

Results. In 1998–2001 65% of all culture confirmed cases were smear positive and 0.5% were drug resistant. In 2008–2011 64% of all culture confirmed cases were smear positive. Drug resistance remains low, although the first case of MDR-TB was registered in 2010. In 2008–2011 eight per cent of the schoolchildren included in the annual screening tested positive for latent tuberculosis infection.

Conclusions. The high percentage of smear positive cases shows that continued and increased focus on early detection of active disease and thorough contact tracing are essential. Treatment of detected cases is most likely effective, as little drug resistance is registered, but the emergence of a single MDR-TB case is cause for concern. The high prevalence of latent tuberculosis infection among schoolchildren shows that active disease transmission is ongoing and further supports the need for increased awareness.

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ADHERENCE AND BARRIERS TO H. PYLORI TREATMENT IN ARCTIC CANADA: PRELIMINARY FINDINGS FROM A RANDOMIZED TRIAL

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Helicobacter pylori infection is an emerging health concern to some northern Canadian Aboriginal communities and their clinicians. Clinicians in the north perceive *H. pylori* infection to be a major clinical problem because they find *H. pylori* infection in many patients evaluated for common stomach complaints, leading to frequent demand for treatment, which often fails. Moreover, public health authorities identified the need for information to develop locally appropriate *H. pylori* control strategies. We aim to describe adherence and identify barriers to completing treatment among *H. pylori*-positive participants in a community-based project inspired by local concerns about *H. pylori* infection risks. In 2008, 110 *H. pylori*-positive participants of the Aklavik *H. pylori* project were randomized to standard-of-care or sequential treatment. We collected adherence data by interviewer administered questionnaire and classified adherence based on self-report. We estimated adherence frequencies as the proportion of participants who reported taking 100% of doses; to compare the proportion with perfect adherence in subgroups (age, sex, regimen) we report proportion differences. Of the 86 participants who completed the questionnaire, 66% reported 100% adherence. We observed more frequent perfect adherence in males (74%) v females (58%), participants = 40 years (80%) v <40 (51%), and for standard therapy (68%) v

sequential (64%). Proportion differences (95% confidence interval) were 16% (−3.4, 36) for male v female, 29% (10, 48) for 40+ v <40, and 4% (−16, 24) for standard v sequential therapy. Of the 29 participants who reported <100% adherence, the following barriers to treatment were reported: forgetfulness (38%), nausea (17%), not wanting to take treatment (14%), alcohol use (10%), stomach pain (10%), difficulty swallowing pills (10%), no reason (4%), or bad taste of the pills (3%). In this trial, adults over 40 were more adherent. Our ongoing research in additional northern Canadian communities will add data needed for more accurate conclusions regarding other predictors of adherence.

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DIFFERENT BOATS FOR DIFFERENT FOLKS: HPV RELATED DISEASE PREVENTION EQUITY FOR INDIGENOUS PEOPLES GLOBALLY

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Indigenous peoples in circumpolar countries have much in common with their counterparts in other parts of the world, including an increased risk from infectious diseases. The Human Papillomavirus (HPV) is one of the most commonly sexually transmitted infections, and is the main cause of cervical cancer and genital warts. HPV is also associated with cancers of the anus, oropharynx, penis, vagina and vulva. Cervical cancer rates continue to be significantly higher in Indigenous peoples than in the general populations of certain regions and countries. A group of individuals, now known as the International Indigenous HPV Working Group, has collaborated since 2008 in an effort to reduce the burden of HPV related diseases experienced by Indigenous peoples. This working group, lead by volunteer chairs based in Canada and New Zealand, includes members in 18 countries around the globe. The group recently held an international symposium in Berlin, Germany (September 2011) entitled “Prioritizing HPV immunization of Indigenous populations”. Outcomes from this symposium will be discussed in this presentation, with topics including: 1) Equity tools used to address systemic disparities in health 2) the value of inclusive, transparent, and accountable processes; 3) rates of HPV, cervical cancer, genital warts, and HPV vaccination among Indigenous populations; and 4) methods used by the Maori Equity Advisory Group to assist in achieving and exceeding HPV immunization targets among Indigenous Peoples of New Zealand.