

Quebec puts up \$20 million for *C. difficile* fight

Quebec Health Minister Philippe Couillard will give hospitals another \$20 million to hire more staff to fight *Clostridium difficile*, but he did not reveal how many died from the infection last year.

The Quebec government, which has monitored the number of cases in 88 hospitals since August, announced Jan. 27 that there were 1406 cases between August and November.

However, their figures do not include all Quebec hospitals, the overall death rates or a year-to-year comparison of infection rates. Nor does the information distinguish between a virulent strain of *C. difficile* that is associated with a high mortality rate at some Quebec hospitals, and the

more common strain.

Quebec hospitals have been experiencing what several infection control experts have labelled an “epidemic” of *C. difficile* during the last 2 years.

Dr. Mark Miller, the head of infectious disease control at the Jewish General Hospital in Montréal complained in November that the surveillance program would be a failure due to a lack of funding and incomplete data.

The new figures did reveal that hospitals with more than 250 beds had an infection rate twice that of smaller hospitals, and almost half the province’s cases occurred in Montréal.

Couillard called the figures a “first snapshot” of *C. difficile* in

Quebec. “Everywhere where we had a very high rate of infection, the rates have decreased significantly,” he said at a news conference. “But I don’t want to say that the problem is solved at all.”

At the McGill University Health Centre, cases of *C. difficile* dropped from 251s (mid-August to mid-January 2003–04) to 167 (2004–05).

“We are encouraged by this,” says Ann Lynch, MUHC director of clinical operations.

The additional \$20 million announced by the Ministry will be dispersed on the basis on infection rates and will allow hospitals to buy additional equipment and hire infection control staff.

— Laura Eggertson, CMAJ

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DISPATCHES

Wanted: Housing for 900 000 Sri Lankans

In the wake of the tsunami disaster, the largest remaining challenge in Sri Lanka is finding housing for 900 000 displaced residents, says the press officer for Médecins Sans Frontières Canada.

MSF is taking on that challenge, even though “It’s quite different from what we usually do,” says Isabelle Jeanson. Initially, MSF provided tents and semi-permanent structures. Now it is helping people obtain land and build houses.

When MSF workers arrived Jan. 1, there were some medical

needs, but “there were tons of clinics, hospitals, doctors and mobile clinics,” says Jeanson. More than 30 000 Sri Lankans died in the Dec. 26 tsunami, making it the second hardest hit country after Indonesia. But Sri Lanka was more prepared to handle its own medical needs than some of the other nations, primarily because it is more politically stable and has a strong medical infrastructure. The 36 MSF workers continue to help with medical needs, mostly lacerations, upper respiratory tract infections, some diarrhea and skin or eye infections. As of Feb. 1, Sri Lanka was not experiencing any epidemics or water-borne diseases. “Instead of walking away, we decided to stay and ... find a role for MSF,” says Jeanson.

The most pressing need was housing. Internally displaced persons are living in camps, schools and mosques all along the southwestern coast. “Many people are living with hundreds of others. It’s unbearably crowded,” says Jeanson.

MSF and other NGOs are

providing tents or semi-temporary structures.

The aim is to get plots of land and help people build or rebuild their homes. “If not, they will go into temporary camps and they could get stuck in them,” says Jeanson, who worked on the island Jan. 10 to 30.

This task is complicated by the fact many residents fear returning to the coast, says Jeanson, who conducted 70 interviews to determine local needs. “They will only go back [to the coast] if all their friends and neighbours are going back so they won’t be alone.”

MSF is providing mental health services for about 70 families who are suffering from grief and symptoms of post-traumatic stress, including nightmares and insomnia.

MSF recently sent over a nonmedical evaluative team including logisticians and water sanitation experts. Most wells are unusable because they are contaminated with salt water and debris.— Barbara Sibbald, CMAJ

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I. Jeanson/MSF

MSF’s Isabelle Jeanson (left) talks with a fisherman who lost his home.