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

People at higher risk due to other health conditions & COVID-19

November 24, 2022 | 11:30 a.m. to 1 p.m. EDT

Join us next week for the 11th seminar in our series

People who suffer from health conditions and/or take medications that leave their immune systems compromised are at greater risk of more severe COVID-19.

Our 11th *Research Results and Implications Seminar* brings together CITF-funded researchers studying people with **HIV, immune-mediated**

inflammatory diseases (IMID), inflammatory bowel disease (IBD), chronic kidney disease (CKD), and solid organ transplant recipients (SOTR). They will discuss their findings and address questions of concern including:

- What are the risks that individuals with immune problems face from SARS-CoV-2 infection?
- Are vaccines safe and effective for these individuals?
- How do medications that impair the immune system affect COVID-19 and vaccine effectiveness? Are all medications alike?
- What added precautions should people with these health conditions take to prevent themselves from being infected with SARS-CoV-2?

Panelists:

- (IMID) **Sasha Bernatsky, MD, PhD**, Professor of Medicine, McGill University; Senior Clinical Investigator, Research Institute of the McGill University Health Centre
- (HIV) **Ann N. Burchell, PhD**, Scientist, MAP Centre for Urban Health Solutions, Li Ka Shing Knowledge Institute, St. Michael's Hospital, Unity Health Toronto; Associate Professor, Department of Family and Community Medicine, University of Toronto; Adjunct Scientist, ICES
- (IMID) **Vinod Chandran, MBBS, MD, DM, PhD, FRCPC,** Associate Professor, University of Toronto; Staff Rheumatologist, University Health Network and Sinai Health
- (HIV) **Cecilia T. Costiniuk, MD, MSc, FRCPC**, Associate Professor, Department of Medicine, Faculty of Medicine and Health Sciences, McGill University; Department of Medicine, Division of Infectious Diseases, McGill University Health Centre; Scientist, Research Institute, MUHC
- (IBD) **Gilaad Kaplan, MD, MPH, FRCPC, CAGF, AGAF, FCAHS, Killam Laureate**, Professor of Medicine, Division of Gastroenterology and Hepatology, Departments of Medicine and Community Health Sciences, O'Brien Institute for Public Health and Snyder Institute for Chronic Diseases, Cumming School of Medicine, University of Calgary
- (SOTR) **Deepali Kumar MD, MSc, FRCPC, FAST,** Professor of Medicine, University of Toronto; Transplant Infectious Diseases Consultant, University Health Network; Director of Transplant Infectious Diseases, University Health Network
- (CKD) **Matthew Oliver, MD, MHS, FRCPC**, Associate Professor, University of Toronto; Staff Nephrologist & Division Head of Nephrology, Sunnybrook Health Sciences Centre; Regional Medical Lead – Toronto Central – Ontario Renal Network, Ontario Health
- (CKD) **Sara Wing, MDCM, FRCPC**, Clinical Associate, Division of Nephrology, St Michael's Hospital, Toronto

Moderator:

Catherine Hankins, MD, PhD, Co-Chair, COVID-19 Immunity Task Force; Professor of Public and Population Health, Faculty of Medicine and Health Sciences, McGill University

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CITF-Funded Research Results

Infection-acquired seroprevalence continued to increase in September: Canadian Blood Services

Consistent with the continued prevalence of the Omicron variants (predominantly BA.4, BA.5 and BA.5 subvariants), infection-acquired seropositivity continued to increase among blood donors, up to 65.4% by the end of September, from 60% in the last week of August. These data come from Canadian Blood Services.

Read more

Héma-Québec estimates that 62% of adults in Quebec had been infected with the Omicron variant by the end of August 2022

Héma-Québec estimates that 62% of Quebecers who donated plasma had acquired antibodies following an infection with Omicron by the end of August 2022. Plasma donors were evaluated over three periods during the Omicron wave: December 2021 to March 2022, March to June 2022, and June to August 2022.

Read more

Identification of important genetic indicators of COVID-19 outcomes

A CITF-funded study published in *PLOS Genetics* showed that a patient's genetic makeup is an important determinant of the clinical outcome they will experience from COVID-19. Those with a rare deleterious variant (disease causing variant) in the SARS-CoV-2 sensor toll-like receptor (TLR7) gene (on chromosome X in the host) were associated with a 5.3-fold increase in severe disease. Studies such as this one are important because studying rare variants may provide additional insights into disease susceptibility and severity, thereby informing the development of therapeutics.

Read more

How sexual minority men have adapted their sexual behaviours during the pandemic

A CITF-funded study published in *Culture, Health, and Sexuality*, found that most gay, bisexual, queer, and sexual minority men embraced public health measures and adjusted their sexual behavior accordingly. By using their knowledge of sexually transmitted infection (STI) prevention measures and existing COVID-19 guidelines, they adapted their behavior to continue engaging in sexual activity while ensuring their own safety.

Read more

CITF Announcements

CITF's Seroprevalence in Canada webpage updated

Our Data & Analysis team has updated the CITF's Seroprevalence in Canada webpage to include estimates until the end of September. Using data

compiled from 18 projects funded by the Government of Canada through the CITF and other studies that have shared their data publicly, we estimate infection-acquired seroprevalence in Canada increased to 67.5% (95% CrI: 64.3 to 70.7) by the end of September 2022 – after nine months with circulating Omicron variants. We estimate this rise in seroprevalence during the Omicron phase of the pandemic corresponds to at least 24 million Canadians (95% CrI: 22.9 to 25.3) being infected between December 15, 2021, and September 15, 2022.

Read more

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