



BCCDC Foundation
for Public Health

Driving Innovation. Advancing Service.

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The BCCDC Foundation for Public Health and the BC Centre for Disease Control Working Together to Limit Disease and to Promote Optimal Health Outcomes

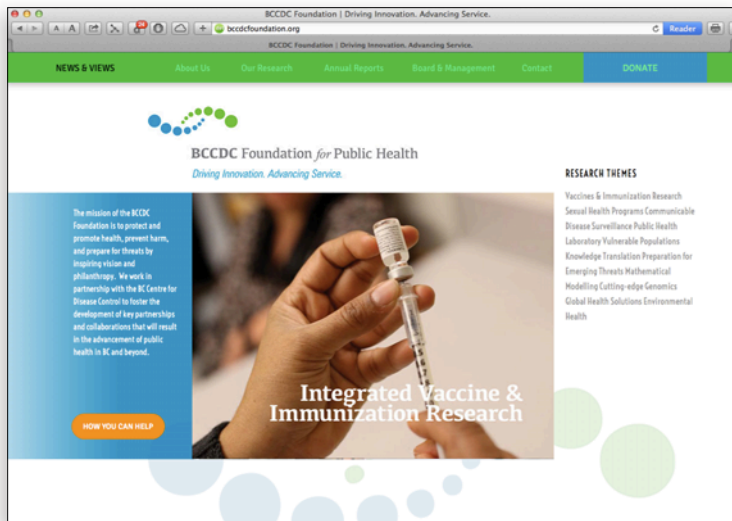


DON AVISON
Board Chair

IN MY FIRST ANNUAL REPORT WELCOME, I would like to start by acknowledging and thanking Dr Alan Winter for his seven years of service as a Director on the Board of the BCCDC Foundation for Public Health (the Foundation) and, most significantly, for the tremendous contributions Alan made as Chair of this organization over the last four years. Dr Winter guided the Foundation through a very dynamic period of consultation and growth. And we are thankful not only for his dedication over the years but also for his ongoing commitment to remain a steadfast advisor to the Board.

During 2014-15, we saw another year of strong growth, strategic development, and engagement-building with the goal of transitioning the Foundation into a proactive, philanthropic entity. Through the year, strategic planning and extensive meetings with internal and external stakeholders continued and the Foundation engaged several new

partners. The Foundation continued to advance external relations and build the profile of the BC Centre for Disease Control (BCCDC) and the BCCDC Foundation. The Foundation also had several 'firsts' during 2014-15. Our new website was completed and launched; the first annual report with audited financial statements was completed; and the Foundation hosted its first external



event as part of BCCDC's annual Research Week. We are also pleased to have formed our first partnership with the BC Ministry of Health, resulting in a new collaboration around food safety and sanitation planning in BC. The biggest 'first' for the Foundation was the recruitment of a dedicated fund development professional to assist the strategic direction and growth of the Foundation's capacity.

The BCCDC also underwent significant change – Dr Robert Brunham, Provincial Executive Director and Scientific Director, retired after many years of excellent leadership, and Dr Mark Tyndall joined the BCCDC in September 2014 as the new Executive Medical Director and Deputy Provincial Health Officer. The Foundation is lucky to have Dr Tyndall join the Board as an Advisor, and to have Dr Brunham also remain with us in an advisory capacity. Along with Drs Jennifer Gardy and Alan Winter, we have the benefit of a strong, effective and highly dedicated advisory group.

Through the year, ongoing projects produced key outcomes, and several new projects received funding. Many project ideas are being discussed, new partnerships developed, and funding opportunities sought, and the Foundation will continue to work closely with BCCDC researchers and executive leadership to strategically align activities for 2015-16 with the goal of widening our circle of partners with a view towards better supporting the research, capital equipment, knowledge translation and other activities of the BCCDC. We invite you to join us as we continue to forge ahead!

Don Avison

Board Chair, BCCDC Foundation for Public Health

The Foundation works in partnership with BCCDC as a proactive strategic organization that seeds and supports the BCCDC brand of excellence in public health research.

OUR VISION

People living in healthy communities protected from infectious disease and environmental health hazards through innovative research and collaborative public health solutions.

OUR MISSION

To protect and promote health, prevent harm, and prepare for threats by inspiring vision and philanthropy.



1931
Public Health Labs open in Downtown Vancouver on Hornby Street



1960
Tuberculosis and Sexually Transmitted Diseases Clinics join Public Health Labs



1989
British Columbia (BC) Street Nurses program is established



1985 + 1986
The first HIV health clinic in Canada opens and the HIV/AIDS Prevention and Control Program is established



1991
Chee Mamuk, the first on-reserve sexually transmitted infection (STI)/HIV education and training program for Aboriginal peoples in Canada, is established

1994
BC becomes the first jurisdiction in the world to systematically recommend prenatal HIV screening and prevention of maternal to child transmission treatment

1997
The BC Centre for Disease Control (BCCDC) is created by the BC Ministry of Health

1999
BCCDC moves into a new building at 655 West 12th



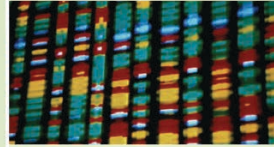
2000
FOODSAFE training program is legislated by BC Government

2001
BCCDC is brought under the Provincial Health Services Authority

2003
The collaboration between the BCCDC, the National Microbiology Laboratory and the Genome Sciences Centre led to the successful sequencing of the SARS genome in Canada

2004
Provincial Health Services Authority Labs are created

2009
Heat Health Surveillance systems and action plans are established



2013
State-of-the-art molecular methods are used to develop world-leading data on Lyme disease



2014
BCCDC provides leadership on national preparations for a possible Ebola outbreak and sends health professionals to combat the outbreak in West Africa

1930s

1960s

1980s

1990s

2000s

2010s

The BC Centre for Disease Control

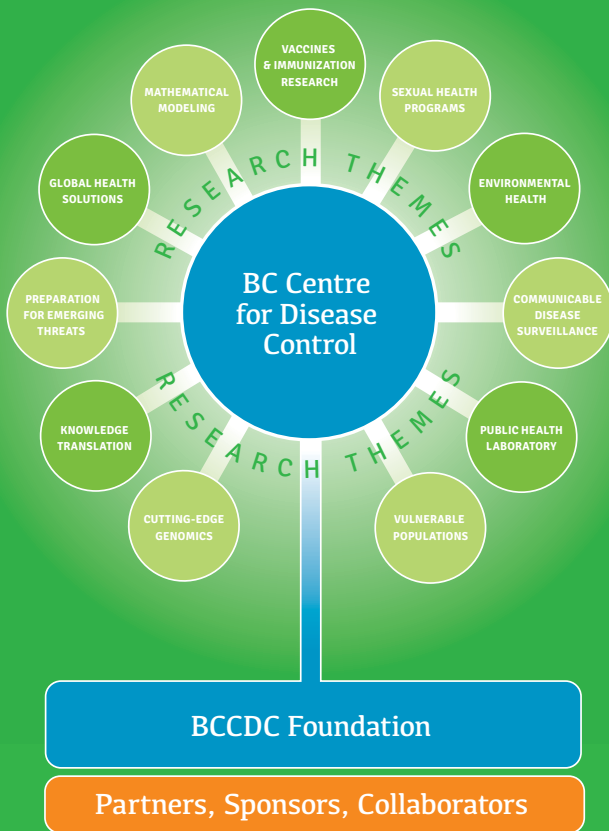
A History of Success, A Future of Innovation



The BCCDC Foundation is the philanthropic partner that enables the BC Centre for Disease Control (BCCDC) to drive innovation that advances population and public health services for British Columbians and others.

Supporting People, Innovation and Partnerships

Our Projects are Leading to Exciting and Positive Outcomes



We are proud of our support for projects that build upon the many successes and cross-cutting themes of BCCDC. As we look back on 2014-15, and look forward into future years, we are excited about a number of current and future projects that will nurture our momentum. Here are a few of our stories.

Molecular Epidemiology of TB in BC

Tuberculosis (TB) isn't a disease of the past – decades after the first antibiotics to treat TB were developed, Canada still sees five people diagnosed with TB every day. Federally and provincially, Canada is committed to eliminating TB and in BC, innovative genomics techniques are being used to accelerate our progress towards elimination. The Foundation has funded a multi-year project that uses DNA sequencing of the TB bacterium to understand how it is entering BC, how it is moving

from person to person across the province, and, most importantly, how this transmission can be stopped, resulting in fewer cases of this serious illness. After almost three years of collecting DNA from every case of TB diagnosed in BC between 2005 and 2014, the team is embarking upon one of the largest TB genomics projects to date, and the first one ever to use genomics for the large-scale management of TB transmission. Drs James Johnston, Jennifer Gardy, and Patrick Tang are excited about their work's potential to change how public health approaches TB control in BC and beyond.

Chronic Complex Diseases Study

In 2011, Dr David Patrick received funding from the Foundation to begin a multi-year study looking at complex chronic diseases, such as Myalgic Encephalomyelitis/Chronic Fatigue Syndrome (ME/CFS) and alternately diagnosed Chronic Lyme Syndrome (ADCLS) – a diagnosis based on an alternative, non-reference test result. Using state-of-the-art technologies, this is a multidisciplinary project strongly supported by many key stakeholders, such as the BC Ministry of Health and the Provincial Health Services Authority. In 2014-15, the team was able to leverage the Foundation funds to secure further funding from the US National Institutes of Health and ME Research UK to fund an additional study of gene expression associated with the profound "crash" people with ME/CFS experience following an exercise stimulus. The team has also expanded the originally-funded metagenomics work to add comparisons of host gene expression between groups, and adaptation of the "immune signature" approach to studying past pathogen exposures. Recent findings have substantiated the scope of disability and similarity of symptoms between ME/CFS and ADCLS, raising the opportunity for people with ADCLS to seek greater understanding and help for their condition. The team anticipates further outcomes from the studies later this year.

Celebrate Research Week

The BCCDC's annual celebration of research in public health celebrated its seventh year in 2014. The Foundation is pleased to support this highly-engaging and popular week of knowledge translation, learning and fun. The Foundation hosted its first-ever reception, inviting leaders from the broader public health community to network with each other, and discuss the ongoing research being led by the BCCDC. As BCCDC is highly translational and collaborative, the Foundation's goal is to provide opportunities to engage new partners and showcase the excellence at BCCDC. Sponsored by New England Biolabs, this activity added a new highlight to Research Week, something we aim to build upon in future years.



Fostering Future Successes

In early 2014, we developed and launched our Open Awards Program (OAP), designed as a mechanism to fund small pilot projects, workshops, and travel activities with the overall goal of enhancing BCCDC by providing funding within our thematic areas to foster success for researchers in larger peer-reviewed funding competitions. These funds allow BCCDC researchers to develop pilot data or key collaborations that can act as a springboard for their work. In 2014-15, the Foundation was able to provide seed funding to seven projects through the OAP. Diverse projects are addressing themes such as communicable disease surveillance, mathematical modelling, cutting-edge genomics, knowledge translation and vulnerable populations. The BCCDC, with the support of the Foundation, is primed to build on existing successes as we move together towards improving public health outcomes for the people of BC and beyond. The Foundation continues to work closely with the BCCDC to determine strategic direction and develop partnerships with key organizations interested in collaborating for a better future.

» Future Goals »

- ◆ Drastically reduce response times and increase emergency preparedness through investment in information management systems
- ◆ Complete a full spectrum of complex chronic disease prevention services and programs
- ◆ Use genomics in real time to solve public health emerging issues
- ◆ Make BC the most accessible and data-rich jurisdiction for public health information
- ◆ Use Drug and Poison Information Centre data to better detect events and improve response time
- ◆ Provide a better understanding of the relationship between the role of environmental exposures in chronic disease in BC
- ◆ Develop a comprehensive immunization registry that is interoperable with electronic medical records, PharmaNet and other registries
- ◆ Expand surveillance for foodborne diseases from farm to fork to significantly reduce human illness
- ◆ Undertake applied research into eradication of and a functional cure for HIV
- ◆ Use DNA fingerprinting to identify tuberculosis outbreaks and inform responses
- ◆ Significantly reduce HPV and cervical cancer in BC and the world
- ◆ Develop a tuberculosis screening and treatment program that will act as a model for tuberculosis prevention and elimination in Canada and globally

Financial Statements

31 March, 2015





1500 – 1090 West Georgia Street
Vancouver, B.C. V6E 3V7
Tel: 604-684-1101 Fax: 604-684-7937
E-mail: admin@rolfebenson.com

INDEPENDENT AUDITORS' REPORT

To the Directors,
BCCDC Foundation for Population and Public Health

Report on the Financial Statements

We have audited the accompanying financial statements of BCCDC Foundation for Population and Public Health, which comprise the statement of financial position as at 31 March 2015, and the statements of changes in fund balances, operations and cash flows for the year then ended and a summary of significant accounting policies and other explanatory information.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with Canadian accounting standards for not-for-profit organizations, and for such internal control as management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we comply with ethical requirements and plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditors' judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.



INDEPENDENT AUDITORS' REPORT - Continued

Opinion

In our opinion, the financial statements present fairly, in all material respects, the financial position of BCCDC Foundation for Population and Public Health as at 31 March 2015, and the results of its operations and cash flows for the year then ended in accordance with Canadian accounting standards for not-for-profit organizations.

Report on Other Legal and Regulatory Requirements

As required by the Society Act of British Columbia, we report that, in our opinion, the accounting principles in the Canadian accounting standards for not-for-profit organizations have been applied on a consistent basis.

Rolfe, Benson LLP

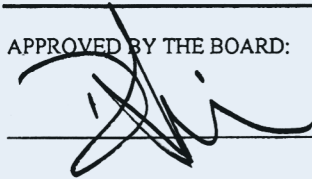
CHARTERED PROFESSIONAL ACCOUNTANTS

Vancouver, Canada
7 July 2015

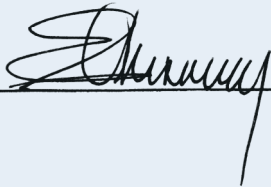
BCCDC FOUNDATION FOR POPULATION AND PUBLIC HEALTH
Statement of Financial Position
31 March 2015

	Unrestricted Fund		Restricted Fund		Totals	
	2015	2014	2015	2014	2015	2014
	\$	\$	\$	\$	\$	\$
		(restated - Note 7)		(restated - Note 7)		(restated - Note 7)
Assets						
Current						
Cash and cash equivalents	72,319	346,637	-	6,015,441	72,319	6,362,078
Investments (Note 5)	-	-	5,048,508	-	5,048,508	-
Accounts receivable (Note 4 (b))	15,207	29,232	1,000,000	-	1,015,207	29,232
Prepaid expenses	34,762	27,532	-	-	34,762	27,532
Due from restricted fund	536,938	-	-	-	536,938	-
	659,226	403,401	6,048,508	6,015,441	6,707,734	6,418,842
Liabilities						
Current						
Accounts payable and accrued liabilities	28,916	24,302	888,111	861,725	917,027	886,027
Due to unrestricted fund	-	-	536,938	-	536,938	-
	28,916	24,302	1,425,049	861,725	1,453,965	886,027
Commitments (Note 6)						
Fund Balances						
Unrestricted	630,310	379,099	-	-	630,310	379,099
Restricted	-	-	4,623,459	5,153,716	4,623,459	5,153,716
	630,310	379,099	4,623,459	5,153,716	5,253,769	5,532,815
	659,226	403,401	6,048,508	6,015,441	6,707,734	6,418,842

APPROVED BY THE BOARD:



Director



Director

The accompanying notes are an integral part of these financial statements.

BCCDC FOUNDATION FOR POPULATION AND PUBLIC HEALTH
Statement of Changes in Fund Balances
31 March 2015

	Unrestricted	Restricted	Total 2015	Total 2014 (restated - Note 7)
	\$	\$	\$	\$
Balance - beginning of year As previously reported	596,919	4,935,896	5,532,815	6,528,630
Prior period adjustment (Note 7)	(217,820)	217,820	-	-
As restated	379,099	5,153,716	5,532,815	6,528,630
Excess (deficiency) of revenues over expenses for the year	193,761	(472,807)	(279,046)	(995,815)
Fund transfer - administration fees (Note 8)	57,450	(57,450)	-	-
Balance - end of year	630,310	4,623,459	5,253,769	5,532,815

The accompanying notes are an integral part of these financial statements.

BCCDC FOUNDATION FOR POPULATION AND PUBLIC HEALTH

Statement of Operations
For the Year Ended 31 March 2015

	Unrestricted Fund		Restricted Fund		Totals	
	2015	2014	2015	2014	2015	2014
	\$	\$	\$	\$	\$	\$
		(restated - Note 7)		(restated - Note 7)		(restated - Note 7)
Revenues						
Contributions	9,613	-	1,025,000	468,400	1,034,613	468,400
Investment income	428,708	82,596	-	-	428,708	82,596
In-kind contributions (Note 3 (d))	10,500	13,000	-	-	10,500	13,000
	448,821	95,596	1,025,000	468,400	1,473,821	563,996
Expenses						
Chronic Complex Diseases Clinic (Note 6)	-	-	1,266,595	861,725	1,266,595	861,725
TB Molecular Epi Project	-	-	174,472	272,931	174,472	272,931
Administration support	156,667	60,564	-	-	156,667	60,564
Open Awards Program	-	-	56,740	-	56,740	-
Office	38,623	22,343	-	-	38,623	22,343
Investment management fees	27,892	-	-	-	27,892	-
Audit and accounting fees	11,463	11,686	-	-	11,463	11,686
Celebrate Research Week	6,000	6,000	-	-	6,000	6,000
Grand Rounds Webcasting	6,000	6,000	-	-	6,000	6,000
Legal fees	3,626	1,827	-	-	3,626	1,827
BC Zoonoses Symposium	3,000	5,000	-	-	3,000	5,000
Travel	1,789	1,785	-	-	1,789	1,785
Evaluation of HPV Interventions	-	150,000	-	-	-	150,000
Consulting fees	-	108,230	-	-	-	108,230
ASPIRE project	-	25,000	-	-	-	25,000
Global Health Collaboration	-	15,820	-	-	-	15,820
Western Immunization Forum	-	10,000	-	-	-	10,000
STI/HIV Prevention and Control Research Team	-	-	-	900	-	900
	255,060	424,255	1,497,807	1,135,556	1,752,867	1,559,811
Excess (deficiency) of revenues over expenses for the year	193,761	(328,659)	(472,807)	(667,156)	(279,046)	(995,815)

The accompanying notes are an integral part of these financial statements.

BCCDC FOUNDATION FOR POPULATION AND PUBLIC HEALTH
Statement of Cash Flows
For the Year Ended 31 March 2015

	2015	2014
	\$	\$
		(restated - Note 7)
Cash provided by (used in):		
Operating activities		
Deficiency of revenues over expenses	(279,046)	(995,815)
Item not involving cash:		
Unrealized gains on investments (Note 5)	(212,149)	-
	<u>(491,195)</u>	<u>(995,815)</u>
Changes in non-cash working capital balances		
Accounts receivable	(985,975)	8,816
Prepaid expenses	(7,230)	(27,532)
Accounts payable and accrued liabilities	31,000	870,375
	<u>(1,453,400)</u>	<u>(144,156)</u>
Investing activity		
Purchase of investments	(4,836,359)	-
	<u>(4,836,359)</u>	<u>-</u>
Net decrease in cash and cash equivalents	(6,289,759)	(144,156)
Cash and cash equivalents - beginning of year	6,362,078	6,506,234
	<u>6,362,078</u>	<u>6,506,234</u>
Cash and cash equivalents - end of year	72,319	6,362,078
	<u>72,319</u>	<u>6,362,078</u>
Cash and cash equivalents consist of:		
Cash	42,319	612,078
Term deposits	30,000	5,750,000
	<u>72,319</u>	<u>6,362,078</u>

The accompanying notes are an integral part of these financial statements.

BCCDC FOUNDATION FOR POPULATION AND PUBLIC HEALTH
Notes to the Financial Statements
For the Year Ended 31 March 2015

1. Purpose of the Organization

The BCCDC Foundation for Population and Public Health (the “Foundation”) was incorporated under the Society Act of British Columbia on 13 February 2004 and is registered as a charitable organization under the Income Tax Act of Canada and as such it is exempt from income taxes providing certain requirements are met.

The Foundation raises funds to support innovative and critical research at the BC Centre for Disease Control, the provincial centre of excellence for the prevention, detection and control of infectious disease and environmental health hazards.

2. Economic Dependence

The Foundation is economically dependent on Provincial Health Services Authority (“PHSA”). Approximately 81% of the Foundation’s total revenue to date has been received from PHSA.

3. Summary of Significant Accounting Policies

The financial statements are prepared in accordance with Canadian accounting standards for not-for-profit organizations. The significant policies are detailed as follows:

(a) Financial Instruments

(i) Measurement of Financial Instruments

The Foundation initially measures its financial assets and liabilities at fair value and subsequently measures all of its financial assets and financial liabilities at amortized cost, except for investments in equity instruments and other securities that are quoted in an active market, which are measured at fair value. Changes in fair value are recognized in the statement of operations.

Financial assets measured at amortized cost include cash and cash equivalents and accounts receivable.

Financial liabilities measured at amortized cost include accounts payable and accrued liabilities.

Financial assets measured at fair value include investments.

BCCDC FOUNDATION FOR POPULATION AND PUBLIC HEALTH
Notes to the Financial Statements
For the Year Ended 31 March 2015

3. Summary of Significant Accounting Policies - continued

(a) Financial Instruments - continued

(ii) Impairment

Financial assets measured at cost are tested for impairment when there are indicators of impairment. The amount of the write-down is recognized in the statement of operations. The previously recognized impairment loss may be reversed to the extent of the improvement, directly or by adjusting the allowance account, provided it is no greater than the amount that would have been reported at the date of the reversal had the impairment not been recognized previously. The amount of the reversal is recognized in the statement of operations.

(iii) Transaction Costs

The Foundation recognizes its transaction costs in the statement of operations in the period incurred. However, financial instruments that will not be subsequently measured at fair value are adjusted by the transaction costs that are directly attributable to their origination, issuance or assumption.

(b) Cash and Cash Equivalents

The Foundation's policy is to disclose bank balances under cash and cash equivalents, including bank overdrafts with balances that fluctuate frequently from being positive to overdrawn and highly liquid temporary investments usually with a maturity period of three months or less from the date of acquisition. Term deposits that the Foundation cannot use for current transactions because they are pledged as security are excluded from cash and cash equivalents.

(c) Revenue Recognition

The Foundation follows the restricted fund method of accounting for contributions.

The Unrestricted Fund accounts for the administration of the Foundation and the unrestricted resources for general operating purposes. Unrestricted contributions are recognized as revenue of the Unrestricted Fund in the year received or receivable if the amount to be received can be reasonably estimated and collection is reasonably assured.

The Restricted Fund reports resources contributed for specific purposes which are recognized as revenue in this fund. Restricted contributions are externally restricted as specified by the donor at the date of contribution. Prior years restricted contributions are presented as an externally restricted fund balance. Investment income earned on Restricted Fund assets is recognized as revenue of the Unrestricted Fund.

Investment income includes dividends and interest income, and realized and unrealized investment gains and losses.

BCCDC FOUNDATION FOR POPULATION AND PUBLIC HEALTH
Notes to the Financial Statements
For the Year Ended 31 March 2015

4. Financial Statements - continued

(d) Interest Rate Risk

Interest rate risk is the risk that the fair value or future cash flows of a financial instrument will fluctuate because of changes in market interest rates. The Foundation is exposed to interest rate risk on its fixed rate financial instruments. Fixed-rate instruments subject the Foundation to a fair value risk. The Foundation does not use financial instruments to reduce its risk exposure.

(e) Other Price Risk

Other price risk is the risk that the fair market value or future cash flows of a financial instrument will fluctuate because of changes in market prices (other than those arising from interest rate risk or currency risk), whether those changes are caused by factors specific to the individual financial instrument or its issuer, or factors affecting all similar financial instruments traded in the market. The Foundation is exposed to other price risk through its investments, which are held in professionally administered funds. These funds are subject to fluctuating returns based on the market and are exposed to the risk of market volatility. Risk has been assessed by management and an investment policy adopted to mitigate such market risk.

5. Investments

Investments consist of the following:

	2015		2014	
	Cost	Market Value	Cost	Market Value
Fixed income	\$ 2,413,473	\$ 2,568,696	\$ -	\$ -
Equity	1,974,573	2,031,499	-	-
Cash equivalents	448,313	448,313	-	-
	\$ 4,836,359	\$ 5,048,508	\$ -	\$ -

Investment income includes \$212,149 of unrealized gains on the investment assets during the year.

BCCDC FOUNDATION FOR POPULATION AND PUBLIC HEALTH
Notes to the Financial Statements
For the Year Ended 31 March 2015

6. Commitments

The Foundation has committed to future annual payments under various award agreements as follows:

2016	\$	522,812
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In addition, the Foundation has awarded \$1,450,000 (2014 - \$969,341) to the Complex Chronic Disease Clinic. The timing of disbursements for this award is dependent on invoicing from recipient. As of 31 March 2015, the Foundation has been invoiced for \$1,158,979 which has been recognized as an expense in the statement of operations with \$291,021 remaining to be disbursed in future years. The residual funds related to the 2014 funding commitment were disbursed during the 2015 fiscal year.

7. Prior Period Adjustment

During the year, it was determined that certain expenses of the unrestricted fund relating to prior periods had been recorded as expenses of the restricted fund. This has been corrected via a fund transfer from the restricted fund to the unrestricted fund. As a result, in the restricted fund the deficiency of revenues over expenses decreased for the year ending 31 March 2014 by \$217,820, the fund balance as at 1 April 2014 increased by \$217,820 and assets as at 31 March 2014 increased by \$217,820. In the unrestricted fund the deficiency of revenue over expenses for the year ending 31 March 2014 increased by \$217,820, the fund balance as at 1 April 2014 decreased by \$217,820 and assets as of 31 March 2014 decreased by \$217,820.

8. Administrative Fees

To ensure that funds are available for the ongoing administration and project management costs of the Foundation, 5% or 15% of certain restricted contributions are transferred to the unrestricted fund for this purpose.

9. Comparative Figures

Certain comparative figures have been reclassified from those previously presented to conform to the presentation of the 2015 financial statements.



Thank you to our Partners

It is with your generous support that we are able to support excellence at the BCCDC

BCCDC and the BCCDC Foundation have defined strengths that are unique and offer exciting opportunities of partnership and collaboration. Every donation to the BCCDC Foundation has a direct effect on the programs and research we fund. We would like to explicitly thank the following partners who have helped us fund key projects in 2014-15:

MERCK

PENDOPHARM

CANADIAN PHARMACISTS ASSOCIATION

NEW ENGLAND BIOLABS

BC CENTRE FOR EXCELLENCE IN HIV/AIDS

BC MINISTRY OF HEALTH

BIOMERIEUX

ROCHE

ABBVIE

JANSSEN

GILEAD

ALERE

To join us as a partner, please email info@bccdcfoundation.org or phone 604-707-2490. For more information, please visit our website at www.bccdcfoundation.org

Thank you to our Board of Directors and our Advisors

It is with a great dedication to public health that these leaders come together to support and grow the BCCDC Foundation. Coming from diverse backgrounds, they make up a unique team with the experience and expertise, and the willingness, to 'drive innovation and advance service' at the BCCDC.

BOARD OF DIRECTORS

Donald J. Avison

Chair, BCCDC Foundation
President, Avison and Associates

Ellen Chesney

Director & Secretary Treasurer,
BCCDC Foundation
Chief Administrative Officer, Research
BC Provincial Health Services Authority

Andrew Hazlewood

Director, BCCDC Foundation

Dr. B. Brett Finlay OC, OBC

Director, BCCDC Foundation
Chair, BCCDC Foundation Scientific
Advisory Board
Professor, UBC Michael Smith Laboratories

Dr. Judith G. Hall OC

Director, BCCDC Foundation

ADVISORS

Dr. Mark Tyndall

Advisor, BCCDC Foundation
Executive Medical Director, BCCDC
Deputy Provincial Health Officer, BC Ministry
of Health

Dr. Jennifer Gardy

Advisor, BCCDC Foundation
Senior Scientist (Genomics & Molecular
Epidemiology), BCCDC

Dr. Robert C. Brunham OBC

Advisor, BCCDC Foundation
Head, BCCDC Vaccine Research Laboratory

Dr. Alan E. Winter

Advisor, BCCDC Foundation
President, Genome BC

Visit us online at:

bccdcfoundation.org



BCCDC Foundation
for Public Health

Driving Innovation. Advancing Service.

655 West 12th Avenue
Vancouver, BC V5Z 4R4

T 604 707.2490
F 604 707.2401

info@bccdcfoundation.org