

Special Interest Articles:

- Report on African Seminar on HIV/AIDS
- AIDS Knowledge Game to use in the EFL Classroom (insert)

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Dr. Peter Piot, Executive Director, UNAIDS/HQ addresses African Seminar on Health Development

by Louise Haynes

JAPANetwork was among several AIDS NPOs invited to attend a seminar on AIDS on Nov.1 and 2, 2000 at the Akasaka Prince Hotel in Tokyo. I arrived at the hotel early on the morning of the 1st, expecting to find it easy to locate the hall where the seminar was being held. Instead, I had to search the main lobby carefully, and finally found a small sign "African Seminar on Health Development", with an arrow pointing toward a corridor. There was no indication that the topic of the seminar was AIDS. Nor was there any sign that inside, an assembly of representatives from the Ministries of Health of 15 countries and UNAIDS would be discussing how to best conduct the exchange of information and experience among these countries located in the southern hemisphere of the planet.

Down a long and winding corridor, downstairs, I felt as though I was searching for a clandestine hideout rather than a seminar hosted by the Japanese Ministry of Health and Welfare, the Japanese Ministry of Foreign Affairs, and the Joint United Nations Programme on HIV/AIDS.

Inside the hall, tables had been set up along two walls for the ambassadors of the various countries – 18 men and one woman, and another u-shaped table in the center of the room at which sat the Directors of AIDS programs from the republics of Botswana, Central Africa, Ghana, Kenya, Rwanda, Senegal, South Africa, Tanzania, Uganda, Zambia, Zimbabwe, Cambodia, Thailand, Brazil, and Japan, a total of 19 men and one woman. I took a seat at the back of the

room, where tables had been set up for the press and observers.

Ambassador Horiuchi, Special Assistant to the Minister of Foreign Affairs, gave the opening welcome speech on behalf of the Japanese government. He outlined in detail the support Japan has offered to countries in Africa and other parts of the world, both monetarily and in terms of dispatching experts to assist in the training of individuals in the host countries.

In particular, Horiuchi noted that "Japan showed its way as the world's leading donor contributing one fifth of the world's ODA, and announced the 'Okinawa Infectious Diseases Initiative' which allocates up to three billion dollars over the next five years in the field of HIV/AIDS and other infectious diseases. Based on this Initiative, Japan is continuing to make every effort to implement projects which meet the needs of developing countries."

Those attending the conference were given handouts showing the various programs in developing countries funded by the Japanese government. The participating Directors were encouraged to review previous programs and to contact the Japanese embassy in their respective countries if they required such funding for their own programs.

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 AIDS News
 from CDC Daily
 AIDS Update,
<http://aidsinfobbs.org/library/cdcsums>

Sex trafficking continues to be a growing global problem.

Sex Trafficker's Demand for Kids on Rise

Atlanta Journal-Constitution
 (www.accessatlanta.com) (03/08/01)
 P. 20A; Malone, Julia

A new report led by Laura J. Lederer of the Johns Hopkins University's School of Advanced International Studies indicates that sex trafficking of women and children is an ever-growing global problem. "The simple reason for the growth of trafficking in recent years is that it is profitable," the report noted.

Lederer's Protection Project is the accumulation of data documenting sexual slavery in 190 countries, including the United States. During an interview on Wednesday, Lederer commented that the AIDS epidemic has given sex trafficking a higher price and a growing market demand for much younger children who are less likely to be infected with HIV.

Origins of HIV

Science (www.sciencemag.org)
 (06/09/00) Vol. 288, No. 5472, P. 1757;
 Hillis, David M.

The origins of HIV, and the date when simian immunodeficiency viruses (SIVs) crossed over to humans are still being studied. A recent study by B. Korber et al. used phylogenetic analysis to estimate the year of HIV's origin. David M. Hillis of the School of Biological Sciences at the University of Texas writes that by the 1980s, when HIV was identified, widespread epidemics were already taking place. It was known that HIV-1 came from chimpanzees and viruses transmitted from sooty mangabeys were called HIV-2. Korber calculated that the best estimate for placing the common ancestry of HIV-1 M group is 1931. The designation of the early 1930s reveals that the virus must have been transmitted to humans before then,

possibly in the 1800s or early 1900s. It is also possible that the virus infected humans around 1930 and rapidly began to spread. Another theory is that multiple strains of HIV jumped from chimpanzees to humans around the same time in the 1940s or 1950s. Korber's data seems to best support the Transmission Early theory, Hillis writes. Under this concept, the spread of the virus was slow, since HIV was present in the 1930s but did not become widespread until the 1970s. Hillis also notes, "The epidemic exploded in the 1950s and 1960s, coincident with the end of colonial rule in Africa, several wars, the introduction of widespread vaccination programs (with the deliberate or inadvertent reuse of needles), the growth of large African cities, the sexual revolution, and increased travel by humans to and from Africa."



Japan Gives \$3.6 Million to Fight AIDS in Vietnam

Agence France Presse (www.afp.com)
 (06/27/00)

Japan has increased Vietnam's budget for HIV prevention with a grant of up to \$3.6 million for screening and education programs in Ho Chi Minh City and nine nearby provinces. Ho Chi Minh City has hundreds of bars and brothels, and officials note the added risk of infected prostitutes who return to

the city after working in Cambodia. According to health ministry statistics, more than 20,000 people have tested positive for HIV in Vietnam and over 1,800 have died from AIDS; however, they warn that the actual number of infections could be much higher, since testing is primarily done on convicted drug users, prostitutes, military recruits, and pregnant women.





JAPANetwork supporters in downtown Nagoya observe World AIDS Day, Dec. 1, 2000

African Seminar on Health Development (cont'd from p. 1)

Dr. Peter Piot, director of United Nations AIDS Organization presented an update on the state of AIDS throughout the world. He noted that the UN Security Council recently addressed the topic of AIDS. It was the first time a health issue had become an issue of fundamental human security.

Dr. Piot stressed that it is not good enough to treat the problem of AIDS as business as usual. We must scale up our efforts so that the response is equal to the size of the problem.

AIDS cuts across societies. In African education, for example, AIDS has resulted in more teachers being lost than being trained. Students cannot keep up their schooling. One solution has been to turn schools into community centers sharing responsibility for learning.

AIDS was once an urban problem. Now, agricultural communities are affected. In some areas agricultural production has been halved. Migration to cities also decreases capacity of agricultural areas.

An Educational Forum was recently held in Dakar, yet the ministers of education from even heavily affected countries did not take into account the problem of AIDS in their planning.

Piot explained that there must be a

change in thinking in three specific areas; resources, prevention and care, leadership.

In terms of resources, Piot made a plea for billions of dollars to be spent in the worst-affected countries. "It is an investment in our common future" he said. "The worst is yet to come. The number of AIDS cases is far from its peak. The number of HIV infections is increasing on a global level."

Piot gave the actions of MTV as an example of how the private sector can become a source of funding. Working with AIDS organizations, MTV produced a music video focusing on prevention of HIV infection, had it made into several languages, and then distributed it to hard-hit countries for broadcast.

Prevention is a priority not in isolation from the millions infected with and affected by HIV. Giving care offers an incentive for prevention. Piot stated that prevention works 1) when coverage exists 2) when individuals have access to condoms 3) when the capacities of communities are strengthened and 4) when denial is overcome and PWAs (people with AIDS) are participants in planning and

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"The worst is yet to come. The number of AIDS cases is far from its peak. The number of HIV infections is increasing on a global level."

African Seminar

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decision-making involved at all levels on issues affecting the well-being of the community.

Leadership has seen a major shift in recent years, Piot reported. It requires eyes to be open to the problem of denial both at the level of the person and of the society. Prevention strategies have resulted in decreases of infection in certain groups, yet hundreds of thousands of young people become sexually active every year.

Leadership must have the capacity to make informed choices and decisions. It must be willing to take bold action, to make decisions that are not popular, and to make decisions that go against popular opinion. He cited sex education for children as an example.

Piot explained how expertise is underutilized, especially in developed countries. Public and private partnerships can offer services and goods which are helpful in fighting AIDS. The private sector can be a source of expertise that normal NPO/NGOs do not have, e.g. the skills and resources of MTV.

For example, the Thai Business Coalition on AIDS is made up of government and non-governmental agencies working together in an effort to keep the workforce healthy, to offer workshops and to further develop international business and AIDS networks.

Effective planning is a key instrument in mobilizing resources. There must be continuing collaboration among countries at all levels: governments, bilateral, UNAIDS, the private sector and the community sector.



From my “observer” position at the end of the hall, I sat listening to the speeches which were translated into English, French and Japanese. I wondered if the representatives from the Japanese government, the host of this seminar, were not just slightly embarrassed by Piot’s call for strong leadership. It is often easier to think a problem exists outside our own sphere rather than to look within, and to take – possibly unpopular – action.

“Leadership must be willing to make decisions that go against popular opinion.”

Views from UNAIDS: the Female Condom

(comments by Dr. Peter Piot, UNAIDS)

The results of studies have shown that the female condom prevents STD infections, but no studies have been done regarding HIV infection. There is diverse acceptability, depending on the area.

- 1) the price is a major obstacle
- 2) it should be offered as a complementary option to the male condom. Women often depend on their partner to be faithful or to use a condom
- 3) women are not always in a position to ask their partners to

use a condom. The female condom can be used for sex workers and as well as a condom for married women. Part of the problem is how to position it for marketing. It is not one method that is ideal for all women. We must make sure all methods are available.

There are other questions now being investigated such as whether or not it can be reused.

“We must make sure all methods are available.”

To the EFL Teacher in Japan...

You're an English teacher. You teach at a language school, a junior or senior high, a university, or maybe private lessons. You have certain beliefs about what the role of an English teacher is. You teach vocabulary, grammar, functions, and perhaps literature, writing, or oral communication.

You certainly wouldn't teach anything like AIDS.

Well, read on.

HIV infection is spreading in Japan, just as it is in other parts of Asia. Just because you never hear about the problem in Japan on the news or read much about it in the newspaper doesn't mean it isn't a problem. One reason you don't hear about it is that cases are not accurately reported. The UN reports that only about 10% of those who are HIV+ even know their HIV status.

So what does this have to do with you?

You care about your students' English development. Do you also care about their continued good health? There are ways to address the topic of AIDS in the English language classroom.

JAPANetwork has materials available FREE OF CHARGE to educators. We have videos,

photocopiable lesson plans, HIV/AIDS pamphlets, games, articles, and teaching ideas to make *your* job easier.

Whether you teach beginning students or advanced levels, there is a way to bring this much-needed education to your students here in Japan.

You know what else? The students enjoy it! The majority of teachers who do raise the topic have found that their students pay extra-careful attention and participate more in class! Many teachers find their students stay after class to talk. Says something about motivation, doesn't it?

As you plan your syllabus for 2001... consider a class on AIDS.

If you don't think it's a problem, have a look at the article on the next page. 2010 is the year in which AIDS cases in Asia will overtake Africa.*

Do what you can to help stop the epidemic here.

*Reported in *The Future Strategic Context* for Defense, published in *Time* magazine, February 19, 2001.

"...students pay extra-careful attention and participate more in class!"

VIDEOS

- Everything You Should Know (with Whoopie Goldberg)
- AIDS: The Teen's Guide to Living
- Gone Tomorrow: AIDS Awareness
- In Our Own Words

PAMPHLETS

- HIV/AIDS – gives basic info
- HIV/AIDS - sliding Q & A info card
- The Facts about Sexually Transmitted Diseases

LISTENING & SPEAKING ACTIVITIES

GAMES

and

MORE!

Contact JAPANetwork for materials

For further information, please contact:

In Tokyo: donald@gaigo.sundai.ac.jp

In Nagoya: aidsed@gol.com

JAPANetwork's website has materials you can download

<http://www.japanetwork.gol.com>

The Demographic Impact of AIDS

"... this is only the beginning of the epidemic's impact."

From a report on The Durban Monitoring the AIDS Pandemic (MAP) Network Symposium, ***The Status and Trends of the HIV/AIDS in the World***, held on 5-7 July 2000.

At the turn of the millennium, UNAIDS and WHO estimated that 34.3 million adults and children were living with HIV/AIDS. More than 18 million have already died of the disease. However, with more than 30 million people currently living with the virus, and more than 5 million new HIV infections every year, this is only the beginning of the epidemic's impact. Globally, HIV/AIDS is now well established in the list of the top ten leading causes of death. In sub-Saharan Africa, where the epidemics are worst, AIDS kills by far more people than any other cause of death. More than 1 out of 5 deaths in the sub-continent are caused by HIV. And, unlike many other causes of death, AIDS deaths will continue to rise in the coming years. And it is highest in young women and men in their most productive years.

AIDS deaths cause reduction in population growth

At the beginning of the 21st century the population growth rate in Zimbabwe has been reduced to nearly zero due to AIDS mortality, according to new population projections done by the U.S. Census Bureau. Other countries with sharply reduced growth rates include several other southern African countries: Botswana, Malawi, Namibia, South Africa, Swaziland, and Zambia. In Asia, AIDS mortality results in slightly reduced growth rates in Myanmar, Cambodia and Thailand.

International development goals will not be achieved due to HIV/AIDS

Life expectancy and child mortality rates have been traditionally used as markers for development. While major achievements have been observed for both parameters in most countries over the past decades, AIDS has caused a reversal of these positive trends in many countries.

Children born today in Botswana, Malawi,

Mozambique, Rwanda, Zambia, and Zimbabwe have life expectancies below 40 years of age. They would have been 50 years or greater without AIDS. In Botswana, life expectancy at birth is now estimated to be 39 years instead of 71 without AIDS. In Zimbabwe, life expectancy is 38 instead of 70.

Data on HIV infection rates and mortality do not tell the whole story

Many individuals have difficulty grasping the results of these high prevalence levels. The resulting AIDS mortality is difficult to comprehend. Given the current HIV prevalence rates, many more millions of individuals will die due to AIDS over the next decade than have over the past 2 decades. Many of the southern African countries are only beginning to see the impacts of these high levels of HIV prevalence.

Current prevalence data, horrifying as they are, do not convey the full picture facing individuals in high HIV prevalence populations. Because prevalence is a measure of current infection levels amongst living individuals, it does not capture infections amongst those who have already died or who have not yet become infected but will be in the future. We can look at current incidence and mortality patterns and estimate the lifetime risks of contracting HIV and dying from AIDS faced by young people embarking on the sexually active phase of their lives. This analysis shows that in a country such as South Africa, or Zambia, where prevalence in the year 2000 has reached about 20 percent, a 15-year old teenager would face a lifetime risk of HIV infection and of death from AIDS on the order of 60 percent if experiencing current age-specific incidence rates throughout his or her life.

Asia

In Asia, rates of infection are generally much lower. They reach two percent or more of the adult population in three countries, Thailand, Cambodia and Myanmar. In many of the very populous

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"Current prevalence data, horrifying as they are, do not convey the full picture facing individuals in high HIV prevalence populations.."

AIDS Statistics in Japan as of October 31, 2000*

1 . Total AIDS cases in Japan to October 29, 2000.

	Males	Females	Total
Heterosexual transmission	713 (121)	146 (80)	859 (200)
Homosexual transmission *1	422 (48)	0 (0)	422 (48)
Injection drug use	15 (10)	0 (0)	15 (10)
Perinatal	9 (1)	5 (2)	14 (3)
Other	28 (8)	14 (7)	42 (15)
Unknown	412 (147)	97 (71)	509 (218)
Subtotal	1,599 (334)	262 (160)	1,861 (494)
Cases due to untreated blood products *2	631 (...)	8 (...)	641 (...)
Grand total	2,233 (334)	270 (160)	2,503 (494)

() numbers in parentheses indicate foreign nationals

2 . HIV infections to October 29, 2000.

	Males	Females	Total
Heterosexual transmission	898 (166)	832 (562)	1,730 (728)
Homosexual transmission *1	1,073 (110)	0 (0)	1,073 (110)
Injection drug use	22 (15)	1 (1)	23 (16)
Perinatal	12 (2)	13 (7)	25 (9)
Other	41 (13)	29 (8)	70 (21)
Unknown	415 (184)	458 (429)	873 (613)
Subtotal	2,461 (490)	1,333 (1,007)	3,794 (1,497)
Cases due to untreated blood products *2	1,415 (...)	17 (...)	1,432 (...) *3
Grand total	3,876 (490)	1,350 (1,007)	5,226 (1,497)

Note : *1 Total includes bisexual males

*2 This is the figure presented in the interim report by the research group which studies protection against AIDS and remedy (treatment) for AIDS, as of the end of October, 1997. Since February 17, 1990, cases of HIV infection through infected coagulant factor (blood products) have been excluded from reporting.

*3 Total infections as of May 1998.

Deaths to date: 1,200.

* These totals are the latest reported figures as of March 6, 2001 on the Japanese Ministry of Health and Welfare Web Site at <http://www.mhlw.go.jp/houdou/index.html>.

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See us at:
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Demographic Impact (cont'd from p. 6)

nations of the region, prevalence does not exceed 1 in a thousand. However, nationwide average prevalence estimates do not tell the full picture. China and India are home to more than one-third of the world's total population. Each of these countries has more inhabitants than all African nations together. As in Africa, the spread of HIV is different from one province to another in China, or from one state to another state in India. In fact, while HIV seems to

be extremely rare in some states in India, especially in the northern parts of the country, rates have reached 2 percent and more in the state of Tamil Nadu. One can easily imagine what it would mean in terms of total numbers if HIV would spread at similar levels to others states, given the sheer size of the country's population. (The full version of this report can be found at <http://www.unaids.org/hivaidinfo/statistics/june00/>)

Success in Cambodia

Counseling is not common for Asian countries, but successful programs have been developed. Cambodia started to provide AIDS counseling in 1996. In the beginning, the number of people taking advantage of the counseling was small because of the fear of stigma.

Through the creative use of the media,

the benefits of antibody testing and AID counseling has begun to have an effect on minimizing stigma and fear of testing

The number of people who are now using these programs is increasing, especially in three centers in Phnom Penh.

About Our Organization...

JAPANetwork offers FREE HIV/AIDS lesson plans, games, articles and video lworksheets to EFL teachers. We also welcome articles, artwork, poetry, or lesson plan ideas, and accounts of teaching experinces from teachers and students. Send your contributions to the address on the left.



An AIDS Knowledge Development Game

Here is a game for your students to play time and time again – when you have that extra few minutes at the end of a lesson. It takes very little set-up, and after your students play it once, they'll know how it works the next time.

HOW TO PLAY

Students work in groups of five and compete against each other to get their markers to the goal. ONE of the 5 students is the READER and does not have a marker on the board. All students place their markers on 1. In order to progress to the next number, a student must answer a question correctly. The READER has a list of questions, graded in difficulty. S/he reads out a question and the student whose turn it is gives an answer. If the answer is correct s/he can move to the next number. If not, s/he has to go back to the previous number. (If the student is at 1, s/he does not move. If there are no spaces to move into, the student stays in her/his space.) If all the questions are used in one section (ex. NUMBER 4) then a question from the next higher section can be asked.

WHY PLAY?

The purpose is not only to get to the goal, but to pick up some knowledge about HIV/AIDS along the way. No student will know all the answers to the questions; the teacher might not, either! And playing the game once will not ensure that students know everything. Gradually, with time and experience playing, students will build up their knowledge by remembering the answers to the questions so that they can win the game.

THE QUESTIONS

NUMBER 1

- * True or false? You can get an HIV test at the police department. [false]
- * True or false? HIV is the same thing as AIDS. [false]
- * Can you catch HIV from mosquitoes? [No, you can't]
- * True or false? It is safe to be in a pool with and HIV+ person. [true]
- * Is there a cure for AIDS? [No, there isn't]
- * True or false? You might catch HIV by sharing needles for drugs. [true]
- * True or false? You can't catch HIV from pets. [true]
- * Can you catch HIV is someone near you sneezes? [No, you can't]

NUMBER 2

- * True or false? HIV stands for Human Infection Value. [false: it stands for Human Immunodeficiency Virus]
- * True or false? It is safe for a child to be in school with a child who is HIV+. [true]
- * Can you catch HIV by having unprotected sex just once? [Yes, you can]
- * True or false? You can't catch HIV from oral sex. [false]
- * True or false? You can have HIV in your body but not know it. [true]
- * True or false? All condoms prevent HIV infection. [false: only latex condoms do]
- * If you have HIV can you give it to another person any time after you've been infected? [yes]
- * Is there an effective vaccine against HIV? [No there isn't, as of March 2001. Check with your teacher.]
- * True or false? Most HIV+ people do not know they are infected. [true]

NUMBER 3

- * True or false? The HIV virus slowly destroys the body's immune system. [true]
- * True or false? Sharing needles for body piercing might spread HIV. [true]
- * True or false? The HIV antibody test looks for AIDS. [false]
- * True or false? The HIV antibody test is free at any public health center. [true]
- * True or false? A person can have HIV for 10 years or more and not show any symptoms. [true]
- * True or false? You should have an HIV test as soon as you think you may have been infected. [false. You must wait at least 12 weeks for antibodies to develop.]

NUMBER 4

- * What kind of condoms are best for preventing HIV infection? [latex condoms]
- * True or false? Anal sex without a condom is a high risk behavior if your partner is HIV+. [true]
- * What does the HIV antibody test look for? [antibodies to the HIV virus]
- * There is a great risk of catching HIV from a blood transfusion in a hospital in Japan. [false]
- * Worldwide, which of these groups is the fastest-growing group to catch HIV?
A. Straight (heterosexual) men. B. Gay men (homosexual men).
C. Women and teenagers. [answer: C]
- * Is it possible for lesbians to catch HIV?
[Yes, it is. Remember that any exchange of HIV+ body fluids can result in infection]
- * Can you catch HIV from donating blood? [no. Donate = giving blood, not receiving it.]

NUMBER 5

- * Name one body fluid that might have enough HIV to infect you.
[answer one of these: blood, semen, breast (mother's) milk, vaginal secretions, pre-cum]
- * (the above question can be asked more than once)
- * What is the Window Period?
[answer: from the time you are infected to the time the antibody test can see antibodies. Usually 12 weeks but can be longer for some people.]
- * True or false? An HIV+ mother can pass the virus on to her unborn child. [true]
- * Why isn't it safe to keep a condom in your pocket or in your car?
[latex condoms should be kept in a cool, dry place, away from sunlight. Heat can weaken the latex and cause the condom to break.]

NUMBER 6

- * Why isn't it a good idea to use blood donation as a way to find out if you have HIV?
[answer: if someone has HIV and they donate blood, there is a small chance that the blood could be given to someone in a transfusion. NEVER donate blood during the WINDOW PERIOD.]
- * Name one serious disease that you might develop as a result of HIV infection.
[Answer one of the following:
 - skin cancer (Kaposi's Sarcoma)
 - vaginal cancer • pneumonia • blindness • wasting disease (losing weight)
 - nervous system disorders (trouble walking, moving)
 - candidiasis (white fungus in the mouth)]
- * (the above question can be asked more than once)

- * What does PWA stand for? [Person With AIDS]
- * In 1997, almost 6,000 women around the world were infected with HIV every day. [true]

NUMBER 7

- * Why isn't a good idea to have sex after you've been drinking alcohol?
[Answer: After you drink alcohol, your judgement isn't the same as when you haven't been drinking. You might decide to have sex when you wouldn't if you aren't drinking. You might decide not to use a condom. You might tear the condom when putting it on. It's just not safe to drink and have sex!]
- * Name one precaution a person with AIDS should take in their everyday lives.
[Answer: Eating well-balanced meals, NOT eating raw foods such as eggs (including Caesar salad dressing!), unpasteurized cheese or milk, sushi, rare meats; Getting the right amount of exercise; Seeing a dentist regularly; Staying with dosage requirements on medicines. Also it is recommended that PWAs avoid chocolate, colas, caffeine, alcohol, and sugar. Cocoa and some over-the-counter pain and cold medicines may contain caffeine.]
- * True or false? Medicines to help keep you healthy if you're HIV+ are not expensive [false]
- * If you're HIV+ you can take medicine to slow HIV down from making copies of itself. You can take medicine to help strengthen your immune system. Will these medicines also help cure cancer or other diseases? [no. You will have to take additional medicines for any other diseases that develop.]
- * Can a person catch HIV from "deep kissing" with and HIV+ person?
[Unlikely. There is a theoretical possibility, especially if blood is present in the mouth. However, there are no known cases of HIV transmission from kissing.]

NUMBER 8

- * Why is it better to know you have HIV soon after you become infected?
[Answer: When you know you have been infected, you can take precautions not to give it to anyone else, and you can get medical help to keep you healthy so you can live longer.]
- * What percentage chance does an HIV+ mother have of passing the virus on to her baby? [Answer: 25%]
- * True or false? As of March 2001, there were over 7,000 HIV+ cases reported in Japan. [true]
- * True or false? Most babies born to HIV+ women have HIV antibodies and later develop HIV. [False. Most babies will be born with their mother's antibodies, but may not go on to produce their own antibodies; i.e. will not be HIV+]
- * Why can't the HIV antibody test tell you if you have AIDS?
[The HIV antibody test can only tell you if the virus is detectable in your body. It cannot tell you how much of your immune system you have, or if you have other diseases.]
- * Name one drug that is used to combat the progress of HIV.
[Answer one of the following: ddI, AZT, ddC, d4T]
- * (the above question can be asked more than once)
- * True or false? The Western blot is another test that tells you if you have HIV. [true. This test is done to confirm the result of the ELISA antibody test.]
- * True or false? If two people are both HIV+, it isn't important for them to use a condom or other barrier. [false. There are several strains of the HIV virus. If you have one, you can still catch another strain of the virus from another infected person. If you have more than one strain in your body, it could complicate your drug treatment.]
- * During unprotected sex, women are 2-4 times more likely to catch HIV than men. [true]

