



AMMI Canada

Association of Medical Microbiology
and Infectious Disease Canada

Association pour la microbiologie
médicale et l'infectiologie Canada

2005 Annual Report

THE OBJECTIVES OF THE ASSOCIATION 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; and,
- Promote ethical and professional behaviour of members in their interactions with their patients, their colleagues and industry.



COUNCIL & COMMITTEES

President	Susan Richardson
President – Elect	Michel Laverdière
Past President	Coleman Rotstein
Secretary	Joanne Langley
Treasurer	Baldwin Toye
Medical Microbiology Section Head	Diane Roscoe
Infectious Diseases Section Head	Geoffrey Taylor
Councillors	Guy Boivin Dale Purych Karam Ramotar Alice Wong Magdalena Kuhn Lynora Saxinger

NOMINATION COMMITTEE

Chair	Coleman Rotstein Diane Roscoe Geoffrey Taylor
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OTHER COMMITTEES

Canadian Hospital Epidemiology:	B. Lynn Johnston Andrew Simor
Public Relations and Communications:	Susan Richardson
Associate Members:	Marissa Becker
Education:	Anita Rachlis Gary Victor
Finance:	Baldwin Toye
Grants and Awards:	Marcellus Behr
Guidelines:	Gerald Evans
Program Planning:	Mark Joffe

LIAISON REPRESENTATIVES

The Royal College of Physicians and Surgeons of Canada (Infectious Diseases):	Upton Allen
The Royal College of Physicians and Surgeons of Canada (Medical Microbiology):	Fiona Smaill

SECRETARIAT

Executive Director:	Richard McCoy
Communications Manager:	Vacant
Office Manager:	Riccarda Galioto
Membership/ Foundations Clerk:	Scott Godwin

CANADIAN FOUNDATION FOR INFECTIOUS DISEASE

President:	Raphael Saguinur
Executive Director:	Richard McCoy
Director of Development:	Catherine Mulvale

PRESIDENT'S REPORT, WINTER/SPRING 2005

Susan E. Richardson, MD, FRCPC



The past year for me has been filled with the activities and developments in our association that identify AMMI Canada as a new and vibrant entity, not just in name, but also in reality. The recognition of our association by other associations and governmental bodies has been gratifying and at times overwhelming, as requests for AMMI Canada representation to various committees and working groups are sought. This kind of recognition clearly indicates the respect with which our members are held in our larger community, and the breadth of expertise we represent in the fields of infectious diseases and microbiology. We can expect that the groundwork and infrastructure that we are building today will support and enhance our profile in the years to come.

The past year has been one of considerable work by our members and by Council to consolidate the changes that have resulted from the union of CIDS and CAMM. We have welcomed new board members with a variety of backgrounds and expertise, and new secretariat members as part of its re-structuring emphasize the important role of communications and program planning for our annual conference.

A highlight of the past year was the very successful annual conference held in Ottawa with CACMID. In particular, International Health Day was a tremendous success, and the plenaries garnered rave reviews. It is with

great anticipation that we look toward this year's meeting in Victoria with expectations of a similar synergism between AMMI Canada and CACMID and to subsequent joint meetings in 2007 and 2008. We have a winning formula, and all we need is the participation of all our members.

On the subject of meetings, I am happy to report that we have successfully negotiated the final contractual details of the joint meeting of AMMI Canada and the International Congress of Chemotherapy (ICC) to be held in Toronto in the spring of 2009. This will be a truly international venture, and with Ray Saginur at the helm, we can expect an outstanding meeting with our colleagues from around the world.

Although more prosaic, the work of the AMMI Canada committees is essential to the functioning of the association. In line with the goals of the strategic planning exercise, an ad-hoc committee on restructuring evaluated the past committees of CIDS and made recommendations to Council about the discontinuation of some and the creation of others. New committees include the Communications and Public Relations Committee and the Antimicrobial Resistance Committee. The Clinical Trials, the Ethics and the STD Committees have been disbanded with many thanks to all the chairs and members who have contributed over the years. Initiatives with respect to these areas will now be approached via short term ad-hoc committees to deal with specific issues. This was felt to be a better use of the limited volunteer time of our members.

The work of the Canadian Foundation for Infectious Diseases (CFID), the fund raising arm of AMMI Canada,

continues apace. You have all been invited to ROAR Up Kilimanjaro in July of this year; with Ray Saginur, Geoff Taylor, Krystyna Ostrowska, Catherine Mulvale and an all Canadian team. This group is climbing Africa's Mount Kilimanjaro in an attempt to raise \$500,000 and ROAR (Realize Opportunities to Advance Research) for the CFID. More than 40 individuals have now committed themselves to the quest and are each raising at least \$5,000 for our foundation. The results of the fund raising will make a difference in what we can provide to support our students, trainees and researchers in infectious diseases and microbiology. Join the ROAR adventure by climbing to the roof of Africa or supporting those who are — for yourself, for AMMI Canada and our foundation.

I thank all those who have stepped forward to participate in AMMI Canada. Your generous response to our requests for your time and expertise has been tremendous. And that is how this organization will grow and prosper:

Looking forward to seeing you all in Victoria in March,

Yours respectfully,
Susan Richardson

RAPPORT DU PRÉSIDENT, HIVER/PRINTEMPS 2005

Susan E. Richardson, MD, FRCPC

L'année qui vient de se terminer a été pour moi remplie d'activités et de développement au sein de notre organisation qui identifie l'AMMI Canada comme une entité nouvelle et vibrante qui n'est plus seulement un nom, mais bien quelque chose de concret. La reconnaissance de notre association par les autres associations et organismes gouvernementaux a été gratifiante et nous a tenus très occupés, car la participation de l'AMMI Canada au sein de divers comités ou de groupes de travail est recherchée. Ce genre de reconnaissance constitue une preuve incontestable du respect accordé à nos membres au sein de notre communauté élargie, et de l'étendue de l'expertise que nous représentons dans le domaine des maladies infectieuses et de la microbiologie. Nous pouvons nous attendre à ce que le travail de terrain et l'infrastructure que nous construisons aujourd'hui appuiera et améliorera notre image au cours des années à venir.

L'année qui vient de se terminer a été une année où nos membres et le Conseil ont accompli une somme de travail considérable afin de consolider les changements dus à la fusion de la SCMI et de l'ACMM. Nous avons accueilli un nouveau conseil de direction possédant une variété d'antécédents et d'expertise, de nouveaux employés au sein du secrétariat suite à sa restructuration pour souligner l'importance du rôle des communications et de la planification des programmes en vue de notre conférence annuelle.

Notre rencontre annuelle, tenue avec grand succès à Ottawa avec la CACMID a constitué un des faits saillants de l'année qui vient de se terminer. En particulier, la Journée internationale de la santé a été un succès incontestable et a généré des plénières qui ont suscité des

critiques dithyrambiques. Nous entretenons de grandes attentes face à notre prochaine rencontre à Victoria et nous nous attendons à une synergie similaire entre l'AMMI Canada et la CACMID ainsi que lors des futures rencontres de 2007 et de 2008. Nous possédons une formule gagnante et tout ce dont nous avons besoin c'est de la participation de tous nos membres.

En ce qui a trait aux rencontres, je suis heureuse de vous informer que nous avons négocié avec succès les derniers détails contractuels relatifs à la rencontre conjointe de l'AMMI Canada et du Congrès international sur la chimiothérapie (CIC) qui se tiendra à Toronto au printemps 2009. Il s'agira vraiment d'une grande initiative internationale et grâce à la présence de Ray Saginur à la barre, nous pouvons nous attendre à une rencontre exceptionnelle en compagnie de nos collègues de partout dans le monde.

Bien que plus prosaïque, le travail accompli par les comités de l'AMMI Canada est essentiel au bon fonctionnement de notre société. En accord avec les objectifs de planification stratégique, un comité ad hoc sur la restructuration a évalué les anciens comités de la SCMI et présenté des recommandations au conseil à propos de l'abandon de certains et la création d'autres comités. Les nouveaux comités incluent le Comité sur les communications et les relations publiques, le Comité sur la résistance aux antimicrobiens. Les comités sur les essais cliniques, sur l'éthique et le comité STD ont été dissous après qu'on ait chaleureusement remercié tous les présidents et les membres de leur contribution au fil des années. Ce sont des comités ad hoc et à court terme qui s'occuperont désormais des enjeux spécifiques liés à ces domaines.

Nous croyons qu'il s'agit d'une meilleure utilisation du temps limité que nos membres peuvent consacrer aux activités bénévoles.

Le travail de la Fondation canadienne pour les maladies infectieuses, la branche de l'association qui s'occupe de collectes de fonds pour la recherche, avance rapidement. Vous avez tous été invités à ROAR cet été en juillet et à vous joindre aux D^{rs} Ray Saginur, Geoff Taylor, Krystyna Ostrawska et M^{me} Catherine Mulvale et aux autres membres de l'équipe qui partira à l'ascension du mont Kilimanjaro en Afrique pour appuyer la recherche visant à recueillir 500 000 \$ pour Réaliser les objectifs pour avancer la recherche (ROAR) pour la FCMI. Plus de 40 participants se sont jusqu'à maintenant engagés dans cette quête. Le résultat de cette activité de financement fera une différence réelle quant à ce que nous sommes en mesure d'offrir pour appuyer nos étudiants, nos stagiaires et nos chercheurs dans le domaine des maladies infectieuses et de la microbiologie. Donnez-vous la chance de contempler l'Afrique de son plus haut sommet, faites-le pour vous-même et pour l'AMMI Canada et le FCMI et joignez-vous à l'équipe ROAR.

Je remercie tous ceux et celles qui ont marqué un pas pour participer à l'AMMI. Les réponses généreuses que vous avez adressées à nos demandes en temps et en expertise ont constitué un appui important. C'est de cette façon que cette organisation pourra croître et prospérer.

Je me réjouis à l'idée de vous rencontrer tous à Victoria en mars prochain, et vous prie d'agréer l'expression de mes meilleurs sentiments,
Susan Richardson

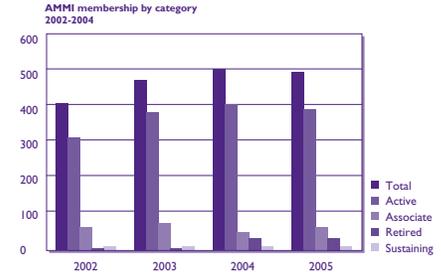
SECRETARY'S REPORT

Joanne Langley, MD, FRCPC

This year we continued to actively recruit associate (trainee) members through RCPSC Infectious Disease and Medical Microbiology residency program directors and encourage current AMMI Canada members to invite their colleagues to join the organization by distributing application information. The secretariat finished the herculean task of merging the files of the two organizations and updated contact information

and membership status.

As of December 31, 2005 there were a total of 506 members (see graph). The members are in the following categories: Active 397, Associate 63, Sustaining 12 and 34 retired. This year we welcomed 12 new associate members and 22 new Active members. Membership forms are available on the AMMI Canada website in English and French at www.ammi.ca.



TREASURER'S REPORT 2005

Baldwin Toye, MD, FRCPC

During the past year, the financial state of AMMI Canada remains sound. Revenues from membership dues is up slightly but only represents approximately 25 per cent of funds needed to operate our organization annually. We continue to be highly dependent on the success of our Annual Conference to generate funds for AMMI Canada's operations. Overall expenses have increased from previous years. Most of this increase has resulted from the increased cost of expanding the activities of our secretariat. We

also have maintained and expanded our heavy investment in our Foundations (CFID/FRDID) through salary support of its Director of Development as well as much of their operational activities. Our fund balances are healthy and are invested in low risk, liquid, income-generating investments mostly through TD Waterhouse. As recommended by our auditor, funds from the 2006 Annual Conference are not included in our 2005 fund balances.

MEMBERSHIP REPORT

Riccarda Galioto – OFFICE MANAGER
 JANUARY 1ST, 2005 TO DECEMBER 31ST, 2005

New Members

Active (12)

Ahmed, Rabia	Edmonton, AB
Arikan, Yasemin	New Westminister, BC
Desjardins, Marc	Ottawa, ON
Mack, Benjamin	Chilliwack, BC
Mirzanejad, Yazdan	North Vancouver, BC
Sharkawy, Abdu	Kingston, ON
Suh, Kathryn Nuala	Ottawa, ON
Tyrrell, Gregory	Edmonton, AB
Walker, Sandra	Toronto, ON
Widjanarko, Lianti	Sudbury, ON
Wong, Christopher	Singapore
Yau, Yvonne	Toronto, ON

Associate (22)

Alkaabi, Mohammed	Edmonton, AB
Almohri, Huda	Montreal, QC
Alshukairi, Abeer	Vancouver, BC
Al-Zahrani, Mohamed Saeed	Jeddah, Saudi Arabia
Barton-Forbes, Michelle	Toronto, ON
Carson, Julie	Edmonton, AB
Coleman, Brenda	St. Thomas, ON
Dahi, Abdulkader	Toronto, ON
Daneman, Nick	Toronto, ON
Drews, Steven	Toronto, ON
Halwani, Majed	Sudbury, ON
Hull, Mark	Vancouver, BC
Lee, Mao-Cheng	Edmonton, AB
Mackenzie, Louisa	Calgary, AB
McConnell, Athena	Calgary, AB
Reyes, Romina	London, ON
Slig, Wendy	Edmonton, AB
Small, Lorne	Brookeline, MA
Smith, Stephanie	Edmonton, AB
Solh, Ziad	London, ON
Webster, Duncan	Edmonton, AB
Zhang, Sean	Toronto, ON

Sustaining (1)

Bioniche Life Services	Pointe-Claire, QC
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Newly Retired Members (3)

Ronald Gold
Jacques Roy
Syed Sattar

2005 Membership

	2003	2004	2005
Active	390	413	397
Associate	78	54	63
Emeritis	4	34	-
Deceased (1)	-	-	-
Sustaining	11	11	12
Retired	-	-	34
Total	482	512	506

COMMITTEE REPORTS

CANADIAN HOSPITAL EPIDEMIOLOGY COMMITTEE (CHEC)

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

There was a CHEC meeting in Montreal on November 28 and 29, 2005. Increased government funding to the Public Health Agency of Canada (PHAC) to support Canadian Nosocomial Infection Surveillance Program (CNISP) activities allowed recruitment of additional members: Dr. Eva Thomas (Vancouver); Dr. Claude Tremblay, later replaced by Dr. Natalie Turgeon (Quebec City); and Dr. Charles Frenette (Saint Lambert).

Current projects:

- MRSA and VRE incidence surveillance are ongoing, VRE and MRSA abstracts were presented at the AMMI Canada/CACMID meeting in 2005.
- Prospective surveillance for CSF shunt-associated infection is undergoing final analysis. Results were presented at the October 2005 IDSA meeting in San Francisco.
- Work to establish a surgical site infection surveillance system continues, with data collected from several sites on SSI after CABAG.
- Enrolment for the case control study looking

This is Dr. Johnston's last year as CHEC co-chair and she will be replaced by Dr. Liz Bryce (Vancouver) in that role.

Although funding remains stable, staff shortages have slowed the development of a PHAC CNISP website that would allow us to post surveillance protocols and results. This is viewed as a high priority by the CHEC co-chairs.

Last spring CHEC developed two position

at infections due to ESBL- and AmpC beta-lactamase producing *E. coli* and *Klebsiella* sp. in CHEC facilities ended several months ago and data analysis has begun.

- The WEBBS surveillance project, a system to allow submission of CHEC surveillance data electronically is in operation across CNISP sites.
- Severe respiratory illness surveillance was conducted during the winter of 2004 with abstracts presented at the AMMI Canada/CACMID and CHICA-Canada meetings in 2005. SRI surveillance was expanded to

papers: one dealing with how it will respond to requests for site specific CNISP data, and the other outlining our position regarding public reporting of infection control surveillance rates.

CHEC members were successful in a grant application to the Canadian Patient Safety Institute to study central venous catheter associated bloodstream infections in critical care and hematopoietic-stem-cell transplant patients.

include community-acquired pneumonia requiring admission to ICU and ICU-acquired pneumonia during the winter of 2005.

- The six-month surveillance project examining nosocomial *C. difficile* associated diarrhea was successfully completed in April 2005. Preliminary results have already been presented at a CDAD meeting in Quebec in October.
- The MRSA/MSSA case control study is being analyzed.

Projects recently completed:

- Manuscripts related to MRSA in the elderly and aboriginal populations have been accepted for publication in Infection Control and Hospital Epidemiology.
- Manuscripts related to MRSA in pediatric populations and infection control practices in CNISP hospitals are in preparation.
- Manuscripts on the pediatric component of

the point prevalence survey (2002) and ampC producing E.coli have been submitted for publication.

EDUCATION COMMITTEE

Anita Rachlis, MD FRCPC

1. Reaccreditation for Accredited provider status was submitted to Royal College CPD committee in May 2005. The CPD Accreditation Committee granted AMMI Canada full accreditation for a three year period effective January 1, 2006. An interim report is required by June 30, 2007.
2. Dr. Gary Victor has agreed to co-chair the Education committee. Drs. Victor and Rachlis attended the Third Annual CPD Accredited Providers' Conference at the Royal College meetings, September 22, 2005. Co-chairs plan to engage new members for the committee and hold a retreat to determine priorities, policies, terms of reference and develop a work plan for the committee.
3. CPD activities accredited
 - i. First Annual Community Infectious Disease Update, Toronto, Ontario, February 12, 2005
 - ii. 2005 AMMI Canada - CACMID Annual Conference, Ottawa, Ontario, April 14-17, 2005
 - Satellite symposia
 - Does the rapid diagnosis of fungal infections increase the efficacy of anti-fungal agents? - Pfizer (IntraMed) Satellite Symposium, April 16, 2005
 - Nosocomial Gram Negative Infections: recent resistance trends and new treatment strategies - Bayer HealthCare, April 16, 2005
 - Navigating New Frontiers in Anti-fungal treatment, April 15, 2005 - Astellas Pharma Canada (Fujisawa Canada)
 - iii. CHICA-Canada 2005 National Education Conference, Winnipeg, Manitoba, May 7-11, 2005
 - iv. Community acquired MRSA, Toronto, Ontario, Oct 27-28, 2005

GRANTS AND AWARDS COMMITTEE

Marcellus Behr, MD FRCPC

The Committee met by conference call on May 24, 2005 to discuss the ranking of award applicants. There has generally been a very good consensus of rankings by the committee members, despite the different training and research backgrounds. The winners of awards during 2005 competitions were:

- Bayer Healthcare/ CIHR/ AMMI Canada/ CFID Fellowship: Matthew Muller
- Bayer Healthcare Young Investigator's Award: Louis Valiquette
- Janssen-Ortho Young Investigator Award: Deepali Kumar
- Janssen-Ortho Studentship Award: Michael Aquino, Jacqueline Leung (two awards remain to be handed out in 2006).

- Safe Drinking Water/CFID Studentship Award: Not awarded
- Dr. Juan A. Embil Award for Excellence in Infectious Diseases Research: Andrea K. Boggild
- Janssen-Ortho AMMI Canada Distinguished Service Award: Mary Vearncombe
- AMMI Canada Lifetime Achievement award: not awarded

The Committee has recently communicated by email regarding future funding opportunities. In the past, the committee had maintained a consistent stance that the funding agency, generally pharmaceutical, would not direct the specific field of research to be undertaken. As a result, the only restrictive award in place at present is the

Safe Drinking Award, and even this award could be used for the study of a number of different organisms. More recently, the committee was presented with a plan for an award sponsored by Canadian Foundation for Infectious Diseases (CFID) / Surviving Strep – Strategies for LIFE, which would be limited to research on Streptococcus A. The final award notice has not been completed, we will have updates regarding this award in the coming months.



GUIDELINES COMMITTEE

Gerald Evans, MD FRCPC

The committee has been very active over the last few months. An initiative has started to obtain appropriate unrestricted funding for the development of guidelines in three areas:

- Intra-abdominal Infections;
- Skin-Soft Tissue Infections; and
- Fungal Infections.

The committee has also evaluated a proposal to create PDA versions of AMMI Canada guidelines for members. AMMI Canada Council will decide on final approval for this initiative.



Published guidelines since last report:

RG Lalonde, G Boivin, J Deschênes, et al Canadian consensus guidelines for the management of cytomegalovirus disease in HIV/AIDS CJIDMM 2004;15:327-335

Le Nicolle and the AMMI Canada Complicated urinary tract infections in adults. CJIDMM 2005; 16: 349-360.

The committee is currently finalizing guideline documents on Influenza.

These will be published within the next few months in CJIDMM. The Influenza guideline is a joint effort with the Canadian Pediatric Society.

There are a number of guidelines currently in development:

- Hospital-acquired pneumonia Leads: Drs. C. Rotstein, G. Evans
- Guidelines for Screening Immigrants and Refugees Lead: Dr. C. Greenaway

- Community-acquired MRSA Lead: Dr. J. Conly
- Chronic Rhinosinusitis Lead: Dr. M. Desrosiers,
- Revised Canadian CAP Guidelines Lead: Dr. L. Mandell
- Pharyngitis. Leads: Drs. K. Suh, G. Evans

The committee has recently begun revising its membership. Joining the committee are Drs. Lee Ford-Jones, Toronto (Pediatric ID), Kathy Suh, Ottawa (Adult ID), David Haldane, Halifax (Medical Microbiology).

Leaving the committee this year after two terms are Drs. Michel Laverdière, Montreal and Peter Phillips, Vancouver. The committee thanks Drs. Laverdière and Phillips for their time and efforts on behalf of the committee and AMMI Canada.

The other current members of the committee are: Drs. G. Evans (Chair), L. Nicolle, C. Quan, S. Richardson.

PROGRAM PLANNING COMMITTEE

Mark Joffe, MD FRCP(C)

The 2005 conference was held April 14-17, 2005 in Ottawa, Ontario. This meeting was held in conjunction with CACMID as per a two-year agreement that will see us through the 2006 annual conference. CACMID had met only five months earlier in Regina and this conference was anticipated to be a transition year with a longer range vision of creating one large, high quality national conference devoted to Clinical and Laboratory aspects of Infectious Diseases and Medical Microbiology. An excellent working rela-

tionship evolved through the planning process and a first-rate scientific and social conference was developed attracting 325 delegates. The conference began with a full-day workshop devoted to International Health issues with plenaries devoted to *Clostridium difficile*, Perinatal Infections and Tuberculosis. The conference also included 5.5 hours of oral abstracts, poster presentations, three industry-sponsored mini-symposia and the ever-popular clinical vignettes. Feedback related to the 2005 conference has been superb.

The Scientific Planning Committee, together with CACMID, has been active in planning the 2006 annual conference, which will be held in Victoria, B.C. March 15 to 19, 2006. The basic structure will remain intact though some scheduling changes will be introduced. Planned plenaries include: Dimorphic Fungi, Pandemic Influenza, Alternatives to Antibiotics and Sexually Transmitted Infections. In addition we currently have commitment for four industry-sponsored mini-symposia.



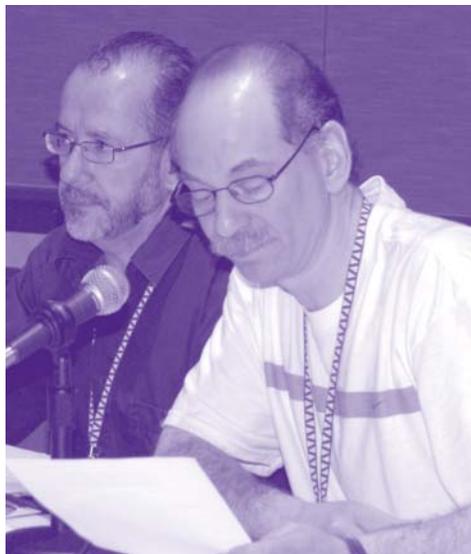
ROYAL COLLEGE OF PHYSICIANS AND SURGEONS OF CANADA SPECIALTY COMMITTEE IN INFECTIOUS DISEASES

Upton Allen, MD, FRCPC

NUCLEUS COMMITTEE IN INFECTIOUS DISEASES

Credential & Accreditation Issues

The accreditation-related documents as well as the Objectives of Training and Specialty Training Requirements will need to be revised to conform to the recently released CanMEDS 2005.



FITER & Examinations

The FITER was last approved in April 2004. The examination format remains unchanged for 2006. Dr. Christian Sinave remains the chair of the Examination Board with Dr. Nicole Le Saux as vice-chair. A meeting of the Examination Board will be held at the Royal College during March 2006.

Next Meeting of ID Specialty Committee

There will be a meeting of the Specialty Committee during the AMMI Canada/CACMID annual conference in 2006.

Other Issues

Core Competency Model. In September 2005, the ID Specialty Committee was represented by Dr. Jane MacDonald at a meeting at the College discuss the Core Competency Model. As indicated by the College, "the Committee on Specialties is currently exploring postgraduate medical education models that will address long-standing concerns in specialist medical education, including early career decision-making and the importance of flexibility in training". This proposed Core Competency model would

emphasize the development of a strong educational foundation based on a defined set of common competencies. The model is still in an early phase of development and it is proposed that:

- Following completion of medical school, residents would enter training in a core stream and then move into their desired discipline-specific training.
- Some training programs would be accessible from more than one core stream.
- The model would not extend the length of specialty training.
- This project would be a component of the RCPSC's other strategic-health and public-policy initiatives, which collectively aim to address broader health care needs.

The College has indicated that the "Core Competency training model is not a new concept and that it reflects the Royal College's objective to develop training programs that address key educational objectives and meet societal needs." The ID Specialty Committee will work to ensure that we remain involved in discussions relating to this proposed model.

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

Fiona Smail, MB, CHB

NUCLEUS COMMITTEE IN MEDICAL MICROBIOLOGY

The Specialty Committee last met on April 14, 2005. Current members of the Nucleus committee are:

Fiona Smail (Chair)
Patrick Doyle
Godfrey Harding
Debbie Yamamura
Claire Beliveau
Magdalena Kuhn
Upton Allen (ex-officio)
Diane Roscoe (ex-officio)

(The committee will be meeting on Thursday March 16, 2006.)

I attended a workshop for Specialty Chairs held in conjunction with the Royal College meetings in Vancouver last September. There were presentations on the role of the Specialty Committee, with a detailed discussion about the committee's input into accreditation surveys. Data was provided that, for Medical Microbiology, comments on the pre-survey documentation were received from an average of 42 % of members for the last five surveys.

Credential Issues and Accreditation

The Objectives of Training and Specialty Training Requirements were approved by the Credentials Committee in 2004. Certain editorial changes were made and the revised objectives were approved in 2005. The current version is available on the Royal College website. The in-training assessment of clinical skills, proposed a number of years ago as an alternative to a clinical-skills component of the final exam, has not yet been implemented and will be discussed further at the meeting of the Specialty Committee.

Examinations and FITER

Effective 2006, Dr. Diane Roscoe assumed the role of Chair of the Examination Board replacing Dr. Karl Weiss and Dr. Raphael Saginur assumed the role of Vice Chair.

New members of the 2006 Examination Board are: Dr. Christina Greenaway, Dr. Paul Van Caesele, Dr. Patrick Dolce and Dr. Monique Goyette.

The proposal to hold the examination in Vancouver, the home of the current Chair of the

Examination Board, was denied by the Royal College, however, approval to hold the 2006 exam in Hamilton was given. While it is the goal of the College to hold all examinations in Ottawa, it has acknowledged that, given the present format of the Medical Microbiology examination, the examination cannot be held on site at the College. There are ongoing discussions regarding an alternative site in Ottawa.

An up-to-date FITER based on the approved Objectives of Training is pending.

Royal College Core Competency Project

The goal of the Core Competency Project (as stated) is to improve post-graduate medical education by facilitating optimal flexibility in post-graduate training, high-quality residency education in alignment with societal needs and appropriate timing of career choice. Through this project, the Royal College proposes to identify those competencies that are common to various disciplines and stream together disciplines in which there is

substantial overlap in training in order to develop a common/core training programme. Phase I (2005-2007) involves research and consultation to clarify the challenges to be addressed, an extensive stakeholder feedback process, and an impact analysis to assess the ramifications of proceeding with the proposed solutions. (For further details see the Royal College webpage).

In November 2005, I was advised in a letter from the Director of Education of the Royal College, that the Committee on Specialties had concluded that Medical Microbiology does not meet the criteria of a primary specialty and that new entry routes to certification should be explored with our Specialty Committee. The letter also claimed that Medical Microbiology appeared to remain firm in their position not to consider amalgamation with infectious diseases or to share competencies. I challenged these assertions in my reply, but welcomed the opportunity to be involved in further discussions. As Chair of the Nucleus Committee for Medical Microbiology, I have been invited to be part of

both the Laboratory Medicine and Medicine Core Competency Projects and as information becomes available I will update Council.

CANMEDS Competencies

The revised CANMEDS competencies were unveiled at the Royal College meeting in Vancouver. The Medical Expert is emphasized as the central and integrative role most distinguishing physicians from other professionals, with the roles of communicator, collaborator, manager, health advocate, scholar and professional clarified and updated. The College has offered support to Specialty Committees with the revision of any documents.

COMMUNICATIONS AND PUBLIC RELATIONS COMMITTEE

Susan E. Richardson, MD, FRCPC

The Communications and Public Relations Committee came into being following the Council meeting in April 2005 in Ottawa. Council decided that an ad-hoc committee on committee restructuring would be struck to evaluate all existing and potential new committees since the amalgamation of CIDS and CAMM. It was the opinion of the restructuring committee, ratified at the fall Council meeting, that a formal committee was required to address the public relations and communications needs of the association and the foundation. Volunteers were sought from Council and by a membership-wide request for volunteers. Responses from both sources created the nucleus of the committee, which then met to draw up terms of reference. A position of Communications Manager was advertised for and filled in July 2005, welcoming Ms. Natalie Hanson to the role.

The chair of the committee is the AMMI Canada President during his/her term of office and the members include, at a minimum, the president-elect (year pre-term), the past president (one year post-term), the editor of the AMMI Canada newsletter, and three members at large of AMMI Canada including at least one French-speaking member, where possible. Ex-officio members include the AMMI Canada Communications Manager and the CFID Director of Development.

Activities of the Communications and PR Committee (2005)

1. **Terms of reference.** These were developed and approved at the fall Council meeting in November 2005.
2. **Communications plan.** A draft plan was presented and discussed by the committee.

Priorities were identified and include:

- a. Branding of AMMI Canada and CFID. This involves defining who we are to our audience and part of accomplishing that included:
 - i. the development of a tagline that would serve the needs of both AMMI Canada and CFID. This is still under discussion and will be submitted to Council for consideration.
 - ii. the development of signature paragraphs for AMMI Canada and CFID. Drafts will be circulated to Council for consideration.
- b. AMMI Canada commentary to the media on important infectious disease and medical microbiology issues
 - i. The committee has developed a list of AMMI Canada members with their

- areas of expertise, from which members will be identified for a team of rapid responders for media requests. A mechanism for making this work is being developed.
- ii. AMMI Canada publications in the form of press releases, op-ed editorials, guidelines, will be developed. An op-ed piece on polio control was published in the Toronto Star in June 2005. Other ideas include an op-ed piece on the diagnosis of Lyme disease and the advisability of culling birds with low pathogenicity H5 avian influenza. It is felt that pro-active publications rather than reactive ones will give the most visibility for an association with limited time and financial resources like AMMI Canada.
 - iii. Revamping of the AMMI Canada website has been undertaken, to streamline and update the presentation, and to permit a clearer and more immediate identification of what AMMI Canada is and what it stands for.
 - iv. A media-relations strategy has been developed in draft form. The first priority is to develop a plan to have a strong media presence at the annual conference in Victoria in March 2006.
 - c. Enhancing internal communication with AMMI Canada members.
 - i. List Serv announcements on a regular basis to our members are recognized as our most powerful internal communication tool. Periodic announcements from the committee our council on association activities will be developed to keep members better informed.
 - ii. Bilingual communications have been enhanced, and furthering this will remain a goal of the committee.
 - iii. Newsletter: The Editor of the newsletter changed hands from Dr. Kevin Forward to Dr. Lynora Saxinger. A revamp of the look and content of the newsletter is being planned for 2006. The potential mandate of the committee is very broad. It is the intention of the committee to focus on the most important goals for the next year; to best serve the goals of AMMI Canada and CFID.

FINANCIAL STATEMENTS

Year ended December 31, 2005

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

Statement of Financial Position as at December 31, 2005

	2005	2004
ASSETS		
CURRENT		
Cash	\$ 132,684	\$ 359,094
Cash future conference	83,200	215,655
Short-term investments	541,066	585,447
Accounts receivable	40,917	-
	<u>\$ 797,867</u>	<u>\$ 1,160,196</u>
LIABILITIES		
CURRENT		
Accounts payable and accrued liabilities	\$ 13,498	\$ 18,506
Deferred conference revenue	83,200	215,655
Deferred membership fees	54,425	-
	<u>151,123</u>	<u>234,161</u>
NET ASSETS		
Net assets internally restricted for research purposes	541,669	821,101
Unrestricted net assets	105,075	104,934
	<u>646,744</u>	<u>926,035</u>
	<u>\$ 797,867</u>	<u>\$ 1,160,196</u>

Statement of General Operations Fund Balance as at December 31, 2005

	2005	2004
Fund balance, beginning of year	\$ 104,934	\$ 83,002
Transfer fund balances to general fund	-	21,647
Excess of revenue over expenses	<u>141</u>	<u>285</u>
Fund balance, end of year	<u>\$ 105,075</u>	<u>\$ 104,934</u>

Statement of General Operations as at December 31, 2005

	2005	2004
REVENUE		
Membership dues	\$ 77,379	\$ 76,416
Fund management fees	215,570	144,102
Investment income	12,361	13,319
Miscellaneous income	3,251	18,763
CJIDMM	25,000	31,876
	<u>333,561</u>	<u>284,476</u>
EXPENSES		
Bank charges	3,715	2,315
CJIDMM	22,545	15,097
CFID, FRDID expenses	41,512	45,274
Consulting	2,092	1,810
Insurance	2,134	2,140
Meetings, negotiations	1,265	2,096
Miscellaneous	746	861
Office equipment and set up	1,312	1,817
Postage and telephone	16,478	12,388
Printing and stationery	13,553	5,183
Professional fees	3,762	-
Professional development membership	2,320	3,081
Rent	23,446	24,871
Secretariat and finance administration	188,361	153,328
Translation	672	4,102
Travel	6,996	1,557
Web Page	2,511	8,271
	<u>333,420</u>	<u>284,191</u>
Excess of revenue over expenses	<u>\$ 141</u>	<u>\$ 285</u>

Statement Of Changes In Funds Balances As At December 31, 2005

FUND	BALANCE	REVENUE	EXPENSES	BALANCE
	January 1 2005			December 31 2005
Awards	\$ 218,836	\$ 45,875	\$ 143,859	\$ 120,852
CCAR	146,504	-	146,504	-
Annual Conference's	304,719	233,039	271,737	266,021
CHEC	7,881	-	-	7,881
Sexually Transmitted Diseases	9,668	-	9,300	368
ESBL Risk Assessment	50,493	-	15,537	34,956
WEBSS	83,000	50,000	21,409	111,591
Totals	<u>\$ 821,101</u>	<u>\$ 328,914</u>	<u>\$ 608,346</u>	<u>\$ 541,669</u>

NOTES TO FINANCIAL STATEMENTS AS AT DECEMBER 31, 2005

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, 2004 have been adjusted to agree with the financial statement presentation adopted for December 31, 2005.

REPORT FOR THE CANADIAN FOUNDATION FOR INFECTIOUS DISEASES

Raphael Saguinur, MD FRCPC



2005 was a year of new initiatives and successes for the Canadian Foundation for Infectious Diseases (CFID). As the fundraising arm of AMMI Canada, we are pleased to report that CFID has recently reached a new level of activity and growth. Recognition of the

Foundation and the importance of its existence are at a new high. Support of the Foundation is increasing and partnerships between industry and government are emerging. This is an exciting time for the Foundation.

The CFID raised in excess of \$300,000 in 2005 and new opportunities for fundraising and development in 2006 are encouraging. Highlights for the past year are outlined below.

ROAR Up Kilimanjaro

2005 marked the introduction of the CFID's first national fundraising event — ROAR Up Kilimanjaro. This adventure will be held in the summer of 2006 in Tanzania, Africa. ROAR is the acronym for Realize Opportunities to Advance Research — specifically, infectious disease research. The expedition is driven by three primary goals:

1. to raise at least \$500,000 for the CFID
2. to increase awareness of infectious diseases, the CFID and AMMI Canada
3. to lead a team of at least 40 Canadians on a majestic journey to the summit of Mount Kilimanjaro

Funds raised through ROAR will help establish CFID, AMMI Canada and our supporting partners as global leaders advancing the prevention, control and treatment of infectious diseases; establish our position as responsible, reactive leaders in the

global community; allow us to share global expertise, information and mentorship opportunities; and, build reciprocal networks through development and promotion of collaborative projects. As of December 2005, there were 40 members on the ROAR team each committed to raising at least \$5,000 for the CFID.

Introduction of the CFID Endowment and Strategic Funds

The CFID set a goal to establish an endowment fund with \$2 million by the year 2010. This fund will be an ongoing resource for research, education and professional development of AMMI Canada members. Funds will be allocated to areas such as research awards, fellowships and projects; traveling and visiting professorships; special education sessions; professional forums; information and mentorship opportunities; build-

ing reciprocal networks through the development and promotion of collaborative projects; introducing, preserving and sharing knowledge with global colleagues; enhancing research agendas; developing new educational opportunities; and, supporting new methods of learning.

In 2004, the CFID established several strategic areas to support. Ongoing donations to these funds provide the financial means to conduct research in specified areas including: safe and water; existing and emerging illnesses, HIV / AIDS and sexually transmitted illness, and, antimicrobial resistance.

Young Investigator Awards and Fellowships

The CFID continues to provide new investigators with the means to develop and demonstrate their independence in initiating and conducting health research with Young Investigator Awards.

The CFID allows funds Fellowships to support our highly-qualified members who are at the postdoctoral or post-health-professional-degree stages of their careers. By supporting our members, the CFID will aid the development of a reliable supply of highly-skilled and -qualified Canadians researchers equipped with meaningful experience in health research. These funds will have a direct impact on the advancement of infectious disease solutions.

Partnerships

The CFID was successful in strengthening partnerships with government, industry, corporations and individual donors in 2005. We were able to take advantage of CIHR's dollar-for-dollar industry-matching program, which effectively doubled the donation from Bayer. A corporate donation of \$100,000 came from a thankful patient. And,

donations from individuals increased. Collectively these partnerships help us maximize our fundraising potential and will be areas the CFID focuses on in 2006.

Rebuilding CFID's Board of Directors

Recent successes indicate that opportunities for further growth of the CFID are excellent. In order to realize the full potential of this national Foundation, it was decided in 2005 that the CFID should augment the skill set of its Board of Directors. Work will continue in 2006 to amend by laws and recruit new resources to ensure that the Foundation moves on to the next stage of its evolution.

CANADIAN FOUNDATION FOR INFECTIOUS DISEASES

Year ended December 31, 2005

Statement of Financial Position
(Unaudited)

	2005	2004
ASSETS		
Cash & cash equivalents	\$ 521,459	\$ 358,764
Investments, at cost	100,000	-
	\$ 621,459	358,764
LIABILITIES		
Accounts payable	35,391	749
NET ASSETS	\$ 586,068	\$ 358,015

Net Assets are allocated as follows:

Restricted net assets	\$ 503,867	\$ 334,723
Unrestricted net assets	82,201	23,292
	\$ 586,068	\$ 358,015

Statement of Cash Flows
(Unaudited)

	General Fund 2005	Restricted Fund 2005	Total 2005	Total 2004
Operating activities				
SOURCES OF CASH				
Revenues	\$ -	\$ 236,202	\$ 236,202	\$ 44,675
Donations	106,125	-	106,125	21,340
Change in accounts payable	34,642	-	34,642	-
Investment income	58	-	58	6,983
	<u>140,825</u>	<u>236,202</u>	<u>377,027</u>	<u>72,998</u>
USES OF CASH				
Expenses general fund	47,274	-	47,274	1,851
Expensed restricted funds	-	67,058	67,058	13,800
Investments	100,000	-	100,000	-
	<u>147,274</u>	<u>67,058</u>	<u>214,332</u>	<u>15,416</u>
INCREASE (DECREASE) IN CASH	(6,449)	169,144	162,695	57,582
Cash & cash equivalent, beginning of year	<u>24,041</u>	<u>334,723</u>	<u>358,764</u>	<u>301,182</u>
Cash & cash equivalents, end of year	\$ 17,592	\$ 503,867	\$ 521,459	\$ 358,764
REPRESENTED BY:				
Cash & cash equivalents			\$ 9,014	\$ 56,416
Cash			250,000	-
Ontario savings Bonds 2.25%			39,183	30,386
MD Management MMF - Dr. J Embil Award			223,262	163,046
TD Waterhouse MMF			-	108,916
TD Waterhouse Cash			<u>-</u>	<u>108,916</u>
			\$ 521,459	\$ 358,764

Statement of General Operations and Fund Balance

(Unaudited)

	2005	2004
Revenues		
Donations	\$ 106,125	\$ 21,340
Interest	58	58
	<u>106,183</u>	<u>21,398</u>
Expenses		
Director of development	35,000	-
Insurance	1,215	-
Meetings and conference	2,525	-
Office and miscellaneous	3,324	867
Professional fees	1,056	749
Telephone and web page	2,901	-
Translation	394	-
Travel	859	-
	<u>47,274</u>	<u>1,616</u>
Excess of revenue over expenses	58,909	19,782
Fund balances, start of year	23,292	3,510
	<u>82,201</u>	<u>23,292</u>
Fund balances, end of year	\$ 82,201	\$ 23,292

Statement of Changes in Restricted Funds Balances

FUND	BALANCE	REVENUE	EXPENSES	BALANCE
	January 1 2005			December 31 2005
SFL Fund	\$ 33,175	\$ 24,820	\$ 3,052	\$ 54,943
Antimicrobial Resistance	10,000	10,184	-	20,184
Dr. J. Embil Award	32,492	10,297	1,500	41,289
Safe Drinking Water	259,056	1,117	-	260,173
Award	-	120,000	57,500	62,500
Roar	-	3,873	5,006	(1,133)
2 x 10	-	4,450	-	4,450
Fellowship	-	61,461	-	61,461
	<u>334,723</u>	<u>236,202</u>	<u>67,058</u>	<u>503,867</u>
Totals	\$ 334,723	\$ 236,202	\$ 67,058	\$ 503,867

NOTES IN FINANCIAL STATEMENTS

(Unaudited)

1. 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 cost.

(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".

4. Financial Statements

The 2004 financial statements have been reclassified to agree with the presentation adopted for 2005

FINANCIAL STATEMENTS

(Unaudited)

FOUNDATION FOR RESEARCH AND DEVELOPMENT IN INFECTIOUS DISEASES

Year ended December 31, 2005

Statement of Financial Position

	2005	2004
ASSETS		
Cash	\$ 37	\$ 67
LIABILITIES	<u>NIL</u>	<u>NIL</u>
NET ASSETS	<u>\$ 37</u>	<u>\$ 67</u>

Statement of Operations and Net Assets

	2005	2004
REVENUE		
Interest	\$ -	\$ 15
EXPENSES		
Administration	30	30
Awards	<u>-</u>	<u>25,000</u>
	<u>30</u>	<u>25,030</u>
Excess of revenue over expenses	30	25,029
Net assets, beginning of year	<u>67</u>	<u>25,096</u>
Net assets, end of year	<u>\$ 37</u>	<u>\$ 67</u>

NOTES TO FINANCIAL STATEMENTS

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.

SPONSORS:

AMMI Canada gratefully acknowledges the continued support of the following:

Abbott Laboratories Ltd.

Abbott Diagnostics

Astellia Pharma Canada Inc.

Astra Zeneca

Aventis Pharma Inc.

Bayer Inc., Health Care Division

Bayer Inc., Pharmaceutical Division

BD

Biomérieux

Bioniche Life Sciences Inc., Therapeutic Products

Bristol-Myers Squibb Canada

Canadian Institutes of Health Research

Eli Lilly Canada Inc.

Enzon Pharmaceuticals

Gilead Sciences

Health Canada

Hoffman La Roche Ltd.

Janssen-Ortho Inc.

Med-Ox Diagnostics Inc.

Merck Frosst Canada Inc.

Oxoid

Pfizer Canada Inc.

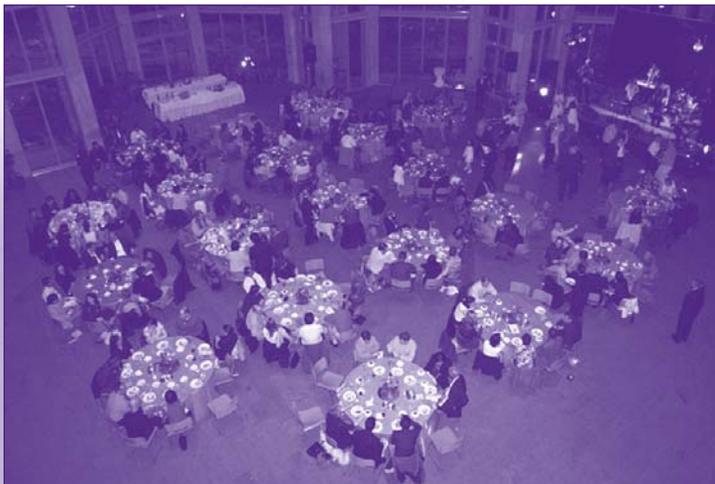
Public Health Agency of Canada

Sanofi Aventis

Schering Canada, Biotechnology Oncology Unit,

VWR International

Wyeth Pharmaceuticals



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