Report from the National Diabetes Surveillance System:
Diabetes in Canada, 2008
To promote and protect the health of Canadians through leadership, partnership, innovation and action in public health.

— Public Health Agency of Canada

is available on Internet at the following address: http://www.ndss.gc.ca

Aussi disponible en français sous le titre :
Le Diabète au Canada : Rapport du système national de surveillance du diabète, 2008

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Executive Summary

Diabetes

- Diabetes is a chronic condition that stems from the body’s inability to produce and/or properly use insulin. The body needs insulin to use sugar as an energy source. Diabetes can lead to serious complications and premature death. However, if someone has diabetes, steps can be taken to control the disease and lower the risk of complications.

National Diabetes Surveillance System (NDSS)

- The National Diabetes Surveillance System (NDSS) is a network of provincial and territorial diabetes surveillance systems. It was created to improve the breadth of information about the burden of diabetes in Canada so that policymakers, researchers, health practitioners, and the general public could make better public and personal health decisions. The NDSS includes federal, and all provincial and territorial governments, non-governmental organizations, national Aboriginal groups, and researchers.

NDSS Highlights

- In 2005-2006, approximately 1.9 million Canadians, or about one in 17 people had been diagnosed with diabetes - 5.9% overall – 5.5% of girls and women and 6.2 % of boys and men.

- In 2005-2006, the prevalence1 of diagnosed diabetes was lower among children and adolescents than adults. The rates increased with age from about 2% in individuals in their 30’s to about 22%, or 1 in 5, in adults aged 75 to 79 years old.

- After adjusting2 for differences in age distributions among provinces and territories, the prevalence1 of diagnosed diabetes was generally found to be highest in the Atlantic provinces (New Brunswick, Nova Scotia, Newfoundland and Labrador) and was lowest in the west (Saskatchewan, Alberta, and British Columbia). The prevalence1 for Ontario was higher than the national average, and for Quebec, prevalence was lower than the national average. Provincial and territorial obesity prevalence, followed a similar pattern; higher in the Atlantic provinces and lower in the western provinces.

- The age-standardized prevalence1 of diagnosed diabetes has increased by about 22% between 2001-2002 and 2005-2006.

- By 2011, the number of Canadians with diagnosed diabetes is expected to be about 2.6 million - an average annual percent increase of almost 7% and an increase of about 33% from 2006.

- In 2005-2006, 199,471 individuals were newly diagnosed with diabetes – a rate of 6.4 per 1,000 population aged 1 and older, overall, and 5.9 per 1,000 among girls and women and 6.8 per 1,000 among boys and men.

- There is an increased risk of developing diabetes over age 40. The entrance of the baby boom generation into the older age groups, and the rise in the prevalence1 of obesity, are associated with the rise in the diagnosed diabetes prevalence and incidence rates6. In addition, age-standardized prevalence1 is climbing at 3 times the rate of age-standardized incidence rates6, indicating that the increase in prevalence1 is due, also in part, to improved survival among individuals with diabetes.

- In 2005-2006, among adults aged 20 years and older, death rates of individuals with diabetes were twice as high as those in individuals without diabetes.

- Diagnosed diabetes shortens life expectancy for all ages. For example, both men and women in the 25 to 39 year age groups with diagnosed diabetes had about a 9 year reduction in life expectancy in 2005-2006.

- In 2005-2006, younger adults (aged 20 to 49) with diagnosed diabetes had about twice as many visits to family physicians and 2 to 3 times more visits to specialists than individuals without diabetes. Even in the oldest age groups, individuals with diagnosed diabetes visited physicians about 1.5 times more often than individuals without diabetes.

- In 2005-2006, compared to adults without diabetes, adults with diagnosed diabetes were hospitalized:
  - 23 times more often with lower limb amputations;
  - 7 times more often with chronic kidney disease;
  - 3 times more often with overall cardiovascular disease including, hypertensive disease, heart failure, heart attack, ischaemic heart disease, and stroke.
Diabetes

- Diabetes is a chronic condition that stems from the body's inability to produce and/or properly use insulin. The body needs insulin to use sugar as an energy source. Diabetes can lead to serious complications and premature death. However, controlling the disease can lower the risk of complications.

Type 1 Diabetes

- Type 1 diabetes occurs when the beta cells of the pancreas are destroyed by the immune system and no longer produce insulin. An adequate supply of insulin is needed to help the body function. It usually develops in childhood or adolescence and there is no known way to prevent type 1 diabetes.

Type 2 Diabetes

- Type 2 diabetes occurs when the body does not make enough insulin and/or does not respond well to the insulin it makes. People are usually diagnosed with type 2 diabetes after the age of 40, although it is now also being seen in children and adolescents.

Gestational Diabetes

- Gestational diabetes is a form of diabetes that develops in women during pregnancy and disappears after delivery. Gestational diabetes occurs in about 4% of all pregnancies and increases the risk of developing type 2 diabetes.

Reducing the Risk of Diabetes

- The risk of developing diabetes can be reduced by making healthy lifestyle choices, such as having a healthy diet, losing excess weight and exercising regularly. Weight loss of 5% to 10% has been shown to significantly reduce risk—about 4.5 to 9 kg (10 to 20 lbs.) for a 90-kg (200-lb.) person.

Living with Diabetes

- Treatment depends on the type of diabetes and can include lifestyle modification and/or medications, including insulin. Regular physical activity and healthy weight are important factors for effective management of diabetes. Controlling blood glucose, blood pressure and blood lipids are necessary to reduce the complications associated with diabetes. Self-management of diabetes is an essential part of overall care. Regular screening for complications and early treatment can also reduce complications.

National Diabetes Surveillance System (NDSS)

- The National Diabetes Surveillance System (NDSS) is a network of provincial and territorial diabetes surveillance systems. It was created to improve the breadth of information about the burden of diabetes in Canada so that policymakers, researchers, health practitioners, and the general public could make better public and personal health decisions. The NDSS includes federal and all provincial and territorial governments, non-governmental organizations, national Aboriginal groups, and researchers.

- In each province and territory, the health insurance registry database is linked to the physician billing and hospitalization databases, in which health data are primarily stored and reported by fiscal year. This report includes the most recent data available from the provinces and territories', fiscal year, 2005-2006.

- The linked database is used to designate individuals who have diabetes, based on the NDSS validated case criteria, which use the International Classification of Disease (ICD) standard diabetes codes.

- Currently, the NDSS case criteria do not include women with gestational diabetes. In addition, the criteria do not distinguish between diabetes types in any of the reported rates due to limitations of the physician billing data and the hospital discharge abstract data in identifying type 1 and type 2 diabetes.

- In the latest version of the ICD system (ICD-10-CA) used by hospitals to record the details of discrete hospitalizations, separate codes for type 1 and type 2 diabetes are provided. It is anticipated that as additional ICD-10-CA coded hospital data are accumulated and validated, that it will be possible to analyze and report rates associated with hospitalization stratified by diabetes type. For example, the rate of amputations among those with type 1 diabetes versus those with type 2.

- Using administrative data for surveillance, as in the NDSS, often requires a compromise when trying to identify cases of a disease. It is necessary to balance the possibility of misclassifying people who actually have been diagnosed with diabetes but who have not been captured by the NDSS as a diabetes case (false-negatives) with the reverse where people do not have diabetes but have been captured by the NDSS using the case criteria (false-positives). Validation studies have indicated that the NDSS case criteria minimize both false-negatives and false-positives in order to depict a relatively accurate picture of diagnosed diabetes in Canada. Additionally, there are some people who have not been diagnosed with diabetes, but in fact have the disease. Estimates for the number of people in this category are outside the scope of the NDSS.

People With Diagnosed Diabetes (Prevalence)

For People Aged 1 and Older:

- In 2005-2006, approximately 1.9 million Canadians aged 1 and older, or about 1 in 17, had diagnosed diabetes (1,939,247 overall, 925,523 among girls and women and 1,013,724 among boys and men). The prevalence among Canadians was 5.9% overall (5.5% of girls and women and 6.2% of boys and men). (Tables 1 and 2)
### Table 2.

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Prevalence</th>
<th>Incidence</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Females</td>
<td>Males</td>
</tr>
<tr>
<td>1-19</td>
<td>0.7%</td>
<td>0.3%</td>
</tr>
<tr>
<td>20-24</td>
<td>6.3%</td>
<td>6.7%</td>
</tr>
<tr>
<td>25-29</td>
<td>7.8%</td>
<td>8.3%</td>
</tr>
<tr>
<td>30-34</td>
<td>7.3%</td>
<td>8.0%</td>
</tr>
<tr>
<td>35-39</td>
<td>7.6%</td>
<td>8.4%</td>
</tr>
<tr>
<td>40-44</td>
<td>7.4%</td>
<td>8.2%</td>
</tr>
<tr>
<td>45-49</td>
<td>6.9%</td>
<td>7.6%</td>
</tr>
<tr>
<td>50-54</td>
<td>6.4%</td>
<td>7.1%</td>
</tr>
<tr>
<td>55-59</td>
<td>6.4%</td>
<td>6.7%</td>
</tr>
<tr>
<td>60-64</td>
<td>6.9%</td>
<td>7.7%</td>
</tr>
<tr>
<td>65-69</td>
<td>7.8%</td>
<td>8.5%</td>
</tr>
<tr>
<td>70-74</td>
<td>9.1%</td>
<td>9.8%</td>
</tr>
<tr>
<td>75-79</td>
<td>13.5%</td>
<td>13.7%</td>
</tr>
<tr>
<td>80-84</td>
<td>19.3%</td>
<td>19.5%</td>
</tr>
<tr>
<td>85+</td>
<td>30.5%</td>
<td>29.7%</td>
</tr>
<tr>
<td>Canada</td>
<td>6.8%</td>
<td>7.3%</td>
</tr>
</tbody>
</table>

Source: Public Health Agency of Canada, using NDSS data files contributed by provinces and territories, as of August, 2008

*Data for Nunavut were unavailable.
As anticipated, in 2005-2006, as in prior years, the prevalence of diagnosed diabetes was significantly lower among children and adolescents than adults. The prevalence increased with age from about 2% among individuals in their 30's to about 22%, or 1 in 5, adults aged 75 to 79 years old. (Figure 1 and Table 2)

After adjusting for differences in age distributions among provinces and territories, the prevalence of diagnosed diabetes was generally found to be highest in the Atlantic provinces (New Brunswick, Nova Scotia, Newfoundland and Labrador) and was lowest in the west (Saskatchewan, Alberta, and British Columbia). The prevalence for Ontario was higher than the national average, and for Quebec, prevalence was lower than the national average. (Figure 2) Provincial and territorial obesity prevalence, followed a similar pattern; higher in the Atlantic provinces and lower in the western provinces.

After adjusting to account for changes in the age distributions over time, the prevalence of diagnosed diabetes has increased by about 22% between 2001-2002 and 2005-2006. (Figure 3)
Forecasted Prevalence\textsuperscript{5,7}

For People Aged 1 and Older:

- By 2011, the number of Canadians with diagnosed diabetes is expected to be about 2.6 million - an average annual percent increase of almost 7% and an increase by about 33% since 2006. (Figure 4)

- By 2010-2011, one in three (35%) of people with diabetes will be in the 50 to 64 year old age range, due to the increased risk of developing diabetes over age 40, the entrance of the baby boom generation into the older age groups, and the rise in the prevalence\textsuperscript{6} of obesity. (Figures 5 and 6)
People With Newly Diagnosed Diabetes (Incidence)

For People Aged 1 Year and Older:

- In 2005-2006, 199,471 individuals were newly diagnosed with diabetes – a rate of 6.4 per 1,000 population aged 1 and older, overall, and 5.9 per 1,000 among girls and women and 6.8 per 1,000 among boys and men. (Tables 1, 2, and Figure 7)

- In 2005-2006, incidence rates of diagnosed diabetes were lower for children and adolescents than for adults. The rates rose steeply after age 45 and peaked among both men and women in the 70-74 age group. The rates were significantly higher among men than women over age 40. (Table 2 and Figure 7)

- After adjusting to account for changes in the age distributions across time, the incidence rates of diagnosed diabetes have increased by about 7% between 2001-2002 and 2005-2006. (Figure 8) Rising age-standardized incidence rates are likely a reflection of the rising prevalence of obesity. In addition, age-standardized prevalence is climbing at 3 times the rate of age-standardized incidence rates, indicating that the increase in prevalence is also due, in part, to improved survival among individuals with diabetes.

Figure 7. Incidence Rates of Diagnosed Diabetes among People Aged 1 Year and Older, by Age Group and Sex, Canada*, 2005-2006

Figure 8. Age-Standardized Incidence Rates* of Diagnosed Diabetes among People Aged 1 Year and Older, by Sex, Canada**, 2001-2002 to 2005-2006
Deaths Among People With Diagnosed Diabetes (Mortality)

For Adults Aged 20 Years and Older:

- In 2005-2006, among adults aged 20 years and older, overall death rates were twice as high in individuals with diabetes compared to individuals without diabetes.
- The differences in mortality rates for people with and without diabetes are higher among the younger age groups. Younger adults, those aged 20 to 44, with diabetes die at rates that are 4 to 6 times higher than those without diabetes. While for adults aged 45 to 79, the rates are 2 to 3 times higher in individuals with diabetes. (Figure 9)

Years of Life Remaining for People With Diagnosed Diabetes

- Diabetes shortens life expectancy for all ages. For example, in 2005-2006, both men and women with diagnosed diabetes, in the 25 to 39 year age groups, had about an 8-year reduction in life expectancy in 2005-2006. (Figure 10)
- Both girls and boys with diagnosed diabetes in the 1 to 19 year age group had about a 10- to 11-year reduction in life expectancy in 2005-2006. (Figure 10)

Figure 9. All-Cause Death Rate Ratios among Women and Men Aged 20 Years and Older with Diagnosed Diabetes Compared to Those without Diagnosed Diabetes, Canada*, 2005-2006

Figure 10. Years of Life Remaining for People with Diagnosed Diabetes Compared to Those without Diagnosed Diabetes, by Age Group and Sex, Canada*, 2003-2004 to 2005-2006
Health Services Utilization

Two measures of health services utilization are the number of visits to physicians (family physicians and specialists) and the length (days) of hospital stays.

For Adults Aged 20 Years and Older:
- In 2005-2006, younger adults (aged 20 to 49) with diagnosed diabetes had about 2 times as many visits to family physicians (Figure 11) and 2 to 3 times as many visits to specialists (Figure 12) than individuals without diabetes. Even in the oldest age groups, individuals with diagnosed diabetes visited physicians about 1.5 times more than individuals without diabetes.
- During the 2005-2006 fiscal year, adults with diagnosed diabetes stayed more days in hospital than individuals without diabetes. For hospitalized adults with diagnosed diabetes, aged 20 to 29 and 35 to 54 years old, the number of days stayed in hospital was about 4 to 6 times the number of days stayed by individuals without diabetes. Among those older than 54 years, the ratio of days stay between those with diabetes and those without ranged from 2 to 3. (Figure 13)

For Children and Adolescents Aged 1 to 19 Years Old:
- Children and adolescents with diagnosed diabetes had about 1.5 times more visits to family physicians (Figure 11) and 4 times as many visits to specialists (Figure 12) as children and adolescents without diabetes, in 2005-2006.
- During 2005-2006, hospitalized children and adolescents with diagnosed diabetes, aged 1 to 19, stayed about 8 to 11 times the number of days in hospital than hospitalized individuals without diabetes. (Figure 13)
Other Health Problems

Eight health problems, for which hospitalizations are common among individuals with diagnosed diabetes, are currently tracked by the NDSS. They are chronic kidney disease, lower limb amputations, and cardiovascular disease—which include but are not limited to: hypertensive disease, heart failure, heart attack, ischaemic heart disease, and stroke.

For Adults Aged 20 Years and Older:

- In 2005-2006, the most common health problem seen in hospitalizations among individuals with diagnosed diabetes was for cardiovascular disease (about 9%). *(Table 3)*
- During 2005-2006, adults, aged 20 years and older, with diagnosed diabetes were hospitalized more often than their counterparts without diagnosed diabetes *(Table 3)*:
  - 23 times more often with lower limb amputations;
  - 7 times more often with chronic kidney disease;
  - 3 times more often with all cardiovascular diseases;
  - 4 times more often with hypertensive disease and heart failure and,
  - 3 times more often with heart attack, ischaemic heart disease, and stroke.

NDSS Future Plans

The NDSS provides a valuable source of information about diabetes in Canada. Future work will include:

- Continuing work with First Nations, Métis, and Inuit organizations to produce NDSS data for analysis, interpretation, and up-to-date reporting, to gain a better understanding of diabetes among these populations;
- Expanding the breadth of data reporting on diabetes and other related conditions among adults, children, and adolescents;
- Exploring the use of ICD-10-CA diagnosis coding in hospitals and pharmaceutical data to differentiate between types of diabetes; and,
- Developing a collaborative standard approach to improving and documenting data quality.

Table 3. Numbers and Percentages of Individuals with Diagnosed Diabetes Hospitalized with Select Comorbid Hospitalizations* and Rate Ratios** for Individuals with Diagnosed Diabetes Compared to Those without Diagnosed Diabetes, Women and Men Aged 20 Years and Older, Canada^, 2005-2006

<table>
<thead>
<tr>
<th>Select Comorbid Hospitalizations*</th>
<th>Individuals with Diagnosed Diabetes Hospitalized for Select Comorbid Hospitalizations*</th>
<th>Individuals with Diagnosed Diabetes Compared to Those without Diagnosed Diabetes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individuals</td>
<td>Percentages</td>
<td>Rate Ratios**</td>
</tr>
<tr>
<td><strong>Cardiovascular Disease</strong>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hypertensive Disease</td>
<td>571,922</td>
<td>8.9%</td>
</tr>
<tr>
<td>Ischaemic Heart Disease</td>
<td>72,845</td>
<td>4.9%</td>
</tr>
<tr>
<td>Heart Attack, Acute Myocardial Infarction</td>
<td>57,209</td>
<td>3.9%</td>
</tr>
<tr>
<td>Heart Failure</td>
<td>35,043</td>
<td>2.4%</td>
</tr>
<tr>
<td>Stroke, Cerebrovascular Disease</td>
<td>16,553</td>
<td>1.1%</td>
</tr>
<tr>
<td>Chronic Kidney Disease</td>
<td>25,432</td>
<td>1.7%</td>
</tr>
<tr>
<td>Lower Limb Amputations***</td>
<td>2,887</td>
<td>0.2%</td>
</tr>
</tbody>
</table>

**Cardiovascular Disease*** Includes: coronary artery disease, acute myocardial infarction, heart failure, ischaemic heart disease, chronic kidney disease, and lower limb amputations. An individual may have more than one comorbid hospitalization, and it is only counted once in each category.

**Rate Ratios** are rate ratios of age-standardized rates. Rates are age-standardized to the 1991 Canadian population.

**Quebec data were excluded from analysis and data from Nunavut were unavailable.

***When more than one hospitalization is recorded in one of the highlighted cardiovascular disease categories: hypertensive disease, ischaemic heart disease, acute myocardial infarction, heart failure, or cerebrovascular disease, an individual with diagnosed diabetes is counted only once under this broader cardiovascular disease category.

****Lower limb amputations exclude those caused by trauma or cancer.
Acknowledgements

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Canadian Institute of Health Information
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Government of Yukon
Health Canada, First Nations and Inuit Health Branch
Institut national de santé publique du Québec
Manitoba Health
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Ontario Ministry of Health and Long-Term Care and Ministry of Health Promotion
Prince Edward Island Department of Health
Public Health Agency of Canada
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Statistics Canada

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A newly formed Diabetes Surveillance Advisory Committee, chaired by the Canadian Diabetes Association, advises PHAC on diabetes surveillance in Canada.
Footnotes

1 The proportion of individuals that are affected by diagnosed diabetes at a given point in time.
2 For a more detailed explanation of the age-standardization technique, refer to the methods for this report on the NDSS website: www.ndss.gc.ca.
3 Nunavut was unable to provide the 2008 data submission for this report.
4 From this point forward, diabetes refers to the NDSS case definition for diagnosed diabetes.
5 The proportion of individuals that are affected by diagnosed diabetes at a given point in time.
6 For a more detailed explanation of the age-standardization technique, refer to the methods for this report on the NDSS website: www.ndss.gc.ca.
7 These statistics were calculated using estimates for future populations from Statistics Canada and the assumption that both future NDSS incidence and mortality rates remain constant.
8 The rate of individuals newly diagnosed with diabetes during the year.
9 Data are ratios of age-standardized rates.
10 These select health problems are diagnosed in hospital. Refer to the NDSS methods for more information on the NDSS website: www.ndss.gc.ca. Data are ratios of age-standardized rates.
11 Data are ratios of age-specific rates.

Evaluation and Order Form

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