“Looming mental health issues and the impending shortage of paediatricians in Canada suggest that the wait time crisis could be just beginning. This could spell potential disaster for Canadian children and youth who need essential health care services,” says Dr. Lynk, a paediatrician in Nova Scotia. “Resources targeted toward adult wait time initiatives should not come at the expense of services for children and youth.”

But provincial and territorial governments alone cannot be held accountable for this shortfall. The federal government has a critical role to play and the CPS is calling on national strategies for injury prevention, mental health and paediatric human resources planning. It also is calling for a Commissioner for Children and Youth to serve as a voice for all children and youth at the federal level.

The report finds that even though unintentional injury is still the leading cause of death, morbidity and disability among Canadian children and youth, provinces and territories could have tougher legislation in place to keep kids safe from preventable harm.

In fact, seven provinces and territories have no legislation on bicycle helmets, although bike injuries are the third leading cause of injury among children 10 to 14 years old, and despite evidence that helmets reduce the risk of brain injury by 88%. When it comes to booster seats, which have been shown to prevent injury among young children who graduate too soon to seat belts, only Ontario and Nova Scotia have adequate legislation in place, with British Columbia’s laws scheduled to take effect in 2008. Only one province, Quebec, prohibits children younger than 16 years old from driving snowmobiles, an activity associated with the highest rate of injury of any winter sport.

Important data from a Canadian Paediatric Surveillance Program (CPSP) study released this summer confirm that although vitamin D-deficiency rickets is preventable, it continues to affect Canadian children.

Dr. Leanne Ward and her colleagues found 105 confirmed cases of rickets caused by vitamin D deficiency reported between 2002 and 2004. The authors’ findings, which were published in the CMAJ in July, identify a subset of the paediatric population particularly at risk. These patients presented with significant morbidity, including fractures, limb deformities, poor growth and delayed gross motor milestones. The CPSP study also indicates an urgent need for greater awareness among health care providers and the general public of the risk of vitamin D deficiency in children. Vitamin D supplementation of exclusively breastfed children and other at-risk populations is critical.

In a related commentary, Dr. Danielle Grenier argues for the importance of national active surveillance programs for safeguarding the health of children and youth. The CPSP is a national disease surveillance network that obtains data through monthly surveys of paediatricians and paediatric subspecialists across Canada.

The CPS First Nations, Inuit and Métis Health Committee recently revised its statement on vitamin D supplementation, published in the September edition of Paediatrics & Child Health. In it, the committee recommends increased levels of vitamin D for babies in northern communities, as well as for pregnant and lactating women.