



PEER EDUCATION TRAINING

Introduction

The following three day course is aimed at training peer educators living in conflict-affected areas, particularly internally displaced people (IDPs). IDPs are particularly vulnerable to HIV/AIDS due to their poor conditions of life and the environment of insecurity surrounding them.

This course was meant to be a shorter version of the five day course organized by the Reproductive Response Refugee Health Consortium for Humanitarian Workers. The participants should be able to interact with the target population on a permanent basis. Due to the relatively short period of the training, prior knowledge of HIV/AIDS-related issues would be a great asset for participants, however it is likely that most of the targeted participants would have a certain knowledge on HIV/AIDS due to considerably extensive awareness programs in affected countries.

Course outline:

Day 1: basic facts; transmission routes; vulnerability.

Day 2: Addressing HIV/AIDS; sexually transmitted infection, voluntary counseling and testing, condoms

Day 3: Universal precautions, mother-to-child transmission, stigma, care of people living with HIV/AIDS.

Basic Facts

HIV stands for Human Immunodeficiency Virus.

AIDS stands for Acquired Immune Deficiency Syndrome.

AIDS is caused by the HIV virus. A virus is a very small organism, called a micro-organism or sometimes a “germ.” It can only be seen using a very specialized microscope called an electron microscope. Sixteen thousand HIV viruses can fit on the head of a pin. Viruses can get inside the human body, where they multiply to reach very high numbers and make the person sick. Viruses multiply by getting inside the cells of the body and use these cells as a “factory” in which to reproduce themselves. Because of the variety of infections and cancers that can affect a person with HIV, they can show a variety of different symptoms and signs. The word “SYNDROME” refers to a group of symptoms and signs that can all be part of the same underlying medical condition, in this case HIV/AIDS. We will explain this again when we look at how HIV/AIDS affects the body.

The difference between HIV and AIDS:

When the HIV virus enters the body, we say the person is infected with HIV or “has got HIV.” When people with HIV show signs of illness, these are mostly caused by infections or cancers, and not by the HIV virus itself. When the person’s immune system has been weakened to the point at which s/he is suffering severe opportunistic infections, we say s/he has AIDS. We will discuss this again later.

The difference between HIV1 and HIV2:

HIV1 and HIV2 are different types of the HIV virus. HIV1 is the most common type worldwide. Both are transmitted in the same way, but HIV2 is less infectious and HIV2-infected people stay well for a longer time after infection. HIV2 was first identified in West Africa, where it is common, but it has also been identified in other parts of the world.

The history of HIV/AIDS:

HIV has been around for many years. We do not know exactly how long the HIV virus has caused illness in humans, but scientists estimate the time at about 50 years. The first known case of HIV occurred in 1959 in a man living in the Democratic Republic of Congo. The virus was identified in a blood sample that had been stored by scientists for many years for other purposes.

Where did HIV come from?

We are still not absolutely sure about the origin of HIV, but today scientists have a good idea. It sometimes happens in nature that viruses can transfer from animals to humans. For example, mad cow disease comes from cattle and SARS comes from civet cats. Scientists think that it is likely that HIV evolved from viruses found in monkeys. It is possible that one of these viruses transferred to humans from chimpanzees in Central Africa (HIV1) and from the Macaque or Sooty Mangabey monkey in West Africa (HIV2). This does not mean that scientists assume that people had sex with monkeys

and chimpanzees; it is more likely that people first got infected through cuts on their hands when they were handling the meat of these animals (which they killed for food). The AIDS syndrome was first recognized as a new disease in 1981 in the USA. In 1983, the HIV1 virus was identified by scientists in the United States. The HIV2 virus was identified in France the same year. Over the years there have been many myths around HIV/AIDS. For example, people have claimed that HIV does not exist, that it's a conspiracy to discriminate against Africans, that HIV does not cause AIDS, or that AIDS is caused by poverty, not by the HIV virus. However, there is by now overwhelming scientific evidence, from many studies in different places by different researchers, that HIV exists and that it causes AIDS.

Phases of HIV/AIDS:

1. Infection with HIV

This is the moment the virus gets into the body - sometimes called "inoculation."

2. Window period

Time frame: up to 3 months after infection.

No symptoms or signs.

The virus is multiplying rapidly. There are very high levels of virus in the blood and other body fluids at this time (i.e., the viral load is high), so the person is very infectious. But the HIV test is negative because the person has not yet started to make the antibodies that the test measures.

3. Seroconversion

Time frame: marks the end of the window period; lasts a week or two.

At this point, the body starts to make antibodies against the HIV virus. Antibodies are proteins that are made by the immune system to use as weapons to fight the virus. It is these antibodies that are measured in most HIV tests. From the time of seroconversion onwards, the person will have a positive HIV test. At this time, the person may have a flu-like illness with fever, headache, sore throat, tiredness, swollen glands, joint pains and a rash. This brief period of illness often passes unnoticed. After recovery, the person is completely well again. 25% of people do not experience illness at seroconversion.

4. Asymptomatic period, i.e., period of no symptoms (latent period)

Time frame: variable; less than one year to 15 years or more.

Most people remain healthy for about 3 years, but the actual number of years will vary from person to person. About 5 to 10% of people start to experience health problems after 1 to 2 years. Another 5-10% have no symptoms for up to 15 years. This timeframe depends a lot on the socio-economic circumstances of the person. If they have enough money to

buy good food, live in healthy conditions and have access to drugs, they can live longer. (In babies and young children who have HIV, illness will often happen much earlier because they have an immature immune system.) During the asymptomatic period, the person feels and looks healthy. However, even though there are no outward signs of illness, the virus continues to actively multiply and gradually weakens the immune system. During the asymptomatic period, the person is also able to transmit the virus to others.

5. HIV/AIDS-related illness

Time frame: months to years; 4 or 5 years on average.

Signs and symptoms of illness start to appear, mild at first, but gradually becoming more frequent, more severe and longerlasting.

6. AIDS

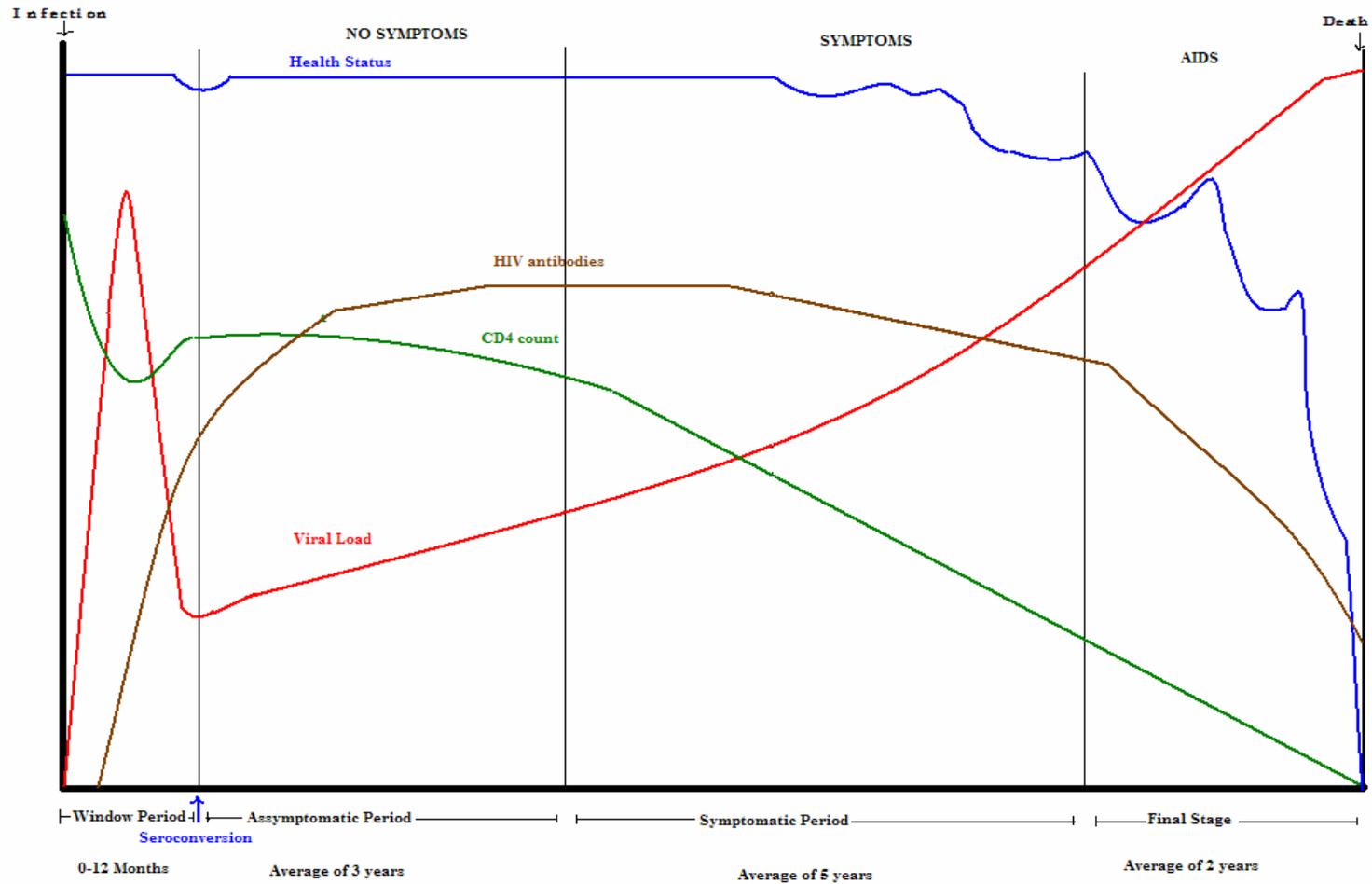
Time frame: Usually less than two years, unless treatment is available. In developing countries, most people die within one year of reaching this phase. In places where ARVs are used, the person can live for many years.

This is the final phase of HIV infection. At this point the immune system has become very weak and the person is very vulnerable to infections and cancers. During this phase the virus levels in the blood are very high again and the person is very infectious to others. The HIV test may however be negative, as the immune system may be so weak that it is unable even to produce antibodies. The patient dies when an untreatable infection or cancer develops.

Summary:

Without treatment, people usually progress to AIDS about 7-8 years after being infected with HIV. (This is the case in most developing countries.) It is not possible to accurately predict the course of the illness in any one person. The duration of the different stages will vary from person to person. Some people progressively deteriorate, while others have periods of illness alternating with periods of good health. The factors that determine the course of the disease in different people are not yet fully understood, but nutrition, emotional stress and access to health care can all play an important role. A person living with HIV can transmit the virus to others during all the stages. Most people living with the virus are not aware that they are infected and so can transmit the virus to other people without realizing it. It is important to realize that it is not possible to tell whether or not a person is infected with HIV just by looking at him/her. Someone who has HIV can appear completely healthy for many years. On the other hand, a person who loses a lot of weight and is coughing could have TB and not have HIV. HIV is like termites infesting a house. The house looks good on the outside, but the termites are eating away the inside of the wood where they can't be seen. In the end, the house starts to collapse.

HIV TIMELINE CHART



The diagnosis of AIDS

Diagnosing whether a person is infected with HIV is not difficult – it is quickly done using an HIV test. However, making the diagnosis of AIDS (i.e., WHO stage 4 of HIV infection) is more complex. A diagnosis of AIDS requires a positive HIV test, a CD count of below 200 and the presence of at least one of the stage 4 clinical criteria.

However, in many places there are no facilities to measure CD4 counts and many of the opportunistic infections require specialized laboratory tests for diagnosis. For places where laboratory tests are not available, WHO has established clinical guidelines for the diagnosis of AIDS.

WHO guidelines for the clinical diagnosis of AIDS in an adult:

To make the diagnosis of AIDS, at least two major and one minor sign should be present, in the absence of any other clear explanation for the signs:

Major signs:

Weight loss of more than 10% body weight

Diarrhea for more than 1 month

Fever for more than 1 month

Minor signs:

Persistent cough for more than one month

Generalized itching skin rash

Recurring shingles (herpes zoster)

Thrush of mouth and throat

Chronic severe and spreading cold sores (herpes simplex)

Generalized enlarged lymph nodes.

Loss of memory

Loss of intellectual capacity

Why do people with HIV lose weight?

There are a number of reasons for the severe weight loss associated with HIV infection:

Loss of appetite, nausea and digestive problems, which prevent people from eating and absorbing what they need from their food.

Diarrhea which causes dehydration and poor absorption of food.

High metabolic rate due to infection with HIV.

Increased energy requirements due to fever from illnesses such as malaria or TB.

Anemia due to inadequate iron intake or diseases such as malaria or hookworm, causing lack of energy, reducing appetite and ability to cook, work, buy food, etc.

Infections in the mouth or throat, making it difficult to chew and swallow food.

Socio-economic reasons: no money for food, too weak to work or prepare food, etc.

How HIV is transmitted

HIV is found in all body fluids of infected people.

However, it is only when HIV is present in high enough concentrations in a body fluid that it can be transmitted to other people. Blood, semen, vaginal secretions and breast milk are the only body fluids through which HIV transmission has been documented. These are the only body fluids in which the concentrations of HIV are high enough to infect others.

HIV is not transmitted through tears, sweat, saliva, vomit, feces or urine. Although these substances can contain HIV, they do not contain the virus in amounts high enough to cause infection. To date, there is no documentation of HIV transmission through these substances. HIV can only be passed on to another person if the fluids get into that person's body. The virus needs a specific entry route.

This may be through damage to the skin, mucous membrane or placenta, in the form of cuts, sores or infection. HIV is a weak virus and this also affects transmission: HIV can only survive outside the body for a very short time and must be able to enter a new host immediately. For example, HIV cannot survive on toilet seats or in dried blood.

HIV can get inside a person's body through three channels only: (*poster*)

Sex: 70%

Blood: 20% (Blood transfusions/needles: 5-10%; Injecting drug users: 10%)

MTCT: 10%

1. Sexual route

a) Unprotected sexual intercourse: vaginal, anal or oral.

Tiny tears in the skin or the mucous membranes of the genitals, or the mouth or anus, which may occur during sex, allow the virus to enter. If there is an open sore in any of these areas, it is even easier for the virus to enter.

The receptive partner is at greater risk in vaginal, anal and oral sex. With penile-vaginal sex, the female partner is at greater risk because of the greater exposed surface area in the female genital tract than in the male genital tract, the

higher concentrations of HIV in seminal fluids than in vaginal fluids, and the larger amount of semen than vaginal fluid exchanged during intercourse. With anal sex, the receptive partner is particularly at risk because of the fragile mucous membrane of the rectum.

b) Close sexual contact even without penetration carries a risk of infection if there is exposure to blood, open sores, semen or vaginal fluids, e.g., a woman has a sore on her external genitals: some semen gets onto this sore.

2. Blood route

a) Transfusions (receiving infected blood or blood products) or transplant of an infected organ

b) Injections (contaminated needles: health care setting or injecting drug users)

c) Cutting instruments (contaminated cutting or skin-piercing instruments, such as scalpels, needles, tattoo needles, circumcision instruments). (Ask participants for examples of instruments used in cultural practices)

d) Contact with broken skin (exposure to blood through cuts or sores, e.g., traditional birth attendant with sore on hand, not wearing gloves)

e) Needle stick injury

f) Mucous membrane splash

g) Sharing utensils such as razor blades and toothbrushes

3. Mother-to-child route

During pregnancy, delivery or breastfeeding. About one in every three babies born to HIV-positive mothers will also become infected with HIV.

How HIV is NOT transmitted

Many myths exist about how HIV is transmitted. HIV is NOT transmitted through:

coughing, sneezing, donating blood, shared clothing, touching, shared food or dishes, water, kissing, shaking hands, toilet seats, insect bites, telephones, living or working with a person with HIV.

STI

When a genital ulcer is present, there is a break in the skin or mucous membrane which provides an easy entry or exit point for the virus. Thus, for ulcerative STIs, the risk of HIV transmission is particularly high.

When an STI (ulcerative or non-ulcerative) is present in the partner who has HIV, the number of viruses in the genital secretions is greatly increased.

When an STI is present in the partner who does not have HIV, the STI increases the number of target cells (including CD4 cells) for HIV in the genital tract, thus increasing susceptibility.
In contexts where condom use is low, treatment of STIs can have a significant impact on HIV transmission.

There are two key aims involved in addressing HIV/AIDS:

Prevention of new infections

Care of PLWA

To address HIV prevention, we must consider the three transmission routes: sexual, blood and MTCT.

Management of sexually transmitted infections (STIs)

Voluntary counseling and testing (VCT)

Condom provision and promotion

Care of PLWA is also an important factor in HIV prevention and will be addressed in detail later on in the course.

VCT

Advantage

-if negative

Peace of mind.

Possible increased awareness of own vulnerability.

Possible motivation to avoid risky behavior.

Possibly more sympathetic toward people with HIV.

- If positive:

Can get appropriate health care to prolong and improve quality of life.

Can take steps to live positively with the virus, e.g., nutrition, stress management.

Can access support services (support groups, financial assistance).

Can avoid the expense of unnecessary tests and ineffective treatments for unexplained illness.

Can take measures to protect partner(s) and unborn children.

Can make informed decisions about pregnancy and infant feeding.

Can maintain a sense of control and dignity.

Can make plans for the future.

If large numbers of people come for testing, awareness in the community can increase and the idea of testing can

become “normalized,” thus helping to reduce stigma.

Disadvantage

- If positive

Inability to cope psychologically: depression, anger, emotional breakdown, suicide

Stigma: humiliation, rejection

Distress for family

Rejection by family community (especially important for women who risk blame and abandonment)

Discrimination: job or study opportunities/financial assistance/insurance/immigration

CONDOMS

Check for expiry date and damage to package.

Condoms can be damaged by heat, fingernails, oil-based lubricants like cooking oil, Vaseline and body lotions.

To lubricate, use water-based lubricants like egg white, glycerin, KY jelly or saliva. The lubricant should be used on the outside only.

Condoms can prevent the following: unwanted pregnancy; HIV; many STIs; infertility from STIs.

Myths: unhealthy for the man; condom can get lost inside the woman’s body; etc.

Male and female condoms should not be used together as this may result in weakening and tears of the latex and plastic.

Using two or more condoms also weakens the latex.

We can summarize the components of care required by PLWA as follows:

A healthy lifestyle, including good food

Emotional support

Practical support

Medical care

These components of care are necessary not only for PLWA, but for all people living with chronic illness or disability.

Interventions should therefore focus on holistic care for all these groups. This reduces the possibility of stigma and also ensures care for all those in need.

Conclusion

As mentioned above, this course was meant to be a summary of a five-day course which was consulted throughout the training in conjunction with the “Protecting the Future”. Also, I got the opportunity to discuss with participants about their particular situation under the topic “Addressing HIV/AIDS” where participants identified areas of weakness and strength with regards to HIV infections in their community. I’ll try to incorporate their remarks in a more elaborate coursepack meant as a refresher course participants requested that should be given after six months, depending of availability of trainers and funds.

Anyone is welcome to comment on the content of this document.