



# ASSOCIATION OF PUBLIC HEALTH EPIDEMIOLOGISTS IN ONTARIO

TO ADVANCE AND PROMOTE THE DISCIPLINE AND PROFESSIONAL PRACTICE OF EPIDEMIOLOGY IN ONTARIO PUBLIC HEALTH UNITS

# APHEO ANNUAL REPORT 2004

## EXECUTIVE COMMITTEE

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President, Durham Region Health Department

**Lee Sieswerda**

Vice President, Thunder Bay District Health Unit

**Suzanne Sinclair**

Secretary Treasurer, North Bay and District Health Unit

**Mary Lou Decou**

Association of Local Public Health Agencies (alPHA) Rep, Regional Niagara Public Health Department

**Nancy Day**

Ontario Public Health Association (OPHA) Rep, Toronto Public Health

**Ruth Sanderson**

Ontario Council of Community Health Accreditation (OCCHA) Rep, Middlesex-London Health Unit

## PRESIDENT'S REPORT

### Perspectives of a Teenager: Steps Toward Maturity | SUBMITTED BY: SHERRI DEAMOND

In 2004 APHEO officially moved into its teenage years as the association turned 13. As such we appropriately continued on our path to maturity, celebrating a few “firsts” and building on our foundations. One of those firsts was the presentation of the inaugural APHEO Award of Excellence. The award was designed by the Executive to recognize outstanding contributions in the advancement or promotion of the practice of public health epidemiology in Ontario. In an effort to surprise both the recipient and the membership, the Chair of the 2004 Conference Organizing Committee, Mary Lou Decou, presented the award to a very shocked Carla Troy. The presentation was the perfect finish to an amazing meal at the Peller Estates Winery in Niagara-on-the-Lake. Carla has been a long-standing member and strong supporter of APHEO. She has worked tirelessly to help provide opportunities for APHEO to be involved in the ongoing development of the Skills Enhancement for Health Surveillance program at the Public Health Agency of Canada, and has been an ongoing member of our annual conference organizing committees. A well deserving “first” award winner.

**The APHEO Award of Excellence recognizes outstanding contributions in the advancement or promotion of the practice of public health epidemiology in Ontario**

A committee has since been formed to develop the processes and procedures around future Awards of Excellence.

Part of our ongoing building process was continued work toward the goals of our strategic plan. One action which the executive undertook in an effort to meet the goal of “Increasing the capacity to accomplish our mission” was to review the roles of the executive committee and consider expansion of executive.

To that effect, the new executive position of “Past President” was created.

This position will help to maintain continuity on the Executive by sharing past experiences. The Past President will be a non-elected, non-voting member of the executive committee with a one

year term. And of course, I have the honour of being the first official past president. My plan to sneak away quietly at the end of 2004 was just not meant to be!

APHEO also sought support in meeting its strategic planning goals. Since we recognized that much of this work could not be done in isolation and that our goals and vision overlap with those of a number of other public health agencies in the province, we wanted to explore how we could work with these

*(continued on pg. 2)*

## PRESIDENT'S REPORT *(continued)*

other agencies to achieve our goals. Our June 2004 meeting included a panel discussion with representatives from the Association of Local Public Health Agencies (ALPHA), the Ontario Council on Community Health Accreditation (OCCHA), the Ontario Public Health Association (OPHA), the Ministry of Health and Long Term Care, Public Health Division and Health Planning Branch, the Council of Ontario Medical Officers of Health (COMOH), the Ontario Health Intelligence Unit Program, and the Public Health Research, Education & Development (PHRED) program, discussing ways to work together. The session helped to strengthen our existing ties with these organizations as well as foster new partnerships. As an example, APHEO is now working with COMOH towards our shared goal of increasing opportunities for professional development for our members.

Another exciting opportunity for APHEO in 2004 was our

continued involvement in the development and implementation of the integrated Public Health Information System or iPHIS. This information system for public health reporting and surveillance of reportable diseases will be implemented in all public health units in Ontario in 2005. iPHIS will replace the Reportable Disease Information System (RDIS) and will link local Ontario health units into a common database. APHEO participated on the Steering Committee as well as on many of the subcommittees (see report on Committee Involvement in 2004 on page 4) and provided input into the development and implementation plans from a public health epidemiology perspective.

All in all, I'd say, APHEO is doing pretty well for a young teenager. I look forward to our continued trek toward adulthood and all the trials and successes that we'll undoubtedly encounter along the way.

## MEMBERSHIP REPORT

SUBMITTED BY: SUZANNE SINCLAIR

APHEO membership continued to grow throughout 2004, yet again, surpassing 2003 with membership reaching a new high at 135 members: 59 full members and 76 affiliates. This represents a 22% increase in memberships from the previous year.

During 2004, we received 41 new members: 16 full members

and 25 affiliates. As new membership continues to grow, our returning membership is holding strong. Ninety-three members renewed in 2004 (compared to 73 renewals in 2003); 44 full members and 49 affiliates.

Way to go, APHEO!

## OPHA REPORT

SUBMITTED BY: NANCY DAY

The OPHA had a busy year addressing many different advocacy issues. These included responding to Operation Health Protection and indicating support for the provincial government's Public Health Plan; addressing a wide range of specific issues related to alcohol privatization and warning labels, a national breast feeding strategy, air quality, emissions reduction, climate change and human health, and childhood lead exposure – to name a few.

The 2004 OPHA Conference was hosted jointly with the Ontario Ministry of Health and Long Term Care and the PHRED program. The theme, Public Health: The Best Health Investment Thinking Fast | Thinking Smart | Thinking New, challenged us to approach public health in different ways. This included a new award – the Public Health Hero Award. This award recognizes leadership and initiative taken by a citizen to improve the environments in which we live, work, play and learn.

**The 2004 OPHA Conference challenged us to approach public health in different ways.**

OPHA sponsored the award with the Nutrition Resource Centre, Ontario Healthy Schools Coalition, Ontario Society of Nutrition Professionals in Public Health, and Canadian Institutes of Health Research, Institute of Population and Public Health. Nicholas Dodds, a high school student, who successfully challenged Pepsi and Coke, after a two-year legal battle, to divulge information about their exclusive soft drink contracts with public schools in Ontario was the first recipient. Lt-General (Ret.) Roméo Dallaire, Diane Lyn Dupuy (Famous People Players), Dr. Peter

Monette and Dr. Chaviva Hosek challenged the way public health workers approach their work. Dr. Sheela Basrur released her first Chief MOH report "Healthy Weights, Healthy Lives".

OPHA and ALPHA started planning for a joint 2005 conference to be held in November. In August, Elizabeth Leach joined the Association as Executive Director.

SUBMITTED BY: RUTH SANDERSON

I am proud to be submitting my sixth (and final) OCCHA Annual Report to APHEO. When I took on this position six years ago, I was aware of the strong legacy that Paul Kreuger, then the Epidemiologist at the “Hamilton-Wentworth Regional Public Health Department” was leaving. Paul was APHEO's first ever representative to OCCHA, and had positioned APHEO as a credible and reliable partner on the OCCHA Board. In 2003/04, I was pleased to be the first ever APHEO representative to fill the position of OCCHA President. As I move on now to other work within APHEO, I know that Jason Garay, the new OCCHA Representative (and third ever in our history) is well positioned to continue the contribution that APHEO has made to the important work of OCCHA.

OCCHA promotes excellence in public health programs and services primarily through the accreditation of public health units. By defining and publicizing standards related to the structure, process and outcomes of public health agencies and encouraging agencies to meet these standards, OCCHA contributes to the continuous quality improvement of public health in Ontario. Currently there are 14 public health units accredited in Ontario.

During this past year, OCCHA completed the major task of revising and expanding the accreditation standards to focus more on program/service planning, implementation, monitoring and evaluation and to more fully reflect the Mandatory Health Programs and Services Guidelines. An OCCHA Surveyor Training Workshop was held in Toronto on December 13, 2004

**OCCHA promotes excellence in public health programs and services primarily through the accreditation of public health units.**

to train surveyors in the new standards. There were approximately 30 surveyors attending including two APHEO members, Jason Garay and myself, Ruth Sanderson. The criteria to participate on the Board for OCCHA or act as an accreditation surveyor has been broadened to include “any person who is employed

in a management or consultative level within a public health agency (or membership on Board of Health)”. Therefore, most Epidemiologists would qualify on the consultative level and have an overview of the whole health unit's functioning.

The workshop provided an overview in the revisions in the accreditation process including:

- Revision of standards to incorporate Mandatory Guidelines into the Standards
- Revision of standards to reduce duplication
- Revision of standards to include qualitative aspects of activities
- Focus on team approach to the onsite component
- Enhanced pre-survey review by team members
- Onsite focus on interviewing
- Updating and streamlining of surveyor documentation.

The new standards are available on the OCCHA website at [www.occha.org](http://www.occha.org).

Revision of the standards also required consideration of the accreditation award system. Over the past year considerable effort has been made to update the scoring approach. All of these major revisions and improvements to the accreditation standards should come to fruition in 2005.

SUBMITTED BY: MARY LOU DECOU

The Association of Local Public Health Agencies (ALPHA) is a non-profit organization that advocates for public health policies, programs and services on behalf of health units in Ontario. ALPHA represents its members' interests and concerns before governments and other health-related organizations, and consults and advises the Province on public health policies and programs.

This past year has been one of ongoing visibility in public health. SARS, West Nile Virus and the ongoing repercussions from Walker Inquiry, have continued to underscore the critical importance of our public health system in minimizing the threat of health hazards that face us each day. In light of the attention public health has received, ALPHA continues to work strongly to advocate for strengthening the public health system.

While ALPHA has been active advocating for good public health policy in previous years, 2004 was a year in which the

organization itself saw changes. Ingrid Parkes stepped down as president and Larry O'Connor was elected for the remainder of the term. Additionally, there was a new face in the executive director position. Andy Papadopoulos moved on and Linda Steward joined at the start of 2005.

Over the past year ALPHA has been involved in an extensive range of activities to address public health issues in Ontario. In response to Operation Health Protection, ALPHA positioned itself to provide input where possible and appropriate. Regulations related to government policy continue to play a significant role in ALPHA's activities. In addition, ALPHA has focussed on topic-specific areas such as tobacco use, childhood nutrition/obesity, and safe water.

For more information on ALPHA's advocacy efforts, please visit their web site at [www.alphaweb.org](http://www.alphaweb.org).

Members of APHEO participated on the following Committees and Workgroups as Official APHEO Representatives in 2004:

**1. Integrated Public Health Information System (iPHIS) Project Steering Committee**

- Date APHEO Participation Began: November 2003
- APHEO member: Sherri Deamond (Durham Region)
- Mandate: To guide the development, implementation, operation and evaluation of the iPHIS business and systems solution across Ontario for communicable and reportable diseases, including Outbreak Management, in a multi-phase implementation approach.
- 2004 Accomplishments: Meetings were held on a monthly basis to review progress of project and provide recommendations. Received feedback from, and approved recommendations of, various subcommittees including Evaluation, Communications, RDIS Conversion, Surveillance, Standards & Reporting, and Policy, Privacy & Legal.

**2. iPHIS Surveillance, Standards and Reporting Subcommittee**

- Established: February 2004
- APHEO members: Sherri Deamond, Chair (Durham Region), Brenda Guarda (Simcoe), Karen Hay (York Region), Linda Vrbova (MOHLTC)
- Mandate: The Surveillance, Standards and Reporting Subcommittee of the iPHIS Project Steering Committee will provide guidance on issues related to surveillance, data standards and reporting in iPHIS, including the use of Cognos Impromptu, and make recommendations on these issues to the Project Steering Committee. The objectives of the committee are to explore and become more knowledgeable about data standards related to communicable disease surveillance and reporting, to explore issues around the common interpretation of communicable disease surveillance data across Ontario and to explore the development of common communicable disease surveillance reports in Ontario.
- 2004 Accomplishments: Terms of reference for the committee were developed. Links with other groups working on standards were established. Feedback and recommendations were provided to the iPHIS project team around the production of standard reports and configuration of Ontario iPHIS system.

**3. Effective Public Health Practice Project**

- Established: September 1998
- APHEO member: Elizabeth Rolland (KFLA), Valerie Mann (Northwestern)

- Mandate: Maintain province-wide participation in the development and dissemination of systematic reviews and other related activities.
- 2004 Accomplishments: The 2004 Systematic Reviews "Effectiveness of Physical Activity Enhancement and Obesity Prevention Programs in Children and Youth" and "Effectiveness of Methoprene for Controlling Mosquito Populations in Ontario that can Carry West Nile Virus" have been posted to the Effective Public Health Practice Project website (<http://www.city.hamilton.on.ca/PHCS/EPHPP/EPHPPResearch.asp>). A number of summary statements were also released in 2004 including:
  - > A meta-analysis of fall prevention programs for the elderly: How effective are they?
  - > Post-licence driver education for the prevention of road traffic crashes
  - > Women, sex, and HIV: Social and contextual factors, meta-analysis of published interventions, and implications for practice and research
  - > The effectiveness of worksite physical activity programs on physical activity, physical fitness, and health
  - > Effectiveness of physical activity programs at worksites with respect to work-related outcomes
  - > Mass media interventions for preventing smoking in young people
  - > Exercise to improve self-esteem in children and young people

**4. Ontario Public Health Benchmarking Partnership Executive Committee**

- Date APHEO Participation Began: February 2003
- APHEO member: Brenda Guarda (representing alPHa)
- Mandate: Ontario Public Health Benchmarking Partnership Executive Committee ensures system planning for benchmarking across Ontario public health units by:
  1. identifying and overseeing benchmarking projects
  2. setting priorities
  3. monitoring the budget
  4. striking working committees as required
  5. marketing and promoting benchmarking and best practices in Ontario public health units
- 2004 Accomplishments: The committee was unable to meet in 2004 but their focus was on the development of a business plan for the benchmarking partnership

## 5. Provincial Health Indicators Working Group

- Established: February 1998
- APHEO members: 10 APHEO members and 5 members from HIUs, ICES, MOHLTC; Mary-Anne Pietrusiak, Chair (Durham Region)
- Mandate: To systematically define and operationalize a core set of health status indicators using, as a framework, an elaboration of the Ontario Mandatory Programs and Services Guidelines. To promote use of the indicators and encourage public health units, district health councils, health intelligence units and others to adopt the indicators as defined and to generate the indicators for their areas.
- 2004 Accomplishments: Work was completed on a number of indicators and resources, most notably the Contacts with Health Professionals, and the Child and Adolescent Health sections, and data source descriptions for dental health, ISCIS and the Niday Perinatal Database. The capacity to search on Comparable Health Indicators or PIRC indicators was added to the web site. Mary-Anne Pietrusiak presented on the Core Indicators at the OPHA conference in November.

## 6. Core Competencies for Public Health Epidemiologists (APHEO Task Group)

- Established: November 2004
- APHEO members: 8 APHEO members; Ruth Sanderson, Chair (Middlesex-London)
- Mandate:
  1. To outline a process for the identification of discipline specific core competencies for public health epidemiologists in Ontario that build on the common core competencies currently being identified by the Federal Government in conjunction with OPHA and CPHA.
  2. To obtain funding to support this work.
  3. To identify discipline specific core competencies for public health epidemiologists in Ontario.
  4. To work collaboratively with Epidemiologists in Ontario and other parts of Canada to share these core competencies for public health epidemiologists across Canada.
  5. To make recommendations on how the core competencies for public health epidemiologists could be used.
- 2004 Accomplishments: Committee formed and literature review commissioned by Public Health Agency of Canada and shared with Task Group.

## 7. Ontario Health Informatics Standards Council (OHISC)

- Date APHEO Participation Began: Jan 2004
- APHEO member: Hong Ge (Simcoe)
- Mandate: The OHISC was established to develop the standards recommendations that the chair of SSHA will take to the Minister of Health and Long-

Term Care. OHISC is continuously and actively engaged in the analysis and review of various health informatics standards for adoption in the province and thoroughly investigates existing standards that meet Ontario's distinctive needs. OHISC also maintains its pan-Canadian vision of healthcare reform by considering those standards that meet the needs of Canadians as a whole and not just Ontarians.

- 2004 Accomplishments: In 2004, the following standards were reviewed for adoption as health informatics standards in Ontario.

1. Code of Practice for Information Security Management - ISO/IEC 17799
2. Codes for the representation of names of countries and their sub-divisions - ISO 3166-1 and 3166-2
3. Codes for the representation of languages - ISO 639-2
4. National electronic Claims Standard (NeCST)
5. Network Operating Standards: Internet Protocol, Firewalls, Virtual Private Networks

## 8. APHEO Skills Enhancement Committee

- Established: February 2004
- APHEO Members: 15 APHEO Members, Patrick Seliske, Chair (Waterloo/Public Health Agency of Canada)
- Mandate: To enhance the use of epidemiology skills and knowledge in public health and to incorporate skills enhancement into Ontario health units.
- 2004 Accomplishments: The APHEO skills enhancement module reviewer pool was expanded from 6 to 22 reviewers. Committee members prepared and presented a successful educational session on Skills Enhancement for APHEO members. Eleven of the 24 APHEO members that are currently active Skills Enhancement Facilitators were recruited and trained during the term of the committee.

## 9. Committee for Enhancing APHEO's Ability to Respond to Issues in a Timely Manner

- Established: June 2004
- APHEO Members: Adam Stevens, Chair (Brant), Philippa Holowaty (Hamilton/Halton), Julie Stratton (Peel)
- Mandate:
  - > Exploring options for developing an APHEO position on issues
  - > Exploring process for considering which issues to develop position papers on
  - > Developing policy on how to produce an APHEO position on a given issue
  - > Developing policy on how to decide which issues to produce position papers
- 2004 Accomplishments: The committee made the following recommendations to membership;

- > Decisions should have input from all members, and not be made by the Executive on their own.
- > APHEO take the opportunity to respond to and/or develop resolutions/positions, whenever possible, as long as we do not contradict our mission and vision, or the mandate of Public Health in Ontario.
- > APHEO should adopt a policy of at least annually reviewing proposed resolutions and positions, and voting on them.
- > All issues considered relevant should be brought forward during APHEO meetings by any member of the Executive, membership, or affiliates.

**10. OPHA Core Competencies Task Group**

- Established: 2003
- APHEO member: Nancy Day (Toronto)
- Mandate: To define core competencies for public health that will guide public health education and practice in Ontario.
- 2004 Accomplishments: The task group, with the support of Health Canada, sponsored a 2 day meeting in February inviting representatives from several provincial and national organizations as well as Dr. Kathleen Miner, Rollins School of Public Health, Emory University who shared the US experience. A literature review looking at core competencies in public health was completed. A plan of action and communications plan were devised and subsequently changed when the Federal Government contracted Dr. Brent Moloughney to develop a draft set of public health core competencies for Canada. The materials and work developed by the Task Group provided background information for Dr. Moloughney's work.

**11. Provincial Health Planning Database Advisory Committee**

- Established: 2004
- APHEO Member: Brenda Guarda (Simcoe), Catalina Yokingco (Toronto)
- Mandate:
  - > The Advisory Group members are responsible for advising on improvements and issues on PHPDB planning, operations and maintenance
  - > Discuss stakeholder issues and suggest ideas to resolve them
  - > Increase client involvement in PHPDB planning and quality improvement
  - > Increase active participation of PHPDB stakeholders.
- 2004 Accomplishments:
  - > Working groups were formed to address the following issues: PHPDB Connectivity, Privacy Impact Assessment, Pilot Continuum of Care, Content Planning, Complex Continuing of Care/Chronic Pilot, Geographic Issues, Communication Tools, BI Query and Model and Training Strategy and Tactics

**Members of APHEO participated unofficially on the following Committees or Workgroups in 2004**

**1. Integrated Public Health Information System (iPHIS) Outbreak Module Development**

- Established: September 2003
- APHEO members: Brenda Guarda (Simcoe), Karen Hay (York Region)
- Mandate: While module development was initiated specifically in response to SARS, the purpose of the committee is to develop the outbreak case, contact and exposure management capacity of iPHIS using a framework general enough to be useful for any outbreak. Many agencies are represented including the Public Health Agency of Canada, the Ontario Ministry of Health and Long-Term Care, and several local public health units within Ontario. The final product of the committee will be a functioning outbreak case and contact management module integrated into iPHIS; this will be released in 2005.
- 2004 Accomplishments:
  - > Development of case, contact and exposure sections of the Outbreak Module
  - > Involved in User Acceptance testing of the module
  - > Ensure that the existing functionality of the Reportable Disease Information System (RDIS) is captured in iPHIS
  - > Ensure that enhanced functionality was considered that would address the Ministry's requirements as outlined in Appendices D and E for the reporting of institutional respiratory outbreaks.
  - > Expanded the content of the Outbreak Module to include the ability to create case definitions, capturing human and environmental lab tests and results and creation of epi trees to track the spread of an outbreak in the population

**2. Rapid Risk Factor Surveillance System (RRFSS) Working Group**

- Date Established: January 2000
- APHEO members: 23 APHEO members; Karen Moynagh, Steering Group Chair (Halton Region), Lynne Russell, RRFSS Coordinator
  - Mandate: RRFSS members guide, oversee and act as the decision-making body of the RRFSS. The RRFSS is used to monitor key public health issues and is adaptable to collect information on emerging issues. The results from RRFSS are used to support program planning and evaluation, to advocate for public policy development, and to generate reports that help to improve community awareness regarding the risks for chronic diseases, infectious diseases and injuries. Two other RRFSS Standing Committees with APHEO member participation are

the RRFSS Analysis Group, which responds to analysis concerns and advises on analysis issues identified by the RRFSS members, and RRFSS Steering Group, an intermediate between the Institute for Social Research (ISR) at York University and the RRFSS.

- 2004 Accomplishments:
  - > 2004 RRFSS Annual Workshop held at the Institute for Social Research, York University.
  - > New modules developed in 2004 include: Booster Seat, Childhood Injury Prevention - Awareness Campaign, Food Safety Disclosure, Naturally Green - Pesticide Campaign, Sociodemographic - Martial Status, Tobacco - Cessation, Tobacco - Dependence and Tobacco - Exposure to Environmental Tobacco Smoke
  - > Number of health units participating RRFSS in 2004: 23
  - > RRFSS 2-Day Strategic Planning Session held at the Institute for Social Research, York University.
  - > Presentation (by invitation) at Workshop 2004: Ways of Improving the Connection Between Surveillance, Policy and Public Health Programs, Health Canada and Centers for Disease Control and Prevention
  - > Presentation (by invitation) to the Task Force For Chronic Disease Risk Factor Surveillance, Advisory Committee on Population Health and Health Security, Health Canada
  - > For further information visit the RRFSS Web site: [www.cehip.org/rrfss](http://www.cehip.org/rrfss)

### 3. Michigan/Ontario Border Health Initiative Steering Group

- Date Established: February 2004
- APHEO Member: Elaine D. Hector (Lambton)

- Mandate: The Border Health Initiative was developed by The Michigan Department of Community Health with funding from the Centers of Disease Control to enhance early warning infectious disease surveillance at the border. Professionals from Michigan and Ontario were part of a Steering Group to assess the present level of cooperation and organised a conference to address the issues.
- 2004 Accomplishments: 2004 Michigan-Ontario Border Health Conference (<http://www.wmsu.org/program.php?id=103>), Enhancing Early Warning Infectious Disease Surveillance held September 9 & 10 in Detroit Michigan. A brief summary of the conference is reported in EPI Insight Fall 2004 ([http://www.michigan.gov/documents/EPI\\_insight\\_fal104\\_110950\\_7.pdf](http://www.michigan.gov/documents/EPI_insight_fal104_110950_7.pdf))

### 4. Public Health Communications Portal Advisory Committee

- Date Established: November 2004
- APHEO Member: Jason Garay (Durham)
- Mandate: The mandate of the Communication Portal Advisory Committee (CPAC) is to provide a forum for the discussion of Public Health Information and Information Technology (PHIIT) communications issues in the public health sector and to provide the PHIIT program office and related project teams with leadership, advice, and recommendations in resolving issues
- 2004 Accomplishments: The portal advisory group was formed with representatives from the Ministry of Health and several local health departments. A proposed taxonomy for the structure of the portal was created and a beta version of the portal site is currently being created and evaluated.

## WEBSITE REPORT

SUBMITTED BY: LEE SIESWERDA

Building on last year's web site re-design and the new capabilities implemented for us by the Central East Health Information Partnership (CEHIP), APHEO developed an on-line voting system through it's web site and ran it parallel to this year's election of the Executive Committee. The trial was successful and the APHEO membership voted to adopt the system for all future elections. With this successful implementation of on-line databases and scripting, many possibilities have opened for APHEO to add dynamic con-

**APHEO developed an on-line voting system through it's web site and ran it parallel to this year's election of the Executive Committee.**

tent to its on-line presence.

We received sad news at the end of 2004 that all Ontario Health Intelligence Units, including our own internet host, CEHIP, would close on March 31, 2005. In addition to the sense of loss we feel in losing our colleagues, this closure has implications for APHEO's web

site. By the end of the first quarter of 2005, we will have to relocate both our web site, databases, and our mailing list server, APHEOlist. We anticipate that this will involve significant challenges, but we also hope that it will bring new opportunities.

The 2004 APHEO Conference was held October 3-5, at the Niagara Falls Hilton. The goals of this conference were to provide a forum for the exchange of ideas, knowledge, resources, and research pertaining to the surveillance and epidemiology of communicable diseases in Ontario. The conference opened on Sunday afternoon with the APHEO Annual General Meeting followed by a welcome reception in the early evening. The official conference kicked off on Sunday night with a presentation by Dr. Stephen Joel Corber on "Communicable Disease Surveillance and Outbreak Control: The New Normal – an International Perspective"

Monday began with Dr. Ian Johnson, Associate Professor, Department of Community Health and Epidemiology, University of Toronto speaking on "The New Normal: Decision Making in Epidemiology".

Invited speakers on Monday included: Dr. Kieran Moore, Assistant Professor, Queen's University and Project Director of Syndromic Surveillance Pilot, Ministry of Health and Long-Term Care who gave a talk about Syndromic Surveillance, followed by Faron Kolbe of Toronto Public Health, who gave an update on iPHIS. This was followed by Dr. Graham Tipples of the National Microbiology Laboratory, who spoke about the role of the laboratory for the surveillance of emerging diseases.

After lunch, Rick White discussed outbreak alerts. Dr. George Pasut, Medical Officer of Health for Simcoe County District Health Unit followed with a talk on Public Health CD surveillance activities. This was followed by an overview about the development of the National Public Health Agency.

On Tuesday, Dr. Linda Panaro presented "The Needle in a Haystack: Data Sources in an Outbreak". She was followed by Monique St. Laurent, from the Public Health Agency of Canada who discussed the National Immunization Strategy for Canada. David Lewis then presented the use of GIS for spatial cluster detection. After lunch, Dr. Denis Allard provided an overview of the service provided to Public Health by the Canadian Food Inspection Agency.

Oral abstract presentations were included throughout the conference including Compliance and Psychological Impact of the SARS Quarantine Experience; Building Steps for Canada's New Integrated Enteric Pathogen Surveillance Program; C.pneumoniae Outbreak in a Long-Term Care Facility in Eastern Ontario; Escherichia coli 0157:H7 Outbreak at a Summer Hockey Camp and HBV Infection Status among Manitoba Residents 1992-2001.

Poster presentations were continually available covering the following topics: WNV Surveillance Information System and Website Reporting; Non-Invasive GAS Outbreak in a Daycare Centre and MS Access Database for Pandemic Planning.

An added benefit this year was the availability of a half day workshop at the end of the conference provided by Dr.

Chris O'Callaghan on the Epidemiology of Infectious Diseases and their Control. The conference ended with the 2004 APHEO President, Sherri Deamond announcing that the 2005 APHEO Conference would be held in Cornwall and will be on the topic of healthy lifestyles.

## FINANCIAL REPORT

SUBMITTED BY: SUZANNE SINCLAIR

### INCOME

2004 Conference Income - registrations	26305.00
2004 Health Canada Contract	9980.00
2004 Conference Income - other sponsorships	3035.00
Interest Income	9.89
GIC Interest	88.93
Membership 2004 (Pd before Dec.31, 2004)	3925.00
Membership 2005 (Pd before Dec.31, 2004)	200.00
Miscellaneous	41.59
<b>Total Income</b>	<b>43585.41</b>

### EXPENSES

#### Core Expenses

Conference 2003	4941.75
(Last payment on 2003 Conference)	
Conference 2004	32618.06
2004 OPHA Membership	750.00
Annual Report	342.43
Core Indicators Project (parts 2 and 5)	1326.80
General meetings expenses	567.90
Gifts (for Guest Speakers at Dec. 3 meeting)	80.00
Expenses - alpha	493.70
Mailing costs - membership drive	0.00
(\$100 to be paid in 2005)	
Miscellaneous	21.31
Refunds to members	75.00

#### Special Projects or Expenses

Teleconference Equipment	2122.90
APHEO Mugs	869.40

#### Expenses Forward

Strategic Planning - invoice for 2003	1500.00
Invoice for gift certificates for Conference Planning Committee	105.00
Gift for Past President	50.00
<b>Total Expenses</b>	<b>45,864.25</b>

#### Total Income-Expenses (2004)

<b>Total Income-Expenses (2004)</b>	<b>-2278.84</b>
Balance Forward from 2003	
Chequing	26237.43
Investments (GICs)	2226.99
<b>Total Balance Forward</b>	<b>28464.42</b>
<b>Year end balance (less expenses forward)</b>	<b>26,185.58</b>