

Briefly

Published at www.cmaj.ca between Oct. 12 and Oct. 29

Uninsured Americans: The number of people in the United States without health insurance increased to 50.7 million (16.7% of the population) in 2009 from 46.3 million (15.4%) in 2008, according to the US Census Bureau. The number of children under 18 (7.5 million) and seniors (676 000) without health insurance was relatively unchanged, according to the report, *Income, Poverty, and Health Insurance Coverage in the United States: 2009* (www.census.gov/prod/2010pubs/p60-238.pdf). The percentage of people covered by private health insurance decreased to 63.9% from 66.7%, while the percentage of those covered by employment-based health insurance decreased to 55.8% from 58.5%. — Wayne Kondro, *CMAJ*

Lighter pockets: The average employee in the United States will have to cough up \$US4386 in 2011 to cover his or her health care insurance premiums and out-of-pocket costs such as copayments and deductibles, according to the health resources consulting firm Hewitt Associates' annual projection of health care cost increases (www.hewittassociates.com/Intl/NA/en-US/AboutHewitt/Newsroom/PressReleaseDetail.aspx?cid=9106). Employees will be asked to contribute US\$2209 in health care premiums, an increase of 12.4% over 2010, and roughly 22.5% of their total health premium (employers will pay an average US\$9821 per employee). The average out-of-pocket cost per American is expected to be US\$2177, a 12.5% increase over a 2010 level of US\$1934. The firm said a number of factors are driving the increase, including the "frequency of catastrophic claims. This is particularly true today, as slower levels of hiring have left employers with slightly older workforces who are more prone to costly medical conditions." — Wayne Kondro, *CMAJ*

WHO calls for disaster-proof hospitals: Following the devastation of hospitals and clinics by Pakistan's ongoing floods and Haiti's recent earthquake, the World Health Organization released new recommendations Oct. 13 for the protection of health facilities from disasters. The organization has called on national authorities to locate new hospitals in safe areas, ensure they meet building standards, and provide emergency programs and disaster training for hospital staff. More than 500 hospitals and clinics have been damaged and destroyed in flood-affected areas of Pakistan. Hundreds more were damaged during the earthquakes in Haiti and Chile earlier this year. WHO estimates for every failed hospital an average 200 000 people are deprived of health care for months, sometimes years. — Lauren Vogel, *CMAJ*

National disease surveillance network launched: The first pan-Canadian multi-disease surveillance network launched Oct. 14 in Vancouver, British Columbia. In partnership with the College of Family Physicians of Canada, the Public Health Agency of Canada and the Canadian Institute for Health Information, the network allows physicians to securely collect information from their patients' electronic medical records to improve the way five chronic diseases are managed. The goal of the initiative is to help family physicians better understand and manage chronic disease in their patients. Over 100 physicians, representing tens of thousands of patients, have already participated in a two-year pilot of the network. — Lauren Vogel, *CMAJ*

Government gives \$14 million to microbe research: Researchers will receive more than \$14 million in federal funding over the next five years to investigate the role micro-organisms play in health and disease. On Oct. 14, the Canadian Institutes of Health Research (CIHR) announced the sup-

port for seven teams studying bacteria, viruses and fungi that live in or on the human body. "The goal of this initiative is to discover which microbial communities exist in different parts of the human body and to explore how these communities impact and influence human health or disease," Dr. Marc Ouellette, scientific director for CIHR, said in a news release. The funding will also support the development of new detection methods and treatment options for several chronic diseases. Genome British Columbia, the Canadian Cystic Fibrosis Foundation and the Crohn's and Colitis Foundation of Canada are also jointly providing \$1.4 million in funding to the teams. — Lauren Vogel, *CMAJ*

Chelation cures "dangerously misleading": Eight companies that sell chelation "miracle cures" to treat everything from autism to heart conditions were warned on Oct. 14 by the United States Food and Drug Administration (FDA) to stop marketing those products or face legal action. The over-the-counter chelation therapies are claimed to treat a range of serious conditions — including autism spectrum disorder, heart diseases, Parkinson disease and Alzheimer disease — by flushing toxic metals from the body. According to the FDA, these claims are unproven. "These products are dangerously misleading because they are targeted to patients with serious conditions and limited treatment options," said Deborah Autor, director of the Office of Compliance in the FDA's Center for Drug Evaluation and Research, in a news release. "The FDA must take a firm stand against companies who prey on the vulnerability of patients seeking hope and relief." There are also serious safety concerns associated with chelation therapy. Even when used under medical supervision, these products can cause dehydration, kidney failure and death. — Lauren Vogel, *CMAJ*

Bisphenol A labeled toxic: The Canadian government has officially added bisphenol A to a national list of toxic substances. The government had already banned bisphenol A, an industrial chemical commonly known as BPA, for use in baby bottles in 2008 over concerns that it could lead to some types of cancer. The American Chemistry Council, a United States industry trade organization that represents chemical manufacturers, had in 2009 objected to the move to label bisphenol A as toxic under the Canada Environmental Protection Act. The group claimed the chemical posed no health threats. However, that objection was rejected by the federal government in July 2010 because it lacked new scientific data that could attest to the safety of bisphenol A. The Canadian non-profit group Environmental Defence led the five-year lobby to add bisphenol A to the country's list of toxic chemicals. — Roger Collier, *CMAJ*

Generic drug plan scrapped: The United Kingdom government has scrapped a plan to force pharmacists to offer patients generic drugs instead of the branded drugs prescribed by their doctors. The plan was proposed to save the government millions of pounds, but health experts raised concerns that generic drugs may be less potent and patients would not receive adequate doses of medicine. An assessment of the proposal also noted 85% of medicines prescribed were already generic drugs, and that the change would not result in huge savings. The Ethical Medicines Industry Group, a trade association that represents small and medium-sized pharmaceutical companies, praised the government's decision to scrap mandatory generic substitution, claiming that medical professionals and patients were opposed to the idea because it would have hindered patient safety. — Roger Collier, *CMAJ*

Isotope production alternatives: The federal government has announced that four institutions — Canadian Light Source Inc., Advanced Cyclotron Systems Inc., Tri-University Meson Facility and Prairie Isotope Production Enterprise — have been selected to receive

support from a \$35-million pot of money set aside to investigate means of producing medical isotopes using linear accelerator and cyclotron technologies. Financial allocations to each project will be finalized by 2011, Natural Resources Minister Christian Paradis said in a press release (www.nrcan-rncan.gc.ca/media/newcom/2010/201082-eng.php). Exploring the use of other isotope producing technologies was the central recommendation emerging from the Expert Review Panel on Medical Isotope Production on how to meet medical isotope needs in the face of ongoing woes surrounding operation of the National Research Universal reactor (www.cmaj.ca/cgi/doi/10.1503/cmaj.109-3127). — Wayne Kondro, *CMAJ*

Ad hoc preparedness: The Public Health Agency of Canada (PHAC) is inadequately prepared to manage public health emergencies such as pandemics, natural disasters and terrorist attacks, according to the agency's internal audit services division. Auditors found that "current emergency preparedness and response risk management processes are overly 'event' driven. Furthermore, PHAC has yet to develop long term, comprehensive risk and threat assessment processes and an 'all hazards' risk management plan to support emergency preparedness and response efforts and address legislative obligations," states the audit report, *Emergency Preparedness and Response*, (http://198.103.98.171/about_apropos/audit/2010/pdf/epr-miu-eng.pdf). The auditors recommended that PHAC "articulate, document and communicate clearly an emergency preparedness and response mandate, strategies, operational goals and plans, and roles and responsibilities; develop long term, comprehensive risk and threat assessment processes and an "all hazards" risk management plan to support emergency preparedness and response efforts addressing legislative obligations; develop surge capacity models and provide mandatory emergency management training to build a response capacity that is appropriately trained and qualified; and manage and deploy assets with efficiency, effectiveness and timeliness." — Wayne Kondro, *CMAJ*

Nutrition campaign: Health Canada has unveiled a nutrition education campaign aimed at better informing consumers about the "per cent daily value" column on nutrition labels. The campaign will use messages placed on food packages and in stores, as well as advertisements in print and television to direct consumers to a website which explains nutrition facts tables (www.hc-sc.gc.ca/fn-an/label-etiquet/nutrition/cons/dv-vq/index-eng.php). Critics have long argued that nutrition labels are misleading and often do not serve as the basis for comparison among products because companies don't use standardized measurements. For example, firms individually choose the serving size for which they will provide nutritional information, so consumers often can't readily compare two products. Health Canada also indicated that it is reviewing its food labelling regulations. — Wayne Kondro, *CMAJ*

Bungled management: Health Canada and the Public Health Agency of Canada should be precluded from oversight of grant competitions given how the pair bungled the bid process on a subsequently cancelled HIV vaccine manufacturing facility, the House of Commons health committee says. The facility was to have been built in partnership with the Bill and Melinda Gates Foundation but was cancelled after it was determined that none of the four bidders met the bar to qualify to host the facility (www.cmaj.ca/cgi/doi/10.1503/cmaj.109-3255 and www.cmaj.ca/cgi/doi/10.1503/cmaj.109-3256). "There were delays, a lack of communication from the CHVI [Canadian HIV Vaccine Initiative] Secretariat, and minimal feedback on proposals during the course of the application process. These organizations further articulated that a site visit was not conducted as part of the application process," says the report, *Review of the Cancellation of the Canadian HIV Vaccine Initiative's HIV Vaccine Manufacturing Facility Project* (www2.parl.gc.ca/HousePublications/Publication.aspx?DocId=4700443&Language=E&Mode=1&Parl=40&Ses=3&File=18). — Wayne Kondro, *CMAJ*

Pilfered prescription pads: Nearly 4% of Alberta physicians had a regular prescription pad stolen in 2009, while

16% had patients alter a prescription, according to a survey of 677 physicians conducted by the College of Physicians and Surgeons of Alberta and the Alberta Medical Association. Nearly 2% (26 doctors) had special triplicate prescription pads (a personalized three-part prescription form which is required in Alberta for certain classes of drugs) stolen from their offices, according to the survey, Prescribing Fraud Survey Results – 2010 (www.cpsa.ab.ca/Libraries/Pro_PPP/Prescribing_Fraud_Survey_results_-_Complete_summary.sflb.ashx). The survey indicated that the majority (63%) of altered regular prescriptions involved a codeine medication, while the major-

ity (81%) of altered triplicate prescriptions involved opioids. The survey also found that 52% of doctors said their patients were seeing more than one physician to obtain prescriptions. — Wayne Kondro, *CMAJ*

Global drug sales: The global pharmaceutical market will rise 5%–7% in 2011 to US\$880 billion in 2011, slightly higher than the 4%–5% growth rate projected for 2010, according to the pharmaceutical industry market intelligence firm IMS Health. The highest growth rates will be in the 17 so-called “pharmerging” countries: China, Brazil, Russia, India, Mexico, Turkey, Venezuela, Poland, Argentina, Indonesia, Ukraine, Thai-

land, South Africa, Egypt, Romania, Pakistan and Vietnam, IMS Health said in a press release (www.imshealth.com/portal/site/imshealth/menuitem.a46c6d4df3db4b3d88f611019418c22a/?vgnnextoid=119717f27128b210VgnVCM100000ed152ca2RCRD&vgnnextchannel=41a67900b55a5110VgnVCM10000071812ca2RCRD&vgnnextfmt=default#). The Chinese market alone is predicted to grow 25%–27% to more than \$50 billion next year. “The five major European markets (Germany, France, Italy, Spain, and the U.K.) collectively will grow at a 1–3 percent pace, as will Canada.” — Wayne Kondro, *CMAJ*

DOI:10.1503/cmaj.109-3713