



# ANNUAL | 2005 REPORT | 2006

CANADIAN COMMITTEE ON ANTIBIOTIC RESIST-  
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# CANADIAN COMMITTEE ON ANTIBIOTIC RESISTANCE (CCAR)

## COMMITTEE PROFILE (VISION & MISSION)

### Vision

*Canada will be an international leader  
in the prevention and control of antimicrobial resistance.*

### Mission

*CCAR advocates for, facilitates and promotes programs  
related to surveillance, optimal antimicrobial use and infection  
prevention and control to limit antimicrobial resistance.*

### Background / Profile

The Canadian Committee on Antibiotic Resistance (CCAR) was formed in 1998 to co-ordinate Canadian efforts to control the development and spread of antimicrobial resistance. Incorporated in 2004, CCAR's membership represents those government and non-government organizations that have the common goal of reducing antimicrobial resistance in Canada.

Working together on activities identified in the *National Action Plan to Address Antibiotic Resistance*, CCAR's main areas of interest are resistance surveillance, infection prevention and control, and optimal antibiotic use. We provide outreach to the health care and agricultural communities through a variety of activities, including professional seminars, a series of reports and informational documents for specific target audiences and managing one of the most comprehensive websites on resistance in Canada ([www.ccar-ccra.org](http://www.ccar-ccra.org)).

CCAR also works with various levels of government to develop policy and identify human and financial resources to address resistance. As well, we facilitate co-operative approaches and activities among the diverse interests within both the public and private sectors.

The Public Health Agency of Canada provides considerable financial support through a three-year contract for services which expires in March, 2008. Whenever possible, CCAR leverages these resources to undertake activities and specific projects with those partners dedicated to the same interest in reducing antimicrobial resistance.

*This report covers the period April 1, 2005 through March 31, 2006*

## MESSAGE FROM THE CHAIR

Since our inception in 1998, CCAR has worked diligently to identify and address those priorities that would have the greatest impact on reducing the burden of antimicrobial resistance (AMR) in Canada. In reviewing the activities of CCAR during the last reporting year, it is apparent that the greatest successes have come through collaboration with our many partners in the human health care and agrifood fields. Highlights of the past year have included the development of the Community Associated methicillin-resistant *Staphylococcus aureus* (CA-MRSA) Guidelines, Guidelines for Hygiene and Asepsis in Long Term/Community Care and the workshop and resulting recommendations for Novel Alternatives to Antibiotics in which CCAR was a participant. The organization has leveraged its own resources to be able to contribute to work by other organizations and individuals from across Canada. By recognizing our common goals, the medical and veterinary communities have been able to address a significant public health issue facing Canada's population today.

In addition to the tremendous support received from the Public Health Agency of Canada (PHAC), one of CCAR's greatest strengths has been the expertise, dedication and efforts of our Board of Directors, our past Executive Director and those researchers and health staff in both the human and agrifood fields who have worked with us on a variety of projects. I would like to take this opportunity to recognize their contributions and note that the advances made in fighting AMR have only been made because of their hard work and sacrifice.

I would like to personally acknowledge the stellar contributions and singular dedication of Rick Walter in his role as Executive Director over the past seven years. His contributions have had a significant impact on the development and growth of the organization and on behalf of the Board we would like to wish him well in his new endeavours. The organization has been fortunate to recruit Jane McIvor as the new Executive Director during the past year. Her organizational abilities, energy and experience in the media and communications areas will be major assets to CCAR and the Board looks forward to working with her. However, we need to remember that there is still much to do before there is no longer a need for organizations like CCAR. With the alarming increase of community-associated methicillin-resistant *Staphylococcus aureus* infections that have been reported throughout Canada, the United States and Europe, CCAR's leadership is more important than ever. And key activities, such as surveillance and prevention and control, will be even more successful through continued communication, networking and the sharing of information. These activities and their promotion and advocacy are core to CCAR's mandate.

I encourage and challenge all members of CCAR and stakeholders within the human and veterinary health care fields to continue the momentum that has taken us this far – and to persist until our vision of being an international leader in the prevention and control of AMR has been turned into a reality.

A handwritten signature in blue ink that reads 'John Conly'.

Dr. John Conly

## MESSAGE FROM THE EXECUTIVE DIRECTOR

Following in the footsteps of someone such as Rick Walter, CCAR's previous Executive Director, is a daunting, and somewhat overwhelming assignment. I can clearly see that much of CCAR's success can be attributed directly to Rick's talent at building relationships and challenging people to produce results that have had a real and tangible affect on the issue of antimicrobial resistance (AMR). The evidence of his work is in the support that CCAR has received and the successful working relationships that I have inherited. It is motivational to see such collaboration among so many different organizations across Canada.

When I was approached by CCAR with the opportunity of becoming the Executive Director, there was an obvious concern, on both sides, about my lack of medical knowledge and connections within the health care field. I knew that to be successful in this position, I would have to rely on my strengths – association and project management, communications and strategic planning, and great enthusiasm to take up the challenge being laid before me. As we reviewed the priorities and issues facing CCAR, it was apparent that the Committee did not need another expert in the medical field – indeed, the expertise and knowledge already present on the Board and within the Working Groups fully satisfied CCAR's needs in those areas.

In picking up where Rick left off – with initiatives such as the Personal Digital Assistant (PDA) Version of the *Bugs and Drugs Reference Book* and the awareness and professional development campaign with the Coaching Association of Canada – I can see that communications and project management skills are assets that will benefit these projects greatly. Other priorities for CCAR, including re-confirmation of CCAR's vision, mission and mandate going forward, will profit from my strategic planning and association management strengths. And the enthusiasm I have for implementing the priorities of CCAR will hopefully be contagious and breathe new life and a new approach to CCAR's activities.

I look forward to the challenges that lie ahead, and especially look forward to working with new team members and colleagues on initiatives that are so important to the rest of Canada. It is with this sense of responsibility that each project we undertake will be making a difference in the health and welfare of the Canadian public that I gladly accept my role.



Jane McIvor



## MEMBERSHIP

*The members of CCAR represent those organizations committed to working together to reduce antimicrobial resistance in both the human health and agrifood sectors. Membership is broken into four categories: Not-for-Profit Professional Societies; Not-for-Profit Industrial Associations; Government Agencies; and Associate Members.*

### NOT-FOR-PROFIT PROFESSIONAL SOCIETIES

Canadian Association of Clinical Microbiology and Infectious Diseases (CACMID)  
Canadian External Quality Assessment – Advisory Group on Antibiotic Resistance (CEQA-AGAR)  
Canadian Hospital Epidemiology Committee (CHEC)  
Canadian Medical Association (CMA) - *observer*  
Canadian Paediatric Society (CPS)  
Canadian Pharmacists Association (CPhA)  
Canadian Public Health Association (CPHA)  
Canadian Veterinary Medical Association (CVMA)  
College of Family Physicians of Canada (CFPC)  
Community and Hospital Infection Control Association (CHICA)  
Do Bugs Need Drugs (DBND)  
Enteric Diseases Surveillance Steering Committee (ENDS)  
Groupe contre la Resistance aux Anit-Microbiens (GRAM)  
National Information Program on Antibiotics (NIPA)  
University of Calgary – Centre for Antimicrobial Resistance (CAR)

### NOT-FOR-PROFIT INDUSTRIAL ASSOCIATIONS

BIOTECanada  
Canada's Research-Based Pharmaceutical Companies (Rx&D)  
Canadian Animal Health Institute (CAHI)

### GOVERNMENT AGENCIES

Alberta Health and Wellness  
British Columbia Ministry of Health  
Canadian Food Inspection Agency  
Canadian Public Health Laboratory Network  
Council of Chief Medical Officers of Health  
Ontario Ministry of Health and Long-Term Care  
Public Health Agency of Canada

### ASSOCIATE MEMBERS

Numerous individuals with an interest in antibiotic resistance. For more information on how to join, please contact Jane McIvor.  
[jmcivor@ccar-ccra.org](mailto:jmcivor@ccar-ccra.org)  
604-909-3844.

## BOARD OF DIRECTORS & OBSERVERS

*CCAR's Directors are recruited from across Canada with a vested interest in antibiotic resistance.*

Edith Blondel-Hill – British Columbia Children's Hospital

Nora Boyd – Bluewater Health, Sarnia, Ontario

John Conly (Chair) – Foothills Hospital, Calgary, Alberta

Susan Fryters – Capital Health, Edmonton, Alberta

Paul Hasselback – Interior Health, Kelowna, British Columbia

Greg Horsman – Saskatchewan Public Health Laboratory

Jim Hutchinson – Health Care Corporation of St. John's, Newfoundland

Scott McEwen – Ontario Veterinary College, University of Guelph, Ontario

John Prescott – Department of Pathobiology, University of Guelph, Ontario

Official Observers: Shirley Paton and Rebecca Irwin (Public Health Agency of Canada)



**WORKING GROUPS**

*PROVIDING CONCEPTS, PLANNING AND LEADERSHIP FOR CCAR ACTIVITIES*

**INFECTION PREVENTION AND CONTROL**

Nora Boyd - Chair, Community and Hospital Infection Control Association

Clare Barry, Ontario Ministry of Health and Long-Term Care

John Conly, CCAR Chair

Brenda Dyck, Winnipeg Regional Health Authority

Agnes Morin Fecteau, Veterans Affairs Canada, Ste Anne's Hospital

Dr. Elizabeth Henderson, Calgary Regional Health Authority

Linda Kingsbury, Vancouver Coastal Health

Marg McKenzie, Public Health Agency of Canada

Patsy Rawding, Infection Control, Nova Scotia

Liz Van Horne, Ontario Ministry of Health and Long-Term Care

Rick Wray, Hospital for Sick Children

**SURVEILLANCE WORKING GROUP**

Andy Simor - Chair, Canadian Association of Clinical Microbiology and Infectious Diseases

John Conly, CCAR Chair

Greg Horsman, Canadian Public Health Laboratory Network

Jim Hutchinson, Associate Member

Jim Kelner, Associate Member

Allison McGeer, Associate Member

Mike Mulvey, Public Health Agency of Canada

David Patrick, BC Centre for Disease Control

Bob Rennie, CEQA-AGAR

Paul Varughese, Health Canada

Karl Weiss, Groupe contre la Resistance aux Anit-Microbiens (GRAM)

**INTERNATIONAL REPORT CARD WORKING GROUP**

John Conly - Chair, CCAR Chair

Carole Bair, Public Health Agency of Canada

Rebecca Irwin, Public Health Agency of Canada

Scott McEwen, Associate Member

Wayne Saray, National Information Program on Antibiotics

Karl Weiss, Groupe contre la Resistance aux Anit-Microbiens (GRAM)



## CURRENT AND ON-GOING ACTIVITIES / UPCOMING INITIATIVES

### CA-MRSA GUIDELINES DEVELOPMENT

With the rise of Community Associated methicillin-resistant *Staphylococcus aureus* (CA-MRSA) creating considerable concern among health care professionals, CCAR Directors and staff worked closely with the Ontario Ministry of Health and Long-Term Care who organized and led a workshop in October, 2005, in Toronto to develop adult and paediatric guidelines for Community Associated MRSA. In addition to providing funding for travel for event organizers and speakers, CCAR Directors participated to help develop, review and provide comment on draft documents. CCAR has also partnered with MOHLTC and PHAC to assist with publication and distribution.

The guidelines, available for review on-line at [www.ccar-ccra.org](http://www.ccar-ccra.org), convey information regarding the epidemiology and microbiology of CA-MRSA, as well as recommendations related to the clinical management, prevention and control of CA-MRSA infections. It complements existing publications on Hospital Associated methicillin resistant *Staphylococcus aureus* (HA-MRSA) and CA-MRSA, including a recent statement from the U.S. Centers for Disease Prevention and Control.

### GUIDELINES FOR HYGIENE AND ASEPSIS LONG TERM/COMMUNITY CARE

In November, 2005, the Infection Prevention and Control Working Group met to develop best practices guidelines for Hygiene and Asepsis in long term and community care settings. The resulting document, *Guidelines for Hygiene and Asepsis in Long Term Care and Community Care including Health Care Offices*, is now in the final stages of completion.

Covering long term care (such as nursing homes, homes for the aged and behavioural health facilities) and community health settings (such as health practitioner offices – doctors' offices, physiotherapy clinics, dental offices, community health centres and public health agencies providing health clinics), the guidelines use the Canadian Community and Hospital Infection Control Association's (CHICA-Canada) core competencies for health care providers. They will assist the health practitioner with a succinct guide to having clean care in their long term care and community clinic settings. The guidelines focus on screening residents/clients, clean hands, clean equipment, and clean environment for health care practitioners.

### NOVEL ALTERNATIVES TO ANTIBIOTICS

CCAR was pleased to work in partnership with regional and national, government and non-government organizations to provide planning and support for the Institute of Infection and Immunity's (III) interactive workshop, *Novel Alternatives to Antibiotics*. Leading researchers, brought together for two days in Vancouver in March, 2005, reviewed and discussed a variety of alternatives and provided recommendations for development of a research initiative. Three themes emerged as being of high priority: Immune Systems; Phage Therapy; and Physical Systems / Biomaterials.

As a result, III was provided with a path to move forward in developing a Request for Applications to fund research in the themes and topics discussed at the workshop but with emphasis on the three themes identified above. Further recommendations from the workshop included requiring applicants to clearly identify the innovative components of their research project, the contribution their results will make in reducing the problem of antibiotic resistance, expected milestones and an explanation of the process by which research findings will be translated into clinical practice. For more information, please visit [www.cihr-irsc.gc.ca/e/31302.html](http://www.cihr-irsc.gc.ca/e/31302.html).

### INTERNATIONAL REPORT CARD WORKING GROUP

In December, 2005, the Centre for Coastal Health, in partnership with CCAR, completed *Towards an International Report on Antimicrobial Resistance*. The objective of the report was to determine if a multinational report card on antimicrobial resistance that included Canada could be created.



**CURRENT AND ON-GOING ACTIVITIES / UPCOMING INITIATIVES (CONT'D)**

The report:

- reviewed some of the principles and requirements for writing a comparative report card;
- sought existing multinational programs that could be adopted as a report card;
- identified Canadian programs on antimicrobial resistance surveillance, drug use and infection control that could provide national data; and
- compared Canadian national programs with national programs from other countries to identify obstacles and opportunities for intra-country comparisons and to develop recommendations for improvements in Canada's ability to develop a comprehensive national picture of antimicrobial resistance.

While the report's conclusions highlighted the difficulties and challenges in producing an international report card, it did provide lessons which will allow for greater gains in Canada's progress toward understanding and controlling rising rates of antimicrobial resistance through coordination of existing efforts to create synergies and efficiencies in data collection. The report can be downloaded from [www.ccar-ccra.org](http://www.ccar-ccra.org) (from the International Report Card Working Group page).

**CEQA-AGAR GUIDELINES**

The Canadian External Quality Assessment Advisory Group on Antibiotic Resistance (CEQA-AGAR) was revitalized in 2005 through funding by CCAR. Led by Dr. Michael Noble, CEQA-AGAR has worked over the past year to update standards and best practices for antimicrobial susceptibility testing and reporting. The earlier guidelines, published in 1999, are available for review at [www.phac-aspc.gc.ca/publicat/ceqa-pceeq/index.html](http://www.phac-aspc.gc.ca/publicat/ceqa-pceeq/index.html).

**COACHING ASSOCIATION OF CANADA (CAC) AWARENESS AND PROFESSIONAL DEVELOPMENT CAMPAIGN**

In a partnership designed to bring awareness to thousands of coaches, athletes and parents, CCAR and CAC will be working together to develop a series of information tools including fact sheets on CA-MRSA and other issues related to antibiotic resistance; public display materials, including posters for changing rooms; professional development modules.

**BUGS AND DRUGS PERSONAL DIGITAL ASSISTANT (PDA) VERSION**

With the recent publication of the fourth edition (2006) of *Bugs and Drugs*, authors and CCAR Directors Edith Blondel-Hill and Susan Fryters are currently working with Capital Health Region to investigate the feasibility of a PDA Version of their popular reference book. Recognizing that many physicians and health care workers are increasingly relying on digital and electronic media for their reference material, the Bug and Drugs Working Group will be seeking technical advice to assess and provide recommendations on development and implementation of the PDA Version.

**WEBSITE AND ONGOING ACTIVITIES**

CCAR's website ([www.ccar-ccra.org](http://www.ccar-ccra.org)) is one of the most up to date and relevant sources of information relating to antimicrobial resistance on the web. Recent articles, publications, and notices of events are continually added to provide a comprehensive look at AMR issues. CCAR also continues to work with stakeholders across Canada in both the private and public sectors to implement priorities identified in 2004's National Action Plan, including a labelling program for prescriptions; Provincial activities; updates in the Canadian Journal of Infectious Diseases and Medical Microbiology; annual meetings; communications and outreach; and assistance with government policy development.



**STATEMENT OF REVENUES AND EXPENSES  
APRIL, 2005 TO MARCH, 2006 (UNAUDITED)**

	2005/06	2004/05	2003/04
<b>REVENUES</b>			
Government of Canada	\$ 185,561	\$ 0	\$ 223,856
Industry Grants	\$ 13,600	\$ 0	\$ 0
Interest & Other	\$ 779	\$ 97	\$ 1,897
<b>TOTAL</b>	<b>\$199,940</b>	<b>\$ 97</b>	<b>\$ 225,753</b>
<b>EXPENDITURES</b>			
Administration	\$ 133,516	\$ 156,844	\$ 151,652
Materials & Supplies	\$ 3,383	\$ 7,208	\$ 12,340
Projects	\$ 35,485	\$ 37,099	\$ 20,457
Travel	\$ 24,386	\$ 13,098	\$ 39,174
Overhead	\$ 11,578	\$ 6,695	\$ 9,749
<b>TOTAL</b>	<b>\$208,348</b>	<b>\$220,944</b>	<b>\$ 233,372</b>
<b>Net Revenue</b>	<b>\$ -8,408</b>	<b>\$-220,847</b>	<b>\$ -7,619</b>

