

Guidelines on the Prevention of Blood-Borne Diseases in Schools

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and

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Chapter 1 Preface

This book is a revised edition of the book 'Guidelines on the Prevention of Blood-borne Diseases in Schools' published and issued to schools in 1994. The main aims of producing this book are to introduce to schools and teachers basic facts about blood-borne diseases and their prevention, to recommend precautionary measures for implementation by schools and to suggest strategies and resources on the teaching of blood-borne diseases in schools.

Schools are strongly advised to adopt the precautionary measures recommended in this book and bring the contents of the book to the attention of all teaching and non-teaching staff.

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Chapter 2 Introduction to Blood-borne Diseases

2.1 Introduction

- 2.1.1 There are numerous ways by which germs or pathogen can enter the body and cause diseases. Infectious agents like bacteria or viruses can get into the body via oral and respiratory routes or through the exchange of blood and body fluids. Blood-borne diseases are those infectious diseases which are transmitted through the blood or other body fluids.
- 2.1.2 Common examples of blood-borne diseases are Acquired Immune Deficiency Syndrome (AIDS) and viral hepatitis types B, C and D. (Viral hepatitis types A and E are transmitted through oral-fecal routes.)
- 2.1.3 The HIV infection is caused by a virus called Human Immunodeficiency Virus (HIV). Hepatitis B is caused by Hepatitis B Virus (HBV). Similarly, hepatitis C and D are caused by Hepatitis C Virus (HCV) and Hepatitis D Virus (HDV) respectively.
- 2.1.4 AIDS is a late-stage HIV infection, characterised by a severely weakened immune system that can no longer ward off life-threatening opportunistic infections and cancers.
- 2.1.5 A thorough understanding of HIV and viral hepatitis infections is essential for preventing these diseases and developing skills to deal with these infections as well as proper attitudes towards infected persons.

2.2 HIV Infection and AIDS

- 2.2.1 In June 1981, the Centers for Disease Control and Prevention (CDC) reported a cluster of five cases of *Pneumocystis carinii* pneumonia in Los Angeles in previously healthy homosexual men. This disease was later

known as the Acquired Immune Deficiency Syndrome (AIDS) and it was not until 1983 that the causative virus, now known as Human Immunodeficiency Virus (HIV), was discovered.

2.2.2 The joint United Nations Programme on HIV/AIDS (UNAIDS) and the World Health Organisation (WHO) estimated that, by the end of 1999, the number of people infected with HIV would be about 33.6 million. In Hong Kong, there were 1,399 and 455 cases of HIV infections and AIDS respectively as of March 2000.

2.2.3 Transmission of HIV occurs predominantly through the following routes:

- (a) **Sexual contact:** This can be through either same sex or opposite sex sexual intercourse. Sexual route is the most common route of HIV transmission;
- (b) **Contaminated blood, blood products and needles:** The sharing of needles with HIV infected drug users while injecting drugs, accidental needle stick injury by blood containing HIV contaminated syringe, tattooing or ear-piercing may transmit HIV if shared with the infected. The risk of contracting HIV during blood transfusion or through other blood products is extremely low since the setting up of safeguarding mechanisms in August 1985; and
- (c) **Mother-to-child:** Infected mothers can transmit the virus to her fetus or infants during pregnancy, delivery, or through breast-feeding. This is known as mother-to-child, or vertical transmission.

2.2.4 HIV cannot be transmitted via kissing, sharing food and drink or casual contacts such as shaking hands, sharing books and stationery, or from insect bites e.g. mosquito bites.

2.2.5 The diagnosis of HIV infection is made by means of laboratory tests, amongst which the HIV antibody test has become standard. The test detects the HIV antibodies in the blood. These antibodies are not protective, but are a marker of the infection. It is important to note that the HIV antibody test has limitations. It may give rise to a false negative

result during the early phase of infection when the antibody is not yet present at a detectable level. This period is known as the window period and may last for three months or more.

2.2.6 An HIV-infected person usually shows no signs or symptoms of the infection. As the virus progressively damages the immune system, the person may develop complications such as recurrent opportunistic infections or unusual cancers. This later stage of events is described as AIDS.

2.2.7 In Hong Kong, the most commonly seen complication is *Pneumocystis carinii* pneumonia (PCP). Patients with PCP may show symptoms of fevers, coughs and shortness of breath. However, this infection is rare in immune competent persons.

2.3 Viral Hepatitis B and D Infection

2.3.1 Hepatitis B Virus (HBV) causes the viral hepatitis B infection. Patients infected by HBV may be asymptomatic or may develop acute disease characterised by fever, tiredness, poor appetite, nausea, vomiting, abdominal discomfort and jaundice. Death may result in severe cases. Some patients may become chronic carriers and are more likely to develop problems like chronic hepatitis, cirrhosis and liver cancer.

2.3.2 In 1997, there were over 350 million chronic carriers of hepatitis B at high risk of cirrhosis and liver cancer worldwide. China, Southeast Asia and sub-Saharan Africa have over 8% of the adult populations who are hepatitis B carriers.

2.3.3 HBV is transmitted through routes similar to HIV – sexual contact, contaminated blood, blood products and needles, and from an infected mother to the newborn. Close personal contact within the family may also be a mode of transmission.

- 2.3.4 The incubation period of hepatitis B infection is 48-180 days. Several serological markers in the blood can be tested to reflect the stage of infection.
- 2.3.5 Although there is no specific treatment for acute hepatitis B infection, 90-95% of adults will recover with bed rest and abstinence from alcohol. The remaining 5-10% will however, become chronic carriers. For infants, 90% of the infected will become carriers and up to 25% of the carriers may develop complications like cirrhosis or liver cancer in later life. The rest will be healthy carriers.
- 2.3.6 Hepatitis D Virus (HDV) is a defective virus which was discovered in 1977. It cannot cause infection on its own as it needs the presence of hepatitis B to cause infection. People who are at risk of hepatitis B infection are also at risk of hepatitis D infection.
- 2.3.7 The transmission route of hepatitis D is similar to that of hepatitis B. On a worldwide basis, HDV infection is rare and it affects less than 5% of chronic HBV carriers. It is more prevalent among intravenous drug users.

2.4 Viral Hepatitis C Infection

- 2.4.1 Hepatitis C Virus (HCV) was first identified in 1989 and is now recognised as an important cause of chronic hepatitis.
- 2.4.2 Like hepatitis B, the results of HCV infection can range from acute and self-limiting conditions to the progression into chronic liver damage. In 1997, the World Health Organisation estimated that about 3% of the world population had been infected with the HCV and there were more than 170 million chronic carriers who were at risk of developing liver cirrhosis and cancer.
- 2.4.3 The Red Cross of Hong Kong has screened all blood samples for the HCV since July 1991.

2.4.4 Sharing of needles and blood transfusions are the two major routes of transmissions of hepatitis C. Sexual and mother-infant transmission are not so common.

2.4.5 The incubation period of hepatitis C is 15 to 150 days and the majority of hepatitis C infected patients have no obvious symptoms. Between 50 to 80% of those infected by hepatitis C will develop chronic liver disease and about 50% of chronic carriers may progress to cirrhosis and liver cancer.

Chapter 3 **Prevention of Blood-borne Diseases**

3.1 General Principles

3.1.1 Prevention is better than cure irrespective of the type of disease. This principle is most important in the cases of those blood-borne diseases currently without effective cure. However, these diseases can be prevented by standard precautionary measures.

3.1.2 These include:

- (a) introducing the concept of and reinforcing **universal precautions** which is to treat all blood and body fluids as potentially infectious and they are handled with the same precautions e.g. wearing of gloves when anticipating contact with blood or other body fluids.
- (b) adhering to methods and steps on safe disposal of used needles and syringes.
- (c) acquiring a good understanding of safe sex practice.
- (d) ensuring safety of blood transfusion through discouraging 'at risk' individuals from donating blood. The Hong Kong Red Cross Blood Transfusion Service has been screening all donated blood for the HIV antibody since August 1985 and Hepatitis B and Hepatitis C infections since 1978 and 1991 respectively.

3.2 HIV/AIDS Prevention

3.2.1 Recent statistics on HIV infection in Hong Kong show that the predominant mode of HIV infection in Hong Kong is through sexual intercourse.

3.2.2 Reducing the rate of sexual transmission is particularly important and the most effective preventive measure. Thus there is a need to target youngsters and provide them with appropriate sex education.

- 3.2.3 Other than abstinence from sex, or engaging only into an enduring and exclusively monogamous relationship with a non-infected person, the proper and persistent use of latex condom provides the only significant protection against sexually transmitted diseases including AIDS.
- 3.2.4 There are male condoms and female condoms. Prior knowledge of how to use them properly (Appendix 2 Proper Use of Condoms) and using them consistently can ensure the effectiveness of condoms and can substantially reduce the risk of acquiring infectious diseases.
- 3.2.5 There is so far no cure for the HIV infection nor is there an effective vaccine against the virus. However, some progress has been made recently with the advent of more potent drugs and with the use of combination therapy. The current strategies are to suppress the viral replication, and to treat and prevent HIV-associated complications.

3.3 On Hepatitis B, C and D

- 3.3.1 Taking the same precautionary measures as those for the prevention of HIV infection can prevent HBV infection because of their similar routes of transmission. In fact, it is far easier to contract the HBV infection. We should, therefore, be vigilant at all times.
- 3.3.2 A vaccine for hepatitis B was developed in the early 80's and has been proven to be safe and effective in the prevention of the hepatitis B infection. Vaccinations have been administered to all the newborn, school children and health care workers in Hong Kong.
- 3.3.3 Like HIV, there is still no vaccine available for hepatitis C or hepatitis D at present. Not using illicit intravenous drugs and not sharing needles including those used in tattooing, ear-piercing and acupuncture are still the best measures to prevent the infections.

3.4 HIV Programme in Hong Kong

- 3.4.1 In 1984, an expert committee on AIDS was established within the then Medical and Health Department. This Scientific Working Group on AIDS was formed in the following year to undertake surveillance and epidemiological studies and to formulate guidelines on AIDS control. The HIV test became available in the same year of 1985, when screening of donor blood was launched and a counselling clinic began its operation.
- 3.4.2 In 1987, the Committee on Education and Publicity on AIDS (CEPAIDS) was established. A multi-sectoral approach was adopted through the involvement of various government departments and community leaders.
- 3.4.3 The programme was streamlined in 1990 with the formation of a Government-appointed Hong Kong Advisory Council on AIDS (ACA). The ACA was restructured in August 1993, under which three new committees were formed. Since then numerous school programmes have been organized by the Working Group on Schools/Students under the auspices of the CEPAIDS, operationally supported by the Education Department and the Department of Health.
- 3.4.4 In 1994, the ACA officially published its strategies in a document entitled *Strategies for AIDS Prevention, Care and Control in Hong Kong*. There was a wider community participation during this period and various organisations were founded. During this period, education programmes on awareness/prevention were expanded with the participation of more non-governmental organizations and the re-organised CEPAIDS.
- 3.4.5 In 1998, the ACA conducted an internal review followed by an external consultancy report. Based on findings of these exercises, a strategy for the years 1999 to 2001 were formulated. The present strategy defines better the directions of (1) focusing on prevention, (2) ensuring quality care, and (3) strengthening partnership.

- 3.4.6 The re-structured ACA is now entering into its fourth term (1999 – 2002). Chaired by a non-government official, its members comprise of community leaders, professionals, and representatives of government bureaus and departments.
- 3.4.7 The current ACA is underpinned by the following 3 committees, namely, the Scientific Committee on AIDS (SCA), AIDS Prevention Care Committee (APCC), and Committee on Promoting Acceptance of People Living with HIV/AIDS (CPA). The youth are included as one of the 6 priority areas for prevention activities. The other areas are commercial sex workers, men who have sex with men, sexually transmitted diseases (STD) clients, travelers and injecting drug users.

3.5 Hepatitis B Prevention: Vaccination Programme

- 3.5.1 The development of effective vaccines has proven to be effective in reducing the spread of many infectious diseases. Unfortunately, among the infections discussed so far, only vaccines against hepatitis B are currently available. The recombinant vaccines are most commonly used on a standard 3-dose regimen at 0, 1, and 6 months.
- 3.5.2 From 1983 onwards, the then Medical and Health Department had started vaccinating infants born of carrier mothers in selected government hospitals. The service was expanded to the vaccination of all infants in Maternal and Child Health Centre since 1988. Infants born to carrier mothers would also receive immunoglobulin injections within 48 hours of birth. In 1992, HBV vaccines were offered to children born between 1986 and 1988. Therefore, the majority of children born after 1986 should already be immunised.

Chapter 4 **Prevention of Blood-borne Diseases in Schools**

4.1 General Precautionary Measures

- 4.1.1 All staff and pupils in schools should be familiar with the **universal precautions**. This involves the establishment of guidelines on the prevention of blood-borne diseases from incidences where contact with blood is anticipated, irrespective of the HIV or hepatitis status of any individual.
- 4.1.2 Avoid direct contact with blood. Body fluids that have been linked to the transmission of HIV include blood, semen, vaginal secretion and breast milk, should also be avoided.
- 4.1.3 First aid boxes should be easily accessible to all staff and pupils. They should be inspected periodically to ensure that all the required items are in perfect condition. A list of recommended items to be included in first aid boxes in schools is given in Appendix 1.
- 4.1.4 Whenever direct contact with blood and body fluids is anticipated, such as in the handling of abrasions, cuts, wounds or blood contaminated materials, always wear a pair of disposable plastic or vinyl gloves.
- 4.1.5 Masks and protective eye-wear should be worn when splashing of blood or body fluids is anticipated.
- 4.1.6 Any spillage of blood and body fluids should be cleaned up with disposable absorbent materials immediately.
- 4.1.7 The spill site should then be wiped off with cloth or paper towels soaked in household bleach (diluted in 5 times the amount of water), and then the cloth or paper towel should be disposed of as recommended in 4.1.9.

- 4.1.8 The surface of the spilled site can then be cleaned up as normal.
- 4.1.9 Blood-soiled gloves, dressing, cotton wool, cloth, etc should be placed in double sealed plastic bags for disposal.
- 4.1.10 Sharp objects such as scissors, paper cutters or any broken glass should be handled with care and under the supervision of the school staff. A puncture-resistant box can be used for the disposal of the unwanted sharp objects to avoid any injuries.

4.2 Handling of Wounds

- 4.2.1 Avoid touching wounds with bare hands, as well as any direct contact with blood. Wear a pair of disposable plastic or vinyl gloves before handling wounds.
- 4.2.2 Clean the wounds with soap and running water.
- 4.2.3 Apply antiseptic as necessary.
- 4.2.4 Apply proper dressing after the bleeding has stopped.
- 4.2.5 Seek medical advice for deep wounds and whenever in doubt. Arrangement for proper wound toileting and anti-tetanus injections may be required in these cases or if there has been no anti-tetanus injections obtained during the prior 10 years.
- 4.2.6 In cases of animal bites, the same principles of wound care listed in 4.2.1 to 4.2.3 still apply. In addition, squeeze the wound to let out some blood immediately after the bite. Then wash the wound with soap and water. Stop the bleeding and apply light dressing. The pupil should then be sent to the nearest Accident and Emergency Department for further treatment.

4.3 Advice to Teachers and Pupils

- 4.3.1 Teachers should familiarize themselves with the precautionary measures for preventing the spread of blood-borne diseases in schools, as discussed in section 4.1 to 4.2. Pupils should be taught about blood-borne diseases, as well as their routes of transmission and methods of prevention. The general preventive measures stated in 4.1 should be made known to pupils through formal classes and/or during extra-curricular activities. Knowledge about sexually transmitted diseases and the proper use of condoms (as listed out in Appendix 2) should be introduced to appropriate age groups with the prior consent of their parents.
- 4.3.2 Pupils should be reminded to handle sharp objects such as scissors, compasses, pins, needles, nails, cutters, razor blades and glass instruments properly at all times in order to reduce the chance of accidental injury. They should be reminded not to play with any sharp objects.
- 4.3.3 Avoid performing experiments involving human/animal blood or body fluids. When it is necessary to perform such experiments, everyone should wear disposable plastic/vinyl gloves for protective and hygienic reasons.
- 4.3.4 Other precautionary measures for performing experiments are:
- a. Avoid using mouth for suction of pipettes. It is advisable to use pipette fillers to transfer samples in pipettes.
 - b. For experiments that involve the use of body fluids, pupils should be asked to work only with their own body fluids.
 - c. Wear disposable plastic/vinyl gloves when performing experiments with animal blood.
- 4.3.5 Seek medical advice in case of doubt.

Chapter 5 Managing HIV Infection in Schools

5.1 Risk Evaluation

- 5.1.1 HIV infection has caused much public anxiety because it is still an incurable disease.
- 5.1.2 HIV infection is transmitted through sexual contact, contaminated blood and needles, and perinatally from an infected mother to her baby. It cannot be contracted through common social situations like schooling or work.
- 5.1.3 In the school setting, the risk of HIV transmission is extremely low. No known cases of children becoming infected through normal classes or playground activities have been documented so far.
- 5.1.4 The best way of further minimizing the already minimal risk of HIV transmission in schools is to adhere to the general precautionary measures detailed in Chapter 4, irrespective of a person's HIV status. The same procedures would also reduce the risk of HBV, HCV and HDV transmission.

5.2 Recommended Policy in Schools

- 5.2.1 In 1995, the Disability and Discrimination Ordinance was enacted in which HIV infection is categorised as a type of disability. Under this Ordinance, HIV-infected persons should enjoy the right to services, facilities, schools and employment as any other person. HIV-infected pupils, teachers or other staff in schools should be allowed to continue with their normal activities, which in the case of pupils, implies normal schooling. Special arrangements should only be made if medical advice has been sought, and as recommended by a medical practitioner.

- 5.2.2 The HIV status of a pupil (or any person) should be kept in the strictest confidence. School heads and teachers knowing the identity of an HIV-positive pupil should not disclose such information to others. Even in cases where disclosure is considered necessary by medical or other professionals for the benefit of the child, this should be done with the consent of the parents, and be strictly on a “need to know” basis. In some cases, parents may choose to disclose the information to the class masters/mistresses and the school social workers in view of specific psychological needs. A sympathetic attitude should be fostered among all persons concerned, and again with all data being kept confidential.
- 5.2.3 School heads should ensure that all precautionary measures have been taken. The procedures suggested in paragraphs 3.1.2 (universal precautions) and 4.1 (general precautionary measures) are sufficient to significantly minimize the risk of HIV transmission in the school setting. In general, no other special precautionary measures are necessary even if a certain pupil is known to be HIV-infected.
- 5.2.4 The principle of universal precautions should be adopted. Besides, the importance of personal hygiene as well as environmental hygiene should be promoted instead of just emphasising on disease prevention. Teachers and pupils should be familiar with all precautions that should be taken to minimise the risk of contracting the HIV infection.
- 5.2.5 Special arrangements for HIV-infected pupils may be made on the grounds of the health condition of the pupils, or their need for more individual attention because of their HIV status.
- 5.2.6 Special arrangements for HIV-infected pupils with behavioural problems may be necessary to protect them and their schoolmates from injuries, which may lead to exposure of their school mates to blood-borne diseases. Again, this should be considered in terms of the pupils’ behaviour rather than their HIV status. Advice from the Education Department and other professionals (such as psychologists or medical practitioners) may be sought for such circumstances.

5.3 First Aid Box

- 5.3.1 Schools should ensure that there are first aid boxes available in the medical room, the science laboratories, the special rooms and workshops for the practical and technical subjects, the sports grounds, and at all outdoor activities where injuries are likely to occur.
- 5.3.2 The first aid box should be installed in a prominent and easily accessible location. In the case of outdoor activities, the staff-in-charge should make sure that a first aid box is available nearby at all times.
- 5.3.3 During outings such as field trips, the staff-in-charge should bring along a first aid box for emergency use.
- 5.3.4 With regard to the prevention of blood-borne diseases in schools the first aid boxes should be equipped with disposable plastic/vinyl gloves, cotton wool, sterile dressings/gauze and antiseptic.
- 5.3.5 Schools should regularly check the contents of the first aid boxes to ensure that all the necessary materials and equipment are kept in sufficient quantities and maintained in good condition at all times.
- 5.3.6 All staff, including teachers, laboratory technicians and workshop instructors should be familiar with the contents of the first aid box and their uses.

5.4 Action for Schools

- 5.4.1 School authorities should establish clear policies and procedures for the prevention of blood-borne diseases and management of HIV infection, so as to be prepared at all times. Such policies and procedures can be made by adopting the guidelines published in this book, with possible adjustments to meet the specific needs of individual schools. The policy should be made known to all staff through channels appropriate to the individual setting of the schools, and should be regularly updated.

5.4.2 If it is already known that a pupil has HIV, the class master/mistress should liaise with the family, the medical practitioner and social worker to improve the delivery of care to the pupil.

5.4.3 School authorities should keep themselves updated with recent developments in the management of HIV infection relevant to the school setting by liaising with the Education Department.

5.5 School Circulars

5.5.1 School authorities should refer to the following circulars related to the prevention of blood-borne diseases in schools :

1. Basic Facts about AIDS and Precautions in Schools
(General Administration Circular No. 48/92 issued to schools on 30.12.92)

2. Guidelines on Issues Relating to Human Immunodeficiency Virus (HIV)-Positive Pupils in Schools
(Administration Circular No. 11/94 issued to schools on 2.2.94)

Chapter 6 Teaching of Blood-borne Diseases in Schools

6.1 Introduction

- 6.1.1 Schools play a crucial role in the preventive education on blood-borne diseases. Teachers are encouraged to help pupils know more about these diseases and develop skills to avoid becoming infected by them.
- 6.1.2 Although the risk of HIV transmission in the ordinary school setting is extremely low, schools are often a focus of concern because of fears and misconceptions about HIV transmission. A comprehensive programme of HIV/AIDS education at schools is essential for providing accurate information about the disease so as to eliminate any unnecessary anxiety it may create or any biased views against those people infected with HIV. Teachers should make an effort to foster in their pupils a compassionate attitude towards these individuals and to have a respect for their privacy and confidentiality.
- 6.1.3 HIV/AIDS education should be an integral component of school-based staff development programmes. Schools must ensure that all teachers are well-versed in the facts about HIV infection and AIDS and are confident in presenting such information accurately, with the appropriate and necessary strategies to their pupils.
- 6.1.4 Myths about HIV/AIDS sometimes causes fear and anxiety amongst pupils. Teachers should be empathetic towards the concerns of their pupils and be ready to respond to questions on HIV/AIDS from them at any time.
- 6.1.5 The teaching of HIV/AIDS involves sensitive aspects of human sexuality such as sexual behaviour and the use of contraceptive devices, including condoms. While teachers should be clear and direct when presenting facts on HIV/AIDS and its transmission and avoid any vague and ambiguous statements, they are advised that deliberation on these topics with their pupils should be carried out in accordance with their schools' policies on sex education.

6.1.6 HIV/AIDS education is most effective if pupils are to receive the same accurate messages from all channels, i.e. at home, at school and in the community. It is desirable, therefore, for schools to include the participation of parents in their efforts on HIV/AIDS education. Medical professionals may be invited to speak to parents on a “Parents’ Day” or attend a meeting of the Parent Teacher Association on HIV/AIDS education and to answer their questions.

6.2 Aims of Teaching Programmes on Blood-borne Diseases

6.2.1 Teaching programmes on blood-borne diseases and AIDS awareness should include the following aims :

- a. to enable pupils to acquire specific knowledge on AIDS and other blood-borne diseases and their prevention;
- b. to promote open-mindedness in pupils towards information on these diseases;
- c. to enhance pupils’ vigilance for safety when handling blood and other body fluids;
- d. to enable pupils to develop skills which enable them to make proper decisions against risky behaviour and to protect themselves from contracting blood-borne diseases;
- e. to develop in pupils caring and concerned attitudes towards those individuals who are infected with HIV; and
- f. to contribute towards the development in pupils attitudes and values for a healthy personal life style, such as the enhancement of self esteem and the encouragement of personal responsibility in all forms of

behaviour.

6.3 Teaching of Blood-borne Diseases in Schools

- 6.3.1 Teaching programmes on blood-borne diseases and their prevention should be provided at all educational levels and in accordance with the developmental characteristics of the pupils.
- 6.3.2 At the kindergarten and lower primary levels, pupils are not yet ready to comprehend detailed information on these diseases. The emphasis at these levels should be to promote the self-esteem of pupils, and the training of good hygienic habits and healthy practices which help pupils safeguard themselves from infection. Basic information on HIV/AIDS should be provided for allaying pupils' fear of the diseases and as a foundation for their future learning.
- 6.3.3 At the upper primary level, pupils can be taught in greater depth about the nature and the means of transmission of blood-borne diseases and precautionary measures that should be taken to protect themselves against these diseases. Effort should continue to be made for developing good hygienic habits and healthy practices.
- 6.3.4 At the secondary level, pupils need to be made aware of their own vulnerability of infection with HIV and other blood-borne diseases and the dangers of risky behaviour such as having casual sex and using intravenous drugs. This is to be balanced by enhancing their specific knowledge on the prevention of these diseases and the development of skills in communication, decision making as well as resisting peer pressure which could strengthen them against risky behaviour. Pupils should also be given the opportunity to clarify their own values and attitudes about sexuality and AIDS and to discuss related social issues.

Through the Formal Curriculum

6.3.5 Teaching of blood-borne diseases and their prevention can be integrated into relevant topics in the following subjects:

- General Studies (Primary)
- Biology (Secondary)
- Economic and Public Affairs (Secondary)
- Home Economics (Secondary)
- Human Biology (Secondary)
- Liberal Studies (Secondary)
- Physical Education (Secondary)
- Religious Studies (Secondary)
- Science (Secondary)
- Social Studies (Secondary)

Through the Informal Curriculum

6.3.6 Teaching through subjects is not the only way to educate pupils about the prevention of blood-borne diseases. Pupils' awareness of the risk of infection with these diseases and their knowledge of preventive measures may be promoted through special co-ordinated programmes involving the following activities :

- (a) exhibition board display or library book display;
- (b) discussion groups;
- (c) projects;
- (d) first aid training courses;
- (e) talks and seminars; and
- (f) film or slide shows and video programmes.

6.3.7 HIV/AIDS awareness may constitute a theme for organised activities by the Boy Scout Group and the Guide Company, St. John's Ambulance Brigade, the Hong Kong Red Cross Cadet Unit, Community Youth Club, Sports Club, Drama Club and other extra-curricular activities clubs.

- 6.3.8 Contents of HIV/AIDS education may be integrated into existing activities in sex education, drug education, health education, counselling, moral education and civic education in schools.
- 6.3.9 Schools may also make use of morning assemblies and class teacher periods to promote awareness of the AIDS and other blood-borne diseases. The medical staff of the AIDS Unit and the Central Health Education Unit of the Department of Health can be invited to give talks on these diseases to pupils. Other non-government organisations like the Hong Kong AIDS Foundation and the AIDS Concern also provide speakers for talks and seminars on AIDS related topics.

6.4 Training for School Staff and Development of Resources

- 6.4.1 The Education Department and the Department of Health jointly organise, from time to time, seminars on the prevention of AIDS and other blood-borne diseases. In addition, courses and seminars on sex education and drug education are regularly organised by the Education Department. Teachers are strongly recommended to attend these courses and seminars.
- 6.4.2 Regulation 55 (2) of the Education Regulations stipulates that at least two teachers in every school should be trained in administering first aid. The Education Department, in collaboration with Hong Kong Red Cross and Hong Kong St. John's Ambulance Brigade, has been organising first aid training courses for teachers in every school year. Those teachers who have completed these courses and passed the examination at the end of the course will be awarded a First Aid Certificate, which is valid for 3 years. Holders of this certificate are not only competent in handling blood and blood-contaminated materials, but are also capable of demonstrating the precautionary measures against blood-borne diseases as outlined in Chapter 4 of this book to other school personnel and pupils.
- 6.4.3 Schools should encourage their teachers and pupils to undertake some form of training in first aid from the Hong Kong Red Cross and the Hong Kong St. John's Ambulance Brigade.

- 6.4.4 Demonstration combined with practice is the best way to familiarize school personnel and pupils with precautionary measures against HIV and other blood-borne diseases. Hand-on experience should be included in the training activities.
- 6.4.5 Teachers who teach about HIV/AIDS are advised to attend courses on sex education, such as those run by the Family Planning Association of Hong Kong and the Education Department, to equip themselves with skills for handling the sensitive issues involved.
- 6.4.6 A *Teaching Kit on AIDS for Primary Schools* was produced in 1995 to assist primary school teachers in implementing AIDS education programmes. Various learning activities were designed to enable pupils to acquire a better understanding of AIDS.
- 6.4.7 The Education Department is producing a new multi-media teaching kit on AIDS for secondary school pupils to replace the *Teaching Kit on AIDS* of 1988 and the *Learning Package on AIDS for Secondary School Students* of 1992. The project is funded by a grant from the AIDS Trust Fund.

References

1. AIDS Manual for Nurses, AIDS Unit, Department of Health, June 1997, Hong Kong
2. Advisory Council on AIDS (1999). Report: August 1998 to July 1999. Hong Kong Advisory Council on AIDS
3. Procedure for Management of Needlestick Injury or Mucosal Contact with Blood or Body Fluids- General Guidelines for Hepatitis B, C and HIV Prevention. Scientific Committee on AIDS, Scientific Working Group on Viral Hepatitis Prevention, September 1997 (Amended, December 2000)
4. Surveillance of Viral Hepatitis in Hong Kong, 1997 Update Report, Department of Health, Hong Kong

**List of Items Recommended to be Included
in the First Aid Box in Schools**

1. Antiseptics e.g. Savlon,
2. Cotton wool
3. Disposable plastic/vinyl gloves
4. Sterile dressings/gauze
5. Sterile adhesive dressings (of different sizes)
6. Sterile eye pad
7. Triangular bandages
8. Adhesive plaster
9. Bandages (of different sizes)
10. Forceps
11. Safety pins
12. Scissors

Additional items for Physical Education:

13. Alcohol
14. Cold pack
15. Cotton sticks
16. Elastic tensor bandage
17. Liniment turpentine
18. Thermometer

Proper Use of Condoms

The following steps are guidelines for the correct using of male condoms:

- 1 Put the condom on before having sexual contact with the partner.
- 2 Use a new (check expiry date), good quality latex condom that is not damaged or defective.
- 3 Open the individual packet carefully. Do not use sharp cutters such as scissors.
- 4 Hold the tip of the condom to squeeze out the air. This leaves some room for the semen after ejaculation.
- 5 Put the condom on the end of the erected penis.
- 6 Keep holding the tip of the condom, unroll it onto your erect penis all the way down to the pubic hair.
- 7 Water-based lubricant is safe to use but not oil-based lubricants such as vaseline or grease, as they could cause the condom to break.
- 8 After ejaculation, hold onto the rim of the condom and pull out while your penis is still hard.
- 9 Do not store condoms for a long time in your wallet or near heat because they might break.
- 10 They should be used for vaginal, anal or oral sex.

The following steps are guidelines on the use of female condoms:

- 1 Choose a comfortable position, either lying down with both legs spread apart or standing up with one leg stepped on a chair when putting on the female condom.
- 2 Tear off the package carefully. Do not use sharp fingernails to pull it out.
- 3 Hold onto the inner ring located at the closed end of the female condom.
- 4 Using the thumb, index finger and middle finger, squeeze the lower part of the condom and insert it into the vagina.
- 5 Put a finger inside the female condom to push the inner ring further inside the vagina. The outer ring would be left outside the vagina.
- 6 After intercourse, twist the outer ring two to three rounds before pulling out the condom to avoid spillage of the semen.

Topics Related to AIDS and Other Blood-borne Diseases in the School Syllabuses

A. Primary

1. General Studies (P1-P6)

Major Content Area I: *Healthy Living*

- | | | |
|------------|--------|---|
| Primary 1: | Unit: | Activities that I Like |
| | Topic: | Points to note when taking part in activities |
| Primary 3: | Unit: | Common Diseases |
| | Topic: | Spreading of diseases |
| Primary 5: | Unit: | Handling Accidents |
| | Topic: | Items in the first aid box |
| | Topic: | Simple first aid |
| | Topic: | Proper handling of accidents |
| | Unit: | Prevention is Better than Cure |
| | Topic: | Infectious diseases |
| Primary 6: | Unit: | Understanding of Drugs |
| | Topic: | Use of drugs |
| | Topic: | Drug abuse |

Major Content Area II: *Living Environment*

- | | | |
|------------|--------|-------------|
| Primary 1: | Unit: | My Family |
| | Topic: | Home safety |

B. Secondary

1. Biology (S4-S5)

Section III: *Maintenance of Life*

7. Body defence

- (a) Physical and chemical barriers against infection
 - The protective function of the skin, the ciliated inner lining of the respiratory tract and the gastric juice.
- (b) Functions of blood in body defence
 - The function of white blood cells
 - (i) Engulfing bacteria (phagocyte)
 - (ii) Producing antibodies
 - The principle of vaccination
 - The importance of blood clotting

Section IV: *Development of Organisms and Continuity of Life*

1. Reproduction

- (c) Sexual reproduction in human
 - (iii) Birth control

Section VI: *Inter-relationship of Organisms with Each Other and with their Environment*

5. Man and microorganisms
 - Harmful organisms as agents causing diseases

2. Biology (Advanced Level)

Section III: *The Functioning of Living Organisms*

8. Homeostasis
 - (d) Defence against disease in mammals
 - The importance of blood clotting
 - An outline of inflammatory response
 - An outline of the humoral and cell-mediated immune responses including an understanding of the terms: antigen, antibody, lymphocytes, memory cells. A brief account of immunization against common diseases
 - The immune response and its relation to ABO blood groups and organ transplants
 - An awareness of the use of drugs (sulphonamides and antibiotics) in treating infectious diseases

Section V. *Inter-relationships of Organisms with Each Other and With Their Environment*

3. The economic significance of microorganisms
 - Microorganisms as disease agents (e.g. white rust, cholera, AIDS and hepatitis B)
 - A brief review of methods and cost to control the spread of diseases, such as hygiene, sewage treatment and crop protection

3. Biology (Advanced Supplementary Level)

Section VII. *Man and Microorganisms*

2. Microorganisms and biotechnology
 - (a) Genetic engineering involving microorganisms
 - (b) The importance of microbial biotechnology
3. Microorganisms and diseases
 - (a) Microorganisms as pathogens
 - (b) Defence against diseases
 - (i) External and internal protection
 - (ii) The immune response
 - (iii) Antibiotics

4. Economic and Public Affairs (S1-S3)

Secondary 2: Topic 6. *Public Health and Health Care*

6.3 The Existing Problems

- a. Major problems of public health and health care
- b. The need to prevent diseases from spreading
- c. The need to upkeep public health and health care
- d. The need to promote health education

Topic 7 *Drug Abuse*

7.1 How the Issue Affects Life in the Community

- a. The meaning of drug abuse
- b. Major effects of drug abuse

7.2 The Present Situation

- a. The possible causes of drug abuse
- b. The efforts of the government and non-governmental organisations in fighting drug abuse

7.3 The Existing Problems

- a. The seriousness of drug offence and drug abuse
- b. The inadequacy in fighting drug abuse

7.4 Identifying and Suggesting Ways Government and Individuals Can Help in Tackling the Problems

- a. The ways government can do to tackle the problems
- b. The ways individuals can help to prevent drug abuse
- c. The ways individuals can help to fight against drug abuse

5. Home Economics (S1-S5)

Secondary 1: *Home Management*

- II. Home and Family
2. Safety in the home

Secondary 2: *Home Management*

- II. Home and Family
3. Safety in the home

Secondary 3: *Home Management*

- II. Home and Family
4. Safety in the home

Secondary 4 & 5: *Food, Home and Family*

Part B

- I. The Home
7. Safety

6. Ethics and Religious Studies (Advanced Supplementary Level)

Part II: Personal and Social Issues

III Love, Sex and Marriage

1. The biological, psychological and ethical aspects of sex

7. Human Biology (S4-S5)

Section II: *Functions of the Human Body*

7. Body defence

- (a) Physical and chemical barriers against infection
- (b) Blood clotting
- (c) Inflammatory response
- (f) Immune response

Section V: *Health and Diseases*

1. Individual Health

- (b) Causes and prevention of infectious diseases
- (e) First aid

2. Community Health

- (a) Health services
 - A brief introduction to the facilities in hospital services
 - A general account of the services for the maintenance of community health
- (c) The pattern of diseases
 - The meaning of endemic and epidemic. The changing pattern of diseases in modern society.
 - The significance of immunization in the control of infectious diseases.
- (d) Sexually transmitted diseases (STDs)
 - The spread of STDs and the preventive measures against the spread of STDs as exemplified by syphilis, gonorrhoea and AIDS (Acquired Immune Deficiency Syndrome)

8. Liberal Studies (Advanced Supplementary Level)

Module: Human Relationships

Issue 2: How do young people about to enter the adult world learn the skills that they will need to function as mature adults in H.K. society?

2.1 Life skills

How can young people learn to manage their sexuality?

9. Physical Education (S4-S5)
Theoretical syllabuses
Section B: *Fitness for Health and Fitness for Sport/Performance*
8. Prevention of injuries and first aid in physical activity

10. Religious Studies (Christianity) (S4-S5)
Section B: *Personal and Social Problems*
I. Personal Relationships and Responsibilities
(a) Family and Marriage
7. To discuss the family problems in Hong Kong
III. Our Attitudes to World and Social Issues
(c) Social Problems
(ii) Drugs
1. To discuss the causes of drug-addiction
2. To consider the effects of drug-addiction
3. To explain the Christian attitude regarding drugs
4. To explore possible solutions to the problem

11. Science (S1-S3)
Secondary 1: Unit 3 – Cells and Human Reproduction
3.5 Sexually transmitted diseases - Examples of some sexually transmitted diseases
- How do sexually transmitted diseases spread?
- Consequences of contracting sexually transmitted diseases
- Attitude towards AIDS patients

12. Social Studies (S1-S3)
Secondary 1: Major Content Area: *The local Community*
Theme: 3. Some Local Issues
C. Selected Types of Diseases in Hong Kong
a. Causes and Effects
(ii) Foodborne diseases (e.g. enteric diseases, hepatitis)
b. Community Efforts on the Prevention and Control of these Diseases
D. Safety Education
b. Causes and Prevention of Home Accidents

- d. Basic First Aid Knowledge
 - (i) Concept of first aid
 - (ii) Content of first aid box
 - (iii) Use of first aid box
 - (iv) Safety procedures in case of accidents and emergency
 - (v) First aid training

Secondary 2: Major Content Area: *The Local Community*

Theme: 2. Some Local Issues

C. Drug Education

- a. Definition of Drugs
- b. Use and Abuse of Medically-prescribed Drugs
- c. Types of Dangerous Drugs
- d. Drug Addiction and Dependence
- e. Causes and Effects of Drug Abuse
- f. Treatment and Rehabilitation
- g. Means of Prevention

Secondary 3: Major Content Area: *The Local Community*

Theme: 3. Some Local Issues

D. AIDS Awareness and Cancer Education

- a. AIDS Awareness
 - (i) Cause-HIV
 - (ii) Symptoms
 - (iii) Prevention

Websites on HIV/AIDS Education

AVERT: AIDS Education and Research Trust	http://www.avert.org
American Red Cross HIV/AIDS Education	http://www.redcross.org/hss/hivaids
The Body: An AIDS and HIV Information Resource	http://www.thebody.com
Center for AIDS Prevention Studies, University of California San Francisco	http://www.caps.ucsf.edu/
CDC National Center for HIV, STD and TB Prevention Divisions of HIV/AIDS Prevention	http://www.cdc.gov/hiv/dhap.htm
CDC National Prevention Information Network: HIV/AIDS Resources	http://www.cdcnpin.org/hiv/
Healthy Oakland Teens Project 1995-1996 Curriculum	http://www.caps.ucsf.edu/capsweb/curricula/hotcurr.html
HIV/AIDS Treatment Information Service	http://www.hivatis.org
JAMA HIV/AIDS Information Center	http://www.ama-assn.org/special/hiv/
Hong Kong AIDS Foundation 香港愛滋病基金會	http://www.aids.org.hk
Hong Kong AIDS Information Network 香港愛滋病資訊網	http://www.csu.med.cuhk.edu.hk/hkaids/
UNAIDS Joint United Nations Programme on HIV/AIDS	http://www.unaids.org
UNICEF Voices of Youth: HIV/AIDS Quiz	http://unicef.org/voy/learning/learhome.html
The Virtual AIDS Office of Hong Kong 香港愛滋病網上辦公室	http://www.info.gov.hk/aids/

**Resources Centres and Organisations Related to
AIDS or Sex Education**

Name of Organisation	Address	Telephone
AIDS Concern	17B, Block F, No. 3 Lok Man Road, Chai Wan, Hong Kong	2898 4411
Hong Kong AIDS Foundation	5/F, Shaukeiwan Jockey Club Clinic, 8 Chai Wan Road, Shaukeiwan, Hong Kong	2560 8528
Red Ribbon Centre, Department of Health	2/F Jockey Club Clinic, 200 Junction Road East, Wan Tau Hom, Hong Kong	2304 6268
Reference Library, Family Planning Association of Hong Kong	8/F, Southorn Centre, 130 Hennessy Road, Wan Chai, Hong Kong	2919 7793
Central Health Education Unit, Department of Health	2/F, Lek Yuen Health Centre, 9 Lek Yuen Street, Shatin, New Territories	2692 8753
Central Health Education Unit, Department of Health	7/F, Southorn Centre, 130 Hennessy Road, Wan Chai, Hong Kong	2572 1476
Central Health Education Unit, Yung Fung Shee Health Centre, Department of Health	G/F Yung Fung Shee Memorial Centre, 79 Cha Kwo Ling Road, Kwun Tong, Kowloon	2727 8229 2727 8227
Hong Kong Jockey Club Drug InfoCentre	Queensway Government Office, High Block, 30/F, 66 Queensway, Hong Kong	2867 2747
St. John's Cathedral HIV Education Centre	4-8 Garden Road, Central, Hong Kong	2501 0653

**List of Resources Materials on AIDS and Other Blood-borne Diseases
Available at the Central Health Education Unit or
the Red Ribbon Centre of the Department of Health**

A) Printed materials

i. Poster

Title	Publisher	Year
愛滋病莫說與你無關 Think about AIDS	愛滋病服務組 AIDS Unit	1993
在校內血液的處理	愛滋病服務組	1993
在工作場所如何預防愛滋病 Prevention AIDS in the Workplace	愛滋病服務組 AIDS Unit	1994
愛滋病輔導熱線	愛滋病服務組	1994
性博士熱線 Dr. Sex Hotline	愛滋病服務組 AIDS Unit	1996
1998 年度「青年使命」愛滋病資助計劃	愛滋病服務組	1997
中國艾滋熱線 AIDS Hotlines in China	愛滋病服務組 AIDS Unit	1998
凝聚青年力量：全球同抗愛滋病	紅絲帶中心	1998
1999 年度「青年使命」愛滋病教育資助計劃	紅絲帶中心	1998
一九九九年全球同抗愛滋病聆聽、學習、活在尊嚴 World AIDS Campaign with Children and Young People – Listen, Learn, Live	紅絲帶中心 Red Ribbon Centre	1999
2000 年度「青年使命」愛滋病教育資助計劃	紅絲帶中心	2000

ii. Mini Poster

Title	Publisher	Year
切勿害人 Do Not Kill	愛滋病服務組 AIDS Unit	1996
在工作場所的預防愛滋病措施 HIV Prevention in Workplace Setting	愛滋病服務組 AIDS Unit	1996
青少年 – 性與愛滋病 Youth – Sex and AIDS	愛滋病服務組 AIDS Unit	1996
做個健康快活旅遊者 Be a Happy and Healthy Traveller	紅絲帶中心 Red Ribbon Centre	1996
請緊記 – 安全性行為 Always Remember – Practise Safer Sex	紅絲帶中心 Red Ribbon Centre	1997
愛滋熱線 AIDS Hotline	紅絲帶中心 Red Ribbon Centre	1997
請留意，你是有可能受愛滋病病毒感染的話！ You may be infected with HIV	紅絲帶中心 Red Ribbon Centre	1997
安全？不安全？性行為逐格睇！ Let's See! Safe? Unsafe?	紅絲帶中心 Red Ribbon Centre	1998
預防受傷 保護自己最重要 Prevent Injury Protect Yourself	紅絲帶中心 Red Ribbon Centre	1998
驗血測試儘早知，藥物可控制愛滋 HIV, Early Detection, Early Treatment	紅絲帶中心 Red Ribbon Centre	1999
給你性伴侶的最佳禮物 – 優質安全套 A Wonderful Gift to Your Sexual Partner – A good Quality Condom	紅絲帶中心 Red Ribbon Centre	1999
日常生活接觸 不會感染愛滋病病毒 HIV could not be passed on to others through social contacts	紅絲帶中心 Red Ribbon Centre	1999
空窗期與人類免疫力缺乏病毒之關係	紅絲帶中心	2000

iii(a) Pamphlets

Title	Publisher	Year
愛滋愛滋，值得深思	愛滋病服務組	1995
預防性病愛滋病，採取安全性行為 Prevention of Sexually Transmitted Diseases/AIDS Practise Safer Sex	愛滋病服務組 AIDS Unit	1995
愛滋病病毒抗體測試結果 HIV Antibody Testing	愛滋病服務組 AIDS Unit	1995
安全套指南 The Condom Guide	愛滋病服務組 AIDS Unit	1996
認識愛滋病 Knowing About AIDS	愛滋病服務組 AIDS Unit	1996
六六無窮之性博士熱線	紅絲帶中心 Red Ribbon Centre	1998
愛滋熱線 AIDS Hotline	紅絲帶中心 Red Ribbon Centre	1999
紅絲帶中心 Red Ribbon Centre	紅絲帶中心 Red Ribbon Centre	1999
日常生活的接觸不會感染愛滋病病毒	紅絲帶中心	1999
2000 年度「青年使命」愛滋病教育資助計劃	紅絲帶中心	2000
愛滋病病毒抗體測試 The HIV Antibody Test	紅絲帶中心 Red Ribbon Centre	2000
針刺意外及黏膜受到血液或體液沾染後的的處理方法 Management after Needlestick Injuries or Mucosal Contacts of Blood and Body Fluids	紅絲帶中心 Red Ribbon Centre	2000
Hepatitis Hotline	Viral Hepatitis Preventive Service Department of Health	2000

iii(b) Pamphlets

Title	Publisher	Year
乙型肝炎帶病毒者 Hepatitis B Virus Carriers	衛生署病毒性 肝炎預防服務	1995
飲食衛生要精明慎防甲戊肝炎	衛生署病毒性 肝炎預防服務	1996
血源性肝炎	衛生署病毒性 肝炎預防服務	1997
甲型肝炎苗注射	衛生署病毒性 肝炎預防服務	1998
甲型肝炎與旅遊人士	衛生署病毒性 肝炎預防服務	1998
甲型肝炎與飲食業從業員	衛生署病毒性 肝炎預防服務	1998
Hepatitis A Vaccination	Viral Hepatitis Preventive Service Department of Health	1998
好好照顧您的肝臟免受肝炎病毒感染	衛生署病毒性 肝炎預防服務	1999

iv. Booklets

Title	Publisher	Year
認識愛滋病 Facts About AIDS	教育署 Education Department	1993
愛之無盡天空	愛滋病服務組	1995
愛滋母親	愛滋病服務組	1995
性博士熱線 Dr Sex Hotline	愛滋病服務組 AIDS Unit	1996
預防肝炎教育圖片知識 Your Guide to Viral Hepatitis	衛生署病毒性 肝炎預防服務 Viral Hepatitis Preventive Service Department of Health	1998

紅絲帶中心 – 我的第一年	紅絲帶中心	1998
多按、多聽、多關注 Codebook on self protection	紅絲帶中心 Red Ribbon Centre	1999
聯合國愛滋病規劃署合作中心 UNAIDS Collaborating Centre for Technical Support	紅絲帶中心 Red Ribbon Centre	1999
過去、現在、邁向新紀元 預防愛滋病在香港 Past, Present, Into the Millenium – HIV Prevention in Hong Kong	紅絲帶中心 Red Ribbon Centre	1999

v. Cards

	Title	Publisher	Year
	博士熱線 Dr Sex Hotline	愛滋病服務組 AIDS Unit	1996
	性病、愛滋病熱線咭	愛滋病服務組	1997
	預防愛滋 123	紅絲帶中心	1998
	中國艾滋熱線	紅絲帶中心	1998
	勇關三關大檢閱	紅絲帶中心	1998
	肝炎熱線 Hepatitis Hotline	衛生署病毒性 肝炎預防服務 Viral Hepatitis Preventive Service Department of Health	1998

B) Teaching Kits

Title	Publisher	Year
愛滋病教材套 Teaching Kit on AIDS	教育署 Education Department	1988
中學愛滋病學習資料 Learning Pack on AIDS for Secondary School Students	教育署 Education Department	1992
「關心同事，挑戰愛滋」教材套 AIDS & the Workplace Resource Kit	愛滋病教育及 宣傳委員會 Committee on Education and Publicity on AIDS	1993
小學愛滋病教材套 A Teaching Kit on AIDS for Primary School	教育署 Education Department	1995
愛滋病與青少年教育安全套 A Game Kit & Activities on AIDS for Youth	愛滋病服務組 AIDS Unit	1996
媽媽、嗶嗶、愛滋 Teaching Kit for Women & AIDS	紅絲帶中心 Red Ribbon Centre	1998

C) Exhibition Boards

Title	Publisher	Year
學生/青少年認識愛滋病 (小型展板) AIDS Information for Students/Youth (mini-exhibition board) Height 76cm x width 51cm (Total 17 pieces)	愛滋病服務組 AIDS Unit	1992
愛滋病與工作場所 (小型展板) AIDS & the Workplace (mini exhibition board) Height 76cm x width 51cm (Total 17 pieces)	愛滋病服務組 AIDS Unit	1993
婦女與愛滋病 (小型展板) Women & AIDS (mini-exhibition board) Height 76cm x width 51cm (Total 17 pieces)	愛滋病服務組 AIDS Unit	1993
性病與愛滋病 Sexually Transmitted Disease and AIDS Height 76cm x width 51cm (Total 16 pieces)	紅絲帶中心 Red Ribbon Centre	1997

愛滋病輔導熱線 2780 2211 我的成長路 高 172 厘米 闊 91 厘米 (共 1 塊)	紅絲帶中心	1997
齊來認識愛滋病 高 172 厘米 闊 91 厘米 (共 1 塊)	紅絲帶中心	1997
認識愛滋病 高 122 厘米 闊 91 厘米 (共 12 塊)	紅絲帶中心	2000

All the exhibition boards are on loan to organizations only.

D) Video

Title	Publisher	Year
學校的愛滋病教育	愛滋病服務組及 教育署	1994
AIDS Education in School	AIDS Unit and Education Department	1994
無盡的愛	愛滋病服務組	1996
謎樣歲月	紅絲帶中心	1997

E) Slide

Title	Producer	Year
認識愛滋病	愛滋病服務組	1995
媽媽、嗶嗶、愛滋	紅絲帶中心	1998

F) VCD/CD

Title	Producer	Year
香港愛滋病電視宣傳短片 API on AIDS Hong Kong 1987-1998	紅絲帶中心 Red Ribbon Centre	1999
香港紅絲帶中心 聯合國愛滋病規劃署合作中心 (專業支援) 資料亭(光碟版) Hong Kong Red Ribbon Centre UNAIDS Collaborating Centre for Technical Support Information kiosk (CD Version)	紅絲帶中心 Red Ribbon Centre	1999