

# Travel warning issued after polio outbreak in Dominican Republic, Haiti

Canadians planning a trip to Haiti or the Dominican Republic should take a trip to their local health unit before they leave, because Health Canada has advised all travellers to ensure that their polio vacci-

nations are up to date ([www.hc-sc.gc.ca/hpb/lcdc/osh/polio\\_drh\\_e.html](http://www.hc-sc.gc.ca/hpb/lcdc/osh/polio_drh_e.html)).

Seven confirmed cases of poliovirus type 1 were reported in the Dominican Republic and Haiti between July and December 2000. They caused considerable concern among infectious disease specialists because the Western Hemisphere had been free of cases of wild poliovirus since 1991. The problem is now considered under control following a mass immunization. In the Dominican Republic alone, 1.2 million children were vaccinated in just 2 weeks.

The culprit virus is a derivative of oral poliovirus vaccine that appears to have recovered the neurovirulence and transmissibility characteristics of wild poliovirus type 1. The US Centers for Disease Con-

trol and Prevention reports that the differences in nucleotide sequences among the outbreak isolates suggest that the virus has been circulating for about 2 years and has accumulated genetic changes that restored the essential properties of wild poliovirus.

Dr. Susan Tambllyn, head of Canada's National Advisory Committee on Immunization, noted that those who contracted the disease were either unvaccinated or incompletely vaccinated.

"The outbreak is a powerful reminder that even polio-free areas need to maintain high coverage with polio vaccine until eradication has been achieved," said Dr. Ciro de Quadros, head of vaccines for the Pan American Health Organization. — *Barbara Sibbald, CMAJ*

## NS college develops withdrawal-of-services policy

After receiving requests from the government, doctors and the public, the College of Physicians and Surgeons of Nova Scotia has developed a policy dealing with the withdrawal of services by physicians.

The new policy says doctors must ensure that adequate service is available for patients in the event of a walkout or similar labour action. "The spirit is that you can't walk out of the office or the hospital one day," says Dr. Cameron Little, the college registrar. "There has to be some plan and notice must be given."

The policy says that failure to provide alternative services or to give reasonable notice is "unacceptable and may constitute professional misconduct." Although it is directed primarily at service withdrawal during a job action, Little says all complaints will be investigated. This would include complaints against doctors who leave the province suddenly without ensuring that their patients have received proper notice. He says the new policy was not created in reaction to the well-publicized walkouts by physicians in neighbouring New Brunswick and that similar rules exist in several other provinces, including Newfoundland, Ontario and British Columbia.

In a letter to members, College President Reginald Yabsley stated: "Our sole focus is public protection and maintenance of the profession's public reputation." Little said the college will rely on the public to report instances of service withdrawal. Penalties for professional misconduct range from revocation of licence to a caution from the college. — *Donalee Moulton, Halifax*

## Getting the global picture of AIDS

AIDS rarely makes the headlines in Canada any more, but it is *the* story in many parts of the developing world. In Botswana, for instance, it is currently projected that two-thirds of 15-year-old boys will eventually die of the disease. Exchanging information about international issues like this was one of the reasons the Canadian Institutes of Health Research and several partners, including the South African High Commission, sponsored a panel discussion on HIV/AIDS research in Ottawa in mid-February.

Dr. William Makgoba, president of the Medical Research Council of South Africa, described that country's "presidential AIDS initiative," in which the research effort is focused on developing an effective and affordable vaccine against HIV. Makgoba said 250 scientists and 50 students are currently pursuing 10 possible vaccines in South Africa. The most advanced effort is probably the one based on Venezuelan equine encephalitis, which employs genetic material for clade C strains of HIV, which are the most prevalent strains in Africa.

The etiology of AIDS has been a controversial issue in South Africa, where both the president and health minister have mused about whether HIV is really the cause of the illness. The panellists agreed there is consensus that HIV does indeed cause AIDS, but they said that the epidemic itself has many causes, such as famine, poverty and war. They noted that prevention cannot take place and treatment cannot be provided unless an infrastructure is in place to support such efforts.

Although there has been alarming news about AIDS rates in Africa — the UN says the disease claimed 2.4 million lives in sub-Saharan Africa in 2000 — panellists heard that the incidence also continues to rise in Southeast Asia, where an estimated 780 000 adults became infected last year. The UN also warns that infection rates in developed countries "show no signs of slowing," with 45 000 new infections in North America last year. In Canada the number of new infections has remained stable at around 4200 new infections per year since 1996, although the incidence is now rising in specific populations, such as Aboriginals and injection drug users. — *Alison Sinclair, CMAJ*



South African AIDS patient Nkosi Johnson, 11, put a public face to the illness, which has had a devastating impact throughout Africa.