

Briefly

HIV laws: Governments should not have laws that criminalize HIV transmission or nondisclosure of HIV status, according to the Global Commission on HIV and the Law, an independent body established in 2010 to protect the human rights of people with HIV and help reduce spread of the virus. Laws should be established, however, to stop violence and discrimination against people with HIV, the commission suggests in *HIV and the Law: Risks, Rights and Health* (www.hivlawcommission.org/resources/report/FinalReport-Risks,Rights&Health-EN.pdf). Other recommendations in the report include decriminalizing consensual adult sexual behaviour (including voluntary sex work), abolishing mandatory HIV-related registration and testing, prosecuting all perpetrators of sexual violence, reforming drug laws to focus on treatment rather than punishment, and enforcing laws against child sexual abuse and coercion into the sex trade. — Roger Collier, *CMAJ*

Adolescent mental health: International development organizations need to do more to address the mental health concerns of adolescents, according to the World Health Organization and the United Nations Children's Fund. About 20% of young people experience a mental health problem each year, the most common being depression and anxiety. Poor mental and emotional health have implications for self-esteem, behaviour, school attendance, educational achievement and social life, according to *Adolescent Mental Health: Mapping actions of nongovernmental organizations and other international development organizations*, a report by the two organizations (http://whqlibdoc.who.int/publications/2012/9789241503648_eng.pdf). The report concludes with several recommendations for international development organizations, including advocate at global, national and local levels for integration

of adolescent mental health into policies, strategies and programs; advocate for allocation of adequate funding to support adolescent mental health; provide technical guidance for implementation of evidence-based programs; support best practices; and increase opportunities collaboration among international players in the field. — Roger Collier, *CMAJ*

Costly mistakes: Preventable mistakes in acute care settings are costing Canada nearly \$400 million a year, according to the Canadian Patient Safety Institute. And that doesn't include postdischarge costs and loss of occupational productivity. A greater focus on patient safety could lead to significant savings, the institute suggests in *The Economics of Patient Safety in Acute Care* (www.patientsafetyinstitute.ca/English/research/commissionedResearch/EconomicsofPatientSafety/Documents/Economics%20of%20Patient%20Safety%20-%20Acute%20Care%20-%20Final%20Report.pdf). Economically attractive initiatives that could improve patient safety include pharmacist-led medication reconciliation and strategies to detect surgical foreign bodies, improve catheter site care and prevent central line-associated blood stream infections. — Roger Collier, *CMAJ*

Texas health: Texas ranks dead last in the United States on quality of health care, according to the Agency for Healthcare Research and Quality, part of the United States Department of Health and Human Services. Based on 155 quality measures, Texas received a score of 31.61 out of 100, less than half of that received by highest-ranked Minnesota, at 67.31 (http://statesnapshots.ahrq.gov/snaps11/overall_quality.jsp?menuId=5&state=TX&sCol=speed&sDir=DESC&level=0®ion=0&compGroup=N&compRegion=-1). Texas, which has the country's highest rate of people without health insurance, scored

poorly in areas such as home care and treating women under 70 with breast cancer. The state scored best in areas such as preventing weight loss among long-term nursing home residents and controlling pain among short-term nursing home residents. — Roger Collier, *CMAJ*

Gender gap: Women in many parts of the world are less satisfied than men with their health. They also report more instances of physical pain, health problems, worry and sadness, according to a Gallup survey (www.gallup.com/poll/155558/Women-Health-Trails-Men-Former-Soviet-Union.aspx). The largest gender gaps in satisfaction with health were reported in Pakistan (women: 63%; men: 83%), Belarus (women: 52%; men: 72%) and Ukraine (women: 44%; men: 63%). Smaller gaps between men and women were reported in Asia, Europe and the Americas. In various regions of Africa, meanwhile, the gaps were tiny or nonexistent. "Further investigation into the issues unique to each country that are causing women to lag behind men on key health metrics is needed to help determine what women in countries with large health gender gaps need to achieve to be on par with men," the survey concludes. — Roger Collier, *CMAJ*

Reporting abuse: Doctors in the United Kingdom are being encouraged to report suspected cases of child abuse among patients, which many physicians are leery of for fear of reprisal by angry parents. The General Medical Council is developing a guidance document, expected to come into effect in September, to reassure doctors that it will support those who make well-intentioned and properly filed abuse reports. Abuse can include physical, emotional or sexual abuse. Though this is a difficult and "emotionally challenging" area, the council suggests, doctors are duty-bound to protect and promote the safety and well-being of children and young

people (www.gmc-uk.org/guidance/ethical_guidance/13353.asp): “It is vital that all doctors have the confidence to act if they believe that a child or young person may be being abused or neglected. Taking action will be justified, even if it turns out that the child or young person is not at risk of, or suffering, abuse or neglect, as long as the concerns are honestly held and reasonable, and the doctor takes action through appropriate channels.” — Roger Collier, *CMAJ*

Children’s well-being: Fewer infants in the United States are being born preterm or dying within a year of birth, although those who live into later childhood face a greater chance of living in poverty, according to new statistics from the US government. There are also fewer adolescents having babies, a drop in the percentage of children aged 0–6 living in a home with a regular smoker, fewer youth affected by violent crime and increased coverage for certain vaccines, states *America’s Children in Brief: Key National Indicators of Well-Being, 2012*, a report by the Forum on Child and Family Statistics, a working group with members from various government agencies (www.childstats.gov/pdf/ac2012/ac_12.pdf). “The findings in this report, drawn from many outstanding data systems across the federal spectrum, allow us to track key progress in the fight against many major public health threats, such as meningitis, for example,” Edward Sondik, director of the Centers for Disease Control and Prevention’s National Center for Health Statistics, stated in a press release (www.nih.gov/news/health/jul2012/nichd-13.htm). “The report shows that in the last five years there has been more than a five-fold increase in the percent of adolescents who have received the vaccination that helps prevent meningococcal disease — a serious bacterial illness and leading cause for the most dangerous form of meningitis.” — Roger Collier, *CMAJ*

All a twitter: The use of Twitter, Facebook and other social networking sites results in “negative” behavioural changes for over half of users, according to the registered British charity Anxiety UK. The registered British charity says a set

of studies, including a poll of 298 people “revealed factors such as negatively comparing themselves to others, spending too much time in front of a computer, having trouble being able to disconnect and relax, as well as becoming confrontational online, thus causing problems in their relationships or job” (www.anxietyuk.org.uk/2012/07/for-some-with-anxiety-technology-can-increase-anxiety/#more-7197). While the use of new communications technologies has benefitted many people, “if you are predisposed to anxiety it seems that the pressures from technology act as a tipping point, making people feel more insecure and more overwhelmed,” Nicky Lidbetter, Anxiety UK’s CEO, stated in the press release. “These findings suggest that some may need to re-establish control over the technology they use, rather than being controlled by it.” — Wayne Kondro, *CMAJ*

Pathogen road map: A public database of the gene sequences of more than 100 000 food pathogens such as *Salmonella*, *Campylobacter*, *E. coli* and *Listeria*, will be established over the next five years by the United States Food and Drug Administration (FDA), the University of California/Davis and Agilent Technologies Inc. as part of a bid to improve scientific understanding of the organisms and develop new diagnostic tests to rapidly identify them. “The goal of this effort, called ‘The 100K Genome Project’ is to give public health officials the tools they need to more rapidly identify the source of the contamination and bring these outbreaks under control,” Steven Musser, director of the Office of Regulatory Science in FDA’s Center for Food Safety and Applied Nutrition, stated in a press release (www.fda.gov/ForConsumers/ConsumerUpdates/ucm311086.htm#Applications). The US Centers for Disease Control and Prevention estimates that 48 million Americans get sick each year as a result of a food-borne disease. About 128 000 of those are hospitalized and about 3000 die. — Wayne Kondro, *CMAJ*

Opioid safety plan: The makers of opioid painkillers will be compelled to fund training programs for physicians about proper and safe prescription of

the drugs, according to a new United States Food and Drug Administration (FDA) safety plan for the analgesics. “Misprescribing, misuse, and abuse of extended-release and long-acting opioids are a critical and growing public health challenge,” Dr. Margaret A. Hamburg, commissioner of the FDA, stated in a press release (www.fda.gov/NewsEvents/Newsroom/PressAnnouncements/ucm310870.htm). “The FDA’s goal with this REMS [risk evaluation and mitigation strategy] approval is to ensure that health care professionals are educated on how to safely prescribe opioids and that patients know how to safely use these drugs.” The more than 20 companies that make opioid analgesics must support education programs that “include information on weighing the risks and benefits of opioid therapy, choosing patients appropriately, managing and monitoring patients, and counseling patients on the safe use of these drugs. In addition, the education will include information on how to recognize evidence of, and the potential for, opioid misuse, abuse, and addiction, and general and specific drug information for ER/LA [Extended release/long-acting] opioid analgesics.” In a bid to compel more responsible prescribing practices, President Barack Obama’s administration has vowed to introduce legislation requiring mandatory training as a precondition of prescribing opioids. — Wayne Kondro, *CMAJ*

AIDS-Free blueprint: The United States government will develop an AIDS-Free Generation Blueprint by World AIDS Day (Dec. 1, 2012), US Secretary of State Hillary Rodham Clinton announced in her opening address to the 19th International AIDS Conference. “The United States is committed and will remain committed to achieving an AIDS-free generation. We will not back off, we will not back down, we will fight for the resources necessary to achieve this historic milestone,” Rodham Clinton said in her address (www.state.gov/secretary/rm/2012/07/195355.htm). Rodham Clinton also reprimanded other nations for failing to meet their financial commitments regarding contributions to the Global Fund to Fight AIDS, TB, and Malaria,

while announcing that the US will invest “an additional \$80 million to support innovative approaches that ensure HIV-positive pregnant women get the treatment they need to protect themselves, their babies, and their partners; an additional \$40 million to support South Africa’s plans to provide voluntary medical male circumcisions for almost half a million boys and men in the coming year; \$15 million for implementation research to identify the specific interventions that are most effective for reaching key populations; \$20 million to launch a challenge fund that will support country-led plans to expand services for their key populations; and a \$2-million investment in the Robert Carr Civil Society Networks Fund to bolster the efforts of civil society groups in addressing key populations.” — Wayne Kondro, *CMAJ*

Gene therapy approval: A treatment for lipoprotein lipase (LPL) deficiency, a rare cause of recurrent pancreatitis, stands poised to become the first gene therapy to be given a regulatory green light in the developed world after being recommended for authorization by the European Medicine Agency’s Committee for Medicinal Products for Human Use (CHMP). The treatment involves the injection of alipogene tiparvec [Glybera] into leg muscles to deliver functional copies of the LPL gene. “The evaluation of this application has been a very complex process, but the use of Glybera in a more restricted indication than initially applied for, which targets the patient population with greatest need for treatment, and additional analyses by the Committee for Advanced Therapies (CAT) have added to the robustness of the data provided and allowed the CHMP to conclude that the benefits of Glybera are greater than its known risks,” Dr. Tomas Salmonson, acting chair of the CHMP, stated in a press release (www.ema.europa.eu/ema/index.jsp?curl=pages/news_and_events/news/2012/07/news_detail_001574.jsp&mid=WC0b01ac058004d5c1). — Wayne Kondro, *CMAJ*

Aggregated transparency: Australia’s brand-name drug makers say they’ll compel member companies to disclose

“aggregate,” but not individual, payments to physicians for such things as speaker fees or travel to attend conferences. Medicines Australia’s new code of conduct will require members to publicly report, commencing in June, 2013, “All payments made to health-care professionals for advisory boards and consultancy arrangements; All sponsorships of healthcare professionals to attend medical conferences and educational events; All payments made to speakers at educational events; [and] All sponsorships of all individual consumer organisations for each financial year, including the value of non-monetary support” (<http://medicinesaustralia.com.au/2012/07/05/medicines-australia-to-disclose-payments-to-doctors-under-new-code-of-conduct/>). “Other changes to the Code of Conduct include: A ban on all brand name reminders for health-care professionals; A ban on competition prizes for healthcare professionals; An explicit ban on all personal gifts to doctors such as chocolates and flowers; A new explicit requirement for companies to adhere to an International Federation of Pharmaceutical Manufacturers and Associations (IFPMA) global position on disclosing clinical trial information and publishing clinical trial results in scientific literature; [and] A requirement that any payments to healthcare professionals in relation to patient support programs is disclosed to patients.” — Wayne Kondro, *CMAJ*

Political paradoxes: The United States Supreme Court ruling to uphold President Barack Obama’s overhaul of the American health care system will have the paradoxical effect of leaving millions more people without access to health insurance, while saving the federal government on the order of US\$84 billion over the next decade, according to the US Congressional Budget Office. “The Supreme Court’s decision has the effect of allowing states to choose whether or not to expand eligibility for coverage under their Medicaid program pursuant to the ACA [Affordable Care Act],” the budget office states in an update of its estimates of the budgetary effects of the health insurance coverage provisions of the act (www.cbo.gov/sites/default/files/cbofiles/attachments

[/43472-07-24-2012-CoverageEstimates.pdf](#)). “Under that law as enacted but prior to the Court’s ruling, the Medicaid expansion appeared to be mandatory for states that wanted to continue receiving federal matching funds for any part of their Medicaid program.” But not all states will expand their programs and some will not do so until required to do so in 2014, adds the office, which forecasts that state Medicaid and child health rolls will be slashed by roughly 6 million people by 2022, while enrolments in health insurance exchanges will increase by 3 million, leaving 3 million more people without health insurance. — Wayne Kondro, *CMAJ*

Hepatitis infections: Sterile needle exchange programs and methadone treatment programs for those addicted to opioids are among measures that countries should implement to reduce the incidence of viral hepatitis B and C in people who inject drugs, according to the World Health Organization (WHO). “Countries that have adopted a public health approach to injecting drug use and HIV have been the most successful in turning round their HIV epidemics. We need to do the same for hepatitis,” Dr. Ying-Ru Lo of WHO’s HIV department stated in a press release (www.who.int/mediacentre/news/notes/2012/hiv_hepatitis_20120721/en/index.html). WHO also urges countries to offer injection drug users “the rapid hepatitis B vaccination regimen (completed in 3 weeks instead of 6 months), along with incentives to increase uptake and completion of the vaccine schedule.” As well, it urges the use of “low dead space” syringes that retain less blood and therefore reduce the risk of transmission if needles are shared, as well “involving drug users in hepatitis prevention programmes to maximize their impact.” — Wayne Kondro, *CMAJ*

Axed benefits: American employers are increasingly contemplating the discontinuation of employee health benefit plans as insurance costs rise, according to a survey by Deloitte Consulting LLP. The survey of 330 companies indicated that companies with between 50-100 employees are the most likely to drop coverage. Of those contemplating the

move, “17% indicated they will consider dropping employer-sponsored coverage for full-time employees and pay the penalties, and 23% are considering reducing hours below the threshold for part-time employees to avoid mandatory health coverage,” states the 2012 Top Five Total Rewards Priorities Survey (www.deloitte.com/assets/Dcom-United States/Local%20Assets/Documents/us_consulting_2012TopFiveTRPrioritiesSurvey_021412.pdf). Companies with fewer than 50 employees are not legally required to provide health insurance. — Wayne Kondro, *CMAJ*

Hepatitis plan: The World Health Organization has unveiled a four-pronged strategy to combat viral hepatitis, which affects 500 million people worldwide and is related to deaths of one million people annually. WHO’s *Prevention & Control of Viral Hepatitis Infection: Framework for Global Action* proposes to align efforts along four axes: “Raising awareness, promoting partnerships, and mobilizing resources; Evidence-based policy and data for action; Prevention of transmission; [and] Screening, care and treatment” (www.who.int/csr/disease/hepatitis/GHP_framework.pdf). Among specific measures urged are hepatitis B virus vaccination at birth; routine screening of blood donations for transfusion-transmissible infections in the 39 countries that currently do not do so; improved regulatory controls for poor quality diagnostics; and strengthening the competencies of health professionals to diagnose and treat people with viral hepatitis. — Wayne Kondro, *CMAJ*

The lion’s share: Five percent of the American population accounted for half (US\$623 billion) of all personal health care spending in the United States in 2009, according to the US National Institute for Health Care Management Research and Educational Foundation. Roughly 1% of the population accounted for 20% (US\$275 billion) of the personal spending, while about 15% of the population essentially doesn’t spend a dime. The data do not account for spending on patients who receive health care through Medicaid, which covers services for the poor. The elderly, people with chronic

diseases (particularly those with hypertension, lipid disorders, diabetes and arthritis), and people in need of psychiatric services were the highest spenders, according to a foundation data brief, *The Concentration of Health Care Spending* (http://nihcm.org/images/stories/DataBrief3_Final.pdf). There are many implications for health policy, the brief adds. “First is the obvious need to ‘follow the money.’ With half of the population incurring just \$36 billion in health care costs, it simply is not possible to realize significant contemporaneous or short-term savings by directing cost-control efforts at this group. Strategies to improve management of chronic conditions, end-of-life care, and expensive episodes hold more promise, but raise challenges as well,” including the identification of patients and low spending by some patients. As well, “managing high spending at the end of life can also be problematic. Not all persons with high spending will die soon, and predicting timing of death and distinguishing between care that may extend life in a meaningful way and care that does little good is something that is often accomplished only in retrospect. Societal reluctance to discuss end-of-life care and fears of rationing only complicate the matter. Finally, although it might be possible to manage some of the expensive episodes more efficiently through use of clinical pathways, for example, it is virtually impossible to predict or avoid these random high-cost events.” — Wayne Kondro, *CMAJ*

Ebola in Uganda: More than 30 people are suspected to have been infected with the Ebola virus in Western Uganda, and about half of them have died. The outbreak is in Kagadi, a town in the country’s Kibaale District. Several cases are from a local prison. Doctors Without Borders/Médecins Sans Frontières (MSF) is assisting to control the outbreak by identifying and caring for the infected, finding those who have been exposed, tracking where and how the virus is spreading and ensuring medical services are operating. “It’s very important to react quickly to find where the disease is focused and to isolate it as fast as possible,” Olimpia de la Rosa, MSF’s

emergency coordinator for the Uganda Ebola intervention, said in a press release (www.doctorswithoutborders.org/press/release.cfm?id=6151&cat=press-release). “It is also essential to take care of the caregivers, which means supporting and working closely with the Ugandan health teams who are already struggling to stop the virus from spreading.” — Roger Collier, *CMAJ*

Generic savings: Generic prescription drugs saved United States residents about US\$1 trillion in the decade spanning 2003–2011, according to the Generic Pharmaceutical Association. Just in the last year of that period, 2011, generic drugs produced savings of US\$192 billion, an increase of 22% over the prior year, states the association’s annual report (www.gphaonline.org/sites/default/files/IMS%20Study%20Aug%202012%20WEB.pdf). Generic cancer drugs, in particular, have increased in popularity, reaping savings of US\$10 billion in 2011, up from US\$3 billion in 2010. Overall, about 80% of the estimated 4 billion prescriptions written in the US in 2011 were filled by generic drugs, states the association, which supports initiatives to improve access to lower-cost generic drugs and bring them to market quicker. — Roger Collier, *CMAJ*

Piping up: Cigarette consumption has been steadily decreasing in the United States for years but changes to taxes have increased the use of pipe tobacco and large cigars. Total cigarette consumption decreased by 32.8% from 2000–2011, according to a report from the Centers for Disease Control and Prevention (www.cdc.gov/mmwr/preview/mmwrhtml/mm6130a1.htm?s_cid=mm6130a1_w). During that same period, however, pipe tobacco consumption increased by 482.1% and large cigar consumption increased by 233.1%. These increases are attributed to tax changes implemented in 2009 that made pipe tobacco less expensive than cigarettes or roll-your-own tobacco (consumption decrease of 56.3%) and made large cigars less heavily taxed than cigarettes and small cigars (consumption decrease of 65%). — Roger Collier, *CMAJ*

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