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Government of N.W.T.
Yellowknife, N.W.T.

AIDS Update

News from the **NWT AIDS Program**

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AIDS Information Line (Yellowknife): 873-7017

N.W.T. Report - Minister's Statement

In addition to the usual update on AIDS and the activities of the N.W.T. AIDS Program, this issue of the AIDS Update features the following synopsis of the statement recently made by Honourable Nellie Cournoyea, Minister of Health to the Legislative Assembly - on AIDS and infection with the AIDS virus.

Minister's Statement

The Minister began by presenting the Legislative Assembly with the first of a series of brief updates on the number of reported cases of AIDS and the number of individuals who have been found to be antibody positive to the AIDS virus in the Northwest Territories.

Although many persons who are infected with the AIDS virus (HIV) will go on to develop AIDS, the distinction between those who are HIV positive (ie. have tested positive for antibodies to the AIDS virus), and those who have AIDS proper is an important one.

The diagnosis of AIDS (Acquired Immunodeficiency Syndrome) can only be made when certain criteria established by Canadian and international health agencies, such as the Centres for Disease Control in Atlanta, are met.

An individual may be infected with the virus and show no discernable symptoms. Such an individual does not have AIDS.

Only persons who have symptoms matching the criteria of the AIDS case defined by national health agencies can be said to have AIDS. The purpose of this strict definition is to track disease trends more effectively by providing consistency in reporting.

Reporting

Under the N.W.T. Public Health Act and regulations, **it is the responsibility of the attending physician or nurse to report all the HIV antibody test results to the Chief Medical Officer of Health, and only to the Chief Medical Officer of Health or delegate, by telephone within 24 hours of receiving a positive test result.** Of course, the patient him/herself can be informed of the result.

This activity sets in motion a routine of patient

and contact follow-up, conducted by the attending physician or nurse and/or by the Department of Health.

Follow up of a patient is done to ensure that any sexual partners of the individual or any others who may be at serious risk of infection are informed of their risk and are counselled. Every effort is made to ensure confidentiality during this process.

Cases in the N.W.T.

To date there has been one (1) case of AIDS reported in the N.W.T. and four (4) HIV antibody positive persons reported to the Department of Health. The person who was diagnosed with AIDS was reported early in 1987. By the end of 1987, there were two (2) reports of people who were antibody positive; the third (3rd) was reported in September 1988, and the fourth (4th) in October, 1988.

Information regarding cases and those who are HIV positive is reported on a monthly basis and as reports are received, the Minister of Health will inform the Assembly.

Warning

These reports reinforce the warning against high risk sexual activity. No part of the N.W.T. should be considered to be free of the virus.

Prevention

The Minister emphasised the fact that we know how AIDS is transmitted and how it can be prevented. The primary method of prevention is action taken by each individual to protect him or herself from infection.

The Department of Health has a number of initiatives to provide the public with information on AIDS, one of which is the development of 10 television "spots." These spots were delayed due to technical difficulties experienced by the contracted producer of the spots, but English language versions began broadcast on CBC Northern Service Television on November 12, and native language versions will follow in the next few weeks.

The Minister concluded by encouraging all members of the public to take responsibility in preventing the spread of the AIDS virus.

Male and Female Test Positive in N.W.T.

In a recent statement in the Legislative Assembly, Minister of Health Nellie Cournoyea announced that both male and female individuals have tested positive for antibodies to the AIDS virus (HIV) in the Northwest Territories.

This announcement calls attention to the fact that no one in the north is immune to infection by HIV. AIDS is not a southern disease and AIDS is not a gay disease.

Northerners who are having different sexual partners should be urged to use latex condoms and practise safer sex.

People who are inclined to abstain from sex in response to the reality of AIDS should be wholeheartedly encouraged to abstain.

AIDS Radio Ads

Six radio ads created by the N.W.T. AIDS Program began broadcast across the Northwest Territories in early September. As part of the Program's continuing public education campaign, the radio spots were designed to alert northerners to the facts about AIDS and the ways people can avoid contracting the virus that causes the disease.

The medium of radio was chosen in order to take advantage of the oral nature of native languages in the north. While some native people may not be able to read native languages, large numbers of native people understand the spoken languages.

The radio spots have begun broadcast in English, Chipewyan, Slavey, Dogrib, Loucheux and Inuktitut. Work is under way to translate these messages into Inuvialuktun and Innuinaqtun.

The six radio messages inform people that anyone can get AIDS (under certain circumstances), that alcohol use can lead people into sexual situations where they may contract the virus, that symptoms of the disease can take years to appear, that partners of people who share needles to shoot drugs can infect other people, that people who are having different sexual partners should be using latex condoms or changing their lifestyle, and that AIDS can not be transmitted by casual contact like sneezing, coughing, sharing food and so on.

The radio spots are being broadcast via CBC Inuvik, CBC Mackenzie, CBC Iqaluit, CBC Rankin Inlet, CKNM (Native Communications Society throughout the Mackenzie Valley), and CJCD (private radio in Yellowknife and Hay River).

Plans are under way to have the messages distributed to northern community radio stations.

Counsellor/Educator Joins N.W.T. AIDS Program

Andrea Markowski has been hired as the Counsellor/Educator with the N.W.T. AIDS Program.

As Counsellor/Educator, Andrea will be responsible for developing AIDS counselling services for both professionals and the public. Andrea will be answering public inquiries primarily through personal counselling and the AIDS Information Hot Line; and is available to provide telephone advice and support to physicians and Nursing Station nurses, particularly regarding pre- and post-test counselling.

The Counsellor/Educator will also be developing support services for people who have tested positive (PTP's), people with AIDS (PWA's), people who have been involved in high risk activities, and family, friends and partners of those affected by AIDS. Support services will include counselling, referral, advocacy and support groups.

In addition, the Counsellor/Educator will be developing a volunteer program to help answer the AIDS Hot Line and supplement support services offered by the N.W.T. AIDS Program.

Ms. Markowski holds a Bachelor of Arts degree in Psychology from York University and has worked as both Program Co-ordinator and Counsellor with the shelter for battered women in Yellowknife.

New AIDS Poster

Distribution of a new poster from the NWT AIDS Program will begin within the next few weeks.

The full-colour poster uses the slogan "Stopping AIDS is up to us," an extension of the first poster's message that "Stopping AIDS is up to you."

The new poster depicts three northerners caught up in conversation about AIDS and is designed to encourage discussion of AIDS, particularly at the community and individual level.

The design and the message of the new poster reflect comments received from community members from across the N.W.T. during the N.W.T. AIDS Program's regional workshops held during the past year.

Posters will be distributed to friendships centres, libraries, band councils, community councils, schools, youth groups, alcohol programs, nursing stations, doctors' offices and other appropriate locations. Posters will be sent to all N.W.T. communities.

This second edition of AIDS posters has been produced in ten northern languages; Chipewyan, South Slavey, North Slavey, Dogrib, Loucheux, Inuvialuktun, Innuinaqtun, Inuktitut, French and English.

"800" Hot Line

Northerners seeking information about AIDS, personal risk, testing and related issues are encouraged to phone the AIDS Hot Line for anonymous, confidential and accurate answers to any questions.

The AIDS Hot Line is a toll-free number. Just dial 1-800-661-0795. In Yellowknife, call 873-7017.

People making business calls to the N.W.T. AIDS Program are asked to use our new office number, 920-3322.



AIDS Video Reviews and Free Rental

The Dr. Otto Schaefer Health Library/Resource Center now has several new **AIDS videos available for community loan** on VHS.

As promised in the last AIDS Update, reviews of some of those AIDS videos follows:

For The General Public

TOO LITTLE, TOO LATE (1987. Fanlight Productions. 48:00 minutes)

An effective and revealing look at families of people who have suffered and died with AIDS, featuring Barbara Peabody, author of The Screaming Room. Deals with the effects of the disease on the individual and the family, society's reaction to the disease in a family, preparations for a peaceful death and other issues. Very good. AUDIENCE: All ages.

AIDS: EVERYTHING YOU SHOULD KNOW (1988. Rainbow Film & Video. 20:00 minutes)

Whoopi Goldberg and a number of teenagers combine to deliver information on AIDS, the immune system and how the virus is and isn't spread. Takes the approach that "fooling around is courting disaster" and that abstinence is the best form of protection. Condom use is mentioned only briefly at the end of advice on how to avoid AIDS. With a group of teenagers who may not abstain, a live presentation of information on how to get and

use condoms would work well with this video. Animated sequence on immune system. AUDIENCE: Teenagers.

AIDS ANSWERS FOR YOUNG PEOPLE (1987. Churchill Films. 18:30 minutes)

High-school-aged peer counsellors answer questions from their young audience about AIDS. Catchy Beatles' song introduces the video and an animated section illustrates the immune system and infection. People with AIDS describe their symptoms and experiences. Sometimes confuses "using" drugs with "shooting" drugs. Only a very brief mention of condoms. If presented to a group of teenagers who may not abstain, this video would work well with a live presentation of information on how to get and use condoms. AUDIENCE: Young teenagers, 11-14.

FACTS ABOUT AIDS (1988. Ontario Ministry of Health. 20:00 minutes)

A factual, direct production delivered efficiently in still pictures and computer graphics. Covers many wide-ranging aspects of AIDS including spread, infection, negotiating condom use, drug addiction and drug shooting, compassion and understanding for people with AIDS. No fancy visuals, but a lot of direct information. AUDIENCE: Youth and adult.

SEX, DRUGS AND AIDS (1986. ODN Productions. 18:00 minutes)

Lively production featuring direct, youthful and open narration by Rae Dawn Chong, rapid visual graphics and a sequence during which three teenage girls discuss condom use. Explains how AIDS is not transmitted, how people with AIDS need compassion and how to avoid AIDS if you're having sex. Very upbeat and urban. AUDIENCE: Teenagers and adults.

For Health Professionals

PERINATAL AIDS: INFECTION CONTROL FOR HOSPITAL PERSONNEL

(1987. Polymorph Films. 26:00 minutes)

Traces the impact the first AIDS baby had on the staff of an American hospital. Outlines steps for handling HIV positive patients and gives a powerful personal profile of the baby's mother, an ex-IV drug user. Follows the health of the baby through to post partum care.

AIDS INFECTION CONTROL - AN AIDS UPDATE (1987. Churchill Films. 30:00 minutes)

Outlines precautions for health care personnel and the impact of AIDS on hospitals and society. Takes the approach that health care workers are "at the forefront in the fight against an epidemic of fear." Includes interviews with people with AIDS.

AIDS: THE LEGACY

(1987. DayDawn Productions, One-E Productions. 30:00 minutes each section)

One of the most thorough, effective studies of a person with AIDS (PWA) and the efforts, successes, and failures of the medical and social services staff who worked with the PWA.

Extensive re-evaluation on the part of the individuals and institutions involved makes this a detailed and revealing study.

Presented as a 4-part series (The Overview, The Doctor, The Nurse, The Social Worker), this production features extensive, in depth interviews with hospital personnel (Nursing Manager, Infection Control Officer, Staff Nurses), the person with AIDS, friends, the social worker and the patient's doctor. An excellent series.

Ordering of the above AIDS videos can be done by contacting the Dr. Otto Schaefer Health Resource Centre, Department of Health, Government of the Northwest Territories, Box 1320, Yellowknife, N.W.T. Phone: (403) 873-7713.

VIDEOS VIDEOS VIDEOS

AIDS Researcher

The position of AIDS Researcher has been shifted within the Territorial Department of Health from the N.W.T. AIDS Program to the Office of the Medical Director .

The AIDS Researcher is now responsible for initiating and completing a comprehensive study of Sexually Transmitted Disease rates in the Northwest Territories, as well as reviewing medical and scientific journals for articles published on AIDS; and gathering AIDS information from online data bases.

The AIDS Researcher will continue to work closely with the N.W.T. AIDS Program and will remain a primary contact for professionals and the public who require scientific or medical information on AIDS and HIV infection.

Ann Jolly, AIDS Researcher can be reached at 920-3162.

Disease Update

Guidelines for Testing, Contact Tracing, Reporting and Counselling

N.W.T. guidelines for the whole process of testing, contact tracing, reporting and counselling are contained in the document "AIDS and HIV infection: An information package for health professionals" which was distributed to every N.W.T. health agency in January of 1988.

Further copies of this document can be obtained from the Office of the Medical Director.

Territorial physicians and nurses are reminded in this document of their responsibilities under the Public Health Act for reporting all HIV antibody positive tests. To protect the health care giver, the patient, and to provide disease surveillance data for AIDS and HIV infection, reporting routes must be followed.

As a trained AIDS Counsellor is now on staff with the N.W.T. AIDS Program, assistance in providing counselling to patients is freely available through the toll-free "800" telephone number mentioned above.

AIDS Resource Base

There are now 1,000 articles on AIDS in the Department of Health's AIDS resource base gathered from medical and professional journals during 1987 and 1988. Synopses of these articles are recorded on computer and can be easily accessed by searching for any word within the synopsis of the article, or within the title itself. If you would like assistance in obtaining articles or information on AIDS, contact Ann Jolly, AIDS Researcher at (403) 920-3162.

In order to better answer some of the requests for information, the AIDS Researcher has subscribed to an online database in New York. The database is called the AIDS Knowledge Base and is edited by Paul Volberding, who has a long experience with the disease at the San Francisco General Hospital. The database provides information on health policies and social and legal implications of AIDS. Models of care are available in addition to medical information on HIV infection.

Some of the most recent research on AIDS follows:

Transmission

HIV-2 in Canada

HIV-2 is a West African strain of the AIDS virus which, like HIV-1, causes AIDS in humans. A few cases are present in North America.

Two cases of HIV-2 infection were reported in Canada on July 16, 1988. One individual is a healthy Nigerian female who is pregnant and was screened for HIV infection as a prerequisite for immigration to the United States. The second is a healthy 27-year-old male from Ghana, who was screened for an "in vitro" fertilization program.

Both individuals were positive for the first generation ELISA tests, and hence would have been screened out as blood donors had they attempted to donate blood. The Western blot tests performed subsequently revealed patterns indicative of HIV-2 infection. CDWR 1988; 14-28: 125-126.

Hepatitis B Immune Globulins and HIV antibodies

While there is no danger of HIV infection through the administration of immune globulins, antibodies to HIV can be passed to a recipient of immune globulins, resulting in a positive test result.

Recently, four infants whose mothers were at risk of HIV infection and one health care worker, who had been involved in a needle-stick incident, tested positive for antibody to HIV. Two of the babies were found to have mothers who were HIV negative. All babies and the health care worker had been given Hepatitis B Immune globulins just previously.

Although the original lots of the immune globulin could not be found, three of the lots at the hospital were found to be positive for antibodies to HIV, but did not contain the virus itself. The antibodies found in the babies and the health care worker were passively acquired from the transfusion without infection by the virus.

It is important that health care professionals ascertain that a positive test result is not caused by the administration of immune globulins. CDWR 1988; 14: 103-104.

Safety of therapeutic products used for haemophilia patients

Since the institution of heat treatment and screening of blood donors in 1985, 18 individuals in North America have tested positive for antibodies to HIV after receiving heat-treated factor concentrates. Eight of these individuals were Canadian.

Seven of the seroconverters had received blood products that had been screened, however, some of the donors of blood used in these blood products subsequently tested positive 6 to 16 weeks after making their donations.

These contaminated lots of blood were removed from the market by December of 1987.

Recommendations on the use of these blood products have been issued by the Centers for Disease Control and are available from the AIDS Re-

searcher. MMWR 1988; 37: 442-450.

Loss of HIV-1 antibodies in HIV infected men

A few asymptomatic gay men have reverted from positive to negative results in tests for HIV antibodies, but were shown by viral culture to still be infectious.

Four asymptomatic homosexual men reverted from positive to negative over a period of 2.5 years, as shown by enzyme-linked immunoassay and Western blot tests. The antibodies became undetectable 6-12 months after previous positive tests, but the virus was found to be present in the patients' mononuclear cells.

Rare, asymptomatic individuals may not remain seropositive for HIV-1, but may still remain latently infected and infectious with HIV-1. Ann of Int. Med. 1988; 108: 785-790.

**If you're into
the party and bar
scene,
and having sex,
use latex condoms.**

AIDS is real.

**Using condoms
can be fun,
sexy and considerate.**

**Not using condoms
can be deadly.**

**AIDS is sexually
transmitted.**

Testing

New test for HIV

A rapid, more convenient test for antibodies to HIV has been developed in the United States, but concern has been expressed that the test could be misused simply because it is cheap and convenient.

While the test does have immediate advantages for organ donor screening and blood donor screening, particularly in Africa, the broader application of this test in emergency clinics and physicians' offices is cause for concern.

The test has specificity and sensitivity values comparable to the Western blot and the ELISA tests, however, it has not been evaluated for use in a low prevalence population and should be followed up with a confirmatory test.

The test should not be given without the patient's full knowledge and consent, and confirmatory testing should be done before the result is made known to the patient.

The test involves recombinant HIV antigen, and latex. It agglutinates on the addition of antibodies to HIV, contained within sera. This reaction is easy to observe in bright light, and takes on average two minutes to perform. JAMA 1988; 260: 510-513. JAMA 1988; 260: 542.

Standardisation of Western blot testing

The Consortium for Retrovirus Serology Standardisation has published its definitions for what constitutes a positive, negative, or indeterminate result for Western blot testing revealing antibodies for HIV-1. This definition, together with the standards outlined for test reagents and procedures will improve the consistency of testing across North America. JAMA 1988; 260: 674-679.

Infection Control

Update for Universal Precautions

The new Centers for Disease Control update for universal precautions emphasises blood as being the most important source of HIV in the health care setting, and states that universal precautions need not apply to feces, sweat, urine, saliva, nasal secretions and vomitus unless they contain visible blood. More specific information is available on the use of protective barriers, gloves, and precautions for other body fluids such as cerebrospinal fluid, amniotic fluid, and synovial fluid. MMWR 1988; 37: 377-388.

HIV exposure among health care workers at the Toronto General Hospital

The history of exposures at Toronto General Hos-

pital indicates that the health care worker's knowledge of the presence of HIV in patients does not influence the number of accidental exposures to infected blood.

Since 1982, the number of exposures rose as the numbers of patients grew, yet all of these exposures involved a situation where the patient was known to be infected with HIV.

This suggests that the health care worker's knowledge of the infectivity of the patient is not a factor in reducing the occurrence of accidental exposures to blood.

There are now 15 cases in the world of health care workers who have seroconverted after exposure to infected fluids. CDWR 1988; 14-32: 141-146.

Care of AIDS patients

AIDS care: an institutional delivery model

The development in rural areas of AIDS care groups which can provide basic home care to AIDS patients is a necessity in order to curtail the inappropriate use of big, regional hospitals.

St. Paul's Hospital in Vancouver has had extensive experience in caring for AIDS patients and now cares for about 70% of British Columbia's AIDS patients - but future trends for the disease show that although urban center hospitals will take the major burden for the acute care of patients, decentralisation of a number of care services is imperative.

The volume of patients, the intensity of care desired, and the desire of patients to return home to die necessitates the development of community care services. Continuing and palliative care services will need to be developed in more rural communities in order to manage the demand for care of AIDS patients in the future. Goldstone I, AIDS Care; an institutional delivery model; St. Paul's (Vancouver) Experience. Accepted for publication in the Journal of Palliative Care 1987.

These articles are available upon request. If you have any questions, or need any further information on AIDS or HIV infection, contact Ann Jolly, AIDS Researcher at 920-3162.

Current data of AIDS cases reported in Canada as of November 3, 1988 follows:

MESSAGE FROM THE MINISTER OF HEALTH UPDATE - HIV INFECTION AND AIDS IN THE N.W.T.

February 27, 1989

INTRODUCTION

As I indicated in the November 1988 session of the Legislative Assembly, I am committed to presenting regular updates on the number of reported cases of AIDS and the number of persons who have been found to have antibodies to the AIDS virus, said to be "HIV positive," in the Northwest Territories. That report follows, as well as additional information on the activities of the N.W.T. AIDS Program.

It may take years for sufficient symptoms to develop in an HIV infected person such that the individual is reported as having AIDS. None the less, many - perhaps all - of those HIV positive persons will ultimately go on to develop AIDS. HIV is primarily transmitted during sexual intercourse or during I.V. drug use.

It is the Department of Health's belief that more HIV infections are to be expected in the N.W.T. as time goes by. Due to this, it is the recommendation of the Department that communities wholeheartedly engage in public education efforts to become better informed regarding protection from infection, particularly infection transmitted during sexual intercourse, and to prepare themselves for the potential psychological and health care impact of infected and sick individuals.

Communities and individuals in the N.W.T. must take more responsibility for encouraging safer sexual behaviors so that transmission of the virus is not facilitated. At the same time, Northerners must be aware that the sharing of unclean needles to inject "street" drugs can be another means of HIV transmission.

Education is our only weapon against HIV infection and AIDS; as yet there is still no cure, no vaccine. We know how HIV is transmitted, and how individuals can protect themselves and others from infection. AIDS is no longer a mysterious disease. Like other communicable diseases, its cause is known, and its effects are becoming better understood.

HIV AND AIDS STATISTICS FOR THE N.W.T.

As of February 14, 1989, there were 6 HIV infections, including one case of AIDS, reported in the Northwest Territories. This is one more than was reported at the last Update, in the fall of 1988.

TESTING AND CONFIDENTIALITY

The number of reported HIV infections is determined by positive blood reports received from laboratories that specialize in the HIV tests. The usual way to get a test done is to go to a doctor or nurse, to discuss with them whether the test seems necessary or not, and if so, then to have a small blood sample taken and sent out to the laboratory. Sometimes, after completing their assessment of the patient, the doctor or nurse might not feel that a test needs to be done. Should the patient still feel that a test is required, that individual can call the toll-free AIDS Information Line, be connected with the Medical Director, and discuss approaches to solving the problem.

All testing is done confidentially. Nobody

but the patient, the doctor or nurse who takes the blood, and the Medical Director, has any right to know that an individual has been tested. The doctor or nurse will not use the patient's name or health care number on the sample, but will use a code that only they will know. This procedure protects the patient's confidentiality.

The doctor or nurse is required, however, to inform the Medical Director of all positive test results. This is necessary so that the Department of Health can clearly see how the disease is occurring, and can help to prevent it from spreading. These reports will always be confidential, but by adding the numbers together annually, we can obtain a profile of the extent of the infection in our communities.

When a doctor or nurse receives a positive report from the testing laboratory, results must be passed on to the patient in person (not over the phone), and counselling is provided. Counselling services are also available through the N.W.T. AIDS Program. 1-800-661-0795 outside Yellowknife. 873-7017 in Yellowknife.

CONTACT TRACING

Under the NWT Communicable Disease Act and Regulations (1988), it is the responsibility of the attending physician or nurse to report all HIV antibody test results to the Chief Medical Health Officer by telephone within 24 hours. This activity sets in motion a routine of patient and contact follow-up conducted by the attending physician and/or by the Department of Health. Follow-up is conducted to ensure that those who may be at serious risk of infection are informed of their risk and counselled. Every effort is made to ensure confidentiality during this process.

UPDATE ON NWT AIDS PROGRAM

The N.W.T. AIDS Program, in existence for close to two years, is continuing to provide information to Northerners through

television and radio announcements, newspaper advertisements, posters, pamphlets, a toll-free "800" telephone information line, regional and community workshops and the N.W.T. School Health Curriculum.

Since September 1987, 4000 Northerners have received AIDS workshops conducted by the N.W.T. AIDS Program and/or the Family Life Education Consultants within the Department of Health.

PROGRAM ACTIVITIES NOVEMBER 1988 - FEBRUARY 1989

TELEVISION PUBLIC SERVICE ANNOUNCEMENTS

Ten television public service announcements, produced for the N.W.T. AIDS Program by the Inuit Broadcasting Corporation, began broadcast on CBC Northern Service Television in December 1988 and will continue to run until May 1989. Each of the 30-second spots was produced in 10 northern languages: English, French, Inuktitut, Innuinaqtun, Inuvialuktun, Loucheux, North Slavey, South Slavey, Dogrib and Chipewyan. The series of announcements progresses through different aspects of AIDS, beginning with a definition of the problem, and moves through information about transmission, protection, counselling and testing, and finally compassion for people with AIDS. The Program's toll-free "800" number is featured in most of the ads.

SECOND MAJOR AIDS POSTER

A second poster, with the slogan "Stopping AIDS is up to us," was produced in 10 northern languages and distributed to every community in the Northwest Territories in November 1988. The poster depicts an Inuit person, a Dene person and a non-native person discussing an AIDS pamphlet. Posters were distributed to community councils, band councils, friendship centres, alcohol centres, schools, libraries, public health clinics, health centres (nursing stations), native

groups, medical professionals, and to other programs and individuals both inside and outside the N.W.T.

NEWSPAPER ADVERTISEMENTS

The N.W.T. AIDS Program maintains a standing advertisement in nine Territorial newspapers. The ads serve to keep the reality of HIV infection and the services of the N.W.T. AIDS Program in the public eye. The ads also communicate specific information about the disease to the public.

WORLD AIDS DAY POSTERS

In November 1988, in conjunction with World AIDS Day, the N.W.T. AIDS Program distributed close to 1000 posters to communities throughout the Northwest Territories. The poster was designed to inform Northerners of the Program's toll-free AIDS Information Line, and to encourage people to phone that number for free, confidential, over-the-phone information about AIDS. The poster was printed in English and Inuktitut.

TOLL-FREE "800" AIDS INFORMATION TELEPHONE LINE

The toll-free AIDS Information Line has received a total of 52 calls since its inception in October 1988. The number of calls doubled for the month of January as compared to the first month of operation. Over half of the calls have been concerned with the transmission of AIDS and HIV infection. Information on safer sex, testing and the symptoms associated with AIDS account for 40% of phone line requests. The number of calls has been found to increase when media coverage of AIDS increases. The toll-free number is 1-800-661-0795; in Yellowknife 873-7017. Currently, the line operates Monday to Friday, 9 am to 5 pm. After those hours, a recorded message encourages callers to phone back during hours of program operation.

AIDS UPDATES

The AIDS Update (see attached copy) continues to be published on a quarterly basis. The Update provides a vehicle for

sharing information with health/education/social service professionals across the North. The Update is widely distributed across the N.W.T., as well as to other AIDS groups across Canada. Anyone wishing to receive the AIDS Update on a regular basis, is invited to contact the N.W.T. AIDS Program. In Yellowknife, call 920-3322; outside Yellowknife, call 1-800-661-0795.

AIDS RESOURCE CENTRE

The N.W.T. AIDS Program maintains a resource centre in cooperation with the Otto Schaefer Health Library and Resource Centre. Materials available to the public on a loan basis include videos, films and books. Pamphlets and posters are also distributed free of charge. The Otto Schaefer Health Resource Centre can be contacted at 1-403-873-7713, 5th Floor, PreCambrian Building, Yellowknife, N.W.T., X1A 2L9.

The N.W.T. AIDS Program office, located in the Keewatin Building, Yellowknife, N.W.T., has available free posters, pamphlets, buttons, condoms, lubricating jelly and other related materials. Condoms, lubricants and pamphlets are also available free of charge from public health clinics and health centres (nursing stations).

NEW PROGRAM CO-ORDINATOR

Anne Thorpe was hired in December, 1988 as the new Co-ordinator of the N.W.T. AIDS Program. Anne has degrees in Physical Education and Psychology and has worked for the past two years with the AIDS Committee of Ottawa in the position of Education Co-ordinator.

FUTURE ACTIVITIES

The N.W.T. AIDS Program is continually exploring new ways to reach the public with important information about AIDS. Attempts are ongoing to bring AIDS information to the grassroots level in forms that hit home with particular target

audiences. Some of the projects underway follow.

NEW AIDS PAMPHLETS

A new AIDS information pamphlet, developed with feedback from the regional and community levels, is currently under development and should be ready for distribution in

the early summer of 1989. The new pamphlet will feature easy-to-read language, illustrations and current information on HIV infection and AIDS. The pamphlet will be printed in English and Inuktitut.

NATIVE THEATRE

A project to use native theatre groups to develop AIDS radio drama is currently in the planning stages. Building on past successes using native theatre to address northern social issues (spousal assault, substance abuse), the project will use the medium of radio drama to expand the audience beyond the confines of the theatre stage. With radio drama, the aim is to reach a Territory-wide audience. Both Dene and Inuit theatre groups would be involved in the project.

NEW COMMUNITY HEALTH PROJECT

The Department of Health has allocated funding to do a one-year grassroots health promotion campaign on (1)AIDS and (2)tobacco. It is anticipated that, in the spring of 1989, Regional Health Boards will identify local people as regional or community participants in the project. These individuals will receive specific training to prepare them to provide health information in their respective regions. The program is designed to bring education about HIV infection, and tobacco, to the community level and, where feasible into family homes.

CANADA YOUTH AND AIDS SURVEY

Territorial results of the Canada Youth and AIDS Study (conducted in early 1988) will be released in mid-April and will provide valuable information about the knowledge, attitudes and sexual behaviors

of young people in the N.W.T. As this survey was conducted very early in the life of the N.W.T. AIDS Program, and before AIDS education came on stream in the Territorial school system, the survey will provide base results that can later be used to assess the impact of the AIDS related campaigns currently underway in the Departments of Health and Education. The Department of Health will be continuing to work closely with the Department of Education and others in implementing directions that arise out of the Canada Youth and AIDS Survey.

In conclusion, AIDS is one of a number of communicable diseases found in the Northwest Territories, and worldwide. It is currently being given priority because of the devastating impact it may have on our physical, emotional and social health. AIDS kills. There is no cure, there is no vaccine for AIDS . . . but AIDS can be prevented.

We must recognize that certain activities put us at risk for AIDS. It doesn't matter whether or not we are part of a high risk group, it matters only what behaviors we practise.

We call on all organizations and individuals within the N.W.T. to become involved in AIDS education and to encourage safer sexual behaviors.

For further information, please feel free to contact the N.W.T. AIDS Program. In Yellowknife, call 920-3322. Outside of Yellowknife, call 1-800-661-0795. Mailing address is Box 1320, Yellowknife, N.W.T., X1A 2L9.

Stopping AIDS is up to us.

Nellie J. Cournoyea
Minister of Health



