



COVID-19 IMMUNITY
TASK FORCE

Spotlight on CITF-FUNDED RESEARCH



CITF Events



COVID-19 IMMUNITY TASK FORCE
GROUPE DE TRAVAIL SUR L'IMMUNITÉ FACE À LA COVID-19

Seminar Series | Research Results & Implications

The Omicron tsunami



June 23, 2022 | 11:00 a.m. to 12:30 p.m. EDT

Register Now!

Join us for our 8th *Research Results & Implications* seminar. It will bring together CITF-affiliated experts to discuss how the Omicron variant changed the course of the pandemic by rapidly infecting hundreds of millions of healthy people around the globe, spurring the distribution of additional vaccine doses to boost immunity. Omicron has brought a new set of challenges, including reinfections and immune evasion. What do we know and what's next?

Our presenters will report on:

- The extent and nature of Omicron infection in Canada and around the globe.
- How Omicron evaded existing immunity to spread so widely.
- The notion of hybrid immunity, and how infection-acquired and vaccine-induced immunity can function together.
- Those at greatest risk of COVID-19 and why.

Presenters include:

- **David Buckeridge, MD, PhD, FRCPC**, Professor in the School of Population and Global Health at McGill University; Scientific Lead, Data Management & Analysis, CITF.
- **Harriet Ware, MSc**, Data Scientist, University of Toronto, on behalf of CITF-funded SeroTracker.
- **Ciriaco Piccirillo, PhD**, Professor of Microbiology and Immunology, McGill University; CITF-funded researcher.
- **Michael Grant, PhD**, Professor of Immunology and Associate Dean of Biomedical Sciences, Memorial University of Newfoundland; CITF-funded researcher.

And hosting on behalf of the CITF:

- **Catherine Hankins, MD, PhD**, Co-Chair, COVID-19 Immunity Task Force

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Seminar Series | Research Results & Implications

COVID-19 vaccine safety



Summary now available!

Read the summary report of our seminar on vaccine safety during which our experts presented data on safety monitoring, the occurrence of adverse effects among children, adults, and pregnant people, as well as mitigation strategies.

[Read the summary](#)



CITF-Funded Research Results

Over half of Canadian blood donors aged 17 to 24 were infected with SARS-CoV-2 by mid-April

Blood donors between 17 and 24 years old have persistently experienced the highest seropositivity rate from infection. Mid-April data from Canadian Blood Services show that a majority (52%) in this age group had evidence of infection-acquired antibodies (antibodies targeting the nucleocapsid protein). Overall, 35.3% of donors had evidence of a past SARS-CoV-2

infection by mid-April, a substantial increase from 29.5% at the end of March. This trend is consistent with a resurgence of Omicron infections in the sixth wave. Importantly, the median concentration of spike antibodies was at its lowest since the beginning of this year, pointing to waning antibody levels.

[Read more](#)

A case of an Omicron reinfection

A new case report, published in pre-print and therefore not yet peer-reviewed, indicates that Omicron reinfection - that is, two infections with distinct Omicron variants one after the other - is possible, even in vaccinated individuals. This result suggests that an Omicron infection may not induce long-lasting immunity, reinforcing the importance of continuing to practice preventive measures such as mask wearing, even for those who are vaccinated.

[Read more](#)

EnCORE Study releases third round of results on SARS-CoV-2 infection in children in Montreal

The latest, preliminary, non-peer reviewed results from the EnCORE study (Round Three) showed twice the number of Montreal youth, aged 2 to 17, acquired antibodies due to a SARS-CoV-2 infection between October 2020 and December 2021 (mostly before the Omicron variant became widespread). The study found that the highest rate of infection-acquired seroprevalence over time was among children between the ages of 5 and 11 and in lower-income neighbourhoods. Researchers also found only 15% of children still had infection-induced antibodies fourteen months after infection.

[Read more](#)



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