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: begin at the source

Farm 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 ...

Canapress

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.

to stop this disease in its tracks," he said. "It can be done."

No concrete initiatives stemmed from the 2-day meeting, but participants stated in a Communiqué that it was an "important step" toward a long-term sustained political and institutional engagement. They identified a huge number of needs, including a harmonized global approach to research and development, along with increased production capacity, access and distribution of vaccine and antiviral agents.

Mexico's call for developed nations to reserve 10% of antivirals for poorer nations was put aside. Instead, the ministers decided it might be more appropriate for the 10 or so countries that have adequate supplies of the drugs, including Canada, to develop a way to share, such as through the WHO stockpile.

Only about 40 countries are ready for a pandemic, said Dr. Jong-wook Lee, Director General of WHO. "We must help countries stockpile."

Roche International, the manufacturer of oseltamivir (Tamiflu), has promised WHO 30 million capsules of oseltamivir to cover 3 million people; enough for 1 million has been delivered.

The best protection, Lee added, is an effective vaccine, but that can't be developed until a human strain emerges, after which a vaccine will take months to produce. There is also insufficient global manufacturing capacity to produce the quantities needed. "It's a huge challenge," he said. "We need investment."

Delegates also agreed that coodinated risk communications among countries and institutions is needed to avoid public panic.

It may already be too late. In the midst of the conference, Roche Canada decided to temporarily stop shipping oseltamivir to private pharmacies in face of an unprecedented demand and fears of dwindling stock. In September, about 4000 prescriptions for the drug were filled for Canadians, compared to 421 in September 2004.

A Nov 7–9 international meeting on avian and pandemic influenza will "bring concerns to the next stage," said Lee. — Barbara Sibbald, *CMAJ*

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News @ a glance

HPV vaccine: An experimental vaccine has proved highly effective at preventing cervical cancer caused by the human papillomavirus (HPV) strains 16 and 18. These strains account for 70% of all cervical cancer. The phase 3, 2-year study involved more than 12 167 women, ages 16 to 26, in the US and 12 other countries. Merck & Co., which is developing the vaccine Gardasil, plans to apply for approval to the Food and Drug Administration this year and to have the vaccine on the market by 2006. Merck Frosst Canada Ltd. plans to submit approval information to Health Canada in 2006. Worldwide, there are about a half-million cases of cervical cancer and 290 000 deaths annually; in Canada there are about 1350 new cases and 400 deaths annually. Women who receive the vaccine will still need annual Pap smears to detect other HPV strains. The vaccine is administered in 3 doses and is effective for between 5 and 10 years.

Health research funding: The Canadian Institutes of Health Research has awarded 1600 research grants worth over $354 million — the largest amount in its 5-year history. Ontario researchers got 40% of the funding ($138.5 million) and Quebec scientists got 31% ($108.8 million).

ED wait info: Fifty-seven percent of patient visits to selected emergency departments in 2003–04 were for less-urgent or non-urgent conditions such as sore throats and sprained ankles, reports the Canadian Institute for Health Information. Only 0.5% of patients needed life-saving interventions. Most of the data in *Understanding Emergency Department Wait Times* is from Ontario hospitals; some is from British Columbia, Nova Scotia and Prince Edward Island. Researchers also found that half of these patients saw a physician in 51 minutes or less; 10% waited nearly 3 hours or more. See the report at www.cihi.ca

NYC v. trans fats: Heart disease is New York's biggest killer, and the city is blaming trans fats. The NYC Department of Health and Mental Hygiene has asked city restaurants and other food services to avoid serving and cooking with foods that contain trans fats. Research shows that eating trans fats raises low-density lipoprotein, increasing the risk of heart disease. It is unclear how New York chefs will respond: about half of the city's 20 000 restaurants use trans fats to prepare food, requiring a large-scale change in cooking and buying habits to meet the city's request. — Sally Murray, *CMAJ*

Hospital admissions for mental illness: Patients with a primary diagnosis of mental illness accounted for 6% of the 2.8 million hospital stays in 2002–03, reports the Canadian Institute for Health Information. Another 9% of stays involved patients with a non-psychiatric primary diagnosis and associated mental illness, states CIHI's new report: *Hospital Mental Health Services in Canada 2002–2003*. Altogether, these hospital stays accounted for one-third of total days patients spent in Canadian hospitals. The majority of these stays were related to mood disorders (34%), schizophrenic and psychotic disorders (21%) or substance-related disorders (14%). See the report at www.cihi.ca

Emergency contraception in India: Emergency contraception pills are now available over the counter at pharmacies without a doctor's prescription in India. More than 200 countries, including Canada (*CMAJ* 2005;172:861-2) but not the US, have made a similar move. In China, women can get the pills through vending machines. India's Health Minister Anbumani Ramadoss said, "This is our way to help empower women in India." — Compiled by Barbara Sibbald, *CMAJ*

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