

2024

Canadian Immunization Conference

26-28 November 2024

SHAW CENTRE

**INTRODUCTORY
PROGRAM**

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

Conférence canadienne sur l'immunisation

Du 26 au 28 novembre 2024

OTTAWA

**PROGRAMME
INTRODUCTOIRE**

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

SPONSORS | COMMANDITAIRES

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

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

PLATINUM | PLATINE



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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.

CANADIAN PAEDIATRIC SOCIETY

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

CANADIAN PUBLIC HEALTH ASSOCIATION

Founded in 1910, [CPHA](#) is the independent voice for public health in Canada with links to the international community. As the only Canadian non-governmental organization focused exclusively on public health, CPHA is uniquely positioned to advise decision-makers about public health system reform and to guide initiatives to help safeguard the personal and community health of Canadians and people around the world. CPHA 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.

PUBLIC HEALTH AGENCY OF CANADA

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

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

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

SOCIÉTÉ CANADIENNE DE PÉDIATRIE

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

ASSOCIATION CANADIENNE DE SANTÉ PUBLIQUE

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

AGENCE DE LA SANTÉ PUBLIQUE DU CANADA

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

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.

EXECUTIVE COMMITTEE | 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 | 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

OBJECTIFS DE LA CONFÉRENCE

La CCI 2024 offrira aux participants l'occasion de :

- Présenter de nouvelles études, des stratégies 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.

REGISTRATION | INSCRIPTION

EARLY-BIRD REGISTRATION DEADLINE: THURSDAY 17 OCTOBER

We understand your busy schedule and are pleased to offer a variety of registration options to expand your knowledge with the relevant content. Take advantage of networking and knowledge exchange opportunities while you discover new solutions, innovations, and partnerships to apply in your day-to-day work. Registration options include the full three-day conference, two-day packages, or attending the day that is of most interest to you.

REGISTER TODAY

COMMUNITY RATE

Available to those who self-identify as First Nations, Inuit, or Métis or work or volunteer for a community-based organization with limited professional development or conference attendance funds.

GROUP REGISTRATION

Available to organizations registering four or more employees for the conference. Student, community, and daily rates are not eligible for a discount but can be counted towards the minimum number of registrations.

START A GROUP REGISTRATION

DATE LIMITE DES TARIFS D'INSCRIPTION HÂTIVE : LE JEUDI 17 OCTOBRE

Sachant que vous avez un horaire chargé, nous sommes heureux de pouvoir offrir diverses options d'inscription pour élargir vos connaissances des thèmes qui vous intéressent. Profitez d'occasions de réseautage et d'échange des connaissances pendant que vous découvrez de nouvelles solutions, des innovations et des partenariats à mettre en pratique au quotidien dans votre travail. Vous pouvez vous inscrire aux trois jours de la conférence, à deux jours seulement ou n'assister qu'à la journée qui vous intéresse le plus.

INSCRIVEZ-VOUS AUJOURD'HUI

TARIFS DE DIVERSITÉ

Les frais sont disponibles aux participants qui s'identifient comme étant membres d'une Première Nation, Inuits ou Métis ou qui travaillent ou font du bénévolat pour un organisme de proximité dont les fonds de développement professionnel ou de participation à des conférences et congrès sont limités.

INSCRIPTION DE GROUPE

Disponible aux organisations qui inscrivent au moins quatre employés à la conférence. Les tarifs d'étudiants, de diversité et quotidien ne donnent pas droit à une réduction mais peuvent être pris en compte dans le nombre minimum d'inscriptions.

COMMENCER UN INSCRIPTION DE GROUPE

HOTELS & TRAVEL | HÉBERGEMENT ET DÉPLACEMENT

HOTELS

Room blocks have been reserved for CIC 2024 conference participants at three hotels. Rates are guaranteed until Wednesday 23 October or until sold out.

- Fairmont Château Laurier
- DoubleTree by Hilton Ottawa Downtown (formerly the Novotel Ottawa)
- Westin Ottawa

RESERVE YOUR STAY

TRAVEL

Take advantage of the discounts available for your conference travel between Ottawa and any city serviced by the following companies.

- Air Canada
- Porter
- WestJet
- Via Rail

MORE DETAILS

HÉBERGEMENT

Des sections de chambres ont été réservées pour les participants de la CCI 2024 à trois hôtels. Les tarifs sont garantis jusqu'au mercredi 23 octobre ou jusqu'à épuisement des stocks.

- Fairmont Château Laurier
- DoubleTree by Hilton Ottawa Downtown (anciennement Novotel Ottawa)
- Westin Ottawa

RÉSERVEZ VOTRE CHAMBRE

DÉPLACEMENT

Profitez des réductions disponibles pour vos voyages de conférence entre Ottawa et toute ville desservie par les compagnies suivantes.

- Air Canada
- Porter
- WestJet
- Via Rail

EN SAVOIR PLUS

PROGRAM OVERVIEW | RÉSUMÉ DU PROGRAMME

Session details subject to change | Programme sujet à modification

MONDAY 25 NOVEMBER | LUNDI 25 NOVEMBRE

9:00-17:00	CAIRE Research Symposium Equity Considerations in Immunization Research, Evaluation, and Education
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TUESDAY 26 NOVEMBER | MARDI 26 NOVEMBRE

9:00-10:30	Plenary I Plénière I 
10:30-11:00	Networking Break with Sponsors & Exhibitors Réseautage avec les commanditaires et les exposants
11:00-12:30	Concurrent Sessions Séances simultanées
12:30-14:00	Networking Lunch Déjeuner de réseautage
12:45-14:00	Co-developed Learning Activities Activités d'apprentissage agréée coélaborée
14:00-15:00	Poster Presentations Présentations d'affiches
15:00-15:30	Networking Break with Sponsors & Exhibitors Réseautage avec les commanditaires et les exposants
15:30-17:00	Concurrent Sessions Séances simultanées

WEDNESDAY 27 NOVEMBER | MERCREDI 27 NOVEMBRE

7:15-8:30	Co-developed Learning Activities Activités d'apprentissage agréée coélaborée
9:00-10:30	Plenary II Plénière II 
10:30-11:00	Networking Break with Sponsors & Exhibitors Réseautage avec les commanditaires et les exposants
11:00-12:30	Concurrent Sessions Séances simultanées
12:30-14:00	Networking Lunch Déjeuner de réseautage
12:45-14:00	Co-developed Learning Activities Activités d'apprentissage agréée coélaborée
14:00-15:00	Poster Presentations Présentations d'affiches
15:00-15:15	Break Pause
15:15-16:45	Concurrent Sessions Séances simultanées

THURSDAY 28 NOVEMBER | JEUDI 28 NOVEMBRE

9:00-10:00	Plenary III Plénière III 
10:00-10:30	Refreshment break Pause rafraîchissements
10:30-12:00	Concurrent Sessions Séances simultanées
12:00-12:15	Break Pause
12:15-13:30	Plenary IV Plénière IV 

 Simultaneous Interpretation provided | Interprétation simultanée fournie

EQUITY CONSIDERATIONS IN IMMUNIZATION RESEARCH, EVALUATION, AND EDUCATION

The Canadian Association for Immunization Research, Education and Evaluation (CAIRE) 2024 Research Symposium theme is on Equity Considerations in Immunization Research, Evaluation, and Education. The objective of the meeting is to discuss how to better incorporate equity considerations in vaccine research, including how to measure and use EDI data in different study designs, how to embrace EDI on research teams, and how to ensure our research integrates community perspectives of under-represented populations. Speakers include researchers with diverse methodological approaches and/or experience working with diverse communities, as well as community representatives with experience working with researchers. In this interactive symposium, researchers can share perspectives with one another and gain new insights to refine protocols and strategies to advance EDI across the immunization research spectrum.

 Pre-registration Required

SYMPOSIA & WORKSHOPS | SYMPOSIUMS et ATELIERS

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.

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.

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.

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.

GROUP REGISTRATION INSCRIPTION DE GROUPE



Available to organizations registering four or more employees for the conference. Student, community, and daily rates are not eligible for a discount but can be counted towards the minimum number of registrations.

Disponible aux organisations qui inscrivent au moins quatre employés à la conférence. Les tarifs d'étudiants, de diversité et quotidien ne donnent pas droit à une réduction mais peuvent être pris en compte dans le nombre minimum d'inscriptions.

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.

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.

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.

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.

LEARNING HOW TO USE 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.
-

MONOCLONAL ANTIBODIES: THE NEWEST (AND PRICIEST) TOOL IN THE IMMUNIZER'S TOOLKIT

Recent technological advances and development have enabled the discovery and production of monoclonal antibodies (mAbs) that offer protection against several infectious diseases, including previous SARS-CoV-2 variants (e.g., Evusheld) and RSV (Beyfortus). mAbs represent an opportunity to offer protection to populations who may not be able to be fully immunized, including immunocompromised persons and young infants. However, mAbs have some restrictions that limit their use for some vaccine-preventable diseases such as those under strong antigenic pressure, including influenza A virus. mAbs differ from traditional vaccines in the type of protection offered, the duration of protection possible, and the potential cost of these products. This panel seeks to discuss (i) the technologies underpinning mAb discovery and use, (ii) opportunities and challenges for using mAbs instead of, or in addition to, traditional vaccines, and (iii) programmatic perspectives and experience on the rollout of mAbs within a Canadian jurisdiction.

Learning objectives

- Describe the similarities and differences between mAbs and other passive and active immunizations.
 - Discuss the opportunities and challenges of mAb programs within a Canadian jurisdiction.
 - Reflect on the decision points between mAbs and vaccines from a clinical perspective.
 - Discuss the drawbacks of virus escape and evolution, as well as rebound, as seen with mAbs for COVID-19.
-

ONE HEALTH APPROACHES TO CONTROLLING AVIAN INFLUENZA, INCLUDING HIGHLY PATHOGENIC H5N1

One Health is the interrelatedness of the health of humans, animals, and the ecosystem. Given the current high circulation of H5N1 in wild animal species and in domesticated animals, a discussion of strategies to control both livestock infection and transmission to humans is prudent. Understanding the current national and international H5N1 situation and risk to humans will be of interest to clinicians, health care professionals, vaccine developers, and government decision makers. The status of H5N1 vaccine availability, accessibility, acquisition, and approval for use in Canada is of interest to clinicians and vaccine program decision makers alike. Additionally, decision makers must determine trigger points for initiating vaccine programs and prioritization of vulnerable populations by understanding how the situation of H5N1 circulation in livestock impacts the threat level to humans.

Learning objectives

- Describe the origins of human influenza pandemics and the current global situation of H5N1.
- Explain the One Health concept and the interrelatedness of influenza infection and transmission among reservoir species, livestock, and humans.
- Describe approved adjuvants, as well as adjuvants in development.
- Identify human clinical infection with H5N1 and the risk to human health.
- Discuss the risk of H5N1 to livestock and present available control strategies, including vaccines.
- Discuss the current human H5N1 vaccine climate, available vaccines, and how target viral strains for vaccine development are selected.

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.

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.

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.

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.

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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.
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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.
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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.