Threat from Canada's first vCJD case minimal: MDs

The first Canadian death attributed to variant Creutzfeldt–Jakob disease (vCJD) was reported in August, and health officials in Saskatoon say a coordinated information campaign minimized public anxiety about it. The patient, whom Health Canada identified as "a male under the age of 50," died in June. (The Saskatoon *Star-Phoenix* later reported that the patient was a 37-year-old podiatrist who had studied in the UK from 1987 to 1990.) Health Canada said the man had "multiple stays" in the UK in the late 1980s and had eaten beef — considered the source of the UK's vCJD outbreak in the 1990s.

About 135 cases of vCJD have been reported, 125 in the UK. "There is no evidence that mad cow disease has entered the Canadian food supply and therefore we can reassure the public the person did not acquire the disease in Canada," Dr. Antonio Giulivi, director of Health Canada's Acquired Infections Program, said during a news conference in Saskatoon.

"The news conference was an opportunity to set the record straight," Dr. Stephen Whitehead, Saskatoon's deputy medical health officer, explained later. "There can't have been many questions left unanswered."

Before his death, the patient had undergone an upper gastrointestinal endoscopic examination, and 71 patients were subsequently examined with the same endoscope. All have been alerted to the remote possibility of transmission of vCJD via the endoscope. Although there is only a theoretical risk of transmission via a medical device and no cases of human transmission have occurred to date, the patients have been barred from donating their blood or organs.

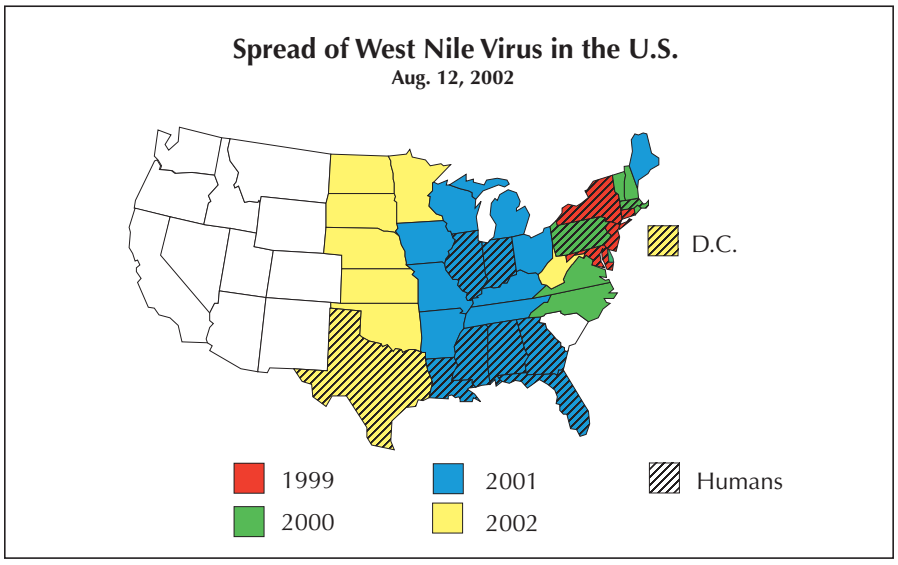
Physicians are urged to report suspected cases to Health Canada's CJD Surveillance System (888 489-2999; **www.hc-sc.gc.ca/english/diseases/cjd/bg3.html)**. The department routinely investigates 80 to 100 reports of suspected classical CJD a year and "a few" reports of suspected vCJD. An average of 30 cases of classical CJD are confirmed annually.

Whitehead, who recently moved to Canada from Britain, says people there are not living in fear of vCJD, and Canadians shouldn't either. He finds it "somewhat ironic" that his first contact with the disease came in his new home. — *Amy Jo Ehman*, Saskatoon

West Nile virus heads west

The West Nile virus has appeared in at least 4 provinces this year and is likely to continue spreading, an expert at the Canadian Science Centre for Human and Animal Health says. Mike Drebot, head of Health Canada's Viral Zoonoses Section, also says that the presence of the virus in the southern US means it can now continue spreading year round. In the north it cannot spread in winter because there are no mosquitoes. As of mid-August, Health Canada (**www.hc-sc.gc.ca/pphb-dgspsp/wnv-vwn/index.html)** had reported no confirmed human cases in Canada, but nearly 200 birds had tested positive for the virus in Quebec, Ontario, Manitoba and Saskatchewan.

South of the border, the US Centers for Disease Control and Prevention **(www.cdc.gov/ncidod/dvbid/westnile/surv&control.htm)** had reported (as of Aug. 6) 114 confirmed human cases of West Nile fever in 2002, and 5 deaths. In 2001, 50 Americans contracted the virus and 5 died; in 2000, 21 cases were reported and 2 of the patients died. The virus has now been detected in 34 states and surveillance programs have been initiated in 49 states, 5 cities and the District of Columbia.



CDC

West Nile virus (*CMAJ* 2000;162[7]: 1036) is spread by mosquitoes that have fed on infected birds. The virus was first detected in Canada in 2001, when its presence was confirmed in 128 dead birds found in southern Ontario.

This year, Health Canada broadened its surveillance. As of mid-August, 1800 birds from across Canada had been tested. Monitoring birds — mostly members of the crow family — is the most effective means of surveillance, says Drebot. The birds usually die within a few days of contracting the virus.

West Nile virus is "clearly emerging and spreading," says Drebot, but the risk to humans is low.

Less than 1% of people who become infected develop severe illnesses. Most people show no ill effects or experience only mild flu-like symptoms, such as fever and headache. However, in some immunocompromised people West Nile virus can cause potentially fatal encephalitis. — *Barbara Sibbald*, CMAJ