

CIHR seeks to double budget

Is the best defence a good offence?

Canadian Institutes of Health Research president Alan Bernstein seems to be banking on it.

Faced with the prospect of having to pull in the reins after a 3-year spending spree in which the budget of his infant agency more than doubled to roughly \$621 million per year, Bernstein has unveiled an ambitious 4-year strategic plan. It includes more research into the efficacy of alternative therapies, “evidence-based changes and cost-effective analysis of our health care system” and “new approaches to long-term care, at least chronic conditions.”

The price tag? An eye-popping \$379 million a year.

But that would merely raise annual biomedical research outlays to \$1 billion, or about \$30 per capita, which is on par with that of other Western nations and a mere pittance for the “profound effect” it would have on the health of Canadians, says Bernstein.

The plan, outlined in *Investing in Canada's Future: CIHR's Blueprint for Health Research and Innovation*, was released Jan. 20. Implementation would allow the agency to rescind its proposed 5% clawback on all existing grants (CMAJ 2003;169[6]:567-8).

Under the plan CIHR would increase outlays for commercialization of research by \$39 million to \$70 million by 2007/08. Spending on “knowledge transfer” to health care workers would

increase by \$19 million to \$34 million, while outlays for administration would rise \$24 million to \$70 million. The bulk of new monies would go to research grants, which would be hiked \$297 million to \$826 million, including such initiatives as a longitudinal study that would “follow cohorts of newborns and seniors to identify genetic, psychosocial, cultural, economic and environmental determinants of health and healthy aging.”

McGill University's principal Heather Munro-Blum says funding the plan is imperative. “Our great, great professors are not greedy for compensation. They are greedy, rightly, to be able to use their full potential.”

— Wayne Kondro, Ottawa

INFECTIOUS DISEASE

Avian flu: WHO prepares for the worst

While trying to dispel fears that the outbreak of avian influenza A(H5N1) in Asia could lead to a pandemic, the World Health Organization (WHO) is also scrambling to produce a vaccine to protect humans (see page 785). Meanwhile, Health Canada issued a pandemic plan in mid-February and advised Canadian doctors to be on the alert for any sign of the flu among people arriving from Southeast Asia.

As of Feb. 9, the avian flu had killed 18 people in Asia.

Health Canada advises health professionals to be vigilant in recognizing, reporting and investigating possible cases. A memo in late January advised emergency physicians to collect clinical samples as soon as possible and alert public health authorities.

“If you saw someone with a severe respiratory illness that you couldn't diagnose, then you would have to consider that it could be avian flu,” said Dr. Donald Low, chief of microbi-

ology at Mount Sinai Hospital in Toronto. “It is always critical to identify the first case.”

Health Canada warns that the avian flu could have dire results. “Our belief is that if a new, potentially pandemic influenza strain arises, it may well be a result of mixing between avian and human viruses,” said Dr. Arlene King, director of immunology and respiratory infections for Health Canada.

Low, says “The question is not if it's going to happen, but when. These pathogenic avian flu strains are not going away. They are rearing their heads more frequently and, one of these times, we will see a strain emerge that is able to spread [from human to human].”

Low says the real fear is that this virus could infect someone who is already infected with a human flu virus like A Fujian, resulting in genetic reassortment and a novel pathogen that could be highly virulent and capable of human-to-human transmission.

The avian flu virus that emerged in Hong Kong in 1997 did mutate into a form that was transmissible among humans, but the new strain was weak and caused few illnesses, notes Dr. Klaus Stohr, head of the WHO H5N1 Outbreak Response Group. Stohr says it's encouraging that the current strain of A(H5N1) seems quite similar to the one in Hong Kong in 1997.

Still, WHO isn't taking any chances. It hopes to have up to 900 million doses of a vaccine available within 4–6 months. Prototype viruses will soon be supplied to manufacturers as the “seed stock” for vaccine production. — Margot Andresen, Ottawa



An estimated 3 million poultry have died of avian influenza.