

# Appendix 10

## Fact Sheets

This appendix includes several Fact Sheets, including:

- A. HIV/AIDS Fact Sheet, Centers for Disease Control and Prevention
- B. Stigma and Discrimination Fact Sheet, UNAIDS
- C. Care and Support Fact Sheet, UNAIDS



# HIV/AIDS Fact Sheet, Centers for Disease Control and Prevention

[www.cdc.gov/hiv/pubs/facts/transmission.htm](http://www.cdc.gov/hiv/pubs/facts/transmission.htm)

January 31, 2001

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) have 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 mos-

quitoes 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.

### 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 has 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)

## 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 “*Facts about Condoms and Their Use in Preventing HIV Infection and Other STDs.*”

### **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

Spanish: 1-800-344-SIDA

Deaf: 1-800-243-7889

#### **CDC National Prevention Information Network**

P.O. Box 6003

Rockville, Maryland 20849-6003

1-800-458-5231

#### **Internet Resources**

NCHSTP: [www.cdc.gov/nchstp/od/nchstp.html](http://www.cdc.gov/nchstp/od/nchstp.html)

DHAP: [www.cdc.gov/hiv](http://www.cdc.gov/hiv)

NPIN: [www.cdcnpin.org](http://www.cdcnpin.org)

# Stigma and Discrimination Fact Sheet, UNAIDS

Available in French, Spanish, Russian and English

[www.unaids.org/html/pub/publications/fact-sheetso3/fs\\_stigma\\_discrimination\\_en\\_pdf.htm](http://www.unaids.org/html/pub/publications/fact-sheetso3/fs_stigma_discrimination_en_pdf.htm)

September 2001

## Fact sheet: An overview of HIV/AIDS-related stigma and discrimination

All over the world, the epidemics of HIV and AIDS are having a profound impact, bringing out the best and the worst in people. They trigger the best when individuals group together in solidarity to combat government, community and individual denial, and to offer support and care to people living with HIV and AIDS. They bring out the worst when individuals are stigmatized and ostracized by their loved ones, their family and their communities, and discriminated against individually as well as institutionally.

### The nature of stigma and discrimination

- The “undesirable differences” and “spoiled identities” that HIV/AIDS-related stigma causes do not naturally exist, they are created by individuals and by communities. Stigmatization describes this process of devaluation.
- HIV/AIDS-related stigma builds upon, and reinforces, existing prejudices. It also plays into, and strengthens, existing social inequalities—especially those of gender, sexuality and race.
- HIV/AIDS-related stigma and discrimination play a key role in producing and reproducing relations of power and control. They cause some groups to be devalued and others to feel that they are superior. Ultimately, stigma creates and is reinforced by social inequality.

### Stigma, discrimination and human rights

- Prejudiced and stigmatizing thoughts frequently lead people to do (or not do) something that denies services or entitlements to another person. For example, they may prevent health services being used by a person living with HIV/AIDS, or terminate their employment on the grounds of their HIV status. This is discrimination.

- Discrimination occurs when a distinction is made against a person that results in their being treated unfairly and unjustly on the basis of their belonging, or being perceived to belong, to a particular group.
- Due to stigma and HIV/AIDS-related discrimination, the rights of people living with HIV/AIDS and their families are frequently violated simply because they are known, or presumed, to have HIV/AIDS. This violation of rights hinders the response and increases the negative impact of the epidemic.
- Freedom from discrimination is a fundamental human right founded on principles of natural justice that are universal and perpetual. The basic characteristics of human rights are that they inhere in individuals because they are human, and that they apply to people everywhere.
- The Principle of Non-discrimination is central to human rights thinking and practice. All international human rights instruments and the African Charter<sup>1</sup> prohibit discrimination based race, color, sex, language, religion, political or other opinion, national, ethnic or social origin, property, disability, fortune, birth or other status.
- Recent UN Commission on Human Rights resolutions,<sup>2</sup> have unequivocally stated that “the term ‘or other status’ in non-discrimination provisions in international human rights texts should be interpreted to cover health status, including HIV/AIDS,” and has confirmed that “discrimination on the basis of HIV/AIDS status, actual or presumed, is prohibited by existing human rights standards.”
- Discrimination against people living with HIV/AIDS, or those thought to be infected, is therefore a clear violation of their human rights.
- The forms of stigma and discrimination faced by people with HIV/AIDS are multiple and complex. Individuals tend to not only be stigmatized and discriminated against because of their HIV status, but also because of what this connotes. Recent UNAIDS-sponsored research in India and Uganda shows that women with HIV/AIDS may be doubly stigmatized—both as “women” and as “people living with HIV/AIDS” when their seropositivity becomes known.<sup>3</sup>
- States have obligations to respect protect and fulfil human rights. In relation to stigma and discrimination, for example, the obligation to respect requires States not to directly or indirectly discriminate in law, policy or practice. The obligation to protect requires States to take measures that prevent third parties from discriminating,<sup>4</sup> and the obligation to fulfil requires States to adopt appropriate legislative, budgetary, judicial, promotional and other measures to ensure that strategies, policies and programmes are developed that address the discrimination, and ensure that compensation is paid to those who suffer discrimination.

### Action to address stigma and discrimination

- The human rights framework provides access to existing procedural, institutional and other monitoring mechanisms for enforcing the rights of people living with HIV and AIDS, and for countering and redressing discriminatory action.
- Appropriate reporting and enforcement mechanisms (ranging from legal aid services to hotlines for reporting acts of discrimination and violence) have provided powerful and rapid means of mitigating the worst affects of HIV/AIDS-related stigmatization and discrimination.
- Experience has shown that two complementary kinds of alleviation strategies are necessary to address stigma and discrimination: (i) strategies that prevent stigma or prejudicial thoughts being formed and (ii) strategies that address or redress the situation when stigma persists and is acted upon through discriminatory action, leading to negative consequences or the denial of entitlements or services.
- Ultimately, it is at the community and national levels that HIV/AIDS-related stigma and discrimination are most effectively combated. Communities and community leaders must advocate for inclusiveness and equality irrespective of HIV status.

### References

<sup>1</sup> The right to non-discrimination is enshrined in Article 2 of the Universal Declaration on Human Rights; International Covenant on Civil and Political Rights; International Covenant on Economic Social and Cultural Rights; Convention on Elimination of All Forms of Discrimination Against Women; Convention on the Rights on the Child; the African Charter.

<sup>2</sup> Commission on Human Rights, Resolutions 1999/49 and 2001/51.

<sup>3</sup> HIV and AIDS-related stigmatization, discrimination and denial: forms, contexts and determinants—Research studies from Uganda and India

<sup>4</sup> For example, adopting of legislation to ensure the equal access to health care and health related services provided by third parties; to control the marketing of medicines and medical equipment and to ensure that medical practitioners and other health professionals meet appropriate standards of education, skill and ethical codes of conduct.

# Care and Support Fact Sheet, UNAIDS

[www.unaids.org/fact\\_sheets/files/Care\\_Eng.html](http://www.unaids.org/fact_sheets/files/Care_Eng.html)

June 2000

## Access to HIV/AIDS Care and Support

When it comes to improving care for people with HIV infection, world attention has recently focused mainly on drug prices, in particular the price of antiretroviral drugs. But access to drugs is just one of the many things that people with HIV infection need if they are to live healthy, productive lives for as long as possible.

- **Millions of HIV-positive people do not benefit from care and support because they are unaware of being infected.** Many are hesitant to find out if they have HIV because of the shame and blame that can be associated with AIDS. Also, facilities for voluntary counselling and HIV testing are woefully inadequate.
- **HIV/AIDS-related care and support needs are extremely broad.**
- People with HIV infection develop “opportunistic diseases” and distressing symptoms such as itching, pain, and difficulty in breathing or swallowing that require medicines and other forms of health care.
- They need support to cope with the psychological strain of repeated bouts of illness, and to counter discrimination and social isolation.
- They and their families need help to alleviate the economic consequences of sickness and death due to AIDS.
- **There has been some progress in meeting their needs in developing countries.** Associations of people living with HIV/AIDS have been prime movers in bringing emotional and social support to those affected by the epidemic. Families and communities have stepped in with health care for those infected. Some governments have recently begun to invest more of their AIDS resources in care, not just in prevention.
- **But access to care and support is still poor in many developing countries.**
  - In Africa, where most HIV-positive people live, health care systems were already weak and under-financed before the advent of AIDS, and now are buckling under the added strain of millions of new patients.

- In many places, facilities for diagnosis are inadequate and drug supplies are erratic, even for HIV-related conditions that are easy to diagnose and inexpensive to treat. A UNAIDS survey of 22 big teaching hospitals found that only half were equipped to relieve difficulty in breathing, and just two-fifths had strong painkillers available.
- Making health systems strong enough to ensure decent care for the millions of people living with HIV/AIDS requires an extraordinary push. “Business as usual” will not work. **In its comprehensive care strategy, UNAIDS puts the accent on seizing new opportunities for prioritizing action and accelerating progress.** The strategy has five strategic axes: mobilizing political will and resources, expanding voluntary counselling and HIV testing, increasing access to psycho-logical and social support, improving the staffing and infrastructure of the health services, and increasing access to drugs needed by HIV-positive people.
- **An underlying principle of the strategy is “first things first.”** In places where there is extremely limited ability to mobilize resources (health staff, infrastructure and funding), at the very least people living with HIV must have access to pain relief and treatment for the simpler opportunistic infections including pneumonia and tuberculosis, which is the biggest killer of HIV-infected people. Individuals who have already started developing HIV-related illness should also receive cotrimoxazole, a combination pill that prevents some infections. An “intermediate” care package could add treatment for some common HIV-related cancers and preventive therapy for tuberculosis. In places where resources are relatively unrestricted, an “advanced” package would also include triple anti-retroviral therapy, and care for opportunistic infections that are hard to diagnose or expensive to treat.
- **The UNAIDS strategy encourages flexibility and innovation.** As long as there is steadily-expanding access to the essential (or intermediate) care package, with the goal of universal coverage, health planners should generate or seize new opportunities for raising the level of care and support. For example, some countries have innovated by legislating access to HIV/AIDS care on the grounds of human rights and using public funds for antiretrovirals. Some have taken advantage of price reductions of drugs or commodities to offer a more advanced care package. Cost-recovery schemes have the potential to expand access dramatically; for example, individuals could be charged a small fee for voluntary counselling and testing where this service cannot be fully funded from the government budget.
- **Communities and community organizations, and especially people living with HIV, are critical.** They promote social solidarity with HIV-affected individuals and their families and survivors, provide them with emotional support, and

attempt to protect them from discrimination, loss of inheritance and property-grabbing. As pressure groups, they have also encouraged government and private-sector institutions to expand resources for health care or reduce the prices of drugs. To ensure the greater involvement of people with HIV/AIDS (the GIPA principle) it is important for there to be systematic public support—and, where possible, financing—for organizations of people living with HIV and other community groups working to reduce the adverse impact of the epidemic.

- Progress in improving the affordability of HIV-related drugs and commodities calls for **partnerships and collaborative ventures** of various kinds. In Latin America and the Caribbean, for example, a survey of the prices applied in various countries revealed major differences and led to price reductions through negotiations with pharmaceutical companies. A new initiative with five pharmaceutical companies holds out the promise of further price reductions on drugs currently under patent, especially for Africa.
- However, **affordability is just one of the factors** underlying poor access to drugs. Drug access will continue to be compromised unless countries find a way to pay not just for drugs but for the infrastructure and trained staff needed to prescribe the right drugs in the appropriate dosage, deliver a continuous supply of quality medicines, monitor patients' treatment progress and manage their side effects.
- To ensure the **sustainability of financing for the health system**, it is vital to allocate more money from national budgets and step up international development assistance and debt relief. In Africa, where two-thirds of the world's HIV-positive people live, governments are paying out four times more in debt service than they now spend on health and education. If the international community relieves some of their external debt, these countries can reinvest the savings in poverty alleviation and AIDS prevention and care.
- **Access to care can have important spin-offs for prevention.** Families who provide home care for a member with HIV show their neighbours that there is no reason to fear becoming infected through everyday contact. Curing tuberculosis in a person with HIV can prevent the disease from spreading to the rest of the community. Thus, developing countries and donor agencies are increasingly looking on AIDS-related care as a good investment having direct benefits for people with HIV/AIDS and indirect spin-offs for AIDS prevention in the wider community.
- Alongside an expansion of access to care, **prevention of HIV remains a high priority.** Despite the availability of new treatments, there is still no cure for HIV or AIDS.

# Appendix 11

## HIV/AIDS Web Resources and References

### **General HIV/AIDS Information:**

#### **AIDS Education Global Information System (AEGIS)**

[www.aegis.com](http://www.aegis.com)

AEGIS is an on-line resource center offering extensive information on HIV related news including, current political developments and clinical information.

#### **Centers for Disease Control and Prevention (CDC)**

[www.cdc.gov/hiv/dhap.htm](http://www.cdc.gov/hiv/dhap.htm)

The CDC is the leading public health agency of the United States federal government. The agency provides detailed information on trends, prevention and treatment protocols, and intervention tools.

#### **HealthLinks**

[www.healthlinks.net](http://www.healthlinks.net)

The website is a free service for healthcare professionals and consumers. It assists in the identification of locating medical and healthcare information, products, resources, services and practitioners on the Internet.

#### **Joint United Nations Programme on HIV/AIDS (UNAIDS)**

(UNICEF, UNDP, WHO, UNFPA, UNDCP, ILO, WHO, World Bank)

[www.unaids.org](http://www.unaids.org)

Leads, strengthens and supports an expanded response aimed at preventing the transmission of HIV, providing care and support, reducing the vulnerability of individuals and communities to HIV/AIDS, and alleviating the impact of the epidemic.

### **National AIDS Manual (NAM)**

[www.nam.org.uk](http://www.nam.org.uk)

NAM is a community-based information provider based in the UK whose sole aim is to combat the AIDS epidemic through accurate, accessible and up-to-date information. In partnership with the British HIV Association and the International HIV/AIDS Alliance, NAM is supporting an on-line resource providing vast amounts of information on HIV testing, treatment and community action.

### **AIDS Service Organizations:**

#### **International Council of AIDS Service Organizations (ICASO)**

[www.icaso.org](http://www.icaso.org)

ICASO is a global network of non-governmental and community-based organizations. ICASO works to mobilize communities and their organizations to participate in the response to HIV/AIDS and advocates the needs and concerns of communities and their organizations.

### **Regional AIDS Service Organizations:**

#### **Asia/Pacific Council of AIDS Service Organization (APCASO)**

[www.31stcentury.com/apcaso](http://www.31stcentury.com/apcaso)

APCASO is a network of non-government and community-based organizations that provide HIV/AIDS services within the Asia Pacific region.

#### **Africa Council of AIDS Service Organization (AfriCASO)**

[www.africaso.org](http://www.africaso.org)

AfriCASO is a network of non-government and community-based organizations that provide HIV/AIDS services within the Africa region.

#### **Europe Council of AIDS Service Organization (EuroCASO)**

[www.hivnet.ch/eurocaso/index.html](http://www.hivnet.ch/eurocaso/index.html)

EuroCASO is a network of non-government and community-based organizations that provide HIV/AIDS services within the Europe region.

#### **Latin America and Caribbean Council of AIDS Service Organization (LACCASO)**

[www.laccaso.org/indexeng.html](http://www.laccaso.org/indexeng.html)

LACCASO is a network of non-government and community-based organizations that provide HIV/AIDS services within the Latin America and Caribbean region.

**Pan American Health Organization (PAHO)**

[www.paho.org](http://www.paho.org)

Promotes and coordinates the efforts of the American countries to combat disease, prolong life and improve the physical and mental health of their peoples.

**Care:****HIV/AIDS/STD INFOTECH Center**

[www.psgaidsinfo.org](http://www.psgaidsinfo.org)

Disseminates information to a network of Non-Governmental Organizations (NGOs) working in the field of Health and Development.

**FXB—International Training Program**

[www.fxbcenter.org](http://www.fxbcenter.org)

The François-Xavier Bagnoud International Pediatric HIV Training Program—unique in the world—has created a partnership of knowledge that transcends cultural differences, political affiliations, and national boundaries. Through the program, the François-Xavier Bagnoud Center in New Jersey has welcomed nearly 120 health care professionals from 20 countries.

**HIV Info Web**

Health Information Systems

<http://www.infoweb.org>

Offers information about standards of care, alternative medicine, women and HIV, clinical trials, the immune system, prevention and a large selection of other topics specifically relevant to Americans on funding and legal issues. They also offer a great resource on How to Find AIDS information on the Internet which can also be used as a slide show to teach Internet search skills.

**Joint United Nations Programme on HIV/AIDS (UNAIDS)**

(UNICEF, UNDP, WHO, UNFPA, UNDCP, ILO, WHO, World Bank)

[www.unaids.org](http://www.unaids.org)

**World Health Organization (WHO)**

[www.who.int/HIV\\_AIDS](http://www.who.int/HIV_AIDS)

The WHO provides detailed information on the technical aspects of the epidemic including program guidance on prevention, care, support and treatment, current clinical guidelines, and disease surveillance.

## Peer Education:

### Joint United Nations Programme on HIV/AIDS (UNAIDS)

(UNICEF, UNDP, WHO, UNFPA, UNDCP, ILO, WHO, World Bank)

[www.unaids.org](http://www.unaids.org)

## Prevention:

### Academy for Educational Development (AED)

### Center on AIDS & Community Health (COACH)

[www.healthstrategies.org](http://www.healthstrategies.org)

COACH provides community-based oriented technical assistance on HIV/AIDS and other related health services for the United States and internationally. Headquartered in Washington, D.C., AED is an NGO founded in 1961, employing over 1,000 people and operating in over 140 countries.

### CAPS—Center for AIDS Prevention Studies

University of California, San Francisco

[www.epibiostat.ucsf.edu/capsweb/](http://www.epibiostat.ucsf.edu/capsweb/)

The best academic resource around for information about AIDS prevention. Their fact sheets are easy-to-read summaries of the available studies on the effectiveness of AIDS prevention work in various communities. Many academic papers are also available at this site.

### CDC National AIDS Clearinghouse

[www.cdcpin.org](http://www.cdcpin.org)

Its services are designed to facilitate the sharing of HIV/AIDS and STD resources and information about education and prevention, published materials, and research findings, as well as news about related trends.

### Family Health International

[www.fhi.org](http://www.fhi.org)

Work in partnership with universities, ministries of health and non-governmental organizations, conducting ongoing projects in the U.S. and more than 40 developing countries dealing with HIV/AIDS prevention and care in addition to other health issues.

**Joint United Nations Programme on HIV/AIDS (UNAIDS)**

(UNICEF, UNDP, WHO, UNFPA, UNDCP, ILO, WHO, World Bank)

[www.unaids.org](http://www.unaids.org)

**World Health Organization (WHO)**

[www.who.int/HIV\\_AIDS](http://www.who.int/HIV_AIDS)

**Statistics and Data:****Centers for Disease Control and Prevention (CDC)**

[www.cdc.gov/hiv/pubs/facts.htm](http://www.cdc.gov/hiv/pubs/facts.htm)

The CDC is the leading public health agency of the United States federal government. The agency provides detailed information on trends, prevention and treatment protocols, and intervention tools.

**Joint United Nations Programme on HIV/AIDS (UNAIDS)**

(UNICEF, UNDP, WHO, UNFPA, UNDCP, ILO, WHO, World Bank)

[www.unaids.org](http://www.unaids.org)

**World Health Organization (WHO)**

[www.who.int/HIV\\_AIDS](http://www.who.int/HIV_AIDS)

**Stigma and Discrimination:****International Center for Research on Women (ICRW)**

[www.icrw.org](http://www.icrw.org)

ICRW has an active research program in HIV/AIDS focused on HIV-related discrimination and stigma.

**Joint United Nations Programme on HIV/AIDS (UNAIDS)**

(UNICEF, UNDP, WHO, UNFPA, UNDCP, ILO, WHO, World Bank)

[www.unaids.org](http://www.unaids.org)

**Positive Action**

[www.positive-action.org](http://www.positive-action.org)

They experiment and find new ways of positively participating in the common goal of successfully helping in the fight against HIV/AIDS. Their main objectives are—raising the awareness and prevention of the HIV/AIDS problem—helping PLWHAs (People living with HIV/AIDS) to help themselves—Income generation for PLWHAs—Nutritional support for PLWHAs.

## Treatment (General):

### AmFAR Treatment Directory

American Foundation for AIDS Research

[www.amfar.org/cgi-bin/iowa/index.html](http://www.amfar.org/cgi-bin/iowa/index.html)

Well known for their HIV/AIDS treatment directory which provides clinical trial results for approved and experimental treatments for HIV and HIV-related conditions and infections.

### HIV Info Web

Health Information Systems

<http://www.infoweb.org>

### HIV Treatment Information Services

<http://www.hivatis.org/>

United States Department of Health and Human Services site which provides information on HIV/AIDS treatment and guidelines.

### Joint United Nations Programme on HIV/AIDS (UNAIDS)

(UNICEF, UNDP, WHO, UNFPA, UNDCP, ILO, WHO, World Bank)

[www.unaids.org](http://www.unaids.org)

### National AIDS Manual (NAM)

[www.nam.org.uk](http://www.nam.org.uk)

### Project Inform

<http://www.projectinform.org/>

A community-based organization in San Francisco, Project Inform provides the largest array of treatment fact sheets on the Internet. Their materials are generally quite detailed without being overly technical. In addition to information about anti-HIV treatments, Project Inform offers an abundance of materials on options for immune restoration. Project Inform's journal "PI Perspectives" is available online, along with information about their phone lines and other services

### The Body

[www.thebody.com](http://www.thebody.com)

The body is an HIV/AIDS website with valuable treatment and prevention resources including online doctors, an interactive prevention section and over 40,000 documents on a wide assortment of HIV-related subjects.

## **World Health Organization (WHO)**

[www.who.int/HIV\\_AIDS](http://www.who.int/HIV_AIDS)

## **Treatments—Drug Therapy/Access:**

### **International Association of Physicians in AIDS Care**

[www.iapac.org](http://www.iapac.org)

Publish well-documented and readable reviews of what is known about each antiretroviral drug as it is approved in the USA.

### **Médecins Sans Frontières (MSF)**

[www.msf.org](http://www.msf.org)

Médecins Sans Frontières (MSF) is an international humanitarian aid organization that provides emergency medical assistance to populations in danger in more than 80 countries. It has done extensive work in HIV/AIDS as a part of its Access to Essential Medicines campaign.

### **HIV Treatment Information Services**

[www.hivatis.org/](http://www.hivatis.org/)

United States Department of Health and Human Services site providing information on HIV/AIDS treatment and guidelines.

### **Test Positive Aware Network (TPAN)**

[www.tpan.com/](http://www.tpan.com/)

They offer a full-text library of their publication Positively Aware online (in English and Spanish). A noteworthy feature at this site is the HIV Drug Guide. The Guide consists of fact sheets on many of the commonly available antiretroviral drugs.

### **United States Food and Drug Administration**

[www.fda.gov/oashi/aids/status.html](http://www.fda.gov/oashi/aids/status.html)

Listing of the approved HIV/AIDS treatment therapies.

## **Substance Use:**

### **Asian Harm Reduction Network Links:**

Dealing with the relationships between Drug Usage and HIV

<http://www.ahrn.net/>

A global information and support network, created to link and support the courageous people and programs working in Asia to stop HIV among injecting drug users.

**Centers for Disease Control and Prevention (CDC)****U.S. Department on Health and Human Services**[www.cdc.gov](http://www.cdc.gov)**National Institute on Drug Abuse**[www.nida.nih.gov](http://www.nida.nih.gov)

U.S. based government organization that researches health aspects of drug abuse and addiction.

**Voluntary Counseling and Testing:****Centers for Disease Control and Prevention (CDC)****U.S. Department of Health and Human Services**[www.cdc.org](http://www.cdc.org)**Joint United Nations Programme on HIV/AIDS (UNAIDS)**

(UNICEF, UNDP, WHO, UNFPA, UNDCP, ILO, WHO, World Bank)

[www.unaids.org](http://www.unaids.org)**Workplace:****Centers for Disease Control and Prevention (CDC)****Business Responds to AIDS and Labor Responds to AIDS**[www.brta-irta.org](http://www.brta-irta.org)

BRTA/LRTA is a cooperative effort between the CDC and the business and labor sectors. The organization produces *Manager's Kit and Labor Leader's Kit*, which offer useful and comprehensive materials to develop programs on manager/labor leader training, employee education, education for employees' families, and community involvement and volunteerism.

**Global Business Coalition on AIDS**[www.businessfightsaids.org/webfiles/html/resorces.html](http://www.businessfightsaids.org/webfiles/html/resorces.html)

Provides international leadership on HIV/AIDS to businesses around the world and advocates for greater corporate involvement in the global response to HIV/AIDS.

### **International Labour Organization, Global Programme on HIV/AIDS**

[www.ilo.org/public/english/protection/trav/aids/](http://www.ilo.org/public/english/protection/trav/aids/)

The International Labour Organization is the UN agency with special responsibility for the world of work. Its primary objective is to promote decent work and productive employment for all, based on the principles of social justice and equality. The ILO is a cosponsor of UNAIDS.

### **Joint United Nations Programme on HIV/AIDS (UNAIDS)**

(UNICEF, UNDP, WHO, UNFPA, UNDCP, ILO, WHO, World Bank)

[www.unaids.org](http://www.unaids.org)

### **Strategically Managing AIDS Responses Together (SMARTWork)**

[www.smartwork.org](http://www.smartwork.org)

A program of the Academy for Educational Development (AED), with funding provided by the U.S. Department of Labor ([www.dol.gov](http://www.dol.gov)) and the U.S. Centers for Disease Control ([www.cdc.gov](http://www.cdc.gov)).



# Appendix 12

## Sample AIDS in the Workplace Brochure

The attached brochure was prepared by the San Francisco AIDS Foundation. It has been edited slightly for use by non-U.S. organizations.



# AIDS In The Workplace: A Guide for Employees

With an increasing number of people becoming infected with HIV each year, questions have been raised about possible exposure to the disease in the workplace. This page is designed to answer those questions.

Initial concern about a deadly disease is understandable. It is natural for people to be afraid of a serious illness until they understand the facts. You will find that unlike many illnesses, HIV disease/AIDS is spread only in very limited ways, and that your chances of becoming infected in the workplace are little to none.

## How much is known about HIV/AIDS?

A great deal is known about *what causes AIDS, how HIV—the virus that causes AIDS—is transmitted from person to person, and how AIDS can be avoided*. What is not yet known is how to cure the disease.

## What is AIDS and HIV?

HIV Disease (AIDS) is caused by a virus. This virus is called HIV. If the virus gets into a person's bloodstream, it can attack a certain kind of white blood cell (a lymphocyte) that is vital to the working of the immune system. Over time, the infected person's immune system may be unable to fight off certain other "opportunistic" diseases. AIDS (Acquired Immune Deficiency

Syndrome) is the name given to the last stages of HIV disease.

## How could someone get exposed to HIV, the AIDS virus?

AIDS is difficult to get. HIV is not easily spread from person to person, and it is never spread by casual contact.

Medical authorities who have studied thousands of cases of AIDS for several years (going back as far as 1977) agree that HIV is spread in only four ways:

- *Sexual intercourse with a person infected with HIV.* Semen can transmit the virus. Vaginal fluids can also transmit the virus. As in the case with other sexually transmitted diseases, the proper use of condoms prevents transmission.
- *Sharing IV drug needles with an infected person.* Sharing an IV drug needle with someone who has HIV can inject the virus directly into the user's bloodstream.
- *Injection of contaminated blood products, such as in blood transfusions that have not been screened for HIV.*
- *A woman infected with HIV who becomes pregnant or breastfeeds can pass the virus to the baby.* HIV cannot be passed through the air. Sneezing, breathing or coughing do not spread HIV. Touching, hugging, holding or shaking hands does not spread HIV disease.

*No cases of AIDS have resulted from casual contact. Health care workers, such as doctors, nurses, dentists, or orderlies are protected from HIV while routinely taking care of AIDS patients by using proper infection control measures. Even where children have played, eaten, slept, kissed and fought with a brother or sister with HIV disease, none has become infected.*

### **Should people with AIDS be allowed to work?**

So long as people diagnosed with AIDS (or HIV disease) feel well enough to work, they are able to work at no risk to themselves, and at no risk to their co-workers or to the public. The organizations having experience in dealing with employees with HIV have determined that HIV disease can be treated like any other life-threatening illness, such as cancer or heart disease. Thousands of persons who have been diagnosed with AIDS are successfully employed. There should be no cause of fear or discrimination.

### **Should we share the same equipment and facilities?**

HIV is spread through blood or sexual contact. No cases of AIDS have ever been linked to sharing typewriters, telephones, tools, papers, water fountains, bathrooms, vehicles, uniforms, chewed pencils, desks, toilet seats, showers, coffee pots or eating facilities.

### **What about sharing food?**

HIV is not transmitted through preparation or the serving of food or beverages. Food is not a vehicle for transmitting HIV.

### **What about saliva, tears and sweat?**

Contact with these fluids is not a risk. No cases of AIDS have ever been linked to saliva, tears or sweat.

### **What if I am exposed to blood?**

Outside the body, the AIDS virus is fragile. Skin is a barrier against the virus. However, in case of heavy bleeding, spilled blood is best cleaned up with a normal solution of ordinary household bleach (10 parts of water to one part bleach).

### **How can I protect myself from AIDS?**

On the job, there is no need for any special protection unless workers have a risk of being exposed to bloodborne pathogens in the workplace. Off the job, don't share IV drug needles, and unless you know your sex partner's sexual history, condoms should be used.

### **What does a co-worker with AIDS need from me?**

Protect yourself from fear by learning the facts. He or she needs the same kind of concern and support that you would want if you had a serious and often fatal disease.

## If I still have questions, what do I do?

Talk with your supervisor or manager. Ask your manager, your company human relations or personnel department, and appropriate employee representatives to remain informed about AIDS, and to keep you and your co-workers informed. Call the AIDS information Hotline in your area.

Remember that fear of HIV/AIDS may not vanish overnight, even where there is no risk to you. Be patient with yourself. Help end fear by learning and spreading the facts about AIDS.



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