Edmonton tackles shaken baby syndrome

Edmonton's Capital Health District has launched a campaign to prevent shaken baby syndrome (SBS, see page 155). Dr. Lionel Dibden, medical director of Capital Health's Child and Adolescent Protection Program, says an estimated 3 to 5 babies per million population are affected by SBS in North America, although "there are lots of kids who are shaken and don't come to our attention." About half of the infants affected are under 6 months old, and the rest are under 2 years old. A recent national study concluded that 364 cases of SBS had occurred in Canada over the last decade. In the Capital Health region, 15 babies diagnosed with SBS were admitted to hospital over the past 3 years, and 5 of them died.

Dibden doesn't know if the incidence is increasing. "We are certainly more likely to make that diagnosis than we were 15 years ago. Today we certainly know what puts babies at increased risk and what might make it more likely that a particular person might lose control and shake a baby."

Infants of isolated, stressed caregivers

who have little money are at greatest risk, but Dibden stresses that SBS cuts across socioeconomic and ethnic lines. "Any of us is potentially at risk of shaking a baby."

The campaign, which stresses that SBS often occurs because parents become frustrated by a baby's constant demands, is educating expectant mothers during prenatal classes and new mothers before discharge from hospital and during postpartum visits by nurses.

"The message we are trying to deliver is that parenting is a tough job," explains Dibden. "When the stresses are greatest, parents need to be aware that it's OK to put the child in a safe place like the crib, leave the room, take a break and regroup for a few minutes.

"When you eventually go back, you are much more likely to be able to deal with it and not harm the child."

Health professionals who work with families and the police are taking part in



Edmonton Oiler hockey player Georges Laraque has lined up against shaken baby syndrome

special SBS seminars. Dibden hopes this will give the program staying power "because we are embedding it in people's jobs." Physicians are also being educated, because SBS babies may present with nonspecific problems. Health Canada will soon be releasing guidelines on the syndrome.

"It's an entirely preventable cause of death and severe brain damage," says Dibden, "but we need to build the supports before we get to that point." — *Heather Kent*, Vancouver

Canada will check donor blood for West Nile virus if test available

Canadian Blood Services (CBS) hopes to be using a blood test to detect West Nile virus (WNV) by next summer. "In Canada, it is unlikely that either the blood suppliers or the public would accept that an available screening test would not be used to detect a potentially fatal virus that could be transmitted by blood transfusion," explains Medical Director Heather Hume.

The CBS decision was announced a week before the death of an Ontario woman who was infected with WNV, which may have been contracted during a blood transfusion. Joyce Kimmel, a 57-year-old cancer patient, died Nov. 21. On Dec. 13, CBS and Héma-Québec took the precautionary step of withdrawing thousands of units of blood products that may have been contaminated with the virus.

"Even if the Ontario case [was] not [WNV], we know that WNV can be transmitted by blood, and if WNV con-

tinues to spread in Canada then we likely will have a [transfusion-related] case — unless donor testing becomes available," says Hume.

WNV (CMAJ 2000;162 [7]:1036) is spread by mosquitoes, but less than 1% of those infected become seriously ill. However, the virus may cause potentially fatal encephalitis in immunocompromised patients.

The possibility of WNV infection is already causing concern among patients being treated for anemia. Durhane Wong-Rieger, president of the Anemia Institute for Research and Education, says the benefits "far outweigh the current treatment risks."

CBS was initially pessimistic about the possibility of a test being developed to allay fears of infection, but Hume says "it now appears quite likely that there will be a suitable test." An estimated price is not yet available.

In the meantime, new CBS guidelines

to prevent transmission of WNV via the blood supply will rely on disease surveillance after donations are made to determine if blood should be destroyed. This has limited use, since only 20% of infected people develop symptoms.

Between Aug. 28 and Oct. 2, 2002, the US Centers for Disease Control and Prevention reported that 15 patients with confirmed WNV infection were diagnosed after receiving blood components; 3 had received organ transplants. WNV was the probable cause of death for at least 3 of the 4 patients who died. In Canada, WNV patients who have either received blood recently or donated blood shortly before developing their symptoms are deferred from donating for 56 days. In the US, they are deferred for 28 days.

In the US 3495 cases of WNV had been reported by November 2002, resulting in 204 deaths. Canada had 51 confirmed human cases and 2 deaths in 2002. — *Barbara Sibbald*, CMAJ