

## **Teacher Resources**

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## Introduction

The Human Immunodeficiency Virus (HIV) was first identified in the United States in 1981. The impact of this relatively new disease has been dramatic, especially on the young. According to the Centers for Disease Control and Prevention (CDC), in the year 2000 there were 40,000 new HIV infections in the U.S., half of them in people under the age of 25. (The majority of these infections were heterosexually transmitted.) As of June 2000, over 753,000 Americans had been diagnosed with AIDS, 58% of whom have already died. Today, experts estimate that one million Americans—one in every 250 people—are infected with HIV. According to the UNAIDS (the United Nations) in 2001, globally one-third of those living with HIV and AIDS are between the ages of 15 to 24.

The alarmingly high rates for sexually transmitted diseases (STDs), other than HIV among youth, testify to their behaviors that also place them at risk for HIV and AIDS. Sometimes called a "hidden epidemic," STDs frequently have no symptoms—thus, many more people are infected than know it. Approximately 65 million people are living with an incurable STD and an additional 15 million people become infected with an STD each year—*one quarter of them teenagers*. Teens are at high behavioral risk for acquiring one of the 25 diseases transmittable by sexual activity because they, along with young adults, are more likely to have multiple sex partners, to choose partners older than themselves (if female), and to engage in unprotected sex. Also, young women are more biologically susceptible to chlamydia, gonorrhea and HIV, and infection with some STDs can lead to pelvic infections, infertility, and cancer. [*Tracking the Hidden Epidemics: Trends in STDs in the United States 2000,* CDC.]

In spite of the intensive medical and scientific research efforts to find a cure and/or a vaccine for HIV infection, education remains the only available means to stem the spread of this disease. Failure to succeed in this endeavor has unthinkable consequences for the future of this nation and, indeed, for the world. Responsibility for this effort must be shared by all those who have access to and influence on youth.

Although not solely responsible for responding to this threat, educators must provide leadership and expertise. The 1988 Washington State Legislature recognized the unique position of schools with the passage of the AIDS Omnibus Act (pages 3-4). This act mandates AIDS prevention education be provided yearly for all common school students in Grades 5-12.

## The AIDS Omnibus Act

The AIDS Omnibus Act (RCW 28A.230.070), which mandated the development of this curriculum, provided specific considerations for school districts in implementing an AIDS prevention program:

*Information directed to the public which provides education regarding any sexually transmitted disease and which is written, published, distributed, or used by any public entity shall give emphasis to the importance of sexual abstinence, sexual fidelity, and avoidance of substance abuse in controlling disease.*

*Material directed to children in grades kindergarten through twelve which provide education regarding any sexually transmitted disease shall give emphasis to the importance of sexual abstinence outside lawful marriage and avoidance of substance abuse in controlling disease.*

*Locally-elected school directors have a significant role in adopting a program of AIDS prevention education in their district.*

*Beginning no later than the fifth grade, students shall receive yearly instruction in the life-threatening dangers of acquired immunodeficiency syndrome, its spread, and its prevention.*

Each school district board of directors shall adopt an HIV/AIDS prevention education program which is developed in consultation with teachers, administrators, parents, and other community members including, but not limited to, persons from medical, public health, and mental health organizations and agencies.

The materials developed for use in the AIDS education program must be either:

1. Model curricula and resources available from OSPI.
2. Developed by the school district and approved for medical accuracy by the DOH Office on HIV/AIDS. If a district develops its own HIV/AIDS prevention curricula, the district shall submit to the DOH Office on HIV/AIDS a copy of its curricula and an affidavit of medical accuracy stating that the material has been compared to the model curricula for medical accuracy and that in the opinion of the district, the materials are medically accurate. After submission of these materials to the DOH Office on HIV/AIDS, the district may use the materials until the approval procedure by the DOH Office on HIV/AIDS has been completed.

# The AIDS Omnibus Act

(continued)

Model curricula and other resources from OSPI shall be made available through its clearinghouse for educational information. OSPI, with the assistance of the DOH Office on HIV/AIDS, shall update AIDS education curriculum material as newly discovered medical facts make it necessary. The clearinghouse will also make available materials developed by local school districts that have been approved by the DOH Office on HIV/AIDS.

The curriculum for AIDS prevention shall be designed to teach students which behaviors place a person (dangerously) at risk for HIV infection and methods to avoid such risk. At least, the following is to be included:

The dangers of drug abuse, especially that involving the use of hypodermic needles.

The dangers of sexual intercourse, with or without condoms.

The AIDS prevention education program shall stress that abstinence from sexual activity is the only certain means for the prevention of the spread or contraction of the AIDS virus through sexual contact. It shall also teach that condoms and other artificial means of birth control are not a certain means of preventing the spread of HIV/AIDS and that reliance on condoms puts a person at risk for exposure to the disease.

Each school district shall, at least one month before teaching AIDS prevention education in any classroom, conduct at least one presentation concerning the curricula and materials that will be used for AIDS education during weekend and evening hours for the parents and guardians of students. Parents are to be notified of the presentation and that the materials are available for inspection.

No student may be required to participate in AIDS prevention education if the student's parent or guardian, having attended one of the district presentations, objects in writing to such participation.

*[The provisions outlined above became effective July 1, 1988.]*

*Note: As with all school district curricula, HIV/AIDS prevention instructional materials also must be reviewed by the school district instructional materials committee for bias as provided in the Basic Education Law (RCW 28A.150.240), the Instructional Materials Law (RCW 28A.320.230), and the Sex Equity Law (RCW 28A.640.010).*

**The AIDS Omnibus Act requires:**

- HIV/AIDS education in grades 5 – 12
- Conduct parent presentations:
  - Notify parents of presentation
  - Hold during evening hours
  - Have materials and curriculum available for inspection
- Not require student to participate if:
  - Parent or guardian attends presentation
  - Signs Request Form to Excuse Student

# Suggested Letter to Parents/Legal Guardian

(Date)

## NOTICE OF PARENT PREVIEW MEETING ON HIV/AIDS PREVENTION EDUCATION PROGRAM

Dear Parent/Legal Guardian:

In response to the growing threat of HIV to our population, the 1988 Washington State Legislature mandated that a program of prevention education be presented to students yearly beginning with the fifth grade. The ( ) School District has adopted an appropriate program for HIV/AIDS prevention education with the advice of educators, parents, and community members.

A meeting will be held on (day of week) of (month, day, year) from (time) to (time) at (place) to provide parents an opportunity to preview the HIV prevention education program. All student instructional materials will be available for your inspection. This will also enable you and your child to have some meaningful family discussions both before and after the classroom presentation.

Following a preview of the materials, parents who wish to have their child excused from participation in the HIV/AIDS prevention program may sign a release form. State law provides that a parent or guardian must attend such a meeting before they can have their child or legal ward excused from participation in the HIV prevention program.

We look forward to seeing you and discussing this important topic with you.

Sincerely,

(School Principal)

or

(District Superintendent)

**KNOW**

HIV/STD Prevention Curriculum  
Office of Superintendent of Public Instruction

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**Teacher Background  
Information**

# Suggested Request Form to Excuse Student

\_\_\_\_\_ School District

## Request to Excuse Student from HIV Prevention Education

I have attended the school district's presentation of the HIV prevention education program for my child's (or legal ward's) grade level.

I object to the participation of my child (or legal ward) in the HIV prevention education program and request that he/she be excused from participation in the \_\_\_\_\_ grade presentation.

- \* I understand that the HIV epidemic presents a serious threat to the general population, particularly to youth, and I have been offered resources to present information to my son or daughter at home.

\_\_\_\_\_  
Name of Child/Legal Ward

\_\_\_\_\_  
Signature of Parent/Legal Guardian

Date \_\_\_\_\_

- \* *Optional. (This is to encourage parents to follow-up at home with those students not receiving information at school.)*



## Guidelines for Answering Difficult Questions\*

Questions posed in an HIV education class can be difficult for the teacher for a variety of reasons.

- You may not know the answer and worry about giving out misinformation or omitting essential information.
- You may be unfamiliar or uncomfortable with slang terminology used by the student.
- You may be uncomfortable with the content of the question (i.e., related to certain sexual behaviors).
- The question may be of interest to one student but developmentally inappropriate for the entire class.
- The question may be intended for “shock” value, rather than being a sincere inquiry.
- The questioner may be seeking personal information about you and your experiences or values.

When dealing with a question that is difficult for you, no matter what the reason, here are some helpful strategies and guidelines to follow.

1. Be aware of your body language and tone of voice and what they communicate to the students about discomfort or disapproval you may be feeling. Try to use the same straightforward approach you would use for less difficult questions.
2. Respond to or acknowledge all questions. Don't avoid or ignore the question or the questioner. (If the questioner is sincere, avoiding a question can diminish further communication with that student. If not sincere, your avoidance may encourage renewed attempts to shock or upset you.)
3. Affirm the questioner and legitimize the question, as appropriate. Say, “I'm glad you asked that” or “Many people ask this question” or “This is an important question.” Do not laugh at or dismiss any question. It may seem funny or inconsequential to you but be very serious to the questioner. A negative response such as, “You are too young to be asking this,” can shut down communication and learning.

## Dealing with Value-Based Questions

HIV education embodies many issues and questions that contain value or belief components. For example, a student may ask, "Do you think homosexuality is wrong?" To respond to value questions, use the following protocol.

### Value Questions Protocol\*

1. **Validate the student for asking the question.** Say, "That's a good question," "I often get asked that question," "Other students may be interested in hearing the answer to that one," or some other appropriate affirmation.
2. **Identify the question as a belief or value question.** (Distinguishing it from fact-based questions).
3. **Answer the factual part of the question, if there is one.** Dispel myths or misinformation about the issue. Say, for example, "Before we talk about beliefs about homosexuality, let's examine a few facts. Roughly five to ten percent of individuals in our society are gay or lesbian; most of them say they were born that way. Although some people believe that sexual orientation is chosen, no one really knows how it is caused."
4. **Describe a range of beliefs.** "Different people believe different things about homosexuality." Ensure that all beliefs are described in a fair and even-handed way.
5. **Refrain from stating your own belief, Unless it reflects a universal value of our society.** For example, if the question is about discrimination against people with AIDS because some are homosexual, you may say that "discrimination of *any kind*, against anyone, is wrong."
6. **Refer the student to family, clergy, or other trusted adults.** "Since people hold different opinions on this topic, I encourage you to find out what your family believes."

\* Values Protocol adapted from the *Family Life and Sexual Health (F.L.A.S.H.) Curriculum*, published by the Seattle-King County Health Department.

FOR MORE INFORMATION ON ANSWERING VALUE-BASED QUESTIONS,  
INCLUDING HOW TO ANSWER SPECIFIC QUESTIONS, VISIT  
Public Health Seattle/King County HEALTH EDUCATOR'S TOOLBOX  
[www.metrokc.gov/health/famplan/educators/valuepro.htm](http://www.metrokc.gov/health/famplan/educators/valuepro.htm)

## GLOSSARY

### Abstinence

Voluntarily refraining from something. Not participating in or indulging in something such as sexual intercourse, drug, alcohol, or tobacco use.

**AIDS** Abbreviation for Acquired Immunodeficiency Sndrome, the final stage of an HIV infection. A collection of "opportunistic" infections and cancers in an HIV-infected person due to a weakened immune system. The 1992 revised definition of AIDS also includes a T-4 (also known as T-Helper) cell count at or below 200 cells per microliter in the presence of HIV infection. (A normal T-4 cell count usually ranges from 500-1500 cells per microliter.)

**ARC** An outdated term (AIDS Related Complex). Referred to infection with diseases symptomatic of a weakened immune system, which are now recognized as a stage of HIV infection, and included in the 1992 revised definition of AIDS.

### Asymptomatic

A stage of disease in which specific signs or symptoms of illness are not present.

### B-Cell

A white blood cell of the immune system that produces infection-fighting proteins called antibodies.

### Bisexual

Sexual orientation in which an individual is attracted to both males and females though not always to the same degree. (bi=two)

### Bloodborne Pathogens

Viruses that can live in blood and be transmitted by blood-blood exchange such as through sharing needles or other injection equipment. HIV and Hepatitis B and Hepatitis C are bloodborne pathogens.

### Blood Donating

Giving blood (and blood products) to be used by people who need additional blood due to injury, surgery, or diseases such as hemophilia.

### Body Fluid Exchange

The transfer of a body fluid, such as blood, from one person to another. Blood-to-blood exchange might occur from a pregnant woman to her fetus.

**Heterosexual**

Sexual orientation in which an individual is attracted sexually, and/or emotionally, to primarily individuals of the other gender. (hetero=different)

**HIV** Abbreviation for Human Immunodeficiency Virus, the virus that is responsible for the syndrome known as AIDS.

**Homosexual**

Sexual orientation in which an individual is attracted sexually, and/or emotionally, to primarily individuals of the same gender. (homo=same)

**Immune**

Resistant to, or not affected by, or able to resist something such as a disease microorganism or peer pressure.

**Immune System**

The body system that responds to attack by disease organisms, and in most cases destroys them.

**Infatuation**

Interest in someone based on superficial impressions and/or physical attraction, which is often not lasting. May develop over time into "deeper" feelings.

**Injection Drug Users**

People who inject drugs using needles. (Also known as **IVDU**, intravenous drug users.)

**Intersexed**

An individual with the physical characteristics typically associated with both males and females. (Formerly called "hermaphrodites," which is now an outdated term.)

**Kaposi's Sarcoma**

A type of cancer characterized by abnormal growths of blood vessels that develop into purplish or brown lesions—usually in the skin or mouth—but may also develop in internal organs.

**Killer T-cell**

A part of the immune system that kills cells transformed by cancer or infected with HIV or other viruses. (Also known as cytotoxic, cell-killing, T-cell.)

**Retrovirus**

HIV and other viruses that carry their genetic material in the form of RNA and that have the enzyme "reverse transcriptase."

**Risky Behaviors**

Actions that place one at risk or in danger of harm.

**Semen or Seminal Fluid**

Secretion from male testicles and other sexual organs that transport sperm and other cells out of the body during sexual arousal and ejaculation.

**Sex or Sexual Activity**

Various physical acts engaged in for intimacy, sexual gratification, and/or other reasons.

**Sexual Intercourse**

Genital contact between two people involving the insertion of the penis in the vagina, the anus (anal intercourse), or the mouth (oral sex).

**Sexual Orientation**

Feelings of sexual and emotional attraction to people of the other gender (heterosexual), of the same gender (homosexual), or both genders (bisexual).

**STDs or STIs**

Acronyms for *sexually transmitted diseases (STDs)* or *sexually transmitted infections (STIs)*. Diseases that are acquired through intimate oral, anal, vaginal, or penile sexual contact.

**Sterility**

Inability to reproduce by becoming pregnant or causing a pregnancy.

**Symptomatic**

Stage of a disease in which signs of symptoms (manifestations of the disease) are present.

**T-4 cell or T-Helper Cell**

(Also known as "CD4+ T-cells" or "T-helper cells". See definition for CD4+ T-cells.)

**Transfusion**

Transfer of blood of one person to another person.

*The following information is intended for teacher use and is not recommended for use as a handout for students.*

## TEACHER INFORMATION ON HIV, STDs, Hepatitis B, and Hepatitis C

### What are HIV and AIDS?

HIV is an acronym for Human Immunodeficiency Virus (also called HIV-1), the virus known to cause AIDS. (A second form of the virus, called HIV-2, has been identified by scientists but occurs mostly outside the United States.)

AIDS is an acronym for Acquired Immune Deficiency Syndrome.

<u>A</u> cquired	not inherited, but "acquired" (i.e., contracted via person-to-person contact).
<u>I</u> mmune	relating to the body's defense system against foreign materials, such as viral and bacterial microorganisms.
<u>D</u> eficiency	a defect or lack in the body's immune system.
<u>S</u> yndrome	a collection of illnesses or symptoms that, when they occur together, are characteristic of a particular disease or condition.

Over a period of years after initial infection, the presence of HIV weakens the immune system, leading to a number of symptoms and illnesses that, when taken together, result in a diagnosis of AIDS.

*For evidence that HIV is the causal agent in AIDS (and responses to common myths and rumors about HIV/AIDS) see the following website of the National Institutes of Health:*

*[www.niaid.nih.gov/factsheets/evidhiv.htm](http://www.niaid.nih.gov/factsheets/evidhiv.htm)*

*Or, see the website of the Centers for Disease Control and Prevention at [www.cdc.gov/hiv/pubs/faqs.htm#hoax-rumor](http://www.cdc.gov/hiv/pubs/faqs.htm#hoax-rumor)*

### The Changing Face of AIDS

HIV/AIDS is a relatively new disease. First identified in 1981, the response to the pandemic (i.e., an epidemic that exists everywhere around the globe) is now in its third decade. *As of June 2000, over 753,000 Americans had been diagnosed with AIDS, 58 percent of whom have already died.* Today, experts estimate that one million Americans—one in every 250 people—are infected with HIV. Most of them look and feel healthy, however, since it takes an average of ten to twelve years before a person with HIV develops and becomes physically debilitated by AIDS. (A handful of people are known to be infected with the virus, but never develop symptoms, i.e., are "non-progressors"—for reasons that remain unclear.)

## How HIV Destroys the Immune System

*The following information on "How HIV Destroys the Immune System" is taken from statements by the National Institutes of Health, and adopted by the CDC, concerning how HIV causes AIDS. Although much of the information is quite technical, instructors may find it helpful in understanding the scientific findings regarding the actions and effects of HIV once it enters a person's body. However, this technical information is not essential in understanding how to prevent transmission of HIV. Thus, some readers may wish to skip this portion of background information and go to the next section on "The Course of HIV Infection."*

The HIV virus belongs in a special class of viruses known as retroviruses. When a person is infected with HIV, the virus invades white blood cells (lymphocytes) in the immune system called T-4 helper cells (also known as T-4 or CD4 cells). Only a few forms of viruses can infect the immune system, most of which cause cancer. Although no evidence exists that HIV directly causes cancer, it is a close relative to viruses that are known to cause leukemia.

HIV disease is characterized by a gradual deterioration of immune function. During the course of infection, T-4 cells are disabled and killed, and thus their numbers progressively decline. Since these cells play a crucial role in the immune response, by signaling other immune system cells to perform their special defensive functions, their reduction lowers the body's ability to fight off other infections effectively.

The blood of a healthy, uninfected person usually has between 800 and 1200 T-4 cells per microliter (*one millionth of a liter, abbreviated as "ml"*). When an HIV-infected person's T-4 cell count falls below 200/ml, he or she becomes particularly vulnerable to the "opportunistic" infections and cancers that typify AIDS, the end stage of HIV disease.

The period between infection with HIV and the onset of AIDS averages ten to twelve years in adults in the United States. People with AIDS often suffer infections of the lungs, brain, eyes, and other organs; and frequently suffer debilitating weight loss, diarrhea, and a type of cancer called Kaposi's Sarcoma. Even with treatment, most people with AIDS die within a few years of developing infections or cancers that take advantage of their weakened immune systems.

## Transmission of HIV

HIV is a non-hardy virus known as a "bloodborne pathogen;" that is, it can be transmitted from one person to another only by entering the bloodstream of the recipient in some way. Only a few very direct modes of contact allow for transmission.

Transmissible HIV can be found mainly in three body fluids of infected individuals: semen, vaginal/cervical secretions, and blood. (*Transmission of HIV through breast milk from an infected mother has been documented but is extremely rare in the developed world. Other body fluids, such as saliva, tears, and sweat, may contain HIV, but in insufficient amounts to transmit HIV.*)

HIV enters a person's body through microscopic breaks, sores, and openings in the mouth, anus, penis, and/or vagina. It can also enter through mucous membranes or through puncture wounds made by needles or other sharp objects containing HIV-infected blood.

Thus, HIV can be transmitted through:

- Sexual intercourse (anal, oral or vaginal intercourse).
- Needle or syringe sharing through drug use or accidental puncture. Also use of HIV-contaminated tattooing equipment.
- Maternal/child (from infected mother to fetus before or during birth, or via breast milk).
- Transfusion of infected blood or blood products (very rare now in the United States).

Transmission via sexual intercourse occurs as a result of infected vaginal/cervical fluids or semen coming in contact with the bloodstream through tears in body tissue, *or possibly through the virus being "carried" to the lymph system by other cells.* All practices of sexual intercourse (anal, oral, and/or vaginal) are considered to pose a risk. Receptive anal intercourse is the greatest risk of infection due to the greater likelihood of breaks in the anal tissue.

### HIV and Substance Use

The increase in the incidence of heterosexual transmission of HIV is due in part to transmission by injection drug users. Once an injection drug user becomes infected with HIV, she or he can then pass the virus on to sexual partners and/or to other IV drug users via needle-sharing. Many people who sell sex are injection drug users who may be HIV positive. Furthermore, the risk of HIV infection and accelerated progression to AIDS is high with injection drug users due to: (1) a very direct route of blood exchange, and (2) to the negative impact of the drug use itself on the immune system, lowering the individual's resistance to disease.

Alcohol abuse also places added stress on the immune system increasing a person's risk for HIV infection. For this reason, all substance abuse is considered a risk factor for HIV infection.

Most infants who are born with HIV have mothers who contract it through injection drugs or fathers who passed the virus to their sexual and/or needle-sharing partner (the child's mother).