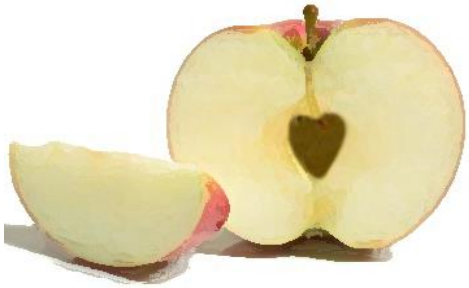

Getting to the Core

HS Biology Unit of Study

HIV/STD Prevention Education

Revised Version: March 2014

Santa Ana Unified School District Common Core Unit Planner-Literacy

Unit Title:	**HIV Prevention Education** (Based on Red Cross *Positive Prevention Level B*)	
Grade Level/Course:	**High School Biology**	**Time Frame: 13 days**
Big Idea *(Enduring Understandings):*	**Big Idea: Big Idea:** Information enables you to make better informed decisions	
Essential Questions:	*What is the difference between a myth and a fact?* *How does HIV affect a family and the community?* *How does HIV affect the human body?* *How is HIV transmitted in the population?* *Which groups are affected by HIV?* *How do the most common STD's affect the human body?* *What can a person do to protect him/herself against HIV?* *Where can I find community resources that are available for FREE HIV and STD testing?*	

Instructional Activities: Activities/Tasks

Lesson: Day 1 - Preparing the Learner

Complex Text: Chupacabra The Real Deal! The Dangers of Brain Freeze, Aquatic Ape Theory, Drinking Too Much Water Can Kill You!

Read 1	Read 2	Read 3
Activity: Unencumbered	Activity: Clarifying Bookmarks/Sum-marize on Matrix	Activity: Orally present information to Base group

Lesson: Day 4 -6- Lesson 2

Complex Text: 4 HIV & AIDS Reference Sheets

Read 1	Read 2	Read 3
Activity: Unencumbered	Activity: Clarifying Bookmarks	Activity: Report to Base Group

Lesson: Day 7- 9 - Lesson 3

Complex Text: CDC Fact Sheets on STDs

Read 1	Read 2	Read 3
Activity: Unencumbered	Activity: Clarifying Bookmarks and Matrix	Activity: Power Point slide summary

Lesson: Day 11 - Lesson 5

Complex Text: Various Advertisements

Read 1	Read 2	Read 3
Activity: Analyze advertisements for sexual messages	Activity: Compare to other in group and summarize	Activity:

<table>
<tr><td>21st Century Skills:</td><td colspan="2">Learning and Innovation:
☒ Critical Thinking & Problem Solving ☒ Communication & Collaboration ☒ Creativity & Innovation
Information, Media and Technology:
☒ Information Literacy ☒ Media Literacy ☒ Information, Communications & Technology Literacy</td></tr>
<tr><td>Essential Academic Language:</td><td>Tier II: (academic vocabulary other than biology)
Preparing the Learner: myth, fact, evidence, Chupacabra, Brain Freeze, mermaid , aquatic, merbeings

Lesson 1: family, non-infected, attitude, prejudice, Coat-of-Arms, symbol, discrimination

Lesson 2: visual representation, stigma, discrimination, homophobia

Lesson 3: “crabs”, “trich”

Lesson 4: Vaseline, lubricant, expiration date, monogamous, barrier, condom, reservoir

Lesson 5: media, imply, caption

Lesson 6: anonymous, confidential</td><td>Tier III: (Biology specific)
Preparing the Learner: rehydration

Lesson 1: HIV, AIDS, positive, negative

Lesson 2: infection, transmission, body fluid, unprotected sex, prevention, diagnose, T-cells, replicate, infection rate, MSM (Men having Sex with Men), pandemic, CDC (Center for Disease Control), IDU (Injection Drug User)

Lesson 3: pubic, congenital, genital, reproductive tract, anus, urethra, bacteria, virus, protozoa, genital Herpes, pubic lice, syphilis, gonorrhea, Hepatitis B, PID, Chlamydia, HPV, bacterial vaginosis, cervix, uterus, Fallopian tubes

Lesson 4: uninfected, asymptomatic, pathogens, epidemiologic, prophylactic

Lesson 5:

Lesson 6: positive, negative</td></tr>
<tr><td colspan="2">What pre-assessment will be given?
Day 1 Extended Anticipatory Guide opinions about HIV/STDs</td><td>How will pre-assessment guide instruction?
Teachers will use students opinions to see if there are areas of HIV/STDs education they need to be sure to focus on.</td></tr>
</table>

Standards	**Assessment of Standards** (include formative and summative)
Content Standard(s): California EDUCATION CODE SECTION 51934 (HIV/AIDS Instruction) 51934.(a) A school district shall ensure that all pupils in grades 7 to 12, inclusive, receive HIV/AIDS prevention education from instructors trained in the appropriate courses. Each pupil shall receive this instruction at least once in high school. Shall include the following: (1) Information on the nature of HIV/AIDS and its effects on the human body. (2) Information on the manner in which HIV is and is not transmitted, including information on activities that present the highest risk of HIV infection. (3) Discussion of methods to reduce the risk of HIV infection. This instruction shall emphasize that sexual abstinence, monogamy, the avoidance of multiple sexual partners, and abstinence from intravenous drug use are the most effective means for HIV/AIDS prevention, but shall also include statistics based upon the latest medical information citing the success and failure rates of condoms and other contraceptives in preventing sexually transmitted HIV infection, as well as information on other methods that may reduce the risk of HIV transmission from intravenous drug use. (4) Discussion of the public health issues associated with HIV/AIDS. (5) Information on local resources for HIV testing and medical care. (6) Development of refusal skills to assist pupils in overcoming peer pressure and using effective decision making skills to avoid high-risk activities. (7) Discussion about societal views on HIV/AIDS, including stereotypes and myths regarding persons with HIV/AIDS. This instruction shall emphasize compassion for persons living with HIV/AIDS.	**Formative** Teacher observation of student discussions after viewing video Preventing and Treating AIDS (Lesson 2) Student conclusions from Body Fluid Exchange activity (Lesson 2) Extended Anticipatory Guide STD 101 for Teens (Lesson 3) Jigsaw Matrix Common STDs in Teens (Lesson 3) Extended Anticipatory Guide Condom Show (Lesson 4) Jigsaw Matrix HIV among different populations (Lesson 2) Media Analysis Sheet (Lesson 5) Sample Pressure Line activity (Lesson 5) Assertiveness Skills Score Sheet (Lesson 5) Reflection sheet from “It’s All Relative” (Lesson 1) **Summative:** Sandra’s Boyfriend want to have Sex (Lesson 4) Completed Extended Anticipatory Guide from Day 1 (Day 9 has facts and evidence) Brochure/Flyer on one or more of the topics listed in the Ed. Code Public Service Announcement on one or more of the topics listed in the Ed. Code.

Common Core Learning Standards Taught and Assessed (*include one or more standards for one or more of the areas below. Please write out the complete text for the standard(s) you include.)*	**What assessment(s) will be utilized for this unit?** *(include the types of both formative assessments (***F***) that will be used throughout the unit to inform your instruction and the summative assessments (***S***) that will demonstrate student mastery of the standards.)*	**What does the assessment tell us?**
Bundled Reading Literature Standard(s): NA		
Bundled Reading Informational Text Standard(s): **RST.9-10.8** Assess the extent to which the reasoning and evidence in a text support the author's claim or a recommendation for solving a scientific or technical problem. (HS- LS4-e),(HS-LS4-a) **RI.9-10.8** Delineate and evaluate the argument and specific claims in a text, assessing whether the reasoning is valid and the evidence is relevant and sufficient; identify false statements and fallacious reasoning. (HS-LS4-e), (HS-LS4-a)	Jigsaw articles STD factsheets Graph Analysis	
Bundled Foundational Skill(s) Standard(s): *(K-5 only)*		
Common Core Learning Standards Taught and Assessed (*include one or more standards for one or more of the areas below. Please write out the complete text for the standard(s) you include.)*	**What assessment(s) will be utilized for this unit?** *(include the types of both formative assessments (***F***) that will be used throughout the unit to inform your instruction and the summative assessments (***S***) that will demonstrate student mastery of the standards.)*	**What does the assessment tell us?**
Bundled Writing Standard(s): **WHST.9-10.4** Produce clear and coherent writing in which the development, organization, and style are appropriate to task, purpose, and audience. (HS-LS4-d), (HS-LS4-e), (HS-LS4-a) **WHST.9-10.8** Gather relevant information from multiple print and digital sources, using search terms effectively; assess the credibility and accuracy of each source; and quote or paraphrase the data and conclusions of others while avoiding plagiarism and following a standard format for citation. (HS-LS4-e), (HS-LS4-a) **WHST.9-10.9** Draw evidence from informational texts to support	Brochure/STD Presentation PSA script writing	Demonstrates students' ability to incorporate knowledge into writing in their own words.

analysis, reflection, and research. (HS-LS4-d), (HS-LS4-e), (HS-LS4-a)		
Bundled Speaking and Listening Standard(s): **SL 9-10** Present information, findings, and supporting evidence clearly, concisely, and logically such that listeners can follow the line of reasoning and the organization, development, substance, and style are appropriate to purpose, audience, and task.	Pair Shares Power Point Slide for STD presentation Public Service Announcement Just Say No activity cards	Demonstrates students strengths and a weakness in translating/paraphrasing information listened to or read into a dialogue with peers.
Bundled Language Standard(s):		

Resources/ Materials:	**<u>Complex Texts to be used</u>** **Informational Text(s) Titles:** *CDC Fact Sheets (STDs, Condom use), F.L.A.S.H Fact sheets* **Literature Titles: NA** **Primary Sources:** **Media/Technology:** Video clips from Discovery Streaming and youtube.com **Other Materials:**	
Interdisciplinary Connections:	**Cite several interdisciplinary or cross-content connections made in this unit of study (i.e. math, social studies, art, etc.)** Graph and chart data analysis about HIV in different population groups. Creation of flyer/brochure on STD. PSA script writing and performing.	
Differentiated Instruction:	**Based on desired student outcomes, what instructional variation will be used to address the needs of English Learners by language proficiency level?** See specific strategies listed on individual lesson planners for activity differentiation for various EL levels.	**Based on desired student outcomes, what instructional variation will be used to address the needs of students with special needs, including gifted and talented?** See specific strategies listed on individual lesson planners for activity differentiation for accelerated/GATE student as well as for students with special needs/IEP/504 plans.

SAUSD Common Core High School Biology Unit - HIV Prevention Education

SAUSD Common Core Lesson Planner **Teacher:**

Unit: HIV **Day** 1-2 **Lesson:** Preparing The Learner	**Grade Level/Course:** High School/ Biology	**Duration:** Two 50 minute class **Date:**

Big Idea: Information enables you to make better informed decisions

Essential Questions:

- *What is the difference between a myth and a fact?*

Common Core and Content Standards	**Reading Standards for Literacy in Science and Technical Subjects 9-10**: 1. Cite specific textual evidence to support analysis of science and technical texts, attending to the precise details of explanations or descriptions. **Writing Standards for Literacy in History/Social Studies, Science, and Technical Subjects 9-10:** e. Provide a concluding statement or section that follows from or supports the argument presented. **Speaking and Listening Standards 9-10:** 1. Initiate and participate effectively in a range of collaborative discussions (one-on-one, in groups, and teacher-led) with diverse partners on *grades 9–10 topics, texts, and issues*, building on others' ideas and expressing their own clearly and persuasively.
Materials/ Resources/ Lesson Preparation	Student Resource 1.1 Day 1/Day 9 Anticipatory Guide student sheet Teacher Resource 1.1 Power Point for Day 1/Day 9 Anticipatory Guide Teacher Resource 1.2 Power Point for Busting the Myth Activity Student Resource 1.2 Busting the Myth Activity Jigsaw student form Teacher Resource 1.3 Clarifying Bookmarks (3 versions) Student Resource 1.4a Article 1 – *Chupacabra The Real Deal!* Student Resource 1.4b Article 2 – *The Dangers of Brain Freeze* Student Resource 1.4c Article 3 – *Aquatic Ape Theory: Mermaids are Real* Student Resource 1.4d Article 4 – *Drinking Too Much Water Can Kill You!*
Objectives	**Content:** Students will be able to determine if an article describes a myth or is a fact based on evidence. **Language:** Students will discuss the ground rules and expectations needed create a safe climate for discussing health related topics. In groups of four, students will act as experts and verbally express observations and opinions pertinent to their assigned myths vs. fact article. Students will listen to information presented verbally by their peers and summarize important facts.
Depth of Knowledge Level	☐ **Level 1: Recall** ☐ **Level 2: Skill/Concept** ☒ **Level 3: Strategic Thinking** ☐ **Level 4: Extended Thinking**
College and Career Ready Skills	☐ **Demonstrating independence** ☐ **Building strong content knowledge** ☐ **Responding to varying demands of audience, task, purpose, and discipline** ☒ **Valuing evidence** ☒ **Comprehending as well as critiquing** ☐ **Using technology and digital media strategically and capably** ☐ **Coming to understand other perspectives and cultures**

<table>
<tr><td colspan="2">Common Core Instructional Shifts</td><td colspan="2">☒ Building knowledge through content-rich nonfiction texts
☒ Reading and writing grounded from text
☒ Regular practice with complex text and its academic vocabulary</td></tr>
<tr><td rowspan="3">Academic Vocabulary (Tier II & Tier III)</td><td>TEACHER PROVIDES SIMPLE EXPLANATION</td><td>KEY WORDS ESSENTIAL TO UNDERSTANDING</td><td>WORDS WORTH KNOWING</td></tr>
<tr><td></td><td>Myth
Fact
Evidence</td><td>Sine qua non (Definition: something absolutely essential)</td></tr>
<tr><td>STUDENTS FIGURE OUT THE MEANING</td><td>Chupacabra
Brain Freeze
Mermaid
Rehydration</td><td>Aquatic
Merbeings</td></tr>
<tr><td colspan="2">Pre-teaching Considerations</td><td colspan="2">Before the unit, students should have been given to consent letter to take home to their parents. Students who return the letter stating that the guardian doesn't want the student to participate need to have an alternative assignment. If this happens, discuss with the guardian and have them identify specifically which day's material they wish the student to miss.

1. Create a question box or envelope for this unit and placing it by the entrance/exit to your classroom. Students often have questions about this unit and related topics but are embarrassed to ask them in front of the whole class. A question box is a place for students to anonymously ask these questions. Always read these questions before sharing them in front of students and protect student confidentiality by removing any names.
A few sample rules:
• Include the class period (so answer can be shared with the class that is asking)
• Must be a real question (teacher pre-reads questions and can discard as needed)
• No personal questions of the teacher
• No names please
• Slang terms are okay when asking and writing questions

2. If students are familiar with the Jigsaw activity, consider reading one of the false articles and leading a discussion about how accurate and fact-based it looks, even though it is made up.
Base Groups: The Base Group should be made up of 4 students, 1 from each Expert Group.
Expert Groups: Since this Preparing the Learner lesson is focused on guiding the students through the steps of the Jigsaw, students will be put in expert groups of different reading abilities. In order to place students into the correct expert group, the teacher should identify their high, low and average readers on the basis of their CELDT reading score, ELA CST scores, or in class writing comprehension assessment before this lesson.
Ideally divide students into 4 roughly equal groups. (See lexile level of each article below)
Expert Group 1 would contain your lowest readers.
Expert Groups 2 and 3 would contain your average readers.
Expert Group 4 would contain your highest readers.

The reading difficulty of each article was considered to support the variety of reading levels in a classroom.</td></tr>
</table>

Lesson Delivery Comprehension

Instructional Methods	**Check method(s) used in the lesson:** ☒**Modeling** ☒**Guided Practice** ☒**Collaboration** ☐ **Independent Practice** ☐**Guided Inquiry** ☒ **Reflection**

Lesson Opening

Preparing the Learner:
Creating a Climate of Mutual Respect

*__NOTE__: Even though ground rules and a climate of mutual respect have hopefully already been growing during the year, this unit can be particularly stressful for students, even invoking fear of harassment if it isn't introduced sensitively. By revisiting the rules of your classroom and giving related examples of how rules might be inadvertently violated and why that's not okay, you will create a sense of safety and vastly increase the chances students can be mentally present and learn. These ground rules and your matter-of-fact tone can help relieve students' fears about what to expect both from you and from each other during the unit.

1. Explain the Big Idea and purpose of this unit to students so they understand that scope and requirements of this unit.
2. Have a discussion about rules and expectations for your students both in and out of the classroom for this unit. Below is one way of introducing discussion: **(~20 minutes)**

I want to tell you a story about a class a couple of years ago that was doing their HIV/STD Prevention Education unit. Unfortunately, it didn't go very well. Then I'd like for us to figure out how our class can learn from what happened to them and do things differently

CASE STUDY (www.kingcounty.gov/heath/flash)

A couple of years ago there was a biology class that really bombed with this unit. On the very first day of the unit, they were talking about flirting and "being hit on". A student who I'll call "Rob" announced that he already knew how to handle someone hitting on him.

He said, "Girls don't hit on guys unless they're sluts, so they deserve what they get. And if a guy ever tried anything, I'd punch him out. The idea of someone being gay makes me sick."

After class, two people came up to the teacher and asked to be excused for the rest of the unit. They each sat down in private and had long talks with the teacher.

It turned out that one student (I'll call her "Ming") had been raped by her ex-boyfriend. She felt as if Rob was blaming her … saying that it was her own fault for being raped. Of course it's never somebody's fault for being raped, and it's easy to feel that way when it's you. Ming couldn't stand to be in class with Rob after his comment. Also, calling people names or putting people down, like Rob did, freaked her out.

Similarly, the second student (I'll call him "Juan") was furious at Rob's violent outburst at the idea of a man hitting another man. Juan's father is gay and he refused to be in a class where people were putting down and making threatening comments about gay people.

3. Ask the class what could have been done differently in this case study. How would they respond to Rob if they were the teacher? Give "Rob" the benefit of the doubt in order to invite those who have bullied to want to be more a part of the community you are creating:

In fairness, you have to understand that Rob had no idea that Ming had recently been raped or that Juan's father was gay. It never occurred to him that anyone would be hurt or offended by his remarks.

Rob needed a little education. He needed to learn that there are ways to express his opinion without demeaning other people. He also needed to realize that he never knows the life experiences of most of the people around him. Of course, Ming and Juan have every right to excuse themselves from the classroom if they need to, but the incident should never have happened in the first place.

The teacher felt awful for what happened and I want to prevent anything like that from happening in our classroom. As a class, I'd like us to create some ground rules and expectations we can all follow to help you feel safe asking questions, expressing your opinions, and being present in this class. I know some of you feel comfortable with the topics we're going to cover and that others of you feel anxious.

4. Ask the students to come up with a list of classroom expectations that the entire class can agree to for the rest of the HIV/STD unit. Possibilities might include:

    - No put-downs.
    - It is OK to agree or disagree.
    - Begin statements of opinion with, "I believe..."
    - It's OK to keep your opinions and experiences private.
    - Listen and be respectful of other people's opinions.
    - Get the facts; any question is OK.
    - Protect people's confidentiality. Don't share private information publicly, or, if you do, skip the names. You are entitled to protect your own privacy, too.
    - Talk to the teacher in private, if you need to.

5. Record these expectations on chart paper or somewhere public to display throughout the unit. If you feel there are any missing, ask the students if they would agree to add your expectation to the chart.

6. Remind students that you have the right to privacy just as they do. You won't be asking personal questions of them, and, in turn, you won't answer questions that feel too personal regarding these topics. Add that if there are very personal concerns someone wants to discuss with you, you will be available to talk in private or can refer them to another resource.

> **NOTE about CONFIDENTIALITY:** Let students know you are here to listen to them. Also remind them that you are a "mandated reporter" who must report any physical or sexual abuse, neglect, likely risk of serious harm, or when a student is suicidal or homicidal. Tells students that this disclosure is not to scare them away, but to make sure they are aware of your legal responsibilities. Knowing your responsibilities also helps them protect their confidentiality.

7. If you are using a question box or envelope, explain to students the procedure of using this and when you will answer their questions. Give every student several slips of scratch paper and ask them to write one question anonymously. Shows them where the sentence starters are located on the board to guide them in asking these questions if needed. Remind them that it's okay if they don't know medically accurate language and that slang terms are acceptable in their questions. **(~7 mins)**

    "Is it true that …?"
    "How do you know if …?"
    "What causes …?"
    "What do they mean by …?"
    "Should you worry if …?"
    "What should you do if…?"

Body of the Lesson: Activities/ Questioning/ Tasks/ Strategies/ Technology/ Engagement

Interacting With The Text:

Moving into the content: There is a lot of misinformation, myth, rumors associated with HIV/STDs as there is with many topics you can find on the internet. It is not always easy to determine fact from myth. This first activity walks student through a Jigsaw but also explores how to read closely to distinguish fact from myth.

Jigsaw Activity

1. Students will need to be placed in their base groups prior to doing the activity. This will require pre-teaching time to ensure a smooth transition.

2. To begin the HIV unit, the teacher will show Day 1/Day 9 Extended Anticipatory Guide PowerPoint slides, while students complete the Extended Anticipatory Guide that asks them to agree or disagree with 10 statements regarding all topics included in the HIV/AIDS unit. Students will **only** complete the Day 1: Opinion column, the remaining columns will be filled out at the completion of the unit during the first part of the final assessment in Day 9.

Students will begin the Busting the Myth Activity.

**Note: Have 4 stations, these are the expert groups, located throughout the classroom in places that will maximize the distance between the 4 groups.
Station 1 - **Chupacabra The Real Deal!** article (Lexile: 1170)
Station 2 - **The Dangers of Brain Freeze** article (Lexile: 1201).
Station 3 - **Aquatic Ape Theory: Mermaids are Real** article ((Lexile: 1272)
Station 4 - Drinking **Too Much Water Can Kill You!** (Lexile: 1385)

1. The teacher will assign each student a number that corresponds to the station they will be going to.

2. The teacher will excuse students to their station (expert group). (There should be 8-10 students per station in a class of 32-40 students).

First Read:

3. When the students are settled, the teacher will tell the students they will be reading their article silently on their own for 6 minutes. The teacher will remind them that the goal is not necessarily to finish in the allotted time, but to understand what they do read. Also, if they finish before time is called, the students should reread the article. The teacher will note the time and instruct students to begin reading. At the end, the teacher will remind students that it is acceptable if they did not finish. They will have other chances to finish reading the article.

End of Day 1:

Option 1: Start day 2 by answering questions out of the box/envelope for 5 minutes. Then have students move to expert groups to continue the jigsaw.
Option 2: Ask students to start the next day in their expert groups so you can continue with the article reading. Answer questions for 5 minutes at the end of class.

Second Read:

4. The teacher will direct the students to turn to one partner at their station, so there are numerous groups of two throughout the classroom.

Student 1 will read paragraph 1 to their partner. Student 1 will then choose one of the clarifying bookmark sentence starters to make a statement about the reading. Student 2 will read paragraph 2 to their partner. Student 2 will then choose one of the clarifying bookmark sentence starters to make a statement about paragraph 2. The pair of students will continue until they have finished reading the article to one another.

Body of the Lesson: Activities/ Questioning/ Tasks/ Strategies/ Technology/ Engagement	**Third Read:** 5. When pairs of students finish their 2nd read, they should be directed to answer the Jigsaw Matrix at their station. 6. Each student will reread the article with a pencil in hand, marking the answers to the questions on the matrix that corresponds with their article. 7. At the conclusion of the silent read, encourage students to finish reading or reread as necessary. Students should discuss their answers with their expert groups and add any information to their own papers that may be missing. 8. The expert groups should come to a consensus on how best to answer each of the questions in their matrix before returning to their base group. **Return to Base groups:** 9. With at least 20 minutes remaining, direct students to go back to their "base groups." The teacher should assign a random student to begin in each base group. This will ensure that the students don't listen to what groups near them are saying and change their own responses. The first expert student will share which article they read and explain what their myth was, the evidence of their myth, and their opinion if this information is myth or fact. As the first expert is sharing his/her information, the other members of the base group will take notes on the Jigsaw Matrix. The next expert student (if 1 went first than 2 will go next, if 3 went first then 4 will go next, and so on) will speak next, with the other group members filling out the jigsaw Matrix. This pattern will continue until each expert has had a chance to share while the others record the important information. **NOTE: Emphasize to students that they will need to paraphrase each other's information when filling in their matrix. No student should give their matrix to the team to copy from. 10. Students may ask clarifying questions as needed.	**Differentiated Instruction for Students Needing Additional Support** Provide and model Clarifying Bookmarks to support use of academic language. Give students 1, 2, or all 3 levels of Clarifying Bookmarks to support and stretch ability level. Provide audio versions of the articles (either record the article or someone reads the article to the group) for Jigsaw activity Teacher proximity to expert group 1 and 2 provides support to struggling students: Allow students the opportunity to take a copy of Jigsaw article home before class to preview it or read it with extended time. **Accelerated Learners:** Provide students will all 3 levels of Clarifying Bookmarks to broaden and challenge the range of academic vocabulary. Utilize homogeneous grouping to advance discourse. Assign students into expert group 3 or 4 to challenge reading abilities

Body of the Lesson: Activities/ Questioning/ Tasks/ Strategies/ Technology/ Engagement	**Extending Learning:** **Class Discussion and Wrap up:** 11. When all students have addressed their base group, the teacher will tell the class that 3 of these articles are myths and one is fact. The students should discuss with their base group which article they think is fact. On an index card, each group should write the name of the true article and a one-sentence rationale about why they chose that article as fact. Students will have 4 minutes to complete this portion of the activity. 12. The teacher should collect each of the cards and discuss the class' responses. Once all cards are shared, the teacher should explain to students that three of these articles were created in a small room by four teachers using multiple bits and pieces from the internet and made up sources (mermaids, brain freeze, and Chupacabra) and that the water article is real and has a significant amount of scientific evidence to support it. The general idea that students should take away from this lesson is that there is a lot of conflicting information on the internet and in our communities. We as individuals must take the time to find the facts within all of this misinformation and myth.	

Lesson Reflection	
Teacher Reflection Evidenced by Student Learning/ Outcomes	

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Day 1/Day 12 Extended Anticipatory Guide

Statement	Day 1 Opinion		Day 12 Finding		Evidence	
	Agree	Disagree	Agree	Disagree	Explain using your own words	Page # Video Clip Title
1. You can usually tell if someone has HIV.						
2. HIV causes AIDS by destroying the lymph nodes.						
3. A good way to avoid getting HIV is to get a vaccination.						
4. One way that people can protect themselves from becoming infected with HIV is by abstaining from sex.						
5. All people are at risk of getting HIV.						
6. Symptoms of STD's can be bumps, drips or blister; however, symptoms do not always appear.						
7. About half of sexually active teens and young adults will have an STD by age 25 and many will not even know they do.						
8. Once a person identifies a risky situation, there is no way to avoid or control the risk of getting HIV.						
9. Sex is used by the media to sell products.						
10. You can get a free HIV test at several places in Santa Ana.						

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Day 1/Day 12 Extended Anticipatory Guide

For **Day 1** mark your opinion in the column under Day 1

For **Day 12** mark your findings under Day 12 and write your supporting evidence .

Cite your evidence using page #s from your book and/or video titles

1. You can usually tell if someone has HIV.

2. HIV causes AIDS by destroying the lymph nodes.

3. A good way to avoid getting HIV is to get a vaccination.

4. One way that people can protect themselves from becoming infected with HIV is by abstaining from sex.

5. All people are at risk of getting HIV.

6. Symptoms of STD's can be bumps, drips or blisters, however, these symptoms do not always appear.

7. About half of sexually active teens and young adults will have an STD by age 25 and many will not even know they do.

8. Once a person identifies a risky situation, there is no way to avoid or control the risk of getting HIV.

9. Sex is used by the media to sell products.

10. You can get a free HIV test at several places in Santa Ana.

You will come back to this Anticipatory Guide for Day 12.

It will be used as part of the final assessment.

Jigsaw Matrix - Busting the Myth

	Chupacabra the Real Deal	The Dangers of Brain Freeze	Aquatic Ape Theory: Mermaids are Real	Drinking Too Much Water Can Kill You
Describe the myth or fact that is presented in the article.				
What evidence is provided in the article as support for the myth or fact?				
Do you believe that this is a myth or is it fact?				

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What is a Myth?

- "According to the most modern idea, a real myth is an **explanation of something in nature**…Myths are…the result of men's first trying to explain what they saw around them. But there are many so-called myths that explain nothing at all. These tales are pure entertainment, the sort of thing people would tell one another on a long winter's evening."

~Edith Hamilton, *Mythology*

Busting the Myth Expert Groups

1 - Chupacabra The Real Deal!

2 - The Dangers of Brain Freeze

3 - Aquatic Ape Theory: Mermaids are Real

4 - Drinking Too Much Water Can Kill You!

CLARIFYING BOOKMARK 1: TALK ABOUT WHAT YOU UNDERSTAND

What I can do	What I can say	What my partner can say
Think About Meaning	After rereading this part, I think it may mean... I'm not sure what this is about, but I think it means...	*I agree/disagree because...* *I think I can help, this part means...*
Get the Gist/Summarize	What I understand about this so far is… The main points of this section are... I can paraphrase this part in these words...	*I agree/disagree because...* *I agree disagree and I would like to add...* *I don't understand, can you explain more?*

CLARIFYING BOOKMARK 2: MAKE CONNECTIONS

What I can do	What I can say	What my partner can say
Use my prior Knowledge to help me understand	I know something about this from... I don't understand some of this, but I do recognize...	*I also know something about this, and I would like to add...* *I think I can help, I read/heard about this when...*
Apply related concepts and/or readings.	We learned about this idea/concept when... This concept is related to... When I read/studied _____, I learned _____ about this.	*Tell me more about _____; I don't think I studied about....* *I agree/disagree, I think the concept is related to...* *I learned about this when...*

CLARIFYING BOOKMARK 3: ASK QUESTIONS AND USE RELATED TEXT FEATURES

What I can do	What I can say	What my partner can say
Ask Questions	I have a question about... I understand this part, but I have a question about...	*I can answer your question, I...* *Can you explain more about your question?* *I have the same question, let's see if we can answer our question by...*
Use related text, pictures, tables, and graphs	This _____ gives me more information about_____. I think I understand.... When I scanned the earlier part of this chapter, found...	*I agree/disagree, I think the _____ tells us...* *Show me where you found...*

Chupacabra – the Real Deal!

Picture the scene: a lush forest full of dense vegetation, laced with dangerous beasts and wild, tropical fauna. An adventurer braves the danger to search for an elusive creature which has been known to drain its victim's blood. Sound like a movie script? No, it is the real life saga of Chemo "Jones" Soto, Mayor of Canóvanas and part-time adventurer. Chemo has undertaken a quest to capture the Chupacabra before it sucks the entire animal population dry. He is the last hope of a desperate citizenry who have given up hope.

Chemo has assembled a crack anti-Chupacabra team and hopes to apprehend the beast sometime this year. He has devised a state of the art "cone-trap" which will no doubt trap the blood-sucking monster within the month. The Mayor's pleas to government agencies for help with the hunting efforts have been largely ignored but Governor Pedro Rosselló has wished him luck. Chemo, who happens to be up for re-election, is running on the anti-Chupacabra ticket and hopes to ride it to victory during the November elections.

In another report, an eye-witness stated "We were driving through the park in an open top jeep, and something strange pokes its head out of a bush to our astonishment, so we stop and continue to observe it. At that point we weren't too far away from it, and it looked like a dog or something similar, but it proceeded to rise onto two feet and move forward a bit. It startled us and we shot it. Long story short, we contacted the park ranger, and he came and retrieved it and while talking about it, called it Chupacabra multiple times." (*March 2012, www.chupacabrasightings.com)*

Stories like this seem to be more and more common all the time. Park Rangers have seen a definite rise in Chupacabra sightings over the last few decades. It has been reported that most Chupacabras live for less than four years and have a movement pattern that seems to focus on the South-West of North America.

We interviewed Chupacabra expert from UCLA, D. Tena and found the following: "They travel in packs that include 2 alpha males and a gathering of about 14-18 females," Tena concluded that it is the females that are most often spotted in suburban areas due to the fact that they are generally the hunters of the pack. "The males are much more subdued and only hunt when they are desperate." (Continued next page…)

In order for us to get a better idea of how many sightings were happening D. Tena and colleagues took a trip to Southern Arizona and went door to door to see if residents had spotted a Chupacabra.

Question: Have you ever seen a Chupacabra?

A: (resident 1) *"I have never seen anything that looks like it."*

A: (resident 2) *"I have seen two of them hunting through our chicken coops for food. They are ugly looking mutated dogs with large fangs."*

A: (resident 3) *"I think I saw La Llarona walking with it down by the stream."*

D. Tena insisted that most sightings are not really Chupacabras. "Sometimes we get reports from people who are drunk and have dialed our hotline by mistake. I think most feel they really did see a Chupacabra but there is no proof to confirm or deny this."

Most scientists believe that there are a number of species yet to be discovered and are testing skeletons of potential Chupacabras to confirm its identity. After the results of identification are released, they can conclude whether these are truly Chupacabras or some other alien beast. Tena believes that once we start to display the skeleton for the public, many people will want them as pets and worries about public safety.

Whether you want one as a pet or fear the safety of your chickens, the Chupacabra is the real deal.

The information above was base on the following websites:

http://www.chupacabrasightings.com/

http://www.princeton.edu/~accion/chupa3.html

The Dangers of Brain Freeze

If it hasn't happened to you, count yourself as lucky. For many people, eating ice cream or drinking an icy drink too fast can produce a really painful headache. It usually hits in the front of the brain, behind the forehead.

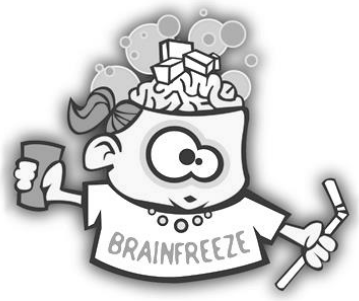
From the website Urban Dictionary, you can find the following definition: *A sharp headache-like pain caused by eating or drinking something cold too quickly.*

A brain freeze begins with a suddenly high-pitched ache in the upper part of the throat (nearly in the head) because of too quickly consuming a cold drink or food. The pain stays for about 30 seconds, but it's intense. Cold makes you feel like your brain is going into hypothermia and will die.

The technical name for this phenomenon is Cold-Stimulus Headache, but people also refer to it as "ice cream headache" or "brain freeze."

The good news is that brain freeze is easy to prevent — just eat more slowly. The other bit of news, very disturbing news, is that these headaches can cause permanent brain damage.

A recent test at an elementary school by researcher J. Morris where 35 children were tested found the following results. Eighteen male children and seventeen females were used for the experiment. “We had them memorize the preamble to the Constitution of the United States before we gave each of them a frozen (*slurpee style*) drink.” Each student experienced pain as they recklessly slurped up their drinks. “We allowed the pain to dissipate and then asked them to recite the preamble once again.” The number of students that were able to recite the complete preamble went down by 20%.



Jorge Serrador, from the War Related Illness and Injury Study Center which is part of the Department of Veterans Affairs in East Orange, New Jersey, studies brain freeze headaches, not just because he wants to make the world a safer place for ice cream eaters, but also for what they can tell him about how and why the headaches occur. He's hoping that will lead to better ways to treat or prevent them. Serrador is the associate director of research at the War Related Illness and Injury Study Center. He says many veterans suffer from severe headaches after their deployments.

It turns out it's hard to study headaches, and a brain freeze headache is one of the few types that can be conjured up on demand. “The cold decreases the volume of the brain, therefore reducing brainpower," he says. “The brain may be interpreting that decrease brain volume as pain.”

"Another theory that's been put out there is that the cold actually stimulates a nerve in the roof of the mouth," says Serrador. That stimulated nerve in the mouth goes into overdrive. It sends off a barrage of signals to the brain that once again the brain interprets as "ouch."

Why the brain gets "Ouch!" from the cold and not "Brrrrr" is a mystery.

Harvard Medical School headache researcher Elizabeth Loder says “It's not all that surprising to think scientists may learn something important from studying ice cream headaches.”

"Some of these things that people think of as silly or whimsical, they're actually really fascinating," says Loder, who is also president of the American Headache Society.

The far reaching effects of the brain freeze have even been implemented into video games to warn young people of the dangers. Those people familiar with World of Warcraft now have the ability to call upon a level 77 Mage to use the special ability of Brain Freeze. It produces all kinds of detrimental affects upon those within range. “I believe that the video game makers are trying to get an important message out to the youths who don’t fully understand the damage they are doing to their brain.” says J. Morris.

This article is based on information from the following websites:

http://www.npr.org/2012/07/03/156155297/when-ice-cream-attacks-the-mystery-of-brain-freeze

http://www.urbandictionary.com/define.php?term=brain%20freeze

http://www.warrelatedillness.va.gov/WARRELATEDILLNESS/nj/about-us/who-we-are.asp

http://physiciandirectory.brighamandwomens.org/directory/profile.asp?dbase=main&setsize=30&last_name=loder&pict_id=0010951

Aquatic Ape Theory: Mermaids are Real

Was man more aquatic in the past? Sir Alister Hardy sure thought so. Hardy was the first to propose this idea in 1960 in a *New Scientist* article, "Was Man More Aquatic in the Past?" His idea became known as the highly controversial ***Aquatic Ape Theory***.

The *Aquatic Ape Theory* is the idea that during the transition from the last common ancestor we shared with apes to hominid (human), humans went through an aquatic stage. This stage is believed to have resulted in "aquatic ape-like" creatures, known more commonly as mermaids.

While it's easy to discredit and scoff at the belief of mermaids, or "Merbeings" as they are often referred, here are some interesting points that may make you reconsider your beliefs:

Merbeings are simply underwater Humanoids, a species that have long been identified by the government but continue to be classified as "extra-terrestrial." One of the story-lines of ***Mermaids: The Body Found*** was that hundreds of aquatic mammals were killed following a sonic weaponry experiment by the US Navy. Surprisingly, numerous Merbeings (some of which were still alive) washed ashore along with hundreds of aquatic mammals. It's important to note that Merbeings are not at all like ***Disney's Ariel*** or the other beautiful mermaids depicted in Hollywood. In contrast, Merbeings are very much like humans as we know them, except they have noticeably webbed feet and hands and very little, if any hair. Hollywood's depiction of Mermaids is just a clever distraction to 1) make humans believe Merbeings are attractive and friendly, and 2) to portray Merbeings as fictional cartoons, therefore qualifying anyone who believes in their existence as childish, immature, and easily fooled.

Merbeings interact with dolphins much like humans interact with dogs. Have you ever wondered why dolphins interact so well with humans? The truth behind this interaction is that dolphins often mistake humans for Merbeings, whom they often interact with and protect much like a dog would a human. Interestingly, humans share many more similarities with dolphins and whales than they do with chimpanzees and apes, a fact which makes the existence of underwater humanoids easier to accept.

"Humans have subcutaneous fat that helps warm our bodies (similar to dolphins and whales). We can hold our breath for a long period of time. We don't have hair over our body like our ancestors or ape cousins and we have partial webbing between our fingers and toes (perhaps to help us swim?). We have an instinctual ability to survive in water," states Emily Sutherlin, NowPublic.com.

"The only ocean mammals that have fur are those who get out of the water to spend time on land in cold climates such as seals or otters. It's interesting that humans have most of the hair on their heads, which is the part of the body that is above water while swimming. The aquatic ape theory suggests that humans kept the hair on their heads for protection and to give their offspring something to hang onto while the parent spent time wallowing in the water…Having no hair on the body makes human skin

very sensitive and pleasurable to touch. Lack of body hair, sensitive skin, and sensuality is a common trait humans share with dolphins and other cetaceans. There is a fatty layer beneath the skin of all humans that makes us different than all other apes, which have no such fatty layer. Human infants' extra fatty tissue gives them natural buoyancy. This fatty layer is found in dolphins and all ocean dwelling mammals. Although most apes have a fear of water, humans are highly attracted to water and will swim for pleasure. In fact, human infants can swim before they can walk. These traits are uncommon among the apes.

Humans are also equipped with a diving reflex. This is not found among apes. When a human dips his face in water, the heart rate immediately slows down. This kind of reflex is found in dolphins, whales and all animals that dive.

It's interesting, too, that Jacques Cousteau - legendary ocean explorer - wrote that the original sin was gravity and that we will only achieve redemption when we return to the water - as cetaceans did long ago.

Article based on information found at:

http://www.examiner.com/video/compelling-evidence-that-supports-the-existence-of-mermaids.com

http://www.Paula_Peterson.com

Drinking Too Much Water Can Kill You!

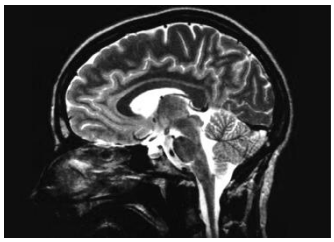
In a hydration-obsessed culture, people can and do drink themselves to death.

By Coco Ballantyne

Liquid H_2O is the sine qua non of life. Making up about 66 percent of the human body, water runs through the blood, inhabits the cells, and lurks in the spaces between. At every moment water escapes the body through sweat, urination, defecation or exhaled breath, among other routes. Replacing these lost stores is essential but rehydration can be overdone. There is such a thing as a fatal water overdose.

Earlier this year, a 28-year-old California woman died after competing in a radio station's on-air water-drinking contest. After downing some six liters of water in three hours in the "Hold Your Wee for a Wii" (Nintendo game console) contest, Jennifer Strange vomited, went home with a splitting headache, and died from so-called water intoxication caused by hyponatremia. Hyponatremia, a word cobbled together from Latin and Greek roots, translates as "insufficient salt in the blood." Quantitatively speaking, it means having a blood sodium concentration below 135 millimoles per liter, or approximately 0.4 ounces per gallon, the normal concentration lying somewhere between 135 and 145 millimoles per liter. Severe cases of hyponatremia (aka water intoxication) symptoms include headache, fatigue, nausea, vomiting, frequent urination and mental disorientation.

In humans, the kidneys control the amount of water, salts and other solutes leaving the body by sieving blood through their millions of twisted tubules. When a person drinks too much water in a short period of time, the kidneys cannot flush it out fast enough and the blood becomes waterlogged. Drawn to regions where the concentration of salt and other dissolved substances is higher, excess water leaves the blood and ultimately enters the cells, which swell like balloons to accommodate it.



Most cells have room to stretch because they are embedded in flexible tissues such as fat and muscle, but this is not the case for neurons. Brain cells are tightly packaged inside a rigid boney cage, the skull, and they have to share this space with blood and cerebrospinal fluid, explains Wolfgang Liedtke, a clinical neuroscientist at Duke University Medical Center. "Inside the skull there is almost zero room to expand and swell," he says.

Thus, brain edema, or swelling, can be disastrous. "Rapid and severe hyponatremia causes entry of water into brain cells leading to brain swelling, which manifests as seizures, coma, respiratory arrest, brain stem herniation and death," explains M. Amin Arnaout, chief of nephrology at Massachusetts General Hospital and Harvard Medical School.

Where did people get the idea that guzzling enormous quantities of water is healthful? A few years ago Heinz Valtin, a kidney specialist from Dartmouth Medical School, decided to determine if the common advice to drink eight, eight-ounce glasses of water per day could hold up to scientific scrutiny. After scouring the peer-reviewed literature, Valtin concluded that no scientific studies support the "eight x eight" dictum (for healthy adults living in temperate climates and doing mild exercise). In fact, drinking this much or more "could be harmful, both in precipitating potentially dangerous hyponatremia and exposure to pollutants, and also in making

many people feel guilty for not drinking enough," he wrote in his 2002 review for the *American Journal of Physiology—Regulatory, Integrative and Comparative Physiology*. And since he published his findings, Valtin says, "Not a single scientific report published in a peer-reviewed publication has proven the contrary."

Most cases of water poisoning do not result from simply drinking too much water, says Joseph Verbalis, chairman of medicine at Georgetown University Medical Center. It is usually a combination of excessive fluid intake and increased secretion of vasopression (also called antidiuretic hormone), he explains. Produced by the hypothalamus and secreted into the bloodstream by the posterior pituitary gland, vasopressin instructs the kidneys to conserve water. Its secretion increases in periods of physical a marathon, for example—and may cause the body to conserve water even if a person is drinking excessive quantities.

While exercising, "you should balance what you're drinking with what you're sweating," and that includes sports drinks, which can also cause hyponatremia when consumed in excess, Verbalis advises. "If you're sweating 500 milliliters per hour, that is what you should be drinking."

But measuring sweat output is not easy. How can a marathon runner, or any person, determine how much water to consume? As long as you are healthy and equipped with a thirst barometer unimpaired by old age or mind-altering drugs, follow Verbalis's advice, "drink to your thirst. It's the best indicator."

Based on the following information from Scientific American

http://www.scientificamerican.com/article.cfm?id=strange-but-true-drinking-too-much-water-can-kill

http://www.scientificamerican.com/topic.cfm?id=stress

SAUSD Common Core Lesson Planner **Teacher:**

Unit: HIV **Day 3** **Lesson #1**	**Grade Level/Course:** 9-10 Biology	**Duration:** One 50 minute class **Date:**

Big Idea: Information enables you to make better informed decisions

Essential Questions:

- *How does HIV affect a family and the community?*

Common Core and Content Standards	ED CODE SECTION 51934 HIV/AIDS prevention education shall satisfy all of the criteria set forth in paragraphs (1) to (6), shall accurately reflect the latest information and recommendations from the United States Surgeon General, the federal Centers for Disease Control and Prevention, and the National Academy of Science, and shall include the following: (4) Discussion of the public health issues associated with HIV/AIDS. (7) Discussion about societal views on HIV/AIDS, including stereotypes and myths regarding persons with HIV/AIDS. This instruction shall emphasize compassion for persons living with HIV/AIDS. **Reading Standards for Literacy in Science and Technical Subjects 9-10**: 1. Cite specific textual evidence to support analysis of science and technical texts, attending to the precise details of explanations or descriptions. **Writing Standards for Literacy in History/Social Studies, Science, and Technical Subjects 9-10:** 9. Draw evidence from informational texts to support analysis, reflection, and research. **Speaking and Listening Standards 9-10:** 4. Present information, findings, and supporting evidence clearly, concisely, and logically such that listeners can follow the line of reasoning and the organization, development, substance, and style are appropriate to purpose, audience, and task.
Materials/ Resources/ Lesson Preparation	Teacher Resource 1.1 Internet connection to website - posornot.com Student Resource 1.1 Viewing Guide for posornot.com - 1 copy per student Teacher Resource 1.1a Video clip – Jennifer Jako (7 min video of interview with 2 HIV positive people available at discovery education and provided on resource disc) Student Resource 1.2 It's All Relative Activity sheet Teacher Resource Set of Relative Cards for the class – Cut apart so you have 1 card per student, all cards laminated if possible.

Objectives	**Content:** Student will be able to describe ways in which HIV or AIDS can affect a family and the community.	**Language:** Students will listen to information presented verbally by their teacher and then in groups of two, students will orally summarize their thoughts regarding stereotypes of people who have HIV/AIDs. After participating in the It's All Relative Activity, students will describe verbally to each other their feelings about the infected person in their group and how this change their attitude toward that person.
Depth of Knowledge Level	☐ **Level 1: Recall** ☒ **Level 2: Skill/Concept** ☐ **Level 3: Strategic Thinking** ☒ **Level 4: Extended Thinking**	

College and Career Ready Skills	☐ **Demonstrating independence** ☒ **Building strong content knowledge** ☒ **Responding to varying demands of audience, task, purpose, and discipline** ☒ **Comprehending as well as critiquing** ☐ **Valuing evidence** ☐ **Using technology and digital media strategically and capably** ☒ **Coming to understand other perspectives and cultures**		
Common Core Instructional Shifts	☒ **Building knowledge through content-rich nonfiction texts** ☒ **Reading and writing grounded from text** ☒ **Regular practice with complex text and its academic vocabulary**		
Academic Vocabulary (Tier II & Tier III)	**TEACHER PROVIDES SIMPLE EXPLANATION**	**KEY WORDS ESSENTIAL TO UNDERSTANDING**	**WORDS WORTH KNOWING**
		Family Non-infected HIV (Human Immunodeficiency Virus) AIDS (Acquired Immune Deficiency Syndrome) Positive Negative Attitude	Coat-of-Arms Symbol
	STUDENTS FIGURE OUT THE MEANING	Prejudice	Discrimination
Pre-teaching Considerations	Teacher should be sure norms regarding student name calling and derogatory terms have been established prior to this lesson. For example: Students should not use terms such as fag or queer when describing a homosexual individual. Be consistent with students and ask students to help enforce these norms both in and out of the classroom.		
Lesson Delivery			
Instructional Methods	**Check method(s) used in the lesson:** ☒**Modeling** ☐**Guided Practice** ☒**Collaboration** ☐ **Independent Practice** ☐**Guided Inquiry** ☒ **Reflection**		
Lesson Continuum	**Lesson Opening**	**Preparing the Learner:** Web site - posornot.com 1. The teacher will go online to posornot.com and display it on the screen or Smartboard. 2. Students turn to the Viewing Guide. 3. At the beginning of class, the teacher will hit the 'start' button on the posornot.com website. 4. The teacher will read the details provided about the person shown, allowing student time to record pertinent information on their viewing guide. 5. When students have had the opportunity to see 5 different people, allow them time to answer the questions at the bottom of the viewing guide and compare their answers with an elbow partner. 6. Follow up this activity and connect this to the Jigsaw Busting the Myth articles by asking students, can you tell who someone is by looking at them? How can we avoid judging and creating stereotypes about people just by looking at them?	

	Activities/Tasks/ Strategies/Technology/ Questioning/Engagement/Writing/Checking for Understanding	Watch the video clip on Jennifer Jako (7 min video interview of 2 people with HIV) 1. The teacher will show the 7 minute video from Discovery Streaming (on DVD) (Students will be responding to this video in written form at the end of the "It's All Relative Activity"). **Interacting with the Text** **It's All Relative Activity** 1. This lesson will have 50 cards, each card will have a name of a relation, a coat of arms, 3 facts about the person, and a symbol. There are 4 coat of arms that the students will use when picking their "family groups." 2. The teacher will hand a card to each student. Once every student has received a card, they should be instructed to form "family groups" (2 min). Family groups do not need to be the typical idea of family, but rather a group of individuals that have a high quality of human relationships and can include persons who are not married to each other, and can also include persons of the same sex as well as of the opposite sex. 3. Each family group can have 2, 3, 4, 5 or 6 individuals, but all individuals must have the same coat of arms. After the family groups have been formed the students should sit in their new groups and learn about their new family by reading the details on the back of the card (3-5 min). 4. On the front of each card is a symbol (there are 7 symbols total: $, #, ^, !, *, +, @) and these symbols will be used to designate a person who is infected with HIV. Explain that the mark signifies that the person in this family is infected with HIV. We don't know how they became infected. It doesn't mean that the other people have become infected. But this person is infected with HIV, and may someday die from AIDS. 5. The teacher should pick a **different** symbol in each class period to represent HIV infection. This will minimize student anticipation in the later class periods. For example in first period the teacher may say "if you have an asterisk * on the front of your card then that member of the family is infected with HIV," while in second period it could be the dollar sign that represents infection. 6. Once the students know which member of their family is infected or not infected with HIV, ask the students to describe verbally to each other their feelings about the infected person. How does this change their attitude toward them? 7. Students will then complete the reflection questions on the "It's all Relative" student handout.	**Differentiated Instruction for Students Needing Additional Support** Provide a transcription of video text for student by using Closed Caption option located on Discovery Education Streaming website. Heterogeneous grouping to mix abilities and provide EL with a higher ability speaker. Provide specific Clarifying Bookmarks to students struggling to express themselves. Allow students the opportunity to take a copy of activities home before class to preview it or read it with extended time. **Accelerated Learners:** Have accelerated learners develop a skit about a family dealing with a member who has HIV/ AIDS. Have accelerated learners research a) Ryan White and how he and his family were affected by HIV b) laws and legislation enacted because of the discrimination faced by Ryan. Will have the opportunity to share their Base Group information with the class.

	Activities/Tasks/ Strategies/Technology/ Questioning/Engagement/Writing/Checking for Understanding	**Extending Learning:** **Class Wrap Up** 1. Summarize by reminding students that regardless of the care with which they assemble their relationships—now and in the future-that it is very likely that their lives will be touched by some disease, maybe even HIV and AIDS. 2. Request that they be careful in the relationships they form (especially sexual relationships), and that they exhibit compassion toward all people whose lives are affected by any disease (including HIV or AIDS), both in their families and in others.	
Lesson Reflection			
Teacher Reflection Evidenced by Student Learning/ Outcomes			

Lesson 1 - Student Viewing Guide for posornot.com

Name and age (of person shown)	What' your guess? + (positive) or (negative)	Rationale for your guess (What piece of information led to your guess?)	In fact, this person is HIV + or –
Example: Jose 34	*Example: +*	*Example: He is a male from Puerto Rico and an artist.*	*Example: Positive +*

How many did you guess correctly? _____ (compare your answers with your elbow partner)

True or False: You can always tell if a person has HIV by looking at him/her. Explain. _____

_____

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Positive Prevention Lesson 1 Website

http://posornot.org

Positive Prevention Lesson 1 - Video Clip

Jennifer Jako and Doug Stubblefield's Stories – Risky Behavior Leads to Infection

Downloaded from DiscoveryStreaming.com

Length: 7:44 mins

It's All Relative Activity

Name_____

1. You will receive 1 card from your teacher. It will have the name of a family member written on the front (ie. husband, wife, child, brother, sister, niece, baby, grandfather, grandmother) and details about that person on the back.
2. You will walk around the room looking for other students to form a family with.
    - First, find people who have the "same coat of arms."




    - Second, divide into a family unit made up of people with the same coat of arms. Your family may have 2, 3, 4, 5, or 6 people.

    - Third, when your family is formed, sit down together and get to know each other by taking turns reading the details on the back of each card.
    - Fourth, make plans for how your family will celebrate an upcoming birthday for the oldest member of your family.
3. Your teacher will give you information about the symbol on your card.
4. Once you have received the symbol information from your teacher, answer the questions that follow:

Reflection Questions:

1. **<u>If someone in your family is infected with HIV</u>**, how does that make you feel? Did your attitude about that person change when you found out they had HIV? How does this change any family plans you may have made?

_____

_____

_____

_____

2. **<u>If no one in your family is infected with HIV</u>**, how does that make you feel? How do you feel about other people whose families/friends have been affected by HIV? If you are friends with someone who has HIV, would you want to invite them to your families' birthday celebration?

   _____
   _____
   _____
   _____

3. Would your response differ if the disease wasn't AIDS but rather cancer, heart disease, etc.?

   _____
   _____
   _____
   _____

4. What is important to remember in helping friends and family members with any serious illnesses? How can non-infected families help their neighbors?

   _____
   _____
   _____
   _____

5. Think back to the video we watched earlier in class about the two people who were HIV positive.
   - What surprised you about living with HIV?

     _____
     _____
     _____
     _____
     _____
     _____
     _____
     _____

 **Father** $	 **Mother** *
 **Grandfather** #	 **Grandmother** !
 **Aunt** ^	 **Uncle** +
 **Brother** $	 **Sister** *
 **Child** !	 **Baby** @

Mother
Birthdate 8/4/73

- I like to watch Honey Boo Boo
- I work at the Post Office
- I went to college for 2 years

Father
Birthdate 2/24/68

- I was in the Navy for 12 years
- I have been a smoker for 6 years
- I love to watch football

Grandmother
Birthdate 9/13/46

- I have diabetes
- I like sewing
- I am saving for my grandkids to go to college

Grandfather
Birthdate 6/12/51

- I fought in the Vietnam war
- I like to eat popcorn
- I go to Las Vegas to play bingo on the weekends

Uncle
Birthdate 3/29/75

- I am a fisherman
- I sail to Catalina Island in the summer
- I lost my left arm in a boating accident

Aunt
Birthdate 12/13/74

- I like to watch cooking shows on TV
- I swim in competitions
- I collect comic books

Sister
Birthdate 11/2/03

- My younger sibling died in an auto accident
- I have every Spongebob episode memorized
- I want to be a police officer

Brother
Birthdate 3/12/95

- I like to play basketball
- I have a girlfriend named Lupe
- I have a 3.7 GPA

Baby
Birthdate 2/22/13

- I am 4 months old
- I like the sun on my face
- I like our cat

Child
Birthdate 1/4/01

- I like to play Call of Duty
- I don't like salad
- I smoked a cigarette last weekend

 **Father** **$**	 **Mother** *****
 **Grandfather** **#**	 **Grandmother** **!**
 **Aunt** **^**	 **Uncle** **+**
 **Brother** **$**	 **Sister** *****
 **Child** **!**	 **Baby** **@**

Mother
Birthdate 8/4/73

- I like to watch Honey Boo Boo
- I work at the Post Office
- I went to college for 2 years

Father
Birthdate 2/24/68

- I was in the Navy for 12 years
- I have been a smoker for 6 years
- I love to watch football

Grandmother
Birthdate 9/13/46

- I have diabetes
- I like sewing
- I am saving for my grandkids to go to college

Grandfather
Birthdate 6/12/51

- I fought in the Vietnam war
- I like to eat popcorn
- I go to Las Vegas to play bingo on the weekends

Uncle
Birthdate 3/29/75

- I am a fisherman
- I sail to Catalina Island in the summer
- I lost my left arm in a boating accident

Aunt
Birthdate 12/13/74

- I like to watch cooking shows on TV
- I swim in competitions
- I collect comic books

Sister
Birthdate 11/2/03

- My younger sibling died in an auto accident
- I have every Spongebob episode memorized
- I want to be a police officer

Brother
Birthdate 3/12/95

- I like to play basketball
- I have a girlfriend named Lupe
- I have a 3.7 GPA

Baby
Birthdate 2/22/13

- I am 4 months old
- I like the sun on my face
- I like our cat

Child
Birthdate 1/4/01

- I like to play Call of Duty
- I don't like salad
- I smoked a cigarette last weekend

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 **Friend** **@**	 **Cousin** **#**
 **Partner** **+**	 **Cousin** **^**
 **Friend** **@**	 **Cousin** **#**

Cousin
Birthdate 5/24/91

- I read over 25 books each year
- I like to drink milk with everything
- I am very good at the game Scrabble

Partner
Birthdate 9/22/94

- I love to go shopping at the mall
- I ride horses on the weekends
- I was president of the ASB in school

Cousin
Birthdate 7/20/90

- I own only 1 pair of shoes
- I have never been to the dentist
- I have very long hair

Friend
Birthdate 1/29/86

- I like to do boxing for a workout
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SAUSD Common Core Lesson Planner **Teacher:**

Unit: HIV **Day 4 - 6** **Lesson #2**	**Grade Level/Course:** 9-10 Biology	**Duration:** Three 50 min class periods **Date:**

Big Idea: Information enables you to make better informed decisions

Essential Questions:

- *How does HIV affect the human body?*
- *How is HIV transmitted in the population?*
- *Which groups are affected by HIV?*

Common Core and Content Standards	ED CODE SECTION 51934 HIV/AIDS prevention education shall satisfy all of the criteria set forth in paragraphs (1) to (6), shall accurately reflect the latest information and recommendations from the United States Surgeon General, the federal Centers for Disease Control and Prevention, and the National Academy of Science, and shall include the following: (1) Information on the nature of HIV/AIDS and its effects on the human body (2) Information on the manner in which HIV is and is not transmitted, including information on activities that present the highest risk of HIV infection (3) This instruction shall emphasize that sexual abstinence, monogamy, the avoidance of multiple of multiple sexual partners, and abstinence from intravenous drug use are the most effective means for HIV/AIDS prevention. **Reading Standards for Literacy in Science and Technical Subjects 9-10**: 1. Cite specific textual evidence to support analysis of science and technical texts, attending to the precise details of explanations or descriptions. 2. Determine the central ideas or conclusions of a text; trace the text's explanation or depiction of a complex process, phenomenon, or concept; provide an accurate summary of the text. 7. Translate quantitative or technical information expressed in words in a text into visual form (e.g., a table or chart) and translate information expressed visually or mathematically (e.g., in an equation) into words. **Speaking and Listening Standards 9-10:** 4. Present information, findings, and supporting evidence clearly, concisely, and logically such that listeners can follow the line of reasoning and the organization, development, substance, and style are appropriate to purpose, audience, and task.
Materials/ Resources/ Lesson Preparation	Teacher Resource 2.1 Video Clip – Preventing and Treating AIDS (2 min) Student Resource 2.1 Jigsaw matrix-HIV among different populations Handout Student Resource 2.2a - HIV & AIDS Reference Sheet 1 Student Resource 2.2b - HIV & AIDS Reference Sheet 2 Student Resource 2.2c - HIV & AIDS Reference Sheet 3 Student Resource 2.2d - HIV & AIDS Reference Sheet 4 Student Resource 2.3 Body Fluid Activity Handout Student Resource 2.4: HIV Infection Rates Data Analysis FLINN Body Fluids Simulation Kit or the following: Small Plastic cups (1 per students) Water (Tap) Several rubber bands 1 cup week sodium hydroxide (NaOH) solution 1 dropper bottle of phenolphthalein clear plastic wrap like Saran Wrap

<table>
<tr><td>Objectives</td><td colspan="2">Content:
Students will be able to describe how HIV affects the human body. Students will be able to describe the process by which HIV is transferred throughout the population.

Students will be able to analyze and interpret data about HIV infection rates for several different population groups.</td><td>Language:
In groups of four, students will act as experts and verbally express facts pertinent to their assigned population groups.

Students will listen to information presented verbally by their peers and summarize important facts about HIV/AIDS in the different population groups.</td></tr>
<tr><td>Depth of Knowledge Level</td><td colspan="3">☐ Level 1: Recall ☒ Level 2: Skill/Concept
☒ Level 3: Strategic Thinking ☐ Level 4: Extended Thinking</td></tr>
<tr><td>College and Career Ready Skills</td><td colspan="3">☒ Demonstrating independence ☒ Building strong content knowledge
☒ Responding to varying demands of audience, task, purpose, and discipline
☐ Comprehending as well as critiquing ☒ Valuing evidence
☐ Using technology and digital media strategically and capably
☒ Coming to understand other perspectives and cultures</td></tr>
<tr><td>Common Core Instructional Shifts</td><td colspan="3">☒ Building knowledge through content-rich nonfiction texts
☒ Reading and writing grounded from text
☒ Regular practice with complex text and its academic vocabulary</td></tr>
<tr><td rowspan="3">Academic Vocabulary (Tier II & Tier III)</td><td>TEACHER PROVIDES SIMPLE EXPLANATION</td><td>KEY WORDS ESSENTIAL TO UNDERSTANDING</td><td>WORDS WORTH KNOWING</td></tr>
<tr><td></td><td>HIV
infection
transmission
body fluid
unprotected sex
prevention
diagnose</td><td>pandemic
homophobia
stigma
discrimination</td></tr>
<tr><td>STUDENTS FIGURE OUT THE MEANING</td><td>T-cells
replicate
infection rate</td><td></td></tr>
<tr><td>Pre-teaching Considerations</td><td colspan="3">Base Groups:
The Base Group should be made up of 4 students, 1 for each Expert Group.

Expert Groups:
There will be four Expert Groups. In the Expert Groups students will read an article about their assigned topic, come to consensus about the main ideas/information needed to fill in their part of the matrix, and have a chance to practice what they will report back to their base groups. You could use the same Base Groups/Expert Groups that you used in the Preparing the Learner lesson.</td></tr>
<tr><td colspan="4">Lesson Delivery</td></tr>
<tr><td>Instructional Methods</td><td colspan="3">Check method(s) used in the lesson:
☒Modeling ☐Guided Practice ☒Collaboration ☐ Independent Practice
☒Guided Inquiry ☒ Reflection</td></tr>
</table>

Lesson Continuum

Lesson Opening

Prior Knowledge, Context, and Motivation:

Day 3: HIV among different populations

Medical mechanics of HIV Video (2 min)

1. Students will watch a video that explains how T-cells are infected by the HIV virus. They should be instructed to pay attention to how the virus invades the cell and uses the cell to replicate.
2. Once the video is finished, students should turn to their elbow partner and explain in 1 minute or less how HIV infects the body and how it uses the host cell to replicate. The student to the right should be the first student to speak, while the student on the left will listen. Once the first student has finished their verbal summary the second student should share their summary. If students are confused, they should ask a partner for help
3. The teacher should let the students know that they will watch the same video for a second time and they will need to pay close attention to how the virus invades the cell and uses the cell to replicate.
4. Once the video is finished, students should be instructed to write a 2-3 sentence summary that explains how HIV infects the cell.

Activities/Tasks/ Strategies/Technology/ Questioning/Engagement/Writing/Checking for Understanding

Preparing The Learner

1. Set up Stations ahead of time.
   **Note: Have 4 stations, these are the expert groups, located throughout the classroom in places that will maximize the distance between the 4 groups.
   Station 1 HIV & AIDS Reference Sheet 1 (Lexile Level 1130)
   Station 2 HIV & AIDS Reference Sheet 2 (Lexile Level 1130)
   Station 3 HIV & AIDS Reference Sheet 3 (Lexile Level 1200)
   Station 4 HIV & AIDS Reference Sheet 4 (Lexile Level 1192)

2. The teacher will assign each student a number that corresponds to the station they will be going to.

3. The teacher will excuse students to their station (expert group). (There should be 8-10 students per station in a class of 32-40 students).

First Read:

1. When the students are settled, the teacher will tell the students they will be reading their article silently on their own for 6 minutes. The teacher will remind them that the goal is not necessarily to finish in the allotted time, but to understand what they do read. If they finish before time is called, the students should reread the article. The teacher will note the time and instruct students to begin reading. At the end, the teacher will remind students that it is acceptable if they did not finish. They will have other chances to finish reading the article.

Second Read:

2. When students finish their 1st read, students should look at the Jigsaw Matrix (Resource 2.1)

3. Students will reread the article with a pencil in hand, marking the answers to the questions on the matrix that correspond with their article.

4. At the conclusion of the silent read, encourage students to finish

Students Needing Additional Supports

Provide a glossary or one-to-one translation guide for EL students. Allow students an electronic dictionary to look up any unknown terms during the jigsaw read.

Heterogeneous grouping to support mixed ability groups of students.

Provide limited Clarifying Bookmark sentence starters to encourage conversation

Provide student with the article ahead of time to extend reading time.

Increase font size, spacing of article to make reading easier.

Co-create visual flow map of lab directions to translate words into pictures.

	Activities/Tasks/ Strategies/Technology/ Questioning/Engagement/Writing/Checking for Understanding	reading or reread as necessary. Students should discuss their answers with their expert groups and add any information to their own matrix that may be missing. 5. The expert groups should come to a consensus on how best to answer each of the questions in their matrix before returning to their base group. **Return to Base groups:** 6. With at least 20 minutes remaining, direct students to go back to their "base groups." The teacher should assign a random student to begin in each base group. This will ensure that the students don't listen to what groups near them are saying and change their own responses. That first expert student will share which article they read and explain: • The title of the article • Share the question they were to answer • Share their 40 word or less answer • One fact they found to be interesting or surprising As the first expert is sharing his/her information, the other members of the base group will take notes on the Jigsaw Matrix. ***NOTE**: Students should not copy from the other students' charts. It is important that they tell the other students the information so they have the opportunity to practice the academic language and listeners practice paraphrasing. 8. The next expert student (if 1 went first than 2 will go next, if 3 went first then 4 will go next, and so on) will speak next, with the other group members filling out the jigsaw Matrix. This pattern will continue until each expert has had a chance to share while the others record the important information. *Students should ask clarifying questions as needed* **<u>Day 4: Blood Fluid Activity</u>** *Either use the Flinn Body Fluids Kit for this activity or these instructions that came from Red Cross Positive Prevention Level B* **PRIOR TO THE LESSON** 1. Fill all but three plastic cups halfway with clear water; fill the remaining three cups with weak NaOH solution 2. Cover several clear cups with clear plastic wrap and secure with a rubber band; mark several of the remaining cups with the letter "A" (abstain) and "1" (1 partner only), using enough clear plastic cups for each student.	Place a student with a designated lab partner, each with assigned tasks, to help complete the lab activity. Students could research infection rates for a different population (youth, elderly, homosexual, drug user, prison, homeless, foster youth) and create or present about a data table for this population using cell phones, computers, tablets, or a quick trip to the library. A good place to start: http://www.cdc.gov/hiv/risk/racialethnic/ Restrict data set to only Santa Ana District to help student focus on key pieces of information. **Accelerated Learners:** Student can research online to determine another indicator and solution that could be used for this simulation. Students could be asked to create their own graphic/data table to best represent the data in resource 2.4.

	Activities/Tasks/ Strategies/Technology/ Questioning/Engagement/Writing/Checking for Understanding	**ACTIVITY**: 3. There is no special grouping necessary for the lab portion of this activity but it may be beneficial for the students to work in their expert groups to complete the conclusion questions. 4. Pass out the student handout and explain to the class that today they will simulate the spread of an infectious disease. 5. Each student will receive one cup of "body fluids" these should be randomly distributed. You will need to explain what each type of cup represents: A= Abstinence, they will not share fluids with anyone in the class, 1= they may share fluids with only ONE person in the class, Plastic Wrap= condom usage, they will not share fluids with anyone in the class, if the cups are unmarked they may share fluids with no one or with up to 3 different students. 6. Students will then circulate around the room sharing their "bodily fluids" with one another. In order to share fluids the students will carefully pour a small portion of their liquid into their partner's cup and receive a small portion of their partner's cup in return. (3-5 minutes) 7. Once the students have had a chance to circulate around the room have them return to their desk and explain the similarity of this activity to a party: music, chatting with friends, maybe "exchanging some body fluids." 8. Arrange the students in a large circle. Explain that you will now test their "fluids" for an infection. Test fluids by placing one drop of phenolphthalein in each cup, and gently swirling the solution. A pink reaction indicates an infection. ***NOTE**: If reusing the plastic cups for a second class, make sure the cups are washed with soap to ensure all NaOH is removed or your samples will be contaminated. **Extending the Learning:** 9. Ask students whether they have any idea who might have spread an infection to class? 10. The class data table should be completed. This can be a teacher driven activity based on a show of hands. Infections for type of behavior (different types of cups) should be recorded, depending on the math skills of you class, you can have the students figure out the percentage of infection for each of the categories or you can complete this as a class. Number of infected/number of students in ENTIRE class. The idea of this data table is to show students the correlation of infection and risk behavior. 11. Students should then be arranged into a partners using their base groups as a platform (4 students in a base group, 2 partner groups) and answer the conclusion questions	Students could research infection rates for a different population (youth, elderly, homosexual, drug user, prison, etc.) and create or present about a data table for this population. A good place to start: http://www.cdc.gov/hiv/risk/racialethnic/ Homogeneous grouping to accelerate academic conversations and maintain rigor for whole group.

	Activities/Tasks/ Strategies/Technology/ Questioning/Engagement/Writing/Checking for Understanding	12. The students will need to place their cups of infection on their desks so the other students in the class can see the class results while answering the conclusion questions. 13. If time allows the teacher can lead a discussion about the infectious rates of the different populations of the class. You should see that there is no infection in those cups that were abstinent or used condoms, infections rates should be lower in monogamous cups, and higher in cups that frequently exchanged body fluids. This will implant the idea of risky behaviors and the spread of infectious disease that will be explored in a lesson in the future. **Day 5** **Preparing The Learner** 1. To quickly review the Bodily Fluid lab, ask students to discuss in partners the infection rates of the different groups created during the lab ("condom" wearers, abstainers, people exchanging fluids with 1+ individual) and how each situation affected the spread of HIV. (~5mins) 2. Ask students to brainstorm different factors that would lead to higher or lower rates of HIV infection. Guide students to consider factors such as education, income, access to health insurance, legal status, ability to speak the primary language, safety, sexual orientation. (~3 mins) **Interacting With The Text** Students will analyze data presented in several different forms to look at how HIV affects different populations of people in the United States. 1. Individually students create a circle map on Resource 2.4 based on the data table and graph. (~2 mins). 2. Then in pairs, students answer questions 2-4, recording their own answers based on the information presented. (~20 mins) ****NOTE**: Data Table 1 has a key at the bottom to help explain the different columns. Direct students here if they get frustrated trying to interpret the information. ****NOTE**: The 3 CDC facts are included because looking at the graphs alone is misleading about the HIV infection rate among different populations. The graphs give whole number values without considering the total size of the community. According the 2012 U.S. Census, approximately 63.0% of the U.S. population is White, 13.1% is Black/African American, 16.9% is Hispanic/Latino, and 5.1% is Asian. **Extending Understanding** 3. Students answer question #5 by specifically highlighting the data table, graph, and CDC facts they used to support their answer. (~3 mins) 4. If it has not occurred already follow up with a whole discussion about the students' findings and questions regarding the rates of HIV infection. Connect this back to the Jigsaw reading and ask students to reiterate how to prevent becoming infected with HIV and how to prevent spreading the virus. (~10mins)
Lesson Reflection		
Teacher Reflection Evidenced by Student Learning/ Outcomes		

Day 3 Lesson 2 Jigsaw Matrix

HIV & AIDS Reference Sheets

Directions: When you listen to your partners share about their articles, paraphrase (write in your own words) the essential pieces of information. Do not copy your partner's paper or give your paper to another teammate to copy from.

	1. What are HIV & AIDS and how do they act on the human body?	**2. Where did HIV come from?**	**3. How is HIV spread?**	**4. How can HIV infection be prevented?**
In 40 words or less, answer the question for your article.				
Cite an interesting or surprising fact from your article and explain what made it worthy to select.				

Positive Prevention Lesson 2 - Video Clip

Preventing and Treating AIDS
Downloaded from DiscoveryStreaming
Length: 2 mins

HIV & AIDS Reference Sheet 1

What are HIV & AIDS and how do they act in the human body?

HIV is a virus carried in blood, semen, vaginal fluid and breast milk. HIV stands for **Human Immunodeficiency Virus.** HIV causes **Acquired Immune Deficiency Syndrome** or **AIDS**. AIDS is the last stage of **HIV Disease.**

Three out of four people with HIV have flulike symptoms (sore throat, fever, fatigue) one to six weeks after catching it. One out of four people have no symptoms at all.

They can still pass the virus to others if they have sex, share needles or get pregnant, even though they don't feel sick.

Once HIV gets into the blood, it invades the white blood cells, especially the "T-Helper cells," which are the coaches of the immune system. HIV turns a T-Helper cell into a little virus factory, producing more and more copies of the virus. Eventually, the infected T-Helper cell dies, and the new copies of HIV go off to infect other T-Helper cells in the person's body. HIV stays in the body. It can't be completely killed by drugs. There is no cure. For the rest of his or her life the person with HIV can transmit it to others.

At first, the person won't have enough antibodies in their blood to show up on a test. It might take weeks for their body to build up enough antibodies. After three months, though, a test will show that they are **HIV positive**.

With T-Helper cells sick and declining in number, the immune system can't work as well. This can take ten or more years, especially with treatment, but eventually most people reach the stage of AIDS.
A medical provider determines when a person has AIDS. It takes two things for the doctor to call it that. First, the person must have HIV. Second, their T-Helper cells must have dropped to a very low number, or they must have gotten a rare infection which only occurs when HIV has nearly destroyed the body's immune system.

These infections are called "opportunistic" because they take the opportunity of a person's weak immune system to make the person sick. They're diseases that a healthy immune system could control.

AIDS doesn't directly cause death. It allows these other diseases to cause the person's death. One such disease is *Kaposi's sarcoma*, caused by an ordinarily harmless virus. It is a rare kind of cancer that causes skin sores and tumors. Another one of these diseases is *Pneumocystis Pneumonia*, a rare infection of the lungs.

These days there are better drugs to prevent and treat these infections, so that people are living longer. These drugs can help eliminate or control an opportunistic infection, or help increase the number of T-Helper cells so that their immune system begins to function better. Even so, they will always be considered to have AIDS.

HIV & AIDS Reference Sheet 2

Where did HIV come from?

Today HIV is found all over the world on every continent. People with HIV traveled from place to place, taking the virus with them to new places. It was long suspected that the virus passed from animals to humans in the beginning, changing (mutating) just enough to become deadly in its new host. However, many animals carry HIV-like viruses that do not harm humans. After years of research, we now know that the virus began in a chimpanzee species from West Africa. It's likely that the chimpanzee passed the virus to a hunter when he killed the animal for food. If someone was cleaning the meat and got a cut, the chimp's infected blood could have passed the virus to the human.

In Africa and elsewhere, HIV infected the heterosexual population first. It passed from men to women and from women to men like other STDs. Today, most of the world's HIV burden is in sub-Saharan Africa. Meanwhile, in North America, during the early years of the HIV epidemic, it mainly infected the gay male population, so it passed mostly from men to other men. In other words, it's clear that HIV can infect *anyone*. It's what you do, not who you are, that puts you at risk for HIV. This is why testing is so important, whether people are gay or straight.

Why do people in sub-Saharan Africa and Western gay men have the highest rates of HIV disease?

Scientists have found a gene that evolved to protect Africans from malaria, but it actually makes them *more* susceptible to HIV. This gene partially explains why the epidemic is centered there.

What about gay men? Well, people tend to have sex within their own communities. Once HIV infected some gay men in Europe and North America, it stayed largely in that population for many years, partly because gay men were more likely to be *exposed* to HIV. That is, the odds were higher if a guy was gay that the person he liked had HIV. That's still true today for men who have sex with men (whether or not they think of themselves as gay).

Another factor is access to resources. In the US, gay men and people of color have high rates of HIV infection when compared to white people in straight or lesbian relationships. The Centers for Disease Control (also called the CDC) says that this is partly due to prejudice and fear -- homophobia and racism. Prejudice has created unequal access to jobs and therefore less access to health insurance. Prejudice makes healthy relationships harder to maintain. And some people have avoided getting tested due to past experiences of discrimination in health care settings. They feared being judged or mistreated. All of these conditions have allowed HIV to continue to spread.

HIV & AIDS Reference Sheet 3

How is HIV spread today?

For HIV to be transmitted, it has to get directly into the blood. There are three ways that ordinarily happens.

(1) The most common way is **during sex.** Infected blood, semen or vaginal fluid can pass from one person to another through a mucous membrane. Mucous membranes are the thin-skinned, wet parts of the body. They line certain openings -- the mouth, anus, vagina, and the opening to the urethra at the tip of the penis. These membranes are very delicate, almost skinless, to allow fluids in and out of the body.

Anal sex is riskiest because the membrane that lines the rectum can easily get microscopic tears. Also, blood vessels are close to the surface of the skin there. For women, vaginal sex can be especially risky if infected semen is ejaculated into the vagina. Oral sex can also transmit HIV, especially to the person's mouth or throat. In contrast, the skin on your arm could only be penetrated by the virus if you had a cut, scrape, or skin disease. HIV cannot travel through unbroken skin, only cuts and mucous membranes.

(2) HIV infection can also happen when an infected person **injects drugs into a vein** ("shoots up"), and then **shares the syringe**. There's some amount of blood inside the syringe after the first person uses it, even if it isn't visible. If that blood is infected with HIV, the second user is putting it right into his or her bloodstream.

HIV could be transmitted by sharing needles for tattoos and piercings, as well.

(3) HIV infection can also be passed from an HIV-positive **mother to the fetus** when the mother is pregnant. It can travel from her blood to the fetus through the placenta. Transmission can also occur during delivery or by breast feeding.

Today, medication can *greatly* reduce the chance of a mother passing HIV to her baby. In the US, about one in four women with HIV (25%) pass the infection to their fetuses if they don't get treatment during the pregnancy. But among those who DO get medication while they're pregnant, fewer than one in 50 (2%) give it to the fetus. Also, a doctor can deliver a baby by C-section instead of through the vagina.

However, drugs and C-sections are not available in all parts of the world. And in some places breast feeding is a mother's only option if she doesn't have access to clean water or baby formula.

Before 1985, donated blood wasn't tested for HIV. Therefore, some people became infected with HIV by transfusions. Others were infected by medicine made with clotting factor from blood. It wasn't routinely heated to kill HIV until 1985. But since 1985, all donated blood in the US (and other developed countries) is tested for HIV. Transfusions are *extremely* unlikely to transmit the virus (one chance in 1½ million) and there's no risk at all of catching HIV by donating blood.

HIV & AIDS Reference Sheet 4

How can HIV infection be prevented?

ABSTAINING FROM SEX

People don't have to abstain for their whole lives. The safest thing is to wait to have sex until they find someone they want to stay with for years, someone who's shown they can be trusted in other ways and who they're confident will have sex only with them. Some people decide not ever to have sex if they've been drinking or using drugs; they know they'd be less careful about protection. Some people decide not to have sex with new partners for a certain amount of time (for example, three months or two years or until they're married) to make sure they know a person really well.

When people *do* have sex, they can reduce the risk of getting or giving HIV by using a **condom** or a dental dam. These barriers, when people use them correctly every single time, greatly reduce the risk of transmitting HIV and other STDs.
People can also reduce the risk of catching HIV by limiting the **number of people** they have sex with in their lives.

The problem is you can't tell if people have HIV or another STD by just looking at them; often *they* don't even know if they're infected.

What difference would having another STD make in terms of catching HIV?
There are two reasons another STD increases the risk. Infections like herpes leave sores; chlamydia can make mucous membranes raw. That offers easy pathways for HIV. And all STDs draw a lot of white blood cells to the infected area to fight the infection. Those are the very cells HIV can infect. So **getting tested** and treated for *other* STDs lowers a couple's HIV risk. It's also recommended that people wait for sex until they both get tested for HIV and retest in three months. Then they should get tested yearly or before they get with someone new.

ABSTAINING FROM DRUGS

The safest thing is to never inject drugs into the body with a needle or use *any* kind of mind-altering drugs. Even using alcohol can mess up people's ability to make the best decisions. After drinking, people are less likely to have safer sex because they stop thinking clearly.

People who are *already* addicted to injection drugs (drugs that they put into their body with a needle) can protect themselves and others, until they're able to quit, by never **sharing** needles – by using a new needle every time. New needles are free at needle exchange programs in some areas.

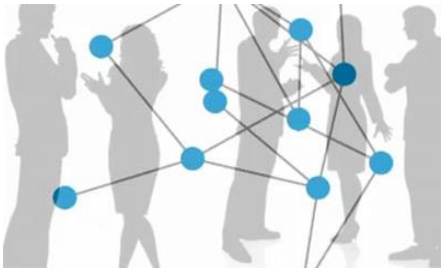
PREVENTING MOTHER-TO-CHILD TRANSMISSION

Men and women who want to have a child should get tested for HIV before starting a pregnancy. If a woman learns she's HIV-positive, she can take medicine during the pregnancy to *greatly* reduce the chance of passing HIV to the fetus.

HIV is one of the few entirely preventable diseases. You can decide not to risk getting it!

Body Fluid Activity

Objective: Describe how an HIV infection can spread through a population.



Background: The first cases of AIDS were identified in the United States in 1981, but AIDS most likely existed here and in other parts of the world for many years before that time. In 1984 scientists proved that HIV causes AIDS. Anyone can get HIV. The most important thing to know is how you can get the virus so that you can prevent it.

You can get HIV:

- By having unprotected sex- sex without a condom- with someone who has HIV. The virus can be in an infected person's blood, semen, or vaginal secretions and can enter your body through tiny cuts or sores in your skin, or in the lining of your vagina, penis, rectum, or mouth.
- By sharing a needle and syringe to inject drugs or sharing drug equipment used to prepare drugs for injection with someone who has HIV.
- From a blood transfusion or blood clotting factor that you got before 1985. (Today it is unlikely you could get infected that way because all blood in the United States has been tested for HIV since 1985.)
- Babies born to women with HIV also can become infected during pregnancy, birth, or breast-feeding.

You can*not* get HIV:

- By working with or being around someone who has HIV.
- From sweat, spit, tears, clothes, drinking fountains, phones, toilet seats, or through everyday things like sharing a meal.
- From insect bites or stings.
- From donating blood.
- From a closed-mouth kiss (but there is a *very* small chance of getting it from open-mouthed or "French" kissing with an infected person because of possible blood contact due to a cut in the mouth or throat).

Materials:

- Small Plastic cups (1 per students)
- Rubber bands
- 1 dropper bottle of phenolphthalein (teacher)
- Water
- 1 cup week sodium hydroxide (NaOH) solution
- Clear plastic wrap

Procedure:

1. Each of you will get a cup filled with a clear liquid; this liquid will be used to simulate the body fluids that can transmit HIV. Do not drink the liquid.
2. Circulate around the room and mix/exchange your fluids by pouring a small portion into another person's cup and vice versa. You may do this with no one, one, two, or three other people.
   Write the number of partners you exchanged fluid with _____
3. Your teacher will then test your "fluids" for an infection.
4. Once a drop of phenolphthalein is placed in your cup, gently swirl the solution. A pink reaction indicates an infection, if your cup stays clear then you are not infected.

Data: Record the **class data** for the spread of this infectious disease

	Abstinent (NO fluid exchanges)	Condom (NO fluid exchanges)	1 partner	2 Partners	3 Partners
Number of infected cups					
Number of non infected cups					
Number of students in ENTIRE class					
Percentage of infected cups					

Conclusion: ANSWER IN COMPLETE SENTENCES

1. How many people did you "exchange fluids with"?

_____

2. Were you infected or not infected?

a. If you were infected can you with 100% accuracy identify who infected you? Why/why not?

_____

_____

_____

b. If you were not infected, can you explain why you were not infected with 100% accuracy?

_____

_____

_____

3. Look at the data of your classmate's infectious disease cups; some cups have clear plastic over the lid to represent condom usage and other cups have an A for abstinence. Do any of these cups show infection? Why might this be? Cite data from the class data table to support your answer.

_____

_____

_____

_____

4. Some students only shared liquid with one partner. This is known as monogamy. How might having fewer partners lower your chance of being infected with an infectious disease?

_____

_____

_____

_____

5. How is this infectious disease simulation similar to the HIV/AIDS pandemic? (A **pandemic** (from Greek *pan* "all" + *demos* "people") is an epidemic of infectious disease that has spread through human populations across a large region; for instance multiple continents, or even worldwide.)

_____

_____

_____

_____

6. How is this infectious disease simulation different from the actual HIV/AIDS pandemic?

_____

_____

_____

_____

_____

_____

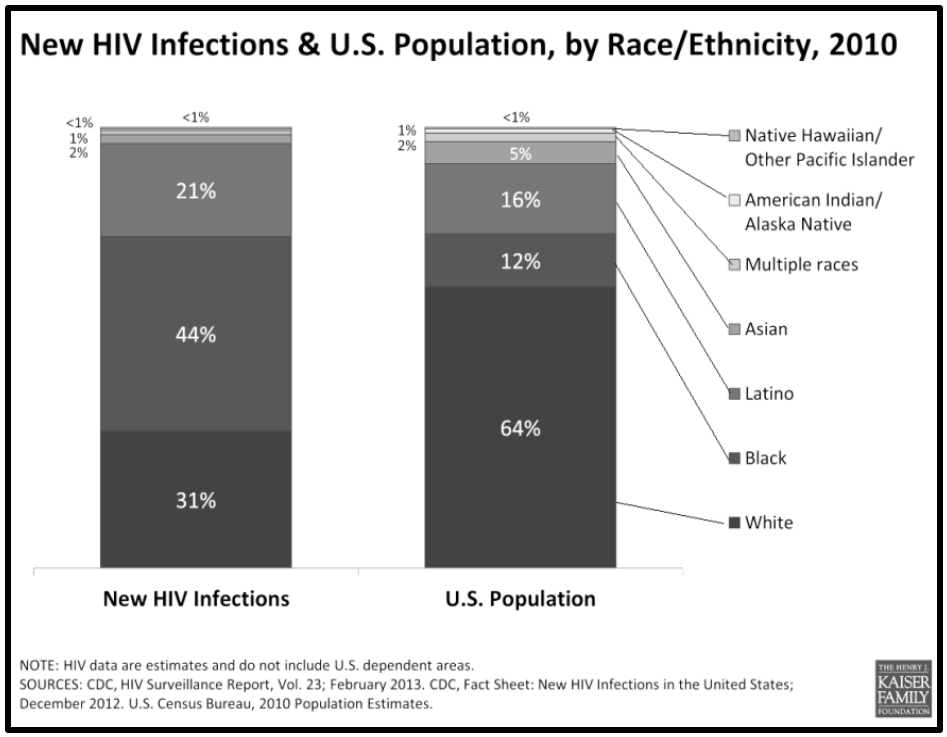
_____

HIV Infection Rates Data Analysis

Table 1. Diagnoses of HIV Infection among adult and adolescent males, by race/ethnicity and metropolitan statistical area of residence, 2001—United States and Puerto Rico. *(CDC, HIV Surveillance Report, Vol. 18. No. 8, 2011)*

	American Indian/Alaska Native			Asian			Black/African American			Hispanic/Latino			White		
		Estimated			Estimated			Estimated			Estimated			Estimated	
Area of Residence	**No.**	**No.**	**Rate**	**No.**	**No.**	**Rate**	**No.**	**No.**	**Rate**	**No.**	**No.**	**Rate**	**No.**	**No.**	**Rate**
Los Angeles, CA	4	5	49.2	100	130	16.8	383	499	145.6	909	1,163	51.9	530	679	37.7
Los Angeles Division	4	5	66.1	75	99	18	376	491	152.5	770	968	53.6	429	553	45.2
Santa Ana Division	0	0	0	25	31	14	7	8	40	139	175	44	101	126	21.8

****Columns Explained Left to Right**: No. (Official Reported Numbers of Infected), No. (Actual Estimated Number of Infected Individuals), Rate (Infection Rate out of 100,000 people).



1. Spend two minutes looking at the graph and data table. Record your observations and/or inferences in a circle map below.

1. Looking at this information with a partner, what can you determine about infection rates in different ethnic populations in the U.S.?

2. In Table 1 there are two columns labeled "No." for each ethnicity. However, each column reports a different number. Explain why there are two duplicate categories and make a prediction about why the values of each are different.

3. Read the three facts below from the CDC. How does this data help you better understand the graph and data table with regards to the HIV infection rates in the Latino/Hispanic population? Use complete sentences to explain.

   - Hispanics/Latinos represented 16% of the population in the U.S. but accounted for 21% of new HIV infections in 2010. Hispanics/Latinos accounted for 19% of people living with HIV infection in 2009.
   - In 2010, Hispanic/Latino men accounted for 87% (8,500) of all estimated new HIV infections in the United States. Most (79% or 6,700) of the estimated new HIV infections among Hispanic/Latino men were attributed to male-to-male sexual contact.
   - In 2010, the rate of new HIV infections for Latino males was 2.9 times that for white males, and the rate of new infections for Latinas was 4.2 times that for white females.

4. Go back to the graph, data table, and the facts and highlight/circle where you found the information for Question 4.

SAUSD Common Core Lesson Planner **Teacher:**

<table>
<tr><td>Unit: HIV
Day 7 -9
Lesson #3</td><td>Grade Level/Course:
9-10 Biology</td><td colspan="2">Duration: Three 50 minute class periods
Date:</td></tr>
<tr><td colspan="4">Big Idea: Information enables you to make better informed decisions
Essential Questions:
• How are HIV/STDs transmitted in the population?
• How do the most common STD's affect the human body?</td></tr>
<tr><td>Common Core and Content Standards</td><td colspan="3">ED CODE SECTION 51934
HIV/AIDS prevention education shall satisfy all of the criteria set forth in paragraphs (1) to (6), shall accurately reflect the latest information and recommendations from the United States Surgeon General, the federal Centers for Disease Control and Prevention, and the National Academy of Science, and shall include the following:
(1) Information on the nature of HIV/AIDS and its effects on the human body.
(2) Information on the manner in which HIV is and is not transmitted, including information on activities that present the highest risk of HIV infection.
(3) Discussion of methods to reduce the risk of HIV infection. This instruction shall emphasize that sexual abstinence, monogamy, the avoidance of multiple sexual partners, and abstinence from intravenous drug use are the most effective means for HIV/AIDS prevention, but shall also include statistics based upon the latest medical information citing the success and failure rates of condoms and other contraceptives in preventing sexually transmitted HIV infection, as well as information on other methods that may reduce the risk of HIV transmission from intravenous drug use.

Reading Standards for Literacy in Science and Technical Subjects 9-10:
1. Cite specific textual evidence to support analysis of science and technical texts, attending to the precise details of explanations or descriptions.
2. Determine the central ideas or conclusions of a text; trace the text's explanation or depiction of a complex process, phenomenon, or concept; provide an accurate summary of the text.
7. Translate quantitative or technical information expressed in words in a text into visual form (e.g., a table or chart) and translate information expressed visually or mathematically (e.g., in an equation) into words.
Speaking and Listening Standards 9-10:
4. Present information, findings, and supporting evidence clearly, concisely, and logically such that listeners can follow the line of reasoning and the organization, development, substance, and style are appropriate to purpose, audience, and task.</td></tr>
<tr><td>Materials/ Resources/ Lesson Preparation</td><td colspan="3">Teacher Resource 3.1 Power Point - STD 101
Student Resource 3.1 - Extended anticipatory guide
Student Resource 3.2 STD Fact Sheet Directions
Student Resource 3.3 - STD matrix
Teacher Resource 3.3 – STD Presentation Rubric (You will need to make copies for students)
Student Resource 3.4a-j STD fact sheets (10 different STDs)
STD presentation preparation:
-Blank paper and Colored Pencils. Markers, or crayons
-Access to computers/cell phones for</td></tr>
<tr><td>Objectives</td><td>Content:
Students will be able to identify causes, symptoms, and treatment for common STDs (aka STI, Sexually Transmitted Infections).</td><td colspan="2">Language:
In groups of four, students will verbally express facts pertinent to their assigned STD.

Students will listen to information presented verbally by their peers and paraphrase important facts.</td></tr>
</table>

<table>
<tr><td colspan="2">Depth of Knowledge Level</td><td colspan="2">☒ Level 1: Recall ☒ Level 2: Skill/Concept
☐ Level 3: Strategic Thinking ☐Level 4: Extended Thinking</td></tr>
<tr><td colspan="2">College and Career Ready Skills</td><td colspan="2">☐ Demonstrating independence ☒ Building strong content knowledge
☒Responding to varying demands of audience, task, purpose, and discipline
☐ Comprehending as well as critiquing ☐Valuing evidence
☐Using technology and digital media strategically and capably
☐ Coming to understand other perspectives and cultures</td></tr>
<tr><td colspan="2">Common Core Instructional Shifts</td><td colspan="2">☒ Building knowledge through content-rich nonfiction texts
☒ Reading and writing grounded from text
☒ Regular practice with complex text and its academic vocabulary</td></tr>
<tr><td rowspan="3">Academic Vocabulary (Tier II & Tier III)</td><td></td><td>KEY WORDS ESSENTIAL TO UNDERSTANDING</td><td>WORDS WORTH KNOWING</td></tr>
<tr><td>TEACHER PROVIDES SIMPLE EXPLANATION</td><td>pubic
congenital
genital
reproductive tract
anus
urethra
bacteria
virus
protozoa</td><td>cervix
uterus
Fallopian tubes</td></tr>
<tr><td>STUDENTS FIGURE OUT THE MEANING</td><td>genital Herpes
pubic lice
syphilis
gonorrhea
Hepatitis B
PID (Pelvic Inflammatory Disease)
chlamydia
HPV
Bacterial Vaginosis</td><td>“crab”
“trich” aka (Trichomoniasis)</td></tr>
<tr><td colspan="2">Pre-teaching Considerations</td><td colspan="2">• Teachers should preview the PowerPoint for this lesson before presenting the lesson to anticipate places that may spark classroom discussion or potential questions that you may need to answer.
• The rubric (Resource 3.3) for evaluating the STD projects is on the DVD and can be edited. Adjusted this to meet your standards and make copies for individual students. Have these ready for students when they begin planning their presentations.
Consider introducing the Final Project Concept of making a brochure/flyer on any topic discussed during this unit. If students already have a topic they would like to explore, they can begin working on this project at any time. Resource 6.3 will guide them.</td></tr>
<tr><td colspan="4">Lesson Delivery</td></tr>
<tr><td colspan="2">Instructional Methods</td><td colspan="2">Check method(s) used in the lesson:
☐Modeling ☐Guided Practice ☒Collaboration ☐ Independent Practice
☐Guided Inquiry ☒ Reflection</td></tr>
</table>

<table>
<tr><td rowspan="2">Lesson Continuum</td><td>Lesson Opening</td><td colspan="2">Preparing the Learner
<u>Day 1: Anticipatory Guide for STD 101 PowerPoint</u>
1. Students will complete the Pre-Power Point Opinion column of the STD 101 for Teens Extended Anticipatory Guide before the start of the PowerPoint.

Note
Preview the STD 101 PowerPoint before presenting the lesson to anticipate places that may spark classroom discussion or potential questions that you may need to answer.</td></tr>
<tr><td>Activities/Tasks/ Strategies/Technology/ Questioning/Engagement/Writing/Checking for Understanding</td><td>Interacting With The Text
2. The teacher will show all slides of the OCDE STD 101 PowerPoint. During the presentation the students will complete the Post PowerPoint Findings column of their worksheet and provide detailed evidence to support their answers. The teacher will need to pause during the PowerPoint to allow students to complete their worksheet.

3. Once the PowerPoint is complete, students should be allowed to share with their partner the findings from the PowerPoint.

Example of Pair-Share (Dyadic Interaction)
Possible student exchange:
• S1: I will read question number 3. It says _____. This statement was true/false because the evidence from the Power Point says _____ so I am going to mark it true/false. What do you think?
• S2: I agree/disagree with you because the evidence from the Power Point says_____. So, for statement 3, I will mark true/false. Now let me read statement 4. It says_____. This statement was true/false….

4. Students record their interactions for a question of their choice.

<u>Day 2 & 3: Common Types of STDs in Teens</u>
1. Students should remain in their base groups for this activity.

2. Hand out the Student Directions and have the students read the Background information. Hand out the STD Matrix.

3. Each group will receive a fact sheet that comes from the CDC about a common STD that affects teens. There are ten different STD fact sheets.

4. Students will fill in their portion of the STD Matrix using the information from the CDC fact sheet.</td><td>Students Needing Additional Supports

Provide printed sentence starters to prompt and encourage academic conversation. Use those to left or supplement with the Clarifying Bookmarks.

Provide notes or completed PowerPoint for students with audio or visual accommodations.

Pair an EL with a proficient speaker to translate words. Or provide students with glossary/electronic device to check translation of terms.

Allow students to work independently on STD project if group work is an accommodation.

Allow a quiet or EL emerging student to present before or after class to reduce anxiety.

Have students create/modify the STD presentation rubric as a class. OR provide an alternative rubric for specific students to work from, addressing individual behavior or participation.</td></tr>
</table>

		5. Students will be given 20 minutes to complete a handmade informational memo. This could be a handwritten PowerPoint slide, a skit, a song/rap, a news article that will be read aloud, or if you have access to computers they could create a digital Power Point slide. The presentation should have the following information: • Name of STD • If it is caused by a bacteria, virus, protozoa, etc. • How STD spreads between individuals • Symptoms • Prevention • Treatment *__NOTE__: Provide students with the rubric you will use to grade them while they are planning so they understand expectations. An edible version is provided the on the DVD for you to edit and customize. -These information should be legible and colored. -Every student must participate -Two to three minutes in length **__NOTE__: If presented as a song/skit/video/non-written format etc., student should write down key details for the teacher which can be share with students with audio-processing difficulties. 6. Each group will present their information using the ELMO and projector if necessary. These presentations will need to be 2-3 minutes in length to adequately cover all material. If class ends half way through presentations, consider giving students a few minutes to review before starting presentations the next day. (30-40mins) 7. During presentations, the other students will complete their STD matrix with the relevant information. **Extending the Learning**: 8. To wrap up the discussion about the most common STDs, students will look at the common features of how an STD is contracted and create a slogan to help someone less knowledgeable avoid becoming infected with a STD. Students can illustrate if they desire. (~10mins) **__NOTE__: Consider giving students additional paper to write these on and posting them around the room or talking to administration about laminating and posting these slogans around campus. **Heads Up:** Consider introducing the Final Project Concept of making a brochure/flyer on any topic discussed during this unit. If students already have a topic they would like to explore, they can begin working on this project at any time. Resource 6.3 will guide them	**Accelerated Learners:** Investigate common misconceptions about STDs covered in this lesson. Homogeneous grouping for STD project to enable students to work on the same level. Visit CDC website to find information about other STDs not covered in this lesson. Supplement the STD to STD prevention slogan by having students talk with Administration about creating a campus campaign to get the word out, laminating signs, or even making a morning announcement.
Lesson Reflection			
Teacher Reflection Evidenced by Student Learning/ Outcomes			

STD 101 For Teens

STDs - What you need to know to stay healthy

1. Complete the **Opinion** column BEFORE viewing the STD 101 PowerPoint presentation.
2. While watching the presentation make any necessary corrections in the **Findings** column.

Questions	**Pre PowerPoint Opinion**		**Post PowerPoint Findings**		**Evidence Explain using your own words:**
1. What STDs have you heard about?					
2. What are the odds that a sexually active teen with get an STD this year?	a. 1 out of 4 b. 1 out of 2 c. 1 out of 5				
Statements	**True**	**False**	**True**	**False**	
3. STDs usually happen to people who aren't "clean."					
4. One out of every four sexually active teens will get an STD this year.					
5. Herpes and HIV are incurable life-long infections.					
6. Several STDs increase the chances for HIV transmission and HIV infection.					

7. Infections, birth defects, and stillbirths can result from STDs.					
8. "SEX" occurs only when there is penis-in-vagina contact.					
9. The birth control pill and patch help lower the chances of getting an STD.					
10. Correct use of condoms reduces, but does not eliminate, the chance for STD transmission.					

3. Use the following sentence frames to support your discussion if needed:

Student 1: *I will read question number 3. It says _____. This statement was true/false because _____ So I am going to mark it true/false. What do you think?*

Student 2: *I agree/disagree with you because _____. So, for statement 3, I will mark true/false. Now let me read statement 4. It says_____. This statement was true/false….*

Describe one of your conversations: _____

_____

_____

_____

Sexually Transmitted Diseases (STDs)
aka Sexually Transmitted Infections (STIs)
What *you* need to know to stay healthy
STD 101 for Teens

STD Community Interventions Program (SCIP)
STD Control Branch
California Department of Public Health

1

Every 87 seconds a teenager in California is infected with an STD. How many teens are infected per hour, day, month?

...41 teens every hour,

...984 teens every day,

...29,520 teens every month

2

3 of every 5 Gonorrhea and Chlamydia cases in California are among 15 – 24 year olds.





3

What STDs have you heard about?

4

The Major STDs

Treatable…but repeatable	*Not curable…some life-long*
Syphilis	***Herpes***
Chlamydia	***HPV*** (*Human Papilloma viruses*)
Gonorrhea	***HIV*** (*Human Immunodeficiency Virus*)
Trichomonas	***Hepatitis B***
Crabs (pubic lice)	

5

Why Teens Have High Rates of STDs:

People often don't have enough information about the health of their sex partners – and don't protect themselves.




6

Why Teens Have High Rates of STDs:

The large number of 15-24 year olds infected with STDs increases the odds of meeting someone who *already has* an STD.

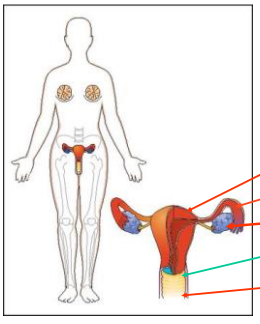



Can you tell *who* has an STD?

7

Why Teens Have High Rates of STDs:

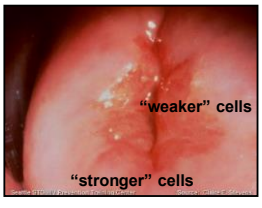
The cervix in teen females has a weaker cell type that is easier to infect for some STDs



8

Why Teens Have High Rates of STDs:

Unlike women over 25 years old, a teen's cervix has "weaker" cells that are less protective against STDs.



Healthy Cervix: Young Woman

Healthy Cervix: Woman Over 25's

9

Why Teens Have High Rates of STDs:

Some teens are in relationships with older partners who often control their decisions.

Many people have trouble getting their partners to use condoms to prevent STDs or unwanted pregnancy.



What are the odds that a sexually active teen will get an STD this year?

a. 1 out of 4

b. 1 out of 2

c. 1 out of 5

11

What are the odds that a sexually active teen will get an STD this year?

1 of every 4 sexually active teens in California will get an STD this year...

...which is about *362,500 teens* getting an STD *this year!*

12

362,500 STD-infected CA teens will fill a football stadium over 4 times!!

13

Myth Busters: True or False?

- ❑ **STDs usually happen to people who aren't "clean".**
  FALSE
- ❑ **One out of every four sexually active teens will get an STD this year**
  TRUE

14

How serious are STDs?

15

Medical Complications of Untreated STDs

STDs can result in:

- **Cancer**
- **AIDS (from sexually transmitted HIV)**
- **Death**

16

Medical Complications of Untreated STDs

If a young girl or woman gets an STD, and is untreated or undertreated she could end up with:

- Pelvic Inflammatory Disease (PID)
- Cervical cancer
- Infertility (inability to have babies)

17

Medical Complications of Untreated STDs

If a pregnant woman has an STD, her baby could end up with:

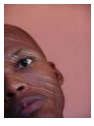
- Infections
- Birth defects
- Stillbirth (born dead)

18

More Problems Linked to STDs

Fear and distress in telling sex partners that you have an STD – *and* they should get tested.

Dealing with the long-term effects of an incurable STD such as Herpes or HIV.





STDs increase the chances for ***giving*** and ***getting*** **HIV** by **3 – 5 Times!!**

Open sores are open doors!

Myth Busters: True or False?

- ❑ **Herpes and HIV are incurable life-long infections.**
  TRUE
- ❑ **Several STDs increase the chances for HIV transmission and HIV infection.**
  TRUE
- ❑ **Infections, birth defects, and stillbirth can result from STDs.**
  TRUE

How are STDs transmitted?

STD Transmission

Transfer of body fluids such as:
- Vaginal fluids
-Pre-ejaculate
- Semen
- Abnormal discharge (or pus)
- Blood
through oral, anal, vaginal sex

STD organisms can be passed even when there are no signs or symptoms present!

STD Transmission

STDs can also be passed through direct contact with an STD sore or infected tissue through oral, anal, vaginal sex…and **frottage**

FROTTAGE: French for naked genital to genital rubbing!

How do you prevent STDs?

25

How you can protect yourself:

1) Not having sex (oral, anal, vaginal) is the only *sure way to avoid STDs*.

26

How you can protect yourself:

2) Talk to your partner about STDs *and* agree to protect yourselves *if or when* you have sex.

27

How you can protect yourself:

3) *If* you have sex - use condoms correctly each time for oral, anal, vaginal sex.

Quick Fact:

Male and female condoms *reduce* – but *don't eliminate* - the chances of STD transmission.

This is because *some* STDs might infect areas not covered by a condom.

28

How you can protect yourself:



Quick Fact:

Birth control pills, the Shot, the Ring, or the Patch ***do not*** protect against STDs.

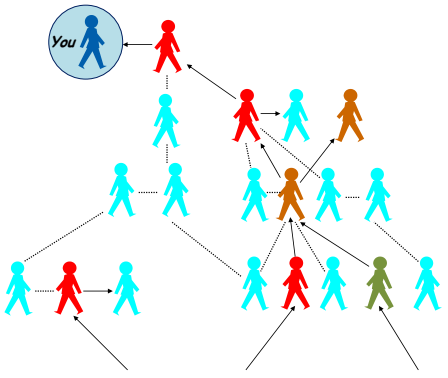
29

How you can protect yourself:

4) If you are going to have sex, it's safer to have sex with only one partner, who has sex ***only*** with you – and who ***doesn't*** have an STD infection.

30

But…even if you have unprotected sex with just one person…
you can't really know about his/her sex partners…
or *their* sex partners – or the STDs that *could* be passed to you.



31

How you can protect yourself:

5) Avoid sex-under-the-influence (SUI) of alcohol and other drugs.

6) *If* you have sex, get tested for STDs at a doctor's office or clinic at least once a year.

If you are female – also ask your doctor about a Pap Test.

32

Myth Busters: True or False?

- ❑ "SEX" occurs only when there is penis-in-vagina contact.
  FALSE
- ❑ The birth control pill and patch help lower the chances of getting an STD.
  FALSE
- ❑ Correct use of condoms reduces, but does not eliminate, the chance for STD transmission.
  TRUE

33

How would you know if you have an STD?

34

Most people with STD infections have *NO signs or symptoms!!*

However, *if* symptoms are present around your genitals, they *may* include:

- warts, blisters or sores
- itching, burning or pain
- abnormal bleeding or discharge (pus)

You *can't* tell by looking if someone is infected or not!!

35

Caution…

About half of all males
with Gonorrhea or Chlamydia
will NOT have signs or symptoms -
such as abnormal discharge or painful urination.

36

Remember: Even when no signs or symptoms are present...

...STDs *can still be transmitted*

...STD consequences like infertility or cervical cancer *can still occur.*

37

Attention!!

Anyone who has an STD ***should not* try to treat themselves.**

They ***should not* borrow medicine or use any left-over medications.**

Instead, they should go to a doctor or clinic for the appropriate tests and only take medications prescribed.

38

Key STD Facts for Teens

If you get an STD - *ALL* sex partners should be informed that they might have an STD – even if they have no symptoms.

Reinfection by *untreated* partners is common.

In order to allow the body to heal, closely follow the doctor's instructions regarding medications and take a break from sex.

39

Minor Consent for Sexual Health Care Services

Anyone 12 years old or older can be tested and treated for STD infections and get birth control without permission from parents or guardians…

CA *Family Code 6926 (a)*

Healthcare providers **cannot** notify parents or guardians when minors get these sexual health services.

40

Where can teens get low-cost and confidential STD testing?

- City or County Health Departments
- Community Clinics
- Your own doctor

41

HPV *(Human Papilloma viruses)* Vaccine

- ✓ There is a vaccine to prevent some types of HPV.
- ✓ Nearly 100% effective in clinical trials.
- ✓ Recommended for girls and boys 11-12 years old, up to age 26.
- ✓ Best if given before first sexual intercourse.
- ✓ If interested, discuss with your parents/doctor.
- ✓ Pap tests are still recommended even if girls get vaccinated.

42

Safely Surrendered Baby Law

Within 3 days of a birth, a person can anonymously turn over a baby to an official safe place – like a hospital or fire department – without being arrested.

Surrendered babies are given medical treatment and placed in a foster home. A parent or guardian has up to 14 days from the time the baby is dropped off to reclaim the baby.

For more information go to: www.babysafe.ca.gov

If you are looking for a safe surrender site in Orange County: Dial 211



Myth Busters: True or False?

- ❑ **People with STDs usually will feel some kind of pain or see some sign of infection.**

  FALSE

- ❑ **STDs are passed by intimate sexual contact (vaginal, anal, oral) between partners.**

  TRUE

- ❑ **The chance of passing STDs through oral sex is very low.**

  FALSE

44

Myth Busters: True or False?

- ❑ **STDs are commonly transmitted even when no signs or symptoms are present.**

  TRUE

- ❑ **Abstinence means only not having vaginal sex.**

  FALSE

45

Any questions?

Find out more information about STDs at
http://www.cdc.gov/std/prevention/

Student Directions: Common Types of STDs in Teens

Background

In the United States, more than 65 million people are currently living with an incurable sexually transmitted disease (STD). An additional 15 million people become infected with one or more STDs each year, roughly half of whom contract lifelong infections (Cates, 1999). Yet, STDs are one of the most under-recognized health problems in the country today. Despite the fact that STDs are extremely widespread, have severe and sometimes deadly consequences, and add billions of dollars to the nation's healthcare costs each year, most people in the United States remain unaware of the risks and consequences of all but the most prominent STD—the human immunodeficiency virus or HIV. It is vital for public health that every sexually active person be tested and treated to prevent pandemic spread of these diseases.

Part 1 – Your part of the STD Matrix

You will complete this assignment in your base group of 4. Your group is responsible for getting the information about a STD from one of 10 different CDC STD fact sheets that is distributed to their base table group.

Part 2 – Project requirements

1. **Think up a mode to deliver your information:**

   Your group will be given 20 minutes to complete and prepare for your presentation. One option is to create a hand-made "PowerPoint slide" slide or, if you have access to computers, a real PowerPoint Slide. Also consider presenting the information through a skit, song, poem, video, or news article. Your information must be audible for all students to hear.

   IF you choose to present with something other than a PowerPoint slide, you must write down your script/what you will say for the teacher to read.

   The following information must be included in your presentation

   a. Name of STD with a picture
   b. How you get the STD
   c. Symptoms
   d. Treatment
   e. Prevalence of disease in population (how many people have it, specifically teens in the US)

Include only the essential information on any presentation materials so it can be easily shared with the class as a whole.

2. **Oral presentation**

   The presentation should be 2-3 minutes long. You should not just read the slide, but use your own words to explain the information. All students in the group should take turns speaking.

3. **STD Matrix**

   You should be completing your own STD matrix during each of the presentations.

Review the rubric that your teacher will use for evaluation BEFORE beginning!

Common Types of STDs Found in Teens

STD	Causes by bacteria, virus, protozoa or?	How do you get it?	Symptoms	Prevention	Treatment
Pubic Lice					
Bacterial Vaginosis					
Syphilis					
Pelvic Inflammatory Disease (PID)					
Genital Herpes					
Chlamydia					

STD	Causes by bacteria, virus, protozoa or?	How do you get it?	Symptoms	Prevention	Treatment
Genital HPV					
Trichomoniasis "Trich"					
Hepatitis B					

WRAP UP: Look at the "How do you get it" column for these common STDs. What do they all have in common? Write a catchy slogan to help someone less knowledge avoid becoming infected with an STD. Illustrate your slogan if you think that would help other teenagers remember how to be safe. Ask your teacher if you want to make this slogan on printer or poster paper.

Oral Presentation Rubric: STD Presentation

Student Names: _____; _____;
_____; _____;

Class Period: _____

CATEGORY	40	30	20	10
Information	All required information and topics are included and accurately presented.	Nearly all required information and topics are included and accurately presented. One piece may be missing.	More than one piece of required information is missing. Or information is inaccurately presented.	Many piece of required information is missing. Or Significant information is inaccurately presented.
Speaks Clearly	Speaks clearly and distinctly all (100-95%) the time. Student is confident in information and speaks loud enough for all to hear.	Speaks clearly and distinctly all (100-95%) the time	Speaks clearly and distinctly most (94-85%) of the time. Student is frequently unsure how to say or pronounce something.	Often mumbles or cannot be understood OR is frequently unsure how to pronounce something (indicating unfamiliarity with the information)
Stays on Task during Presentation and Preparation	Stays on task all (100%) of the time. Contributes to presentation and keeps group on topic.	Stays on task most (99-90%) of the time. Quickly recovers from minor distractions.	Stays on task some (89%-75%) of the time, but distracts the group or does not consistently participate.	Was frequently off topic and task, distracting group, or not participating.
Time-Limit (Evaluated at discretion of the teacher. If all information is adequately presented in a shorter time frame, teacher may disregard).	Presentation is within time limit	Presentation is too short or long by 30 seconds	Presentation is too short or long by 1 minute	Presentation is too short or long by more than one minute

Total Points: Earned _____/160

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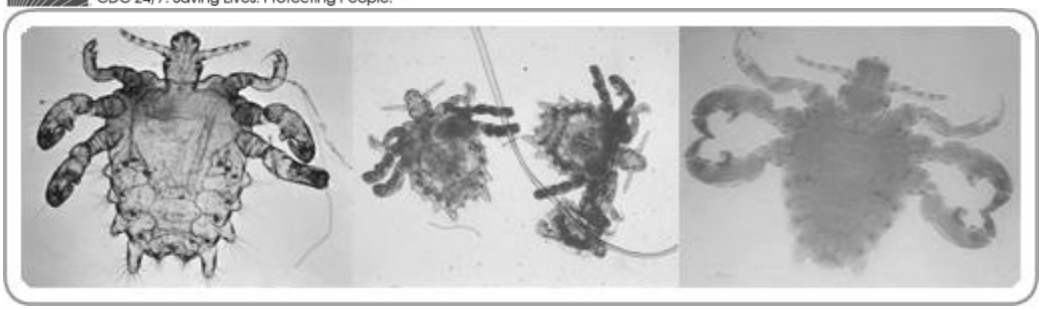

Parasites - Lice - Pubic "Crab" Lice

What are pubic lice? Also called crab lice or "crabs," pubic lice are parasitic insects found primarily in the pubic or genital area of humans. Pubic lice infestation is found worldwide and occurs in all races, ethnic groups, and levels of society.

What do pubic lice look like? Pubic lice have forms: the egg (also called a nit), the nymph, and the adult.

Nit: Nits are lice eggs. They can be hard to see and are found firmly attached to the hair shaft. They are oval and usually yellow to white. Pubic lice nits take about 6-10 days to hatch.

Nymph: The nymph is an immature louse that hatches from the nit (egg). A nymph looks like an adult pubic louse but it is smaller. Pubic lice nymphs take about 2-3 weeks after hatching to mature into adults capable of reproducing. To live, a nymph must feed on blood.

Adult: The adult pubic louse resembles a miniature crab when viewed through a strong magnifying glass. Pubic lice have six legs; their two front legs are very large and look like the pincher claws of a crab. This is how they got the nickname "crabs." Pubic lice are tan to grayish-white in color. Females lay nits and are usually larger than males. To live, lice must feed on blood. If the louse falls off a person, it dies within 1-2 days.

Where are pubic lice found? Pubic lice usually are found in the genital area on pubic hair; but they may occasionally be found on other coarse body hair, such as hair on the legs, armpits, mustache, beard, eyebrows, or eyelashes. Pubic lice on the eyebrows or eyelashes of children may be a sign of sexual exposure or abuse. Lice found on the head generally are head lice, not pubic lice. Animals do not get or spread pubic lice.

What are the signs and symptoms of pubic lice? Signs and symptoms of pubic lice include

- Itching in the genital area
- Visible nits (lice eggs) or crawling lice

How did I get pubic lice? Pubic lice usually are spread through sexual contact and are most common in adults. Pubic lice found on children may be a sign of sexual exposure or abuse. Occasionally, pubic lice may be spread by close personal contact or contact with articles such as clothing, bed linens, or towels that have been used by an infested person. A common misconception is that pubic lice are spread easily by sitting on a toilet seat. This would be extremely rare because lice cannot live long away from a warm human body and they do not have feet designed to hold onto or walk on smooth surfaces such as toilet seats.

Persons infested with pubic lice should be examined for the presence of other sexually transmitted diseases.

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How is a pubic lice infestation diagnosed? A pubic lice infestation is diagnosed by finding a "crab" louse or egg (nit) on hair in the pubic region or, less commonly, elsewhere on the body (eyebrows, eyelashes, beard, mustache, armpit, perianal area, groin, trunk, scalp). Pubic lice may be difficult to find because there may be only a few. Pubic lice often attach themselves to more than one hair and generally do not crawl as quickly as head and body lice. If crawling lice are not seen, finding nits in the pubic area strongly suggests that a person is infested and should be treated. If you are unsure about infestation or if treatment is not successful, see a health care provider for a diagnosis. Persons infested with pubic lice should be investigated for the presence of other sexually transmitted diseases.

Treatment A lice-killing lotion containing 1% permethrin or a mousse containing pyrethrins and piperonyl butoxide can be used to treat pubic ("crab") lice. These products are available over-the-counter without a prescription at a local drug store or pharmacy. These medications are safe and effective when used exactly according to the instructions in the package or on the label.

Lindane shampoo is a prescription medication that can kill lice and lice eggs. However, lindane is not recommended as a first-line therapy. Lindane can be toxic to the brain and other parts of the nervous system; its use should be restricted to patients who have failed treatment with or cannot tolerate other medications that pose less risk. Lindane should not be used to treat premature infants, persons with a seizure disorder, women who are pregnant or breast-feeding, persons who have very irritated skin or sores where the lindane will be applied, infants, children, the elderly, and persons who weigh less than 110 pounds.

Malathion* lotion 0.5% (Ovide*) is a prescription medication that can kill lice and some lice eggs; however, malathion lotion (Ovide*) currently has not been approved by the U.S. Food and Drug Administration (FDA) for treatment of pubic ("crab") lice.

Ivermectin has been used successfully to treat lice; however, ivermectin currently has not been approved by the U.S. Food and Drug Administration (FDA) for treatment of lice.

How to treat pubic lice infestations: (Warning: See special instructions for treatment of lice and nits on eyebrows or eyelashes. The lice medications described in this section should not be used near the eyes.)

1. Wash the infested area; towel dry.
2. Carefully follow the instructions in the package or on the label. Thoroughly saturate the pubic hair and other infested areas with lice medication. Leave medication on hair for the time recommended in the instructions. After waiting the recommended time, remove the medication by following carefully the instructions on the label or in the box.
3. Following treatment, most nits will still be attached to hair shafts. Nits may be removed with fingernails or by using a fine-toothed comb.
4. Put on clean underwear and clothing after treatment.
5. To kill any lice or nits remaining on clothing, towels, or bedding, machine-wash and machine-dry those items that the infested person used during the 2-3 days before treatment. Use hot water (at least 130°F) and the hot dryer cycle.
6. Items that cannot be laundered can be dry-cleaned or stored in a sealed plastic bag for 2 weeks.
7. All sex partners from within the previous month should be informed that they are at risk for infestation and should be treated.
8. Persons should avoid sexual contact with their sex partner(s) until both they and their partners have been successfully treated and reevaluated to rule out persistent infestation.
9. Repeat treatment in 9-10 days if live lice are still found.
10. Persons with pubic lice should be evaluated for other sexually transmitted diseases (STDs).

CDC Fact Sheet

Bacterial Vaginosis

What is bacterial vaginosis?

Bacterial Vaginosis (BV) is the name of a condition in women where the normal balance of bacteria in the vagina is disrupted and replaced by an overgrowth of certain bacteria. It is sometimes accompanied by discharge, odor, pain, itching, or burning.

How common is bacterial vaginosis?

Bacterial Vaginosis (BV) is the most common vaginal infection in women of childbearing age. In the United States, BV is common in pregnant women.

How do people get bacterial vaginosis?

The cause of BV is not fully understood. BV is associated with an imbalance in the bacteria that are normally found in a woman's vagina. The vagina normally contains mostly "good" bacteria, and fewer "harmful" bacteria. BV develops when there is an increase in harmful bacteria.

Not much is known about how women get BV. There are many unanswered questions about the role that harmful bacteria play in causing BV. Any woman can get BV. However, some activities or behaviors can upset the normal balance of bacteria in the vagina and put women at increased risk including:

- Having a new sex partner or multiple sex partners,
- Douching

It is not clear what role sexual activity plays in the development of BV. Women do not get BV from toilet seats, bedding, swimming pools, or from touching objects around them. Women who have never had sexual intercourse may also be affected.

What are the signs and symptoms of bacterial vaginosis?

Women with BV may have an abnormal vaginal discharge with an unpleasant odor. Some women report a strong fish-like odor, especially after intercourse. Discharge, if present, is usually white or gray; it can be thin. Women with BV may also have burning during urination or itching around the outside of the vagina, or both. However, most women with BV report no signs or symptoms at all.

What are the complications of bacterial vaginosis?

In most cases, BV causes no complications. But there are some serious risks from BV including:

- Having BV can increase a woman's susceptibility to HIV infection if she is exposed to the HIV virus.
- Having BV increases the chances that an HIV-infected woman can pass HIV to her sex partner.
- Having BV has been associated with an increase in the development of an infection following surgical procedures such as a hysterectomy or an abortion.
- Having BV while pregnant may put a woman at increased risk for some complications of pregnancy, such as a preterm delivery.
- BV can increase a woman's susceptibility to other STDs, such as herpes simplex virus (HSV), chlamydia and gonorrhea.

How does bacterial vaginosis affect a pregnant woman and her baby?

Pregnant women with BV more often have babies who are born premature or with low birth weight (low birth weight is less than 5.5 pounds).

The bacteria that cause BV can sometimes infect the uterus (womb) and fallopian tubes (tubes that carry eggs from the ovaries to the uterus). This type of infection is called pelvic inflammatory disease (PID). PID can cause infertility or damage the fallopian tubes enough to increase the future risk of ectopic pregnancy and infertility. Ectopic pregnancy is a life-threatening condition in which a fertilized egg grows outside the uterus, usually in a fallopian tube which can rupture.

How is bacterial vaginosis diagnosed?

A health care provider must examine the vagina for signs of BV and perform laboratory tests on a sample of vaginal fluid to look for bacteria associated with BV.

What is the treatment for bacterial vaginosis?

Although BV will sometimes clear up without treatment, all women with symptoms of BV should be treated to avoid complications. Male partners generally do not need to be treated. However, BV may spread between female sex partners.

Treatment is especially important for pregnant women. All pregnant women who have ever had a premature delivery or low birth weight baby should be considered for a BV examination, regardless of symptoms, and should be treated if they have BV. All pregnant women who have symptoms of BV should be checked and treated.

Some physicians recommend that all women undergoing a hysterectomy or abortion be treated for BV prior to the procedure, regardless of symptoms, to reduce their risk of developing an infection.

BV is treatable with antibiotics prescribed by a health care provider. Two different antibiotics are recommended as treatment for BV: metronidazole or clindamycin. Either can be used with non-pregnant or pregnant women, but the recommended dosages differ. Women with BV who are HIV-positive should receive the same treatment as those who are HIV-negative.

BV can recur after treatment.

How can bacterial vaginosis be prevented?

BV is not completely understood by scientists, and the best ways to prevent it are unknown. However, it is known that BV is associated with having a new sex partner or having multiple sex partners.

The following basic prevention steps can help reduce the risk of upsetting the natural balance of bacteria in the vagina and developing BV:

- Be abstinent.
- Limit the number of sex partners.
- Do not douche.
- Use all of the medicine prescribed for treatment of BV, even if the signs and symptoms go away.

FOR MORE INFORMATION:

Division of STD Prevention (DSTDP)
Centers for Disease Control and Prevention
www.cdc.gov/std

Order Publication Online at www.cdc.gov/std/pub
CDC-INFO Contact Center
1-800-CDC-INFO (1-800-232-4636)
Email: cdcinfo@cdc.gov
Website: www.cdc.gov

CDC National Prevention Information Network (NPIN)
P.O. Box 6003
Rockville, MD 20849-6003
1-800-458-5231
1-888-282-7681 Fax
1-800-243-7012 TTY
E-mail: info@cdcnpin.org
www.cdcnpin.org

Syphilis - CDC Fact Sheet

What is syphilis?

Syphilis is a sexually transmitted disease (STD) caused by a bacterium. Syphilis can cause long-term complications and/or death if not adequately treated.

How common is syphilis?

CDC estimates that, annually, 55,400 people in the United States get new syphilis infections. There were 46,042 reported new cases of syphilis in 2011, compared to 48,298 estimated new diagnoses of HIV infection and 321,849 cases of gonorrhea in 2011. Of new cases of syphilis, 13,970 cases were of primary and secondary (P&S) syphilis, the earliest and most infectious stages of syphilis. In 2011, 72% of P&S syphilis occurred among men who have sex with men. There were also 360 reports of children with congenital syphilis in 2011.

How do people get syphilis?

Syphilis is transmitted from person to person by direct contact with syphilis sores. Sores occur mainly on the external genitals, vagina, anus, or in the rectum. Sores also can occur on the lips and in the mouth. Syphilis can be transmitted during vaginal, anal, or oral sexual contact. Pregnant women with the disease can pass it to their unborn children.

How quickly do symptoms appear after infection?

The average time between infection with syphilis and appearance of the first symptom is 21 days, but it can range from 10 to 90 days.

What are the symptoms in adults?

Primary Stage

The appearance of a single sore marks the first (primary) stage of syphilis symptoms, but there may be multiple sores. The sore appears at the location where syphilis entered the body. The sore is usually firm, round, and painless. Because the sore is painless, it can easily go unnoticed. The sore lasts 3 to 6 weeks and heals regardless of whether or not a person is treated. However, if the infected person does not receive adequate treatment the infection progresses to the secondary stage.

Example of a primary syphilis sore.

Secondary Stage

Skin rashes and/or sores in the mouth, vagina, or anus (also called mucous membrane lesions) mark the secondary stage of symptoms. This stage usually starts with a rash on one or more areas of the body. Rashes associated with secondary syphilis can appear from the time when the primary sore is healing to several weeks after the sore has healed. The rash usually does not cause itching. This rash may appear as rough, red, or reddish brown spots both on the palms of the hands and/or the bottoms of the feet. However, this rash may look different on other parts of the body and can look like rashes caused by other diseases.

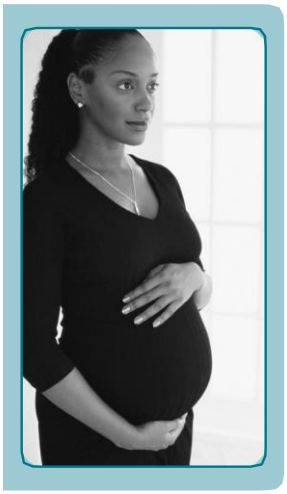
Examples of a secondary palmar rash (above) and a generalized body rash (below)

Large, raised, gray or white lesions may develop in warm, moist areas such as the mouth, underarm or groin region. Sometimes rashes associated with secondary syphilis are so faint that they are not noticed. Other symptoms of secondary syphilis include fever, swollen lymph glands, sore throat, patchy hair loss, headaches, weight loss, muscle aches, and fatigue. The symptoms of secondary syphilis will go away with or without treatment. Without appropriate treatment, the infection will progress to the latent and possibly late stages of disease.

Late and Latent Stages

The latent (hidden) stage of syphilis begins when primary and secondary symptoms disappear. Without treatment, the infected person can continue to have syphilis in their body even though there are no signs or symptoms. This latent stage can last for years.

About 15% of people who have not been treated for syphilis develop late stage syphilis, which can appear 10–30 years after infection began. Symptoms of the late stage of syphilis include difficulty coordinating muscle movements, paralysis, numbness, gradual blindness, and dementia. In the late stages of syphilis, the disease damages the internal organs, including the brain, nerves, eyes, heart, blood vessels, liver, bones, and joints. This damage can result in death.



How does syphilis affect a pregnant woman and her baby?

A pregnant woman with syphilis can pass the disease to her unborn baby. Babies born with syphilis can have many health problems. This may lead to low birth weight, premature delivery or even having a stillbirth (a baby born dead). To protect their babies, **pregnant women should be tested for syphilis regularly during the pregnancy and at delivery and receive immediate treatment, if positive**.

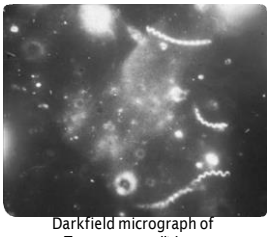
An infected baby may be born without signs or symptoms of disease. However, if not treated immediately, the baby may develop serious problems within a few weeks. Untreated babies can have many health problems (such as cataracts, deafness, or seizures), and they can die.

How is syphilis diagnosed?

A blood test is the most common way to determine if someone has syphilis. Shortly after infection, the body produces syphilis antibodies that can be detected by an accurate, safe, and inexpensive blood test.

Some health care providers can diagnose syphilis by examining material from a syphilis sore using a special microscope called a dark-field microscope. If syphilis bacteria are present in the sore, they will show up when observed through the microscope.

Special note: ***Because untreated syphilis in a pregnant woman can infect and kill her developing baby, every pregnant woman should receive prenatal care and be tested for syphilis during pregnancy and at delivery.***



Darkfield micrograph of *Treponema pallidum*.

What is the link between syphilis and HIV?

Oral, anal, vaginal, or penile syphilis sores make it easier to transmit and acquire HIV infection. A person is 2 to 5 times more likely to get HIV if exposed when syphilis sores are present.

How is syphilis treated?

No home remedies or over-the-counter drugs will cure syphilis, but syphilis is simple to cure with appropriate antibiotics from a physician. Treatment will kill the syphilis bacterium and prevent further damage, but it will not repair damage already done.

Persons treated for syphilis must abstain from sexual contact with new partners until the syphilis sores are completely healed. Persons with syphilis must notify their sex partners so that they also can be tested and treated if necessary.

Who should be tested for syphilis?

Providers should routinely test persons who:

- are pregnant
- are men who have sex with men
- have HIV infection
- have partner(s) who have tested positive for syphilis

Will syphilis recur or "come back?"

Follow-up testing is recommended to be sure that treatment is successful. Having syphilis once does not protect a person from getting it again. Even following successful treatment, people can still be re-infected. Only laboratory tests can confirm whether someone has syphilis.

Because syphilis sores can be hidden in the vagina, anus, under the foreskin, or mouth, it may not be obvious that a sex partner has syphilis. Unless a person knows that their sex partners have been tested and treated, they may be at risk of getting syphilis again from an untreated sex partner.

How can syphilis be prevented?

Correct and consistent use of latex condoms can reduce the risk of syphilis when the sore or site of potential exposure is covered, but it is best to abstain from sex while any sore is present in the genital, anal, or oral area. Contact with a sore outside of the area covered by a latex condom can still cause infection.

The surest way to avoid transmission of sexually transmitted diseases, including syphilis, is to abstain from sexual contact or to be in a long-term mutually monogamous relationship with a partner who has been tested and is known to be uninfected.

Transmission of an STD, including syphilis, cannot be prevented by washing the genitals, urinating, and/or douching after sex. Any unusual discharge, sore, or rash, particularly in the groin area, should be a signal to abstain from having sex and to see a doctor immediately.

Avoiding alcohol and drug use may also help prevent transmission of syphilis because these activities may lead to risky sexual behavior. It is important that sex partners talk to each other about their HIV status and history of other STDs so that preventive action can be taken.

Where can I get more information?

Sexually Transmitted Diseases - http://www.cdc.gov/std/

Syphilis - http://www.cdc.gov/std/syphilis/

Syphilis and MSM Fact Sheet - http://www.cdc.gov/stdsyphilis/STDFact-MSM-Syphilis.htm

STDs and Pregnancy Fact Sheet - http://www.cdc.govstd/pregnancy/STDFact-Pregnancy.htm

STD information and referrals to STD Clinics
CDC-INFO
1-800-CDC-INFO (800-232-4636)
TTY: 1-888-232-6348
In English, en Español

Pelvic Inflammatory Disease (PID) - CDC Fact Sheet

What is PID?

Pelvic inflammatory disease (PID) refers to infection of the uterus (womb), fallopian tubes (tubes that carry eggs from the ovaries to the uterus) and other reproductive organs that causes symptoms such as lower abdominal pain. It is a serious complication of some sexually transmitted diseases (STDs), especially chlamydia and gonorrhea. PID can damage the fallopian tubes and tissues in and near the uterus and ovaries. PID can lead to serious consequences including infertility, ectopic pregnancy (a pregnancy in the fallopian tube or elsewhere outside of the womb), abscess formation, and chronic pelvic pain.

How common is PID?

Each year in the United States, it is estimated that more than 750,000 women experience an episode of acute PID. Up to 10-15% of these women may become infertile as a result of PID. A large proportion of the ectopic pregnancies occurring every year are due to the consequences of PID.

The more sex partners a woman has, the greater her risk of developing PID. Also, a woman whose partner has more than one sex partner is at greater risk of developing PID, because of the potential for more exposure to infectious agents.

How do women get PID?

PID occurs when bacteria move upward from a woman's vagina or cervix (opening to the uterus) into her reproductive organs. Many different organisms can cause PID, but many cases are associated with gonorrhea and chlamydia, two very common bacterial STDs. A prior episode of PID increases the risk of another episode because the reproductive organs may be damaged during the initial bout of infection.

Sexually active women in their childbearing years are most at risk, and those under age 25 are more likely to develop PID than those older than 25. This is partly because the cervix of teenage girls and young women is not fully matured, increasing their susceptibility to the STDs that are linked to PID.

The more sex partners a woman has, the greater her risk of developing PID. Also, a woman whose partner has more than one sex partner is at greater risk of developing PID, because of the potential for more exposure to infectious agents.

Women who douche may have a higher risk of developing PID compared with women who do not douche. Research has shown that douching changes the vaginal flora (organisms that live in the vagina) in harmful ways, and can force bacteria into the upper reproductive organs from the vagina.

Women who have an intrauterine device (IUD) inserted may have a slightly increased risk of PID near the time of insertion compared with women using other contraceptives or no contraceptive at all. However, this risk is greatly reduced if a woman is tested and, if necessary, treated for STDs before an IUD is inserted.

What are the signs and symptoms of PID?

Symptoms of PID vary from mild to severe. When PID is caused by chlamydial infection, a woman may be more likely to experience only mild symptoms even when serious damage is being done to her reproductive organs. Chlamydia can also cause fallopian tube infection without any symptoms. Because of vague symptoms, PID often goes unrecognized by women and their health care providers. Women who have symptoms of PID most commonly have lower abdominal pain. Other signs and symptoms include fever, unusual vaginal discharge that may have a foul odor, painful intercourse, painful urination, irregular menstrual bleeding, and pain in the right upper abdomen (rare).

What are the complications of PID?

Prompt and appropriate treatment can help prevent complications of PID, including permanent damage to the female reproductive organs. Infection-causing bacteria can silently invade the fallopian tubes, causing normal tissue to turn into scar tissue. This scar tissue blocks or interrupts the normal movement of eggs into the uterus. If the fallopian tubes are totally blocked by scar tissue, sperm cannot fertilize an egg, and the woman becomes infertile. Infertility also can occur if the fallopian tubes are partially blocked or even slightly damaged. Up to 10-15% of women with PID may become infertile, and if a woman has multiple episodes of PID, her chances of becoming infertile increase.

In addition, a partially blocked or slightly damaged fallopian tube may cause a fertilized egg to remain in the fallopian tube. If this fertilized egg begins to grow in the tube as if it were in the uterus, it is called an ectopic pregnancy. As it grows, an ectopic pregnancy can rupture the fallopian tube causing severe pain, internal bleeding, and even death.

Scarring in the fallopian tubes and other pelvic structures can also cause chronic pelvic pain (pain that lasts for months or even years). Women with repeated episodes of PID are more likely to suffer infertility, ectopic pregnancy, or chronic pelvic pain.

How is PID diagnosed?

PID is difficult to diagnose because the symptoms are often subtle and mild. Many episodes of PID go undetected because the woman or her health care provider fails to recognize the implications of mild or nonspecific symptoms. Because there are no precise tests for PID, a diagnosis is usually based on clinical findings. If symptoms such as lower abdominal pain are present, a health care provider should perform a physical examination to determine the nature and location of the pain and check for fever, abnormal vaginal or cervical discharge, and for evidence of gonorrheal or chlamydial infection. If the findings suggest PID, treatment is necessary.

The health care provider may also order tests to identify the infection-causing organism (e.g., chlamydial or gonorrheal infection) or to distinguish between PID and other problems with similar symptoms. A pelvic ultrasound is a helpful procedure for diagnosing PID. An ultrasound can view the pelvic area to see whether the fallopian tubes are enlarged or whether an abscess is present. In some cases, a laparoscopy may be necessary to confirm the diagnosis. A laparoscopy is a surgical procedure in which a thin, rigid tube with a lighted end and camera (laparoscope) is inserted through a small incision in the abdomen. This procedure enables the doctor to view the internal pelvic organs and to take specimens for laboratory studies, if needed.

What is the treatment for PID?

PID can be cured with several types of antibiotics. A health care provider will determine and prescribe the best therapy. However, antibiotic treatment does not reverse any damage that has already occurred to the reproductive organs. If a woman has pelvic pain and other symptoms of PID, it is critical that she seek care immediately. Prompt antibiotic treatment can prevent severe damage to reproductive organs. The longer a woman delays treatment for PID, the more likely she is to become infertile or to have a future ectopic pregnancy because of damage to the fallopian tubes.

Because of the difficulty in identifying organisms infecting the internal reproductive organs and because more than one organism may be responsible for an episode of PID, PID is usually treated with at least two antibiotics that are effective against a wide range of infectious agents. These antibiotics can be given by mouth or by injection. The symptoms may go away before the infection is cured. Even if symptoms go away, the woman should finish taking all of the prescribed medicine. This will help prevent the infection from returning. Women being treated for PID should be re-evaluated by their health care provider three days after starting treatment to be sure the antibiotics are working to cure the infection. In addition, a woman's sex partner(s) should be treated to decrease the risk of re-infection, even if the partner(s) has no symptoms. Although sex partners may have no symptoms, they may still be infected with the organisms that can cause PID.

Hospitalization to treat PID may be recommended if the woman (1) is severely ill (e.g., nausea, vomiting, and high fever); (2) is pregnant; (3) does not respond to or cannot take oral medication and needs intravenous antibiotics; (4) has an abscess in the fallopian tube or ovary (tubo-ovarian abscess); or (5) needs to be monitored to be sure that her symptoms are not due to another condition that would require emergency surgery (e.g., appendicitis). If symptoms continue or if an abscess does not go away, surgery may be needed. Complications of PID, such as chronic pelvic pain and scarring are difficult to treat, but sometimes they improve with surgery.

How can PID be prevented?

Women can protect themselves from PID by taking action to prevent STDs or by getting early treatment if they do get an STD.

The surest way to avoid transmission of STDs is to abstain from sexual intercourse, or to be in a long-term mutually monogamous relationship with a partner who has been tested and is known to be uninfected.

Latex male condoms, when used consistently and correctly, can reduce the risk of transmission of chlamydia and gonorrhea.

CDC recommends yearly chlamydia testing of all sexually active women age 25 or younger, older women with risk factors for chlamydial infections (those who have a new sex partner or multiple sex partners), and all pregnant women. An appropriate sexual risk assessment by a health care provider should always be conducted and may indicate more frequent screening for some women.

Any genital symptoms such as an unusual sore, discharge with odor, burning during urination, or bleeding between menstrual cycles could mean an STD infection. If a woman has any of these symptoms, she should stop having sex and consult a health care provider immediately. Treating STDs early can prevent PID. Women who are told they have an STD and are treated for it should notify all of their recent sex partners so they can see a health care provider and be evaluated for STDs. Sexual activity should not resume until all sex partners have been examined and, if necessary, treated.

For More Information:

Division of STD Prevention (DSTDP)

Centers for Disease Control and Prevention

www.cdc.gov/std

CDC-INFO Contact Center
1-800-CDC-INFO (1-800-232-4636)
Email: cdcinfo@cdc.gov

Genital Herpes - CDC Fact Sheet

What is genital herpes?

Genital herpes is a sexually transmitted disease (STD) caused by the herpes simplex viruses type 1 (HSV-1) or type 2 (HSV-2).

How common is genital herpes?

CDC estimates that, annually, 776,000 people in the United States get new herpes infections. Genital herpes infection is common in the United States. Nationwide, 16.2%, or about one out of six, people aged 14 to 49 years have genital HSV-2 infection. Over the past decade, the percentage of persons with genital herpes infection in the United States has remained stable.

Transmission from an infected male to his female partner is more likely than from an infected female to her male partner. Because of this, genital HSV-2 infection is more common in women (approximately one out of five women aged 14 to 49 years) than in men (about one out of nine men aged 14 to 49 years).

What are the symptoms of genital herpes?

Most individuals infected with HSV-1 or HSV-2 experience either no symptoms or have very mild symptoms that go unnoticed or are mistaken for another skin condition. Because of this, most people infected with HSV-2 are not aware of their infection. When symptoms do occur, they typically appear as one or more blisters on or around the genitals, rectum or mouth. The blisters break and leave painful sores that may take two to four weeks to heal. Experiencing these symptoms is sometimes referred to as having an "outbreak." The first time someone has an outbreak they may also experience flu-like symptoms such as fever, body aches and swollen glands.

Repeat outbreaks of genital herpes are common, in particular during the first year of infection. Symptoms of repeat outbreaks are typically shorter in duration and less severe than the first outbreak of genital herpes. Although the infection can stay in the body indefinitely, the number of outbreaks tends to decrease over a period of years.

How do people get genital herpes?

People get herpes by having sex with someone who has the disease. "Having sex" means anal, vaginal, or oral sex. HSV-1 and HSV-2 can be found in and released from the sores that the viruses cause. The viruses can also be released from skin that does not appear to have a sore. Generally, a person can only get HSV-2 infection during sexual contact with someone who has a genital HSV-2 infection. Transmission can occur from an infected partner who does not have a visible sore and may not know that he or she is infected.

HSV-1 can cause sores in the genital area and infections of the mouth and lips, so-called "fever blisters." HSV-1 infection of the genitals is caused by mouth to genital or genital to genital contact with a person who has HSV-1 infection.

What are the complications of genital herpes?

Genital herpes can cause painful genital sores in many adults and can be severe in people with suppressed immune systems. If a person with genital herpes touches their sores or the fluids from the sores, they may transfer herpes to another part of the body. This is particularly problematic if it is a sensitive location such as the eyes. This can be avoided by not touching the sores or fluids. If they are touched, immediate and thorough hand-washing make the transfer less likely.

Some people who contract genital herpes have concerns about how it will impact their overall health, sex life, and relationships. It is best to talk to a health care provider about those concerns, but it also is important to recognize that while herpes is not curable, it is a manageable condition. Since a genital herpes diagnosis may affect perceptions about existing or future sexual relationships, it is important to understand how to talk to sexual partners about STDs. One resource, GYT Campaign, can be found here: http://www.cdcnpin.org/stdawareness/GYT.aspx.

There are also potential complications for a pregnant woman and her unborn child. See "How does herpes infection affect a pregnant woman and her baby?" below for information about this.

What is the link between genital herpes and HIV?

Genital herpes can cause sores or breaks in the skin or mucous membranes (lining of the mouth, vagina, and rectum). The genital sores caused by herpes can bleed easily. When the sores come into contact with the mouth, vagina, or rectum during sex, they increase the risk of HIV transmission if either partner is HIV-infected.

How does genital herpes affect a pregnant woman and her baby?

It is crucial that pregnant women infected with HSV-1 or HSV-2 go to prenatal care visits and tell their doctor if they have ever experienced any symptoms of, been exposed to, or been diagnosed with genital herpes. Sometimes genital herpes infection can lead to miscarriage or premature birth. Herpes infection can be passed from mother to child resulting in a potentially fatal infection (neonatal herpes). It is important that women avoid contracting herpes during pregnancy.

A woman with genital herpes may be offered antiviral medication from 36 weeks gestation through delivery to reduce the risk of an outbreak. At the time of delivery a woman with genital herpes should undergo careful examination. If herpes symptoms are present at delivery, a cesarean delivery (also called a 'C-section') is usually performed.

How is genital herpes diagnosed?

Health care providers can diagnose genital herpes by visual inspection if the outbreak is typical. Providers can also take a sample from the sore(s) and test it. Sometimes, HSV infections can be diagnosed between outbreaks with a blood test. A person should discuss such testing options with their health care provider.

Is there a cure or treatment for genital herpes?

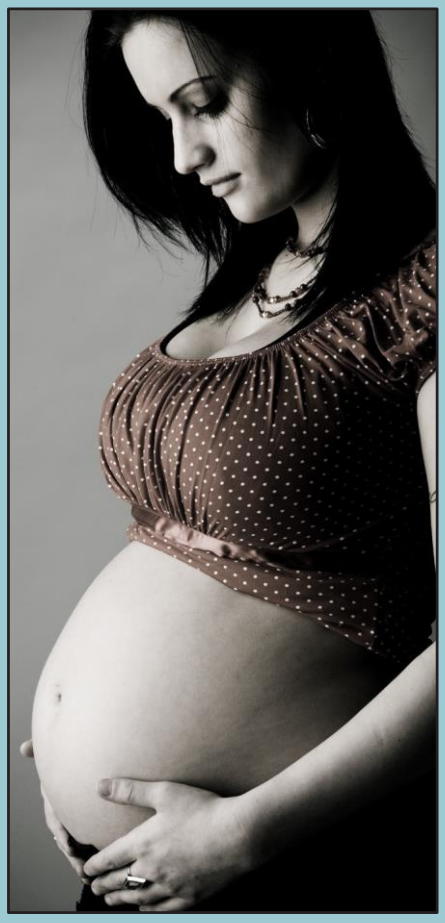
There is no treatment that can cure herpes. Antiviral medications can, however, prevent or shorten outbreaks during the period of time the person takes the medication. In addition, daily suppressive therapy (i.e., daily use of antiviral medication) for herpes can reduce the likelihood of transmission to partners.

How can genital herpes be prevented?

Correct and consistent use of latex condoms can reduce the risk of genital herpes, because herpes symptoms can occur in both male and female genital areas that are covered or protected by a latex condom. However, outbreaks can occur in areas that are not covered by a condom.

The surest way to avoid transmission of sexually transmitted diseases, including genital herpes, is to abstain from sexual contact, or to be in a long-term mutually monogamous relationship with a partner who has been tested and is known to be uninfected.

Persons with herpes should abstain from sexual activity with partners when sores or other symptoms of herpes are present. It is important to know that even if a person does not have any symptoms, he or she can still infect sex partners. Sex partners of infected persons should be advised that they may become infected and they should use condoms to reduce the risk. Sex partners can seek testing to determine if they are infected with HSV.



Where can I get more information?

Division of STD Prevention (DSTDP)
http://www.cdc.gov/std/
Centers for Disease Control and Prevention

Personal health inquiries and information about STDs:

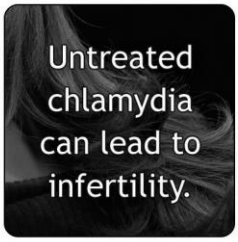
CDC-INFO Contact Center
1-800-CDC-INFO (1-800-232-4636)
Email: cdcinfo@cdc.gov

Resources:

CDC National Prevention Information Network (NPIN)
http://www.cdcnpin.org/scripts/index.asp
P.O. Box 6003
Rockville, MD 20849-6003
1-800-458-5231
1-888-282-7681 Fax
1-800-243-7012 TTY
Email: info@cdcnpin.org

American Sexual Health Association (ASHA)
http://www.ashastd.org/
P. O. Box 13827
Research Triangle Park, NC 27709-3827 1-800-783-9877

Chlamydia – CDC Fact Sheet



What is chlamydia?

Chlamydia is a common sexually transmitted disease (STD) caused by a bacterium. Chlamydia can infect both men and women and can cause serious, permanent damage to a woman's reproductive organs.

How common is chlamydia?

Chlamydia is the most frequently reported bacterial sexually transmitted infection in the United States. In 2011, 1,412,791 cases of chlamydia were reported to CDC from 50 states and the District of Columbia, but an estimated 2.86 million infections occur annually. A large number of cases are not reported because most people with chlamydia do not have symptoms and do not seek testing. Chlamydia is most common among young people. It is estimated that 1 in 15 sexually active females aged 14-19 years has chlamydia.

How do people get chlamydia?

People get chlamydia by having sex with someone who has the infection. "Having sex" means anal, vaginal, or oral sex. Chlamydia can still be transmitted even if a man does not ejaculate. People who have had chlamydia and have been treated can get infected again if they have sex with an infected person.

Chlamydia can also be spread from an infected woman to her baby during childbirth.

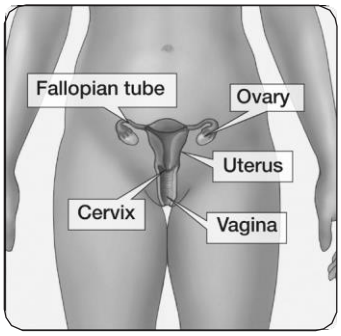
Who is at risk for chlamydia?

Any sexually active person can be infected with chlamydia. It is a very common STD, especially among young people. It is estimated that 1 in 15 sexually active females aged 14-19 years has chlamydia.

Sexually active young people are at high risk of acquiring chlamydia for a combination of behavioral and biological reasons. Men who have sex with men (MSM) are also at risk for chlamydial infection since chlamydia can be transmitted by oral or anal sex.

What are the symptoms of chlamydia?

Chlamydia is known as a 'silent' infection because most infected people have no symptoms. If symptoms do occur, they may not appear until several weeks after exposure. Even when it causes no symptoms, chlamydia can damage a woman's reproductive organs.



In women, the bacteria first infect the cervix (structure that connects the vagina or birth canal to the uterus or womb) and/or the urethra (urine canal). Some infected women have an abnormal vaginal discharge or a burning sensation when urinating. Untreated infections can spread upward to the uterus and fallopian tubes (tubes that carry fertilized eggs from the ovaries to the uterus), causing pelvic inflammatory disease (PID). PID can be silent, or can cause symptoms such as abdominal and pelvic pain. Even if PID causes no symptoms initially, it can lead to infertility (not being able to get pregnant) and other complications later on.

Some infected men have discharge from their penis or a burning sensation when urinating. Pain and swelling in one or both testicles (known as "epididymitis") may also occur, but is less common.

Chlamydia can also infect the rectum in men and women, either through receptive anal sex, or possibly via spread from the cervix and vagina. While these infections often cause no symptoms, they can cause rectal pain, discharge, and/or bleeding (known as "proctitis").

What complications can result from chlamydial infection?

The initial damage that chlamydia causes often goes unnoticed. However, chlamydial infections can lead to serious health problems.

In women, untreated infection can spread upward to the uterus and fallopian tubes (tubes that carry fertilized eggs from the ovaries to the uterus), causing pelvic inflammatory disease (PID). PID can be silent, or can cause symptoms such as abdominal and pelvic pain. Both symptomatic and silent PID can cause permanent damage to a woman's reproductive tract and lead to long-term pelvic pain, inability to get pregnant, and potentially deadly ectopic pregnancy (pregnancy outside the uterus).

In pregnant women, untreated chlamydia has been associated with pre-term delivery, and can spread to the newborn, causing an eye infection or pneumonia.

Complications are rare in men. Infection sometimes spreads to the tube that carries sperm from the testis, causing pain, fever, and, rarely, preventing a man from being able to father children.

What about chlamydia and HIV?

Untreated chlamydia may increase a person's chances of acquiring or transmitting HIV – the virus that causes AIDS.

How does chlamydia affect a pregnant woman and her baby?

In pregnant women, untreated chlamydia has been associated with pre-term delivery, and can spread to the newborn, causing an eye infection or pneumonia. Screening and treatment of chlamydia during pregnancy is the best way to prevent these complications. All pregnant women should be screened for chlamydia at their first prenatal visit.

National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention
Division of STD Prevention

Who should be tested for chlamydia?

Any sexually active person can be infected with chlamydia. Anyone with genital symptoms such as discharge, burning during urination, unusual sores, or rash should avoid having sex until they are able to see a health care provider about their symptoms.

Also, anyone with an oral, anal, or vaginal sex partner who has been recently diagnosed with an STD should see a health care provider for evaluation.

CDC recommends yearly chlamydia testing for all sexually active women age 25 or younger and older women with risk factors for chlamydial infections (e.g., women who have a new or more than one sex partner), and all pregnant women. Any woman who is sexually active should discuss her risk factors with a health care provider who can then determine if more frequent testing is necessary.

Men who have sex with men (MSM) who have receptive anal sex should be tested for chlamydia each year. MSM who have multiple and/or anonymous sex partners should be tested more frequently.

HIV-infected sexually active women who are age 25 or younger or have other risk factors, and all HIV-infected patients who report having receptive anal sex should be tested for chlamydia at their first HIV care visit and then at least annually. A patient's health care provider might determine more frequent testing is necessary, based on the patient's risk factors.

How is chlamydia diagnosed?

There are laboratory tests to diagnose chlamydia. Specimens commonly used for testing include a cotton swab of the vagina (collected by the woman herself or her health care provider) or a urine sample.

What is the treatment for chlamydia?

Chlamydia can be easily treated and cured with antibiotics. HIV-positive persons with chlamydia should receive the same treatment as those who are HIV-negative.

Persons with chlamydia should abstain from having sex for seven days after single dose antibiotics, or until completion of a seven-day course of antibiotics, to prevent spreading the infection to partners.

Repeat infection with chlamydia is common. Persons whose sex partners have not been appropriately treated are at high risk for re-infection. Having multiple chlamydial infections increases a woman's risk of serious reproductive health complications, including pelvic inflammatory disease and ectopic pregnancy. Women and men with chlamydia should be retested about three months after treatment of an initial infection, regardless of whether they believe that their sex partners were successfully treated.

Infants infected with chlamydia may develop conjunctivitis (infection of the membrane lining the eyelids) and/or pneumonia. Chlamydial infection in infants can be treated with antibiotics.

What about partners?

If a person has been diagnosed and treated for chlamydia, he or she should tell all anal, vaginal, or oral sex partners from the past 2 months so that they can see a healthcare provider and be treated. This will reduce the risk that the sex partners will develop serious complications from chlamydia and will also reduce the person's risk of becoming re-infected. A person with chlamydia and all of his or her sex partners must avoid having sex until they have completed their treatment for chlamydia (i.e., seven days after a single dose of antibiotics or until completion of a seven-day course of antibiotics) and until they no longer have symptoms. For tips on talking to partners about sex and STD testing, visit www.gytnow.org/talking-to-your-partner/

To help get partners treated quickly, healthcare providers may give patients extra medicine or prescriptions to give to their sex partners. This is called expedited partner therapy or EPT. EPT is only available in some parts of the country. Consult a healthcare provider to find out if it is available in a specific area. Sex partners should still be encouraged to see a healthcare provider, regardless of whether they receive EPT.

How can chlamydia be prevented?

Latex male condoms, when used consistently and correctly, can reduce the risk of getting or giving chlamydia. The surest way to avoid chlamydia is to abstain from vaginal, anal, and oral sex or to be in a long-term mutually monogamous relationship with a partner who has been tested and is known to be uninfected.

Where can I get more information?

Division of STD Prevention (DSTDP)
Centers for Disease Control and Prevention
www.cdc.gov/std

CDC-INFO Contact Center
1-800-CDC-INFO (1-800-232-4636)
Email: cdcinfo@cdc.gov

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Rockville, MD 20849-6003
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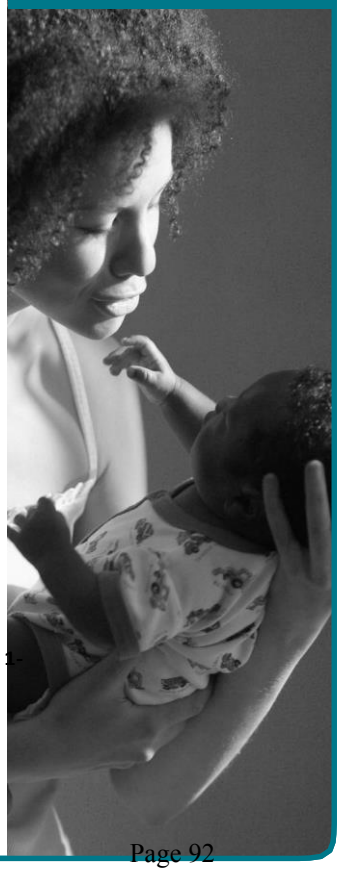
1-800-243-7012 TTY
E-mail: info@cdcnpin.org

American Sexual Health Association (ASHA)
http://www.ashastd.org/
P.O. Box 13827
Research Triangle Park, NC 27709-3827 1-800-783-9877

Chlamydia is known as a 'silent' infection because most infected people have no symptoms. If symptoms do occur, they may not appear until several weeks after exposure. Even when it causes no symptoms, chlamydia can damage a woman's reproductive organs.



Gonorrhea - CDC Fact Sheet

What is gonorrhea?

Gonorrhea is a sexually transmitted disease (STD) caused by a bacterium. Gonorrhea can grow easily in the warm, moist areas of the reproductive tract, including the cervix (opening to the womb), uterus (womb), and fallopian tubes (egg canals) in women, and in the urethra (urine canal) in women and men. The bacterium can also grow in the mouth, throat, eyes, and anus.

How common is gonorrhea?

Gonorrhea is a very common infectious disease. CDC estimates that, annually, more than 820,000 people in the United States get new gonorrhea infections and less than half of these infections are detected and reported to CDC. CDC estimates that 570,000 of them were among young people 15-24 years of age. In 2011, 321,849 cases of gonorrhea were reported to CDC.

How do people get gonorrhea?

People get gonorrhea by having sex with someone who has the disease. "Having sex" means anal, vaginal, or oral sex. Gonorrhea can still be transmitted via fluids even if a man does not ejaculate. Gonorrhea can also be spread from an untreated mother to her baby during childbirth.

People who have had gonorrhea and have been treated may get infected again if they have sexual contact with a person infected with gonorrhea.

Who is at risk for gonorrhea?

Any sexually active person can be infected with gonorrhea. It is a very common STD. In the United States, the highest reported rates of infection are among sexually active teenagers, young adults, and African Americans.

What are the symptoms of gonorrhea?

Some men with gonorrhea may have no symptoms at all. However, common symptoms in men include a burning sensation when urinating, or a white, yellow, or green discharge from the penis that usually appears 1 to 14 days after infection. Sometimes men with gonorrhea get painful or swollen testicles.

Most women with gonorrhea do not have any symptoms. Even when a woman has symptoms, they are often mild and can be mistaken for a bladder or vaginal infection. The initial symptoms in women can include a painful or burning sensation when urinating, increased vaginal discharge, or vaginal bleeding between periods. Women with gonorrhea are at risk of developing serious complications from the infection, even if symptoms are not present or are mild.

Symptoms of rectal infection in both men and women may include discharge, anal itching, soreness, bleeding, or painful bowel movements. Rectal infections may also cause no symptoms. Infections in the throat may cause a sore throat, but usually cause no symptoms.

What are the complications of gonorrhea?

Untreated gonorrhea can cause serious and permanent health problems in both women and men.

In women, gonorrhea can spread into the uterus (womb) or fallopian tubes (egg canals) and cause pelvic inflammatory disease (PID). The symptoms may be mild or can be very severe and can include abdominal pain and fever. PID can lead to internal abscesses (pus-filled pockets that are hard to cure) and chronic (long-lasting) pelvic pain. PID can damage the fallopian tubes enough that a woman will be unable to have children. It also can increase her risk of ectopic pregnancy. Ectopic pregnancy is a life-threatening condition in which a fertilized egg grows outside the uterus, usually in a fallopian tube.

In men, gonorrhea can cause a painful condition called epididymitis in the tubes attached to the testicles. In rare cases, this may prevent a man from being able to father children.

If not treated, gonorrhea can also spread to the blood or joints. This condition can be life-threatening.

What about gonorrhea and HIV?

Untreated gonorrhea can increase a person's risk of acquiring or transmitting HIV—the virus that causes AIDS.

How does gonorrhea affect a pregnant woman and her baby?

If a pregnant woman has gonorrhea, she may give the infection to her baby as the baby passes through the birth canal during delivery. This can cause serious health problems for the baby. Treating gonorrhea as soon as it is detected in pregnant women will make these health outcomes less likely. Pregnant women should consult a health care provider for appropriate examination, testing, and treatment, as necessary.

Who should be tested for gonorrhea?

Any sexually active person can be infected with gonorrhea. Anyone with genital symptoms such as discharge, burning during urination, unusual sores, or rash should stop having sex and see a health care provider immediately.

Also, anyone with an oral, anal, or vaginal sex partner who has been recently diagnosed with an STD should see a health care provider for evaluation.

Some people should be tested for gonorrhea even if they do not have symptoms or know of a sex partner who has gonorrhea. Anyone who is sexually active should discuss his or her risk factors with a health care provider and ask whether he or she should be tested for gonorrhea or other STDs.

People who have gonorrhea should also be tested for other STDs.

How is gonorrhea diagnosed?

Most of the time, a urine test can be used to test for gonorrhea. However, if a person has had oral and/or anal sex, swabs may be used to collect samples from the throat and/or rectum. In some cases, a swab may be used to collect a sample from a man's urethra (urine canal) or a woman's cervix (opening to the womb).

Find an STD testing facility near you

What is the treatment for gonorrhea?

Gonorrhea can be cured with the right treatment. It is important to take all of the medication prescribed to cure gonorrhea. Medication for gonorrhea should not be shared with anyone. Although medication will stop the infection, it will not repair any permanent damage done by the disease. Drug-resistant strains of gonorrhea are increasing, and successful treatment of gonorrhea is becoming more difficult. If a person's symptoms continue for more than a few days after receiving treatment, he or she should return to a health care provider to be reevaluated.

What about partners?

If a person has been diagnosed and treated for gonorrhea, he or she should tell all recent anal, vaginal, or oral sex partners so they can see a health care provider and be treated. This will reduce the risk that the sex partners will develop serious complications from gonorrhea and will also reduce the person's risk of becoming re-infected. A person with gonorrhea and all of his or her sex partners must avoid having sex until they have completed their treatment for gonorrhea and until they no longer have symptoms. For tips on talking to partners about sex and STD testing, visit www.gytnow.org/talking-to-your-partner/.

How can gonorrhea be prevented?

Latex condoms, when used consistently and correctly, can reduce the risk of getting or giving gonorrhea. The most certain way to avoid gonorrhea is to not have sex or to be in a long-term, mutually monogamous relationship with a partner who has been tested and is known to be uninfected.

"The highest reported rates of infection are among sexually active teenagers, young adults, and African Americans."

Where can I get more information?

Division of STD Prevention (DSTDP)
Centers for Disease Control and Prevention
www.cdc.gov/std

CDC-INFO Contact Center
1-800-CDC-INFO (1-800-232-4636)
Email: cdcinfo@cdc.gov

Genital HPV Infection - Fact Sheet

What is genital HPV infection?

Genital human papillomavirus (also called HPV) is the most common sexually transmitted infection (STI). There are more than 40 types of HPV that can infect the genital areas of males and females. These HPV types can also infect the mouth and throat.

HPV can cause serious health problems, including genital warts and certain cancers. There is no certain way to tell who will develop health problems from HPV and who will not. In most cases HPV goes away by itself before it causes any health problems, and most people who become infected with HPV do not even know they have it.

HPV is not the same as herpes or HIV (the virus that causes AIDS). Both viruses can be passed on during sex, but they have different symptoms and cause different health problems.

Who is at risk for HPV?

Anyone who is having (or has ever had) sex can get HPV. HPV is so common that nearly all sexually-active men and women get it at some point in their lives. This is true even for people who only have sex with one person in their lifetime.

How do people get HPV?

HPV is passed on through genital contact, most often during vaginal and anal sex. HPV may also be passed on during oral sex and genital-to-genital contact. HPV can be passed on between straight and same-sex partners—even when the infected person has no signs or symptoms.

Most infected persons do not realize they are infected, or that they are passing HPV on to a sex partner. A person can still have HPV, even if years have passed since he or she has had sexual contact with an infected person. It is also possible to get more than one type of HPV.

In rare circumstances, a pregnant woman with genital HPV can pass the HPV on to her baby during delivery.

What are the potential health problems caused by HPV?

Most people with HPV never develop symptoms or health problems. Most HPV infections (90%) go away by themselves within two years. But, sometimes, HPV infections will persist and can cause a variety of serious health problems. Health problems that can be caused by HPV include

- Genital warts (warts on the genital areas);
- Recurrent respiratory papillomatosis (RRP), a rare condition in which warts grow in the throat;
- Cervical cancer, cancer on a woman's cervix; and
- Other, less common, but serious cancers, including genital cancers (cancer of the vulva, vagina, penis, or anus), and a type of head and neck cancer called oropharyngeal cancer (cancer in the back of throat, including the base of the tongue and tonsils).

All cases of genital warts and RRP, and nearly all cases of cervical cancer, are caused by HPV. A subset of cancers of the vagina, vulva, anus, penis, and oropharynx, are caused by HPV.

The types of HPV that can cause genital warts are not the same as the types of HPV that can cause cancers.

Signs and symptoms of health problems caused by HPV:

Genital warts usually appear as a small bump or group of bumps in the genital area. They can be small or large, raised or flat, or shaped like a cauliflower. Healthcare providers can usually diagnose warts by looking at the genital area. Warts can appear within weeks or months after sexual contact with an infected partner—even if the infected partner has no signs of genital warts. If left untreated, genital warts might go away, remain unchanged, or increase in size or number. The types of HPV that can cause genital warts are not the same as the types of HPV that can cause cancers.

Cervical cancer usually does not cause symptoms until it is quite advanced. For this reason, it is important for women to get regular screening for cervical cancer. Screening tests can find early signs of disease so that problems can be treated early, before they ever turn into cancer.

Other cancers caused by HPV might not have signs or symptoms until they are advanced and hard to treat. Other HPV-associated cancers include some cancers of the vulva, vagina, penis, anus, and oropharynx.

RRP is a condition in which warts grow in the throat. RRP can occur in children (juvenile-onset) and adults (adult-onset). These growths can sometimes block the airway, causing a hoarse voice or trouble breathing.

How does HPV lead to health problems?

In most cases the virus goes away and it does not lead to any health problems. However, when the virus persists, or does not go away, HPV can cause normal cells to become abnormal and, most of the time you cannot see or feel these cell changes.

- Warts can appear within months after getting HPV.
- Cancer often takes years—even decades—to develop after a person gets HPV.

There is no certain way to know which people infected with HPV will go on to develop cancer or other health problems. However, persons with weak immune systems (including persons with HIV) may be less able to fight off HPV and more likely to develop health problems from it.

How common are HPV and health problems caused by HPV?

HPV (the virus): Approximately 79 million Americans are currently infected with HPV. About 14 million people become newly infected each year. HPV is so common that nearly all sexually-active men and women will get at least one type of HPV at some point in their lives.

Genital warts: About 360,000 persons in the U.S. get genital warts each year.

Cervical cancer: About 12,000 women in the U.S. get cervical cancer each year.

Other cancers that can be caused by HPV, including some vaginal, vulvar, penile, anal, and oropharyngeal cancers: Each year in the U.S., HPV is thought to cause an estimated

- 2,100 vulvar cancers,
- 500 vaginal cancers,
- 600 penile cancers,
- 2,800 anal cancers in women,
- 1,500 anal cancers in men,
- 1,700 oropharyngeal cancers in women,* and
- 6,700 oropharyngeal cancers in men.*

*_**Note:**_ Other factors, notably tobacco and alcohol use, may also play a role with HPV to cause these cancers. About 21,000 of these cancers are potentially preventable by HPV vaccines.

National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention
Division of STD Prevention

Recurrent respiratory papillomatosis (RRP) is very rare. It is estimated that about 820 children get juvenile-onset RRP every year in the U.S.

What is the difference between HPV and HIV?

HPV is a different virus than HIV, and causes different health problems. HPV does not live in the blood cells, but rather lives on the skin. Also, whereas HIV can lead to AIDS, genital HPV can lead to genital warts and certain types of cancer. However, persons with HIV are more likely to get HPV and to develop health problems from HPV. This is especially true for anal cancer.

Does HPV affect a pregnant woman and her baby?

Women who are pregnant can get infected with HPV. Usually these infections do not cause any problems.
But sometimes

- HPV leads to genital warts, which can grow during pregnancy. Women with genital warts during the late stages of pregnancy are more likely to have children with warts in the throat, a condition called recurrent respiratory papillomatosis; however, this is a very rare condition.
- Pregnant women can develop cervical cell changes due to HPV. These changes can be detected through routine cervical cancer screening. Women should get routine cervical cancer screening, even during pregnancy.

Is there a test for HPV?

HPV tests are available to help screen women aged 30 years and older for cervical cancer. These HPV tests are not recommended to screen men, adolescents, or women under the age of 30 years. There is no general HPV test for men or women to check one's overall "HPV status." Also, there is not an approved HPV test to find HPV in the mouth or throat.

How can HPV be prevented?

There are several ways that people can lower their chances of getting HPV:

- HPV vaccines are recommended for 11- or 12-year-old boys and girls. HPV vaccines are safe and effective, and can protect males and females against some of the most common types of HPV that can lead to disease and cancer. HPV vaccines are given in three shots over six months; it is important to get all three doses to get the best protection. Boys and girls at ages 11 or 12 are most likely to have the best protection provided by HPV vaccines, and their immune response to vaccine is better than older women and men.
  - **Girls and women:** Two vaccines (Cervarix and Gardasil) are available to protect females against the types of HPV that cause most cervical cancers. One of these vaccines (Gardasil) also protects against most genital warts, and has been shown to protect against anal, vaginal, and vulvar cancers. Either vaccine is recommended for 11- and 12-year-old girls, and for females 13 through 26 years of age who did not get any or all of the shots when they were younger. These vaccines can also be given to girls beginning at 9 years of age.
  - **Boys and men:** One vaccine (Gardasil) is available to protect males against most genital warts and anal cancers. Gardasil is recommended for 11- and 12-year-old boys, and for males 13 through 21 years of age who did not get any or all of the shots when they were younger. Gay, bisexual, and other men who have sex with men should receive the vaccine through age 26 years. Males 22–26 years of age may also get the vaccine.
- For those who choose to be sexually active, condoms may lower the risk of HPV. Condoms may also lower the risk of developing HPV-related diseases, such as genital warts and cervical cancer. To be most effective, condoms should be used with every sex act, from start to finish. HPV can infect areas that are not covered by a condom – so condoms may not fully protect against HPV.
- People can also lower their chances of getting HPV by being in a faithful relationship with one partner; limiting their number of sex partners; and choosing a partner who has had no or few prior sex partners. But even people with only one lifetime sex partner can get HPV, and it may not be possible to determine if a person who has been sexually active in the past is currently infected. Because HPV is so common, and almost every sexually-active person will get HPV at some time in their lives, it is important to protect against the possible health effects of HPV.

Can people prevent health problems caused by HPV?

Yes, there are different prevention strategies for different health problems caused by HPV. HPV vaccines can prevent many diseases and cancers caused by HPV. In addition to vaccination, there are other ways to lower the risk of health problems caused by HPV.

A person can lower their risk of

- Cervical cancer by getting routine screening if they are a woman aged 21–65 years (and following up on any abnormal results);
- Oropharyngeal cancers by avoiding tobacco and limiting alcohol intake; and
- Genital warts by using condoms all the time and the right way.

Is there a treatment for HPV or health problems caused by HPV?

There is no treatment for the virus itself, but there are treatments for the health problems that HPV can cause:

- **Genital warts** can be removed with treatments applied by the provider or the person himself/herself. No one treatment is better than another. Some people choose not to treat warts, but to see if they disappear on their own. If left untreated, genital warts may go away, stay the same, or grow in size or number.
- **Cervical cancer** is most treatable when it is diagnosed and treated early. Women who get routine Pap tests and follow up as needed can identify problems before cancer develops. Prevention is always better than treatment. For more information visit www.cancer.org.
- **Other HPV-related cancers** are also more treatable when diagnosed and treated early. For more information visit www.cancer.org.
- **Recurrent respiratory papillomatosis (RRP)** can be treated with surgery or medicines. Curing RRP can sometimes require many treatments or surgeries over a period of years.

Where can I get more information?

STD information
http://www.cdc.gov/std/

HPV Information
http://www.cdc.gov/hpv/

HPV Vaccination
http://www.cdc.gov/vaccines/vpd-vac/hpv/

Cancer Information
http://www.cdc.gov/cancer/

Cervical Cancer Screening
http://www.cdc.gov/cancer/cervical/basic info/screening.htm

CDC's National Breast and Cervical Cancer Early Detection Program
http://www.cdc.gov/cancer/nbccedp/

CDC-INFO Contact Center
1-800-CDC-INFO (1-800-232-4636)
TTY: (888) 232-6348

CDC National Prevention Information Network (NPIN)
http://www.cdcnpin.org/scripts/index.asp
P.O. Box 6003
Rockville, MD 20849-6003
1-800-458-5231
1-888-282-7681 Fax
1-800-243-7012 TTY
E-mail: info@cdcnpin.org

National HPV and Cervical Cancer Prevention Resource Center American Sexual Health Association (ASHA) http://www.ashastd.org/std-sti/hpv.html
P. O. Box 13827
Research Triangle Park, NC 27709-3827
1-800-783-9877

Trichomoniasis - CDC Fact Sheet

What is trichomoniasis?

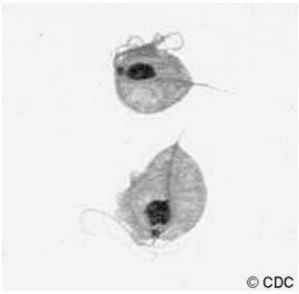
Trichomoniasis (or "trich") is a very common sexually transmitted disease (STD) that is caused by infection with a protozoan parasite called *Trichomonas vaginalis*. Although symptoms of the disease vary, most women and men who have the parasite cannot tell they are infected.

How common is trichomoniasis?

Trichomoniasis is considered the most common curable STD. In the United States, an estimated 3.7 million people have the infection, but only about 30% develop any symptoms of trichomoniasis. Infection is more common in women than in men, and older women are more likely than younger women to have been infected.

How do people get trichomoniasis?

The parasite is passed from an infected person to an uninfected person during sex. In women, the most commonly infected part of the body is the lower genital tract (vulva, vagina, or urethra), and in men, the most commonly infected body part is the inside of the penis (urethra). During sex, the parasite is usually transmitted from a penis to a vagina, or from a vagina to a penis, but it can also be passed from a vagina to another vagina. It is not common for the parasite to infect other body parts, like the hands, mouth, or anus. It is unclear why some people with the infection get symptoms while others do not, but it probably depends on factors like the person's age and overall health. Infected people without symptoms can still pass the infection on to others.



Two Trichomonas vaginalis *parasites, magnified (seen under a microscope)*

What are the signs and symptoms of trichomoniasis?

About 70% of infected people do not have any signs or symptoms. When trichomoniasis does cause symptoms, they can range from mild irritation to severe inflammation. Some people with symptoms get them within 5 to 28 days after being infected, but others do not develop symptoms until much later. Symptoms can come and go.

Men with trichomoniasis may feel itching or irritation inside the penis, burning after urination or ejaculation, or some discharge from the penis.

Women with trichomoniasis may notice itching, burning, redness or soreness of the genitals, discomfort with urination, or a thin discharge with an unusual smell that can be clear, white, yellowish, or greenish.

Having trichomoniasis can make it feel unpleasant to have sex. Without treatment, the infection can last for months or even years.

What are the complications of trichomoniasis?

Trichomoniasis can increase the risk of getting or spreading other sexually transmitted infections. For example, trichomoniasis can cause genital inflammation that makes it easier to get infected with the HIV virus, or to pass the HIV virus on to a sex partner.

How does trichomoniasis affect a pregnant woman and her baby?

Pregnant women with trichomoniasis are more likely to have their babies too early (preterm delivery). Also, babies born to infected mothers are more likely to have an officially low birth weight (less than 5.5 pounds).

How is trichomoniasis diagnosed?

It is not possible to diagnose trichomoniasis based on symptoms alone. For both men and women, your primary care doctor or another trusted health care provider must do a check and a laboratory test to diagnose trichomoniasis.

What is the treatment for trichomoniasis?

Trichomoniasis can be cured with a single dose of prescription antibiotic medication (either metronidazole or tinidazole), pills which can be taken by mouth. It is okay for pregnant women to take this medication. Some people who drink alcohol within 24 hours after taking this kind of antibiotic can have uncomfortable side effects.

People who have been treated for trichomoniasis can get it again. About 1 in 5 people get infected again within 3 months after treatment. To avoid getting reinfected, make sure that all of your sex partners get treated too, and wait to have sex again until all of your symptoms go away (about a week). Get checked again if your symptoms come back.

How can trichomoniasis be prevented?

Using latex condoms correctly every time you have sex will help reduce the risk of getting or spreading trichomoniasis. However, condoms don't cover everything, and it is possible to get or spread this infection even when using a condom.

The only sure way to prevent sexually transmitted infections is to avoid having sex entirely. Another approach is to talk about these kinds of infections before you have sex with a new partner, so that you can make informed choices about the level of risk you are comfortable taking with your sex life.

If you or someone you know has questions about trichomoniasis or any other STD, especially with symptoms like unusual discharge, burning during urination, or a sore in the genital area, check in with a health care provider and get some answers.

Where can I get more information?

Division of STD Prevention (DSTDP)
Centers for Disease Control and Prevention
www.cdc.gov/std

CDC-INFO Contact Center
1-800-CDC-INFO (1-800-232-4636)
Email: cdcinfo@cdc.gov

Resources

CDC National Prevention Information (NPIN)
P.O. Box 6003
Rockville, MD 20849-6003
1-800-458-5231
1-888-282-7681 Fax
1-800-243-7012 TTY
E-mail: info@cdcnpin.org
www.cdcnpin.org

American Sexual Health Association (ASHA)
P. O. Box 13827
Research Triangle Park, NC 27709-3827
1-800-783-9877
www.ashastd.org

HEPATITIS B and Sexual Health

What is hepatitis?

"Hepatitis" means inflammation of the liver. The liver is a vital organ that processes nutrients, filters the blood, and fights infections. When the liver is inflamed or damaged, its function can be affected.

Hepatitis is most often caused by a virus. In the United States, the most common types of viral hepatitis are Hepatitis A, Hepatitis B, and Hepatitis C. Heavy alcohol use, toxins, some medications, and certain medical conditions can also cause hepatitis.

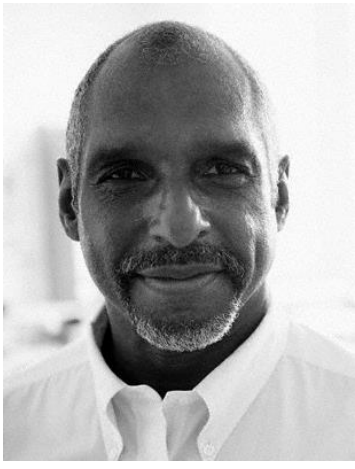
What is Hepatitis B?

Hepatitis B is a contagious liver disease that results from infection with the Hepatitis B virus. When first infected, a person can develop an "acute" infection, which can range in severity from a very mild illness with few or no symptoms to a serious condition requiring hospitalization. **Acute** Hepatitis B refers to the first 6 months after someone is exposed to the Hepatitis B virus. Some people are able to fight the infection and clear the virus. For others, the infection remains and leads to a "chronic," or lifelong, illness. **Chronic** Hepatitis B refers to the illness that occurs when the Hepatitis B virus remains in a person's body. Over time, the infection can cause serious health problems.

The best way to prevent Hepatitis B is to get vaccinated.

How serious is Hepatitis B?

Over time, approximately 15%–25% of people with chronic Hepatitis B develop serious liver problems, including liver damage, cirrhosis, liver failure, and even liver cancer. Every year, approximately 3,000 people in the United States and more than 600,000 people worldwide die from Hepatitis B-related liver disease.



How common is Hepatitis B?

In the United States, an estimated 40,000 new infections occur each year. About 1.2 million people are living with chronic Hepatitis B, and many do not know they are infected.

How is Hepatitis B spread?

Hepatitis B is usually spread when blood, semen, or other body fluids from a person infected with the Hepatitis B virus enter the body of someone who is not infected. This can happen through sexual contact with an infected person; sharing needles, syringes, or other injection drug equipment; or from an infected mother to her baby at birth.

Can Hepatitis B be spread through sex?

Yes. Hepatitis B is 50–100 times more infectious than HIV and easily transmitted through sexual activity. In fact, sexual contact is the most common way Hepatitis B is spread in the United States.

If you are sexually active, talk to your health professional about your risk for STDs and HIV and get vaccinated against Hepatitis B.

Who should be vaccinated against Hepatitis B?

The vaccine is safe and effective and recommended for sexually active adults, especially:

- People with multiple sex partners
- Anyone with a sexually transmitted disease
- Men who have sexual encounters with other men
- Anyone having sex with an infected partner

What are the symptoms of Hepatitis B?

Many people with Hepatitis B do not have symptoms and do not know they are infected. Even though a person has no symptoms, the virus can still be detected in the blood.

If symptoms occur with acute infection, they usually appear within 3 months of exposure and can last anywhere from 2–12 weeks. Symptoms of chronic Hepatitis B can take up to 30 years to develop. Damage to the liver can silently occur during this time. When symptoms do appear, they often are a sign of advanced liver disease. Symptoms for both acute and chronic Hepatitis B can include:

- Fever
- Fatigue
- Loss of appetite
- Nausea
- Vomiting
- Abdominal pain
- Grey-colored stools
- Dark urine
- Joint pain
- Jaundice

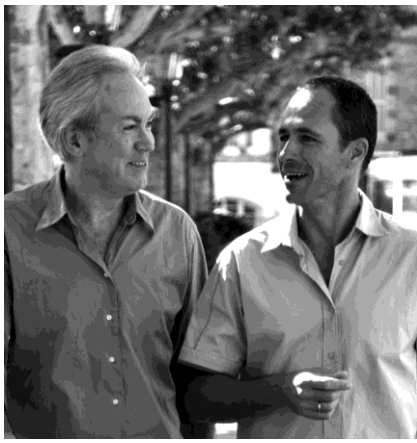
How is Hepatitis B diagnosed and treated?

Hepatitis B is diagnosed with specific blood tests that are not part of blood work typically done during regular physical exams. For acute Hepatitis B, doctors usually recommend rest, adequate nutrition, fluids, and close medical monitoring. Some people may need to be hospitalized. Those living with chronic Hepatitis B are evaluated for liver problems and monitored on a regular basis. Even though a person may not have symptoms or feel sick, damage to the liver can still occur. Several new treatments are available that can significantly improve health and delay or reverse the effects of liver disease.

Can Hepatitis B be prevented with a vaccine?

Yes. The best way to prevent Hepatitis B is by getting vaccinated. For adults, the vaccine is usually given as a series of 3 shots over a period of 6 months. The entire series of shots is needed for long-term protection. Booster doses are not currently recommended.

There is also a combination vaccine that protects against both Hepatitis A and Hepatitis B. People should talk to their health professional about which vaccine is best for them.



For more information

Talk to your health professional, call your health department, or visit www.cdc.gov/hepatitis.

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Disease Control and Prevention
Division of Viral Hepatitis

CDC
SAFER·HEALTHIER·PEOPLE

Unit: HIV **Day 9** **Lesson # 4**	**Grade Level/Course:** High School/ Biology	**Duration:** One 50 minute class **Date:**

Big Idea: Information enables you to make better informed decisions
Essential Questions:

- *What can a person do to protect him/herself against HIV?*

Common Core and Content Standards	**Content Standards:** **Content Standard(s): California EDUCATION CODE SECTION 51934 (HIV/AIDS Instruction)** 51934.(a) A school district shall ensure that all pupils in grades 7 to 12, inclusive, receive HIV/AIDS prevention education from instructors trained in the appropriate courses. Each pupil shall receive this instruction at least once in high school. Shall include the following: (3) Discussion of methods to reduce the risk of HIV infection. This instruction shall emphasize that sexual abstinence, monogamy, the avoidance of multiple sexual partners, and abstinence from intravenous drug use are the most effective means for HIV/AIDS prevention, but shall also include statistics based upon the latest medical information citing the success and failure rates of condoms and other contraceptives in preventing sexually transmitted HIV infection, as well as information on other methods that may reduce the risk of HIV transmission from intravenous drug use. **CCSS Reading Standard:** Students read closely to determine what the text says explicitly and to make logical inferences from it; cite specific textual evidence when writing or speaking to support conclusions drawn from the text. **CCSS Writing Standard**: Students provide a concluding statement that supports the argument presented. **CCSS Speaking and Listening Standard**: Students initiate and participate effectively in a range of collaborative discussions with diverse partners on grades 9-10 topics, texts and issues, building on others' ideas and expressing their own clearly and persuasively.
Materials/ Resources/ Lesson Preparation	Student Resource 4.1: Extended Anticipatory Guide for PowerPoint Teacher Resource 4.1: OCDE Condom Show PowerPoint Student Resource 4.2: CDC Condom Fact Sheet In Brief Student Resource 4.3: Sandra's Boyfriend Wants to Have Sex handout

Objectives	**Content**: Students will be able to explain that sexual abstinence, monogamy, the avoidance of multiple sexual partners, and abstinence from intravenous drug use are the most effective means for HIV/AIDS prevention. Students will be able to cite the success and failure rates of condoms and other contraceptives in preventing STDs, specifically methods that reduce the risk of HIV transmission and contraction.	**Language**: Students will be able to write a persuasive argument to their friend about why it is essential to protect themselves from STDs, specifically HIV, for a healthy life.

Depth of Knowledge Level	☒ **Level 1: Recall** ☐ **Level 2: Skill/Concept** ☐ **Level 3: Strategic Thinking** ☒ **Level 4: Extended Thinking**

College and Career Ready Skills	☐ **Demonstrating independence** ☐ **Building strong content knowledge** ☒ **Responding to varying demands of audience, task, purpose, and discipline** ☒ **Valuing evidence** ☐ **Comprehending as well as critiquing** ☐ **Using technology and digital media strategically and capably** ☐ **Coming to understand other perspectives and cultures**	
Common Core Instructional Shifts	☒ **Building knowledge through content-rich nonfiction texts** ☐ **Reading and writing grounded from text** ☒ **Regular practice with complex text and its academic vocabulary**	
Academic Vocabulary (Tier II & Tier III)	**TEACHER PROVIDES SIMPLE EXPLANATION**	**KEY WORDS ESSENTIAL TO UNDERSTANDING** condom Vaseline lubricant reservoir
		WORDS WORTH KNOWING prophylactic
	STUDENTS FIGURE OUT THE MEANING	expiration date uninfected asymptomatic monogamous barrier
		pathogens epidemiologic
Pre-teaching Considerations	Preview the OCDE Condom Show PowerPoint ahead of time to prepare for questions that students may ask or for questions you will want students to follow up with. Introduce the concept of the final project. Resource 6.3 will guide students in preparing for this brochure/flyer project.	

Lesson Delivery Comprehension

Instructional Methods	**Check method(s) used in the lesson:** ☐ **Modeling** ☐ **Guided Practice** ☒ **Collaboration** ☐ **Independent Practice** ☐ **Guided Inquiry** ☒ **Reflection**

Lesson Opening

Preparing the Learner:

Extended Anticipatory Guide (~4minutes)

1. Students turn to the Extended Anticipatory Guide (Resource 4.1) and record their "before PowerPoint" opinions for the 10 statements.

Condom PowerPoint (~30 minutes)

2. The teacher will show the OCDE Condom Show PowerPoint, allowing students time to record their findings and evidence on the Extended Anticipatory Guide.
3. Be prepared to stop and discuss where students may misunderstand. If you use a "Question Box" this is a great opportunity for students to write down their questions anonymously.
4. There is a video clip embedded to show a Condom Commercial (on the DVD if doesn't open)
5. Allow students 2 minutes to finish adding to their Extended Anticipatory Guide. Review answers with the class.
6. Optional: To wrap up the Condom Show are two video clips showing two humorous Point of View experiences of buying condoms. Use these video clips as a way to remind students, while it may seem awkward to buy condoms, it shouldn't be. Preventing STDs/pregnancy until planned is essential for a healthy life. And the most effective method of prevention is abstinence.

Body of the Lesson: Activities/ Questioning/ Tasks/ Strategies/ Technology/ Engagement	**Interacting with the Text:** **Sandra's Boyfriend Wants to have Sex (~15mins)** 1. The teacher 'sets up' the next activity by telling a story about their friend named Sandra who has a difficult decision to make—her boyfriend wants to have sex. Sandra wants advice as to whether she should have sex or not. And if she does have sex, should she demand her boyfriend use a condom? How should she do that? 2. The teacher explains that you, as her friend, need access to reliable information. Students have already seen the Condom show and now you will give them more information about condoms from the Centers for Disease Control and Prevention. 3. The teacher hands out the CDC Condom Fact Sheet in Brief from the CDC. 4. The teacher instructs students they will have 4 minutes to independently read the Condom Fact Sheet. They should underline information they think may be important for Sandra. 5. The teacher explains that students will be working with their elbow partner to solve a problem; What are the 5 best pieces of advice they should give to their friend Sandra? 6. Students turn to resource 4.3, Sandra's Boyfriend Want to Have Sex and work with a partner to complete (~10mins) 7. Teacher reminds students that they have their Condom PowerPoint notes as well as the Condom Fact Sheet to guide them. Remind students to write their advice in a way that Sandra would be most likely to listen to. 8. If time permits, you might allow the elbow partners to share their advice with another group of two elbow partners. **Extending the Understanding** Begin class the next day with this activity if you are short on time. 1. Allow each group of 4 students to choose 1 piece of advice they think is their best to share with the class. Record their advice on the Elmo/whiteboard/Smartboard or consider creating writing it on chart paper and posting it on a wall in the classroom. Each group that contributes should provide advice that is not already on the class list. **Heads Up**: Introduce the Final Project concept of making a brochure/flyer on any topic discussed during this unit. If students already have a topic they would like to explore, they can begin working on this project at any time. Resource 6.3 will guide them.	**Differentiated Instruction for Students Needing Additional Support** Heterogeneous grouping to mix abilities and provide EL with a higher ability speaker. Allow students the opportunity to take a copy of the Condom Show PPT home before class to preview it or read it with extended time. Provide specific Clarifying Bookmarks to students struggling to express themselves with the "Sandra Wants to Have Sex" activity or when discussing the Extended Anticipatory Guide questions. Provide a hard copy of the PPT for any student with audio-visual processing difficulties, enlarging font and removing distracting images. Add closed captioning to the videos used in the PPT. **Accelerated Learners:** Students select a condom or STD prevention method and research its effectiveness, such as latex vs. lambskin Homogenous grouping to challenge students working at the same level.

Lesson Reflection	
Teacher Reflection Evidenced by Student Learning/ Outcomes	

Condom Show PowerPoint Extended Anticipatory Guide

	Before Opinion		After PowerPoint Findings		
	Agree	**Disagree**	**Agree**	**Disagree**	**Evidence: Explain using your own words**
1. In the 1500's the purpose of the condom was to protect a man from getting syphilis.					
2. In the 1920's, condoms were sold in vending machines.					
3. Men purchase 40-70% of condoms.					
4. A condom can hold about 2 quarts of milk.					
5. Condoms have no expiration date.					
6. A condom that has been exposed to heat is likely to break.					
7. You should completely unroll a condom before putting it on the penis.					
8. Vaseline is a safe lubricant to use with a condom.					
9. Used condoms should be flushed down the toilet.					
10. It is a good idea to carry a condom in your wallet so you always have one with you.					

JUST WEAR IT.

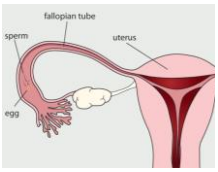
The CONDOM SHOW

Adapted from
LYNN E. POSEY M.A.
PREVENTION SPECIALIST
OCDE/ACCESS
TUF PROJECT

teenNow CALIFORNIA
Preventing Teen Pregnancies, Supporting Young Families

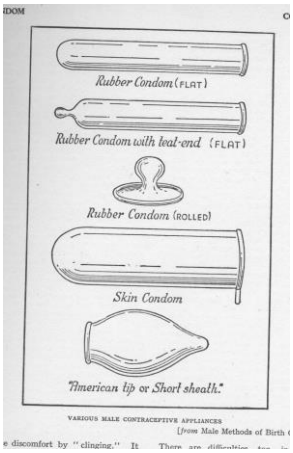
CONDOM FACTS

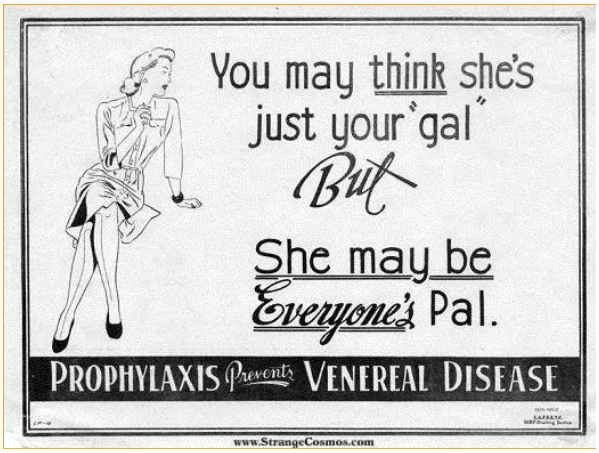
- The Egyptians in 1350 B.C. reportedly used condoms. They were most likely made of animal bladders or intestines.
- Italian anatomist Gabrielle Fallopious, after whom the Fallopian tubes were named, claimed to have invented the condom in 1564. Its original purpose was to protect from syphilis.
- In the 16th century, condoms were made of linen. A ribbon sewn into the open end drew the condom snuggly around the penis.



CONDOM FACTS

- 18th century condoms were fashioned from sheep, lamb and goat intestines, and sometimes fish skin.
- In 1844, Charles Goodyear obtained the first patent on a crepe rubber condom.
- In the 1920s, vending machines made mass distribution of condoms possible "for protection against disease," even though there was a federal law prohibiting the sale of contraceptives.





CONDOM FACTS

- In 1977, the Supreme Court ruled that no state could bar minors from purchasing condoms.

- It is estimated that 5,000,000,000 condoms are used every year worldwide.
- Women purchase 40-70% of condoms.

CONDOM FACTS

- There are over 100 different brands of condoms on the market.
- About 99% of condoms are made of latex and polyurethane the rest are made from lamb intestines.

- A condom can hold about 4 quarts of milk.

Condom commercial

CHECK THE EXPIRATION DATE

- Check the package for damage
- Open carefully, pushing the condom away from the edge of the tear.

CHECK CONDOM FOR DAMAGE

If the condom is brittle or gummy, it has been exposed to heat or air and it is likely to break.

Do not unroll the condom before you put it on the penis.

Be sure to put the condom on before any oral or genital contact.

PULL THE CONDOM OVER THE HEAD OF THE ERECT PENIS

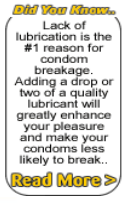
- If there is no reservoir tip, leave about one-half inch of space at the end of the condom to collect the semen
- Squeeze out any air before you roll it to the base of the penis

Did You Know?
Not Using A Personal Lubricant is the #1 Reason Condoms Break.

- Lubricate the outside of the condom with a **water based lubricant**

- DO **NOT USE** VASELINE , HAND LOTIONS OR OILS. THEY WILL EAT HOLES THROUGH THE CONDOM.

CONDOM DEMO



Male condom

CONDOM DEMO

- PRIOR TO EJACULATION, MAKE SURE THE CONDOM IS STILL IN PLACE.
- AFTER EJACULATION, HOLD THE BASE AND RIM OF THE CONDOM TO AVOID SLIPPEAGE.
- Withdraw the penis before losing the erection so the condom does not roll off the penis.

DO NOT FLUSH THE CONDOM DOWN THE TOILET

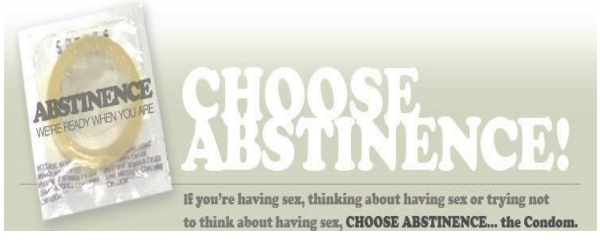
- Wrap in a tissue and dispose in waste basket
- It is a good idea to wash your hands after handling the used condom

HELPFUL TIPS

- Use a new condom for each act of sex
- Only use one condom at a time
- Use latex or polyurethane condoms
- Do not keep condoms in your wallet
- Store in a cool, dry place away from sunlight

Condom Fact

REMEMBER, ABSTINENCE FROM SEXUAL INTERCOURSE IS THE ONLY METHOD THAT PROTECTS 100% OF THE TIME



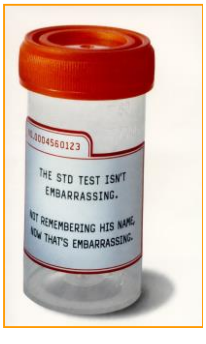
Even if a person has been having sex, he or she can still choose to become abstinent to prevent pregnancy and sexually transmitted diseases (STDs) in the future.

Condoms Protect, Love Doesn't

Role Plays

CONDOM COMEBACKS

- Sandra and Brandon have decided they are going to have sex.
- If they both want to do this, what do they need to be talking about now?
- Sometimes people don't think it is important to use protection. They may need a little convincing to take the necessary precautions to prevent pregnancy and disease.



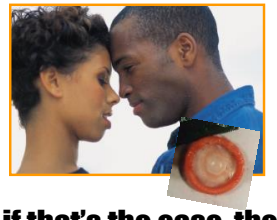
"I'd feel much better about this if we used a condom."

"I can't believe you want me to use a condom."

"You won't catch anything from me. I love you."

"Condoms protect. Love doesn't.

"Condoms make me feel safe. And I get really turned on when I feel safe."



"Well if that's the case, then using a condom isn't such a bad idea."

"It spoils the mood."

"It puts me in the mood"

The End

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Point of View: Guys Buying Condoms

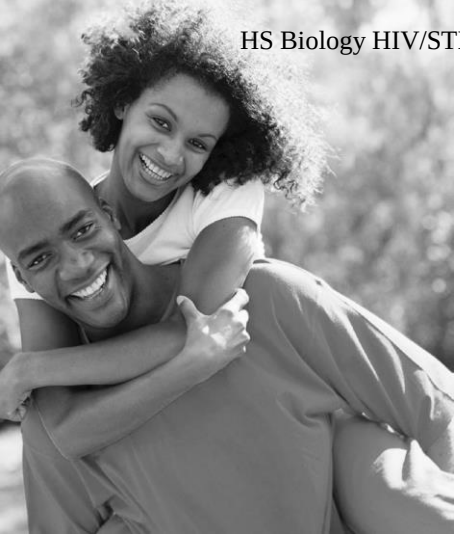
2 mins.

A brief look at what it could be like to buy condoms from the point of view of a guy.

Point of View: Girls Buying Condoms

2 mins.

A brief look at what it could be like to buy condoms from the point of view of a girl.



Condom Fact Sheet In Brief

Consistent and correct use of the male latex condom reduces the risk of sexually transmitted disease (STD) and human immunodeficiency virus (HIV) transmission. However, condom use cannot provide absolute protection against any STD. The most reliable ways to avoid transmission of STDs are to abstain from sexual activity, or to be in a long-term mutually monogamous relationship with an uninfected partner. However, many infected persons may be unaware of their infection because STDs often are asymptomatic and unrecognized.

Condom effectiveness for STD and HIV prevention has been demonstrated by both laboratory and epidemiologic studies. Evidence of condom effectiveness is also based on theoretical and empirical data regarding the transmission of different STDs, the physical properties of condoms, and the anatomic coverage or protection provided by condoms.

Laboratory studies have shown that latex condoms provide an effective barrier against even the smallest STD pathogens.

Epidemiologic studies that compare rates of HIV infection between condom users and nonusers who have HIV-infected sex partners demonstrate that consistent condom use is highly effective in preventing transmission of HIV. Similarly, epidemiologic studies have shown that condom use reduces the risk of many other STDs. However, the exact magnitude of protection has been difficult to quantify because of numerous methodological challenges inherent in studying private behaviors that cannot be directly observed or measured.

Theoretical and empirical basis for protection: Condoms can be expected to provide different levels of protection for various STDs, depending on differences in how the diseases or infections are transmitted. Male condoms may not cover all infected areas or areas that could become infected. Thus, they are likely to provide greater protection against STDs that are transmitted only by genital fluids (STDs such as gonorrhea, chlamydia, trichomoniasis, and HIV infection) than against infections that are transmitted primarily by skin-to-skin contact, which may or may not infect areas covered by a condom (STDs such as genital herpes, human papillomavirus [HPV] infection, syphilis, and chancroid).

HIV Infection

Consistent and correct use of latex condoms is highly effective in preventing sexual transmission of HIV, the virus that causes AIDS.

Other STDs and Associated Conditions

Consistent and correct use of latex condoms reduces the risk for many STDs that are transmitted by genital fluids (STDs such as chlamydia, gonorrhea, and trichomoniasis).

Consistent and correct use of latex condoms reduces the risk for genital ulcer diseases, such as genital herpes, syphilis, and chancroid, only when the infected area or site of potential exposure is protected.

Consistent and correct use of latex condoms may reduce the risk for genital human papillomavirus (HPV) infection and HPV-associated diseases (e.g., genital warts and cervical cancer).

CS214651

Consistent and Correct Condom Use

To achieve maximum protection by using condoms, they must be used consistently and correctly.

The failure of condoms to protect against STD/HIV transmission usually results from inconsistent or incorrect use, rather than product failure.

- **Inconsistent or nonuse** can lead to STD acquisition because transmission can occur with a single sex act with an infected partner.
- **Incorrect use** diminishes the protective effect of condoms by leading to condom breakage, slippage, or leakage. Incorrect use more commonly entails a failure to use condoms throughout the entire sex act, from start (of sexual contact) to finish (after ejaculation).

How to Use a Condom Consistently and Correctly:

- Use a new condom for every act of vaginal, anal and oral sex—throughout the entire sex act (from start to finish). Before any genital contact, put the condom on the tip of the erect penis with the rolled side out.
- If the condom does not have a reservoir tip, pinch the tip enough to leave a half-inch space for semen to collect. Holding the tip, unroll the condom all the way to the base of the erect penis.
- After ejaculation and before the penis gets soft, grip the rim of the condom and carefully withdraw. Then gently pull the condom off the penis, making sure that semen doesn't spill out.
- Wrap the condom in a tissue and throw it in the trash where others won't handle it.
- If you feel the condom break at any point during sexual activity, stop immediately, withdraw, remove the broken condom, and put on a new condom.
- Ensure that adequate lubrication is used during vaginal and anal sex, which might require water-based lubricants. Oil-based lubricants (e.g., petroleum jelly, shortening, mineral oil, massage oils, body lotions, and cooking oil) should not be used because they can weaken latex, causing breakage.

Sources are available at: www.cdc.gov/condomeffectiveness/brief.html

Sandra's Boyfriend wants to have Sex

You and your elbow partner have a friend named Sandra. You have all gone to school together since Kindergarten. You and your elbow partner are concerned about the following situation: This year, Sandra has a boyfriend named Brandon. Brandon appears to care for Sandra and wants to meet with her on Saturday night to have sex. Sandra is going to meet with you and your elbow partner after school for some advice. After viewing the PowerPoint slide presentation and reading the CDC Condom Fact Sheet In Brief and the prior information you've learned about STDs. In your own words, what are 5 pieces of advice you can give to Sandra?

1. _____
2. _____
3. _____
4. _____
5. _____

Remember to tell Sandra, you really care about her.

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SAUSD Common Core Lesson Planner **Teacher:**

<table>
<tr><td>Unit: HIV
Day 10
Lesson #5</td><td>Grade Level/Course:
9-10 Biology</td><td colspan="2">Duration: One 50 minute class period
Date:</td></tr>
<tr><td colspan="4">Big Idea: Information enables you to make better informed decisions
Essential Questions:
• What can a person do to protect him/herself against HIV?</td></tr>
<tr><td>Common Core and Content Standards</td><td colspan="3">ED CODE SECTION 51934
HIV/AIDS prevention education shall satisfy all of the criteria set forth in paragraphs (1) to (6), shall accurately reflect the latest information and recommendations from the United States Surgeon General, the federal Centers for Disease Control and Prevention, and the National Academy of Science, and shall include the following:
(6) Development of refusal skills to assist pupils in overcoming peer pressure and using effective decision making skills to avoid high-risk activities.

CCSS Reading Standard: Students read closely to determine what the text says explicitly and to make logical inferences from it; cite specific textual evidence when writing or speaking to support conclusions drawn from the text.
CCSS Writing Standard: Students provide a concluding statement that supports the argument presented.
CCSS Speaking and Listening Standard: Students initiate and participate effectively in a range of collaborative discussions with diverse partners on grades 9-10 topics, texts and issues, building on others' ideas and expressing their own clearly and persuasively.</td></tr>
<tr><td>Materials/ Resources/ Lesson Preparation</td><td colspan="3">Student Resource 5.1: Media Analysis Sheet with Youth Risk Behaviors for Grades 9-12 on back
Teacher Resource 5.2: Sample Pressure Lines with Responses
Student Resource: 5.2 Sample Pressure Lines w/o response
Student Resource 5.3: Assertiveness Skills Score Sheet
Teacher Resource 5.3: Assertiveness Scenario Cards</td></tr>
<tr><td>Objectives</td><td colspan="2">Content:
Students will be able to identify ways sex is used in the media to influence consumers.

Students will be able to describe ways to avoid high-risk activities and say "no" to uncomfortable scenarios.</td><td>Language:
Students will analyze information presented in print advertisements and summarize their finding to their peers.

In pairs, students will express assertiveness and verbally express facts pertinent to helping a friend avoid a risky or unwanted situation.</td></tr>
<tr><td>Depth of Knowledge Level</td><td colspan="3">☐ Level 1: Recall ☒ Level 2: Skill/Concept

☐ Level 3: Strategic Thinking ☒ Level 4: Extended Thinking</td></tr>
<tr><td>College and Career Ready Skills</td><td colspan="3">☒ Demonstrating independence ☐ Building strong content knowledge
☒ Responding to varying demands of audience, task, purpose, and discipline</td></tr>
</table>

		☒ **Comprehending as well as critiquing** ☐ **Valuing evidence** ☒ **Using technology and digital media strategically and capably** ☒ **Coming to understand other perspectives and cultures**
Common Core Instructional Shifts		☒ **Building knowledge through content-rich nonfiction texts** ☒ **Reading and writing grounded from text** ☒ **Regular practice with complex text and its academic vocabulary**
Academic Vocabulary (Tier II & Tier III)	**TEACHER PROVIDES SIMPLE EXPLANATION**	**KEY WORDS ESSENTIAL TO UNDERSTANDING**: Sexualization Assertive (Assertiveness) **WORDS WORTH KNOWING**:
	STUDENTS FIGURE OUT THE MEANING	Consume imply
Pre-teaching Considerations		1. Teachers will need to find images that portray how the media uses sex to sell products. Be careful when printing out images that they are not brought home and misrepresented. Consider adding a tagline to all images "Used in HIV/STD unit to display how the Media uses sex to sell products." Possible searches that can be conducted while at school include "suggestive ads" or "sexually suggestive commercials" and selecting a variety of products being marketed ranging from food, environmental protection, clothing, and cleaning products. If you want to explore music, "suggestive song lyrics" think Madonna, Rihanna, Britney Spears, YingYang Twins, Three 6 Mafia, but be please wary printing out these lyrics. 2. Teacher will need to cut out and laminate (ideally) the Assertiveness Scenario Cards before completing the activity.
Lesson Delivery		
Instructional Methods		**Check method(s) used in the lesson:** ☒**Modeling** ☐**Guided Practice** ☒**Collaboration** ☐ **Independent Practice** ☒**Guided Inquiry** ☐ **Reflection**
Lesson Continuum	**Lesson Opening**	**Preparing the Learner** **Prior Knowledge, Context, and Motivation** Media Pressure Analysis 1. Students will be in groups of 4 for this activity, they will be subdivided into partners for portions of this lesson. 2. Each group of 4 students will be given two advertisements that the teacher has selected and prepared. 3. The students will work in pairs to analyze one of the advertisements and complete the Media Analysis Sheet for the advertisement they chose.

Lesson Continuum	Activities/Tasks/ Strategies/Technology/ Questioning/Engagement/Writing/Checking for Understanding	

4. After both pairs of the base group have completed their portion of the Media Analysis Sheet, the pairs of students will exchange information in the following manner;

   -Student 1 of Pair 1 will read their answers for questions 1, 2, and 3. The Pair 2 students will paraphrase the information, asking clarifying questions as needed.
   -Student 2 of Pair 1 will read their answers for questions 4, 5, and 6. The Pair 2 students will paraphrase the information, asking clarifying questions as needed.
   -Pairs reverse roles as Pair 2 explains and Pair 1 students paraphrase the information.

5. To conclude, the teacher may display each of the advertisements on the document camera, inviting students to share their analysis, so that all students will have the opportunity to see the ads. Do students like these types of ads? Ask students to think what a sexy burger ad (or similar type ad) says about their gender/intelligence/abilities. Are these ads okay?

****NOTE**: The teacher may finish this part of the lesson by making the observation that adults seem very concerned that teens not engage in high risk sex or drug-related behaviors, but it is the adult media that pushes these very behaviors on teens. Additionally, many adults engage in these high risk sex or drug-related behaviors. Is that okay simply because they are adults?

Interacting with the Text:
Youth Risk Behaviors for Grades 9-12

1. The teacher should use a document camera to display the Youth Risk Behaviors chart on the back of Resource 5.1

2. Student silently read the chart and record one observation in the area provided on the handout. Check students understand the chart's layout while they work. (2-3 minutes)

***NOTE**: On average, by the end of 12^{th} grade 46% of high schoolers have had sex according to Healthy Kids survey, 2009

3. Students exchange observations with their elbow partner. (Clarifying bookmarks)

4. Allow students to silently read the prompt that begins, "Our world of television…" and to record their own initial response to the prompt. (Bullet points or incomplete sentences are fine at this point).

5. Students exchange initial responses with their elbow partner then work with this partner to write at least 3 complete sentences in response to the prompt

	Activities/Tasks/ Strategies/Technology/ Questioning/Engagement/Writing/Checking for Understanding	**Peer Pressure and Being Assertive** **Writing the Responses** 1. The teacher will remind students of the vitally important skill of knowing how to say "No!" with confidence and authority. 2. Ask a student to help you demonstrate how to say "No" with confidence using Resource 5.2. Give the student the teacher booklet with the responses in it. Teacher reads **Pressure Line A** and student read **Response Line A** to model for students. Continue for all 7 examples. 3. The teacher will read the 7 Sample Pressure Lines out loud and tell students they will be writing their own confident responses. At the end of class, they will practice telling their partner NO to a variety of situations. Give students ~5 minutes time to write their best responses. 4. Show the students the Assertiveness Skill Score Sheet. Let students know they will be graded on how assertive their responses are. Students will practice with a non-HIV/STD/Partying relate prompt first. 5. Model how to use the Assertiveness Skills Score Sheet using one of the non-HIV/STD/Partying Assertiveness Scenario Cards (Cardstock resource). *6.* Read the directions aloud to students: *For each scenario, use your skills for being assertive to argue why the following situation is not okay with you or should not occur.* **Partner 1 Reads***: "Your parents are concerned you are not sleeping enough so they are turning off the internet and Wi-Fi at 8pm every night."* **Partner 2 responds**: <u>Mom/Dad</u>, I know you are concerned I don't get enough sleep, but if you turn off the internet at 8pm I will be unable to get all of my homework done and will be very stressed out because I don't want to fail all of my classes. I <u>am NOT okay</u> with this situation because it limits my ability to stay connected and learn. <u>Instead</u> of you turning off the internet at 8pm, which <u>I am not okay with</u>, <u>how about</u> I will make sure to get at least 7 hours of sleep during the week and I will get 12 hours of sleep on the weekend to catch up on any missed sleep. <u>Now I'm going</u> to go get my homework done and we can talk more later on. **Partner 1**: Give constructive feedback based on rubric	**Students Needing Additional Supports** Provide clarifying bookmarks to prompt conversation starters for EL or quiet students. Read aloud the statements instead of students' silently reading prompts. Teacher proximity ensures students clearly understand the directions and task at hand. Heterogeneous grouping can provide immediate feedback while homogenous grouping may provide more comfort for EL students or those struggling to contribute. Display images on the computer instead of printed out **Accelerated Learners:** Will have the opportunity to share their Base Group information with the class. Homogenous grouping to challenge students and promote high level achievement.

		*__NOTE__: Some of these situations may elicit silly responses from students. As long as students are practicing all of the "Assertiveness skills" with their partners grading them, then they are reviewing the skills appropriately. Students will practice again with the party scenario next. 7. Have students give feedback and switch roles. Students can switch scenario cards at this point or repeat with the same scenario. **Extending Understanding:** 8. After 1-2 rounds, tell students they will now practice with the "Sample Pressure Lines" and continue grading and giving feedback with the Assertiveness Score Chart. Students should use a different color to score the rubric if no blank ones are available. Remind students they can deviate from their script or change the scenario if they feel comfortable. 9. Have students give feedback and switch roles. 10. Spend 5 minutes reading and answering questions from the question box/envelope. **Heads Up:** Remind Students that they need to select their topic for their final project brochure/flyer and submit it for approval from the teacher. Resource 6.3 will guide students in this process.	
Lesson Reflection			
Teacher Reflection Evidenced by Student Learning/ Outcomes			

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Media Analysis Sheet

1. **Work with your partner to analyze the advertisement you selected.**
2. **Write your analysis in the spaces provided below.**
3. **You will be sharing your information with the other two students in your base group.**

	You and your partner's Advertisement	Advertisement from the other pair in your Base Group
1. What product is being advertised?		
2. What specific information about the product is provided?		
3. Describe the people and/or images used in the advertisement.		
4. What does the appearance of the people and/or images imply (suggest) about the product?		
5. What is the advertiser trying to get you to do?		
6. Create your own caption for your advertisement.		

Youth Risk Behaviors: National Survey Results from Healthy Kids Survey, 2009

Behavior	% Who do	**% who don't**
Fighting[2]	31.5	**68.5**
Consume 5+ drinks at once[1]	24.2	**75.8**
Used Marijuana	20.8	**79.2**
Ever had sex[3]	46.0	**54.0**
Now use condoms[4]	**61.1**	39.9
1-during the last 30 days 3-ever 2-during last 12 months 4- of those who have sex		

Record one thing you notice after looking at the chart above for one minute:

Our world of television, movies, music, and advertising is heavily reliant on the use of sex to attract the attention of teenagers and young adults. Why do you think the media uses sex to sell so many different kinds of products, even when reliable statistics tell us that the majority of teenagers are not having sex?

Quick Write: My Thoughts

With your partner, construct a 3-4 sentence statement expressing your opinion about the use of sex in the media.

Sample Pressure Lines with Responses for TEACHERS to use as a model presentation

Before students write their own answers, model for them sample assertive responses. Ask a student volunteer to participate. They will need your booklet. You will read the "Pressure Line" and the student will use the "Response Line" to reply.

Pressure Line A: Come with me to this great party. There are not going to be any adults and one of the guys is bringing a couple of six packs.

Response Line A: *I am not supposed to go to parties where there are no adults or alcohol is served.*

Pressure Line B: If you were really my friend, you would go with me.

Response Line B: *I really do not want to get in trouble. Restriction is no fun.*

Pressure Line C: I won't be your friend anymore.

Response Line C: *If you were really my friend you would not want to see me get in trouble.*

Pressure Line D: You will be totally safe with me. I'll watch out for you.

Response Line D: *If it were totally safe, why do my parents tell me I shouldn't do it?*

Pressure Line E: No one will know.

Response Line E: *I'll know and I don't want to have to hide anything.*

Pressure Line F: Come on, don't be scared.

Response Line F: *I am not scared, but I'm not stupid either.*

Pressure Line G: Come on, just this once!

Response Line G: *No, not even once. How about we go to a movie instead? That way neither of us will get in trouble.*

Student Responses to Sample Pressure Lines

Pressure Line A: Come with me to this great party. There are not going to be any adults and one of the guys is bringing a couple of six packs.

Response Line A:

Pressure Line B: If you were really my friend, you would go with me.

Response Line B:

Pressure Line C: I won't be your friend anymore.

Response Line C:

Pressure Line D: You will be totally safe with me. I'll watch out for you.

Response Line D:

Pressure Line E: No one will know.

Response Line E:

Pressure Line F: Come on, don't be scared.

Response Line F:

Pressure Line G: Come on, just this once!

Response Line G:

Assertiveness Skills Score Sheet

Name of Speaker_____ Name of Grader_____

Steps in Assertiveness: *Did they…*	How well they did			
	no	poor	fair	good
Make eye contact?	1	2	3	4
Use the person's name?	1	2	3	4
State their limits or expectations?	1	2	3	4
Repeat themselves?	1	2	3	4
Suggest an alternate activity?	1	2	3	4
End the conversation if necessary?	1	2	3	4
Total Score				
Comments and Recommendations:				

Assertiveness Skills Score Sheet

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Total Score				
Comments and Recommendations:				

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Suggest an alternate activity?	1	2	3	4
End the conversation if necessary?	1	2	3	4
Total Score				
Comments and Recommendations:				

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Your parents are concerned you are not sleeping enough so they are turning off the internet & Wi-Fi at 8pm every night.	Your dad thinks you don't appreciate the value of a dollar and tells you that you will be getting a job working in the park cleaning up dog poop.
Your older brother informs you that he likes your bed better than his. He is taking your bed and you get his.	Your dad says he doesn't believe you really have a summer job and tells you he has installed a tracking device on your cell phone and will be checking it hourly.
On Thursday night, your mom tells you that you have to go to your cousin's party with her and play with all of the little kids there (in other words, babysit).	Your parents are concerned you are not sleeping enough so they will be taking away all electronics every night at 8pm and giving them back after 7am the next morning.
Every morning your mom yells for you to hurry up and get ready to go to school. Then she takes 15 more minutes to get ready, making you late to school!	Your sister thinks it is okay to "borrow" your brand new clothing without asking. Your mom tells you to share and stop whining.
You mom wants you to take advantage of your summer and tells you that you will get up at 7am every day during the week. You will be allowed to sleep into 7:30am on the weekend.	Your parents inform you that you will be babysitting your little brother from 7am to 4pm every day this summer.

Your parent informs you that to build character over the summer, you will do everyone's dishes for every meal.	Your aunt stops by the house to pick up your mom for work, but she drops off her three young children at the house for you to watch without asking.
Your mom doesn't think you are responsible enough to go to the movies by yourself and tells you that you can either take your 5 year old brother or grandma to all future movies.	Your mom tells you your Grandma does not understand how to use her computer and that every Friday night you will spend an hour showing her how to use it.
Your great aunt comes over to the house and asks you to massage her feet. Ewww…	Your mom tells you she needs to sleep more and from now on, you'll be doing all night time diaper changes for your little brother.
Your parents inform you that in order to toughen you up, you will no longer have any blankets to sleep with at night.	You dad tells you that your bedroom door is being removed because you have to earn the right to privacy.
Your family tells you that cell phone privileges have been revoked for the whole summer so you spend more time talking with your family.	

For each scenario, use your skills for being assertive to argue why the following situation is not okay or should not occur. Imagine your partner is the person imposing the situation.	For each scenario, use your skills for being assertive to argue why the following situation is not okay or should not occur. Imagine your partner is the person imposing the situation.
For each scenario, use your skills for being assertive to argue why the following situation is not okay or should not occur. Imagine your partner is the person imposing the situation.	For each scenario, use your skills for being assertive to argue why the following situation is not okay or should not occur. Imagine your partner is the person imposing the situation.
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SAUSD Common Core Lesson Planner **Teacher:**

<table>
<tr><td>Unit: HIV
Day 12
Lesson #6</td><td>Grade Level/Course:
9-10 Biology</td><td colspan="2">Duration: One 50 minute class period
Date:</td></tr>
<tr><td colspan="4">Big Idea: Information enables you to make better informed decisions
Essential Question: Where can I find community resources that are available for FREE HIV and STD testing?</td></tr>
<tr><td>Common Core and Content Standards</td><td colspan="3">ED CODE SECTION 51934
HIV/AIDS prevention education shall satisfy all of the criteria set forth in paragraphs (1) to (6), shall accurately reflect the latest information and recommendations from the United States Surgeon General, the federal Centers for Disease Control and Prevention, and the National Academy of Science, and shall include the following:
(5) Information on local resources for HIV testing and medical care.
(6) Development of refusal skills to assist pupils in overcoming peer pressure and using effective decision making skills to avoid high-risk activities.

CCSS Reading Standard: Students read closely to determine what the text says explicitly and to make logical inferences from it; cite specific textual evidence when writing or speaking to support conclusions drawn from the text.
CCSS Writing Standard: Students provide a concluding statement that supports the argument presented.
CCSS Speaking and Listening Standard: Students initiate and participate effectively in a range of collaborative discussions with diverse partners on grades 9-10 topics, texts and issues, building on others' ideas and expressing their own clearly and persuasively.</td></tr>
<tr><td>Materials/ Resources/ Lesson Preparation</td><td colspan="3">Teacher Resources PowerPoint – Community Resources
Student Resource 1.1 (from Day 1) Extended Anticipatory Guide *** KEY***
Student Resource 6.1 Base Group Reading Cards
Student Resource 6.2 Jigsaw Matrix for visiting clinic
Student Resource 6.3 Brochure/Flyer Instructions</td></tr>
<tr><td>Objectives</td><td colspan="2">Content:
Students will be able to identify community resources where they can receive free testing for HIV.</td><td>Language:
Students will listen to information presented verbally by their peers and write the key summary facts in a matrix</td></tr>
<tr><td>Depth of Knowledge Level</td><td colspan="3">☒ Level 1: Recall ☒ Level 2: Skill/Concept

☐ Level 3: Strategic Thinking ☐ Level 4: Extended Thinking</td></tr>
<tr><td>College and Career Ready Skills</td><td colspan="3">☒ Demonstrating independence ☒ Building strong content knowledge
☒ Responding to varying demands of audience, task, purpose, and discipline
☐ Comprehending as well as critiquing ☐ Valuing evidence
☒ Using technology and digital media strategically and capably
☐ Coming to understand other perspectives and cultures</td></tr>
</table>

Common Core Instructional Shifts		☒ **Building knowledge through content-rich nonfiction texts** ☒ **Reading and writing grounded from text** ☒ **Regular practice with complex text and its academic vocabulary**	
Academic Vocabulary (Tier II & Tier III)	**TEACHER PROVIDES SIMPLE EXPLANATION**	**KEY WORDS ESSENTIAL TO UNDERSTANDING**	**WORDS WORTH KNOWING**
		Anonymous Confidential Negative Positive	
	STUDENTS FIGURE OUT THE MEANING		
Pre-teaching Considerations		Students will remain in their Base Groups as they do the card activity. **<u>Great resources for your students brochure and flyer project</u>** Please check each resource before using it or posting it on your website http://www.itsyoursexlife.com/resources/ (a list of resources) http://www.advocatesforyouth.org/ http://www.iwannaknow.org/teens/index.html http://hivtest.cdc.gov/STDTesting.aspx http://sexetc.org/ http://stayteen.org/ http://bedsider.org/ http://www.plannedparenthood.org/health-topics/stds-hiv-safer-sex-101.htm http://kidshealth.org/teen/sexual_health/ Check in with students about their progress on the final brochure/flyer project. Ensure they understand the task and are making progress. Resource 6.3 will support this project.	
Lesson Delivery			
Instructional Methods		**Check method(s) used in the lesson:** ☒**Modeling** ☐**Guided Practice** ☒**Collaboration** ☐ **Independent Practice** ☒**Guided Inquiry** ☒ **Reflection**	
Lesson Continuum	**Lesson Opening**	**Preparing the Learner** **Prior Knowledge, Context, and Motivation:** Community Resources PowerPoint 1. The teacher will explain that the students will be writing down information in the PowerPoint that is written in red font. 2. The teacher will encourage students to include additional information as they see fit. 3. The teacher will lead the students through the 6 Community Resource slides. 4. The teacher will instruct the students to keep their notes as a resource for completing the assessment for this unit and/or for their own future use.	

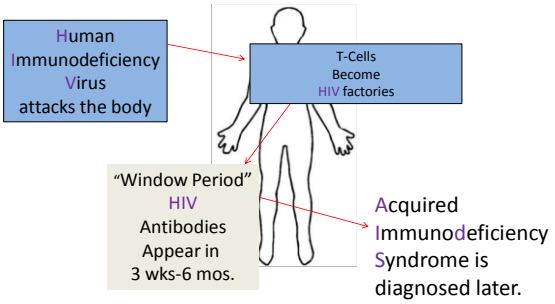
	Activities/Tasks/ Strategies/Technology/ Questioning/Engagement/Writing/Checking for Understanding	**Interacting with the Text:** **Base Group Reading Cards** 1. The teacher will pass out 1 set of cards per base group. **Note: This is a modified "quick" jigsaw, in which the students remain with their base group, read their card on their own, and fill out their section of the jigsaw matrix independently before sharing out with their base group. 2. The teacher will allow the students time to read their Base Group Card silently to themselves (maybe 2-3 min). 3. The teacher will allow students time to fill in their portion of the Lesson 6 Jigsaw Matrix Resource 6.2 (~3 min). 4. The teacher will invite students to share their information with their Base Group members. The teacher will remind students to read the information out loud for their group members to paraphrase and record. Don't allow group members to simply copy off of one another's paper (~8 min). 5. The teacher will remind students to save their completed Lesson 6 Jigsaw Matrix for their STD/HIV final assessment. **Extension Activity:** **Extended Anticipatory Guide (~20 minutes)** 1. The teacher will direct students to get out their Lesson 1 Extended Anticipatory Guide from the first day of the HIV/STD unit. 2. The teacher will direct students to the "Final Assessment, Findings" portion of the Extended Anticipatory Guide. The teacher will explain that this form will count as one part of their final assessment for the unit. 3. Allow students time to read through the 10 statements, filling out the "Final Assessment Finding" section, as well as the evidence section. (Notes and handouts from the unit may be used to provide evidence.) 4. The teacher may invite students to collaborate with an elbow partner or the teacher may decide that this is an individual effort.	**Differentiated Instruction for Students Needing Additional Supports** Provide students with clarifying bookmarks to generate academic conversation. Teacher circulation provides immediate proximity and feedback for struggling students. Enlarge font on Cards and PowerPoint print out for students with visual impairments. Provide a copy of the article for students to take home to preview or follow up with an article or the Extended Anticipatory Guide. **Accelerated Learners:** Homogeneous grouping to challenge students with equally capable peers. Instead of the jigsaw, have students research/explore a clinic online through a virtual simulator or article. Encourage students to create their brochure or flyer on any topic related to Sexual Health, even if it wasn't covered in class. Brainstorm a business plan for distributing the flyers/brochures into the front office, nurse's room or parent center and into other biology classes.

		Brochure or Flyer 1. If time permits, the teacher may encourage students to continue work on the Brochure or Flyer, which is DUE TOMORROW (adjust as you see fit), as one part of the final assessment. **<u>Great resources for your students brochure and flyer project</u>** Please check each resource before using it or posting it on your website http://www.itsyoursexlife.com/resources/ (a list of resources) http://www.advocatesforyouth.org/ http://www.iwannaknow.org/teens/index.html http://hivtest.cdc.gov/STDTesting.aspx http://sexetc.org/ http://stayteen.org/ http://bedsider.org/ http://www.plannedparenthood.org/health-topics/stds-hiv-safer-sex-101.htm http://kidshealth.org/teen/sexual_health/ 2. If there is not enough time to allow students to work on it, be sure to remind them the Brochure or Flyer is due TOMORROW! (Adjust deadline as you see fit) With 5 minutes remaining, answer questions from the question box/envelope.	
Lesson Reflection			
Teacher Reflection Evidenced by Student Learning/ Outcomes			

Community Resources

- Throughout this PowerPoint, please write down information that is written in RED.
- If you see other information you feel is important, you may write that down as well.
- This information will help you on your final assessment (which is tomorrow) and in life.

If you are sexually active, you should get tested for HIV.

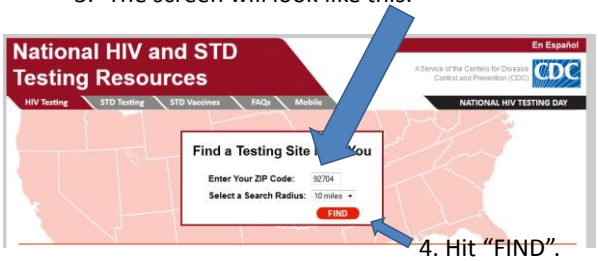


If you are sexually active, you should get tested for STD's.

- Many STD's go undetected. (You may have an STD and not know it!)
- If you are sexually active, you should….
  - Get checked for STD's.
  - If infected, get treated.
  - If infected, let your sexual partner(s) know.
  - Protect yourself from further infection.

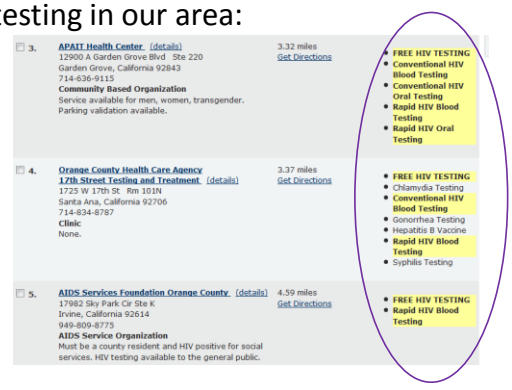
Free Community Resources

1. Go to http://hivtest.cdc.gov
2. Type in your zip code.
3. The screen will look like this:



4. Hit "FIND".

The screen will show free HIV/STD testing in our area:



At public health departments, HIV/STD tests are anonymous.

- Anonymous means that no one asks your name.
- You will be assigned a code number which appears on your medical and test records.
- Only you know the number.
- Anyone aged 12 or older in the state of California can receive HIV, STD and pregnancy related testing without parent notification.

Lesson 1 and 12 Extended Anticipatory Guide KEY

Statement	Day 1 Opinion		Day 12 Finding		Evidence	
	Agree	Disagree	Agree	Disagree	Explain using your own words	Page # Video Clip Title
1. You can usually tell if someone has HIV.				**X**		
2. HIV causes AIDS by destroying the lymph nodes.				X		
3. A good way to avoid getting HIV is to get a vaccination.				X		
4. One way that people can protect themselves from becoming infected with HIV is by abstaining from sex.			X			
5. All people are at risk of getting HIV.			X			
6. Symptoms of STD's include bumps, drips or blisters, however, symptoms do not always appear.			X			
7. About half of sexually active teens and young adults will have an STD by age 25 and many will not even know they do.			X			
8. Once a person identifies a risky situation, there is no way to avoid or control the risk of getting HIV.				X		
9. Sex is used by the media to sell products.			X			
10. You can get a free HIV test at several places in Santa Ana.			X			

Base Group Member 1:

Before you go….

- You may call your local public health department for the location and business hours of a nearby clinic.
- You may or may not need to make an appointment (check with the clinic).
- National Prevention Information Network number to find a clinic near you: 1-800-458-5231

Base Group Member 3:

Before you leave…

- At a test site you may be given the results immediately, or you may be given a slip of paper with your code number on it. (You will need this slip to obtain your results, so don't lose it.)
- They may ask you to return in one or two weeks for the results of your antibody test. During that time, they will also ask you to refrain from any behaviors that might infect you with HIV/STDs, such as sharing injection drug equipment or having unprotected sex.

Base Group Member 4:

If you need to return…..

- Report back to the front desk, and show them your code number. Someone will call you into the private counseling area.
- You will be told the result of HIV/STD test.
- **If the HIV antibody test results are negative**, this may mean that (1) you do not have HIV, or (2) you are still in the "window period" of HIV infection when antibodies are not yet detectable.

Base Group Member 2:

When you arrive….

- Upon arrival at the clinic, you will notice that there are many people there for a variety of reasons. No one will know why you are at the clinic.
- Check in at the counter, and tell them you are there for an HIV/STD Test. They will probably give you a number, and ask you to be seated.
- After waiting a while, someone will call you, and take you to a private room.
- A counselor will talk to you about why you think you are at risk for HIV/STDs, and give you information on protecting yourself from HIV/STDs. If you decide to proceed with the testing, the counselor may draw a small amount of blood from your arm using a sterile needle and syringe, request a urine sample, make a visual examination of your genitals or take a sample of cells from the lining of you mouth.

Jigsaw Matrix for Visiting STD/HIV Testing Clinic/Center

	Before you go:	When you arrive:	Before you leave:	If you need to return:
What to expect when going to a clinic to be tested for HIV or STD:				

Final Assessment Instructions: Brochure or Flyer

Overview: You will make either a brochure or a flyer.
Target Audience: 12-16 year old high school freshman and sophomores
Details: What do you want your brochure or flyer to be about? You can choose any of the topics we have learned about in this unit. Ideas include:

- Compassion for people with HIV
- Effects of HIV on the body
- STD's
- Preventing someone from getting an STD
- Peer and media pressure to engage in high risk behavior
- Community resources

Double check with your teacher about your selected topic before beginning

Brochure: You can make a brochure by hand by folding a piece of paper into 3 even thirds. The front panel would have the title. The other panels would contain organized information about the topic you chose. You can also make your brochure electronically, with google docs, or an app. Check the rubric to see what you need to have in your brochure.
CITE YOUR SOURCES!

Flyer: A flyer is a one sided page that communicates information to people in a visually appealing way. You could choose to make your flyer two sided if you are having trouble fitting all of your information on one page. You can make a flyer using paper, pen, pencil, markers, etc. You can also make your brochure with an app or word processing program. Check the rubric to see what you need to have in your brochure. **CITE YOUR SOURCES!**

Relevant Details

1. My topic is: _____
2. To appeal to 12-16 year olds, I should include_____
_____
and I should avoid _____
_____
3. This is due _____

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SAUSD Common Core Lesson Planner **Teacher:**

Unit: HIV **Day 13** Lesson 7	**Grade Level/Course:** 9-10 Biology	**Duration:** One 50 minute class period **Date:**
Big Idea: Information enables you to make better informed decisions **Essential Questions:** *What can a person do to protect him/herself against HIV?*		
Common Core and Content Standards	ED CODE SECTION 51934 HIV/AIDS prevention education shall satisfy all of the criteria set forth in paragraphs (1) to (6), shall accurately reflect the latest information and recommendations from the United States Surgeon General, the federal Centers for Disease Control and Prevention, and the National Academy of Science, and shall include the following: Shall include the following: (1) Information on the nature of HIV/AIDS and its effects on the human body. (2) Information on the manner in which HIV is and is not transmitted, including information on activities that present the highest risk of HIV infection. (3) Discussion of methods to reduce the risk of HIV infection. This instruction shall emphasize that sexual abstinence, monogamy, the avoidance of multiple sexual partners, and abstinence from intravenous drug use are the most effective means for HIV/AIDS prevention, but shall also include statistics based upon the latest medical information citing the success and failure rates of condoms and other contraceptives in preventing sexually transmitted HIV infection, as well as information on other methods that may reduce the risk of HIV transmission from intravenous drug use. (4) Discussion of the public health issues associated with HIV/AIDS. (5) Information on local resources for HIV testing and medical care. (6) Development of refusal skills to assist pupils in overcoming peer pressure and using effective decision making skills to avoid high-risk activities. (7) Discussion about societal views on HIV/AIDS, including stereotypes and myths regarding persons with HIV/AIDS. This instruction shall emphasize compassion for persons living with HIV/AIDS. **CCSS Reading Standard:** Students read closely to determine what the text says explicitly and to make logical inferences from it; cite specific textual evidence when writing or speaking to support conclusions drawn from the text. **CCSS Writing Standard**: Students provide a concluding statement that supports the argument presented. **CCSS Speaking and Listening Standard**: Students initiate and participate effectively in a range of collaborative discussions with diverse partners on grades 9-10 topics, texts and issues, building on others' ideas and expressing their own clearly and persuasively.	
Materials/ Resources/ Lesson Preparation	Teacher/Supplemental Resource: Personal Oath Cards Final Assessment Cover Sheet Teacher Resource 7.1 Power Point – Preparing for the PSA Student Resource 7.1 Sample Public Service Announcement Rubric Student Resource 7.2 Sample Final Assessment Cover Sheet Timer or stop watch (ie cellphone or ipod)	
Objectives	**Content:**	**Language:**

	Students will be able to identify important details about HIV and STDs as identified in the CA Ed Code.	In groups of four, students will act as experts and verbally express facts pertinent to their understanding of the requirements of the ED Code. Students will present verbally to their peers about HIV prevention and summarize important facts about HIV.
Depth of Knowledge Level	☐ **Level 1: Recall** ☒ **Level 2: Skill/Concept** ☐ **Level 3: Strategic Thinking** ☒ **Level 4: Extended Thinking**	
College and Career Ready Skills	☒ **Demonstrating independence knowledge** ☒ **Building strong content knowledge** ☒ **Responding to varying demands of audience, task, purpose, and discipline** ☐ **Comprehending as well as critiquing** ☐ **Valuing evidence** ☒ **Using technology and digital media strategically and capably** ☒ **Coming to understand other perspectives and cultures**	
Common Core Instructional Shifts	☒ **Building knowledge through content-rich nonfiction texts** ☒ **Reading and writing grounded from text** ☒ **Regular practice with complex text and its academic vocabulary**	
Academic Vocabulary (Tier II & Tier III) — TEACHER PROVIDES SIMPLE EXPLANATION	**KEY WORDS ESSENTIAL TO UNDERSTANDING**	**WORDS WORTH KNOWING**
	See Previous Units	
Academic Vocabulary (Tier II & Tier III) — STUDENTS FIGURE OUT THE MEANING		
Pre-teaching Considerations	Look at the Final Assessment Cover Sheet and adjust the points and due date as needed for your class. Point values on the cover sheet are just a suggestion.	
Lesson Delivery		
Instructional Methods	**Check method(s) used in the lesson:** ☒ **Modeling** ☐ **Guided Practice** ☒ **Collaboration** ☐ **Independent Practice** ☐ **Guided Inquiry** ☒ **Reflection**	

Lesson Continuum	**Lesson Opening**	**Preparing The Learner:** Personal Oath Card 1. The teacher will begin class by reminding students that we have learned about the importance of making good choices and protecting ourselves from HIV and STD's. 2. The teacher will tell students they will have time to reflect on what their own personal standard will be in regards to keeping themselves safe from HIV/STDs. (2 min) The teacher will invite students to write their own personal oath or promise to themselves. Explain that you will not read it. Writing the oath is a part of the Final Assessment for this unit, but you will ask them, on their honor, if they wrote it. So the oath is meant to be for the student's eyes only. When they are done, they should put it someplace safe. (2min) The teacher will hand out the Final Assessment Cover Sheet and explain that they have already had the chance to complete the first 3 parts of the Final Assessment. This sheet will be turned in when they have finished the last part (Public Service Announcement) before the end of class. **PowerPoint - Preparing for Public Service Announcement** 1. In order to prepare the students for making their own public service announcements, the teacher will show the Preparing for PSA PowerPoint. 2. The teacher will hand out the Public Service Announcement Grading Rubric and briefly explain it. 3. Students will be working in groups of two. You may choose to allow students to choose their own partner or you may pre-select the groups. 4. If you have timers, allow students to use them to fine tune the timing of their PSA's. If you don't have timers, consider allowing students to use the timers on their phones. 5. While students are working on their PSA's, circulate through the room, reminding them to have their Lesson 1: Extended Anticipatory Guide, their Flyer or Brochure, and the completed Final Assessment Cover Sheet ready to turn in.	**Differentiated Instruction for Students Needing Additional Supports** Pair up EL students within ZPD to peer learning. Teacher proximity to ensure students are able to easily ask questions when needed. Preview the PSA assignment with student to ensure it is understood. Add additional scaffolds to the project such as timeline, required materials, first and last steps.

	Activities/Tasks/ Strategies/Technology/ Questioning/Engagement/Writing/Checking for Understanding	6. With at least 25 minutes left in class, tell students that in 3 minutes you will be randomly choosing a pair of student to share their PSA with the class. 7. When time is up, give students 2 additional minutes to practice their presentation 2 times. At that time they will be turning in their Lesson 1 Extended Anticipatory Guide, their brochure or flyer, with their Final Assessment Cover Sheet stapled on top. NOTE: Assign a student to time the PSA's for you . While students are presenting their PSA's, you can scan through their Extended Anticipatory Guide and Brochure or Flyer and use the Final Assessment Cover sheet to grade each student for the unit.	**Differentiated Instruction for Students Needing Additional Supports** **Accelerated Learners:** Give accelerated learners the opportunity to decide on the topic for their brochure/flyer and PSA based on the extra research they have done during the unit.
Lesson Reflection			
Teacher Reflection Evidenced by Student Learning/ Outcomes			

I pledge to protect myself from HIV/STDs by:

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I pledge to protect myself from HIV/STDs by:

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I pledge to protect myself from HIV/STDs by:

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Where can I tell my friend to get tested for HIV/STDs?

Orange County Health Care Agency
1725 W. 17th Street
Santa Ana, CA 92706 (714)834-8787

AIDS Services Foundation
17982 Sky Park Circle, Ste. K
Irvine, CA 92614 (949)809-8775

APAIT Health Center
12900-A Garden Grove Blvd., Ste. 220
Garden Grove, CA 92843 (714)636-9115

http://hivtest.cdc.gov

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Where can I tell my friend to get tested for HIV/STDs?

Orange County Health Care Agency
1725 W. 17th Street
Santa Ana, CA 92706 (714)834-8787

AIDS Services Foundation
17982 Sky Park Circle, Ste. K
Irvine, CA 92614 (949)809-8775

APAIT Health Center
12900-A Garden Grove Blvd., Ste. 220
Garden Grove, CA 92843 (714)636-9115

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You and your partner will be creating a 20-30 second public service announcement.

According to Wikipedia, public service announcements are,

"messages in the public interest disseminated by the media without charge, with the objective of raising awareness and changing public attitudes and behavior towards a social issue."

Smoking PSA

Texting PSA

Bullying PSA

Audio Public Service Announcements

- HIV/AIDS Click on speaker
- Childhood Obesity Click on box
- Drinking and Driving Click on box

Your Job:

- You and your partner will be creating a 20-30 second public service announcement.
- Carefully choose your topic. It could be anything we have learned about in this unit; all people deserve compassion, how to protect yourself, abstinence, HIV/AIDS, STD's, standing up to peer pressure, free community resources etc.
- Your message should be designed to
  - create awareness
  - influence attitudes and behaviors
  - empower young people to take action.
- You may use your notes and articles from the unit to help you write your public service announcement.

100 points possible

Does your PSA:	Did not Attempt	Somewhat Effective	Effective	Very Effective
Create Awareness	0 points	5 points	10 points	15 points
Influence Attitudes and Behavior	0 points	5 points	10 points	15 points
Call young people to action	0 points	5 points	10 points	15 points
Grab the listeners attention	0 points	5 points	10 points	15 points

60 points possible

30 points possible

9 seconds or less	0 points
10 seconds	5 points
11-19 seconds	15 points
20-30 seconds	30 points
31-40 seconds	15 points
41-45 seconds	5 points
46 seconds +	0 points

10 points possible

For being prepared, having animation in your voice, and enthusiastically presenting your PSA.

How to get 100 points for your Public Service Announcement

1. You will be graded on how effective your public service announcement is.

   You can earn up to 60 points.

Does your PSA:	Did not Attempt	Somewhat Effective	Effective	Very Effective
Create Awareness	0 points	5 points	10 points	15 points
Influence Attitudes and Behavior	0 points	5 points	10 points	15 points
Call young people to action	0 points	5 points	10 points	15 points
Grab the listeners attention	0 points	5 points	10 points	15 points

2. You will be graded on how effectively you can fit your message into a 20-30 second time frame.

   You can earn up to 30 points.

9 seconds or less	0 points
10 seconds	5 points
11-19 seconds	15 points
20-30 seconds	30 points
31-40 seconds	15 points
41-45 seconds	5 points
46 seconds +	0 points

3. You can earn up to 10 points for being prepared, having animation in your voice, and enthusiastically presenting your PSA.

Advice☺

- Choose your topic wisely—select something you feel strongly about.
- What about this topic is important for people to know?
- How can you communicate this information to people in a way that is interesting and memorable?
- Practice with a timer to make sure your PSA is between 20-30 seconds.
- Make sure your language is appropriate for the classroom and engaging.
- You will be sharing your PSA with your classmates. Your teacher will be timing you.

Name_____Period_____

4 Parts of the Final Assessment= 200 points

_____1. Personal Oath (20 points): I wrote a carefully considered oath to myself which I intend to keep in regards to protecting myself from HIV/STD's.

_____2. Lesson 1 and Final Assessment Extended Anticipatory Guide (up to 40 points possible)

For each of the 10 statements:

-Is the finding correct? (1 point)

-Is evidence cited for the finding? (up to 3 points)

_____3. Brochure or Flyer (up to 40 points possible)

-Is the information accurate? (up to 10 points)

-Is the information organized? (up to 10 points)

-Is the brochure or flyer complete? (up to 10 points)

-Is the brochure or flyer visually appealing and colorful? (up to 10 points)

_____4. 20 second Public Service Announcement (up to 100 points possible) See grading rubric.

- Please evaluate your own work using the information above.
- If you are not sure how many points you earned, give your best estimate.
- You will turn this completed paper in after you read your 20 -30 second Public Service Announcement to the class.
- Good Luck!

HIV Affects Everyone

Risk for HIV

- not knowing the fact or personal risk
- having sex
- alcohol or drug use with sex
- sex with older partners who may be more likely to be infected
- injecting drugs
- no condoms
- not tested
- not treated

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Put your ZIP code in this web site and it will give you a list of places for HIV/STDs testing in your area:

http://hivtest.cdc.gov