have been shown to be related to influenza outbreaks.[5] The authors looked at only some of these conditions, and only for all age groups combined, and again with limited power. Other studies have found significant associations between influenza outbreaks and ED overcrowding,[6] as well with increased ED utilization by the elderly.[7]

For all of these reasons, conclusions regarding the absence of benefit of influenza vaccination campaigns on ED utilization are likely premature and possibly incorrect. A full understanding of the impact of influenza outbreaks on EDs is still lacking.

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References

1. Groll D, Henry B. Can a universal influenza immunization program reduce emergency department volume? CJEM 2002;4(4):245-51.
2. Schull MJ, Szalai JP, Schwartz B, Redelmeier DA. Emergency department overcrowding in Toronto from 1991 to 2000: the effect of systematic hospital restructuring [abstract]. CJEM 2001;3(2):122.
3. Morgan K, Prothero D, Frankel S. The rise in emergency admissions — crisis or artefact? Temporal analysis of health services data. BMJ 1999;319(7203)158-9.
4. Chan B, Schull MJ, Schultz S. Atlas of emergency department services in Ontario 1992/1993 to 1999/2000. ICES Atlas Report Series. Toronto (ON): Institute for Clinical Evaluative Sciences; 2001.
5. Upshur RE, Goel V. Measuring the impact of influenza on the hospital admission rates of the elderly in Ontario: a five-year admission rate analysis, 1988–1993. Can J Public Health 2000;91(2):144-7.
6. Schull MJ, Mamdani M. How influenza outbreaks affect emergency department overcrowding and ambulance diversion [abstract]. Acad Emerg Med 2001;8(5):574.
7. Schull MJ, Mamdani M, Redelmeier DA. Influenza in elders and emergency department overcrowding [abstract]. Acad Emerg Med 2002;9(5):515.

[One of the authors responds:]

I appreciate the comments by Drs Schull and Mamdani on our study of influenza and ED volume.[1] I agree with their conclusions that our study needs to be repeated with a larger number of hospitals and for a longer time period, and hope that this will be accomplished in the near future. I also feel that a full understanding of the impact influenza on ED volume is lacking. However, I feel that this research should have been undertaken prior to the launching of the universal influenza immunization campaign.

I stress "universal immunization," because, as Drs. Schull and Mamdani point out, "the majority of ED patients are young, low-acuity patients, often with minor injuries, who are unlikely to contribute substantially to overcrowding. Hence, the increasing overcrowding likely relates … to an older and sicker ED patient population, more of whom may require admission than in the past."[2,3] However, the older, high-risk patients were not the primary target of the universal immunization campaign, and they have been provided free influenza vaccinations since the 1980s.[1] If one concludes that the high-risk population is responsible for ED overcrowding then concentrating efforts on increasing their immunization compliance may be a more effective strategy. None of the above information changes the fact that ED volume is highest in the summer, when there are few influenza cases.[1,3]

Finally, Drs. Schull and Mamdani state that "other studies have found significant associations between influenza outbreaks and ED overcrowding,[4]...". Unfortunately, the outcome of ambulance diversion as a measure of ED overcrowding is not universal nor uniform, as many hospitals are simply not able to divert ambulances. Furthermore, ambulance diversion is an administrative decision and can be based on several criteria such as beds available outside the ED and ED staffing, and these may vary at different hospitals. Using ambulance diversion as the outcome in Kingston, for example, would result in no relationship between ED volume and diversion, because Kingston is not able to divert ambulances.

Once again, I thank Drs. Schull and Mamdani for their interest in this research and look forward to more studies on the impact of influenza immunization on ED volume.

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References

1. Groll D, Henry B. Can a universal influenza immunization program reduce emergency department volume? CJEM 2002;4(4):245-51.
2. Schull MJ, Mamdani M, Redelmeier DA. Influenza in elders and emergency department overcrowding [abstract]. Acad Emerg Med 2002;9(5):515.
3. Chan B, Schull MJ, Schultz S. Atlas of emergency department services in Ontario 1992/1993 to 1999/2000. ICES Atlas Report Series. Toronto (ON): Institute for Clinical Evaluative Sciences; 2001.
4. Schull MJ, Mamdani M. How influenza outbreaks affect emergency department overcrowding and ambulance diversion [abstract]. Acad Emerg Med 2001;8(5):574.

In-flight emergencies

To the Editor:

Drummond and Drummond's excellent review of medical emergencies in flight correctly highlights British Airways (BA) leadership in on-board medical equipment.[1] I must add to this BA's superb staff training and organization. I have been involved in 3 episodes of

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providing medical support in an aircraft, one with BA. During the BA flight the staff spontaneously provided relevant medical information from a ground hospital within 30 minutes. I had not even considered asking them for this, yet they managed to access data faster than the health records department in my own institution can. In addition, BA was the only airline that ever sent me a thank you note, despite the fact that the other carriers scrupulously took down my details — presumably to have someone to blame in the event of a lawsuit!

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Reference

1. Drummond R, Drummond AJ. On a wing and a prayer: medical emergencies on board commercial aircraft. CJEM 2002;4(4):276-80.

Correction

To the Editor:

Dr. Jonathan Davidow's Resident Issues article[1] in the July 2002 issue of *CJEM* evokes memories of the awards dinner in Hamilton, at which the residents of Canadian EM training programs bestowed on me the CAEP EM Teacher of the Year Award. I am still incredulous at the honour, and the accolades from current and former residents were unforgettable. I would like to again congratulate my younger fellow recipients, who both have a phenomenal future in front of them. I believe that emergency medicine is fortunate to have capable young men and women with the same positive attributes as Drs. Jason Frank and James Thompson.

Dr. Davidow's article describes many milestones accurately; however there is one necessary correction regarding my role in developing the first EM program at McGill. Although I was one of the early clinical teachers and instituted the first formal EM teaching rounds, I cannot claim any part in the actual development of the Family Medicine – EM residency program. That honour belongs to Drs. Judy Levitan and Victor Einagel, the first program director and academic coordinator. Since then, others, including Brian Connolly, Marc Afilalo, Bernard Unger, Peter Duffy, Stephen Rosenthal and Jerman Chrigwin have worked tirelessly to move the McGill program forward.

Now, that I have rendered unto Caesar what was due to Caesar I can go back and indulge in reading Jonathan Davidow's kind words over and over again.

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Reference

1. Davidow J. CAEP 2002: Residents' Section Awards. CJEM 2002;4(4):302-3.

Letters will be considered for publication if they relate to topics of interest to emergency physicians in urban, rural, community or academic settings. Letters responding to a previously published *CJEM* article should reach *CJEM* head office in Vancouver (see masthead for details) within 6 weeks of the article's publication. Letters should be limited to 400 words and 5 references. For reasons of space, letters may be edited for brevity and clarity.

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