But when used appropriately, the cost effectiveness of post-exposure prophylaxis (PEP) for HIV is “a no brainer,” says Toronto HIV physician Gordon Arbess. However, the lack of clear policy in this area is an “ongoing problem,” he said.

Although Canadian provinces and territories have guidelines for dealing with exposures during the course of work and at least 2 provinces (British Columbia and Ontario) have developed guidelines for dealing with sexual assault exposure, the delivery of PEP for accidental sexual exposure has received the least policy attention.

The whole area of PEP for HIV is “a relatively new field, just the last 10 years, and there has, as yet, been no real consensus in the area,” says Dr. Michelle Roland, the leading expert on non-occupational exposure to HIV and a physician with the Positive Health Program at the San Francisco General Hospital.

She is confident that recommendations from a forthcoming report from the WHO and the International Labour Organization will soon provide policy and service delivery guidance for both the developed and developing world in PEP for all types of HIV exposure.

While the US Centers for Disease Control and Prevention has issued guidelines in this area, the UK is arguably the leader in its guidelines for non-occupational exposure. As well, Britain’s chief medical officer of health recently asked every primary care trust to ensure that PEP is one tool in their HIV prevention approaches.

“Previously PEP was available, but there was a prescribing lottery — you had to go to the right clinic and know the right things to say,” explained Will Nutland of the Terrence Higgins Trust, which offers an online risk self-assessment tool for those worried about accidental sexual exposure.

In Britain, if a physician concludes treatment is necessary, the cost of the 28-day course of 2 or 3 anti-HIV drugs is covered by the National Health Service. For Canadians whose drug costs are not covered by a public or private drug plan, the $1000 to $1500 price tag can be a major deterrent to treatment.

Dr. Matthew Schurter, a second-year family practice resident, says he recently saw 2 patients at an Ottawa emergency ward who inquired about PEP for HIV: a cleaner who had experienced a needle-stick injury while cleaning an outdoor area and a young gay man who was “extremely worried” because of a broken condom during sex with a man he said had HIV. “The [drug] cost would have been covered if I had a needle-stick [injury]... it didn't seem fair that they would have to pay. This seems to me to be an anomaly in the health care system.”

Roland agrees it is unfair that some have to pay, while others do not, but notes “you have to remember that this is not a unique equity issue within [Canadian] health care.”

It’s easier for the system to respond to accidental HIV exposure among health care workers, for example, from accidental needle-stick injury, because the worker is usually available for HIV testing, Roland noted. Moreover, at sexual assault clinics, medical attention is accompanied by extensive counselling.

But the “real challenge” for other types of non-occupational exposures is service delivery and feasibility. Offering services to people who have been exposed to HIV through sex or some other non-occupational route “has a place, but it is very individual,” says Dr. Alastair McLeod, chair of the Committee on Accidental HIV Exposures at the BC Centre for Excellence in HIV/AIDS.

The lack of clear policy on prophylaxis for HIV is an “ongoing problem,” says Toronto HIV physician Gordon Arbess.

“A doctor can provide this if he knows the person and the circumstances,” but emergency departments are not well suited to appropriate service delivery.

Like McLeod, Roland says the best setting to deal with these situations is at STD clinics, where there is the opportunity to provide risk reduction counselling at a time when patients, concerned about possible HIV exposure, are vulnerable and receptive. The Terrence Higgins Trust endorses this service delivery route and has written to every sexual health clinic in Britain seeking their policies and hours of operation.

Both Nutland and Roland say that primarily, HIV prevention remains essential and that demand for PEP for HIV is not very high. “This is not some big panacea, but we should make it available and link it to prevention,” says Roland. — Ann Silversides, Toronto

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Fight to free the world of WMD heats up

The Democratic People’s Republic of Korea’s decision to test a nuclear bomb on Oct. 9 has renewed fears of an arms race in which the currency of power will be nuclear weapons.

North Korea’s breach of a global moratoroium on nuclear explosive testing has also spurred a raft of new calls for disarmament, including ones from Physicians for Global Survival (Canada) and the chair of the independent Weapons of Mass Destruction Commission (WMDC).

Physicians for Global Survival President Dr. Dale Dewar urged in a letter to Prime Minister Stephen Harper that the federal government take leadership in a renewed international effort to uphold and implement the Nuclear Non-Proliferation Treaty. Dewar also urged Canada to oppose sanctions against the North Korean people. “This is already a threatened people. Sanctions must target the leadership, not the populace.”

WMDC chair Hans Blix, meanwhile, decried the test as a call to other states

IAEA

Hans Blix, head of the Weapons of Mass Destruction Commission, concludes that efforts to disarm have "stagnated."

to refrain from developing nuclear weapons and from testing. "If all great powers made sincere efforts to move the world toward nuclear disarmament, it might be less difficult to persuade other states to do likewise," Prof. Hans Blix told the *Boston Globe*.

The International Atomic Energy Agency (IAEA) also lamented the testing and breaking "de facto" of the global moratorium on nuclear explosive testing. Further "the addition of a new State with nuclear weapon capacity is a clear setback to international commitments to move towards nuclear disarmament."

At an Ottawa lecture 2 weeks before the test, Blix highlighted the results of a 2-year study by the Sweden-based WMDC. Its June 2006 report, *Weapons of Terror: Freeing the World of Nuclear, Biological and Chemical Arms*, concludes that global efforts to achieve arms limitation and disarmament have "stagnated" and makes 60 recommendations toward global cooperation on disarmament (www.wmdcommission.org).

The UN Secretary-General has urged the international community to consider the report's recommendations.

Blix, the former director general of the Vienna-based IAEA (1981–97) and former executive chair of the UN Monitoring, Verification, and Inspection Commission (2000–03), warned, "We are at a crossroads." If we take the wrong turn, we are heading toward a new nuclear arms race.

Blix discussed current issues affecting the nuclear arms race, from an increase in world military expenditure to a policy shift that now accepts a first strike nuclear option. The US, he argued, believes it has the freedom to use pre-emptive nuclear action to counter a threat to its national security — and that threat no longer has to be imminent.

Blix's main message was that all governments currently possessing nuclear weapons must reduce their arsenals and stop producing plutonium and highly enriched uranium for nuclear weapons. "It is high time the nuclear weapons states move on with their commitment" to the Nuclear Non-Proliferation Treaty.

In addition, all nuclear-armed states must go forward with the Comprehensive Nuclear Test Ban Treaty, including ratification by those who haven't yet done so, such as the US and China. Third, verification of fissile material (by IAEA inspectors) must continue, and non-treaty countries such as India must agree to these safeguards.

Blix and the WMDC are unanimous in calling for a prohibition of nuclear weapons.

Given the lack of political will to change the state of nuclear affairs, Dr. Ron McCoy, immediate past co-president of IPPNW, wondered if it's time to shift focus from decision-makers to public opinion. Blix gave an emphatic yes. He questioned why US taxpayers accept military expenditure of up to 1 trillion dollars.

McCoy also pointed out that the fight against global warming could increase the threat of nuclear instability as more countries procure nuclear power stations. IPPNW recently published its 5 goals toward global abolition of nuclear weapons (www.ippnw.org).

Blix praised diplomacy as the way forward: "we need to create situations in which states do not feel the need for WMD." — Debra Martens, Ottawa

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News @ a glance

Heart Strategy: Health minister Tony Clement says the federal government will shell out $8.4 million/2 years to develop a comprehensive pan-Canadian heart health strategy. To be crafted by a 30 member committee led by cardiologist Eldon Smith, it will "provide a unifying framework for interventions along the whole continuum of care – from prevention through treatment to rehabilitation and reintegration to the community," Clement told the Canadian Cardiovascular Congress. Once developed, it's envisioned the new strategy will parallel an existing $260 million/5 year plan for cancer control.

Law suit: Describing themselves as "victims of an abuse of power," the 8000-strong Quebec Federation of Medical Specialists have filed a suit in Quebec Superior Court against the province for passing legislation imposing a pay settlement that leaves them the lowest earning specialists in the country ($233 000/year as opposed to an average $343 000 nationally). Bill 37, passed last June, reduced the government's original contract offer and docked $50 million from the settlements as a penalty. The specialists want it declared void, arguing that their civil rights have been breached by a provision which bans them from altering the practice in concert with one another, thereby preventing them from using work slowdowns as a bargaining tactic. — compiled by Wayne Kondro, *CMAJ*

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