



trated” because they have little formal training in the diagnosis and treatment of whiplash. Barron says the new program “will give the majority of physicians in BC a consistent approach to whiplash, using innovative ways of getting the information out.”

The initiative teaches doctors to diagnose injuries in 4 categories, according to severity. Twenty physicians from different disciplines involved with whiplash-injury treatment have been trained to present the training in every BC community that has a hospital, says Barron. One-day sessions are also held in large centres.

As well, interactive audio teleconferencing sessions are held twice a year, linking physicians in 27 rural locations with presenters in Vancouver; written material is sent to physicians before the conferences. Dr. Carl Whiteside, a member of the initiative’s steering committee, says sessions held so far have been well received.

Other components of the program include a Web site ([www.health-sciences.ubc.ca/whiplash.bc/](http://www.health-sciences.ubc.ca/whiplash.bc/)), expansion of the undergraduate curriculum and the creation of guidelines to help write medicolegal reports. The BC group is also organizing the first World Congress on Whiplash, which will be held in Vancouver in February 1999 ([www.whiplash.99.org](http://www.whiplash.99.org)). — © Heather Kent

## Rural Newfoundland no longer Canada’s “AIDS capital”

A rural area in Newfoundland may have lost its distinction as “the AIDS capital of Canada,” but AIDS workers say lower infection rates shouldn’t make anyone complacent.

Between 1990 and 1995, about 40 people in the Conception Bay North area tested positive for HIV, most of them young women. Since then, however, only one new case has been

reported. That news is a relief to the roughly 50 000 people who live in Conception Bay North, a string of small communities just over an hour’s drive from St. John’s. Since 1990 the area has had one of the country’s highest HIV-infection rates for young women.

“If the numbers are down, that’s excellent,” says Gerard Yetman, executive director of the Newfoundland and Labrador AIDS Committee. “It means we can look at what we’ve done in public education, see what’s worked and enhance our programs. But I hope we’re not jumping the gun here. Until we have hard scientific data on how many people are being tested, we can’t say for sure that the numbers are down. And the health department has never released information on testing.”

The high infection rate in Conception Bay North prompted the Red Cross to stop collecting blood from local donors in 1995, and residents said that move simply added to the stigma the community was facing.

Meanwhile, health officials were trying to find out how so many people in such a small area became infected.

“There was no sign of injection drug use in the area and viral studies told us there was nothing different about the virus,” says Dr. Catherine Donovan, medical officer with the Eastern Newfoundland Health Unit. “It appeared that sexual activity among heterosexuals was responsible for the outbreak.”

When the first cases emerged, public health officials began tracing sexual contacts and notifying the sexual partners of people who had tested positive. One man, Raymond Mercer, was convicted of criminal negligence and sentenced to 11 years in prison for knowingly infecting a number of local women.

“I think partner notification and contact tracing was very effective, particularly in this setting,” says Donovan. “We encouraged a lot of people to get testing and most people [who are HIV positive] have been identified.”

## Cool site

*Go Ask Alice* ([www.columbia.edu/cu/healthwise/alice.html](http://www.columbia.edu/cu/healthwise/alice.html)) is tailor-made for physicians who find themselves besieged with a dizzying array of questions from younger patients. By passing along this address, they’ll allow these patients to find many answers on their own. *Go Ask Alice*, which is maintained by Columbia University Health Services, is aimed at mature teenagers and university students. It serves as an online advice columnist that electronically responds to real questions posed by its readers. The questions are grouped under broad categories such as sexuality, relationships, alcohol and drugs, fitness and nutrition, emotional well-being and general health. My only criticism is that the inquiries within each section are listed randomly, although a search engine is available for those seeking specific information. The questions I saw dealt with an abusive boyfriend, acne and antibiotics, breast implants, pinworms, body odour, an Achilles tendon injury and whether a synovial cyst should be treated by smashing it with a hammer. I found Alice’s answers appropriate and informative, with frequent cautions to seek a physician for further advice. A word of warning — the section on sexuality is very graphic and makes no moral assumptions. Your patients should be alerted that they may find some of this material inappropriate or offensive. — Dr. Robert Patterson, [robpatterson@msn.com](mailto:robpatterson@msn.com)