

HIV/AIDS: Focus on Testing

Grade 11 and 12, Lesson #14

Time Needed

one class period

Student Learning Objectives

To be able to...

1. Distinguish the facts from the myths about the HIV antibody test.
2. Distinguish among “no-risk,” “risk” and “highest-risk” behaviors and recognize that persons who engage in risky behaviors need to get themselves tested regularly.
3. Explain at least three reasons a person at risk for HIV might decide to be tested (or not to be), and explain how a person goes about getting an antibody test.
4. Explain at least three things a person should do to protect him/herself and others:
 - a. if he/she decides not to be tested, and
 - b. if he/she tests positive, and
 - c. if he/she tests negative.

Agenda

1. Use lecture/discussion, along with Transparencies 4-7 and the Testing Information Checklist to provide facts and to address and dispel myths and fears regarding HIV antibody testing.
2. Assign homework.

Materials Needed

Classroom Materials:

*HIV/AIDS Testing Transparencies 4-7 **

Student Materials (one per student):

Testing Information Checklist

Family/Friend Homework Exercises A-E

(enough for one per student – that is, 6 of each exercise in a class of 30)

* Alternately, beginning in late 2006, all FLASH transparencies will be available as PowerPoint files on the FLASH web site: www.metrokc.gov/health/famplan/flash

Activities

1. Discuss the HIV antibody test, using Transparencies 4 through 7 and the HIV/AIDS Testing Information Checklist for clarification. The following lecture notes may help:

(Show Transparency 4: The Test)

After a person is infected with Human Immunodeficiency Virus (HIV), within about a month the immune system produces antibodies, which are specific disease-fighting proteins that can be found in the blood. The most common tests for HIV disease are blood tests that look for HIV antibodies, not for the virus itself. The most common of these tests are:

- (1) The ELISA (Enzyme-Linked Immunosorbent Assay, also sometimes just EIA)¹ screening test.
- (2) The Western Blot² confirmatory test.
- (3) IIFA (Indirect Immunofluorescent Assay)³ confirmatory test.

When an initial blood sample turns out positive for HIV antibodies by an ELISA or EIA, or rapid screening test, it is always, re-tested with a second screening test then with a confirmatory test, to confirm the result, before a person is told he or she is definitely infected with HIV.

The first antibody tests were licensed for common use in 1985. Until the mid 1990's, it was necessary to visit a clinic or counseling center to get tested for HIV, and people had to wait a week or two to get their results. Now there are alternative options, such as home test kits and rapid tests, that are effective in identifying HIV antibodies:

Rapid HIV test: This is a screening test that produces results within 20-60 minutes. It uses blood (from a finger stick) or saliva to detect HIV antibodies. Also like the other screening tests, a follow-up test must be used if the rapid test results positive for HIV antibodies to be sure someone is infected.⁴

Home test kits: Only one home test kit has been approved for use by the Food and Drug Administration. This test, the Home Access HIV-1 Test System, can be found at drugstores for about \$40. It is actually a home *collection* kit, not a home *test* kit. To use the test, one must prick his/her finger and place a drop of blood onto a special absorbent card, which is then sent to a licensed laboratory for testing. The person gets an identification number with the kit to use, then calls the company to get results about a week later. Although this test includes both the initial screening and confirmatory test, those who receive a positive result are encouraged to have another confirmatory test.⁵

(Show Transparency 5: Getting Tested)

Elaborate upon the Transparency:

After a possible exposure (through unprotected sex or a shared needle) to someone with HIV, it is wise to wait to be tested until at least one to three months, unless you develop an illness that you think may represent acute HIV infection. Acute HIV infection usually presents with fever,

fatigue, and often is accompanied by a sore throat, headache, gastrointestinal upset and a rash. These symptoms occurring 1 – 3 weeks after a risky exposure could represent new infection.

If infection resulted from the exposure and no symptoms occurred, 1-3 months of time will probably be long enough for antibodies to develop and become detectable.⁶ During this time, the consumer (patient) can find testing sites, and ask questions (such as those on the Checklist that is being handed out today.) Many sites require an appointment to be seen. The one exception, in the Seattle area, is the STD Clinic at Harborview Hospital, where patients can be seen on a drop-in basis. There, it is wise to arrive as early as possible in the day to ensure getting in.

Actually being tested for HIV antibodies is a simple process. A health care provider usually draws some blood, or may take a finger stick or an oral fluid (not saliva) sample to test.⁷ A blood draw is useful if the care provider recommends testing for other diseases which may have been transmitted, or if the provider suspects acute HIV infection.

The body fluid is either sent to a lab or in the case of rapid testing is tested right in the clinic. In the lab, blood is examined using one of the tests on Transparency 2, usually an ELISA. If it turns out positive, it is retested, using a different one of the other procedures, to confirm the result. A standard test usually takes a week or so before the consumer can return to find out the results. Rapid testing give results in about 20-60 minutes. If the lab is used, test sites can often provide results by phone but if the patient tests positive all sites insist that the patient come in to discuss the results in person. See if your students can explain why.

Testing for HIV can be confidential and/or anonymous:

Anonymous testing means that the clinic will keep no record of the patient's name. Instead, they will use a code to process and report the results. Because assuring that HIV-infected persons receive their results is so important, however, most sites which provide anonymous tests will still ask for some temporary contact information.

Confidential testing means that the patient's name will be recorded but, like all other health-related information, will be kept very private. They are not allowed to release or share that information to anyone without the patient's permission.⁸

Optional: In small groups, have the class brainstorm some benefits and drawbacks to confidential and anonymous testing. Share around the class.

(Show Transparency 6: The Results)

Address one item from the Transparency at a time:

First, what do the results mean?

A negative result means the person does not have detectable HIV antibodies and probably does not have HIV. A negative result is usually correct if it has been at least

three, or even better, six months since the person's last risky activity (shared needles or unprotected intercourse).

False-negative results: If the person does have HIV, but the infection happened recently, the body may not have built up enough antibodies yet to be detected. It takes at least a few weeks after a person is infected and often one to three months before there are enough antibodies to be detected on these commonly-used tests. In very rare cases, it takes as long as six months.

A positive screening result along with positive confirmatory test results does not mean the person has AIDS. It means that he or she has become infected with HIV. If left untreated, most persons with HIV will progress to AIDS usually after some years. However, there are new treatments to help the person remain healthy longer, preventing AIDS. Right now, no test can predict what will happen to the person's health in the long run.

False-positive results: The chance of an uninfected person having a positive test result on the screening ELISA is very small (less than 1%).⁹ But because this can happen, it is very important for all positive ELISA results to be confirmed by using another of the tests.

AN INDETERMINATE RESULT: Sometimes confirmatory test results are not definitely positive or negative. Sometimes this means the person was infected with HIV only recently, and the full set of antibodies which usually result have not yet become detectable; but indeterminate confirmatory results also may be caused by other factors (the person may not have HIV at all). If this result comes back from the lab, the clinician will discuss with the patient what he or she should do. He or she may need to be retested now, or in three months or six months, or to undergo other tests. In the meantime, even if the clinician feels that the chances are very low that the patient is really HIV-infected, it is wise to take precautions to prevent the possibility of infecting others, as if the test were positive.

What do you do with this new knowledge?

A NEGATIVE TEST RESULT IS A NEW STARTING POINT. If you haven't done anything that could expose you to the virus in the 3-6 months before the test, a negative test means that you are very unlikely to have HIV. So you can use the negative result as a new beginning, a time to think about avoiding exposure to HIV in the future.

Make these points:

- a. For starters, it is important to rethink your sexual behavior. Abstinence from sex is the safest choice. Using condoms or other barrier protections, like dental dams during sexual intercourse is another option, but these protections are not 100% effective.
- b. If you are an IV drug user, this is the ideal time to permanently stop shooting drugs and get into treatment. Your negative test result — and, in some cases, your six months off injected drugs — gives you a clean slate for a new start. But if you can't

- or won't stop shooting drugs, it is crucial to use sterile needles and to commit to not sharing drug-shooting equipment with other people.
- c. There is help available, if you want to change risky behaviors, but are having a hard time. Call the AIDS Information Line for a referral!

A POSITIVE TEST RESULT DOES NOT MEAN YOU HAVE AIDS. *It means you've become infected with HIV. You can also use this as a new starting point. It is a perfect time to make some life changes.*

2. Have the class brainstorm what some of those life changes might be after getting a positive test result. Make sure they include all of the following:
 - a. **See a doctor, especially one who specializes in HIV care.** Get a complete checkup. There are very effective medical treatments that can help you avoid progressing to AIDS and the opportunistic infections that make AIDS dangerous. It is important to **start getting health care and to check on the status of your immune system as soon as possible and to remain in care.**
 - b. Begin **protecting your immune system from stresses.** You can begin to eat a balanced, healthy diet. You can start exercising regularly. You can avoid challenging your immune system with alcohol, tobacco, and other drugs. You can avoid extra stress and activities that might exhaust you.
 - c. **Abstain from sexual intercourse.** There are other ways to express intimate feelings and to be sexual. **Or use condoms and other barrier protections carefully and consistently**, so that the HIV in your vaginal fluids, semen and blood is not passed to another person.
 - d. **Don't ever share IV drug needles, syringes, or other contaminated paraphernalia.** Even if only microscopic amounts of blood contaminate them, the virus can still be transmitted. Sharing injection equipment is one of the easiest ways to spread HIV.
 - e. **Tell your past and present sexual partners**, and anyone with whom you have shared IV needles and syringes, that they, too, might be infected with the virus. If you don't want to tell them yourself, speak with a health care provider or someone from the Public Health Department to tell them how to locate these partners. The Public Health Department or your care provider can inform them (**without** revealing your name) that they may have been exposed to HIV and offer them testing and advice.
 - f. If you cut yourself and get **blood** (or if you get other body fluids like semen) on clothes or furniture, **clean the contaminated area with soap and water.** Then clean again with alcohol, a disinfectant, or water mixed with household bleach (1 cup of bleach to 9 cups of water). Afterwards, be sure to wash your hands with soap and warm water. Dry cleaning can also kill HIV.
 - g. **Do not donate blood** or sperm; do not register as an organ donor.
 - h. **Find sources of emotional support and practical help with legal issues, financial advice, etc.** Some individuals also need to look for **spiritual support.** Again, the AIDS Information Line can suggest all sorts of resources.

Emphasize that a positive result does not mean it's time for a person with HIV to give up. On the contrary, for many people it's a time to build a healthy body and a circle of support and to start

protecting themselves and others. Many people with HIV these days will live for many years and maybe even have a normal life-expectancy.

(Show Transparency 7: Deciding Whether To Be Tested)

Emphasize that deciding whether to be tested isn't always easy.

First, how likely is it that I am infected?

- A. A person is considered to be at “no risk” if he or she:
- has never used illicit intravenous (IV) drugs, **and**
 - has never had sexual intercourse, **and**
 - has never had a substantial exposure to other persons' body fluids (as might happen in helping a person bleeding from a car accident or stepping on a used needle on a beach, e.g.).

He or she does not need to be tested.

Draw a red line through these behaviors on the transparency to emphasize that this person does not need an HIV antibody test.

- B. A person is “at risk” if he or she:
- ✓ has had sexual intercourse, especially unprotected intercourse.
- C. A person as at “highest risk” if he or she:
- ✓ *has had sexual intercourse with someone who is HIV-positive, or unprotected intercourse with a man who has had sex with other men.*
 - ✓ *has injected drugs and shared “works” (needle or syringe).*

People who have done these “high risk” activities may have caught the virus. The chances of their having been infected depend on additional factors:

- (1) whether they live in a part of the country with high HIV rates,
- (2) how many times they have engaged in high-risk activities, and
- (3) how high risk their particular behavior was.

For example, a teen who lives in New York, Miami or San Francisco and who has had vaginal intercourse, without condoms, with a number of different partners would be much more likely to have caught the virus than a teen from a small town who had had oral intercourse one time with an IV drug user. Seattle is somewhere in between; there is not as high a rate of infection in Seattle as in New York, for instance, but a much higher rate than in, say, South Dakota.

In Washington State (and most other states), a teen over the age of 14 can be tested without parents' permission. The HIV test is free or low-cost at places such as the STD Clinic, and can be confidential or anonymous. But teens don't always realize this. Furthermore, some people choose not to be tested for other reasons.

- 3, Split the class into two parts. Have one half of the class brainstorm all the reasons they can think of about why people sometimes decide to be tested. The other half of the class should brainstorm why people decide not to be tested. Make sure these reasons get mentioned:

REASONS PEOPLE WANT TO BE TESTED:

They want to know what's going on in their bodies.

They want to know where they stand, before they make decisions about marriage or pregnancy/parenthood.

They want to know if they're negative, because:

- they know they'll be relieved,
- they might want to begin a sexual relationship with someone else who has tested (or they hope will test) negative
- they will avoid any risky behavior in the future in order to stay negative
- they got notified that they'd been exposed and are worried they may have acquired HIV.

They want to know if they're positive, so they can:

- avoid putting others at risk through sexual and drug-related behavior,
- stay healthier longer, by **getting early medical care, watching their diet, exercising, avoiding alcohol and other drugs,**
- tell their sex partners or needle-sharing partners, so that those people can get testing and/or counseling,
- get screened for other STDs, which can cause more serious health problems for people infected with HIV.¹⁰

REASONS PEOPLE MIGHT AVOID GETTING TESTED FOR HIV:

They are afraid that, if the results were positive, they would become depressed and/or suicidal.

They don't want to live with the thought that they may die sooner than they would have otherwise.

They don't want to know that they have a condition which might require disclosure to potential partners or that might otherwise interfere with their lives.

Even if the results were positive, they don't think they:

- could change their high-risk behaviors,
- could afford or would get medical care or counseling,
- could tell anyone or get support from family or friends.

They always abstain or practice safer sex and they never share needles, so even if they are positive they are already protecting others.

They are concerned about their privacy and safety, even if they are assured of the anonymity or confidentiality of the test.

For example, they may be concerned that:

- if the results are positive and someone finds out (a neighbor, classmate, employer, landlord, insurance company), they may be harassed, fired, denied housing, health care, or insurance, or otherwise discriminated against. even if the results are negative, if someone finds out they've been tested, they may still be victimized.

*Emphasize that the decision to test or not is a personal one, and that it should be based on knowledge, rather than ignorance. It's particularly important here that students discuss how in most circumstances the value of testing outweighs the downsides. It is important for a person to gather information, if he or she is considering being tested. Hand out the **Testing Information Checklist** and allow a few minutes for people to read it silently (or have volunteers take turns reading it aloud).*

NOTE: On September 22, 2006, the Centers for Disease Control and Prevention released new guidelines for HIV testing, recommending routine HIV testing for all people age 13-64, whether they would be considered at risk or not. While patients are supposed to be made aware whether their blood will be tested for HIV, separate consent for HIV testing will not be required. Instead of choosing to be tested, people have the right to “opt out” of testing; that is, they can say “no” if they do not want their blood to be tested.¹¹ (Keep in mind that this requires someone to already be at the doctor for other care or testing, and there are many people that do not see a doctor regularly because they are healthy, they cannot afford it, or for other reasons.) **As a class, brainstorm reasons why this new policy may have been put in place and what may be possible outcomes of the new policy. Do you think it is fair? Why or why not?**

3. **Optional:** Have students take the checklist home and use it to contact 2 testing centers, writing down the answers to the questions they ask. They should write a paragraph about why they would choose one over the other—based on the answers they received, the attitude of the people with whom they spoke, or other reasons.
4. Hand out the Family/Friend Homework Exercise: “On HIV/AIDS”. There are five different exercises (lettered A through E). You can hand them out randomly or allow students to choose.
5. Decide when the assignment is due and let the class know. Encourage students to complete the assignment, if possible, sooner rather than later. However, the actual due date should be generous enough that even very busy families can participate.

HIV/AIDS Testing Information Checklist

After you've asked yourself whether you are really "at risk", and thought about the pros and cons of getting tested, it's time to pick up the phone. First, find a testing center near you by going to <http://www.hivtest.org/> and entering your zip code. If you do not have access to the Internet, you can call one of the following numbers to find a site near you.

In Seattle (only free in Seattle)	(206) 205-7837
1-800-678-1595 Seattle toll-free hotline #	
Or if you are using a TTY/TDD	(206) 296-4843
Anywhere in the United States	1-800-342-AIDS
If you speak Spanish	1-800-344-SIDA
If you are using a TTY	1-800-243-7889

If you use the website to search testing centers in your area, you will be given a list of places within a certain radius of your zip code. Each listing will provide an address, phone number, as well as the kinds of testing the center provides (i.e., confidential, anonymous, oral, rapid testing, etc.). You should choose two to call and compare; they are not all the same.

This checklist of questions may help:

- Do you usually take care of people 14 to 21 years old? yes no
- Would my parents or guardian have to come with me? yes no
 Would I need my parents' or guardian's permission to have an HIV test? yes no
 Would my parents or guardian be told the results even if I don't want them to be?... yes no
- Could I get tested for free? yes no
 If not: How much would it cost ? _____
 Is there a reduced rate or "sliding scale" for teens who can't afford it? yes no
 Would I have to pay before I get the test? yes no
 Would a bill be sent in the mail for the lab test or the office visit? yes no
- Would I have to give my name? yes no
 If so: Can you accept a made-up name (without any ID) yes no
 Would you put the results in my medical record? yes no
 Would you give the results to my school? yes no
 Would you give the results to my employer? yes no
 Would you give the results to my parents' insurance company? yes no
 Would you give the results to my future employer or insurance company? yes no

- 5. Could you notify my sex partner(s) if I tested positive and I wanted you to? yes no
 Would you notify my sex partner(s) if I tested positive and I didn't want you to? yes no
 Could you help me talk to my parents, sex partner(s), or other people
 whom I might want to tell if I tested positive? yes no
- 6. Would someone talk with me about both the pros and cons of testing? yes no
- 7. Do you give counseling before and after the test? yes no
 If so: How long is the counseling session likely to be? _____
 (You want plenty of time.)
- 8. Could I come back more than once to talk about whether to have the test? yes no
 (You should be able to take your time in making the decision.)
- 9. How soon could I have an appointment? _____
- 10. How long does it take to get the results? _____
- 11. How would I be told of the results? _____

Other questions you may want to ask might include:

- Can you provide an interpreter in my language? yes no
- Can you provide a sign-language interpreter? yes no
- Can I bring a friend, partner or parent into the counseling session with me? yes no
- What bus line serves your clinic? yes no
- Is there parking available? yes no
- If I need help reading the forms or filling them out, is there someone who can help? yes no
- Do you test for other sexually transmitted diseases or diseases I might catch from sharing needles?

12. Add questions of your own, that you want to remember to ask:

HIV/AIDS Testing Transparency 1

What tests are commonly used?

- The ELISA
- The Western Blot
- The IFA

What do all these tests look for?

HIV antibodies,
not the HIV virus

Why is that?

HIV/AIDS Testing Transparency 2

Getting Tested

If I decide to be tested, what do I do?

Gather information.

Decide where to go for the test.

Call to make an appointment.

What will the counselor or clinician do?

- Talk with you about the test and your concerns.
- Answer your questions.
- Get your consent to do the test.
- Draw a blood sample.
- Send it to a lab.

Then how do I find out the results?

It depends on the type of test. Ask the counselor or clinician when you should return for the results. If you have a rapid test, you may be able to wait.

HIV/AIDS Testing Transparency 3

The Results

What do the results mean?

- A positive result?
- A negative result?
- An indeterminate result?

What do you do with the knowledge?

A negative result is a new starting point.

A positive result does NOT mean you have AIDS. It can be a starting point, too.

HIV/AIDS Testing Transparency 4

Deciding Whether to be Tested

How likely is it that I am infected?

A person is at “No Risk” if he or she:

- has never used IV drugs **and**
- has never had sexual intercourse
- has never had a substantial exposure

A person is “at risk” if he or she:

- has had unprotected sex with someone

A person is at “highest risk” if he or she:

- has had sexual intercourse with someone who is HIV-positive — or unprotected intercourse with a man who has had sex with other men
- has shot drugs and shared “works”

Family/Friend Homework: "On HIV/AIDS"

EXERCISE A: AIDS AND OTHER SEXUALITY EDUCATION

Below are several different opinions about the ethics (right and wrong) of sexuality education, including education about AIDS. Read them and think about them. Talk them over with a family member or another trusted adult or with a close friend. Then, together, sign the homework confirmation slip, below. Return it for credit.

- (1) Do you believe parents should teach their children about HIV & AIDS and other sexual issues? If so, what should they teach them and at what ages? If not, how would you prefer children learned about sexuality? (Be realistic.)
- (2) Do you believe churches and other religious institutions should teach about HIV & AIDS and other sexual issues? If so, what should they teach and how? If not, why not, and how would you prefer people learned about sexuality? (Be realistic.)
- (3) What about the mass media? What are the pros and cons, in your opinion, of TV, radio, magazines, the internet, etc. teaching about HIV & AIDS? Should there be ads for condoms on TV and the internet? If so, what guidelines should be used? Should they only be advertised at late hours after small children go to bed, for instance? If there shouldn't be condom ads on TV, why not?
- (4) In your opinion, should schools provide HIV & AIDS and other sexuality education? If not, why not and how would you prefer children learned about sexuality? (Be realistic.) If schools should teach about it, what topics should be covered and at what ages?
- (5) Should parents be allowed to excuse their children (as they are in Washington State) from sexuality and HIV & AIDS education at school? Why or why not?



Family/Friend Homework Exercise "On HIV/AIDS"

EXERCISE A • CONFIRMATION SLIP

FOR FULL CREDIT, THIS EXERCISE IS DUE _____

We have completed EXERCISE A: AIDS AND OTHER SEXUALITY EDUCATION, above, and discussed it with one another.

Date: _____

_____ student's signature

_____ signature of family member or friend

Family/Friend Homework: "On HIV/AIDS"

EXERCISE B: PEOPLE-AT-RISK AND THE LAW

Below are several different opinions about the ethics (right and wrong) of laws regarding prostitution, IV drug use, and homosexual behavior. Read them and think about them. Talk them over with a family member or another trusted adult or with a close friend. Then, together, sign the homework confirmation slip, below. Return it for credit.

- (1) In your opinion, is prostitution wrong? Why or why not? If it is wrong, who is wrong: the prostitute, the customer, or both? Does the age or gender of the prostitute make any difference?
- (2) Whether it is right or wrong, do you believe prostitution should be legal and regulated, so that prostitutes would have to be tested and get health care for a license (as in Nevada and some countries, like Holland)? Why or why not?
- (3) In your opinion, should public health workers be allowed to exchange clean needles for used needles? Why or why not? Is it the same as giving out condoms? Why or why not?
- (4) Should pharmacies be permitted to sell needles and syringes to injection drug users, as is currently legal in Washington State?
- (5) What do you think is the best way to solve the problem of people catching HIV from shared needles? Should drug laws be more severe? Should drugs be made legal? Should there be more funding for treatment? Other ideas?
- (6) Do you believe it is ever wrong to have sex? If so, under what circumstances? If it's not wrong for other people, do you have certain standards for yourself? When would you decide it was wrong ... for you? Should same-sex intercourse be against the law? Describe what you think the law should say.



Family/Friend Homework Exercise "On HIV/AIDS"

EXERCISE B • CONFIRMATION SLIP

FOR FULL CREDIT, THIS EXERCISE IS DUE _____

We have completed EXERCISE A: AIDS AND OTHER SEXUALITY EDUCATION, above, and discussed it with one another.

Date: _____

student's signature

signature of family member or friend

Family/Friend Homework: "On HIV/AIDS"

EXERCISE C: TESTING

Below are several different opinions about the ethics (right and wrong) of laws regarding the HIV antibody test. Read them and think about them. Talk them over with a family member or another trusted adult or with a close friend. Then, together, sign the homework. confirmation slip, below. Return it for credit.

- (1) Do you believe some people should be required to be tested for HIV? If not, why not? If so, who should be required and why? Health care workers? Surgeons? Dentists? Prostitutes? People who commit sex crimes? People applying for jobs? If so, what jobs? People applying for a marriage license? All pregnant women? All newborn babies?
- (2) In one town, the police department was fined for telling someone's neighbor that he had tested HIV-positive. Then, the neighbor was also fined, for spreading the word to other neighbors. In your opinion, were the police and the neighbor wrong? Why or why not? If so, suppose you were the judge. How much would you have fined the police? The neighbor? Would you have used some other punishment? What would it be?
- (3) The Health Department is required by law to protect all persons' privacy, even when helping to notify partners. If you were a senator, would you try to change the law, to allow any exceptions? Would you continue to allow the Health Department to tell the patient's sex partners, as long as the patient's name was never mentioned? Would you allow a doctor to inform the patient's parent or teachers if they are a minor? Their insurance company? Their boss or landlord? Why or why not?



Family/Friend Homework Exercise "On HIV/AIDS"

EXERCISE C • CONFIRMATION SLIP

FOR FULL CREDIT, THIS EXERCISE IS DUE _____

We have completed EXERCISE A: AIDS AND OTHER SEXUALITY EDUCATION, above, and discussed it with one another.

Date: _____

_____ student's signature

_____ signature of family member or friend

Family/Friend Homework: "On HIV/AIDS"

EXERCISE D: MOTHERS, BABIES AND THE LAW

Below are several different opinions about the ethics (right and wrong) of laws regarding pregnant women, new mothers and HIV. Read them and think about them. Talk them over with a family member or another trusted adult or with a close friend. Then, together, sign the homework confirmation slip, below. Return it for credit.

- (1) Do you believe there should be screening programs to find HIV-infected pregnant women or new mothers with HIV? If not, why not? If so, how should the program be set up, to protect people against race- and class-discrimination? Should women be required to be tested? Why or why not?
- (2) Some people want to apply child abuse laws to women who use drugs during pregnancy. What is your opinion about this? If you were on a jury, and it was clear that a woman had shot heroin within a few hours of her baby's birth, would you find her guilty of child abuse? If not, why not? If so, what would you make the penalty? What if she had been drinking alcohol, instead of shooting heroin?
- (3) In your opinion, is it wrong for a couple to try to get pregnant (or to just "let it happen") if they know that one or both may have HIV? Why or why not? (Keep in mind that there are treatments that greatly reduce the chances of passing HIV to a baby, and they are widely available in the United States.)



Family/Friend Homework Exercise "On HIV/AIDS" EXERCISE D • CONFIRMATION SLIP

FOR FULL CREDIT, THIS EXERCISE IS DUE _____

We have completed EXERCISE A: AIDS AND OTHER SEXUALITY EDUCATION, above, and discussed it with one another.

Date: _____

 student's signature

 signature of family member or friend

Family/Friend Homework: "On HIV/AIDS"

EXERCISE E: HIV AND HEALTH CARE

Below are several different opinions about the ethics (right and wrong) of decisions doctors and insurance companies make, and of the laws regarding health care. Read them and think about them. Talk them over with a family member or another trusted adult or with a close friend. Then, together, sign the homework confirmation slip, below. Return it for credit.

- (1) If you ran a hospital, would you allow each of your nurses and doctors to decide whether they would work with an HIV-infected patient? Why or why not? Would some cases be different from others? How?
- (2) If you were a nurse, doctor or dentist, how would you feel about working with a patient who had AIDS or HIV disease? If you were uncomfortable, would you do it anyway? Why or why not?
- (3) What do you believe about the law? Should a hospital be required to treat people with HIV? Should the hospital be allowed to turn them down? If so, should this also apply to other ill people? Should a hospital be allowed to turn down a woman about to have a baby or a victim of a car accident? Is this different from turning down someone with HIV/AIDS? If so, how? If not, why not?
- (4) What if a patient can't afford health care? If the hospital isn't allowed to turn them away, who should pay for the care? Would you be willing to pay higher taxes, hospital bills or insurance rates? Should we all help? Why or why not?
- (5) Do you believe insurance companies should be allowed by law to test all applicants for HIV? Should they be allowed to turn down, or to cancel coverage of, people who test positive? Charge higher rates? How about for people in "high risk groups" or for people they think might be members of "high risk groups"? Why or why not?



Family/Friend Homework Exercise "On HIV/AIDS"

EXERCISE E • CONFIRMATION SLIP

FOR FULL CREDIT, THIS EXERCISE IS DUE _____

We have completed EXERCISE A: AIDS AND OTHER SEXUALITY EDUCATION, above, and discussed it with one another.

Date: _____

 student's signature

 signature of family member or friend

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- ⁸ *HIV/AIDS Program: Where to get tested for HIV in King County*. (2006). Retrieved on August 14, 2006 from Public Health- Seattle and King County: <http://www.metrokc.gov/health/apu/resources/testing.htm>.
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