

BC begins its WNV countdown

The Rocky Mountains have provided some protection so far, but as summer approaches British Columbia is bracing for the arrival of West Nile virus (WNV).

Dr. Murray Fyfe, an epidemiologist with the BC Centre for Disease Control (BCCDC), says that mapping of the virus in North America indicates that mountain ranges offer some protection, but once that barrier is breached he expects the virus to spread unimpeded along Canada's West Coast. WNV was found in dead birds in neighbouring Washington State late last summer.

BC has already designated WNV infection a reportable disease, and a multiagency provincial plan emphasizes tailor-made responses for different regions. Sparsely populated areas may be employing only public education campaigns, says Fyfe, while mosquito-control measures, such as placing larvicide pellets

in breeding locations or eliminating these sites, will be used in heavily populated areas when practical. Water in natural reservoirs such as lakes cannot be treated without provincial authorization. Spraying insecticides is considered a last resort, but the use of larvicides in pellet and other forms could begin this month. Public education to prevent mosquito bites and breeding in people's yards has already begun. "I'm hoping the integrated approach is the way to go," says Fyfe.

Dozens of mosquito traps were set up around the province in May, and the samples will be sorted by species and tested at the BCCDC.

Fyfe says it is impossible to predict WNV's impact. "They say this will take many months, if not years. We don't fully understand the ecology of the virus in North America, and it behaves differently in different places. We are going

to do what we can this year, and based on what we find, we will revise our plan for the coming years."

He says WNV poses a difficult public health challenge. "On the one hand we don't want to minimize this, [but on the other hand] you want to put it into perspective so that people don't think they shouldn't go camping anymore because they may come across a mosquito. But that balance will be difficult to reach."

— Heather Kent, Vancouver

As SARS toll climbed, so did economic cost to Toronto

No one yet knows Canada's final health toll from severe acute respiratory syndrome (SARS), but officials in Ontario already know the financial tab will be huge.

As soon as news broke about the first fatalities — a Chinese mother and son living in Scarborough — consumer traffic in the city's Asian communities dropped precipitously. Businesses in both of Toronto's downtown-area Chinatowns and in the Pacific Mall have reported traffic decreases of between 70% and 90% since the outbreak began in mid-March. In fact, things had become so unsettled by early April that Prime Minister Jean Chrétien and other politicians trekked to Chinatown in an attempt to prove it was safe.

The same anxiety led to shortages of face masks and antibacterial soap at many drug stores and medical supply firms. The subsequent images of masked city workers, when combined with intense media coverage, led to a rash of conference cancellations. Hotels reported millions of dollars in cancelled reservations, including 1 major cancer care convention. By late April, Toronto was an international pariah, with countries around the world — and the World Health Organization — issuing travel advisories. Har-

vard University told its faculty members not to travel to Toronto, while Wal-Mart restricted travel to the city for its American executives.

Entrepreneurs were quick to cash in — SARS travel protection kits, which included masks, gloves, pocket-sized bottles of hand wash and herbal remedies to boost the immune system, were soon selling on the Internet for US\$49. — Brad Mackay, Toronto



Business as usual? The prime minister visits Toronto's Chinatown

Police still investigating sniper attacks on MDs

James Kopp has been found guilty of murdering New York state obstetrician Dr. Barnett Slepian, but police are still trying to close other cases involving Canadian physicians who were shot.

Kopp remains a suspect in the non-fatal shootings of physicians who provided abortions in Winnipeg, Vancouver and Ancaster, Ont. He has been charged in the last case — Dr. Hugh Short was shot in the right arm as he sat in his home Nov. 10, 1995 (CMAJ 1998;159[9]:1153-5) — but there is insufficient evidence linking him to the Winnipeg or Vancouver cases.

"The important thing for us is to get closure for the victims here," says Winnipeg police Inspector Keith McCaskill, who serves on a national task force created to solve the crimes. McCaskill, who is working with state and federal prosecutors in the US, says Kopp probably won't be tried for his Canadian crimes because the murder in the US takes precedence.

Kopp, 48, is expected to be sentenced this month to life imprisonment with no parole eligibility for 25 years. That could change, because he also faced additional federal charges that may eliminate the possibility of parole.

Kopp admitted shooting Slepian in his suburban home near Buffalo on Oct. 23, 1998. Slepian, 52, was the last of 7 Americans killed in attacks on abortion clinics and abortion providers from 1993 to 1998. — Barbara Sibbald, CMAJ