5.2

5.2.1

Special provincial agencies for cancer control, usually in the health department or a separate cancer institute, carry out cancer detection and treatment, public education, professional training and research in co-operation with local public health services physicians and the voluntary Canadian Cancer Society branches. Provincial cancer programs operate both under the terms of provincial health insurance plans and through special supplementary services for cancer patients.

Renal failure. A Canadian renal failure register operated by Statistics Canada was started by and operates in co-operation with the Kidney Foundation of Canada. Its purpose is to register and follow all patients depending on artificial kidney treatment (chronic peritoneal or hemodialysis) or receiving kidney transplants since January 1973 in Canada. Table 5.8 reports the status of renal failure patients in Canada for 1975 and 1976. During 1975, dialysis units reported on 1,488 patients; new patients registered totalled 690. During 1976, hospitals reported on 1,752 patients; new patients registered totalled 722. The number of kidney transplants increased to 341 from 294 in 1975.

Notifiable diseases. The number and rates per 100,000 population of notifiable diseases by province in 1977 are shown in Table 5.24. Most predominant were venereal diseases (54,287) and streptococcal sore throat and scarlet fever (23,480). There were 8,832 reported cases of measles, 4,851 cases of infectious hepatitis, 4,228 salmonella infections, 3,197 cases of tuberculosis, and 2,159 of rubella or German measles. Rates for other diseases, although lower, are significant in terms of public health.

Of particular interest are venereal diseases, because public health authorities estimate that their real incidence may be three to four times the number of cases reported. The 1977 figure of 2,998 cases of syphilis, or 12.9 per 100,000 population, shows a decrease from the 1976 figure of 3,952. Total gonorrhea cases in 1977 were 51,233, or 220 per 100,000 reduced from 229.5 per 100,000. For the first time in recent years, the number of reported cases and rate per 100,000 for gonococcal infections has declined from one year to the next.

Provincial health departments have expanded public venereal disease clinics, which provide free diagnostic and treatment services. In some areas these departments pay private physicians to give free treatment to the poor. In addition, the provinces supply free drugs to physicians for treating private cases. Local departments or district health units carry out case finding, follow-up of contacts and health education programs, assisted by provincial directors of venereal disease control.

At one time tuberculosis was an extremely serious health problem. The reported incidence of this disease has decreased steadily in recent years. However, in 1977 there were 3,197 new active cases, or 13.7 per 100,000 population, an increase over the 1976 figure at 2,601 cases or 11.4 per 100,000. Most new cases of tuberculosis are discovered by practising physicians, but provincial health departments assisted by voluntary agencies continue to conduct anti-tuberculosis case finding programs through community tuberculin testing and X-ray surveys, with special attention to high risk groups, routine hospital admission X-rays and follow-up of arrested cases. Provincial tuberculosis programs include vaccination for children or high risk groups and free treatment, including hospital care, drugs and rehabilitation services.

## Canada's health insurance plans

The Canadian program of health insurance consists of individual provincial hospital and medical care plans which are supported by contributions from the federal government. Although details of the provincial plans vary, each must meet minimum requirements to qualify for the federal contribution. For many years about 99% of the population of Canada has been covered for both hospital care and physicians' services.

## Federal legislative framework

Federal participation in the national health insurance programs is governed by provisions of the Hospital Insurance and Diagnostic Services Act, 1958, the Medical Care Act of 1966 and the Federal-Provincial Fiscal Arrangements and Established Programs Financing Act, 1977.