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HIV in Aboriginal drug users

Canada's Aboriginal community suffers disproportionately from a number of different diseases: alcoholism, diabetes and nutritional deficiencies, to name a few. It has been predicted that the next epidemic facing Canada's Aboriginal population will be HIV infection, and the few data that have been collected thus far confirm an alarming trend. In 1999, Aboriginal people accounted for about 9% of newly diagnosed cases of HIV infection, despite being less than 3% of the general population. Particular risk factors for HIV infection in Aboriginal people have not been identified, but national statistics suggest that most new infections occur in injection drug users. Kevin Craib and colleagues followed a cohort of injection

drug users in Vancouver from 1996 through 2001 and found that Aboriginal injection drug users are becoming HIV-positive at twice the rate of non-Aboriginal ones. The authors identify risks and emphasize the need for an urgent and coordinated strategy to decrease HIV incidence in this vulnerable population.

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When in doubt ... wait it out?

New evidence for prostate cancer management

For many men, prostate cancer seems to be a slow-growing disease of old age. However, there are more aggressive forms of the disease, and younger men and those with high-grade tumours are at great risk of dying from their cancer. This variation in patient profiles makes clinical trials of the appropriate management of newly diagnosed cases difficult to interpret. A recent study of patients with newly diagnosed prostate cancer assigned to 2 groups, radical prostatectomy or watchful waiting, showed a decreased risk of dying from prostate cancer in the patients who underwent surgery. However, no difference in overall survival was observed between the 2 groups. How are we to interpret this evidence? Do we offer surgery, or observation? To whom? The results of this study are summarized in our In The Literature page, and in a related commentary Michael Jewett and colleagues interpret the results and attempt to describe how they might influence Canadian practice.

Also in this issue, Andrew Coldman and colleagues describe how they studied data from prostate cancer cases and deaths reported to the British Columbia Cancer Registry during 1985–1999 and looked for a relation between prostate-specific antigen (PSA) screening intensity and decreases in prostate cancer mortality. None was found. See pages 31, 44 and 67

Influenza: treatment and prevention

Increasingly effective vaccination programs have decreased the incidence of influenza in Canada but, despite this, incomplete coverage and antigenic shift of the virus enable outbreaks to occur. Two classes of drug are available to the physician confronted with an infected patient during an outbreak of influenza: ion channel blockers, represented by amantadine, and a second, newer group, neuraminidase inhibitors. Grant Stiver summarizes the biology of influenza and the ameliorating effects of the available drugs and outlines which patients to treat, and how.

Also in this issue, Vincent Grant and coworkers describe the results of their survey of 203 parents of children presenting to an emergency department to find which factors influenced their decision whether or not to have their child vaccinated against influenza. Overall, 27% of children were vaccinated. Parents of children with chronic disease were more likely to agree to vaccination, as were parents who had discussed vaccination with their physician.

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