

WHAT EDUCATION LEADERS SHOULD KNOW ABOUT HIV AND AIDS

SCHOOL HEALTH PROJECT

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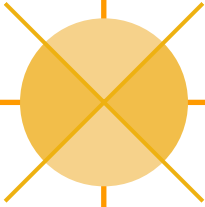
Education leaders and policymakers set the tone and agenda for school policies, making it essential that they are knowledgeable about the issues confronting the nation's young people. One of these issues is HIV/AIDS. HIV (Human Immunodeficiency Virus) is the virus that causes AIDS (Acquired Immunodeficiency Syndrome). The virus weakens the immune system. Individuals with a weakened immune system have a harder time fighting off infections. As many as 950,000 Americans may be infected with HIV, one-quarter of whom are unaware of their infection (Centers for Disease Control and Prevention [CDC], 2005).

The first cases of HIV/AIDS were reported in the United States in 1981. Since the beginning of the HIV/AIDS epidemic, there has been a significant demographic shift in the populations affected by the disease. What was once thought to be a disease that primarily affected white gay men is now known to be one that shows no discrimination with regard to sexual orientation, ethnicity, gender, or age. School-aged youth continue to engage in behaviors that put them at risk for HIV at significant rates.

The virus that causes HIV/AIDS is transmitted almost exclusively by behavior that school-aged youth can modify. Educational programs that reduce and prevent risky health behaviors are effective in preventing the spread of HIV/AIDS. Comprehensive school health education, which establishes a foundation for understanding the relationships between personal behavior and health, provides schools with an appropriate and effective means of educating school-aged youth about HIV/AIDS.

What are the differences between HIV and AIDS?

The most common symptoms of HIV include: fever, headache, tiredness, and



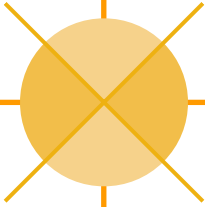
enlarged lymph nodes. The symptoms often appear and disappear quickly and are often mistaken for the flu. Individuals are most commonly diagnosed by a blood test that determines if HIV antibodies are present. An HIV-positive individual can have HIV antibodies present in their blood as early as four weeks or as long as six months or more after being infected.

AIDS refers to the most advanced stages of HIV infection. The Centers for Disease Control and Prevention (CDC) developed the official criteria for the definition of AIDS and, in partnership with states, is responsible for tracking the spread of AIDS in the United States (National Institutes of Health [NIH], 2003). More than 920,000 cases of AIDS have been reported in the United States since 1981. According to most recent CDC HIV surveillance report, an estimated 38,490 of 13 to 24 year olds in the United States were diagnosed with AIDS. They account for about four percent of the total estimated number of individuals diagnosed with AIDS (CDC, 2005).

While the differences between HIV and AIDS may seem technical, the differences are significant. CDC's definition of AIDS is when an HIV positive individual has less than 200 CD4 T-cells or has one or more of the specified opportunistic infections determined by the CDC definition (NIH, 2003). Healthy individuals normally have a cell count of at least 1,000 to fight off infection. Individuals with T- cell count less then 200 are prone to life-threatening diseases known as "opportunistic infections." The most common symptoms of low T-cell count include coughing and shortness of breath, seizures, confusion and forgetfulness, fever, vision loss, weight loss, extreme fatigue, and severe headaches.

How is HIV transmitted?

The most common way to contract HIV is by engaging in unprotected sexual activity with an infected partner. Other ways of contracting HIV include sharing injection needles, blood transfusions with HIV positive blood, and mother to child transmission before or during birth or during breastfeeding if the mother is HIV

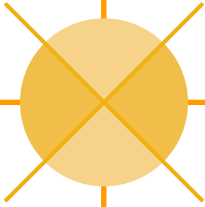


positive. The nation's blood supply is carefully screened for HIV to virtually eliminate the transmission of HIV to a recipient. The majority of HIV positive school-aged youth are infected through sexual activity or sharing infected needles.

What is the impact of HIV/AIDS among school-age youth?

The overall number of HIV-positive school-age youth is relatively low compared to other age groups. But it is important to keep in mind that it is possible for a number of years to pass from the time of infection to the time an individual is diagnosed with HIV. A delay in diagnosis can occur for a number of reasons, including the absence of symptoms or symptoms that are not recognized; therefore, it is very likely that many 20 to 24 year olds diagnosed with HIV contracted it between the ages of 13 and 19.

The numbers of young people (13—24) who are diagnosed with AIDS have increased in recent years. In 1999, the 13 to 24 year olds made up 3.9 percent of the total number of individuals who received an AIDS diagnosis in that year (CDC, 2005). In 2003, the number increased to 4.7 percent (CDC, 2005). Additionally, young people made up 12 percent of those receiving an HIV diagnosis in 2003. According to CDC's 2003 *Youth Risk Behavior Survey* about 50 percent of high school students reported being sexually active. Of the 50 percent who are sexually active, only 63 percent reported using a condom during their last sexual intercourse (CDC, 2004). The survey also reported that 14 percent of students have had four or more sexual partners in high school. With about 50 percent of high school students reporting being sexual active and no decline in the number of newly diagnosed HIV/AIDS cases among school-aged youth, schools have an important role to reduce and prevent potentially risky health behaviors. It is crucial for education leaders to recognize the importance of comprehensive health education. These programs not only educate school-aged youth about HIV transmission and how to reduce their risk, but they teach skill sets that students can use as adults.



School-based prevention programs should make clear that abstinence is the only 100 percent effective way to prevent the sexual transmission of HIV; however, not all young people are abstinent, and they can be supported by providing information and skills that will help them become healthy adults. Programs should be age and developmentally appropriate and should conform to state and local guidelines for parental/familial information, review, and involvement.

References

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The Council of Chief State School Officers (CCSSO) is a nonpartisan, nationwide, nonprofit organization of public officials who head departments of elementary and secondary education in the states, the District of Columbia, the Department of Defense Education Activity, and five U.S. extra-state jurisdictions. CCSSO provides leadership, advocacy, and technical assistance on major educational issues. The Council seeks member consensus on major educational issues and expresses their views to civic and professional organizations, federal agencies, Congress, and the public.

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