

Canadian researchers testing SARS vaccine in China

Canadian researchers are at least a year away from human clinical trials of vaccines for SARS, although they hope to shorten the development cycle by conducting those trials in the People's Republic of China.

"We'll know the results of our primate trials by the end of February. Our goal would be to go to [Guangdong Province in] China next winter," Dr. Robert Brunham, director of the University of British Columbia Centre for Disease Control, said in an interview. If the vaccine works, it could be in use by 2005.

The SARS Accelerated Vaccine Initiative (SAVI), an international consortium led by the BC centre, is now conducting animal trials of 3 potential vaccines.

China hopes to start its own

clinical trials of an indigenously developed whole killed vaccine in January, but Brunham says that shouldn't preclude trials of the Canadian-developed vaccine.

With SARS most likely to resurface in China, where it originated, it makes sense to conduct clinical trials there, Brunham says. "It would be helpful to Chinese authorities to demonstrate within Chinese populations that the vaccine is safe and would generate the right kind of immune responses."

The researchers also like the fact that China can fast-track approvals so trials can be launched in about 300 days. This will also help SAVI construct an accelerated model for developing vaccines so that emerging public health needs can be addressed quickly. It now

takes about 10 years for a vaccine to get on the market.

Concerns have been expressed that China is lax in implementing the World Medical Association's (WMA) standards for ethical research. In one such case it allowed a US-based researcher to inject live malaria parasites into HIV-infected people. But Brunham says SAVI won't proceed with trials that don't stand up to Western scrutiny.

It's important that Canadian researchers uphold WMA principles, says Dr. Kathleen Glass, an ethicist at McGill University. "You shouldn't be taking advantage of other people, like exposing them to risk, that you wouldn't be exposing your local population to." — Wayne Kondro, Ottawa

HEALTH FUNDING

Calgary may provide health services in the UK

Calgary health experts may soon be helping the UK tackle its waiting list woes — and in the process generate some revenue for services at home.

The Anglo-Canadian Clinics Ltd., a consortium of British and Canadian companies, is the preferred bidder to provide ambulatory health care services at 2 regions.

The British members include Accomodata Ltd. (housing), Bowne & Kirkland (construction) and Torex Medical Systems (computers). The Canadian interests include the Calgary Health Region, the University of Calgary Medical Group and Surgical Centres Inc.

The UK is opening 21 high-volume diagnostic and treatment centres (see page 187) to alleviate elective surgery waiting lists. The centres aim to

add 250 000 cataract, joint replacement and minor surgical procedures by 2005.

The Calgary consortium expects to export an undisclosed number of physicians, nurses and other health care workers to the UK to provide expertise in areas such as orthopedics.

However, the faculty of medicine's executive director says this won't leave Calgary short handed. "There will be no net reduction [of staff]," said Paul Heinrich. "All are supernumerary."

The 2 contracts are slated to be signed in March and June so details are currently sparse, but there is certainly money to be made. The contracts will gross £70 million (Cnd\$163 million) a year for 5 years. All the consortium's profits will be reinvested in the Alberta health system.

Calgary's Dean of Medicine, Dr. Grant Gall, said the invitation to bid, which came at the request of the UK's health secretary, is "international recognition of what we do as an academic centre. If we can generate income while we do this, so much the better."

"Our primary reason for being involved in this is to be involved in international health," adds Gall, who is a board member at the CHR.

The project was spurred by the Don Mazankowski's report on Alberta's health care system which urged innovation in developing new revenue streams to finance health care.

The Calgary-UK exchange also brings the possibility of recruiting UK staff to Calgary, says Gall. — Louise Gagnon, Ottawa