

New US labelling to eliminate drug conFUSION

A new program in the US is using upper- and lower-case letters, italics and a mix of colours to highlight drug names in an attempt to reduce the number of medication errors caused by look-alike, sound-alike drug names.

The Food and Drug Administration says about 200 000 Americans are harmed each year because they receive the wrong drug. It cites the confusion surrounding Lamictal (anti-epilepsy) and Lamisal (antifungal) as an example. Under the FDA's new system, the "ictal"

portion of Lamictal will appear in red, italicized letters. To reduce confusion between chlorproPAMIDE (antidiabetic) and chlorproMAZINE (tranquilizer), the last 6 letters of both will be capitalized.

The FDA is also having employees write test prescriptions before new drugs enter the market in order to test new names. Volunteer nurses and pharmacists then try to decipher them. One-third of the new names have been sent back to the manufacturer for refinement since the testing began.

Spokesperson Ryan Baker says a Health Canada working group is looking at the issue, and the department is also leading a coalition that is examining the broader subject of adverse medical events. In the area of look-alike, sound-alike names, he said Schering Canada Inc. agreed in December to remove Peg-Intron from the market because it sounded similar to a new Schering product, Pegetron. Both are used to treat patients with chronic hepatitis C infection. — *Patrick Sullivan, CMAJ*

One country, 13 immunization programs

Pressure is mounting to ensure that all Canadians have access to the same immunization coverage (see page 567). Despite an expert committee's recommendation that there be routine immunization for 13 infectious diseases, coverage remains uneven (Table 1).

Immunization against 9 diseases, including polio and measles, is provided everywhere. However, since 1998 the National Advisory Committee on Immunization (NACI) has added 4 vaccines (meningococcal C, adolescent and adult pertussis, pneumococcal conjugate and varicella) to its recommended vaccine list in the *Canadian Immunization*

Guide. As of Jan. 6, 2003, some jurisdictions, such as Alberta, were providing up to 12 of them. Obtaining the additional vaccines privately can cost up to \$800 per patient.

NACI is responding to the patchwork coverage by working with Health Canada to develop a national immunization strategy. However, this is proving difficult because immunization is a provincial/territorial responsibility. "Our hands are tied because of the way medicine is structured in Canada," says pediatrician Victor Marchessault, NACI's chair. NACI would like Ottawa to cover the cost of immunization, per-

haps through a targeted portion of its transfers to the provinces.

Support for a national program is growing. The CMA is calling for a Childhood National Immunization Strategy to ensure that new vaccines against varicella, meningitis and pneumococcal infection are introduced nationally. President Dana Hanson says the variation in immunization rates across Canada is "unacceptable."

Marchessault wants physicians to write their MPs to demand national coverage. Public pressure worked in Nova Scotia, where the varicella vaccine is now provided. And since Alberta has added all 3 new childhood vaccines to its list, Marchessault hopes other provinces will be "shamed into doing the same."

Health Canada appreciates the need for a national strategy, especially because of the anticipated onslaught of new vaccines for diseases such as West Nile virus infection and HIV/AIDS. "We've got to be prepared to meet these challenges," says Dr. Arlene King, director of its Division of Immunization and Respiratory Infection.

But complacency is a big stumbling block, says King. "Many of these diseases we've controlled or eradicated, and [people] do not understand the need."

And public health issues do not get the same attention as acute care problems, even though immunization remains, says King, "the most effective and cost-effective medical intervention available. Our challenge is to make it sexy." — *Barbara Sibbald, CMAJ*

Table 1: Vaccination programs funded by Canadian jurisdictions

Province/territory	Childhood vaccines*	Meningococcal conjugate	Adolescent pertussis	Pneumococcal conjugate	Varicella
British Columbia	X				
Alberta	X	X		X	X
Saskatchewan	X			X†	
Manitoba	X				
Ontario	X	X†			
Quebec	X	X		X†	X†
New Brunswick	X	X†			
Nova Scotia	X				X
Prince Edward Island	X	X†		X†	X
Newfoundland and Labrador			X		
Yukon Territory	X				
Northwest Territories	X		X		X
Nunavut	X		X	X	X

*Diphtheria, hepatitis B, *Haemophilus influenzae* type b, measles, mumps, pertussis, polio, rubella and tetanus.

†Limited implementation.

Source: Health Canada, Jan. 6, 2003.