Memorandum

TO: All DSHS HIV Prevention Contractors Implementing Evidence-Based Interventions (EBI)

FROM: HIV/STD Comprehensive Prevention Services Branch

DATE: 10/29/04

SUBJECT: Updating EBI Curriculum Material

Many of the evidence-based interventions implemented around the state today were researched and written prior to 1994. As we are now ten years later, it is natural for some of the technical and statistical information to be out-of-date. A number of organizations have taken the initiative to update the material in facilitator’s guides, or even point out discrepancies in videotapes when presenting the intervention to participants. We support this effort.

Areas noted for incorrect information (with examples):

- **Statistics**: Very outdated information in curriculum, videotapes and handouts.
- **Terminology**: Inappropriate use of the term AIDS, when meaning HIV.
- **New Research**: Out-of-date advice to use Spermicide & Condoms with NonOxynol-9
- **Skills**: Steps to clean syringes/works are in wrong order and include misinformation.

Documentation is an important step in updating curriculum. Both you AND the next person should be aware of the corrected information. Recent site visits have found a number of new facilitators unaware of out-of-date information, causing them to state incorrect information to their audience as fact. In documenting updates, some options include:

1. Note updates in the facilitator’s guide
2. Insert new pages in the trainer’s manual

It is important for experienced staff to pass on the information around updates and corrections to new staff beginning work with a program model. Please find attached to this bulletin examples of corrected information common to most all evidence-based interventions. These handouts may be used as a part of presentations or in monitoring outcomes.

If you have any questions concerning this technical assistance bulletin, please contact your Field Operations Consultant or Regional staff person.
According to the National Harm Reduction Organization’s I.D.U. Safety Manual “Getting Off Right” [http://www.harmreduction.org/idu/chapter1.html], the following is the correct method to clean a needle and syringe:

1. Rinse the needle and syringe with cold water several times (hot water will cause blood to clot, making it harder to remove). If you’re using a detachable needle and syringe, you might want to take the equipment apart to clean it more thoroughly. Be sure to discard the water you use to rinse the equipment.

2. Flush the needle and syringe with undiluted household bleach. Be sure to fill the syringe all the way up. Keep the bleach in the syringe for a full two minutes while shaking it (to kill Hepatitis B virus). Discard the bleach. (It is unclear if bleach kills the Hepatitis C virus. Holding the bleach for 30 seconds in the syringe is believed to kill HIV)

3. Thoroughly rinse the needle and syringe with clean, cold water to remove any remaining bleach. Discard the water.

According to the World Health Organization (WHO) [http://www.who.int/ website or http://www.who.int/inf/en/pr-2002-55.html], Nonoxynol -9 is ineffective in preventing HIV infection.

“Spermicides containing nonoxynol-9 do not protect against HIV infection and may even increase the risk of HIV infection in women using these products frequently, according to a WHO report. The report also advises women at high risk of HIV infection against using nonoxynol-9 Spermicides for contraception. Nonoxynol 9- clearly does not prevent HIV infection and may even favor infection if used frequently.”