

## Letters ♦ Correspondance

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of the nonresponders, it is intuitively persuasive to suspect a significantly higher percentage of them were not practising traditional family medicine.

The importance of knowing more precisely the practice patterns of all non-specialists becomes readily apparent when trying to assess the problem of physician shortages and physician maldistribution in Ontario. The absence of information on the practice patterns of 47% on a survey of this type is unfortunate. While it is traditional to accept that a 53% response will reflect the patterns of all the members of the group, there are good reasons to suspect that those nonresponders might have included a higher percentage of members who no longer identify with family medicine and thus feel no obligation to respond to questionnaires. These observations and reflections promote the concept that accurate information on practice patterns be mandatory when submitting annual registration with provincial colleges of physicians and surgeons in order to better assess the problems of physician shortages and physician maldistribution.

—Ross McElroy, MD, CCFP  
Tavistock, Ont  
by mail

### References

1. Woodward CA, Cohen M, Ferrier B, Brown J. Physicians certified in family medicine. What are they doing 8 to 10 years later? *Can Fam Physician* 2001;47:1404-10.
2. McWhinney I. Time, change, and family practice [editorial]. *Can Fam Physician* 2001;47:1365-7 (Eng), 1374-9 (Fr).

## Response

The extent of bias created by non-respondents in a cohort study is always difficult to determine. We sought to understand the likely bias created by nonresponse by examining the current medical field and location of all the members of the cohort using secondary sources. These sources included the Medical Directory, online services, such as the College of

Physicians and Surgeons of Ontario's Find a Doctor page, and correspondence with licensing bodies in Canada and the United States.

There was no difference in the proportion who had entered specialties between the entire cohort of physicians and the respondents. The questionnaire was specifically designed and pretested to make it user-friendly for physicians who no longer were family physicians or who had restricted their practice within family medicine. Yet, we cannot rule out the possibility that family physicians who restricted their practices were less inclined to respond. We noted that a sizable group of respondents were either restricting their practice or thinking of doing so in the near future.

My co-authors and I concur with Dr McElroy's observation that routinely collected information on practice patterns would permit better physician human resource planning.

—Christel A. Woodward, PhD  
Professor

## Updates on the varicella vaccine

The editorial<sup>1</sup> on the varicella vaccine by Maureen Sullivan-Bentz in the July issue summarized well the recommendations and issues surrounding varicella immunization. I would like, however, to comment on two statements that were incorrect.

The article mentions that "Until a refrigerator-stable vaccine becomes available, however, varicella vaccine will not be incorporated into the recommended immunization schedule in Canada, as most family practice offices cannot maintain the vaccine in the recommended frozen state." In June 2000, Varivax™ II, a new refrigerator-stable formulation of the Oka/Merck® varicella vaccine was launched on the Canadian market. This vaccine can now be stored for up to 90 continuous days between 2°C and 8°C, allowing

physicians and public health departments across Canada to stock varicella vaccine in the refrigerator. To date, the provinces of Prince Edward Island, Alberta, and the Northwest Territories have implemented universal immunization programs against varicella using the new refrigerator-stable vaccine. Varivax™ II is also available in many physicians' offices and pharmacies.

Ms Sullivan-Bentz also stated that "...costs for the vaccine will be reimbursed by neither the Ontario Health Insurance Plan nor private drug plans in Canada." A recent survey<sup>2</sup> among employers in Canada showed that at least 25% of Canadians are reimbursed under private drug plans for varicella vaccination. Physicians should be aware that certain private insurance plans might reimburse the cost of the vaccine.

—Didier Reymond, MD  
Scientific Affairs  
Merck Frosst Canada Ltd  
Pointe-Claire-Dorval, Que  
by e-mail

### References

1. Sullivan-Bentz M. Varicella. To be [vaccinated] or not to be: that is the question! *Can Fam Physician* 2001;47:1368-70 (Eng), 1377-9 (Fr).
2. Wyeth-Ayerst Canada Inc. *Canadian parents rank immunization as most important way to keep children healthy* [press release on Applied Management Report]. Toronto, Ont: Applied Management; 2001.

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