

HIV and AIDS: Understanding Risk Behaviors

Grade 8, Lesson #23

Time Needed

One class period (Some teachers will choose to do this lesson in 2 days.)

Student Learning Objectives

To be able to...

1. Define and distinguish between HIV and AIDS.
2. Explain that anyone who takes risks with sex or drugs is vulnerable.
3. Describe how and when one can find out if he/she has HIV.
4. Know that there is neither a vaccine nor a cure for HIV.
5. Explain some limits of treatment.
6. Distinguish between behaviors that can and cannot transmit HIV and especially explain *why* they are risky or safe.

Agenda

1. Set the stage. (3 minutes)
2. Use focused writing, sharing in pairs or trios, and class discussion to answer questions about HIV (on the transparencies). (20 minutes)
3. Use student worksheet to identify and defend which behaviors pose a risk for HIV. (25 minutes)
Alternative: Use *Behavior Cards* and *Risk Signs* to identify and defend which behaviors pose a risk for HIV. (25 minutes)
4. Close the lesson. (2 minutes)

Materials Needed

Student materials:

- Worksheet: *How Does a Person Get HIV?* (1 copy per student)

Classroom materials, equipment:

- Transparency: *Listen Up!* *
- Transparency: *HIV/AIDS Questions #1-4*
- Transparency: *HIV/AIDS Questions #5-8*
- Overhead projector
- For Alternate Activity: 4 *Risk Signs*, 1 set of *Behavior Cards*, one pair of scissors

* Alternatively, *FLASH* transparencies are available as PowerPoint files on the *FLASH* web site: www.kingcounty.gov/flash

Resources

Background Reading:

- HIV/AIDS: Background Information for Educators
<http://www.cdc.gov/hiv/topics/basic/>
- How to answer difficult questions: Answering Difficult Questions
<http://www.kingcounty.gov/healthservices/health/personal/famplan/educators/diffques.aspx>
- How to answer questions about controversial issues: Values Question Protocol – See page 10 of this binder or go to:
<http://www.kingcounty.gov/healthservices/health/personal/famplan/educators/values.aspx>

Websites:

- Resources for Health Educators
<http://www.kingcounty.gov/healthservices/health/communicable/hiv/educators.aspx>
(Public Health – Seattle & King County [PHSKC])
- HIV/AIDS Program www.kingcounty.gov/health/hiv (PHSKC)
- Family Planning Program www.kingcounty.gov/health/famplan (PHSKC)

Phone Numbers:

- HIV/STD Program: 206-296-4649 (PHSKC) M-F 8-5pm
- HIV/STD Hotline: 800-272-2437 (Washington State Department of Health)
- HIV/STD Hotline: 800-CDC-INFO (Centers for Disease Control & Prevention)
- Facts of Life Line: 206-328-7711 or 888-307-9275 (Planned Parenthood of the Great Northwest)
- Your local Public Health Department

Preparation

- For Alternate Activity: Photocopy and cut *Behavior Cards*, creating a set of 24 cards.
- Find out where people can get HIV tests in your local area (to fill in the blank on page 23-6).

Activities

Note: The teacher's script is indicated by italics. This script is meant to be a guide for teachers who might find it helpful.

1. Set the stage. (3 minutes)

Acknowledge the information that students bring with them:

Nobody gets to be as old as you all are without knowing some things about HIV and AIDS. I don't want to just lecture to you today. Let's find out what you already know and build on it. Let's not forget the ground rules. We have agreed to protect other people's privacy and that people have a right to protect their own privacy. I'm not going to ask you to share anything personal today.

2. Use focused writing, sharing in pairs or trios, and class discussion to answer questions about HIV (on the transparencies). (20 minutes)

Have students take out a piece of paper, put their name at the top, and fold the paper in four quarters. They should number the eight boxes: #1- #4 on the front and #5-8 on the back. For example,

1	2
3	4

Show *HIV/AIDS Question #1-4* transparency.

Have students answer the questions using the following process:

- **Focused writing:** Give students just a minute or two to jot their answers to the first four questions on their piece of paper, one per box.
- **Sharing in pairs or trios:** As soon as each person finishes writing, have them turn to a person sitting nearby and share their answers. Encourage them to discuss the ones they may have some disagreement about.
- **Discuss as a class:** Invite a few volunteers to share their answers with the large group. Use the opportunity to correct any misinformation and add key concepts.

Box #1: Why do teens need to know about HIV?

As you write about this, think about why teens in general need to know and why you and your friends need to know about HIV.

Show the *Listen Up!* transparency. Draw a line through each item listed on the overhead one at a time (i.e., “~~because I’m a teen,~~”), using the script under key concepts (below) to dispel the perception that some groups of teens don’t need to learn about HIV.

Key concepts:

- a. *Some of you think that you don’t need to know this because you are a teen. Not true! (Cross out “because I’m a teen” on transparency.) **1 out of 2 people who catch HIV in the United States today are under 25.**¹*
- b. *Some of you think that you don’t need this class because you are abstaining from sex and drugs. Not true! (Cross out “because I abstain from sex and drugs” on transparency.) Even though most of you are not having sex at this point in your lives and hopefully not using drugs and needles, most of you will have sex eventually and some of you will be faced with drug decisions. Needles used for tattooing, acupuncture, and body piercing can also transmit HIV; many of you may already have been or are now thinking about one of these. So far there is only one known case of HIV transmission by acupuncture needle; there are none known for piercing and tattooing, so these are small risks, but still worth knowing about.² **This is your chance to bank information that you may need later.***
- c. *Some of you think this class won’t be relevant to **you** because you are straight (heterosexual) and you think that HIV is only a disease of gay (homosexual) men. (Cross out “because I’m straight” on transparency.) Know that if your partner had HIV it wouldn’t make the slightest difference what sex he or she was; you would still be at risk. Also, what people identify as (gay, straight or bi) does not necessarily agree with their behavior, i.e., a self-identified straight male can occasionally have sex with men but never tell people. **This lesson is really for everybody.***
- d. *On the other hand, some of you think this class won’t be relevant to you because you’re gay or lesbian or bisexual and you may feel that most classes are geared toward the straight students. (Cross out “because I’m gay, lesbian or bisexual” on the transparency.) But the fact is the majority of HIV cases in the U.S. are in gay and bisexual men. It’s also a fact that a lot of lesbian and bisexual young women are at risk because they have sex at some point with a guy friend who may be gay. **So I hope those of you who think you may be gay, lesbian or bisexual will listen today.***
- e. *Some of you may not ever need this information yourselves, but you may have friends or brothers or sisters who are taking risks. **I am hoping to turn all of you into health teachers for the people you care about.***

Return to *HIV/AIDS Question #1-4* transparency.

Box #2: What is HIV?

Key Concepts:

- a. **Human Immunodeficiency Virus (HIV) is the germ** that causes AIDS. It attacks the body's immune system. Over time, HIV gradually destroys the body's ability to fight off infection and disease (if the person takes no medication). Then people are more likely to get infections and cancers that would not normally develop in healthy people.

Box #3: How is AIDS different than HIV?

- a. **Acquired Immune Deficiency Syndrome (AIDS) is the last stage of HIV infection**, when a person's immune system doesn't work very well anymore.
- b. We used to call the whole disease "AIDS," but now we call it "HIV disease." **We use the term "AIDS" only for the last stage of HIV disease.**

Box #4: How does a person know if they have HIV?

Key Concepts:

- a. **The only way to know for sure is to be tested.** After a person becomes infected with HIV, the body's immune system recognizes the virus as a foreign intruder and begins to make antibodies to the virus. Most HIV tests check for the presence of these antibodies. Some clinics test blood. Others test tissue wiped from lining of the mouth to check for antibodies. That doesn't mean that the **virus** is present in the mouth, just **antibodies**. Clinics send both kinds of tests to the lab. Results are usually available in a week or two.
- b. Almost everybody (97%) with HIV has enough antibodies to show up on a test within 3 months from the time they got infected, and everyone should have detectable antibodies by 6 months.³ So, if a person had unprotected sex or shared needles and took an HIV antibody test a few days later, the test would not be accurate. The person's immune system would not have had enough time to respond to the virus and make enough antibodies to show up on a test. **A person would have to be tested 4-12 weeks (3 months) after the last time they could have gotten HIV for the antibody test to be accurate.**

(If students ask: People at high risk – men who have sex with men, for example – can be tested in some clinics [Harborview, in Seattle, for instance] just 9 to 11 days after exposure using a more expensive RNA test that looks for virus, rather than antibodies.⁴ The more common test is an antibody test, 3 months post-exposure.)

- c. **Legally, a clinic can't do an HIV test unless the patient specifically asks or agrees to be tested.** In 2006, CDC recommended that people start getting HIV tests as part of their regular physical. Do not be alarmed if your doctor asks if you are sexually active – if you are, it is normal if he or she recommends an HIV test.⁵ Public Health — Seattle & King County clinics can test people of any age confidentially. ("Confidentially" means they don't need their parents' or guardians' permission and the clinic won't give out any information unless the patient signs a written agreement.)

To get tested in another clinic, it would be best to find out about confidentiality and age limits ahead of time. Around here people can get tested at _____.
[Teacher: fill in the blank if you know specifics or invite students to research this tonight and report back tomorrow for extra credit.]

- d. **Many people who have HIV feel fine for years after infection begins so they don't think of getting tested.** *If a person didn't get tested early on, they could still be passing HIV to other people. Eventually, years down the road, they might suspect they were infected because they started to get sick a lot.*

Show HIV/AIDS Question #5-8 Transparency. Have students answer the questions using the same process as before: focused writing, sharing with partner, and class discussion.

Box #5: Is there a vaccine (shot) to prevent HIV?

Key concepts:

- a. **No, there is not a shot you can take to keep from getting HIV.** *Most of you had shots when you were young, which protect you against polio, measles, and mumps. Unfortunately, there is not yet a vaccine to protect us against HIV. Scientists around the world are working toward a vaccine, but nothing appears likely soon. We don't know if there will be a vaccine in our lifetimes. That's why knowing how to protect yourself is extremely important.*

Box #6: Are there treatments for HIV?

Key concepts:

- a. **Yes, there are effective treatments for HIV.** *Medications can help people to live much longer and healthier lives. There are treatments for the infections people get when they have HIV. Now (since 1996), there are also treatments to slow the growth of the HIV within their body. People who were previously close to dying from HIV have been able to take these medicines and get their lives back.*
- b. **Still, there are some problems with the drug treatments.** *They don't work for everyone. For others, the drugs can slow HIV, but cause other health problems and make them feel sick. In the past, it was hard for people to take so many pills every day at specific times (this is still the case in the developing world or for certain people who need different drugs). Some people even had to set the alarm and wake up at night to take their medications. Today, there is a single pill people with HIV can take each day, but it does not work for all people. Side effects from HIV drugs can be so severe doctors have to prescribe other drugs to treat the side effects.*
- c. **Drug treatment for HIV is very expensive.** *In Washington State, there are programs that can help pay. But in many parts of the United States and the world, HIV medications are too expensive for people to use them.*

Box #7: Is there a cure?

Key concepts:

- a. **There is no cure for HIV.** *Once a person is infected, it will be in his body as long as he lives. Persons with HIV may feel fine for years, but without treatment, many will get sick eventually. Some will get diarrhea that won't go away, so they can't go to school or work or take trips that would take them away from the bathroom. Some will get so tired that they*

can't get out of bed in the morning or even raise their head. Some will get pneumonia and not be able to breathe. Some will get eye infections and become blind. Some will get brain infections and lose their ability to think clearly or take care of themselves.

Box #8: What do you suppose it's like to live with AIDS?

Key concepts:

- a. *Imagine being a young person in your late teens or twenties living in a developing country, where you may not have had access to testing or treatment. You have been enjoying your life, living as a young adult, making your own decisions. Maybe you have been helping to take care of family members or sending money home. Then you get too sick to hold down a job or finish college. **Instead of helping others, you lose your independence and have to be taken care of.** That can be just as hard as feeling sick.*
 - b. *Even in the United States, living with HIV or AIDS can be a challenge. Will you be able to remember to take medication every day? How will it feel when you talk with your family about your HIV? Your friends? Will it be hard when you have a new relationship and it starts to get intimate? How will you bring up the subject of your HIV? What if they break up with you? What if they break your confidentiality with other friends? **These relationship challenges can be even harder than managing the medications.***
- 3. Use *How Does a Person Get HIV?* Worksheet to identify and defend which behaviors pose a risk for HIV. (25 minutes)**

Hand out the behavior worksheet. Allow students 4 minutes to fill it out individually.

Have students compare their answers with a partner and discuss any that they disagree about. The point is not to reach consensus, but to have to think through and justify their answers verbally. For many items, more than one answer might be reasonable depending on the logic behind the answer. So we do not recommend grading this exercise. Its purpose is to reinforce the concepts that certain behaviors are not at all risky and that there are degrees of risk.

Discuss as a class the items where people found any disagreement.

Some of these questions have right and wrong answers, but some have more than one good answer. So let's hear your logic for your answers.

[Below are notes to help guide the discussion. Acceptable answers are listed with explanations of why they are acceptable.]

NOTES:

- 1) Abstaining from sex and drugs:

D, not a risk

The surest way to not get infected is to abstain. Abstaining means choosing not to do something such as not using drugs or not having sex. The kind of drug use that can transmit HIV is sharing needles. The kinds of sex that can transmit HIV are oral, anal, and vaginal

intercourse.

- *“Oral intercourse” is the kind of sexual touch where one person’s mouth is on the other person’s genitals or anus. (“Genitals” are the outside parts of the reproductive system... clitoris, labia, penis and scrotum.)*
- *“Anal intercourse” is the kind of sexual touch where one person’s penis is in the other person’s anus.*
- *“Vaginal intercourse” is the kind of sexual touch where one person’s penis is in the other person’s vagina.*

[Because people have diverse beliefs about intercourse (especially any sex that is not strictly for reproduction), this would be an appropriate time to use the **Values Question Protocol** – see page 10 of this binder or go to www.kingcounty.gov/health/flash.]

2) **Sharing needles to inject drugs:**

A, a big risk

Syringes can contain the virus for 36 hours even if blood isn’t visible.⁶ HIV does not live in open air very long, but if the HIV is within liquid inside the syringe, it may live longer outside the body than normally. Injecting it right into the bloodstream is very dangerous.

D, not a risk

Students can argue for this answer if they say that two people who are not infected could share needles and not risk getting HIV.

[If students raise the question of bleaching, you might add that bleaching a used needle lowers the risk of infection, but does not eliminate it.]

3) **Having vaginal or anal sex without a condom:**

A, a big risk or B, a risk

The majority of HIV infections in the United States are spread through unprotected anal or vaginal sex.⁷ Other STDs are easily spread this way, too.

D, not a risk

Students can argue for this answer if they say that two people who are not infected could have unprotected anal or vaginal sex and not risk getting HIV. For example, most married couples have unprotected sex and do not consider themselves at risk for HIV infection.

[Probably some students in your class will make inappropriate noises and comments at the idea of anal intercourse. It is important to not allow disrespectful remarks. Because people have diverse beliefs about intercourse, this would be an appropriate time to use the Values Question Protocol.]

4) **Having oral sex without a condom.**

B, a risk

Many people do not believe that they can get HIV from oral sex. This is not true. 5-10% of all new HIV infections are spread through unprotected oral sex.⁸ Some people think of

having oral sex as abstinence. And oral sex is less risky than anal or vaginal sex in terms of HIV, but it still poses some risk (not just for HIV, but also for other sexually transmitted diseases.)

C, a very small risk

Students can argue that if a person has oral sex performed on him/her (which only exposes a person to an infected fluid if the other person is bleeding from the mouth) there is a very small risk. This argument may be true for HIV, but there are other sexually transmitted diseases that don't require blood.

D, not a risk

Students can argue for this answer if they say that two people who are not infected could have oral sex and not risk getting HIV. For example, many married couples and couples in long-term relationships have oral sex and do not consider themselves at risk for getting HIV. Also, using a latex barrier like a condom or even plastic kitchen wrap between mouth and the partner's genitals can reduce the risk of spreading HIV.

5) Having vaginal or anal sex with a condom.

3. **B, a risk or C, a very small risk**

Condoms greatly reduce the risk of HIV transmission during sex, but they must be used correctly and every time.⁹ Latex, vinyl, and polyurethane condoms do NOT have holes in them that let the virus through. They rarely break or tear when used properly, but they are not a guarantee. Expired condoms should never be used, because they are more likely to break.

D, not a risk

Students can argue for this answer if they say that two people who are not infected could have vaginal and anal sex and not risk infection. For example, most married couples have sex and do not consider themselves at risk for HIV infection.

If it is permissible in your district, this would be a good time to discuss correct condom use. **If appropriate for your school district and your particular students, discuss correct condom use with your class.** For simple instructions for correct condom use, you can type the search phrase "how to use a condom" at one of these teen web sites:

- www.SexEtc.org
- www.TeenWire.org
- www.AdvocatesForYouth.org

If you don't teach about correct condom use, tell students how they could learn more about this topic:

- talking with their doctor
- calling a hotline:
 - HIV/STD Hotline: 800-272-2437 (Washington State Dept. of Health)
 - HIV/STD Hotline: 800-CDC-INFO (CDC)
 - Facts of Life Line: 206-328-7711 or 888-307-9275 (Planned Parenthood of the Great Northwest)
- contacting their local Public Health Department
- searching "how to use a condom" at one of the web sites above

- 6) Having sex: two people in a relationship who don't have sex with anyone but each other.

B, a risk or C, a very small risk

The risk increases if:

- *Either person has ever had sex before (the more partners a person has, the more risk). Some people are not honest with their partners about their past sexual experiences.*
- *Either person has ever shared needles with drugs.*
- *They are afraid to go to a clinic to get tested*
- *Either person has sex with someone else (someone cheats on the other).*

D, not a risk

Students can argue that there is no risk at all if a couple is having sex with only one another (no cheating) AND if:

- *Neither person has ever had sex (anal, oral or vaginal) before or shared needles, or*
- *Both people have been tested for HIV (long enough after having sex for the disease to be detectable by a test) and are not infected*

- 7) Kissing (closed mouth)

D, not a risk

There is no risk whatsoever from closed mouth kissing.

- 8) Kissing (open mouth)

C, a very small risk or D, not a risk

*Saliva and tears are **not** capable of passing the HIV virus. (Remember blood, semen, vaginal fluids and breast milk are the fluids that we worry about with HIV transmission.) In the twenty years of the HIV/AIDS epidemic, there has only been one case of HIV transmission thought to be from kissing.¹⁰ Both people in this case had **lots** of bleeding from their gums and other sores in their mouths. People do not need to worry about getting HIV from kissing.*

- 9) Receiving a blood transfusion before March 1985 in the U.S. or now in a country that can't afford to protect its blood supply.

A, a big risk or B, a risk

Prior to 1985, there was no way to test the U. S. blood supply. As a result, some people were given blood that was infected with HIV.

- 10) Receiving a blood transfusion after March 1985 in the U.S. or other developed nations.

C, a very small risk

Now blood is tested for HIV (and other diseases) before giving it to persons in need. The chances of infection from transfusion are very tiny-- approximately, a 1 in 2,135,000 chance – way less than one in a million!¹¹

11) Donating blood.

D, not a risk

There is no risk whatsoever from donating blood in the United States.

12) Touching doorknobs, toilet seats, telephones, towels, bed linen, dishes, glasses

D, not a risk

There is no risk whatsoever from these things.

13) Shaking hands, hugging, touching,

D, not a risk

There is no risk whatsoever from these things.

14) Being with someone who is crying, coughing, or sneezing

D, not a risk

There is no risk whatsoever from these things.

15) Breastfeeding from a mother with HIV.

A, a big risk or B, a risk

If a woman is infected with HIV, she can give it to her baby during pregnancy or birth, or by breastfeeding. Breastfeeding is the healthiest way to feed a baby except for moms who have HIV.

16) Giving First Aid and CPR.

C, a very small risk or D, not a risk

There used to be a small risk of HIV transmission whenever blood was present and CPR was required. However, nowadays CPR does not require mouth breathing, just chest compressions, so there should be no risk of blood transmission of HIV.¹² Follow wound care instructions below if you were both in an accident, you have cuts on your hands, and the unconscious person has chest wounds.

Wounds: Try to use latex gloves rather than touching blood with your bare hands. If the victim is conscious, give them clean paper towels or clean cloth to hold on their own wound in case you have cuts on your hands. If you don't have latex gloves, another barrier such as a shirt or rag is better than nothing.

17) Getting a mosquito bite

D, not a risk

There is no risk whatsoever from mosquito bites.¹³ In the twenty years of the HIV/AIDS epidemic, there haven't been any cases of HIV transmission from mosquitoes. Even in parts of the world where there are lots of people with HIV and lots of mosquitoes, the only people who get infected are either newborn babies (who got infected from their mothers) or people who are old enough to be having sex.

18) Being in water with people who have HIV such as pools, hot tubs or showers

D, not a risk

There is no risk whatsoever from being in water with people who have HIV. HIV doesn't live very long outside the body especially when it is exposed to air and water.

19) Sharing a toothbrush or razor

C, a very small risk

The risk is very, very small. Experts have not found any cases of HIV transmission from sharing toothbrushes or razors. Still, even if the risk of HIV transmission is very, very small, toothbrushes and razors have spread bacteria and Hepatitis (other viruses that are spread by blood); it's smart not to share them.

20) Piercing or tattooing with a needle someone else already used.

B, a risk or C, a very small risk

Experts have not found any cases of HIV transmission from piercing or tattooing, but there have been people who have gotten Hepatitis (another virus that is spread by blood) from those activities. It is very smart never to share needles for anything. In a professional setting piercing and tattooing equipment is sometimes reused, but should always be sterilized between users. When it is sterilized properly, the risk for HIV transmission is almost zero. You should never share needles or sharps if you are self-piercing, cutting, or tattooing or doing these things to a friend.

21) Going to school with a person who has HIV.

D, not a risk

There is no risk whatsoever from going to school with a person who has HIV.

22) Drinking beer or smoking marijuana at a party.

B, a risk or C, a very small risk or D, not a risk

Although drinking beer and smoking marijuana don't directly transmit the virus, they may increase the chances of making an unsafe decision. It's always safest not to use substances that can affect your judgment.

Still, using a substance is not an excuse for taking risks. Someone who has been drinking or smoking can still choose to be safe even though it is harder.

23) Dating someone who is a lot older.

B, a risk or C, a very small risk or D, not a risk

Although dating someone who is a lot older doesn't directly transmit the virus, it may increase the chances. An older boyfriend or girlfriend is more likely to expect sex in a relationship, and it may be harder for the younger partner to stick up for themselves, partly because it can feel so flattering to be liked by someone older. So dating someone who is older makes it more difficult to abstain. It doesn't make it impossible, just more difficult. It also makes it more likely to get your heart broken or for other tough things to happen. Also, older people often have had more partners, so there's a higher risk that they may already be

infected. It is safer to date someone around your own age.

24) Spending time with a boyfriend or girlfriend at home when no adults are there.

B, a risk or C, a very small risk or D, not a risk

Like numbers 22 and 23, this one isn't automatically risky, it just makes it harder to keep yourself safe. It's more difficult to stick to a decision to abstain under some circumstances.

I hope that you'll all take care of yourselves and the people you care about.

Alternative to Agenda Item #3: Use *Behavior Cards* and *Risk Signs* to identify and defend which behaviors pose a risk for HIV. (25 minutes)

- Print the four *Risk Signs* (a Big Risk; a Risk; a Very Small Risk; Not a Risk) and post them in different parts of the room.
- Print and cut the *Behavior Cards*.
- Distribute one card per student.
- Ask students to read their card and stand under the sign they feel represents the risk for the behavior listed on their card. Another option is to ask students to tape their card under the sign they feel represents the risk for the behavior listed on their card.
- As a large group, discuss their reasons for selecting the risk category using the discussion points from the "*How Does a Person Get HIV?*" worksheet.

4. Close the lesson. (2 minutes)

You did a really good job identifying which things are riskier and which are less risky. If you all remember one thing from today I hope it is that HIV is preventable.

Listen Up!

This class won't be relevant to me because...

- I'm a teen
- I abstain from sex and drugs
- I'm straight
- I'm gay, lesbian or bisexual

HIV/AIDS Questions #1 - 4

Box #1:

Why do teens need to know about HIV?

Box #2:

What is HIV?

Box #3:

How is AIDS different than HIV?

Box #4:

How does a person know if they have HIV?

HIV/AIDS Questions #5-8

Box #5:

Is there a vaccine (shot) to prevent HIV?

Box #6:

Are there treatments for HIV?

Box #7:

Is there a cure?

Box #8:

What do you suppose it's like to live with AIDS?

How Does a Person Get HIV?

Name: _____ Date: _____ Class Period: _____

Instructions: For each behavior listed below, put a check in the box that you think correctly describes the risk for getting HIV. Be prepared to defend your answer.

How risky is...?	A A BIG RISK	B A RISK	C A VERY SMALL RISK	D NOT A RISK
1. Abstaining from sex and drugs				
2. Sharing needles to inject drugs				
3. Having vaginal or anal sex without a condom				
4. Having oral sex				
5. Having vaginal or anal sex with a condom				
6. Having sex: two uninfected people in a committed relationship who don't have sex with anyone but each other				
7. Kissing (closed mouth)				
8. Kissing (open mouth)				
9. Receiving a blood transfusion before March 1985 in the U.S or now in a country that can't afford to protect its blood supply				
10. Receiving a blood transfusion after March 1985 in the United States and other wealthy countries				
11. Donating blood				
12. Touching doorknobs, toilet seats, telephones, towels, bed linen, dishes, glasses				
13. Shaking hands, hugging, touching				
14. Being with someone who is crying, coughing, or sneezing				
15. Breastfeeding from a mother with HIV				
16. Giving first aid and CPR				
17. Getting a mosquito bite				
18. Being in water with people who have HIV such as pools, hot tubs or showers				
19. Sharing a toothbrush or razor				
20. Piercing or tattooing with a needle someone else already used				
21. Going to school with a person who has HIV				
22. Drinking beer or smoking marijuana at a party				
23. Dating someone who is a lot older				
24. Spending time with a boyfriend or girlfriend at homes when no adults are there				

Answer Key: "How Does a Person Get HIV?"

Each person will have marked only one box. This key indicates multiple boxes where there may be legitimate disagreement. On those items, challenge students to explain their thinking. The boxes with absolute right and wrong answers have been shaded. This answer key assumes partners of unknown HIV status unless otherwise indicated.

How risky is...?	A A BIG RISK	B A RISK	C A VERY SMALL RISK	D NOT A RISK
1. Abstaining from sex and drugs				✓
2. Sharing needles to inject drugs	✓			
3. Having vaginal or anal sex without a condom	✓	✓		
4. Having oral sex		✓	✓	✓
5. Having vaginal or anal sex with a condom		✓	✓	✓
6. Having sex: two uninfected people in a committed relationship who don't have sex with anyone but each other		✓	✓	✓
7. Kissing (closed mouth)				✓
8. Kissing (open mouth)			✓	✓
9. Receiving a blood transfusion before March 1985 in the U.S or now in a country that can't afford to protect its blood supply	✓	✓		
10. Receiving a blood transfusion after March 1985 in the United States and other wealthy countries			✓	
11. Donating blood				✓
12. Touching doorknobs, toilet seats, telephones, towels, bed linen, dishes, glasses				✓
13. Shaking hands, hugging, touching				✓
14. Being with someone who is crying, coughing, or sneezing				✓
15. Breastfeeding from a mother with HIV	✓	✓		
16. Giving first aid and CPR			✓	
17. Getting a mosquito bite				✓
18. Being in water with people who have HIV such as pools, hot tubs or showers				✓
19. Sharing a toothbrush or razor			✓	✓
20. Piercing or tattooing with a needle someone else already used			✓	✓
21. Going to school with a person who has HIV				✓
22. Drinking beer or smoking marijuana at a party		✓	✓	✓
23. Dating someone who is a lot older		✓	✓	✓
24. Spending time with a boyfriend or girlfriend at homes when no adults are there		✓	✓	✓

Risk Sign #1

**A Big
Risk**

Risk Sign #2

A Risk

Risk Sign #3

**A Very
Small
Risk**

Risk Sign #4

**Not a
Risk**

Behavior Cards (Page 1)

Sharing needles to inject drugs	Being with someone who is crying, coughing, or sneezing
Having vaginal or anal sex without a condom	Breastfeeding from a mother with HIV
Having oral sex	Giving first aid and CPR
Having vaginal or anal sex with a condom	Getting a mosquito bite
Having sex: two uninfected people in a committed relationship who don't have sex with anyone but each other	Being in water with people who have HIV such as pools, hot tubs or showers

Behavior Cards (Page 2)

Kissing (closed mouth)	Sharing a toothbrush or razor
Kissing (open mouth)	Piercing or tattooing with a needle someone else already used
Receiving a blood transfusion before March 1985 in the U.S. or now in a country that can't afford to protect its blood supply	Going to school with person who has HIV
Receiving blood transfusion after March 1985 in the U.S. and in other wealthy countries	Drinking beer or smoking marijuana at a party
Donating blood	Dating someone who is a lot older
Touching doorknobs, toilet seats, telephones, towels, bed linen, dishes, glasses	Spending time with a boyfriend or girlfriend at homes when no adults are there

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