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COUNCIL

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A. Mark Joffe

President Elect
Daniel Gregson

Past President
B. Lynn Johnston

Secretary
Deborah Yamamura

Treasurer
Mel Krajden

Medical Microbiology
Section Chair
Tony Mazzulli

Infectious Diseases
Section Chair
Michael Libman

Members of Council

Steven Drews
Andrew Morris
Caroline Quach
Romina Reyes
Michel Roger
Mark Tyndall

Committees’ Chairs and Co-Chairs

Antimicrobial Stewardship and Resistance:
Lynora Saxinger
Associate:
Michael Payne
Canadian Hospital Epidemiology:
Joanne Langley
Virginia Roth
Communications and Public Relations:
B. Lynn Johnston
Education / Continuing Professional Development:
Sarah Forge
Isabelle Chiu
Anupma Wadhwa
Mel Krajden
Donald Sheppard
Gerald Evans
B. Lynn Johnston
Isabelle Chiu

Finance:
Mel Krajden
Grants and Awards:
Donald Sheppard
Guidelines:
Gerald Evans
Nominations:
B. Lynn Johnston
Program Planning:
Isabelle Chiu

Liaison Representatives:

The Royal College of Physicians and Surgeons of Canada
(Infectious Diseases):
Andrew Morris
The Royal College of Physicians and Surgeons of Canada
(Medical Microbiology):
David Haldane

AMMI Canada Representatives on External Committees

Canadian Alliance of Laboratory Medicine (CALM):
Kelly MacDonald
Canadian Coalition for Immunization Awareness
and Promotion (CCIAP):
Jennie Johnstone
Canadian Medical Association – Specialist Forum:
A. Mark Joffe
Canadian Public Health Network – Working Group on
Lyme Disease or other Tick-borne Diseases:
Allan Ronald
CSA – Technical Committee on Transplantation:
Deepali Kumar
Health Canada – Canadian Tuberculosis Committee:
TBD
PHAC – Canadian Pandemic Influenza Lab
Preparedness Network (CPILPN):
Todd Hatchette
PHAC – Committee to Advise on Tropical Medicine
and Travel (CATMAT):
TBD
PHAC – Antimicrobial Resistance (AMR)
Awareness Campaign Advisory Group:
Lynora Saxinger
PHAC – Expert Working Group on HIV Testing and Counseling:
Paul MacPherson
PHAC – National Advisory Committee on Immunization (NACI):
Anne Pham-Huy
PHAC – Pandemic Influenza Committee –
Antiviral Clinical Care Task Group:
Gerald Evans/
Todd Hatchette
Who We Are

AMMI Canada is the national association that represents physicians, clinical microbiologists and researchers specializing in the fields of medical microbiology and infectious diseases. Through promotion of the diagnosis, prevention and treatment of human infectious diseases and by our involvement in education, research, clinical practice and advocacy, AMMI Canada aims to serve and educate the public and also to enhance the career opportunities of its members through professional development and advocacy initiatives.

Vision Statement
Fewer infections. Fewer outbreaks. Healthy Canadians.

Mission Statement
We advance the prevention, diagnosis, and treatment of infections.

Strategic Planning Goals and Initiatives

Antimicrobial Stewardship and Resistance
The goal is to reduce the incidence and prevalence of antimicrobial resistant microorganisms through strategies that monitor antimicrobial resistance and improve antimicrobial use.

Infection Prevention and Control
The goal is to reduce the impact of healthcare-associated infections through infection prevention and control.

Education and Knowledge Translation
The goal is to reduce the impact of infections and antimicrobial resistance through guideline development, networking, and education.

Advocacy
The goal is to support efforts to reduce the impact of infectious diseases world-wide, achieved by equitable access to health care and immunization, through advocacy and strategic collaboration.

Human Health Resources Planning
The goal is to ensure the sustainability of clinical microbiology, infectious diseases, and medical microbiology in Canada.

Research
The goal is to promote and support research in infectious diseases and microbiology in Canada.
It is my pleasure to report on the state of AMMI Canada and its activities for 2013.

A highly successful annual meeting was held in conjunction with our partners from CACMID in Québec City in April 2013. The feeling at the end of this meeting is that we may have reached the pinnacle in terms of scientific and social content. There were fabulous plenary sessions on Hepatitis C (including an address from the discoverer of the Hepatitis C Virus, Dr. Michael Houghton, on the prospects for a vaccine), the ever-popular “What’s Hot” review and Vaccine-preventable illnesses. There were State-of-the-Art Presentations on genomic platforms for epidemiologic and outbreak investigation and a very spirited debate between Drs. Brian Conway and Stuart Rosser. This annual meeting was well attended and a tremendous success! Each year, the schedule is tweaked and new program ideas injected and, each year, the meeting seems to get better and better. Our annual meeting has truly become the place “where Canada’s experts in clinical microbiology and infectious diseases meet”. Our Scientific Planning Committee, led by Dr. Isabelle Chiu has been working for many months to ensure that the 2014 meeting in Victoria will equal and surpass the fabulous Québec City meeting. I am grateful to Dr. Chiu and her committee, as well as our partners from CACMID, for their commitment to a high quality, socially and scientifically rewarding conference. We want our annual meeting to be the place where interest groups can meet, collaborations can be promoted and social connections nurtured between like-minded individuals across this great and vast country of ours. I would also like to express my appreciation to Drs. Shariq Haider and Jeff Fuller who lead our Sponsorship Committee and to our industry partners who help to support our Annual Conference.

The 2013 Annual Meeting was the first under a new contract with CACMID that will take us through the 2015 Annual Meeting. As our meeting grows, with increasing sessions, exhibits and posters, we are becoming limited in the Canadian venues that can house us. This implies that we need to be planning and booking venues earlier. Therefore, although we have only concluded one meeting under our existing contract, we have begun negotiations with CACMID on a contract to take us beyond 2015. It is generally acknowledged that the collaboration between our two organizations has allowed for a stronger annual meeting. The annual meeting is vital to the ongoing mission and success of our Association. In turn, the annual meeting is completely dependent on a strong and viable AMMI Canada secretariat that supports the tremendous amount of work it takes to explore potential venues, negotiate contracts and coordinate the myriad of activities necessary to plan and pull off a fantastically successful meeting. It is my hope that negotiations with CACMID will prove successful and mutually beneficial so that our combined meeting can continue to grow and improve.

As noted, our Association relies on a successful annual conference to support our secretariat and our entire mission. My last Annual Report highlighted restructuring of AMMI Canada and the secretariat. We have continued to work very short-staffed through most of 2013. As always, I am most grateful to the wonderful staff who support our

See “President” on next page
Association and its activities. In particular, we are extremely fortunate to have Riccarda Galioto serving as our Chief Operations and Meeting Organizer. With her now 10 years of experience with our Association, Riccarda is the calm and steady force that allows us to stay on track while always exploring new opportunities and new ways to do things. We are also very lucky to have Stephanie Wolkowycki as our Operations and Meeting Assistant. Stephanie has been with AMMI Canada for two and a half years and has nearly completed her studies towards a Graduate Certificate in Conventions and Meetings Management. The plan is for Stephanie to assume increasing responsibility in the planning of our annual meeting and other association activities. We have long recognized an important need to enhance our profile through an improved communications portfolio. I am delighted that Ms. Tamara Nahal joined the AMMI Canada team in late 2013 with a focus on communications. With the addition of Tamara and the incredible talent we have in our Secretariat, I look to an exciting future for AMMI Canada.

As I’ve reported previously, Industry Canada is requiring that every for-profit association review, revise and resubmit Bylaws by October 2014 in order to maintain their status. Though not always viewed as a riveting activity, this one is vital for us to retain our not-for-profit status and Council has been working hard to revamp the Bylaws that were created in 2004 at the time of the merger of CIDS and CAMM. We have been working with a lawyer having expertise in this area and will bring the new Bylaws to the Annual General Meeting for adoption by membership.

Elsewhere in this Annual Report, you will find our Association's financial statements. I am very grateful to Dr. Mel Krajden, AMMI Canada’s Treasurer, who keeps his finger on the pulse of our finances. It is Riccarda who is the steward of our finances day-to-day and deserves considerable credit for revamping our financial systems, together with our book-keeper, Tim Rittenberg.

Our committees continue to thrive and, with additional support in the secretariat, I am optimistic will be able to enhance activities in support of the AMMI Canada Strategic Plan. I am very grateful to Dr. Don Sheppard whose Grants and Awards Committee adjudicates the various fellowships and merit awards, Dr. Lynora Saxinger for chairing the Antimicrobial Stewardship and Resistance Committee and Dr. Sarah Forgje for her uncompromising commitment to our Education Committee. With Riccarda’s assistance, Sarah has undertaken renewal of our accreditation with the Royal College, a process that was far from easy. Dr. Michael Payne chairs our Associates’ Committee and another wonderful Associates’ Day is planned for the upcoming meeting in Victoria. Drs. Joanne Langley and Virginia Roth chair our Canadian Hospital Epidemiology Committee that works with PHAC to form a wonderfully successful national surveillance system in CNISP. I would also like to acknowledge and thank Dr. Gerald Evans who has recently agreed to chair our Guidelines Committee.

Over the last year, AMMI Canada has been involved in numerous activities, and played several advocacy roles. Media statements were issued to commemorate World TB Day in March and World AIDS Day in December. We have provided letters of support for several research protocols. Under the leadership of Dr. Gerald Evans, AMMI Canada Guidelines for use of Antiviral Drugs in Influenza have been updated and widely utilized.

For the first time, these guidelines have also been distributed as an app on the App Store for iPhone and iPad. Under the very capable Editorship of Dr. Lynora Saxinger, the AMMI Canada Newsletter continues to be published 3-4 times per year. The Newsletter triggered considerable discussion, always a good thing, when Lynora touched on the roles of MD and PhD Microbiologists. We have had several recent opportunities to communicate with Canadians regarding Microbial Diseases, such as Dr. Dan Gregson addressing H5N1 Influenza in Canada and Dr. Saxinger addressing Antimicrobial Resistance and the Post-Antibiotic Era, on CBC’s “The Current”.

In closing, I would like to express my sincere appreciation to Dr. Lynn Johnston who has served our Association in a variety of capacities. Most recently, she has chaired our Communication and Nomination Committees, while also serving as Past President. Following this AGM, Lynn will leave Council after many years of devoted service. I am very grateful to her for getting me involved in CIDS many years ago on the Program Planning Committee and for always being available to provide thoughtful advice throughout my term as President. Dr. Dan Gregson will be assuming the role of President and I know the Association will be in very capable hands. It has been my honour to serve as President and with the support of a revamped, restructured and fully staffed Secretariat, I know that Dan, Council and our various committees can begin to achieve those goals laid out in our strategic plan.
Treasurer’s Report
Chair: Mel Krajden – Vancouver, BC

This is the first year that AMMI Canada’s secretariat has functioned under its new operational structure. We are glad to report that for 2013 our financial position remains strong. In 2013, AMMI Canada, reported an excess of revenue over expenses of $27,082, and our total liabilities and net assets were valued at $1,143,111. That said, it is important to note that net revenue is down, despite about a 25% reduction in secretariat costs. As we all recognize, both the fields of Infectious Diseases and Microbiology are undergoing rapid changes and the economy remains fragile. This impacts our conference sponsorship/revenue that has declined in each of the last three fiscal years. These revenue declines are occurring while we face increasing costs for running the annual conference. We are in the process of renegotiating a three-year contract with CACMID in relation to the annual conjoint meeting. The goal of the contract is to support the professional aspirations of both organizations while equitably sharing conference profits and risks. Given the size of the annual conference, site planning is now scheduled approximately four years in advance. As a result, it is increasingly important to clarify the ongoing partnership between CACMID and AMMI Canada so that long-term conference planning can continue. In summary, while AMMI Canada remains in a strong financial position, our operational and strategic plans will need to be adjusted to the new world economy so that our organization will continue to remain successful at supporting the annual conjoint meeting and our membership. On behalf of the AMMI Canada executive and council, I also want to welcome Tamara Nahal to the organization in her AMMI Canada communications support role. As always we want to express our deepest appreciation Riccarda Galioto and Stephanie Wolkowycz for their tireless dedication to our organization.

Program Planning Committee
Chair: Isabelle Chiu – Edmonton, AB

Committee Members:
Gerald Evans – Kingston, ON
Sarah Forgie – Edmonton, AB
Todd Hatchette – Halifax, NS
Matthew Oughton – Mt. Royal, QC
David Patrick – Vancouver, BC
Michael Payne – Vancouver, BC
Susan Poutanen – Toronto, ON
Cécile Tremblay – Montréal, QC
Duncan Webster – Saint John, NB
A. Mark Joffe – Edmonton, AB
(Ex-Officio) President

Thanks to all those who attended, AMMI Canada enjoyed another successful meeting this year in Québec City! The cold weather was not a deterrent for the hundreds of conference attendees; many of who found time to take in the conference as well as enjoy the historic sights and fine dining the City had to offer. Evaluations from conference attendees were extremely positive – citing high caliber speakers and relevant topics and giving the Conference a “thumbs up”. Almost as soon as the 2013 meeting wrapped up, members of your Program Planning Committee started work on the 2014 meeting to be held in Victoria April 2 – 5. Over the summer, through teleconferences and numerous emails, the Committee finalized what I believe is another outstanding program for 2014. This year, we also incorporated the findings from AMMI Canada’s Needs Assessment into the program planning process. We believe we have developed a program that reflects the needs of our members. There will be something for everyone – Public Health, Adult and Paediatric Infectious Diseases, Infection Control and Prevention, Clinical Microbiology, Laboratory Technologists, Bench Scientists, Trainees etc.

The Conference will begin with the increasingly popular Trainees’ Day, CCM Workshop and QM Seminar on April 2, 2014. The formal program will start on April 3, 2014 and will feature three Plenary Sessions and three State of the Art Clinical Lectures – one of which will be a debate on screening for ARO’s; another will be co-sponsored by Canadian Foundation for Infectious Diseases (CFID). The Innovation Academy will take a hiatus this year and will return in 2015. The plan is to hold the Academy every other year. Poster and oral presentations will continue, as will the ever popular Clinical Vignettes, Special Lecture and Integrated Symposia. There will also be time to reconnect with your colleagues from across the country and abroad at our Exhibit Hall, Welcome Reception, Closing Dinner and more. So please join us in April in Victoria for a very exciting meeting.

I would like to thank members of the Program Planning Committee as well as our counterparts at CACMID who have volunteered their time to put together a great meeting for you. Finally, none of our work would be possible if it weren’t for the amazing team at the AMMI Canada Secretariat – thank you for keeping us on track, Riccarda, Stephanie and Tamara!

See you all in Victoria!
New Active Members
Anna Majury – Kingston, ON
Elaine Petrof – Kingston, ON
Anne Pham-Huy – Ottawa, ON
Adekunle Sanyaolu – Calgary, AB

New Associate Members
Sapha Barkati – Montréal, QC
Kevin Barker – Toronto, ON
Lise Bondy – Toronto, ON
Danielle Brabant-Kirwan – Toronto, ON
Zain Chagla – Hamilton, ON
Sarah Cherian – Delta, BC
Cora Constantinescu – Calgary, AB
Margaret Doll – Montréal, QC
Tatiana Dragan – Edmonton, AB
Bahareh Ghadaki – Montréal, QC
Melissa Gitman – Toronto, ON
David Harris – Hamilton, ON
Haseena Hussein – Toronto, ON
Lei Jiao – Hamilton, ON
Sarah Khan – Toronto, ON
Dorothée Leduc – Montréal, QC
Jerome Leis – Toronto, ON
Allison Mah – Edmonton, AB
Shazia Masud – Vancouver, BC
Vanessa Meier-Stephenson – Halifax, NS
Caroline Nott – Toronto, ON
Shaqil Peermohamed – Saskatoon, SK
Nipunie Rajapakse – Calgary, AB
Stephen Robinson – Halifax, NS
Kalpa Shah – Hamilton, ON
Adrienne Showler – Toronto, ON
Ranjani Somayaji – Calgary, AB
Courtney Thompson – Toronto, ON
Holly L. Hoang – Edmonton, AB

The following doctors recently completed their training and advanced from Associate to Active membership in 2013:

Jessica Minion – Regina, SK
Jocelyn Srigley – Toronto, ON
Jamil Kanji – Edmonton, AB
Greg German – Charlottetown, PE
Prenilla Naidu – Kamloops, BC
Christopher F. J. Lowe – Toronto, ON
Julie Okapuu – Montréal, QC
Manal Tadros – Richmond Hill, ON
Julie Blackburn – Montréal, QC
Emilie Vallières – Montréal, QC
Elaine Petrof – Kingston, ON

2009 – 2013 Membership Details

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Secretary’s Report
Deborah Yamamura – Hamilton, ON

As of January, 2014, we have 611 members, an increase of 28 members. The number by category of membership includes 436 Active, 130 Associate, 6 Sustaining, and 2 Honorary members. There are 38 Retired Members. Several members retired this year and we would like to extend our best wishes to Lewis Abbott, Robert Bortolussi, Robert M.T. Chan, Pierre Dery and Kevin Forward. Members by speciality include 307 in infectious diseases, 119 in medical microbiology, and 173 in the combined speciality of infectious diseases and medical microbiology, and 12 with no declared speciality.

I would encourage members to login and visit the AMMI Canada website. The membership directory is available along with descriptions of committees and the AMMI Canada By-Laws.

In closing, we would like to send our condolences to the family of Dr. Donald Low. He will be greatly missed.
Infectious Disease (ID) Section
Michael Libman, ID Section Chair – Montréal, QC

One of the most urgent preoccupations within the Canadian ID community continues to be the issue of employment, known in bureaucratic jargon as health human resources (HHR), and the perception that our training programs have no mechanism to link their production of ID specialists to the needs of the health care system and the population. Although medical training and licensure remains a provincial jurisdiction, it seems obvious that a national strategy is needed. Obtaining reliable data on numbers of practicing physicians is difficult, and information on their plans for retirement or on the availability of new positions is almost impossible. Information on open positions, especially outside of academic institutions, is often spread by work-of-mouth, and jobs commonly filled by local trainees without formal advertisement. AMMI Canada has been working on a survey system aimed at residents, hospital service chiefs, and program directors to help fill this essential gap in our knowledge. Ultimately, we believe it is part of the responsibility of our society not only to inform our active members and trainees, but also to help formulate a sensible strategy to provide service to the population and opportunities for our members.

In the meantime, the Royal College has also accepted a mandate to study the HHR situation, and has begun helping with survey initiatives. The ID Speciality Committee has recently completed a survey of ID program directors, with a 100% response rate from across the country. The survey counted only those trainees whose stated intention was to remain in Canada to practice ID. Over the past 3 years, our programs have produced 77 graduates, 29 of them in pediatric ID. Numbers have been gradually increasing over the years, despite concerns of job availability. About half have gone on to further training. Of greater concern is the finding that 9 trainees have left Canada for a job, and 12 trainees, Colonized with Pseudomonas aeruginosa. Dr. Vallières will pursue these studies at Belfast University.

Dr. Kristin Popiel was the recipient of the CJID&MM Trainee Review Article Award for her article entitled: Bobo-Newton Syndrome: An Unwanted Gift from Man’s Best Friend.

The call for proposals for the 2014 grants and awards competition was posted on the AMMI Canada website in late 2013, and was sent out to all Canadian program directors. A number of applications have already been received and these are currently under review. Astellas Pharmaceuticals Canada is committed to support two $70,000 Fellowships for 2014 and Pfizer Pharmaceuticals Canada has committed to support another $70,000 Fellowship for 2014. 🙏

See “ID Section” on next page
10 of them in pediatric ID, were considered to be “unemployed”, in the sense that they did not have a post as an ID physician, whether in a hospital or other public agency. The major message is that we do indeed have crisis in the pediatric ID field, and even in the absence of national or provincial regulations, training directors, especially in pediatric ID, should be having frank discussions with potential applicants.

There are anecdotal opinions that some positions are available in locations either less desirable to graduates, or even not known to many of them. In some cases, there are population needs which are not matched to training being offered. For example, there appears to be a need for specialists in infection control, particularly outside the major metropolitan areas and outside of the usual acute care hospital setting. The Specialty Committee has discussed this to some extent, and is looking at expanding the training requirements in infection control, antimicrobial stewardship, and ambulatory care. Currently, trainees can graduate with only one month training in infection control, and without specific training in stewardship.

The Specialty Committee is also reviewing the nature of the mandatory medical microbiology component. For some programs, this segment of the training has become increasingly difficult to organise, as lab services are consolidated, move offsite, and are privatised. Available training time is often not used effectively. It is time to carefully evaluate the type of training required for modern ID practice, and how best to offer and evaluate such training.

There appears to be general support for a Royal College “AFC-diploma”, or area of focussed competence in the field of solid organ transplant. Although the initial idea was driven by the perceived need to provide transplant surgeons with a broader background, this diploma program would be open to ID specialists and could also provide a source of new employment opportunities.

The Committee also discussed the notion of a national curriculum to provide the basis for quality academic half-day programming. Again, this could help ensure that trainees are prepared for the actual needs of the community.

Travel and tropical medicine continue to be actively developing areas within Canadian ID. The development of the CanTravNet network which began last year was delayed by major administrative changes within the parent GeoSentinel organization. However, CanTravNet should be up and running over the course of 2014. All AMMI Canada members with an interest in travel and tropical medicine will be receiving invitations to join. The potential to form a network for surveillance and professional interaction that has a catchment of almost the entire Canadian travelling population is enticing. The major hurdle for widespread membership in the network will be the requirement to join the International Society for Travel Medicine. In the meantime, with support from the Public Health Agency of Canada, the Canadian GeoSentinel core sites have pooled their data to produce the first nationwide study of the epidemiology of imported disease in Canada. These data will be available in open access format in the journal Open Medicine.

CATMAT (the Committee to Advise on Tropical Medicine and Travel, part of PHAC), with the help of several AMMI Canada members, has made significant changes which should be of great benefit to the greater ID community. First of all is a move to an “evergreen” format for guidelines. Rather than wait for publications of entirely new revisions of guidelines, these documents will be updated as required, and the most current version will posted to the PHAC website. It is also planned to have links directly from the guidelines section of AMMI Canada website. In addition, PHAC has committed to using the GRADE system for evidence based guidelines. Increasingly, this system has been adopted by major organizations around the world. The proliferation of guidelines, often with contradictory or inconsistent recommendations, has often led to scepticism and poor uptake. The GRADE system tries to lift the veil of “expert opinion” and make the process of moving from evidence to recommendation more transparent. PHAC has committed to providing the support of expert methodologists to CATMAT writing committees, which will result in guidelines of the highest quality. The first two guidelines are nearing completion, and will be available this year. They concern typhoid, and the prevention and management of travellers’ diarrhea.

The Canadian Malaria Network is responsible for managing the Canadian inventory of IV quinine and IV artesunate. It is also trying to organize a system with the Health Canada Special Access Program to stock oral artesunate in some form. CMN has asked AMMI Canada to help disseminate knowledge about the network, and the procedures for obtaining these vital medications. There still seem to be physicians who are unaware of this distribution system, which has led to confusion and delays in treatment.

As I say to my colleagues, Infectious Diseases remains the most dynamic and interesting of all medical specialities. Our activities intersect with all areas of medicine, and all health care services. New, emerging, and re-emerging pathogens, as well as outbreaks and new problems in infection control and drug stewardship guarantee our value to the community and our colleagues. AMMI Canada is your pathway to information and education, and we appeal for your support and participation. ♤
**Education/Training:**
In June 2013, the Royal College of Physicians and Surgeons of Canada (RCPSC) released its report on Competency Based Education in Laboratory Medicine. Although not specific to Medical Microbiology, it does outline the general parameters for developing a competency based training program in laboratory medicine. The aim of this initiative is fourfold and includes developing a model to prepare physicians for practice that is:

a. oriented to outcomes desired
   in physician;

b. based on patient needs;

c. based on the needs of the learner,
   with more accountability and
   flexibility; and

d. focused on achieving skills
   and performance, instead of
   time-spent in training.

The aim through 2013/2014 is to build a model in lab medicine for CanMEDS 2015. It would then be piloted and evaluated at selected sites/programs.

**Career/Employment Opportunities:**
The RCPSC released its report on human resources in medicine and highlighted the specialties where unemployment was a potential issue for new graduates. Medical Microbiology was listed as a “resource intensive” specialty and as one of the fields of medicine with a high unemployment rate for newly certified Medical Microbiologists within the past few years. This was based on a survey of recent graduates in which 3 of 14 individuals who replied to the survey could not find a position in medical microbiology. However, in reviewing the details, the major reason cited was the fact that these individuals did not want to relocate. In fact, based on the AMMI Canada job postings, there are at least 5 openings for Medical Microbiologists across the country. A major concern with this report is that it may dissuade students from considering Medical Microbiology as a career. This was discussed at the Medical Microbiology Nucleus Committee meeting in November 2013 and a survey has been sent to Program Directors across the country to determine, amongst other things, how many of their recent graduates have found employment. Once responses are received, they will be collated and a report generated.

**CLCLM Update:**
As previously reported, the RCPSC organized a group known as the Canadian Leadership Council on Laboratory Medicine (CLCLM) to address issues such as quality management, workload, and new technologies and education within laboratory medicine. In turn, a subcommittee was formed by CLCLM to address the issue of Lab Utilization. It is headed by Dr. D.W. Kinniburgh from the University of Calgary. A teleconference was held during the summer. Further teleconferences/meetings are planned.

**Nominations Committee**

**Chair:** B. Lynn Johnston – Halifax, NS

**Committee Members:**
Gilles DeLage – Montréal, QC
Gerald Evans – Kingston, ON

The 2013 Nominations Committee was appointed at the 2013 AMMI Canada Annual General Meeting. The Committee was comprised of Past-President Lynn Johnston as Chair, and the following members-at-large: Gilles DeLage (Montréal, QC) and Gerald Evans (Kingston, ON). The Committee held two teleconference meetings in the fall of 2013 to identify positions that would be vacant following the 2014 Annual General Meeting and to recruit individuals who would be willing to serve.

The following AMMI Canada members have agreed to have their names stand for the following positions:

- **Dr. Caroline Quach** (President Elect)
- **Dr. Dan Smyth** (first term as Member of Council)

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**Career/Employment Opportunities:**
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**Nominations Committee**

**Chair:** B. Lynn Johnston – Halifax, NS

**Committee Members:**
Gilles DeLage – Montréal, QC
Gerald Evans – Kingston, ON

The 2013 Nominations Committee was appointed at the 2013 AMMI Canada Annual General Meeting. The Committee was comprised of Past-President Lynn Johnston as Chair, and the following members-at-large: Gilles DeLage (Montréal, QC) and Gerald Evans (Kingston, ON). The Committee held two teleconference meetings in the fall of 2013 to identify positions that would be vacant following the 2014 Annual General Meeting and to recruit individuals who would be willing to serve.

The following AMMI Canada members have agreed to have their names stand for the following positions:

- **Dr. Caroline Quach** (President Elect)
- **Dr. Dan Smyth** (first term as Member of Council)

Nucleus Committee meeting in November 2013 and a survey has been sent to Program Directors across the country to determine, amongst other things, how many of their recent graduates have found employment. Once responses are received, they will be collated and a report generated.
Specialty Committee – Infectious Diseases (ID)
Chair: Andrew Morris – Toronto, ON

The Infectious Diseases (ID) Specialty Committee continues to be active stewarding the profession. Nucleus Committee members volunteering their time and expertise are Taj Jadavji (Region 1), Stephen Sanche (Region 2), Nicole Le Saux (Region 3), Matthew Oughton (Region 4) and Joanne Salmon (Region 5). Ex officio members are Neil Rau (National Specialty Society), David Haldane (Medical Microbiology Specialty Committee Chair), and Bill Coke (Internal Medicine Specialty Committee Chair). Areas of particular attention in 2013 (and moving forward to 2014) include: Specialty Training Requirements, Infectious Diseases Health Human Resources, and Development of a National Curriculum.

Regarding Objectives of Training, the practice of ID has continued to evolve significantly over the past number of years. More and more ID sites across the country. Nineteen candidates sat the exam. The format of the exam continues to evolve and the oral exam will have an OSCE format. Further discussions are underway to determine the form of the practical component and comments can be directed to either David Haldane or Paul Van Caeseele. We are grateful for the work of the Chair, Vice Chair and all the members of the Examination Board, for this important contribution to the specialty.

The laboratory disciplines through Canadian Association of Laboratory Medicine continue to develop a Molecular Diagnostic Diploma Working Group, with Dr. Patrick Tang, Vancouver, BC representing Medical Microbiology in the working group discussions. The process is ongoing. CanMEDS is being updated for 2015 and preparations are underway to adjust to new paradigms of teaching. Competency based teaching, the impact of new technologies on training and practice and HHR concerns are among the new developments that will be areas for discussion in the coming year. 🕵️

See “Royal College” on next page
physicians are partaking in activities that were not previously considered an important part of an ID physician’s practice, including outpatient parenteral antimicrobial therapy (OPAT), viral hepatitis management, antimicrobial stewardship, infection prevention and control, and others. Because of the rather limited time available for training—and a strong desire to maintain flexibility in training—consideration is being given to attenuating the time spent on Microbiology rotations. No changes have been proposed yet, but 2014 will be a time of consultation, proposed modifications, and further consultation to make ID training programs reflective of modern ID practice.

Consistent with the Royal College’s interest in Health Human Resources, the ID Specialty Committee explored the issue of ID employment following Fellowship. All Adult and Pediatric ID Training Program Directors responded. We found that over the past 3 years, 77 Infectious Diseases Physicians (excluding those funded independently or from foreign services) have completed training in Canada with 29 (38%) of these physicians trained in pediatric infectious diseases. 56% of these 77 graduated trainees are pursuing additional training, with 65% of adult infectious diseases fellows doing additional training and 39% of pediatric infectious diseases fellows doing additional training. Ten out of the 17 pediatric ID fellows not pursuing additional training did not have a full-time ID position at the time of the fall 2013 questionnaire. (The same was true for only 2 out of the 17 adult ID fellows not pursuing additional training.)

The ID Specialty Committee will start work on trying to establish a national curriculum. Whether or not this will take the form of a full, formal on-line curriculum or, possibly, a blend of local and national content. With the move toward competency-based training with CanMEDS 2015, close collaboration between training programs will become more important.

There are several highlights for the Journal during this past calendar year. At the May 6, 2013 Editorial Board meeting in Québec City, it was confirmed by the Publisher that CJID&MM was in a profitable position again during the last year. We had successful discussions with Pulsus who have agreed to increase the number of issues to 6 per year beginning in 2014. We are continuing to work towards improving timeliness of reviews and have two new Associate Editors in the Microbiology and Epidemiology sections. We continue to attract increasing numbers of international authors which is positive for the Journal and a reflection of its global reach. All articles are open access on the Pulsus website and an agreement has been reached with Pulsus to have a Creative Commons license which will be evident in the Journal in 2014. Pulsus has also established an “electronically published ahead of press” section added to the website with the intent to have all manuscripts accepted for publication edited, laid out and placed in the “In-Press” Section within 30 days of acceptance. Significant enhancements have been added to the “online” system, most notable the ability to “uninvite” a tardy reviewer. Discussions are ongoing with respect to entertaining special series on specific topics such as Transplant Infectious Diseases and Travel Medicine. 🎨
Antimicrobial Stewardship and Resistance Committee (ASRC)
Chair: Lynora Saxinger – Edmonton, AB

Committee Members:
Edith Blondel-Hill – Kelowna, BC
John Conly – Calgary, AB
Bruce Dalton – Calgary, AB
Sameer Elsayed – London, ON
Jennifer Grant – Vancouver, BC
Jim Hutchinson – Victoria, BC
Mirabelle Kelly – Montréal, QC
Allison McGeer – Toronto, ON
Andrew Morris – Toronto, ON
David Patrick – Vancouver, BC
Yvonne Shevchuk – Saskatoon, SK
Louis Valiquette – Sherbrooke, QC
Karl Weiss – Montréal, QC
A. Mark Joffe – Edmonton, AB
(Ex-Officio) President

Developments this year:
Membership:
• We will reconfirm core members, announce a Vice Chair, and offer expanded collaborative member status to interested parties at the Conference. The value of the group - the collaborative communication network we have envisioned – has not yet been realized. This is potentially related to the rather consuming local level development underway experienced by most people involved in Stewardship as Accreditation Canada spurs developments. The infrastructure development for this network, although theoretically not difficult or extensive, has proved elusive. High interest and Communications support should take us further in the next year.

Products:
• The results of the “State of Hospital Stewardship” survey at the last Conference were summarized in the AMMI Canada newsletter, Members Connect, with further analysis to come.

• The ASRC is planning a meeting devoted to development of cross disciplinary stewardship support documents with an initial focus on shared educational modules in early 2014. Dates have not yet been established.

• We have been invited to provide feedback on a Canadian Paediatric Society position statement on stewardship by Dr. Nicole Le Saux, which we will share with the membership when it is made public.

• The NCCID sponsored report (working title - “Surveillance of Antimicrobial Resistance and Antibiotic Utilization and Recommendations for Canadian Surveillance”) was to be issued in December. A very useful review process suggested a significantly different direction be taken with the interpretation of the data, so this has been delayed by a few months. Many thanks to the ASRC members contributing and the expanded Steering Committee and Project Team.

Communications and Advocacy:
• The AMMI Canada-ASR Committee was active in media events around Antibiotic Awareness Week 2013, with plans for ongoing and ever more collaborative participation – now, PHAC is developing plans for Antibiotic Awareness messaging, which may take the place of or build off of (I can’t imagine it would compete with!) the work done by the NCCID in this area. The AMMI Canada-ASR Committee will be represented by myself and perhaps others – the initial meeting is planned soon.

• A communications strategy around the release of the AMR-AU surveillance report is under development with the NCCID.

• Media and Advocacy: A number of AMMI Canada and AMMI Canada ASR Committee leaders and members were quoted, to sometimes controversial effect, in a Post Media News series that spanned issues such as on Clostridium difficile, AMR, and surveillance data availability. This did result in some useful open discussion and overall positive change in some aspects of data availability once the challenges were highlighted in this fashion.

• Internal Communications: We have sorted out some communications strategies that DON’T work– the blog-website “test” runs proved not to be a favoured mechanism, perhaps because the need to sign in to the website acts as a speed bump. An experiment I set up using Google Groups with the World Alliance Against Antimicrobial Resistance (WAAAR) consortium group illuminated issues with usability that deterred me from pursuing that further. I understand some of the functionality of Google Groups has recently improved and this may yet be a viable way to develop a Community of Practice communication platform. This is a priority: with the new AMMI Canada Communications Coordinator, we will begin work on a collaboration-communication platform to develop a Community of Practice as multiple sites are in various stages of stewardship work and preparedness. At the Conference meeting we will hold a focus group with the members to provide some guidance.

We look forward to a productive meeting - meetings at the conference in Victoria!
Canadian Hospital Epidemiology Committee (CHEC)

Co-Chairs:
Virginia Roth – Ottawa, ON
Joanne Langley – Halifax, NS

Committee Members:
Lei Ang – Kamloops, BC
Natalie Bridger – St. John’s, NL
Elizabeth Bryce – Vancouver, BC
John Conly – Calgary, AB
John Embil – Winnipeg, MB
Joanne Embree – Winnipeg, MB
Gerald A. Evans – Kingston, ON
Sarah Forgé – Edmonton, AB
Charles Frenette – Greenfield, QC
Michael Gardam – Toronto, ON
Gregory German – Charlottetown, PE
David Haldane – Halifax, NS
Elizabeth Henderson – Calgary, AB
Jim Hutchinson – Victoria, BC
Michael John – London, ON
Lynn Johnston – Halifax, NS
Kevin Katz – Toronto, ON
Pamela Kibsey – Victoria, BC
Magdalena Kuhn – Moncton, NB
Joanne Langley – Halifax, NS
Bonita Lee – Edmonton, AB
Christina Lee – Hamilton, ON
Camille Lemieux – Toronto, ON
Victor Leung – Vancouver, BC
Nicole Le Saux – Ottawa, ON
Mark Loeb – Hamilton, ON
Anne Matlow – Toronto, ON
Allison McGeer – Toronto, ON
Dominik Mertz – Hamilton, ON
Sophie Michaud – Sherbrooke, QC
Mark Miller – Montréal, QC
Dorothy Moore – Montréal, QC
Caroline Quach – Montréal, QC
Susan Richardson – Toronto, ON
Virginia Roth – Ottawa, ON
Lynora Saxinger – Edmonton, AB
Andrew Simor – Toronto, ON
Stephanie Smith – Edmonton, AB
Kathryn Suh – Ottawa, ON
Geoffrey Taylor – Edmonton, AB
Nisha Thampi – Ottawa, ON
Eva Thomas – Vancouver, BC
Natalie Turgeon – Québec, QC
Joseph Vayalumkal – Calgary, AB
Mary Vearncombe – Toronto, ON
Karl Weiss – Montréal, QC
Alice Wong – Saskatoon, SK
Dick Zoutman – Kingston, ON

The Canadian Hospital Epidemiology Committee completed the following work in 2013:

- CHEC welcomed two new members
- CNISP completed and publically released a surveillance report on Vancomycin resistant Enterococcus
- CNISP completed a CVC-BSI Surveillance report which is awaiting approvals for public release – expected release date is Winter 2014
- Three additional hospitals were added to the CNISP network for a total of 57 participating sites.

The following manuscripts were published:


Communications and Public Relations Committee

Chair: B. Lynn Johnston – Halifax, NS

Committee Members:
William Bowie – Vancouver, BC
John Embil – Winnipeg, MB
Daniel Gregson – Calgary, AB
A. Mark Joffe – Edmonton, AB
Michel Laverdière – Montréal, QC
Jason LeBlanc – Halifax, NS
Lynora Saxinger – Edmonton, AB

The Committee met only once in 2013; and that was during the Annual Conference in Québec City in April. For most of the year the Committee was without the support of a Communications Coordinator, which hampered its ability to remain active and productive. Tamara Nahal began employment with AMMI Canada in November as Communications Coordinator, which we are optimistic will contribute to a more productive 2014.

Statement Sheets on Health Events
In 2013, the Committee released statement sheets on:


• World TB Day, highlighting that TB is largely a disease of poverty, affecting nations and communities where access to health care is limited. March 22, 2013

The above-mentioned documents are posted in the public section of our website under the Media Centre News/Press Releases tab.

Antibiotic Awareness Week, November 18–22, 2013

A very visible way that AMMI Canada highlights the importance of antimicrobial stewardship is with its Antibiotic Awareness Week activities. The Antimicrobial Stewardship and Resistance Committee, together with the AMMI Canada Secretariat, posted tools that health care workers can use to create awareness about the threat of antimicrobial resistance and links to webinars and online discussions on this topic, including one hosted by Dr. Lynora Saxinger. Links to these resources can be found on our AMMI Canada home page.

Other media activities
In November, there was media interest in the survival of the Canadian Nosocomial Infection Surveillance Program and the timeliness of surveillance reports coming from the Public Health Agency of Canada (PHAC). While messages were taken out of context to some extent by the press, in the end PHAC heard from our President of AMMI Canada’s ongoing concern that health information that is important for decision makers is not available in a timely fashion and improvements are needed. PHAC appeared to take this message seriously and promised action.

AMMI Canada History
While the Communications and Public Relations Committee remains committed to seeing the completion of this project, work has come to a stop until our Communications Coordinator has had time to address other priorities. The goal remains to have a section on our website that highlights our Association’s evolution, successes and challenges. Feel free to offer suggestions by contacting the AMMI Canada Secretariat.

Member Communications
We continue to send regular listservs to members, notifying them of employment and educational opportunities. We have facilitated research projects of several AMMI Canada members by distributing links to their research surveys. We also use the listserv to publicly acknowledge contributions of members to AMMI Canada and other national societies and organizations. As an example, a listserv was sent to membership notifying them of the posting of the 2013 TB Standard, thanking (and naming) AMMI Canada members who contributed, and indicating that a link to the Standard could be found under the Guidelines tab of our website.

With our new Communications Coordinator, who brings fresh ideas and lots of energy, I have suggested that Council re-examine the structure and activities of the Communications and Public Relations Committee and explore ways to enhance its contributions.

I extend my thanks to Stephanie Wolkowycz who has kept our communications to members going over the last year.
The Committee concentrated on two areas this year:

**Recruitment of New Committee Members**

Our goal was to recruit new members representing the fields of Infectious Diseases, Medical Microbiology and Clinical Microbiology. We recruited new members by several means this year. Our first recruitment initiative occurred at the AMMI Canada – CACMID Annual Conference 2013, during the Trainees’ Session. At the Toronto fellow’s retreat in August 2013, Lise Bondy facilitated the presentation of the roles and responsibilities of the AMMI Canada Associate Committee. Subsequently, we sent a recruitment email out to the AMMI Canada associate membership, which also yielded new members to the Committee.

**Plan and Promote Trainees’ Day**

Our Trainees’ Day program has been finalized. We focused on topics which were requested by previous attendees, based on feedback from last year’s evaluations. Additionally, our advisors gave us several great ideas with respect to topics and potential speakers. As with previous years, Trainees’ Day will feature several interactive sessions related to non-medical expert topics such as Physician-Industry interactions and international opportunities. We are also having a session on CV development, as well as career planning and resources. We will have a networking event immediately following Trainees’ Day, allowing associate members to interact with each other and faculty members. We have made the effort to ensure the session addresses the needs of Trainees in fields of Infectious Diseases, Medical Microbiology and Clinical Microbiology. The planning has been very successful thanks to the hard work of the Associate Committee and the AMMI Canada support staff.

We are planning to promote Trainees’ Day by sending an email to Infectious Diseases, Medical Microbiology and Clinical Microbiology Fellowship program directors, which advertises the topics, and the non-medical expert CanMEDS competencies they cover. Additionally, we will send an email to the associate membership advertising the event.

Future directions for the Committee include further work to increase the profile and relevance of AMMI Canada amongst future and current trainees. We plan to collect feedback at the Trainees’ Day, in the form of a survey. This will help to direct the AMMI Canada Associate Committee to address the needs of trainees. Additionally, this survey will help to direct the content of future AMMI Canada Trainees’ sessions.

We have had a busy year, and are grateful for the support of the AMMI Canada Council and the AMMI Canada support staff in helping move the agenda of the Associate Committee forward.
Education / Continuing Professional Development Committee

Chair: Sarah Forgie – Edmonton, AB
Vice-Chair: Anupma Wadhwa – Toronto, ON
Vice-Chair: (Accreditation) Isabelle Chiu – Edmonton, AB

Committee Members:
Julie Carson – Calgary, AB
Karen McClean – Saskatoon, SK
Heather Onyett – Kingston, ON
Anita Rachlis – Toronto, ON
Yoko Schreiber – Aylmer, QC
Alexander Wong – Regina, SK
Joanne Salmon – Saint John, NB
Malika Sharma – Toronto, ON
Stephanie Smith – Edmonton, AB
A. Mark Joffe – Edmonton, AB
(Ex-Officio) President

1. The AMMI Canada Educational Needs Assessment was used to develop the topics and scientific content for the 2014 annual conference.
2. The EdCPDC has ensured that all of the objectives in the 2014 annual conference program have appropriate action verbs, and the Committee is starting to accredit the presentations.
3. Shelley Ross, the educational expert who helped to create the needs assessment will be speaking with the membership at the AGM about the needs assessment. We plan to close the loop by asking further questions about whether the educational needs of the membership have been met.
4. AMMI Canada has received accreditation status from the Royal College for another 5 years. The review committee commented on our progress and recognized the hard work of the EdCPDC.
   a. AMMI Canada letter to Royal College regarding renewed accreditation
   b. Royal College renewed accreditation letter
5. The Committee has added three new members: Joanne Salmon, Malika Sharma and Stephanie Smith.

CPD Activities Accredited and Co-developed by AMMI Canada in 2013:

General Accreditation
AMMI Canada – CACMID Annual Conference 2013 (April 4-6, Québec City, QC)

Workshops
Endocarditis: New Developments (Sunovion Pharmaceuticals – April 5, Québec City, QC)

Integrated Symposia
Clostridium difficile (CDI): Discovering the need for new treatment algorithms and care pathways (Optimer Pharmaceuticals, April 4, Québec City, QC)
High-risk patients: The challenge of pneumococcal immunization (Pfizer Pharmaceuticals, April 5, Québec City, QC)
The shifting paradigm of extended spectrum Beta Lactamase (ESBL) resistance (Merck Canada, April 6, Québec City, QC)

Published Guidelines:
1. AMMI Flu: A mobile device App for medical practitioners available free on iTunes November 2013

Guidelines Committee
Chair: Gerald Evans – Kingston, ON

Published Guidelines:
INDEPENDENT AUDITORS’ REPORT ON
2013 SUMMARIZED FINANCIAL STATEMENTS

To the Members of the Association of Medical Microbiology
and Infectious Disease Canada (AMMI Canada)

The accompanying summarized statement of financial position and summarized statements of revenue and expenses and cash flows are derived from the complete financial statements of the Association of Medical Microbiology and Infectious Disease Canada (AMMI Canada) as at December 31, 2013 and for the year then ended on which we expressed an opinion without reservation in our report dated March 5, 2014. The fair summarization of the complete financial statements is the responsibility of management. Our responsibility, in accordance with the applicable Assurance Guideline of The Canadian Institute of Chartered Accountants, is to report on the summarized financial statements.

In our opinion, the accompanying financial statements fairly summarize, in all material respects, the related complete financial statements in accordance with the criteria described in the Guideline referred to above.

These summarized financial statements do not contain all the disclosures required by Canadian accounting standards for not-for-profit organizations. Readers are cautioned that these statements may not be appropriate for their purposes. For more information related to the organization’s financial position, results of operations and cash flows, reference should be made to the related complete financial statements.

Frouin Group
Licensed Public Accountants

Ottawa, Ontario
March 5, 2014
## Financial Statements

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

### STATEMENT OF FINANCIAL POSITION

**AS AT DECEMBER 31, 2013**

<table>
<thead>
<tr>
<th></th>
<th>2013</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ASSETS</strong></td>
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<td></td>
</tr>
<tr>
<td>Cash</td>
<td>$330,490</td>
<td>$218,892</td>
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<td>Investments</td>
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<td>796,634</td>
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<td>Accounts receivable</td>
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<td>29,840</td>
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<td>Other assets</td>
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<td>48,278</td>
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<td><strong>Total Assets</strong></td>
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<td>$1,093,644</td>
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<td><strong>LIABILITIES</strong></td>
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<tr>
<td>Accounts payable and accrued liabilities</td>
<td>$29,823</td>
<td>$17,921</td>
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<td>Deferred revenue and deferred contributions</td>
<td>414,818</td>
<td>404,335</td>
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<td><strong>Total Liabilities</strong></td>
<td>$444,641</td>
<td>$422,256</td>
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<td><strong>NET ASSETS</strong></td>
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<tr>
<td>Internally restricted and invested in capital assets</td>
<td>399,446</td>
<td>404,916</td>
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<td>Unrestricted</td>
<td>299,024</td>
<td>266,472</td>
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<td><strong>Total Net Assets</strong></td>
<td>$698,470</td>
<td>$671,388</td>
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### STATEMENT OF REVENUE AND EXPENSES

**FOR THE YEAR ENDED DECEMBER 31, 2013**

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<thead>
<tr>
<th></th>
<th>2013</th>
<th>2012</th>
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</thead>
<tbody>
<tr>
<td><strong>REVENUE</strong></td>
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</tr>
<tr>
<td>Fellowship</td>
<td>$105,000</td>
<td>$70,000</td>
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<td>Membership dues</td>
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<td>Conference</td>
<td>553,203</td>
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<td>Accreditation</td>
<td>37,194</td>
<td>46,958</td>
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<td>Other</td>
<td>110,526</td>
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<td>CJIDMM and advertising</td>
<td>21,472</td>
<td>24,597</td>
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<td><strong>Total Revenue</strong></td>
<td>$911,804</td>
<td>$964,956</td>
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<td><strong>EXPENSES</strong></td>
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<td>Accreditation</td>
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<td>Awards</td>
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<td>CJIDMM</td>
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<td>Conference</td>
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<td>Fellowship</td>
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<td>70,000</td>
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<td>Meetings</td>
<td>16,972</td>
<td>31,241</td>
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<td>Office administration</td>
<td>133,248</td>
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<td>Professional fees</td>
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<td>Rent &amp; services</td>
<td>27,097</td>
<td>25,872</td>
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<td>Salaries and benefits</td>
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<td>Travel</td>
<td>6,555</td>
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<td><strong>Total Expenses</strong></td>
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<td><strong>EXCESS OF REVENUE OVER EXPENSES FOR THE YEAR</strong></td>
<td>$27,082</td>
<td>$53,537</td>
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### STATEMENT OF CASH FLOWS

**FOR THE YEAR ENDED DECEMBER 31, 2013**

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<tr>
<th></th>
<th>2013</th>
<th>2012</th>
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</thead>
<tbody>
<tr>
<td>Provided by (used in) operating activities</td>
<td>$60,082</td>
<td>158,550</td>
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<tr>
<td>Investing activities</td>
<td>51,516</td>
<td>(254,929)</td>
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<td>Cash, beginning of year</td>
<td>218,892</td>
<td>315,271</td>
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<tr>
<td><strong>Cash, End of Year</strong></td>
<td>$330,490</td>
<td>$218,892</td>
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</table>