COVID-19 IMMUNITY TASK FORCE

Spotlight on CITF-FUNDED RESEARCH

CITF Announcements

As we say goodbye, a huge thank you

With the rough seas of the pandemic behind us, the COVID-19 Immunity Task Force (CITF) is closing its doors on March 31, 2024. Since its inception in April 2020, the nearly four-year journey has been marked by continuous uncertainty and remarkable rallying in carrying out the CITF's mandate to generate fundamental and policy-relevant insights on the nature of immunity arising from SARS-CoV-2 in Canada.

A defining strength of the CITF was the ability to assemble and mobilize an abundance of incredibly talented and committed Canadians from coast to coast to coast, so our list of thanks is long. It includes, first and foremost, the 1+ million Canadians who participated in CITF-supported studies. The willingness of so many citizens to engage in science during a pandemic represents an invaluable resource for our country for which we are grateful. Our thanks, of course, includes to the 103 unique CITF-funded Principal Investigators and over 1,300 co-investigators and their teams as well as the 48 different institutions across Canada who hosted their work. It includes our two former co-Chairs, Dr. Catherine Hankins and Dr. David Naylor, the 42 former members and observers of our Leadership Group, the 16 former members and observers of our Executive Committee, the 80 experts who sat on our various Working Parties and Working Groups, the 13 former Working Party Leads, the 13 experts in our Results Review Group, the 28 people who at one time worked for the CITF Secretariat, the nine scientific advisors to the Secretariat, the many support staff at McGill University where the Secretariat was based, and our numerous colleagues at the Public Health Agency of Canada who supported our work in a variety of ways. We could not have accomplished what we did without each and every one of you.

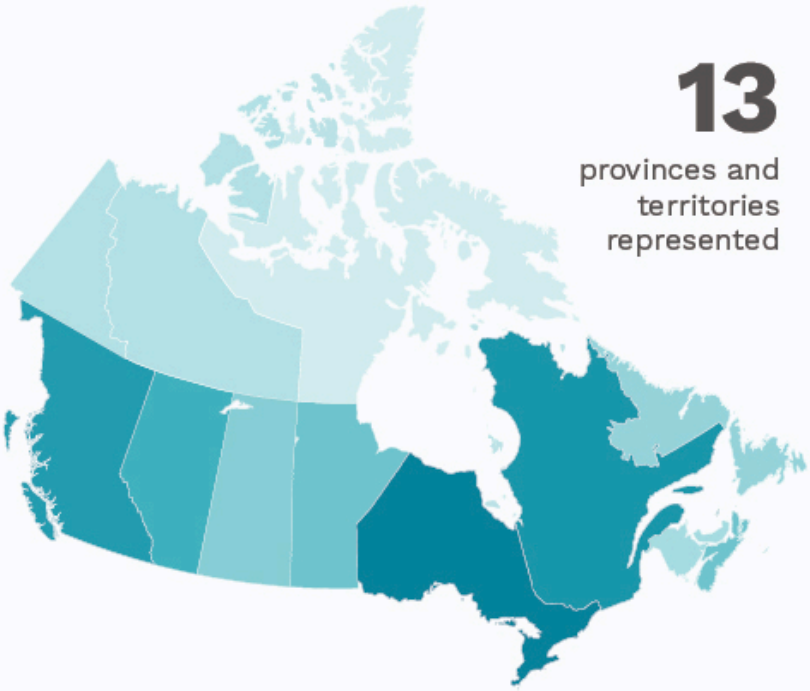
With best wishes and many thanks,
The CITF Secretariat

The CITF in numbers

103
unique lead investigators

1300+
co-investigators

48
different institutions across Canada



13
provinces and territories represented

120+ projects

50%+
of projects on equity-deserving populations

71
CITF-funded reports *(as of Dec. 31, 2023)*

335
CITF-funded academic articles *(as of Dec. 31, 2023)*

4,252
citations of CITF-funded publications

CITF website frozen in time

The CITF website will no longer be updated but will be publicly accessible until March 2026 at the same URL: **covid19immunitytaskforce.ca**. There, you will continue to find the **Seroprevalence in Canada** page, a list of the **academic articles published** with **lay summaries of each one**, as well as a **list and description of all 120+ studies** the CITF supported. You can find back-issues of our e-magazine, ***CITF Monthly Review***, and e-newsletter, ***Spotlight on CITF-funded Research***. You can also watch presentations from

the ***CITF Scientific Meeting*** in Vancouver in 2023 and the ***Hema-Net Serosurveillance Meeting, a CITF Legacy Project***, held in Montreal in 2024.

CITF Databank stays open and changes website

As an important legacy of the CITF, we are hopeful the **CITF Databank** will remain in operations for at least another year. CITF-funded studies continue to deposit data and there are growing numbers of requests to access data. Although still accessible via the CITF website, you will soon be able to access the Databank directly at **CITFDatabank.ca**. Please follow news of the CITF Databank on X (Twitter) and LinkedIn @CITFDatabank.

CITF-Funded Research Results

ICD-10 diagnostic codes could identify most lab-confirmed SARS-CoV-2 infections in hospital-admitted patients but were less sensitive for discharged patients

A CITF-supported study, published in *Scientific Reports,* aimed to assess the operating characteristics of the International Classification of Diseases Revision 10 (ICD-10) code introduced by the World Health Organization in 2020. The study found that the ICD-10 diagnostic code U07.1 (used to specify a confirmed medical diagnosis of COVID-19) identified most lab-confirmed SARS-CoV-2 infections in hospital-admitted patients but missed a significant number of cases among those who had been discharged

Read more

Individuals living with HIV receiving antiretroviral therapy mount strong T cell responses to COVID-19 vaccines

A CITF-funded study, published as a pre-print and not yet peer-reviewed, found that people living with HIV (PLWH) receiving antiretroviral therapy mount strong T cell responses to COVID-19 vaccines that are enhanced by booster doses or breakthrough infection.

Read more

There is practical utility in using SPR sensors for clinical studies

A CITF-funded study, published as a preprint and not yet peer-reviewed, found that a surface plasmon resonance (SPR) sensor, which can provide quantitative biomolecular information and can be used in point-of-care settings, is a viable alternative for monitoring SARS-CoV-2 humoral immune responses. This ability of SPR to track biomolecular changes related to SARS-CoV-2 infection in a population over the course of a longitudinal study has not been demonstrated before.

Read more

Clinical risk factors for adverse outcomes among those who had COVID-19 during pregnancy or postpartum

A study funded in part by CITF, published in the *American Journal of Obstetrics and Gynecology*, found that comorbidities, nutritional status, and older maternal age were associated with severe COVID-19-related outcomes, adverse pregnancy outcomes, and fetal/neonatal morbidity and mortality. This study also identified several less commonly known risk factors for adverse outcomes, including HIV infection, being underweight or overweight before pregnancy, and anemia.

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CANCOVID-Preg: key aims and protocols

A CITF-funded group, Canadian Surveillance of COVID-19 in Pregnancy (CANCOVID-Preg), published a research letter in the *Journal of Obstetrics and Gynaecology Canada* in 2021, summarizing its aims and protocols focused on the maternal-newborn population as a pan-Canadian national response to COVID-19. This population is more vulnerable to respiratory infections and to medical interventions used to treat infection, while having unique infection prevention and control needs during labor, delivery, and the postpartum period.

Read more

Seropositivity rates among pregnant people were about four times higher than documented PCR-positive rates

A CITF-funded report published in March 2022 by the Canadian COVID-19 Population Serological Survey Utilizing Antenatal Serum Samples project leveraged existing blood samples collected through routine prenatal screening to assess immunity levels in the general population through the lens of the pregnant population. This Antenatal Serostudies report suggested that seropositivity rates among pregnant people were between 1.5- and 10-fold higher than concurrent PCR-positive rates, depending on the pandemic wave underway at the time. The study team calculated that PCR-based public health tracking systems underreported infections by four-fold, on average. The team also found that there were pregnant people in all provinces who had infection-acquired antibodies to SARS-CoV-2 in February 2020, showing that SARS-CoV-2 transmission was underway in Canada before the pandemic was declared.

Read more

Maternal and infant outcomes have improved with the rise of less severe SARS-CoV-2 strains and availability of multiple COVID-19 vaccine doses

The 6th report (to December 2022) from the CITF-funded Canadian Surveillance of COVID-19 in Pregnancy (CANCOVID-Preg) project showed a decline since December 2021 in intensive care unit admissions and hospitalizations for pregnant people diagnosed with COVID-19. The findings from this report highlight the value of vaccination efforts in pregnancy to reduce the risk of severe disease and to provide increased protection to the newborn.

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