

stating that this man had emigrated from an area where tuberculosis is prevalent? Would the public health implications have been any less significant had the subject been referred to as a “health care professional working in the neonatal intensive care unit?”

I presume that the physician described in this report gave written consent (as is *CMAJ*'s policy for such matters). Even so, I see no reason why his identity had to be made so transparent.

#### Steven L. Shumak

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#### REFERENCE

1. Sen M, Gregson D, Lewis J. Neonatal exposure to active pulmonary tuberculosis in a health care professional. *CMAJ* 2005;172:1453-6.

DOI:10.1503/cmaj.1050144

#### [The authors respond:]

We thank Steven Shumak for his insightful comments concerning our recent case report in *CMAJ*.<sup>1</sup> Many of the details in the article concerning the index case were requested during the editorial review process. Indeed, the editors asked for additional details that were not included in the published version of the article because of confidentiality concerns. We take full responsibility for our work; perhaps we erred in supplying any of the details that the editors requested.

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#### James Lewis

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#### REFERENCE

1. Sen M, Gregson D, Lewis J. Neonatal exposure to active pulmonary tuberculosis in a health care professional. *CMAJ* 2005;172:1453-6.

DOI:10.1503/cmaj.1050211

#### [Editor's note:]

It is difficult to completely conceal the identity of an individual in a case report unless he or she has a common disease with a common presentation. In this report of exposure of neonates, staff and visitors in an intensive care unit it was important to describe the index case, the resident and his background, previous exposure to tuberculosis and dates of his chest x-rays during the immigration process. Because of the authors' affiliations, the identity of the intensive care unit could not be concealed. Also, because of the large number of people involved in the investigation of possible tuberculosis, it is likely that the identity of the index case was known.

#### John Hoey

Editor  
*CMAJ*

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### Reporting communicable diseases

Although the article on dermatologic emergencies<sup>1</sup> was directed primarily at the clinical management of the presenting patient, I noted that there was no mention of the fact that cases of staphylococcal toxic shock syndrome, necrotizing fasciitis, and invasive *Neisseria meningitidis* infections should be reported to the medical officer of health.

I would encourage *CMAJ* to attempt to include reporting to public health as one aspect of the management of any of the generally recognized “reportable communicable diseases” throughout Canada, as this one step in treatment may sometimes be overlooked by our acute care colleagues.

#### Isaac Sobol

Chief Medical Officer of Health  
Nunavut

#### REFERENCE

1. Freiman A, Borsuk D, Sasseville D. Dermatologic emergencies. *CMAJ* 2005;173(11):1317-9.

DOI:10.1503/cmaj.1050270

### A painful elbow?

May I suggest the patient consult a real doctor, since the condition appears to be bilateral (text v. picture).<sup>1</sup>

#### James Battershill

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Vancouver, BC

#### REFERENCE

1. Shu DH, Shu AC, Yuen M, et al. A case of painful elbow: What's your diagnosis? *CMAJ* 2005;173(12):1445-6.

DOI:10.1503/cmaj.1060003

### Measuring the presence of chronic diseases

It is interesting that the time when patients were evaluated using the Charlson Comorbidity Index was not mentioned in the study by Pepin and colleagues.<sup>1</sup> It is possible that *Clostridium difficile* infections occurred in patients who were in a more serious condition; evaluation of the baseline characteristics of the 2 patient groups would have been best done 48 to 72 hours before the diagnosis of *C. difficile*-associated disease (CDAD) was made.

#### Wenbin Liang

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Perth, Australia

#### REFERENCE

1. Pépin J, Valiquette L, Cossette B. Mortality attributable to nosocomial *Clostridium difficile*-associated disease during an epidemic caused by a hypervirulent strain in Quebec. *CMAJ* 2005;173(9):1037-42.

DOI:10.1503/cmaj.1050236

#### [One of the authors responds:]

The Charlson Comorbidity Index measures the presence of chronic diseases, and we used diagnoses listed in the discharge summaries of current and prior hospital admissions. For conditions such as ischemic heart disease, peripheral vascular disease, diabetes, chronic obstructive lung disease, dementia and the like, we feel that the exact timing of