

The Region asked for and received help from a field epidemiologist with the Canadian Public Health Agency because the medical officer and his staff were unable to trace the *E. coli* to a single source. They were also puzzled because the *E. coli* infections do not appear to be resulting from a specific source, such as the one in Walkerton, Ont., in 2000 that left 2600 people ill and killed 7.

Although the Calgary incidents are not classified as an outbreak, “this is higher than the number of cases we would normally see,” Friesen told *CMAJ*. “We have not been able to link the increase in cases to 1 particular source, or to explain it.”

A laboratory analysis of the *E. coli* showed several different strains and clusters, he says. Some patterns were clustered in families, which Friesen would expect if family members shared a single source of infection, but others do not appear to have any commonality.

As a result, the Region is increasing its surveillance.

“We’re collecting more detailed information on the cases to try to generate some hypotheses about what may be potential sources, and are working with the provincial lab to do further review and analysis of the genetic pattern, to see if there’s some similarity,” Friesen says.

One cluster of cases in early July that involved 4 family members was traced to raw ground beef, Friesen says. Another cluster of 4 cases shared a link to a restaurant. But the Region remains concerned that there may be a broader exposure to a contaminated food product or some other source that it has not yet identified, Friesen says.

So far, there is no indication that the *E. coli* is waterborne, as was the case in Walkerton.

As a whole, southern Alberta has higher rates of sporadic *E. coli* that cannot be explained or linked to a particular source, Friesen says.

“Past efforts to identify particular sources through measures such as case controls or even to examine potential sources that have been suggested in the past, such as feed lots or irrigation canals have not been successful in identifying the source or reason for the

higher number of cases that we have experienced,” he says.

“Clearly, we are challenged by these situations.”

In order to investigate the *E. coli* cases, the Region has suspended its follow-up investigations of other enteric infections, to concentrate staff resources. “We’ve attached a higher priority to it, but it has meant that the follow-up on other resources and illnesses is delayed,” Friesen says. — Laura Eggertson, Ottawa

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## News @ a glance

**India and China register:** The WHO has expanded its clinical trial registry to include trial registers in China and India. This will allow policy-makers and scientist to track local research, improve the quality of research and meet global standards for transparency. The public will also have free access to a more complete picture of clinical research on diseases. The registers will “contribute to improving the ethical conduct of and public trust in clinical trials,” stated WHO Director-General, Dr. Margaret Chan. Both registers will work with their regional medical journals, building on the International Committee of Medical Journal Editors’ requirement that clinical trials be publicly registered before participants are enrolled.

**Cannabis v. tobacco:** A single joint of cannabis can damage the lungs as much as chain-smoking up to 5 tobacco cigarettes, indicates new research (*Thorax* 2007 July 31; Epub ahead of print). The New Zealand study, involving 339 subjects, also found that cannabis damaged the lung’s ability to get oxygen and remove waste products.

**e-Electioneering:** Ontario’s Progressive Conservatives are promising electronic health records for every resident within 7 years, if they are elected on Oct. 10. Alberta and Prince Edward Island plan to have their systems in place in 2008; BC will follow in 2009.

**Pharmacy of the developing world:** India can continue to provide affordable medicines in developing countries after the High Court in Chennai, India, upheld India’s Patents Act against a challenge from the Swiss pharmaceutical giant, Novartis. “This is a huge relief for millions of patients and doctors in developing countries who depend on affordable medicines from India,” stated Dr. Tido von Schoen-Angerer, director of Médecins sans Frontières Campaign for Access to Essential Medicines. Eighty-four percent of the antiretrovirals MSF physicians prescribe worldwide come from India. More than 420 000 people signed a petition asking Novartis to drop its case. Novartis cited World Trade Organization rules in its bid for more extensive patent protection.



**Medical ethics award:** Dr. John Dossetor (pictured above), *CMAJ*’s former Ombudsman (2002–2006) and a member of the 2006 *CMAJ* Governance Review Panel, was awarded the inaugural Dr. William Marsden Award in Medical Ethics at the CMA Annual Meeting on Aug. 22. Dossetor coordinated the first kidney transplant in Canada and went on to be a trailblazer in the emerging field of medical ethics. He was a founding member of the Canadian Society of Medical Bioethics and co-founded Alberta’s Health Ethics Network (*CMAJ* 2002;166:1327). — Compiled by Barbara Sibbald, *CMAJ*

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