Letters

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Disease surveillance

I read the June 13 editorial in *CMAJ*[1] on infectious disease surveillance and felt compelled to respond to its conclusions about our country's ability to deal with infectious disease outbreaks and an influenza pandemic.

Disease surveillance in Canada is very complex. It requires close cooperation and rapid information-sharing among many partners, from front-line health care workers to public health officials at all levels of government.

The Public Health Agency of Canada (PHAC) was recognized by the Auditor General for the important progress we have made, and continue to make, in improving disease information-sharing in Canada. Although there is always more to be done, Canada remains a leader in cooperating with partners and sharing information.

In addition, Canada is the first country to develop a national pandemic influenza plan for the health sector. Canada is the only country that has a contract with a domestic manufacturer to produce vaccine for every Canadian in a pandemic. Canada has stockpiled enough antiviral medication to treat all Canadians who need it in a pandemic. Under the leadership of Health Minister Tony Clement, the government of Canada has invested $1 billion into pandemic preparedness. We are a world leader in pandemic planning and much of what we have accomplished is the result of working together with our partners.

The provinces and territories share information with PHAC regularly, and we are working with them to establish more formal information-sharing agreements, such as the one we have with Ontario, to ensure the rapid flow of surveillance information. The ministers of health in all jurisdictions have approved, and will soon finalize, a memorandum on information-sharing during public health emergencies that will serve as the principal agreement through which health authorities will share information in an emergency.

A number of events such as the H2N2 alert involving laboratory influenza samples during the spring of 2005, the avian influenza outbreak in poultry in Saskatchewan in the fall of 2007 and the recent incident involving the isolation of a passenger train in northern Ontario have underscored the good working relationships we have with our partners. Furthermore, these events demonstrate our ability, and the ability of our provincial, territorial and international partners, to address public health threats effectively.

As for international disease surveillance, the agency's state of the art Global Public Health Intelligence Network monitors media reports worldwide in multiple languages and supplies much of the world's surveillance information. About 40% of the disease surveillance information the World Health Organization receives comes predominantly from this system.

Going forward as part of a larger investment in Canada Health Infoway, the federal government has dedicated funding to the development of Panorama, a unique electronic surveillance tool that will assist both in the management of Canadians who acquire infectious diseases and in the coordination of responses to outbreaks between jurisdictions.

Canadians should be confident that Canada has one of the best surveillance systems in the world, and together with the provinces and territories we continue to improve our capacity to respond to infectious disease threats.

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Competing interests: None declared.

REFERENCE

1. Attaran A. A legislative failure of epidemic proportions. *CMAJ* 2008;179:9.

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[*CMAJ* responds:]

We thank Dr. Butler-Jones for his letter. As noted in our editorial,[1] our concern is that of 13 provinces and territories, only 1 (Ontario, as Dr. Butler-Jones cites) has entered a formal agreement with PHAC to share epidemiologic information — an appalling result, reached after 9 years of intergovernmental negotiations. Dr. Butler-Jones writes that PHAC will work "to establish more formal information-sharing agreements." He believes PHAC's tenth year of effort will pay off.

We believe it is more realistic to conclude that negotiations have reached an impasse. Thus, Ottawa must legislate to oblige all levels of government to share epidemiologic information before another epidemic hits, possibly killing thousands. At present, information exchange depends not on any rules or law, but solely on "good working relationships," as Dr. Butler-Jones calls them.

But good working relationships come and go, especially in high-pressure crisis situations. What if a nervous mayor convinced the local public health officer to withhold information for a few days or weeks until suspected cases were confirmed? PHAC has no powers to overcome that kind of situation — although it should.

Dr. Butler-Jones cites the readiness of influenza vaccines and antiviral medicines as instances where Canada has achieved isolated successes in epidemic preparedness. We agree, but believe that PHAC's failure to establish rules — clear, firm legal obligations — that compel federal, provincial and territorial governments to share epidemiologic information during outbreaks is a larger, overriding systematic failure.

Dr. Butler-Jones should put PHAC on that job, urgently.

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REFERENCE

1. Attaran A. A legislative failure of epidemic proportions. *CMAJ* 2008;179:9.

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Distressing news on the Therapeutics Initiative

It was deeply distressing to read Ann Silversides' report on the Therapeutics Initiative and discover that the British Columbia minister of health is yielding to pressures from the pharmaceutical industry and "other vested interest groups" to replace it by a system of evaluation less "resistant to meaningful stakeholder engagement."[1] The real stakeholders are those who depend on having an independent and trustworthy source of information on new drugs. These groups include the citizens of British Columbia who are prescribed these drugs and must both take and often pay for them. There are also the physicians and surgeons of the province who must prescribe these drugs and the British Columbia health care agencies that want to control drug costs.

The loss of the Therapeutics Initiative will have an impact not only in British Columbia but across Canada and internationally. As one of the very few independent groups undertaking this type of work, it has a widespread reputation for scientific excellence and probity. The extensiveness of this reputation may well explain the ferocity of the attempts to destroy the Therapeutics Initiative.

It may be difficult to explain to consumers and health professionals that their need for reliable evidence has been trumped by the claims of powerful interest groups. Sadly, whatever is put in the place of the Therapeutics Initiative will be seen as untrustworthy because of the way in which it will have been set up, but also because public trust in the pharmaceutical industry is at a low ebb.

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Competing interests: None declared.

REFERENCE

1. Silversides A. Highly lauded drug assessment program under attack. *CMAJ* 2008;179:26-7.

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Dangers for children in the care of drug users

I commend Jane Buxton and Naomi Dove for their brief summary of an important public health issue, crystal methamphetamine (crystal meth) use.[1] Unfortunately, the authors did not mention a very important concern associated with the use and production of crystal meth: child protection.

Methamphetamine use is associated with unique child protection concerns that are not seen with other drugs of abuse.[2–4] Children who live in methamphetamine laboratories can be poisoned as a result of exposure to the lethal chemicals used to manufacture methamphetamine and their toxic biproducts. In addition, because of the volatility of the compounds used to manufacture methamphetamine in a clandestine manner, it is not uncommon for methamphetamine laboratories to explode, injuring or killing resident children. Methamphetamine-addicted caregivers who are on a run or tweaking may neglect to feed their children or may fail to provide for their developmental, medical or emotional needs. In addition, they may fail to supervise their children and may expose them to a wide range of strangers and drug users. Booby traps are used to protect many methamphetamine laboratories because of the paranoia that often characterizes crystal meth use, and children are in danger of physical harm if they inadvertently trigger these traps. Finally, the hypersexuality and drug-seeking behaviours of adult methamphetamine users may lead to sexual abuse of children, who may be prostituted for money or drugs or used as sexual objects by users on a run.

Although children in the care of drug users are not all in need of protection, physicians who are aware of children living with or around caregivers who are addicted to methamphetamine should seriously consider whether child protection concerns exist. If they have a reasonable reason to believe that a child is in need of protection, physicians have a legal and moral duty to report their suspicions to child welfare authorities.

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Competing interests: None declared.

REFERENCES

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2. Kolecki P. Inadvertent methamphetamine poisoning in pediatric patients. *Pediatr Emerg Care* 1998;14:385-7.
3. Swetlow K. Children at clandestine methamphetamine labs: helping meth's youngest victims. *OVC Bulletin*. NCJ 197590. Washington (DC): US Department of Justice; 2003. Available: www.ojp.usdoj.gov/ovc/publications/bulletins/children/197590.pdf (accessed 2008 June 16).
4. Lineberry TW, Bostwick JM. Methamphetamine abuse: a perfect storm of complications. *Mayo Clin Proc* 2006;81:77-84.

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Missed opportunity

With the retinal photograph on the cover of a recent issue of *CMAJ* (May 20) you missed a superb opportunity to point out the many abnormal features in this image and to educate physicians on the value of a careful examination of the eye. One of my retirement projects has been to tidy up my teaching slides and to share them with whoever might be interested. I have been especially interested in sharing my love of the ophthalmoscope, the only device that allows you to actually see nerves and blood vessels. The cover photograph shows florid papilledema, marked vasospasm with an artery to vein ratio of about 1/5 as opposed to the normal 2/3. There are a few fluffy white exudates, a few tiny hemorrhages and maybe a little venous nicking at 7 o'clock.

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