form of registries network will be rolled out in 2009 (particularly after $100 million was provided through the Canada Infoway initiative specifically for immunization registry technologies, under a program called Panorama), along with other specifics such as bar coding of vaccines to track use, and a standardized, nationwide immunization schedule. Later this year, the Public Health Agency of Canada also hopes to unveil a report on a consensus conference on national goals and recommendations that was held in 2005.

A quick rollout of such specifics, as well as the appointment of a national commissioner for children and youth, would make it easier to "benchmark" progress and generate broader public support and funding for immunization initiatives, argues pediatrician and former interim *CMAJ* Editor-in-Chief and former Dalhousie University dean of medicine Dr. Noni MacDonald.

"The formation of the CIC (Canadian Immunization Committee) and how they are trying to get more collaborative partnerships work across all the provinces and territories was a real step forward, but there's more work to do because we don't have a vaccine registry or a national immunization schedule that's followed everywhere. There are some reasons from a geography and disease prevalence point of view why you might see some variations across the country, but we have other variations in the schedule across the country for which there's no evidence that we need to have that variation. It's only confusing to parents when you're trying to do national education and it's confusing when people move."

Embree contends there's also a need for quicker rollout of national goals and recommendations, particularly concrete action plans for specific vaccine-preventable diseases, as well as a need to develop strategies to reach those who don't have family doctors or pediatricians and thus are less likely to be reminded of the value of vaccination.

Others argue that Canada hasn't even begun to flesh out all of the requisite elements of a true national immunization strategy, including a national research plan, as well as a national strategy for insuring that there is adequate long-term, indigenous industrial capability to produce needed vaccines. There's a definite need for additional funding and coordination of a research program aimed at assessing the efficacy of vaccines, and dosages, on an ongoing basis, says Kendall. "Right now, we don't have the ongoing core funding for vaccines and we don't have the capacity nationally to do particular evaluation studies."

"It's important that we understand the issues around safety, around new vaccines, around supply and demand," says Dr. Bhagirath Singh, scientific director of the Canadian Institutes of Health Research's Institute of Infection and Immunity. "If there is a shortage of vaccines, what is Canada going to do? Are we going to legislate that all the vaccines cannot go out and they have to be used here? Or we going to negotiate with other partners that this a policy we're going to adopt if there is genuine need or shortage? I think those issues are real. We have to consider that, as a country, we are fortunate where we have local manufacturers who supply Canadian demands for vaccines. But if these manufacturers decide tomorrow that they'll be better off producing it in India or China or Mexico, are we going to lose capacity to meet our needs. It's a health care issue. There's a genuine need for the country to have a national vaccine strategy." — Wayne Kondro, *CMAJ*

DOI:10.1503/cmaj.070686

Clement seeks safe injection site study

In response to Federal Health Minister Tony Clement's demand for proof of the efficacy of safe injection sites, Health Canada has issued a call for research proposals to determine whether there is any validity to the proposition that such sites help to lower drug use and fight addiction.

The findings will be used to help Clement decide whether to extend an exemption from federal drug law that allows the Vancouver-based InSite safe injection site to continue operations (*CMAJ* 2006;175:859). Clement has deferred that decision on the extension until Dec. 31, 2007.

InSite is a legally run health facility where addicts who have purchased illegal drugs can go to inject under the supervision of trained medical staff. North America's first and only safe injection facility opened its doors in 2003 in Vancouver's Downtown Eastside, an impoverished neighbourhood heavily populated by sex-trade workers, drug users and dealers, and those with high rates of HIV and hepatitis C. At InSite, clients are given clean needles, as well as access to health care, and to detox and drug treatment programs.

Nearly 700 addicts visit InSite every day. Evaluations by the BC Centre for Excellence in HIV/AIDS indicate that the program results in harm reduction to users and other members of the community, reduces drug-trade litter and increases intake into intervention and addiction treatment programs (*CMAJ* 2006:175:1399-404).

But a spokesman for Clement says the health minister wants more proof. The call for research proposals "doesn't mean the exemption is being extended or that the InSite program is continuing. We are calling for more research on safe injection sites," says Erik Waddell.

Waddell says the minister "has been very clear" that he needs to see more evidence on safe injection sites, before deciding whether the InSite program can continue, or whether others can open.

The call for research proposals specified 6 areas of study on the impact of safe injection sites: service utilization, treatment uptake and influence on risky behaviour; morbidity and mortality; public order and safety issues; implementation and operational issues; local contextual issues; and, the similarities and differences between Vancouver and other Canadian cities concerning patterns and trends with respect to injection drug use.

The research questions were developed by an expert advisory committee with public health, criminology, addictions and evaluation expertise. The call for proposals closed May 11, 2007. — Becky Rynor, Ottawa

DOI:10.1503/cmaj.070670