The other millennium bug

To the editor:

Having been in Zimbabwe, I missed this past winter's flu epidemic, but my Canadian Internet newspapers told the familiar story of overwhelmed emergency departments (EDs) as the flu bug invaded the true north, weak and dizzy.

Canada's EDs wage a furious and relentless battle against tetanus, and our diligence is no doubt successful in preventing a handful of cases every year. We are so effective that Health Canada reported only 3 tetanus cases in 1997 and 2 in 1998.[1] On the other hand, influenza, also preventable, strikes millions, sends thousands to emergency departments and kills scores.

The Laboratory Centre for Disease Control publishes graphs that document influenza activity over time.[2] Confirmed cases erupt like stalagmites from the floor of the graph in late December, peak in late January and disappear again in early March. This invidious virus employs the same predictable battle plan year after year and regularly brings our Canadian EDs to their knees, yet we do little but sniffle and groan.

In the January 2000 issue of *CJEM*, Chiasson and Rowe[3] reported that, despite Canada's "free" health care system, half of the people who show up on our doorstep have not had the influenza vaccinations they should have had, and that most of these patients are happy to be vaccinated in the ED.

We have the potential to provide a flu-free winter for many of our patients. It's not just about preventing relentless rhinorrhea, miserable myalgias and economic losses caused by work absence; it's about preventing severe complications, hospitalizations and deaths, which our ED population is more susceptible to. We also have the potential to mollify the annual January ED devastation. And the beauty of flu is that we don't have to demean ourselves with this wimpy vaccination stuff all year long. We gear up for 4 weeks to save countless complications and ED visits.

Emergency medicine has been slow to integrate disease prevention into the care of our (captive) clients. After all, a healthy community begets a healthy ED, which provides us the time, space and resources to beget a healthy community.

Garth Dickinson, MD
University of Ottawa
Ottawa, Ont.

References

1. Health Canada, Health Protection Branch, Laboratory Centre for Disease Control. Vaccine-preventable diseases summary. Update: Vaccine-Preventable Diseases. 1999;7(1):15. Available: www.hc-sc.gc.ca/hpb/lcdc/publicat/vacprev/vol7-1/index.html (accessed 2000 June 7)
2. Health Canada. Influenza in Canada — 1998–1999 season. Can Commun Dis Rep 1999;25-22:1-9. Available: www.hc-sc.gc.ca/hpb/lcdc/publicat/ccdr/99vol25/dr2522e.html (accessed 2000 June 7)
3. Chaisson AM, Rowe P. Administering influenza vaccine in a Canadian emergency department: Is there a role? CJEM 2000; 2(2):90-4.

The *real* Third World

To the editor:

Having returned to Canada after 6 months in the real Third World, I found many issues of *CJEM* awaiting my attention. Much to my dismay, the first one I opened contained your editorial[1] regarding the "third world." You use the phrase "third world" to describe what you believe to exist in Canada's health care system. It is quite apparent that, while you are faced with a many problems in the emergency department (ED), you are completely out of touch with the Third World. Permit me to take you to the *real* Third World.

Picture a small hospital set amongst terraced farmlands. It is unlike any of the small hospitals that dot Canada's rural landscape. This facility is functional but lacks many items you or I would consider basic or essential. Supplies are limited, costly and, typically, out of date. Equipment is old and donated, but usually functional. Basics such as electricity and running water are unreliable and cannot be taken for granted. This is not the case in Canada.

Your patients have problems, and there is no denying this fact. Illness is a universal phenomenon, but some people are blessed with more opportunities to lead healthy lives. Others are faced with difficult choices and no opportunities. What do you say to the children who suffer from rickets, intestinal parasites and recurrent infectious disease because basic public health measures are not available? How do you tell a mother that her premature infant is not likely to survive because there are no neonatal intensive care facilities? How do you tell a 32-year-old mother of three that she will die of kidney failure because dialysis is not available? These questions are not relevant in Canada because primary and preventive health care measures are well established. Your ED patients have problems, but they do have access to primary, secondary and tertiary health care. Patients in the real Third World don't.

You complain of the long waits and lack of space for your patients. What would be your response if these patients had to wait for days just to see a physician, let alone a specialist such as you? Walking for days just to find a doctor is