correct system safety deficiences," she adds. In Canada, similar legislation would have to originate on a provincial/territorial basis.

Whether laws and lessons will create a safer and more open medical system in the US remains to be seen.

The Massachusetts Department of Public Health is leading the way with its new Betsy Lehman Center for Patient Safety and Medical Error Reduction. The centre collects and publicizes reports of medical error, employs an ombudsman to help patients and families harmed by medical mistakes and educates health care providers about the best ways to prevent errors. — Patricia Guthrie, Atlanta, Georgia

DOI:10.1503/cmaj.051516

Provinces providing more childhood vaccines

The Public Health Agency's National Immunization Strategy has moved closer to its goal of ensuring equitable access to childhood vaccines, following a $300- million injection from Ottawa.

In 2004 the federal government committed the money, to be spent over 3 years, to help provinces and territories introduce new childhood and adolescent vaccines for pneumococcal conjugate, meningococcal conjugate, varicella and pertussis.

As of June 2005, an additional 250 000 infants and 200 000 adolescents had access to 1 or more of the publicly funded new vaccines, says Dr. Theresa Tam, associate director of respiratory illness with the Public Health Agency's Immunization and Respiratory Diseases Division.

Publicly funded vaccine coverage has increased across Canada.

Publicly funded coverage of vaccines has increased among the jurisdictions (see Table 1). For example, in 2003 only 3 jurisdictions provided the pneumococcal vaccine. Now every jurisdiction except the Northwest Territories covers. The vaccine against *Streptococcus pneumoniae*, a major cause of bacterimic pneumonia, earaches and meningitis, reduced the infection rate by 81.6% in children under age 2 in the 2 years since Alberta covered the vaccination (*CMAJ* 2005;173[10]: 1149-51).

All the provinces except PEI also cover influenza vaccines for children aged 6–23 months. All jurisdictions except Quebec and the Yukon Terrritory provide varicella vaccine for children between 12–18 months, and every jurisdiction except Nunavut covers meningococcal conjugate either for infants or adolescents.

The National Immunization Strategy includes a committee of federal and provincial/territorial representatives who discuss future vaccination needs, coverage requirements, new vaccines, existing gaps and the need for studies.

The committee also examines potential public health threats such as the anti-immunization lobby. Public and professional education is key to dealing with the concerns some parents have that vaccinating their children will lead to adverse events or serious illnesses.

"We have to take these concerns seriously, and providing safe, effective vaccines is key to the whole strategy," says Tam.

The Public Health Agency is also developing strategies to target underimmunized populations such as First Nations and immigrant communities. — Laura Eggertson, *CMAJ*

DOI:10.1503/cmaj.051377

Table 1: Change in vaccination programs funded by Canadian jurisdictions, 2003 to 2005

Province/Territory	Childhood vaccines*	Meningococcal conjugate	Adolescent pertussis	Pneumococcal conjugate	Varicella	Influenza
British Columbia	■	●	●	●	●	●
Alberta	■	■	●	■	●	■
Saskatchewan	■	●	●	■	■	●
Manitoba	■	●	●	●	●	●
Ontario	■	■	●	●	●	●
Quebec	■	■	●	■		●
New Brunswick	■	■	●	●	●	●
Nova Scotia	■	●	●	●	■	●
Prince Edward Island	■	■	●	■	■	
Newfoundland and Labrador	■	●	■	●	●	●
Yukon Territory	■	●	●	●		●
Northwest Territories	■	●	■		■	●
Nunavut	■		■	■	■	●

Note: ■ = vaccines publicly administered as of 2003; ● = additional vaccines publicly administered as of September 2005.
*Diphtheria, hepatitis B, *Haemophilus influenzae* type b, measles, mumps, pertussis, polio, rubella and tetanus.
Sources: Health Canada (Jan. 6, 2003) and Canadian Nursing Coalition on Immunization (September 2005).