



## Health of migrant farm workers in Canada

The 190 000 or so migrant workers on temporary work permits who toil in largely low-skill occupations in Canada each year have unique health concerns. According to Preibisch and Hennebry, migrant workers are usually healthy when they arrive in Canada, but there are barriers to them remaining so. This is in part due to migrant workers' reluctance to use health services because they believe that doing so might threaten their employment or immigration status. Other barriers to good health include substandard working and living conditions, isolation, language difficulties, and inadequate access to health services. **See Analysis, page 1033**

Most of the 27 000 migrant farm workers who come to work in Canada are entitled to Canadian health care benefits and workers' compensation. As Pysklywec and colleagues point out, major barriers may prevent access to and use of Canadian health care services. **See Practice, page 1039**

## Improved control of hypertension

The prevalence of hypertension in Canada has been stable over the last two decades, but treatment and control rates have improved markedly. McAlister and colleagues used three population-based surveys conducted between 1986 and 2009 to provide the necessary information to make comparisons over time. These improvements are consistent with the marked increases seen in the use of antihypertensive drugs, and continued efforts to optimize hypertension management are necessary to further reduce the burden of cardiovascular disease in Canada, say the authors. **See Research, page 1007**

Between 1992 and 2009, remarkable progress was made in the awareness and treatment of hypertension in Canada. Some of this progress is likely due to the establishment of the Canadian Hypertension Education Program in the late 1990s, but further progress could be made with the population-wide adoption of healthier lifestyles. **See Commentary, page 996**

## Mumps immunity is waning

Most people affected in recent outbreaks of mumps have been vaccinated at some time, but two doses of vaccine offer more protection than one. A total of 134 cases of mumps were

identified in this surveillance study that used routine public health information to estimate vaccine effectiveness. Re-examining vaccination programs for mumps is essential because immunity may fade with time, say the authors. **See Research, page 1014**

## Treatment for *Helicobacter pylori*

Worldwide resistance to clarithromycin has been increasing, and the classic triple-therapy regimen for eradication of *Helicobacter pylori* has become less effective. Graham and Fischbach recommend that newer regimens be considered if local resistance has developed. **See Commentary, page E506**

## Acute vestibular syndrome and stroke

When a patient presents with dizziness, determining whether the cause is vestibular neuritis (a benign, self-limited condition) or a more serious problem, such as stroke, can be difficult. Tarnutzer and colleagues review aspects of the clinical history and findings on physical examination that help to point to the correct diagnosis, including a three-component bedside oculomotor examination that rules out stroke more effectively than early magnetic resonance imaging. **See Review, page E571**

## A lethal case of generalized tetanus

This article outlines the first fatal instance of tetanus reported in Canada since 1997. Even with aggressive management, mortality from tetanus is around 18%. Srigley and colleagues stress that prevention with maintenance of up-to-date tetanus vaccination is essential in all age groups. **See Practice, page 1045**

## Child automobile restraints

Despite popular practice, children are safer in rear-facing car seats than in forward-facing seats until the age of four years. Lee and Howard also emphasize that the middle position of the back seat is best for children up to 13 years of age. **See Practice, page 1049**