

Health Canada “nearly blindsided” by West Nile virus incidence

The number of confirmed human cases of infection with West Nile virus (WNV) started escalating rapidly once Health Canada began plowing through the immense backlog of probable cases at its National Laboratory in Winnipeg last year. “We were surprised by the large number of human cases ... nearly blindsided,” said Harvey Artsob, Health Canada’s chief of zoonotic diseases.

Dr. Colin D’Cunha, Ontario’s chief medical officer, was surprised too. On Feb. 19 he reported that WNV had claimed the lives of at least 8 Ontario residents in 2002. The previous Health Canada estimate for all of Canada was only 2 deaths.

No human cases were reported in Canada until 2002. By January, Health Canada said it had identified 84 confirmed and 114 probable cases. However, Ontario and Quebec, which used their own laboratories, started reporting additional cases. In January, D’Cunha said the province had 130 confirmed

cases of WNV infection and another 204 probable cases.

Artsob says the Health Canada laboratory is hard pressed to meet the demand for testing, and this explains why the number of confirmed diagnoses and deaths has continued to rise even when there are no mosquitoes around to spread WNV. Only about 20% of infected people eventually develop symptoms. The elderly and those with a weakened immune system are particularly vulnerable, but everyone is being advised to take precautions. “Most people aren’t scared enough,” says Artsob.

The rate at which the virus is spreading has provincial governments and municipal health units preparing early for the 2003 mosquito season. D’Cunha thinks all provinces should follow Ontario’s lead in making WNV infection reportable — he says this is the only way to track its true extent.

Municipal health units in Ontario are currently assessing high- and low-

risk areas, and D’Cunha says some cities and towns will be putting larvicide in standing pools of water. Artsob says other provinces will likely adopt larvicide programs.

WNV has now spread to 5 provinces — Nova Scotia, Quebec, Ontario, Manitoba and Saskatchewan — and to all but 4 US states. As of Jan. 15, 2003, the US had reported 254 deaths and 3949 confirmed cases of West Nile fever. — *Laura Aiken, CMAJ*

“Floodgates of hope” open for HIV-ravaged nations

The future of nations ravaged by AIDS became a little brighter in January.

In his State of the Union address, US President George W. Bush proposed US\$15 billion in special funding to prevent 7 million new cases of HIV infection, treat at least 2 million AIDS patients and provide care for millions of people with the disease or orphaned because of it. Most of the money would be spent in 12 African and 2 Caribbean countries.

Meanwhile, the Bill and Melinda Gates Foundation, in partnership with the US National Institutes of Health Foundation, is creating a US\$200 million “Grand Challenges in Global Health” initiative. It will be used to seek cures for diseases plaguing the developing world, including HIV/AIDS. The Global Forum on Health Research says that only 10% of medical research involves the diseases that create 90% of the world’s health burden.

Although the US donation is the largest ever pledged to the fight against AIDS, some activists criticized the choice of 14 specific countries. However, the White House said it was trying to focus on countries such as South Africa and Namibia, which account for the bulk of cases.

Canadian Stephen Lewis, the UN’s special envoy for AIDS in Africa, has described life in nations ravaged by the disease as “a scene from hell.” He said the US pledge “opens the floodgates of hope.” — *CMAJ*

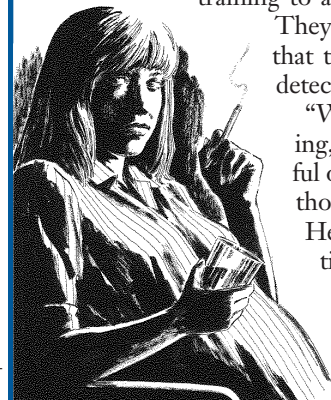
MDs urged to pursue alcohol screening of pregnant patients

Screening for harmful alcohol use during pregnancy is feasible in busy obstetrical clinics and acceptable to women, a US study has determined (*Alcoholism: Clinical and Experimental Research* 2003;27[1]:81-7). The survey of 1131 pregnant women at 8 Michigan clinics found that despite repeated warnings, 15% still drank occasionally. Most had less than 1 drink a week (86%), but 7% had at least 1 binge of 5 or more drinks per week. These women were generally younger, smoked tobacco and were in the early stages of pregnancy.

Only 54% of drinkers said their obstetrician warned them about drinking alcohol while pregnant. According to the researchers, this reflects known trends among clinicians, many of whom feel they don’t have the time or training to address drinking-related issues with their patients.

They hope the survey results will convince physicians that their staff can screen patients for alcohol use and detect those who should receive follow-up.

“We may be able to identify, through quick screening, the women who may be at highest risk for harmful outcomes for themselves and their infants, and stop those potentially risky behaviours,” said lead author Heather Flynn of the University of Michigan Addiction Research Center. “But first, we need to better understand the relationships between drinking, tobacco use and other mental health issues in pregnancy.” — *David Milne, Toledo, Ohio*



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