Letters

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Disease surveillance

I read the June 13 editorial in *CMAJ*[1] on infectious disease surveillance and felt compelled to respond to its conclusions about our country's ability to deal with infectious disease outbreaks and an influenza pandemic.

Disease surveillance in Canada is very complex. It requires close cooperation and rapid information-sharing among many partners, from front-line health care workers to public health officials at all levels of government.

The Public Health Agency of Canada (PHAC) was recognized by the Auditor General for the important progress we have made, and continue to make, in improving disease information-sharing in Canada. Although there is always more to be done, Canada remains a leader in cooperating with partners and sharing information.

In addition, Canada is the first country to develop a national pandemic influenza plan for the health sector. Canada is the only country that has a contract with a domestic manufacturer to produce vaccine for every Canadian in a pandemic. Canada has stockpiled enough antiviral medication to treat all Canadians who need it in a pandemic. Under the leadership of Health Minister Tony Clement, the government of Canada has invested $1 billion into pandemic preparedness. We are a world leader in pandemic planning and much of what we have accomplished is the result of working together with our partners.

The provinces and territories share information with PHAC regularly, and we are working with them to establish more formal information-sharing agreements, such as the one we have with Ontario, to ensure the rapid flow of surveillance information. The ministers of health in all jurisdictions have approved, and will soon finalize, a memorandum on information-sharing during public health emergencies that will serve as the principal agreement through which health authorities will share information in an emergency.

A number of events such as the H2N2 alert involving laboratory influenza samples during the spring of 2005, the avian influenza outbreak in poultry in Saskatchewan in the fall of 2007 and the recent incident involving the isolation of a passenger train in northern Ontario have underscored the good working relationships we have with our partners. Furthermore, these events demonstrate our ability, and the ability of our provincial, territorial and international partners, to address public health threats effectively.

As for international disease surveillance, the agency's state of the art Global Public Health Intelligence Network monitors media reports worldwide in multiple languages and supplies much of the world's surveillance information. About 40% of the disease surveillance information the World Health Organization receives comes predominantly from this system.

Going forward as part of a larger investment in Canada Health Infoway, the federal government has dedicated funding to the development of Panorama, a unique electronic surveillance tool that will assist both in the management of Canadians who acquire infectious diseases and in the coordination of responses to outbreaks between jurisdictions.

Canadians should be confident that Canada has one of the best surveillance systems in the world, and together with the provinces and territories we continue to improve our capacity to respond to infectious disease threats.

David Butler-Jones MD MHSc
Chief Public Health Officer of Canada

Competing interests: None declared.

REFERENCE

1. Attaran A. A legislative failure of epidemic proportions. *CMAJ* 2008;179:9.

DOI:10.1503/cmaj.1080075

[*CMAJ* responds:]

We thank Dr. Butler-Jones for his letter. As noted in our editorial,[1] our concern is that of 13 provinces and territories, only 1 (Ontario, as Dr. Butler-Jones cites) has entered a formal agreement with PHAC to share epidemiologic information — an appalling result, reached after 9 years of intergovernmental negotiations. Dr. Butler-Jones writes that PHAC will work "to establish more formal information-sharing agreements." He believes PHAC's tenth year of effort will pay off.

We believe it is more realistic to conclude that negotiations have reached an impasse. Thus, Ottawa must legislate to oblige all levels of government to share epidemiologic information before another epidemic hits, possibly killing thousands. At present, information exchange depends not on any rules or law, but solely on "good working relationships," as Dr. Butler-Jones calls them.

But good working relationships come and go, especially in high-pressure crisis situations. What if a nervous mayor convinced the local public health officer to withhold information for a few days or weeks until suspected cases were confirmed? PHAC has no powers to overcome that kind of situation — although it should.

Dr. Butler-Jones cites the readiness of influenza vaccines and antiviral medicines as instances where Canada has achieved isolated successes in epidemic preparedness. We agree, but believe that PHAC's failure to establish rules — clear, firm legal obligations — that compel federal, provincial and territorial governments to share epidemiologic information during outbreaks is a larger, overriding systematic failure.

Dr. Butler-Jones should put PHAC on that job, urgently.

Amir Attaran LLB DPhil
Canada Research Chair in Law, Population Health and Global Development Policy, University of Ottawa, Ottawa, Ont.
Paul C. Hébert MD, MHSc
Editor-in-Chief, *CMAJ*

Competing interests: See www.cmaj.ca/misc/edboard.shtml.