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■ MEDICINE AND HEALTH POLICY

Canadian infection-control experts push for health reform

Six months after the severe acute respiratory syndrome (SARS) outbreak in Toronto that killed 44 people, Canadian medical officials face calls from experts for dramatic reforms.

Last week, a federally commissioned panel of infection-control specialists criticised cooperation and data-sharing between infection-control officials during the crisis, and called for a national immunisation strategy and the creation of a national centre modelled on the US Centers for Disease Control and Prevention.

Panel member Allison McGeer, an infection-control specialist from Toronto, said that Canada needs a national agency that will “move science and investment” into infection prevention rather than treatment.

“We need a central or national focal point” for disease prevention and deterrence, Canadian health minister Anne McLellan confirmed; however, she did not set a budget or timeline for the project.

The federal report comes

after an Ontario government report that attacked federal officials for ignoring calls from scientists a decade ago to improve national infection control. The province, which administers public health in Toronto, is preparing new provincial guidelines on SARS surveillance.

According to Toronto emergency physician Brian Schwartz, who is vice-chair of Ontario’s Scientific Advisory Committee on SARS, which helped craft the new guidelines, they will focus on pinpointing and isolating high-risk patient groups in hospitals and institutions, bolstering public-health education, and reinforcing basic infection-control measures.

The new guidelines will be the fifth to be circulated in Ontario since the SARS outbreak, confirmed David Jensen, a spokesman for the provincial health ministry. Their release was delayed in September after the Ontario Medical Association (OMA), which represents 24 000 doctors in Canada’s largest province, criticised proposed

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Canadian health minister Anne McLellan

new measures, including mandatory isolation of all suspected SARS patients and biannual testing of N95 masks on hundreds of thousands of health-care workers.

In hearings at a public inquiry into the SARS disaster, OMA President Larry Erlick said previous sets of directives had been “incoherent at times and completely untenable”.

Erlick noted that an official order closing all but essential services in Ontario hospitals

led to a “debacle” in March. And a later directive ordering anyone with SARS-like symptoms in the province to report for emergency care flooded the hospital system.

“We were forced to come up with directives with scant available evidence during the crisis”, said Schwartz, who told the inquiry that Ontario’s scientific advisers were barred from access to data on patients during the crisis.

Paul Webster

Canada to change patent law to allow export of cheap drugs

The Canadian government is scrambling to implement the necessary legislative and regulatory changes to honour a commitment to help combat the global AIDS pandemic by amending patent law and allowing producers of generic antiretroviral drugs to export copies of brand-name drugs to HIV-stricken countries.

Generic producers, meanwhile, are frantically shopping for raw materials, and ramping-up production lines and drug-approval applications, so they can start copying and then exporting the patented medicines to poor countries.

The sequence of events was triggered on Sept 24 when former Canadian politician and current UN chief AIDS envoy Stephen Lewis told a pan-African AIDS conference that Canada should

step forward to break a patent logjam that was preventing generic firms from producing patent-protected drugs for poor countries with health emergencies.

Several federal cabinet ministers, led by Industry minister Allan Rock, bought in immediately, telling reporters that Canada would answer Lewis’s call. “I’d like to see it happen as soon as we can. I think it’s consistent with the Prime Minister’s African agenda and it would show leadership on the part of Canada to support global health concerns”, he said.

The notion quickly gained momentum and soon became a fully fledged commitment by the government, which launched a wave of promises to table legislation by the week of Oct 13 and then hasten its passage by Christmas.

But stumbling blocks remain.

Although Canada’s Research-Based Pharmaceutical Companies, the lobby group for brand-name firms, publicly embraced the plan, they are expected to press officials drafting the legislation to guarantee that amendments to the law will ensure that generic antiretrovirals are not funnelled back into the lucrative North American and European markets.

Yet, for all the frenetic activity, it will be a while before cheap antiretrovirals actually start flowing to Africa, as generic drug makers need to obtain regulatory approval from Health Canada to start producing antiretroviral copies. It typically takes 18–24 months for a generic drug application to wind its way through the system.

Wayne Kondro