WORKSITE HIV/AIDS

Hand Book

MIAMI-DADE COUNTY PUBLIC SCHOOLS
DIVISION OF STUDENT SERVICES
PHYSICAL EDUCATION & HEALTH LITERACY
HIV/AIDS EDUCATION PROGRAM
1500 Biscayne Boulevard, Room 316
Miami, Florida 33132

Revised June 18, 2007

Table of Contents

COMPREHENSIVE HIV/AIDS INFORMATION AND EDUCATION PROGRAMS

In April of 1991, the School Board approved the district's AIDS curriculum entitled "AIDS: Get The Facts!" This curriculum is required instruction in kindergarten through the twelfth grade. Implementation procedures follow:

1. In kindergarten through fifth grade (elementary level), the curriculum is a mandatory component of health education/human growth and development. The AIDS curriculum is to be taught at each grade level by the regular classroom teacher or designated health teacher.

   In grades six through eight (middle schools), the AIDS curriculum is to be taught in conjunction with science education.

   In ninth grades, the AIDS curriculum is to be taught as part of the required science curriculum.

   In tenth grade, the AIDS curriculum is to be taught by the teacher responsible for teaching Life Management Skills.

   In the eleventh and twelfth grades, the AIDS curriculum is to be infused in a social studies course (i.e. American History, American Government, or Economics).

NOTE: Parents who do not wish their child to participate in the AIDS curriculum can have their child excluded by sending a letter to the principal each year. Such letters should be kept on file.

2. Since the 1990-91 school year, the staff of the HIV/AIDS Education Program has provided training to all schools in HIV/AIDS Education. Each school is responsible for selecting at least two teachers, who have the responsibility of teaching HIV/AIDS, to attend the training. These teachers, in turn, will be responsible for disseminating information received at the training to all faculty members required to teach HIV/AIDS education. You may also wish to use the existing trained resource teachers at your school to provide updates at faculty meetings.

3. Since the training began, at least two teachers from each school participated in the two-day AIDS education in-service program sponsored by the AIDS Education Program staff. These teachers are now serving as school resource persons and may be consulted regarding school-site training and utilization of resource materials distributed during the training program and throughout the school year. It is suggested that the HIV/AIDS resource teacher(s) be utilized to assist in training appropriate staff members and providing HIV information to students and parents.

4. A Speakers Bureau, comprised of individuals from the private sector and various community agencies, provides speakers appropriate to the age and grade level of students. In addition to English, speakers are available for presentations in Spanish and Haitian Creole. Requests for district approved speakers on AIDS should be coordinated with the AIDS Education Program.

5. District-approved videos about AIDS are available through Audiovisual Film and Video Library Services. Order through the school computer terminal, or call 995-3070. All videos should be previewed prior to use with the intended audience.

REQUIRED LETTER TO PARENTS REGARDING IMPLEMENTATION OF THE DISTRICT HIV/AIDS CURRICULUM

As you are aware, HIV/AIDS Education is required for all students, kindergarten through grade twelve. However, Florida law, 233.067(7), allows parents who do not wish their child to participate in the AIDS curriculum to opt out by sending a letter to the principal. The attached sample letter to parents, translated in Haitian Creole and Spanish, is provided to assist you in the notification process.

Please provide a copy of this letter, on school stationery, to parents of all students about to begin instruction involved with the district curricula, "AIDS: Get the Facts!", "Reducing the Risk," "Personal and Social Skills" and/or "Be Proud! Be Responsible!" As an alternative, in grades where a permission letter for Human Growth and Development is required, that letter will suffice, provided HIV/AIDS Education is included with a listing of other curricular topics.

Where special activities related to HIV/AIDS education are provided outside the scope of the curriculum, a similar notification letter should be provided to parents.

AIDS CURRICULUM

SAMPLE LETTER TO PARENTS

Date:

Dear Parent(s):

In compliance with Florida Law, F.S.233.067 and 233.0672, Miami-Dade County Public Schools has developed “AIDS: Get the Facet!”, a curriculum on AIDS for students. The curriculum is designed to address the developmental needs of kindergarten through twelfth grade students in respect to AIDS.

In kindergarten through fourth grade, the sexual mode of HIV transmission is introduced, and abstinence is stressed as the only certain way to prevent sexual transmission of HIV. N At this grade level, the AIDS curriculum is taught after the health unit on Human Growth and Development, and the information on sexuality does not go beyond that which is presented in the health class.

In the sixth through twelfth grade, medical information regarding HIV transmission and prevention is taught according to the maturity level of students. In addition, discussion topics are provided to assist students to understand the impact of AIDS upon society.

The role of parents is paramount in the education of children. The HIV/AIDS curriculum is intended to complement parents teaching, not to supplant it. Therefore, parents are encouraged to discuss HIV/AIDS issues with their children.

Pease be advised that the AIDS curriculum is available for review at your child’s school. If you do no want your child to participate in the curriculum, you may exclude your child by sending a letter to the principal. In this event, an alternate educational activity will be provided.

Thank you for your cooperation in this matter.

Sincerely,

Principal

PROGRAMA DE ESTUDIOS SOBRE EL SIDA
MODELO DE CARTA PARA PADRES

Fecha:

Estimados Padres:

En cumplimiento de la Ley de la Florida, F.S.233.067 y 233.0672, las Escuelas Publicas del Condado de Miami-Dade han desarrollado par sus estudiantes un program de estudios sobre el SIDA bajo el titulo de “El SIDA: Informese. Dicho programa de estudios ha sido confeccionado con el fin de responder a las necesidades relacionadas con el desarrollo de los estudiantes en los grados comprendidos entre el kindergarten y el duodecimo en lo que respecta el SIDA.

En los grados comprendidos entre el kindergarten y el cuarto, las lecciones se concentran en el desarrollo de buenos habitos de salud. Se menciona el SIDA como una enfermedad y el HIV se presenta como el virus que causa el SIDA.

A partir del quinto grado, se presenta el modo de contagio sexual del HIV y se enfatiza la abstinencia como el único modo seguro de prevenir el contagio sexual del HIV. En dicho grado, se enseña el programa de estudios del SIDA después de la unidad sobre la salud de “El crecimiento y el desarrollo humano” y la información que se proporciona sobre la sexualidad no va metas allá que lo que se presenta en la clase de salud.

En los grados comprendidos entre el sexton y, el duodecimo, se presentan datos médicos sobre el contagio del HIV, según el nivel de madurez de los estudiantes. Además, se proporcionan temas de discusión para ayudar a los alumnos a comprender los efectos del SIDA en la sociedad.

El papel que los padres desarrollan en la educación de los hijos tiene la mayor importancia. El programa de estudios sobre el SIDA tiene el propósito de complementar las enseñanzas de los padres, no suplantarlas. Por lo tanto, se enfatiza, a los padres a que conversen con sus hijos sobre temas relacionados con el SIDA.

Por favor, tengan en cuenta que el programa de estudios sobre el SIDA esta a su disposición en la escuela de su hijo (a) si desean revisarlo. Si no desean que su hijo (a) participe en el programa de estudios, pueden excluirlo del mismo enviando una carta al (a la) director (a) de escuela. En dicho caso, se ofrecerá una actividad educativa alterna.

Agradeciéndoles su cooperación en esta asunto.

Atentamente,

Director (a)

KOURIKOULOUN SIDA
MODEL LET POU PARAN

Dat:

Paran (an) yo:

Dapre regleman lwa Florid la, F.S. 233.067& 233.0672, Lekol Piblik nan Miami-Dade County te devlope “SIDA, Aprann Verite Yo” ki se kourikoulounm ki ekri pou reponn a bezwen konnen elev Kindegaden jiska sizyem ane sou kesyon SIDA a.

Nan klas Kindegaten rive nan katriyem ane, leson yo ede timoun yo devlope bon abitid sante. Nan pati sa a, nou pale sou maladi ki rele SIDA a, epi nou komanse aprann yo se viris HIV a ki lakoz SIDA a.

Rive nan senkyem ane, nou komanse pale sou kijan moun ka pran HIV nan seks, epi nou esplike yo pa fe bagay se sel mwayen pou gnou moun pa pran HIV nan seks. Nan ane sa a, yo anseye kourikouloum SIDA a apre seksyon sou sante a, ak sou kijan moun devlope ak grandi. Infomasyon yo bay sou seks la pa ale pi lwen pase sa yo prezante nan klas sante a.

Nan sizyem ane jiska douzyem ane, yo bay timoun enfomasyon medikal sou kijan moun transmit HIV selon degree konesans yo. Anplisdesa, yo bay kek sije pou diskite ak elev yo pou ede yo konprann ki efe SIDA ka genyen nan gnou sosyete.

Se paran ki pi enpotan nan edikasyon pitit yo. Kourikouloum SIDA a la poul ajoute sou anseyman paran yo, pa poul ranplase li, Poutetsa, nou ankouraje paran yo diskite kesyon SIDA a ak pitit yo. Li enpotan pou nou konnen nou gen dwa revise kourikouloum SIDA a nan lekol pitit nou. Si ou pa vle pitit ou patisipe, voye gnou let bay direkte / direktris lekol la. Nan ka sa a, ya fe gnou lot kalite anseyman pandan tan sa a.

Mesi pou sipo ou sou keyson sa a.

Ak tout mak respe mwen,

Direkte / Direktris

VIDEOS SUPPORT FOR "AIDS: GET THE FACTS"

A locally produced videotape, entitled "Condom Sense," is available for use as an instructional resource. The running time for the video is approximately twenty minutes. The video, which is available from the Audiovisual Film and Video Distribution Center, is to be used in conjunction with the required five days of instruction based upon the Miami-Dade County Public Schools curriculum, "AIDS: Get The Facts!"

Teachers may use this tape to support both the Middle and Senior High School lesson plans which require lecture and discussion on the proper use of condoms. While the video demonstrates proper condom use, it advocates abstinence as the only certain way to prevent sexual transmission of HIV.

The lesson is presented in both a Middle School and Senior High School version. The scripts are virtually identical, but the ages of the student actors correlate to the intended use. In addition, each lesson is presented in three languages – English, Spanish and Haitian Creole – in the following order on the tape.

Middle School, English Version
Senior High School, English Version

Middle School, Spanish Version
Senior High School, Spanish Version

Middle School, Haitian Creole Version
Senior High School, Haitian Creole Version

CONDOMS SENSE
QUESTIONS AND ANSWERS

Q. What is the topic of this video?

A. The topic of this video is the proper use of condoms.

Q. How is this topic presented?

A. The video opens in a Miami-Dade County Public Schools classroom where a teacher is reviewing the major topics from the curriculum, "AIDS: Get the Facts!" after discussing abstinence as the only certain way to prevent sexual transmission of HIV, the teacher asks the class of there is any way that a person who chooses to become sexually active can reduce the risk of HIV. After a brief discussion that condoms can reduce, but no eliminate, the risk of sexual transmission of HIV, the teacher shows a videotape to the class. On the tae, a local medical doctor demonstrates the proper use of the condom. At the conclusion of the demonstration, the teacher reviews with the class the fact that condoms can reduce, but not eliminate, the risk of sexual transmission of HIV.

Q. How is this tape to be used?

A. This tape is to be used in conjunction with the required five days of instruction based upon the Dade County Public Schools Curriculum, "AIDS: Get The Facts!". the tape supports Lesson 2 of both the Middle and Senior High School lesson plans (pp 53-56), requiring lecture and discussion on the proper use of condoms. ***This tape is intended for Middle and Senior High School only.***

Q. What is the format of the Tape?

A. The lesson on the proper use of condoms is presented in both a Middle School and a Senior High School version. The scripts are virtually identical but the ages of the students correlate to the intended use. In addition, each lesson is presented in three languages: English, Spanish, and Haitian Creole.

Be certain to present the proper version to your class. Each videotape should be clearly marked and presented in the following order:

Middle School, English Version
Senior High School, English Version

Middle School, Spanish Version
Senior High School, Spanish Version

Middle School, Haitian Creole Version
Senior High School, Haitian Creole Version

Q. Where can I get further information?

A. Call the Miami-Dade County Public Schools – HIV/AIDS Education Program, at 305 995-7118.

Q. Where can I obtain this video?

A. Call the Miami-Dade County Public Schools Audio Visual Film and Video Distribution Center, at 305 995-3070.

Middle School Version	(94089)
Senior High School Version	(94194)

Booking Options:

1. If a film/video is available on your preferred date, the booking system will automatically locate the first available date the film/video can be booked. If you wish to utilize this option, indicate in the "No later Than" box the latest delivery date you can use the film/video.

2. If the film/video title is not available and you will accept a substitute film/video title that matches the subject content and grade level, indicate by checking "yes" in the Alternate Title" box.

FILM & VIDEO ORDER FORM

AUDIO VISUAL FILM & VIDEO DISTRIBUTION CENTER
DIVISION OF EDUCATIONAL MEDIA PROGRAMS
MAIL CODE: AV-1 PHONE: 305 995-3070 FAX: 305 995-3077

NAME WORK LOCATION: MAIL CODE: ROOM# LAST NAME:

CATALOG NUMBER	FILM/VIDEO TITLE	BOOKING OPTIONS									ADDITIONAL DATA
		PREFERRED DATE			NO LATER THAN			ALTERNATE TITLE			
		MO	DAY	YR	MO	DAY	YR	MO	DAY	YR	

****ANY CATALOG NUMBER BEGINNING WITH "9" IS A VIDEOTAPE ALL OTHERS ARE 16MM FILM****

HIV/AIDS PRESENTATION IN SCHOOLS

Please be advised that, due to the sensitive subject matter, no agency has received blanket district approval to speak in the schools about AIDS. All HIV/AIDS presentations involving speakers from the community must be scheduled through the District HIV/AIDS Education Program, which serves as a clearinghouse for all HIV/AIDS materials and speakers.

The District HIV/AIDS Education Program approves individual doctors, other medical professionals, and community AIDS educators as members of its Speakers Bureau. These individuals have been oriented to the district curriculum, "AIDS: Get The Facts!" In addition, they participate in the district Speakers Bureau evaluation process.

Please review the correct procedures for requesting speakers from the HIV/AIDS Education Program Speakers Bureau. Necessary forms for requesting speakers can be retrieved from the Worksite AIDS packet, the school site HIV/AIDS Resource Teachers, or from the HIV/AIDS Education Office via the website at: http://aidseducation.dadeschools.net.

It is imperative that the integrity of the district is maintained and correct procedure is followed in respect to community speakers on HIV/AIDS. Your cooperation is essential in this matter.

HIV/AIDS EDUCATION PROGRAM
SPEAKERS' BUREAU POLICIES AND PRCEDURES

The following is provided to assist you in correct procedures for requesting speakers for presentations to students in our school district.

I. Speakers' Bureau Forms

a. **Speakers' Bureau Presentation Request**. This is the form school personnel use to request a presentation through the Speakers' Bureau. When a speaking engagement request is confirmed by the HIV/AIDS Education Office, a copy of this form will be returned to the requesting school with Section "F" completed, including the name of the speaker and the date and time of the speaking engagement.

b. **Speakers' Bureau Presentation Report**. After a speaking engagement, the speaker completes and returns this form to the HIV/AIDS Education Office. The speaker's input helps in gagging the success of the Speakers' Bureau.

c. **Speakers' Bureau Presentation Evaluation**. This form is completed by the person who initiated the request and returned to the HIV/AIDS Education Office within one week of the speaking engagement. The input form this form helps us to continue to offer high quality speaking opportunities from the Speakers' Bureau.

II. Procedure for Requesting a Speaker

1. Each school *must* fill out a *Speakers' Bureau Presentation Request* from and fax or mail to the HIV/AIDS Education Office at the 1500 Bldg. - SBAB Annex Room 316, (Fax) 305 995-7122. Please send the request to the HIV/AIDS Education office at least two (2) weeks prior to the speaking engagement.

2. The HIV/AIDS Education Office will coordinate the speakers and the requests.

3. The school will be mailed a copy of the Speakers' Bureau Request form and a Speakers' Bureau Evaluation form. The school will complete the evaluation form and return it to the HIV/AIDS Education Office within one week of the speaker's presentation.

4. A speaker can be contacted directly by the school to set up a speaking engagement. However, **the speaker must be a current member of our Speakers' Bureau and the school must send in the Speakers' Bureau Request Form to the HIV/AIDS Education office before the speaker can fulfill the request.**

III. AIDS: Get the Facts!

This is the locally developed curriculum approved by the School Board for students in the Miami Dade County Public Schools. **It is expected that teachers will have taught the curriculum prior to requesting a guest speaker. A speaker is used to enhance the curriculum.**

IV. Initial Observation

The HIV/AIDS Education Office staff provides on-site support and a complete evaluation during an initial speaking engagement of new members on our Speakers' Bureau.

V. Follow-Up Interview

A follow-up interview is held to discuss success of the initial speaking engagement of new members. This allows the HIV/AIDS Education staff and new Speakers' Bureau members an opportunity to review any questions or concerns regarding the presentation. Our goal is to provide the best possible HIV/AIDS educational presentation to our students.

Remember, the necessary forms are attached for your convenience and can also be retrieved from the Worksite AIDS Packet sent to all principals, the school site HIV/AIDS Resource Teachers, or from the HIV/AIDS Education Office.

If you have any questions, please call the HIV/AIDS Education Program, at 305 995-7118.

Miami-Dade County Public Schools
HIV/AIDS Education Program
Mail Code: 9607/1500 Biscayne Blvd., Suite 316
Tel. No.: 305 995-7118 or 305 995-7273 Fax No.: 305 995-7122

SPEAKERS' BUREAU PRESENTATION REQUEST

A. INITIATOR

Name: _____ Position: _____

School: _____ Mail Code: _____

Phone: _____ Fax: _____

B. PRESENTATION

Topic: _____

Date(s) 1st Choice _____ Time - From: _____ To: _____

2nd Choice _____ Time - From: _____ To: _____

3rd Choice _____ Time - From: _____ To: _____

Site Address and Room Number: _____

Language, if other than English: _____

C. AUDIENCE

Type (check one or more)	Number of Participants
___ Elementary Students, Grade(s) _____	_____
___ Middle School Students, Grade(s) _____	_____
___ Senior High School Students, Grade(s) _____	_____
___ Other, Specify _____	_____

D. COMMENTS/SPECIAL REQUESTS

_____

_____

The administrator's signature on this form verifies that the initiator of this request has taught the required five class periods from: AIDS: GET the Facts!" to all students who will hear this speaker.

E. APPROVAL

_____
Site Administrator's Signature

F. FOR OFFICE USE ONLY

Speaker _____

Date(s)/Time(s) _____

MIAMI-DADE COUNTY PUBLIC SCHOOLS
Division of Life Skills and Special Projects
HIV/AIDS Education Program

SPEAKERS' PRESENTATION REPORT

Date: _____

Speaker's Name: _____

Speaker's Agency: _____

PRESENTATION:

Title: _____

Date(s): _____

Time(s): _____

Site: _____

AUDIENCE:

Type (check one or more)	**Number of Participants**
_____ Elementary Students	_____
_____ Middle School Students	_____
_____ High School Students	_____
_____ Teachers	_____
_____ Other (specify)	_____
_____	_____
_____	_____

COMMENTS: _____

_____

PLEASE RETURN THIS FORM TO:

HIV/AIDS Education Program
1500 Biscayne Blvd., Suite 316
Miami, Florida 33132

HIV/AIDS Education Program
Mail Code: 9607
- or -
Fax: 305 995-7122

SPEAKERS' BUREAU PRESENTATION EVALUATION

Speaker: _____

Site of Presentation: _____

Date of Presentation: _____

For Each statement, please circle the response that best indicates your opinion:

1. The information presented was clear and easy to understand.

(A) Strongly agree **(B)** Agree **(C)** Disagree **(D)** Strongly Disagree

2. The speaker appeared to know the subject.

(A) Strongly agree **(B)** Agree **(C)** Disagree **(D)** Strongly Disagree

3. The speaker held that interest of the audience.

(A) Strongly agree **(B)** Agree **(C)** Disagree **(D)** Strongly Disagree

4. The speaker encouraged questions from the audience and attempted to answer them.

(A) Strongly agree **(B)** Agree **(C)** Disagree **(D)** Strongly Disagree

5. I would rate this presentation as:

(A) Excellent **(B)** Good **(C)** Fair **(D)** Poor

COMMENTS: _____

_____

_____

PLEASE RETURN THIS FORM TO:

HIV/AIDS Education Program
1500 Biscayne Blvd., Suite 316
Miami, Florida 33132

HIV/AIDS Education Program

Mail Code: 9607
- or –
Fax: 305 995-7122

MIAMI-DADE COUNTY PUBLIC SCHOOLS

DISTRICT PROCEDURES

FOR STUDENT HIV/AIDS CASES

DISTRICT PROCEDURES STUDENT HIV/AIDS CASES

On February 16, 1994, the School Board approved a Memorandum of Understanding between Miami-Dade County Public Schools and the United Teachers of Dade regarding confidentiality of the HIV/AIDS status of students. Enclosed are revised directions and procedures which replace the prior communications sent to all principals concerning procedures for student HIV/AIDS cases and the M-DCPS Help Center for HIV/AIDS students (refer to April 19, 1994, memorandum form Dr. Patrick Gray). These procedures insure that changes in policy and attendant legal obligations and restrictions are known and followed precisely.

DISCLOSURE/CONSENT

Formal disclosure now requires a completed consent form by a natural parent or legal guardian. By law, foster parents may not disclose. All staff must be informed of revised procedures and use of the consent form. Students enrolled previously, and included among the district's formally disclosed student HIV/AIDS cases, must be handled strictly by the new procedures.

STAFF APPRISAL

Employees working closely with students with formally disclosed cases of HIV/AIDS will be advised of the student's medical condition only upon formal consent of a natural parent or legal guardian. Where the Department of Children and Families notifies the Superintendent of a student's positive HIV/AIDS test result, the Superintendent shall maintain the confidentiality of the report and shall release it only in accordance with the provisions.

RECORDS

The consent form is a highly confidential record which must be maintained under the custody of the employee(s) to whom disclosure is authorized. If this disclosure excludes the principal and/or district **HELP CENTER**, the employee is the official custodian of record. District compliance with confidentiality requirements continues to apply to all information, including all records. Do not send any records unless such records are specifically requested.

Please carefully review the following pages for policies and procedures regarding HIV/AIDS disclosures.

DISTRICT PROCEDURES FOR STUDENTS WITH FORMAL DISCLOSURE OF HIV/AIDS

- Prior to enrollment, students will provide a doctor's statement that

    - they are medically able to participate in the regular school program.

    - their medical condition will not constitute a risk to themselves, any other students, or other persons with whom they may come into contact during school attendance.

- Staff, families of students, and students in attendance at the school will be provided the opportunity for training by the school system in sensitivity to issues related to HIV/AIDS.

- Students will be placed in accordance with the School Board's standard rules regarding attendance zones, student admittance, and assignment.

- If designated for disclosure by the natural parents or legal guardians, instructional and paraprofessional employees working closely with students with HIV/AIDS will be advised of the student's medical condition.

- Where the Department of Children and Families notifies the Superintendent of a student's positive HIV/AIDS test result, the Superintendent shall maintain the confidentiality of the report and shall release it only in accordance with the statutory provisions.

- The medical condition of students with HIV/AIDS must remain strictly CONFIDENTIAL.
- Staff will be trained in the handling of students with HIV/AIDS in accordance with public health guidelines.

- If parent or legal guardian designated, the HELP CENTER will oversee both the initial and continuing enrollment of students who are formally disclosed as having HIV/AIDS

PROCEDURES FOR PRINCIPALS TO FOLLOW REGARDING CHILDREN WITH HIV/AIDS

1. Inform staff of the district procedures, make available and explain the use of the Consent to Release of HIV-Related information form.

2. For disclosure by foster parents, ask the contracted staff to explain that by Florida law only the Department of Children and Families may disclose HIV-related information, and only with the consent of the test subject. Contacted staff should refer the foster parents to Department of Children and Families.

3. if authorized by a natural parent or legal guardian on the consent form, notify the HELP CENTER by phone: 305 995-1912, with a copy of the consent form, and the following confidential information:

    a) Name of student
    b) Date of birth
    c) Treating Physician, if known
    d) Identity of parent(s) and/or legal guardian(s)
    e) Identity of person (s) making disclosure of HIV/AIDS status
    f) Source/specifics of data re: HIV/AIDS
    g) MDCPS enrollment Status
    h) Student's assigned teacher (s)
    i) Most recent faculty HIV/AIDS training

4. If authorized on the consent form, the HELP center will review the HIV/AIDS disclosure status and provide specific directions concerning the criteria and procedure by which selected staff may be informed.

5. If the student's health deteriorates and he/she can't attend school:
    a) Notify the HELP CENTER
    b) Arrange homebound instruction

6. If the student changes teacher(s) or location, notify the HELP CENTER.

7. Do not conduct, schedule, or request any medical testing to confirm the diagnosis. Information regarding the student's HIV/AIDS status must be kept confidential.

8. Contact: The HIV/AIDS Education Office, at 305 995-7118, for appropriate inservice education.

PROCEDURES FOR TEACHERS AND STAFF TO FOLLOW REGARDING NOTIFICATION ABOUT CHILDREN WITH HIV/AIDS

1. For natural parents or legal guardians, provided the Consent to Release of HIV-
2. Related Information form, and explain its use fully.

3. For foster parents(s), explain that by Florida law only the Department of Children and Families may disclose HIV-related information, and only with the consent of the test subject. Refer the foster parent(s) to Department of Children and Families.

4. Do not divulge the student's HIV/AIDS status to any source other than staff designated by the parent or legal guardian on the consent form.

5. If the designated disclosure(s) on the consent form exclude(s) the principal and/or district HELP CENTER, the staff member so designated is the official custodian of the consent form. It must be maintained as a confidential record and must not be included with any other student record.

6. Do not request any medical data to confirm the diagnosis.

7. If the designated disclosure(s) on the consent form exclude(s) the principal/site supervisor, do not disclose the HIV/AIDS status of the student.

PROCEDURES FOR VISITING TEACHERS TO FOLLOW REGARDING NOTIFICATION ABOUT CHILDREN WITH HIV/AIDS

1. If applicable, advise the reporting source that HIV/AIDS disclosure is not required by law; if disclosed, and if so designated, it will be reported to the principal/site supervisor.

2. Upon voluntary disclosure, do not divulge the student's HIV/AIDS status to any agency or person other that the principal/site supervisor, if so designated. Immediately notify the principal/site supervisor with the following information:

   a) Name of student

   b) Date of birth

   c) Treating physician, if known

   d) Identity of parent(s) and/or legal guardian(s)

   e) Identity of person(s) making disclosure of HIV/AIDS status if not parent (s) or guardian(s)

   f) Source/specifics of data re: HIV/AIDS (Report verbally)

   g) Miami-Dade County Public Schools enrollment status

   h) If the student's health deteriorates and he/she cannot attend school

   i) If the student is expected to change teacher(s) or location

   j) If HIV/AIDS training is requested

3. Do not request any medical data to confirm the diagnosis.

4. Do not enter on any Miami-Dade County Public School record any notation about HIV/AIDS.

*** These procedures supplement applicable provisions set forth on page 3.***

PROCEDURES FOR STUDENT RECORDS CITING HIV/AIDS

Increasing frequent reports and records of students with HIV/AIDS are being received, particularly in the pre-kindergarten programs. Physicians, parents, legal guardians, and agency officials are appraising Miami-Dade County Public Schools teachers, principals, and other employees about students with HIV/AIDS. Some parents and legal guardians also are appraising M-DCPS of their own HIV/AIDS status.

- **CONFIDENTIALITY OF DATA CONCERNING PERSONS ALLEGED TO HAVE HIV/AIDS MUST BE STRICTLY MAINTAINED**.

- Staff should regard reports and records about HIV or AIDS as inappropriate for discussion, and must keep information about the HIV/AIDS status of an individual absolutely confidential. Staff may ***NOT*** seek medical data or any other confirmation or reports regarding students with HIV/AIDS.

- Medical records may have citations about HIV/AIDS or about medication unique to the treatment of HIV/AIDS. Administrators should identify medical records, attendance data, and any other statements/documents containing HIV/AIDS citations to:

Ms. Lilia Garcia, Administrative Director
Division of Life Skills and Special Projects
Phone: 305 992-1912

- **IN CIRCUMSTANCES WHERE AN HIV/AIDS STUDENT'S NATURAL PARENT(S) OR LEGAL GUARDIAN(S) SEEK(S) SCHOOL DISTRICT ASSISTANCE IN COPING WITH HIV/AIDS, AND AUTHORIZES SUCH DISCLOSURE, IMMEDIATE NOTIFICATION SHOULD BE GIVEN DIRECTLY TO THE HELP CENTER.**

- Subsequent to disclosure authorization, when need for special district support of an HIV/AIDS student is determined by the HELP CENTER, procedures will be implemented immediately, and principals and worksite supervisors will be appraised.

MIAMI-DADE COUNTY PUBLIC SCHOOLS
UNITED TEAHERS OF DADE CONTRACT

ARTICLE XIV – LEAVES/VACATION/TEMPORARY DUTY

Section 5. Workers' Compensation and Related Benefits

F. Where a parent or legal guardian notifies the Superintendent or representative of a student's formally disclosed case of HIV/AIDS (as defined by Centers for Disease Control Guidelines, in accordance with provisions of 381.004, Florida Statutes), and voluntarily signs the CONSENT TO RELEASE OF HIV-RELATED INFORMATION form, any parent-designated employee working closely with that student will be advised of the student's medical condition.

In the event the Department of Children and Families notifies the Superintendent of a student's positive HIV test result, pursuant to 384.25, Florida Statutes, the Superintendent shall maintain the confidentiality of the information and shall release it only in accordance with the statutory provisions.

For the purposes of this provision, the following definitions shall apply;

1. **HIV/AIDS** – Human Immune Deficiency Virus/Acquired Immune Deficiency Syndrome. It is caused by a virus, HIV, which weakens the body's immune system, allowing opportunistic infections to become life-threatening illnesses. AIDS is the advanced stage of the HIV disease that is usually life-threatening.

2. **WORKING CLOSELY –** Regular student contact by staff instrumental in assisting students in meeting their educational goals (includes any school-related medical staff and permanent substitute teachers, but excludes per diem substitutes.

3. **FORMALLY DISCLOSED –** From legally appropriate source of such information: the Department of Children and Families, a parent or legal guardian, or by court order. Parents or legal guardians will sign a consent form prior to the release of HIV-related information.

4. **ANY DESIGNATED EMPLOYEE –** Teachers, paraprofessionals, and school support personnel, specifically designated by a parent or legal guardian on the **CONSENT TO RELEASE OF HIV-RELATED INFORMATION** form.

Miami-Dade County Public Schools

Health and Education Liaison Program (HELP Center)

Upon parental consent, the Miami-Dade County Public Schools HELP Center offers and individualized program of educational services to students with HIV as they attend their neighborhood schools.

Program services include:

- **Confidentiality regarding student health status**
- **Increased monitoring of academic progress**
- **Specialized training for the student's teacher**

For further information, contact the HELP Center at:

305-995-7118

MIAMI-DADE COUNTY PUBLIC SCHOOLS

CONSENT TO RELEASE OF HIV-RELATED INFORMATION

No law requires you to notify the School Board about HIV/AIDS. HIV-related information is confidential. If you sign this form, HIV-related information will be given to those principals/site supervisors, teachers, paraprofessionals, and school support personnel working closely with your child, per your designation.

HIV-related information includes any information that is likely to identify someone as having been tested for or actually having HIV infection, antibodies to HIV, AIDS or related infections or illnesses.

1. Name of person whose HIV-related information will be released:

   _____

2. Name and address of person signing this form:

   _____

   _____

3. Relationship to person whose HIV-related information will be released:

   _____

4. Specify the information to be released (HIV status, medication, physical restrictions specials needs):

   _____

   _____

5. School staff to whom information is to be given:

   Principal/Administrators _____

   Student's teacher(s) _____

   Teacher assistant(s), aide(s) _____

   HELP Center _____

   Others (identify by position) _____

   This release is valid from _____

   Until _____

I understand the use of this form. I know that I do not have to allow release of HIV-related information, and I can, in writing, rescind this consent at any time.

_____ (Date) _____ (Signature)

878-2440 FM-585(07-97)

HIV/AIDS TESTING FOR ADOLESCENTS

In the past, several Florida communities have made proposals to offer HIV testing at school sites as an educational effort. Public Health officials report that HIV testing and counseling provide and opportunity for individuals engaged in high risk behaviors to learn of their serostatus, modify their behavior, and if HIV infected, initiates HIV early intervention and treatment.

Since 1987, Miami-Dade County Public Schools had provided comprehensive HIV prevention education. Miami-Dade County Public Health Units have provided confidential or anonymous and low cost (or no cost) HIV counseling to any adolescent requesting it, regardless of his or her ability to pay.

Staff should refer students who are concerned that they may have been exposed to HIV, believe that they are at risk for HIV infection, or express an interest in HIV testing to the Department of Health, 305 324-2409.

Additional information regarding HIV testing and counseling may be found in the district curriculum, "AIDS: Get the Facts!" and on the program website: www.dade.k12.fl.us/lifeskills

UNIVERSAL PRECAUTIONS

Guidelines for Handling Blood
And Other Body Fluids in Schools

Many school personnel are concerned that HIV may be spread through contact with blood and other body fluids when an accident when an accident occurs in schools.

HIV, the virus that causes AIDS, has been found in significant concentrations only in blood, semen, and vaginal secretions. Other body fluids, such as feces, urine, vomit, nasal secretions, tears, sputum, sweat, and saliva do not transit HIV (unless they contain visible blood). However, these body fluids do contain potentially infectious germs from diseases other than HIV/AIDS. If you have contact with any of these body fluids, you are at risk of infection. The risk of transmission is generally very low and depends on certain factors, including the type of fluid contacted and the type of contact made. Remember, there has never been reported case of HIV transmission in a school (or similar setting), even when contact with blood and body fluids has occurred.

Very simply, it is good hygiene policy to treat all spills of body fluids as infectious in order to protect personnel from becoming infected with any germs and viruses. The procedures outlined below offer protection from all types of infection, and should be followed routinely.

How Should Blood and Body Fluid Spills Be Handled?

Wear disposable, waterproof gloves when you expect to come into direct hand contact with body fluids (when treating bloody noses, handling clothes soiled by incontinence, or cleaning small spills by hand). Gloves used for this purpose should be put in a plastic bag or lined trash can, and disposed of daily. Hands should be washed for 10 seconds with soap and warm water after disposing of used gloves.

If you have unexpected contact with body fluids, or if gloves are not available (for example, when wiping a runny nose, applying pressure to a bleeding injury outside the classroom, or helping a student in the bathroom), you should wash your hands and other infected skin for 10 seconds with soap and water after direct contact has ended. This precaution is recommended to prevent exposure to other pathogens, not just HIV. As has been discussed, only blood, semen, vaginal secretions, and blood-contaminated body fluids can exposed someone to HIV.

Handle any contaminated disposable items (tissues, paper towels, and diapers, for example) with gloves and dispose of these items carefully.

Most schools already have standard procedures in place for removing body fluids such as vomit. These policies should be reviewed to determine whether appropriate cleaning and disinfection steps have been included.

Handwashing

Proper handwriting requires the use of soap and warm water and vigorous washing under a stream of running water for approximately 10 seconds. If hands remain visibly soiled, more washing may be required. Scrubbing hands with soap will suspend easily removable soil and microorganisms, allowing them to be washed off. Running water is necessary to carry away dirt and debris. Rinse your hands under running water and dry them thoroughly with paper towels or a blow dryer.

PROCEDURES TO FOLLOW IF AN EXPOSURE TO BLOOD OR BODILY FLUIDS OCCURS

1. Clean area vigorously with warm soap and water

2. Complete appropriate incident report

3. Refer staff person to Corvel to see medical doctor (if applicable) **

** It is important to note that there has not been ***ONE*** documented cases of HIV infection in a school setting since the AIDS epidemic. However, if a staff person has suffered an invasive exposure, it is important that they see a doctor within 2 hours of exposure to determine the most effective treatment.

ITEMS AVAILABLE THROUGH S & D M

The following stock items can now be ordered through the S & D online system.

STOCK #	***DESCCRIPTION***	***COST***
926-3845	Biohazard clean up kit, for classroom use, in a non re-sealable poly bag, box/6 kits.	$18.90 (bx)
926-3837	CPR kit, in non re-sealable poly bag (includes mouth piece, latex gloves, hand wipe and disposable bags).	$ 1.53 (ea)
364-0469	Latex disposable gloves (large) 10bx/cs	$49.80 (cs)
364-4146	Latex disposable gloves (extra large) 10bx/cs	$49.80 (cs)

HIV Prevention SAVES LIVES

HIV and Its Transmission

Research has revealed a great deal of valuable medical, scientific, and public health information about the human immunodeficiency virus (HIV) and acquired immunodeficiency syndrome (AIDS). The ways in which HIV can be transmitted have been clearly identified. Unfortunately, false information or statements that are not supported by scientific findings continue to be shared widely through the Internet or popular press. Therefore, the Centers for Disease Control and Prevention (CDC) has prepared this fact sheet to correct a few misperceptions about HIV.

How HIV is Transmitted

HIV is spread by sexual contact with an infected person, by sharing needles and/or syringes (primarily for drug injection) with someone who is infected, or, less commonly (and now very rarely in countries where blood is screened for HIV antibodies), through transfusions of infected blood or blood clotting factors. Babies born to HIV-infected women may become infected before or during birth or through breast-feeding after birth.

In the health care setting, workers have been infected with HIV after being stuck with needles containing HIV-infected blood or, less frequently, after infected blood gets into a worker's open cut or a mucous membrane (for example, the eyes or inside of the nose). There has been only one instance of patients being infected by a health care worker in the United States; this involved HIV transmission from one infected dentist to six patients. Investigations have been completed involving more than 22,000 patients of 63 HIV-infected physicians, surgeons, and dentists, and no other cases of this type of transmission have been identified in the United States.

Some people fear that HIV might be transmitted in other ways; however, no scientific evidence to support any of these fears has been found. If HIV were being transmitted through other routes (such as through air, water, or insects), the pattern of reported AIDS cases would be much different from what has been observed. For example, if mosquitoes could transmit HIV infection, many more young children and preadolescents would have been diagnosed with AIDS.

All reported cases suggesting new or potentially unknown routes of transmission are thoroughly investigated by state and local health departments with the assistance, guidance, and laboratory support from CDC. *No additional routes of transmission have been recorded,* despite a national sentinel system designed to detect just such an occurrence.

The following paragraphs specifically address some of the common misperceptions about HIV transmission.

CDC
ENTERS FOR DISEASE CONTROL AND PREVENTION

HIV in the Environment

Scientists and medical authorities agree that HIV does not survive well in the environment, making the possibility of environmental transmission remote. HIV is found in varying concentrations or amounts in blood, semen, vaginal fluid, breast

milk, saliva, and tears. (See page 3, *Saliva, Tears, and Sweat.*) To obtain data on the survival of HIV, laboratory studies have required the use of artificially high concentrations of laboratory-grown virus. Although these unnatural concentrations of HIV can be kept alive for days or even weeks under precisely controlled and limited laboratory conditions, CDC studies have shown that drying of even these high concentrations of HIV reduces the amount of infectious virus by 90 to 99 percent within several hours. Since the HIV concentrations used in laboratory studies are much higher than those actually found in blood or other specimens, drying of HIV-infected human blood or other body fluids reduces the theoretical risk of environmental transmission to that which has been observed—essentially zero. Incorrect interpretation of conclusions drawn from laboratory studies have unnecessarily alarmed some people.

Results from laboratory studies should not be used to assess specific personal risk of infection because (1) the amount of virus studied is not found in human specimens or elsewhere in nature, and (2) no one has been identified as infected with HIV due to contact with an environmental surface. Additionally, HIV is unable to reproduce outside its living host (unlike many bacteria or fungi, which may do so under suitable conditions), except under laboratory conditions, therefore, it does not spread or maintain infectiousness outside its host.

Households

Although HIV has been transmitted between family members in a household setting, this type of transmission is very rare. These transmissions are believed to have resulted from contact between skin or mucous membranes and infected blood. To prevent even such rare occurrences, precautions, as described in previously published guidelines, should be taken in all settings—including the home—to prevent exposures to the blood of persons who are HIV infected, at risk for HIV infection, or whose infection and risk status are unknown. For example,

- Gloves should be worn during contact with blood or other body fluids that could possibly contain visible blood, such as urine, feces, or vomit.
- Cuts, sores, or breaks on both the care giver's and patient's exposed skin should be covered with bandages.
- Hands and other parts of the body should be washed immediately after contact with blood or other body fluids, and surfaces soiled with blood should be disinfected appropriately.
- Practices that increase the likelihood of blood contact, such as sharing of razors and toothbrushes, should be avoided.
- Needles and other sharp instruments should be used only when medically necessary and handled according to recommendations for health-care settings. (Do not put caps back on needles by hand or remove needles from syringes. Dispose of needles in puncture-proof containers out of the reach of children and visitors.)

Businesses and Other Settings

There is no known risk of HIV transmission to co-workers, clients, or consumers from contact in industries such as food-service establishments (see information on survival of HIV in the environment). Food-service workers known to be infected with HIV need not be restricted from work unless they have other infections or illnesses (such as diarrhea or hepatitis A) for which any food-service worker, regardless of HIV infection status, should be restricted. CDC recommends that all food-service workers follow recommended standards and practices of good personal hygiene and food sanitation.

In 1985, CDC issued routine precautions that all personal-service workers (such as hairdressers, barbers, cosmetologists, and massage therapists) should follow, even though there is no evidence of transmission from a personal-service worker to a client or vice versa. Instruments that are intended to penetrate the skin (such as tattooing and acupuncture needles, ear piercing devices) should be used once and disposed of or thoroughly cleaned and sterilized. Instruments not intended to penetrate the skin but which may become contaminated with

blood (for example, razors) should be used for only one client and disposed of or thoroughly cleaned and disinfected after each use. Personal-service workers can use the same cleaning procedures that are recommended for health care institutions.

CDC knows of no instances of HIV transmission through tattooing or body piercing, although hepatitis B virus has been transmitted during some of these practices. One case of HIV transmission from acupuncture has been documented. Body piercing (other than ear piercing) is relatively new in the United States, and the medical complications for body piercing appear to be greater than for tattoos. Healing of piercings generally will take weeks, and sometimes even months, and the pierced tissue could conceivably be abraded (torn or cut) or inflamed even after healing. Therefore, a theoretical HIV transmission risk does exist if the unhealed or abraded tissues come into contact with an infected person's blood or other infectious body fluid. Additionally, HIV could be transmitted if instruments contaminated with blood are not sterilized or disinfected between clients.

Kissing

Casual contact through closed-mouth or "social" kissing is not a risk for transmission of HIV. Because of the potential for contact with blood during "French" or open-mouth kissing, CDC recommends against engaging in this activity with a person known to be infected. However, the risk of acquiring HIV during open-mouth kissing is believed to be very low. CDC has investigated only one case of HIV infection that may be attributed to contact with blood during open-mouth kissing.

Biting

In 1997, CDC published findings from a state health department investigation of an incident that suggested blood-to-blood transmission of HIV by a human bite. There have been other reports in the medical literature in which HIV appeared to have been transmitted by a bite. Severe trauma with extensive tissue tearing and damage and presence of blood were reported in each of these instances. Biting is not a common way of transmitting HIV. In fact, there are numerous reports of bites that did *not* result in HIV infection.

Saliva, Tears, and Sweat

HIV has been found in saliva and tears in very low quantities from some AIDS patients. It is important to understand that finding a small amount of HIV in a body fluid does not necessarily mean that HIV can be *transmitted* by that body fluid. HIV has *not* been recovered from the sweat of HIV-infected persons. Contact with saliva, tears, or sweat has never been shown to result in transmission of HIV.

Insects

From the onset of the HIV epidemic, there has been concern about transmission of the virus by biting and bloodsucking insects. However, studies conducted by researchers at CDC and elsewhere have shown no evidence of HIV transmission through insects—even in areas where there are many cases of AIDS and large populations of insects such as mosquitoes. Lack of such outbreaks, despite intense efforts to detect them, supports the conclusion that HIV is not transmitted by insects.

The results of experiments and observations of insect biting behavior indicate that when an insect bites a person, it does not inject its own or a previously bitten person's or animal's blood into the next person bitten. Rather, it injects saliva, which acts as a lubricant or anticoagulant so the insect can feed efficiently. Such diseases as yellow fever and malaria are transmitted through the saliva of specific species of mosquitoes. However, HIV lives for only a short time inside an insect and, unlike organisms that are transmitted via insect bites, HIV does not reproduce (and does not survive) in insects. Thus, even if the virus enters a mosquito or another sucking or biting insect, the insect does not become infected and cannot transmit HIV to the next human it feeds on or bites. HIV is not found in insect feces.

There is also no reason to fear that a biting or bloodsucking insect, such as a mosquito, could transmit HIV from one person to another through HIV-infected blood left on its mouth parts. Two factors serve to explain why this is so—first, infected people do not have constant, high levels of HIV in their bloodstreams and, second, insect mouth parts do not retain large amounts of blood on their surfaces. Further, scientists who study insects have determined that biting insects normally do not travel from one person to the next immediately after ingesting blood. Rather, they fly to a resting place to digest this blood meal.

Effectiveness of Condoms

Condoms are classified as medical devices and are regulated by the Food and Drug Administration (FDA). Condom manufacturers in the United States test each latex condom for defects, including holes, before it is packaged. The proper and consistent use of latex or polyurethane (a type of plastic) condoms when engaging in sexual intercourse—vaginal, anal, or oral—can greatly reduce a person's risk of acquiring or transmitting sexually transmitted diseases, including HIV infection.

There are many different types and brands of condoms available—however, only latex or polyurethane condoms provide a highly effective mechanical barrier to HIV. In laboratories, viruses occasionally have been shown to pass through natural membrane ("skin" or lambskin) condoms, which may contain natural pores and are therefore not recommended for disease prevention (they are documented to be effective for contraception). Women may wish to consider using the female condom when a male condom cannot be used.

For condoms to provide maximum protection, they must be used *consistently* (every time) and *correctly*. Several studies of correct and consistent condom use clearly show that latex condom breakage rates in this country are less than 2 percent. Even when condoms do break, one study showed that more than half of such breaks occurred prior to ejaculation.

When condoms are used reliably, they have been shown to prevent pregnancy up to 98 percent of the time among couples using them as their only method of contraception. Similarly, numerous studies among sexually active people have demonstrated that a properly used latex condom provides a high degree of protection against a variety of sexually transmitted diseases, including HIV infection.

For more detailed information about condoms, see the CDC publication *"Male Latex Condoms and Sexually Transmitted Diseases."*

CDC's Response

CDC is committed to providing the scientific community and the public with accurate and objective information about HIV infection and AIDS. It is vital that clear information on HIV infection and AIDS be readily available to help prevent further transmission of the virus and to allay fears and prejudices caused by misinformation. For a complete description of CDC's HIV/AIDS prevention programs, see *"Facts about CDC's Role in HIV and AIDS Prevention."*

For more information...

CDC National AIDS Hotline:
1-800-342-AIDS (2437)
Spanish: 1-800-344-SIDA (7432) (HIV and STDs)
Deaf: 1-800-243-7889

CDC National Prevention Information Network:
P.O. Box 6003
Rockville, Maryland 20849-6003
1-800-458-5231

Internet Resources:
DHAP: http://www.cdc.gov/hiv
NCHSTP: http://www.cdc.gov/nchstp/od/nchstp.html
NPIN: http://www.cdcnpin.org

1-800-458-5231, M-F 9am-8pm(ET)
Contact Us Live Help M-F 9am-8pm(ET)

HIV/AIDS Introduction

Welcome to the HIV/AIDS section of the NPIN Website. The table below will help you find what you need in this section.

If you need to know:	**Select:**
The most recent activities, news, or publications about HIV/AIDS prevention	What's New
The current state of the epidemic in the United States with an overview of key issues, risk groups, and statistics	HIV/AIDS Today
▪ What the CDC's prevention goals are ▪ What role prevention plays in averting HIV infection	Prevention Today
▪ What STDs and TB have to do with HIV/AIDS ▪ Why diagnosis and treatment of STDs and TB are important to HIV/AIDS prevention	Making the Connection
Current CDC guidelines and recommendations for the detection, treatment, and care of HIV/AIDS	CDC Guidelines and Recommendations
▪ What successful HIV Prevention Community Planning Programs have in common ▪ How you can put those elements in place in your program ▪ What program evaluation materials are available	Elements of Successful Programs
▪ Relevant CDC guidelines on counseling, testing, and referral ▪ What resources are available for locating counseling, testing, and referral services	Counseling, Testing, and Referral (CTR)
▪ How to access the surveillance reports that are available for your area ▪ The relevant CDC guidelines for surveillance activities	Surveillance and Data Management
▪ How to plan, develop, and measure education, outreach, and risk reduction activities ▪ What types of risk reduction activities work best in specific settings, like the workplace or schools	Education and Outreach
▪ Basic information about HIV/AIDS prevention, transmission, and testing ▪ Definitions of key terms	FAQs and Basic Facts

CDC HIV/AIDS FACT SHEET

HIV/AIDS among Youth

1-800-CDC-INFO (232-4636)
In English, en Español
24 Hours/Day
cdcinfo@cdc.gov
http://www.cdc.gov/hiv

June 2006

Young people in the United States are at persistent risk for HIV infection. This risk is especially notable for youth of minority races and ethnicities. Continual HIV prevention outreach and education efforts, including programs on abstinence and on delaying the initiation of sex, are required as new generations replace the generations that benefited from earlier prevention strategies. Unless otherwise noted, this fact sheet defines youth, or young people, as persons who are 13–24 years of age.

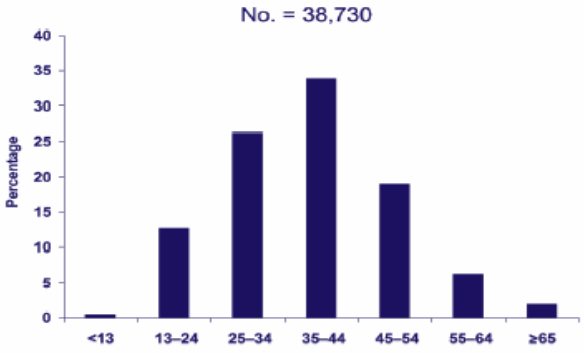
STATISTICS

HIV/AIDS in 2004

The following are based on data from the 35 areas with long-term, confidential name-based HIV reporting.*

- An estimated 4,883 young people received a diagnosis of HIV infection or AIDS, representing about 13% of the persons given a diagnosis during that year [1].
- HIV infection progressed to AIDS more slowly among young people than among all persons with a diagnosis of HIV infection. The following are the proportions of persons in whom HIV infection did not progress to AIDS within 12 months after diagnosis of HIV infection:
  - 81% of persons aged 15–24
  - 70% of persons aged 13–14
  - 61% of all persons
- African Americans were disproportionately affected by HIV infection, accounting for 55% of all HIV infections reported among persons aged 13–24 [2].
- Young men who have sex with men (MSM), especially those of minority races or ethnicities, were at high risk for HIV infection. In the 7 cities that participated in CDC's Young Men's Survey during 1994–1998, 14% of African American MSM and 7% of Hispanic MSM aged 15–22 were infected with HIV [3].
- During 2001–2004, in the 33 states with long-term, confidential name-based HIV reporting, 62% of the 17,824 persons 13–24 years of age given a diagnoses of HIV/AIDS were males, and 38% were females.

Age of persons with HIV infection or AIDS diagnosed during 2004



Note. Based on data from 35 areas with long-term, confidential name-based HIV reporting.

AIDS in 2004

- An estimated 2,174 young people received a diagnosis of AIDS (5.1% of the estimated total

*See box on page 5 for a list of the 35 areas.

of 42,514 AIDS diagnoses), and 232 young people with AIDS died [1].

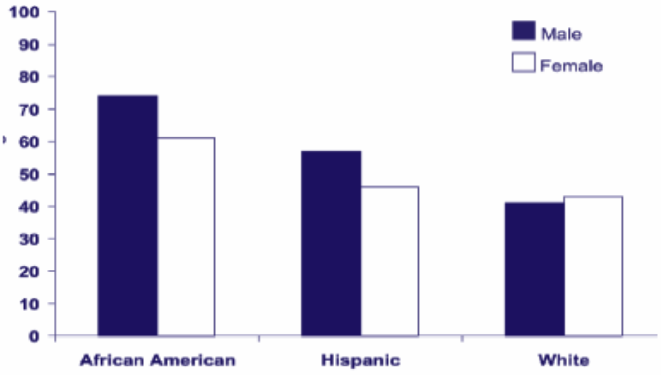
- An estimated 7,761 young people were living with AIDS, a 42% increase since 2000, when 5,457 young people were living with AIDS [1].
- Young people for whom AIDS was diagnosed during 1996–2004 lived longer than persons with AIDS in any other age group except those younger than 13 years. Nine years after receiving a diagnosis of AIDS, 76% of those aged 13–24 were alive, compared with
  - 81% of those younger than age 13
  - 74% of those aged 25–34
  - 70% of those aged 35–44
  - 63% of those aged 45–54
  - 53% of those aged 55 and older [1].
- Since the beginning of the epidemic, an estimated 40,059 young people in the United States had received a diagnosis of AIDS, and an estimated 10,129 young people with AIDS had died. They accounted for about 4% of the estimated total of 944,306 AIDS diagnoses and 2% of the 529,113 deaths of people with AIDS [1].

RISK FACTORS AND BARRIERS TO PREVENTION

Sexual Risk Factors

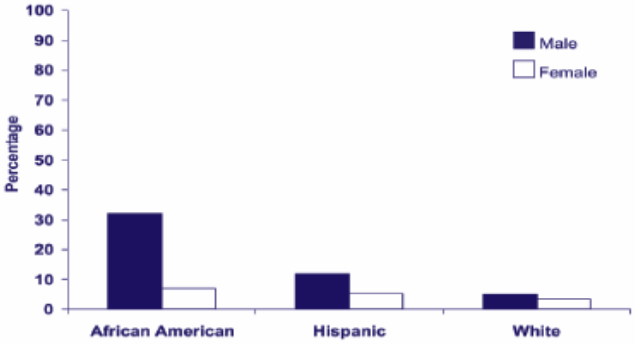
Early age at sexual initiation. According to CDC's Youth Risk Behavioral Survey (YRBS), many young people begin having sexual intercourse at early ages: 47% of high school students have had sexual intercourse, and 7.4% of them reported first sexual intercourse before age 13 [4]. HIV/AIDS education needs to take place at correspondingly young ages, before young people engage in sexual behaviors that put them at risk for HIV infection.

High school students reporting ever having had sexual intercourse, 2003



Source. CDC's Youth Risk Behavioral Survey, 2003. (See reference 4.)

High school students reporting sexual intercourse for the first time before age 13, 2003



Source. CDC's Youth Risk Behavioral Survey, 2003. (See reference 4.)

Heterosexual transmission. Young women, especially those of minority races or ethnicities, are increasingly at risk for HIV infection through heterosexual contact. According to data from a CDC study of HIV prevalence among disadvantaged youth during the early to mid-1990s, the rate of HIV prevalence among young women aged 16–21 was 50% higher than the rate among young men in that age group [5]. African American women in this study were 7 times

as likely as white women and 8 times as likely as Hispanic women to be HIV-positive. Young women are at risk for sexually transmitted HIV for several reasons, including biologic vulnerability, lack of recognition of their partners' risk factors, inequality in relationships, and having sex with older men who are more likely to be infected with HIV.

MSM. Young MSM are at high risk for HIV infection, but their risk factors and the prevention barriers they face differ from those of persons who become infected through heterosexual contact. According to a CDC study of 5,589 MSM, 55% of young men (aged 15–22) did not let other people know they were sexually attracted to men [6]. MSM who do not disclose their sexual orientation are less likely to seek HIV testing, so if they become infected, they are less likely to know it. Further, because MSM who do not disclose their sexual orientation are likely to have 1 or more female sex partners, MSM who become infected may transmit the virus to women as well as to men. In a small study of African American MSM college students and nonstudents in North Carolina, the participants had sexual risk factors for HIV infection, and 20% had a female sex partner during the preceding 12 months [7].

Sexually transmitted diseases (STDs). The presence of an STD greatly increases a person's likelihood of acquiring or transmitting HIV [8]. Some of the highest STD rates in the country are those among young people, especially young people of minority races and ethnicities [9].

Substance Use

Young people in the United States use alcohol, tobacco, and other drugs at high rates [10]. Both casual and chronic substance users are more likely to engage in high-risk behaviors, such as unprotected sex, when they are under the influence of drugs or alcohol [11]. Runaways and other homeless young people are at high risk for HIV infection if they are exchanging sex for drugs or money.

Lack of Awareness

Research has shown that a large proportion of young people are not concerned about becoming infected with HIV [12]. Adolescents need accurate, age-appropriate information about HIV infection and AIDS, including how to talk with their parents or other trusted adults about HIV and AIDS, how to reduce or eliminate risk factors, how to talk with a potential partner about risk factors, where to get tested for HIV, how to use a condom correctly. Information should also include the concept that abstinence is the only 100% effective way to avoid infection.

Poverty and Out-of-School Youth

Nearly 1 in 4 African Americans and 1 in 5 Hispanics live in poverty [13]. The socioeconomic problems associated with poverty, including lack of access to high-quality health care, can directly or indirectly increase the risk for HIV infection [14]. Young people who have dropped out of school are more likely to become sexually active at younger ages and to fail to use contraception [15].

The Coming of Age of HIV-Positive Children

Many young people who contracted HIV through perinatal transmission are facing decisions about becoming sexually active. They will require ongoing counseling and prevention education to ensure that they do not transmit HIV.

PREVENTION

In the United States, the annual number of new HIV infections has declined from a peak of more than 150,000 in the mid-1980s and has stabilized since the late 1990s at approximately 40,000. Populations of minority races or ethnicities are disproportionately affected by the HIV epidemic. To reduce further the incidence of HIV, CDC announced a new initiative, Advancing HIV Prevention (http://www.cdc.gov/hiv/topics/prev_prog/AHP), in 2003. This initiative comprises

4 strategies: making HIV testing a routine part of medical care, implementing new models for diagnosing HIV infections outside medical settings, preventing new infections by working with HIV-infected persons and their partners, and further decreasing perinatal HIV transmission.

Through the Minority AIDS Initiative (http://www.cdc.gov/programs/hiv08.htm), CDC explores ways to reduce health disparities in communities made up of persons of minority races or ethnicities who are at high risk for HIV. These funds are used to address the high-priority HIV prevention needs in such communities.

CDC provides 9 awards to community-based organizations (CBOs) that focus primarily on youth and provides indirect funding through state, territorial, and local health departments to organizations serving youth. Of these 9 awards, 5 are focused on African Americans, 3 on Hispanics, 1 on Asians and Pacific Islanders, and 1 on whites. The following are some CDC-tested prevention programs that state and local health departments and CBOs can provide for youth.

- Teens Linked to Care is focused on young people aged 13–29 who are living with HIV.
- Street Smart is an HIV/AIDS and STD prevention program for runaway and homeless youth.
- PROMISE (Peers Reaching Out and Modeling Intervention Strategies for HIV/AIDS Risk Reduction in their Community) is a community-level HIV prevention intervention that relies on role-model stories and peers from the community.
- Adult Identity Mentoring project, which encourages students to articulate personal goals and then teaches them the skills required to achieve those goals, can be effective in helping at-risk youth delay the initiation of sex [16].

CDC research has shown that early, clear parent-child communication regarding values and expectations about sex is an important step in helping adolescents delay sexual initiation and make responsible decisions about sexual behaviors later in life. Parents are in a unique position to engage their children in conversations about HIV, STD, and teen pregnancy prevention because the conversations can be ongoing and timely [17].

Schools also can be important partners for reaching youth before high-risk behaviors are established, as evidenced by the YRBS finding that 88% of high school students in the United States reported having been taught about AIDS or HIV infection in school.

Overall, a multifaceted approach to HIV/AIDS prevention, which includes individual, peer, familial, school, church, and community programs, is necessary to reduce the incidence of HIV/AIDS in young people. For Guidelines for Effective School Health Education to Prevent the Spread of AIDS, visit http://www.cdc.gov/HealthyYouth/sexualbehaviors/guidelines/guidelines.htm.

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Understanding HIV and AIDS Data

AIDS surveillance: Through a uniform system, CDC receives reports of AIDS cases from all US states and territories. Since the beginning of the epidemic, these data have been used to monitor trends because they are representative of all areas. The data are statistically adjusted for reporting delays and for the redistribution of cases initially reported without risk factors. As treatment has become more available, trends in new AIDS diagnoses no longer accurately represent trends in new HIV infections; these data now represent persons who are tested late in the course of HIV infection, who have limited access to care, or in whom treatment has failed.

HIV surveillance: Monitoring trends in the HIV epidemic today requires collecting information on HIV cases that have not progressed to AIDS. Areas with confidential name-based HIV infection reporting requirements use the same uniform system for data collection on HIV cases as for AIDS cases. A total of 35 areas—the US Virgin Islands, Guam, and 33 states (Alabama, Alaska, Arizona, Arkansas, Colorado, Florida, Idaho, Indiana, Iowa, Kansas, Louisiana, Michigan, Minnesota, Mississippi, Missouri, Nebraska, Nevada, New Jersey, New York, New Mexico, North Carolina, North Dakota, Ohio, Oklahoma, South Carolina, South Dakota, Tennessee, Texas, Utah, Virginia, West Virginia, Wisconsin, and Wyoming)—have collected these data for at least 5 years, providing sufficient data to monitor HIV trends and to estimate risk behaviors for HIV infection. Recently, 9 additional areas have begun confidential name-based HIV surveillance, and data from these areas will be included in coming years.

***HIV/AIDS*:** This term includes persons with a diagnosis of HIV infection (not AIDS), a diagnosis of HIV infection and a later diagnosis of AIDS, or concurrent diagnoses of HIV infection and AIDS.

For more information . . .

CDC HIV/AIDS
http://www.cdc.gov/hiv
CDC HIV/AIDS resources

CDC-INFO
1-800-232-4636
Information about personal risk and where to get an HIV test

CDC National HIV Testing Resources
http://www.hivtest.org
Location of HIV testing sites

CDC National Prevention Information Network (NPIN)
1-800-458-5231
http://www.cdcnpin.org
CDC resources, technical assistance, and publications

AIDSinfo
1-800-448-0440
http://www.aidsinfo.nih.gov
Resources on HIV/AIDS treatment and clinical trials

CDC HIV/AIDS FACT SHEET

A Glance at the HIV/AIDS Epidemic

1-800-CDC-INFO (232-4636)
In English, en Español
24 Hours/Day
cdcinfo@cdc.gov
http://www.cdc.gov/hiv

Revised June 2007

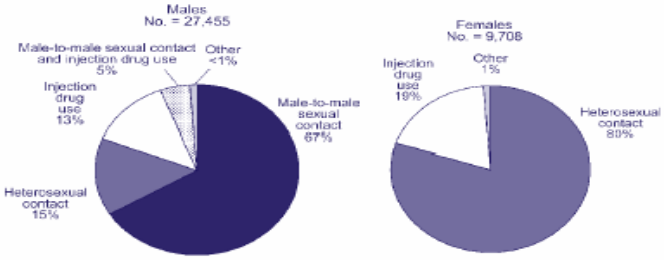
HIV/AIDS DIAGNOSES

At the end of 2003, an estimated 1,039,000 to 1,185,000 persons in the United States were living with HIV/AIDS [1].* In 2005, 37,331 cases of HIV/AIDS in adults, adolescents, and children were diagnosed in the 33 states with long-term, confidential name-based HIV reporting [2]. CDC has estimated that approximately 40,000 persons in the United States become infected with HIV each year [3].

By Transmission Category

In 2005, the largest estimated proportion of HIV/AIDS diagnoses were for men who have sex with men (MSM), followed by adults and adolescents infected through heterosexual contact.

Transmission categories of adults and adolescents with HIV/AIDS diagnosed during 2005



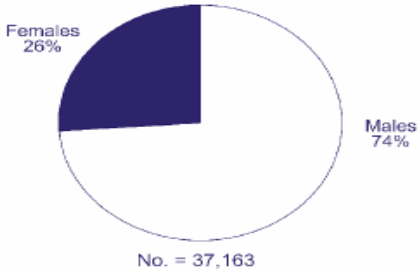
Note. Based on data from 33 states with long-term, confidential name-based HIV reporting.

*The term *HIV/AIDS* refers to 3 categories of diagnoses collectively: (1) a diagnosis of HIV infection (not AIDS), (2) a diagnosis of HIV infection with a later diagnosis of AIDS, and (3) concurrent diagnoses of HIV infection and AIDS.

By Sex

In 2005, almost three quarters of HIV/AIDS diagnoses were for male adolescents and adults.

Sex of adults and adolescents with HIV/AIDS diagnosed during 2005

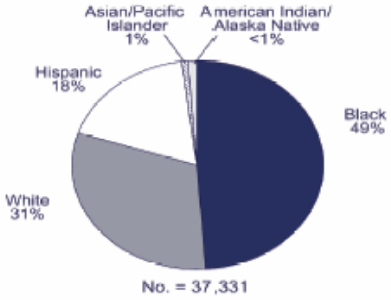


Note. Based on data from 33 states with long-term, confidential name-based HIV reporting.

By Race/Ethnicity

In 2005, blacks (including African Americans), who make up approximately 13% of the US population, accounted for almost half of the estimated number of HIV/AIDS cases diagnosed.

Race/ethnicity of persons (including children) with HIV/AIDS diagnosed during 2005



Note. Based on data from 33 states with long-term, confidential name-based HIV reporting.

A GLANCE AT THE HIV/AIDS EPIDEMIC

TRENDS IN AIDS DIAGNOSES AND DEATHS

During the mid-to-late 1990s, advances in treatment slowed the progression of HIV infection to AIDS and led to dramatic decreases in deaths among persons with AIDS. The number of deaths of persons with AIDS fluctuated from 2001 through 2005, but the number of AIDS cases diagnosed during that same period increased [2]. The reasons for the increase in the number of AIDS diagnoses are unclear but may be due to increased emphasis on testing; the fact that more people are living with HIV and thus are experiencing the development of AIDS; and technical issues in the statistical process used in estimating the number of AIDS diagnoses.

Better treatments have also led to an increase in the number of persons in the 50 states and the District of Columbia (D.C.) who are living with AIDS. From 2001 through 2005, the estimated number of persons in the 50 states and D.C. living with AIDS increased from 331,482 to 421,873—an increase of 27% [2].

Estimated numbers of AIDS diagnoses, deaths, and persons living with AIDS, 2001–2005

	2001	2002	2003	2004	2005	Cumulative (1981–2005)
AIDS diagnoses	38,079	38,408	39,666	39,524	40,608	952,629
Deaths of persons with AIDS	16,980	16,641	17,404	17,453	16,316	530,756
Persons living with AIDS	331,482	353,249	375,511	397,582	421,873	NA

NA, not applicable (the values given for each year are cumulative).

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AIDSinfo
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http://www.aidsinfo.nih.gov
Resources on HIV/AIDS treatment and clinical trials

The School Board of Miami-Dade County, Florida, adheres to a policy of nondiscrimination in employment and educational programs/activities and programs/activities receiving Federal financial assistance from the Department of Education, and strives affirmatively to provide equal opportunity for all as required by:

Title VI of the Civil Rights Act of 1964 - prohibits discrimination on the basis of race, color, religion, or national origin.

Title VII of the Civil Rights Act of 1964, as amended - prohibits discrimination in employment on the basis of race, color, religion, gender, or national origin.
Title IX of the Education Amendments of 1972 - prohibits discrimination on the basis of gender.

Age Discrimination in Employment Act of 1967 (ADEA), as amended - prohibits discrimination on the basis of age with respect to individuals who are at least 40.
The Equal Pay Act of 1963, as amended - prohibits sex discrimination in payment of wages to women and men performing substantially equal work in the same establishment.

Section 504 of the Rehabilitation Act of 1973 - prohibits discrimination against the disabled.

Americans with Disabilities Act of 1990 (ADA) - prohibits discrimination against individuals with disabilities in employment, public service, public accommodations and telecommunications.

The Family and Medical Leave Act of 1993 (FMLA) - requires covered employers to provide up to 12 weeks of unpaid, job-protected leave to "eligible" employees for certain family and medical reasons.

The Pregnancy Discrimination Act of 1978 - prohibits discrimination in employment on the basis of pregnancy, childbirth, or related medical conditions.

Florida Educational Equity Act (FEEA) - prohibits discrimination on the basis of race, gender, national origin, marital status, or handicap against a student or employee.

Florida Civil Rights Act of 1992 - secures for all individuals within the state freedom from discrimination because of race, color, religion, sex, national origin, age, handicap, or marital status.

School Board Rules 6Gx13- 4A-1.O1 6Gx13- 4A-1.32 and 6Gx13- 5D-1.1O - prohibit harassment and/or discrimination against a student or employee on the basis of gender, race, color, religion, ethnic or national origin, political beliefs, marital status, age, sexual orientation, social and family background, linguistic preference, pregnancy, or disability.

Veterans are provided re-employment rights in accordance with P.L. 93-508 (Federal Law) and Section 295. 07 (Florida Statutes), which stipulate categorical preferences for employment.

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