

SESSION 1

Activities

SESSION 1

ACTIVITY 1

Icebreaker: Truth or Fiction?

Time: 25 minutes

Materials

- Blank index cards
- Pens or pencils for each opinion leader

Purpose of the Activity

Break the ice by providing opinion leaders with an opportunity to introduce themselves and to learn a little about each other.

Procedure

1. Distribute blank index cards and a pen or pencil to each opinion leader.
2. Give opinion leaders the following instructions:
 - a. Write two statements about yourself on the index card. One statement should be true and the other statement should be false.
 - b. Only write down information about yourself that you are willing to share with others. You have 3 minutes to write your statements.
3. Allow opinion leaders 3 minutes to compose their statements.
4. After all opinion leaders have written their statements, explain that each person will introduce himself/herself. Ask them to first give their name, then read the two statements without indicating which is true and which is false.
5. Ask for someone to volunteer to go first. After the opinion leader introduces himself/herself and reads the two statements, ask other opinion leaders which statement is truth and which is fiction.

Alternate: Begin the process with the two facilitators providing one true and one false statement.
6. After opinion leaders have guessed truth or fiction, ask the opinion leader who read the statement to identify the statement that is truth and the statement that is fiction.
7. Continue until all opinion leaders have introduced themselves.
8. Process the activity, using the questions below:
 - a. How did you decide which statement was truth or fiction?
 - b. What did you base this on?
 - c. How often were you surprised?
9. Wrap up the activity by noting how often individuals leap to conclusions about others on the basis of how they look or talk. State that you can really get to know another person only by asking questions and listening to the person.

SESSION 1

ACTIVITY 2

High, Low, and No Risk

Time: 10 minutes

Materials

- Three poster-size thermometers (red, yellow, and blue)
- Behavior risk index cards (preprinted with names/descriptions of sex behaviors)
- Masking tape
- Handout: Levels of Behavioral Risk

Purpose of the Activity

Provide opinion leaders with an opportunity to think about the level of risk associated with a variety of sex practices and reinforce the value and benefits of safer sex practices.

Procedure

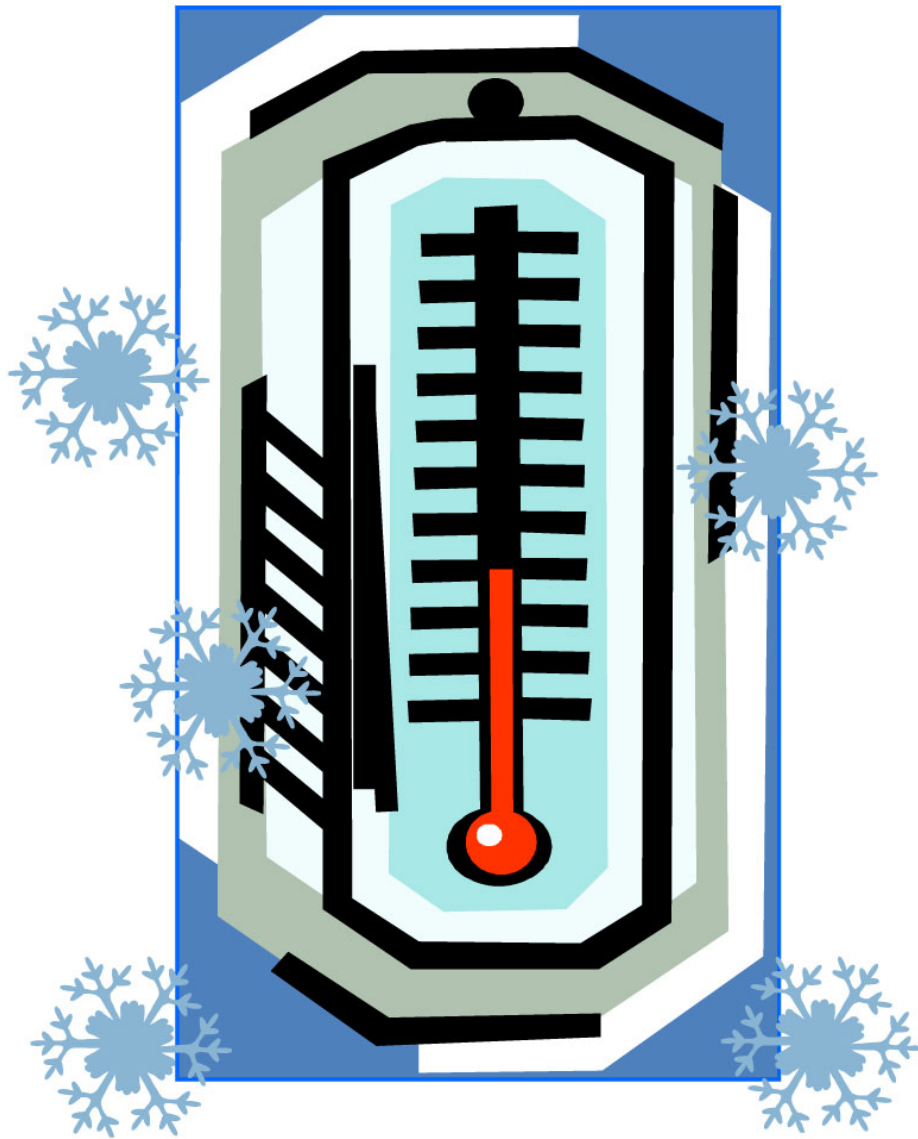
1. Post the three thermometers on the wall with enough space between each for opinion leaders to move around.
2. Tear off strips of masking tape for opinion leaders to use.
3. Distribute index cards, giving each opinion leader one index card.
4. Explain the thermometers to the opinion leaders:
 - a. The RED thermometer represents the highest level of risk for HIV infection.
 - b. The YELLOW thermometer represents a minimal level of risk for HIV infection.
 - c. The BLUE thermometer represent no risk for HIV infection.
5. Instruct opinion leaders to read the sex behavior described on the index card and place the card under the thermometer that best represents the level of risk of that behavior.
6. Allow 3 minutes for opinion leaders to place the cards.
7. Read each of the cards placed under the thermometers, asking opinion leaders if the card was correctly placed.
8. Correct and clarify as needed.
9. Distribute the handout.
10. Facilitate a brief discussion on other sex practices and the level of risk of those practices.
11. Thank opinion leaders for their participation.

RUBBING, CUDDLING, AND KISSING	MUTUAL STIMULATION
TOYS (DILDOS) NOT SHARED WITH A PARTNER	BODY RUBBING TO ORGASM
ANAL OR VAGINAL SEX WITH A LATEX CONDOM AND A WATER- BASED LUBRICANT	ORAL SEX (NO CONTACT WITH THE PENIS HEAD)
ANAL SEX WITHOUT A CONDOM	VAGINAL SEX WITHOUT A CONDOM

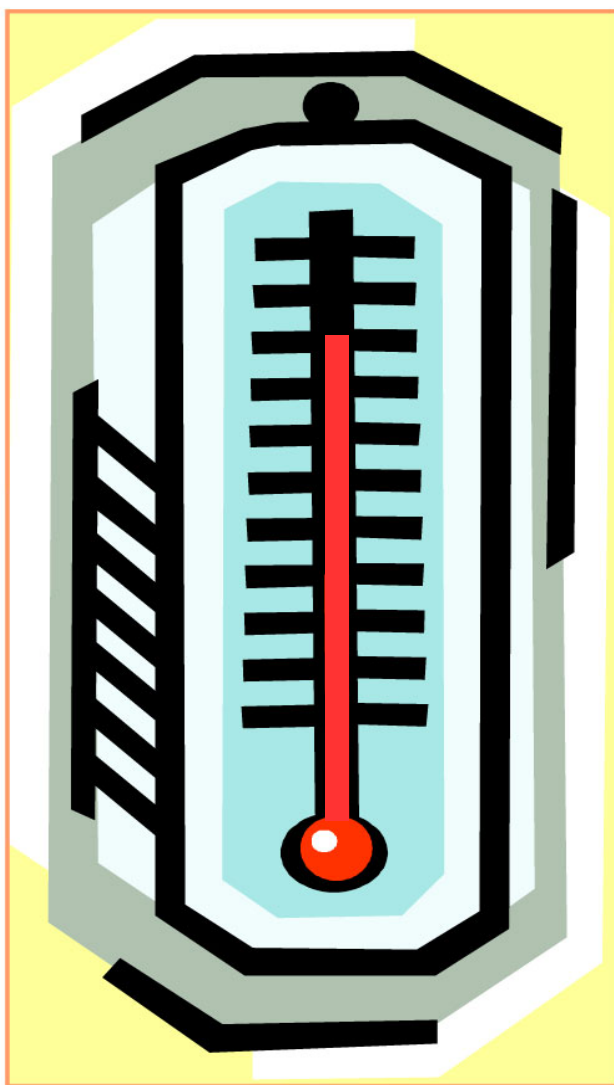
**ORAL SEX TO EJACULATION IN
MOUTH**

**PULL OUT JUST BEFORE COMING
DURING ANAL SEX**

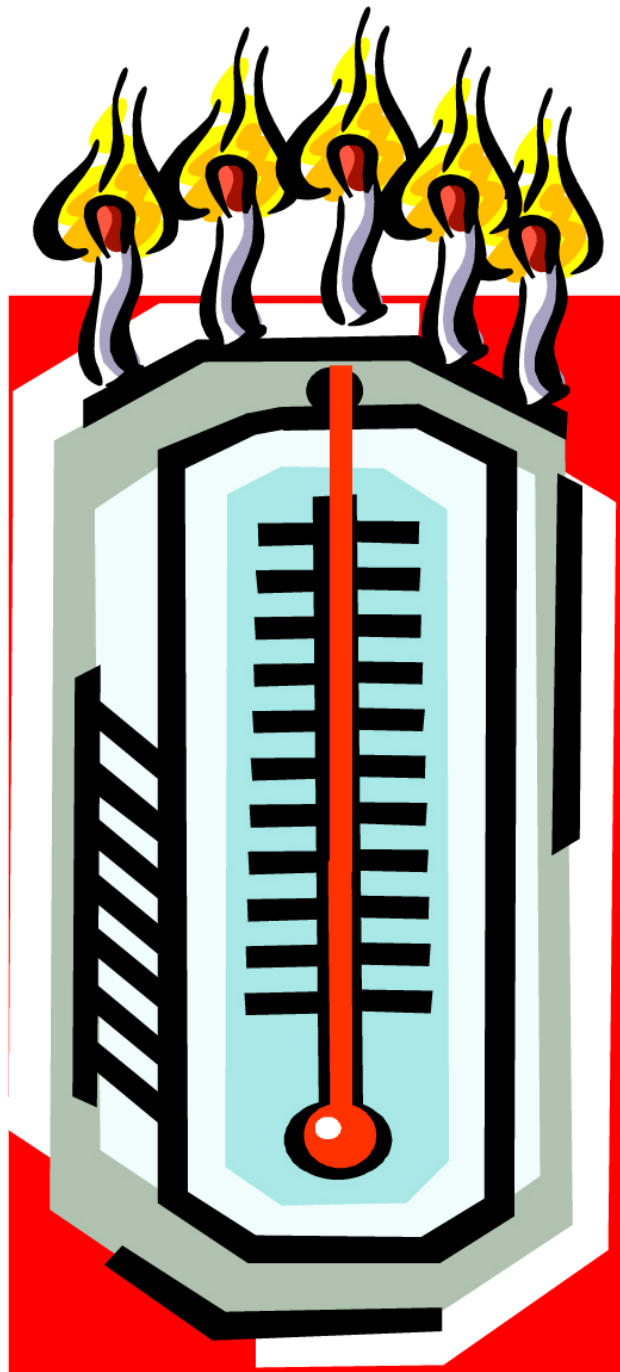
Little or No Risk!



LESS RISKY!!



VERY RISKY!!!!



SESSION 1

Handouts

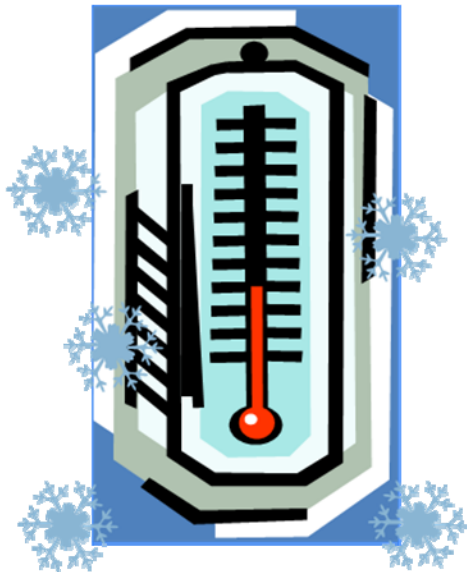
SESSION 1

HANDOUT 1

Levels of Behavioral Risk

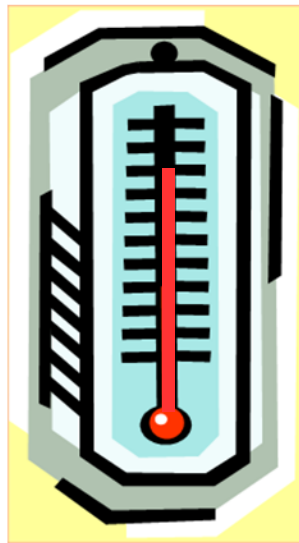
Little or No Risk!

Mutual stimulation, rubbing, cuddling, kissing, using toys (dildos) not shared with a partner, body rubbing to orgasm, oral sex (no contact with the penis head)



LESS RISKY!!

Anal or vaginal sex with a latex condom and a water-based lubricant

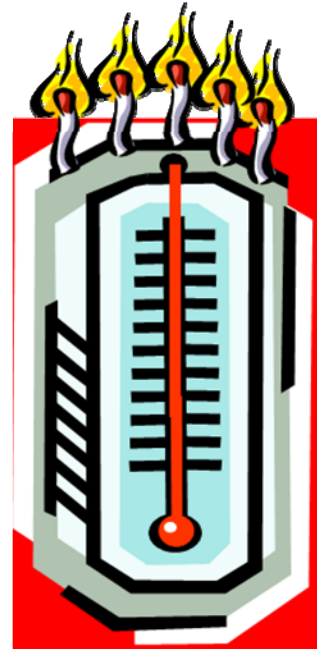


VERY RISKY!!!!

Anal sex without a condom
Vaginal sex without a condom

RISKY!!!

Oral sex to orgasm



SESSION 1

HANDOUT 2

10 Steps for Putting Good Intentions Into Practice

1. Keep a clear line in mind about what you will or will not do with a sex partner.
2. Fantasize about safer sex activities, not about unsafe ones.
3. Before having sex with someone, have a little discussion with him about your commitments to health and safety.
4. Keep condoms readily available at home and in your car. When storing condoms in your car, please be aware that they should not be used if they are exposed to high temperatures.
5. Be prepared and able to say no to certain sex activities.
6. If your judgment is blurred because of too much alcohol or drug use, postpone sex.
7. Remember that love means protecting yourself and your partner.
8. Learn from your past mistakes.
9. Congratulate yourself and your partner for staying safe.
10. Problem-solve barriers to making effective risk reduction changes.

SESSION 1

HANDOUT 3

Local Testing Sites

Note to Facilitators:

Provide opinion leaders with information on local testing resources. The guidelines below may be helpful in helping you secure that information. The template on the following page may be a useful format for you to use.

To find local HIV testing resources, do the following:

- ▶ Go to this Web site—<http://www.hivtest.org/>
- ▶ Enter the ZIP Code of the area where your opinion leaders live, socialize, and work.
 - The Web site lists HIV testing sites by name, address, and phone number.
 - The Web site also includes a list of frequently asked questions, which you can include on your handout.

If you would like to provide your opinion leaders with additional information, you can call the facilities for the following details:

- ▶ Types of tests available
- ▶ Hours of operation

SAMPLE HANDOUTS

Local Testing Sites

Services Offered	
FREE	Free Testing Services
RAPD	Rapid HIV Antibody Testing Services
CONF	Confidential HIV Antibody Testing Services
ORAL	Oral HIV Antibody Testing Services
ANON	Anonymous HIV Antibody Testing Services
ORAL	Oral HIV Antibody Testing Services

Name of Organization		Service
1.	Atlanta Feminist Womens Health Center 1924 Cliff Valley Way Atlanta, Georgia 30329 404-875-7115 800-877-6013 Clinic	ANON, CONF
2.	Atlanta VA Medical Center 1670 Clairmont Rd Decatur, Georgia 30033 404-321-6111 800-827-1000 Clinic	FREE, CONF
3.	Vinson Health Center - Adult Health Services 440 Winn Way Decatur, Georgia 30030 404-294-3762 Public Health Department/Social Services Department	ANON, CONF, RAPD
4.	Ryan White Early Care Clinic 445 Winn Way Rm 161 Decatur, Georgia 30030 404-508-7866 Public Health Department/Social Services Department	ANON, CONF, RAPD
5.	AID Atlanta Incorporated 1605 Peachtree St NE Atlanta, Georgia 30309 404-870-7775 800-551-2728 AIDS Service Organization	FREE, ANON, CONF, ORAL, RAPD

Name of Organization		Service
6.	AIDS Research Consortium of Atlanta 131 Ponce de Leon Ave NE Ste 130 Atlanta, Georgia 30308 404-876-2317 AIDS Service Organization	FREE, ANON, ORAL, RAPD
7.	AIDS Survival Project 139 Ralph McGill Blvd Ste 201 Atlanta, Georgia 30308 404-874-7926 877-243-7444 AIDS Service Organization	FREE, CONF, ORAL, RAPD
8.	DeKalb County Board of Health 3807 Clairmont Rd NE Chamblee, Georgia 30341 770-454-1144 Public Health Department/Social Services Department	CONF
9.	Kirkwood Health Center 2006 Hosea Williams Dr Atlanta, Georgia 30317 404-371-0255 Public Health Department/Social Services Department	FREE, ANON, CONF
10.	Kirkwood Health Center 30 Warren St Atlanta, Georgia 30317 404-370-7360 Clinic	ANON, CONF

FREQUENTLY ASKED QUESTIONS

- ▶ Should I get tested?
- ▶ How long after a possible exposure should I wait to get tested for HIV?
- ▶ How do HIV tests work?
- ▶ What are the different HIV screening tests available in the United States?
- ▶ If I test HIV negative, does that mean that my sex partner is HIV negative also?
- ▶ What if I test positive for HIV?
- ▶ I'm HIV positive. Where can I get information about treatment?
- ▶ Why does CDC recommend HIV screening for all pregnant women?

Should I Get Tested?

The following are behaviors that increase your chances of getting HIV. If you answer yes to any of them, you should definitely get an HIV test. If you continue with any of these behaviors, you should be tested every year. Talk to a health care provider about an HIV testing schedule that is right for you.

- ▶ Have you injected drugs or steroids or shared equipment (such as needles, syringes, works) with others?
- ▶ Have you had unprotected vaginal, anal, or oral sex with men who have sex with men, multiple partners, or anonymous partners?
- ▶ Have you exchanged sex for drugs or money?
- ▶ Have you been diagnosed with or treated for hepatitis, tuberculosis (TB), or a sexually transmitted disease (STD), like syphilis?
- ▶ Have you had unprotected sex with someone who could answer yes to any of the above questions?

If you have had sex with someone whose history of sex partners and/or drug use is unknown to you or if you or your partner has had many sex partners, then you have more of a chance of being infected with HIV. Both you and your new partner should get tested for HIV, and learn the results, before having sex for the first time.

For women who plan to become pregnant, testing is even more important. If a woman is infected with HIV, medical care and certain drugs given during pregnancy can lower the chance of passing HIV to her baby. All women who are pregnant should be tested during each pregnancy.

How Long After a Possible Exposure Should I Wait to Get Tested for HIV?

Most HIV tests are antibody tests that measure the antibodies your body makes against HIV. It can take some time for the immune system to produce enough antibodies for the antibody test to detect and this time period can vary from person to person. This time period is commonly referred to as the “window period”. Most people will develop detectable antibodies within 2 to 8 weeks (the average is 25 days). Even so, there is a chance that some individuals will take longer to develop detectable antibodies. Therefore, if the initial negative HIV test was conducted within the first 3 months after possible exposure, repeat testing should be considered more than 3 months after the exposure occurred to account for the possibility of a false-negative result. Ninety seven percent will develop antibodies in the first 3 months following the time of their infection. In very rare cases, it can take up to 6 months to develop antibodies to HIV.

Another type of test is an RNA test, which detects the HIV virus directly. The time between HIV infection and RNA detection is 9-11 days. These tests, which are more costly and used less often than antibody tests, are used in some parts of the United States.

For information on HIV testing, you can talk to your health care provider or you can find the location of the HIV testing site nearest to you by calling CDC-INFO 24 Hours/Day at 1-800-CDC-INFO (232-4636), 1-888-232-6348 (TTY), in English, en Español. Both of these resources are confidential.

How Do HIV Tests Work?

Once HIV enters the body, the immune system starts to produce antibodies – (chemicals that are part of the immune system that recognize invaders like bacteria and viruses and mobilize the body's attempt to fight infection). In the case of HIV, these antibodies cannot fight off the infection, but their presence is used to tell whether a person has HIV in his or her body. In other words, most HIV tests look for the HIV antibodies rather than looking for HIV itself. There are tests that look for HIV's genetic material directly, but these are not in widespread use.

The most common HIV tests use blood to detect HIV infection. Tests using saliva or urine are also available. Some tests take a few days for results, but rapid HIV tests can give results in about 20 minutes. All positive HIV tests must be followed up by another test to confirm the positive result. Results of this confirmatory test can take a few days to a few weeks.

What Are the Different HIV Screening Tests Available in the United States?

In most cases the EIA (enzyme immunoassay), used on blood drawn from a vein, is the most common screening test used to look for antibodies to HIV. A positive (reactive) EIA must be used with a follow-up (confirmatory) test such as the Western blot to make a positive diagnosis. There are EIA tests that use other body fluids to look for antibodies to HIV. These include:

- ▶ Oral Fluid Tests – use oral fluid (not saliva) that is collected from the mouth using a special collection device. This is an EIA antibody test similar to the standard blood EIA test. A follow-up confirmatory Western Blot uses the same oral fluid sample.
- ▶ Urine Tests – use urine instead of blood. The sensitivity and specificity (accuracy) are somewhat less than that of the blood and oral fluid tests. This is also an EIA antibody test similar to blood EIA tests and requires a follow-up confirmatory Western Blot using the same urine sample.

Rapid Tests

A rapid test is a screening test that produces very quick results, in approximately 20 minutes. Rapid tests use blood from a vein or from a finger stick, or oral fluid to look for the presence of antibodies to HIV. As is true for all screening tests, a reactive rapid HIV test result must be confirmed with a follow-up confirmatory test before a final diagnosis of infection can be made. These tests have similar accuracy rates as traditional EIA screening tests. Please visit the rapid HIV testing section for details.

Home Testing Kits

Consumer-controlled test kits (popularly known as "home testing kits") were first licensed in 1997. Although home HIV tests are sometimes advertised through the Internet, currently only the Home Access HIV-1 Test System is approved by the Food and Drug Administration. (The accuracy of other home test kits cannot be verified). The Home Access HIV-1 Test System can be found at most local drug stores. It is not a true home test, but a home collection kit. The testing procedure involves pricking a finger with a special device, placing drops of blood on a specially treated card, and then mailing the card in to be tested at a licensed laboratory. Customers are given an identification number to use when phoning in for the results. Callers may speak to a counselor before taking the test, while waiting for the test result, and when the results are given. All individuals receiving a positive test result are provided referrals for a follow-up confirmatory test, as well as information and resources on treatment and support services.

RNA Tests

RNA tests look for genetic material of the virus and can be used in screening the blood supply and for detection of very early infection rare cases when antibody tests are unable to detect antibodies to HIV.

For a list of HIV tests that are FDA-approved, visit the Food and Drug Administration (FDA) Center for Biologics Evaluation and Research.

If I Test HIV Negative, Does That Mean That My Sex Partner Is HIV Negative Also?

No. Your HIV test result reveals only your HIV status. Your negative test result does not indicate whether or not your partner has HIV. HIV is not necessarily transmitted every time you have sex. Therefore, your taking an HIV test should not be seen as a method to find out if your partner is infected.

Ask your partner if he or she has been tested for HIV and what risk behaviors he or she has engaged in, both currently and in the past. Think about getting tested together.

It is important to take steps to reduce your risk of getting HIV. Not having (abstaining from) sex is the most effective way to avoid HIV. If you choose to be sexually active, having sex with one person who only has sex with you and who is uninfected is also effective. If you are not sure that both you and your partner are HIV negative, use a latex condom to help protect both you and your partner from HIV and other STDs. Studies have shown that latex condoms are very effective, though not 100%, in preventing HIV transmission when used correctly and consistently. If either partner is allergic to latex, plastic (polyurethane) condoms for either the male or female can be used.

What If I Test Positive for HIV?

If you test positive for HIV, the sooner you take steps to protect your health, the better. Early medical treatment and a healthy lifestyle can help you stay well. Prompt medical care may delay the onset of AIDS and prevent some life-threatening conditions. There are a number of important steps you can take immediately to protect your health:

- ▶ See a licensed health care provider, even if you do not feel sick. Try to find a health care provider who has experience treating HIV. There are now many medications to treat HIV infection and help you maintain your health. It is never too early to start thinking about treatment possibilities.
- ▶ Have a TB (tuberculosis) test. You may be infected with TB and not know it. Undetected TB can cause serious illness, but it can be successfully treated if caught early.
- ▶ Smoking cigarettes, drinking too much alcohol, or using illegal drugs (such as methamphetamines) can weaken your immune system. There are programs available that can help you stop or reduce your use of these substances.
- ▶ Get screened for other sexually transmitted diseases (STDs). Undetected STDs can cause serious health problems. It is also important to practice safe-sex behaviors so you can avoid getting STDs.

There is much you can do to stay healthy. Learn all that you can about maintaining good health.

Not having (abstaining from) sex is the most effective way to avoid transmitting HIV to others. If you choose to have sex, use a latex condom to help protect your partner from HIV and other STDs. Studies have shown that latex condoms are very effective, though not 100%, in preventing HIV transmission when used correctly and consistently. If either partner is allergic to latex, plastic (polyurethane) condoms for either the male or female can be used.

I'm HIV Positive. Where Can I Get Information About Treatment?

CDC recommends that you be in the care of a licensed health care provider, preferably one with experience treating people living with HIV. Your health care provider can assist you with treatment information and guidance.

Detailed information on specific treatments is available from the Department of Health and Human Services' AIDSinfo. Information on enrolling in clinical trials is also available at AIDSinfo. You may contact AIDSinfo by phone at 1-800-448-0440 (English and Spanish) or 1-888-480-3739 (TTY).

Why Does CDC Recommend HIV Screening for All Pregnant Women?

HIV testing during pregnancy is important because antiviral therapy can improve the mother's health and greatly lower the chance that an HIV-infected pregnant woman will pass HIV to her infant before, during, or after birth. The treatment is most effective for babies when started as early as possible during pregnancy. However, there are still great health benefits to beginning treatment even during labor or shortly after the baby is born.

CDC recommends HIV screening for all pregnant women because risk-based testing (when the health care provider offers an HIV test based on the provider's assessment of the pregnant woman's risk) misses many women who are infected with HIV. CDC does recommend providing information on HIV (either orally or by pamphlet) and, for women with risk factors, referrals to prevention counseling. Refer to the Public Health Service Task Force Recommendations for Use of Antiretroviral Drugs in Pregnant HIV-1-Infected Women for Maternal Health and Interventions to Reduce Perinatal HIV-1 Transmission in the United States for more information.

HIV testing provides an opportunity for infected women to find out that they are infected and to gain access to medical treatment that may help improve their own health. It also allows them to make informed choices that can prevent transmission to their infant. For some uninfected women with risks for HIV, the prenatal care period could be an ideal opportunity for HIV prevention and subsequent behavior change to reduce risk

for acquiring HIV infection. For more information, refer to the Revised Recommendations for HIV Testing of Adults Adolescents, and Pregnant Women in Health-Care Settings.

(National Testing Resources: A Service of the Centers for Disease Control and Prevention, available online at: <http://www.hivtest.org/>)

SESSION 1

HANDOUT 4

Treatment of HIV Infection

Drugs For HIV/AIDS

Currently, there are 30 antiretroviral drugs approved by the Food and Drug Administration to treat people infected with HIV. These drugs fall into four major classes.

1. **Reverse transcriptase (RT) inhibitors** interfere with the critical step during the HIV life cycle known as reverse transcription. During this step, RT, an HIV enzyme, converts HIV RNA to HIV DNA. There are two main types of RT inhibitors.
 - ▶ Nucleoside/nucleotide RT inhibitors are faulty DNA building blocks. When these faulty pieces are incorporated into the HIV DNA (during the process when the HIV RNA is converted to HIV DNA), the DNA chain cannot be completed, thereby blocking HIV from replicating in a cell.
 - ▶ Non-nucleoside RT inhibitors bind to RT, interfering with its ability to convert the HIV RNA into HIV DNA.
2. **Protease inhibitors** interfere with the protease enzyme that HIV uses to produce infectious viral particles.
3. **Entry and fusion inhibitors** interfere with the virus' ability to fuse with the cellular membrane, thereby blocking entry into the host cell.
4. **Integrase inhibitors** block integrase, the enzyme HIV uses to integrate genetic material of the virus into its target host cell.
5. **Multidrug combination products** combine drugs from more than one class into a single product.

Currently available drugs do not cure HIV infection or AIDS. They can suppress the virus, even to undetectable levels, but they cannot eliminate HIV from the body. Hence, people with HIV need to continuously take antiretroviral drugs.

Highly Active Antiretroviral Therapy (HAART) counters drug resistance

As HIV reproduces itself, variants of the virus emerge, including some that are resistant to antiretroviral drugs. Therefore, doctors recommend that people infected with HIV take a combination of antiretroviral drugs known as highly active antiretroviral therapy, or HAART. This strategy, which typically combines drugs from at least two different classes of antiretroviral drugs, has been shown to effectively suppress the virus when used properly. Developed by NIAID-supported researchers, HAART has revolutionized how people infected with HIV are treated. HAART works by suppressing the virus and decreasing the rate of opportunistic infections.

HIV transmission and antiretroviral drugs

Although the use of HAART has greatly reduced the number of deaths due to HIV/AIDS, and possibly the transmission of HIV/AIDS as well, this powerful combination of drugs cannot suppress the virus completely. Therefore, people infected with HIV who take antiretroviral drugs can still transmit HIV to others through unprotected sex and needle-sharing.

Antiretroviral drug effects on opportunistic infections and AIDS-associated co-infections

People infected with HIV have impaired immune systems that can leave them susceptible to opportunistic infections (OIs) and AIDS-associated co-infections, caused by a wide range of microorganisms such as protozoa, viruses, fungi, and bacteria. One example of an associated co-infection is hepatitis C virus infection, which can lead to liver cancer.

Potent HIV therapies such as HAART, however, have produced dramatic responses in patients. These therapies often allow the immune system to recover, sustain, and protect the body from other infections. Hence, antiretroviral drugs provide a way for the immune system to remain effective, thereby improving the quality and length of life for people with HIV.

Side effects of antiretroviral drugs

People taking antiretroviral drugs may have low adherence to complicated drug regimens. Current recommended regimens involve taking several antiretroviral drugs each day from at least two different classes, some of which may cause unpleasant side effects such as nausea and vomiting. In addition, antiretroviral drugs may cause more serious medical problems, including metabolic changes such as abnormal fat distribution, abnormal lipid and glucose metabolism, and bone loss. Therefore, NIAID is investigating simpler, less toxic, and more effective drug regimens.

Development of new safe and effective antiretroviral drugs

NIAID supports the development and testing of new therapeutic agents, classes, and combinations of antiretroviral drugs that can continuously suppress the virus with few side effects. Through human clinical trials, NIAID-supported studies provide accurate and extensive information about the safety and efficacy of drug candidates and combinations, and identify potential uncommon but important toxicities of newly approved agents. Studies are also under way to assess rare toxicities of older approved agents, especially as a result of long-term use.

Through the Multicenter AIDS Cohort Study and Women's Interagency HIV Study, NIAID supports long-term studies of HIV disease and its treatment in both men and women. Since their inception, these cohort studies have enrolled and collected data from more than 10,000 people. In addition, NIAID supports treatment studies conducted through three HIV/AIDS clinical trials networks: the AIDS Clinical Trials Group, the

International Maternal Pediatric Adolescent AIDS Clinical Trials Group, and the International Network for Strategic Initiatives in Global HIV Trials. For more information about HIV/AIDS drugs and treatment trials, please visit the AIDSinfo web site at www.aidsinfo.nih.gov.

NIAID research on the complications of antiretroviral drugs

NIAID supports studies aimed at understanding the side effects of antiretroviral drugs as well as strategies to reduce exposure to potentially toxic drug regimens, such as:

- ▶ Structured treatment interruption (STI) protocols
- ▶ Use of immune-based therapies with HAART
- ▶ Studies to compare different drug dosing schedules or combinations
- ▶ Studies to compare early versus delayed treatment

NIAID also supports projects evaluating regimens containing agents associated with toxicities. For example, NIAID-funded researchers are conducting studies to evaluate treatments for several drug-associated metabolic complications, including fat redistribution, lipid and glucose abnormalities, and bone loss. In addition, researchers are studying the long-term metabolic effects of various antiretroviral regimens in pregnant women and their infants and in HIV-infected children and adolescents.

Down the road: New drugs in the pipeline

The Pharmaceutical Research and Manufacturers Association of America maintains a database of new drugs in development to treat HIV infection. They include new protease inhibitors and more potent, less toxic RT inhibitors, as well as other drugs that interfere with entirely different steps in the virus' lifecycle. These new categories of drugs include:

- ▶ Entry inhibitors that interfere with HIV's ability to enter cells
- ▶ Integrase inhibitors that interfere with HIV's ability to insert its genes into a cell's normal DNA
- ▶ Assembly and budding inhibitors that interfere with the final stage of the HIV life cycle, when new virus particles are released into the bloodstream
- ▶ Cellular metabolism modulators that interfere with the cellular processes needed for HIV replication
- ▶ Gene therapy that uses modified genes inserted directly into cells to suppress HIV replication. These cells are designed to produce T cells that are genetically resistant to HIV infection.

In addition, scientists are exploring whether immune modulators help boost the immune response to the virus and may make existing anti-HIV drugs more effective. Therapeutic

vaccines also are being evaluated for this purpose and could help reduce the number of anti-HIV drugs needed or the duration of treatment.

More information

AIDSinfo

P.O. Box 6303
Rockville, MD 20849-6303
1-800-HIV-0440 (1-800-448-0440) or 301-519-0459
1-888-480-3739 (TTY/TDD)
www.aidsinfo.nih.gov

AIDSinfo is a comprehensive resource for up-to-date information on government and industry sponsored HIV/AIDS treatment and prevention clinical trials. AIDSinfo also maintains the most current, federally approved guidelines for treating and preventing HIV/AIDS in adults and children, for treating and preventing AIDS-related illnesses, managing occupational exposure to HIV, and for preventing HIV transmission from mother-to-child during pregnancy. AIDSinfo is sponsored by the NIH Office of AIDS Research, NIAID, National Library of Medicine, Centers for Disease Control and Prevention, Health Resources and Service Administration, and Centers for Medicare and Medicaid Services.

Food and Drug Administration

5600 Fishers Lane
Rockville, MD 20857-0001
1-888-INFO-FDA (1-888-463-6332)
www.fda.gov

SESSION 1

Training Aids

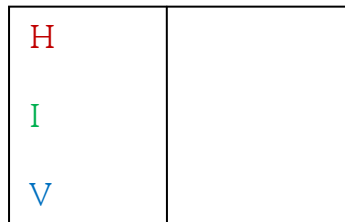
SESSION 1

TRAINING AID 1

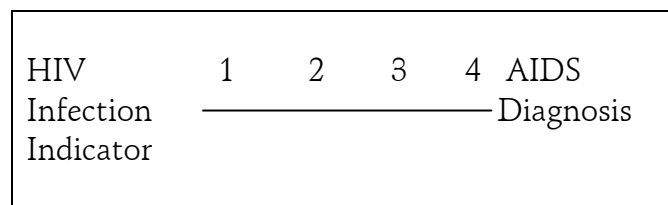
HIV 101

Prior to the session, prepare three sheets of newsprint.

1. HIV
 - a. Draw a line down the center of a sheet of newsprint.
 - b. Using a different color marker for each letter, write “H,” “I,” and “V” from top to bottom. Leave enough space to write between the letters.



2. Continuum
 - a. Label the diagram “Stages of HIV.”
 - b. Write “HIV infection indicator” on the left side of the page.
 - c. Write “AIDS diagnosis” on the far right side of the page.
 - d. Draw a horizontal line between “HIV infection indicator” and “AIDS diagnosis.”



3. HIV/AIDS

- a. Draw a line down the center of a sheet of newsprint.
- b. Write the letters “H,” “I,” and “V” from top to bottom, using the same colors as the prepared “HIV” newsprint page described above.
- c. On the right side of the sheet, write “A,” “I,” “D,” and “S” from top to bottom.

H	A
I	I
V	D
	S

SESSION 1

TRAINING AID 2

Risk Reduction Discussion Scenarios

- A. Kendall just met Duke and they seemed to hit it off. Kendall is being pressured by Duke to have sex. What should Kendall do?

- B. Shawn is convinced that HIV is not transmitted by mouth-to-penis contact or penis-to-mouth contact, even if cum or pre-cum is swallowed. Shawn uses his mouth to bring his partners much pleasure. How can Shawn protect himself?

- C. Steven is HIV prevention weary. He is tired of all the posters and the ads because they make him paranoid about everyone he meets. He is tired of thinking that every sex act puts him at risk and tired of being afraid that when he meets someone he likes, he will turn out to be HIV-positive. Steven wants to enjoy life. How can he do that if he is constantly worried about getting infected?

- D. David likes going to clubs. When he goes, he enjoys himself, and if he meets someone he likes, he just might take it to the next level. How can David stay safe?

- E. Patrick is big, buff, and black, and men of all walks of life will pay him good money. He makes more money when he keeps things raw. He gets an HIV test every couple of months to make sure he is negative—so far so good. Is this a good way for Patrick to protect himself? If not, what should he do to keep from getting infected?

