent. Razor blades are made of stainless steel which, when exposed to air, dry off very quickly. HIV does not survive outside of the body. Remember, both razors and toothbrushes can transmit hepatitis, particularly hepatitis B.

Mosquitoes: Many people believe that these insects can transmit the virus. In reality, if they could, we all would have HIV. Mosquitoes live in every environment and we all have been bitten at least once in our lives. Mosquitoes do transmit a variety of diseases that include: Malaria and West Nile and some others. That is because those diseases infect the mosquito too, which makes it possible to pass the infection to another source. HIV does not infect a mosquito, nor does it survive their digestive process. Mosquitoes do not inject a person with anything from their stomach, nor do they bite multiple people when searching for blood. They chose one host and then must “rest & digest.”

Sneezes: Unless there is a lot of blood in the sneeze and it hits you in the eye, don't worry.

Animals: HIV is a human disease. Animals cannot become infected. Even though HIV has its origins in Simian Immunodeficiency Syndrome (SIV,) it has mutated way too far in humans to be infectious to any other living being. Many animals have immunosuppressive diseases, (cats can have FIV, more commonly known as feline AIDS), however these cannot be passed to people, and we cannot pass HIV to them. They are unrelated diseases.

Food: HIV cannot survive outside of the body. Salt, seasonings and other additives to food, even in totally organic items, will kill the virus.

Toilet Seats: HIV and STDs are not transmittable from toilet seats. HIV dies on contact with the air. Most STDs also die when exposed to the air. The period of time from when an individual got up from the toilet and you sat down is sufficient in killing any infectious agent. Pubic lice/crabs are not transmittable from toilet seats either, contrary to popular belief. They cannot hold onto smooth surfaces, only human hair, and would not migrate to such a place.

Swimming pools & hot tubs: HIV is not water-borne. If blood or body fluids were present in one of these items, chemicals used to treat the water would kill the virus.

Sheets and blankets: These items are exposed to the environment and usually too dry to support HIV or STDs.

Notes:

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| What body fluids are capable of transmitting HIV? | |
|---|--|
| Do transmit | Do NOT transmit* |
| <ul style="list-style-type: none"> ☐ Blood ☐ Semen (cum) ☐ Vaginal &/or cervix fluid ☐ Breast milk ☐ Fluids around body parts i.e. brain, joints | <ul style="list-style-type: none"> ☐ Saliva ☐ Tears ☐ Sweat ☐ Urine ☐ Feces <p style="text-align: center;">*unless blood is present</p> |

Slide 17

| How HIV is & is not transmitted.... | |
|--|--|
| How HIV is transmitted... | How HIV is not transmitted... |
| <ul style="list-style-type: none"> • Anal, vaginal, & oral intercourse ☐ Sharing needles or works ☐ Mother to infant <ul style="list-style-type: none"> -labor & delivery -pregnancy -breast feeding ☐ Occupational exposure | <ul style="list-style-type: none"> ☐ Kissing ☐ Toilet seats ☐ Hugging ☐ Holding hands ☐ donating blood & body parts |

What body fluids are capable of transmitting HIV?

Saliva: There is not enough HIV present in saliva to be infectious. In addition, enzymes and bacteria present in saliva break HIV down very quickly. Kissing is considered a safe activity. Participants may be confused because they may believe that oral HIV antibody tests are collecting saliva. They do not. The oral tests draw antibodies from the inside of a person’s cheek.

Sweat: HIV is not present in this fluid.

Tears, Urine and Feces: These items are not infectious with HIV

The amount of HIV present in saliva, tears, urine and feces is far too low and broken to be infectious. There has never been a case of transmission through these items.

If blood is present in any of these items, then a risk of HIV transmission is possible. Remember it’s the blood that’s infectious, not the saliva, feces, urine or tears.

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| Fluids & Risks | |
|--|--|
| <ul style="list-style-type: none"> • Semen • Vaginal Fluid • Pre-Cum • Breast Milk • Internal Fluids <ul style="list-style-type: none"> - (spinal, heart, lungs, etc.) • Discharge | <ul style="list-style-type: none"> • TO A <ul style="list-style-type: none"> - Mucous Membrane - OR - Cut - Wound - Sore - Injection |

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What is a mucous membrane?

Notes:

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What is a mucous membrane

- A thin, moist layer of skin that lines various body cavities that are, or might be, exposed to the environment.
- Easily broken
- Lots of blood vessels at the surface
- Secrete mucous
- Feel the inside of your cheek – that's a mucous membrane

Slide 21

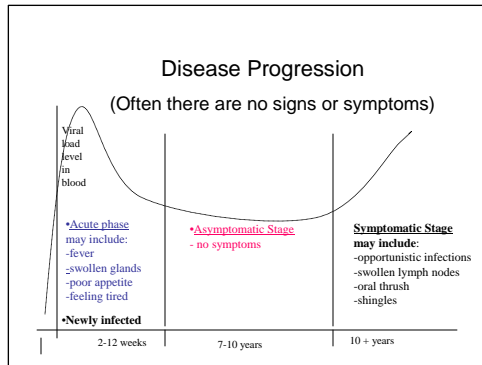
What is a Mucous Membrane

- Name 5 Mucous Membranes for Women
- Name 5 Mucous Membranes for Men

Notes:

AIDS Diagnoses and HIV Testing

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Disease Progression:

The time line on this slide is generalized. During the initial stage of HIV infection, levels of the virus in the body increase dramatically. An individual is at very high risk for transmitting the virus in the first few weeks of infection because of the efficient and fast replication of the virus. This is due to HIV having T-cells to attack and the body has not begun an immune system response yet.

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Disease Progression

Often there are NO signs or symptoms

- **Acute Phase**
 - (2-12 weeks)- flu like symptoms, fever, swollen glands, poor appetite... then symptoms go away
- **Asymptomatic Stage**
 - On average, a person may take up to 10 years to develop symptoms
- **Symptomatic Stage may include:**
 - swollen lymph nodes, oral thrush, diarrhea, frequent fevers, vaginal yeast infections, abnormal pap smears

Once the immune system becomes aware of HIV in the body, usually within a couple of weeks, the immune system is able to keep the virus at bay for a number of years. Some people progress to AIDS in a very short time, while others have not progressed in 20 years. The majority of infected individuals do progress to AIDS in around ten years.

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What are AIDS Indicator Conditions?

- Wasting syndrome
- Dementia
- Certain types of cancers (KS, invasive cervical cancer)
- Certain types of infections which may be caused by:
 - Parasites (Toxoplasmosis)
 - Viruses (CMV)
 - Fungi (Pneumocystis Pneumonia)
 - Bacteria (TB)

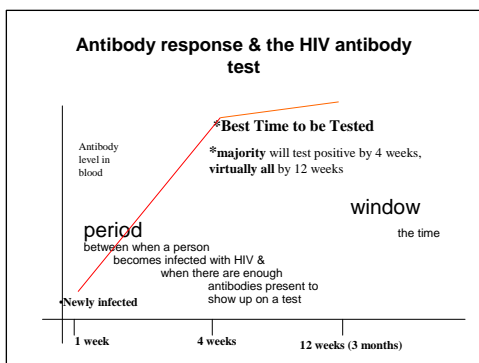
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What is an opportunistic infection (OI)?

- OIs are infections that take advantage of a compromised immune system
 - A healthy immune system can fight off infections

Notes:

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Window Period, Antibody response & the HIV antibody test:

The “window period” is from the time an individual was infected with HIV, to when enough antibodies are present to be detected by an HIV antibody test. It takes a little while for our immune systems to produce enough antibodies in response to HIV infection for the HIV antibody test to detect HIV antibodies.

In New York State there is a “window period” of 1-3 months, although a majority (95%) of infected people will test positive after 30 days from initial infection.

- If the HIV antibody test is positive, then further antibody testing is not necessary.
- Tests are reflective of HIV status to one to three months before a test was conducted.
- If the test was negative, individuals should be encouraged to get another test in three months to be sure that they are HIV negative.
- Further testing is not necessary if the individual has not put themselves at risk for HIV during this time period.

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Basics of the Antibody Test

- **Blood Test**
 - testing for antibodies
 - 2 teaspoons of blood drawn
- **Oral Fluid Test**
 - testing for antibodies
 - a collection pad is placed between the gum & cheek for 2-5 mins. to collect cells from mucous membranes
- **Rapid Test**
 - testing for antibodies
 - screening test
 - Testing samples
 - Finger stick
 - Blood draw
 - Oral fluid
- **Home collection kits**
 - Test is performed at in the privacy of the home

Basics of the antibody test:

Blood Test: The blood sample is put in a test tube and sent to a lab where the blood is tested for HIV antibodies.

Oral Fluid Test: Oral sample is processed the same way as blood.


Rapid Test: Blood is drawn by pricking the finger or by drawing blood or oral sample is taken. The screening results are available within 5 to 40 minutes depending on the test used. If the result is non-reactive, there are no HIV antibodies. If the test is reactive, the client **may** be infected and they will need a blood or oral fluid test to tell for sure. The client will have to return for a second visit to receive the results.

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Basics of the Antibody Test

How are HIV tests performed?

| | |
|--|--|
| <ul style="list-style-type: none"> • ELISA- (Enzyme-Linked ImmunoSorbent Assay) <ul style="list-style-type: none"> - screens for antibodies • Western Blot <ul style="list-style-type: none"> - confirmatory test - performed on all ELISA positive results | <ul style="list-style-type: none"> • Resources <ul style="list-style-type: none"> - anonymous HIV testing in NYS call - 1-800-872-2777 or - 1-800-541-AIDS |
|--|--|



ELISA test: inexpensive, good screening test, can pick up other things and deliver a false positive, (flu shots, infection with hepatitis, vaccines, Lupus, pregnancy, etc.)

Western Blot: expensive, specific to HIV antibodies only.

Because the majority of people seeking HIV testing will be negative, New York State uses the less expensive ELISA screening test. All ELISA positives are confirmed with a Western Blot. Both tests are done from the same blood or oral sample.

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Types of Testing

| | |
|---|--|
| <ul style="list-style-type: none"> • Anonymous Testing <ul style="list-style-type: none"> - informed consent to perform an HIV related test - a number is assigned & no names are linked to the test - not recorded in medical record - can convert to confidential if HIV positive - can access partner notification services - offered by some county DOHs - FREE! | <ul style="list-style-type: none"> • Confidential Testing <ul style="list-style-type: none"> - informed consent to perform an HIV related test - a name is linked to the test results & to the medical chart - positive results reported to state DOH - can access partner notification services - offered by many local DOHs hospital, clinics, private MDS, family planning clinics, etc. - Can access medical care |
|---|--|

People who think they are at risk for HIV infection can get tested anonymously (where no one knows their name) or confidentially (where their name is known and the test result becomes part of their medical record)

For anonymous HIV testing call the NYS counseling hotline at 1-800-872-2777.

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Benefits of being HIV tested

| | |
|---|--|
| <ul style="list-style-type: none"> • If not infected, a person can... <ul style="list-style-type: none"> - learn to practice healthier behaviors for example, safer sex , safer injection practices, accessing SEPs, ESAP - reduce worries about infection - learn strategies to negotiate safer sex | <ul style="list-style-type: none"> • If infected, a person can... <ul style="list-style-type: none"> - work on getting care, support & treatment to delay onset of illness - referrals for case management, support groups etc. - take precautions to eliminate or reduce the risk of infecting others, including unborn children |
|---|--|

Notes:

Risk Reduction: Sex

“Risk Reduction” is simply helping a person modify a particular behavior which will decrease their exposure to HIV. Abstinence from sexual activity or drug use may be the ultimate goal of risk reduction, but it is not the focus. It is about keeping someone safer during risky behavior that the client may be unwilling or unable to change.

Examples of a risk reduction message are:

- “Out of the next ten times you have sex, would you use a condom at least once?”
- “Would you consider cleaning your needles at least once the next five times you share?”
- “Would you be able to rotate your injection sites, instead of only shooting up in your arm?”

As the client progresses, messages can be modified to work towards increased condom, clean needle, etc. usage.

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| Increased Transmission Risks | |
|---|---|
| <ul style="list-style-type: none">• STDs• Lowered Immune System• Frequency of Exposure• Receptive vs. Insertive• Prevalence in Location | <ul style="list-style-type: none">• Substances<ul style="list-style-type: none">– Drugs, alcohol, cigarettes• Cervical Ectopy• Lifestyle<ul style="list-style-type: none">– Nutrition, stress, douching• Access to contraception & Education <p>These issues will also help an HIV+ person progress to AIDS faster</p> |

Increased transmission risks:

STDs: Having an STD makes it easier to contract or transmit HIV. All people who have an STD should be tested for HIV.

Lowered immune system due to a chronic disease, or an acute infection, like the flu. Anything that makes the immune system work hard, may lower its response to new infections.

Frequency of exposure: The more you come in contact with HIV, the more chances you have to become infected.

Receptive vs. insertive: the person receiving someone else’s body fluids or blood inside of them is more likely to become infected. In other words, the person who inserts their penis inside a vagina or rectum is less likely to become infected (although they still have a risk because of infection through the urethra, or from microscopic cuts & abrasions on the penis.)

Cervical ectopy: Females aged 17 and under do not have a fully developed cervix. It is covered in cells that are easily penetrated by HIV and STDs. After the age of 17, those cells retreat behind the cervical opening.

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Abstinence

- 100% Effective
- How do you define abstinence?
- How does that effect prevention?
- Is Abstinence just about sex?

Abstinence

Notes:

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Risk Reduction - SEX

- Nonoxynol-9
 - No Longer Recommended
 - N-9 can cause irritation & lesions
 - Should NEVER be used for anal sex
- If N-9 is all you have – it is better than using nothing

Risk Reduction: Sex

Nonoxynol-9 is no longer recommended as part of risk reduction because it can cause irritation and lesions in the genital area. Some condoms still have N-9 on them and should not be used. However, if it's the only barrier, it's better than nothing.

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Male Condoms

- Latex is best
- Poly for latex allergies
- No Lambskin
- No double bagging! (only in certain situations)
- Throw used condom out carefully
- Do NOT flush

Male Condoms: Using two condoms at once: Latex on latex will cause breakage. Latex on poly-condoms will be painful. The only time two condoms can be used is if someone has a latex allergy and poly male or female condoms are not available. For the penetrative partner with an allergy – put a lambskin condom on and then a latex condom.

This will protect him from his allergy. For the receptive partner with an allergy, the penetrative partner puts a latex condom on and then a lambskin over that. This protects the other individual with an allergy. Poly condoms are available wherever latex condoms are sold. Lambskin condoms alone do not prevent HIV infection.

Simply throw out used condoms. Do not tie them up, because the fluids inside the condom will not be exposed to the environment and can remain infectious for a period of time. In addition, tying up a condom increases contact with potentially infectious fluids on the outside of the condom from a partner's vagina or rectum.

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Female Condom

- Poly- can be used w/ water or oil based lubricant
- Control!



Female condom:

Notes:

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Oral Sex

- Is it safe?
 - Studies, studies, studies
- Oral Health – can you assess yours?
 - Flossing
 - Brushing
 - Food
 - Dental Health

Oral Sex:

The risk involved with oral sex all depends on what is happening in your mouth at any given time. Some issues to consider; when did you last floss or brush your teeth? Microscopic cuts are formed every time you brush your teeth. This could be a way for HIV to enter the body.

These cuts generally heal up enough within 8 hours to prevent HIV infection. What have you eaten lately? M&Ms, potato chips, hard candy, popcorn, etc., all cut the inside of the mouth. These cuts are generally deeper than what you would experience from brushing your teeth. How is your dental health? Do you have gingivitis? Gum disease? Recent tooth loss or surgery? All of these can create a way for HIV to enter the body.

Risk Reduction: Substance Use

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Injection Drugs

- Drawing Blood
- Booting
- Works
 - Cooker
 - Filter
 - Water

Injection drug use:

When someone shoots drugs into their veins, they stick the needle into their flesh and pull back the plunger. If blood appears in the barrel of the syringe, then they have hit a vein. This blood can stay inside a syringe. If it is infected with HIV, the virus also stays inside the syringe. Because the inside of a syringe is not exposed to the environment, the virus can stay alive for quite some time.

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Injection Drugs

- What kind of drugs do people inject?

What kind of drugs do people inject?

Notes:

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What kind of drugs do people inject

- Heroin
- Methamphetamine
- Cocaine
- Ketamine
- Ecstasy
- Any thing that can be converted to a liquid can be injected

Generally anything that can be turned to a liquid can be injected. Most commonly people inject heroin and methamphetamines.

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Substance Use

- IV Drug Use is most effective way for HIV to enter the body
- ESAP – Expanded Syringe Access Program
- Syringe Exchange
- Syringe Disposal
- Abstinence
- Risk Reduction
- Harm Reduction

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Cleaning Injection Equipment

- Bleach – most effective
- Alcohol – effective
- Water only – least effective (better than doing nothing!)

- All materials used must be cleaned including cookers & water glasses, cotton must not be reused.

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Bleach is best & fastest

- Rinse syringe and needle with clean water
- Fill with full strength bleach
- Shake the syringe full of bleach for 30 seconds– this dislodges any blood still inside
- Squirt the bleach out
- Rinse with clean water & make sure all the bleach is out
- This should be repeated 3 times using new clean water each time

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Alcohol

- Rinse syringe and needle with clean water
- Fill a glass full of rubbing alcohol
- Drop the syringe and needle into the glass
- Let it sit for 20 minutes
- Remove syringe, fill with alcohol and shake
- Squirt alcohol out
- Rinse with clean water

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Water rinse

- This method is not very effective, but is better than doing nothing at all.
- Fill syringe with clean water
- Shake for 30 seconds
- Squirt out water
- This must be done at least 3 times.

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Other Needle Use

- Tattooing
- Body Piercing
- Accupuncture
- Steroids
- Hair Removal
- Manicure
- Insulin/Fertility/Arthritis/Diabetes



Substance Use:

ESAP: NYS Expanded Syringe Access Program. Participating pharmacies can provide syringes without a prescription at very low cost. Most pharmacies participate.

Syringe Exchange: These programs provide free, clean syringes to injection-drug users who bring in used syringes. There are no syringe exchanges in the Syracuse region. There are programs in New York City, Buffalo, Rochester, Ithaca and Johnson City.

Syringe Disposal: Used syringes should be disposed of properly. They can be dropped off at any hospital or nursing home. They may also be put in the trash if they are sealed in a plastic laundry detergent bottle.

Risk Reduction: Maternal/Child Transmission

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Maternal-Child Transmission

- AZT/ZDV can reduce transmission from 25% to 8% after the first trimester
- Combination Therapy may reduce transmission to 4%
- C-Section & Combination therapy reduces transmission to less than 1%

Maternal-Child Transmission

The transmission rate of HIV from an untreated mother to her baby is around 25%. With treatment though, transmission drops to less than 1%.

Transmission and Risk Reduction Counseling Activity:

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Activity

- Case studies & transmission

Client #1**Donna:**

Donna is in high school. One of her friends has HIV. They shared a bag of potato chips last month and Donna is afraid that her friend may have infected her.

- Could Donna have been exposed to HIV?
- How could she have been exposed?
- What messages should Donna receive about HIV?

Client #2**Cliff:**

Cliff works at a large shipping corporation. Last year someone got cut on the loading dock, and Cliff cleaned up the blood with ammonia and paper towels. He is afraid that the blood may have had HIV in it and he got infected.

- Could Cliff have been exposed to HIV?
- How could he have been exposed?
- What messages should Cliff receive about HIV?

Client #3**Roger:**

Roger is single and has sexual contact with a few female friends. He has never shot drugs, had sex with another man, or had a blood transfusion. He does not think that he is at risk for HIV.

- Could Roger have been exposed to HIV?
- How could he have been exposed?
- What messages should Roger receive about HIV?

Client #4**Linda:**

Linda is a meth user. She says that she never injects the drug, but snorts it. She sometimes shares the straws with others to snort meth.

- Could Linda have been exposed to HIV?
- How could she have been exposed?
- What messages should Linda receive about HIV?

Client #5**Mark:**

Mark is an ex-heroin user. He has not shot up in six years. Recently he has been feeling tired and ill. He tells you that he doesn't think that he ever shared needles.

- Could Mark have been exposed to HIV?
- How could he have been exposed?
- What messages should Mark receive about HIV?

Client #6


Bill:

Bill is 13 years old. He recently masturbated with another boy. He is afraid that he now has AIDS.

- Could Bill have been exposed to HIV?
- How could he have been exposed?
- What messages should Bill receive about HIV?

Wrap Up and Resources:

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| Resources | |
|---|---|
| For information about... | |
| <ul style="list-style-type: none">• Training & Education<ul style="list-style-type: none">- visit the DOH website at www.health.state.ny.us• HIV/AIDS call the NYS AIDS Hotline:<ul style="list-style-type: none">- 1-800-541-AIDS- Spanish AIDS hotline 1-800-233-7342 | <ul style="list-style-type: none">• HIV Educational Materials for Consumers & Providers contact:<ul style="list-style-type: none">- (212) 268-6144 or- (518) 474-9866- HIVpubs@health.state.ny.us  |

Notes: