



AMMI Canada

Association of Medical Microbiology
and Infectious Disease Canada

Association pour la microbiologie
médicale et l'infectiologie Canada

2004 Annual Report

THE OBJECTIVES OF AMMI CANADA ARE TO:

- Contribute to the health of people at risk of, or affected by, infectious diseases
- Promote, facilitate and support research and education in infectious diseases and medical microbiology
- Develop guidelines and policies for the prevention, diagnosis and management of infectious diseases
- Facilitate communication among members
- Communicate with other organizations who have shared interests and to facilitate interaction that will advance our mission
- Encourage excellence in the infectious disease and medical microbiology training of health care professionals through collaboration with the Royal College of Physicians and Surgeons of Canada and other relevant organizations
- Promote a high degree of competence in its members through continuous professional development
- Be a resource to governments and other health related groups
- Communicate important issues in infectious diseases and microbiology to the medical community and to the public
- Promote ethical and professional behaviour of members in their interactions with their patients, their colleagues and industry



COUNCIL & COMMITTEES

President	Dr. Susan Richardson
President – Elect	Dr. Michel Laverdière
Past President	Dr. Coleman Rotstein
Secretary	Dr. Joanne Langley
Treasurer	Dr. Baldwin Toye
Medical Microbiology Section Head	Dr. Diane Roscoe
Infectious Diseases Section Head	Dr. Geoffrey Taylor
Councillors	Dr. Karl Weiss Dr. Gerald Evans Dr. Frances Jamieson Dr. Alice Wong Dr. Magdalena Kuhn Dr. Lynora Saxinger

NOMINATIONS COMMITTEE

Co-Chair	Dr. Kevin Forward
Co-Chair	Dr. Mary Vearncombe Dr. Bob Bortolussi Dr. Gary Carber Dr. Christiane Gaudreau Dr. Elizabeth Bryce Mr. Richard McCoy

OTHER COMMITTEES

Canadian Hospital Epidemiology	Dr. B. Lynn Johnston Dr. Andrew Simor
Clinical Trials	Dr. Coleman Rotstein
Education	Dr. Anita Rachlis
Grants and Awards	Dr. Marcel Behr
Guidelines	Dr. Gerald Evans
Program Planning	Dr. Mark Joffe
Sexually Transmitted Diseases, HIV	Dr. Max Chernesky
Liaison	Representatives
The Royal College of Physicians and Surgeons of Canada (Infectious Disease)	Dr. Upton Allen

The Royal College of Physicians and Surgeons of Canada (Medical Microbiology)	Dr. Fiona Smail
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FOUNDATIONS

CFID/FRDID	Dr. Ray Saginur
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SECRETARIAT

Executive Director	Richard McCoy
Executive Assistant	Riccarda Galioto
Membership/ Foundations Clerk	Claude Larocque
Communications Manager	Antje Richter
Director of Development CFID/FRDID	Catherine Mulvale

PRESIDENT'S REPORT, WINTER/SPRING 2005

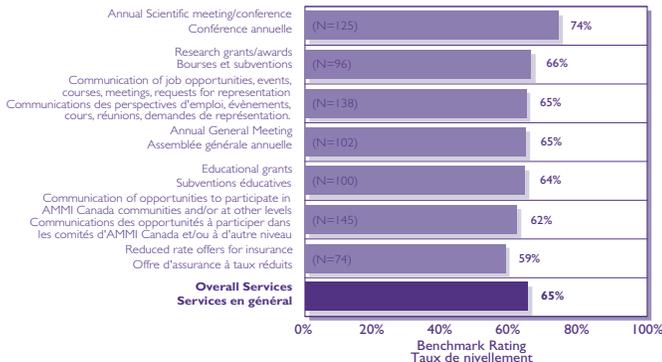
Susan E. Richardson, MD, FRCPC



As I write this report, I hope that you are all logging on to the AMMI Canada website to register for the AMMI/CACMID Annual Meeting, April 14-17, 2005 in Ottawa. Remember that the registration deadline for the reduced rate is prior to March 11. The Program Planning Committee with representatives from CACMID and AMMI has worked very hard putting together a

great program for your enjoyment, and we hope that you will be able to come and contribute, learn, visit, and renew acquaintances.

Satisfaction with AMMI Canada Services Satisfaction avec les services d'AMMI Canada



The most important single initiative that AMMI Council has been involved with over the past six months has been the two-day strategic planning workshop held in Toronto in December. We began by reviewing the Membership Survey that went out to members in the fall. We had a very gratifying response rate of 32% (n=160) with good representation from all geographic areas, from Active (88%) and Associate members (11%) and from former CIDS (64%), CAMM (8%), and CIDS/CAMM (23%) members. You rated this organization a benchmark satisfaction score of 63%, which translates into a category of "marginally satisfied", above "borderline" and below "reasonably satisfied". Members were happiest with the annual scientific meeting (74%) and awarding of research grants (66%), in addition

to being marginally satisfied with the way AMMI communicates information, conducts its AGM and distributes educational grants to the annual conference. The membership felt that AMMI could do a better job representing their interests to key groups, particularly the public and the provincial governments, in addition to the media, the medical/hospital community, the CMA and the federal government. You were most satisfied with AMMI's representation of its members to the RCPSC and the academic community. For more details on

the results of the survey, please see the AMMI website.

Council felt that the results of the survey were encouraging – you as members had given this new organization a vote of confidence while identifying areas that we need to work on. A mission statement was developed and four major strategic initiatives were formulated:

- Evolve AMMI Canada into a truly member-driven association in which end-users play a key role in defining and advancing our mutually shared vision and strategy.
- Work collaboratively where appropriate with allied organizations to significantly influence the public, government and key decision makers about infectious diseases and the need to ensure the profession is at all times adequately resourced and disaster-prepared.
- Raise the profile of our profession and our contribution to the health of Canadians, both with the general public and among our own professional community.
- Ensure there are adequate funding sources as well as the capacity to promote major research and education initiatives.

We now have a baseline from which we can judge the results of our efforts and initiatives. Council identified a goal of 5% improvement in our rating, from 62% to 67% satisfaction, in five year's time, correlating to a change to "reasonably satisfied". We will certainly make every attempt to increase satisfaction even more, and hope to involve you in the process, as we work toward making AMMI the professional organization that truly represents your interests.

RAPPORT DU PRÉSIDENT, HIVER/PRINTEMPS 2005

Susan E. Richardson, MD, FRCPC

Pendant que j'écris ce rapport, j'espère que vous êtes tous branchés sur le site Web de AMMI Canada afin de vous enregistrer à la conférence annuelle AMMI/CACMID qui aura lieu du 14 au 17 avril 2005 à Ottawa. Rappelez-vous que vous devez vous enregistrer avant le 11^e mars 2005 si vous voulez bénéficier d'une réduction au moment de votre enregistrement. Le Comité de planification du programme et les représentants de AMMI/CACMID ont travaillé très fort pour vous concocter un programme intéressant et nous espérons que vous pourrez venir; contribuer; apprendre, visiter et renouer avec les autres.

La plus importante initiative dans laquelle le Conseil AMMI s'est impliqué au cours des six derniers mois a été l'atelier de planification stratégique qui a eu lieu pendant deux jours à Toronto en décembre dernier. Nous avons commencé en examinant le sondage auquel les membres avaient répondu à l'automne. Nous avons obtenu un taux de réponse très significatif de 32% (n=160) avec une bonne représentation de toutes les zones géographiques. Les membres actifs ont répondu à 88% alors que 11% des membres associés ont répondu. Les anciens membres SCMI, quant à eux, ont répondu à 64%, les membres CAMM dans une proportion de 8% et les membres SCMI/CAMM à 23 %.

Vous avez attribué à cette organisation un indice de satisfaction de 63 %, ce qui signifie « légèrement satisfait », soit au-dessus « état limite » et sous « raisonnablement satisfait ». Les membres ont été très heureux de la conférence annuelle (74%) et pour les subventions de recherche (66%), en plus

d'être légèrement satisfaits de la façon dont AMMI transmet l'information, gère son AGM et distribue des subventions pour la formation de ses membres lors de la conférence annuelle. Les membres avaient l'impression que AMMI pourrait améliorer son travail en représentant mieux leurs intérêts auprès des groupes principaux, particulièrement auprès du public et des gouvernements provinciaux, en plus des médias, de la communauté médicale/hospitalière, de l'AMC et du gouvernement fédéral. Vous étiez plus satisfaits de la représentation des membres de AMMI au CRMCC et de la communauté universitaire. Pour obtenir plus de détails sur les résultats du sondage, veuillez consulter le site Web de AMMI.

Le Conseil s'est rendu compte que les résultats du sondage étaient encourageants. En tant que membres, vous avez donné à cette nouvelle organisation un vote de confiance en identifiant les domaines pour lesquels nous devons travailler. Un énoncé de mission a été élaboré et quatre initiatives importantes ont été formulées.

- Développer AMMI Canada afin qu'elle devienne une association dédiée à ses membres et dans laquelle les utilisateurs jouent en bout de ligne un rôle majeur dans la définition et l'avancement vers une vision mutuellement partagée et stratégique.

- Travailler en collaboration, lorsque cela est pertinent, avec des organisations alliées dans le but d'influencer significativement le public, le gouvernement et les principaux preneurs de décision au sujet des maladies infectieuses; s'assurer également que la profession est prête en tout temps à faire face aux désastres.
- Faire davantage pour la reconnaissance de notre profession et de notre contribution à la santé des Canadiens, autant avec le public en général qu'avec notre communauté professionnelle.
- S'assurer que des sources de financement adéquates sont accessibles de même que la capacité de promouvoir la recherche principale et les initiatives en matière d'éducation.

Nous avons maintenant une base de référence à partir de laquelle nous pouvons juger les résultats de nos efforts et de nos initiatives. Le Conseil s'est fixé un objectif de 5% d'amélioration de nos taux, soit passer de 62% à 67% de satisfaction sur une période de cinq ans; la corrélation vers un changement pour obtenir un résultat de « raisonnablement satisfait » étant envisageable. Nous tenterons définitivement à chaque fois d'augmenter davantage le taux de satisfaction; nous espérons vous impliquer dans le processus puisque nous travaillons pour que AMMI devienne une organisation professionnelle qui représente vraiment vos intérêts.

SECRETARY'S REPORT

Joanne Langley, MD, FRCPC

This year we launched a membership drive, which included a mail-out of packages to all members with an updated AMMI Canada membership directory, and contacting all RCPSC

Program Directors to ask them to encourage their trainees to join the association as Associate members. The secretariat did a tremendous amount of work merging the files of the two

organizations and updated contact information and membership status.

TREASURER'S REPORT

Baldwin Toye, MD, FRCPC

During this first year of operation of our new organization, AMMI Canada remains financially sound. The amalgamation has allowed for some

increase in revenue from membership dues but a significant source of revenue continues to be the success of the Annual Conference. This has

allowed opportunity to explore new activities and priorities. Expenses have increased compared to previous years predominately as a result of reorganization of the secretariat (to meet its expanded role) and the temporary support of the Director of Development of our Foundations (CFID / FRDID). Overall, the fund balances remain healthy, particularly the Awards Fund.



COMMITTEE REPORTS

CLINICAL TRIALS COMMITTEE

Coleman Rotstein, MD, FRCPC

Under the auspices of the Clinical Trials Committee, the Fungal Diseases Subgroup once again submitted a grant proposal to CIHR to fund a proposal to study the differential time to positivity for candidemia comparing peripheral with central venous catheter blood cultures. The protocol involved centres from across Canada who would serve as investigative sites. Unfortunately, the protocol was not funded although it scored well when adjudicated by the CIHR Evaluation Committee.

Considerable effort was expended as well in creating the Emerging Infectious Diseases Clinical Trials Network. This network was a joint project involving the Public Health Agency of Canada and AMMI Canada. Numerous AMMI Canada members have been participating in the various subgroups of the network (Steering Committee, Operations and Logistics subgroup, Protocol Development subgroup, Laboratory Diagnostic subgroup, Data Management subgroup, Ethics subgroup and Data Safety Monitoring subgroup).

Terms of Reference for the Emerging Infectious Diseases Clinical Trials Network have been forwarded to the secretariat of AMMI Canada. The goal of this network is to devise clinical trial protocols or therapeutic interventions in emerging infectious diseases. The initial infections to be tackled by the network are influenza and avian influenza. Therapeutic interventions as well as vaccine clinical trials will be undertaken. The network is currently formalizing its protocols for implementation in the 2005-2006 season.

CANADIAN HOSPITAL EPIDEMIOLOGY COMMITTEE

B. Lynn Johnston, MD, FRCPC & *Andrew Simor*, MD, FRCPC

There was a CHEC meeting held in Winnipeg in September 2004. The Winnipeg locale enabled attendees to visit the National Microbiology Laboratory. Part of the meeting was a planning session for members to review priorities and planning. Additionally, Drs. Susan Richardson and Greg Horsman attended as guests to learn more about CNISP and discuss greater participation of non-CHEC microbiologists in the program. There has been increased funding through the Public Health Agency of Canada to support CNISP activities, albeit still at a very low level. As

a result, we will be able to recruit additional CNISP sites in 2005.

Dr. Karl Weiss (Montreal) rejoined the Committee and Dr. Katherine Suh (Ottawa) became a member.

Current projects:

- MRSA and VRE incidence surveillance are ongoing. VRE abstracts were presented at SHEA and IDSA in 2004. An MRSA update was published in CDR in January 2005.
- Prospective surveillance for CSF shunt-associated infection is undergoing analysis.

- Work to establish a surgical site infection surveillance system is ongoing, with data being collected from several sites on SSI after CABAG.
- There is also a case control study looking at infections due to ESBL- and AmpC beta-lactamase producing *E. coli* and *Klebsiella* sp. in CHEC facilities.
- The WEBBS surveillance project, a system to allow submission of CHEC surveillance data electronically is being piloted at several CNISP sites.

- Severe respiratory illness surveillance was conducted during the winter of 2004 with an abstract planned for the AMMI meeting in 2005. SRI surveillance has been expanded to include community-acquired pneumonia requiring admission to ICU and ICU-acquired pneumonia during the winter of 2005.
- A 6-month surveillance project examining nosocomial *C. difficile* associated diarrhea began in November 2004.

EDUCATION COMMITTEE

Anita Rachlis, MD, FRCPC

I CPD office of Royal College provided participation rates of Infectious Disease specialists and Medical Microbiologists in the MainCert program for 2003:

Infectious Disease

- 143/163 (88.0%) eligible to participate participated.
- Participation rates were lowest in Quebec and Manitoba (75%). Other provinces: Ontario 88%, Alberta 91%, BC 94.4%, NB, Saskatchewan and NS 100%.
- Compared to all participants ID specialists claimed slightly less Section 1, 2 and 3 hours, more section 4, 5 and 6 hours

Medical Microbiology

- 156/179 (87.1%) eligible to participate participated
- Participation rates were as follows: PEI, NB, Sask 00%, Quebec 87%, Ontario 86%,

BC 79%, Alberta 75%, Manitoba, Nfld, NS 67%.

- Compared to all participants Medical Microbiologists claimed slightly less Section 1, 2 and 3 hours, more section 4, 5 hours and 6 hours

2 Maintenance of Certification Accreditation approvals:

Co-sponsorship:

- Satellite symposium Merck CBMTG Biennial Congress June 2004 – Empiric management of invasive fungal infections for febrile neutropenic patients; a multidisciplinary approach sponsorship
- 2004 Conjoint CIDS/CHICA/CAMM meeting April 29-May2, 2004 Satellite symposia:
 - Aventis — Evolving Issues in RTI Management

Projects recently completed:

Manuscripts related to MRSA in the elderly and pediatric populations are in preparation.

Several abstracts were presented at national and international meetings.

- Bayer — Strategies for Overcoming Multidrug Resistance in the ICU setting
- Janssen — Breaking the dosing Paradigm with fluoroquinolones. Can you safely increase dosing?
- Hoffman LaRoche — Subcutaneous antiviral therapy in HIV and HIV/HCV co-infected patients
- BMS — Fluoroquinolones: insights and advances
- Schering — Individualizing therapy to meet the challenges of HIV- HCV co-infection
- 2004 Conjoint meeting program
- Canadian Association of Pathologists Annual Meeting July 3-7, 2004
- MDS Fall Scientific Symposium Oct 21-22, 2004
- CACMID Annual Meeting Nov 7-10, 2004

GRANTS & AWARDS COMMITTEE

Marcel Behr, MD, FRCPC

The Committee met by conference call on three occasions. In February 2004, the applicants for the research fellowship were ranked. Only 6 applications were received. Maryanne Crocket and Marc-Christian Domingo were ranked as acceptable candidates and forwarded to the CIHR for co-funding. Both were awarded the fellowship for the years 2004-2006 and will train with Michel Bergeron and Kevin Kain. A progress report has more recently been submitted and funding for the second year of these fellowships has been approved.

In May 2004, the committee met by teleconference to rank the applications for the Bayer-Young Investigator's Award, the Janssen-Ortho Young Investigator's Award, the Juan Embil award, the Safe Drinking Water Studentship Award, the Janssen-Ortho CIDS Distinguished Service Award and the Janssen-Ortho Studentship Award. The awardees were: Bayer Y.I.: Kevin Laupland, Janssen Ortho Y.I.: Mona Loufty, Juan Embil: Patrick Tang, Safe Drinking Water: Simon Levesque, Jansen-Ortho D.S.: Godfrey Harding, Janssen-Ortho S.: Andrew Smith.

At the meeting of council in April 2004 in Calgary, the committee's activity and issues were reviewed and plans were discussed for blending

activities of the CIDS committee with awards previously given through CAMM. Subsequent to this, the Chair and Susan Richardson have worked together on re-naming the awards and providing distinct characteristics for the CIDS Distinguished Service Award (service to the organization) as opposed to the CAMM Founders Award (scholarly achievements). A practical issue related to the merger of CIDS and CAMM involved the membership of the Grants and Awards Committee. As many members had served dutifully beyond their normal terms, and all members had been from CIDS, it was clear that new members would have to be recruited. I am pleased to report that 3 new members agreed to serve on this committee and have been approved by council. Chris Greenaway at the Jewish General Hospital has trained in ID and Med Micro, has interests in international health and has recently lived a year in the Gambia. Johann Pitout, originally from South Africa, is trained in Med Micro and currently based at the University of Calgary where he is interested in the molecular epidemiology of gram-negative organisms. Michael Gardam, trained in ID at McGill is currently doing infection control at the UHN in Toronto. Bob Bortolussi has stayed on as past chair. With this composition of member-

ship, we have 3 members with training in Med Micro (Greenaway, Pitout, Behr) and 4 members with training in ID (Greenaway, Gardam, Bortolussi, Behr), therefore, we expect to be able to review applications from a broad range of ID/Med Micro applicants.

Most recently, the committee has met by teleconference to review applications for the 2005 fellowships, and acceptable applicants have been ranked and forwarded to CIHR. In this competition, there were only three applicants, curiously all from the University of Toronto, and all from the former CIDS subset of AMMI Canada.

In the past, a major issue has been the security of ongoing support for research grants and fellowships. Fortunately, we have had strong support from Janssen-Ortho, Bristol-Myers-Squibb, Glaxo Smith Kline and Bayer Health Care to sustain a range of award programs including summer studentships, fellowships and grants. In addition, two endowed funds, the Juan Embil Award and the Safe Drinking Water, have allowed us to offer further support. Unfortunately, in the past year, the BMS fellowship, that had been folded into the CIDS/AMMI Canada committee, has been abandoned, so we are now back to only one fellowship. At present, the fellowship we provide is for 2

years funding, and there has been a general consensus that funding one high quality fellow for a sufficient period of time is preferable to funding two fellows for short training periods of just a year.

A new initiative that offers great hope for bolstering our funding is through the Canadian Foundation for Infectious Diseases (CFID), where Catherine Mulvale has shown considerable energy and enthusiasm in her efforts to secure funding for new types of awards, including potentially

operating grants in the future. While the precise nature of funds available through these new efforts remains to be defined, there are ongoing discussions about situating the Grants and Awards efforts in a way that can facilitate the fund-raising efforts, and vice versa, with the expectation that new funding opportunities will present themselves in coming years. On the most recent teleconference, we once again discussed the issue of whether awards should be designed to be targeted towards specific diseases

or pathogens, because of the possibility that either pharmaceutical funding or not-for-profit funding may favor the study of specific diseases. A unanimous voice was heard that as best as possible, the committee should fund science and the development of young scientists, and not specifically provide resources for targeted projects. Therefore, an important goal of the future will be to try to increase funding opportunities while maintaining an interest in funding all types of ID/Micro projects.

I thank Bob Bortolussi again for the structure he provided and for staying along to help guide ongoing activities. I look forward to serving over a period of potential growth of our activities and the potential to expand the scope of funded research. A challenge that remains is to attract more applicants to the awards, including AMMI Canada members formerly associated with CMM, as highlighted by the applicants to the most recent fellowship competition.



GUIDELINES COMMITTEE

Gerald Evans, MD, FRCPC

Published guideline paper on management of MRSA Infections:

AE Simor, M Loeb, and the CIDS/CAMM Guidelines Committee: *The Management of Infection and Colonization due to Methicillin-Resistant Staphylococcus aureus: A Canadian Infectious Disease Society Position Paper*. Can J Inf Dis 2004;15:38-48

Guideline Paper on CMV Retinitis accepted for publication in CJMMID.

Guidelines in development:

1. Hospital-acquired pneumonia Leads: C. Rotstein, G. Evans
2. Complicated UTI Lead: L. Nicolle
3. Influenza Leads: G. Stiver, U. Allen, F. Aoki

PROGRAM PLANNING COMMITTEE

Mark Joffe, MD, FRCPC

The 2004 Annual Meeting was held in Calgary, Alberta April 29 - May2, 2004. This meeting was held in conjunction with CHICA. While the meeting was well attended overall and proved very successful in most respects, the attendance at this meeting by CIDS/CAMM members was disappointing. After 3 years of steady growth in the annual meeting, this meeting saw a significant reduction in attendance. The committee and council have discussed potential reasons for this apparent drop in interest. Both venues and collaborations will have to be carefully considered when planning future meetings. The 2005 meeting will be held April 14 - 17, 2005 in Ottawa, Ontario. This meeting will be held in conjunction with CACMID as per an agreement with this organization for 2 years that will see us through the 2006 annual meeting. An excellent working relationship evolved through the planning process and a first rate scientific and social meeting awaits us in Ottawa. The meeting will begin with a full-day workshop devoted to International Health issues will Plenaries devoted to Clostridium difficile, Perinatal Infections and Tuberculosis.

SEXUALLY TRANSMITTED DISEASE / HIV COMMITTEE

M.A. Chernesky, PhD

Most members of the STD/HIV committee were actively involved in the 2 major projects, which are finishing in 2005. Participants have written and/or reviewed submissions on standards of laboratory practices for the diagnosis of STI [to be published in the first quarter of 2005 in the Canadian Journal of Infectious Disease and Medical Microbiology]. I would like to thank all of the participants, Health Canada and our co-ordinating editor, Colin Hewitt for dedication of time and funding towards this project, which was conceived almost 4 years ago. Dr. Tom Wong's group at Health Canada has done a superb job of co-ordinating the re-writing of the Canadian STI Treatment Guidelines. Many of the members of the STD/HIV Committee were involved in this project and devoted considerable time to it. This also is near completion [mid 2005?] thanks to Allison Ringrose and co-workers in Ottawa.

ROYAL COLLEGE OF PHYSICIANS AND SURGEONS OF CANADA SPECIALTY COMMITTEE IN INFECTIOUS DISEASES

Upton Allen, MD, FRCPC

Membership of Nucleus Committee

The current members of the Nucleus Group are: Dr. Upton Allen (chair), Dr. Jane MacDonald, Dr. Kurt Williams, Dr. Lynn Johnston, Dr. Mark Joffe, Dr. Fiona Smail, Dr. Christian Sinave (ex-officio, Chair Examination Board), Dr. Geoff Taylor (ex-officio, National Specialty Society Liaison) and Dr. Fiona Smail (ex-officio, Chair Specialty Committee in Medical Microbiology).

Dr. Val Montessori has recently resigned from the Committee. We would like to thank her for her service. She has been replaced by Dr. Mark Joffe

Credential Issues

The Objectives of Training and Specialty Training Requirements in Infectious Diseases were updated and approved in 2002. These will undergo minor revisions in 2005.

Accreditation

The Specific Standards of Accreditation for Residency Programs in Adult and Pediatric Infectious Diseases are current being revised. These changes will take into account the new CANMEDS format (CANMEDS 2005).

Examinations & FITER

The examination format remains unchanged for 2005. Dr. Christian Sinave remains the chair of the Examination Board with Dr. Nicole Le Saux as vice-chair.

The FITER was last approved in April 2004.

Next Meeting

There will be a meeting of the Specialty Committee in April 2005 during the AMMI meeting. Further information regarding this meeting is being sent to members of the Specialty Committee.



ROYAL COLLEGE OF PHYSICIANS AND SURGEONS OF CANADA SPECIALTY COMMITTEE IN MEDICAL MICROBIOLOGY

Fiona Smail, MB, CHB

Membership of the Nucleus Committee

New members joining the committee are Dr Patrick Doyle, Vancouver and Dr Deborah Yamamura, Toronto. In addition, the current members of the Committee are: Dr Fiona Smail (Chair), Dr Godfrey Harding, Dr Claire Beliveau, Dr Magdalena Kuhn, Dr Karl Weiss (ex-officio, Chair Examination Board), Dr Upton Allen (ex-officio, Specialty Committee in Infectious Diseases), and Dr Diane Roscoe (AMMI Observer). Dr Mary Vearncombe completed her term as Chair in September 2004. The Committee acknowledged her significant commitment to this position and her contribution to Medical Microbiology training in Canada.

Credential Issues and Accreditation

The Specific Standards of Accreditation for Residency Programs in Medical Microbiology were approved by the RCPSC Education Committee in June 2004.

The revised Objectives of Training and Specialty Training Requirements were presented to the Credentials Committee on September 24, 2004 and approved with some editorial revisions. Final approval is pending.

Examinations and FITER

The examination format remains unchanged. Dr Karl Weiss' term as Chair of the Examination Board will end in July 2005. Dr Diane Roscoe will succeed him as Chair, with Dr Raphael Saginur assuming the position of Vice-Chair. In the Annual Report on the Examination from the RCPSC, the length of the exam remains an issue of concern as does face validity. Recommendations were made that the examination board needs to assess what is being examined within the exam format and explore options for assessment within the training program.

The 2004 updated draft FITER was approved by the Specialty Committee in April 2004; approval from the RCPSC is pending.

Royal College Training – Committee on Specialties

Laboratory Medicine Core Competency

Drs Susan Richardson and Diane Roscoe represented the MM Specialty Committee at a meeting held at the Royal College on February 3, 2005 to discuss Laboratory Medicine Specialties' Core Competency, attended by representatives of the RCPSC laboratory medicine specialties and subspecialties and the corresponding national specialty societies. The purpose of the meeting was to discuss the Core Competency Model for Laboratory Medicine. A model was presented proposing two years of core training for all laboratory medicine residents, to include a year similar to the current PGY1 and a second year of core laboratory training to be followed by a "Principles of Laboratory Medicine" examination for all residents, after which residents would proceed to their selected specialty area. The representatives from Medical Microbiology were unable to support the length and structure of the core training, particularly the proposed common rotations in PGY2 nor the formal examination after the second year. Discussions are to continue.

CANADIAN COMMITTEE ON ANTIBIOTIC RESISTANCE – Update for 2004/05

Rick Walter, EXECUTIVE DIRECTOR

CCAR was incorporated in June 2004. Under this new entity, CCAR has formalized its organizational structure and revised its governance in order to better serve the community and its membership. Operationally, AMMI is no longer acting as the administrator for the federal funding provided by Canada's Public Health Agency. In terms of governance, CCAR is now led by a Board of Directors elected by the membership based on their individual expertise. The CCAR mandate and activities remain the same. Listed below is a brief update on current and planned CCAR activities:

The National Action Plan to Address Antibiotic Resistance was endorsed by many key professional associations, government departments and industrial organizations. CCAR will solicit even broader endorsement over the coming months.

The Surveillance Working Group and the Infection Prevention and Control Working Group have been revitalized with each identifying key activities that will be implemented over time.

Included in these activities is a literature search on procedures which affect the care of patients with resistant infections and consideration of a Web-based reporting system for existing surveillance programs. As well, CCAR will be developing an International Report Card to compare the policies and procedures related to antibiotic resistance in Canada to those in other nations. On November 11 and 12, 2005, CCAR will host a National Conference on New Approaches to Addressing Resistance in Winnipeg.

CCAR has been actively encouraging other organizations to address resistance issues. We have worked with Alberta Health and Wellness to develop a provincial Action Plan, participated in the BC Antimicrobial Resistance Working Group, partnered with CIHR in a program to develop Novel Alternatives to Antibiotics, assisted in the Health Protection Legislative Renewal with Health Canada's Veterinary Drugs Directorate and hosted an Antibiotic Resistance Symposium at AMMI's Annual Conference in

May 2004. CCAR also successfully applied to Health Canada's Best Practices Program for a cooperative project with Do Bugs Need Drugs to evaluate the effectiveness of their program in the Chinese community.

To support our role in communications, CCAR's web site was completely redesigned and translated into French and an update on resistance was published in the Canadian Journal of Infectious Diseases. CCAR was also involved in a number of high profile mass media reports in newspapers, radio and television.

Other projects that CCAR expects to develop over the coming year include working with several partners on a PDA format for the "Bugs and Drugs Pocket Reference", negotiating access to IMS Health data on antibiotic use, starting a project to add a tag line on prescription labels and encouraging the adoption of the Dutch antibiotic sparing guidelines. For further information on CCAR please contact Rick Walter, Executive Director; 604-263-4520 or ccar@shaw.ca.

MEMBERSHIP REPORT*Riccarda Galioto* – EXECUTIVE ASSISTANT

JANUARY 1ST, 2004 TO DECEMBER 31ST, 2004

New Members**Active (13)**

Rousseau, Celine	Châteauguay, QC
Salvadori, Marina	London, ON
Domingo, Marc Christian	Longueuil, QC
Sivaratnam, Kupmundhini	Regina, SK
Rennie, Robert	Edmonton, AB
Aljethaily, Abdullah	Riyadh, Saudi Arabia
Sandre, Roger	Sudbury, ON
Loutfy, Mona	Toronto, ON
Ramotar, Karam	Ottawa, ON
Forgie, Sarah	Edmonton, AB
Lo, Evelyn	Winnipeg, MB
Downey, James	Toronto, ON
Cheng, Frankie Wai Tsoi	Tseung Kwan O, China

Associate (17)

Christain, Micheal	Toronto, ON
Fuller, Jeff	Milton, ON
Sauvé, Laura	Toronto, ON
Rose, Gregory	Ottawa, ON
Muller Matthieu	Toronto, ON
Dahi, Abdul Kuden	Toronto, ON
Borgia, Sergio M.	Hamilton, ON
Janvier, Jack	Calgary, AB
Lagace-Weins, Phillipe	Winnipeg, MB
Vinh, Donald	Winnipeg, MB
Smith, Catherine	Winnipeg, MB
Jasem, Mahmoud	Verdun, QC
Alkaabi, Nawal	Ottawa, ON
Karatzios, Christos	Laval, QC
Haider, Arishi	Hamilton, ON
Qutub, Mervat	Halifax, NS
Janvier, Jack	Calgary, AB

2004 Membership

	2003	2004
Active	390	413
Associate	78	54
Emeritis	4	34
Deceased	(1)	-
Sustaining	11	11
Total	482	512

FINANCIAL STATEMENTS

Year ended December 31, 2004

ASSOCIATION OF MEDICAL MICROBIOLOGY AND INFECTIOUS DISEASE CANADA (AMMI CANADA)



Statement of Financial Position as at December 31, 2004

	2004	2003
ASSETS		
CURRENT		
Cash	\$ 577,990	\$ 314,476
Short-term investments	585,447	648,447
Accounts receivable	-	65,326
Deposit	-	10,475
	<u>\$ 1,163,437</u>	<u>\$ 1,038,724</u>
LIABILITIES		
CURRENT		
Accounts payable and accrued liabilities	\$ 21,747	\$ 7,939
Payable to CHICA Conference	-	50,000
	<u>21,747</u>	<u>57,939</u>
NET ASSETS		
Net assets internally restricted for research purposes	1,027,088	897,783
Unrestricted net assets	114,602	83,002
	<u>1,141,690</u>	<u>980,785</u>
	<u>\$ 1,163,437</u>	<u>\$ 1,038,724</u>

Statement of General Operations as at December 31, 2004

	2004	2003
REVENUE		
Membership dues	\$ 76,416	\$ 59,546
Fund management fees	144,102	74,955
HIV income	-	46,379
Investment income	13,319	15,114
Miscellaneous income	18,763	6,415
CJIDMM	31,876	36,329
	<u>284,476</u>	<u>238,738</u>
EXPENSES		
Bank charges	2,315	2,483
CJIDMM	15,097	20,922
CFID, FRDID expenses	45,274	14,541
Consulting	1,810	860
HIV expenses	-	46,145
Insurance	2,140	1,965
Meetings, negotiations	2,096	8,322
Miscellaneous	861	1,477
Office equipment and set up	1,817	1,855
Postage and telephone	12,388	15,712
Printing and stationery	5,183	3,516
Professional fees	-	1,025
Professional development, membership	3,081	3,753
Rent	24,871	20,584
Secretariat and finance administration	153,328	91,888
Translation	4,102	549
Travel	1,557	3,088
Web Page	8,271	-
	<u>284,191</u>	<u>238,685</u>
Excess of revenue over expenses	<u>\$ 285</u>	<u>\$ 53</u>

Statement of General Operations Fund Balance as at December 31, 2004

	2004	2003
Fund balance, beginning of year	\$ 83,002	\$ 82,949
TRANSFER FUND BALANCES TO GENERAL FUND		
Infectnet	8,205	-
Sexually Transmitted Diseases	9,688	-
Transfer operating surplus from CAMM	13,422	-
	<u>114,317</u>	<u>82,949</u>
Excess of revenue over expenses	285	53
Fund balance, end of year	<u>\$ 114,602</u>	<u>\$ 83,002</u>

Statement Of Changes In Funds Balances As At December 31, 2004

FUND	BALANCE	REVENUE	EXPENSES	BALANCE
	January 1 2004			December 31 2004
Awards	\$ 212,698	\$ 118,438	\$ 112,300	\$ 218,836
CCAR	260,157	33,904	147,557	146,504
Annual Conference	264,466	506,516	250,608	520,374
CHEC	7,881	-	-	7,881
ESBL Risk Assessment	51,708	-	1,215	50,493
Infectnet	8,205	-	8,205	-
Sexually Transmitted Diseases	9,668	-	9,668	-
WEBSS	83,000	-	-	83,000
Totals	<u>\$ 897,783</u>	<u>\$ 658,858</u>	<u>\$ 529,553</u>	<u>\$ 1,027,088</u>

NOTES TO FINANCIAL STATEMENTS AS AT DECEMBER 31, 2004

1. NATURE OF OPERATIONS

The association is incorporated under the laws of Canada, operating without share capital as a not-for-profit organization. Membership consists of healthcare professionals and scientists specializing in infectious diseases. The association is dedicated to the promotion and excellence in the prevention, diagnosis and management of human infectious diseases. In 2004 the Association changed its name from The Canadian Infectious Disease Society to the Association of Medical Microbiology and Infectious Disease Canada (AMMI Canada)

2. FINANCIAL INSTRUMENTS

The association's financial instruments consist of cash, short-term investments, accounts receivable, accounts payable and accrued liabilities. It is the council's opinion that the association is not exposed to significant interest, currency or credit risk arising from these financial instruments.

3. STATEMENTS OF CASH FLOW

A statement of cash flow has not been provided as it would not provide additional meaningful information.

4. FINANCIAL STATEMENTS

The financial statements for the year ended December 31, 2003 have been adjusted to agree with the financial statement presentation adopted for December 31, 2004.

FOUNDATIONS (FRDID/CFID) REPORT

Ray Saginur, MD, FRCPC

FUNDRAISING ARMS OF AMMI CANADA REENERGIZED IN 2004

The fundraising arms of AMMI Canada were re-energized in 2004. The Canadian Infectious Diseases Foundations (CFID and FRDID) made a clear commitment to increase the support provided to the research efforts AMMI Canada members by introducing many new initiatives to attract attention and funding, including:

Foundation Website Launched - www.researchid.com.

In the fall of 2004 an independent website for the Foundations was launched. The site aims to inform the Canadian public, media and businesses about infectious diseases and the need for research to aid identification, prevention, control and treatment. The site highlights the support of the people and companies who have donated to the Foundations and will, in the future, profile the work of AMMI Canada members.

Messages, Marketing Materials and Advertisements Developed

Comprehensive resources that clearly define the purpose of the Foundations and the need for infectious disease research were developed in 2004. A complete marketing package to aid solicitation of funds for the Foundations was created and partners to help increase the organization's profile were recruited. The Canadian Journal of Infectious Disease and Medical Microbiology is just one partner supporting the Foundations'. Each issue of the Journal features a full-page advertisement for the Foundations.

Establishment of Five Key Funds

Five new Research Funds were created to target fundraising efforts and help those outside our disciplines understand critical issues related to infectious diseases. The five research funds are:

- Protecting Our Good Health
- Safe Food and Water
- Existing and Emerging Illnesses
- Antimicrobial Resistance
- HIV / AIDS and Sexually Transmitted Illnesses

The initial goal is to raise a minimum of \$300,000 per fund to support new research.

Director of Development Introduced

New Foundation initiatives were introduced under the leadership of Director of Development, Catherine Mulvale who joined the organization on a part time basis early in 2004. Before becoming a staff member, Catherine sat on the Foundations' Board of Directors. She is the Founder of national not-for-profit Surviving Strep – Strategies for LIFE and owner of Dynamite Design – a marketing / communications company that has worked with such companies as Visa Canada, BCE, Nortel and YMCAs. 2005 will see the continued development and implementation of innovative and aggressive marketing and fundraising campaigns aimed at pharmaceuticals, corporations, government and the general public to increase the profile of the Foundations and secure more funding for the research efforts of AMMI Canada members.

FINANCIAL STATEMENTS

(Unaudited)

FOUNDATION FOR RESEARCH AND DEVELOPMENT IN INFECTIOUS DISEASES

Year ended December 31, 2004

February 4, 2005

Statement of Financial Position

(Unaudited)

	2004	2003
ASSETS		
Cash	\$ 67	\$ 25,096
LIABILITIES	<u>NIL</u>	<u>NIL</u>
NET ASSETS	<u>\$ 67</u>	<u>\$ 25,096</u>

Statement of Operations and Net Assets

(Unaudited)

	2004	2003
REVENUE		
Interest	\$ 1	\$ 15
EXPENSES		
Administration	30	30
Awards	<u>25,000</u>	<u>22,500</u>
	<u>25,030</u>	<u>22,530</u>
EXCESS OF REVENUE OVER EXPENSES		
(expenses over revenue)	(25,029)	(22,515)
Net assets, beginning of year	<u>25,096</u>	<u>47,611</u>
Net assets, end of year	<u>\$ 67</u>	<u>\$ 25,096</u>

NOTES TO FINANCIAL STATEMENTS

(Unaudited)

1. Purpose of Organization

The corporation is to undertake, carry on or promote scientific research and experimental development in the field of infectious diseases. The company has been incorporated under the Canada Corporations Act as a not-for-profit organization which will operate under section 149(1) (j) of the Income Tax Act (Canada).

2. Statements of Cash Flow

A statement of cash flow has not been provided as it would not provide additional meaningful information.

CANADIAN FOUNDATION FOR INFECTIOUS DISEASES

Year ended December 31, 2004

Statement of Financial Position

(Unaudited)

	2004	2003
ASSETS		
CURRENT		
Cash & cash equivalents	\$ 358,764	\$ 301,182
LIABILITIES		
Accounts payable	749	749
NET ASSETS	\$ 358,015	\$ 300,433

Net Assets are allocated as follows:**RESTRICTED NET ASSETS**

SFL Fund	33,175	-
Antimicrobial Resistance Fund	10,000	-
Dr. J. Embil Award	32,492	31,280
Safe Drinking Water Fund	259,056	265,643
	334,723	296,923

UNRESTRICTED

NET ASSETS	23,292	3,510
	\$ 358,015	\$ 300,433

Statement of Cash Flows

(Unaudited)

	General Fund 2004	Restricted Fund 2004	Total 2004	Total 2003
Operating activities				
SOURCES OF CASH				
Revenues	\$ -	\$ 44,675	\$ 44,675	\$ -
Donations	21,340	-	21,340	3,655
Cash from other net assets	-	-	-	749
Investment income	58	6,925	6,983	10,342
	21,398	51,600	72,998	14,746
USES OF CASH				
Administration	1,616	-	1,851	1,851
Cash used for other net assets	-	-	-	-
Grants	-	13,800	13,800	14,500
	1,616	13,800	15,416	16,351
INCREASE (DECREASE) IN CASH	19,782	37,800	57,582	(1,605)
Cash & cash equivalent, beginning of year	4,259	296,923	301,182	302,787
Cash & cash equivalents, end of year	\$ 24,041	\$ 334,723	\$ 358,764	\$ 301,182
REPRESENTED BY:				
Cash & cash equivalents				
Cash			\$ 56,416	\$ 2,176
Money market funds			30,386	31,280
TD Waterhouse Money market fund			163,046	162,726
TD Waterhouse Cash			108,916	
Alberta-Beo 6.375% due June 1, 2004			-	105,000
			\$ 358,764	\$ 301,182

Statement of Operations and Changes in Fund Balances

(Unaudited)

	General Fund		Restricted Funds			
	2004	2003	SFL 2004	Antimicrobial Resistance 2004	Embil Award 2004	Safe Water
Revenues						
Revenue			\$ 33,175	\$ 10,000	\$ 1,500	\$ -
Donations	\$ 21,340	\$ 3,655	-	-	-	-
Interest	58	86	-	-	1,212	5,713
	<u>21,398</u>	<u>3,741</u>	<u>33,175</u>	<u>10,000</u>	<u>2,712</u>	<u>5,713</u>
Expenses						
Accounting	749	749	-	-	-	-
Administration	867	1,102	-	-	-	-
Grants	-	-	-	-	1,500	12,300
	<u>1,616</u>	<u>1,851</u>	<u>-</u>	<u>-</u>	<u>1,500</u>	<u>12,300</u>
Excess (deficiency) of revenue over expenses						
	19,782	1,890	33,175	10,000	1,212	(6,587)
Fund balances, start of year	3,510	1,620	-	-	31,280	265,643
Fund balances, end of year	<u>\$ 23,292</u>	<u>\$ 3,510</u>	<u>\$ 33,175</u>	<u>\$ 10,000</u>	<u>\$ 32,492</u>	<u>\$ 259,056</u>

NOTES IN FINANCIAL STATEMENTS

(Unaudited)

I. Nature of Activities

The organization was incorporated as a corporation without share capital under the Canada Corporations Act. The Foundation has received tax-exempt status as a registered charity under paragraph 149 (1) (f) of the

Income Tax Act (Revenue Canada has determined that the Foundation is a Public Foundation). The prime object of the Foundation is to make grants in aid of projects in support of research and education in the field of human infectious diseases.

2. Significant Accounting Policies

(a) Revenue recognition

The Foundation follows the deferral method of accounting for contributions.

Endowment contributions are recognized as a direct increase in net assets. Restricted contributions are recognized as revenue in the year related expenses are incurred. Unrestricted contributions are recognized as revenue when received or receivable.

Restricted investment income is recognized as revenue in the year during which the related expenses are incurred. Unrestricted investment income is recognized as revenue when earned.

(b) Investments

Investments (including cash equivalents) are recorded at the lower of cost and market value.

(c) Contributed services

Volunteers contribute their time to assist this foundation to carry out its activities. Because of the difficulty of determining the fair value of contributed services they are not recognized in the financial statements.

3. Restricted Net Assets

The foundation received an endowment of \$ 250,000. Its use (including accumulating net income) is restricted to "ensuring safe drinking water in Canada and throughout the world and especially in developing countries".

THE ASSOCIATION OF MEDICAL MICROBIOLOGY AND INFECTIOUS DISEASE GRATEFULLY ACKNOWLEDGES THE CONTINUED SUPPORT OF THE FOLLOWING:

Abbott Laboratories Ltd.

Astra Zeneca

Bayer Inc.

BD (Becton, Dickinson and Company)

Bristol-Myer Squibb Inc.

CIHR

Eli Lilly Inc.

Enzon Pharmaceuticals

Fujisawa Healthcare Inc.

Gilead Sciences

Health Canada

Hoffman La Roche Canada Inc

Janssen-Ortho Inc.

Merk Frosst Canada Inc.

Pfizer Canada Inc.

Sanofi Aventis

Schering Canada

Wyeth Canada Inc.



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