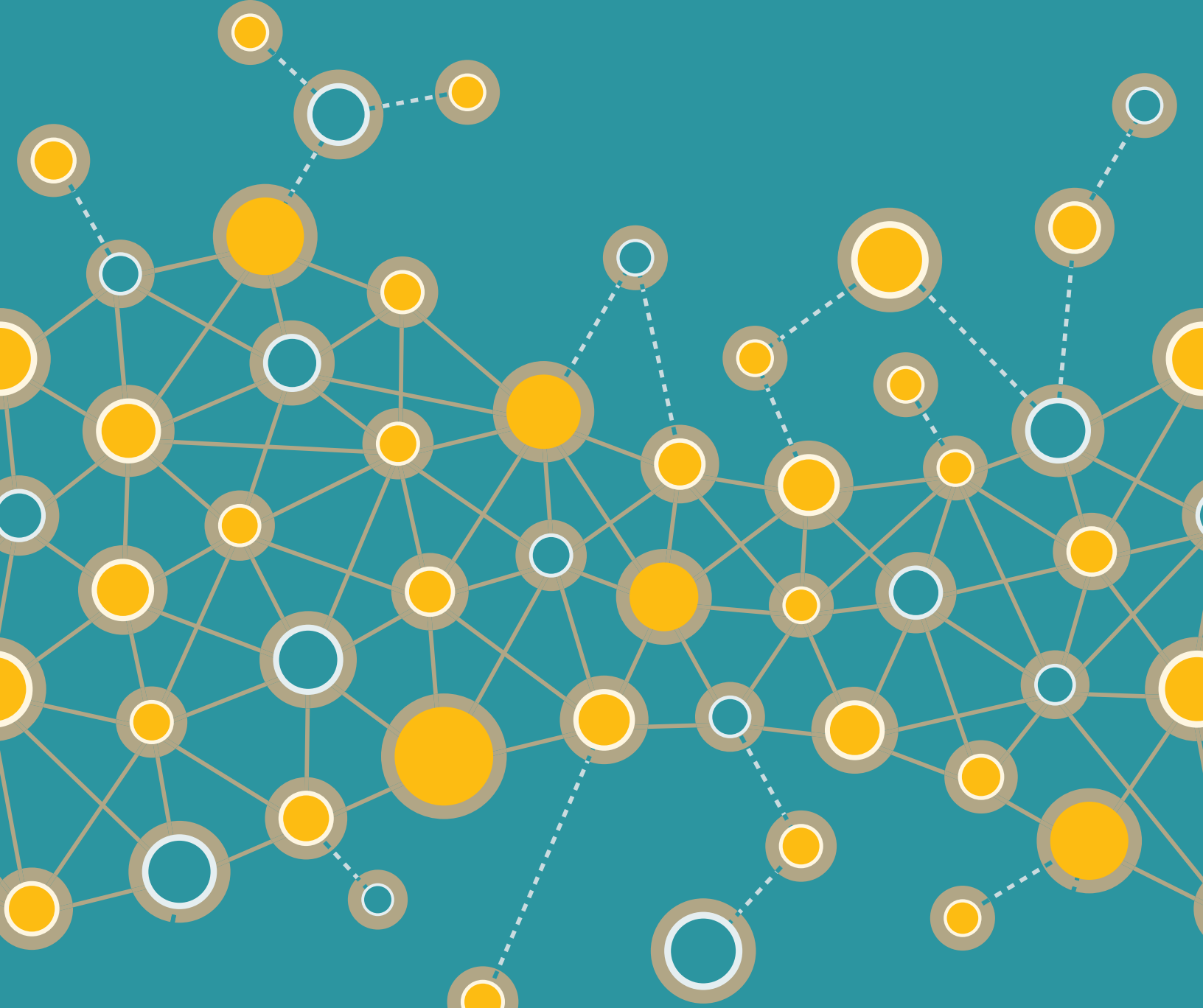

2024

Canadian Immunization Conference

26-28 November 2024
ROGERS CENTRE OTTAWA

FINAL PROGRAM

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

Conférence canadienne sur l'immunisation

Du 26 au 28 novembre 2024

PROGRAMME FINAL

Le Centre Rogers Ottawa est situé 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.

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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 2024 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 2024, 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 2024 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 2024 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.

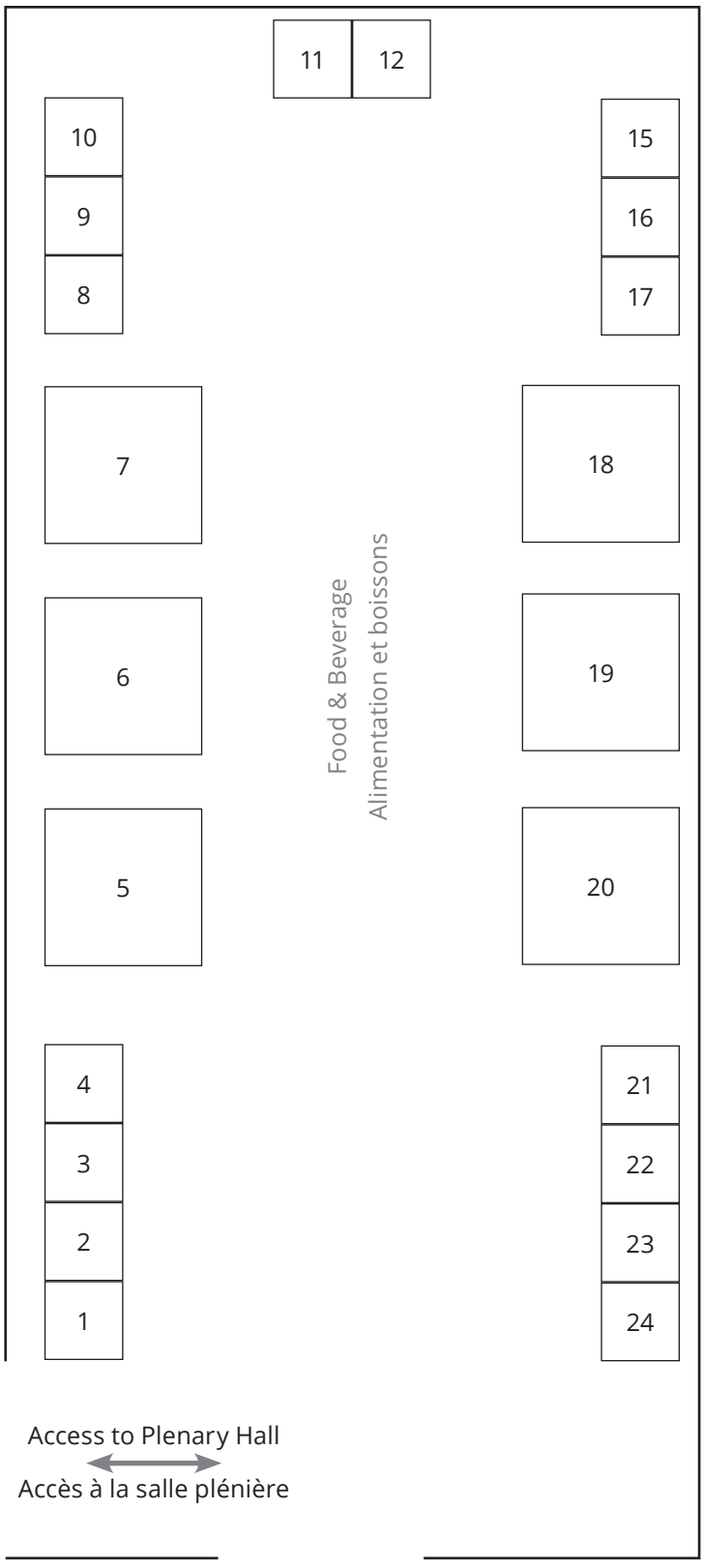
EXECUTIVE COMMITTEE I COMITÉ EXÉCUTIF

- 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
- Erin Henry, 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
- Laura Sauvé (Co-chair), University of British Columbia
- Shelly Bolotin (Scientific Co-chair), University of Toronto
- Hana Mitchell (Scientific Co-chair), University of British Columbia
- Melissa Andrew, Dalhousie University
- Nicholas Brousseau, Université Laval
- Marie Adèle Davis, Canadian Paediatric Society
- Michelle Driedger, University of Manitoba
- Ève Dubé, Université Laval
- Soren Gantt, CHU Sainte-Justine
- Robyn Harrison, University of Alberta
- Erin Henry, Public Health Agency of Canada
- Charles Hui, Children's Hospital of Eastern Ontario
- Alyson Kelvin, Vaccine and Infectious Disease Organization
- Danielle Paes, Canadian Pharmacists Association
- Manish Sadarangani, Canadian Association for Immunization Research, Evaluation and Education
- Matthew Tunis, Public Health Agency of Canada

EXHIBITORS | EXPOSANTS



GENERAL INFORMATION | RENSEIGNEMENTS GÉNÉRALES

ACCREDITATION | ACCRÉDITATION

This event has been approved by the Canadian Paediatric Society for a maximum of 18.5 credit hours as an Accredited Group Learning Activity (Section 1) as defined by the Maintenance of Certification program of The Royal College of Physicians and Surgeons of Canada. The specific opinions and content of this event are not necessarily those of the CPS, and are the responsibility of the organizer(s) alone.

La présente activité est une activité d'apprentissage collectif agréée (section 1), au sens que lui donne le programme de Maintien du certificat du Collège royal des médecins et chirurgiens du Canada; elle a été approuvée par la Société canadienne de pédiatrie. Vous pouvez déclarer un maximum de 18.5 heures (les crédits sont calculés automatiquement). Les opinions spécifiques et le contenu de cet événement ne sont pas nécessairement ceux de la SCP, et sont de la responsabilité des organisateurs uniquement.

SPEAKER READY ROOM | SALLE DE PRÉPARATION DES CONFÉRENCIERS

ROOM 203

We encourage you to preview your presentation and ensure graphics, text and media files display properly. Hours:

- Monday 25 November 12:00-17:00
- Tuesday 26 November 08:00-17:00
- Wednesday 27 November 08:00-17:00
- Thursday 28 November 08:00-10:00

SALLE 203

Nous vous encourageons à prévisualiser votre présentation et à vous assurer que les graphiques, le texte et les fichiers multimédias s'affichent correctement. Heures d'ouverture :

- Lundi 25 novembre 12 h à 17 h
- Mardi 26 novembre 8 h à 17 h
- Mercredi 27 novembre 8 h à 17 h
- Jeudi 28 novembre 8 h à 10 h

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OTTAWA MONTREZ VOTRE PORTE-NOM

Votre porte-nom du CCI 2024 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.

PROGRAM OVERVIEW | RÉSUMÉ DU PROGRAMME

- Subject to change | Sous réserve de modifications

09:00-10:30	**PLENARY I | PLÉNIÈRE I** 🎧 **IS A BREAST CANCER VACCINE WITHIN TEN YEARS AN ACHIEVABLE GOAL?** **UN VACCIN CONTRE LE CANCER DU SEIN D'ICI DIX ANS EST-IL UN OBJECTIF RÉALISABLE?** CANADA HALL 1	
10:30-11:00	**NETWORKING BREAK WITH EXHIBITORS AND PARTICIPANTS** **PAUSE NETWORKING AVEC LES EXPOSANTS ET LES PARTICIPANTS** CANADA HALL 2	
11:00-12:30	**CONCURRENT SESSIONS | SÉANCES SIMULTANÉES**	
	Advisory immunization committees need immunologists: When calling a friend is a must! Room 206	By us, for us: Factors for success in offering COVID-19 vaccination to Indigenous communities in Ottawa Room 207-208
	Immunizations in newcomer populations: The experiences, evidence, and tools Room 210	Mis- and disinformation and vaccine communication challenges: What have we learned during the COVID-19 pandemic that will help us prepare for a potential flu pandemic? Room 214
	Play your best hand: Learning from implementation how to educate healthcare providers about using CARD (comfort — ask — relax — distract) as a framework for vaccination delivery Room 205	Oral Session 1 — Room 201 Oral Session 2 — Room 202
12:30-14:00	**NETWORKING LUNCH | DÉJEUNER CONTACTS** CANADA HALL 1 & 2	
12:45-14:00	**CIHR and CEPI Forum on Vaccine Research Leadership in Canada** Room 205	
12:45-14:00	**CO-DEVELOPED LEARNING ACTIVITIES | ACTIVITÉS D'APPRENTISSAGE AGRÉÉES COÉLABORÉES**	
	Risks beyond the acute infection: Adult vaccination and the importance of prioritizing life-course immunization **Room 207-208**	**RSV protection in infants: Translating the new 2024 NACI recommendations for infant RSV prophylaxis into your practice** **Room 214**
14:00-15:00	**POSTER PRESENTATIONS | PRÉSENTATIONS D'AFFICHES** PARLIAMENT FOYER	
15:00-15:30	**NETWORKING BREAK WITH EXHIBITORS AND PARTICIPANTS** **PAUSE NETWORKING AVEC LES EXPOSANTS ET LES PARTICIPANTS** CANADA HALL 2	
15:30-17:00	**CONCURRENT SESSIONS | SÉANCES SIMULTANÉES**	
	Controlled human infection models: An innovative tool for public health decision-making Room 206	Economic evidence to support vaccine decision-making in Canada: Progress and potential Room 214
	Opportunities and challenges for the prevention of RSV in older adults by vaccination Room 210	The power of academic-Indigenous community partnerships for immunization research: an example from the First Nations Childhood Immunization (FINCH) video project Room 207-208
	Unlocking innovation: Digital solutions for enhanced immunization practices Room 205	Oral Session 3 — Room 201 Oral Session 4 — Room 202

🎧 Simultaneous Interpretation provided | Interprétation simultanée fournie

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

CANADA HALL 1

IS A BREAST CANCER VACCINE WITHIN TEN YEARS AN ACHIEVABLE GOAL?

This session will delve into the latest advancements and breakthroughs in immunotherapy for breast cancer with a focus on vaccines. Dr. Disis will present cutting-edge studies focused on novel vaccine candidates, their mechanisms of action, and clinical trial outcomes. Attendees will gain insights into the development of personalized vaccines tailored to individual patient profiles as well as off-the-shelf approaches targeting nonmutated antigens. The session will also explore the challenges in vaccine efficacy, including tumor heterogeneity and immune evasion, and discuss innovative strategies to overcome these obstacles. Dr. Disis will highlight translational research efforts, aiming to bridge the gap between laboratory discoveries and clinical applications. This session promises to be a comprehensive exploration of the future landscape of breast cancer treatment, emphasizing the potential of vaccines to transform therapeutic approaches and improve patient outcomes.

Learning objectives

- Describe breakthroughs in immunotherapy for breast cancer and gain insights into the development of personalized vaccines.
- Identify the challenges in vaccine efficacy and strategies to overcome these obstacles.
- Explore the potential of vaccines and the future landscape of breast cancer treatment.

UN VACCIN CONTRE LE CANCER DU SEIN D'ICI DIX ANS EST-IL UN OBJECTIF RÉALISABLE ?

Cette session se penchera sur les dernières avancées et percées dans le domaine de l'immunothérapie du cancer du sein, en mettant l'accent sur les vaccins. La D^re^ Disis présentera des études de pointe axées sur les nouveaux vaccins candidats, leurs mécanismes d'action et les résultats des essais cliniques. Les participants auront un aperçu du développement de vaccins personnalisés adaptés au profil de chaque patiente, ainsi que des approches standard ciblant des antigènes non mutés. La session explorera également les défis liés à l'efficacité des vaccins, y compris l'hétérogénéité des tumeurs et l'évasion immunitaire, et discutera des stratégies innovantes pour surmonter ces obstacles. La D^re^ Disis mettra en lumière les efforts de recherche translationnelle, visant à combler le fossé entre les découvertes en laboratoire et les applications cliniques. Cette session promet d'être une exploration complète du paysage futur du traitement du cancer du sein, en mettant l'accent sur le potentiel des vaccins à transformer les approches thérapeutiques et à améliorer les résultats pour les patients.

Objectifs d'apprentissage

- Décrire les avancées en matière d'immunothérapie du cancer du sein et comprendre le développement de vaccins personnalisés.
- Identifier les défis liés à l'efficacité des vaccins et les stratégies pour surmonter ces obstacles.
- Explorer le potentiel des vaccins et le paysage futur du traitement du cancer du sein.

Speaker / Conférencière

- Nora Disis, Professor, Clinical Research Division, Fred Hutch Cancer Center, University of Washington

Moderator / Modérateur

- Soren Gantt, Pediatric Infectious Diseases Specialist; Director of Clinical Research, CHU Sainte-Justine

10:30–11:00 REFRESHMENT BREAK WITH EXHIBITORS AND PARTICIPANTS
10 h 30 à 11 h PAUSE RAFRAÎCHISSEMENT AVEC LES EXPOSANTS ET LES PARTICIPANTS

CANADA HALL 2

11:00–12:30 CONCURRENT SESSIONS
11 h à 12 h 30 SÉANCES SIMULTANÉES

ROOM 206 ADVISORY IMMUNIZATION COMMITTEES NEED IMMUNOLOGISTS: WHEN CALLING A FRIEND IS A MUST!

The COVID-19 pandemic and newer vaccination recommendations for adults have highlighted how important it is to understand the subtleties of the immune response to inform vaccine decisions, whether to bridge the immune response to clinical endpoints or to decide who would benefit from a specific vaccine, adjuvant, or schedule. Immunosuppression, with the array of new monoclonal antibodies and treatments, adds complexity to these decisions. Having expertise in immunology is therefore becoming more necessary than ever! This session will enable participants to categorize immune deficiencies and immune suppression to help decide what vaccines are necessary for various conditions, particularly where guidelines leave some decisions to clinical discretion. The session will also demystify, for decision-makers, how modeling of the immune response can act as an emerging tool to help understand population protection.

Learning objectives

- Categorize immunosuppressive therapies pertaining to vaccination decisions — for vaccinators.
- Apply immunology concepts to optimize vaccination decisions for immunosuppressed patient populations.
- Describe outputs from mathematical immune modeling in support of vaccination decisions at the public health program level.

Speakers

- Deepali Kumar, Clinician Investigator, Toronto General Hospital Research Institute
- Michaël Desjardins, Clinical Investigator, Université de Montréal
- Morgan Craig Assistant Professor, Department of Mathematics and Statistics, Université de Montréal

Moderator

- Caroline Quach-Thanh, Professor, Département de microbiologie, infectiologie et immunologie, CHU Sainte-Justine; Canada Research Chair in Infection, Prevention and Control; Network Director, POPCORN

ROOM 207-208 BY US, FOR US: FACTORS FOR SUCCESS IN OFFERING COVID-19 VACCINATION TO INDIGENOUS COMMUNITIES IN OTTAWA

Research conducted by the Ottawa Aboriginal Coalition found a strong sense of responsibility for protecting local Indigenous community members, which meant following public health guidelines and receiving two or more vaccination doses. Indigenous communities were engaged early and empowered to make decisions about how to offer COVID-19 vaccinations to community members. This led to co-offering Indigenous-specific clinics with the Wabano Centre for Aboriginal Health. Further, ways for ongoing relationship building with community members were identified to answer questions through sharing knowledge with Elders and having conversations about aligning different worldviews. This helped to increase community confidence and trust in the COVID-19 vaccine. Success was the result of pre-existing relationships between Ottawa Public Health (OPH) and Indigenous partners. OPH is committed to relationship building through their Reconcili-Action Plan. These trusting relationships created the foundation for successful early engagement to co-design and co-offer Indigenous COVID-19 vaccination clinics. This trust transcended to urban Indigenous community members in Ottawa.

Learning objectives

- Describe the strengths of urban Indigenous peoples to protect their communities against COVID-19.
- Identify strategies that enhanced the safety and accessibility of the COVID-19 vaccine for urban Indigenous communities in Ottawa.
- Describe the value of urban Indigenous autonomous decision-making for design and offering of vaccinations to community members.
- Identify factors for successful, respectful, and lasting relationships with urban Indigenous communities.

Speakers

- Kate Carroll and Kyra Hagerty, Research Coordinators, Ottawa Aboriginal Coalition
- Natalie Lloyd, Director, Administration, Communications and Engagement. Wabano Centre for Aboriginal Health
- Aideen Reynolds, Knowledge Exchange Specialist, Ottawa Public Health

11:00–12:30 CONCURRENT SESSIONS
11 h à 12 h 30 SÉANCES SIMULTANÉES

ROOM 210 IMMUNIZATIONS IN NEWCOMER POPULATIONS: THE EXPERIENCES, EVIDENCE, AND TOOLS

Many newcomer families experience logistical, linguistic, and cultural barriers to immunization. Some arrive in Canada without all recommended vaccines. There is growing evidence that there is a disproportionate burden of vaccine-preventable diseases on newcomer populations. Understanding the experiences, enablers, and barriers is critical to ensuring optimal protection in the newcomer population. In this session, speakers will share their research into newcomers' experiences with immunizations and share their knowledge translation tools.

Learning objectives

- Describe systemic barriers to vaccination faced by newcomer families, and how to reduce the obstacles they encounter.
- Analyze evidence-based strategies for improving vaccination experiences and for counselling vaccine-hesitant individuals.
- Provide access to parent resources tailored for newcomer families and available in multiple languages.
- Identify clinical tools to help implement learning into practice.

Speakers

- William Stauffer, Professor of Medicine and Pediatrics, Infectious Diseases and International Medicine, Department of Medicine, University of Minnesota
- Ripudaman Singh Minhas, Developmental Paediatrician, Women's and Children's Health Program, St. Michael's Hospital; Associate Professor, Department of Pediatrics, University of Toronto

Moderator

- Charles (Chuck) Hui, Chief of Infectious Diseases, Immunology and Allergy; Professor of Pediatrics, Faculty of Medicine, University of Ottawa

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ROOM 214 MIS- AND DISINFORMATION AND VACCINE COMMUNICATION CHALLENGES: WHAT HAVE WE LEARNED DURING THE COVID-19 PANDEMIC THAT WILL HELP US PREPARE FOR A POTENTIAL FLU PANDEMIC?

During the pandemic, mis- and disinformation regarding COVID-19 vaccination was identified as a key challenge to vaccine acceptance. In the context of a potential avian flu pandemic, this session will give an overview of information-seeking behaviors, vaccine acceptance determinants, and what this involves for public health communication strategies.

Learning objectives

- Describe how members of the public search, retrieve and appraise vaccine information and how to mitigate the impact of health misinformation.
- Explore specific challenges associated with public health communication in the context of a potential highly pathogenic avian influenza pandemic.
- Examine determinants of vaccine acceptance in priority populations and what this implies for health communication messaging.

Speakers

- Devon Greyson, Assistant Professor, School of Population and Public Health, University of British Columbia
- S. Michelle Driedger, Professor and Department Head, Community Health Sciences, Max Rady College of Medicine, University of Manitoba
- Cindy Jardine, Tier 1 Canada Research Chair in Health and Community, Faculty of Health Sciences, University of the Fraser Valley

Moderator

- Eve Dubé, Professeure agrégée, Département d'anthropologie, Faculté des Sciences sociales, Université Laval

11:00–12:30 CONCURRENT SESSIONS
11 h à 12 h 30 SÉANCES SIMULTANÉES

ROOM 205 PLAY YOUR BEST HAND: LEARNING FROM IMPLEMENTATION HOW TO EDUCATE HEALTHCARE PROVIDERS ABOUT USING CARD (COMFORT – ASK – RELAX – DISTRACT) AS A FRAMEWORK FOR VACCINATION DELIVERY

This session will introduce participants to the CARD (Comfort – Ask – Relax – Distract) system. CARD is a framework proven to reduce immunization stress-related responses (e.g., pain, fear, dizziness, and fainting) and to improve the vaccination experiences of vaccine clients and providers. Effective education of providers and clinic support staff about how to integrate CARD into the vaccination process improves the quality of implementation, which in turn improves outcomes. Key CARD educational approaches and tools will be reviewed, including: (1) training sessions and presentations; (2) clinic team leadership/champions; (3) online modules; and (4) staff coaching following implementation. Reflections on how the educational approaches impacted CARD implementation across various settings (e.g., community pharmacies, pop-up clinics, and public health offices) will be discussed. This information is relevant to organizations and staff involved in delivering vaccinations.

Learning objectives

- Discuss the rationale for why and how vaccinations are delivered matters, including the relationship between immunization stress-related responses (e.g., fear, fainting), vaccination experiences, and vaccine acceptance.
- Introduce and explain the CARD (Comfort — Ask — Relax — Distract) system, an evidence-based framework that improves vaccination delivery with respect to safety, experiences, and acceptance.
- Identify how to best educate providers about CARD across vaccination practices/settings to optimize integration into the vaccination delivery process and improve the safety of vaccination administration, experiences of clients and providers, and attitudes about vaccination.

Speakers

- Lucie Bucci, Public Health Consultant, Bucci-Hepworth Health Services Inc.
- Victoria Gudzak, Implementation Scientist, Leslie Dan Faculty of Pharmacy, The University of Toronto

Moderator

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

ROOM 201 ORAL SESSION 1

- Safety of co-administration of COVID-19 and seasonal influenza vaccines in individuals with autoimmune diseases: A study from the Canadian National Vaccine Safety Network (CANVAS) of the Canadian Immunization Research Network — Phyumar Soe
- Influenza vaccine effectiveness and number needed to vaccinate in the prevention of admission to assisted living or long-term care facilities: A report from the CIRN Serious Outcomes Surveillance Network — Melissa K. Andrew
- Shingles vaccination coverage among older adults and factors associated with vaccination: An analysis of the Canadian Longitudinal Study on Aging — Nicole Elaine Basta
- Respiratory syncytial virus vaccination among older adults in Canada: Number needed to vaccinate and associated costs to prevent severe outcomes — Lea Separovic
- Incidence of respiratory syncytial virus (RSV) hospitalization among adults in Ontario, Canada, 2017-2019 — Jenna Alessandrini

ROOM 202 ORAL SESSION 2

- Simplifying parental consent for immunizations in Nova Scotia with eConsent — Kat Macdonald
- Implementing a meningococcal B immunization program for Nova Scotia youth at risk of invasive meningococcal disease — Stacey Dunphy
- Keeyoukaywin ahci lii kaansayr kipihtinaant a lii taab - (Visiting with cancer prevention at the kitchen table) - Results from a Métis methodological study on HPV vaccination in Alberta — KD King
- Improving acceptance and uptake of HPV Vaccination: Results of pilot interventions in Quebec elementary school — Chantal Sauvageau
- A qualitative case study of a privately-funded human papillomavirus (HPV) vaccination program in Ghana: Lessons for a future publicly-funded program — Emmanuel Marfo

12:30–14:00 12 h 30 à 14 h	NETWORKING LUNCH DÉJEUNER DE RÉSAUTAGE	CANADA HALL 1 & 2

If you are attending the **Networking Lunch**, go to Canada Hall 2 to pick up your lunch and proceed to Canada Hall 1.

If you pre-registered for a **co-developed learning activity**, see the ticket in your name badge and pick up your lunch outside the designated room.

Si vous assistez au **déjeuner de réseautage**, rendez-vous au Canada Hall 2 pour prendre votre déjeuner et dirigez-vous ensuite vers le Canada Hall 1.

Si vous vous êtes inscrit à l'avance à une **activité d'apprentissage agréées coélaborées**, reportez-vous au ticket figurant sur votre badge et récupérez votre déjeuner à l'extérieur de la salle prévue à cet effet.

12:45–14:00 12 h 45 à 14 h	CIHR AND CEPI FORUM ON VACCINE RESEARCH LEADERSHIP IN CANADA	ROOM 205

Presented by: CIHR and CEPI Forum on Vaccine Research Leadership in Canada

The Canadian Institutes of Health Research (CIHR) and the Coalition for Epidemic Preparedness Innovations (CEPI) funded five mid-career researchers in Canada through the CIHR-CEPI Leadership Awards for Excellence in Vaccine Research for Infectious Diseases of Epidemic Potential.

This lunch session will highlight the research led by the CIHR-CEPI award recipients, Drs. Alyson Kelvin, David Safronetz, Hélène Decaluwe, Karina Top and Manish Sadarangani. It will also provide a forum for discussing Canada's leadership role in vaccine research and innovation in epidemic and pandemic preparedness, and the importance of access-focused R&D to better prepare for future epidemic and pandemic threats.

Session Hosts

- Charu Kaushic, Scientific Director, CIHR Institute of Infection and Immunity
- William Dowling, Head of Preclinical Development Group, Department of Laboratory Research and Innovations, Coalition for Epidemic Preparedness Innovations

12:45–14:00 12 h 45 à 14 h	CO-DEVELOPED LEARNING ACTIVITIES ACTIVITÉS D'APPRENTISSAGE AGRÉÉES COÉLABORÉES	ROOM 207-208

RISKS BEYOND THE ACUTE INFECTION: ADULT VACCINATION AND THE IMPORTANCE OF PRIORITIZING LIFE-COURSE IMMUNIZATION

When it comes to the immunization of adults, there are unique barriers to increasing adult vaccination awareness and protection from vaccine-preventable diseases. Participants are invited to join this symposium to gain a deeper understanding of the adult immunization landscape, including: how risk and downstream impacts of vaccine-preventable diseases may increase with age, chronic conditions, and therapies; complications associated with vaccine-preventable diseases beyond the acute infection; and the importance of life-course immunization in the context of healthy aging.

Learning objectives

- Explain the role age, chronic conditions, and therapies can play in increasing patients' risk of vaccine-preventable diseases.
- Discuss burden of disease and complications associated with vaccine-preventable infections (such as influenza, respiratory syncytial virus [RSV], COVID-19 and herpes zoster), beyond the acute infection.
- Describe the evidence to support vaccination for adults at increased risk of infection (due to age, chronic condition, and therapies) and current technologies to address reduced responsiveness to vaccination in older adults.
- Discuss roles and opportunities to support adult immunization to address existing gaps in meeting Public Health Agency of Canada (PHAC) vaccine coverage targets for adults.

Speaker

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

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

12:45–14:00 / 12 h 45 à 14 h — CO-DEVELOPED LEARNING ACTIVITIES / ACTIVITÉS D'APPRENTISSAGE AGRÉÉES COÉLABORÉES — ROOM 214

RSV PROTECTION IN INFANTS: TRANSLATING THE NEW 2024 NACI RECOMMENDATIONS FOR INFANT RSV PROPHYLAXIS INTO YOUR PRACTICE

RSV is a highly contagious virus. It is the leading cause of lower respiratory tract infections, such as bronchiolitis and pneumonia, in infants, significantly burdening our healthcare system with high hospitalization rates. New RSV preventive options have recently been approved and rapidly adopted in many countries, aiming to universally protect infants. Recognizing this public health need, this session will provide healthcare professionals with an overview on RSV for the 2024/2025 season and of the 2024 NACI recommendations on prophylaxis. Participants will learn about the latest guidelines, evaluate the real-world effectiveness of these prophylactic agents, and hear about lessons from public health implementation of RSV prophylaxis programs globally and in Canada.

Learning objectives

- Review the 2024/2025 epidemiology of RSV and assess the disease burden in Infants, their families, and the healthcare system.
- Review the 2024 NACI recommendations and global data on real-world effectiveness of RSV prophylaxis in infants.
- Discuss global and Canadian public health implementation of RSV prophylaxis programs.

Speaker

- Cora Constantinescu, Department of Pediatrics, Cumming School of Medicine, University of Calgary; Division of Pediatric Infectious Diseases, Alberta Children's Hospital

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

14:00–15:00 / 14 h à 15 h — POSTER PRESENTATIONS / PRÉSENTATION 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 Tuesday and Wednesday.

Please see pages 37-42 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 le mardi et mercredi.

La liste des présentations se trouve aux pages 37-42.

15:00–15:30 / 15 h à 15 h 30 — REFRESHMENT BREAK WITH EXHIBITORS AND PARTICIPANTS / PAUSE RAFRAÎCHISSEMENT AVEC LES EXPOSANTS ET LES PARTICIPANTS — CANADA HALL 2

15:30–17:00 CONCURRENT SESSIONS
15 h 30 à 17 h SÉANCES SIMULTANÉES

ROOM 206 CONTROLLED HUMAN INFECTION MODELS: AN INNOVATIVE TOOL FOR PUBLIC HEALTH DECISION-MAKING

Controlled Human Infection Models (CHIMs) involve the intentional and controlled experimental exposure (challenge) of volunteer participants to an infectious agent to study the ensuing manifestations of the disease, often with a goal of testing preventative or therapeutic options. Such studies are done within a robust ethical and risk-minimization framework. A key application for CHIMs is the testing of novel vaccines using vaccination-challenge study designs.

CHIMs can provide unique insights into novel vaccines and therapeutics, and disease transmission, providing public health with invaluable data to make evidence-based recommendations. Advocating for the acceleration of CHIMs for uncontrolled vaccine-preventable diseases such as pertussis and respiratory pathogens of pandemic potential is integral to Canada's research infrastructure and preparedness for addressing cyclical respiratory illnesses and future pandemics.

Learning objectives

- Define Controlled Human Infection Models and illustrate their relevance to infectious diseases research and vaccinology.
- Explain how CHIMs can be performed safely and ethically.
- Provide examples of diseases for which CHIMs have been developed and describe their applicability and importance.
- Describe the climate, as CHIMs studies are preferred by some regulatory agencies and ethics boards over animal models, especially non-human primates.

Speakers

- Bahaa Abu-Raya, Clinician-Scientist, Division of Infectious Diseases, Canadian Center for Vaccinology, Assistant Professor, Department of Pediatrics, IWK Health, Dalhousie University
- Stephanie Noviello, Chief Medical Officer, ILiAD Biotechnologies
- May ElSherif, Clinical Scientist, Canadian Center for Vaccinology, IWK Health; Adjunct Assistant Professor, Department of Microbiology and Immunology, Dalhousie University
- Brian Ward, Professor, Research Institute of the McGill University Health Centre; Medical Officer, Aramis Biotechnologies Inc

Moderator

- Scott Halperin, Director, Canadian Center for Vaccinology, IWK Health; Professor, Pediatrics and Microbiology & Immunology, Dalhousie University; Nominated Principal Investigator, Canadian Immunization Research Network

15:30–17:00 CONCURRENT SESSIONS
15 h 30 à 17 h SÉANCES SIMULTANÉES

ROOM 214 ECONOMIC EVIDENCE TO SUPPORT VACCINE DECISION-MAKING IN CANADA: PROGRESS AND POTENTIAL

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 expanded mandate in 2019, NACI now considers cost-effectiveness via economic evaluations, along with other programmatic factors.

This session will provide an overview of some recent NACI recommendations that have included economic considerations. We will discuss the process of generating and communicating economic evidence, the role of stakeholders throughout the process of generating and evaluating economic evidence, and some of the challenges encountered when integrating economic evidence with programmatic and other considerations during the development of vaccine recommendations. The session will provide the perspectives of a NACI committee member involved in the process of incorporating economics in NACI recommendations, a provincial/territorial representative who is involved in vaccine program development and implementation, and a Public Health Agency of Canada representative involved with economic evidence generation.

Learning objectives

- Describe key concepts for the interpretation of economic evidence.
- Illustrate how economic evidence is being used to inform national vaccine recommendations.
- Identify the purpose, and limitations, of model-based analyses for evaluating vaccine decision-making.
- Identify the types of policy questions where economic evidence may be useful for informing vaccine recommendations, non-economic elements of decision-making, and situations where models and health economic evaluations may be unnecessary.

Speakers

- Ashleigh Tuite, Manager of Health Economics and Modelling, National Advisory Committee on Immunization Secretariat, Public Health Agency of Canada
- Robyn Harrison, Provincial Communicable Disease Consultant, Alberta Health Services; Clinical Professor Infectious Diseases, University of Alberta
- Davinder Singh, Medical Officer of Health, Manitoba Health, Seniors and Long-Term Care; Assistant Professor, Department of Community Health Sciences, Max Rady College of Medicine, University of Manitoba

Moderator

- Matthew Tunis, Executive Secretary, National Advisory Committee on Immunization Secretariat, Public Health Agency of Canada

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15:30–17:00 CONCURRENT SESSIONS
15 h 30 à 17 h SÉANCES SIMULTANÉES

ROOM 210 OPPORTUNITIES AND CHALLENGES FOR THE PREVENTION OF RSV IN OLDER ADULTS BY VACCINATION

While COVID-19 attracted the world's attention in 2020, vaccine development against other respiratory pathogens, including respiratory syncytial virus (RSV), continued. While RSV may be considered by some to be a disease of infancy, RSV disease in older adults represents a significant burden and use of health care resources. Two vaccines for the prevention of RSV in adults 60 years of age and older have been authorized in Canada, and more are on the horizon. Understanding the challenges and opportunities of these new tools to improve the health of Canadians is the goal of this session. This session will explore: (i) Which adults in Canada are at risk due to RSV infection? (ii) What products are/could be available in Canada? What are the key factors for clinical comparison? and (iii) What are the considerations for planning and delivering an RSV vaccine program for older adults?

Learning objectives

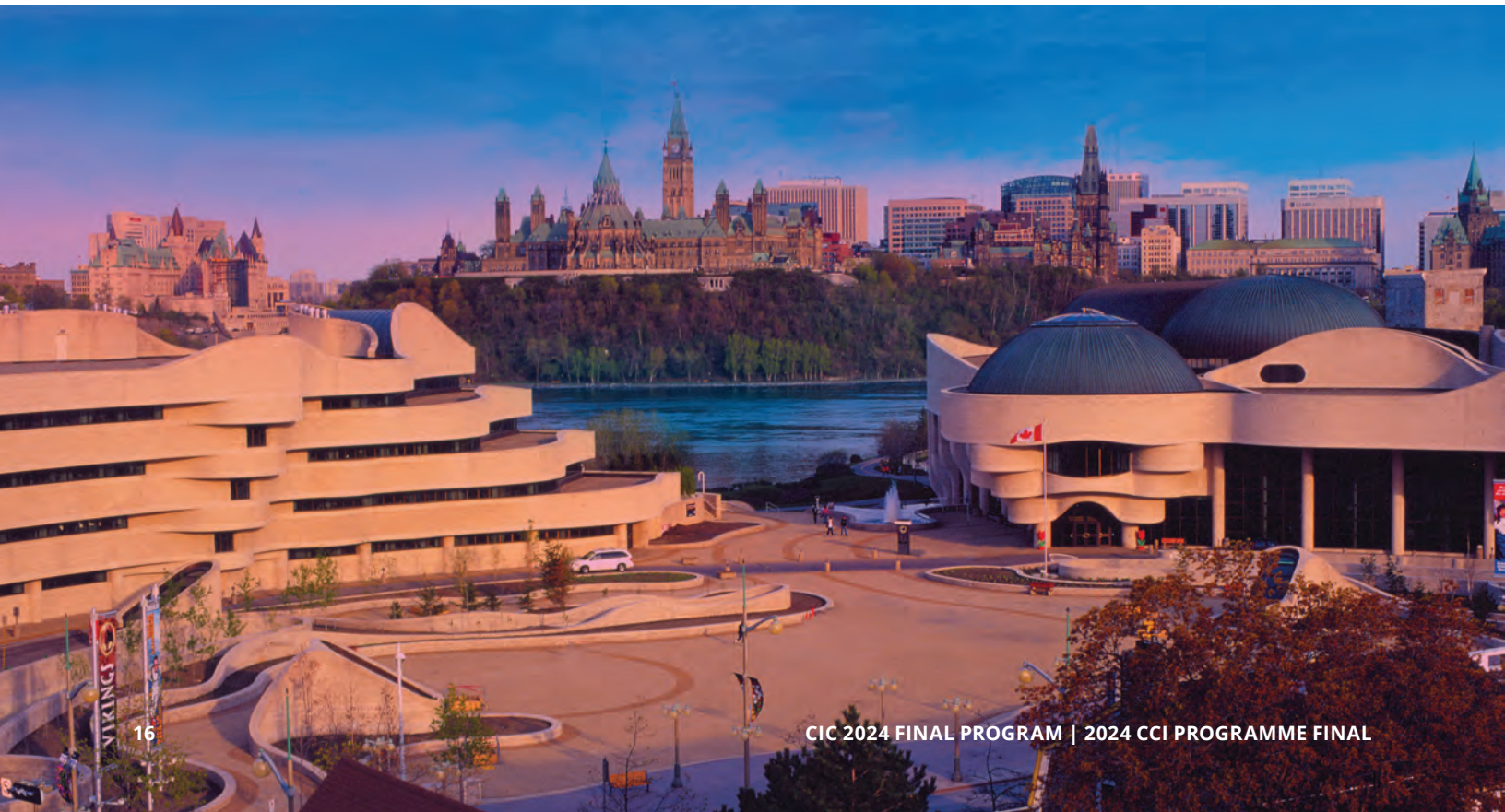
- Describe which adults are at risk of RSV infection in Canada.
- Illustrate the similarities, differences, limitations, and opportunities of the different vaccine products available, or soon to be available, in Canada.
- Describe the considerations and challenges to vaccine program development and delivery based on the experience of a specific jurisdiction.

Speakers

- April Killikelly, Senior Scientific Project Coordinator, National Advisory Committee on Immunization
- Melissa K. Andrew, Associate Professor, Division of Geriatric Medicine, Department of Medicine, Department of Community Health and Epidemiology, Dalhousie University
- Nicholas Brousseau, Centre intégré de santé et de services sociaux de la Capitale-Nationale et Institut national de santé publique du Québec
- Robert Lerch, Director, Vaccine Policy and Programs Branch, Office of the Chief Medical Officer of Health, Public Health

Moderator

- Marina Salvadori, Public Health Agency of Canada



15:30–17:00 CONCURRENT SESSIONS
15 h 30 à 17 h SÉANCES SIMULTANÉES

ROOM 207-208 THE POWER OF ACADEMIC-INDIGENOUS COMMUNITY PARTNERSHIPS FOR IMMUNIZATION RESEARCH: AN EXAMPLE FROM THE FIRST NATIONS CHILDHOOD IMMUNIZATION (FINCH) VIDEO PROJECT

Academic-Indigenous community partnerships are a powerful strategy for advancing immunization initiatives and research in Indigenous communities. We present one example of such a partnership, drawing from our joint research on childhood immunization in a large First Nation community in Alberta (the FINCH project). The FINCH team developed an informational video about vaccines for expectant parents in the community, incorporating input from a community advisory committee of parents, an Elder, and immunization providers in Maskwacis. The symposium will start with a showcase of the co-created FINCH vaccine video, followed by presentations regarding the identified need for the video, approach to academic-Indigenous partnership and community engagement, dissemination strategies, and evaluation outcomes of the video by the community. Participants will be engaged throughout the session to gather feedback on the video, and to share their experiences with academic-Indigenous partnership opportunities and examples of successful academic-Indigenous partnership projects. The session will provide participants with valuable ideas and strategies for approaching academic-Indigenous partnerships on immunization initiatives and research, and to identify creative and culturally safe strategies to share vaccine information with Indigenous populations and communities, such as through the co-creation of engaging culturally relevant health resources and tools.

Learning objectives

- Appreciate the importance of collaboration and partnership among academic-Indigenous communities in community engagement and research related to immunization.
- Identify ways to approach academic-Indigenous partnership and determine strategies to foster mutually respectful and successful partnerships.
- Determine strategies to engage community members and disseminate vaccine information in a culturally safe and creative manner in partnership with local Indigenous communities.

Speakers

- Bonny Graham, Program Manager Community Health and Health Promotions, Maskwacis Health Services
- Maggie (Szu Ning) Lin, Research Assistant, University of Alberta
- Eunice Louis, Community Health Representative, Maskwacis Health Services

Moderator

- Shannon MacDonald, Associate Professor, University of Alberta

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ROOM 205 UNLOCKING INNOVATION: DIGITAL SOLUTIONS FOR ENHANCED IMMUNIZATION PRACTICES

This dynamic session will explore cutting-edge technologies revolutionizing immunization efforts. Participants will delve into the latest advancements in digital tools, including mobile applications, data analytics, and communication platforms tailored to optimize immunization practices. Through interactive sessions and case studies, attendees will learn how to harness these innovations to streamline data collection, improve vaccine distribution logistics, enhance communication with stakeholders, and optimize vaccine scheduling. The session will empower researchers, policy makers, and healthcare practitioners to leverage digital solutions effectively, facilitating evidence-based decision making, policy formulation, and patient care. Participants in this session will unlock the potential of digital technologies in advancing immunization practices and achieving better public health outcomes.

Learning objectives

- Increase knowledge of digital solutions in immunization.
- Enhance proficiency in using digital tools.
- • Foster implementation of digital solutions in participants' settings.

Speakers

- Erin Bentley, Senior Public Health Policy & Planning Officer at Department of Health and Wellness, Government of Prince Edward Island
- Brian Larkin, Manager, Vaccine Preventable Disease, KFL&A Public Health
- Kat MacDonald, Director of Product, CANImmunize
- Lamia Palic, Project Officer, Nursing, Ottawa Public Health

15:30–17:00 CONCURRENT SESSIONS
15 h 30 à 17 h SÉANCES SIMULTANÉES

ROOM 201 ORAL SESSION 3

- COVID-19 vaccine effectiveness against severe omicron-related outcomes in children aged 5 to 11 years in Ontario: A population-based cohort study — Pierre-Philippe Piche-Renaud
- MVA-BN vaccine effectiveness against mpox infection: Target trial emulation: A Canadian Immunization Research Network (CIRN) study — Christine Navarro
- Uptake and characteristics of individuals who received 2 doses compared to 1 dose of mpox vaccine in Ontario: A CIRN study — Ramandip Grewal
- XBB.1.5 vaccine effectiveness against medically-attended COVID-19, including variant-specific: 2023/24 estimates from the community-based Canadian Sentinel Practitioner Surveillance Network (SPSN) — Danuta Skowronski
- Coadministration of a respiratory syncytial virus vaccine (mRNA-1345) with an influenza or mRNA SARS-CoV-2 vaccine in older adults — Jagjit Ludu

ROOM 202 ORAL SESSION 4

- Engaging and mobilizing stakeholders to address care gaps: The Federation of Medical Women of Canada Task Force to address the HPV immunization crisis during COVID — Vivien Brown
- Closing the gap: Implementing tests of change to address sub-regional HPV immunization inequities in Canada — Aine Dolin
- Visiting with administrative and survey data on HPV vaccination coverage in the Métis Nation of Alberta — KD King and Reagan Bartel
- Moving the needle forward: Results from Immunize Canada's public health HPV vaccine task force to improve vaccination rates in Ontario — Antonella Pucci
- Human papillomavirus (HPV) vaccination coverage among children and adults in Canada — Marwa Ebrahim

PROGRAM OVERVIEW | RÉSUMÉ DU PROGRAMME

- Subject to change | Sous réserve de modifications

07:15-08:30	CO-DEVELOPED LEARNING ACTIVITIES | ACTIVITÉS D'APPRENTISSAGE AGRÉÉES COÉLABORÉES	
	Improving influenza immunization programs across Canada Room 214	Recognizing and responding to COVID-19 risk in immunocompromised populations Room 207-208
09:00-10:30	PLENARY II | PLÉNIÈRE II 🎧 REALIZING THE FUTURE OF VACCINATION FOR PUBLIC HEALTH RÉALISER L'AVENIR DE LA VACCINATION POUR LA SANTÉ PUBLIQUE CANADA HALL 1	
10:30-11:00	NETWORKING BREAK WITH EXHIBITORS AND PARTICIPANTS PAUSE NETWORKING AVEC LES EXPOSANTS ET LES PARTICIPANTS CANADA HALL 2	
11:00-12:30	CONCURRENT SESSIONS | SÉANCES SIMULTANÉES	
	Advancing equity and sustainability in Canada's vaccination system Room 205	Dealing with hatred and aggression: Moral injuries, trust, and communication strategies Room 214
	Planning and implementing a respiratory syncytial virus (RSV) immunization program in Ontario: Key lesson learned for a population-based rollout of adult and infant RSV prevention programs Room 206	Shared responsibility, shared success: Building partnerships in Canadian vaccine safety surveillance and adverse event management Room 207-208
	Oral Session 5 — Room 201 Oral Session 6 — Room 202	
12:30-14:00	NETWORKING LUNCH | DÉJEUNER CONTACTS CANADA HALL 1 & 2	
12:45-14:00	DOCUMENTARY FILM PREMIERE: WHO DO YOU TRUST? VACCINES IN THE AGE OF VACCINE HESITANCY Room 205	
12:45-14:00	CO-DEVELOPED LEARNING ACTIVITIES ACTIVITÉS D'APPRENTISSAGE AGRÉÉES COÉLABORÉES	
	The future of respiratory vaccines: A population-specific approach to pneumococcal disease mitigation Room 207-208	There's a vaccine for everything! Optimizing respiratory prevention in the post pandemic era Room 214
14:00-15:00	POSTER PRESENTATIONS | PRÉSENTATIONS D'AFFICHES PARLIAMENT FOYER	
15:00-15:15	BREAK | PAUSE	
15:15-16:45	CONCURRENT SESSIONS | SÉANCES SIMULTANÉES	
	Data- and equity-driven approaches to delivering immunizations in Ottawa, Ontario Room 206	Enhancing vaccine rollout and evaluation with implementation science theories and models Room 205
	Gaps and strategies for catch-up from the COVID-19 pandemic's impact on routine childhood vaccination: Progress made and work still to do Room 201	Is vaccine research, clinical practice, decision-making, and policy ageist? Room 207-208
	Unpacking NACI guidance on HPV vaccines: Review of 2024 updated guidance for public health decision makers and healthcare professionals Room 214	Oral Session 7 — Room 102 Oral Session 8 — Room 202

🎧 Simultaneous Interpretation provided | Interprétation simultanée fournie

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

Breakfast/Petit-déjeuner : 6:30–7:15 Sessions/Séances : 7:15–8:30

ROOM 214 IMPROVING INFLUENZA IMMUNIZATION PROGRAMS ACROSS CANADA

This session focuses on the evolving landscape of influenza vaccination programs. Speakers will review the potential impact of recent advances in immunology, and discuss how factors such as imprinting, egg adaptation, and new vaccine technologies might reshape current vaccination strategies. Additionally, the group will delve into the factors contributing to low influenza vaccine uptake in children and talk about the both the challenges associated with, and the opportunities to improve, influenza vaccine coverage in Canada.

Learning objectives

- Describe how new findings in immunology could impact our influenza vaccination programs (e.g., imprinting, egg adaptation, etc.).
- Discuss the reasons for low influenza vaccine uptake in children.
- Evaluate options for improving influenza vaccination programs.

Speakers

- Jesse Papenburg, Pediatric Infectious Disease Specialist and Medical Microbiologist, Montreal Children's Hospital
- Allison McGeer, Professor, Department of Laboratory Medicine & Pathobiology, University of Toronto
- Matthew Miller, Associate Professor, Medicine, Faculty of Health Sciences, McMaster University

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

ROOM 207-208 RECOGNIZING AND RESPONDING TO COVID-19 RISK IN IMMUNOCOMPROMISED POPULATIONS

Participants are invited to join this enlightening session focused on the ongoing challenges of COVID-19 among immunocompromised populations. Despite the success of vaccination efforts, a significant subset remains at high risk of severe outcomes. The latest analysis from the INFORM study reveals alarming statistics: while immunocompromised individuals represent only 4.0% of the study population 12 years of age and older, they account for 23% of hospitalizations, 30% of ICU admissions, and 22% of deaths due to COVID-19. This session will delve into the unique disease burden faced by these individuals, explore innovative treatment and preventive strategies, and identify critical research gaps that need addressing.

Learning objectives

- Explore the ongoing risk and disease burden of COVID-19 in immunocompromised populations.
- Discuss the treatment and strategies for prevention in addressing COVID-19 in immunocompromised populations.
- Identify research gaps in COVID-19 treatment and prevention for immunocompromised patients, and discuss future research directions.

Speaker

- Angel Chu, Clinical Assistant Professor, Department of Medicine, University of Calgary

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

9:00–10:30 / 9 h à 10 h 30 — PLENARY II / PLÉNIÈRE II — CANADA HALL 1

REALIZING THE FUTURE OF VACCINATION FOR PUBLIC HEALTH: THE CHIEF PUBLIC HEALTH OFFICER OF CANADA'S REPORT ON THE STATE OF PUBLIC HEALTH IN CANADA 2024

Vaccines are a cornerstone of public health, but we have not yet realized their full potential. Now is an opportune moment to learn from the COVID-19 pandemic and other health emergencies to build toward a future in which everyone in Canada can experience the benefits of vaccination for health and well-being. Dr. Tam will offer tangible, system-level actions for public health to achieve this vision. Anchored in her 2024 annual report, Dr. Tam will explore the current vaccination landscape, highlighting complexities such as gaps in vaccine coverage and access, capacity and resource challenges, and the need to align new vaccine technologies with public health priorities. Applied examples demonstrating strong collaboration and promotion of health equity, and that exemplify promising practices in how the public health system can prepare for and adapt to evolving social, technological, and health contexts, will be included.

Learning objectives

- Illustrate the current state of vaccination in Canada, including challenges and opportunities.
- Explain how system-level public health action can optimize vaccination programs and outcomes.
- Describe examples that support action to achieve the vision for vaccination described in the CPHO's 2024 annual report.

RÉALISER L'AVENIR DE LA VACCINATION POUR LA SANTÉ PUBLIQUE : RAPPORT DE L'ADMINISTRATRICE EN CHEF DE LA SANTÉ PUBLIQUE DU CANADA SUR L'ÉTAT DE LA SANTÉ PUBLIQUE AU CANADA 2024

La vaccination est au cœur de la santé publique, mais son potentiel n'a pas encore été pleinement réalisé. Le moment est maintenant venu de tirer des leçons de la pandémie de COVID 19 et d'autres urgences en santé afin de bâtir un avenir dans lequel l'ensemble de la population canadienne pourra profiter des bienfaits que revêt la vaccination pour la santé et le bien-être. La Dre Tam, proposera des mesures de santé publique concrètes à l'échelle systémique afin de réaliser cette vision. La Dre Tam se fondera sur son rapport annuel 2024 pour explorer le contexte actuel de la vaccination en soulignant les complexités comme les lacunes en matière de couverture vaccinale et d'accès, les défis sur le plan de la capacité et des ressources, et la nécessité d'harmoniser les nouvelles technologies de vaccination avec les priorités relatives à la santé publique. Des exemples concrets qui démontrent une solide collaboration, la promotion de l'équité en santé et des pratiques prometteuses quant à la façon dont le système de santé publique peut se préparer et s'adapter à l'évolution des contextes social, technologique et sanitaire seront soulevés.

Objectifs d'apprentissage

- Illustrer l'état actuel de la vaccination au Canada, notamment les défis et les possibilités.
- Expliquer comment les mesures de santé publique à l'échelle systémique peuvent optimiser les programmes de vaccination et leurs résultats.
- Décrire des exemples à l'appui des mesures visant à réaliser la vision de la vaccination présentée dans le rapport annuel 2024 de l'ACSP.

Speaker / Conférencière

- Theresa Tam, Chief Public Health Officer of Canada

Moderator / Modératrice

- Erin Henry, Director General, Centre for Immunization Surveillance and Programs, Public Health Agency of Canada

10:30–11:00 / 10 h 30 à 11 h — REFRESHMENT BREAK WITH EXHIBITORS AND PARTICIPANTS / PAUSE RAFRAÎCHISSEMENT AVEC LES EXPOSANTS ET LES PARTICIPANTS — CANADA HALL 2

11:00–12:30 CONCURRENT SESSIONS
11 h à 12 h 30 SÉANCES SIMULTANÉES

ROOM 205 ADVANCING EQUITY AND SUSTAINABILITY IN CANADA'S VACCINATION SYSTEM: APPLYING RECOMMENDATIONS FROM THE 2024 CPHO REPORT

How can we collaborate to strengthen the equity and sustainability of Canada's vaccination system? This question will be explored in this interactive session, which builds on the morning plenary by Dr. Tam, by delving deeper into the 2024 CPHO Annual Report. *Realizing the Future of Vaccination for Public Health* explores a vision where everyone in Canada can experience the full benefits of vaccination. To realize this vision, there are challenges that need to be addressed, and opportunities that need to be leveraged, within the vaccination system. Participants will engage in group discussions, bringing their diverse professional perspectives from across the vaccination system to reflect on the report's recommendations, identify tangible opportunities, and strategize on how to apply them across policy and program contexts. Participants working in all areas of the vaccination system are encouraged to attend.

Learning objectives

- Discuss key challenges and opportunities facing Canada's vaccination system, with a focus on sustainability and health equity
- Explore tangible actions to strengthen vaccination systems in Canada
- Exchange knowledge, information, and experiences with colleagues and experts across disciplines and jurisdictions, including communities and Indigenous voices

Speaker

- Theresa Tam, Chief Public Health Officer of Canada

Moderator

- Shannon MacDonald, Professor and Canada Research Chair in Applied Pediatric Immunization, Faculty of Nursing, University of Alberta

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ROOM 214 DEALING WITH HATRED AND AGGRESSION: MORAL INJURIES, TRUST, AND COMMUNICATION STRATEGIES

In the "post-pandemic" context, this session will delve into the intricate relationship between trust in scientific institutions and vaccine acceptance. Participants will gain insights into the moral injuries experienced by immunizers and explore potential strategies to mitigate their impact. Additionally, the session will focus on enhancing communication strategies for effectively conveying scientific vaccine information. Through case studies, participants will be equipped with the knowledge and tools to address these critical issues.

Learning objectives

- Explore the relationships between trust in scientific institutions and vaccine acceptance
- Describe moral injuries experienced by immunizers and potential strategies to mitigate their impact
- Discuss how to better communicate science when faced by science denialism

Speakers

- Rose Ricciardelli, Professor, School of Maritime Studies, Memorial University
- Kevin Parent, Social Media Lead, Ottawa Public Health
- Saemi Jung, PhD Researcher, Digital Democracies Institute, School of Communication, Simon Fraser University

Moderator

- S. Michelle Driedger, Professor and Department Head, Community Health Sciences, Max Rady College of Medicine, University of Manitoba

11:00–12:30 CONCURRENT SESSIONS
11 h à 12 h 30 SÉANCES SIMULTANÉES

ROOM 206 **PLANNING AND IMPLEMENTING A RESPIRATORY SYNCYTIAL VIRUS (RSV) IMMUNIZATION PROGRAM IN ONTARIO: KEY LESSON LEARNED FOR A POPULATION-BASED ROLLOUT OF ADULT AND INFANT RSV PREVENTION PROGRAMS**

In 2023, three new respiratory syncytial virus (RSV) immunizing agents were licensed by Health Canada, providing an opportunity to prevent RSV infections among those at highest risk of severe disease and to reduce the burden on the health care system during the busy respiratory season. Planning and implementing new vaccination programs at the population level can be challenging. In Ontario, an adult RSV program, started in 2023-24, will undergo an expansion in 2024-25. A pediatric high-risk program offering monoclonal antibody will transition products in 2024-25 in order to deliver a broader population-based program. Challenges have included difficulties related to process and timing for recommendations, contracting for vaccine and monoclonal antibody supply, administration to the various populations through multiple channels, and data collection for program evaluation. The aim of this symposium is to present initial outcomes and lessons learned, which can be applied in other jurisdictions and for future programming.

Learning objectives

- Describe the key steps taken by Ontario to plan and implement an RSV immunization program using new immunization agents and for multiple defined risk groups.
- Discuss the challenges and strengths of Ontario's implementation.
- Apply lessons learned to participants' jurisdictions when considering planning population-based RSV immunization programs.

Speakers

- Robert Lerch, Director, Vaccine Policy and Programs Branch, Office of the Chief Medical Officer of Health, Public Health
- Joanne Rey, Manager, Vaccine Policy and Programs Branch, Office of the Chief Medical Officer of Health, Public Health
- Reed Morrison, Public Health Physician, Health Protection, Public Health Ontario
- Vinita Dubey, Associate Medical Officer of Health, Toronto Public Health

Moderator

- Daniel Warshafsky, Associate Chief Medical Officer of Health, Office of the Chief Medical Officer of Health, Ontario Ministry of Health

WIFI Network: CIC2024 | WIFI Password: immunize

#cic2024cci

11:00–12:30 CONCURRENT SESSIONS
11 h à 12 h 30 SÉANCES SIMULTANÉES

ROOM 207-208 SHARED RESPONSIBILITY, SHARED SUCCESS: BUILDING PARTNERSHIPS IN CANADIAN VACCINE SAFETY SURVEILLANCE AND ADVERSE EVENT MANAGEMENT

Public health management and reporting of adverse events following immunization (AEFIs) is an essential component of the vaccine safety system that requires collaboration between immunization providers and all levels of the public health system to be successful. In this session, participants will learn how vaccine safety is monitored in Canada, the roles of healthcare providers and public health in post-market vaccine safety surveillance, approaches to management and communication with clients, and resources available to clinicians and public health units to manage individuals experiencing AEFIs, including referral to the Special Immunization Clinic (SIC) Network.

Learning objectives

- Describe the system for post-market vaccine safety surveillance in Canada.
- Discuss approaches to managing AEFIs encountered in practice, including additional consultation options for complex AEFIs.
- Apply best practices for AEFI reporting and management into routine work and share new communication skills with public health and clinical colleagues.

Speakers

- Karina Top, Professor of Pediatrics, Division of Infectious Diseases, Faculty of Medicine and Dentistry and Li Ka Shing Institute of Virology, University of Alberta
- Sarah Wilson, Public Health Physician, Public Health Ontario; Associate Professor, Dalla Lana School of Public Health; University of Toronto; Senior Adjunct Scientist, ICES
- Kyla J. Hildebrand, Clinical Immunology and Allergy Specialist, Department of Pediatric, University of British Columbia and Division of Immunology, BC Children's Hospital
- C. Arianne Buchan, Assistant Professor, Division of Infectious Diseases, Department of Medicine, University of Ottawa; Clinician Investigator, Ottawa Hospital Research Institute, and NACI member
- Tonja Stothart, Medical Manager, Vaccine Safety Surveillance Division, Centre for Immunization Surveillance and Programs, Infectious Diseases and Vaccination Programs Branch, Public Health Agency of Canada

Moderator

- Anne Pham-Huy, Associate Professor, University of Ottawa and Division of Infectious Diseases, Immunology and Allergy, Children's Hospital of Eastern Ontario, SIC Network site lead and NACI member

ROOM 201 ORAL SESSION 5

- Digital health literacy and factors that influence vaccine acceptance among parents in Ontario: Quantitative findings from a mixed methods study — Sarah Ashfield
- Routine childhood immunization coverage amongst hospitalized children: A Quality Improvement Initiative — Caitlyn Hui
- Vaccines in pregnancy Canada: A co-designed intervention to support vaccination shared decision-making — Monica Surti
- Nothing about me, without me: The value of co-design with patients to maximize the relevance and impact of vaccination interventions — Medea Myers-Stewart
- Understanding parental preferences regarding maternal respiratory syncytial virus (RSV) vaccination — Marcia Bruce

11:00–12:30 CONCURRENT SESSIONS
11 h à 12 h 30 SÉANCES SIMULTANÉES

ROOM 202 ORAL SESSION 6

- Improving vaccine access for newcomers and refugees in Calgary, Alberta: A navigation approach — Ugochukwu Osigwe
- Attitudes towards COVID-19 and influenza vaccines in Yukon First Nation communities — ATV Team
- The essential roles of community-based task forces, networks and organizations in promoting vaccine confidence and uptake during the COVID-19 pandemic in Peel region — Nazia Peer
- Reducing decisional conflict in COVID-19 vaccination in ethnocultural communities through sensemaking: A participatory action mixed-methods study — Eliana Castillo

12:30–14:00 NETWORKING LUNCH CANADA HALL 1 & 2
12 h 30 à 14 h DÉJEUNER DE RÉSAUTAGE

If you are attending the **Networking Lunch**, go to Canada Hall 2 to pick up your lunch and proceed to Canada Hall 1.

If you pre-registered for a **co-developed learning activity**, pick-up your lunch from Canada Hall 2 and see the ticket in your name badge for the designated room.

Si vous assistez au **déjeuner de réseautage**, rendez-vous au Canada Hall 2 pour prendre votre déjeuner et dirigez-vous ensuite vers le Canada Hall 1.

Si vous vous êtes inscrit à l'avance à une **activité d'apprentissage agréées coélaborées**, venez chercher votre déjeuner au Canada Hall 2 et reporter-vous au ticket figurant sur votre badge pour connaitre la salle désignée.

12:45–14:00 DOCUMENTARY FILM PREMIERE ROOM 205
12 h 45 à 14 h PREMIÈRE D'UN FILM DOCUMENTAIRE

Anti-vaccination discourse was already on the rise before COVID-19 vaulted the topic to center stage on the court of social media opinion. Filmmaker and director C. Hudson Hwang digs deep across the country to find personal stories of vaccine refusal, learning along the way that hesitancy lies less in understanding the science, and more with unresolved traumas, social inequities, and placing confidence in those that would seed distrust for their own political, economic, or popularity gain. Following the documentary there will be a Q&A discussion with the director.

12:45–14:00 CO-DEVELOPED LEARNING ACTIVITIES ROOM 207-208
12 h 45 à 14 h ACTIVITÉS D'APPRENTISSAGE AGRÉÉES COÉLABORÉES

THE FUTURE OF RESPIRATORY VACCINES: A POPULATION-SPECIFIC APPROACH TO PNEUMOCOCCAL DISEASE MITIGATION

While pneumococcal disease incidence has decreased in Canadian children over the last decade, the burden remains unchanged and consistently high in older adults. This session will explore why we are seeing this trend in Canada, how the pandemic impacted our epidemiology and vaccinations, and where Canadian epidemiology stands now in a post-pandemic landscape. The evolution and persistence of gaps in mitigating pneumococcal disease for Canadian adults through vaccination will be highlighted. New vaccine recommendations will be deconstructed from a clinical perspective, and the potential impact on policy and practice will be examined.

Learning objectives

- Analyze the evolution of pneumococcal disease in Canadian children and older adults, highlighting differences in strains causing disease.
- Identify the patient populations at highest risk for pneumococcal disease.
- Discuss the updated Canadian recommendations, including data and policy decisions that support them.

Speaker

- Donald Vinh, Associate Professor, Department of Medicine; Associate Professor, Department of Medical Microbiology; Associate Member, Department of Human Genetics, Division of Clinical and Translational Research, McGill University

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

12:45–14:00 CO-DEVELOPED LEARNING ACTIVITIES ROOM 214
12 h 45 à 14 h ACTIVITÉS D'APPRENTISSAGE AGRÉÉES COÉLABORÉES

THERE'S A VACCINE FOR EVERYTHING! OPTIMIZING RESPIRATORY PREVENTION IN THE POST-PANDEMIC ERA

This session will discuss how to navigate the respiratory vaccination landscape in the post-pandemic era. The expert will provide recommendations to guide participants through vaccine options. From influenza to pneumococcal disease, RSV to COVID-19, the experts will explain which vaccines are best suited to specific populations based on age, health status, and risk factors.

Learning objectives

- Review the epidemiology and burden of pneumococcal disease, RSV, influenza, and COVID-19.
- Analyze the specific populations at risk for pneumococcal disease, RSV, influenza, and COVID-19, and the importance of targeted vaccination strategies.
- Identify the key challenges and barriers to prevention and treatment of respiratory diseases, and strategies to address them.

Speaker

- Zain Chagla, Associate Professor, Medicine, Faculty of Health Sciences, McMaster University

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

14:00–15:00 POSTER PRESENTATIONS PARLIAMENT FOYER
14 h à 15 h PRÉSENTATION D'AFFICHES

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 Tuesday and Wednesday.

Please see pages 37-42 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 le mardi et mercredi.

La liste des présentations se trouve aux pages 37-42.

15:00–15:15 BREAK
15 h à 15 h 15 PAUSE

15:15–16:45 CONCURRENT SESSIONS
15 h 15 à 16 h 45 SÉANCES SIMULTANÉES

ROOM 206 DATA- AND EQUITY-DRIVEN APPROACHES TO DELIVERING IMMUNIZATIONS IN OTTAWA, ONTARIO

This symposium will explore how Ottawa Public Health (OPH) engages community partners in the use of different types of health equity data to assess vaccine uptake and barriers in our communities. We will review how evidence of health equity gaps informs community engagement strategies to design and implement novel approaches to immunization service delivery. Presenters will illustrate these approaches through three recent interventions undertaken by OPH and its community partners. We will first describe how geo-spatial analysis and community dialogue were used to establish specific neighbourhoods in which to offer vaccine hubs during the COVID-19 vaccination response. Next, we will share how school- and neighbourhood-level equity data were used to prioritize schools for routine childhood immunization catch-up clinics. Finally, we will outline how mpox vaccination clinics were established in partnership with community organizations, and how sociodemographic data (SDD) collection helped us to understand gaps in vaccine uptake during the mpox response.

Learning objectives

- Present different measures of health equity and SDD and methods of analysis that can be used for assessing vaccine uptake among equity-denied groups.
- Showcase approaches to continuous community engagement that result in identification of immunization barriers and longstanding community-based partnerships.
- Discuss implementation strategies for focused uptake in equity-denied communities.

Speakers

- Aideen Reynolds, Knowledge Exchange Specialist, Ottawa Public Health
- Dara Spatz Friedman, Epidemiologist, Ottawa Public Health
- Karim Mekki, Supervisor, Community Engagement Team, Ottawa Public Health

Moderator

- Kerry Kennedy, Program Manager, Immunization Program, Ottawa Public Health

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ROOM 205 ENHANCING VACCINE ROLLOUT AND EVALUATION WITH IMPLEMENTATION SCIENCE THEORIES AND MODELS

This workshop will focus on organizational theories and models to improve vaccine implementation and evaluation. In the workshop, participants will be provided with an overview of theories and determinant frameworks used in implementation research around vaccines. The workshop will specifically cover how to apply the two specific determinant frameworks, the Consolidated Framework for Implementation Research (CFIR), and the Theoretical Domains Framework (TDF). It will also focus on the organizational readiness for change theory to identify the barriers and facilitators to vaccination program implementation. The workshop's focus on determinant frameworks (CFIR and TDF) and the theory of organization readiness for change seeks to provide participants with practical tools, evidence-based strategies, and a deeper understanding of implementation science principles to drive tangible improvements in vaccine implementation and evaluation.

Learning objectives

- Demonstrate proficiency in using CFIR, TDF, and the organizational readiness for change theory, to improve the evaluation and planning of vaccine programs.
- Identify factors, barriers, and facilitators to vaccine implementation within participants' specific organizational or community contexts, using the CFIR, TDF, and the theory of organizational readiness for change.
- Design tailored strategies and interventions based on CFIR and TDF research findings to address identified barriers and leverage facilitators.

Workshop Facilitators

- Obidimma Ezezika, Assistant Professor, Faculty of Health Sciences, Western University
- Mona Jarrah, Epidemiologist I, Massachusetts Department of Public Health, Bureau of Infectious Diseases and Laboratory Sciences

15:15–16:45 CONCURRENT SESSIONS
15 h 15 à 16 h 45 SÉANCES SIMULTANÉES

ROOM 201 GAPS AND STRATEGIES FOR CATCH-UP FROM THE COVID-19 PANDEMIC'S IMPACT ON ROUTINE CHILDHOOD VACCINATION: PROGRESS MADE AND WORK STILL TO DO

The COVID-19 pandemic has necessitated significant effort to catch up routine vaccinations for children and youth across the country. These efforts represent an opportunity to learn about successes and challenges, to refine both future emergency and ongoing routine programs. This session will bring together diverse public health researchers from three provinces in Canada to share insights and challenges of pandemic catch-up strategies used across the country, and the current status of vaccine coverage for childhood vaccines most negatively impacted by the pandemic. Challenges around evaluating vaccination catch-up strategies will also be discussed. This will be followed by a moderated discussion with the speakers and participants about the need for additional strategies, and the value and feasibility of applying these learnings to routine vaccination programming.

Learning objectives

- Describe the long-term impact of the pandemic on vaccine coverage and delays for childhood vaccines, and highlight challenges to measuring trends in vaccine coverage over time.
- Summarize the strategies that have been used to implement pandemic-related childhood and youth vaccine catch-up programs across Canada, and discuss policy and practice challenges to successfully implementing these strategies.
- Identify strategies that have the potential to benefit vaccine uptake during routine delivery and during future catch-up efforts.

Speakers

- Marilou Kiely, Specialized Scientific Advisor, Institut National de Santé Publique du Quebec
- Thilina Bandara, Assistant Professor, School of Public Health, University of Saskatchewan
- Eunah Cha, Research Assistant, Faculty of Nursing, University of Alberta

Moderator

- Shannon MacDonald, Associate Professor, University of Alberta

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ROOM 207-208 IS VACCINE RESEARCH, CLINICAL PRACTICE, DECISION-MAKING, AND POLICY AGEIST?

Historically, there has been a focus on childhood vaccines, and public health efforts have traditionally prioritized childhood immunization programs, leading to a lack of emphasis on vaccine for adults. Several vaccines have been recommended for use in older adults, including influenza, COVID-19, herpes zoster (shingles), pneumococcal, and respiratory syncytial virus (RSV). Even in the face of evidence of clinical benefit and cost-effectiveness, programs have tended to have longer timelines to implementation than is seen for childhood vaccines.

In this session, we will consider whether ageism (defined as discrimination based on age and societal values as they pertain to older adults) plays a role in vaccinology and decision-making. In doing so, we will consider each step in the process from vaccine development, clinical trial design and recruitment, evaluation methodology and selection of relevant outcomes, NITAG composition, vaccine program decision-making, program implementation, access and delivery, and knowledge, attitudes, and biases of decision-makers, providers, and the public.

Learning objectives

- Describe steps and processes in vaccine development, evaluation, decision-making and implementation where attitudes towards age are relevant.
- Discuss whether ageism plays a role in vaccinology and decision-making.
- Reflect on whether policies and practices within Canada may be ageist and consider strategies to combat this.

Speakers

- Katrina Bouzanis, Acting Director, Policy, Advocacy and Innovation, International Federation on Ageing
- Shelley Deeks, Deputy Chief Medical Officer of Health, Department of Health and Wellness
- Melissa K. Andrew, Associate Professor, Division of Geriatric Medicine, Department of Medicine, Department of Community Health and Epidemiology, Dalhousie University

15:15–16:45 CONCURRENT SESSIONS
15 h 15 à 16 h 45 SÉANCES SIMULTANÉES

ROOM 214 UNPACKING NACI GUIDANCE ON HPV VACCINES: REVIEW OF 2024 UPDATED GUIDANCE FOR PUBLIC HEALTH DECISION MAKERS AND HEALTHCARE PROFESSIONALS

This panel will provide an in-depth overview of one-dose HPV schedules, as well as the key evidence and considerations reviewed in NACI's expanded mandate for guidance development. Topics include (i) the clinical evidence on one-dose HPV vaccine schedules, (ii) Canadian-specific disease modeling on one-dose HPV vaccine programs, (iii) Ethics, Equity, Feasibility, Acceptability (EFFA) considerations, (iv) HPV vaccine coverage data, and (v) knowledge translation and implementation factors. It will also include describing the engagement NACI has had with the Public Health Ethics Consultative Group. It will enable participants to understand the updated recommendations to make policy changes and implement the updated guidance across the country.

Learning objectives

- Review the evidence and discuss the knowns and unknowns related to one-dose HPV vaccine schedules.
- Discuss the Ethics, Equity, Feasibility, Acceptability (EFFA) framework for any change to HPV immunization programs.
- Describe key knowledge translation and implementation considerations at the individual and programmatic level related to changes in the HPV vaccine schedule among youth and adults.

Speakers

- Vinita Dubey, Toronto Public Health; Chair, NACI HPV Working Group
- Josh Montroy, Public Health Agency of Canada
- Melanie Drolet, Epidemiologist, Senior Research Associate, Epidemiology, Université Laval
- Nicole Forbes, Acting Deputy Executive Secretary, NACI Committee on Immunization Secretariat, Centre for Immunization Surveillance and Programs, Public Heath Agency of Canada

Moderator

- Marina Salvadori, Public Health Agency of Canada

ROOM 102 ORAL SESSION 7

- Live virus microneutralization assay reinforces greater cross-reactive SARS-CoV-2 response to emerging variants among previously infected and vaccinated individuals: Age-based cross-sectional serosurvey analysis — Samantha Kaweski
- Active surveillance for myocarditis and pericarditis in Canadian children 2021-2022: A Canadian Immunization Monitoring Program ACTive study — Karina Top
- Herd effects and serotype replacement: Quantifying the population-wide impact of pediatric 13-valent pneumococcal conjugate vaccination — Alison Simmons
- Pediatric antibody responses to SARS-CoV-2 after infection and vaccination in Calgary, Alberta — Leah Ricketson
- Detection of measles vaccine genotype 4 and 9 months post-MMR vaccine in healthy children during increased measles activity in Ontario, 2024 — Sarah Wilson

ROOM 202 ORAL SESSION 8

- A multimodal approach to vaccine behaviour change — Theresa Tang
- Canadians value efficacy and reduced side effect profiles when deciding to receive a COVID-19 vaccine — Bruce T. Seet
- 'I don't want to talk about that': Difficult patient-provider conversations about COVID-19 vaccination — S. Michelle Driedger
- Canadian parents' disengagement with childhood COVID-19 vaccination information: A qualitative investigation — Emmanuel Marfo
- COVID-19 vaccine hesitancy and adverse events following immunization: Findings of a cross-sectional study — Chantal Sauvageau

PROGRAM OVERVIEW | RÉSUMÉ DU PROGRAMME

- Subject to change | Sous réserve de modifications

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CANADA HALL 1</td></tr>
<tr><td>10:30-11:00</td><td colspan="2">REFRESHMENT BREAK | PAUSE RAFRAÎCHISSEMENT
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<tr><td rowspan="4">11:00-12:30</td><td colspan="2">CONCURRENT SESSIONS | SÉANCES SIMULTANÉES</td></tr>
<tr><td>From implementation to elimination: Increasing youth HPV immunization in Canada through a phased approach
Room 207-208</td><td>Learning DECIDE: An innovative, evidence-informed pregnancy-specific vaccine communication approach
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<tr><td>Mpox: The global situation, approved vaccines, and protecting vulnerable high-risk groups
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PARLIAMENT FOYER</td></tr>
<tr><td>12:45-13:45</td><td colspan="2">PLENARY IV | PLÉNIÈRE IV 🎧
NAVIGATING VACCINE HESITANCY: TRUST, SCIENCE, AND PUBLIC HEALTH
NAVIGUER DANS L'HÉSITATION VACCINALE : CONFIANCE, SCIENCE ET SANTÉ PUBLIQUE
CANADA HALL 1</td></tr>
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🎧 Simultaneous Interpretation provided | Interprétation simultanée fournie

WIFI Network: CIC2024 | WIFI Password: immunize

#cic2024cci

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

PREPARING FOR AN AVIAN INFLUENZA PANDEMIC

All influenza A viruses have originated in birds at some point before infecting people. Highly Pathogenic Avian Influenza (HPAI) is a severe form of avian influenza caused primarily by subtypes H5 and H7 of the influenza A virus. HPAI viruses can infect and cause significant disease in humans, livestock, and wild animals worldwide. In humans, the case fatality rate for H5N1 is over 50%, reinforcing the significant threat H5N1 poses. There is an extensive and concerning outbreak of H5N1 in dairy cattle in the United States that is likely spreading through the milking process. Ongoing international cooperation and One Health approaches are essential to manage and mitigate the risks associated with HPAI in both humans and animals. Currently, Canada does not have an approved H5N1 vaccine for humans or animals. How vaccines can play a role in the One Health control of H5N1 is topical. This session will provide a comprehensive overview of avian influenza. Leading experts will share their knowledge and research, fostering interdisciplinary collaboration to improve preparedness and response strategies for potential avian influenza pandemics.

Learning objectives

- Describe how HPAI viruses can infect, and cause significant disease in, humans, livestock, and wild animals.
- Illustrate why international cooperation and One Health approaches are essential to managing and mitigating the risks associated with HPAI.
- Explore how interdisciplinary collaboration can improve preparedness and response strategies for potential pandemics.

SE PRÉPARER À UNE PANDÉMIE DE GRIPPE AVIAIRE

Tous les virus de la grippe A sont apparus chez les oiseaux à un moment ou à un autre avant d'infecter l'homme. L'influenza aviaire hautement pathogène (IAHP) est une forme grave d'influenza aviaire causée principalement par les sous-types H5 et H7 du virus de l'influenza A. Les virus de l'IAHP peuvent infecter et infecter les oiseaux. Les virus IAHP peuvent infecter et provoquer des maladies graves chez l'homme, le bétail et les animaux sauvages dans le monde entier. Chez l'homme, le taux de létalité du virus H5N1 est supérieur à 50 %, ce qui renforce la menace importante que représente le virus H5N1. Il y a une épidémie étendue et préoccupante de H5N1 chez les vaches laitières aux États-Unis qui se propage probablement par le biais du processus de traite. La coopération internationale permanente et les approches « Une seule santé » sont essentielles pour gérer et atténuer les risques associés à l'IAHP chez l'homme et l'animal. À l'heure actuelle, le Canada ne dispose pas d'un vaccin approuvé contre le virus H5N1 pour l'homme ou l'animal. La manière dont les vaccins peuvent jouer un rôle dans la lutte contre le H5N1 dans le cadre de l'initiative « Une seule santé » est d'actualité. Cette session fournira une vue d'ensemble de la grippe aviaire. Des experts de premier plan partageront leurs connaissances et leurs recherches, encourageant la collaboration interdisciplinaire afin d'améliorer les stratégies de préparation et de réponse à d'éventuelles pandémies de grippe aviaire.

Objectifs d'apprentissage

- Décrire comment les virus de l'IAHP peuvent infecter et provoquer des maladies graves chez l'homme, le bétail et les animaux sauvages.
- Expliquer pourquoi la coopération internationale et les approches « Une seule santé » sont essentielles à la gestion et à l'atténuation des risques associés à l'influenza aviaire hautement pathogène.
- Explorer comment la collaboration interdisciplinaire peut améliorer les stratégies de préparation et de réponse aux pandémies potentielles.

Speakers / Conférencières

- Cathy Furness, Deputy Chief Veterinary Officer, Canadian Food Inspection Agency
- Deena Hinshaw, Clinical Professor, Division of Preventive Medicine, University of Alberta
- Alyson Kelvin, Virologist and Vaccinologist, Vaccine and Infectious Disease Organization, University of Saskatchewan
- Kanta Subbarao, Professor, Département de microbiologie-infectiologie et d'immunologie, Centre de recherche du CHU de Québec - Université Laval

Moderator / Modérateur

- Manish Sadarangani, Assistant Professor, University of British Columbia

10:30–11:00 10 h 30 à 11 h	REFRESHMENT BREAK PAUSE RAFRAÎCHISSEMENT	PARLIAMENT FOYER

11:00–12:30 11 h à 12 h 30	CONCURRENT SESSIONS SÉANCES SIMULTANÉES

ROOM 207-208 FROM IMPLEMENTATION TO ELIMINATION: INCREASING YOUTH HPV IMMUNIZATION IN CANADA THROUGH A PHASED APPROACH

In 2020, the Canadian Partnership Against Cancer commissioned the Urban Public Health Network, along with partner organization the Public Health Physicians of Canada, to assess barriers to HPV immunization for school-aged children across Canada, as part of the Action Plan to Eliminate Cervical Cancer, 2040. The first phase of this project was completed in June 2023 and involved working with partners across Canada to uncover these barriers at sub-jurisdictional and sub-population levels.

The second phase of this project is strategically designed to drive movement towards achieving system-level outcomes by implementing evidence-based tests of change to existing school-based and youth-focused HPV immunization programs across the country, based on the regionally specific data gathered in Phase One. This session will focus on how findings and recommendations from the initial phase of the Solutions to Increase Youth HPV Immunization in Canada project are now being mobilized in Alberta, Quebec, and Vancouver, British Columbia.

Learning objectives

- Compare HPV immunization rates across three Canadian jurisdictions and identify limitations in data.
- Identify barriers (both similar and distinct) and facilitators to HPV immunization uptake from three jurisdictions (two provincial and one regional) to close gaps in coverage.
- Apply evidence-based approaches to addressing jurisdictional and population-specific barriers to HPV immunization uptake and addressing inequities.

Speakers

- Mika Rathwell, Project Lead, Urban Public Health Network
- Meena Dawar, Medical Health Officer, Vancouver Coastal Health
- Ann M. Toohey, Adjunct Assistant Professor, Department of Community Health Sciences, Cumming School of Medicine, University of Calgary
- Eve Dube, Adjunct Professor, Laval University

Moderator

- Michelle Halligan, Canadian Partnership Against Cancer

11:00–12:30 CONCURRENT SESSIONS
11 h à 12 h 30 SÉANCES SIMULTANÉES

ROOM 205 LEARNING DECIDE: AN INNOVATIVE, EVIDENCE-INFORMED PREGNANCY-SPECIFIC VACCINE COMMUNICATION APPROACH

Participants will learn how to use and practise using DECIDE, an evidence-based, person-centred vaccine communication approach specific to pregnancy. Participants will review the evidence on barriers and enablers to vaccine communication during pregnancy in Canada today, and learn how to address those specific barriers using fit-for-purpose behavioural-change techniques. Participants will reflect on real pregnant people's and providers' narratives, use demonstration videos, interactive quizzes, games, and simulation to learn about and practise vaccine communication with pregnant people and their support system.

We co-developed DECIDE with pregnant people, their families, and their health care providers, using behavioural and implementation sciences and person-centred care principles. DECIDE has been tested by Canadian health care providers, using interactive learning methods proven effective at simultaneously changing health care provider behaviour and patient outcomes.

Learning objectives

- Contrast participatory and presumptive approaches to vaccine communication during pregnancy and the benefits and challenges of both approaches.
- Explain shared decision-making principles and how they are relevant in pregnancy.
- Use the DECIDE communication approach to improve communication about vaccination during pregnancy.

Workshop Facilitators

- Eliana Castillo, Internal Medicine Specialist (Reproductive Infectious Disease), University of Calgary
- Medea Myers-Stewart, Knowledge Translation Specialist, University of Calgary
- Marcia Bruce, Patient and Community Engagement Research Specialist, University of Calgary
- Monica Surti, Equity, Diversity and Inclusion Specialist, University of Calgary

ROOM 206 MPOX: THE GLOBAL SITUATION, APPROVED VACCINES, AND PROTECTING VULNERABLE HIGH-RISK GROUPS

The re-emerging mpox virus (formerly monkeypox virus; MPXV) is a global health threat. The World Health Organization (WHO) has declared mpox a Public Health Emergency of International Concern (PHEIC) twice in the past two years, once in July 2022 and again in August 2024. Although mpox virus cases have been reported regularly in western and central African nations since its identification in 1970, the large number of cases in the 2022 and 2024, as well as the expansion of infection zones to other African countries and non-endemic countries such as Canada, led to the PHEIC declarations. This session will cover the global situation of mpox; the emergence of two new subclades of mpox viruses; clinical differences between clades and subclades; clinical perspectives on mpox virus infection; the potential of international spread of mpox virus; approved orthopoxvirus vaccines, vaccination programs, and clinical trials data; mpox virus infection in vulnerable populations; and new vaccine platforms in development.

Learning objectives

- Describe the origins of the mpox virus and the global situation of the virus's evolution, infections, transmission modes, and the threat to non-endemic countries.
- Identify the clinical infection of mpox in humans, clinical differences among clades/subclades, and vaccine effectiveness against new subclades.
- Explore approved mpox vaccines and delivery platforms, and acknowledge vulnerable groups and vaccine needs.

Speakers

- Christine Navarro, Public Health Physician, Public Health Ontario; Assistant Professor, Clinical Public Health Division, Dalla Lana School of Public Health, University of Toronto
- David Kelvin, Department of Microbiology and Immunology, Dalhousie University
- Isaac Bogoch, Clinician Investigator, Toronto General Hospital Research Institute

Moderator

- Alyson Kelvin, Virologist and Vaccinologist, Vaccine and Infectious Disease Organization, University of Saskatchewan

11:00–12:30 CONCURRENT SESSIONS
11 h à 12 h 30 SÉANCES SIMULTANÉES

ROOM 214

WHAT'S NEW WITH NACI?

Canada's National Advisory Committee on Immunization (NACI) is an external advisory body to the Public Health Agency of Canada. Since the COVID-19 pandemic, NACI has been actively reviewing many vaccines and has issued updates in 2024 on pneumococcal, respiratory syncytial virus (RSV), influenza, mpox, COVID-19, and HPV vaccines. Provinces and territories are now in the process of evaluating or implementing many of these updated programs. This session will focus on a selection of the most recent recommendations from NACI on the topics of seasonal influenza vaccines, RSV vaccines, and pneumococcal vaccines, and will inform participants of the key programmatic and clinical considerations.

Learning Objectives

- Describe the latest seasonal influenza vaccine recommendations in Canada, including special recommendations for older adults
- Describe new RSV vaccine recommendations for both pediatric and adult medicine
- Describe new pneumococcal conjugate vaccine recommendations for both children and adults

QUOI DE NEUF AU CCNI?

Le Comité consultatif national de l'immunisation (CCNI) du Canada est un organe consultatif externe de l'Agence de santé publique du Canada. Depuis la pandémie de COVID-19, le CCNI examine activement de nombreux vaccins et a publié des mises à jour en 2024 sur les vaccins contre le pneumocoque, le virus respiratoire syncytial (VRS), la grippe, le mpox, le COVID-19 et le papillomavirus. Les provinces et les territoires sont actuellement en train d'évaluer ou de mettre en œuvre un grand nombre de ces programmes actualisés. Cette session se concentrera sur une sélection des recommandations les plus récentes du CCNI sur les vaccins contre la grippe saisonnière, le virus respiratoire syncytial (VRS) et les vaccins antipneumococciques, et informera les participants des principales considérations programmatiques et cliniques.

Objectifs d'apprentissage

- Décrire les dernières recommandations concernant le vaccin contre la grippe saisonnière au Canada, y compris les recommandations spéciales pour les personnes âgées.
- Décrire les nouvelles recommandations concernant le vaccin contre le VRS pour la médecine pédiatrique et la médecine adulte.
- Décrire les nouvelles recommandations concernant le vaccin antipneumococcique conjugué pour les enfants et les adultes.

Speakers / Intervenants

- Jesse Papenburg, NACI Influenza Working Group Chair
- Nicholas Brousseau, NACI RSV Working Group Chair
- Kyla Hildebrand, NACI Pneumococcal Working Group Chair

Moderator / Modératice

- Robyn Harrison, NACI Chair

11:00–12:30 CONCURRENT SESSIONS
11 h à 12 h 30 SÉANCES SIMULTANÉES

ROOM 201 ORAL SESSION 9

- Immunization uptake for immigrant and non-immigrant children in Manitoba — Cindy Jardine
- Developing and implementing an evidence-informed behaviour change campaign to raise awareness about missed MMR vaccines — Chelsea D'Silva
- Evidence-informed strategies to increase routine childhood vaccination awareness and engagement amongst newcomers to Canada: A qualitative study — Caitlin Ford
- Confidence and barriers: An analysis of factors associated with timely routine childhood vaccination in Canada during the COVID-19 pandemic — Jeremy Gretton
- "It was a joint decision:" An analysis of parental accounts of COVID-19 vaccination decision-making with and for children — Terra Manca

ROOM 202 ORAL SESSION 10

- Burden of paediatric RSV infections in children with and without comorbidity in British Columbia to inform updated immunoprophylaxis recommendations — Marina Viñeta Páramo
- A health economic evaluation for implementing an extended half-life monoclonal antibody for all infants vs. standard care for RSV prophylaxis in Canada — Thomas Shin
- Cost-effectiveness of 15-valent and 20-valent pneumococcal conjugate vaccines in pediatric populations: A systematic literature review — Catharine Chambers
- An economic evaluation: Use of 20-valent, 15-valent, and 13-valent pneumococcal conjugate vaccines in the pediatric Canadian population — Alison Simmons
- Cost-effectiveness of RSVpreF vaccine and nirsevimab for the prevention of respiratory syncytial virus disease in Canadian infants — Gebremedhin Gebretekle

12:30–12:45 LUNCH PARLIAMENT FOYER
12 h 30 à 12 h 45 DÉJEUNER

12:45–13:45 PLENARY IV
12 h 45 à 13 h 45 PLÉNIÈRE IV

CANADA HALL 1

NAVIGATING VACCINE HESITANCY: TRUST, SCIENCE, AND PUBLIC HEALTH

This session will tackle the pressing issue of vaccine hesitancy, exploring the underlying causes and potential solutions from a multidisciplinary perspective. Vaccine hesitancy is a complex phenomenon that extends beyond simple misinformation, touching on deeper issues of trust, identity, and the relationship between science and society.

Participants will engage with key themes, including the erosion of public trust in scientific institutions, the impact of social and cultural factors on vaccine decision-making, and the role of effective communication in addressing hesitancy. The session will also examine how public health strategies can be adapted to better address the concerns of vaccine-hesitant individuals and communities.

Through a blend of research insights and practical examples, attendees will gain a deeper understanding of the challenges and opportunities in fostering public trust in vaccines and scientific expertise. The session aims to equip public health professionals, researchers, and policymakers with the tools to navigate the complexities of vaccine hesitancy and promote informed, evidence-based health decisions.

Learning Objectives

- Explore the underlying causes of vaccine hesitancy and the relationship between science and society.
- Compare social and cultural factors that influence vaccine decision-making and the role of effective communication in addressing hesitancy.
- Summarize the challenges and opportunities in fostering public trust in vaccines and scientific expertise.

NAVIGUER DANS L'HÉSITATION VACCINALE : CONFIANCE, SCIENCE ET SANTÉ PUBLIQUE

Cette session abordera la question urgente de l'hésitation vaccinale, en explorant les causes sousjacentes et les solutions potentielles d'un point de vue multidisciplinaire. L'hésitation vaccinale est un phénomène complexe qui va au-delà de la simple désinformation et touche à des questions plus profondes de confiance, d'identité et de relation entre la science et la société.

Les participants aborderont des thèmes clés tels que l'érosion de la confiance du public dans les institutions scientifiques, l'impact des facteurs sociaux et culturels sur la prise de décision en matière de vaccins et le rôle d'une communication efficace dans la lutte contre l'hésitation. La session examinera également comment les stratégies de santé publique peuvent être adaptées pour mieux répondre aux préoccupations des personnes et des communautés qui hésitent à se faire vacciner.

Grâce à un mélange d'idées issues de la recherche et d'exemples pratiques, les participants comprendront mieux les défis et les opportunités liés à la promotion de la confiance du public dans les vaccins et l'expertise scientifique. Cette session vise à doter les professionnels de la santé publique, les chercheurs et les décideurs politiques des outils nécessaires pour naviguer dans les méandres de l'hésitation vaccinale et promouvoir des décisions de santé éclairées et fondées sur des données probantes.

Objectifs d'apprentissage

- Explorer les causes sous-jacentes de l'hésitation vaccinale et la relation entre la science et la société.
- Comparer les facteurs sociaux et culturels qui influencent la prise de décision en matière de vaccins et le rôle d'une communication efficace dans la lutte contre l'hésitation.
- Résumer les défis et les possibilités de renforcer la confiance du public dans les vaccins et l'expertise scientifique.

Speaker / Conférencière

- Heidi Larson, Professor of Anthropology, Risk and Decision Science, London School of Hygiene & Tropical Medicine; Director, The Vaccine Confidence Project

Moderator / Modératrice

- S. Michelle Driedger, Professor and Department Head, Community Health Sciences, Max Rady College of Medicine, University of Manitoba

VACCINOLOGY STUDENT/TRAINEE RESEARCH PROGRAM (VSRP) AWARD WINNERS
LAURÉATS DU PROGRAMME DE RECHERCHE DES ÉTUDIANTS/STAGIAIRES EN VACCINOLOGIE (VSRP)

- Safety of co-administration of COVID-19 and seasonal influenza vaccines in individuals with autoimmune diseases: A study from the Canadian National Vaccine Safety Network (CANVAS) of the Canadian Immunization Research Network – Phyumar Soe
- Burden of paediatric RSV infections in children with and without comorbidity in British Columbia to inform updated immunoprophylaxis recommendations – Marina Viñeta Paramo
- Improving the immunogenicity of plant-made virus-like particle influenza vaccines using oil-in-water adjuvants – Jason Gravett
- Increasing vaccination service capacity by use of injection-certified pharmacy technicians: A qualitative analysis of best practices – Mathew DeMarco
- Vaccination policies, procedures, and practices in Level 3 Neonatal Intensive Care Units: An environmental scan – Janet (Sau Wun) Lee
- Naturopaths' perspectives on vaccination: A qualitative study in Quebec – Benjamin Malo
- Parents' attitudes toward routine vaccines since the COVID-19 pandemic: Findings from a mixed methods study – Sarah Ashfield

INFORMING AND IMPLEMENTING POLICY
STRATÉGIES POUR ÉCLAIRER ET APPLIQUER LES POLITIQUES

1. Hospitalizations associated with respiratory syncytial virus (RSV) illness among children and adolescents in Ontario, Canada – Sazini Nzula
2. Impact of the COVID-19 pandemic on hospitalizations associated with respiratory syncytial virus (RSV) illness among children and adolescents in Ontario, Canada – Sazini Nzula
3. Neighbourhood-level burden of social risk factors on respiratory syncytial virus hospitalization in Ontario, Canada, 2016-2019 – Jenna Alessandrini
4. Burden of severe respiratory syncytial virus (RSV) by age and individual-level socioeconomic status, Canada, 2016-2019 – Jenna Alessandrini
5. Modelling the impact of prevention strategies against respiratory syncytial virus among infants in Canada – Evelyn Budd
6. Burden of disease of respiratory syncytial virus in infants and young children – Elissa Abrams
7. Burden of disease of respiratory syncytial virus in older adults and adults considered at high risk of severe infection – Elissa Abrams
8. Process evaluation of the 2023-2024 respiratory syncytial virus (RSV) vaccine program for high-risk older adults in Ontario – Reed Morrison
9. Costs of hospitalizations due to respiratory syncytial virus (RSV) illness among children and adolescents in Ontario, Canada – Alexandra Goyette
10. Cost-effectiveness of bivalent respiratory syncytial virus stabilized prefusion f subunit vaccine (RSVpreF) among older adults in Canada – Alexandra Goyette
11. Respiratory syncytial virus (RSV) vaccine safety and coverage in Ontario: 2023-2024 – Chi Yon Seo
12. Altered age distribution of respiratory syncytial virus activity in the outpatient setting in relation to the COVID-19 pandemic: Findings from the Canadian Sentinel Practitioner Surveillance Network (SPSN), 2014-15 to 2023-24 – Lea Separovic
13. COVID-19 vaccine evidence monitoring assisted by Artificial Intelligence: An emergency system implemented by the Public Health Agency of Canada to capture and describe the trajectory of evolving pandemic vaccine literature – Ramya Krishnan
14. Unveiling the impact: Understanding long-term care workers' experiences and perceptions of resident challenges amidst the COVID-19 pandemic – Donna Halperin
15. Sex and gender differences in adverse event reporting following COVID-19 vaccines: A study from the Canadian National Vaccine Safety Network of the Canadian Immunization Research Network –Marilou Kiely
16. Participant-reported neurological events following immunization in the Canadian National Vaccine Safety Network COVID-19 vaccine (CANVAS-COVID) Study – Karina Top
17. Effectiveness of 13-valent pneumococcal conjugate vaccines to prevent serotype 3 invasive pneumococcal disease in Canada: A Canadian Immunization Research Network (CIRN) Study – Genevieve Deceuninck
18. Effectiveness of the 10- and 13-valent pneumococcal conjugate vaccines to prevent serotype 19A invasive pneumococcal disease in Quebec, Canada – Genevieve Deceuninck
19. Cost-effectiveness of high-dose influenza vaccine (IIV4-HD) for older adults in Canada – Jason Lee

20. The value of adult vaccines and potential benefits of increased uptake in Canada – Jia Hu
21. The first North American pertussis Controlled Human Infection Model (CHIM) – Kara Redden
22. Clearance of *Bordetella* pertussis in a Controlled Human Infection Model (CHIM) following azithromycin treatment – Kara Redden
23. Efficacy, effectiveness, and immunogenicity of a reduced HPV vaccination schedule: A review of available evidence – Joshua Montroy
24. A qualitative case study of a privately-funded human papillomavirus (HPV) vaccination program in Ghana: Lessons for a future publicly-funded program – Emmanuel Marfo
25. The Immunization Agenda 2030 strategy to reach zero-dose children in low- and middle-income countries: A living scoping review – Audrey Beaulieu
26. Characteristics of vaccinated and unvaccinated measles cases in Canada in 2024 – Disha Bhagat
27. Do vaccinated cases transmit measles? A systematic review – James Wright
28. Development of measles post-exposure prophylaxis guidance for immunocompromised populations in Ontario – Janice Sarmiento
29. National Advisory Committee on Immunization (NACI) interim guidance on the use of Imvamune® in the context of a routine immunization program – Nicole Forbes
30. Canada's committee to advise on tropical medicine and travel: A look ahead to 2024-25 – Marie-Christine Lamontagne
31. Trends in invasive meningococcal B disease in Canada: Estimated susceptibility to MenB-FHbp vaccines (2013-2020) – Kevin Meesters
32. Regional differences in pediatric pneumococcal vaccine schedules for Indigenous children in Canada: An environmental scan – Sarah Mahon (née Lefebvre)
33. Indigenous cultural competency for effective public health in Canada – Christine Evans
34. Fortifying readiness: Strengthening medical countermeasure readiness through public health-driven prioritization – Taylor Caminiti
35. Impact of reducing the post-vaccination observation period on the risk of delayed identification of serious adverse events following immunization – Anabel Gil

NEW DEVELOPMENTS IN VACCINES AND THEIR USE
NOUVEAUX PROGRÈS DANS LES VACCINS ET LEUR UTILISATION

36. Efficacy of sera from human subjects vaccinated with a chikungunya virus virus-like particle vaccine in cynomolgus macaques – James Burns
37. Safety and immunogenicity of an adjuvanted chikungunya virus-like particle based vaccine in two pivotal Phase 3 trials in persons 12-64 and ≥ 65 years of age – James Burns
38. Assessing the impact of pharmacist-initiated vaccination against respiratory syncytial virus (RSV) in older adults – Ajit Johal
39. Cost-effectiveness of V116, an adult-specific 21-valent pneumococcal conjugate vaccine vs. PCV20 on pneumococcal disease in Canada – Marie-Claude Meilleur
40. Serotype coverage of invasive pneumococcal disease, by vaccine, among adults in Canada – Marie-Claude Meilleur
41. PCR-Based Detection and Serotyping of Streptococcus pneumoniae in Canadian clinical samples from 2022-2023 – Giulia Severini
42. 6-valent, OspA-based VLA15 Lyme disease vaccine candidate against Lyme borreliosis in a healthy pediatric and adult study population: A Phase 2 study update – Marc Messier
43. Relative effectiveness of cell-based influenza vaccines versus egg-based influenza vaccines: a review of test-confirmed and clinical diagnosis-based outcomes – Mahrukh Imran
44. Prevalence of human papillomavirus genotypes in 16-20-year-old unvaccinated males in Quebec, Canada – Chantal Sauvageau
45. Immunogenicity 3 to 10 years after one HPV vaccine dose and effect of a second HPV vaccine dose in girls and boys – Chantal Sauvageau
46. Invasive pneumococcal disease in the later years of the COVID-19 pandemic in Calgary, Canada: 2022-2023 – James Kellner
47. Vaccine serotypes that continue to cause invasive pneumococcal disease in the post-PCV era, especially in unhoused adults – James Kellner
48. Adjuvanted recombinant zoster vaccine (RZV) is the first vaccine providing durable protection against herpes zoster (HZ) in all ages ≥50 years: Final efficacy and safety analysis after 11 years' follow-up – Iris Gorfinkel
49. Distribution of PCV20 and V116 vaccine serotypes among adult age groups in Canada, 2014-2023 – Alyssa Golden

50. Differential antibody profile and neutralization antibody titers in individuals with continuing long-term symptoms of COVID-19 compared to those considered recovered – Rachelle Buchanan
51. Examining the health burden of chikungunya in the Americas between 2011 and 2020: Insights from a model-driven analysis – Louis Lamarche
52. Two-year antibody persistence and safety evaluation of a single-dose live-attenuated chikungunya virus vaccine (VLA1553) in adults aged 18 years and above – Louis Lamarche
53. Methods to evaluate the performance of a multicomponent meningococcal serogroup B (MenB) vaccine: The role of immunological vaccine effectiveness – Robert Ungard
54. Safety and immunogenicity of a SARS-CoV-2 spike receptor-binding and N-terminal domain COVID-19 vaccine – Kyle Brown
55. Effectiveness of the 2023-2024 omicron XBB.1.5-containing mRNA COVID-19 vaccine (mRNA1273.815) in preventing COVID-19–related hospitalizations and medical encounters among adults in the United States – James Mansi
56. A Phase 3 clinical study to evaluate the safety, tolerability, and immunogenicity of V116 in pneumococcal vaccine-experienced adults 50 years of age or older (STRIDE-6) – Angellica Etima-Kasozi
57. Vaccine candidates designed to prevent Enterotoxigenic Escherichia coli diarrhea: A scoping review of clinical trials evaluating vaccines in development – Vaidehi Nafade
58. Exploring the participant experience in Controlled Human Infection Model (CHIM) Trials: A modified grounded theory study – Anna Mack

OPTIMAL PRACTICE
PRATIQUES OPTIMALES

59. Healthcare learner perspectives on virtual simulation games as an educational approach to address vaccine hesitancy – Emily Doucette
60. Development and evaluation of virtual simulation games to increase the confidence and self-efficacy of healthcare learners in vaccine communication, advocacy, and promotion – Emily Doucette
61. Modeling the health and economic implications of adopting a single-dose human papillomavirus vaccination program in Canada – Erin Hillhouse
62. Boosting the uptake, completeness and timeliness of routine childhood immunization through utilization of mobile phone reminders in Kano metropolis, Nigeria: A randomized control trial – Umar Yunusa
63. STARVAX: A national approach to childhood vaccination surveillance and reporting – Cindy Hong
64. Routine vaccination coverage at two and seven years of age, before, during, and after the COVID-19 pandemic: Results from the Standardized Reporting on Vaccination (STARVAX) system – Cindy Hong
65. The Canadian Immunization Guide: 45 Years of (in)credible advice for health professionals – Leanne Coward
66. Development and launch of the National Vaccine Catalogue – Lisa Currie
67. How the pandemic reshaped trust in Canada: A mixed-methods study – Khatira Mehdiyeva
68. Patients and families co-develop a survey to evaluate the vaccine conversations they have with their healthcare providers – Cora Constantinescu
69. The development of a multidisciplinary Vaccine Confidence Toolkit to support healthcare providers with vaccine conversations – Cora Constantinescu
70. Immunization preparedness for Grade 12 and Nova Scotia community college students in Cumberland County, NS – Sheila Rushton
71. Current pre- and post-transplant immunization practices at Canadian transplant sites – Melissa Phuong
72. Nova Scotia Health Vaccine Consult Service: Pharmacist-led support for health care professionals – Tasha Ramsey
73. Community pharmacists' perspectives on the implementation of VaxCheck, a novel adult life-course vaccine review service – Nancy Waite
74. Effectiveness of the CARD (Comfort – Ask – Relax – Distract) system for improving vaccination experiences in community pharmacy-based vaccinations: A cluster randomized controlled trial – Anna Taddio
75. Feedback from pharmacists after implementation of CARD (Comfort Ask Relax Distract) to improve the delivery of community pharmacy-based vaccinations – Anna Taddio
76. Vaccinator experiences with the CARD (Comfort, Ask, Relax, Distract) system in pop-up clinics: Qualitative results from focus groups – Victoria Gudzak
77. Assessment of case reports of myocarditis following immunization submitted to the Canadian Adverse Events Following Immunization Surveillance System – Natalie Dayneka

78. A National Advisory Committee on Causality Assessment for vaccine safety surveillance – Natalie Dayneka

VACCINATION IN SPECIFIC POPULATION
VACCINATION DE POPULATIONS PARTICULIÈRES

79. Complexities of COVID-19 vaccine policies and guidance for pregnant and breastfeeding populations in Canada – Janet (Sau Wun) Lee
80. Factors associated with pertussis (whooping cough) non-vaccination during pregnancy: Insights from the 2021 Survey on Vaccination during Pregnancy (SVP) – Marwa Ebrahim
81. Designing a feasibility study to evaluate an intervention to improve vaccination during pregnancy communication between pregnant persons and providers in Canada – Eliana Castillo
82. Introducing DECIDE: An innovative approach to improving vaccine communication in pregnancy – Medea Myers-Stewart
83. Vaccines In Pregnancy Canada, a co-designed intervention to support vaccination communication: Functionality, heuristics and usability testing results – Marcia Bruce
84. Vaccines in Pregnancy Canada: Enhancing vaccine communication in pregnancy using a person-centred and Equity, Diversity and Inclusion (EDI)-driven approach – Monica Surti
85. Attitudes towards COVID-19 vaccination among pediatric acute lymphoblastic leukemia patients and their caregivers – Janna Shapiro
86. Human papillomavirus vaccine coverage among immigrant adolescents in Alberta: A population-based cohort study – Shannon MacDonald
87. Determinants of vaccine hesitancy among African immigrants in Canada: A scoping review – Christian Hines and Meron Mengistu
88. Canadian COVID-19 vaccine coverage among key vulnerable and hard-to-reach populations – Takoua Boukhris
89. Factors associated with childhood COVID-19 vaccination among Indigenous children in Canada: A secondary analysis of the childhood COVID-19 immunization coverage survey – Sailly Dave
90. Determinants of COVID-19 vaccination for children in Canada: Insights from a national survey – Sailly Dave
91. Key findings from the first Canadian Mpox Immunization Coverage Survey among 2SLGBTQI+ and Men who have Sex with Men (MSM) – Suzanne De Haney
92. Vaccination among healthcare workers in Canada: A national cross-sectional survey analysis – Stephen Cule
93. National vaccination coverage and sociodemographic influences among Canadian seniors: A descriptive analysis from the 2023 Adult National Immunization Coverage Survey – Stephen Cule
94. Travel-acquired illness and vaccine-preventable diseases: Prioritizing travellers visiting friends and relatives in public health policy – Theresa Lee
95. Strategies to increase vaccine uptake among people experiencing homelessness, people who use drugs, and people with severe and persistent mental illness: A scoping review – Stephanie Elliott
96. Vaccination among Black communities in Canada: A scoping review – Stephanie Elliott
97. Healthcare providers' knowledge, attitudes, practices, perceptions, and barriers related to pneumococcal vaccines: a mixed-methods systematic review – Asia Akther
98. Healthcare resource utilization and direct costs associated with herpes zoster in adults in Ontario, including those with a post-herpetic neuralgia episode and those with comorbid and autoimmune diseases – Simbarashe Mhishi
99. Culture-confirmed invasive meningococcal disease cases in Canada 2015 to 2023: Temporal and geographical variations in serogroups and clonal types of invasive Neisseria meningitides – Courtney Meilleur
100. Seasonal influenza vaccination coverage before, during, and after the COVID-19 pandemic in Canada – Cindy Hong
101. 2023/24 influenza vaccine effectiveness estimates, including clade-specific, from the Canadian Sentinel Practitioner Surveillance Network (SPSN) – Danuta Skowronski
102. Potential imprinting effects and varying age distribution of co-circulating influenza A(H1N1), A(H3N2), and B(Victoria) viruses during the 2023/24 respiratory season: Outpatient observations from the Canadian Sentinel Practitioner Surveillance Network (SPSN) – Danuta Skowronski
103. Pediatric invasive pneumococcal disease (IPD) in Ontario after the introduction of a routine infant PCV13 program – Mare Pejkovska

104. Should pneumococcal conjugate vaccines be recommended for houseless adults? Evidence from population-based surveillance for invasive pneumococcal disease in the Toronto/Peel region – Nadia Malik
105. Historic invasive pneumococcal disease serotype trends associated with higher-valent pneumococcal conjugate vaccines in Canadian children – Gokul Raj Pullagura
106. Myocarditis/pericarditis after mRNA COVID-19 vaccination in children and adolescents reported to the Canadian National Vaccine Safety Network: A Canadian Immunization Research Network (CIRN) study – Phyumar Soe
107. Assessing the cost-effectiveness of an mRNA-based RSV vaccine (mRNA-1345) amongst Canadian adults aged ≥60 years – Michelle Blake
108. Annual clinical and economic burden attributable to serotypes included in the new higher-valent pneumococcal conjugate vaccines in Canadian children – Johnna Perdrizet
109. Relative vaccine effectiveness of MF59®-adjuvanted (aTIV) vs. high-dose (HD-TIV) trivalent inactivated influenza vaccines for the prevention of test-confirmed influenza hospitalizations during the 2017–2020 influenza seasons – Bertrand Roy
110. COVID-19 vaccine immunogenicity in patients with hematologic malignancies: A prospective real-world observational multi-site Canadian study – C. Arianne Buchan
111. An overview of immunization against SARS-CoV-2 in patients with hematologic malignancies: A prospective real-world observational multi-site Canadian study – C. Arianne Buchan
112. Three doses of COVID-19 vaccines boosts antibody levels and virus cross-neutralization in Rwandans living with high HIV viral load – Cynthia L. Swan
113. A Phase 3 randomized study to evaluate the safety, tolerability, and immunogenicity of V116: An adult-focused PCV, in adults living with HIV (STRIDE 7: Part A) – Sakna Bazzi
114. Assessing adherence and barriers to post-hematopoietic stem cell transplant immunization schedule: Insights from The Ottawa Hospital – Tamara Leite
115. Immunogenicity of V116 (21-VALENT PCV) in adults ≥50 years of age by time since prior pneumococcal vaccination: Subgroup analysis of a Phase 3 trial (STRIDE-6) – Steven Findlay
116. Immune response to SARS-CoV-2 infections and COVID-19 vaccines in children aged 2-12 years in Montreal, QC – Margot Barbosa Da Torre

VACCINE CONFIDENCE AND UPTAKE
CONFIANCE ET ADOPTION DES VACCINS

117. Triad of trust: A reflexive thematic analysis of the underlying role of trust in prenatal vaccine decision-making during the COVID-19 pandemic 2020-2021 – Devon Greyson
118. Acceptability of respiratory syncytial virus (RSV) immunization strategies for infants among pregnant persons in Quebec: A qualitative study – Eve Dubé
119. Determinants of incomplete vaccination against polio by 2 years of age in Canada: A cross-section study using the Childhood National Immunization Coverage Survey (cNICS) – Anna-Maria Frescura
120. Factors associated with complete vaccination of 2-year-old children in Canada: Findings from the 2021 childhood National Immunization Coverage Survey (cNICS) – Anna-Maria Frescura
121. Back to the future: Reintroducing nurses to school immunization education – Ian Roe
122. Back on track with school-aged vaccines: Evaluating York Region's high-school-based immunization program to improve post-pandemic immunization coverage in high school students – Carol Ann Jaynes
123. Impact of catch-up activities on immunization coverage for school-based immunization programs in Ontario between 2019-20 and 2022-23 – Gillian Lim
124. Examining the impact of different denominators on vaccine coverage in Nova Scotia youth – Sara Perlman-Arrow
125. Coverage and influential factors of youth human papillomavirus vaccine uptake: Findings and next steps from Wellington-Dufferin-Guelph, Ontario – Jessica Tomasik
126. Estimates of HPV vaccination in Canadian children: Data from the 2021 Childhood National Immunization Coverage Survey – Gwen Eyre and Tara Martin
127. Immunization Atlas: Compiling and summarizing measles vaccine coverage estimates across Canada – Gwen Eyre and Tara Martin
128. Measles vaccination coverage among children and adults in Canada – Jeanette Bourne
129. Determinants of childhood COVID-19 vaccine hesitancy in Canada – Jeanette Bourne

130. Childhood immunization coverage among children of recent immigrant parents – Anton Maslov
131. COVID-19 vaccine confidence, concerns, and uptake in children aged 5 and older in Calgary, Alberta: a longitudinal cohort study – Leah Ricketson
132. Examining predictors of trust in the Canadian federal government and belief in vaccine conspiracy theories – Samantha Meyer
133. Provincial and territorial immunization registries in Canada: Attributes, scope, functionality, and supporting legislation – Elizabeth Brown
134. Building vaccine confidence and demand in a digital information age: An eLearning Series Update – Renata E. Mares
135. Moral injuries experienced by vaccine providers in Canada during the COVID-19 pandemic: Preliminary results – Marie-Eve Trottier
136. The Canadian adult population's attitudes toward COVID-19 vaccination prior to and after vaccine availability: A qualitative data analysis – Nana Asabere
137. Reaching the "Last Mile": The effects of small-scale community clinics for COVID-19 vaccinations in reaching under-vaccinated populations in Peel region, Ontario during the COVID-19 pandemic – Jannice So
138. Rapid public health policy changes during COVID-19: Exploring policy communication with local stakeholders in British Columbia, Nova Scotia, and Ontario – Katherine Salter
139. Invasive meningococcal disease (IMD), meningococcal B (MenB) disease, and vaccination: Understanding what patients/families/carers value in vaccine decision-making – Katherine Salter
140. Knowledge, attitudes and perspectives of Canadian caregivers, young adults, and healthcare providers on meningococcal serogroup B vaccination: A qualitative analysis – Alysa Pompeo

SHELLEY DEEKS

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. Shelley Deeks is a dedicated public health physician with over 25 years of experience in advancing provincial, national, and international immunization systems, policies, and research. Her career has been distinguished by sustained contributions that have directly shaped and enhanced immunization efforts both in Canada and globally.

As a long-standing member of the National Advisory Committee on Immunization (NACI) and serving as its Chair during the critical period of the COVID-19 pandemic, Dr. Deeks has played a pivotal role in ensuring evidence-based vaccine recommendations for the country. Under her leadership, NACI developed numerous COVID-19 vaccine-specific recommendations that were instrumental in guiding Canada's vaccine roll-out. These recommendations were essential in maximizing vaccine benefits for all Canadians, directly contributing to the nation's pandemic response.

On the international stage, Dr. Deeks has leveraged her expertise to drive global vaccine initiatives. She is a member of the World Health Organization's (WHO) Strategic Advisory Group of Experts Polio Working Group. Through this role, she has applied her experiences and extensive knowledge to promote polio eradication. She is also a member of WHO's Global Advisory Committee on Vaccine Safety, which provides scientific advice on vaccine safety issues of global and regional concern.

In addition to her policy and leadership roles, Dr. Deeks has made significant academic contributions. She has published over 170 peer-reviewed articles and co-authored numerous NACI statements, enriching the scientific community's understanding of vaccine safety, effectiveness, and public health impact. Her scholarly work continues to influence both current and future generations of public health professionals.

Médecin de santé publique dévouée, Dre Shelley Deeks a plus de 25 ans d'expérience en matière de promotion des systèmes, des politiques et de la recherche sur l'immunisation sur la scène provinciale, nationale et internationale. Elle s'est distinguée au fil de sa carrière par des contributions soutenues qui ont directement façonné et amélioré les initiatives d'immunisation au Canada et dans le monde.

Membre de longue date du Comité consultatif national de l'immunisation (CCNI), dont elle a été présidente pendant la période critique de la pandémie de COVID-19, Dre Deeks a joué un rôle pivot en s'assurant de formuler des recommandations de vaccins factuelles pour le pays. Sous sa direction, le CCNI a élaboré de nombreuses recommandations propres aux vaccins contre la COVID-19 qui ont guidé le déploiement des vaccins au Canada. Ces recommandations ont été essentielles pour maximiser les avantages des vaccins pour la population canadienne, et elles ont directement contribué à la lutte nationale contre la pandémie.

Sur la scène internationale, Dre Deeks met son savoir-faire au service d'initiatives mondiales de vaccination. Elle siège au groupe de travail sur la polio du Groupe stratégique consultatif d'experts de l'Organisation mondiale de la santé (OMS), où elle fait appel à son expérience et à ses vastes connaissances pour promouvoir l'éradication de la polio. Elle est aussi membre du Comité consultatif mondial sur la sécurité des vaccins de l'OMS, qui fournit des conseils scientifiques sur les questions d'innocuité des vaccins d'intérêt mondial et régional.

Outre ses recommandations générales d'action et ses postes de responsabilité, Dre Deeks a apporté d'importantes contributions de nature scientifique. Elle a publié plus de 170 articles évalués par les pairs et corédigé de nombreuses déclarations du CCNI, enrichissant ainsi les connaissances de la communauté scientifique sur l'innocuité des vaccins, leur efficacité et leurs effets sur la santé publique. Ses travaux continuent d'influencer les générations actuelle et future de professionnelles et de professionnels de la santé publique.

GANÉ YOHS COMMUNITY HEALTH CENTRE
OHSWEKEN PUBLIC HEALTH

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.

Immunization is a sensitive topic in First Nation communities due to the historical and ongoing legacy of colonial policies that have negatively impacted Indigenous Peoples' health. Striving to enhance community immunization rates has been a priority of Community Health Nurses at Ohsweken Public Health in Southern Ontario. Overseen by a Nurse-in-Charge in collaboration with a community Health Director, six nurses have been diligently ensuring immunization rates stay within a high coverage range.

Nurses have maintained service excellence while caring for approximately 13,000 community members on reserve by monitoring childhood immunization rates; ensuring school-based immunization clinics occur at five federally operated primary schools on reserve and at one private school; and facing the adversities of paper charting, a global pandemic, vaccine shortages, and a health centre closure while ensuring all individuals eligible for vaccinations received them in a timely manner. That they have done this on top of tackling vaccine hesitancy in a First Nation community proves this team more than qualifies for this award.

At the height of the COVID-19 pandemic, this team of individuals banded together and not only managed hundreds of COVID cases and contacts on a daily basis but also jumped in to support the vaccination efforts to ensure community members received their vaccines in a timely, coordinated manner that supported the most vulnerable first. Prioritizing distribution of a limited vaccine supply to an already high-risk population group was adversity we hope to never face again.

Les répercussions négatives passées et présentes des politiques coloniales sur la santé des peuples autochtones font de l'immunisation un sujet délicat dans les communautés des Premières Nations. C'est pourquoi le personnel infirmier en santé communautaire du bureau de santé publique d'Ohsweken, dans le Sud de l'Ontario, s'efforce d'améliorer les taux de vaccination sur le terrain. Sous la supervision d'une infirmière responsable et en collaboration avec une directrice de la santé communautaire, six (6) infirmières et infirmiers travaillent avec diligence pour maintenir un taux de couverture élevé.

Le personnel veille à l'excellence continue du service auprès d'environ 13 000 résidentes et résidents dans la réserve en surveillant les taux de vaccination des enfants; en organisant des cliniques de vaccination en milieu scolaire dans cinq écoles primaires administrées par le gouvernement fédéral dans la réserve et dans une école privée; et en affrontant des difficultés comme la tenue de dossiers sur papier, une pandémie mondiale, des pénuries de vaccins et la fermeture d'un centre de santé, tout en s'assurant que chaque personne admissible se fasse vacciner dans les meilleurs délais. Le fait que l'équipe s'acquitte de tout cela en plus de lutter contre l'hésitation vaccinale dans une communauté des Premières Nations est la preuve qu'elle mérite amplement ce prix.

Au plus fort de la pandémie de COVID-19, les membres de l'équipe se sont unies non seulement pour gérer tous les jours des centaines de cas de COVID et leurs contacts, mais en s'impliquant dans les efforts de vaccination pour que les résidentes et les résidents reçoivent leurs vaccins rapidement et de façon coordonnée, en commençant par les plus vulnérables. Décider de la distribution d'un nombre de vaccins limité dans une population déjà à risque élevé fut une épreuve que nous espérons ne jamais devoir affronter de nouveau.

SHAZA A. FADEL

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.

Professor Shaza Fadel is a well-respected academic, vaccine leader, knowledge broker and advocate for immunization with more than a decade working as an interdisciplinary global health researcher. She is a faculty member at the Dalla Lana School of Public Health (DLSPH), University of Toronto, and served as the Director of Operations at the University's Centre for Vaccine Preventable Diseases (CVPD) from January 2021 until March 2023.

In her role at CVPD, Professor Fadel led the development of a postdoctoral training program for vaccine researchers and organized knowledge mobilization events that connected Centre faculty members with other researchers, policy makers and community health advocates. She invested in building stakeholder relationships and created sustainable collaborations across different faculty at the University of Toronto. Dr. Fadel's academic excellence and combined years of leadership resulted in being chosen as the faculty lead in March 2023 at the Centre for Global Health at DLSPH to design and launch a junior faculty professional development program in partnership with Moi University School of Public Health in Kenya.

Dr. Fadel is a co-Principal Investigator on two CIHR/SSHRC-funded grants that focused on improving vaccine confidence among faith-based and minoritized communities in the Region of Peel. Her lived experience, advocacy as a visible minority, and research skills were all huge assets to reach certain population groups.

Dr. Fadel's interdisciplinary research is rooted in equity and has led her to seek thematic knowledge gaps about population susceptibility to vaccine-preventable diseases, benefits of vaccination, and understanding the complexities of vaccine confidence.

Universitaire respectée, cheffe de file en matière de vaccins, courtière du savoir et défenseuse de l'immunisation, Dre Shaza Fadel travaille depuis plus de 10 ans comme chercheuse interdisciplinaire en santé mondiale. Elle enseigne à l'École de santé publique Dalla Lana de l'Université de Toronto et a été directrice des opérations du Centre des maladies évitables par la vaccination (CMÉV) de cette même université de janvier 2021 à mars 2023.

Au CMÉV, Dre Fadel a dirigé l'élaboration d'un programme de formation postdoctorale pour les chercheurs et les chercheuses en vaccinologie et organisé des activités de mobilisation des connaissances qui ont mis en rapport le personnel enseignant du Centre avec d'autres chercheurs et chercheuses, des responsables des politiques et des promoteurs et promotrices de la santé communautaire. Elle s'est investie dans l'établissement de relations entre les parties prenantes et a tissé des collaborations durables au sein du corps professoral de l'Université de Toronto. Son excellence universitaire combinée à ses années de leadership ont conduit, en mars 2023, à sa nomination au Centre de recherche sur la santé mondiale de l'École de santé publique Dalla Lana, où elle est chargée de concevoir et de lancer, en partenariat avec l'École de santé publique de l'Université Moi du Kenya, un programme de développement professionnel des professeures et des professeurs en début de carrière.

Dre Fadel est directrice adjointe des recherches pour deux subventions des Instituts de recherche en santé du Canada (IRSC) et du Conseil de recherches en sciences humaines (CRSH) portant sur le renforcement de la confiance en la vaccination au sein des communautés confessionnelles et minorisées de la région de Peel. Son vécu, son rôle de défenseuse en tant que minorité visible et ses compétences en recherche ont été d'immenses atouts pour joindre certaines populations.

Ancrée dans l'équité, la recherche interdisciplinaire de Dre Fadel l'a amenée à chercher les lacunes dans les connaissances sur la sensibilité des populations aux maladies évitables par la vaccination, les avantages de la vaccination, ainsi que la compréhension de la confiance en la vaccination dans toute sa complexité.

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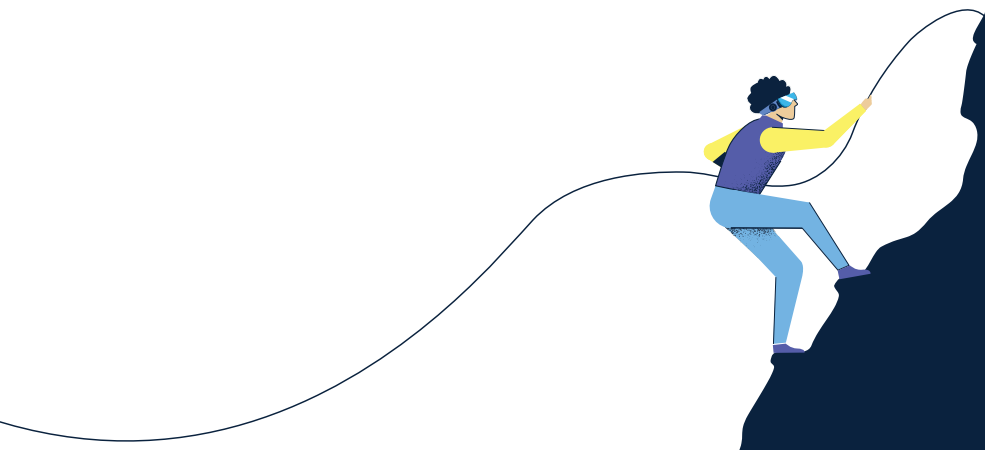

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