

The Consensus Conference on Influenza

JUDGING BY INFLUENZA VACCINE DISTRIBUTION DATA, Canada in 1992 was second only to Spain among developed countries in the use of this important modality for health maintenance and disease prevention. In Canada, 140 doses were distributed per 1000 population, compared with 175 doses per 1000 population in Spain, the world leader; in the United States, 120 doses per 1000 population were distributed. The Canadian rate represented a remarkable fourfold increase since 1980.

It may come as a surprise to readers that this improvement has been achieved without explicit articulation of national goals or objectives for influenza control. Rather, the accomplishments reflect a successful mix of national recommendations, provincial public health initiatives, improved physician compliance with recommended guidelines, and enhanced consumer health awareness and demand. Without overall coordination, this approach, however, has significant limitations. Some of these are evident in areas such as influenza disease surveillance, vaccine use and vaccine supply. For example, few national data on the impact of influenza on Canadian health are available. Younger Canadians with diseases that increase their risk of dying during influenza epidemics have been largely missed in

the upsurge in vaccine use. No assured Canadian supply of vaccine exists, exposing us to a small but real risk of a potential vaccine supply failure. Finally, although the Canadian medicare system has the potential through its provincial databases to provide population-wide results on the utility and risks of immunization, with no national policy to guide it, individual provincial variations in administrative coding of physician immunization practices have limited the use of these data to provide unique results that could otherwise be available on a countrywide basis.

To scrutinize the achievements of the Canadian health system relative to influenza disease, as well as problems, future needs and solutions, the consensus conference reported in this issue was convened. Its deliberations and its conclusions, made by Canadians with input from outside experts, make compulsory reading for all interested in the current status of, and future planning for, influenza prevention and control to improve and maintain Canadian health.

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