

## Quebec's official numbers: 409 *C. difficile* deaths

In the year since Quebec has been tracking cases of *Clostridium difficile*, about 8% of those infected, or 409 people, died.

Quebec Health Minister Philippe Couillard and Dr. Alain Poirier, the province's director of public health, released the statistics at a provincial health conference in Montréal in October.

The province's preliminary statistics recorded 8673 cases of *C. difficile* from August 2004 to August 2005. The vast majority, 73% of patients, acquired the bacteria during hospital stays.

An examination of 5113 cases indicated a death rate, on average, of 8%, or 409 people. *C. difficile* was the principal cause of death in 3.2% of the cases and a contributive cause in the remainder, says Rodica Gilca, an infectious disease specialist with the province's Public Health Institute.

Quebec's official figures and mortality rate contrast with what Dr. Jacques Pépin, an infectious disease specialist, tracked at the Centre Hospitalier Universitaire de Sherbrooke from 2003 to 2004. In a cohort study, Pépin found a cumulative 1-year mortality rate of 16.7% at the height of the outbreak. He estimated that about 2000 people died across Quebec during that period, a number that Poirier disputes (*CMAJ* 2005;173:1037-41). The province does not have official figures for that period, however, because it didn't begin tracking the infection until August 2004.

Quebec has made "significant" progress in stabilizing the infection, Couillard told reporters at the conference.

"If you ask other provinces or other countries, they cannot tell you how many cases they have because they don't measure it, but they know they have a lot," Couillard said. "We know exactly how many we have from month to month to month."

But Gilca says it's premature to quantify Quebec's progress in reducing infections because the disease has important seasonal variations, and the province has only 1 year of surveillance figures to examine.

"At this point we are able only to compare our data with the data predicted by [a] model," says Gilca. Incidence rates fell by 30%–40% from March to August this year — more than the seasonal rate predicted by the model — but it's too soon to say whether that decline will continue.

"We see an important trend of dropping incidence rates, but we can't quantify it because we have no comparison period," she says.

"Starting the second year we will be able to compare our incidence rates."

But Dr. Vivian Loo of the McGill University Health Centre said the institution still has an incidence rate of about twice its baseline target of *C. difficile* cases (6–8 per 1000 admissions).

"We do have an overall trend that this year, and even the last fiscal year was lower than the previous fiscal year by 50%, says Loo, the chief of microbiology. "We're waiting to see what happens over the next coming months. We're still vigilant." — Laura Eggertson, *CMAJ*

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## National wait time standards remain elusive

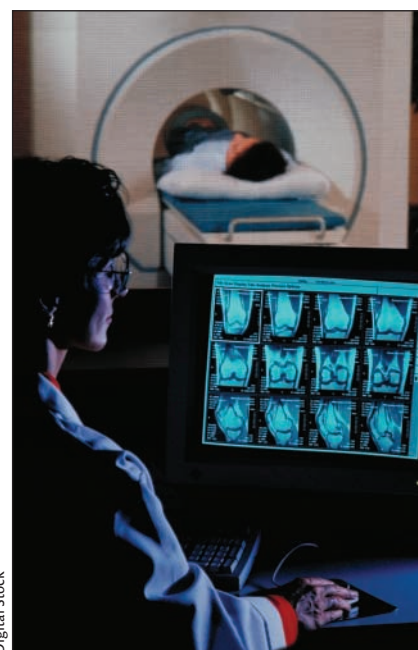
National standards for acceptable wait times in 5 priority categories of medical treatment dominated discussions when provincial and territorial health ministers met Health Minister Ujjal Dosanjh in Toronto in late October. But after 2 days of wrangling it seemed clear that comprehensive national guidelines would themselves require a lengthy wait.

The federal and provincial ministers pledged to meet a year-end deadline for setting "evidence-based benchmarks" for some types of diagnostic imaging, joint replacement, cancer treatment, cardiac procedures and cataract surgery, and agreed to work toward more comprehensive national standards, said Dosanjh.

The provinces had already promised to do this as part of the federal govern-

ment's 10-year plan to strengthen health care, negotiated in September 2004. That agreement also saw the federal government commit \$41 billion in new health care money, much of it delivered through the provinces.

But not all in attendance echoed Dosanjh's optimism. Speaking to *CMAJ* after the meeting, BC Health Minister George Abbott suggested that, although the decision to establish "some benchmarks in some areas" was a promising preliminary development, it could be as long as 5 years before Canada establishes a comprehensive framework.



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Health ministers will deliver some benchmarks this year, but a comprehensive framework could take another 5 years.

"This is an evolutionary area of public policy," Abbott said.

Ontario Health Minister George Smitherman also expressed doubts about the timetable. While acknowledging that "it's easy to be cynical" about the ministers' commitment to an unspecified number of wait-time benchmarks within the 5 priority categories, he told reporters that pressure for benchmarks may be the result of a "manufactured argument."

Patients' demands for national

guidelines have been exaggerated, Smitherman said. Even so, he stressed that Canadian politicians feel a political duty to deliver on their promise.

“We identified and campaigned on this issue to the people of Canada,” he acknowledged.

While defending their decision not to identify the specific treatments for which national wait-time guidelines will be issued by Dec. 31, Dosanjh, Smitherman and Abbott strongly insisted they require more research and more evidence before establishing standards.

That suggestion worries CMA President Ruth Collins-Nakai, who is a spokesperson for the Wait Times Alliance, an association formed by the CMA and 6 other medical associations.

In an August report, the Alliance recommended wait-time benchmarks for 18 specific treatments within the 5 priority categories, based on reviews of available evidence by teams of Canadian physicians.

“We take issue with the ministers’ argument there’s not enough evidence available to table wait-time benchmarks for numerous specific treatments right now,” says Collins-Nakai. “It worries me that they continue to weasel out of it.”

Appeals to present the Wait Times Alliance study to the ministers when they met in Toronto went unanswered. The ministers also failed to take up the Alliance’s recommendation that \$3 billion in new money be allocated to the provinces and territories to reduce wait times.

Even so, Collins-Nakai says she’s “cautiously optimistic” that the provinces and the federal government are focusing on wait times, and that physicians’ views will be reflected in the benchmarks. They are to be made public before December 31.

“We worked hard to put the issue of waiting time in front of the first ministers when they signed the 10-year plan last year, and we think our views were heard,” said Collins-Nakai. “I’m going to give them the benefit of the doubt they’re still listening.” —Paul Webster, Toronto

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## Pandemic preparedness:

**F**arm surveillance, along with fair compensation for producers who have to kill infected fowl, is the essential front-line of defence against an avian influenza pandemic, agreed health ministers from 30 countries and heads of 8 international agencies, including the WHO, at a conference in Ottawa.

Avian flu is concentrated in developing countries where farmers can ill afford to kill their flocks; so far, 140 million ducks and chickens have been slaughtered in Asia, at a cost of \$10 billion. Farmers are compensated in most countries, but not to the full extent of

their loss, giving them little incentive to report the disease.

As of Oct. 26, Avian flu H5N1 had infected 100 people, killing 62, in 4 Asian countries; most died after direct contact with infected birds. But experts fear that with continued human exposure to infected birds the virus could mutate into a form easily transmitted among people.

We need to “double and redouble our efforts to stop avian influenza at its source, in animals,” said Jacques Diouf, director general of the Food and Agriculture Organization (FAO) at the Oct. 24–25 conference on Global Pandemic Influenza Readiness in Ottawa.

These efforts would include both fair compensation for farmers and science-based systems for raising poultry and marketing live birds.

“We must take prudent measures ...



A Romanian police officer helps cull a flock of domestic ducks with Avian flu. In October, the flu also hit fowl in Russia and Turkey, Croatia and Greece.