

Long term care resident SARS-CoV-2 vaccine response is modified by previous infection and CMV coinfection

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GROUPE DE TRAVAIL Y SUR L'IMMUNITÉ RCE FACE À LA COVID-19





Conflict of Interest

• None to declare





Study Design

RECRUITING SITES: Four LTCF in Nova Scotia

CONSENT: Conducted remotely with SDM using telephone and email follow-up OR in-person if the resident had capacity to consent

CLINICAL DATA COLLECTION: Chart review electronic records at LTC and NSHealth



Longitudinal Sample Collection of Low COVID Penetrance LTCR Population (N=358)



Low COVID Penetrance LTCR cohort with 60% retention at 3 month post 4th dose



Negative Positive Never been Tested



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The vaccine cohort has high fidelity to series completion, primarily with mRNA vaccines



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Type of vaccine Administered

2nd Dose = 28 days post 1st dose 3rd Dose = 257 days post primary series 4th Dose = 185 days post 3rd dose



Methodology



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Clinical data collection

CMV co-infection Frailty Demographics COVID history Health history



LTC residents with hybrid immunity have increased vaccine responses

B cell immunity

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T cell immunity





Vaccine induced B cell responses were not altered by CMV infection



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Vaccine induced T cell responses in COVID naïve LTC were greatest in CMV- individuals



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Lessons Learned





Implementation Challenges

- Research administration
 - establishing relationships, ethics, human resourcing, account set-up
- Research during a pandemic
 - HR, outbreaks, shifting timelines, etc.
- Lymphopenia in elderly LTC, particularly in the context of COVID-19





Study Successes

- Research relationships in LTC
- Knowledge added
- Biobank





Knowledge Gained for Future Pandemic Research

- Implications for COVID-19 pandemic control for Canada
- Provincial / local public health
- Biobank as a resource for future pandemic preparedness





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