Provincial Infectious Diseases Advisory Committee

2007 Annual Report

From Science to Best Practice

Ontario

Introduction

This 2007 Provincial Infectious Diseases Advisory Committee (PIDAC) Annual Report was prepared by the Co-chairs of PIDAC with support from the Manager of the Infectious Diseases Research and Policy Section in accordance with the PIDAC Terms of Reference, 2008.

It includes a summary of the committee's advisory activities between January 2007 and January 2008 and provides useful links to resources for learning more about PIDAC's Best Practices and recommendations.

The Provincial Infectious Diseases Advisory Committee (PIDAC) was formed in 2004

Formed by the Ministry of Health and Long-Term Care in response to a recommendation by the Expert Panel on SARS and Infectious Disease Control, PIDAC is comprised of 36 members appointed by the Chief Medical Officer of Health (CMOH) bringing together respected experts in infection control, infectious disease, medical microbiology, public health, epidemiology and occupational health and safety to study and advise the province's CMOH on the best practices for the prevention, surveillance and control of infectious diseases.

Mission and Vision

PIDAC is a seamlessly integrated expert advisory body providing credible, scientific, infection prevention and infection control knowledge to the Ontario Ministry of Health and Long-Term Care.

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Message from PIDAC's Co-Chairs

Dr. Dick Zoutman

Dr. Douglas Sider

We are pleased to present our 3rd Annual Report of the Provincial Infectious Diseases Advisory Committee.

This report provides the opportunity for PIDAC members to highlight for its partners and stakeholders the outcomes and detailed activities of the committee for 2007.

PIDAC has continued to address its core responsibilities of providing evidence-based and expert guidance with respect to infection prevention and control, the prevention and control of communicable and vaccine-preventable diseases and the development/enhancement of surveillance capacity and measures across Ontario. These efforts, carried out in conjunction with the Ministry of Health and Long-Term Care, seek to improve and enhance knowledge and practice across the health care continuum in Ontario, helping to assure safe, effective, efficient and quality health outcomes for Ontarians.

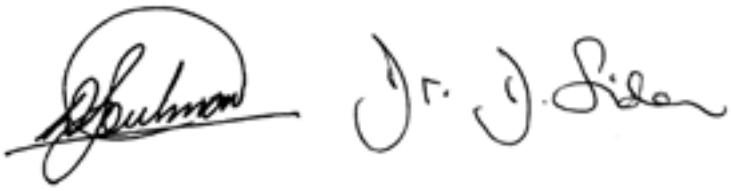
2007 demonstrated great activity and productivity on the part of PIDAC, its subcommittees and working groups, as will be evident in the accomplishments described in this annual report. This productivity has been the result of substantial contributions of energy, expertise and knowledge on the part of the diverse members who make up the committee, subcommittees and working groups. It has as well been the result of the increasingly skilled and energetic contributions provided by the Infectious Diseases Research and Policy Section that has a core role in supporting the PIDAC structure, which came into functional being during 2007. The Infectious Diseases Research and Policy section (IDRP) within the Ministry of Health and Long-Term Care continued to provide secretariat support to the PIDAC committees and members and continuously strived to acquire and strengthen its resources. The PIDAC manager reviewed and improved business processes, and streamlined them to ensure members and health care professionals have ready access to more accurate and timely information.

2007 saw the development of the 2007-2010 PIDAC Strategic Plan, the core strategies of which are outlined in this annual report. One of the health system highlights for 2007, arising from the government's passage of the Health System Improvement Act, was the appointment of the first members to the Board of Directors of the Ontario Agency for Health Protection and Promotion, an overdue and exciting development in terms of the surveillance, epidemiology and knowledge synthesis within the province. As this annual report notes, one of the core strategies for PIDAC involves the active work on PIDAC-Agency transition activities in the coming years.

The activities and achievements of PIDAC would not be possible without the energetic input of a great many stakeholders who helped to keep PIDAC relevant and accountable. Their feedback and active participation in stakeholder consultations on draft best practices guidance documents, through participation in knowledge exchange vehicles such as video conferences, and from the active use of PIDAC documents to help structure and inform practice at local levels, have made a measurable difference. On behalf of PIDAC, the co-chairs would like to express our enormous thanks to the hundreds of you who have been active and constructive collaborators in our efforts this past year.

On behalf of PIDAC and its membership, we invite you to read the 2007 Annual Report to see for yourself how PIDAC has continued with its commitment to support the Ontario Ministry of Health and Long-Term Care and the people of Ontario in the prevention and control of infectious diseases.

Respectfully submitted,



Dr. Dick Zoutman and Dr. Douglas Sider
Co-chairs, PIDAC

Message from the Chief Medical Officer of Health

Dr. David Williams

It gives me great pleasure to introduce the 2007 Annual Report reflecting the activity of the Provincial Infectious Diseases Advisory Committee (PIDAC) of the Ministry of Health and Long-Term Care Ontario.

Co-chairs Dr. Dick Zoutman and Dr. Douglas Sider, along with support from Infectious Diseases Research and Policy section, continue to maintain PIDAC's momentum while continuously examining and evaluating outcomes, refocusing efforts and reprioritizing.

Upon reflection, 2007 was a year of synergy. Thirty-six members along with ministry staff met more than 60 times, consulted with hundreds of health care professional stakeholders, undertook province-wide engagement and training on *C. difficile* and flash sterilization, drafted three new Best Practice documents to support Infection Prevention Control and Surveillance, piloted a tool for institutions to monitor and record hospital acquired infections and engaged in a strategic planning exercise, building on the previous 2004 plan, to chart the committee's course for the next three years into 2010. Challenges in the year included the development of recommendations and advice that directly informed Best Practice, Protocols and/or policy on the management of *C. difficile*, *Clostridium difficile* associated disease (CDAD) and mumps.

Recognizing that PIDAC must be accountable, PIDAC committed in 2007 to improving transparency, accessibility and measuring performance. To make it easier for health care professionals and the public to access PIDAC, its best practices and its partners, we have undertaken many changes to PIDAC's web page on the ministry's website at www.PIDAC.ca, including the commitment to ensuring that all publications are available in both English and French. PIDAC has in place a solid stakeholder

engagement and knowledge dissemination strategy to which further refinement was realized in 2007, through solidification of partnerships and streamlining of procedures. Although performance measurement frameworks are in their infancy, we have demonstrated and articulated results for Ontarians and will continue to further develop these frameworks and reporting of results in the coming year.

I am committed to building public health policy and programs on a strong foundation of science and scientific evidence and as such, will continue to actively solicit the expert advice of the members of PIDAC on initiatives outlined in their 2007-2010 work plan. We will continue to ensure the accessibility of PIDAC's recommendations through timely decision-making and posting on the ministry's website.

I am grateful to the appointed members of PIDAC who give of their time and share their knowledge and expertise. I also extend thanks to our ministry staff, partners and stakeholders for their continuing support and help in achieving our goals. I pledge to continue our efforts to ensure a safe and healthy Ontario for today and tomorrow through the translation of science into Best Practice.

Yours truly,

David C. Williams, MD, MHSc, FRCPC
Chief Medical Officer of Health (A)
Associate Chief Medical Officer of Health, Health Protection

About the Report

Each year, the Executive of PIDAC prepares an annual report to reflect the achievements and record of all the activities of the committee and its membership to be presented to the Chief Medical Officer of Health.

At the beginning of each new three-year term, PIDAC develops a strategic plan to reflect the vision and priorities through themes and goals. The year 2007 marked the beginning of the second three-year term for PIDAC and the second strategic planning exercise. The themes that emerged from this integral part of PIDAC planning process were: Knowledge creation; Partnerships; Decision-making; Communication and marketing; and PIDAC/Agency relationship.

Strategic planning and the development of committee work plans represent PIDAC's collective vision for the committee and are a key step in the ongoing collaborative relationship and processes between the committee and the Ministry of Health and Long-Term Care. It is the foundation of the annual business planning cycle that recognizes and acknowledges the need for alignment to ministry priorities, business planning, and budgeting and performance measurement.

This 2007 Annual Report is the committee's record and account on year one of the three-year term (2007-2010) and is organized around five core sections. More information about specific PIDAC documents or initiatives, as well as links to PIDAC partners, can be found on PIDAC's web page on the Ministry of Health and Long-Term Care's website at: www.PIDAC.ca

Key Achievements

1. PIDAC has gained credibility and recognition in the field for developing superior best practice documents and for the successful strategy in which these documents are communicated and disseminated to health care professionals upon publication.

2. PIDAC has developed and follows a successful proven stakeholder engagement strategy when developing best practice documents.

3. In all its initiatives, PIDAC and its committees work closely with the ministry and the Chief Medical Officer of Health. Additionally, PIDAC partners with the Regional Infection Control Networks (RICNs), the Ontario Hospital Association, and Public Health Units in the dissemination of knowledge-based products to promote a unified approach to infection prevention and control and the implementation of best practices.

4. The Ministry of Health and Long-Term Care continues with its efforts to build the Infectious Disease Research and Policy section and PIDAC business processes within the ministry.

Publications

During 2007, PIDAC published a series of fact sheets, guidelines, recommendations, and best practice reports designed to improve Ontario's understanding of – and responses to – infectious diseases. These are noted within the Knowledge Creation Strategy that follows on page 10.

The Year In Review – 2007

"PIDAC advises the Chief Medical Officer of Health (CMOH) on prevention, surveillance and control measures necessary to protect the people of Ontario from infectious disease."

We have established and defined five essential strategic themes that reflect the direction of our committee for the next three-year term (2007-2010) to enable us to become a recognized and referenced leader in the provision of credible scientific infection prevention and control knowledge and advisors to the CMOH. They are:

Strategy 1: Knowledge creation

Strategy 2: Partnerships

Strategy 3: Decision-making

Strategy 4: Communication and marketing

Strategy 5: PIDAC/Agency relationship

Either goals or a set of targeted outcomes have been identified for each strategy. Each year, as part of the business planning process, the Executive of PIDAC review the committee and subcommittee work plan which is developed in collaboration with members and ex officios. This plan is subsequently consulted on internally with ministry staff and ultimately approved by the CMOH. This work plan includes identifiable actions that support the achievement of targeted outcomes or goals. We would like to profile our committee's initiatives in these five areas, each of which is part of our three-year plan to prevent and control the spread of infectious diseases in a transparent and accountable manner.

Strategy 1: Knowledge Creation

We are committed to developing recommendations, best practices and advice based on credible, scientific evidence.

PIDAC undertakes initiatives necessary to ensure the creation of credible, scientifically valid, timely and respected knowledge-based products. This strategy is developed in conjunction with the annual business planning cycle to ensure the effective prioritization on the development of PIDAC best practices, advice and recommendations.

PIDAC follows a rigorous process to ensure its documents represent the best available information at the time of publishing. This process includes:

- An extensive, global review of all evidence-based literature
- Ranking and weighting of the science and scientific evidence
- Surveys of existing national and global practices
- Stakeholder review of draft documents for feedback
- A review and update of all documents at least every two years – or more frequently, if warranted

2007 Highlights

PIDAC best practices, recommendations and decisions of the CMOH are posted on PIDAC's web page on the ministry's website for access by Health Care Professionals

In 2007, two new Best Practices were published

- Infection Prevention and Control of Resistant Staphylococcus aureus and Enterococci in all Health Care Settings Best Practice
- Revised Best Practice for the Management of Clostridium difficile in all Health Care Settings

How recommendations are approved

PIDAC

PIDAC is an expert advisory group that makes recommendations to the Chief Medical Officer of Health (CMOH) about the prevention and control of infectious diseases. When considering recommendations, the PIDAC fundamentally considers whether the recommendation provides good practice and responsible use of health care resources if it is funded.

Since 2004, the government has sought the input of health care experts into infectious disease policy, programs and practices that impact health care professionals and the health of Ontarians.

The CMOH reviews the recommendations from the Provincial Infectious Diseases Advisory Committee, considers the public benefit, implementation and operational issues, as well as fiscal impact – and then makes a final decision.

The Infectious Diseases Research and Policy Section within the Public Health Division provides further advice to the CMOH on the government's ability to implement the recommendation.

Results for Ontarians

PIDAC published and provided educational sessions on the following published best practice documents in 2007:

- *Revised Best Practice for the Management of Clostridium difficile in all Health Care Settings*
- *Infection Prevention and Control of Resistant Staphylococcus aureus and Enterococci in all Health Care Settings Best Practice*
- *Flash Sterilization*, fact sheet
- *Routine Practices*, fact sheet
- *Hand Hygiene*, fact sheet

PIDAC provided advice to the CMOH on the following:

- *C. difficile* institutional surveillance by way of piloting a tool that would allow institutions to record information about patients with *C. difficile*, establish baseline prevalence, and calculate incidence in a consistent manner. Ten institutions representing the health care continuum across the province with the assistance of the Coordinators of the Regional Infection Control Networks volunteered to beta test the tool. Recommendations stemming from the pilot were formulated and presented to the CMOH.
- A series of recommendations on vaccine use in publicly funded programs – The Ontario Publicly Funded Immunization Schedule.
- Ontario's hand hygiene initiative "Just Clean Your Hands."
- Infection Prevention and Core Competency Education program.

PIDAC continued with the development of four best practices in 2007. These were:

1. Best Practices for Hand Hygiene in all Health Care Settings.
2. Best Practices for Surveillance of Health Care-Associated Infections in Patient and Resident Populations.
3. Best Practices for Infection, Prevention and Control Programs in Ontario, in all Health Care Settings.
4. Best Practice for Sexually Transmitted Infections Case Management.

Strategy 2: Partnerships

PIDAC will be aware of and will collaborate with organizations regionally, provincially, inter-provincially, nationally and internationally to shape effective infection prevention and control policy advice and create best practices to protect the health of Ontarians.

2007 Highlights

PIDAC continued to develop effective partnerships through:

- Maintaining excellent relationship with the office of the CMOH and ministry staff.
- The development and signing of a Memorandum of Understanding with the Emergency Management Unit of the Public Health Division within the MOHLTC that specifies our roles as scientific advisors in the event of a provincial infectious diseases outbreak and/or public health emergency.
- Sponsoring of the International Infection Control Council's International Concensus Conference on Clostridium Difficile Associated Disease, and hosted a joint focus session with the MOHLTC on how to manage CDAD in Ontario.
- The expansion and enhancement of existing collaborations and communications with the Regional Infection Control Networks (RICNs), the Ontario Hospital Association (OHA) and ministry health care officials and professionals has enabled us to strengthen our ability to deliver information and education on infectious disease advice and practice across the province to health care professionals simultaneously.

Results for Ontarians

- Health care professionals have access to the best practice publications through the PIDAC web page, and are invited to attend province-wide video conferences introducing the documents and have the opportunity to pose questions to PIDAC experts on these best practice documents. Documents and presentations are archived on the OHA and MOHLTC websites to ensure accessibility of the document, the presentation and the expert panel question and answer period where PIDAC experts responded live to questions from health care professionals from across the province.
- Developed a successful, inclusive and respectful stakeholder consultative model.
- PIDAC is fully supported by the Infectious Diseases Research and Policy Section within the Public Health Division of the MOHLTC. The manager of this section is appointed as a member of the PIDAC Executive and has the role of overseeing the management and operations of the PIDAC committee and subcommittees inclusive of the development of PIDAC policy and procedures governing the committee, its members and activities.

Strategy 3: Decision-making

PIDAC will create a planning and priority setting structure and refine standardized policies and processes necessary to enable the development of appropriate work plans and deliverables for the committee and subcommittees.

2007 Highlights

PIDAC continued to deliver effective decisions through:

- Hosting a strategic planning exercise to develop a new three-year plan.
- Further refining annual business processes and policies on developing and prioritizing strategic work plans that included the expansion of consultation with stakeholders and clients.
- Further refining formal structural committee processes and policies that included updated membership appointments, and call for new members through the development of a nomination committee and formal Call for Member policy to ensure the recruitment and retention of highly dedicated and qualified expert members.
- Establishing clearer roles and responsibilities with clients that included more formal processes with the Regional Infection Control Networks.
- Revising Terms of Reference for the main committee and four standing committees.
- Establishing a Work Group to develop best practices for the management of cases/contacts of Hepatitis C infections.

Results for Ontarians

- A responsive work plan developed by health care professionals that fills gaps and needs identified by experts that aligns with ministry priorities and represents both public and institutional health.

Strategy 4: Communication and Marketing

PIDAC will design and execute effective communication and marketing strategies that successfully increase awareness in the minds of clients. PIDAC will undertake activities to develop a comprehensive understanding of their clients, their clients' communication needs, channels and influences, and the information they need to make decisions to implement more effective practices or effect change.

2007 Highlights

- PIDAC Best Practices were made available at conferences such as the 2007 Influenza Conference, Toronto.
- Stakeholders and clients were surveyed about the PIDAC web page from which feedback was used to inform and strengthen the web page, and improve accessibility.
- Health care professionals were surveyed during PIDAC province-wide video conferences and events.
- Published the 2006 Annual Report.
- Continue to offer our Best Practices and Products in both English and French.
- We expanded our stakeholder engagement on technical consultations.
- Executive presentations on PIDAC were delivered to Public Health units and other agencies as requested.
- Members were invited to present on PIDAC products at national and international conferences.

Results for Ontarians

- Health care professionals are provided with easy access to clear information on infection prevention and control best practices to reduce the occurrence of infectious diseases across the health care continuum.
- Through the annual report, the PIDAC web page and presentations and other activities help health care professionals learn about the importance of striving to meet the recommendations cited within PIDAC's Best Practices.
- The ministry plans to keep refreshing PIDAC's web page to continue to deliver new information about infection prevention and control of infectious diseases.
- The ministry and PIDAC will continue to partner and pursue innovative ways to communicate and market PIDAC products.

Strategy 5: PIDAC/Agency Relationship

PIDAC/Agency relationship is an alignment strategy that allows PIDAC to pursue each of the strategic directions necessary to ensure the maximum impact of PIDAC resources in the short and mid-term, while positioning PIDAC for seamless transition into its new relationship with the Ontario Agency for Health Protection and Promotion (OAHPP) framework. Through this strategy PIDAC is committed to full collaboration and active participation in the design and development of the Agency.

2007 Highlights

- PIDAC continued to review and improve business processes and policies while keeping abreast of OAHPP construct and mandate.
- Supported the development of linkages between PIDAC and OAHPP.
- Facilitated regular briefings on Agency developments.
- Fostered partnerships to support the objective and priority of the Office of the Chief Medical Officer of Health with respect to transition issues.

Results for Ontarians

- PIDAC will continue to provide advice to the CMOH and create products that support health care professionals in the reduction and control of infectious diseases.
- PIDAC will partner with OAHPP on initiatives of mutual interest as a resource for scientific expertise that serves the MOHLTC, OAHPP and CMOH.

2008 – The Year Ahead

Going forward, PIDAC will continue to execute our mandate and strategic priorities. We have a work plan dedicated to advise the province's CMOH on the best practices for the prevention, surveillance and control of infectious diseases. Our committees will continue to put forward advice, recommendations and products to the CMOH for consideration.

In 2008, we want to continue with the development, publication and knowledge transfer of a number of Best Practice Documents, some of which include:

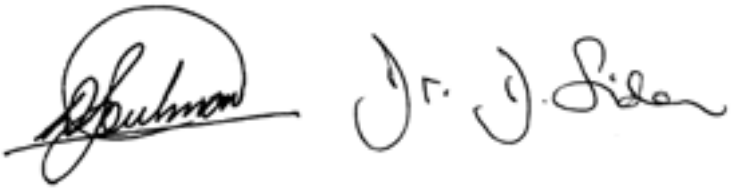
- Best Practices for Hand Hygiene in all Health Care Settings
- Best Practice for Surveillance of Health Care Associated Infections in Patient and Resident Populations
- Best Practices for Infection Prevention and Control Programs in Ontario for all Health Care Settings
- Best Practices for Environmental Cleaning in all Health Care Settings
- Routine Practice and Additional Precautions in all Health Care Settings
- Best Practices for Case Management and Contact Tracing for Reportable Sexually Transmitted Infections
- Best Practices for Public Health Hepatitis C Case Management
- Guidance documents to support the Ontario Public Health Standards and Infectious Diseases Protocols

We are committed to ensuring our Best Practices are "Evergreen" through reviewing and revising the published best practice documents on a biennial basis (every 2 years). In 2008 we will review and revise:

- Best Practice Manual: Cleaning, Disinfection and Sterilization in all Health Care Settings
- Best Practice Manual: Preventing Febrile Respiratory Illnesses

In the coming year, as we begin our transformation with the establishment of the OAHPP, we will focus our energies on achieving goals that have the greatest effect in achieving our mandate. Maintaining our current structure and success requires that we manage our resources and preserve focused direction, one that moves science into best practice and effective policy to prevent and control infectious diseases.

Sincerely,



Dr. Dick Zoutman and Dr. Douglas Sider
Co-chairs, PIDAC

About PIDAC

Background

In response to a recommendation by the Expert Panel on SARS and Infectious Disease Control (the Walker Panel) the Ministry of Health and Long-Term Care established the **Provincial Infectious Diseases Advisory Committee** (PIDAC) to provide a single standing source of expert advice on infectious diseases for Ontario.

PIDAC advises the Chief Medical Officer of Health (CMOH) on prevention, surveillance and control measures necessary to protect the people of Ontario from infectious diseases. PIDAC provides the CMOH with advice on issues such as standards and guidelines for infection control, emergency preparedness for an infectious disease outbreak, protocols to prevent and control infectious diseases, and immunization programs.

PIDAC brings together a high level of expertise from relevant fields across Ontario's health care sector, including respected experts in infection control, infectious disease, medical microbiology, public health, epidemiology, and occupational health and safety.

PIDAC's mandate requires that it:

- Review and recommend revisions to provincial standards and guidelines for infection prevention and control.
- Prepare best practice documents for use by health professionals to address new infection prevention and control developments, or infectious disease issues of provincial significance.
- Develop infectious disease indicators that must be reported, and develop models of infection control programs.
- Review and advise on:
  - Specific areas of infectious disease control
  - Research priorities
  - Educational programs
  - Proposed changes to existing provincial infectious disease legislation and regulations
  - Protocols and guidelines
  - Immunization issues; and
  - Health emergency preparedness and response issues.
- Review Health Protection and Promotion Act regulations on Communicable, Virulent and Reportable Diseases.
- Review and approve communicable disease surveillance protocols of the Ontario Hospital Association and the Ontario Medical Association.
- Work with Regional Infection Control Networks (RICNs) to standardize core deliverables applicable to all networks across the province.

Profile of PIDAC:

PIDAC is organized as follows:

Executive Committee:

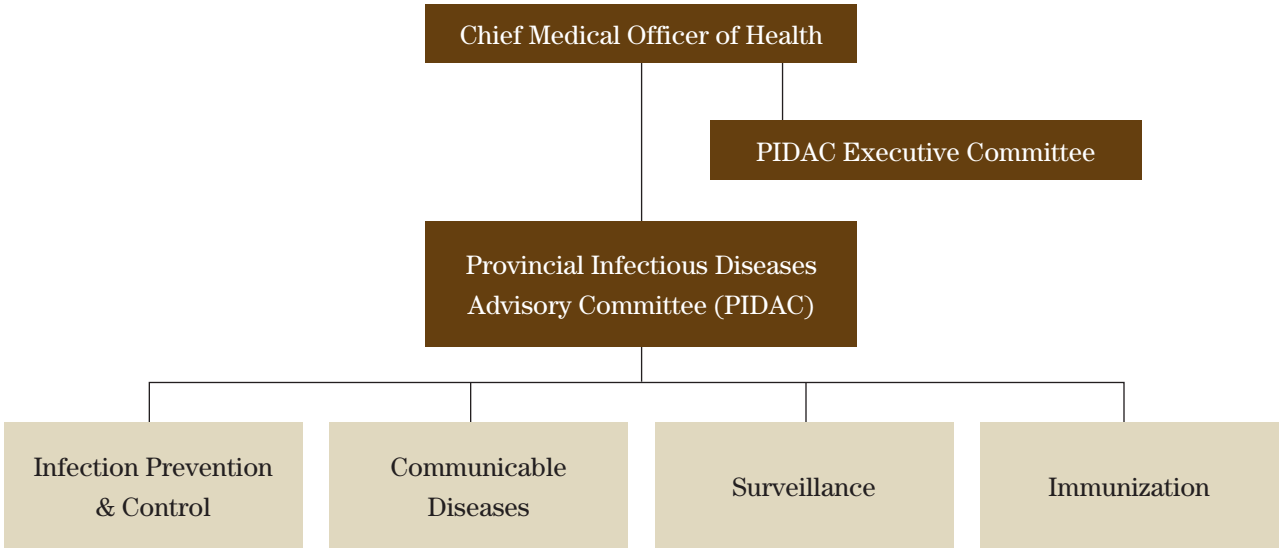
Left to right: Dr. David Williams, Dr. Douglas Sider, Cassandra LoFranco, Dr. Dick Zoutman

PIDAC's Executive Committee is composed of (appearing left to right): Dr. David Williams, Associate Chief Medical Officer of Health, Dr. Douglas Sider, Cassandra LoFranco, Manager, Infectious Diseases Research and Policy, Dr. Dick Zoutman and, Phil Jackson, Director, Strategic Planning and Implementation Branch.

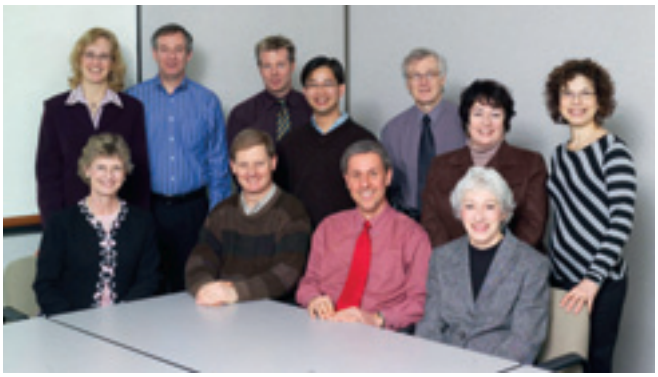
The Executive Committee meets regularly and provides strategic leadership for the implementation of directions approved by the CMOH, as well as overall administration for the committee. This includes developing the committee's strategic plan, which sets out the themes, goals, and strategic priorities for the committee.

Phil Jackson

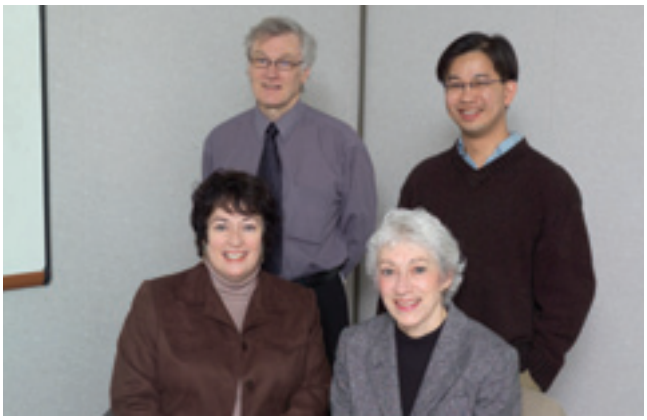
Organizational Structure



To provide scientific advice and support to the CMOH (not operational issues)



PIDAC Main Committee Members
Standing left to right: Anne Bialachowski, Dr. Gary Garber, Dr. Chris O'Callaghan, Dr. Colin Lee, Dr. Ian Gemmill, Sandra Callery, Dr. Anne Matlow
Sitting left to right: Dr. Maureen Cividino, Dr. Dick Zoutman, Dr. Doug Sider, Dr. Mary Vearncombe



PIDAC Subcommittee Chairs
Standing left to right: Dr. Ian Gemmill, Dr. Colin Lee
Sitting left to right: Sandra Callery, Dr. Mary Vearncombe

The main committee, composed of experts across the health care continuum and ministry staff is currently co-chaired by Dr. Douglas Sider, Associate Medical Officer of Health, Region of Niagara Public Health, and Dr. Dick Zoutman, Chief of the Department of Medical Microbiology and Infection Control, Kingston General Hospital and Professor of Pathology and Molecular Medicine at Queen's University.

PIDAC currently has four standing Subcommittees, including:

- Communicable Diseases
- Immunization
- Infection Prevention and Control, and
- Surveillance

Members

PIDAC members devote their time, expertise, perspective and insight to advise the CMOH. The following members served in 2007:

PIDAC Main Committee:

Dr. Doug Sider, Co-chair of PIDAC and Associate Medical Officer of Health, Region of Niagara Public Health
Dr. Dick Zoutman, Co-chair of PIDAC and Professor and Chair, Divisions of Medical Microbiology and of Infectious Diseases, Queen's University & University Hospitals, Kingston

Anne Bialachowski, Regional Coordinator, Central South Infection Control Network
Sandra Callery, Director, Infection Prevention and Control, Sunnybrook Health Sciences Centre, Toronto
Dr. Maureen Cividino, Occupational Health Physician, St. Joseph's Hospital, Hamilton
Dr. Gary Garber, Professor and Head of Infectious Diseases, Ottawa Hospital and University of Ottawa
Dr. Ian Gemmill, Medical Officer of Health, Kingston, Frontenac and Lennox and Addington Public Health
Dr. Colin Lee, Associate Medical Officer of Health, Simcoe Muskoka District Health Unit & Staff Emergency Physician, Royal Victoria Hospital of Barrie
Dr. Anne Matlow, Director, Infection Prevention and Control, The Hospital for Sick Children, Toronto
Dr. Chris O'Callaghan, Project Coordinator, NCIC Clinical Trials Group & Associate Professor, Queen's University
Dr. Mary Vearncombe, Medical Director, Infection Prevention and Control, Sunnybrook Health Sciences Centre and Women's College Hospital
Dr. Leon Genesove, Physician, Ministry of Labour
Dr. Frances Jamieson, Medical Microbiologist, Clinical and Environmental Microbiology Department, Ministry of Health and Long-Term Care
Cassandra LoFranco, Manager, Infectious Diseases Research and Policy, Ministry of Health and Long-Term Care
Dr. David Williams, Acting Chief Medical Officer of Health, Associate Medical Officer of Health and Promotion, Ministry of Health and Long-Term Care

Subcommittee on Communicable Diseases:

Dr. Colin Lee, Chair

Cathy Egan, Regional Infection Control Network Coordinator, Waterloo Wellington Infection Control Networks
Dr. Margaret Fearon, Executive Medical Director, Medical Microbiology, Canadian Blood Services
Heather Hague, Manager, Infectious Diseases Program, Niagara Region Public Health
Dr. Ian Kitai, Staff Physician, TB Specialist, The Hospital for Sick Children, Division of Infectious Diseases
Lee Sieswerda, Epidemiologist, Thunder Bay District Health Unit
Dr. Doug Sider, Associate Medical Officer of Health, Niagara Region Public Health
Dr. Fiona Smaill, Infectious Diseases/Microbiology, Hamilton Health Sciences – McMaster University Medical Centre Adult ID physician

Dr. Deb Stark, Assistant Deputy Minister, Chief Veterinarian for Ontario, Ontario Ministry of Agriculture, Food and Rural Affairs

Dr. Barbara Yaffe, Director of Communicable Disease Control and Associate Medical Officer of Health, Toronto Public Health

Dr. Dean Middleton, Senior Veterinary Consultant, Enteric and Zoonotic Diseases Unit, Ministry of Health and Long-Term Care

Dr. Fran Jamieson, Medical Microbiologist, Clinical and Environmental Microbiology Department, Public Health Laboratories

Subcommittee on Immunization:

Dr. Ian Gemmill, Chair & Medical Officer of Health, Kingston, Frontenac and Lennox and Addington Health Unit

Mary Anne Carson, Manager, Communicable Disease Control Services, Halton Region Health Department

Dr. Ronald Gold, Head of Infectious Disease Division, The Hospital for Sick Children (retired) Professor of Paediatrics, University of Toronto (retired)

Dr. Saul Greenberg, Associate Professor, Department of Paediatrics, University of Toronto

Dr. Jay Keystone, Staff Physician, Centre for Travel and Tropical Medicine, Toronto General Hospital

Dr. Bryna Warshawsky, Associate Medical Officer of Health, Middlesex-London Health Unit

Dr. Doug Sider, Associate Medical Officer of Health, Niagara Region Public Health

Dr. Barbara Kawa, Senior Medical Consultant, Public Health Division, Ministry of Health and Long-Term Care

Subcommittee on Infection Prevention and Control:

Dr. Mary Vearncombe, Chair & Medical Director, Infection Prevention and Control, Sunnybrook Health Sciences Centre and Women's College Hospital

Mary Lou Card, Manager, Infection Prevention and Control, London Health Sciences & St. Joseph's Health Centre

Dr. Maureen Cividino, Occupational Health Physician, St. Joseph's Hospital, Hamilton

Renee Freeman, Infection Control Practitioner, The Hospital for Sick Children

Dr. Michael Gardam, Director, Infection Prevention and Control, University Health Network, Toronto

Dr. Beth Henning, Medical Officer of Health, Huron County Public Health

Dr. Allison McGeer, Director, Infection Control, Mount Sinai Hospital, Toronto

Pat Piaskowski, Infection Control Coordinator, Thunder Bay Regional Health Sciences Centre

Dr. Virginia Roth, Director, Infection Prevention and Control Program, The Ottawa Hospital, Ottawa

Dr. Dick Zoutman, Co-chair of PIDAC and Professor and Chair, Divisions of Medical Microbiology and of Infectious Diseases, Queen's University & University Hospitals, Kingston

Dr. Erika Bontovics, Senior Infection Control Consultant, Infectious Diseases Branch, Public Health Division, Ministry of Health and Long-Term Care

Liz Van Horne, Infection Control Consultant, Strategic Planning & Implementation Branch, Public Health Division, Ministry of Health and Long-Term Care

Clare Barry, Senior Infection Control Planning Consultant, Strategic Planning & Implementation Branch, Public Health Division, Ministry of Health and Long-Term Care

Subcommittee on Surveillance:

Sandra Callery, Chair & Director, Infection Prevention and Control, Sunnybrook Health Sciences Centre, Toronto

Dr. Charles Gardner, Medical Officer of Health, Simcoe Muskoka District Health Unit

Brenda Guarda, Epidemiologist, Communicable Disease Surveillance Unit, Simcoe Muskoka District Health Unit

Dr. Ian Johnson, Associate Professor, Department of Public Health Sciences, Faculty of Medicine, University of Toronto

Faron Kolbe, Manager, Control of Infectious Diseases and Infection Control, Toronto Public Health

Dr. Chris O'Callaghan, Project Coordinator, NCIC Clinical Trials Group & Assistant Professor, Community Health and Epidemiology, Queen's University

Dr. Dick Zoutman, Co-chair of PIDAC and Professor and Chair, Divisions of Medical Microbiology and of Infectious Diseases, Queen's University & University Hospitals, Kingston

Sexually Transmitted Infections Work Group:

Dr. Rita Shahin, Chair, Associate Medical Officer of Health, Toronto Public Health

Yvette Geridis, Health Promotion Consultant, Sexually Transmitted Infections, Toronto Public Health

Dr. Mary Gordon, Clinic Medical Director, Ottawa Public Health

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Terms of Reference

For the most current version of PIDAC's Terms of Reference for the main committee, subcommittees and work groups, please visit www.PIDAC.ca

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Thank you for your interest in PIDAC's 2007 Annual Report. We welcome your comments on how we can make this report a more informative document. We are particularly interested in your comments on the usefulness of the information and the manner in which it is presented. Please send your comments to:

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