initially responding to a Radio-Canada news report based on the Med-Echo data that caused a furor in the Quebec medical establishment on Oct. 20 when it revealed the high number of cases and deaths. Headlines generated by the report prompted Dr. Vivian Loo, the lead infection control specialist in a Montréal group assembled to study the outbreak, to quickly present her findings.

Loo, at the Montreal University Health Centre, confirmed that in a narrower window of time — from January to June of this year — 217 patients died at 10 area hospitals after contracting *C. difficile* infection in those hospitals. Of that number, *C. difficile* was directly responsible for 109 deaths and contributed to another 108 deaths, Loo said. Colectomies were performed on another 33 people with the infec-

tion. In total, there were 1621 cases of *C. difficile* infection in 12 Montréal-area hospitals during that 6-month period. Two of those hospitals have not yet submitted their figures on deaths and colectomies.

"I would say this is a hospital-based epidemic, not an epidemic in the community," Loo told *CMAJ*.

Increasing numbers of *C. difficile* cases began showing up in Montréal at the end of 2002, says Loo. The mortality rate for patients with *C. difficile* during the period she tracked was 8.6% in the 12 hospitals she studied.

"*C. diff* would rank as Number 1 in terms of superbugs like VRE and MRSA," Loo said. "It's more virulent than MRSA."

By sending samples from Montréal hospitals to the US Centers for Disease Control and

Prevention in Atlanta, Loo confirmed that the strain of *C. difficile* active in Quebec is the same strain responsible for increased mortality in outbreaks in the US. Both Loo and the CDC experts believe the strain is more virulent than those circulating before the end of 2002, and that the US outbreaks predated those in Montréal.

"It's remarkable that you have such a closely related strain, geographically dispersed," says Dr. Cliff McDonald, an epidemiologist who specializes in hospital-acquired infections at the CDC.

Currently, *C. difficile* infection rates at the Montreal University Health Centre, where Loo works, are down to 12 cases per 1000 patients admitted, close to the baseline of 8–10 cases per 1000, says Loo. But because the caseload has previously increased in the winter months, she is not yet confident the danger for patients has passed.

"I'm not holding my breath. We're still quite cautious," Loo says. "Really the coming months will be a test of whether the measures we've put in place will control it further." — *Laura Eggertson, CMAJ*

Mortality rate of patients with *C. difficile* in Quebec, 2000–2003

Year	No. of deaths	No. of cases	% of deaths
2000	398	3262	12
2001	562	3675	15
2002	661	4097	16
2003	1270	7004	18

INSTITUTION ETHICS

Medical schools accept tobacco dollars

Respondents to a survey of Canada's 16 medical schools say they have no policy about accepting funding or donations from tobacco companies (*Canadian Journal of Public Health* 2004;95[3]:205-7).

Study author Dr. Joanna Cohen said she wasn't surprised that some faculties took money, "but I thought some would have had policies."

The study, conducted by the Ontario Tobacco Research Unit and funded by the National Cancer Institute of Canada (NCIC), asked 16 faculties of medicine if they had accepted tobacco company money between 1996 and 1999. Only 11 schools agreed to respond. Of

those, 6 had received research funding (average award value \$160 592) or donations (average value \$18 415) from tobacco companies or tobacco industry associations. The contributions represented about 1% of total research and donation monies received.

The lack of information from other institutions left the researchers to conclude that "these findings likely underestimate actual links between Canadian faculties of medicine and the tobacco industry."

Cohen, a University of Toronto professor in public health science, hopes the study triggers a debate that will lead medical schools to reject such

funding. She'd like the NCIC to follow the lead of Australian cancer councils, which won't fund researchers if anyone in their institutions receives tobacco industry support.

"The NCIC commends any university or research institution that supports tobacco control by refusing support from tobacco industry sources," said Dr. Stuart Edmonds, acting director of research programs for NCIC. "While we encourage institutions to implement such policies, our current policy is to only hold back funds for individual applicants who have support from the tobacco industry." — *Pauline Comeau, Ottawa*