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ABSTRACT

This document presents a comprehensive Public Health Service plan for informing and educating the American public about Acquired Immune Deficiency Syndrome (AIDS). The plan specifies the audiences to be addressed by this effort, the basic elements of AIDS information and education, and the means by which this education will be accomplished. Mass media campaigns, health education programs, demonstration programs, a clearinghouse of AIDS information, critical agency cooperation, and the development of special information for use by educators are discussed. Part I of this report, Overview, contains an introduction and sections on planning, implementation, evaluation, and a time table. Part II presents basic elements of AIDS information. Part III, Components of the Plan, presents an action matrix and action steps for each of the four major information/education effort components: (1) the public; (2) school and college aged populations; (3) persons at increased risk or infected; and (4) health workers. Part IV contains appendices of accomplishments through 1986, a list of Public Health Service available materials, and a glossary of abbreviations for federal organizations. (NB)

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AIDS

Information/Education Plan to Prevent and Control AIDS in the United States

March 1987

CG 019811

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U.S. Department of Health and Human Services
Public Health Service

PREFACE

The most important public health problem facing us today is acquired immunodeficiency syndrome—AIDS.

Nearly 32,000 Americans have developed AIDS, and more than half of them have died. As many as 1.5 million more Americans may already have been infected by the AIDS virus. Even if they currently show no symptoms, they can transmit the virus to others. The Public Health Service estimates that by the end of 1991, total AIDS cases in the United States will have risen to more than 270,000 and more than 179,000 people with AIDS will have died.

The devastating effects of AIDS also are being felt far beyond the boundaries of our own country. Indeed, AIDS already has been reported from at least 90 countries throughout the world. World Health Organization officials estimate that between 5 million and 10 million people worldwide may have been infected by the AIDS virus. By 1990, according to WHO estimates, conceivably as many as 100 million people worldwide may be infected by the virus, and a number of these may have developed AIDS itself.

Clearly, AIDS represents a national and international emergency. For this reason, AIDS is a top priority on my personal agenda and on the agenda of this Administration.

This Department is conducting and supporting intensive research to develop effective treatments for AIDS patients and a safe and effective vaccine that will prevent initial infection with the virus. But no cure for the disease currently exists, and if a successful vaccine can be developed, it will not be generally available for some years to come. Our best hope today for controlling the AIDS epidemic lies in educating the public about the seriousness of the threat, the ways the AIDS virus is transmitted, and the practical steps each person can take to avoid acquiring or spreading it.

A massive, effective campaign to educate the public is in order. The plan presented here is a blueprint for accomplishing it.

This AIDS Information/Education Plan is consistent with the following principles proposed by the Domestic Policy Council and approved by the President:

- Despite intensive research efforts, prevention is the only effective AIDS control strategy at present. Thus, there should be an aggressive Federal effort in AIDS education.
- The scope and content of the school portion of this AIDS education effort should be locally determined, and should be consistent with parental values.
- The Federal role should focus on developing and conveying accurate health information on AIDS to the educators and others, not mandating a specific school curriculum on this subject, and trusting the American people to use this information in a manner appropriate to their community's needs.
- Any health information developed by the Federal Government that will be used for education should encourage responsible sexual behavior—based on fidelity, commitment, and maturity, placing sexuality within the context of marriage.

- Any health information provided by the Federal Government that might be used in schools should teach that children should not engage in sex, and should be used with the consent and involvement of parents.

The Department of Health and Human Services will apply these principles to the fullest extent, working with all other sectors of our society and cooperating with international efforts to defeat this terrible disease. Together, we will press forward on all fronts—research, information, education, and services to those afflicted--and together we will win the battle against AIDS.

Otis R. Bowen M.D.

Otis R. Bowen, M.D.
Secretary

FOREWORD

The Public Health Service's mission, broadly stated, is to protect and improve the health of the American people. PHS is the component of the Department of Health and Human Services with lead responsibility for research and education on AIDS.


Since AIDS cases were first identified in 1981, informing and educating the public about AIDS has been a primary part of our work. These efforts to inform and educate must be greatly intensified, and their effects must be multiplied through the collaboration of many other agencies and organizations in the public and private sectors.

This document presents a comprehensive PHS plan for informing and educating the American people about AIDS. The plan specifies the audiences to be addressed by this effort, the basic elements of AIDS information and education, and the means by which this education will be accomplished (among them, mass media campaigns, health education programs, demonstration programs, a clearinghouse of AIDS information, critical partnerships with other agencies and organizations, and development of special information for use by educators).

The cooperation of State, county, and municipal governments, professional and service organizations, the private sector, and other Federal agencies will be crucial to ultimate success of the Public Health Service's plan. For these varied agencies and organizations, this document provides an overview of the ways in which their efforts contribute to the urgent task of educating Americans about AIDS.

The plan draws upon the knowledge and experience the Public Health Service has gained since AIDS was first recognized, and it incorporates the contributions of many experts in the PHS agencies: the Alcohol, Drug Abuse, and Mental Health Administration, the Centers for Disease Control, the Food and Drug Administration, Health Resources and Services Administration, the National Institutes of Health, and the Office of the Surgeon General. It represents a tremendous amount of work by staff, laboring under many pressures.

I am grateful for the contributions of those who have worked on this plan, and I am proud to be associated with all the dedicated persons in the Public Health Service who have committed so much personal effort to the battle to prevent and control AIDS.



Robert E. Windom, M.D.
Assistant Secretary for Health

EXECUTIVE SUMMARY

As of March 2, 1987, deaths in the United States due to acquired immunodeficiency syndrome (AIDS), total almost 18,385. In 1985, AIDS became the 11th leading cause of years of potential life lost, and in 1986 it is expected to be eighth. The report of the Public Health Service (PHS) Coolfont Conference in June 1986 projected that by the end of 1991 the cumulative total of AIDS cases would exceed 270,000, with more than 179,000 deaths. AIDS will remain a serious problem for the nation for some time to come.

At this time, the best hopes for prevention rest on a strategy based on public information and education. Knowledge about AIDS has already proved to be effective in changing behavior among homosexual men.

The 22 Public Health Service (PHS) Guidelines on the prevention of AIDS issued between 1982 and 1986 have provided a foundation for informational and educational efforts to prevent this disease (see Appendices A & B). The Public Health Service Plan for the Prevention and Control of AIDS (1985), the Report of the PHS Coolfont Conference (1986), and the Surgeon General's Report on AIDS (1986) all focus on developing information, education, and risk reduction programs.

Successful implementation of this plan requires action from and cooperation among State, county, and municipal governments, professional and services organizations, the private sector, and the Federal Government. It is expected that funds appropriated by Congress in any given year for information and education will be multiplied manyfold by the efforts and resources of others.

The information/education effort consists of four major components:

1. The Public

Everyone must be aware of behavior that puts them at risk of infection.

2. School and College Aged Populations

Schools and colleges provide an effective channel for appropriately instructing the young people of our nation about AIDS before, and as, they reach the ages that they might engage in behaviors that place them at risk of infection. The Public Health Service will provide national, State, and local educators with up-to-date, factual AIDS information. State and local school boards, along with families, community, and parent groups have the primary responsibility for educating the young.

3. Persons at Increased Risk or Infected

The highest priority for AIDS information and education efforts are those groups at increased risk of acquiring or transmitting the AIDS virus because of certain behaviors or circumstances: gay and bisexual men, IV drug abusers, hemophiliacs, female sex partners of those at risk and who may become pregnant and infect their offspring, and prostitutes and their clients. Persons known to be infected must receive information to prevent their transmission of the virus to others.

4. Health Workers

Members of this group have direct responsibility for patient care, for counseling AIDS patients or persons with laboratory evidence of infection, and for providing leadership in informing and educating the public. By virtue of their occupations, there is some risk, albeit small, of infection.

Following are examples of some of the major projects included in the PHS plan:

The Public.

- Produce a mass media campaign under contract with a leading advertising agency (TV and radio spots, print materials).
- Form a coalition of public and private sector groups to exchange and coordinate AIDS information efforts.
- Set up a clearinghouse on AIDS information to serve State and local AIDS program personnel and the public.
- Support toll-free hotline on AIDS (since 1983).

School and College Aged Populations.

- Convene national school health coalition on AIDS and work with national organizations.
- Stimulate the development of programs for Black and Hispanic youth.
- Help State education departments and colleges of education provide AIDS education.
- Work with State and local areas with highest incidence of AIDS to assist in providing educational programs in schools.
- Develop compendium of materials, programs and resources; instruments to measure quality and outcomes of this education.
- Help provide AIDS education to college students, assist especially in areas where AIDS incidence is high, work with other groups to reach youth not in school.

Persons at Increased Risk or Infected.

- Demonstrate effective ways of educating those at increased risk.
- Help States build their own capacity for conducting programs (counseling, health education, minority programs, hotlines, coordination).
- Expand drug abuse treatment services, counseling, and antibody testing and develop new strategies for preventing and treating drug abuse.
- Add educational programs to regional hemophilia centers.
- Provide information on behaviors that reduce perinatal transmission of the AIDS virus.
- Demonstrate effective programs to reduce perinatal transmission.

Health Workers.

- Survey physician counseling practices and develop appropriate materials.

- Train physicians and other health workers through training center programs and out-reach programs.
- Provide information and materials to professional organizations.
- Provide training in up-to-date laboratory techniques.
- Educate health professionals to assess women and counsel them, including minority women.

In June 1986, the Public Health Service convened some 85 experts on AIDS to update PHS plans for the prevention and control of the disease in light of new knowledge and of demographic projections through 1991. A major section of the final report from this Coolfont Planning Conference dealt with needed AIDS information and education initiatives. The information/education plan summarized here responds fully to these recommendations.

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I. OVERVIEW

INFORMATION/EDUCATION PLAN TO PREVENT AND CONTROL AIDS IN THE UNITED STATES

I. OVERVIEW

A. INTRODUCTION

Deaths due to acquired immunodeficiency syndrome (AIDS) became the 11th leading cause of years of potential life lost in 1985. In 1986, AIDS was one of the first 10 causes. The report of the Public Health Service (PHS) Coolfont Conference in June 1986 projected that by the end of 1991 the cumulative total of AIDS cases would exceed 270,000, with more than 179,000 deaths. Most of these projected future AIDS cases will be among persons who in 1986 are already infected. Current estimates of infected persons in the United States range from 1 million to 1.5 million. AIDS will remain a serious problem for the nation for some time to come.

The current data indicate that 97% of AIDS patients in the United States can be placed in groups related to possible means of disease acquisition: men with homosexual or bisexual orientation who have histories of using intravenous (IV) drugs (8% of cases); homosexual or bisexual men who are not known IV drug users (65%); heterosexual IV drug users (17%); persons with hemophilia (1%); heterosexual sex partners of persons with AIDS or at risk for AIDS (4%); and recipients of transfused blood or blood components (2%). Insufficient information is available to classify the remaining 3% by the above recognized risk factors for AIDS.

In Africa over 90% of cases have occurred through heterosexual transmission, equally divided among men and women.

The World Health Organization estimates that 50 to 100 million persons worldwide may be infected with the AIDS virus by 1991. Based on current information, 20-30% will progress to AIDS within 5 years of initial infection. This percentage is likely to increase beyond 5 years. Thus, AIDS represents a health disaster of pandemic proportions.

The best hopes at this time for prevention rest on a strategy based on information and education. Knowledge about AIDS has already proved to be effective in changing behavior among gay men. The effectiveness of information/education programs, however, remains to be demonstrated in populations whose members have not been as personally touched by AIDS and who do not perceive themselves to be at risk. The fact that the AIDS virus can be spread by sexual contact with persons who may otherwise appear healthy adds to the complexity of the task.

Key to changing attitudes and behaviors is the provision of factual, consistent, and understandable information about AIDS by persons and organizations in whom the recipient has confidence. Thus, multiple channels must be used, including the Federal, State, and local governments, medical professionals, teachers, parents, religious leaders, voluntary organizations, employee organizations, State and local departments of health and education, businesses, commercial organizations, and public figures held in high esteem.

Information/education efforts will be designed for the general public and for specific groups based on the risks of AIDS, the messages to be provided, and the channels for delivering those messages. The use of multiple channels will reinforce the basic messages and increase the opportunities to inform and educate the U.S. population about AIDS.

B. PLANNING

In order to meet its responsibility in controlling the spread of AIDS, the Public Health Service created the Executive Task Force on AIDS in 1984. The Task Force, chaired by the Assistant Secretary for Health, serves as the mechanism by which AIDS related issues are identified and addressed in a coordinated fashion by the PHS constituent agencies: Alcohol, Drug Abuse and Mental Health Administration (ADAMHA), Centers for Disease Control (CDC), Food and Drug Administration (FDA), Health Resources and Services Administration (HRSA), and the National Institutes of Health (NIH). Within the Task Force, CDC has been designated as the lead agency in the area of AIDS information, education, and risk reduction.

The 22 Public Health Service (PHS) Guidelines on the prevention of AIDS issued between 1982 and 1986 have provided a foundation for informational and educational efforts to prevent this disease (see Appendices A & B). The Public Health Service Plan for the Prevention and Control of AIDS (1985), the Report of the PHS Coolfont Conference (1986) and the Surgeon General's Report on AIDS (1986) all focus on developing information, education, and risk reduction programs.

From 1983 through 1986, the Public Health Service spent \$40 million in direct expenditures to inform and educate the public and groups at high risk of acquiring infection. In 1987, PHS will spend \$79.5 million for AIDS education; the President's FY 1988 budget requests \$103.9 million for this activity. States, local governments, voluntary organizations, and community service organizations have also contributed significantly in information/education efforts.

This plan draws on the knowledge and experience gained since the recognition of the AIDS epidemic in 1981. Each of the PHS member agencies have contributed to the plan. The plan will be reassessed and revised on an annual basis. The revised plan for 1988/89 will be available in November 1987.

C. IMPLEMENTING

PHS has a responsibility to provide clear and accurate information about AIDS to all segments of our society. This plan is designed to ensure that the necessary information about AIDS will be transmitted in an efficient and effective manner. Successful implementation of this plan depends upon action from and cooperation among State, county, and municipal governments, professional and services organizations, the private sector, and the Federal Government. It is expected that funds appropriated by Congress in any given year for information/education will be multiplied manyfold by the efforts and resources of others. Those organizations dealing with specific issues are identified in the sections that follow.

The information/education plan addresses the following:

1. The Public

In order to control transmission of the AIDS virus, everyone must be aware of behavior that puts them at risk of infection. They must learn how the virus is and is not spread.

2. School and College Aged Populations

Schools, colleges, and family institutions provide an effective channel for appropriately instructing the young people of our nation about AIDS before, and as, they reach the ages when they might practice behaviors that place them at risk of infection.

School and college aged populations who do not attend schools or colleges will be informed/educated about AIDS through other agencies that serve youth.

3. Persons at Increased Risk or Infected

The highest priority for AIDS information and education efforts are those groups at increased risk of acquiring or transmitting the AIDS virus because of certain behaviors or circumstances: gay and bisexual men, IV drug abusers, hemophiliacs, female sex partners of those at risk (because of potential pregnancy), and prostitutes and their clients. Persons known to be infected must receive information to prevent their transmission of the virus to others.

4. Health Workers

Members of this group have direct responsibility for patient care, for counseling persons with laboratory evidence of infection or AIDS patients, and for providing leadership in informing and educating the public. By virtue of their occupations, there is some risk, albeit small, of infection.

D. EVALUATING

Evaluation is an integral part of the planning and implementation process. Both quantitative and qualitative evaluation methods will be used to assess factors such as:

- the effectiveness of the information and education materials and various teaching methods for reaching the target populations
- the extent to which all appropriate organizations and individuals are being made a part of the prevention activities
- changes in the behavior of the target groups toward reducing the risk of infection and transmission
- changes in the rate of virus transmission.

E. TIME TABLE

A beginning date is indicated for each task.

Under this plan, each PHS agency will develop operational plans containing more detailed descriptions of tasks and subtasks, including responsible organizational components, names of collaborating organizations, beginning and ending dates, anticipated outcomes, and methods of evaluation. These operational plans will be available by April 1, 1987.

II. BASIC ELEMENTS OF AIDS INFORMATION

II. BASIC ELEMENTS OF AIDS INFORMATION

The elements described below will need to be adapted to varying degrees of specificity for different subgroups within the four major groups: the public, the school and college aged, persons at increased risk or infected, and health workers.

Communities and their important institutions, such as churches, families, and voluntary organizations, will need to adapt the presentation of this information to fit within their value systems. Within this framework, individuals will be able to determine responsible behavior, thereby avoiding adverse health consequences to themselves and others.

The specific wording and style of presentation, once developed, should be pretested on representative samples of the intended audiences to ensure effectiveness. Expert advice, consultation, and creative assistance can be provided by public and private health education and communication experts.

A. INDIVIDUALS IN ALL GROUPS NEED TO KNOW:

1. Current information on the seriousness of the disease

2. How the Virus is Spread

- The AIDS virus has been shown to be spread from an infected person to an uninfected person by:
 - sexual contact (penis/vagina, penis/rectum, mouth/rectum, mouth/genital),
 - sharing needles or “works” used in injecting drugs,
 - an infected woman to her fetus or newly born baby, and
 - transfusion or injection of infectious blood or blood fractions.
- An individual can be infected with the virus that causes AIDS without having symptoms of AIDS or appearing ill. Infected individuals without symptoms can transmit the infection to others. Once infected, a person is presumed infected for life, but actual symptoms may not develop for many years.
- A single exposure to the AIDS virus may result in infection.

3. How the Virus is NOT Known To Be Spread

- There is no evidence that the virus is spread through casual social contact (shaking hands, social kissing, coughing, sneezing, sharing swimming pools, bed linens, eating utensils, office equipment, being next to or served by an infected person). There is no reason to avoid an infected person in ordinary social contact.
- It is not spread by the process of *giving* blood; new transfusion equipment is used for each donor.
- It is *not* spread by sexual intercourse between individuals who have maintained a sexual relationship exclusively with each other assuming that they have not been infected through contaminated blood, blood factors, IV drug abuse, or a previous sexual partner.

4. How to Prevent Infection in Yourself and Others

- Infection through sexual contact can be avoided by practicing abstinence or having a mutually monogamous marriage/relationship with an uninfected person.
- If you suspect you or your sex partner is or may be infected,
 - the only certain way to protect yourself or your partner is to abstain from sexual intercourse with him or her. If it is not possible to practice abstinence until infection status can be determined, always use condoms during sex because use of condoms can reduce the risk of transmission of the AIDS virus.
 - avoid sexual activity that may damage the condom or body tissues. A condom is effective only if it is used properly; it *must* remain intact and in place from start to finish of sexual activity to ensure that semen and blood are not avoidably exchanged. Be aware that condoms sometimes fail. The failure rate may be 10% when used as a contraceptive.
 - seek counseling and AIDS virus antibody testing to be sure of your own infection status. Be aware that weeks to months may elapse from the time of infection to the time that antibodies to the AIDS virus appear in the blood. During this time persons may be infectious but the test may be negative.
 - encourage your partner to obtain counseling and testing.
- Be aware that multiple sex partners increase your risk of acquiring the AIDS virus unless you can be certain that each is uninfected. If you have more than one sex partner or your partner has more than one partner, always use condoms because use of condoms can reduce the risk of transmission of the AIDS virus.
 - Avoid prostitutes; engaging in sexual activity with those who have multiple sex partners increases the risk of contracting the AIDS virus.
- Do not use IV drugs; do not share needles or “works”.

5. How To Get More Information About AIDS

- Call an AIDS Hotline number (local number(s) to be provided).
- Call your personal physician, health department, or an AIDS community service organization.

6. Information Which Will Emphasize the Seriousness of the Problem, Yet Reduce Inappropriate Fear

- AIDS is a national emergency requiring attention from all citizens.
- If people change their behaviors, the spread of AIDS virus can be reduced.
- Blood for transfusion in the United States is screened for antibody to the AIDS virus and is now essentially safe, but some risks cannot be eliminated.
- Everyone who engages in high risk behavior is at risk for AIDS, regardless of age, race, or socioeconomic status.

B. ADDITIONAL INFORMATION NEEDED BY THE SCHOOL AND COLLEGE AGED POPULATIONS:

- Saying no to sex and drugs *can* virtually eliminate the risk of AIDS.
- Instructions on how the virus is known to be transmitted and how transmission may be prevented.
- Sexual transmission of the AIDS virus is not a threat to those uninfected individuals who practice responsible sexual behavior, based on fidelity, commitment and maturity, placing human sexuality within the context of marriage and family life.

C. ADDITIONAL INFORMATION NEEDED BY PERSONS AT INCREASED RISK OR INFECTED:

- Know where to get more information and help.
- Where to seek counseling and voluntary testing.
- Do not donate blood, semen, tissues, or organs.
- Know the signs and symptoms of AIDS infection.
- For IV drug users, where to seek treatment for drug abuse.
- Infected women must know that the AIDS virus can be transmitted to unborn babies and to newborns. Female partners of those at increased risk or infected must be aware of the need to be tested to assist in family planning.
- For those infected, inform past and present sexual partners. Avoid sexual contact that may transmit the virus to others. The only certain way to ensure that others will not be infected is to abstain from sex.

D. ADDITIONAL INFORMATION NEEDED BY HEALTH WORKERS (AS APPROPRIATE):

- The basic facts about AIDS (transmission, diagnosis, signs and symptoms, high risk behavior).
- Current public health recommendations.
- How to interpret the test.
- The need to hold test results and diagnosis confidential in accordance with relevant laws.
- How best to cooperate with local public health authorities in surveillance and prevention of AIDS virus infections.
- How to manage AIDS patients clinically.
- How to counsel persons about infection and where to refer high risk individuals and people with AIDS virus infections.

- Current research findings.
- Appropriate infection control measures, including risks of needlestick injuries which present a small but serious risk of virus transmission.
- Which isolation procedures or restrictions of visitors are or are not necessary
- Where to get additional information for medical professionals, patients and persons caring for the AIDS patients at home.

III. COMPONENTS OF THE PLAN

A. ACTION MATRIX

B. ACTION STEPS

B. ACTION STEPS

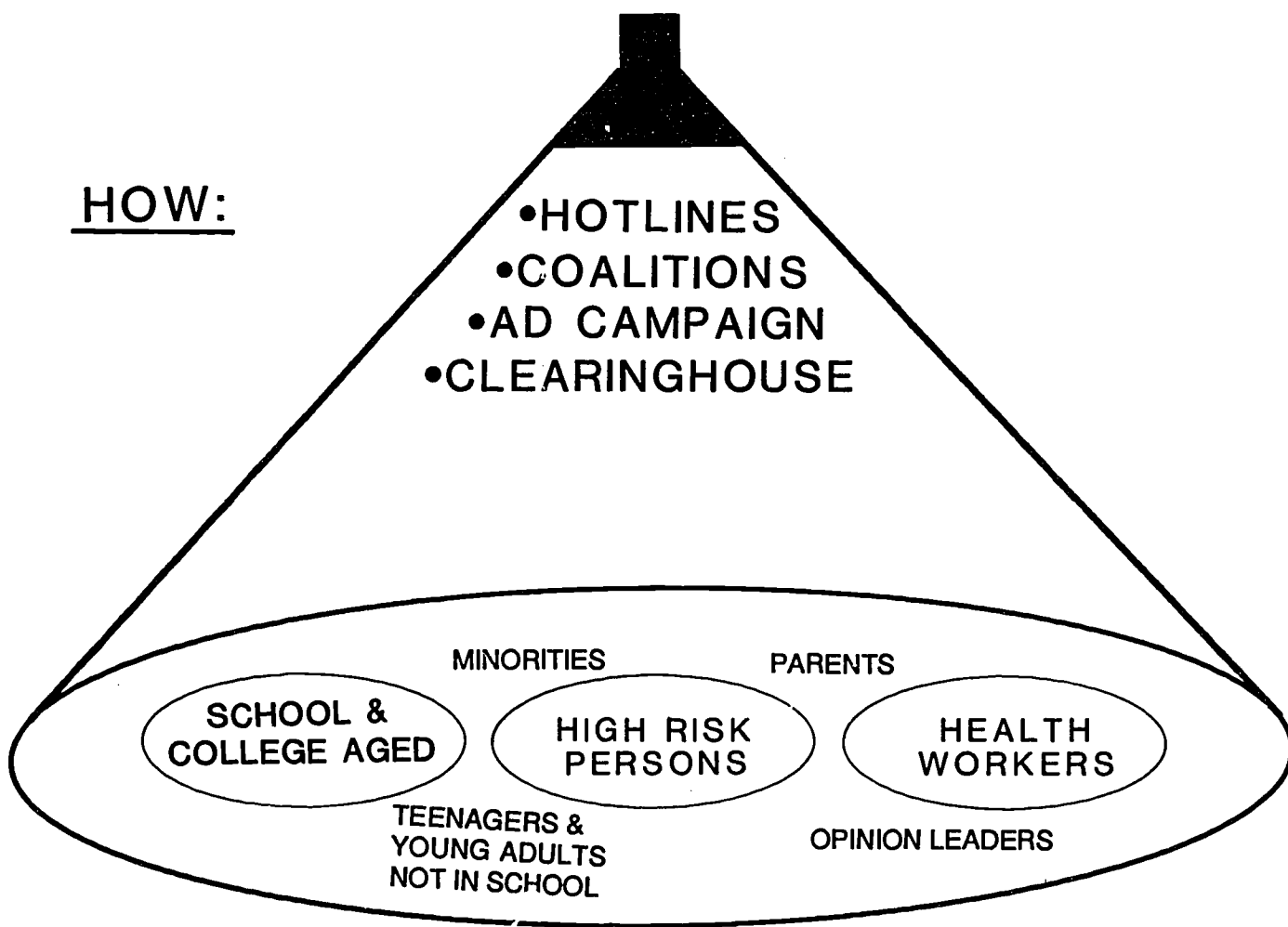
1.0 PUBLIC

An informed public provides the basis upon which other information/education programs operate. Information must be provided through a variety of channels: television, radio, press, posters, leaflets, advertisements, and personal appearances. This effort must be closely coordinated and sustained over a long period of time. Groups specifically spotlighted include teenagers, young adults, parents, minorities, and opinion leaders.

WHAT:

**Inform and Educate
THE PUBLIC**

HOW:



1.0 PUBLIC

TASKS	LEAD PHS AGENCIES	COLLABORATING ORGANIZATIONS	BEGINNING DATE
1.1.1. Enter into contract with a major national advertising agency and carry out mass media campaigns (TV & radio spots, posters, print, ads, etc.) at national and local levels.	CDC	State & local health departments & private organizations.	6/87
1.1.2. Meet with major public and private sector organizations to provide a coalition for information exchange and coordination of information/education programs.	CDC	AIDS organizations, private, professional, & voluntary organizations.	2/87
1.1.3. Distribute the Surgeon General's Report on AIDS, PHS video tapes as well as publications and public service announcements prepared in collaboration with the Red Cross and other organizations.	CDC	State health departments, & private organizations.	85/86
1.1.4. Explore the effectiveness of direct mailing as an appropriate method of providing AIDS information to the public.	CDC		2/87
1.1.5. Provide a clearinghouse to respond to the public's informational needs for the most current & accurate information on AIDS.	CDC	State & local & private.	8/87
1.1.6. Provide a nationally available hotline.	CDC		85
1.1.7. Issue press releases & public information materials to provide current information to the public through the news media.	All PHS agencies		83
1.1.8. Work with national & local print media to assist in accurate reporting on AIDS.	All PHS agencies		83
1.1.9. Complement generic ongoing AIDS information/education programs to stimulate predeposit of blood by elective surgery patients and increased blood donations by healthy donors.	NIH (NHLBI)	National, State, and local organizations representing transfusers, collectors, and donors of blood.	87/88

2.0 SCHOOL AND COLLEGE AGED POPULATIONS

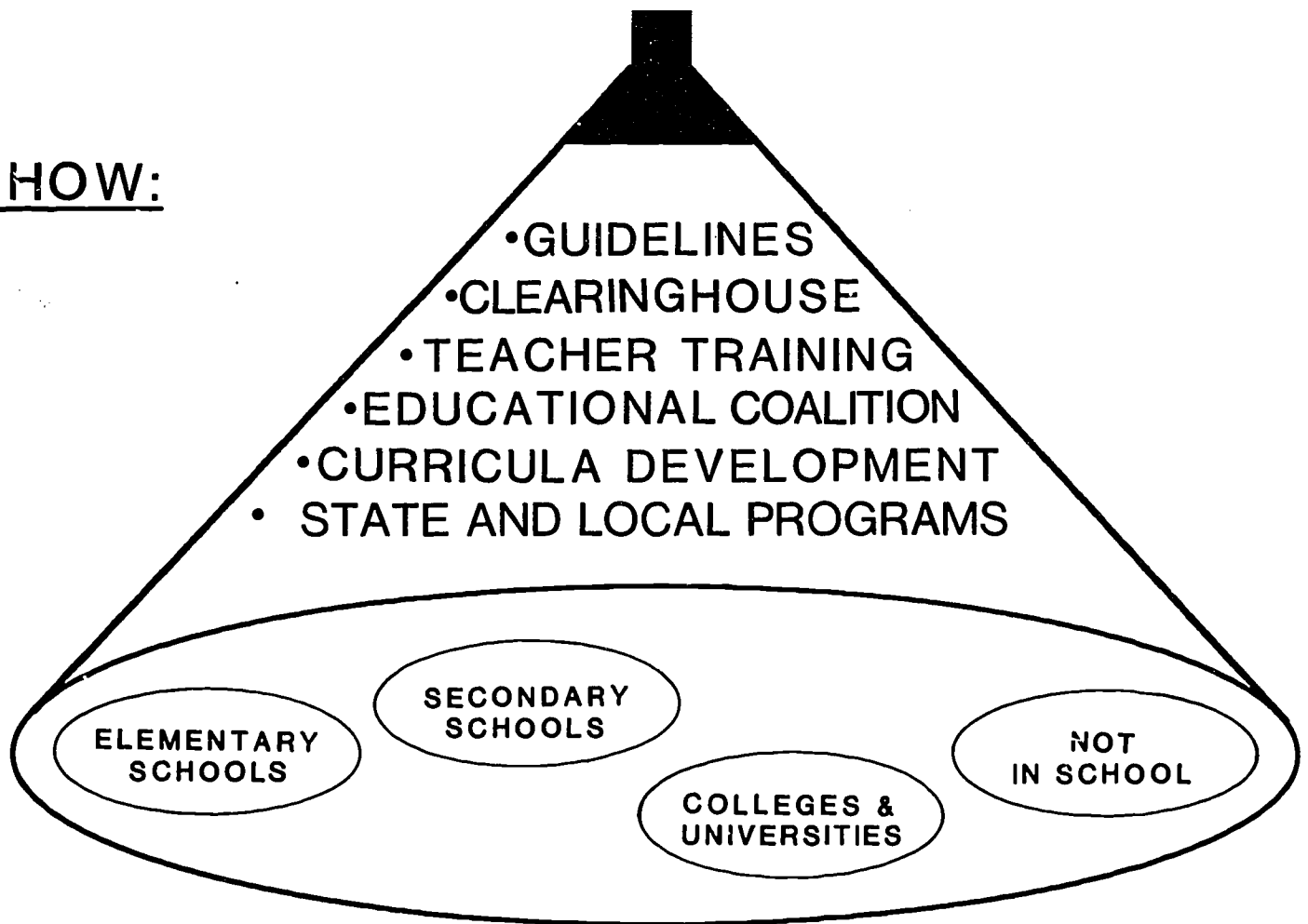
The Public Health Service has a responsibility to provide clear and accurate information about AIDS to all segments of our society. In particular, our youth must understand that sexual activity and IV drug abuse can lead to AIDS. Engaging in sexual activity with multiple partners, both heterosexual and homosexual, increases the probability of contracting AIDS. In the United States, to date, homosexual practices and IV drug abuse have been the main routes for spread of AIDS. Clearly, our youth must have information about the disease, how the AIDS virus is transmitted, and how to prevent infection with this virus.

The Public Health Service will provide national, State, and local educators with up-to-date, factual AIDS information. State and local school boards, along with families, community, and parent groups have the primary responsibility for educating the young. It is for these groups to determine how best to disseminate this information in the most effective fashion, with consideration of their own values and concerns, to achieve the goal of preventing AIDS among our youth.

WHAT:

Inform and Educate
SCHOOL & COLLEGE AGED

HOW:



School Health Education to Prevent the Spread of AIDS

2.1 Primary and Secondary Schools

TASKS	LEAD PHS AGENCIES	COLLABORATING ORGANIZATIONS	BEGINNING DATE
2.1.1. Develop and disseminate guidelines for effective school health education about AIDS.	CDC	National public, private, professional, & voluntary organizations & State & local departments of education & health.	12/86
2.1.2. Convene a national coalition for school health education about AIDS.	CDC	National public, private, professional, & voluntary organizations & State & local departments of education & health.	9/87
2.1.3. Work with relevant national organizations to help schools provide effective health education about AIDS.	CDC	National public, private, professional & voluntary organizations & State & local departments of education & health.	8/86
2.1.4. Work with appropriate national organizations to assure that Black and Hispanic school age youth receive effective education about AIDS.	CDC	National public, private, professional & voluntary organizations & State departments of education & health.	9/87
2.1.5. Work with an appropriate national organization to help colleges of education provide preservice and inservice teacher training about AIDS.	CDC	National public, private, professional, & voluntary organizations, universities, & State & local departments of education & health.	9/87
2.1.6. Work with an appropriate national organization to help all State departments of education provide effective education about AIDS.	CDC	National public, private, professional, & voluntary organizations & State & local departments of education & health.	9/87

TASKS	LEAD PHS AGENCIES	COLLABORATING ORGANIZATIONS	BEGINNING DATE
2.1.7. Work with the State and local school systems with the highest incidence of AIDS to help schools in these States provide effective education about AIDS.	CDC	National public, private, professional, & voluntary organizations & State departments of education & health.	9/87
2.1.8. Establish and continuously update an annotated, computerized bibliography of relevant educational materials, programs, research, and resources.	CDC	National public, private, professional & voluntary organizations & State departments of education & health.	4/87
2.1.9. As requested, provide technical assistance to providers of elementary school health education programs to help elementary school teachers provide effective education about AIDS.	CDC	National public, private, professional & voluntary organizations, & State departments of education & health.	9/87
2.1.10. As requested, provide technical assistance to providers of secondary school health materials to help secondary school teachers provide effective education about AIDS.	CDC	National public, private, professional & voluntary organizations, & State departments of education & health.	9/87
2.1.11 Assist relevant public and private-sector organizations to develop and disseminate as requested accurate and effective educational materials that could be used by schools, colleges, and other agencies that serve youth.	CDC	National public private, professional & voluntary organizations, & State departments of education & health.	3/87
2.1.12 Develop and disseminate as requested an annotated compendium of materials, progress, activities, research, and resources.	CDC	National public, private, professional & voluntary organizations, and State departments of education & health.	12/87
2.1.13 Develop, field test, and disseminate as requested instruments that can be used to measure the quality & outcomes of education about AIDS.	CDC	National public, private, professional & voluntary organizations, universities, & State departments of education & health.	9/87
2.1.14 Plan a national survey of secondary school students knowledge about AIDS.	CDC	National public, private, professional & voluntary organizations, universities, & State departments of education & health.	12/87

2.2 Colleges and Universities

TASKS	LEAD PHS AGENCIES	COLLABORATING ORGANIZATIONS	BEGINNING DATE
2.2.1. Work with an appropriate national organization to help colleges and universities provide effective health education about AIDS for their students.	CDC	National public, private, professional, & voluntary organizations & universities.	9/87

2.3 Other Agencies That Serve Youth

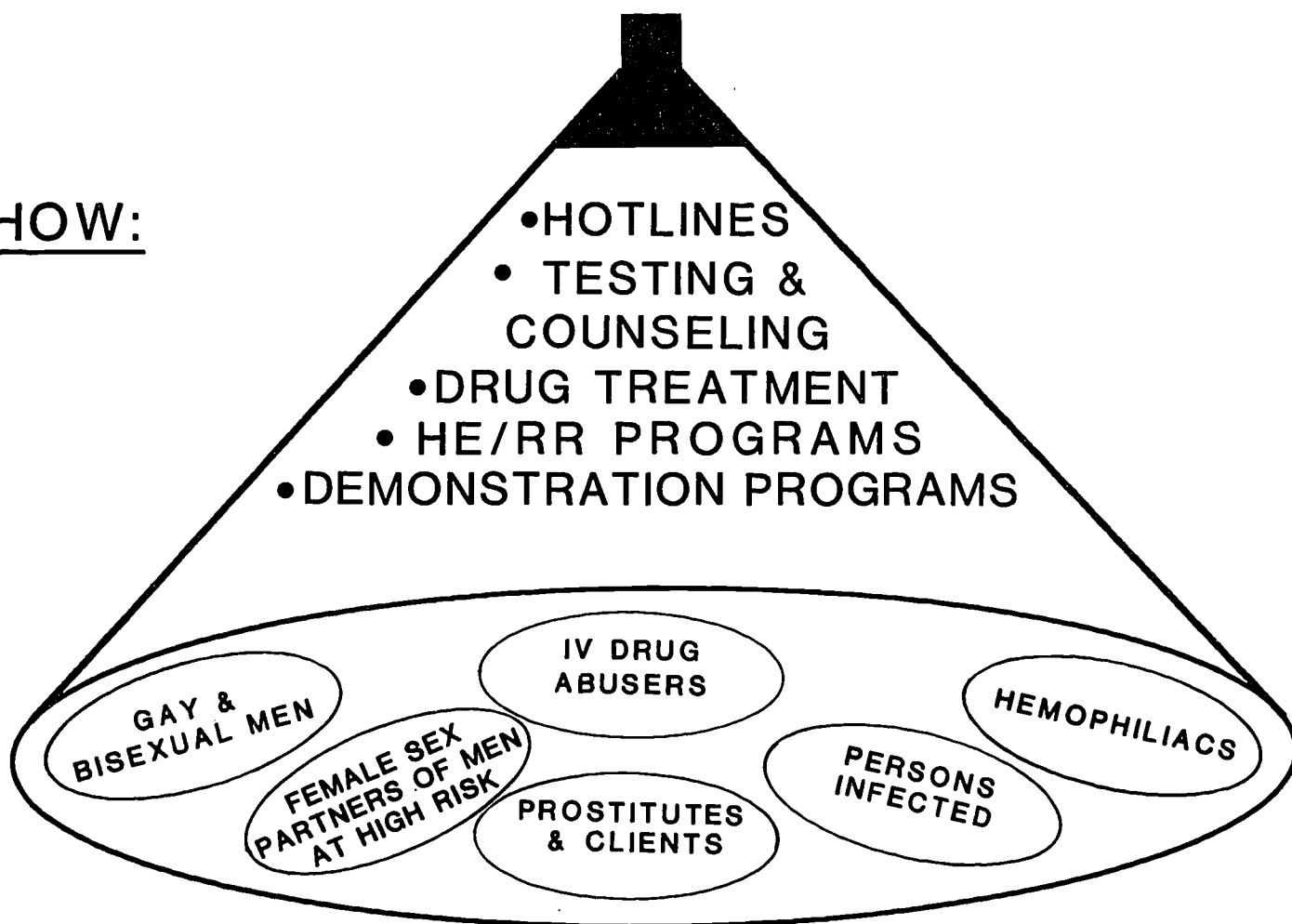
TASKS	LEAD PHS AGENCIES	COLLABORATING ORGANIZATIONS	BEGINNING DATE
2.3.1 Work with local education departments & other agencies that serve youth in cities with the highest incidence of AIDS to assure that school-age populations who attend, and who do <i>not</i> attend, schools or colleges in the area receive effective education about AIDS.	CDC	Local & State education & health departments & other agencies that serve youth in high risk cities.	9/87
2.3.2. Work with the education departments and other agencies that serve youth in three cities and one State with the highest incidence of AIDS to develop a model system to assure that school-age populations, both those who attend and who do not attend schools or colleges in the area, receive effective education about AIDS and to serve as training and demonstration centers.	CDC	Local & State education & health departments & other agencies that serve youth in high risk cities.	9/87
2.3.3. Support the attendance of at least 300 representatives from local & State education departments to attend the regional training & demonstration centers.	CDC	Local education and health departments and other agencies that serve youth in high risk cities.	9/87

3.0 PERSONS AT INCREASED RISK OR INFECTED

Prevention and control of AIDS will depend upon successfully interrupting the transmission of the virus among those persons whose behaviors or their circumstances put them and others at high risk of infection.

WHAT: Inform and Educate
PERSONS AT INCREASED RISK OR INFECTED

HOW:



3.1 Gay and Bisexual Men

Most of the AIDS cases have been among gay or bisexual men. National and community gay organizations mobilized early to educate their constituents about AIDS. State health agencies have also begun to target educational services to gay and bisexual men. Continued collaboration among these organizations is essential to communicate effectively and reinforce the AIDS risk reduction messages.

TASKS	LEAD PHS AGENCIES	COLLABORATING ORGANIZATIONS	BEGINNING DATE
3.1.1. Develop through research cooperative agreements innovative ways to change sexual and other behaviors to minimize risk of infection.	CDC	Selected local health depts, academic institutions and community organizations.	12/85
3.1.2. Determine through demonstration projects in 6 large communities, the effectiveness of comprehensive programs of public information, health education of risk groups, and one-on-one counseling in reducing transmission of the AIDS virus.	CDC	Selected State and local governments.	9/85
3.1.3. Award 55 cooperative agreement funds to States to build their capacity for health education and risk reduction activities including: <ul style="list-style-type: none"> ● counseling sex partners of persons who are AIDS virus antibody positive ● providing pre- and post-test counseling for those considering serologic testing ● providing fiscal support for health education performed by community AIDS service groups ● providing health education to change sexual practices ● determining the needs of minority groups for information regarding avoidance of behaviors conducive to transmission ● funding hotlines to give information and education to gay and bisexual men as well as to the general public ● coordinate public information, health education of risk groups, and individual counseling efforts at the State level 	CDC	State & local governments.	5/86

3.2 IV Drug Abusers

Most of the IV drug abusers who have developed AIDS reside in New York, California, Florida, New Jersey, and Texas. However, infection with the AIDS virus is likely to occur in any locality in which IV drug abusers share needles and syringes and/or are sexually active. Because an infected IV drug abuser can infect his/her sex partner(s), this becomes a major route for introducing the AIDS virus into the heterosexual population. IV drug abusers are difficult to reach because of the covert nature of their IV drug abuse. Enrollment in a treatment program is an important step in providing IV drug abusers with AIDS related risk reduction, prevention, and health education information. Informational and educational programs are needed within drug treatment programs and where IV drug abusers seek health care services, *i.e.*, health department clinics, family planning clinics, hospital outpatient clinics, storefront clinics, private physicians.

TASKS	LEAD PHS AGENCIES	COLLABORATING ORGANIZATIONS	BEGINNING DATE
3.2.1. Expansion of drug abuse treatment capacity and AIDS virus antibody testing.	ADAMHA	State Health Depts.	7/86
3.2.2. Development of improved strategies for the prevention and treatment of IV drug abuse.	ADAMHA	State Drug Abuse, Universities.	11/86
3.2.3. Training drug abuse counselors to provide specialized counseling concerning AIDS virus antibody testing.	ADAMHA CDC		3/86
3.2.4. Evaluation of educational efforts in decreasing risk-taking behaviors and resulting AIDS virus seropositivity.	CDC ADAMHA	Medical Centers, Universities.	11/86 9/86
3.2.5. Dissemination of materials on risk factors for AIDS targeted to public health personnel and to high risk groups.	CDC ADAMHA HRSA	State Health Depts, State Drug Abuse.	5/86

3.3 Hemophiliacs

Persons with hemophilia who have been infected with the AIDS virus can infect their sex partners. Hemophiliacs and their sex partners need counseling on how to reduce possible virus transmission and reinforce behavioral changes already adopted. The National Hemophilia Foundation is assisting Comprehensive Hemophilia Treatment Centers (CHTC) in providing health education/risk reduction programs to hemophiliacs in their respective localities.

TASKS	LEAD PHS AGENCIES	COLLABORATING ORGANIZATIONS	BEGINNING DATE
3.3.1. Award funds to regional hemophilia centers to enable provision of specialized risk reduction counseling related to AIDS, and to provide one-on-one counseling to patients and their spouses about ways to reduce transmission through safer sex practices.	HRSA CDC	National and regional organizations.	9/86

3.4 Persons Known To Be Infected

Persons who learn of their infection with the AIDS virus can reduce the likelihood of further transmission of the virus. These individuals may have been diagnosed with AIDS or learned through antibody testing of their exposure to the virus. State and local health departments offer one-on-one counseling to these individuals. Community organizations, drug abuse treatment programs, and community mental health services offer health education/risk reduction and counseling programs.

TASKS	LEAD PHS AGENCIES	COLLABORATING ORGANIZATIONS	BEGINNING DATE
3.4.1. Award cooperative agreements to States to provide pre- and post-counseling, serologic testing, and dissemination of information about the availability of such services.	CDC	State & local governments.	5/85
3.4.2. Provide assistance to community AIDS service groups & drug abuse treatment programs to help patients known to be seropositive understand and accept their responsibilities to reduce transmission by adopting appropriate sex practices, eliminate needle sharing, and refrain from donating blood, semen, or organs.	CDC ADAMHA	State & local governments, drug abuse treatment programs.	5/86
3.4.3. Provide counseling, testing, and where deemed appropriate sex partner referral for the sex partners of people known to be seropositive.	CDC ADAMHA	State & local governments, drug abuse treatment programs.	5/85
3.4.4. Support model programs to provide adequate information and support for blood donors found to be infected with the AIDS virus.	NIH (NHLBI)	Blood centers & community organizations.	9/85

3.5 Female Sex Partners of Those at Increased Risk or Infected

The sex partners of those infected with the AIDS virus are at increased risk of infection. These individuals are directly reached through sex and needle-sharing partner referral. Women who are sex partners of those at increased risk of infection are particularly at risk. They may also unknowingly infect their infants during pregnancy or birth. Many women who have developed AIDS belong to minority groups. Women who are at increased risk should receive counseling from facilities that provide them health care service, i.e., family planning centers, health departments, hospital outpatient clinics, and drug abuse centers.

TASKS	LEAD PHS AGENCIES	COLLABORATING ORGANIZATIONS	BEGINNING DATE
3.5.1. Award cooperative agreement funds to provide one-on-one counseling of females whose sexual partners may be in risk groups, or who are known to be seropositive.	CDC	State & local governments .	5/85
3.5.2. Encourage women who think their sex partners may be at increased risk or infected to use existing counseling and service sites for pre- and post-counseling about serologic testing.	CDC ADAMHA	State & local governments, community organizations.	5/86 9/87
3.5.3. Develop and disseminate messages about safer sex practices to women who may be sex partners of persons in high risk groups, but who elect not to seek one-on-one counseling.	CDC ADAMHA	State & local governments, community organizations.	5/86 9/87
3.5.4. Initiate demonstration projects to identify female sexual partners of drug abusers, encourage serologic testing, and reduce risk-taking behavior.	ADAMHA	Community organizations.	9/87
3.5.5. Initiate demonstration projects to reduce perinatal transmission in selected high incidence areas, by intensive outreach and counseling to women who are sex partners of those at increased risk or infected.	CDC ADAMHA	State & local governments, community organizations.	6/87 9/87
3.5.6. Educate health care providers to actively assess the risk status of women, inform them of existing counseling and testing activities, and counsel them about safer sex practices.	CDC HRSA ADAMHA	State & local governments, drug abuse treatment programs.	5/85
3.5.7. Determine and address the special needs of minority women for health education materials and counseling to reduce risk.	CDC	State & local governments, drug abuse treatment programs.	5/86 9/87

3.6 Prostitutes and Their Clients

Prostitutes are at increased risk of an AIDS virus infection because they have multiple sex partners, and some share needles and syringes while abusing IV drugs. Their clients are also at increased risk.

TASKS	LEAD PHS AGENCIES	COLLABORATING ORGANIZATIONS	BEGINNING DATE
3.6.1. Award cooperative agreements to States to provide general health education and one-on-one counseling to prostitutes and other women with multiple sex partners.	CDC	State & local governments.	5/86
3.6.2. Encourage prostitutes to utilize existing sites for pre- and post-counseling and serologic testing.	CDC	State & local community organizations.	5/85
3.6.3. Initiate demonstration projects to identify prostitutes who are IV drug abusers or are sexually involved with IV drug abusers, encourage serologic testing, and reduce risk-taking behaviors.	ADAMHA	Community organizations.	9/87
3.6.4. Provide information to the general public, and targeted health education messages to the users of prostitutes, regarding the risk of female to male transmission.	CDC	State & local governments.	5/86

4.0 HEALTH WORKERS

Health workers must be prepared to address infected persons' health needs and to counsel, or refer for counseling, those infected with the AIDS virus to reduce the infected persons' risk of transmitting the virus to others.

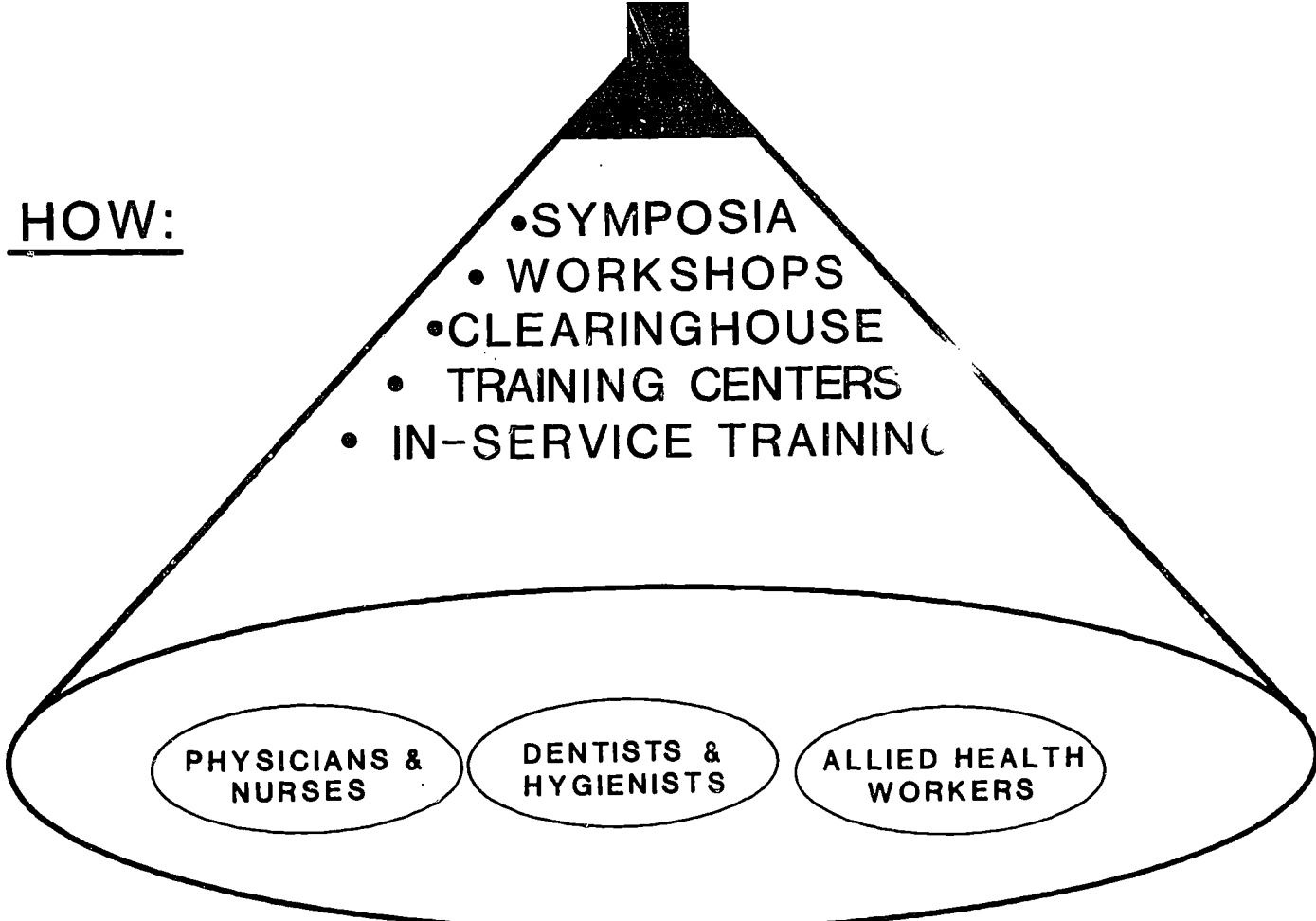
Health workers represent a major channel for providing accurate AIDS information to the patient, sex partners of the patient, friends and family members of the patient, allied health care workers, as well as the public.

Some health care workers by virtue of their occupation need to be informed that there is some risk, albeit small, of infection.

WHAT:

Inform and Educate
HEALTH WORKERS

HOW:

- 
- SYMPOSIA
 - WORKSHOPS
 - CLEARINGHOUSE
 - TRAINING CENTERS
 - IN-SERVICE TRAINING

PHYSICIANS &
NURSES

DENTISTS &
HYGIENISTS

ALLIED HEALTH
WORKERS

4.0 HEALTH WORKERS

● FEDERAL GOVERNMENT

- FCC
- PHS TASK FORCE
- CDC
- ADAMHA
- NIH
- FDA
- HRSA
- OASH – OMH

● STATE AND LOCAL

- STATE HEALTH AGENCIES
- STATE DRUG ABUSE AGENCIES
- STATE EDUCATION AGENCIES
- STATE LAW ENFORCEMENT AGENCIES
- LOCAL AGENCIES

● VOLUNTARY ORGANIZATIONS

- NATIONAL INFORMATION/EDUCATION COALITION
- NATIONAL EDUCATION COALITION
- NATIONAL HEALTH ORGANIZATIONS
- NATIONAL AIDS ORGANIZATIONS
- NATIONAL EDUCATION ORGANIZATIONS
- NATIONAL MINORITY ORGANIZATIONS
- NATIONAL PROFESSIONAL ORGANIZATIONS
- NATIONAL RELIGIOUS ORGANIZATIONS
- NATIONAL YOUTH ORGANIZATIONS
- LOCAL AFFILIATES/COUNTERPARTS

● COLLEGES AND UNIVERSITIES

● PRIVATE ENTERPRISE

- NATIONAL COMMUNICATIONS AGENCY
- NATIONAL BUSINESS ASSOCIATIONS
- NATIONAL LABOR ORGANIZATIONS
- NATIONAL MEDIA
- BUSINESSES THAT SERVE YOUTH, SCHOOLS, HEALTH
- LOCAL AFFILIATES

	CONDUCT SURVEY OF INFORMATION NEEDS	DEVELOP EDUCATIONAL TRAINING CENTERS	DEVELOP INFO THROUGH CLEARINGHOUSE	DISSEMINATE INFO THROUGH TRAINING CENTERS	DEVELOP EDUCATIONAL TRAINING CENTERS	SPONSOR DRUG ABUSE TRAINING	COORDINATE FEDERAL AGENCIES	PROVIDE FINANCIAL ASSISTANCE	INFORM/EDUCATE	EVALUATE EFFORTS
FCC								●		
PHS TASK FORCE								●		
CDC	●	▲	●	●	●	▲	■	■	●	
ADAMHA	■			●	●	●	●	■	●	
NIH				●						
FDA								▲		
HRSA		●						●	●	●
OASH – OMH										
STATE HEALTH AGENCIES						▲			●	●
STATE DRUG ABUSE AGENCIES						■			●	●
STATE EDUCATION AGENCIES						▲			▲	
STATE LAW ENFORCEMENT AGENCIES						▲			▲	
LOCAL AGENCIES						▲			●	
NATIONAL INFORMATION/EDUCATION COALITION										
NATIONAL EDUCATION COALITION										
NATIONAL HEALTH ORGANIZATIONS										
NATIONAL AIDS ORGANIZATIONS										
NATIONAL EDUCATION ORGANIZATIONS										
NATIONAL MINORITY ORGANIZATIONS										
NATIONAL PROFESSIONAL ORGANIZATIONS		■	■		■		●	●	▲	
NATIONAL RELIGIOUS ORGANIZATIONS										
NATIONAL YOUTH ORGANIZATIONS										
LOCAL AFFILIATES/COUNTERPARTS					▲		●	●	▲	
COLLEGES AND UNIVERSITIES		●		■				●	■	
PRIVATE ENTERPRISE										
NATIONAL COMMUNICATIONS AGENCY									▲	
NATIONAL BUSINESS ASSOCIATIONS										
NATIONAL LABOR ORGANIZATIONS										
NATIONAL MEDIA									■	
BUSINESSES THAT SERVE YOUTH, SCHOOLS, HEALTH								●		
LOCAL AFFILIATES									■	

LEGEND:

- MAJOR DECISION MAKER
- MAJOR INFLUENCE
- ▲ INVOLVEMENT

4.1 Physicians and Nurses

Physicians and nurses make up a primary group of health professionals requiring timely clinical, laboratory, research, and risk reduction information to care for persons infected with AIDS and to serve as a community information resource. They also require appropriate messages for those with positive antibody tests for the AIDS virus and for sex and needle-sharing partners and family members of infected persons. This group will need to be informed of steps they can take to reduce their own risk of infection. Public, private, hospital, and non-hospital personnel are included in this group. Special emphasis will be given to reaching minority health professionals and providers who serve minority patients, particularly minority women.

TASKS	LEAD PHS AGENCIES	COLLABORATING ORGANIZATIONS	BEGINNING DATE
4.1.1. Plan a survey to determine what pediatricians and OB/GYN general practitioners, internists, and other physicians around the country know about AIDS and identify areas where information efforts should be targeted.	CDC	American Medical Association .	7/87
4.1.2. Plan a survey of physician counseling practices and develop appropriate educational materials.	NIH (NIAID)	Georgetown University.	6/87
4.1.3. Encourage the efforts of professional organizations that serve minorities and organize symposia.	NIH (NIAID)	Public & private organizations.	6/87
4.1.4. Develop the Collaborative AIDS Education Training Center Program to train physicians, nurses, and other health care professionals and those who will train others.	HRSA	Public & private organizations .	9/87
4.1.5. Sponsor outreach conference for health care workers.	NIH (NIAID)	Universities, Hospitals.	7/83
4.1.6. Encourage physician and surgeon referral of elective surgery patients for predeposit of blood for autologous transfusion; increase use of other forms of autologous transfusion; and reduction of unnecessary transfusions.	NIH (NHLBI)	National & State professional organizations.	88

4.2 Dentists and Hygienists

Dentists, dental hygienists, and dental technicians are at a small theoretical occupational risk of being infected by the AIDS virus.

TASKS	LEAD PHS AGENCIES	COLLABORATING ORGANIZATIONS	BEGINNING DATE
4.2.1. Plan a survey to assess the AIDS-related knowledge, attitudes, and infection control practices of dental care providers and use this information to plan an educational program.	NIH (NIDR)	Public and private organizations.	2/86
4.2.2. Develop educational programs on AIDS for dentists and auxiliary personnel designed to meet identified needs.	NIH (NIDR) CDC	Public and private organizations.	3/87

4.3 Allied Health Workers

Allied health workers, such as emergency medical service personnel, hemophilia clinic staff, methadone and other drug abuse workers, community health and social service workers, plasma donation center personnel, medical technologists and hospital laboratory staff require accurate information about AIDS and work procedures that decrease unwarranted fear and enhance occupational safety skills.

TASKS	LEAD PHS AGENCIES	COLLABORATING ORGANIZATIONS	BEGINNING DATE
4.3.1. Provide the latest AIDS information and safety recommendations to professional organizations.	CDC	Public and private organizations.	9/85
4.3.2. Sponsor a regional training program to train representatives of more than 500 agencies on how to establish, conduct and evaluate outreach to intravenous drug users who are not under treatment to increase awareness of AIDS and high risk behaviors and reinforce adoption of risk reduction measures.	ADAMHA	State and local governments, public and private organizations.	3/86
4.3.3. Conduct 30 AIDS regional training workshops for drug abuse counselors and administrators in States that have not yet had many cases of AIDS.	ADAMHA	State and local governments.	3/86
4.3.4. Conduct 19 courses in current AIDS laboratory techniques.	CDC	Public health, hospital & private laboratories & blood banks.	6/83

IV. APPENDICES

- A. ACCOMPLISHMENTS THROUGH
DEC. 31, 1986**
- B. LIST OF PHS AVAILABLE MATERIALS**
- C. GLOSSARY OF ABBREVIATIONS
FOR FEDERAL ORGANIZATIONS**

APPENDIX A

ACCOMPLISHMENTS

All PHS agencies have participated in AIDS-related public information and education activities. Efforts have aimed at the four groups:

- 1.0 The Public
- 2.0 School and College Aged Populations
- 3.0 Persons at Increased Risk or Infected
- 4.0 Health Workers

Specific activities aimed at reaching each of these groups are described in the following pages. Frequently one activity mentioned in one section addresses more than one group; however, the activities have not been repeated.

1.0 THE PUBLIC

- A. From 1982, worked with national and local electronics and print media to disseminate information to American public. Planned and arranged press conferences covering heterosexual transmission of AIDS, development of AIDS therapies, PHS guidelines on AIDS and the workplace, PHS recommendations to prevent perinatal transmission, progress in research to develop therapies and a vaccine, PHS recommendations to reduce sexual and drug-abuse-related transmission, the award of contracts for AIDS treatment evaluation units, and the announcement of evidence that azidothymidine (AZT¹) prolonged survival in some AIDS patients.
- B. Released a report from the Surgeon General of the PHS to the general public on the prevention of AIDS (October 1986). The report is being disseminated to the public through many channels. Television public service announcements and news reports advertise availability of report. (OASH)
- C. Established and operated a national toll-free AIDS hotline (1983-present) available to the public. As of November 1986, the hotline was contracted to the American Social Health Association, a vendor with related hotline/outreach experience. (CDC)
- D. Provided funding for a National Conference on AIDS in the Black Community (July 1986). Developed and distributed print, television, and radio releases on AIDS nationwide through minority media; produced Morbidity and Mortality Weekly Report (MMWR) article on AIDS in minorities. (PHS)
- E. Established AIDS speakers' bureaus in four States—California, Texas, Pennsylvania, and Illinois—through a contract with the AMA. Models will be developed as a result of this pilot project in which local physicians are trained to provide information and risk reduction messages on AIDS to their communities and the local media. The models will be easily and widely adaptable for use in all States. (OASH)
- F. Developed a mass media campaign with the American Red Cross, including television public service announcements, a poster promoting the AIDS hotline, and a series of 10 pamphlets for various targeted audiences. (OASH)
- G. Wrote and distributed widely across the country AIDS publications—"Facts About AIDS," "AIDS Information Bulletin," and several AIDS booklets. Designed and displayed exhibits at major medical meetings. Developed AIDS videotapes for the general public and occupational groups frightened of AIDS. (OASH)
- H. Established Comprehensive Community-Based AIDS Risk Reduction, Health Education and Prevention Demonstration Projects in six cities: Albany (NY), Chicago (IL), Dallas (TX), Denver (CO), Long Beach (CA) and Seattle (WA). Projects will produce prototype, comprehensive community prevention programs for reducing AIDS virus transmission through education/risk reduction efforts. Four projects are into their second year of funding, two were first funded in September 1986. (CDC)

¹Trade name registered by Burroughs Wellcome; use of trade names does not imply endorsement by the U.S. Government.

2.0 SCHOOL AND COLLEGE AGED POPULATIONS

- A. Convened representatives from relevant national organizations to develop guidelines for effective school health education about AIDS. The guidelines will later be distributed through appropriate channels. (CDC)
- B. Worked with the Health Insurance Association of America and the American Council of Life Insurance to develop educational materials for adolescents. These materials are to be used for junior and senior high school students. (CDC)
- C. Worked with the Indiana Department of Health and Indiana University to develop a manual on AIDS for students and teachers. (CDC)
- D. Utilized a computerized system (CHID) for an annotated compendium of materials, programs, activities and resources that could be used by schools, colleges, and other agencies that serve youth to provide effective education about AIDS. (CDC)

3.0 PERSONS AT INCREASED RISK OR INFECTED

- A. Awarded information and education program grants to the six largest AIDS morbidity areas (Los Angeles, New Jersey, New York City, Florida, Texas, and San Francisco), beginning in FY 84. Activities include assistance to community organizations in delivering health education and risk reduction messages to groups at risk, support for the creation of hotlines, and dissemination of risk reduction information to groups at risk and to the general population. (CDC)
- B. Established AIDS Prevention Augmentation Projects in 18 selected cities and States with a significant AIDS problem. The project areas will use funds to augment ongoing AIDS prevention, risk reduction and health education programs, and evaluate the efficacy of these prevention programs. (CDC)
- C. Established Community-based AIDS Prevention/Risk Reduction/Health Education Capacity Building Projects in 37 States, since April 1986. The project areas will obtain baseline data on AIDS virus infection and the AIDS problem in their communities, analyze the community resources related to AIDS, and plan goals, objectives, and activities for an AIDS risk reduction/prevention program. (CDC)
- D. Collaborated with the U.S. Conference of Mayors to increase knowledge and influence behaviors associated with transmission of AIDS virus infection, beginning in FY 84. Activities include awarding grants to eight community-based organizations to provide AIDS education for high risk groups; and producing the bimonthly newsletter, "AIDS Information Interchange," which is circulated to cities around the country. (CDC)
- E. Funded 55 agencies, via cooperative agreements, to establish "Counseling and Testing" sites beginning in 1985. The purpose of this program is to enable State and local health departments to counsel persons at increased risk for AIDS virus infection, test the antibody status of appropriate people, and counsel those who are AIDS virus antibody positive. (CDC)
- F. Funded Innovative AIDS Risk Reduction Projects to evaluate unique and innovative risk reduction, prevention, and/or health education activities for selected high risk groups. Projects have been funded at Sloan-Kettering (NY), University of Pittsburgh (PA), Gay Men's Health Crisis (NY), Ohio Department of Health (OH), AID Atlanta (GA), AIDS Project Los Angeles, Inc. (CA), Narcotic and Drug Research, Inc. (NY), and Beth Israel Medical Center (NY). ((CDC)
- G. Developed an interagency agreement to provide AIDS risk reduction, health education and prevention programs for the hemophilia populations served by Regional Hemophilia Diagnosis and Treatment Centers. (HRSA, CDC)
- H. Provided risk reduction counseling to gay and bisexual men participating in natural history studies being conducted in San Francisco, Los Angeles, Chicago, Baltimore, and Pittsburgh. (NIH)
- I. Investigated underlying elements dealing with the psychosocial aspects of persons with AIDS and persons demonstrating high risk behavior for AIDS through a grants program. Among the issues being studied are intervention techniques for risk reduction behavior for AIDS virus seropositive and seronegative persons, ways to encourage drug abusers to enter treatment, factors that influence gay men's compliance or non-compliance with safe sex recommendations, and effects on undergoing AIDS health education sessions upon risk reduction and other behavioral changes among persons in high risk status. (ADAMHA)

- J. Funded grants to develop strategies for reaching and modifying behavior of IV drug abusers not in treatment. (ADAMHA)
- K. Worked with the blood banks and plasma centers on programs to inform persons at increased risk for AIDS that they should refrain from donation. (FDA).
- L. Provided recommendations to blood and plasma collecting centers of steps to take to reduce the risk of transmitting the AIDS virus through the transfusion of blood or plasma. (FDA)

4.0 HEALTH WORKERS

- A. Participated in hundreds of symposia, workshops, etc., during past 5 years and published hundreds of peer reviewed scientific and other articles on AIDS. (PHS)
- B. Sponsored in 10 U.S. cities 18 conferences designed to provide the latest information about AIDS to health care workers (October 1983-October 1986). These conferences addressed the epidemiology, pathogenesis, and immunology of the disease, as well as related psychosocial, economic and social issues. In addition, a number of AIDS workshops have been designed and implemented in conjunction with national professional meetings. (NIH)
- C. Conducted 45 comprehensive 2 ½-day Regional Workshops to train over 2,500 drug abuse treatment program counselors and drug abuse treatment program administrators to counsel and manage persons with AIDS virus infection and intravenous drug abusers to prevent transmission; followup technical assistance is being provided to 120 drug abuse treatment agencies. A training guide on education, risk assessment, and treatment planning for counselors and program administrators was developed, pilot tested, and used in these workshops. In collaboration with criminal justice and health care agencies, AIDS training is being delivered to 750 workers who come into contact with IV drug abusers. (ADAMHA)
- D. Advised registered blood or plasma establishments on safe procedures for handling blood or plasma collected from donors who are AIDS virus antibody positive. Encouraged educational programs for personnel who screen donors to emphasize the need to reject donors with early signs and symptoms of AIDS. (FDA)
- E. Issued a "Dear Doctor" letter to over 500,000 physicians explaining the utility of the AIDS virus antibody test, following its licensure in March 1985. (FDA)
- F. Prepared State and local health departments for AIDS virus antibody testing and the establishment of alternate testing sites through training activities (CDC):
- Conducted 44 1-day seminars on AIDS virus antibody testing in 34 cities reaching over 7,500 professionals from health department, blood donation centers, and community organizations concerned with AIDS.
 - Conducted 35 2-day courses in 24 States to train personnel staffing alternate testing sites to prepare them to offer sensitive and effective pre- and post-test counseling services. An additional 40 sessions were provided by selected State or local health department personnel using CDC's curriculum.
 - Conducted 6 training courses on Western blot serologic tests for 112 students from 42 different States and 3 foreign countries; one course in ELISA test methodology for 19 students representing 10 State health departments; a second course in ELISA test methodology was conducted in Hawaii for 16 students.
 - Trained various representatives of government and nongovernment laboratories to culture AIDS virus.
- G. Developed and disseminated recommendations and guidelines for the prevention of AIDS and AIDS virus infection. These materials are used to train health-care professionals and others who handle and dispose of materials containing AIDS virus, and who need

to counsel and manage individuals with, or at risk of, infection. The guidelines and recommendations published in the *Morbidity and Mortality Weekly Report (MMWR)* are listed at the end of this appendix. (CDC)

- H. Funded 9 comprehensive AIDS-related projects to address the special mental health educational needs of medical students and other health care students and to develop training programs for health care workers who are currently providing health care to AIDS patients. (ADAMHA)
- I. Developed and distributed brochures aimed at health care workers, such as "Coping with AIDS;" awarded contracts to continue education efforts through pediatricians, obstetricians/gynecologists, employee assistance program staff, and college health professionals and counselors. (ADAMHA)
- J. Supported development of an *AIDS Reference Guide for Health Care Professionals* for the Los Angeles and Washington, D.C. areas, through the Center for Interdisciplinary Research on Immunologic Diseases (CIRID) at UCLA. These guides provide information about the disease and its transmission, as well as about local health care and support services. (NIH)
- K. Prepared information packages for patients, physicians, and pharmacists in connection with the program for the distribution of AZT to patients who meet the qualifying criteria for the drug. (NIH)
- L. Worked with dental organizations to improve infection control practices in dental offices, with primary focus on preventing hepatitis B virus and AIDS virus infections. Guidelines for dental personnel have been issued. (CDC, NIH)
- M. Produced and distributed videotape "What If the Patient Has AIDS?" for use in educating health care workers. (OASH)
- N. Wrote and distributed AIDS publications—"Facts About AIDS" (distributed widely, including major supermarket chains across the country), "AIDS Information Bulletin," Channing Bete AIDS booklets, etc.; designed and displayed exhibits at major medical meetings. (OASH)

22 AIDS GUIDELINES/RECOMMENDATIONS PUBLISHED IN MMWR

1. Acquired immune deficiency syndrome (AIDS): Precautions for clinical and laboratory staffs. MMWR 1982 Nov 5;31:577-80.
2. Prevention of acquired immune deficiency syndrome (AIDS): Report of interagency recommendations. MMWR 1983 Mar 4;32:101-03.
3. Acquired immunodeficiency syndrome (AIDS): Precautions for health-care workers and allied professionals. MMWR 1983 Sept 2;32:450-51.
4. Prospective evaluation of health-care workers exposed via parenteral or mucous-membrane routes to blood and body fluids of patients with acquired immunodeficiency syndrome. MMWR 1984 Apr 6;33:181-82.
5. Update: Acquired immunodeficiency syndrome (AIDS) in persons with hemophilia. MMWR 1984 Oct 26;33:589-91.
6. Hepatitis B vaccine: Evidence confirming lack of AIDS transmission. MMWR 1984 Dec 14;33:685-87.
7. Provisional public health service interagency recommendations for screening donated blood and plasma for antibody to the virus causing acquired immunodeficiency syndrome. MMWR 1985 Jan 11;34:1-5.
8. Update: Prospective evaluation of health-care workers exposed via the parenteral or mucous-membrane route to blood or body fluids from patients with acquired immunodeficiency syndrome—United States. MMWR 1985 Feb 22;34:101-03.
9. World Health Organization workshop: Conclusions and recommendations on acquired immunodeficiency syndrome. MMWR 1985 May 17;34:275-76.
10. Testing donors of organs, tissues, and semen for antibody to human T-lymphotropic virus type III/lymphadenopathy-associated virus. MMWR 1985 May 24;34:294.
11. Education and foster care of children infected with human T-lymphotropic virus type III/lymphadenopathy-associated virus. MMWR 1985 Aug 30;34:517-21.
12. Recommendations for preventing possible transmission of human T-lymphotropic virus type III/lymphadenopathy-associated virus from tears. MMWR 1985 Aug 30;34:533-34.
13. Update: Revised Public Health Service definition of persons who should refrain from donating blood and plasma — United States. MMWR 1985 Sep 6;34:547-48.
14. Update: Evaluation of human T-lymphotropic virus type III/lymphadenopathy-associated virus infection in health-care personnel — United States. MMWR 1985 Sept 27;34:575-78.
15. Recommendations for preventing transmission of infection with human T-lymphotropic virus type III/lymphadenopathy-associated virus in the workplace. MMWR 1985 Nov 15;34:681-86,691-95.

16. Recommendations for assisting in the prevention of perinatal transmission of human T-lymphotropic virus type III/lymphadenopathy-associated virus and acquired immunodeficiency syndrome. MMWR 1985 Dec 6;34:721-26,731-32.
17. Additional recommendations to reduce sexual and drug abuse-related transmission of human T-lymphadenopathy-associated virus. MMWR 1986 Mar 14;35:152-55.
18. Recommendations for preventing transmission of infection with human T-lymphotropic virus type III/lymphadenopathy-associated virus during invasive procedures. MMWR 1986 Apr 11;35:221-23.
19. Safety of therapeutic immune globulin preparations with respect to transmission of human T-lymphotropic virus type III/lymphadenopathy-associated virus infection. MMWR 1986 Apr 11;35:231-33.
20. Recommended infection-control practices for dentistry. MMWR 1986 Apr 18;35:237-42.
21. Diagnosis and Management of Mycobacterial Infection and Disease in Persons with Human T-lymphotropic Virus Type III/Lymphadenopathy-Associated Virus Infection. MMWR 1986 July 18;35:448-52.
22. Immunization of Children Infected with Human T-lymphotropic Virus Type III/Lymphadenopathy-Associated Virus. MMWR 1986 Sept 26;35:595-98,603-06.

**LIST OF RECOMMENDATIONS/PUBLICATIONS ISSUED BY FDA
TO BLOOD/PLASMA COLLECTING ESTABLISHMENTS**

- Recommendations to decrease the risk of transmitting infectious diseases from blood donors, 1983.
- Recommendations to decrease the risk of transmitting Acquired Immune Deficiency Syndrome (AIDS) from plasma donors, 1984.
- Source material used to manufacture certain plasma derivatives, 1984.
- Revised recommendations to decrease the risk of transmitting Acquired Immunodeficiency Syndrome from blood and plasma donors, 1984.
- Implementation of PHS provisional recommendations concerning testing blood and plasma for antibodies to HTLV-III, 1985.
- Testing for antibodies to HTLV-III, 1985.
- Revised definition of high risk groups with respect to Acquired Immunodeficiency Syndrome (AIDS) transmission from blood and plasma donors, 1985.
- Collection and shipment of HTLV-III antibody-positive blood products, 1985.
- Letter to medical professionals and blood and plasma collecting establishments from Commissioner Young appending PHS materials concerning the HTLV-III antibody test and its use, 1985.
- Additional recommendations for reducing further the number of units of blood and plasma donated for transfusion and for further manufacture by persons at increased risk of HTLV-III/LAV infection, 1986.

AIDS information disseminated to medical professionals through the "FDA Drug Bulletin"

- Research on AIDS — The FDA Drug Bulletin, December, 1982; 12(3):21-23.
- AIDS Update — The FDA Drug Bulletin, August, 1983; 13(2):9-11.
- Progress on AIDS — The FDA Drug Bulletin, October, 1985; 15(3):27-32.

AIDS information disseminated to consumers through the "FDA Consumer" magazine.

- What the Experts Know About AIDS — FDA Consumer, September, 1983, pp. 15-19.
- Screening Blood Donations for AIDS — FDA Consumer, May, 1985, pp. 5-11.
- AIDS Progress Report — FDA Consumer, February, 1986, pp. 33-35.
- The Centuries-Old Struggle Against Infectious Diseases — FDA Consumer, April, 1986, pp. 18-23.

APPENDIX B

LIST OF MATERIALS AVAILABLE

PUBLIC HEALTH SERVICE PUBLICATIONS, VIDEOTAPES, POSTERS ON AIDS

Publications

Order free (single copies or in quantity) from InterAmerica Research, 1200E North Henry St., Alexandria, VA 22314, Attn: Clint Jones:

- "Surgeon General's Report on Acquired Immune Deficiency Syndrome"—October 1986 report by the Surgeon General of the U.S. Public Health Service to the American people. A clear and comprehensive explanation of what AIDS is, how the AIDS virus is and is not spread, and what practical steps each person can take to avoid infection. Addresses controversial issues and provides projections for the future.*
- "Facts About AIDS"—Leaflet provides timely, accurate information in a question-and-answer format. Updated approximately quarterly. Includes Public Health Service recommendations for the general public, persons at increased risk of infection, and persons with positive AIDS antibody test results.*
- "Coping with AIDS"—Intended for health care workers, this booklet addresses psychological and social considerations in serving people with AIDS and others who have been infected by the AIDS virus.
- Leaflets coproduced by the Public Health Service and the American Red Cross:
 - "AIDS Sex, and You"
 - "Facts About AIDS and Drug Abuse"
 - "AIDS and Your Job—Are There Risks?"
 - "Gay and Bisexual Men and AIDS"
 - "AIDS and Children—Information for Parents of School Age Children"
 - "AIDS and Children—Information for Teachers and School Officials"
 - "Caring for the AIDS Patient at Home"
 - "If Your Test for Antibody to the AIDS Virus Is Positive . . ."

Order up to 25 copies of the following free from the Office of Public Inquiries, Centers for Disease Control, Bldg. 1, Rm. B-63, 1600 Clifton Rd., Atlanta, GA 30333.

Larger quantities are for sale by Channing L. Bete Co., Inc., 100 State Rd., South Deerfield, MA 01373; telephone 413-665-7611. (Price per unit varies, depending on size of order.)

- Scriptographic booklets:
 - "What Everyone Should Know About AIDS" (also available in Spanish)
 - "Why You Should Be Informed About AIDS" (for health-care workers)
 - "What Gay and Bisexual Men Should Know About AIDS"
 - "AIDS and Shooting Drugs" (for intravenous drug users, their family members, and drug treatment counselors)

*Organizations wishing to reprint very large quantities of these two publications can obtain camera-ready copy from the Office of Public Affairs, Public Health Service, 200 Independence Ave., SW, Room 725-H, Washington, DC 20201.

Order the following from the National Technical Information Service, 5285 Port Royal Rd., Springfield, VA 22161; telephone 703-487-4650:

- "Recommendations and Guidelines Concerning AIDS Published in the Morbidity and Mortality Weekly Report, November 1982 through April 1986"—Contains all Public Health Service recommendations regarding AIDS during the stated period, including precautions for health care workers and allied professionals, guidelines concerning AIDS and the workplace, recommendations to prevent perinatal transmission of the AIDS virus, and recommendations concerning education and foster care of AIDS-virus-infected children. Order No. PB86-210101. Paper copy, \$7.50; microfiche, \$5.95. (Add \$3 per order for shipping and handling.)
- "Reports on AIDS Published in the Morbidity and Mortality Weekly Report, June 1981 through May 1986"—Also includes all Public Health Service recommendations and guidelines concerning AIDS during the stated period. Order No. PB86-211455. Paper copy, \$8.75; microfiche, \$5.95. (Add \$3 per order for shipping and handling.)
- "Acquired Immunodeficiency Syndrome: Legal and Regulatory Policy," by William Curran, Larry Gostin, and Mary Clark, Department of Health Policy Management, Harvard School of Public Health. Report of a study conducted by the authors under contract with the Public Health Service. Order No. PB86-248291/AS. Paper copy: \$30.95; microfiche, \$6.50. (Add \$3 per order for shipping and handling.)

Videotapes (3/4", BETA 2, VHS)

To purchase tapes (\$55 each), contact the National Audiovisual Center, 8700 Edgeworth Dr., Capitol Heights, MD 20743-3701, Attn: Customer Service Section; telephone 301-763-1896.

To obtain tapes on free loan, contact Modern Talking Picture Service, 5000 Park St., North, St. Petersburg, FL 33709, Attn: Film Scheduling; telephone 813-541-5763.

- "AIDS: Fears and Facts"—For the general public. Answers the most frequently asked questions about AIDS: what causes it, who is at risk, how it is transmitted, what is being done to control its spread, and how individuals can reduce their risks of infection. 23 minutes.
- "What If the Patient Has AIDS?"—For health-care workers, including laboratory and hospital personnel. Outlines the risks associated with certain procedures involved in caring for AIDS patients and handling their specimens, and details precautions recommended to minimize those risks. 22 minutes.
- "AIDS and Your Job"—Developed for policemen, firemen, and other emergency personnel. Outlines the precautions that can be taken to reduce the risk of exposure to the AIDS virus on the job. 23 minutes.

Poster

Order free (single copies or in quantity) from InterAmerica Research, 1200E North Henry St., Alexandria, VA 22314, Attn: Clint Jones:

- Four-color poster, produced by the Public Health Service and the American Red Cross, featuring Patti LaBelle. Poster carries the message "Do not listen to rumors about AIDS. Get the facts!" and provides the toll-free number of the Public Health Service's national AIDS hotline (1-800-342-AIDS).

APPENDIX C

GLOSSARY OF ABBREVIATIONS FOR FEDERAL ORGANIZATIONS

ADAMHA	Alcohol, Drug Abuse and Mental Health Administration
CDC	Centers for Disease Control
FCC	Federal Coordinating Committee (AIDS)
FDA	Food & Drug Administration
HRSA	Health Resources and Services Administration
NIAID	National Institute of Allergy and Infectious Diseases
NIDA	National Institute on Drug Abuse
NIDR	National Institute of Dental Research
NIH	National Institutes of Health
OASH-OMH	Office of the Assistant Secretary for Health - Office of Minority Health
PHS	Public Health Service