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The Honourable Jane Philpott Minister of Indigenous Services House of Commons Ottawa, ON K1A 0A6

October 9th, 2018

Sent by email: jane.philpott@canada.ca

Dear Minister Philpott,

RE: Tuberculosis Prevention and Control in Northern Canada

I am writing to express concern on behalf of Canada's infection prevention and control professionals (ICPs) about the need for enhanced infection prevention and control measures for individuals living with Tuberculosis in Canada's northern, rural, and Indigenous communities.

Infection Prevention and Control Canada (IPAC Canada) is a multidisciplinary member-based association committed to public wellness and safety by advocating for best practices in infection prevention and control in all settings. Recent media attention has been paid to the fact that Indigenous peoples living in northern Canada are 300 times more likely to contract Tuberculosis than the Canadian-born, non-Indigenous population.

Infection prevention and control professionals are the first line of defence against the spread of infections across Canada. As you know, the federal government committed to eliminating Tuberculosis across Inuit Nunangat by 2030; at least a 50% reduction by 2025. The Government provides support in the form of investments in rapid TB diagnostic technology, education and awareness, and access to necessary medications. We are working to encourage the Minister of Health and the Minister of Finance to support measures that would add capacity for infection prevention and control professionals that will assist in drastically reducing TB for Indigenous Canadians and the population broadly. Further, we wish to state that while drug-resistant TB has not been a significant issue in Canada so far, the conditions are alarmingly ripe for a major drug-resistant outbreak of the disease. In such a circumstance it is vital that the best countermeasures already be in place at hospitals and clinics across vulnerable communities.

Infection prevention and control professionals in Canada are recommending the integration and expansion of nation-wide surveillance networks to combat the rise of anti-microbial resistance. The aggressive spread of TB is putting northern healthcare at particular risk of developing and spreading antibiotic resistance. Antibiotic resistance is a proven threat across Canada and would be highly detrimental to the health of even more Indigenous peoples and Northern Canadians if not monitored adequately. Currently, there is no national integration of surveillance networks in

place for hospitals in the North. A truly national, integrated surveillance system is the single most effective step the government could take to make sure the problem does not get worse.

The World Health Organization explains surveillance of antimicrobial resistance (AMR) tracks changes in microbial populations, permits the early detection of resistant strains of public health importance, and supports the prompt notification and investigation of outbreaks. Surveillance findings are needed to inform clinical therapy decisions, to guide policy recommendations, and to assess the impact of resistance containment interventions. Surveillance aims to provide timelier identification of increased rates of infection and disease outbreaks than what can be attained without it.

I have attached IPAC Canada's pre-budget submission urging the government to support and fund a truly nation-wide surveillance network with an investment of \$12 million over the next five years. On behalf of ICPs across Canada, I am urging you to share your support for this initiative with Minister Morneau and Minister Petitpas Taylor. If you have any additional questions regarding measures to improve infection prevention and control practices in Northern Indigenous communities we would be grateful for the opportunity to answer them and can be reached at info@ipac-canada.org.

I thank you for your consideration of this important issue and look forward to your response.

Sincerely,

Molly Blake RN BN MHS CIC President, IPAC Canada

Cc: Jessica Hayden, Director of Policy



