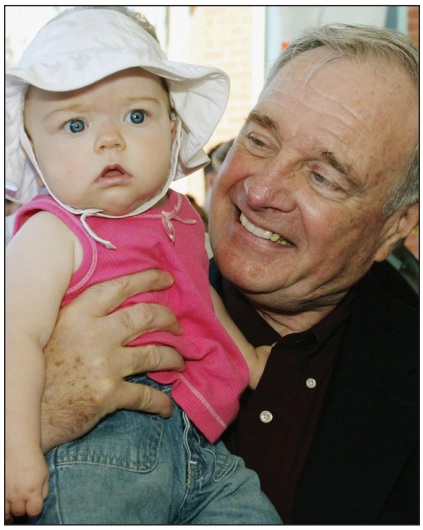
and other medical specialists. We are also committed to developing a plan to get the many workers already in the system, but not working at their full competencies, upgraded to higher levels, and to increase funding so that provinces and territories can act immediately to increase their health human resource capacity.

In the long term we are committed to working to establish a national strategy that would address the shortage of health professionals.

Conservative Leader Stephen Harper: A Conservative government would work with the provinces and territories to increase the supply of health care professionals in Canada by supporting the expansion of educational programs for doctors, nurses and other health professionals.

We have introduced a generous package of support for postsecondary education to assist students and their families with the rising costs of university and college attendance. The package will include new funding for the Canada Student Loan program and tax relief for students receiving bursaries and scholarships.



Canadian Press CP

Liberal Leader Paul Martin

Liberal Leader Paul Martin: The Liberal government believes that investing in our health care professionals is critical to maintaining our public health care system.

In 2005, this Liberal government pledged $75 million over 5 years to accelerate and expand the assessment and integration of internationally educated health care professionals, to address Canadians' concerns about improved and more timely access to care.

This funding will be used for evaluating clinical skills, knowledge, language proficiency and prior learning activities of internationally educated health care professionals, and increasing the number of clinical placements for physicians, nurses and other health care professionals. — Compiled by Laura Eggertson and Barbara Sibbald, *CMAJ*

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Ontario pharmacists drop Plan B screening form

Published at www.cmaj.ca on Dec. 21, 2005.

After a meeting with Ontario Privacy Commissioner Ann Cavoukian, Ontario's pharmacists have issued new guidelines and will no longer routinely collect women's names, addresses and sensitive personal information before dispensing an emergency contraceptive.

Privacy commissioners in British Columbia and in Saskatchewan have also expressed concern to pharmacy colleges in their provinces about a screening form and the collection and storage of sensitive personal information, a practice the Canadian Pharmacists Association (CPhA) had been recommending after levonorgestrel (Plan B) became available without a prescription in April 2005.

The Ontario College of Pharmacists released its new guidelines Dec. 15, 9 days after *CMAJ* posted a news article about the screening form and the concerns of several privacy commissioners.

The Women's Health Network and individual women that *CMAJ* interviewed have said they are worried that the collection of women's names, addresses and sensitive personal information will deter some women from accessing the drug.

Pharmacists do not routinely collect personally identifiable information when providing other Schedule II drugs, Cavoukian said.

The new Ontario guidelines state that "Pharmacists should continue to seek information from the patient only as necessary to clarify the appropriateness of providing Plan B, keeping in mind the patient's right to remain anonymous and to decline responding to personally sensitive questions."

"In the case of Plan B, personally identifiable information should not be recorded except when requested by the patient for reimbursement purposes or in those rare instances where it is deemed important for continuity of care of the patient."

In a news release accompanying the guidelines, Marc Kealey, CEO of the Ontario Pharmacists Association, emphasized that pharmacists should seek information from the patient "only as necessary to clarify the appropriateness of providing ECP."

"The release of these guidelines demonstrates tremendous leadership by Ontario pharmacists and the Office of the IPC," Kealey stated.

In British Columbia, Privacy Commissioner David Loukidelis and his colleague Bill Trott have been speaking to the College of Pharmacists of BC. They planned to meet again in January, Trott said in an interview.

"We are looking at a series of options. We hope to be able to provide some recommendations to them."

Saskatchewan Privacy Commissioner Gary Dickson has also written to the Saskatchewan College of Pharmacists about the screening form and privacy issues.

"We have indicated a number of concerns that we have with the program," Dickson said in an interview. "There was some concern about the highly sensitive and prejudicial information on the forms and what happens to that information."

Dr. Philip Hall, president of the

medical staff at St. Boniface General Hospital in Winnipeg, has urged the Society of Obstetricians and Gynaecologists of Canada to weigh in on the issue.

"In my view, collection of personal information in this context is abhorrent and reprehensible," Hall, who is also a professor at the University of Manitoba, wrote Dec. 13 to the SOGC executive.

"If the pharmacists don't need it for a bottle of aspirin, they don't need it for Plan B either," he later told *CMAJ*, referring to the collection of identifying information.

Dr. André Lalonde, SOGC executive vice-president, says the Society just wants to move the issue forward. "We're not interested in battles, we're just interested in getting these drugs to women as best we can."

Cavoukian and Loukidelis both say they are worried about the security of the data once pharmacists collect and store it, and about whether individual pharmacists had policies letting women know what they used the information for and what would ultimately happen to that data.

Cavoukian has already had a call from one woman who had a "distressing" experience when she went to obtain levonorgestrel from a pharmacist within the last 2 weeks, before the new guidelines took effect.

"She was humiliated. She was asked these very embarrassing questions and she didn't understand why," Cavoukian said in an interview.

The woman thanked Cavoukian for her intervention, and Cavoukian in turn saluted the Ontario pharmacists. "They were wonderful and I was delighted with the cooperation and the spirit with which they met us."

The Canadian Women's Health Network is also pleased by the Ontario pharmacists decision. Chair Abby Lippman says "We hope pharmacists in other provinces follow suit, and that all other processes that impede or delay access to women and girls will be lifted." — Laura Eggertson, *CMAJ*, with notes from Andréa Ventimiglia.

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HTLV-1 virus detected in Nunavut

Nunavut health officials report at least one death related to human T-cell lymphotropic virus type 1 (HTLV-1) and "fewer than 20" infected persons.

Nunavut's Medical Officer of Health, Dr. Issac Sobol, says residents need to take this very seriously, but adds, "It's not what we consider an outbreak. In fact, it's been here a number of years." It can take up to 20 years before symptoms appear. There is no effective treatment to reduce the viral load.

In response to the death and reported cases, the Nunavut Department of Health and Social Services began offering testing for HTLV-1 to pregnant women and the population in general in October, "We worried about our capacity to handle demand [from the general population]," says Sobol. As of Dec. 7, only 300 people had been tested.

Sobol would not disclose the precise number of people infected or the number of HTLV-1–related deaths. He stated that such caution is common in sparsely populated areas where anonymity is difficult. It is important to "ensure that Nunavummiut feel absolutely confident that no information will ever be revealed that could in any way be traced back to either communities or to individuals." Even one death in a small community could raise suspicions.

Pauktuutit

Custom condom wrappers, community events, posters and other strategies help prevent the spread of STDs, including HTLV-1, in Nunavut.

Box 1: HTLV-1 revealed

Human T-cell lymphotropic virus type 1 (HTLV-1) is a retrovirus endemic in Japan, West Africa, the Caribbean, South America and Melanesia. It has also been reported in other areas such as North America and Europe, where about 1% of the population are carriers; in Japan between 6% and 37% of the population are infected. After a long asymptomatic phase, 2%–5% of people infected with HTLV-1 go on to develop adult T-cell leukemia; a smaller proportion of infections (0.1%–2%) result in HTLV-1 associated myelopathy, a progressive neurological disease. The 2 most common ways of getting the virus are through blood contact (e.g., blood products, intravenous drug use) and mother-to-child transmission through breast milk. There are about 20 million infected people worldwide.

HTLV-1 is rare in Canada (see Box 1), but the number of cases is not known because it's not a reportable disease in most jurisdictions. Canadian Blood Services has been screening donated blood for HTLV-1 since 1990 and reports an average of 10–12 positive tests per 800 000 donations annually (prevalence of 0.0014%). If even 15 people in Nunavut are infected, among a population of 29 000, the prevalence is 0.05%.

HTLV-1 can be transmitted sexually, which is cause for concern. "We know that there are still high levels of unprotected sex occurring because of our static chlamydia rates," says Dr. Geraldine Osborne, Nunavut's associate chief medical officer of health. Chlamydia rates have remained fairly stable since 1991 at 2500 per 100 000 population, compared to 188 per 100 000 in Canada generally. Gonorrhea rates have declined from 900 per 100 000 in 1991 to 250 today, largely due to "effective treatment and contact tracing," says Osborne. Rates for other STIs including syphylis and HIV are very low; less than 20 reported cases each.

HTLV-1 will top the agenda at a sexual health symposium at the end of February, says Aideen Reynolds, manager of Sexual Health Policy and Program for