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JOHNSON, BASSIN & SHAW
JOB CORPS HEALTH SERVICES
8737 COLESVILLE ROAD, SUITE 800 ● SILVER SPRING, MARYLAND 20910
PHONE (301) 495-1080

DATE: October 26, 1994

## MESSAGE

TO: Jeannie Wong

RE: Job Corps HIV/AIDS Policy

As per your request to Carol Miller, RN, Nursing Director, Office of Job Corps, enclosed is the following information on Job Corps' HIV/AIDS policy/program

- HIV/AIDS Policy (Appndx 601A/B)
- HIV/AIDS Program Description
- Brochures/Guides developed for Job Corps staff and students

FROM:

DATE:

## REPLY

- Job Corps In Brief
- Job Corps Center Directory

Should you require additional info, please call Carol Miller at 202-219-5556

SIGNED:

Johnson, Bassin & Shaw, Inc.
*8630 Fenton Street, 12th Floor*
*Silver Spring, Maryland 20910-3803*

**Jeannie Wong**
**Office of the National AIDS Policy Coordinator**
**750 17th Street, NW**
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**Washington, DC 20503**

JBS

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Training Opportunities in Job Corps
A Directory of Job Corps Centers and Courses
U.S. Dept of Labor Employment and Training
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# Training Opportunities In Job Corps

**A Directory of Job Corps Centers and Courses**

**U.S. Department of Labor**
**Employment and Training Administration**


Train for Your FUTURE

Job Corps

# Teaching AIDS Prevention in English Language Classes

Peace Corps/Cameroon and the Education and Health Sectors of the Office of Training and Program Support (OTAPS) are about to publish a Teacher's Manual and Students' Workbook on AIDS prevention for secondary school students of English as a Foreign Language (EFL).

The project started in June 1992 when a small group of Volunteers and Cameroonian educators and public health specialists gathered in Yaounde to draft 50 hours of EFL lesson plans for young Cameroonian adults in their fifth year of learning English. The materials were piloted in five secondary schools. In February 1993, the group met to revise the materials, which were then edited in Washington OTAPS' Information, Collection and Exchange (ICE) division will publish the materials, which will be officially launched at a workshop in Cameroon in December.

The materials developed in Cameroon aim to give students information about AIDS and also to take on the more ambitious challenge of changing students' behavior. The intent is not just to inform but also to engage students in the battle against the global epidemic.

In the Teacher's Manual and Students' workbook traditional EFL classroom exercises are blended with such participatory activities as role playing in which students practice talking about AIDS prevention with their partners, and surveys developed and conducted by students to examine the beliefs of their local communities on the causes and consequences of AIDS. A letter from a star soccer player questioning how to respond to female fans' overtures, the story of a young girl who dies from AIDS and the repercussions for her family, and an AIDS rap song -- these are some of the materials included in the manual to enliven the technical information and bring the message home to young people.

Developing the materials offered Peace Corps opportunities to work closely with Cameroonian educators and public health officials. The Cameroonians contributed their insider knowledge of what was important in the national EFL curriculum and hence what needed to be included so that these materials would be accepted by examination-conscious teachers and students. The Cameroonians also advised on how local youth might react to the material, while both the Volunteers and the Cameroonians identified key ways in which students might be hooked into listening to the AIDS prevention message, each group bringing special insights into the world view of Cameroonian teenagers.

In developing the manual, Peace Corps also has been able to draw upon the technical expertise of the USAID-funded AIDS Control and Prevention Project (AIDSCAP), implemented by Family Health International (FHI). AIDSCAP staff provided and monitored the technical information and over a three-year period, will be measuring the materials' effectiveness in changing the behavior of young Cameroonians.

The Volunteers who wrote and championed these materials are already moving on, but a new generation of Volunteers is preparing to take up the work. This new crop of TEFL Volunteers are using the materials during their Pre-Service Training and are being asked to identify counterparts who can assist in the December workshop when the newly published materials will be introduced and plans developed for a nationwide series of introductory workshops.

Cameroon is only the beginning. Education APCDs from several other African countries will be invited to the December presentation so that they can judge for themselves the usefulness of these materials in their own countries. The initial work has been done. A model has been produced that demonstrates Volunteers' ability to produce quality materials. With this model in hand, other regions can adapt the materials to meet the particular needs and cultural values of the communities they serve.

# HIV

Time: 1.5 hrs

Preparations: Read Instructors materials:
NEJM Review Article
This lesson plan

Materials: CDC Country specific HIV data
3/94 Letter from HIV+ PCV
Statistics from OMS Epidemiology and survey study

Handouts: Quiz
Graph about HIV
Table of Clinical Definition of AIDS from Hunter's Tropical Medicine
*HIV Statistics among PCV's
*Cameroon Specific HIV statistics
*Risky Sexual Practices in Ascending Order of Risk

(*Pass around 1-2 copies during lecture and get back at the end of lecture.)

Objectives:

PCTs should know the following about HIV
- How it is contracted
- Symtoms of acute and long term disease
- Prevalence rates in country compared to USA
- Risk factors and prevalance for PCV's in country
- Prevention

By sharing information from and about other PCVs who have become HIV positive, encourage volunteers to personalize the risk of HIV.

Encourage PCV's to think about how they will prevent HIV/STD's during PC service

Format

A. Pass out the Quiz
B. Lecture
C. Small groups to do *Imagine* exercise
D. Go over Quiz answers as a review of the material covered.

# I. About the Disease

A. General Facts
-HIV is the Human Immunodeficiency Virus that causes AIDS (Acquired Immunodeficiency Syndrome)
- AIDS is infection with HIV and development of persistent symptoms and AIDS defining diseases or opportunistic infections. There is a gradual depletion of the CD4 T lymphocytes needed by the body's immune system to fight disease.
-HIV was first reported in 1981 when cases of pneumocystis were reported. Zairian blood specimens from 1959 show the virus present.
- HIV is found in whole blood, plasma,semen, vaginal fluid, urine, CSF, saliva, tears, breast milk, lymph nodes, brain, lung tissue.
- Blood, blood products, semen, vaginal or cervical fluids are the most important sources of HIV transmission.

B. Mechanisms of Disease From NEJM Review Article(2/93), Epstein Editor
The course of the HIV infection varies from patient to patient, but certain patterns have been recognized.

(Present this information with the graph about CD4 T lymphocytes, HIV viremia. Handout form.)

1. Acute HIV syndrome - In 50-70% of patients with primary HIV infection, an acute mononucleosis-like syndrome develops approximately 3-6 weeks after initial infection. This is associated with high levels of viremia. Within 1 week to 3 months later, there is an immune reponse to HIV. (This is when a person becomes HIV positive. i.e. develops antibodies to the HIV virus.)
-Nonspecific physical signs of the acute HIV syndrome may include enlarged lymph nodes, fevers, rigors, joint aches, muscle aches, maculopapular rash, itching, abdominal cramps, diarrhea, or aseptic meningitis.
-The virus is found throughout the blood and seeds the lymphoid organs during this acute syndrome time.
-When the HIV specific immune response is mounted (i.e. pt becomes HIV positive) the amount of virus in the blood declines dramatically. Nonetheless, despite HIV antibody immune response, the virus continues to replicate in the lymph nodes. The person is highly infective during this time period.

2. Clinical Latency
After the primary infection, viral dissemination, the appearance of HIV specific immunity, and the curtailment of viral replication, most patients have a period where they feel well and where it seems that the disease does not progress. This period may last from one to eight or more years. Actually during this time, the disease is progressing within the lymph nodes and CD4 T cells are gradually depleted.

3. Clinically apparent disease (AIDS)
With progressive deterioration of the immune system in most patients with HIV infection comes AIDS (acquired immunodeficiency syndrome.) This is usually manifest in certain opportunistic infections or neoplasms, severe or constitutional signs and symptoms. These symptoms occur because of the damage that has occurred to the immune system by the HIV throughout the latent period when the patient was HIV positive but felt well.

Many people in Africa do not believe AIDS exists. Many people do not want to be tested for the HIV virus because for them there is no cure or available treatment. In countries in which meeting basic health needs is difficult, spending extra money to determine the cause of disease

for which there is no cure and to which a hurtful stigma is attached is not necessarily useful. PCV's may hear that people in villages die of other causes - diarrhea, witchcraft, poisoning, pneumonia, weakness, malaria, when actually it might be AIDS. Below are some clinical symptoms which may be indicative of AIDS. These may be used to define AIDS where sophisticated or costly tests are not available.

WHO Clinical Case Definition of AIDS for use in Africa
from
AIDS workshop on AIDS in Central Africa, Bangui, 22-25 October 1985.
Lancet 1:492-4, 1987.

AIDS in an adult is defined by the existence of at least two major signs associated with at least one minor sign, in the absence of kinown causes of immunosuppression such as cancer or severe malnutrition or other recognized etiolgies.

**Major Signs**
Weight loss > 10% body weight
Chronic diarrhea > 1 month
Prolonged fever > 1 month (intermittent or constant)

**Minor Signs**
Persistent cough > 1 month
Generalized pruritic dermatitis
Recurrent herpes zoster
Oropharyngeal candidiasis
Chronic progressive and disseminated herpes simplex infection
Generalized lymphadenopathy

The presence of Kapsosi's sarcoma or cryptococcal meningitis is in itself sufficient for the diagnosis of AIDS.

(Other interesting but unessential info. Probably skip this.)
A rare strain of HIV known as the HIV-1, group O strain has been detected in a Cameroonian who died of AIDS. This strain was unable to be detected by certain types of HIV testing used in France. The group O strain seems to occupy an evolutionary spot between the simian virus identified in chimpanzees and other HIV-1 types. The virus has also been identified in a few patients in CAR and Gabon.

## II. HIV among PCV's

(Pass around the stats for volunteers in the audience to look over.)

A. The sad general facts (Could this be you or a PCV you know?)
-In 1992-1993, 6 PCV's have become HIV positive.
-Four volunteers from Cameroon and Gabon have become HIV positive.
-APCMO believes two PCV's have become HIV positive in the last 6 months.
-At least two PCV's in the central Africa region are currently waiting to hear about indeterminate results of their HIV test. (i.e. test results that they do not know if are negative or positive but must wait another 6 months for retesting.)
-At least one volunteer in this Central Africa region just found out that his or her sexual partner is HIV positive and is waiting to see if s/he too will become HIV positive.

B. Characteristics of 10 Volunteers Who Acquired HIV infections In-Country

-6 were female, 7 were in mid 20's
- All but one served in Africa. The other served in Thailand.
- All had unprotected heterosexual sex with HCNs, 2 also with sex workers.
- Median time in-country to diagnosis was 25 months
- 8 reported some condom use, 4 reported condom failures
- 8 had STD's and 3 had significant alcohol use preceding HIV diagnosis

C. Prevalence of High-Risk Sexual Behaviors
- Lack of condom use - 32% use every time, 50% use sometimes, 18% never use; use is not correlated with local risk
- High risk partners - 40% have had HCN partners since in country, 3% had exchanged money or drugs for sex
- Multiple partners - Among PCV's in-country >16 months, 37% of men and 24% of women had >= 3 partners (range, 0-38)

D. Significant Risk Factors for Multiple Partners
1. For Women
   - Increasing time in-country
   - Excessive alcohol and marijuana use
   - Younger age
   - Living alone

2. For Men
   - Increasing time in-country
   - Excessive alcolhol and marijuana use
   - Other risk behaviors
   - Dissatisfaction with support
   - Higher self-rating of acculturation

E. Major Barriers to Safer Sex
- Inability to "personalize" risk
- Lack of information on local risk of HIV
- Lack of acceptance of condoms
- Excessive use of alcohol
- Sexual harassment and pressure
- Pressure ot be "culturally sensitive"
- Lack of emotional support

F. Alcohol Use
- 90% drink ETOH, 39% >=1X/week
- 54% of men and 37% of women drink >=3 drinks per episode
- Since in-country, 3% involved in alcohol-related motor vehicle or motorcycle accidents
- In the last 4 months

| | |
|---|---|
| Hangover | 58% |
| Blackout | 10% |
| Passed out while drinking | 4% |
| Drink 1st thing in the A.M. | 4% |
| Drinking binge for several days or longer | 7% |

G. Interesting Information

40% of sexually active PCV's have had at least one host country national sex partner.

Volunteers are similar to their peers in the USA in their number of sex partners and in their pattern of condom use. Approximately 25% PCV's are sexually active within the first 1-4 months of service. By 20 or more months more than 90% of PCV's have been sexually active.

The risk of HIV acquisition through unprotected vaginal sex may be high for volunteers living or travelling in countries where HIV is widespread. For example, in low risk groups in Cameroon, the prevalence of HIV is approximately 5%. In high risk groups it is upwards of 45%. In the US in low risk groups the prevalence of HIV is less than 0.2%. This means there is almost a 25 times higher risk of HIV from a low risk person and almost 250 time higher risk of HIV in a high risk person in Cameroon than in the U.S.

Volunteer sexual activity may be influenced by a number of factors which can lead to risk taking, including stress, alcohol use, perceived sexual pressure from host country nationals and normative expectations.

Although 2/3's of PCV's have used condoms during their service, less than 1/3 use condoms every time they have sex. Perceived barries to use of condoms include restricted access to condoms, lack of confidence in quality of condoms provided by Peace Corps, low perceived risk for HIV, and personal or partner dislike of condoms.

Alcohol use is implicated in high risk sexual activity.

## III. About Condom Use

From Consumer Report Survey 1989

1. About 1 in 4 people reported a broken condom in the last year. About 1 in 8 reported two breakages. This averages about 1/140 condom uses.

2. Breakage of condoms with anal intercourse (whether heterosexual or homosexual) reported about 1/105. Breakage during vaginal sex 1/165 uses.

3. Latex rubber condom failure rates average 5-15%. Many of these failures are due to human error not condom failure. Common human failures include not using the condom every time. Not using the condom from start to finish. Strong motivation could cut failure rates to 1-2%.

4. What is the risk from a single unprotected act of sexual intercourse with an infected person. Estimates range from 1/100 to 1/500. Oral sex seems less hazardous than vaginal or anal intercourse. Other factors which increase the risk include if either partner has genital sores. The longer the person is infected the more infectious s/he becomes.

## IV. Cameroon and Central Africa HIV Statistics

(Read and pass these stats and graphs around.)

- In Yaounde, the HIV infection level among commercial sex workers increased from 6.9% in 1987-88 to 8.6% in the 1989-90 time period. HIV-2 was absent in 1988 but was detected in 1989-90.

-The levels of HIV infection in commercial sex workers in Doula made a dramatic increase in 1992 to 45%. (from 10% in 1989)

-Studies have shown that among sexually-transmitted disease paitents in Yaounde, HIV-1 infection levels have been slowly increasing from 1 to 2.6 percent in 1991.

- Since 1989, the percent of pregnant women HIV positive in Yaounde has more than doubled. The HIV rate increased from 0.9 % in 1989 to 2% in 1992.

-Over a 3 year period, the HIV-1 infection level among pregnant women for three areas of Cameroon showed an increase. In Bamenda, HIV in 1992 was 8 times more than in 1989 while in Kumba and Limbe in the SW, HIV had more than doubled the 1989 level.

-A 1992 study from Bafoussam and Ngaoundere shows the level of HIV-1 among pregnant women to be 1.2 and 1.3% respectively.

-The level of HIV infection among the blood donors has remianed virtually the same from 1987-1991 fluctuating around 3-5%. (The doctors at the Norwegian hospital believe the HIV rate among blood donors is approximately 5%.)

-The percent of HIV positive blood donors varies by sex. Between 1987 and 1989, the rate increased in women but not in men.

-HIV heterosexual transmission is increasing proportionately faster than any other means of AIDS transmission. The CDC reports that there were 2.3 times more such cases in 1993 than in 1992.

## V. Testimonial Letter from recently diagnosed (12/93)HIV infected PCV.

(Read the attached 3/94 letter.)

## VI. Imagine

(Exercise to be in small groups of about 4)

Then small groups
and
*imagine.*

- Imagine the family and friends you left at home.
- Imagine the moments in you life when you felt *wonderfully alive.*
- Imagine what cause for which you would be willing to give up *your life.* Are there any? What is *so important* to you that you would be willing to go through years of knowing that you would die from a slow and wasting disease?
- Imagine that I have just driven out to your post to tell you that the HIV test that we did a month ago is positive. Your HIV test is positive. How would you feel if I told you you were HIV positive?
- What would you tell your friends and family? How would you feel about not having children? How would you live the rest of your life?

- What are you willing to do to keep yourself from becoming HIV positive?
- What, if anything, can you do for each other? How can you help one another?
- What can you do to prevent STD's and HIV infection during your time as a PCV?
- How can you help a friend from becoming HIV positive?
- What will you do? What is realistic to do?

Discuss what you can realistically do to keep from becoming HIV positive while you are here in country during your Peace Corps Service. How will you help yourself and your friends?

## VI. Conclusion

- Heterosexual transmission is predominant mode of transmission of HIV
- Women in Africa are most at risk
- Sexual activity is extremely common
- High-risk sexual activity is common
- Risk behaviors increase with use of alcohol and marijuana, and duration in country
- Barriers to"safer sex" need to be addressed to reduce HIV/STD's. If you need support or help, ask for it from the medical office and from your friends.

ONLY YOU CAN PREVENT STD'S AND HIV.

# HIV QUIZ

(How much do you know?)

1. T/F One cannot get an STD or HIV if one is using a condom.

2. T/F One can have and spread the HIV virus but test HIV negative.

3. T/F In Cameroon, HIV is transmitted primarily through heterosexual contact.

4. T/F No volunteer should receive a shot at a local clinic with a resterilized needle.

5. T/F One may have signs of an HIV infection within 3-6 weeks following initial exposure.

6. T/F No volunteer in Cameroon has ever become HIV positive.

7. T/F You can tell by careful visual inspection whether someone has the HIV virus.

8. T/F Once infected by HIV, a person usually becomes HIV positive within 4 - 6 months.

9. T/F The presence of other, concurrent STD's may increase the chance of HIV transmission.

10. Name five symptoms of the early symptoms of an HIV infection.

    a.

    b.

    c.

    d.

    e.

11. Name five symptoms a person with AIDS may have.

    a.

    b.

    c.

    d.

    e.

12. T/F Tears and saliva carry the HIV viurs.

13. T/F The body secretions that are most likely to spread HIV infections are blood, semen, and vaginal secretions.

14. T/F Drinking alcohol increases the chances of contracting HIV.

# HIV QUIZ ANSWERS

1. False. Condoms fail allowing disease and pregnancy approximately 2-15% of the time. Failure is decreased if the condom is used properly from start to finish every time.

2. True. There is a window period lasting 0 - 4 months(perhaps up to 6 months) after initial exposure when a person may be infected with the virus and the HIV test is negative. The standard HIV test detects antibodies to the HIV virus, not the virus itself. In the first 0-4 to 6 months after infection, the virus is present in the blood and replicating lots. An infected person can pass the disease to someone else during this stage even though the HIV usual blood test is negative. Only when the infected person's immune system starts to put the HIV virus under control and clear the HIV virus from the bloodstream does the usual HIV blood test become positive.

3. True. In all of subSaharan Africa, HIV transmission is primarily a heterosexual disease.

4. True. Never use a needle that has been used before. A common practice in many of the local mission hospitals is to "resterilize" needles and IV tubing so that they may be used over again. While technically some medical equipment can be sterilized and made to be bacteria and virus free, there are no guarantees that the sterilization has been carried out properly and the that after steriliation they have been kept sterile. Don't take the chance. Keep your own needle, syringe, IV tubing, and IV catheters handy or know how to obtain them.

5. True. At 3-6 weeks post exposure, a recently HIV infected person may have a mononucleosis type syndrome.

6. False. Two have become positive.

7. False. The person may appear perfectly well. Visible sores of the genital area may increase the probability of passing along the disease, but is not a necessary condition.

8. True.

9. True.

10. Acute mononucleosis syndrome - symptoms may include fever, joint aches, muscle aches, chills, itching, rash, tender/enlarged lymph nodes, aseptic meningits, diarrhea, abdominal cramps.

11. Weight loss, chronic diarrhea, certain opportunistic infections, fevers, enlarged lymph nodes, persistent cough, recurrent generalized herpes zoster, generalized itchy rash, oral yeast infection, generalized herpes infection.

12. True. Unlikely to transmit disease, but the virus has been found in these body fluids.

13. True.

14. True/ False. While drinking alcohol alone with not increase the probability of becoming HIV positive, frequently drinking ETOH increases risky behavior that may lead to a PCV becoming HIV positive.

Other useful information

Norms supportive of abstinence, nonpenetrative sex, and consistent condom use to avoid sexually transmitted infections can be very useful.

Support for volunteers (counselling, peer counselling) can be useful.

Specific skill training in mechanics and interpersonal negotiation of condom use, in sexual assertiveness, and in stress management may be useful.

Conditions which may facilitate risk taking - such as sexual pressure from HCN's, alcohol use, and loneliness - should be addressed, with resources for support clearly identified.

Active condom promotion. Disposal, negotiation.

Group discussion plan about how to influence behavior.

Strategy for decreasing risk taking. ?statement by person himself about what they would like med office to do if they come down with STD or are thought to be engaging in risky behavior.

What stressors can be reduced for PCV's or what supports c an be provided to help PCV's manage stress more effectively?

What recommendations about ETOH and sexual behavior? pact?

# UNITED STATES PEACE CORPS

The U.S. Peace Corps has expanded its traditional health and child survival activities in developing countries to include dedicated efforts in HIV/AIDS prevention and control.

In 1992 Peace Corps received a three-year, $900,000 AIDS PASA from USAID which allowed Peace Corps to provide technical assistance to countries in Sub-Saharan Africa to develop and support AIDS education and prevention programs.

The PASA enables and supports the development of community appropriate responses to the AIDS epidemic. Currently activities are being implemented in four focus countries - Malawi, Central African Republic (CAR), Cameroon, and Cote d'Ivoire. All activities, training, and materials are developed, designed, and implemented in collaboration with host-country counterparts and drawing upon the expertise of the USAID-funded AIDS Control and Prevention (AIDSCAP) Project. Each country represents a unique approach to addressing the AIDS epidemic.

In Malawi Peace Corps volunteers are recruited to work specifically on AIDS activities with District AIDS Coordinators. A pre-service training curriculum on HIV/AIDS counseling and training is being field tested in several sites.

In CAR and Cote d'Ivoire HIV/AIDS prevention activities have been integrated into existing community health and rural health extension projects. Included are programs targeting women and youth, and peer education efforts.

In Cameroon Peace Corps volunteers are working with counterparts in the Ministry of Education to incorporate HIV/AIDS prevention into English classes, through a program entitled, "Teach English, Prevent AIDS". This effort demonstrates how AIDS prevention can be integrated into sectors other than health, and is a model that can be adapted for use by other countries.

Additionally, technical assistance has been provided to Kenya, Honduras, and Thailand, to assess needs and develop programs.

To date over 150 Peace Corps volunteers have served under the PASA. A project evaluation is due in early 1995, however, informal review and evaluation have shown that Peace Corps volunteers have a viable role in HIV/AIDS education and prevention in developing countries. Volunteers can be successful at accessing communities which are often not reached by national programs, and can introduce innovative yet appropriate interventions.

Because of the success shown, an additional $400,000 was granted by USAID to extend the program into other parts of the world and to extend the length of project through 1997.

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# PEACE CORPS' HIV/AIDS PREVENTION PASA

The objective of the AIDS PASA, funded by the HIV/AIDS Division in the Office of Health, is to provide technical assistance to Peace Corps countries in the development and support of AIDS education and prevention programs which target groups at risk for HIV infection in Africa. Currently, the AIDS PASA supports projects in 4 focus countries -- Malawi, CAR, Cameroon, and Cote d'Ivoire.

The PASA allows and supports the development and implementation of community appropriate responses to the AIDS epidemic. Each of the focus countries represents a unique approach that Peace Corps Volunteers are taking to address the AIDS epidemic in the communities of their respective country of service.

* In Malawi a primary project has been developed in which Volunteers are recruited to work specifically with District AIDS Coordinators.

* Countries such as Cote d'Ivoire and CAR have incorporated HIV/AIDS prevention activities into their community health projects.

* In Cameroon education Volunteers and their counterparts are incorporating HIV/AIDS prevention into their English classes -- demonstrating how AIDS prevention can be integrated into sectors other then health.

* And finally, in some countries, such as Kenya, Volunteers have formed an "AIDS Task Force" with the objective of including HIV/AIDS prevention and education activities as a secondary focus for Volunteers across all sectors.

The PASA has enabled Peace Corps to provide technical assistance in project assessments and designs; materials development; and, training designs and implementation to all these countries.

To date the PASA has supported the work of approximately 150 Volunteers and through them their host country counterparts and other beneficiaries. Highlights of the work being conducted include:

* Development and implementation of an English language curriculum in Cameroon, which has as its content base HIV/AIDS prevention. The curriculum is titled "Teach English/Prevent AIDS" with a companion student workbook "Learn English/Prevent AIDS."

* A collaborative workshop with AIDSCAP, held in Kenya, on developing HIV/AIDS Communication projects.

* Development of a Preservice Training Curriculum on HIV/AIDS counseling and training field tested in Malawi.

* Development and implementation of a HIV/AIDS Prevention project in Malawi in which Volunteers are working with District AIDS Coordinators.

* Integration of HIV/AIDS prevention and education activities into the Cote d'Ivoire Rural Health Extension project.

Preliminary lessons learned from Peace Corps' involvement in HIV/AIDS activities are that Volunteers have a viable role to play in HIV/AIDS prevention and education. Most importantly Volunteers are successful at accessing communities which are often not reached by National AIDS Programs and at introducing new innovative education methods to achieve their outreach. What is evident is the need for technical resources, viable programming and solid technical trainings so that they can successfully do their work. The PASA has enabled Peace Corps to provide these services for the past 2 and 1/2 years.

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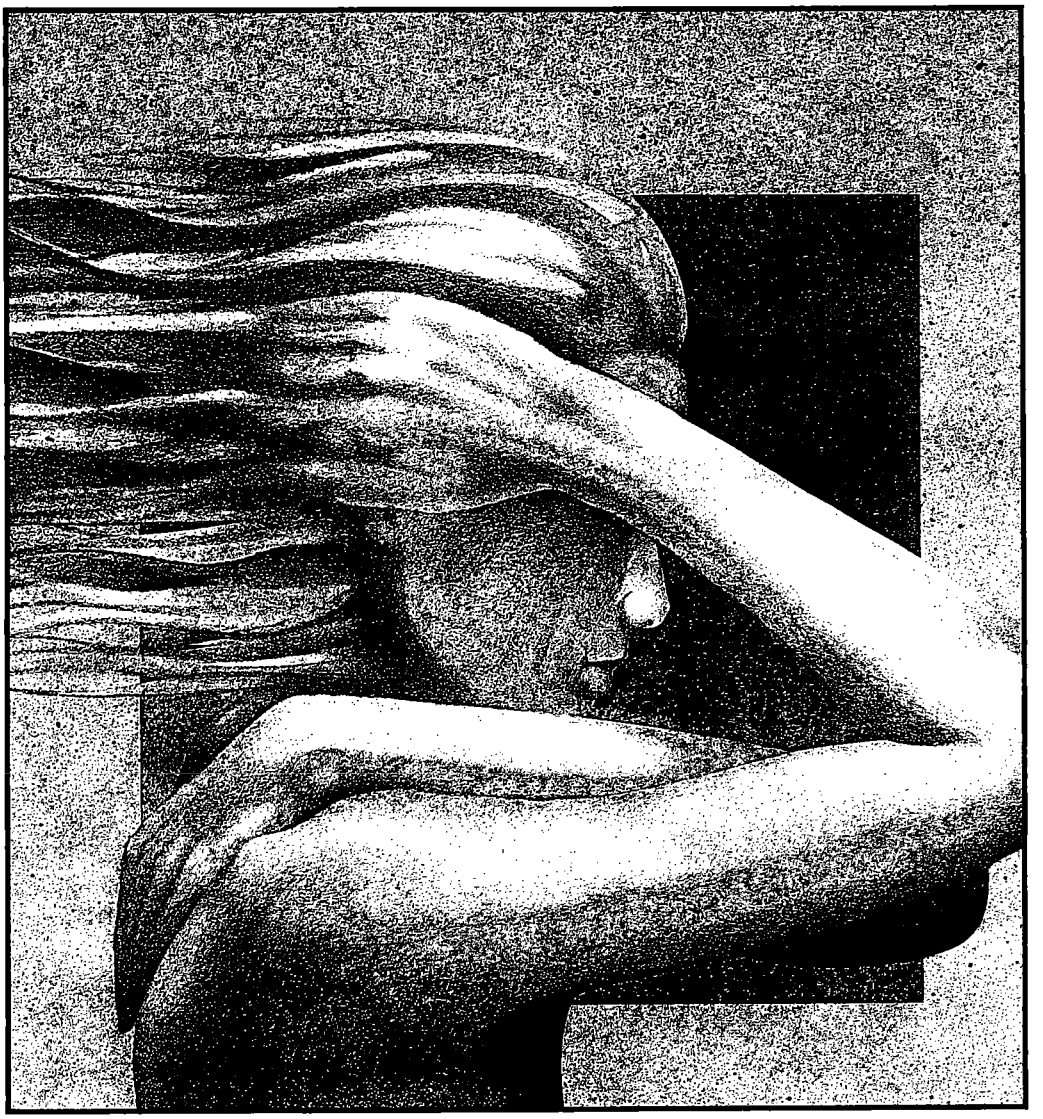

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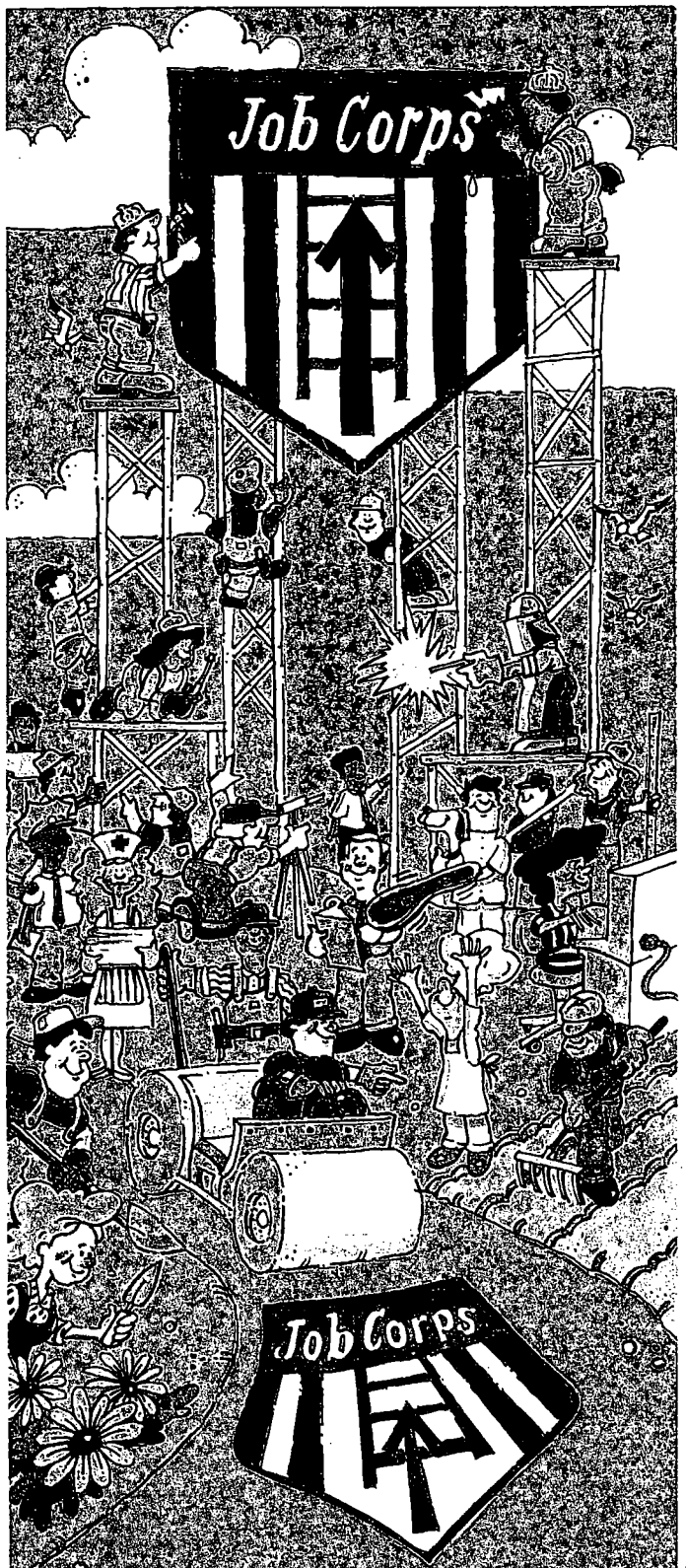



Job Corps

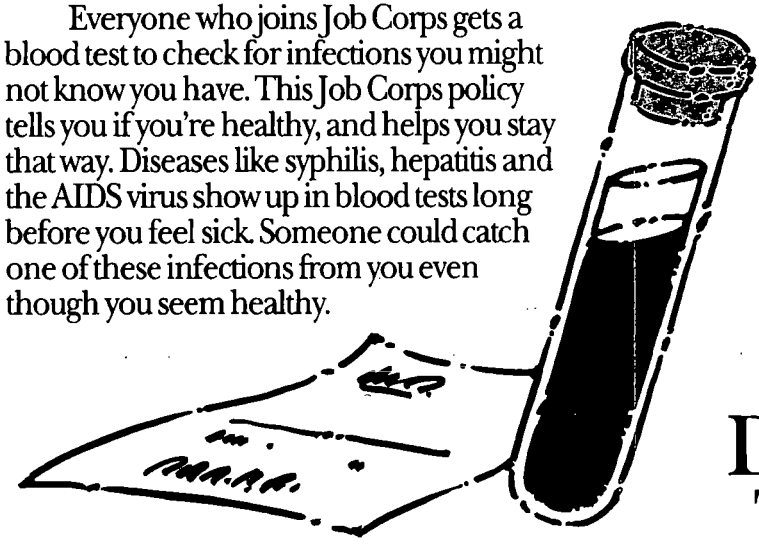
# AIDS BLOOD TESTING AND YOU

A GUIDE FOR CORPSMEMBERS

When you join Job Corps, you get a physical, to make sure you're healthy. Your health is important to Job Corps. It's even more important to you.

# WHY IS MY BLOOD BEING TESTED?

Everyone who joins Job Corps gets a blood test to check for infections you might not know you have. This Job Corps policy tells you if you're healthy, and helps you stay that way. Diseases like syphilis, hepatitis and the AIDS virus show up in blood tests long before you feel sick. Someone could catch one of these infections from you even though you seem healthy.

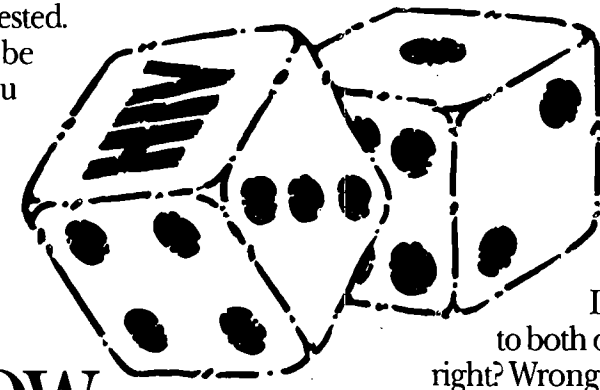


# WHAT IS THE AIDS VIRUS?

HIV is the medical name for the virus that causes AIDS. The AIDS virus spreads from person to person during sex. The AIDS virus is also spread when people share needles to shoot drugs. Although people with the AIDS virus usually seem healthy, you could still catch the AIDS virus if you have sex or shoot drugs with them.

# BUT WHY AM I BEING TESTED FOR THE AIDS VIRUS?

This is important. Only a blood test can tell who has the AIDS virus and who doesn't, so you need to be tested. And, you need to be careful when you have sex. And the AIDS virus is one more reason to keep off drugs.




# HOW DO I FIND OUT THE RESULTS OF MY AIDS VIRUS TEST?

When your results come back from the lab, you will be told at the health services unit of your Job Corps center. This will also be a good time to ask any questions you have about the test.

# WHAT ARE THE CHANCES I HAVE THE AIDS VIRUS?

This seems pretty easy to figure out. We used to think that only gay men and people who shoot drugs got AIDS. You only had to ask yourself two questions:

1. Did I ever shoot up and share needles?
2. For men, did I ever have sex with other men?

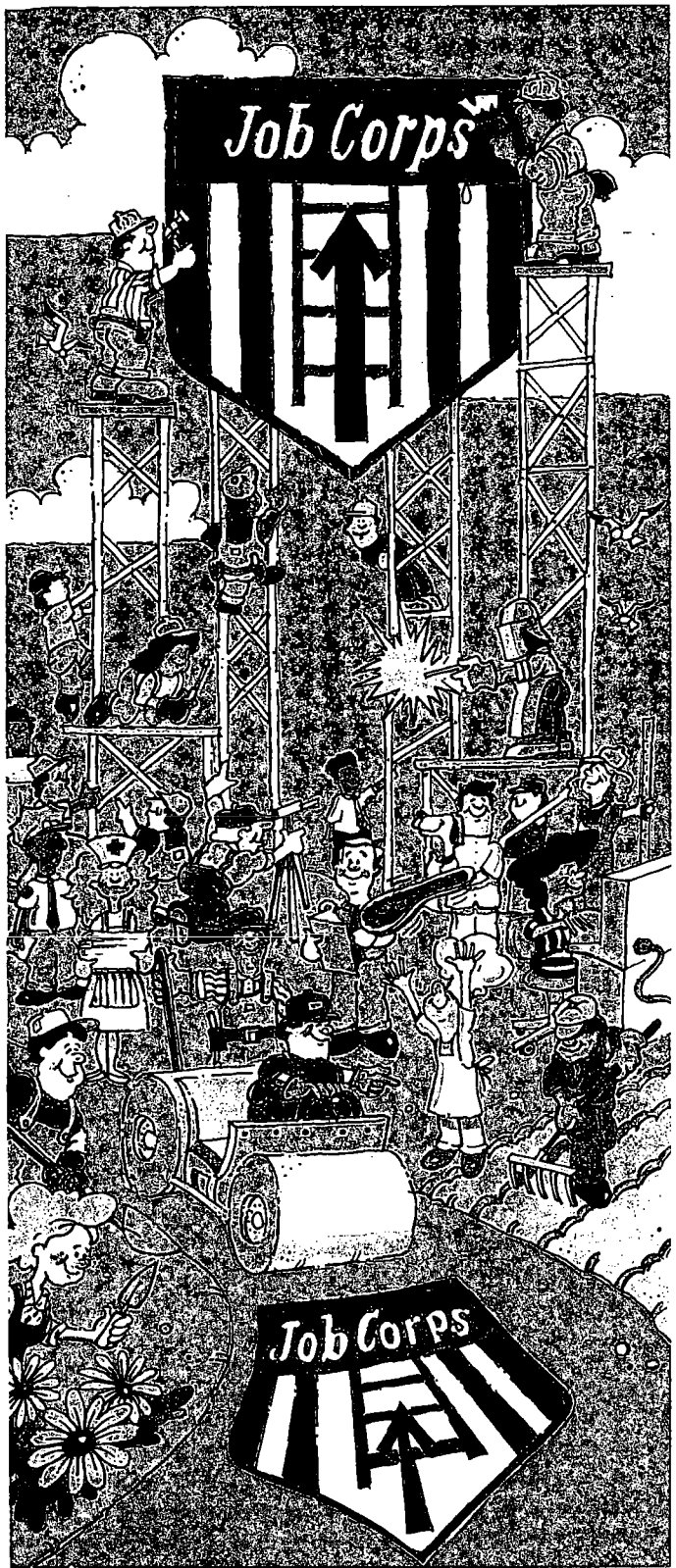
If you could answer "No" to both of these, you were home free, right? Wrong. You need to answer a couple more questions:

3. Did I ever have sex with someone who was into drugs?
4. Did I ever have sex with someone who might have gotten the AIDS virus from someone else?

These last two questions are hard to answer. There's no way to know. But it can *still* be easy to avoid getting AIDS. There are only two questions that are really important: *Do I* always *use condoms when I have sex? Can I keep off drugs?*

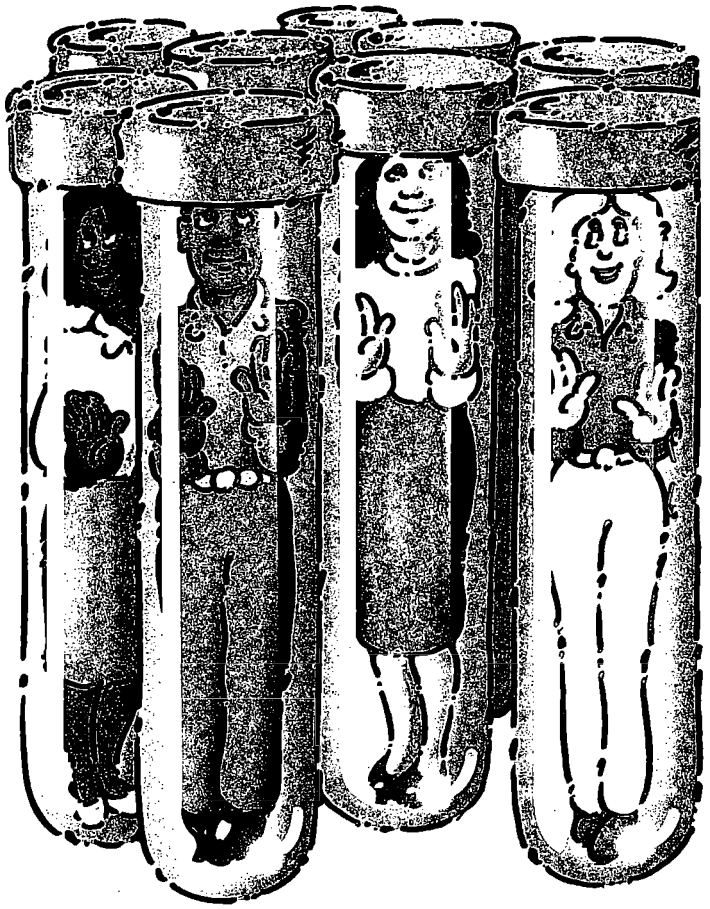
Answer "Yes" to those two, and you don't have anything to worry about.

That's all there is to it: No sex (or no sex without condoms), and no shooting drugs. Got it?




Job Corps

# GETTING YOUR AIDS TEST RESULTS



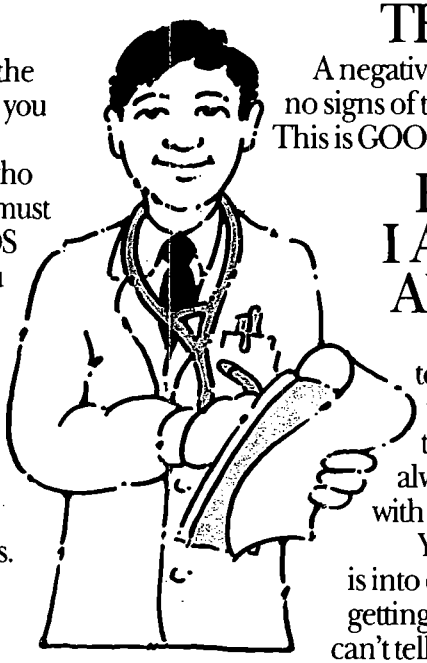
A GUIDE FOR CORPSMEMBERS

# MY TEST IS POSITIVE. WHAT DOES THAT MEAN?

A positive result means you have the AIDS virus, HIV. It does not mean that you are sick.

You will be referred to a doctor, who will talk to you about your health. You must be very careful not to spread the AIDS virus to other people. Even though you feel well:

- Don't have sex unless you use condoms. (Even with condoms, you may be taking chances. Discuss the AIDS virus with your sex partner, and with your doctor.)
- Don't share needles.
- Don't donate blood, semen or organs.



# CAN I STAY IN JOB CORPS IF MY TEST IS POSITIVE?

Yes, you will be allowed to remain in Job Corps if you meet certain medical and psychosocial criteria. The doctor and psychologist will give you a complete examination.

# WHO WILL BE TOLD ABOUT MY POSITIVE TEST RESULT?

At Job Corps, only those who need to know in order to help you, like the doctor, dentist, nurse, and center director. If you are 18 years old, your test result will not be told to anyone else. If you're under 18, your parents or guardian will be told about the result and counseled about its meaning.

# MY TEST IS NEGATIVE. WHAT DOES THAT MEAN?

A negative AIDS test means you showed no signs of the AIDS virus in your blood. This is GOOD NEWS! Now, stay that way.

# HOW CAN I AVOID THE AIDS VIRUS?

Remember, you can't always tell if a person has the AIDS virus. (That's why YOU had to have a blood test.) You can't always tell if a person has had sex with someone with the AIDS virus.

You can't always tell if a person is into drugs. Since you want to avoid getting the AIDS virus, and since you can't tell by looking who has it, you've got to act SMART to avoid AIDS. Here's what the experts say:

## BEST PROTECTION:

Don't have sex. Wait until you're ready for a special, permanent relationship. Then, talk to your lover about AIDS and AIDS testing, before having sex.

## GOOD PROTECTION:

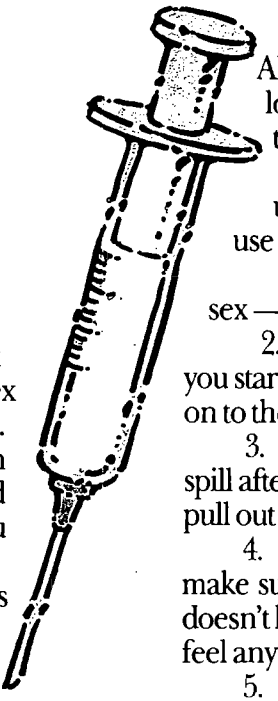
Use condoms whenever you have sex.

## BEST PROTECTION:

Never shoot drugs. Period.

## GOOD PROTECTION:

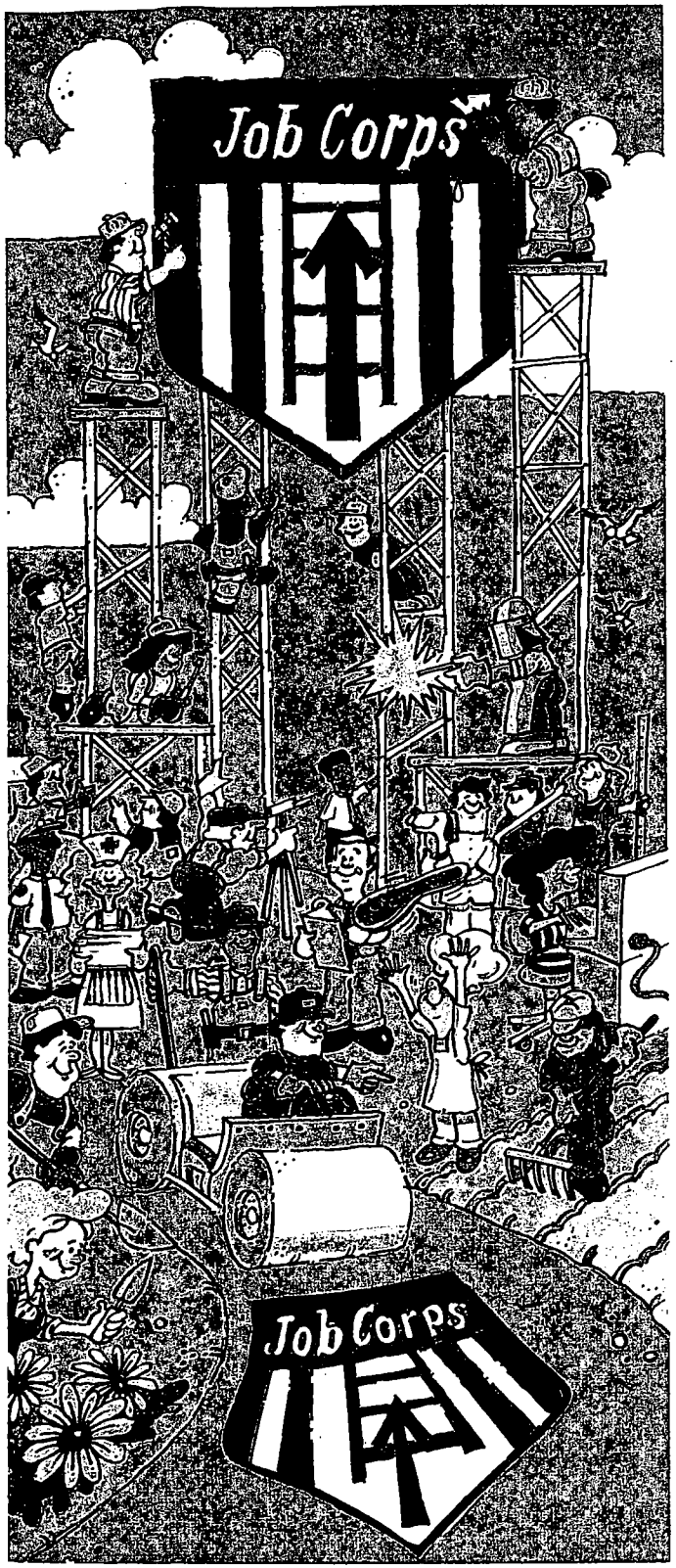
Use new needles, or sterilize your needles, until you can get help getting off drugs. And get the help you need — your life depends on it.



# I WON'T MESS WITH DRUGS. BUT WHAT CAN I DO ABOUT SEX?

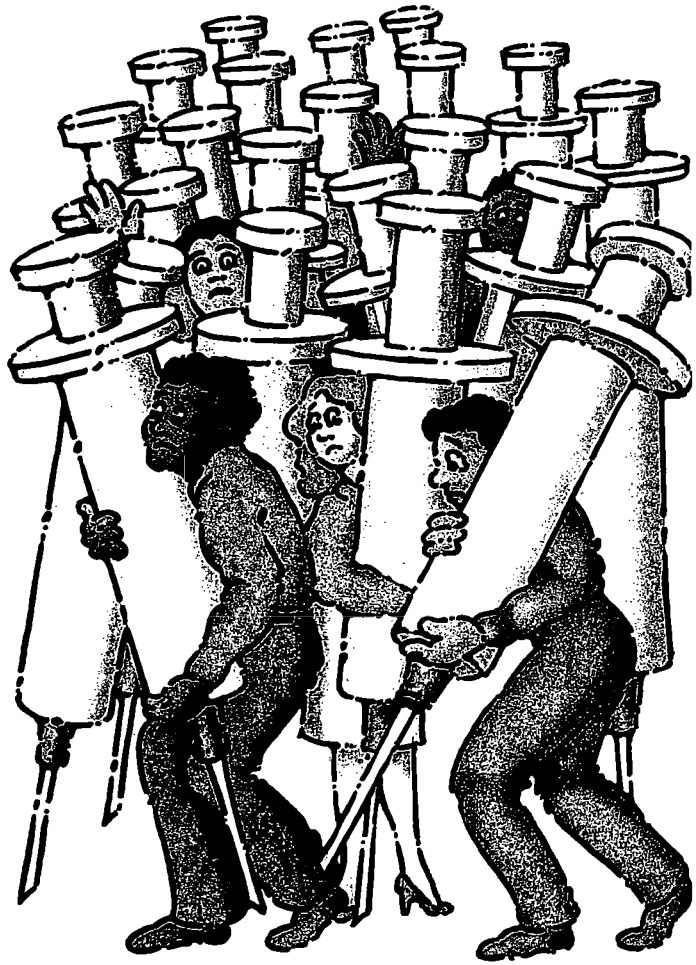
Sex with someone who has the AIDS virus is risky. And, you can't tell by looking who has it. A good first step is to have sex with only one person, who only has sex with you. And ALWAYS use condoms when you have sex. And use them right. Here's how:

1. Use condoms every time you have sex — no exceptions!
2. Make sure the condom is on before you start. Roll it down over the penis, holding on to the tip.
3. Make sure the condom doesn't leak or spill after sex. Hold onto it at the bottom and pull out while the penis is still hard.
4. For women, carry some with you, and make sure your man uses it. If he says he doesn't like the way it feels, tell him he won't feel anything if he doesn't get smart!
5. If you're using foam or jelly keep on using them. They help protect.




Job Corps

# DRUGS & AIDS



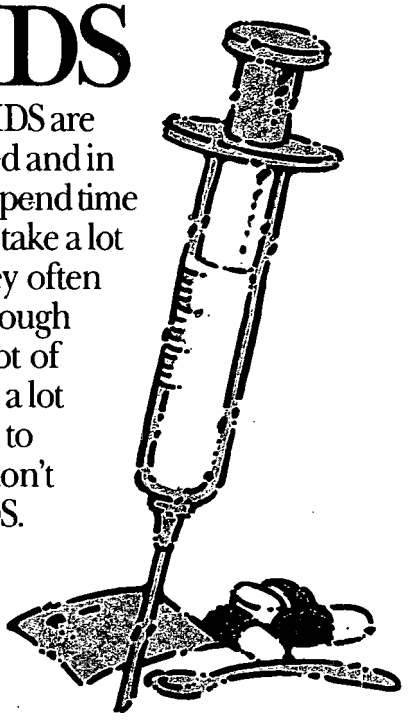
A GUIDE FOR CORPSMEMBERS

# ABOUT DRUGS...

There are lots of reasons to keep off drugs. AIDS is a big one. Drug use makes you sick, and messes up people who care about you. Drugs will kill you if you keep shooting up.

# HAVING AIDS

People with AIDS are often sick and scared and in pain. They have to spend time in the hospital, and take a lot of medication. They often can't work, even though being sick costs a lot of money. They worry a lot about what's going to happen next. You don't want a life with AIDS. No question.



# GETTING AIDS

Shooting drugs with somebody else is the fastest way to get AIDS. The needle you share will have someone else's blood still in it. If they have the AIDS virus (and a lot of drug users do), you will shoot the AIDS virus right into your bloodstream. That's a very good way to get AIDS. Even if you don't shoot drugs and never did, people around you may be doing it. If you have sex with someone who shoots drugs and has the AIDS virus, you can get AIDS from them ... without ever touching a needle.

# DRUGS YOU DON'T SHOOT

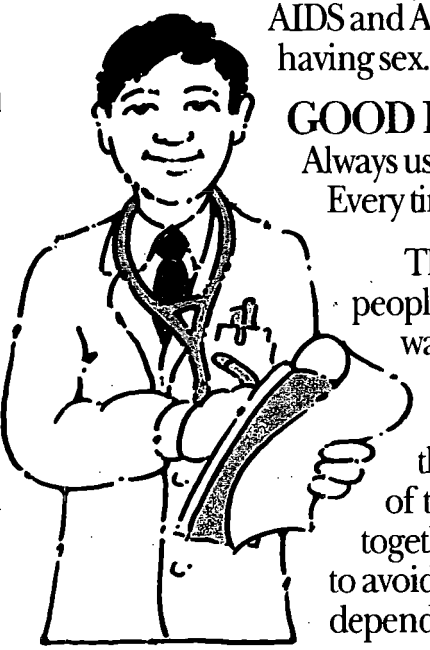
Drugs you swallow, smoke or snort can cause problems too. Although they don't spread AIDS the way needles do, they can make you forget everything you know about AIDS. After all, why do people use drugs? To forget about the real world. So they can relax and loosen up. But with AIDS around, you don't want to loosen up. If you want to keep clear of AIDS, you need to take care of yourself.

# HOW TO KEEP FROM GETTING AIDS

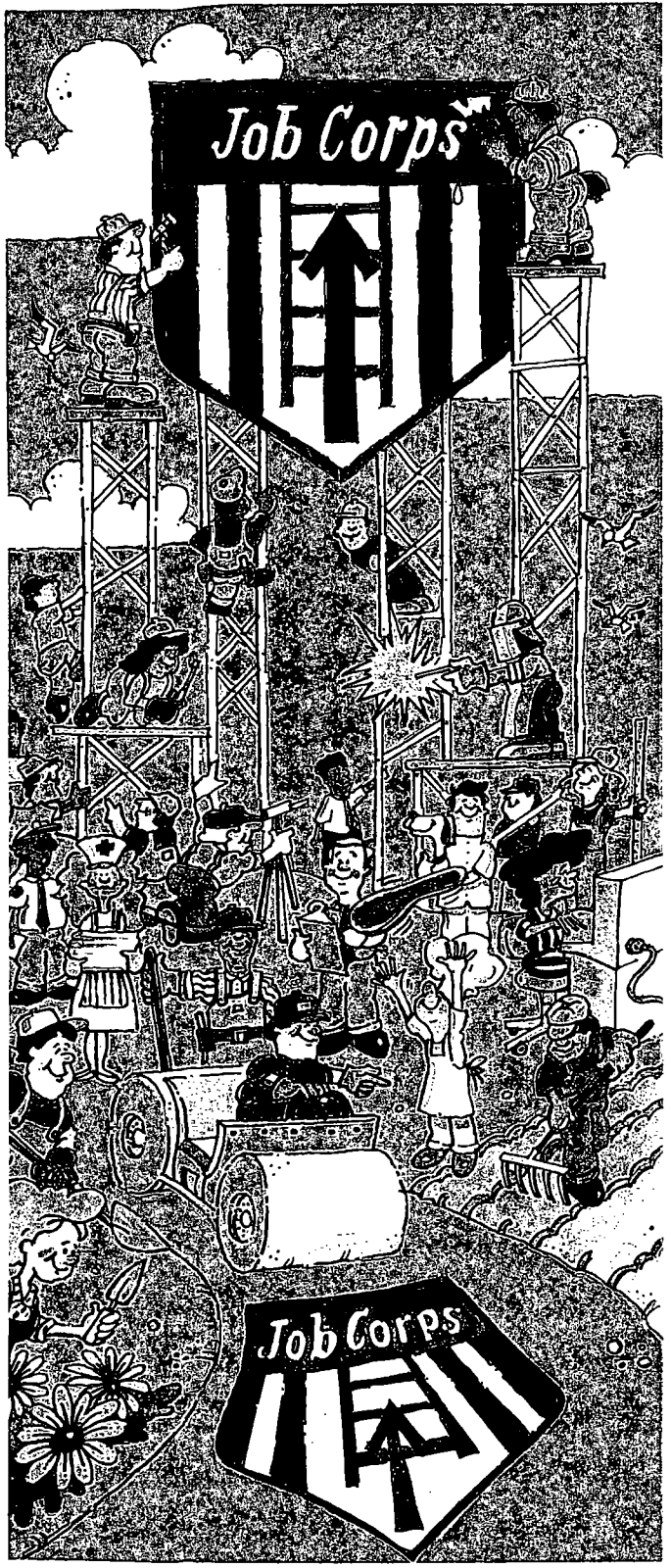
1. Keep off drugs. If you're already shooting up, get help.
   Your life depends on it.
2. Protect yourself during sex.

**BEST PROTECTION:**
Don't have sex. Wait until you're ready for a special, permanent relationship. Then, talk to your lover, and your doctor, about AIDS and AIDS testing before having sex.

**GOOD PROTECTION:**
Always use condoms for sex. Every time.



There are lots of people like you, who want to have a good life, without being sick or worried all the time. Find some of them, and stick together. Do what it takes to avoid AIDS. Your future depends on it.




Job Corps

# AIDS AND PREGNANCY

A GUIDE FOR CORPSMEMBERS

Having a baby is a big responsibility. A baby needs a lot of love to grow up OK. But what a baby needs *most* is to start out healthy.

Today, a growing number of babies are born with a terrible disease. That disease is AIDS. Anyone who cares about babies needs to know about AIDS.

# BABIES WITH AIDS

AIDS makes a baby's life miserable and short. From the start, most babies with AIDS are sick and in pain. They need a lot of special medical care. Instead of being at home with love and comfort, they end up in the hospital with needles and tests. A life with AIDS is *definitely not* what you want for your baby.

# HOW BABIES GET AIDS

AIDS is caused by a virus called HIV. Mothers or fathers get infected with the AIDS virus if they have sex or if they share needles with people who already have it. Babies get infected, before they're even born, if their mother has the AIDS virus. The baby never even has a chance to start out OK.

If you're having sex, you'd better be ready to think about having a baby. You also need to know about HIV.

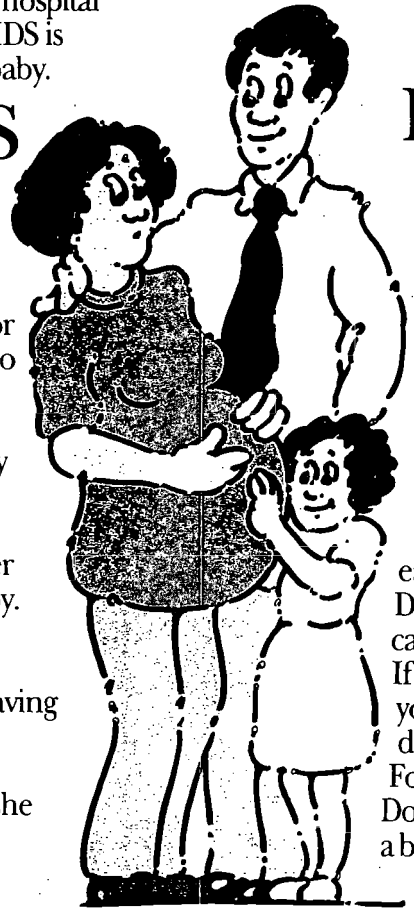
FOR MEN:

- You can get the AIDS virus from having sex or shooting drugs.
- You can give the AIDS virus to the mother of your baby *before* or *after* she gets pregnant.
- Then, the baby has a *fifty-fifty* chance of being born with AIDS. Fifty-fifty.

FOR WOMEN:

- You can get the AIDS virus from having sex or shooting drugs.
- You can catch the AIDS virus *before* or *after* you get pregnant.
- Once you have the AIDS virus, there is *one chance in two* that your baby will have AIDS.

Your baby needs love, care, and good health. To find out how to protect yourself and your baby from AIDS, read on . . .



# HOW TO HAVE A HEALTHY BABY

BEFORE you start a baby, you must find out whether either mom or dad could have the AIDS virus. Ask yourselves:

1. Did I ever shoot up and share needles?
2. Have I *ever* had sex without using a condom?

These questions are pretty easy to answer yes or no. Depending on your answers, you can figure out your chances. If you've never used drugs, and you've never had sex before, you don't have anything to worry about. For most people, it's not so simple. Don't try to guess. If you plan to start a baby (or even if you don't plan to have a baby, but you plan to have sex) you should get the AIDS blood test BEFORE you have sex.

If *either* you or your partner tests positive for the AIDS virus, DON'T START A BABY!!! If you both test negative, keep it that way.

# HOW TO KEEP AIDS OUT OF YOUR FUTURE

The problem with HIV and AIDS is this: You can't tell when another person has the AIDS virus. Someone might have HIV and not even know it.

If you want to avoid AIDS, you have to take care of yourself. Here's the advice experts give:

BEST PROTECTION:

- Don't have sex. Wait until you're ready for a special, permanent relationship. Then, talk to your special person (and to your doctor) about AIDS and AIDS testing before you have sex.
- Stay off drugs. Sharing needles to shoot drugs is the fastest way to get AIDS.

GOOD PROTECTION:

- Always use condoms when you have sex. Every time.
- If you want to have a baby, talk to your doctor. Get the AIDS test. Make sure that you and your partner are both healthy.
- If you shoot drugs, use new needles (or sterilize them) until you get help to get off drugs. And get the help you need to kick the habit: *your life depends on it.*

Take care of yourself. Follow this advice. Give yourself and your baby a chance. Live life without AIDS.

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# Job Corps, AIDS, and the Workplace

## Employee's Guide

# AIDS WORKPLACE INFECTION CONTROL GUIDE

## NO-RISK TASKS: NO SPECIAL PRECAUTIONS NEEDED

- *Routine housekeeping:* vacuuming, sweeping, mopping, dusting, emptying dry trash (waste baskets)
- *Routine maintenance:* repair/maintenance of living quarters, kitchen, shops, classrooms, studios, etc.
- *Routine dietary:* preparation of food, cleaning the kitchen
- *Routine interaction with staff and corpsmembers:* including handling of books, papers, tools, and equipment

## PROPER USE OF DISPOSABLE GLOVES

Many infection control measures require the use of disposable gloves. It is important that you remove and dispose of the gloves properly after each use. Follow these steps after finishing a task requiring gloves:

- Remove gloves immediately. Start by hooking the top of one glove and pull it inside out. Hold onto it with your still-gloved hand and push your ungloved finger inside the glove you still have on and roll it inside out.
- Discard the two gloves as if they were contaminated waste.
- Wash hands with soap and water.

## TASKS REQUIRING INFECTION CONTROL MEASURES

### FIRST AID:

- Wear gloves.
- Be careful about cleaning up after first aid, and disposing of contaminated articles.

### CPR:

- Use ventilation masks when available.

### CLEANING UP BODY FLUID SPILLS:

- Wear disposable gloves.
- Clean the area of all visible body-fluids or waste.
- Use freshly prepared bleach solution to wet the contaminated area thoroughly.

### DISPOSING OF ITEMS CONTAMINATED WITH BODY FLUIDS:

- Wear disposable gloves.
- Place contaminated articles in heavy-duty plastic bags and then saturate with freshly prepared bleach solution.
- Seal the bag and place it in a second plastic bag.
- Seal and discard the bag in regular trash.

### PREPARING FOOD:

- Cover broken skin on hands with bandages, and wear disposable gloves.
- Clean sharp instruments that come into contact with blood, using hot water and soap.

### REPAIRING PLUMBING:

- Wear disposable gloves, protective coveralls, and goggles to protect eyes and skin from possible splashes.

### BARBER / COSMETOLOGY SERVICES:

- Wash hands between customers.
- Wear disposable gloves if you have broken skin on your hands.
- Maintain at least two sets of tools to ensure that tools can be disinfected correctly after each use.
- Discard paper emery boards after each client.
- Use disposable razors whenever possible.
- Place Sanex strips or towels around the customer's neck prior to caping.
- Immediately disinfect any instrument that comes into contact with blood.
- Clean up blood with paper tissues, or use cotton pledgets to collect blood.
- Dispose of contaminated materials immediately in double plastic bag.
- Wash hands immediately with soap and water.

### WASHING DISHES:

- Use hot, soapy water.

### CLEANING THE BATHROOM:

- Wear disposable gloves when cleaning toilets or when cleaning body fluid spills in the bathroom.
- Use chlorine-containing scouring powder or freshly prepared bleach solution when cleaning basins, tubs, toilets.

### WASHING CLOTHES / LINENS SOILED WITH BODY FLUIDS:

- Wear disposable gloves to handle soiled items.
- Transport soiled items in a leakproof bag.
- Wash items in hot water, using bleach.

## DISINFECTING GUIDE FOR JOB CORPS STAFF

- To clean places that can't be scoured with scouring powder, use soap and water. If an area has had body fluids on it, disinfect it after cleaning.
- If an area can be scoured, use chlorine-containing scouring powder. (This kills germs well enough for kitchen counters and sinks, and bathroom basins and tubs.)
- To disinfect the toilet and other surfaces which have had body fluid spills, first clean the area and then use liquid disinfectant. MAKE SURE THE AREA TO BE DISINFECTED LOOKS CLEAN BEFORE YOU DISINFECT. To make a VERY STRONG liquid disinfectant, mix ½ cup of household bleach with a quart (4 cups) of water. Pour this mixture in toilets after cleaning with scouring powder and brush. Wipe down surfaces with it after cleaning up body fluid spills. Pour out any left-over mix when finished. The bleach loses its ability to kill germs after a few hours, and must be freshly prepared each time you need it.

- DO NOT USE THIS LIQUID DISINFECTANT ON SILVERWARE BECAUSE IT DISCOLORS MANY METALS. Dishes and silverware can be washed normally in hot, soapy water. They do not need more sterilization.
- Wash clothes and linens soiled with body fluids in hot water with soap and bleach, following the directions on the bleach bottle. The amount you need depends on the size of the washing machine you are using.
- Wash rugs that have been wet with body fluids in the washing machine, in hot water with soap and bleach. If this is impossible due to the size or nature of the rug, throw it out or professionally steam clean it. The same is true for carpet that has been wet with body fluids.

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U.S. Department of Labor
Employment and Training Administration
Job Corps

# Job Corps In Brief

Program Year 1992

July 1, 1992 - June 30, 1993