

effectiveness with this approach. This represents a hypothesis worth testing, but it should be tested before it becomes a matter of public health policy.

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Proposals for Payment Reform in Massachusetts

TO THE EDITOR: Steinbrook (Sept. 10 issue)¹ repeats the claim by the Massachusetts government that health care reform has reduced the proportion of residents who are uninsured to 2.6%. This estimate comes from a state-sponsored survey that excluded two groups with low rates of coverage: families without landline telephones and immigrants who speak neither English nor Spanish (i.e., 40% of persons in the state who do not speak English).

In contrast, the Census Bureau² found that 5.5% of Massachusetts residents were uninsured in 2008, based on face-to-face interviews conducted in virtually all local languages. Moreover, the Census Bureau's figure is the only one that allows valid comparisons to the coverage rates nationally, in other states, and over time in Massachusetts.

Approximately 352,000 people remained uninsured in Massachusetts in 2008, a decrease of 305,000 from the 2006 prereform estimate. The expansion of Medicaid and the Medicaid-like, highly subsidized Commonwealth Care program account for the vast majority of this decrease. The much-ballyhooed mandate to purchase coverage played a minor role.

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THE AUTHOR REPLIES: When my Perspective article was published online on July 29, the most recent data were from the 2008 Massachusetts Health Insurance Survey. The survey estimated that 2.6% of state residents (about 165,000 people) lacked health insurance.¹ Revised in 2008, the survey was conducted by telephone, Web, and mail and was available in English, Spanish, and Portuguese. By combining a sample selected through random-digit landline telephone dialing with an address-based sample, the survey reached persons without landline telephones who rely on cell phones. The 2009 Massachusetts Health Insurance Survey, which was released in October, estimated that 2.7% of state residents (about 171,000 people) lacked health insurance.¹

The Census Bureau's 2008 estimates of health insurance coverage were released in September.² Unlike the Massachusetts Health Insurance Survey, which asks about insurance coverage at the time of the survey, the Current Population Survey asks about insurance coverage over the previous calendar year. According to the Census Bureau report, "health insurance coverage is likely to be underreported on the Current Population Survey."² Thus, estimates of uninsurance rates are generally higher than rates in other national and state-specific surveys.^{2,3}

Robert Steinbrook, M.D.

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Rapid-Test Sensitivity for Novel Swine-Origin Influenza A (H1N1) Virus in Humans

TO THE EDITOR: Faix et al. (Aug. 13 issue)¹ highlight the moderate sensitivity of rapid antigen tests as compared with reverse-transcriptase-polymerase-chain-reaction (RT-PCR) assays in detecting the 2009 pandemic influenza A (H1N1) virus in infected patients. We found that the antigen tests had poor sensitivity to the virus when used in a subgroup of 21 patients in the Australian intensive care cohort with severe 2009 influenza A (H1N1) virus infection and acute lung injury that required mechanical ventilation.² In these patients, rapid antigen tests (QuickVue A+B, Quidel) were performed on swabs from the nose and throat, and influenza type-specific immunofluorescent antigen assays (Chemicon, Millipore) were performed on bronchoscopic specimens. In all 21 patients, RT-PCR testing (AusDiagnostics), performed on specimens from both the upper and lower respiratory tracts, had been used to confirm infection with the virus.

Specimens from the lower respiratory tract were positive for the virus in all patients when tested with RT-PCR; immunofluorescent antigen assays were positive in only 5 of 20 patients (25%). Specimens from the upper respiratory tract tested with RT-PCR were positive in 17 of 21 patients (81%), but rapid antigen tests were positive in only 5 of 20 (25%). These data highlight the need to carefully interpret diagnostic testing for 2009 influenza A (H1N1) virus infection. The type of assay used and the origins of the sample tested — that is, whether it is from the upper or the lower respiratory tract — may affect the accuracy of the diagnostic testing.

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1. Faix DJ, Sherman SS, Waterman SH. Rapid-test sensitivity for novel swine-origin influenza A (H1N1) virus in humans. *N Engl J Med* 2009;361:728-9.

2. The ANZIC Influenza Investigators. Critical care services and 2009 H1N1 influenza in Australia and New Zealand. *N Engl J Med* 2009;361:1925-34.

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