

2021

Canadian Immunization Conference

8-9 December 2021

VIRTUAL

**FINAL
PROGRAM**

Conférence canadienne sur l'immunisation

les 8 et 9 décembre 2021

VIRTUELLE

**PROGRAMME
FINAL**

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PLATINUM | PLATINE



CONTRIBUTOR | CONTRIBUTEUR



EXHIBITORS | EXPOSANTS

- Canadian Association for Immunization Research, Evaluation and Education | Association canadienne pour la recherche, l'évaluation et l'éducation en immunisation
- Canadian Paediatric Society | Société canadienne de pédiatrie
- Canadian Public Health Association | Association canadienne de santé publique
- CANVax
- Immunize Canada | Immunisation Canada
- Northwest Territories Health & Social Services Authority
- Okaki Health Intelligence, Inc.
- Public Health Agency of Canada | Agence de la santé publique du Canada

COLLABORATORS | COLLABORATEURS

CANADIAN ASSOCIATION FOR IMMUNIZATION RESEARCH, EVALUATION AND EDUCATION

[CAIRE](#) is a unique professional organization of more than 140 Canadian researchers dedicated to building the scientific foundation for optimal immunization programs. Members are involved in vaccine and program development, program evaluation, the social science of vaccine use, and training of the next generation of vaccinologists. CAIRE's mission is to encourage and enhance vaccinology research so Canadians have timely access to new and improved vaccines and optimal programs. CAIRE promotes collaboration and networking amongst the vaccinology disciplines to ensure that suitable expertise exists to maintain Canada as a world leader in high-quality vaccinology research.

CANADIAN PAEDIATRIC SOCIETY

The [CPS](#) is the national association of paediatricians, committed to working together to advance the health of children and youth by nurturing excellence in health care, advocacy, education, research and support of its membership. As a voluntary professional association, the CPS represents more than 3,300 paediatricians, paediatric subspecialists, paediatric residents, and other people who work with and care for children and youth.

CANADIAN PUBLIC HEALTH ASSOCIATION

Founded in 1910, [CPHA](#) is the independent voice for public health in Canada with links to the international community. As the only Canadian non-governmental organization focused exclusively on public health, CPHA is uniquely positioned to advise decision-makers about public health system reform and to guide initiatives to help safeguard the personal and community health of Canadians and people around the world. CPHA's members believe in universal and equitable access to the basic conditions that are necessary to achieve health for all.

PUBLIC HEALTH AGENCY OF CANADA

[PHAC](#) empowers Canadians to improve their health. In partnership with others, its activities focus on preventing disease and injuries, promoting good physical and mental health, and providing information to support informed decision-making. It values scientific excellence and provides national leadership in response to public health threats.

ASSOCIATION CANADIENNE POUR LA RECHERCHE, L'ÉVALUATION ET L'ÉDUCATION EN IMMUNISATION

[CAIRE](#) est une association professionnelle unique en son genre, composée de plus de 140 chercheurs canadiens voués à édifier les bases scientifiques de programmes d'immunisation optimaux. Ses membres interviennent dans la conduite et le soutien de la recherche sur les vaccins et de l'élaboration, de l'évaluation et de la formation en lien avec les programmes d'immunisation. La CAIRE a pour mission d'encourager et renforcer la recherche en vaccinologie pour offrir aux Canadiens un accès rapide aux vaccins nouveaux et améliorés et à des programmes optimaux. Pour atteindre ces objectifs et pour qu'il existe des spécialistes et des installations pluridisciplinaires au pays afin de maintenir le Canada en tant que leader mondial dans la recherche de haute qualité en vaccinologie, la collaboration et le réseautage des acteurs canadiens sont essentiels.

SOCIÉTÉ CANADIENNE DE PÉDIATRIE

La [SCP](#) est l'association nationale composée de pédiatres engagés à travailler ensemble et avec d'autres à faire progresser la santé des enfants et des adolescents en faisant la promotion de l'excellence des soins de santé, de la défense des enfants, de l'éducation, de la recherche et du soutien de ses membres. En qualité d'association de professionnels bénévoles, la SCP représente plus de 3 300 pédiatres, pédiatres avec surspécialité, résidents en pédiatrie et autres intervenants qui travaillent avec les enfants et les jeunes et les soignent.

ASSOCIATION CANADIENNE DE SANTÉ PUBLIQUE

Fondée en 1910, l'[ACSP](#) est le porte-parole de la santé publique au Canada. Son indépendance, ses liens avec la communauté internationale et le fait qu'elle est la seule organisation non gouvernementale canadienne à se consacrer exclusivement à la santé publique font qu'elle est idéalement placée pour conseiller les décideurs à propos de la réforme du réseau de santé publique et pour orienter les initiatives visant à protéger la santé individuelle et collective au Canada et dans le monde. Les membres de l'ACSP croient fermement à l'accès universel et équitable aux conditions de base qui sont nécessaires pour parvenir à la santé pour tous.

AGENCE DE LA SANTÉ PUBLIQUE DU CANADA

L'[ASPC](#) aide les Canadiens et Canadiennes à améliorer leur santé. En partenariat avec d'autres organismes, ses activités sont axées sur la prévention des maladies et des blessures, la promotion d'une bonne santé physique et mentale, et la prestation d'information en soutien à des prises de décisions éclairées. Elle met de l'avant l'excellence scientifique et fait preuve d'un leadership à l'échelle nationale en réponse aux menaces pour la santé publique.

LEARNING OBJECTIVES

Having attended CIC 2021, delegates are better prepared to:

- Utilize effective evidence-based programs and best clinical practices, as well as policy approaches.
- Describe vaccine-related research and identify colleagues and partners to develop initiatives.
- Identify vaccination-related challenges and solutions, trends, emerging issues and evidence gaps.

OBJECTIFS D'APPRENTISSAGE

Les délégués qui auront assisté à la CCI 2021 seront mieux préparés à :

- Utiliser des programmes efficaces et fondés sur les preuves, des pratiques cliniques exemplaires et des approches stratégiques.
- Décrire des études de recherche liées aux vaccins et trouver des collègues et des partenaires pour élaborer des initiatives.
- Énoncer les problèmes et les solutions, les tendances et les questions émergentes liés à la vaccination, ainsi que les lacunes à combler.

EXECUTIVE COMMITTEE | COMITÉ EXÉCUTIF

- Ian Culbert, Canadian Public Health Association
- Manish Sadarangani, Canadian Association for Immunization Research, Evaluation and Education
- Marie Adèle Davis, Canadian Paediatric Society
- Erin Henry, Public Health Agency of Canada

ACCREDITATION

This event has been approved by the Canadian Paediatric Society (CPS) for a maximum of 10.75 credit hours as an Accredited Group Learning Activity (Section 1) as defined by the Maintenance of Certification program of The Royal College of Physicians and Surgeons of Canada. The specific opinions and content of this event are not necessarily those of the CPS, and are the responsibility of the organizer(s) alone.

ACCRÉDITATION

Cet événement a été approuvé par la Société canadienne de pédiatrie (SCP) pour un maximum de 10,75 heures crédits à titre d'activité d'apprentissage collectif agréée (section 1), conformément à la définition du programme de Maintien du certificat du Collège royal des médecins et chirurgiens du Canada. Les opinions spécifiques et le contenu de cet événement ne sont pas nécessairement ceux de la SCP et relèvent de la seule responsabilité du ou des organisateurs.

VISIT/VISITEZ

canVAX.ca



Find evidence-based resources
for improving vaccine acceptance
and uptake

Trouvez des ressources fondées
sur les données probantes pour
améliorer l'acceptation des vaccins
et la couverture vaccinale



PROGRAM OVERVIEW | RÉSUMÉ DU PROGRAMME

- Subject to change | Sous réserve de modifications
- All times are Eastern Standard Time | Toutes les heures sont exprimées en heure normale de l'Est

CO-DEVELOPED LEARNING ACTIVITIES ACTIVITÉS D'APPRENTISSAGE AGRÉÉES	
10:30-11:25	COVID-19 vaccines: Where are we? What comes next? New and future technologies in influenza vaccines
PLENARY I PLÉNIÈRE I RISK COMMUNICATION AND DEBUNKING MIS- AND DIS-INFORMATION POUR COMMUNIQUER LES RISQUES ET FAIRE ÉCHEC À LA MÉSINFORMATION/DÉSINFORMATION	
STRETCH BREAK PAUSE-ÉTIREMENTS	
CONCURRENT SESSIONS SÉANCES SIMULTANÉES	
Barriers to, and opportunities for, increasing HPV immunization for school-aged children in Canada Virtual Oral Presentations 1 Virtual Oral Presentations 2	
NETWORKING BREAK WITH EXHIBITORS AND PARTICIPANTS PAUSE NETWORKING AVEC LES EXPOSANTS ET LES PARTICIPANTS	
CONCURRENT SESSIONS SÉANCES SIMULTANÉES	
Canada's Vaccine Injury Support Program Immunization responses in Canada: A national analysis of gaps in the "system" Virtual Oral Presentations 3	
STRETCH BREAK PAUSE-ÉTIREMENTS	
PLENARY II PLÉNIÈRE II THE FUTURE OF mRNA VACCINES AND SEASONAL INFLUENZA L'AVENIR DES VACCINS À ARNm ET L'INFLUENZA SAISONNIÈRE	
BREAK PAUSE	
ASK THE EXPERT: STUDENT AND TRAINEE NETWORKING EVENT	
CO-DEVELOPED LEARNING ACTIVITIES ACTIVITÉS D'APPRENTISSAGE AGRÉÉES	
16:50-17:45	The interplay between the COVID-19 pandemic and RSV seasonality: Current and future implications for immunoprophylaxis Protection beyond flu: What's new for influenza vaccines among adults 50+



#cic2021cci

WEDNESDAY 8 DECEMBER | MERCREDI 8 DÉCEMBRE

10:30 – 11:25	CO-DEVELOPED LEARNING ACTIVITIES
10 h 30 à 11 h 25	ACTIVITÉS D'APPRENTISSAGE AGRÉÉES

COVID-19 VACCINES: WHERE ARE WE? WHAT COMES NEXT?

The evolving SARS-CoV-2 pandemic requires scientists and public health decision makers to evaluate available and upcoming vaccine options, considering the latest data on authorized vaccines and next-generation vaccine candidates with regard to cross-reactivity, cross-protection, durability of protection, target populations, safety and reactogenicity.

Vaccines may vary in peak efficacy, duration of protection, degree of protection against diseases of different severity, degree of cross-protection against variants, and degree of immune imprinting. Strain-specific boosters and ancestral strain vaccines may also provide different levels of vaccine effectiveness.

Studies are ongoing to identify best approaches for specific patient populations at greater risk.

Reviewing the latest data available, attendees will be able to elaborate potential optimal solutions to manage COVID over time considering existing real-world evidence and clinical trials from promising vaccine candidates.

Learning Objectives

- Analyze data regarding the immunogenicity, efficacy/effectiveness, cross-reactivity, cross-protection and durability of protection offered by the mRNA, viral vector, protein subunit, and virus-like particle vaccines.
- Identify potential immunization strategies for different sub-populations, and for current and future variants of concern.
- Explain vaccination-related challenges associated with reactogenicity and tolerability profiles, and estimate the impact on vaccine acceptancy to reach immunization rate goals.

Speaker

- Allison McGeer, Sinai Health System, University of Toronto

The program is co-developed with the Canadian Paediatric Society and Medicago to achieve scientific integrity, objectivity and balance.

NEW AND FUTURE TECHNOLOGIES IN INFLUENZA VACCINES

Novel influenza vaccines (e.g. adjuvanted, high dose) have been shown to improve efficacy for some populations in pre-clinical and clinical studies. However, substantial advances must still be made to enhance the breadth and durability of influenza vaccines, with emphasis on special patient populations. The recent success of novel technologies for COVID-19 vaccines will likely advance the development of influenza vaccines that use similar platforms. This session will highlight the advances in licensed vaccines and promising new technologies for future influenza vaccination.

Learning Objectives

- Outline the factors that affect the efficacy of influenza vaccines and the barriers for universal influenza vaccines.
- Discuss techniques to improve vaccine efficacy in special populations, e.g., dose, adjuvants, or administration method for licensed or near-licensed vaccines.
- Identify why we need new influenza vaccine technologies.
- Describe new types of vaccines that are in development and the barriers to implementation, and how COVID-19 vaccine technologies have paved the way for these new vaccines.

Speaker

- Matthew Miller, M.G. DeGroote Institute for Infectious Disease Research, McMaster Immunology Research Centre, Department of Biochemistry and Biomedical Sciences, McMaster University

The program is co-developed with AMMI Canada and Seqirus to achieve scientific integrity, objectivity and balance.

11:30 – 12:30
11 h 30 à 12 h 30PLENARY I
PLÉNIÈRE I**WELCOME REMARKS**

- Theresa Tam, Chief Public Health Officer of Canada

RISK COMMUNICATION AND DEBUNKING MIS- AND DIS-INFORMATION

For public health emergencies, risk communication includes the range of communication capacities required through the preparedness, response and recovery phases of a serious public health event to encourage informed decision-making, positive behaviour change and the maintenance of trust. The COVID-19 pandemic and other recent public health emergencies have highlighted major challenges and gaps in how risk is communicated.

On 30 January 2020, the World Health Organization declared COVID-19 a public health emergency of international concern. In February, it further declared it an “infodemic” that has made it “hard for people to find trustworthy sources and reliable guidance when they need it.” The tsunami of misleading noise has resulted in deaths, financial loss, property damage, and heightened stigma and discrimination. It has also facilitated an erosion of trust in key institutions and added to the already chaotic information environment.

Learning Objectives

- Define how the overwhelming flood of COVID-19 information can undermine public health efforts to control the illness.
- Explore how the infodemic has eroded the public’s trust and describe initiatives underway to curtail the spread of misinformation.
- Identify how to reframe messages to counter the infodemic and communicate scientifically sound information.

Speaker

- Timothy Caulfield, Professor; Canada Research Chair in Health Law and Policy; Trudeau Fellow; Professor, Faculty of Law and School of Public Health; and Research Director, Health Law Institute, University of Alberta

Moderator

- Ian Culbert, Executive Director, Canadian Public Health Association

MOT DE BIENVENUE

- Theresa Tam, Administratrice en chef de la santé publique du Canada

POUR COMMUNIQUER LES RISQUES ET FAIRE ÉCHEC À LA MÉSINFORMATION/DÉSINFORMATION

Pour les urgences sanitaires, la communication des risques comprend toute la gamme des capacités de communication nécessaires durant les phases de préparation, d’intervention et de rétablissement d’un grave incident de santé publique afin d’encourager la prise de décisions éclairées, les changements de comportement positifs et la préservation de la confiance. La pandémie de COVID-19 et d’autres urgences sanitaires récentes ont mis en lumière les importantes difficultés et les lacunes dans la façon dont les risques sont communiqués.

Le 30 janvier 2020, l’Organisation mondiale de la santé déclarait que la COVID-19 était une urgence de santé publique de portée internationale. En février, elle ajoutait qu’il s’agissait d’une « infodémie » qui « rend difficile pour les gens de trouver des sources d’informations et des orientations dans lesquelles avoir confiance, au moment où ils en ont besoin ». Le tsunami de bruits trompeurs a entraîné des décès, des pertes financières et des dommages matériels et aggravé la stigmatisation et la discrimination. Il a aussi facilité l’erosion de la confiance envers les grandes institutions et ajouté à l’environnement d’information déjà chaotique.

Objectifs d’apprentissage

- Définir comment l’avalanche d’informations sur la COVID-19 peut miner les efforts de la santé publique pour contrôler la maladie.
- Explorer comment l’infodémie a érodé la confiance du public et décrire des initiatives en cours pour limiter la propagation de la mésinformation.
- Trouver des moyens de reformuler les messages pour contrer l’infodémie et de communiquer des informations scientifiquement correctes.

Conférencier

- Timothy Caulfield, professeur et titulaire de la chaire de recherche du Canada en droit et en politique de la santé; lauréat de la Fondation Trudeau; professeur à la Faculté de droit et à l’École de santé publique et directeur de recherche à l’Institut du droit de la santé de l’Université de l’Alberta

Animateur

- Ian Culbert, directeur général, Association canadienne de santé publique

WEDNESDAY 8 DECEMBER | MERCREDI 8 DÉCEMBRE

12:30 – 12:45 STRETCH BREAK
12 h 30 à 12 h 40 PAUSE-ÉTIREMENTS

12:45 – 13:45 CONCURRENT SESSIONS
12 h 45 à 13 h 45 SÉANCES SIMULTANÉES

BARRIERS TO, AND OPPORTUNITIES FOR, INCREASING HPV IMMUNIZATION FOR SCHOOL-AGED CHILDREN IN CANADA

Each year, more than 1300 Canadians are diagnosed with, and 400 Canadians die from, cervical cancer. Almost all cervical cancer cases are caused by the human papillomavirus (HPV), which can be prevented by HPV immunization.

This session will provide an overview of the Solutions to Increase Youth HPV Immunization in Canada Project led by the Urban Public Health Network as part of the Action Plan for the Elimination of Cervical Cancer in Canada. Preliminary findings around barriers to, and opportunities for, improving school-based HPV immunization programming across Canada will be discussed, along with insights from the ongoing case study in Alberta and perspectives on school-based HPV immunization programs in the context of the current pandemic.

Learning Objectives

- Describe the importance of increasing HPV immunization rates in Canada.
- Identify barriers to, and opportunities for, increasing school-based HPV immunization rates.
- Explore multiple perspectives on the various methods of understanding and acting on emergent public health problems.

Speakers

- Cory Neudorf, Senior Medical Officer of Health, Saskatchewan Health Authority; President, Urban Public Health Network, joined by Thilina Bandara, Adjunct Professor, University of Saskatchewan; Research Scientist Urban Public Health Network
- Ève Dubé, Medical Anthropologist, Scientific Group on Immunization, Québec National Institute of Public Health
- Lisa Allen Scott, Population and Public Health Research Scientist, Alberta Health Services, joined by Jennifer Malkin, Research Associate, Alberta Health Services

Moderator

- Michelle Halligan, Director, Prevention, Canadian Partnership Against Cancer

VIRTUAL ORAL PRESENTATIONS — 1

- Canadian National Vaccine Safety Surveillance on COVID-19 vaccines – *Julie Bettinger*
- Identifying a signal: Thrombosis with Thrombocytopenia Syndrome (TTS) following COVID-19 vaccination in Canada – *Theresa Procter*
- Reported adverse events following COVID-19 vaccination in Canada – *Ashley Weeks*
- Using disproportionality analysis in vaccine safety surveillance to investigate potential safety issues requiring further investigation – *Sarah Spruin*
- COVID-19 may increase the risk of herpes zoster in adults ≥50 years of age – *Dessi Loukov*

VIRTUAL ORAL PRESENTATIONS — 2

- CANVax: An online knowledge resource centre aiming to improve vaccine acceptance and uptake during the COVID-19 pandemic and beyond – *Antonella Pucci*
- COVID-19 vaccination: The wins of a mobile clinic – *Jennifer Njenga*
- An equity-focused evaluation of the COVID-19 vaccine rollout plans proposed by six Canadian provinces – *Mariame Ouedraogo*
- Innovation and integration to improve COVID-19 outcomes and promote vaccine uptake: Northwest collaborative COVID-19 vaccine promotion strategy – *Jennifer Gourlay Hennig*
- A national, multimodal, community-based, culturally-sensitive vaccine confidence strategy during the COVID-19 pandemic: A case study of the Canadian Muslim COVID-19 Task Force – *Mohammad Hashim Khan*

WEDNESDAY 8 DECEMBER | MERCREDI 8 DÉCEMBRE

13:45 – 14:30	NETWORKING BREAK WITH EXHIBITORS AND PARTICIPANTS
13 h 45 à 14 h 30	PAUSE NETWORKING AVEC LES EXPOSANTS ET LES PARTICIPANTS

During this interactive 45-minute break, participants can connect with exhibitors by video or chat to learn about their organization and view their resources. In the Meeting Hub, participants will have the opportunity to connect with each other.

Pendant cette pause interactive de 45 minutes, les participants peuvent se connecter avec les exposants par vidéo ou par chat pour en savoir plus sur leur organisation et consulter leurs ressources. Dans le « Meeting Hub », les participants peuvent se connecter les uns avec les autres.

14:30 – 15:30	CONCURRENT SESSIONS
14 h 30 à 15 h 30	SÉANCES SIMULTANÉES

CANADA'S VACCINE INJURY SUPPORT PROGRAM

Canada's Vaccine Injury Support Program (VISP) has been launched to ensure that all people in Canada who have experienced a serious and permanent injury as a result of receiving a Health Canada-authorized vaccine have access to fair and timely financial support.

This presentation will touch on the background of why this type of program is needed in Canada, who is involved with Canada's VISP, the processes the VISP follows, who is eligible for the VISP, how cases are assessed, and what type of compensation is paid out to claimants.

Raymond Chabot Grant Thornton (RCGT) Consulting Inc. would like to engage participants, as members of the immunization community, with the following goals in mind:

- Understanding: informing partners in the community.
- Feedback: eliciting constructive feedback regarding all aspects of the VISP.
- Continuous improvement: harnessing your knowledge and understanding of the Canadian immunization community to continually improve.
- Increase awareness: ensuring accessibility of the program to all Canadians.

Learning Objectives

- Describe the purpose of the VISP program and summarize the key eligibility criteria of the VISP program.
- Identify the processes followed during the assessment of cases.
- Engage with the immunization community to support the goals of the VISP.

Speakers

- Kumanan Wilson, Professor, Department of Medicine, University of Ottawa; Senior Scientist, Bruyere and Ottawa Hospital Research Institutes; Chief Executive Officer, CANImmunize Inc.
- Jennifer Crichton, Medical Consultant, Vaccine Injury Support Program

Moderator

- Amanda Lewis, Senior Consultant, Raymond Chabot Grant Thornton

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WEDNESDAY 8 DECEMBER | MERCREDI 8 DÉCEMBRE

14:30 – 15:30 CONCURRENT SESSIONS
14 h 30 à 15 h 30 SÉANCES SIMULTANÉES

IMMUNIZATION RESPONSES IN CANADA: A NATIONAL ANALYSIS OF GAPS IN THE “SYSTEM”

Scholarship undertaken throughout the pandemic has identified a range of gaps in Canada's immunization governance landscape, some of them persisting despite long-running calls for reform (e.g., absence of patient-centred health information systems, absence of unified vaccine injury compensation scheme, closed-loop nature of decision-making, etc.). During the COVID-19 pandemic, some gaps were addressed with ad hoc measures. Presenters in this symposium will identify governance gaps, examine public health interventions against the unfolding epidemiological data, and query the extent to which evidence-based decision-making was being pursued, and the extent to which Chief Medical Officers of Health and the Public Health Agency were empowered to serve their intended purposes.

Learning Objectives

- Describe a schema for an immunization framework that reflects responsible governance, appreciating how different aspects of immunization fit into the overall schema.
- Identify, compare, and summarize differences in leadership, interventions, and outcomes in different parts of Canada, drawing on the epidemiological data available across Canada.
- Explore why different approaches were taken in different parts of Canada, again bearing in mind the demands of the concepts of responsible governance and responsible research and innovation.
- Illustrate how clearer standards and expectations can be instantiated in a legal framework to address some of the shortcomings identified.

Speakers

- Janice Graham, Director, Technoscience and Regulation Research Unit
- Maya Lowe, Research Assistant, Technoscience and Regulation Research Unit
- Rachel Parker, RIM Student, Technoscience and Regulation Research Unit
- Ksenia Kholina, Research Fellow, Technoscience and Regulation Research Unit

Moderator

- Shawn Harmon, Co-investigator, Technoscience and Regulation Research Unit

VIRTUAL ORAL PRESENTATIONS — 3

- Building resistance to vaccine misinformation among school-aged children – *Brendan Lazar*
- Effectiveness of the CARD system for reducing student stress-related symptoms during school vaccinations – *Victoria Gudzak*
- “I’m not doing it for me, I’m doing it for everybody else”: Exploring COVID-19 vaccine behaviour among Citizens of the Métis Nation of Ontario – *Abigail Simms*
- Kids Boost Immunity How to Handle Your Shots like a Champ: An online lesson to teach students the importance of vaccines and strategies to cope with needle fears and anxiety – *Jessica Harper*
- A qualitative investigation of barriers and facilitators to COVID-19 vaccination among visible minority and Indigenous Peoples in Canada – *Terra Manca*

15:30 – 15:45 STRETCH BREAK
15 h 30 à 15 h 45 PAUSE-ÉTIREMENTS

15:45 – 16:45
15 h 45 à 16 h 45PLENARY II
PLÉNIÈRE II**THE FUTURE OF mRNA VACCINES AND SEASONAL INFLUENZA**

mRNA and other novel vaccine technologies have been in development for decades. They have been brought to the forefront of public interest and public health priorities due to their responsive availability in the COVID-19 pandemic. Traditional vaccine platforms are still in development for COVID-19; however, their relevance in the face of faster-moving technologies is unclear. In this session, we will discuss the impact disruptive vaccine technologies could have on the seasonal influenza vaccine landscape, including the vaccine pipeline, the timeline of seasonal strain match, manufacturability, public confidence, and more.

Learning Objectives

- Compare the advantages and disadvantages of mRNA as a vaccine range over traditional vaccine technologies.
- Describe why traditional methods of vaccine development have been effective for certain diseases and will continue to play a major role in the vaccine landscape in the future.
- Explore the effectiveness of novel technologies to potentially expand the range of diseases that can be prevented or treated by vaccines.

Speakers

- Anna Blakney, Assistant Professor, Michael Smith Laboratories and School of Biomedical Engineering, University of British Columbia
- Guillaume Poliquin, Vice President of Canada's National Microbiology Laboratory

Moderator

- Manish Sadarangani, Director, Vaccine Evaluation Center, BC Children's Hospital; Assistant Professor, Department of Pediatrics, Faculty of Medicine, University of British Columbia

L'AVENIR DES VACCINS À ARNm ET L'INFLUENZA SAISONNIÈRE

La technique de l'ARN messager et d'autres techniques de production de vaccins novatrices sont en développement depuis des dizaines d'années. Elles ont été portées au premier plan de l'intérêt général et des priorités en santé publique par leur disponibilité rapide durant la pandémie de COVID-19. Des plateformes vaccinales classiques contre la COVID-19 sont encore en développement, mais il n'est pas clair si elles demeurent pertinentes, vu la rapidité des nouvelles techniques. Durant cette séance, nous discuterons des effets que pourraient avoir les techniques révolutionnaires de production de vaccins dans le paysage actuel des vaccins contre l'influenza, notamment en ce qui concerne les nouveaux vaccins à l'horizon, les délais pour assurer la concordance des souches saisonnières, la fabricabilité, la confiance publique et plus encore.

Objectifs d'apprentissage

- Comparer les avantages et les inconvénients de l'ARNm comme gamme de vaccins par rapport aux techniques classiques de production de vaccins.
- Expliquer pourquoi les méthodes classiques de mise au point de vaccins sont efficaces contre certaines maladies et continueront de jouer un grand rôle dans le paysage vaccinal futur.
- Explorer l'efficacité des techniques novatrices pour potentiellement élargir l'éventail des maladies qui peuvent être prévenues ou traitées par les vaccins.

Conférencière et conférencier

- Anna Blakney, professeure adjointe, Laboratoires Michael Smith et École de génie biomédical, Université de la Colombie-Britannique
- Guillaume Poliquin, vice-président, Laboratoire national de microbiologie du Canada

Animateur

- Manish Sadarangani, directeur, Vaccine Evaluation Center, Hôpital pour enfants de la Colombie-Britannique; professeur adjoint, Département de pédiatrie, Faculté de médecine, Université de la Colombie-Britannique

WEDNESDAY 8 DECEMBER | MERCREDI 8 DÉCEMBRE

16:50 – 17:45

ASK THE EXPERT: STUDENT AND TRAINEE NETWORKING EVENT

Students and trainees are invited to the Ask the Expert event to speak with clinicians, epidemiologists and laboratory scientists, as well as public health and industry professionals. Participants will connect with experts in small Zoom breakout rooms for questions and discussion.

16:50 – 17:45

CO-DEVELOPED LEARNING ACTIVITIES

THE INTERPLAY BETWEEN THE COVID-19 PANDEMIC AND RSV SEASONALITY: CURRENT AND FUTURE IMPLICATIONS FOR IMMUNOPROPHYLAXIS

The continued global dissemination of SARS-CoV-2 has been the impetus for the development of effective public health measures that are believed to be responsible for an unprecedented decrease in seasonal respiratory viruses, including RSV. This session will describe the impact of the COVID-19 pandemic on seasonal respiratory virus epidemics in Canada and worldwide, and its relevance for RSV immunoprophylaxis programs that target groups of young infants at highest risk for hospitalization from RSV. Passive immunization against RSV has also informed the development of immunoprophylaxis strategies against COVID-19 in groups of persons at highest risk of severe outcomes. The data regarding monoclonal antibodies for pre-and-post exposure prophylaxis to reduce the risk of COVID-19 hospitalization will also be presented.

Learning Objectives

- Describe the impact of the COVID-19 pandemic on seasonal respiratory virus epidemics in Canada and worldwide.
- Identify groups at highest risk for hospitalization from RSV and COVID-19.
- Interpret the clinical data supporting passive immunization against COVID-19 and RSV.

Speaker

- Jesse Papenburg, McGill University, Montreal Children's Hospital

The program is co-developed with the Canadian Paediatric Society and AstraZeneca to achieve scientific integrity, objectivity and balance.

PROTECTION BEYOND FLU: WHAT'S NEW FOR INFLUENZA VACCINES AMONG ADULTS 50+

Viral respiratory pathogens, such as influenza and SARS-CoV2, have severe consequences on human health that can extend beyond the initial acute infection. Indeed, research on influenza and the recent experiences with COVID-19 underscore the impact of these infections on the cardiovascular system and multi-organ systems. For example, studies in Canada and elsewhere have linked influenza with increased risks of heart attacks and strokes, and there is a growing appreciation of the impact of influenza on exacerbating underlying conditions and contributing to functional decline. This session will review the potential consequences of influenza among adults over 50, and why adults over the age of 65 represent a high-risk group. Recommendations and evidence assessments on vaccines for adults will also be reviewed.

Learning Objectives

- Review the burden of influenza among adults 50+ and opportunities to improve outcomes, particularly during and after the COVID-19 pandemic.
- Highlight technological developments and clinical data among influenza vaccines for adults 50+.
- Review evidence-based graded recommendations and guidelines for influenza vaccines for adults 50+.

Speakers

- Melissa Andrew, Professor of Medicine (Geriatrics) and Community Health & Epidemiology, Dalhousie University
- Sherilyn Houle, Assistant Professor, School of Pharmacy, University of Waterloo

The program is co-developed with AMMI Canada and Sanofi Pasteur to achieve scientific integrity, objectivity and balance.

PROGRAM OVERVIEW | RÉSUMÉ DU PROGRAMME

- Subject to change | Sous réserve de modifications
- All times are Eastern Standard Time | Toutes les heures sont exprimées en heure normale de l'Est

CO-DEVELOPED LEARNING ACTIVITIES ACTIVITÉS D'APPRENTISSAGE AGRÉÉES		
10:30-11:25	Cervical cancer elimination in Canada by 2040: Will we get there?	Evolution of mRNA vaccines from basic science to pandemic response to future prospects: The role in Canada's immunization programs
11:30-12:30	PLENARY III PLÉNIÈRE III IMMUNIZATION AND RACISM IMMUNISATION ET RACISME	
12:30-12:45	STRETCH BREAK PAUSE-ÉTIREMENTS	
12:45-13:45	CONCURRENT SESSIONS SÉANCES SIMULTANÉES	
	It's your move: Playing your cards to deal with stress-related responses during pediatric vaccinations Virtual Oral Presentations 4 Virtual Oral Presentations 5	
13:45-14:30	NETWORKING BREAK WITH EXHIBITORS AND PARTICIPANTS PAUSE NETWORKING AVEC LES EXPOSANTS ET LES PARTICIPANTS	
14:30-15:30	CONCURRENT SESSIONS SÉANCES SIMULTANÉES	
	Creating a digital communication channel to vaccine-hesitant pregnant and parenting Canadians Vaccine supply chain transformation in the context of COVID-19: Lessons learned and looking forward Virtual Oral Presentations 6	
15:30-15:45	STRETCH BREAK PAUSE-ÉTIREMENTS	
15:45-16:45	PLENARY IV PLÉNIÈRE IV FROM PANDEMIC TO ENDEMIC: THE ROAD FORWARD DE LA PANDÉMIE À L'ENDÉMIE : LE CHEMIN À PARCOURIR	
16:45-16:50	BREAK PAUSE	
CO-DEVELOPED LEARNING ACTIVITIES ACTIVITÉS D'APPRENTISSAGE AGRÉÉES		
16:50-17:45	Pneumococcal pneumonia and COVID-19 pneumonia: Long-term outcomes	Shifting our focus to increase adult vaccination coverage: A look at the pandemic's impact on other infectious diseases



THURSDAY 9 DECEMBER | JEUDI 9 DÉCEMBRE

10:30 – 11:25	CO-DEVELOPED LEARNING ACTIVITIES
10 h 30 à 11 h 25	ACTIVITÉS D'APPRENTISSAGE AGRÉÉES

CERVICAL CANCER ELIMINATION IN CANADA BY 2040: WILL WE GET THERE?

In line with the Conference's theme of returning to 'normal' and catching up on routine vaccinations missed over the past 17 months, the goal of this session is to discuss public health strategies on HPV immunization to meet the Canada Action Plan for Elimination of Cervical Cancer.

In March 2021, the Canadian Partnership Against Cancer released a report titled "HPV immunization for the prevention of cervical cancer" and, as part of the goals to eliminate cervical cancer by 2040, Canada has set a target of achieving 90% HPV vaccination coverage of adolescents by 17 years of age by 2025.

Learning Objectives

- Review national goals to reach elimination of cervical cancer.
- Review the current data on the effectiveness of the HPV vaccine, dosing schedules and other emerging information.
- Discuss the impact of COVID-19 on vaccine confidence and implications for HPV immunization programs.
- Discuss Public Health strategies on immunization to meet the Canada Action Plan for the Elimination of Cervical Cancer goals.

Speaker

- Gina Ogilvie, University of British Columbia, Women's Health Research Institute, BC Centre for Disease Control

The program is co-developed with the Canadian Paediatric Society and Merck to achieve scientific integrity, objectivity and balance.

EVOLUTION OF mRNA VACCINES FROM BASIC SCIENCE TO PANDEMIC RESPONSE TO FUTURE PROSPECTS: THE ROLE IN CANADA'S IMMUNIZATION PROGRAMS

With the onset of the COVID-19 pandemic, lipid nanoparticle-formulated mRNA vaccines have rapidly moved from concept to implementation. However, deployment of mRNA vaccines has revealed an unmet need to clearly communicate the nature of this technology and enable provision of effective education to providers and recipients. With continued use of mRNA vaccines, the prospect of booster injections, and likely expansion to other diseases, a strong scientific understanding is critical. This session will outline the foundational science that underpins this technology and highlight differences between mRNA vaccines and other formulations. The session will review key data and follow-up from pivotal mRNA vaccine trials and set the scene for ongoing studies that address special populations. The contribution of mRNA vaccines to the rollout of the COVID-19 immunization strategy in Canada, emerging real-world data, and future applications will be presented.

Learning Objectives

- Describe how lipid nanoparticle-formulated mRNAs instruct the body to temporarily make proteins, and to generate immune responses to these proteins.
- Review pivotal clinical trial and real-world data on the efficacy and safety of mRNA vaccines.
- Discuss future prospects for mRNA vaccines in development.

Speaker

- Soren Gantt, Université de Montréal, CHU Sainte-Justine

The program is co-developed with the Canadian Paediatric Society and Moderna to achieve scientific integrity, objectivity and balance.

11:30 – 12:30

11 h 30 à 12 h 30

PLENARY III

PLÉNIÈRE III



IMMUNIZATION AND RACISM

Black people, Indigenous people, and people of colour (BIPOC) in Canada are at higher risk of COVID-19 infections, hospitalizations, intensive care unit (ICU) admissions and deaths, yet they may be more hesitant to receive the vaccine than others. Vaccine hesitancy in BIPOC communities is not merely a result of misinformation or gaps in health literacy; it is linked to medical distrust and structural racism.

For example, in 2013, it was revealed that throughout the 1940s and 1950s, malnourished Indigenous children served as unwitting subjects in nutritional experiments conducted by government bureaucrats. Tactics included withholding vitamin supplements and milk rations, withholding dental care and feeding the children enriched flour that was not legally sold elsewhere in Canada. Between 1932 and 1972, researchers from the United States Public Health Service and the Centers for Disease Control and Prevention purposely did not treat Black patients infected with syphilis – and only recorded what happened as part of the now-infamous Tuskegee Syphilis Experiments.

While systemic racism related to COVID-19 has received a lot of attention, panelists will discuss how the lessons learned during the pandemic can be applied to routine immunization programs moving forward.

Learning Objectives

- Identify how systemic racism negatively affects the physical health outcomes of Black people, Indigenous people, and people of colour.
- Describe the ways in which social identity can negatively influence COVID-19 vaccination rates of stigmatized individuals and/or groups.
- Explore intervention options for addressing stigma and responding to systemic racism at multiple levels of the health system.

Speakers

- Upton Allen, Professor, Department of Paediatrics and Institute of Health Policy Management and Evaluation, University of Toronto
- Sarah Funnell, Founding Director, Centre for Indigenous Health Research and Education, University of Ottawa; Associate Medical Officer of Health, Ottawa Public Health

Moderator

- Marie Adèle Davis, Executive Director, Canadian Paediatric Society

IMMUNISATION ET RACISME

Les personnes autochtones, noires et de couleur (PANDC) au Canada courent un plus grand risque d'être infectées par la COVID-19, d'être hospitalisées, d'être admises aux soins intensifs et de mourir de la COVID-19, et pourtant, elles peuvent être plus hésitantes à se faire vacciner. L'hésitation vaccinale dans les communautés PANDC ne résulte pas simplement de la mésinformation ou des lacunes sur le plan de la littératie en santé; elle est liée à la méfiance envers le système médical et au racisme structurel.

En 2013 par exemple, il a été révélé que dans les années 1940 et 1950, des enfants autochtones mal nourris avaient servi de cobayes à leur insu dans des expériences sur la nutrition menées par des bureaucrates du gouvernement. Les tactiques employées consistaient à leur refuser les suppléments vitaminiques, les rations de lait et les soins dentaires et à les nourrir de farines enrichies qui ne pouvaient pas être vendues légalement ailleurs au Canada. Entre 1932 et 1972, des chercheurs du Service de santé publique et des Centres pour le contrôle et la prévention des maladies des États-Unis ont à dessein omis de traiter des patients noirs infectés par la syphilis – et n'ont enregistré ce fait que dans le cadre de la tristement célèbre étude de Tuskegee sur la syphilis.

Le racisme systémique lié à la COVID-19 a reçu beaucoup d'attention, mais nos panélistes discuteront des façons possibles d'appliquer les leçons apprises durant la pandémie aux programmes d'immunisation systématique.

Objectifs d'apprentissage

- Indiquer en quoi le racisme systémique nuit aux résultats de santé physique des personnes autochtones, noires et de couleur.
- Décrire comment l'identité sociale peut influencer négativement les taux de vaccination contre la COVID-19 chez les personnes et dans les groupes stigmatisés.
- Explorer les options d'intervention pour aborder la stigmatisation et réagir au racisme systémique à de nombreux niveaux du système de santé.

Conférencier et conférencière invités

- Upton Allen, professeur, Département de pédiatrie et Institut de la politique sanitaire, de la gestion et de l'évaluation des soins, Université de Toronto
- Sarah Funnell, directrice fondatrice, Centre de recherche et d'éducation en santé autochtone, Université d'Ottawa; médecin de santé publique adjointe, Santé publique Ottaw

Animatrice

- Marie Adèle Davis, directrice générale, Société canadienne de pédiatrie

THURSDAY 9 DECEMBER | JEUDI 9 DÉCEMBRE

12:30 – 12:45 STRETCH BREAK

12 h 30 à 12 h 45 PAUSE-ÉTIREMENTS

12:45 – 13:45 CONCURRENT SESSIONS

12 h 45 à 13 h 45 SÉANCES SIMULTANÉES

IT'S YOUR MOVE: PLAYING YOUR CARDS TO DEAL WITH STRESS-RELATED RESPONSES DURING PEDIATRIC VACCINATIONS

This session will introduce participants to a vaccination delivery framework called CARD (Comfort – Ask – Relax – Distract) that reduces stress-related responses in children undergoing vaccination, including pain, fear, dizziness and fainting. Vaccination stress-related responses are common and contribute to negative attitudes about vaccination and future vaccination non-compliance. Integration of evidence-based strategies to reduce these vaccination-related harms is required to ensure the best quality of health care delivery in children undergoing vaccination, which, in turn, will promote future vaccination. Key components of the CARD framework will be reviewed, including tools and resources to assist with its implementation (e.g., planning and workflow checklists, pamphlets and a new web game app) across different practice settings. This symposium is particularly relevant and timely, as it coincides with the rollout of vaccination clinics in schools and hospitals to protect children against COVID-19 disease.

Learning Objectives

- Discuss the rationale for treating pain, fear and associated immunization stress-related responses.
- Identify and explain evidence-based interventions for mitigating stress-related responses.
- Identify ways to incorporate interventions into the vaccination delivery process to improve the vaccination experience for patients.

Speakers

- Noni MacDonald, Professor, Faculty of Medicine, Dalhousie University
- Erin Ledrew, Vaccine Clinic Manager, Centre for Addiction and Mental Health
- Lucie Bucci, Senior Manager, Immunize Canada

Moderator

- Anna Taddio, Professor, Leslie Dan Faculty of Pharmacy, University of Toronto

VIRTUAL ORAL PRESENTATIONS — 4

- Cost-effectiveness of implementing a quadrivalent (four-strain) high-dose influenza vaccine (IIV4-HD) for older adults in Canada – *Thomas Shin*
- Effectiveness of influenza vaccination during pregnancy on laboratory-confirmed seasonal influenza among infants under 6 months of age in Ontario – *Deshayne Fell*
- Immunogenicity and safety of cell-derived quadrivalent influenza vaccine in children 6 through 47 months of age: A randomized controlled non-inferiority trial – *Marten Heeringa*
- Influenza vaccination uptake among Canadian adults before and during the COVID-19 pandemic: An analysis of the Canadian Longitudinal Study on Aging – *Giorgia Sulis*
- Peripartum outcomes following COVID-19 vaccination in late pregnancy: Preliminary findings from a population-based retrospective cohort study in Ontario, Canada – *Deshayne Fell*

VIRTUAL ORAL PRESENTATIONS — 5

- Immunization in the era of artificial intelligence: A research priority setting for the next decade to improve immunization uptake in Ontario – *Yunju Song*
- Canadians fully vaccinated against COVID-19 at much lower risk of infection and severe outcomes: A national epidemiologic analysis – *Nadia Lapczak*
- COVID-19 vaccination dosing intervals and time since last dose in Canada – *Jenny Rotondo*
- Experiences of pharmacists with pharmacist-administered COVID-19 vaccinations in the pharmacy – *Sandra Gerges*
- Frailty, age and outcomes during waves 1-3 of the COVID-19 pandemic: A report from the CIRN Serious Outcomes Surveillance Network – *Melissa K. Andrew*

THURSDAY 9 DECEMBER | JEUDI 9 DÉCEMBRE

13:45 – 14:30	NETWORKING BREAK WITH EXHIBITORS AND PARTICIPANTS
13 h 45 à 14 h 30	PAUSE NETWORKING AVEC LES EXPOSANTS ET LES PARTICIPANTS

During this interactive 45-minute break, participants can connect with exhibitors by video or chat to learn about their organization and view their resources. In the Meeting Hub, participants will have the opportunity to connect with each other.

Pendant cette pause interactive de 45 minutes, les participants peuvent se connecter avec les exposants par vidéo ou par chat pour en savoir plus sur leur organisation et consulter leurs ressources. Dans le « Meeting Hub », les participants peuvent se connecter les uns avec les autres.

14:30 – 15:30	CONCURRENT SESSIONS
14 h 30 à 15 h 30	SÉANCES SIMULTANÉES

CREATING A DIGITAL COMMUNICATION CHANNEL TO VACCINE-HESITANT PREGNANT AND PARENTING CANADIANS

The session will be an interactive and interprofessional presentation using a slide deck and interactive digital polls on factors supporting and inhibiting vaccine uptake among pregnant and breastfeeding Canadians. The presentation will be made jointly and will be based on an equity impact framework. Presenters will examine a variety of Canadian populations from the perspective of their vaccine uptake status and consult with conference participants on developing effective communications strategies (including personal/social communications channels), to influence the study approaches and, ultimately, devise strategies to reduce vaccine hesitancy.

Learning Objectives

- Describe vaccine hesitancy learning aids being developed and strategies to encourage their use and uptake.
- Engage with a variety of subpopulation representatives to consider the roots of vaccine hesitancy and approaches to improve population uptake.
- Strengthen communication channels to vaccine-hesitant Canadian populations.

Workshop Facilitators

- Rohan D'Souza, Associate Professor, Obstetrics & Gynecology, McMaster University
- Kristin Horsley, Postdoctoral Fellow, Department of Obstetrics and Gynaecology, McMaster University
- Wendy Katherine, Executive Director, Health Nexus

GROUP REGISTRATION \$125

Organizations can save up to \$75 per person when registering four or more employees for the 2021 Canadian Immunization Conference.

Contact secretariat@cic-cci.ca to start the process.

THURSDAY 9 DECEMBER | JEUDI 9 DÉCEMBRE

14:30 – 15:30 CONCURRENT SESSIONS
14 h 30 à 15 h 30 SÉANCES SIMULTANÉES

VACCINE SUPPLY CHAIN TRANSFORMATION IN THE CONTEXT OF COVID-19: LESSONS LEARNED AND LOOKING FORWARD

To support and facilitate the distribution of COVID-19 vaccines, the Public Health Agency of Canada (PHAC) formed a Vaccine Rollout Task Force, guided by the Canadian COVID-19 Immunization Plan, including a workstream dedicated to coordinated Logistics and Operations. In addition to standing up a control tower, a National Operations Centre, and overseeing all vaccine logistics and distribution considerations, PHAC acted as a liaison across all F/P/Ts with manufacturers. As a component of the COVID-19 Vaccine Logistics Strategy, the Government of Canada contracted logistics service providers to provide supplementary and contingency capacity. PHAC also coordinated the distribution and stockpiling of ancillary supplies for vaccinations, such as needles and freezers, to ensure that F/P/Ts had everything they needed to administer vaccines when they were ready. Administration and prioritization decisions and distribution within P/T jurisdictions were managed by the provinces and territories themselves.

Speakers will provide a brief overview of the routine and seasonal influenza vaccine supply chain and share how they prepared and adapted their supply chains to COVID-19 responses, including reflections on the modified role of the federal government in coordinating across provinces and territories, the change in modus operandi of vaccine deliveries direct to points of administration, and the impact on existing supply distribution systems and processes. The facilitator will then engage the speakers in a discussion on potential responses to future pandemics, identifying where provinces, territories, and the federal government can all collaborate to create a flexible, coordinated, and responsive public health commodities supply chain. Speakers will reflect on what lessons have been learned from implementing the new systems.

Learning Objectives

- Appraise participants' existing supply chains for any urgent or future adaptations required to enable rapid distribution of existing and emerging vaccines.
- Analyze different approaches taken by colleagues in provinces and territories to determine applicability and acceptability in participants' contexts.
- Explore opportunities for collaboration with colleagues in other provinces and territories and at the federal level on piloting and implementation of supply chain adaptation.

Speakers

- Jacqueline Kosche, Director, Program Policy for COVID-19 Vaccine Distribution and Logistics, Public Health Agency of Canada
- Kari Bergstrom, Manager, Immunization Business, Health and Wellness Promotion Branch, Public Health and Compliance Division, Alberta Health, Government of Alberta
- Marija Pavkovic, Acting Immunization Program Manager, Yukon Health and Social Services
- Marnie MacKinnon, Director, Vaccine Implementation, Ontario Ministry of Health

Moderator

- Maruchi Wotogbe, Public Health Agency of Canada

VIRTUAL ORAL PRESENTATIONS — 6

- Burden of congenital cytomegalovirus among newborns/infants <2 years of age from 2010 to 2020 – *John Diaz-Decaro*
- A plant-based virus-like particle vaccine candidate for COVID-19 – *Brian J. Ward*
- PROVENT: A phase 3 efficacy and safety study of AZD7442 (tixagevimab/cilgavimab) for pre-exposure prophylaxis of COVID-19 in adults – *Catia Ferreira*
- Recombinant Adjuvanted Zoster Vaccine (RZV) and reduced risk of COVID-19 diagnosis and hospitalization in older adults – *Bradley K. Ackerson*

15:30 – 15:45 BREAK
15 h 30 à 15 h 45 PAUSE

15:45 – 16:45

PLENARY IV

15 h 45 à 16 h 45

PLÉNIÈRE IV



FROM PANDEMIC TO ENDEMIC: THE ROAD FORWARD

Responding to the COVID-19 crisis has placed unprecedented pressures on health care and public health systems and services in Canada and around the world. There are pervasive and profound impacts on the mental health of frontline health care workers due to the current global pandemic. In contrast to that related to acute health care workers, there is much less literature available examining the impact of the pandemic on the public health workforce. What is available, however, indicates that public health workers also experience significant mental health concerns.

In Canada, the good news is that, as vaccination rates continue to rise and as more people acquire immunity, the virus will have fewer people available to infect. The bad news is that new variants resistant to vaccines or prior infections and waning immunity may reignite the pandemic with surges of new infections. For everyone who has been responding to the crisis, there will be no time to rest, as mass immunization campaigns for seasonal influenza and a backlog of routine immunization programs are being rolled out alongside expansions to the COVID-19 programs.

While Canada's health and public health systems and workforces have been resilient, what does the future hold for sustainable solution for our "next normal"?

Learning Objectives

- Describe strategies to minimize occupational stress and burnout as demand for services continues in the future.
- Explore how health systems can strike the right balance among competing immunization demands and plan for the inevitable outbreaks and surges.
- Discuss how all sectors of society need to engage and help build support for a shared definition of the new normal.

Speakers

- Jamie Kellar, Associate Dean, Academic; Associate Professor – Teaching Stream, Leslie Dan Faculty of Pharmacy, University of Toronto
- Shannon MacDonald, Associate Professor, Faculty of Nursing, University of Alberta

Moderator

- Erin Henry, Director, Immunization Programs and Pandemic Preparedness Division, Public Health Agency of Canada

DE LA PANDÉMIE À L'ENDÉMIE : LE CHEMIN À PARCOURIR

La riposte à la crise de la COVID-19 exerce des pressions sans précédent sur les systèmes et les services de soins de santé et de santé publique au Canada et ailleurs dans le monde. La pandémie mondiale a des impacts profonds et omniprésents sur la santé mentale des personnels de santé de première ligne. Comparativement à ce qui existe pour les personnels de soins actifs, il y a beaucoup moins d'articles scientifiques qui abordent les impacts de la pandémie sur la main-d'œuvre en santé publique. Ceux qui existent indiquent toutefois que les personnels de santé publique connaissent aussi d'importants problèmes de santé mentale.

Au Canada, la bonne nouvelle est qu'avec l'augmentation soutenue des taux de vaccination et du nombre de personnes qui acquièrent une immunité, le virus a de moins en moins de gens à infecter. La mauvaise nouvelle est que les nouveaux variants résistants aux vaccins ou aux infections préalables et la baisse de l'immunité pourraient raviver la pandémie avec des poussées soudaines de nouveaux cas d'infection. Les gens qui interviennent durant la crise actuelle n'auront pas le temps de se reposer, car les campagnes de vaccination de masse contre l'influenza saisonnière et le rattrapage nécessaire dans les programmes de vaccination de routine sont déployés en même temps que l'élargissement des programmes de lutte contre la COVID-19.

La main-d'œuvre et les systèmes des soins de santé et de la santé publique du Canada ont beau être résilients, quelle solution durable nous réserve l'avenir pour la « prochaine normalité »?

Objectifs d'apprentissage

- Décrire des stratégies pour minimiser le stress et l'épuisement professionnels au fur et à mesure que la demande de services se poursuit à l'avenir.
- Explorer comment les systèmes de santé pourraient concilier au mieux les exigences d'immunisation concurrentielles et la préparation aux inévitables éclosions et poussées soudaines.
- Expliquer pourquoi tous les secteurs de la société doivent se mobiliser et se rallier à une définition commune de la nouvelle normalité.

Conférencières invitées

- Shannon MacDonald, professeure agrégée, Faculté des sciences infirmières, Université de l'Alberta
- Jamie Kellar, sous-directrice des études; professeure agrégée – filière de l'enseignement, Faculté de pharmacie Leslie Dan, Université de Toronto

Animatrice

- Erin Henry, directrice, Division des programmes d'immunisation et préparation aux pandémies, Agence de la santé publique du Canada

THURSDAY 9 DECEMBER | JEUDI 9 DÉCEMBRE

16:50 – 17:45	CO-DEVELOPED LEARNING ACTIVITIES
16 h 50 à 17 h 45	ACTIVITÉS D'APPRENTISSAGE AGRÉÉES

PNEUMOCOCCAL PNEUMONIA AND COVID-19 PNEUMONIA: LONG-TERM OUTCOMES

Currently, *Streptococcus pneumoniae* and SARS-CoV-2 are two of the most common etiologic agents of community-acquired pneumonia. This session will address: the role of the cytokine storm in pathogenesis of pneumonia produced by these pathogens; the clinical and subclinical organ damage produced by these organisms during the acute episode of pneumonia; the post-acute sequelae of pneumonia and the possible role of inflammation driving long-term outcomes; and how vaccination strategies may help reduce the burden on public health.

LEARNING OBJECTIVES

- Review the current understanding of the pathogenesis of *S. pneumoniae* and SARS-CoV-2 pneumonia.
- Describe the organ damage produced during an acute episode of pneumonia.
- Identify the long-term consequences in pneumococcal disease and COVID-19.
- Describe how chronic inflammation may predispose to long-term consequences of pneumonia.
- Recognize that pneumococcal pneumonia is still the main cause of bacterial community-acquired pneumonia and that the disease burden remains underestimated.
- Reflect on vaccination strategies and uptake to ensure adequate protection of the Canadian adult population to avoid long-term outcomes due to COVID-19 and pneumococcal pneumonia.

SPEAKER

- Julio Ramirez, Chief Research Scientist, Norton Infectious Diseases Institute, Norton Healthcare & Professor of Medicine, University of Louisville, Louisville, Kentucky

The program is co-developed with AMMI Canada and Pfizer Canada to achieve scientific integrity, objectivity and balance.

SHIFTING OUR FOCUS TO INCREASE ADULT VACCINATION COVERAGE: A LOOK AT THE PANDEMIC'S IMPACT ON OTHER INFECTIOUS DISEASES

During the past 18 months, public health measures and immunization have played an important role in reducing the burden of COVID-19 on the Canadian population and healthcare system, particularly for adults. While our collective focus has been on SARS-CoV-2, the pandemic has impacted other infectious diseases such as influenza, RSV and herpes zoster, while also disrupting routine vaccination. While a number of Canadians have fallen behind on immunizations, the immunization environment has evolved towards a heightened awareness of the serious implications of infectious disease, and the value of disease prevention, thus providing a unique opportunity to make advances in immunization against other diseases. This session will examine the impact of COVID-19 on other vaccine-preventable diseases, and highlight the need to prioritize adult vaccination and vaccine series completion via clear public health and healthcare professional-delivered messages and increased vaccine access, with the goal of bolstering adult vaccination coverage.

Learning Objectives

- Understand the impact of the pandemic on other vaccine-preventable diseases, including epidemiological trends and disruptions to routine immunization.
- Discuss changes to the immunization environment and how we might capitalize on the energy around COVID-19 vaccines to fill gaps in routine immunization.
- Highlight the need to prioritize adult immunization catch-up and strategies to increase adult vaccination coverage in the wake of the pandemic.

Speaker

- Jia Hu, Public Health Physician; Chair and CEO, 19 To Zero; Adjunct Professor, University of Calgary; Corporate Medical Director, Canadian Pension Plan Investment Board / Cleveland Clinic Canada

The program is co-developed with AMMI Canada and GSK to achieve scientific integrity, objectivity and balance.

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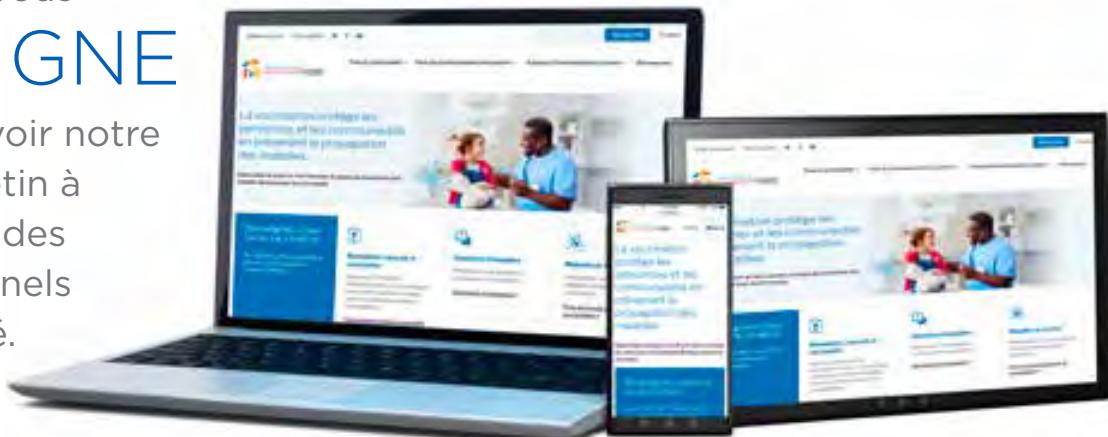
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professionnels
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WHAT SCIENCE CAN DO

At AstraZeneca, we believe in the power of what science can do in transforming care of serious diseases like heart disease, diabetes, and a broad range of respiratory illnesses, including asthma, chronic obstructive pulmonary disease (COPD), influenza, respiratory syncytial virus (RSV) and COVID-19.

AstraZeneca is proud to support the 2021 Canadian Immunization Conference as part of our commitment to protect high-risk infants from the recent surge of Respiratory Syncytial Virus (RSV) and advance COVID-19 clinical options with cutting-edge science.

• • •

CE QUE LA SCIENCE PEUT ACCOMPLIR

Chez AstraZeneca, nous croyons que la science a le pouvoir de transformer des maladies graves, les maladies cardiaques, le diabète et quantité d'affections respiratoires, dont l'asthme, la maladie pulmonaire obstructive chronique (MPOC), la grippe, le virus respiratoire syncytial (VRS) et le coronavirus responsable de la COVID-19.

AstraZeneca est fière de soutenir la Conférence canadienne sur l'immunisation 2021 et de démontrer ainsi sa détermination à protéger les nourrissons les plus vulnérables contre la récente vague de cas d'infections par le virus respiratoire syncytial (VRS) et à progresser les options cliniques contre la COVID-19 avec les connaissances scientifiques les plus avancées.



AstraZeneca

Many Canadians have missed out on their recommended vaccinations this year.

We get it.

Now is a good time to catch up.

Help raise awareness and encourage patients to catch up on missed vaccinations! Stop by our virtual booth and find out how GSK can help you.

De nombreux Canadiens ont manqué leurs vaccins recommandés cette année.

Nous comprenons.

C'est maintenant le temps de se rattraper.

Contribuez à la sensibilisation et encouragez les patients à rattraper les vaccins manqués! Passez à notre stand virtuel et découvrez de quelle façon GSK peut vous aider.

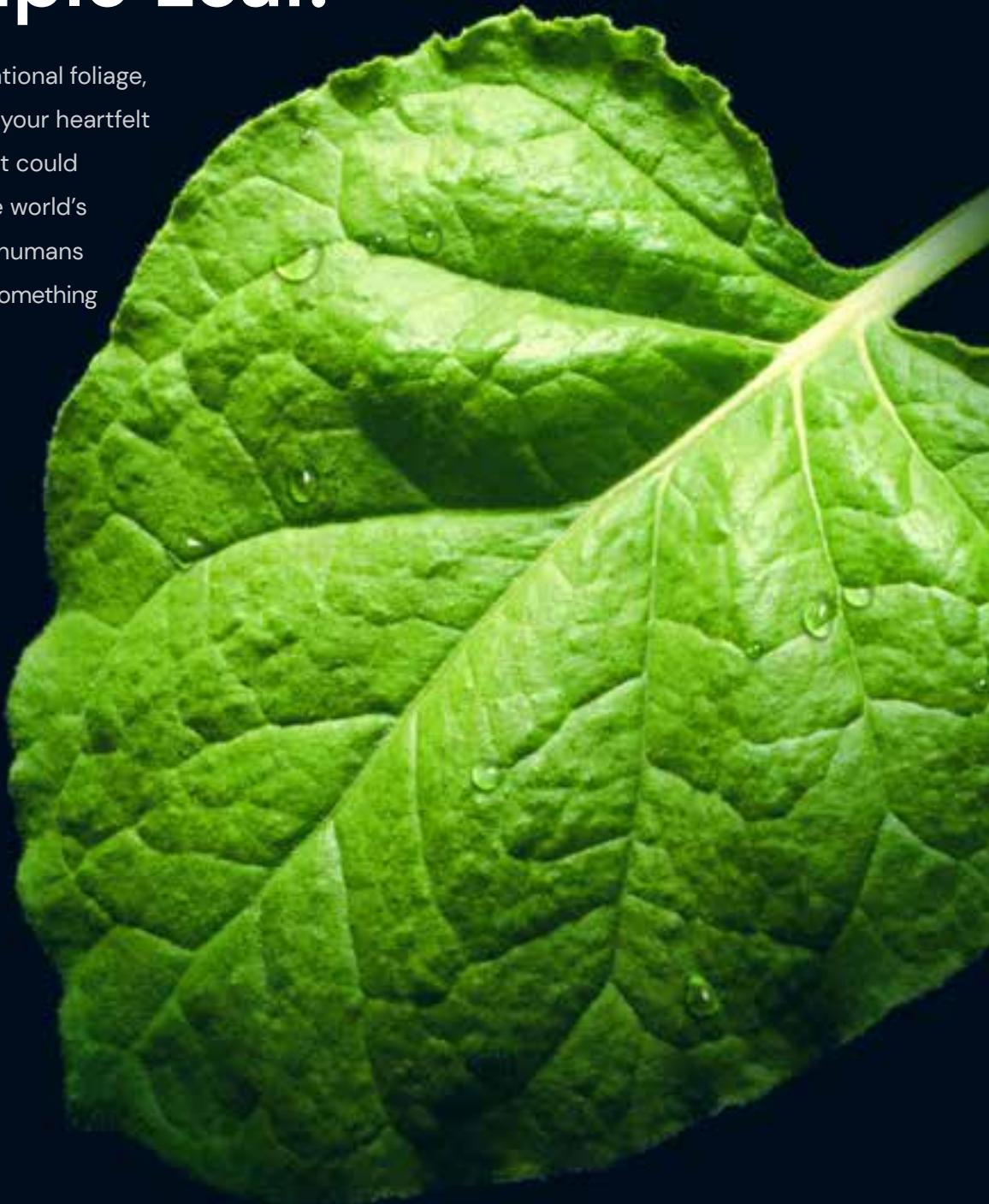
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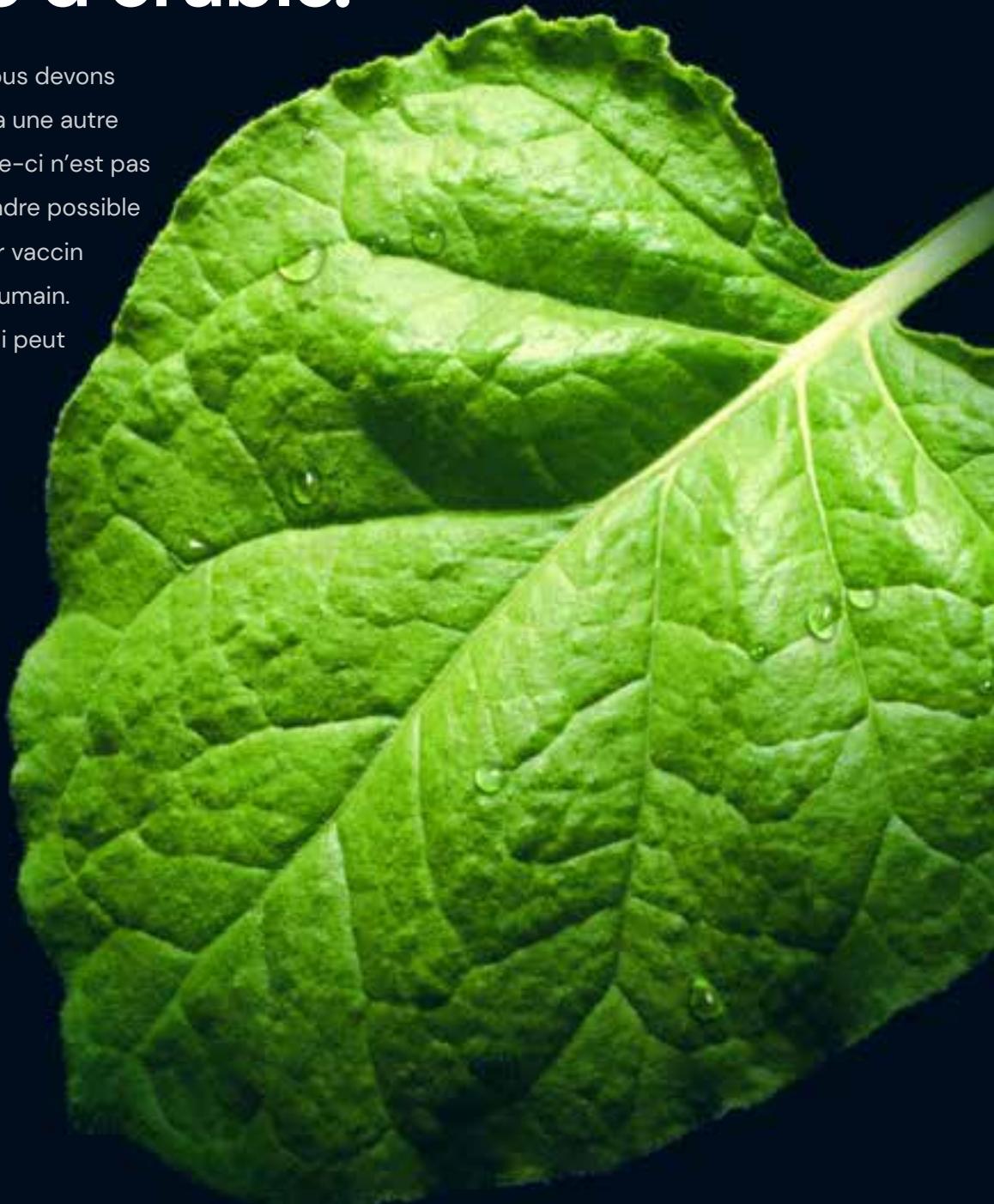
Our apologies to the Maple Leaf.

With all due respect to our national foliage, there's a new plant worthy of your heartfelt salute. And while it's not red, it could be responsible for making the world's first plant-based vaccine for humans development possible. That's something we can all be proud of.



Nous demandons pardon à la feuille d'érable.

Malgré tout le respect que nous devons à notre feuillage national, il y a une autre plante qui vaut le détour. Celle-ci n'est pas rouge et elle pourrait bien rendre possible le développement du premier vaccin produit sur plantes à usage humain. Et ça, c'est quelque chose qui peut faire notre fierté.





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lives first, we've
created a legacy
that lasts

For nearly 130 years, we have tackled some of the world's biggest health challenges and provided hope in the fight against disease, for both people and animals. Today, we continue our commitment to be the premier research-intensive biopharmaceutical company in pursuit of medical breakthroughs that benefit patients and society for today, tomorrow and generations to come.





En accordant la priorité à la vie, nous avons créé un héritage durable

Pendant près de 130 ans, nous nous sommes attaqués à certains des plus grands défis en matière de santé au monde et nous avons suscité de l'espoir dans la lutte contre la maladie, tant pour les humains que pour les animaux. Aujourd'hui, nous maintenons notre engagement à être la principale entreprise biopharmaceutique axée sur la recherche en quête d'avancées médicales qui profiteront aux patients et à la société d'aujourd'hui, de demain et des générations à venir.



We've been at this for ten years.

Our mRNA platform
is a modern approach
to medicine.

But it's just the
beginning.

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Nous poursuivons cet objectif depuis dix ans.

Notre plateforme d'ARNm
constitue une approche
moderne de la médecine.

Mais ce n'est
qu'un début.

moderna[®]

From Baby to Boomer™

Our goal is to help protect people of all ages and at all stages of life

De bébé à boomer^{MC}

Notre but est d'offrir une protection aux gens de tout âge et à tous les stades de leur vie



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With more than 100,000 people in 90 countries, Sanofi is transforming scientific innovation into health care solutions around the globe.

Sanofi et ses plus de 100 000 collaborateurs dans 90 pays transforment l'innovation scientifique en solutions de santé partout dans le monde.

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A GLOBAL LEADER IN INFLUENZA RESEARCH AND TECHNOLOGY

SEQIRUS À L'AVANT-GARDE^{MC}



**UN LEADER MONDIAL EN
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