

lence of HIV/AIDS in India and its social stigma.

An estimated 5.13 million people in India are infected with HIV, the highest number of infections in the world after South Africa (*CMAJ* 2004;171:1337-8). The southern states, where Mumbai is located, account for 30% of India's population but 75% of HIV-1 cases.

The museum is a collaborative venture by the Brihanmumbai Municipal Corporation and the Mumbai District AIDS Control Society. When it opened in 2002, it attracted some 25 000 visitors annually. Now, the numbers have tapered off, largely due to a lack of publicity and the social stigma surrounding HIV/AIDS in India. Precise attendance figures are not available.

Nonetheless, the museum is effective, maintains Swapan Jana, secretary of society for Social Pharmacology India, a non-governmental organization working on HIV/AIDS education and prevention. "Sex education provided by the museum has really helped save lives of people," he says.

If Antarang's operators maintain the museum and pitch it toward young people, it may be more successful than traditional approaches to combating HIV/AIDS, he adds.

"In India, approaches carried out with posters, leaflets, free condoms, auto-disposable syringes and television publicity seem to have very limited impact in combating HIV/AIDS, because most of them couldn't attract the common people," says Jana. "Antarang is an attractive approach [and] it should work properly, reaching the target population." — Manjulika Das, Kolkata, India

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## News @ a glance

**Rapid HIV test:** Health Canada has approved a rapid HIV test kit, developed by a Canadian company, that will allow doctors, emergency health care workers or hospital personnel to test patients on the spot. The INSTI HIV kit uses a finger prick to detect the presence of HIV antibodies in blood, plasma or serum, returning a result

within 60 seconds. Clinical trials demonstrated a 99.6% accuracy test, says bioLytical Laboratories of Richmond, BC, which developed the test. If someone receives a positive finding from the test, bioLytical considers that a "presumptive positive" requiring a follow-up lab test. Currently, patients who send HIV tests to laboratories can wait up to 10 days for results. Although there are several similar kits available in the US, this is the first approved for use in Canada. The company is negotiating with the provinces to make it available to physicians and others, and to make sure that data on those who test negative, as well as positive, are still recorded, as is now the case with laboratory testing. The ease and accuracy of the test should encourage more people to get tested, says Richard Galli, director of research and development at bioLytical. "We're hoping that this will in fact bring forward a large segment of the population that hasn't come forward yet."

**Hep C sidestep:** It took a year, but the federal government has finally laid out the steps necessary to compensate people who contracted hepatitis C from tainted blood before 1986 and after 1990. In November 2004, Health Minister Ujjal Dosanjh said he hoped to resolve this issue by June 2005 (*CMAJ* 2005;172:25). Instead, lawyers for government and the victims negotiated for a year. The next steps now include collecting information about the number of people to be compensated (estimated at 6000 to 10 000), their health status and prognosis. All this information should already be on hand, says the Canadian Hemophilia Society, which is fed up with delays. "The lack of information speaks to an overall failure of governments," states



spokesperson John Plater. It will be several months before people are compensated, says Dosanjh.

**Media doctor:** A dozen academics are tackling inaccuracy in medical news reporting at [www.mediodoctor.ca](http://www.mediodoctor.ca). The site rates treatment stories on a 5-star scale. Two reviewers, drawn from a bank of 10 from the UBC Faculty of Pharmaceutical Sciences and Media Studies Unit, run stories through an 11-point checklist. For example, the report, "Do age-old remedies stop the sneezing?" (*Calgary Herald*, Nov. 17, 2005) garnered 2 stars, because there was no reference to the quality of evidence, the benefit or harm of the treatments or their cost. The site, which is modelled on Media Doctor Australia, was launched by Alan Cassels at the University of Victoria School of Health Information Science. Cassels and his counterpart in Australia plan to eventually include news on other topics such as diagnostic tests and surgery, and to run international comparisons of media coverage. The Canadian site got start-up funding of \$65 000 from Industry Canada.

**Drugged driving:** Teenagers are more likely to drive after using marijuana than after drinking alcohol, finds a new study (*Accid Anal Prev* 2005;37:1025-34). Researchers surveyed teenagers in Atlantic Canada and found 15.1% of students, age 16 to 18, had driven under the influence of cannabis, whereas 11.7% had driven under the influence of alcohol. The study showed 62.3% of students had used alcohol but only 33.6% had used cannabis. After alcohol, "cannabis is the drug most often found in drivers who are fatally injured," the study reported. — Kristen Everson, Ottawa

**More physicians:** Ontario is investing \$33 million over 3 years to train an additional 141 family physicians annually. Ontario now graduates 196 FPs annually. The money will be spent on construction (\$10 million) at 4 universities, and on operating costs (\$23 million). — Compiled by Barbara Sibbald, *CMAJ*

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