low serum vitamin B₁₂ levels.

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References

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Out of province, out of sight

Linda D. Van Til and Lamont E. Sweet have written an interesting paper on blood recipient notification for hepatitis C in Prince Edward Island. However, their simple yet complete provincial analysis says more, perhaps, about Canada's national health care system than they initially intended. The statement that 91.2% of blood recipients in PEI “were identified as tested, dead or moved out of province” [italics mine] is ominous in the setting of the Canada Health Act of 1984, which mandates portability and universality as 2 of its 5 basic tenets.

The “out of province” outcome is the most reliable and widely used outcome available in all health information systems. The “out of province” group constituted 469 of 2977 (15.8%) live recipients during the look-back period of 1984 to 1990. “Dead or moved out of province” strikes one as a poor way to identify Canadians with universal health care coverage who may have been exposed to hepatitis C through blood products. The authors state that information was forwarded to PEI recipients in PEI “were identified as tested, dead or moved out of province” [italics mine] is ominous in the setting of the Canada Health Act of 1984, which mandates portability and universality as 2 of its 5 basic tenets.

Therefore, while the paper is laudable as a provincial monitoring report, the basic recommendations of the National Task Force on Health Information in 1991 and the final report of the National Forum on Health in 1997, calling for comprehensive national databases to track health indices such as the one described in this article, have not been achieved. One would hope that in the near future the descriptor “dead or moved out of province” will not appear in Canadian health surveillance studies.

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References

[The authors respond]

The 3 major outcomes measured by the PEI blood notification program were identification of patients as tested for the hepatitis C virus, dead or “out of province.” The most reliable and widely used outcome available in all health information systems is death. However, John Tallon makes a good point that “out of province” is not a desirable health outcome, and certainly not part of the vision of a comprehensive national health information system. The “out of province” outcome is the result of using provincial information systems established for administration, not for health outcomes. PEI requested follow-up from 8 provinces; there was no record of blood recipients moving to Saskatchewan or the territories. Only British Columbia was able to respond (the 2 recipients had died). In most provinces, notification for hepatitis C virus testing is just beginning, with completion expected by 2004.

The imperfect nature of the information systems currently available will require studies to account for people whose status is unknown with descriptors such as “out of province” for the foreseeable future.

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Epidemiologist
Lamont Sweet

Letters