

Raccoon rabies secures 2 bridgeheads in Canada

Raccoon rabies appears to have hitched its way across the US border into New Brunswick. The virus also crossed into Ontario in 1999, but it has been confined to the Brockville area through a baited-vaccine program.

Raccoon rabies was first described in Florida in 1947, when the first and only human case was reported, and it has since been making its way north. Each rabies strain has unique characteristics but can be transmitted to other species, including humans.

The advent of raccoon rabies in Canada comes as the incidence of the Arctic fox strain, once the dominant variety, has been slashed by 97%, largely due to baited-vaccine programs. "There's no end to it," laments Doug Hayes, staff veterinarian with the Animal Health and Production Division of the Canadian Food Inspection Agency (CFIA). "We just get rid of one and there's another."

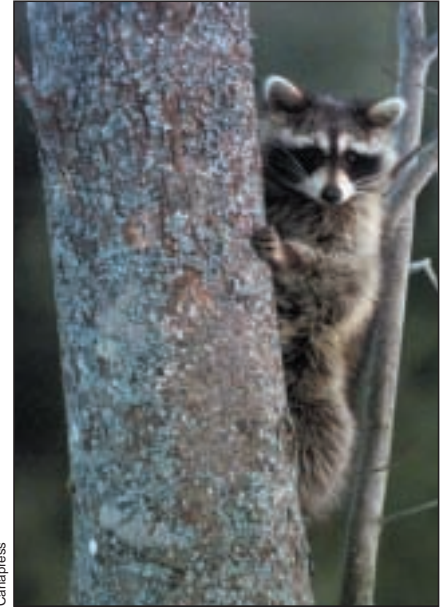
In New Brunswick, where the virus was first detected in September 2000, the government is trying to keep the strain

under control by educating physicians and the public and through enhanced surveillance. The strain has been confined to an area near St. Stephen. "We suspect the raccoons may have hitchhiked on a logging truck from Maine into New Brunswick," said Hayes.

Dr. Wayne MacDonald, New Brunswick's chief medical officer, said the government is considering baited vaccines, but deterrents include the cost (Ontario spent \$604 000 on its program in 1999) and the fact that Maine isn't interested in such a program.

The CFIA says the number of lab-verified cases of raccoon rabies increased from 13 in 1999 to 47 in 2000, but the actual incidence is probably much higher. Ontario reported 69 cases of raccoon rabies from January to May of this year, while NB had 38 cases.

Manitoba and Saskatchewan had a recent surge in the number of cases of skunk rabies, with 241 cases reported during 2000. Nationally, there were 670 documented cases of animal rabies in 2000; 60% (404 cases) involved the skunk



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A new strain of rabies arrives in Canada

strain, 11% (72 cases) the bat strain and about 8% the fox strain (58 cases). Canada recorded its first human death due to rabies in 15 years during 2000, when a young Quebec boy was infected by a bat. — *Barbara Sibbald, CMAJ*

Walk-out averted in Nova Scotia

As 75% of Nova Scotia's nurses prepared to resign and the province scrambled to evacuate patients, behind-the-scenes negotiations quietly led to an eleventh-hour agreement that will settle the labour dispute.

The government and 3 unions representing 12 300 nurses, physiotherapists and other health care workers agreed to an unusual form of arbitration called final-offer selection on July 5. Through this mechanism, a third-party arbitrator will settle the dispute by considering offers from both sides and selecting just one.

The arbitrator's decision, expected in mid-August, will likely only resolve monetary concerns. The government has also agreed to repeal Bill 68, the controversial anti-strike legislation. — *Donalee Moulton, Halifax*

Will new NS law lead to bidding wars for MDs?

A much-debated bill in Nova Scotia may change the way physicians are recruited and paid within the province. Bill 54, introduced as a private member's bill by a Progressive Conservative backbencher, allows the town of Barrington to pay a physician more than the provincial insurance program provides. Critics worry that the bill may allow more prosperous communities to attract physicians at the expense of those that can't afford to pay more.

"When we get in a bidding war between municipal units, the rich units are [in a better position] to recruit physicians than the less-rich ones," warns Dr. Jim Smith, the former health minister and Liberal health critic.

Health Minister Jamie Muir admits that bidding wars are a possibility, but says incentives of one kind or another are already being offered. Several classified advertisements in *CMAJ* do offer benefits such as moving expenses and free rent. However, these offers are usually made by individual clinics, not municipalities.

The Medical Society of Nova Scotia is concerned that the new bill — it was debated so fiercely that the spring sitting of the legislature had to be extended — changes the nature of incentives and enshrines the changes in legislation.

Concerns about a 2-tiered payment system for doctors came to the fore recently in neighbouring New Brunswick after an infant was unable to get emergency treatment in his hometown and died en route to a hospital 50 km away. The town of Tracadie-Sheila was unable to keep its emergency room open around the clock because it was unable to afford the higher fees being paid to emergency doctors in centres such as Saint John and Moncton. Although doctors' fees are set by the province, larger communities in New Brunswick are now routinely topping them up in order to staff emergency rooms. For instance, Moncton is dipping into a special parking-ticket fund to pay physicians more than the established rate. — *Donalee Moulton, Halifax*