



ASK THE EXPERT: FIGHTING THE VIRUS ROLE PLAY*

▶ ABOUT THIS ACTIVITY

 **Time:** 35 minutes

 **Objectives:** By the end of this session, participants will be able to:

- Understand the implication of medication non-adherence on the development of drug resistance.
- Understand how resistance may affect CD4 cell count, viral load and clinical symptoms of HIV.
- Understand the purpose of some HIV medications.

 **Training Methods:** Large group Discussion, Role Play

 **In This Activity You Will...**

- Facilitate a group discussion using the basic HIV review questions at the end of this section (15 minutes).
- Facilitate a role play on fighting the virus (20 minutes).

 **Materials:**

- Handout – HIV Basic Information Review
- Five prepared cards (one for each role)
- Masking tape
- Five hats for each person playing a role (optional)
- Trainer Script – Fighting the Virus Role Play

 **Preparation:**

- Print handouts
- Prepare cards (one role on each card)
- Review Trainer Script for role play activity

Instructions

1. Facilitate a group discussion using the *HIV Basic Information Review* handout. Facilitator should select a few questions and pose to the group one at a time.

2. Link to role play.

Now that we've reviewed some basic HIV information, let's try some acting skills.

3. Before the role play begins, set up two chairs in front of the room.

4. Ask for five volunteers to act out parts in a skit.

5. Provide each volunteer with a hat (optional) and give each person a card with one of the following roles and ask them to tape their role on their front like a name tag:

- HIV
- CD4 Cell
- Viral Load
- Combination Therapy
- Drug Resistance

6. Ask volunteers to stand in front of the group near the chairs, and then explain the activity.

In a moment, the volunteers will be acting out a role play while the rest of us provide cues. Each volunteer will be acting out HIV, a CD4 cell, viral load, combination therapy or drug resistance.

7. Begin the role play by reading the trainer script at the end of this module.

* This module comes from Duke University, Partners in Caring; Center for Creative Education, 2006.

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► TRAINING TIP

This module requires careful facilitator preparation because of the complexity of the material and the importance of sequencing, particularly for the skit.

8. After role play has been performed, thank the actors for acting out the roles and the rest of the group for their participation. Ask everyone to sit down.

Summary

- Process the activity with the following questions:
 - What were some of the main points covered in the skit?
 - What questions do you still have about HIV?
- Wrap up session.

* This module is part of the online toolkit Building Blocks to Peer Success. For more information, visit http://www.hdwg.org/peer_center/training_toolkit. This module comes from Duke University, Partners in Caring; Center for Creative Education, 2006.

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SESSION HANDOUT

HIV BASIC INFORMATION REVIEW

What is HIV?

HIV stands for Human Immunodeficiency Virus. It is the virus that causes AIDS, which stands for Acquired Immune Deficiency Syndrome.

What does HIV positive mean?

HIV positive means a person has been infected with HIV. A person is considered to be HIV positive when s/he has a positive HIV antibody test. There are two blood tests that are needed to confirm HIV infection. The first test is called an ELISA test. If the ELISA test is positive, the second test, called a Western Blot, is performed. A person is considered to be HIV positive when both the ELISA and the Western Blot are positive.

What are the symptoms of being HIV positive?

Sometimes HIV positive individuals have no symptoms at all. Most people who are HIV positive have some fatigue, and may have difficulty gaining weight. When a person is first infected with HIV they may experience flu-like symptoms such as rash, fever, night sweats, and diarrhea.

How do people get infected with HIV?

HIV is transmitted from one person to another through blood or body fluids. HIV is found in blood, semen, vaginal fluid, and breast milk. People usually get exposed to HIV by having sex without a condom with someone who is HIV positive. HIV is not spread through casual contact such as hugging, kissing, or eating and drinking after someone who is HIV positive. HIV can also be spread from one person to another by sharing needles for injecting drugs. Infants can get HIV from the mother before or during birth, or through breastfeeding.

Is there more than one kind of HIV?

There are two types, or strains, of HIV. HIV-1 and HIV-2. Most people in the U.S. are infected with HIV-1, the most common strain of the virus. HIV-2 is more common in parts of Africa. The strains are similar, and both can lead to AIDS.

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SESSION HANDOUT (cont.)

HIV BASIC INFORMATION REVIEW (CONT.)

Is it okay for two HIV positive individuals to have sex without a condom, or share needles?

No. There are other serious diseases that can be spread through blood and body fluids, such as hepatitis. Also, HIV positive persons can spread resistant strains of the HIV virus by sharing blood or body fluids. A “resistant strain” of virus means that the virus has changed in a way that makes it resistant to certain HIV drugs, meaning the drugs won’t work anymore.

What is AIDS?

AIDS stands for Acquired Immune Deficiency Syndrome. AIDS is caused by HIV—Human Immunodeficiency Virus. HIV infects and kills T cells, also called CD4 cells, which are white blood cells that are the cornerstone of the immune system. An HIV-infected person is considered to have AIDS when the total T cell count drops below 200, or when a person develops an HIV-related disease, called an opportunistic infection, such as PCP pneumonia.

Is there a cure for AIDS?

No. At this time there is no cure for HIV infection or AIDS. However, people with HIV infection can often lead normal lives by taking medications, called antiretrovirals, which kill the HIV and keep it from destroying T cells and leading to AIDS.

Do HIV medications work for everyone?

Unfortunately there are some people with HIV infection that do not get better with HIV medications (antiretrovirals). When a person does not get better with HIV medications, it usually means the virus has become resistant, and the medications are no longer effective. Resistance to HIV medications develops when there is not enough medication in the blood. That is why it is so important to always take the HIV medications as directed and not skip doses.

What are the side effects of HIV medications?

Most medications used to treat HIV have some side effects. Some people experience more side effects than others. Some common side effects include nausea or indigestion, diarrhea or loose stools, headache, fatigue, and muscle aches. Fever is not a common side effect of HIV medications, and may indicate a serious condition. A person with HIV or AIDS who develops a fever should contact their provider, especially if the T cell count is below 200.

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SESSION HANDOUT (cont.)

HIV BASIC INFORMATION REVIEW (CONT.)

Does everybody with HIV infection have to take drugs?

Not everyone who is HIV positive has to take medications. Some people can live with HIV for many years without losing a significant number of T cells. These individuals are called “long term non-progressors.” Other people with HIV infection may not have to take medication for many years after becoming HIV positive. The U.S. Department of Health and Human Services Guidelines for HIV Treatment (November 2008) recommend that antiretroviral medications should be offered to people:

- with a T-cell count under 350 or,
- with a history of AIDS or,
- who are pregnant.

What are universal precautions?

Health care workers who may be exposed to blood or body fluids practice what is called “universal precautions”. This means that ALL blood and body fluids are considered to be potentially infected, no matter who the patient is. Health care workers practice universal precautions by always wearing latex gloves when handling blood or body fluids.

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SESSION TRAINER SCRIPT

FIGHTING THE VIRUS ROLE PLAY

Note to trainer: Script is in italics; roles are in bold and answers and instructions are in parentheses.

*The **CD4 Cell** count is below 500 and the **Viral Load** is high.* (Instruct the CD4 Cell to sit down and the Viral Load to remain standing.)

***HIV** is reproducing at a rapid rate.* (Instruct HIV to act as though it is reproducing at a rapid rate.)
How might a person with HIV feel at this point?

*Who/what part could be asked to come help **HIV**, and why?* (Combination Therapy)

Note: Answers may include a type of monotherapy. Be prepared to discuss the potential benefits and risks of monotherapy vs. combination therapy. Stress that combination therapy leads to a higher and more sustained rise in CD4 count and a greater, more sustained decrease in viral load, decreased risk of resistance and decreased risk of clinical disease progression. Combination therapy has been shown to prolong survival in some patients. Patients at different stages of HIV infection may respond differently to antiretroviral therapy.

*What might happen to **HIV** after combination therapy is initiated?* (It starts to reproduce more slowly. Instruct HIV to move slowly or fall down.)

*What might happen to **Viral Load** after **Combination Therapy** is initiated?* (It goes down. Instruct Viral Load to sit down.)

*What might happen to **CD4 Cell** after combination therapy is initiated?* (It goes up. Instruct CD4 Cell to stand up.)

*What do you think a person with **HIV** might feel like on **Combination Therapy**.* (S/he could experience bad side effects; feel tired; feel better, etc.)

*Imagine that the person with **HIV** has stopped taking his/her medication as prescribed, either because of the medication side effects; because s/he feels good; or because s/he does not understand the need to continue therapy.* (Instruct Combination Therapy to come and go. Emphasize that it is important to talk about the potential risks of antiretroviral therapy, side effects of medications and drug interactions with the health care team. It is important to work with the health care team in managing any side effects.)

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SESSION TRAINER SCRIPT (cont.)

FIGHTING THE VIRUS ROLE PLAY (CONT.)

Stress that although one may feel well and have no symptoms, one needs to continue the therapy recommended by the health care team because HIV can still cause damage to the immune system during this time.)

What could happen as a result of not taking antiretroviral therapy as prescribed (HIV could become resistant to the drugs. Instruct Resistance to stand next to Combination Therapy. Other possible answers include no clinical or lab benefits.

*What might happen to **HIV** now?* (It begins to reproduce again. Instruct HIV to move rapidly again.)

*What might happen to **Viral Load** now?* (It goes up. Instruct Viral Load to stand up.)

*What might happen to **CD4 Cell** now?* (It goes down. Instruct CD4 Cell to sit down.)

*How might a person with HIV know that s/he has developed **Resistance**?* (S/he may feel sick, develop an OI or notice that the Viral Load goes up and the CD4 Cell count goes down.)

*How can **Resistance** be prevented?* (Take medications as prescribed. Treat HIV infection like a chronic infection that must always be treated, even though you may feel well. Discuss potential side effects and drug interactions with your treatment team.)

(Adapted from T.H.E. Course (Tools for Health Empowerment), produced by Glaxo Wellcome, now GlaxoSmithKline.