

CIRN Stakeholder Research Priorities

TOPIC	RATIONALE
Pertussis/Tdap	Evaluation of maternal Tdap programs <ul style="list-style-type: none"> - Acceptability factors of maternal Tdap
	<ul style="list-style-type: none"> - Maternal Tdap: If you have multiple pregnancies in a row, and you are immunized during each, what is the potential for waning immune simulation
	<ul style="list-style-type: none"> - Uptake and understanding the effectiveness of the maternal Tdap program
	Duration of protection from acellular pertussis vaccine
Influenza/High-dose influenza vaccine	Impact of programs in long-term care (LTC)
Pneumococcus/pneumococcal vaccine	Looking beyond IPD – also looking at CAP and acute otitis media (AOM)
	Burden-of-illness in Indigenous populations (types of strains in this population) – AOM is disproportionately impacting the Indigenous population and northern communities
	Modeling work on cost effectiveness of pneumococcal vaccine for high risk conditions. <ul style="list-style-type: none"> - Does Prevnar13 have a significant reduction in community acquired pneumonia (CAP) in COPD patients
	Burden-of-illness of acute otitis media (AOM); AOM leading cause of prescribing antibiotic, looking at burden-of-illness of pneumococcus preventable strain in AOM
	Understanding pneumococcal carriage in Canada; if dosing is reduced (2+1, 1+1 schedules) would the carriage increase?
	Understanding pneumococcal carriage in children/adults in relation with vaccine used in pediatric program. Changes in the serotype distribution of carriage may be predictive of the herd effect and replacement induced by the use of different immunization schedules and vaccines.
New vaccine readiness: Data needed by NACI and CIC for evaluation of future vaccines for public programs:	<ul style="list-style-type: none"> ○ RSV: <ul style="list-style-type: none"> ▪ overall burden of disease <ul style="list-style-type: none"> • Assessing burden of RSV in both northern (Indigenous populations) is important
	<ul style="list-style-type: none"> ○ RSV: <ul style="list-style-type: none"> ▪ overall burden of disease in older populations
	<ul style="list-style-type: none"> ○ RSV: <ul style="list-style-type: none"> ▪ Economic modeling studies
	<ul style="list-style-type: none"> ○ RSV: <ul style="list-style-type: none"> ▪ Acceptability studies (looking at special population: pregnant women, senior populations)

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Measles	Linking sero-epidemiology and modeling: - evaluation of timing of the first dose
	Linking sero-epidemiology and modeling: - evaluation of optimal timing of second dose related to vaccine coverage
Zoster	Effect of zoster vaccine on hospitalizations and medical attended visits for older adults
HPV	Rationale for a single dose for everyone
Meningococcal B vaccine	Sero-group B, invasive meningococcal disease; what are optimal thresholds for interventions in small target populations with hyper-endemic outbreaks populations certain jurisdictions
Vaccine Schedules	Modeling work around moving schedules – using data from registries - how to account for poor vaccine records across the jurisdictions
	Impact of a 2-dose RV5 program. This is the schedule now recommended in QC and an assessment of its impact relative to a 3-dose schedule would be important.
Vaccine Coverage	Vaccine coverage assessment methods
	Measuring the uptake of vaccines other than influenza (in adults)
	Evidence based assessment of where vaccines are delivered most efficiently and effectively (e.g., physicians, pharmacists, public health)
	Engaging a broader immunizing resource: Could Canadian midwives immunize pregnant women? What did the process look like for pharmacists and what would we need to look at this for implementing this for midwives
Sources of information for assessing disease in First Nations communities in Canada	burden of disease of CAP and OM in Indigenous populations and effects of current vaccine programs and schedules