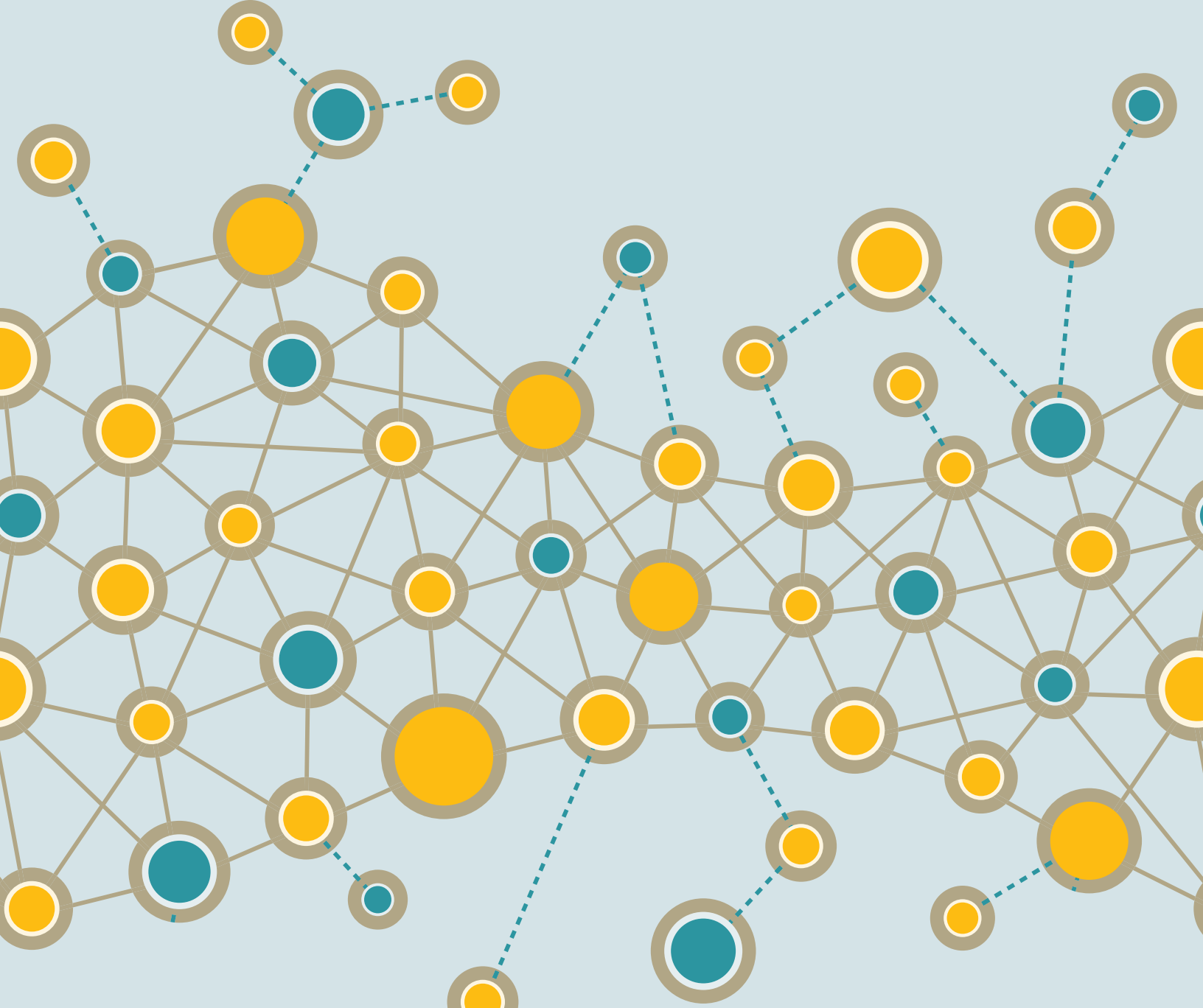

2023

Canadian Immunization Conference

25-27 April 2023
SHAW CENTRE

FINAL PROGRAM

The Shaw Centre is located on the ancestral, unceded territory of the Algonquin Anishinabeg.

Conférence canadienne sur l'immunisation

Du 25 au 27 avril 2023
OTTAWA

PROGRAMME FINAL

Le Centre Shaw est situés sur le territoire ancestral non cédé du peuple algonquin-anichinabé.

SPONSORS I COMMANDITAIRES

The Conference Collaborators appreciate the financial support from corporate sponsors. This financial support offsets core expenses in order to reduce the financial burden on conference participants to the greatest possible extent. Financial contributions do not entitle corporate sponsors to any involvement in the development of the scientific program.

Les collaborateurs de la conférence apprécient le soutien financier des sociétés commanditaires. Ce soutien financier compense les dépenses essentielles afin d'alléger le plus possible le fardeau financier des participants de la conférence. L'apport financier des sociétés commanditaires ne les autorise toutefois pas à intervenir dans l'élaboration du programme scientifique.

PLATINUM I PLATINE

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VBI VACCINES

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.

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.

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.

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.

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 is a national, independent, not-for-profit, voluntary association whose members believe in universal and equitable access to the basic conditions that are necessary to achieve health for all.

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. Nos membres de croient fermement à l'accès universel et équitable aux conditions de base qui sont nécessaires pour parvenir à la santé pour tous.

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.

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.

CONFERENCE OBJECTIVES

CIC 2023 will provide participants the opportunity to:

- Profile new research, successful strategies and best practices to encourage future innovation and collaboration.
- Connect stakeholders to shape the future of Canada's vaccination research, policies and programs.
- Examine current vaccine- and immunization-related issues from various disciplines and sectors and discuss relevant knowledge translation approaches.
- Explore strategies to address emerging issues and potential impacts on decision-making, research, policy and practice.

LEARNING OBJECTIVES

Having attended CIC 2023, participants 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 DE LA CONFÉRENCE

La CCI 2023 offrira aux participants l'occasion de :

- Présenter de nouvelles études, des strategies fructueuses et des pratiques exemplaires pour encourager les innovations et les collaborations futures.
- Rapprocher les acteurs du milieu pour dessiner l'avenir de la recherche, des politiques et des programmes de vaccination du Canada.
- Examiner les questions de vaccination et d'immunisation de l'heure dans plusieurs disciplines et secteurs et discuter de démarches d'application des connaissances.
- Explorer des stratégies pour aborder les questions émergentes et leur incidence possible sur la prise de décisions, la recherche, les politiques et les pratiques.

OBJECTIFS D'APPRENTISSAGE

Les participants qui auront assisté à la CCI 2023 seront mieux préparés à :

- Utiliser des programmes efficaces et fondés sur les preuves, des pratiques cliniques exemplaires et des orientations 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 I COMITÉ EXÉCUTIF

- Ian Culbert, Canadian Public Health Association/Association canadienne de santé publique
- Manish Sadarangani, Canadian Association for Immunization Research and Evaluation/Association canadienne pour la recherche, l'évaluation et l'éducation en immunisation
- Marie Adèle Davis, Canadian Paediatric Society/Société canadienne de pédiatrie
- Kerry Robinson, Public Health Agency of Canada/Agence de la santé publique du Canada

ORGANIZING COMMITTEE I COMITÉ ORGANISATEUR

- Ian Culbert (Co-chair), Canadian Public Health Association
- Kerry Robinson (Co-chair), Public Health Agency of Canada
- Shelly Bolotin (Scientific Co-chair), University of Toronto
- Elisabeth McClymont (Scientific Co-chair), University of British Columbia
- Alyson Kelvin, University of Saskatchewan
- Danielle Paes, Canadian Pharmacists Association
- Ève Dubé, Institut national de santé publique du Québec
- Laura Sauvé, University of British Columbia
- Manish Sadarangani, Canadian Association for Immunization Research and Evaluation
- Marie Adèle Davis, Canadian Paediatric Society
- Matthew Tunis, Public Health Agency of Canada
- Shelley Deeks, Nova Scotia Department of Health and Wellness
- Shannon MacDonald, University of Alberta
- Soren Gantt, CHU Sainte-Justine

REGISTRATION | INSCRIPTION

All attendees are encouraged to participate in the full conference; however, two-day and daily rates are available for those with limited availability.

We encourage the participation of diverse communities and understand that funding for professional development/conference attendance can be difficult to obtain. To support participation, special registration rates have been established.

Discounted group registration fees are available to organizations registering four (4) or more employees.

Visit our website for a list of fees and registration links.

Tous les participants sont encouragés à participer à l'ensemble de la conférence; toutefois, des tarifs de deux jours et des tarifs journaliers sont disponibles pour ceux dont la disponibilité est limitée.

Nous encourageons la participation de diverses communautés et comprenons que le financement du développement professionnel/de la participation à une conférence peut être difficile à obtenir. Pour soutenir la participation, des tarifs d'inscription spéciaux ont été établis.

Des frais d'inscription de groupe réduits sont offerts aux organisations qui inscrivent quatre (4) employés ou plus.

Visitez notre site Web pour obtenir la liste des frais et des liens d'inscription.

ACCREDITATION | ACCRÉDITATION

This event has been approved by the Canadian Paediatric Society for a maximum of 20.25 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 (RCPSC).

Cet événement a été approuvé par la Société canadienne de pédiatrie (SCP) pour un maximum de 20,25 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.

SPEAKER READY ROOM | SALLE DE PRÉPARATION DES CONFÉRENCIERS

ROOM 203

The Speaker ready room will be open:

- Monday 24 April 12:00-17:00
- Tuesday 25 April 8:00-16:00
- Wednesday 26 April 8:00-16:00
- Thursday 27 April 8:00-10:00

SALLE 203

La salle de préparation des conférenciers sera ouverte aux heures suivantes :

- Lundi 24 avril de 12 h à 17 h
- Mardi 25 avril de 8 h à 16 h
- Mercredi 26 avril de 8 h à 16 h
- Jeudi 27 avril de 8 h à 10 h

FLASH YOUR BADGE PROGRAM | MONTREZ VOTRE PORTE-NOM

Your CIC2023 name badge grants you and a guest the opportunity to experience Ottawa for less. Present your valid event badge at participating businesses to enjoy. Please contact in advance to make a reservation or confirm availability.

Votre porte-nom du CCI 2023 vous donne, à vous et à un invité, l'occasion de découvrir Ottawa à moindre coût. Présentez votre badge d'événement valide aux entreprises participantes pour en profiter. Veuillez prendre contact à l'avance pour faire une réservation ou confirmer la disponibilité.

OTTAWA
FLASH YOUR BADGE

OTTAWA
MONTREZ VOTRE PORTE-NOM

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 2023 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.

Our focus areas

To achieve our ambition, we are optimizing the potential of both vaccines and antibodies to ensure no patient is left behind. We are engineering next generation vaccines that have the potential to generate potent and long-lasting immune responses. At the same time, we are pioneering novel approaches to develop highly targeted, long-acting antibodies, optimized with our half-life extension technology. We focus on a range of pathogens, including SARS-CoV-2, influenza4 and RSV.

• • •

CE QUE LA SCIENCE PEUT ACCOMPLIR

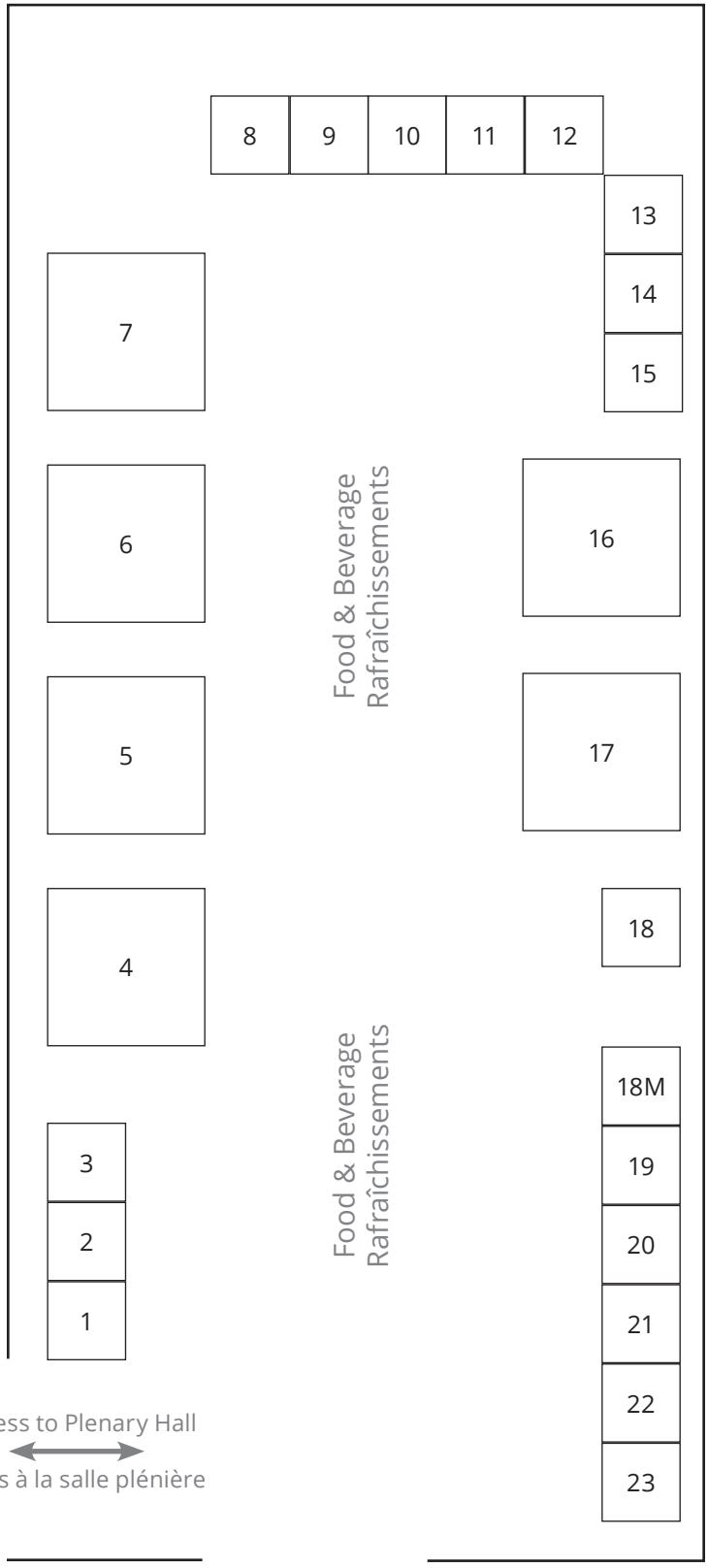
Chez AstraZeneca, nous croyons que la science a le pouvoir de transformer les soins offerts en cas de maladies graves, comme les maladies cardiaques, le diabète et diverses affections respiratoires, dont l'asthme, la maladie pulmonaire obstructive chronique (MPOC), la grippe, l'infection par le virus respiratoire syncytial (VRS) et la COVID-19.

AstraZeneca est fière de soutenir la Conférence canadienne sur l'immunisation 2023 et de démontrer ainsi sa détermination à protéger les nourrissons les plus vulnérables contre la récente vague d'infections par le VRS et à promouvoir les options cliniques offertes contre la COVID-19 grâce aux connaissances scientifiques les plus avancées.

Nos domaines prioritaires

Pour concrétiser notre ambition et nous assurer qu'aucun patient n'est laissé pour compte, nous travaillons à maximiser le potentiel tant des vaccins que des anticorps. Nous sommes à concevoir la prochaine génération de vaccins, qui pourront générer des réponses immunitaires puissantes et durables. Nous innovons également dans la conception d'anticorps hautement ciblés à longue durée d'action, optimisés à l'aide de notre technologie de prolongation de la demi-vie. Nos activités sont centrées sur une vaste gamme de pathogènes, desquels font partie le SRAS-CoV-2, le parainfluenza de type 4 et le VRS.

AstraZeneca



PROGRAM OVERVIEW | RÉSUMÉ DU PROGRAMME

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

07:15-08:30	**CO-DEVELOPED LEARNING ACTIVITIES ACTIVITÉS D'APPRENTISSAGE AGRÉÉES COÉLABORÉES**	
	Management of COVID-19 in immunocompromised patients: Are you up to date? ROOM 207	A *strained* system: The present & future of pneumococcal disease prevention in Canada ROOM 208
09:00-10:30	**🎧 PLENARY I | PLÉNIÈRE I 🎧 Applying pandemic learnings to routine immunization programs Application des leçons de la pandémie aux programmes d'immunisation systématique** CANADA HALL 1	
10:30-11:15	**NETWORKING BREAK WITH EXHIBITORS AND PARTICIPANTS PAUSE NETWORKING AVEC LES EXPOSANTS ET LES PARTICIPANTS** CANADA HALL 2	
11:15-12:45	**CONCURRENT SESSIONS | SÉANCES SIMULTANÉES**	
	Economic evidence for national and provincial/territorial vaccine decision-making in Canada 🎧 CANADA HALL 1	Ensuring immunization of structurally disadvantaged populations: Black People and other people of colour ROOM 206
	Mind The Gap! Filling the space between misinformation and the different types of vaccine hesitancy ROOM 207	New vaccine landscapes: Regulation of new platforms, immunization routes, and vaccine strategies for respiratory viruses ROOM 208
	Oral abstract session 1 ROOM 202	Oral abstract session 2 ROOM 205
12:45-13:45	**NETWORKING LUNCH DÉJEUNER DE RÉSEAUTAGE** CANADA HALL 1 & 2	
13:50-14:50	**POSTER PRESENTATIONS | PRÉSENTATIONS D'AFFICHES** PARLIAMENT FOYER	
15:00-16:30	**CONCURRENT SESSIONS | SÉANCES SIMULTANÉES**	
	Enhancing knowledge in immunity and immunization through modelling ROOM 206	Exploring peoples-specific and community-specific facilitators and barriers to HPV immunization uptake in First Nations, Inuit, Métis, and urban Indigenous communities 🎧 CANADA HALL 1
	Improving vaccination discussions and uptake in pregnancy: The value of applying implementation science to improve clinical practices ROOM 208	Mpox vaccine response in Canada: Emergency response necessitating interplay between multiple levels of public health ROOM 207
	Oral abstract session 3 ROOM 202	Oral abstract session 4 ROOM 205
17:00-18:30	**CO-DEVELOPED LEARNING ACTIVITY ACTIVITÉ D'APPRENTISSAGE AGRÉÉE COÉLABORÉE**	
	Optimizing care for patients with lower respiratory tract infections to reduce public health burden ROOM 208	

🎧 Simultaneous interpretation available / Interprétation simultanée disponible

7:15–8:30 CO-DEVELOPED LEARNING ACTIVITIES
7 h 15 à 8 h 30 ACTIVITÉS D'APPRENTISSAGE AGRÉÉES COÉLABORÉES

ROOM 207 MANAGEMENT OF COVID-19 IN IMMUNOCOMPROMISED PATIENTS: ARE YOU UP TO DATE?

The session will focus on understanding the unmet need for additional protection against COVID-19 for immunocompromised patients. In addition, the audience will gain a better knowledge of the agents that can be used to protect and treat these patients including antivirals, active and passive vaccination. The session will also address questions around management of COVID-19 in the continuing emergence of new variants and the need for frequent reassessment of such management plan.

Learning objectives

- Describe the medical challenges faced by immunocompromised patients and discuss the unmet need for additional protection against SARS – CoV-2.
- Address the most recent data for prevention and treatment of COVID-19 in immunocompromised patients including the use of monoclonal antibodies.
- Share best practices for the optimum clinical management of COVID-19 in immunocompromised patients in the current Canadian context.

Speaker

- Juthaporn Cowan, Assistant Professor Division of Infectious Diseases, Department of Medicine, Department of Biochemistry, Microbiology, and Immunology, Centre of Infection, Immunity and Inflammation, University of Ottawa; Associate Scientist, The Ottawa Hospital Research Institute, The Ottawa Hospital

Moderator

- Catherine Burton, University of Alberta

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

ROOM 208 A *STRAINED* SYSTEM: THE PRESENT & FUTURE OF PNEUMOCOCCAL DISEASE PREVENTION IN CANADA

This session will provide an updated overview of the pneumococcal disease landscape in Canada regarding the burden of disease, high risk/vulnerable populations, current preventive paradigms and a look towards the future of preventive strategies.

Learning objectives

- Describe diverse high/at-risk groups for pneumococcal disease (age-based and health status-based) in Canadian adult and pediatric populations
- Illustrate how pneumococcal disease burden (invasive and non-invasive infection) is evolving in Canada, including differences based on age, geographic regions and serotype-specific disease.
- Identify current unmet needs in vaccine prevention, given serotype replacement and different sero-epidemiology in children and adults, and how this may influence future vaccine programs

Speaker

- James Kellner, Professor of Medicine, University of Calgary

Moderator

- Nicholas Brousseau, Institut national de santé publique du Québec

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

9:00–10:30 | PLENARY I | CANADA HALL 1
9 h à 10 h 30 | PLÉNIÈRE I

APPLYING PANDEMIC LEARNINGS TO ROUTINE IMMUNIZATION PROGRAMS

While many of the circumstances of the COVID-19 pandemic were unique to COVID-19 vaccine programs, the pandemic has yielded some valuable lessons and insights that could be applied to routine immunization programs moving forward. From innovative strategies for more equitable distribution of vaccines and explicit efforts to address equity among structurally disadvantaged populations and across the life course, to the challenge of communicating science in a rapidly evolving context, to the different jurisdictional approaches, our speakers will discuss some of the innovations wrought by the pandemic that should become part of future standard operating procedures.

Learning objectives

- Identify and explore how lessons learned through the COVID-19 pandemic can inform routine immunization programs and practices.
- Illustrate how health equity can be advanced building on innovations implemented during the COVID-19 pandemic.
- Discuss including a stronger focus on life course approaches for routine immunization programs and practices.

APPLICATION DES LEÇONS DE LA PANDÉMIE AUX PROGRAMMES D'IMMUNISATION SYSTÉMATIQUE

Bon nombre des circonstances de la pandémie de COVID-19 étaient particulières aux programmes de vaccination contre la COVID-19, mais la pandémie a permis de dégager de précieuses leçons et perspectives qui pourraient être appliquées aux programmes d'immunisation systématique à l'avenir. Nos panélistes discuteront de certaines des innovations apportées par la pandémie qui devraient faire partie de futures procédures normalisées : des stratégies novatrices pour rendre la distribution des vaccins plus équitable, aux efforts explicites pour aborder l'équité entre les populations structurellement défavorisées et à différentes étapes du parcours de vie, en passant par la difficulté de communiquer les données scientifiques dans un contexte en évolution rapide et par les divergences dans les approches fédérales, provinciales et territoriales.

Objectifs d'apprentissage

- Indiquer et explorer comment les leçons de la pandémie de COVID-19 peuvent éclairer les programmes et les pratiques d'immunisation systématique.
- Illustrer des façons de promouvoir l'équité en santé en prenant appui sur les innovations mises en œuvre durant la pandémie de COVID-19.
- Discuter de l'inclusion d'approches plus axées sur le parcours de vie dans les programmes et les pratiques d'immunisation systématique.

Speakers / Conférencières

- Na-Koshie Lamptey, Deputy Medical Officer of Health, Toronto Public Health
- Theresa Tam, Chief Public Health Officer of Canada, Public Health Agency of Canada

Moderator / Modérateur

- Manish Sadarangani, Associate Professor, University of British Columbia

10:30–11:15 | REFRESHMENT BREAK WITH EXHIBITORS AND PARTICIPANTS | CANADA HALL 2
10 h 30 à 11 h 15 | PAUSE RAFRAÎCHISSEMENT AVEC LES EXPOSANTS ET LES PARTICIPANTS

#cic2023cci

Nous réunissons science, talent
et technologie pour prendre ensemble
une longueur d'avance sur la maladie.

GSK

Avancer ensemble

gsk.ca

We unite science, technology and talent to get ahead of disease together.

GSK

Ahead Together

gsk.ca

11:15–12:45 | CONCURRENT SESSIONS | CANADA HALL 1
11 h 15 à 12 h 45 | SÉANCES SIMULTANÉES

ECONOMIC EVIDENCE FOR NATIONAL AND PROVINCIAL/TERRITORIAL VACCINE DECISION-MAKING IN CANADA

The National Advisory Committee on Immunization (NACI) makes recommendations on the use of human vaccines in Canada. Traditionally, NACI reviewed vaccine characteristics and burden of illness. With its recent expanded mandate, NACI now considers cost-effectiveness via economic evaluations, among other programmatic factors. This session will provide an overview of NACI's process for incorporating economic evidence into federal vaccine decision-making. We will discuss how files are prioritized for economic analyses, and what types of economic analyses are conducted. We will discuss NACI's guidance on conducting model-based economic evaluations for vaccination programs, and how they account for challenges to assessing vaccines and their population impact, including: herd immunity, transmission dynamics, and non-health impacts. The session will further provide an end-user perspective. Provincial/territorial representatives will discuss benefits and challenges associated with these processes and guidelines, and how they will impact their decision-making.

Learning objectives

- Describe NACI's process for incorporating economic evidence into federal vaccine decision-making.
- Learn about NACI's guidance on conducting model-based economic evaluations; in particular, how they address the unique challenges of assessing vaccines and their population impact.
- Comprehend how provinces and territories in Canada make vaccine recommendations.
- Illustrate how NACI's economic process and economic guidelines impact provinces and territories, including benefits and challenges.

PREUVES ÉCONOMIQUES À L'APPUI DE LA PRISE DE DÉCISIONS NATIONALES ET PROVINCIALES-TERRITORIALES SUR LES VACCINS AU CANADA

Le Comité consultatif national de l'immunisation (CCNI) formule des recommandations sur l'utilisation des vaccins humains au Canada. Par le passé, il examinait les caractéristiques des vaccins et la charge de morbidité. Depuis l'expansion récente de son mandat, le CCNI tient compte du rapport coût-efficacité en faisant des évaluations économiques, entre autres facteurs programmatiques. Cette séance donnera un aperçu du processus employé par le CCNI pour incorporer des preuves économiques dans les décisions vaccinales du gouvernement fédéral. Nous expliquerons le classement des dossiers par ordre de priorité aux fins des analyses économiques et le genre d'analyses économiques qui sont menées. Nous aborderons les directives du CCNI pour l'exécution d'évaluations économiques basées sur des modèles pour les programmes de vaccination, et la façon dont on prend en compte les difficultés liées à l'évaluation des vaccins et à leur impact sur la population, notamment : l'immunité collective, la dynamique de transmission et les effets non sanitaires. La séance présentera aussi le point de vue des utilisateurs finals. Des représentants des gouvernements provinciaux et territoriaux discuteront des avantages et des limites associés à ces processus et lignes directrices, et des conséquences que cela aura sur leur prise de décisions.

Objectifs d'apprentissage

- Décrire le processus employé par le CCNI pour incorporer des preuves économiques dans les décisions vaccinales du gouvernement fédéral.
- En savoir plus sur les directives du CCNI relatives à l'exécution d'évaluations économiques basées sur des modèles, en particulier sur la façon dont ces directives abordent les difficultés particulières de l'évaluation des vaccins et de leur impact sur la population.
- Comprendre comment les provinces et territoires du Canada font des recommandations vaccinales.
- Illustrer l'impact (dont les avantages et les limites) du processus et des lignes directrices économiques du CCNI sur les provinces et territoires.

Speakers / Intervenants

- Man Wah Yeung, Senior Health Economist, Public Health Agency of Canada
- Beate Sander, Senior Scientist & Director of Population Health Economics Research, University Health Network; Senior Scientist, Toronto Health Economics and Technology Assessment (THETA) collaborative; Professor, Institute of Health Policy, Management and Evaluation, University of Toronto
- Ellen Rafferty, Senior Principal Economist, Institute of Health Economics; Associate Professor, Department of Medicine, University of Alberta

Moderator / Modérateur

- Matthew Tunis, Executive Secretary, Public Health Agency of Canada; Adjunct Professor, School of Epidemiology and Public Health, University of Ottawa

11:15–12:45 CONCURRENT SESSIONS
11 h 15 à 12 h 45 SÉANCES SIMULTANÉES

ROOM 206 ENSURING IMMUNIZATION OF STRUCTURALLY DISADVANTAGED POPULATIONS: BLACK PEOPLE AND OTHER PEOPLE OF COLOUR

Reaching all communities is imperative for immunization programs. Challenges caused by historical and ongoing systemic racism are a barrier to both understanding challenges in vaccine coverage in Canada, and in developing appropriate, targeted interventions. Black and Asian people living in Canada faced unique barriers to accessing immunization both during the pandemic and before. Without race-associated disaggregated data for both vaccine-preventable disease surveillance and vaccination rates, it is not possible to appropriately target structurally disadvantaged populations who experience barriers to health care access including immunization. Through the COVID-19 pandemic, community-driven initiatives demonstrated the importance of novel approaches to engaging the trust of structurally disadvantaged communities. This session will address the need for race disaggregated data, and introduce novel programs that use tailored approaches to promote immunization in communities experiencing barriers to immunization that have their roots in systemic racism.

Learning objectives

- Describe how race-disaggregated data can allow for more targeted, community-specific interventions.
- Apply novel community-specific work to engage communities to support immunization.
- Illustrate how anti-Black racism presents a pervasive barrier to engaging with preventive health care initiatives.

Speakers

- Danielle Brown-Shreves, Assistant Professor, Queens University, Department of Family Medicine; Adjunct Professor, University of Ottawa, Department of Family Medicine; Medical Director, Restore Medical Clinics; CEO & Founder, Restore International Foundation
- Sonia Anand, Principal Investigator, COVID CommUNITY – South Asian Study; Professor, Medicine and Epidemiology, McMaster University
- Modupe Bankole-Longe, Director, Research & Evaluation, Hogan's Alley Socie

Moderator

- Laura Sauvé, Clinical Assistant Professor, Division of Infectious Diseases, Department of Pediatrics, Faculty of Medicine, University of British Columbia

ROOM 207 MIND THE GAP! FILLING THE SPACE BETWEEN MISINFORMATION AND THE DIFFERENT TYPES OF VACCINE HESITANCY

First, participants will be guided through background information surrounding misinformation in the context of vaccine hesitancy, contributing factors to misinformation belief and acceptance, the introduction of our alternative approach (Emotional Appraisal Approach [EAA]) for prevention of misinformation belief and acceptance, and the public health relevance and impact of the approach. Participants will then engage in an interactive 'personality quiz', which shows each participant where their own potential misinformation vulnerabilities are. Several group discussions and breakout sessions will follow to understand the method around the EAA. The session will challenge the participants to think about examples of how to present information to different audiences. Lastly, the presenters will review additional innovative examples of what has been done on the communications side at the Public Health Association of British Columbia (PHABC) – factoring the audience needs (knowing your audience), filling in those specific knowledge gaps, and creating new interventions to educate the public based on different needs and the changing landscapes.

Learning objectives

- Re-conceptualize what it means to fill an information gap – know your audience.
- Illustrate emotional (subjective) responses when exposed to vaccine information.
- Engage with others about misinformation prevention, using new tools.

Speakers

- Takuto Shiota, Consultant, Public Health Association of BC; World Health Organization
- Connor Guyn, Communications Lead, Public Health Association of BC
- Christina Cordova, Clinical Educator Public Health, Vancouver Coastal Health Authority; Public Health Association of BC

11:15–12:45 CONCURRENT SESSIONS
11 h 15 à 12 h 45 SÉANCES SIMULTANÉES

ROOM 208 NEW VACCINE LANDSCAPES: REGULATION OF NEW PLATFORMS, IMMUNIZATION ROUTES, AND VACCINE STRATEGIES FOR RESPIRATORY VIRUSES

The successful implementation of novel vaccine platforms that can be rapidly adapted to new pathogens/variants has been demonstrated in the form of mRNA COVID-19 vaccines. However, respiratory viruses remain a significant public health burden evidenced by recent increases of COVID-19, respiratory syncytial virus (RSV), and influenza disease. The current challenges to controlling disease burden include the continual mutation of circulating viruses, emergence of new viruses and eliciting site-specific immunity within the respiratory mucosa.

Developments such as pan-variant and multi-virus vaccines, and mucosal vaccination strategies offer hope, but the path to licensure of non-traditional candidates is less than straight forward. In this learning stream, the current challenges to the prevention of respiratory virus infections are addressed are addressed and discussed. Potential solutions such as new vaccine technologies, targets and strategies, and the regulatory implications of new solutions such as updating existing vaccines to match circulating strains are dissected to bring to light the changing landscape of respiratory virus vaccines.

Learning objectives

- Describe the potential advantages of novel vaccine approaches in development.
- Define the spectrum of new vaccine platforms and delivery methods being developed.
- Identify the challenges of evaluating and getting regulatory approval for novel vaccine modalities.

Speakers

- Trina Racine, Director of Vaccine Development, Vaccine and Infectious Disease Organization (VIDO)
- Matthew Miller, Associate Professor, Medicine, Faculty of Health Sciences, McMaster University
- Ami Patel, Caspar Wistar Fellow, Vaccine & Immunotherapy Center, The Wistar Institute

Moderator

- Glenn Hamonic, Project manager, Vaccine and Infectious Disease Organization (VIDO), University of Saskatchewan

ROOM 202 ORAL ABSTRACT SESSION 1

- Investigating the measles susceptibility gap in Ontario infants – James Wright
- Systematic review and meta-analysis of SARS-CoV-2 vaccine acceptance in parents of children aged 5-11 – Caitlyn Hui
- Factors associated with school-based human papillomavirus (HPV) immunization in Alberta: A population-based cohort study – Jennifer Malkin
- Evaluating the efficacy of a brief altruism-eliciting video intervention in enhancing COVID-19 vaccination intentions amongst a population-based sample of younger adults: A randomized controlled trial – Ovidiu Tatar

ROOM 205 ORAL ABSTRACT SESSION 2

- "They weren't really sure what to do": Gaps in the evidence about COVID-19 vaccination in pregnancy – Terra Manca
- Intentions and attitudes towards COVID-19 vaccination during pregnancy and lactation in Canada – Suraya Bondy
- Canadian COVID-19 vaccine policies and guidance for pregnant and lactating persons: An environmental scan of the changing landscape – Janet S.W. Lee
- Exploring the psychological antecedents on vaccination decisions in pregnant or lactating individuals – Marcia Bruce
- Determinants of non-vaccination for pertussis despite recommendation from maternity care provider in pregnant persons in Canada – Donalyne-Joy Baysac

12:45–13:45 12 h 45 à 13 h 45	NETWORKING LUNCH DÉJEUNER DE RÉSAUTAGE	CANADA HALL 1 & 2

13:50–14:50 13 h 50 à 14 h 50	POSTER PRESENTATIONS PRÉSENTATIONS D'AFFICHES	PARLIAMENT FOYER

The dedicated poster session and networking event will enable presenters to engage with participants and exchange innovative ideas, while facilitating productive discussion and feedback.

Posters will be presented on both days.

Please see pages 52-55 for the list of presentations.

La séance d'affichage et l'événement de mise en réseau permettront aux présentateurs de dialoguer avec les participants et d'échanger des idées novatrices, tout en facilitant les discussions productives et les retours d'information.

Les affiches seront présentées les deux jours.

Veuillez consulter les pages 52-55 pour la liste des présentations.

15:00–16:30 15 h à 16 h 30	CONCURRENT SESSIONS SÉANCES SIMULTANÉES

ROOM 206 ENHANCING KNOWLEDGE IN IMMUNITY AND IMMUNIZATION THROUGH MODELLING

Mathematical and statistical models are increasingly being used in studies of vaccinology, immunization and immunity. The talks and panel discussion in this mini-symposium will provide examples of such studies. They will also provide an overview of important and popular methods used in this work. The utility of mathematical and statistical models in vaccinology, immunization, immunology, and epidemiology will be highlighted, including estimates of immunity outcomes that cannot be easily measured in laboratory or field studies, and clinical trials.

Learning objectives

- Enhanced understanding and interpretation of mathematical and statistical modelling results in vaccinology and immunization studies.
- Ability to compose and/or apply mathematical and statistical models towards new research in vaccinology, immunization, immunology, and epidemiology.
- Enhanced capability to collaborate in interdisciplinary groups/networks with various backgrounds in the mathematical and statistical sciences, scientific computing, public health, vaccinology, and immunology.

Speakers

- David Buckeridge, School of Population and Global Health, McGill University
- James Ooi, NRC-Fields Institute Collaboration Centre
- Morgan Craig, Quantitative and Translational Medicine Laboratory, University of Montreal
- Mario Ostrowski, Medicine, Immunology & Pathobiology, University of Toronto

Moderator

- Jane Heffernan, York Research Chair, Modelling Infection & Immunity, York University; Lead, Modelling Group, Canadian Immunization Research Network; Scientific Advisor, COVID Immunity Task Force; Vice-President, Society for Mathematical Biology; Co-Director, Canadian Centre for Disease Modelling

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At Merck, we rise to the challenge in pursuit of better health outcomes.

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15:00–16:30
15 h à 16 h 30

CONCURRENT SESSIONS
SÉANCES SIMULTANÉES

CANADA HALL 1

EXPLORING PEOPLES-SPECIFIC AND COMMUNITY-SPECIFIC FACILITATORS AND BARRIERS TO HPV IMMUNIZATION UPTAKE IN FIRST NATIONS, INUIT, MÉTIS, AND URBAN INDIGENOUS COMMUNITIES

To support the Action Plan to Eliminate Cervical Cancer in Canada by 2040, the Canadian Partnership Against Cancer has commissioned the Urban Public Health Network to coordinate a quality improvement project to assess the landscape of HPV immunization at a sub-jurisdictional level. This work involves partnerships with First Nations, Inuit, and Métis organizations and communities across Canada. First Nations, Inuit, and Métis people are disproportionately impacted by cervical cancer and face unique barriers to HPV vaccination uptake. This symposium will present diverse perspectives and insights to better understand these barriers and highlight successful and promising community-led initiatives to increase uptake. This symposium will call attention to the importance of understanding unique community-specific, Peoples-specific facilitators and barriers to HPV immunization while also highlighting common themes and opportunities for knowledge sharing between communities. Findings from this project will inform recommendations on high-impact targets to support the goals of the Eliminate Cervical Cancer Action Plan.

Learning objectives

- Identify facilitators and barriers to HPV immunization that are unique to the culture(s) and context of each of the communities presented.
- Compare common themes in regard to barriers and facilitators to HPV immunization in First Nations, Inuit and Métis communities.
- Summarize promising community-based and Indigenous-led programs and approaches to increasing HPV vaccine uptake.

EXPLORATION DES ÉLÉMENTS PROPRES AUX PEUPLES ET AUX COMMUNAUTÉS QUI FAVORISENT OU QUI ENTRAVENT LE RECOURS À L'IMMUNISATION CONTRE LE VPH DANS LES COMMUNAUTÉS AUTOCHTONES URBAINES, MÉTISSES, INUITES ET DES PREMIÈRES NATIONS

À l'appui du Plan d'action pour l'élimination du cancer du col de l'utérus au Canada à l'horizon 2040, le Partenariat canadien contre le cancer a confié au Réseau pour la santé publique urbain la coordination d'un projet d'amélioration de la qualité qui vise à évaluer le paysage de l'immunisation contre le VPH à l'échelle subprovinciale/subterritoriale. Ce travail implique des partenariats avec des organismes et des communautés métisses, inuites et des Premières Nations de tout le Canada. Les peuples métis, inuits et des Premières Nations sont démesurément touchés par le cancer du col utérin et font face à des obstacles uniques à l'adoption de la vaccination contre le VPH. Ce symposium présentera divers points de vue et idées pour mieux comprendre ces obstacles et mettra en évidence des initiatives communautaires fructueuses et prometteuses qui visent à accroître les taux de vaccination. Le symposium attirera l'attention sur l'importance de comprendre les éléments propres aux peuples et aux communautés qui favorisent ou qui entravent l'immunisation contre le VPH tout en soulignant les thèmes communs et les possibilités de partage du savoir entre les communautés. Les constats du projet viendront éclairer des recommandations de cibles à fort impact à l'appui des objectifs du Plan d'action pour l'élimination du cancer du col de l'utérus.

Objectifs d'apprentissage

- Nommer les éléments de la culture et du contexte de chacune des communautés présentées qui favorisent ou qui entravent l'immunisation contre le VPH.
- Comparer les thèmes communs en ce qui concerne les éléments qui entravent ou qui favorisent l'immunisation contre le VPH dans les communautés métisses, inuites et des Premières Nations.
- Résumer les approches et les programmes prometteurs, menés par les communautés et les peuples autochtones, pour accroître les taux de vaccination contre le VPH.

Speakers / Intervenants

- Aine Dolin, Indigenous Health Research Analyst, Urban Public Health Network
- Keith King, Assistant Teaching Professor, University of Alberta, in partnership with the Métis Nation of Alberta
- Laura Jamieson, Senior Program Advisor, Ontario Federation of Indigenous Friendship Centres
- Lily Amagoalik, Manager Regional Cancer Program, Tungasuvvingat Inuit

Moderator / Modérateur

- Thilina Bandara, Assistant Professor, Public Health, University of Saskatchewan

15:00–16:30 CONCURRENT SESSIONS
15 h à 16 h 30 SÉANCES SIMULTANÉES

ROOM 208 IMPROVING VACCINATION DISCUSSIONS AND UPTAKE IN PREGNANCY: THE VALUE OF APPLYING IMPLEMENTATION SCIENCE TO IMPROVE CLINICAL PRACTICES

Effective interventions to improve vaccine communication in pregnancy are needed because:

1. Vaccination in pregnancy (VIP) prevents maternal and/or neonatal mortality and morbidity.
2. Suboptimal coverage globally represents a missed opportunity to improve maternal, neonatal and infant health.
3. New vaccines are currently in development for use in pregnancy. Effective interventions require providers, patients and other stakeholders to change behaviours while interacting in complex settings.

Behavioural and implementation sciences approaches improve the effectiveness of interventions because they help identify factors that explain behaviour, select strategies to address the drivers of behaviour, and provide guidance about clinical practice change interventions. This symposium will provide an overview of how theory and methods from implementation science can help attendees identify: 1. evidence-practice gaps in their practice; 2. drivers of current vaccine communication behaviour and barriers to change; 3. intervention strategies to target the barriers to change; and 4. ways to evaluate interventions.

We will illustrate how behavioural and implementation sciences have been used to adapt an existing intervention to optimize vaccine discussions and improve pregnancy and childhood vaccination uptake in the Canadian context. The symposium will stimulate conversation amongst attendees on applying theory and methods to their practices and sharing their ideas and experiences regarding VIP communication.

Learning objectives

- Illustrate behavioural and implementation sciences tools to tackle evidence-care gaps in their setting.
- Explain the role of implementation science methods to improve vaccination communication during pregnancy.
- Explore the importance of using a behavioural perspective when designing interventions to improve clinical practice.

Speakers

- Eliana Castillo, Clinician Scientist; Clinical Associate Professor Departments of Medicine and Obstetrics and Gynaecology, University of Calgary
- Andrea M Patey, Senior Research Associate, Centre for Implementation Research, Ottawa Hospital Research Institute, Canada; School of Rehabilitation Therapy, Queen's University; School of Epidemiology and Public Health, University of Ottawa
- Maoliosa Donald, Implementation Scientist, Department of Medicine, University of Calgary
- Marcia Bruce, Patient & Community Engagement (PaCER) Lead, Department of Medicine, University of Calgary

Moderator

- Éve Dube, Associate professor, Department of Anthropology, Faculty of Social Sciences, Université Laval

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15:00–16:30 CONCURRENT SESSIONS
15 h à 16 h 30 SÉANCES SIMULTANÉES

ROOM 207 MPOX VACCINE RESPONSE IN CANADA: EMERGENCY RESPONSE NECESSITATING INTERPLAY BETWEEN MULTIPLE LEVELS OF PUBLIC HEALTH

In spring 2022, the World Health Organization declared a public health emergency of international concern relating to outbreaks of mpox emerging around the world. Canada was among the first countries to recommend deployment of the Imvamune vaccine to be used as post-exposure prophylaxis. This session will discuss the epidemiology and dynamics of the outbreak in Canada, and how that information was used in real time to deploy customized vaccine programs at the local and provincial/territorial levels, ultimately feeding back to the national level where vaccine programs were expanded into pre-exposure prophylaxis.

Learning objectives

- Describe the roles and interplay between national, local, and provincial/territorial public health in immunization programs.
- Review the current vaccine guidance for prevention of mpox.
- Explore barriers to access or implementation of targeted immunization programs.

Speakers

- Nicholas Brousseau, Centre intégré de santé et de services sociaux de la Capitale-Nationale et Institut national de santé publique du Québec; Chair, National Advisory Committee on Immunization Working Group on HCID-mpox
- Paul Le Guerrier, Montreal Public Health
- Dane Griffiths, Director, Gay Men's Sexual Health Alliance

Moderator

- Robyn Harrison, Vice-Chair, National Advisory Committee on Immunization; Provincial Communicable Disease Consultant, Workplace Health & Safety, Alberta Health Services; Clinical Professor, Department of Medicine, University of Alberta

ROOM 202 ORAL ABSTRACT SESSION 3

- Evaluating a COVID-19 vaccination module for health sciences students: The learners' perspectives – Aleksandra Bjelajac Mejia
- Vaccine promotion strategies in community pharmacy addressing vulnerable populations: a scoping review – Alexandre Chadi
- A shot in the arm: The evidence and gaps regarding the role of pharmacy technicians in vaccination services – Mathew Demarco
- A prospective, controlled community pharmacy-embedded study to evaluate pharmacists as immunizers: Pharmacy reported results from the two-year intervention – Jennifer Isenor
- Building a future forward model of care for pharmacy influenza immunization of high-risk patients: A Canadian consensus – Aaron Sihota

ROOM 205 ORAL ABSTRACT SESSION 4

- Vaccine effectiveness against Omicron hospital admission and severe outcomes: A report from the CIRN Serious Outcomes Surveillance Network – Melissa K. Andrew
- An S1 subunit adjuvanted COVID-19 vaccine is safe and immunogenic in a Phase 1 trial – Glenn Hamonic
- Incidence and proportion of invasive pneumococcal disease caused by serotypes covered by existing and newly authorized pneumococcal vaccines among adults in Ontario, 2011-2021 – Ramandip Grewal
- Effectiveness of recombinant influenza vaccine vs. standard dose inactivated influenza vaccines against laboratory-confirmed influenza and related hospitalized outcomes in Adults: A cluster randomized trial – Amber Hsiao
- Burden of hospitalization due to laboratory-confirmed influenza in adults aged 50-64 years, 2010/11 to 2016/17, Toronto and Peel, Ontario – Dong Kyu Kim

17:00–18:30 CO-DEVELOPED LEARNING ACTIVITY
17 h à 18 h 30 ACTIVITÉ D'APPRENTISSAGE AGRÉÉE COÉLABORÉE

ROOM 208 OPTIMIZING CARE FOR PATIENTS WITH LOWER RESPIRATORY TRACT INFECTIONS TO REDUCE PUBLIC HEALTH BURDEN

Lower respiratory tract infections including Covid-19, pneumococcal pneumonia and RSV can lead to significant mortality and morbidity with lifelong complications. The National Advisory Committee on Immunization (NACI) provides timely medical, scientific, and public health advice related to Public Health Agency of Canada queries regarding immunization strategies. As consequence, NACI has developed evidence-based recommendations regarding Covid-19 and pneumococcal conjugate vaccines, to facilitate timely decision-making for the use of vaccines. Antiviral agents have also been useful in preventing long term outcomes of Covid-19. Faculty will share the updated recommendations.

Learning objectives

- Review up to date epidemiology of COVID-19, RSV and pneumococcal disease in Canadian adults.
- Review the risk factors for COVID-19, RSV and pneumococcal pneumonia among adults and pathogen interactions.
- Discuss the new NACI recommendations for COVID-19 and pneumococcal conjugate vaccines.
- Identify populations at risk and treatment criteria for antiviral treatment in COVIV-19 patients and immunization strategies for the prevention of COVID-19 and pneumococcal pneumonia.

Speaker

- Vivien Brown, Assistant Professor, University of Toronto; Board Member, Immunize Canada

Moderator

- Ian Culbert, Executive Director, Canadian Public Health Association

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

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PROGRAM OVERVIEW | RÉSUMÉ DU PROGRAMME

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

07:15-08:30	**CO-DEVELOPED LEARNING ACTIVITIES ACTIVITÉS D'APPRENTISSAGE AGRÉÉES COÉLABORÉES**	
	A new era of vaccines: Optimizing Canada's post-pandemic COVID-19 immunization programs through vaccine diversification ROOM 207	The under-recognized burden of Respiratory Syncytial Virus (RSV) in older adults ROOM 208
09:00-10:30	**🎧 PLENARY II | PLÉNIÈRE II 🎧 Unlearning and undoing systemic white supremacy and Indigenous-specific racism in public health Désapprendre et démanteler la suprématie blanche et le racisme envers les personnes autochtones en santé publique** CANADA HALL 1	
10:30-11:15	**NETWORKING BREAK WITH EXHIBITORS AND PARTICIPANTS PAUSE NETWORKING AVEC LES EXPOSANTS ET LES PARTICIPANTS** CANADA HALL 2	
11:15-12:45	**CONCURRENT SESSIONS | SÉANCES SIMULTANÉES**	
	COVID-19 vaccine decision-making, accessibility and information challenges for structurally-disadvantaged populations 🎧 CANADA HALL 1	Expanding the types of vaccine providers as a means of expanding capacity during the COVID-19 pandemic: An innovative solution or a risky provisional measure? ROOM 206
	RSV vaccine development ROOM 207	Sero-epidemiology of vaccine-preventable diseases in Canada: Blood operators in action ROOM 208
	Oral presentations 5 ROOM 202	Oral presentations 6 ROOM 205
12:45-13:45	**NETWORKING LUNCH DÉJEUNER DE RÉSAUTAGE** CANADA HALL 1 & 2	
13:50-14:50	**POSTER PRESENTATIONS | PRÉSENTATIONS D'AFFICHES** PARLIAMENT FOYER	
15:00-16:30	**CONCURRENT SESSIONS | SÉANCES SIMULTANÉES**	
	Behavioural insights into vaccination: Theories and methods for understanding and increasing uptake ROOM 206	Mining for silver linings: Exploring learnings and innovations from our mass-immunization efforts during the COVID-19 pandemic response ROOM 207
	Monitoring the safety of vaccination during pregnancy in Canada: Where do we need to go from here? ROOM 208	Opportunities and challenges for National Immunization Technical Advisory Groups through the COVID-19 pandemic 🎧 CANADA HALL 1
	Oral abstract session 7 ROOM 202	Oral abstract session 8 ROOM 205
17:00-18:30	**CO-DEVELOPED LEARNING ACTIVITY ACTIVITÉ D'APPRENTISSAGE AGRÉÉE COÉLABORÉE**	
	RSV burden of disease in infants - A need for all-infant protection ROOM 208	

🎧 Simultaneous interpretation available / Interprétation simultanée disponible

7:15–8:30 CO-DEVELOPED LEARNING ACTIVITIES
7 h 15 à 8 h 30 ACTIVITÉS D'APPRENTISSAGE AGRÉÉES COÉLABORÉES

ROOM 207 A NEW ERA OF VACCINES: OPTIMIZING CANADA'S POST-PANDEMIC COVID-19 IMMUNIZATION PROGRAMS THROUGH VACCINE DIVERSIFICATION

The emergence of SARS-CoV-2 catalyzed an unprecedented global response and led to rapid advances in and adoption of vaccine technologies, furnishing the world with multiple vaccine platform options. While mRNA vaccines have played a pivotal role in the fight against COVID-19, other vaccine platforms have also contributed to COVID-19 immunization programs. As the world emerges towards COVID-19 endemicity, public health authorities will need to contemplate their portfolio of immunization tools. Traditional vaccine platforms that employ recombinant technology and that are immunologically enhanced through adjuvants are not only highly effective but may present familiar and acceptable tools for routine COVID-19 immunizations to the public. Moreover, the promise of these tools includes the enhancement of the breadth and sustained duration of response. This session will review the unique properties of various COVID-19 vaccine platforms and the promise these technologies hold for COVID-19 prevention.

Learning Objectives

- Highlight variables that impact COVID-19 vaccine efficacy and effectiveness and challenges around chasing variants.
- Discuss the characteristics of different COVID-19 vaccine platforms, the National Advisory Committee on Immunization's (NACI's) recommendations, and availability of these vaccines as options.
- Discuss how diversification of COVID-19 vaccine portfolios contributes to supporting vaccine coverage and supports accessibility.

Speaker

- Matthew Miller, Associate Professor, Medicine, Faculty of Health Sciences, McMaster University

Moderator

- Ian Gemmill, Consultant in Public Health Medicine

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

ROOM 208 THE UNDER-RECOGNIZED BURDEN OF RESPIRATORY SYNCYTIAL VIRUS (RSV) IN OLDER ADULTS

Respiratory Syncytial Virus (RSV) is well recognized as a predictable seasonal infection in infants; however, older adults and those with underlying comorbidities are at greater risk of severe outcomes from RSV. The lack of routine testing, low disease awareness, and non-specific clinical presentation mean that RSV infection is often not considered in differential diagnoses in adults with respiratory infection, resulting in an under-estimated burden and lack of sense of urgency for the older adult population. With the current spotlight on seasonal respiratory illnesses, this timely and exciting session delivered by leading Canadian experts in viral disease will provide attendees the opportunity to gain a deeper understanding of RSV in older adults, gaps and opportunities in current testing and surveillance systems, and strategies on the horizon for RSV prevention.

Learning objectives

- Identify why older adults are at increased risk of respiratory infections.
- Discuss the burden of disease, risk factors, and outcomes associated with RSV in older adults.
- Describe strategies and new advances in RSV prevention including vaccine development.
- Explore the public health impact of RSV prevention and challenges and opportunities for implementation of RSV vaccines in the adult vaccination schedule.

Speakers

- Melissa K. Andrew, Professor, Division of Geriatric Medicine, Department of Medicine, Department of Community Health and Epidemiology, Dalhousie University
- Alex Carignan, Professor, Department of microbiology and Infectious Diseases, Université de Sherbrooke

Moderator

- Steven Drews, Associate Director Microbiology, Canadian Blood Services

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

9:00–10:30 PLENARY II
9 h à 10 h 30 PLÉNIÈRE II

CANADA HALL 1

UNLEARNING AND UNDOING SYSTEMIC WHITE SUPREMACY AND INDIGENOUS-SPECIFIC RACISM IN PUBLIC HEALTH

Indigenous rights to health are affirmed in international, national, and provincial law. Yet, Indigenous-specific racism is a public health crisis harming First Nations, Métis, and Inuit Peoples across Canada. Public health systems have clear obligations and mandates to uphold Indigenous rights and address Indigenous-specific racism. Foundational commitments made to Indigenous Peoples – including British Columbia's *Declaration on the Rights of Indigenous Peoples Act* & Action Plan, the Truth and Reconciliation Commission's report, the final report of the National Inquiry into Missing and Murdered Indigenous Women and Girls, and the In Plain Sight reports – outline clear instructions for public health leaders, practitioners, and researchers. Yet, we often hear, "what can we do?" This session will share emerging lessons from work underway in BC's Office of the Provincial Health Officer to unlearn and undo inherited systemic white supremacy and Indigenous-specific racism. We will call on three tasks former American Public Health Association President Dr. Camara Jones has shared to end the epidemic of racism: 1. Name racism; 2. Ask how it is operating here; and 3. Organize and strategize to act.

Learning objectives

- List Foundational Commitments to Indigenous Rights, Truth & Reconciliation and how they relate to public health, including immunization.
- Describe a methodological framework for unlearning and undoing systemic white supremacy and Indigenous-specific racism in public health organizations.
- Identify the ways in which they are upholding or undermining these foundational commitments in their spheres of influence.

DÉSAPPRENDRE ET DÉMANTELER LA SUPRÉMATIE BLANCHE ET LE RACISME ENVERS LES PERSONNES AUTOCHTONES EN SANTÉ PUBLIQUE

Les droits des autochtones à la santé sont affirmés dans le droit international, national et provincial. Pourtant, le racisme spécifique aux Autochtones est une crise de santé publique qui touche les Premières nations, les Métis et les Inuits dans tout le Canada. Les systèmes de santé publique ont des obligations et des mandats clairs pour faire respecter les droits des Autochtones et lutter contre le racisme spécifique aux Autochtones. Les engagements fondamentaux pris à l'égard des peuples autochtones - notamment la Declaration Act & Action Plan de la Colombie-Britannique, la Commission Vérité et Réconciliation, le Groupe de travail sur les questions autochtones et le rapport In Plain Sight - donnent des instructions claires aux dirigeants, aux praticiens et aux chercheurs en santé publique. Pourtant, on nous demande souvent : « Que pouvons-nous faire? » Cette séance permettra de partager les nouvelles leçons tirées du travail en cours au Bureau du directeur provincial de la santé de la Colombie-Britannique pour désapprendre et défaire la suprématie blanche systémique héritée et le racisme spécifique aux Autochtones. Nous ferons appel à trois tâches que l'ancien président de l'American Public Health Association, la Dre Camara Jones, a partagées pour mettre fin à l'épidémie de racisme : 1. nommer le racisme ; 2. demander comment il fonctionne ici ; et 3. s'organiser et élaborer des stratégies pour agir.

Objectifs d'apprentissage

- Nommer des engagements fondamentaux qui ont été pris envers les Droits des peuples autochtones, la Vérité et la Réconciliation, et leurs liens avec la santé publique, y compris la vaccination.
- Décrire un cadre méthodologique pour désapprendre et démanteler la suprématie blanche et le racisme envers les personnes autochtones ancrés dans les systèmes des organismes de santé publique.
- Indiquer comment ces engagements fondamentaux sont soutenus ou minés dans les sphères d'influence des participants.

Speakers / Conférencières

- Vera Etches, Medical Officer of Health, Ottawa Public Health
- Kate Jongbloed (white occupier), CIHR-HRBC Health Systems Impact Post-Doc Fellow
- Danièle Behn Smith (Eh Cho Dene & Métis), Deputy Provincial Health Officer, Indigenous Health, Province of British Columbia

Moderator / Modératice

- Bonnie Henry (white settler), Provincial Health Officer, Province of British Columbia

10:30–11:15 REFRESHMENT BREAK WITH EXHIBITORS AND PARTICIPANTS
10 h 30 à 11 h 15 PAUSE RAFRAÎCHISSEMENT AVEC LES EXPOSANTS ET LES PARTICIPANTS

11:15–12:45 CONCURRENT SESSIONS CANADA HALL 1
11 h 15 à 12 h 45 SÉANCES SIMULTANÉES

COVID-19 VACCINE DECISION-MAKING, ACCESSIBILITY AND INFORMATION CHALLENGES FOR STRUCTURALLY-DISADVANTAGED POPULATIONS

In this session we report on research conducted across Canada with populations deemed to be at risk (Indigenous peoples, racialized populations such as South Asian and temporary foreign workers, low-vaccination religious communities and people living with disabilities) to better understand their vaccine decision-making and the information they rely on in making these decisions. We will also discuss insights gained into the COVID-19 experiences of these groups, including racism and inequities, and how these affect their vaccination decisions and vulnerabilities. The results of these studies provide invaluable insights on vaccine acceptance, hesitancy, resistance and uptake for different groups of people. They also highlight means of ensuring everyone receives the information they require to make informed decisions and to reduce inequities.

Learning objectives

- Identify key factors impeding vaccine acceptance, uptake and/or accessibility for different types of at-risk populations.
- Develop evidence-based strategies for providing appropriate and effective vaccine information (and for dispelling misinformation) to different types of at-risk populations that will enhance acceptance, uptake, and/or accessibility.
- Critically assess the underlying reasons for distrust of vaccines and motivations for vaccine recommendations, and actively work towards changing individual and organizational systemic thinking and actions that continue to contribute to lack of trust.

DÉFIS DE LA PRISE DE DÉCISIONS, DE L'ACCESSIBILITÉ ET DE L'INFORMATION LIÉES AUX VACCINS CONTRE LA COVID-19 DANS LES POPULATIONS STRUCTURELLEMENT DÉFAVORISÉES

Au cours de cette séance, nous rendrons compte d'études menées au Canada auprès de populations jugées à risque (les peuples autochtones, les populations racisées comme les Asiatiques du Sud et les travailleurs étrangers temporaires, les communautés religieuses faiblement vaccinées et les personnes en situation de handicap) afin de mieux comprendre leurs décisions vaccinales et les informations qu'elles utilisent pour prendre ces décisions. Nous discuterons aussi des connaissances acquises sur les expériences de ces groupes face à la COVID-19, dont le racisme et les iniquités, et de leurs effets sur les décisions et les vulnérabilités en matière vaccinale. Les résultats de ces études apportent un précieux éclairage sur l'acceptation, l'hésitation, la résistance et l'adoption des vaccins dans différents groupes. Ils offrent aussi des moyens de faire en sorte que tout le monde reçoive les informations nécessaires pour prendre des décisions éclairées et réduire les iniquités.

Objectifs d'apprentissage

- Nommer les principaux facteurs qui entravent l'acceptation, l'adoption et/ou l'accessibilité des vaccins pour différents types de populations à risque.
- Élaborer des stratégies factuelles pour offrir des informations appropriées et efficaces sur la vaccination (et réfuter la mésinformation) à différents types de populations à risque afin d'améliorer l'acceptation, l'adoption et/ou l'accessibilité des vaccins.
- Évaluer d'un œil critique les raisons qui sous-tendent la méfiance envers les vaccins et la justification des recommandations vaccinales, et travailler activement à changer les pensées et les actions systémiques individuelles et organisationnelles qui continuent d'alimenter la méfiance.

Speakers / Intervenants

- Michelle Driedger, Professor, Department of Community Health Sciences, University of Manitoba
- Jordan Tustin, Assistant Professor, School of Occupational and Public Health, Toronto Metropolitan University
- Marinel Kniseley, Research Manager, Faculty of Health Sciences, University of the Fraser Valley
- Ashleigh Rushton, Postdoctoral Fellow, Faculty of Health Sciences, University of the Fraser Valley

Moderator / Modératice

- Cindy Jardine, Professor and Tier 1 CRC in Health and Community, Faculty of Health Sciences, University of the Fraser Valley

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11:15–12:45 CONCURRENT SESSIONS
11 h 15 à 12 h 45 SÉANCES SIMULTANÉES

ROOM 206 EXPANDING THE TYPES OF VACCINE PROVIDERS AS A MEANS OF INCREASING CAPACITY DURING THE COVID-19 PANDEMIC: AN INNOVATIVE SOLUTION OR A RISKY PROVISIONAL MEASURE?

During the COVID-19 pandemic, some jurisdictions used multiple new vaccine providers (e.g., firefighters, occupational therapists) to increase provider capacity and rapid flow-through of vaccine recipients. Some see this as an innovative approach to increase vaccine delivery capacity in a post-pandemic world. Others see this as a less-than-ideal emergency measure that threatens the quality of vaccine delivery. This session will explore the pros and cons of including diverse vaccine providers to expand capacity during times of high need and the potential to continue using this approach post-pandemic.

Learning objectives

- Describe the types of providers utilized in different provinces and territories, and the process for engaging and training them.
- Examine the positive and negative impacts of diverse providers on vaccine delivery capacity and quality.
- Explore the benefits and risks of expanding vaccine provider types for routine vaccines moving forward.

Speakers

- Stephanie Meier, Senior Practice Lead, BC Centre for Disease Control
- Monika Naus, Medical Director, Communicable Diseases & Immunization Service, BC Centre for Disease Control
- Aaron Orkin, Department of Family and Community Medicine, and Dalla Lana School of Public Health, University of Toronto

Moderator

- Shannon MacDonald, Associate Professor, Faculty of Nursing, University of Alberta

ROOM 207 RSV VACCINE DEVELOPMENT

The human respiratory syncytial virus (RSV) is one of the most common viruses to infect children worldwide and increasingly is recognized as an important pathogen in adults, especially the elderly. RSV, along with influenza and COVID-19, formed the “triple pandemic” overwhelming emergency departments across Canada and abroad. The most common clinical scenario encountered in RSV infection is an upper respiratory infection, but RSV commonly presents in infants as bronchiolitis, a lower respiratory tract illness with small airway obstruction, frequently resulting in hospitalization and, rarely, progressing to apnea, respiratory failure, and death.

Currently, a monoclonal antibody (palivzumab) is used for RSV prevention among specific high-risk infants, but use is limited due to cost and the need for recurrent parenteral administration. No RSV vaccine has yet been approved for clinical use, but multiple ones may be available soon. During this session, panelists will discuss RSV virology, disease and epidemiology along with the challenges faced in the development of an RSV vaccine. Panelists will also discuss the candidates for paediatric and maternal RSV candidates as well as those for the elderly.

Learning objectives

- Discuss the public health impact of RSV in different populations (pregnant women, infants, elderly, Indigenous peoples).
- Explore the different challenges with respect to RSV vaccine development, including vaccine-induced immunopathology, antigenic variation, and vulnerable ages (young infancy and elderly).
- Describe the developmental status of different RSV vaccines and monoclonal antibodies, and the implications of their future use.

Speakers

- Melissa K. Andrew, Associate Professor, Division of Geriatric Medicine, Department of Medicine, Department of Community Health and Epidemiology, Dalhousie University
- April Killikelly, Senior Scientific Project Coordinator, National Advisory Committee on Immunization
- Jesse Papenburg, Pediatric Infectious Disease Specialist and Medical Microbiologist, Montreal Children’s Hospital

Moderator

- Joanne Langley, Division Head Infectious Diseases, Professor, Department of Pediatrics, Department of Community Health and Epidemiology, Dalhousie University

11:15–12:45 CONCURRENT SESSIONS
11 h 15 à 12 h 45 SÉANCES SIMULTANÉES

ROOM 208 SERO-EPIDEMIOLOGY OF VACCINE-PREVENTABLE DISEASES IN CANADA: BLOOD OPERATORS IN ACTION

Assessing population immunity or sero-reactivity to vaccine-preventable infections is an essential part of evaluation of vaccination programs and preventing or managing outbreaks. While vaccination data can indicate the proportion of the population receiving vaccination, measurement of specific antibodies may permit estimation of vaccine coverage, protection and waning immunity in a population. Sero-epidemiology combines cross-sectional antibody prevalence surveys with epidemiologic analysis, allowing the prediction of future outbreaks overall, by age group and by province/territory. Blood donors are a healthy population. With over 1 million blood donations collected from all provinces/territories in Canada each year, left-over blood samples provide an excellent opportunity for sero-epidemiologic studies. This session will explore the health research capacity of blood operators, provide examples of sero-surveillance studies in Canadian blood donors and how these can help evaluate vaccination programs (including those for COVID-19 and hepatitis B), and discuss current collaboration with the Canadian Immunization Research Network.

Learning objectives

- Explain the role of sero-epidemiology in relation to vaccine-preventable diseases.
- Illustrate the health research capacity of blood operators.
- Describe examples of vaccination sero-epidemiologic studies in Canadian blood donors.

Speakers

- Shelly Bolotin, Director, Centre for Vaccine Preventable Diseases, University of Toronto
- Steven Drews, Associate Director Microbiology, Canadian Blood Services
- Antoine Lewin, Chief Epidemiologist & Biostatistician, Héma-Québec
- Sheila O'Brien, Associate Director Epidemiology & Surveillance, Canadian Blood Services

Moderators

- Sheila O'Brien Associate Director Epidemiology & Surveillance, Canadian Blood Services
- Shelly Bolotin, Director, Centre for Vaccine Preventable Diseases, University of Toronto

ROOM 202 ORAL ABSTRACT SESSION 5

- Effect of maternal pertussis vaccination on anti-pertussis antibody responses of children with different vaccination schedules – Nicholas Brousseau
- Effect of tetanus-diphtheria-acellular pertussis (Tdap) immunization during pregnancy on children's anti-pneumococcal antibody responses – Nicholas Brousseau
- A randomized controlled trial to compare a 1-dose vs. 2-dose priming schedule of 13-valent pneumococcal conjugate vaccine in Canadian infants: A Canadian Immunization Research Network study – Manish Sadarangani
- Safety of live rotavirus vaccine following antenatal exposure to monoclonal antibody biologics: A Canadian Immunization Research Network study – Tiffany Fitzpatrick
- Transfer of SARS-CoV-2 vaccine induced antibodies from mothers to infants during pregnancy via placenta and breast milk – Isabelle Korchinski

ROOM 205 ORAL ABSTRACT SESSION 6

- COVID-19 pandemic impacts on uptake of human papillomavirus vaccine among Canadian gay, bisexual, and other men who have sex with men – Catharine Chambers
- COVID-19 vaccine uptake among people living with HIV in Ontario: A population-based cohort study – Cassandra Freitas
- Vaccine Safety Surveillance for Imvamune – A Canadian National Vaccine Safety Network, Public Health Ontario and Toronto Public Health (TPH) Collaboration and Canadian Immunization Research Network study – Matthew Muller
- Lessons learned from implementing a rapid, large-scale vaccine response to contain mpox – Shovita Padhi
- Attitudes, barriers, and facilitators to compliant completion of the recombinant zoster vaccine – regimen in Canada: Qualitative interviews with healthcare providers and patients – Sydney George

12:45–13:45 / 12 h 45 à 13 h 45 — NETWORKING LUNCH / DÉJEUNER DE RÉSAUTAGE — CANADA HALL 1 & 2

13:50–14:50 / 13 h 50 à 14 h 50 — POSTER PRESENTATIONS / PRÉSENTATIONS D'AFFICHES — PARLIAMENT FOYER

The dedicated poster session and networking event will enable presenters to engage with participants and exchange innovative ideas, while facilitating productive discussion and feedback.

Posters will be presented on both days.

Please see pages 52-55 for the list of presentations.

La séance d'affichage et l'événement de mise en réseau permettront aux présentateurs de dialoguer avec les participants et d'échanger des idées novatrices, tout en facilitant les discussions productives et les retours d'information.

Les affiches seront présentées les deux jours.

Veuillez consulter les pages 52-55 pour la liste des présentations.

15:00–16:30 / 15 h à 16 h 30 — CONCURRENT SESSIONS / SÉANCES SIMULTANÉES

ROOM 206 — BEHAVIOURAL INSIGHTS INTO VACCINATION: THEORIES AND METHODS FOR UNDERSTANDING AND INCREASING UPTAKE

Behavioural Insights (BI) is an approach to behaviour change that applies knowledge about human decision-making from the fields of psychology and economics. Examples of BI interventions include reminder notifications, appealing to social norms, eliciting implementation intentions, and increasing ease and convenience.

Research has shown that BI has the potential to increase uptake of immunizations. By taking into account how people make decisions, we can design immunization programs and specific interventions that are more effective because they are compatible with human cognition.

In this session, participants will learn principles of BI and review research on the application of BI to immunization programs and its potential to overcome barriers to vaccine uptake. These concepts will be connected to practice, as representatives from Toronto Public Health and Fraser Health Authority share examples of how BI has been used in their communities to promote increased uptake and reporting of childhood and school-age immunizations.

Learning objectives

- Describe Behavioural Insights and its role in encouraging individuals to make healthy choices.
- Identify resources available to facilitate implementation.
- Identify potential changes participants can make in their own practice or agency.

Speakers

- Nicholas Diamond, Behavioural Science Fellow, Impact and Innovation Unit, Privy Council Office
- Mark Morrissey, Lead, Behavioural Science Practice, Public Health Agency of Canada
- Karen Beckermann, Associate Director, Vaccine Preventable Diseases, Toronto Public Health
- Christina Fung, Senior Epidemiologist, Fraser Health Authority

Moderator

- Brianne Kirkpatrick, Principal Advisor, Behavioural Insights Team Canada

15:00–16:30 CONCURRENT SESSIONS
15 h à 16 h 30 SÉANCES SIMULTANÉES

ROOM 207 MINING FOR SILVER LININGS: EXPLORING LEARNINGS AND INNOVATIONS FROM OUR MASS-IMMUNIZATION EFFORTS DURING THE COVID-19 PANDEMIC RESPONSE

It is safe to say that the pandemic presented a number of challenges to public health efforts across the country. From these pressures, however, emerged a variety of creative solutions that leveraged digital technology to streamline vaccine communication, documentation, and tracking. Join us for a discussion as we explore the use of these innovations, from vaccine registries to appointment booking systems to text message reminders, and how they acted as valuable tools to support vaccine roll-outs in jurisdictions across the country. Let's uncover which key findings can be carried forward and extended to improve routine vaccination and surveillance programs in the future.

Learning objectives

- Describe what features and aspects of these digital tools were beneficial to public health efforts.
- Explore the challenges with implementing technology and any findings from program evaluations.
- Evaluate strategies and key considerations for successfully incorporating digital technology into future routine immunization programs.

Speakers

- Lori Kane, Public Health Subject Matter Expert, Public Health I&IT Solutions Branch, Ministry of Health
- Brenda Clement, Nurse consultant, Department of Health and Wellness, Government of Nova Scotia
- Bonnie Henry, Provincial Health Officer, Province of British Columbia

Moderator

- Laura Reifferscheid, PhD candidate, Faculty of Nursing, University of Alberta

ROOM 208 MONITORING THE SAFETY OF VACCINATION DURING PREGNANCY IN CANADA: WHERE DO WE NEED TO GO FROM HERE?

This symposium will bring together experts in the field of vaccine safety evaluation and vaccination during pregnancy. It will provide an overview of the vaccine safety surveillance infrastructure for pregnancy evaluation currently available in Canada, followed by a moderated interactive discussion between symposium speakers and audience members about enhancements that should be developed and implemented now, before the next pandemic and before new vaccine products are deployed in this population.

Learning objectives

- Identify relative strengths and weaknesses of different vaccine safety surveillance approaches for the pregnant population.
- Summarize the current Canadian landscape for vaccine safety surveillance during pregnancy.
- Propose enhancements to the current system and approaches to address gaps in vaccine safety surveillance during pregnancy in Canada.

Speakers

- Gaston De Serres, Medical Epidemiologist, INSPQ; Professor, Laval University
- Julie Bettinger, Associate Professor, University of British Columbia
- Deshayne Fell, Associate Professor, University of Ottawa; Scientist, CHEO Research Institute
- Eliana Castillo, Clinical Associate Professor, University of Calgary

Moderator

- Manish Sadarangani, Associate Professor, University of British Columbia

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15:00–16:30
15 h à 16 h 30

CONCURRENT SESSIONS
SÉANCES SIMULTANÉES

CANADA HALL 1

OPPORTUNITIES AND CHALLENGES FOR NATIONAL IMMUNIZATION TECHNICAL ADVISORY GROUPS THROUGH THE COVID-19 PANDEMIC

The World Health Organisation recommends that every country have a National Immunization Technical Advisory Group (NITAG) to provide independent advice on vaccine programs and policy, complementing the work of regulatory agencies. Throughout the COVID-19 pandemic, many NITAGs took on a central role in the design of vaccine programs to mitigate the pandemic's impacts. This session will compare approaches and adaptations made by NITAGs from Canada (National Advisory Committee on Immunization), the United Kingdom (Joint Committee on Vaccination and Immunisation), and the United States (Advisory Committee on Immunization Practices), discussing how their advice was developed, their relationships with governments, their approaches for responding to safety signals, and their approaches to pediatric immunization. This will include reflections on any shifts in NITAG process or approach that will extend beyond COVID-19 into vaccine assessments for future pandemics or routine immunization programs.

Learning objectives

- Outline the roles of NITAGs within each country.
- Illustrate public health and policy considerations relating to pandemic vaccine guidance.
- Identify differences and similarities in global approaches to the COVID-19 vaccine programs.

POSSIBILITÉS ET LIMITES DE LA PANDÉMIE DE COVID-19 POUR LES GROUPES CONSULTATIFS TECHNIQUES NATIONAUX POUR LA VACCINATION

L'Organisation mondiale de la santé recommande à chaque pays d'avoir un groupe consultatif technique national pour la vaccination (GCTN) qui offre des conseils indépendants sur les programmes et les politiques de vaccination, en complément du travail des organismes de réglementation. Pendant la pandémie de COVID-19, de nombreux GCTN ont joué un rôle central dans la conception des programmes de vaccins pour atténuer les impacts de la pandémie. Durant cette séance, nous comparerons les approches et les adaptations des GCTN du Canada (Comité consultatif national de l'immunisation), du Royaume-Uni (Joint Committee on Vaccination and Immunisation) et des États-Unis (Advisory Committee on Immunization Practices), en expliquant comment leurs conseils ont été formulés, quels sont leurs liens avec les gouvernements et quelles sont leurs approches pour réagir aux signaux d'alarme et pour immuniser les enfants. Il y aura aussi des réflexions sur les changements apportés aux processus ou aux approches des GCTN qui seront conservés après la COVID-19 pour les évaluations de vaccins liées aux futures pandémies ou aux programmes d'immunisation systématique.

Objectifs d'apprentissage

- Décrire le rôle des GCTN dans chaque pays.
- Illustrer les considérations sanitaires et stratégiques liées aux directives de vaccination lors d'une pandémie.
- Nommer les différences et les ressemblances dans les approches des programmes de vaccination contre la COVID-19 dans le monde.

Speakers / Intervenants

- Shelley Deeks, Chair, National Advisory Committee on Immunization
- Grace Lee, Chair, Advisory Committee on Immunization Practices
- Wei Shen Lim, Chair, Joint Committee on Vaccination and Immunisation

Moderator / Modérateur

- Matthew Tunis, Matthew Tunis, NACI Executive Secretary

15:00–16:30 CONCURRENT SESSIONS
15 h à 16 h 30 SÉANCES SIMULTANÉES

ROOM 202 ORAL ABSTRACT SESSION 7

- Disrupting misinformation by enabling credible peer-to-peer knowledge-sharing: Training marginalized youth and community leaders on science, social context, and effective communication as an intervention to promote COVID-19 vaccine confidence – Dina Al-khooly
- Information is medicine: Culturally safe vaccine hesitancy reduction initiatives driven by Northwest Territories Indigenous peoples – Martin Beaulieu
- COVID-19 vaccine acceptance and preference for future delivery among language minority, newcomer, and racialized peoples in Canada: A national cross-sectional study – Janet S.W. Lee
- Co-creation of a video to support vaccine decision-making in a First Nations community in Alberta – Maggie Szu Ning Lin & Jaden Krause
- Examining an altruism-eliciting video intervention to increase COVID-19 vaccine intentions in younger adults: Qualitative assessment using a realistic evaluation framework – Ovidiu Tatar

ROOM 205 ORAL ABSTRACT SESSION 8

- A respiratory syncytial virus prefusion F protein candidate vaccine (RSVPreF3 OA) is efficacious in adults ≥ 60 years of age – Joanne Langley
- Burden of illness for respiratory syncytial virus: Associated hospitalizations in adults in Ontario – Scott Simpson
- Longitudinal antibody response following three- and four-dose vaccination with mRNA-1273, BNT162b2 and/or ChAdOx1-S in adults 50 and above using dried blood spots samples: Interim analysis from the PREVENT-COVID-19 study – Brynn McMillan
- Predicted likelihood and impact of mRNA vaccine technologies for Canadian vaccine programs – Ramya Krishnan
- Safety and immunogenicity of a quadrivalent, mRNA-based seasonal influenza vaccine (mRNA-1010) in adults: Interim findings from a phase 1/2 randomized clinical trial – Mattea Thompson

17:00–18:30 CO-DEVELOPED LEARNING ACTIVITY
17 h à 18 h 30 ACTIVITÉ D'APPRENTISSAGE AGRÉÉE COÉLABORÉE

ROOM 208 RSV BURDEN OF DISEASE IN INFANTS: A NEED FOR ALL-INFANT PROTECTION

By the age of two, >90% of children will have at least one RSV infection. In infants, RSV is the leading cause of acute lower respiratory tract infections, such as bronchiolitis and pneumonia. Many believe only infants born prematurely or with underlying conditions are at risk for severe disease, but most infants hospitalized for severe diseases are born at term and otherwise healthy. RSV is also responsible for substantial outpatient disease burden among children seen in settings such as office visits and emergency department visits. Currently, there is no RSV preventive option for all infants. An all-infant approach can substantially reduce RSV diseases burden in infants. This symposium aims to provide healthcare providers with an overview of the burden of RSV disease in all infants and emerging preventative strategies.

Learning objectives

- Assess the burden of disease related to RSV in all infants by reviewing the epidemiology and clinical factors for infection.
- Recognize opportunities to prevent the transmission of RSV and learn to clinically manage disease if infected.
- Review RSV prevention strategies of broad classes of approaches, the future of monoclonal antibodies versus maternal vaccines.
- Address gap in awareness of burden of RSV in all infants and leading prevention strategies for immunizing all infants not limited to vaccines.

Speaker

- Earl Rubin, Division Director, Pediatric Infectious Diseases, Montreal Children's Hospital

Moderator

- Charles Hui, Professor and Chief, Division of Infectious Diseases, Department of Pediatrics, Faculty of Medicine, University of Ottawa

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

PROGRAM OVERVIEW | RÉSUMÉ DU PROGRAMME

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

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ROOM 207</td><td>Influenza vaccines: Options, guidance, and cardiovascular benefits in adults
ROOM 208</td></tr>
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A new era of adult immunization
La nouvelle ère de l'immunisation des adultes
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ROOM 205</td><td>Addressing the needs of immunocomprised populations
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Preventing and preparing for the re-emergence of vaccine-preventable diseases
Prévention et préparation à la réémergence de maladies évitables par la vaccination
CANADA HALL 1</td></tr>
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Simultaneous interpretation available / Interprétation simultanée disponible

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7:15–8:30 CO-DEVELOPED LEARNING ACTIVITIES
7 h 15 à 8 h 30 ACTIVITÉS D'APPRENTISSAGE AGRÉÉES COÉLABORÉES

ROOM 207 THE TRIPLE THREAT OF RESPIRATORY VIRUSES: COVID-19, FLU, RSV

There is a typical seasonal increase in the transmission of a variety of respiratory infections in the fall and winter. In the fall of 2022, influenza and RSV showed very early and high levels of circulation, especially among children. This session will discuss the lessons learned from the 2022-23 respiratory virus season, to improve our strategies for 2023-24. We will also discuss the current state of COVID-19 and the available data regarding the continuous need for boosters, in particular for high risk patients. Results of studies that inform which clinical groups remain at greater risk for severe outcomes of COVID-19 and would benefit most from boosters will be presented. The current and future immunization strategies for flu and RSV will also be explored.

Learning objectives

- Describe lessons learned from the 2022-23 respiratory virus season and how to improve immunization strategies.
- Define the current state of COVID-19 vaccination, including current circulating strains, impact on hospitalizations, real-world effectiveness data of boosters (including bivalent products) and need for additional boosters.
- Determine those who are at clinical high risk for severe outcomes of COVID-19 and how to protect them.
- Evaluate the current and future influenza and RSV immunization strategies, including mRNA vaccines.

Speakers

- Jesse Papenburg, Assistant Professor, McGill University
- Tilmann Schober, Clinical Fellow, Infectious Diseases, McGill University

Moderator

- Ian Gemmill, Consultant in Public Health Medicine

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

ROOM 208 INFLUENZA VACCINES: OPTIONS, GUIDANCE, AND CARDIOVASCULAR BENEFITS IN ADULTS

This educational session is meant to provide information on influenza vaccine options and their effectiveness. It will include a review of influenza vaccine guidance and programs and discuss the beneficial impact of influenza vaccines in the prevention of influenza illness as well as cardiovascular disease in adults.

Learning objectives

- Discuss current and future influenza vaccine options, their efficacy and real world vaccine effectiveness.
- Summarize updated global influenza guidance regarding influenza vaccination.
- Describe strategies for the prevention of respiratory infections and cardiovascular diseases in adults using influenza vaccines.

Speakers

- Scott A. Halperin, Professor of Pediatrics and Microbiology & Immunology; Director, Canadian Center for Vaccinology, Dalhousie University, IWK Health Centre
- Philippe De Wals, Retired, Professor, Department of Social and Preventive Medicine, Laval University; Consultant, Institut national de Santé publique du Québec

Moderator

- Emily Black, Canadian Center for Vaccinology

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

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9:00–10:00 | PLENARY III | CANADA HALL 1
9 h à 10 h | PLÉNIÈRE III

THE NEW ERA OF ADULT IMMUNIZATION

The COVID-19 pandemic highlighted the urgency of building a system that can support both routine and pandemic/epidemic adult immunization. As such, a framework to integrate vaccines into programs and build robust platforms to deliver them is needed to protect the rapidly expanding demographic of older adults. As a strategy, adult immunization has the broad potential to preserve and improve medical, social, and economic outcomes, including maintaining functional ability, that benefit older adults, their families, communities, and countries. While immunization programs have been historically focussed on and funded for children, we already have a variety of vaccines that can keep older adults healthier and improve health equity, with several more in the development pipeline. During this session, our keynote speaker will look back at some of the challenges related to implementing new immunization programs, look forward to the upcoming product landscape, and engage participants with ideas on how we can protect the health of older adults better in the future.

Learning objectives

- Define vaccine-preventable disease health inequities pertaining to older adults in Canada.
- Describe barriers to implementation of adult vaccine programs.
- Identify vaccines in development for older adults.

LA NOUVELLE ÈRE DE L'IMMUNISATION DES ADULTES

La pandémie de COVID-19 a souligné l'urgence d'édifier un système capable d'appuyer à la fois l'immunisation systématique des adultes et leur immunisation durant les pandémies et les épidémies. Il faut donc un cadre pour intégrer les vaccins dans les programmes et pour construire des plateformes robustes pour administrer ces vaccins afin de protéger un segment démographique en croissance rapide : celui des personnes âgées. Comme stratégie, l'immunisation des adultes offre le grand potentiel de préserver et d'améliorer les résultats médicaux, sociaux et économiques, dont le maintien des capacités fonctionnelles, qui bénéficient aux personnes âgées, à leurs familles, à leurs communautés et à leurs pays. Les programmes d'immunisation étaient par le passé axés sur les enfants et financés pour eux, mais nous avons déjà une panoplie de vaccins qui peuvent garder les personnes âgées en meilleure santé et améliorer l'équité en santé, et plusieurs autres sont en cours de mise au point. Durant cette séance, nous reviendrons sur certaines des difficultés de la mise en œuvre de nouveaux programmes d'immunisation, nous scruterons le paysage des produits à venir et nous verrons si les participants et participantes ont des idées pour mieux protéger la santé des personnes âgées à l'avenir.

Objectifs d'apprentissage

- Définir les iniquités en santé évitables par la vaccination qui touchent les personnes âgées au Canada.
- Décrire les obstacles à la mise en œuvre des programmes de vaccination destinés aux adultes.
- Nommer les vaccins en cours de mise au point pour les personnes âgées.

Speaker / Conférencière

- Melissa K. Andrew, Associate Professor, Division of Geriatric Medicine, Department of Medicine, Department of Community Health and Epidemiology, Dalhousie University

Moderator / Modératice

- Shelley Deeks, Deputy Chief Medical Officer of Health, Department of Health and Wellness; Chair, National Advisory Committee on Immunization

10:00–10:30 | REFRESHMENT BREAK | PARLIAMENT FOYER
10 h à 10 h 30 | PAUSE RAFRAÎCHISSEMENT

10:30 – 12:00 CONCURRENT SESSIONS
10 h 30 à 12 h SÉANCES SIMULTANÉES

ROOM 205 2021 IMMUNIZATION COMMUNICATION TOOL FOR HEALTH CARE PROVIDERS WORKSHOP

Explore how the 2021 Immunization Communication Tool supports health care providers in answering immunization questions and addressing vaccine hesitancy. Participants will receive a copy of the 2021 edition of the Immunization Communication Tool and will have the opportunity to practise using the tool and the 5-step approach to discussing vaccines and addressing vaccine hesitancy.

Learning objectives

- Describe how the ICT is a knowledge translation resource to address common immunization questions.
- Implement the 5-Step Communication Framework in conversations with their clients.
- Apply evidence-based strategies for addressing vaccine hesitancy.

Speakers

- Katharine Chilton, Vaccine Educator, BC Centre for Disease Control
- Chelsea Haines, Immunization Promotion Nurse, ImmunizeBC
- Julene Cranch, Public Health Resource Nurse, BC Centre for Disease Control
- Sarah Siamaki, Public Health Resource Nurse, BC Centre for Disease Control

Moderator

- Stephanie Meier, Senior Practice Lead, BC Centre for Disease Control

ROOM 208 ADDRESSING THE IMMUNIZATION NEEDS OF IMMUNOCOMPROMISED POPULATIONS

Individuals may be immunocompromised as a result of an inborn error of immunity (immunodeficiency), an illness, or medications that suppress immune function. In general, immunocompromised persons are more susceptible to vaccine-preventable infections and may have severe infections. The safety and effectiveness of vaccines in immunocompromised persons are determined by the type of immunodeficiency and degree of immunosuppression. With an ever-increasing number of biologic therapies, and treatments for malignant and autoimmune conditions that make immunocompromised persons increasingly vulnerable to all infections, this session will review the current evidence and controversies around immunization in immune-compromised hosts, as well as the perspective of patients/families impacted by immunocompromising conditions.

Learning objectives

- Develop a strategy using the best available evidence for immunization before and after organ transplant.
- Describe the immune impacts of novel biologics and how they interact with vaccine-preventable disease risk and immunization strategies.
- Assess recommendations from families who have experienced organ transplant in understanding their needs around communication for immunization recommendations.
- Describe the family perspective in addressing immunization questions in patients who are immunocompromised.

Speakers

- Juthaporn Cowan, Assistant Professor, Associate Scientist, The Ottawa Hospital Research Institute
- Pierre-Philippe Piché-Renaud, Pediatric Infectious Diseases, The Hospital for Sick Children
- Heather Potts, Mother of a immunosuppressed child

Moderator

- Anne Pham-Huy, Associate Professor, University of Ottawa, Pediatric Infectious Diseases Consultant, CHEO; Chair, Immunize Canada

10:30 – 12:00 CONCURRENT SESSIONS
10 h 30 à 12 h SÉANCES SIMULTANÉES

ROOM 207 THE IMMUNIZATION PARTNERSHIP FUND: A SPOTLIGHT ON COMMUNITY-LED VACCINE CONFIDENCE INITIATIVES FOR EQUITY-DESERVING POPULATIONS

The COVID-19 pandemic demonstrated many equity gaps, including gaps in vaccine access and confidence across Canada. How can public health organizations better reach and support equity-deserving populations missed by traditional vaccination campaigns? With the use of community-based and community-led initiatives that emphasize accessibility and cultural safety, vaccine uptake and confidence can increase within equity-deserving communities across Canada. Participants will learn about the Immunization Partnership Fund (IPF) key lessons learned to date in supporting vaccine confidence in marginalized or equity-deserving populations.

The session will feature the successes, challenges, and best practices experienced by three unique projects working to increase vaccine access and confidence in equity-deserving populations through tailored, community-led, and community-responsive approaches. Participants will gain insights into how diverse partners and the broader public health community can be included to respond effectively to equity gaps in vaccine confidence and uptake.

Learning objectives

- Explain the critical role of engaging trusted community partners to deploy evidence-informed and culturally safe methods to increase vaccine confidence and access.
- Illustrate the importance of implementing community-led initiatives in order to reach equity-deserving populations who are not engaging with traditional vaccination campaigns.
- Apply an equity lens to the adaptation or development and use of tools, resources, and interventions designed to meet people “where they are at”.

Speakers

- Amanda Aizlewood, Associate Director, Immunization Partnership Fund, Public Health Agency of Canada
- Denise Lambert, IPF Recipient, Kimamow Atoskanow Foundation
- Deirdre Lake, Executive Director, Alberta International Medical Graduate Association and Annalee Coakley, Medical Director, Calgary Refugee Health Program, Alberta International Medical Graduate Association
- Darlene Lawrence, Project Manager, Nova Scotia Department of Health and Wellness

Moderator

- Sarah Bonnell, Manager, Immunization Partnership Fund, Public Health Agency of Canada

#cic2023cci

10:30 – 12:00
10 h 30 à 12 h

CONCURRENT SESSIONS
SÉANCES SIMULTANÉES

CANADA HALL 1

WHAT'S NEW WITH NACI

The National Advisory Committee on Immunization (NACI) is an external advisory body to the Public Health Agency of Canada. Throughout the COVID-19 pandemic, NACI has largely focussed on COVID-19, issuing guidance at an unprecedented pace, but has also supported several working groups on vaccine safety, seasonal influenza, mpox, and pneumococcal vaccines. This session will focus on some of the most recent updates from NACI on the topics of COVID-19 vaccines, vaccine safety, and pneumococcal vaccines. Throughout 2023, NACI will continue to re-focus on other vaccine-preventable diseases where significant public health impacts can be achieved.

Learning objectives

- Describe recent COVID-19 vaccine recommendations in Canada.
- Explain the breadth of the work done by the Vaccine Safety Working Group.
- Describe new pneumococcal conjugate vaccine recommendations in both children and adults.

QUOI DE NEUF AU CCNI

Le Comité consultatif national de l'immunisation (CCNI) est un organisme consultatif externe de l'Agence de la santé publique du Canada. Pendant la pandémie de COVID-19, le CCNI s'est surtout concentré sur la COVID-19, en publiant des directives à un rythme sans précédent, mais il a aussi soutenu plusieurs groupes de travail sur l'innocuité des vaccins, la grippe saisonnière, la variole simienne et les vaccins contre le pneumocoque. Cette séance portera sur les toutes dernières nouvelles du CCNI concernant les vaccins contre la COVID-19, l'innocuité des vaccins et les vaccins contre le pneumocoque. En 2023, le CCNI continuera de se réorienter vers d'autres maladies évitables par la vaccination où ses efforts pourront avoir des effets considérables sur la santé publique.

Objectifs d'apprentissage

- Décrire les recommandations récentes sur les vaccins contre la COVID-19 au Canada.
- Expliquer l'envergure de la tâche accomplie par le groupe de travail sur l'innocuité des vaccins.
- Décrire les nouvelles recommandations sur le vaccin conjugué contre le pneumocoque chez les enfants et les adultes.

Speakers / Intervenants

- Julie Bettinger, Chair, NACI Vaccine Safety Working Group
- Kyla Hildebrand, Chair, NACI Pneumococcal Working Group
- Sarah Wilson, Chair, NACI COVID-19 Working Group

Moderator / Modératice

- Shelley Deeks, Deputy Chief Medical Officer of Health, Department of Health and Wellness; Chair, National Advisory Committee on Immunization

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10:30 – 12:00 CONCURRENT SESSIONS
10 h 30 à 12 h SÉANCES SIMULTANÉES

ROOM 202 ORAL ABSTRACT SESSION 9

- Impact of the 13-valent pneumococcal conjugate vaccine on the epidemiology of invasive pneumococcal disease in Canada, 2010-2019: A Canadian Immunization Research Network study – Bernice Ramos
- A randomized controlled trial to compare protection in adolescents between different meningococcal immunization schedules used in Canada: A Canadian Immunization Research Network study – Manish Sadarangani
- Immunogenicity of acellular pertussis vaccination in pregnant women living with and without HIV, and their newborns in Uganda: An interim analysis from the WOMANPOWER randomized controlled trial – Kyle Amaral
- Measurement of population-level measles immunity in Ontario: Using serology data linked to health administrative data – Archchun Ariyarajah
- How are we doing? A vaccine safety update after the authorization of pediatric COVID-19 vaccines in Canada – Pauline Barbeau

ROOM 206 ORAL ABSTRACT SESSION 10

- An equity-focused evaluation of COVID-19 vaccine rollout implementation plans proposed by six Canadian provinces between January 2021 and April 2022 – Vajini Atukorale
- COVID-19 vaccine intentions among black communities in British Columbia – Modupe Bankole-Longe
- The Alberta Métis-led COVID-19 vaccination effort: Enhancing community engagement in public health – Keith King & Reagan Bartel
- Does where you start your vaccines impact vaccine coverage? Learnings from the First Nations Childhood Immunization project in Alberta – Shannon MacDonald & Bonny Graham
- "Unless everyone gets vaccinated, not everyone will be safe": An intersectional analysis of inequities in responsibility to access a COVID-19 vaccination – Terra Manca

12:00–12:30 LUNCH PARLIAMENT FOYER
12 h à 12 h 30 DÉJEUNER

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12:30–14:00 | PLENARY IV & CLOSING | CANADA HALL 1
12 h 30 à 14 h | PLÉNIÈRE IV et CLÔTURE

PREVENTING AND PREPARING FOR THE RE-EMERGENCE OF VACCINE-PREVENTABLE DISEASES

Immunization coverage for routinely provided vaccines decreased significantly in Canada and abroad during the COVID-19 pandemic. As a result, the global community is at risk for a resurgence in vaccine-preventable infections, including measles, pertussis, and polio – all highly contagious diseases that result in significant morbidity and mortality in children. We have already seen evidence of this, including a case of polio in New York State in September 2022, a recent pertussis outbreak in Alberta, measles outbreaks in the US and other countries, specifically those that suspended immunization efforts during the pandemic. During this session, panelists will discuss current immunization coverage rates, the re-emergence of vaccine-preventable diseases, the need for increased vigilance, and what can be done to stem the tide.

Learning objectives

- Describe vaccine coverage for routine vaccines from a global perspective and the Canadian perspective.
- Explore the re-emergence of vaccine-preventable diseases from the global and Canadian perspectives.
- Recognize surveillance mechanisms in Canada to identify the re-emergence of vaccine-preventable diseases.

PRÉVENTION ET PRÉPARATION À LA RÉÉMERGENCE DE MALADIES ÉVITABLES PAR LA VACCINATION

La couverture vaccinale pour les vaccins de routine a considérablement baissé au Canada et à l'étranger pendant la pandémie de COVID-19. En conséquence, la planète risque de voir réapparaître des infections évitables par la vaccination comme la rougeole, la coqueluche et la polio – toutes des maladies très contagieuses qui entraînent une morbidité et une mortalité importantes chez les enfants. Nous en voyons déjà les signes, dont un cas de polio dans l'État de New York en septembre 2022, une éclosion récente de coqueluche en Alberta et des éclosions de rougeole aux États-Unis et dans d'autres pays, en particulier ceux qui ont suspendu leurs efforts d'immunisation pendant la pandémie. Durant cette séance, les panélistes discuteront des taux de couverture vaccinale actuels, de la réémergence de maladies évitables par la vaccination, du besoin d'accroître la vigilance et de ce qui peut être fait pour endiguer la vague.

Objectifs d'apprentissage

- Décrire la couverture vaccinale pour les vaccins de routine au Canada et dans le monde.
- Explorer la réémergence des maladies évitables par la vaccination au Canada et dans le monde.
- Reconnaître les mécanismes de surveillance au Canada qui repèrent la réémergence de maladies évitables par la vaccination.

Speakers / Conférencières

- Cora Constantinescu, Clinical Associate Professor, Department of Pediatrics, University of Calgary
- Folake Olayinka, Immunization Technical Lead, Global Health Bureau, USAID Washington DC

Moderator / Modératice

- Shelly Bolotin, Director, Centre for Vaccine Preventable Diseases; Associate Professor, Dalla Lana School of Public Health and the Department of Laboratory Medicine and Pathobiology, University of Toronto; Scientist, Public Health Ontario

STUDENT-TRAINEE AWARDS / PRIX POUR LES ÉTUDIANTS ET STAGIAIRES

PRIX BERNARD DUVAL AWARD
Janna Shapiro — The intersection of sex and gender in adverse events following seasonal influenza vaccination in older adults

CAIRE/CIRN VSRP EDUCATION AWARD
Archchun Ariyarajah — Measurement of population-level measles immunity in Ontario: Using serology data linked to health administrative data

CIC STUDENT-TRAINEE POSTER AWARDS
Abhinand Thaivalappil — "We all have a social responsibility": Drawing parallels between COVID-19 and influenza vaccine uptake among Canadian healthcare providers and trainees

Emily J. Doucette — Evaluate antibody response to SARS-CoV-2 virus and vaccination in children in Calgary, Canada from July 2020 to September 2022

STUDENT-TRAINEE PRESENTATIONS
PRÉSENTATIONS D'ÉTUDIANTS ET DE STAGIAIRES

1. Understanding mistrust of paediatric COVID-19 mRNA vaccines: Implications for vaccine promotion – Andrea Chittle
2. Ethnocultural equity characteristics associated with pediatric vaccination: a comparative scoping review of Canadian, Australian, and New Zealand literature – Julia Wolf
3. Patterns in COVID-19 vaccine uptake among children aged 5-11 in Alberta – Laura Reifferscheid
4. Improving vaccine coverage among high-risk children: Are hospital-based interventions effective? – Laura Reifferscheid
5. HPV vaccine education in British Columbia's school-based immunization program for Grade 6 Students: A qualitative study – Gabriel Blank
6. Changes to School-based Immunization Programs (SBIP) throughout the COVID-19 pandemic: An environmental scan of SBIP in Prince Edward Island, Nova Scotia, and New Brunswick – Allyson Gallant
7. SARS-CoV-2 (COVID-19) vaccine willingness and series initiation in a prospective cohort of post-secondary students in Ontario, Canada – Luis Ledesma
8. Health TrueInfo: A social media approach in tackling COVID-19 vaccine misinformation and hesitancy in Bolivia, India, and Canada – Sapolnach Prompiengchai
9. Improving vaccine confidence and uptake among South Asian communities: A qualitative approach –Gurvir Dhutt
10. Successes and challenges of using Facebook to recruit parent participants for research on vaccine decision-making – Sarah Ashfield
11. A qualitative investigation of COVID-19 vaccine information preferences among parents of diverse intersecting identities in Canada – Emmanuel Marfo
12. Pharmacists as immunizers in Nova Scotia, Canada: Identifying immunization prescribing trends and patient characteristics – Rebecca Lawrence
13. "We all have a social responsibility": Drawing parallels between COVID-19 and influenza vaccine uptake among Canadian healthcare providers and trainees – Abhinand Thaivalappil
14. Impact of recruitment strategies on individual participation practices in the Canadian National Vaccine Safety Network: Active Safety Surveillance for COVID-19 vaccines (CANVAS-COVID): A Canadian Immunization Research Network study – Phyumar Soe
15. Are we incorporating intersectionality in Canadian vaccine research? Findings from a scoping review – Keith King
16. Analysis of vaccine-preventable disease outcomes in Canada from 2005-2018: A study from the Canadian Immunization Monitoring Program ACTive (IMPACT) – Emily Mason
17. Neurological adverse events following immunization against COVID-19 among adults and adolescent Canadians referred to the Special Immunization Clinic Network – David Summerby-Murray
18. A longitudinal sero-epidemiology study to evaluate antibody response to SARS-CoV-2 virus and vaccination in children in Calgary, Canada from July 2020 to September 2022 – Emily J Doucette
19. The Vaccine Immunogenicity and Safety in Immunodeficient patients (VISID) study: Immunological responses of patients with primary and secondary immunodeficiencies to SARS-CoV-2 BNT162b2 and mRNA-1273 vaccines, and breakthrough infections in Canada – Dana Unninayar

INFORMING AND IMPLEMENTING POLICY

20. Impact of vaccination on COVID-19 outcome trends: A Joinpoint regression analysis – Felix Bang
21. Direct quantitative comparison of benefits and risks of COVID-19 vaccines used by National Immunization Technical Advisory Groups in their pandemic guidance – Pamela Doyon-Plourde
22. Factors associated with re-infection in adults with SARS-CoV-2 infection early during the pandemic in Toronto, Canada – Lubna Farooqi
23. Clinical features and disease severity of hospitalized children by SARS-CoV-2 lineage: An IMPACT surveillance network analysis – Daniel Farrar
24. What can we learn from the COVID-19 "vaccine passport" experience to inform future use of digital proof-of-immunization technologies? – Devon Greyson
25. Capturing the value of vaccination within health technology assessment and health economics – Bryan Tennant
26. Working together: Comparing vaccine safety surveillance via Canadian National Vaccine Safety Network with Ontario provincial surveillance of adverse events following immunization – A Canadian Immunization Research Network study – Caitlin Johnson
27. Sex differences in the immunogenicity and efficacy of seasonal influenza vaccines: A meta-analysis of randomized controlled trials – Fazia Tadount
28. Forecasting seasonal influenza in Ontario using ACES daily emergency department Influenza-like illness visit data: An interactive dashboard – Edward Thommes
29. Evaluation of tick surveillance to monitor the prevalence of Borrelia burgdorferi-infected Ixodes scapularis ticks, in Canada: A comprehensive literature review – Patrick Kelly
30. Does a humoral correlate of protection exist for SARS-CoV-2? A systematic review – Julie Perry
31. Forecasting the 2022-23 Epidemic Trends of Respiratory Syncytial Virus in Ontario – Leila Amiri
32. Cost-effectiveness analysis of an infant 20-valent pneumococcal conjugate vaccine program for prevention of pneumococcal disease in Canada – Derek Lytle
33. Molecular epidemiology of rotavirus isolates following the widespread use of rotavirus vaccines from the Canadian Immunization Monitoring Program ACTive – Nirma Khatri Vadlamudi

NEW DEVELOPMENTS IN VACCINES AND THEIR USE

34. Interim results from a phase 2, randomized, observer-blind, placebo-controlled, dose-finding trial of an mRNA-based cytomegalovirus vaccine in healthy adults – Kyle Brown
35. Imvamune® vaccine safety in Toronto, 2022 – Karen Beckermann
36. Long-term protection against herpes zoster by the adjuvanted recombinant zoster vaccine: Interim efficacy, immunogenicity and safety results at approximately 10 years after initial vaccination – Wayne Ghesquiere
37. Immunogenicity, reactogenicity and safety of a respiratory syncytial virus prefusion F (RSVPreF3) candidate vaccine co-administered with the seasonal quadrivalent influenza vaccine in older adults – Dessi Loukov
38. Bell's Palsy following vaccination against COVID-19: Analysis of passive surveillance reports and population-based emergency room consultations in Quebec – Isabelle Rouleau
39. DANFLU-1: Feasibility of a pragmatic randomized trial to assess the relative effectiveness of high-dose (QIV-HD) vs. standard-dose quadrivalent influenza vaccine (QIV-SD) on severe cardio-respiratory outcomes in elderly adults – Thomas Shin
40. RSV-related health and economic outcomes associated with implementing an extended half-life monoclonal antibody for an all-infant population in Canada: A static model – Thomas Shin

OPTIMAL PRACTICE

41. Innovating ways to get immunization consent: Implementation of an electronic consent process for student clinics – Martina Cuillerier
42. Educating pharmacy students about the CARD System™ (Comfort Ask Relax Distract) to reduce immunization stress-related responses: satisfaction and utility for practice – Victoria Gudzak
43. VaxCheck: Development and testing of community pharmacy-based vaccination reviews using a continuous quality improvement approach – Sherilyn Houle
44. Nova Scotia Health COVID-19 Immunization Pharmacist Consult Service: A virtual network for Nova Scotian immunizers – Lisa Nodwell
45. Immunization Skills Checklist improvement project – Bhavna Sharma
46. National safety monitoring of vaccines from the Canadian Adverse Events Following Immunization Surveillance system, 2018-2021 – Maryem El-Jaouhari

47. National safety monitoring of seasonal influenza vaccines from the Canadian Adverse Events Following Immunization Surveillance System and the Canada Vigilance Database, 2021/2022 – Maryem El Jaouhari
48. Preparedness strategies of the National Advisory Committee on Immunization (NACI) High Consequence Infectious Disease Working Group – Nicole Forbes
49. Understanding immunization program decision-making in Canada and the existing gaps in funding, access, and coverage – Sevag Sahakian
50. The Canadian COVID-19 Vaccination Coverage Surveillance System: An overview of design, methodology and use – Cindy Hong
51. Sex differences in adverse events following seasonal influenza vaccines: A meta-analysis of randomized controlled trials – Marilou Kiely
52. Anaphylaxis following COVID-19 vaccination in Quebec and risk of recurrence after revaccination – Marilou Kiely

VACCINATION IN SPECIFIC POPULATION

53. Determinants of non-vaccination against seasonal influenza during pregnancy – David Guan
54. Adapting an Australian intervention to improve vaccination in pregnancy to the Canadian context: A logic model to guide design and evaluation – Monica Surti
55. Assessing measles maternal immunity in Ontario – Selma Osman
56. Updated analysis of the cost-effectiveness of palivizumab for the prevention of severe respiratory syncytial virus (RSV) infection in Canadian infants born moderate-to-late preterm – Bosco Paes
57. Pre-transplant vaccination status in pediatric solid organ transplant recipients – Catherine Burton
58. Events of myocarditis/pericarditis following BNT162b2 vaccination in individuals aged 12-17 in Ontario, Canada – Sarah Buchan
59. Adverse events following immunization with mRNA COVID-19 vaccines among people 12 and older in Canada: A comparison of age and sex differences – Allison Yeung
60. Routine vaccine uptake in school-aged autistic and non-autistic youth: A linked database study –Linda Dodds
61. Will the COVID-19 pandemic fix the problem of routine childhood vaccine hesitancy? – Robin Humble
62. Routine childhood vaccination among ethnocultural groups in Canada during the COVID-19 pandemic: A national cross-sectional study – Robin Humble
63. Understanding Vaccine Coverage in a First Nations Community: Learning from the Maskwacis Early Years Program – Charlene Rattlesnake
64. Locating Indigenous voices: Inclusion of Indigenous perspectives in studies of barriers to and supports for HPV vaccination in Indigenous people globally – Lisa Kenzie
65. COVID-19 vaccine coverage amongst immigrants in Alberta, Canada: A population-based cross-sectional study – Crystal Du
66. Ethnic disparities in COVID-19 vaccination in Canada: Results from the Canadian Community Health Survey – Ruoke Chen
67. Implementing the CARD (Comfort Ask Relax Distract) system to support vaccination of people with needle fear and anxiety: Experiences from the Centre for Addiction and Mental Health – Erin Ledrew
68. Applying the Theoretical Domains Framework to identify factors influencing COVID-19 vaccination decisions – Marcia Bruce
69. Workplace Absenteeism due to COVID-19 and Influenza: A Mathematical Model – Rahele Mosleh
70. Immunization uptake and post-immunization mpox cases in Ontario, 2022 – Christine Navarro
71. Response to a Serogroup C Meningococcal Disease Outbreak – Toronto, Ontario, 2022 – Cara-Lee Coghill
72. The intersection of sex and gender in adverse events following seasonal influenza vaccination in older adults – Janna Shapiro
73. Vaccine effectiveness of adjuvanted vs. non-adjuvanted standard-dose inactivated influenza vaccines in preventing influenza-related hospitalization in older adults: A CIRN SOS Network pooled analysis over three influenza seasons (2012/13;2013/14;2014/15) – Melissa K. Andrew
74. A systematic literature review and meta-analysis comparing relative vaccine effectiveness of enhanced trivalent seasonal influenza vaccines in older adults – Brenda Coleman
75. Cost-effectiveness and public health impact of recombinant zoster vaccine in immunocompromised adults in Canada – Sydney George

VACCINE CONFIDENCE AND UPTAKE

76. Developing multimedia tools to address concerns regarding COVID-19 vaccine's impact on fertility: A mixed methods approach – Nancy Waite
77. Influence of prenatal care provider type on routine vaccination in the first two years of life in British Columbia – Monika Naus

78. Inequities in measles and pertussis vaccination among Canadian toddlers – Christopher Bell
79. Parental attitudes and perceptions regarding pediatric influenza vaccination in Canada and the role of health care providers – Wendy Boivin
80. A comprehensive review of Canadian online resources for caregivers of information on SARS-COV-2 vaccinations for children aged 5-11 years – Shaun Morris
81. School-based immunization coverage in Ontario, 2019-20, 2020-21, 2021-22 – Lauren Paul
82. Vaccine education in schools: How to Handle Your Shots Like a Champ with Kids Boost Immunity – Ian Roe
83. COVID-19 vaccine uptake and antibody response among a cohort of children and adolescents in Montreal, Quebec – Laura Pierce
84. Assessing the impact of school closures and the COVID-19 pandemic on cancer prevention vaccine uptake – Olayemi Kadri
85. An assessment of COVID-19 vaccine communication from Canadian federal actors' Instagram accounts and the implications for vaccine-hesitant young adults – Caitlin Ford
86. Characterization of vaccine confidence amongst teachers in BC: A population-based survey – C. Sarai Racey
87. Criterion validity of the World Health Organization Vaccine Hesitancy Scale for COVID-19 vaccine delay in a vaccinated cohort – C. Sarai Racey
88. The barriers and facilitators in promoting vaccination with culturally-safe approaches amongst underserved immigrants, refugees and marginalized communities in Metro Vancouver – Joy Abasta
89. Nova Scotia Strong: Why communities joined to embrace COVID-19 public health measures – Audrey Steenbeek
90. Using the Poisson maximized sequential probability ratio test to monitor potential safety signals following vaccination in Canada – Sarah Spruin
91. "There was a lot of that [coercion and manipulation] happening and well, that's not very trustworthy": A qualitative study on COVID-19 vaccine hesitancy in Canada – Melissa MacKay
92. Moral injury and public health: A focus on immunizers – Noni MacDonald
93. SARS-CoV-2 vaccine acceptance and uptake among caregivers of children 5-11 years of age: A cross-sectional survey – Pierre-Philippe Piché-Renaud
94. Community Vaccination Promotion – Ontario equity, community and trust: Building vaccine confidence with marginalized populations – Thomas Appleyard
95. Plateaus in COVID-19 vaccination coverage of additional doses received following the primary series in Canada – Brigitte Ho Mi Fane
96. The impact of provincial proof of vaccination policies on age-specific uptake of first doses of COVID-19 vaccines in Canada – Tiffany Fitzpatrick
97. 2021 Immunization Communication Tool for Health Care Providers – Katharine Chilton
98. Healthcare provider awareness, attitudes, beliefs, and behaviors regarding the administration of vaccines by pharmacists – Antonia Di Castri
99. An intervention using narratives to address vaccine hesitancy online – Eve Dubé
100. Vaccine confidence during an infodemic: Insights for action – Mackenzie Edwards
101. Using local public opinion data to inform targeted COVID-19 vaccination strategies in Toronto – Sarah Buzek
102. Vaccine Hesitancy Guide: A patient-centric resource for better conversations in primary care – Stanley Myles Leslie
103. The associations between precautionary or health-seeking behaviours and COVID-19 vaccine uptake or vaccination intent: Results from the Canadian Community Health Survey – Aubrey Maquiling
104. The effect of vaccine mandate announcements on vaccine uptake in Canada: An interrupted time series analysis – Aubrey Maquiling
105. Are public health pre-bunking messages countering COVID vaccine misinformation effective in increasing older adults' intent to accept vaccine? – Benjamin Malo
106. Examining vaccine hesitancy among a diverse sample of Canadian adults – Samantha Meyer
107. Improving equitable access to adult vaccines in Canada – Jia Hu
108. Knowledge, attitudes, beliefs, and behaviours (KABB) of the general public regarding the administration of vaccines for adults by pharmacists – Bailey Selig
109. Knowledge, Perceptions, Behaviours, and Information: A Canadian National Influenza Survey – Jason Lee
110. Shifting epidemiology of pneumococcal vaccine serotypes among various age groups in Canada from 2011 to 2021 – Angela Yuen

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PHILIPPE DE WALS

DR. JOHN WATERS MEMORIAL AWARD

The Dr. John Waters Memorial Award was initiated in 2002 in recognition of his outstanding leadership in support of immunization programs and policy. The purpose of the Award is to recognize other outstanding contributors to public health and immunization programs.

PRIX À LA MÉMOIRE DU Dr JOHN WATERS

Le prix à la mémoire du Dr John Waters (Dr. John Waters Memorial Award) a été créé en 2002 pour souligner le leadership exceptionnel du Dr Waters à l'appui des programmes et des politiques en matière d'immunisation. Ce prix vise à souligner le travail d'autres personnes qui apportent une contribution exceptionnelle à la promotion, aux programmes et aux politiques en matière de recherche sur les vaccins, de santé publique et d'immunisation.

Dr. Philippe De Wals is a public health and preventive medicine specialist who completed his medical degree and a doctorate in Public Health in Belgium. He moved to Canada in 1990 and headed the Department of Community Health Sciences at the University of Sherbrooke. In 2002, he transferred to Laval University, where he headed the Department of Social and Preventive Medicine for 8 years and taught until his retirement in 2019. He trained most of his graduate students in areas directly or indirectly related to immunization. In addition to his prolific academic and scientific career, he worked in the Quebec public health network at the regional level and at the Institut national de santé publique du Québec. He contributed to expert immunization committees for more than 30 years. He is an active member of the Comité sur l'immunisation du Québec since its foundation in 1993 and was its chair for 16 years. He has been sitting on the National Advisory Committee on Immunization (NACI) for 13 years. With Erickson and Fafard, he conceived a framework describing all the components that need to be considered for the evaluation of immunization programs, which is now widely used and cited. His exceptional scientific work on the pneumococcal conjugate vaccine in children led to the adoption of the 2+1 dose program (rather than the 3+1) not only in Canada but in many countries worldwide. His phenomenal public health and scientific contribution in the field of immunization has had very large provincial/territorial, national and international impacts.

Spécialiste de la santé publique et de la médecine préventive, Dr Philippe de Wals a obtenu son diplôme de médecine et un doctorat en santé publique en Belgique. Il s'est installé au Canada en 1990 et a dirigé le Département des sciences de la santé communautaire de l'Université de Sherbrooke. En 2002, il est passé à l'Université Laval, où il a dirigé le Département de médecine sociale et préventive pendant 8 ans et enseigné jusqu'à sa retraite en 2019. Il a formé la plupart de ses étudiantes et étudiants diplômés dans des domaines directement ou indirectement liés à l'immunisation. Outre sa prolifique carrière universitaire et scientifique, il a travaillé dans le réseau de santé publique québécois au palier régional et à l'Institut national de santé publique du Québec. Il a collaboré à des comités d'experts en immunisation pendant plus de 30 ans. Il est membre actif du Comité sur l'immunisation du Québec depuis la fondation de ce comité en 1993 et en a été le président pendant 16 ans. Il siège au Comité consultatif national de l'immunisation (CCNI) depuis les 13 dernières années. Avec Erickson et Fafard, il a conçu un cadre aujourd'hui largement utilisé et cité qui décrit tous les éléments dont il faut tenir compte pour évaluer les programmes d'immunisation. Ses travaux scientifiques exceptionnels sur le vaccin conjugué contre le pneumocoque chez les enfants ont mené à l'adoption du programme de 2+1 doses (plutôt que de 3+1) non seulement au Canada, mais dans de nombreux autres pays. Sa contribution phénoménale au domaine de l'immunisation, tant sur le plan scientifique qu'en santé publique, a un retentissement considérable à l'échelle provinciale/territoriale, nationale et internationale.

MASKWACIS EARLY YEARS VISITORS

AWARD OF EXCELLENCE

The Award of Excellence in Immunization was established to recognize the efforts of an individual or group/organization who/that has made an outstanding contribution at the community level to front-line immunization programs, policy or advocacy.

PRIX D'EXCELLENCE

Le Prix d'excellence en immunisation a été créé pour reconnaître les efforts d'une personne, d'un groupe ou d'une organisation qui a apporté une contribution exceptionnelle aux programmes, aux politiques ou aux activités de sensibilisation de première ligne en matière d'immunisation au sein de leur collectivité.

The Maskwacis Early Years staff, known in the program as Visitors, support caregivers with children under the age of five in the four First Nations in Maskwacis, Alberta. The Early Years program recognizes the importance of Indigenous community and families in fostering healthy child and brain development, achieving long-term well-being, and protecting cultural identity.

In the Early Years, Visitors are paired with families to walk alongside them and their children in a supportive and trusting relationship in a home visitation setting. Visitors aim to recognize and meet, when possible, the immediate needs of participants and provide support using a holistic lens. Largely, this support includes increasing the use of and easing access to existing services in the community, including child immunizations. Visitors support parents in accessing immunizations by talking about the benefits of vaccines, booking appointments on their behalf and providing transportation to appointments. Because of these supports, immunization rates for children in the program are up to five times higher than those for children in the broader Maskwacis community.

Children and families in Maskwacis have been positively affected by the Early Years Visitors. Not only have immunization rates improved amongst participants, but the staff have also demonstrated the value of offering holistic services through community-based programs; with Visitors by their side, parents have an additional support system to help them care for their children and empower them on their parenting journeys.

Les membres du personnel du programme Maskwacis Early Years, appelés « visiteuses », appuient les proches aidants d'enfants de moins de cinq ans vivant dans les quatre Premières Nations de Maskwacis, en Alberta. Le programme Early Years reconnaît l'importance de la communauté et des familles autochtones pour ce qui est de favoriser la santé, le développement du cerveau et le bien-être durable chez les enfants et de protéger leur identité culturelle.

Les visiteuses d'Early Years sont jumelées à des familles qu'elles accompagnent, elles et leurs enfants, dans le cadre d'une relation d'aide et de confiance lors de visites à domicile. Les visiteuses cherchent à reconnaître les besoins immédiats des familles participantes et à y répondre, si possible, et elles offrent leur appui dans une optique holistique. Cet appui consiste en grande mesure à accroître l'utilisation des services de proximité existants, dont les services de vaccination des enfants, et à faciliter l'accès à ces services. Les visiteuses aident les parents à accéder à la vaccination en leur parlant des avantages des vaccins, en prenant des rendez-vous pour eux et en fournissant le transport pour se rendre aux rendez-vous. Grâce à cette aide, les taux d'immunisation des enfants du programme sont jusqu'à cinq fois plus élevés que ceux des enfants dans le reste de la communauté de Maskwacis.

Les visiteuses d'Early Years exercent une influence favorable sur les enfants et les familles de Maskwacis. Non seulement les taux d'immunisation se sont-ils améliorés chez les participants, mais le personnel a démontré la valeur d'offrir des services holistiques par l'entremise de programmes de proximité; avec les visiteuses à leurs côtés, les parents ont un système de soutien de plus pour les aider à s'occuper de leurs enfants et pour les outiller dans leur parcours parental.

SARAH WILSON

MID-CAREER AWARD

The Mid-career Award has been established to recognize the efforts of a mid-career individual who has made a significant vaccination-related contribution in public health research, policies, programs, or advocacy.

PRIX MI-CARRIÈRE

Le Prix mi-carrière a été créé pour reconnaître les efforts d'une personne en milieu de carrière qui a apporté une contribution importante à la vaccination dans le domaine de la recherche, des politiques, des programmes ou de la défense de la santé publique.

Dr. Sarah Wilson is a public health physician at Public Health Ontario involved in all aspects of immunization and vaccine-preventable diseases, including disease surveillance, outbreak response, immunization coverage, and vaccine safety. This expertise is exemplified in representation on numerous provincial and national groups. She holds appointments as Adjunct Scientist at the Institute for Clinical Evaluative Sciences (ICES), Associate Professor at the Dalla Lana School of Public Health, and faculty member at the University of Toronto's Centre for Vaccine Preventable Diseases. Dr. Wilson is a voting member on the National Advisory Committee on Immunization (NACI), chair of the NACI COVID-19 working group, and Scientific Liaison for the Ontario Immunization Advisory Committee. As an applied public health researcher, Dr. Wilson has influenced the field of immunization with her work leading assessments of vaccine coverage and safety. She has been instrumental in improvements to immunization coverage assessment methods in Ontario and has made significant contributions to understanding related data and methods through collaborations with others in Canada. During the COVID-19 pandemic, her work on vaccine safety surveillance had far-reaching impacts, with Ontario being the first jurisdiction internationally to make product-specific recommendations to reduce the risk of myocarditis/pericarditis following mRNA vaccination, a decision later adopted elsewhere in Canada and in other jurisdictions. A recognized expert in immunization, Dr. Wilson plays an integral part in provincial and national decision-making related to vaccination policy. Not only does she lead impactful research and provide vision and leadership for vaccine surveillance in the province, but she helps translate these findings into public health practice.

Médecin de santé publique pour Santé publique Ontario, Dre Sarah Wilson est impliquée dans tous les aspects de l'immunisation et des maladies évitables par la vaccination, dont la surveillance des maladies, la riposte aux éclosions, la couverture vaccinale et l'innocuité des vaccins. Sa participation à de nombreux groupes provinciaux et nationaux est l'illustration de son expertise. Elle est scientifique auxiliaire à l'Institut de recherche en services de santé (ICES), professeure agrégée à l'École de santé publique Dalla Lana et membre du corps professoral du Centre pour les maladies évitables par la vaccination de l'Université de Toronto. Dre Wilson est membre votante du Comité consultatif national de l'immunisation, dont elle préside le groupe de travail sur la COVID-19, et agente de liaison scientifique du Comité consultatif ontarien de l'immunisation. En tant que chercheuse en santé publique appliquée, elle influence le domaine de l'immunisation dans son travail de direction des évaluations de la couverture vaccinale et de l'innocuité des vaccins. Elle a contribué à améliorer les méthodes d'évaluation de la couverture vaccinale en Ontario et a largement contribué à la compréhension des données et des méthodes connexes dans le cadre de ses collaborations avec d'autres sommités au Canada. Durant la pandémie de COVID-19, ses travaux sur la surveillance de l'innocuité des vaccins ont eu de profondes répercussions, l'Ontario ayant été la première instance au monde à formuler des recommandations spécifiques à certains produits pour réduire le risque d'inflammation du myocarde et du péricarde après l'administration de vaccins à ARN messager, une décision adoptée plus tard ailleurs au Canada et dans le monde. Experte reconnue en immunisation, Dre Wilson joue un rôle fondamental dans la prise de décisions provinciales et nationales liées aux politiques de vaccination. Non seulement dirige-t-elle des études fructueuses et assure-t-elle la vision et le leadership de la surveillance vaccinale dans la province, mais elle contribue à traduire ces constats en pratiques de santé publique.