

Driving After Drinking in Canada

Findings from the Canadian Addiction Survey

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ABSTRACT

Background: Despite substantial decreases in the magnitude of the alcohol-crash problem over the past 25 years, many Canadians continue to drive under the influence of alcohol, causing thousands of serious injuries and deaths every year.

Methods: Data from the 2004 Canadian Addiction Survey (CAS) were used to determine the prevalence of self-reported driving after drinking and the characteristics of those who engage in the behaviour.

Results: Overall, 11.6% of licensed drivers in Canada reported operating a vehicle within an hour of consuming two or more drinks containing alcohol. Less than 5% of licensed drivers accounted for 86% of the more than 20 million (estimated) past-year drinking and driving occurrences. Drinking Drivers reported more extensive and problematic use of alcohol, and were more likely to report illegal drug use relative to Non-drinking Drivers.

Conclusion: Driving after drinking remains a common behaviour among Canadian drivers. Those who persist in driving after drinking can be distinguished from other drivers on the basis of their greater use of alcohol and drugs. Those who drive after drinking frequently consume even greater quantities of alcohol on more frequent occasions and are more likely to experience problems as a result of their drinking. These findings suggest that countermeasure efforts need to be continued on all levels and expanded to specifically target high-risk heavy drinkers.

MeSH terms: Alcohol drinking; accidents traffic; risk taking

During the 1980s, the magnitude of the alcohol-crash problem in Canada decreased substantially. In 1982, 60% of drivers killed in road crashes in Canada tested positive for alcohol; by 1990, the percent of driver fatalities involving alcohol had decreased to 43%.^{1,2} Subsequent decreases have been small and inconsistent. In 2004, 3,012 drivers were involved in serious injury crashes and 815 people died in collisions involving a drinking driver in Canada.³ Clearly, alcohol continues to be a major factor in motor vehicle fatalities and injuries.

Self-report surveys reveal a similar pattern in the prevalence of drinking-driving behaviour. In a national household survey conducted by Transport Canada in 1983, 51.8% of current drinkers reported operating a vehicle within two hours of consuming alcohol within the past 30 days.⁴ The 1988 National Survey on Drinking and Driving found 24.6% of current drinkers reported driving within an hour of having two or more drinks within the past 12 months;⁵ one year later, the National Alcohol and Drug Survey reported 18.8% had done so.⁶ In 1994, the Canadian Alcohol and Drug Survey reported that 20.5% of current drinkers had driven after drinking within the past 12 months.⁷

This paper uses data from the Canadian Addiction Survey (CAS) to provide a contemporary estimate of the extent of driving after drinking in Canada and to describe the characteristics of those who persist in driving after drinking in a climate where such behaviour is widely censured.

METHOD

The Canadian Addiction Survey (CAS)⁸ is a telephone survey conducted in late 2003 and early 2004 on behalf of the Canadian Centre on Substance Abuse, Health Canada, and the Canadian Executive Council on Addictions.* The CAS is based

* The Canadian Addiction Survey (CAS) is a collaborative initiative sponsored by Health Canada, the Canadian Executive Council on Addictions (CECA) – which includes the Canadian Centre on Substance Abuse (CCSA), the Alberta Alcohol and Drug Abuse Commission (AADAC), the Addictions Foundation of Manitoba (AFM), the Centre for Addiction and Mental Health (CAMH), the Prince Edward Island Provincial Health Services Authority, and the Kaiser Foundation – the Centre for Addictions Research of BC (CAR-BC), and the provinces of Nova Scotia, New Brunswick and British Columbia.

La traduction du résumé se trouve à la fin de l'article.

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TABLE I
Population Estimates of Demographic Characteristics of Drinking and Non-drinking Drivers

	Drinking Drivers (95% CI)	Non-drinking Drivers (95% CI)	Test*	Signif
% Male	78.1 (70.8 – 84.0)	45.8 (42.3 – 49.4)	OR=4.22	p<0.001
Mean Age† (years)	39.8 (36.9 – 42.7)	43.4 (42.2 – 44.6)	F=4.94	p<0.05
% Married/Partnered‡	49.4 (40.9 – 58.0)	62.5 (59.0 – 65.9)	OR=0.55	p<0.01
% Employed FT§	63.3 (54.4 – 71.4)	48.9 (45.4 – 52.5)	OR=1.57	p<0.05
Mean Personal Income (\$1000)	38.3 (34.2 – 43.3)	33.3 (31.1 – 35.3)	F=4.54	p<0.05
% Drive Daily	92.6 (85.7 – 96.3)	81.7 (78.7 – 84.3)	OR=2.66	p<0.01

* All tests (except the first) control for sex.

† There was also a significant interaction of sex and drinking driving status (F=4.54, p<0.05) indicating the age difference between Drinking Drivers and Non-drinking Drivers is found only among females.

‡ Odds Ratio for Married/Partnered is relative to Previously Married/Never Married.

§ Odds Ratio for Employed Full-Time is relative to all other employment categories, including part-time, unemployed, retired, student.

TABLE II
Alcohol and Drug Use of Drinking and Non-drinking Drivers

	Drinking Drivers (95% CI)	Non-drinking Drivers (95% CI)	Test*	Signif
No. Days Drinking Past Month	10.1 (8.5 – 11.7)	5.8 (5.2 – 6.4)	F=10.99	p<0.001
No. Drinks Past Week	7.2 (5.9 – 8.6)	3.0 (2.5 – 3.4)	F=33.91	p<0.001
Days 5+ Drinks Past Year†	2.6 (2.4 – 2.9)	1.7 (1.7 – 1.8)	F=52.02	p<0.001
Mean AUDIT Score	7.2 (6.6 – 7.9)	4.2 (4.0 – 4.4)	F=71.21	p<0.001
% AUDIT ≥8‡	40.4 (32.3 – 49.1)	10.5 (8.5 – 12.8)	OR=4.43	p<0.001
% Cannabis Use Past Year	34.4 (26.8 – 42.9)	13.8 (11.5 – 16.4)	OR=2.89	p<0.001
% Drug Use§ Past Year	35.0 (27.4 – 43.5)	14.2 (11.9 – 16.8)	OR=2.90	p<0.001

* All tests control for sex.

† Response scale ranges from 1="Never" (past 12 months) to 6="More than once a week".

‡ Scores of 8 or higher are considered to identify those with "Hazardous and Harmful Drinking Patterns".

§ Drugs include use of at least one of cannabis, cocaine, amphetamines, ecstasy, hallucinogens, inhalants, heroin, or steroids.

on a two-stage (telephone household, respondent) random sample of 13,909 residents of Canada 15 years of age and older. Variance estimates and confidence intervals have been adjusted for design effects. Weights have been applied based on 252 population classes, stratified by the 21 regional areas by six age groups and by sex to yield a sample that is representative of the Canadian population aged 15 and older. Detailed information on the sample and methods is published elsewhere.⁹ The response rate was 47%.

Questions on driving after drinking were included in one of three panels of the sample (n=4,639). Respondents who reported consuming alcohol in the past year, possessed a driver's licence, and reported driving a motor vehicle in the past year were asked how frequently they had operated a vehicle within one hour of consuming two or more drinks containing alcohol. Responses to this question were used to distinguish between those who did (n=426) and did not (n=2,516) drive after drinking. Those who refused (n=4) or did not know (n=23) were dropped from subsequent analyses.

All survey participants (n=13,909) were asked basic demographic information and detailed questions about their use of alcohol, cannabis, and other drugs.

TABLE III
Drinker Categories of Drinking and Non-drinking Drivers

Drinker Category	Drinking Drivers (95% CI)	Non-drinking Drivers (95% CI)
Light-Infrequent	20.6% (15.0 – 27.7)	50.1% (46.5 – 53.6)
Light-Frequent	49.0% (40.5 – 57.6)	37.7% (34.2 – 41.3)
Heavy-Infrequent	5.4% (3.2 – 9.0)	6.0% (4.7 – 7.7)
Heavy-Frequent	24.9% (18.6 – 32.5)	6.2% (4.6 – 8.4)

$\chi^2=228.96$, df=3, p<0.001

The Alcohol Use Disorders Identification Test (AUDIT), an instrument developed by the World Health Organization, was used to screen for problem drinking.^{10,11} Scores of 8+ are conventionally used to identify people with hazardous and harmful drinking patterns. Using the CAS data, Kellner¹² estimated that 17% of non-abstaining Canadians 15 years and older met this criterion for hazardous drinking.

Using criteria established in other surveys,^{7,8} drinking patterns were grouped into the following categories: Light-Infrequent Drinkers (i.e., less than once per week), Light-Frequent Drinkers (i.e., once per week or more, typically fewer than five drinks per occasion), Heavy-Infrequent Drinkers (i.e., less than once per week, typically five drinks or more per occasion), or Heavy-Frequent Drinkers (i.e., once per week or more, typically five drinks or more per occasion).

RESULTS

Respondents indicating that they had driven within an hour of consuming two or more drinks at least once in the past 12 months were designated "Drinking Drivers", representing 11.6% (95% CI: 9.9-13.6) of the population of licensed drivers or 14.5% (12.3-16.9) of the population of non-abstaining licensed drivers.

Among the 11.6% of licensed drivers who reported driving after drinking, most said they did so infrequently. Over half (54.8%) reported doing so on only one or two occasions in the past year; 11.7% did so more than once a month. Based on the reported frequency of the behaviour, it is estimated that Canadian drivers drove after drinking on over 20 million occasions in the year prior to the survey. Despite the overall prevalence of the behaviour, the data indicate that 86% of all reported drinking-driving trips were accounted for

TABLE IV
Alcohol Consumption of Frequent and Infrequent Drinking Drivers

	Frequent Drinking Drivers (95% CI)	Infrequent Drinking Drivers (95% CI)	Test	Signif
No. Days Drinking Past Month	17.5 (12.0 – 23.0)	10.3 (8.5 – 12.0)	F=6.05	p<0.02
No. Drinks Past Week	13.7 (7.5 – 19.9)	7.7 (6.4 – 9.1)	F=3.39	p<0.10
Days 5+ Drinks Past Year*	3.4 (2.6 – 4.1)	2.7 (2.4 – 3.0)	F=2.89	p<0.10
Mean AUDIT Score†	9.4 (7.7 – 11.2)	7.3 (6.7 – 7.9)	F=5.20	p<0.05

* Response scale ranges from 1="Never" (past 12 months) to 6="More than once a week".

† Scores of 8 or higher are considered to identify those with "Hazardous and Harmful Drinking Patterns".

by less than 5% of licensed drivers in Canada.

Demographic characteristics

Table I compares the demographic characteristics of Drinking Drivers to those of non-abstaining drivers who do not drive after drinking – i.e., Non-drinking Drivers. Drinking Drivers are more likely than Non-drinking Drivers to be male and less likely to be married. Drinking Drivers are generally younger than Non-drinking Drivers, but the age difference is only evident among females. Drinking Drivers are also more likely to have a full-time job and to have significantly higher average annual income.

Alcohol and drug use

Drinking and Non-drinking Drivers also differed considerably in terms of the extent of their alcohol consumption. Table II compares five different measures of drinking as well as reported cannabis and other illegal drug use between Drinking Drivers and Non-drinking Drivers. Drinking Drivers drink more frequently and consume greater quantities of alcohol. They also report having consumed five or more drinks on more occasions in the past year than Non-drinking Drivers.

Drinking Drivers also have significantly higher AUDIT scores than Non-drinking Drivers. In fact, 40% of Drinking Drivers score 8 or higher on the AUDIT compared with 10% of Non-drinking Drivers.

Table III shows that Drinking Drivers are more likely than Non-drinking Drivers to be classified as light-frequent (49.0% vs. 37.7%) and heavy-frequent drinkers (24.9% vs. 6.2%). This suggests that the frequency of alcohol consumption contributes to the likelihood of driving after drinking more than the quantity of consumption. It is, however, the quantity of alcohol consumed that determines the extent of the risk associated with any given drinking-driving occasion; therefore, those Drinking Drivers who not only drink fre-

quently but also heavily (i.e., Heavy-Frequent Drinkers), must be considered a particularly high-risk group.

Frequent Drinking Drivers

In light of the finding that most drinking-driving trips are accounted for by only a small proportion of all drivers, a comparison between those who drink and drive frequently (i.e., 12 or more times in the past 12 months) and those who do so less often seemed warranted.

Although males are more likely to drink and drive than females (see Table I), they are particularly over-represented among Drinking Drivers who engage in the behaviour frequently. Males represent 93.6% of Frequent Drinking Drivers compared with just 76.1% of Infrequent Drinking Drivers (OR = 4.6, 95% CI = 1.7-12.3). Frequent Drinking Drivers are also more likely to drive daily or almost daily (98.8%) compared with Infrequent Drinking Drivers (91.7%) (OR=7.75, 95% CI = 1.5-40.0).

The most striking differences between Frequent and Infrequent Drinking Drivers concern their reported drinking behaviour. Table IV shows various measures of alcohol consumption for the two groups. Frequent Drinking Drivers reported drinking on more days per month than Infrequent Drinking Drivers. There was also a tendency for Frequent Drinking Drivers to report consuming a greater number of drinks in the week prior to the survey (p<0.10) and to report more days on which they consumed five or more drinks in the past year (p<0.10). Frequent Drinking Drivers had higher mean AUDIT scores than Infrequent Drinking Drivers, indicating a greater likelihood of experiencing alcohol-related problems.

CONCLUSION

This paper adds to the existing literature by providing a contemporary estimate of

the prevalence and persistence of drinking-driving behaviour. It documents the drinking patterns, level of harmful alcohol consumption, and the extent of drug use among those who report driving after drinking. Using self-reported frequency, the paper shows that a small group of drivers accounts for an overwhelming proportion of all drinking-driving behaviour and documents differences between frequent and infrequent drinking drivers.

The findings are constrained by the limitations inherent in many self-report surveys such as the CAS. First, the response rate was 47%. Those who engage in drinking-driving and/or use illicit substances may be less likely than others to participate in this type of survey. Second, although the absence of a driver's licence does not necessarily preclude driving, those who did not have a driver's licence were not asked the question about driving after drinking. In addition, the current climate of social disapproval of driving after drinking may have resulted in greater reluctance to report engaging in this behaviour. Overall, these factors limit the generalizability of the results and most likely lead to an underestimate of the true extent of drinking-driving behaviour.

Nevertheless, the data from the CAS provide a contemporary estimate of the prevalence of drinking and driving that is comparable to those from previous surveys. Despite the substantial and encouraging reductions in drinking and driving over the past 25 years, it remains of considerable concern that in the face of ongoing public awareness campaigns, enforcement efforts, and ever more stringent laws to discourage the behaviour, almost 12% of licensed drivers in Canada continue to drive after drinking. It is clear from these results that those who persist in driving after drinking differ from the general population of drivers in Canada along a number of demographic, social and behavioural dimensions. The most distinguishing characteris-

tics of Drinking Drivers are their patterns of alcohol consumption. Drinking Drivers report drinking more often and in greater quantities than Non-drinking Drivers. They are also more likely to drink at hazardous or harmful levels. It is this heavy pattern of alcohol consumption, combined with daily or almost daily driving, that places these drivers at high risk of crash involvement. The more prevalent use of illegal drugs among Drinking Drivers is also indicative of a tendency to engage in other high-risk behaviours and may place these individuals at risk of driving after consuming drugs or a combination of alcohol and drugs.

The CAS data also demonstrate that some Canadians report driving after drinking frequently. Indeed, a substantial proportion of all drinking-and-driving occasions is accounted for by only a small group of drivers. Persons who frequently drive after drinking can be distinguished from occasional Drinking Drivers on the basis of their heavier and more frequent pattern of alcohol consumption. This is consistent with a large body of research highlighting the significance of a "hard core" group of Drinking Drivers who are responsible for a disproportionately large share of alcohol-related serious crashes.¹³⁻¹⁵

The CAS data demonstrate a need to continue countermeasure efforts at all levels – prevention, enforcement, sanctions, and rehabilitation – to deal effectively with the alcohol-crash problem. This includes general awareness and prevention measures targeted at all drivers, as well as specific measures focused on frequent and heavy drinkers who appear to be at considerable risk of engaging in the behaviour. Mass media campaigns implemented in conjunction with ongoing prevention activities have a demonstrable beneficial effect.¹⁶ Credible deterrence through high-profile random spotchecks increases the perceived and actual risk of apprehension and has proven effective.¹⁷ Sanctions must be swift, certain, and sufficiently severe to deter subsequent offences. Administrative licence suspensions imposed at the time of the offence also have demonstrated effectiveness.^{18,19} Short-term administrative suspensions for drivers with BACs below 80 mg/dL (currently 12 to 24 hours) could be extended and should include further licence actions as well as a requirement for

alcohol screening following subsequent violations.²⁰ The use of alcohol ignition interlocks to prevent drinking drivers from operating a vehicle could be expanded and made mandatory for all offenders.²¹ Initial screening of alcohol offenders and appropriate follow-up assessment and rehabilitation where warranted is necessary to deal with the level of alcohol abuse that contributes heavily to the problem. In addition, brief interventions in emergency rooms have proven effective²² and this approach could be extended to other interactions with health care providers to enhance the impact by providing a point of early intervention.

REFERENCES

1. Beirness DJ, Simpson HM, Mayhew DR, Wilson RJ. Trends in drinking driver fatalities in Canada. *Can J Public Health* 1994;85(1):19-22.
2. Mayhew DR, Beirness DJ, Simpson HM. Trends in drinking driving fatalities in Canada – progress continues. In: Proceedings of the International Conference on Alcohol, Drugs and Traffic Safety, #703, Stockholm: Swedish Road Safety Institute, 2000.
3. Mayhew DR, Brown SW, Simpson HM. The Alcohol-crash problem in Canada: 2004. Ottawa, ON: Canadian Council of Motor Transport Administrators and Transport Canada, 2006.
4. Wilson RJ. A National Household Survey on Drinking and Driving. Ottawa: Road Safety and Motor Vehicle Directorate, Transport Canada, 1984.
5. Simpson HM, Mayhew DR, Beirness DJ. National Survey on Drinking and Driving 1988. Technical Report. Ottawa: Health and Welfare Canada and Transport Canada, 1992.
6. Eliany M, Giesbrecht N, Nelson M (Eds.). National Alcohol and Other Drugs Survey: Highlights Report. Ottawa: Health and Welfare Canada, 1990.
7. McNeil P, Webster I. Canada's Alcohol and Other Drugs Survey 1994: A Discussion of the Findings (Vol. Car: H39-338/1-1995E). Ottawa: Minister of Public Works and Government Services Canada, 1997.
8. Adlaf EM, Begin P, Sawka E (Eds.). Canadian Addiction Survey (CAS): A National Survey of Canadians' Use of Alcohol and Other Drugs: Prevalence of Use and Related Harms: Detailed Report. Ottawa: Canadian Centre on Substance Abuse, 2005.
9. Adlaf EM, Rehm J. Survey design and methodology. In: Adlaf EM, Begin P, Sawka E (Eds.), Canadian Addiction Survey (CAS): A National Survey of Canadians' Use of Alcohol and Other Drugs: Prevalence of Use and Related Harms: Detailed Report. Ottawa: Canadian Centre on Substance Abuse, 2005;11-19.
10. Babor TR, Higgins-Biddle JC, Saunders JB, Monteiro MG. *The Alcohol Use Disorders Identification Test: Guidelines for Use in Primary Care*, 2nd Edition. Geneva: World Health Organization, 2001.
11. Saunders JB, Aasland OG, Babor TF, de la Fuente JR, Grant M. Development of the Alcohol Use Disorders Identification Test (AUDIT): WHO collaborative project on early detection of persons with harmful alcohol consumption II. *Addiction* 1993;88:791-804.
12. Kellner F. Alcohol-related problems: Prevalence, incidence and distribution. In: Adlaf EM, Begin P, Sawka E (Eds.), Canadian Addiction Survey (CAS): A National Survey of Canadians' Use of Alcohol and Other Drugs: Prevalence of Use and Related Harms: Detailed Report. Ottawa: Canadian Centre on Substance Abuse, 2005;33-47.
13. Simpson HM, Mayhew DR, Beirness DJ. Dealing with the Hard Core Drinking Driver. Ottawa: Traffic Injury Research Foundation, 1996.
14. Beirness DJ, Simpson HM, Mayhew DR. DWI Repeat Offenders. A Review and Synthesis of the Literature. Ottawa: Health Canada, 1998.
15. Simpson HM, Beirness DJ, Robertson RD, Mayhew DR, Hedlund JH. Hard core drinking drivers. *Traffic Injury Prev* 2004;5:261-69.
16. Elder RW, Shults RA, Sleet DA, Nichols JL, Thompson RS, Rajab W, the Task Force on Community Preventive Services. Effectiveness of mass media campaigns for reducing drinking and

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RÉSUMÉ

Contexte : En dépit de l'atténuation considérable du problème des accidents de la route liés à l'alcool depuis 25 ans, de nombreux Canadiens continuent de conduire avec les facultés affaiblies par l'alcool, ce qui cause chaque année des milliers de blessures graves et de décès.

Méthode : Des données de l'Enquête sur les toxicomanies au Canada (ETC) de 2004 ont été utilisées pour établir la prévalence de conducteurs ayant déclaré avoir pris le volant après avoir consommé de l'alcool et pour déterminer les caractéristiques des personnes qui ont ce comportement.

Résultats : Globalement, 11,6 % des Canadiens détenteurs d'un permis disaient avoir conduit un véhicule dans l'heure suivant la consommation de deux boissons alcoolisées ou plus. Sur les plus de 20 millions de cas (estimés) d'alcool au volant survenus au cours de l'année précédente, 86 % concernaient moins de 5 % des conducteurs détenteurs d'un permis. Les conducteurs en état d'ébriété avaient une consommation d'alcool plus importante et problématique et étaient relativement plus nombreux à consommer de la drogue que les conducteurs sobres.

Conclusion : La conduite en état d'ébriété demeure une pratique courante chez les conducteurs canadiens. Les récidivistes de l'alcool au volant se distinguent des autres conducteurs par leur forte consommation d'alcool et de drogue. Les conducteurs en état d'ébriété boivent à de plus fréquentes occasions et en plus grandes quantités, et ils sont plus susceptibles de subir des méfaits attribuables à leur consommation. Ces résultats semblent indiquer qu'il faut continuer à prendre des contre-mesures à tous les niveaux et en élargir la portée pour cibler les gros buveurs à risque élevé.

- driving and alcohol-involved crashes. *Am J Prev Med* 2004;27:57-65.
17. Shults RA, Elder RW, Sleet DA, Nichols JL, Alao MO, Carande-Kulis VG, et al., and the Task Force on Community Preventive Services. Reviews of evidence regarding interventions to reduce alcohol-impaired driving. *Am J Prev Med* 2001;21(4 Suppl):66-88.
 18. Beirness DJ, Simpson HM, Mayhew DR. Evaluation of Administrative Licence Suspension and Vehicle Impoundment Programs in Manitoba. Publication TP13096E. Ottawa: Transport Canada, 1997.
 19. Mann RE, Smart RG, Stoduto G, Beirness DJ, Lamble R, Vingilis E. The early effects of Ontario's Administrative Driver's Licence Suspension law on driver fatalities with a BAC > 80 mg%. *Can J Public Health* 2002;93(3):176-80.
 20. Canadian Council of Motor Transport Administrators. STRID Strategy to Address Lower BAC Drinking Drivers 2005. Ottawa: Canadian Council of Motor Transport Administrators Standing Committee on Road Safety Research and Policies.
 21. Beirness DJ, Marques PM. Alcohol ignition interlock programs. *Traffic Injury Prev* 2004;5:299-308.
 22. Longabaugh R, Woolard RF, Nirenberg TD, Minugh AP, Becker B, Clifford PR, et al. Evaluating the effects of a brief motivational intervention for injured drinkers in the emergency department. *J Stud Alcohol* 2001;62:806-16.

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Preparing for pandemic influenza: What family physicians should know

Family physicians play a major role in planning for and managing pandemic influenza. It is estimated that up to 35% of the population, including your staff and patients, will become clinically ill in the event of pandemic influenza and 0.4% of the clinically ill could die. This document outlines important steps that you should follow to ensure that your practice is prepared for a pandemic outbreak both in terms of infection control and service continuity.

Ask your Medical Officer of Health about your role during a pandemic influenza.

Ce que les médecins de famille doivent savoir en prévision d'une pandémie d'influenza

Les médecins de famille jouent un grand rôle dans la planification et la gestion d'une pandémie d'influenza. On estime que 35 % de la population, y compris parmi vos employés et vos patients, seront cliniquement malades lors d'une telle pandémie, et que 0,4 % des personnes cliniquement malades pourraient en mourir. Voici, dans ses grandes lignes, la marche à suivre pour vous assurer que votre cabinet est prêt à cette éventualité, tant du point de vue du contrôle de l'infection que du maintien des services.

Demandez à votre directeur de la santé publique quel serait votre rôle lors d'une pandémie d'influenza.