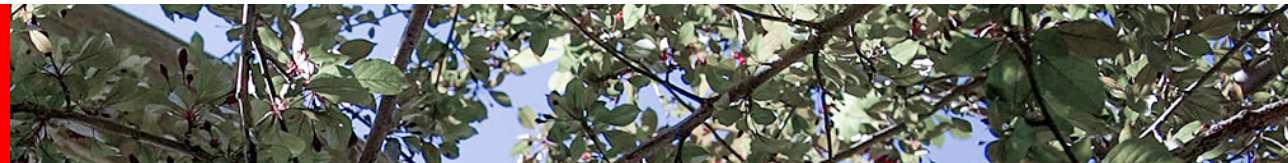
McGill | Faculty of Medicine and Health Sciences | Faculté de médecine et des sciences de la santé

Special Town Hall Meeting / Assemblée générale

2021/06/08

Agenda / Ordre du jour

- **Opening Remarks** – Dr. David Eidelman, VP (Health Affairs) and Dean of Medicine and Health Sciences / **Mot d'ouverture –** Dr David Eidelman, VP (Santé et affaires médicales) et doyen de la Faculté de médecine et des sciences de la santé
- **Faculty Administration & Operations Update** – Demetra Kafantaris, Executive Director / **Le point sur l'administration et les opérations facultaires –** Demetra Kafantaris, directrice générale
- **COVID-19 Updates** – Dr. Donald Sheppard, Director of the McGill Interdisciplinary Initiative in Infection and Immunity (MI4) / **Le point sur la COVID-19 –** Dr Donald Sheppard, directeur de l'Initiative interdisciplinaire en infection et immunité de McGill (MI4)
- **University Updates** – Professor Fabrice Labeau, Deputy Provost (Student Life and Learning) / **Mise à jour de l'Université –** Pr Fabrice Labeau, premier vice-principal exécutif adjoint (Études et vie étudiante)
- **Open Discussion / Discussion ouverte**



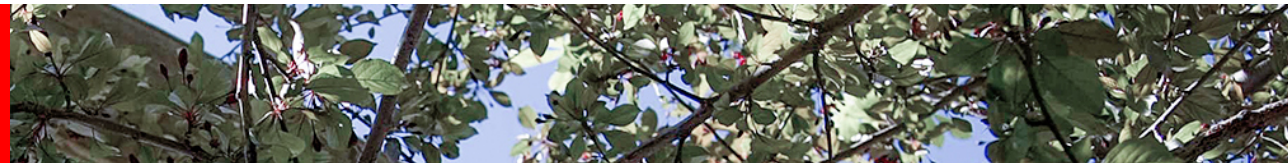
McGill | Faculty of Medicine and Health Sciences | Faculté de médecine et des sciences de la santé

Administration & Operations Update

by Demetra Kafantaris, Executive Director

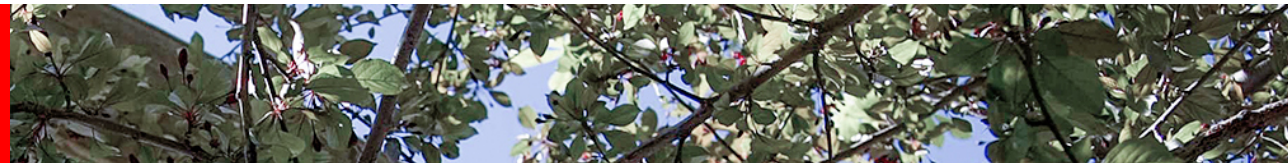
Admin: Hiring Freeze Update

- Hiring Freeze since April 2020: 4 phases of postings developed
  - At one point in time (Fall 2020-Winter 2021) > 50 vacant positions
  - Phase 1 implemented in mid-March 2021 (12 postings, incl.: *3 HR, 1 Sr Admin, 1 Assoc. Director admin, 3 Student Affairs, 1 Fin, 2 Academic Affairs*)
  - Phase 2 underway (16 postings, incl.: *4 in Academic Affairs, 4 Student Affairs, 3 Fin*)
  - Phase 3 (approx. 13 postings, incl.: *3 HR, 3 Comm, 3 Fin, 2 Med Ed, 1 MedIT*)
- Thank you to Provost's Office and Central HR team for their support
- THANK YOU!
  - Perseverance, commitment and hard work
  - Academic Staff: Empathy, understanding and cooperation



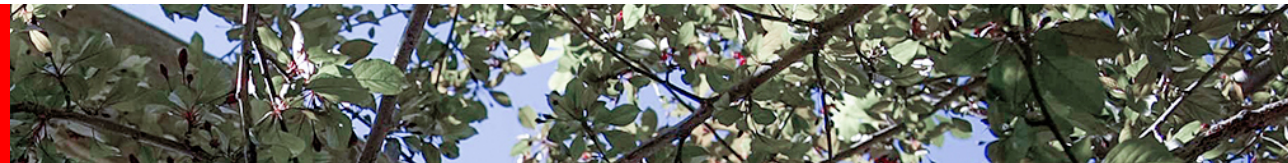
Admin Changes – a snapshot

- A year of change and mobility: mat leaves, dev. assignments, departures
- Current Admin Leadership Position recruitment efforts (examples):
  - Human Resources Office:
    - HR Director
    - Sr Labor Advisor (TBD)
  - Neuro, Director of Administration
  - CMARC, Director (TBD); Interim Associate Director named (Jarrod Nichol)
  - Administrative Excellence Centres (AECs) - :
    - Associate Dir. Fam Med, AEC4: Interim (Kennedy Kanyang'onda)
    - Associate Dir. AEC6 & 7, Interim (Christina Raneburger)
    - Associate Dir. AEC7, NEW Interim (Stephanie Larocque)
    - Associate Dir. AEC1 also supporting AEC9 (Anna Maria Henderson)
    - Associate Dir. SBMS - AEC 2, 10, 12 (Johans Fakhoury)
  - Academic Affairs Office: Associate Director, Interim (Sonia Nardini)



FMHS Re-entry Planning: Admin

- FMHS Working Group to explore possible options for post-pandemic work
  - April 2021: Survey - admin and support staff; AHA Moment session
  - Lit review (remote work and hybrid models)
  - Priorities: retention/recruitment, work/life balance, performance, team culture
  - Key Objectives: best practices, flexibility, pilot-monitor-metrics, alignment
- McGill's "New Model of Work Project Office" & "We Work" project
  - NMWPO Mandate: in-depth look at how we can adopt new ways of working that best support the University Mission, while encouraging employee engagement & innovation.
  - "We Work" pilot project, reimagining and redefining space and space sharing
  - Looking forward to seeing new paradigms
- McGill's strategy for re-entry… Prof. Fabrice Labeau



McGill | Faculty of Medicine and Health Sciences | Faculté de médecine et des sciences de la santé

COVID-19 Updates

by Dr. Donald Sheppard, Director of the McGill Interdisciplinary Initiative in Infection and Immunity (MI4)

McGill | M[i]4 Interdisciplinary Initiative in Infection and Immunity

COVID-19 CORNER

with

Don Sheppard

Director, McGill Interdisciplinary Initiative in Infection and Immunity

Chair, Dept of Microbiology and Immunology

McGill University

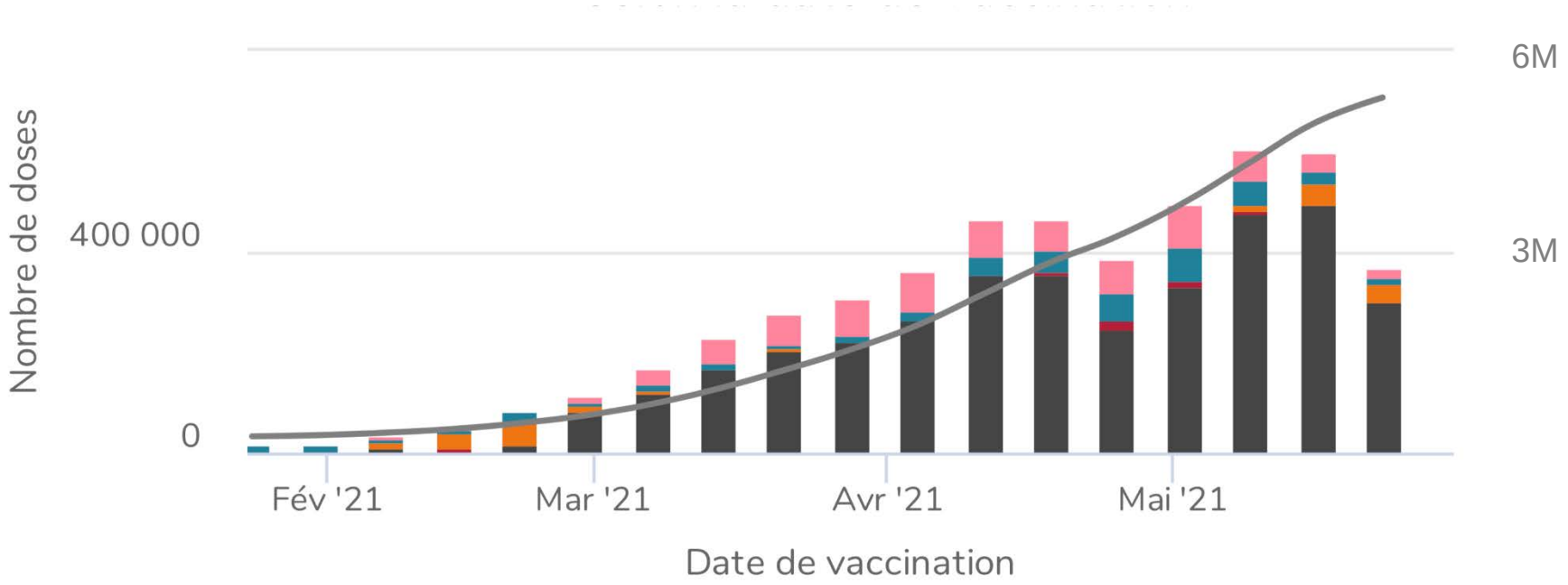
The views and opinions expressed in this presentation by Dr. Donald Sheppard are based on his analysis of data available at the time of the presentation, and do not necessarily reflect the official policy or position of McGill University or the Public Health Agency of Canada.

M[i]4 Interdisciplinary Initiative in Infection and Immunity

Will the vaccine rollout bring back our old life?

M[i]4 Interdisciplinary Initiative in Infection and Immunity

How much longer will it take?



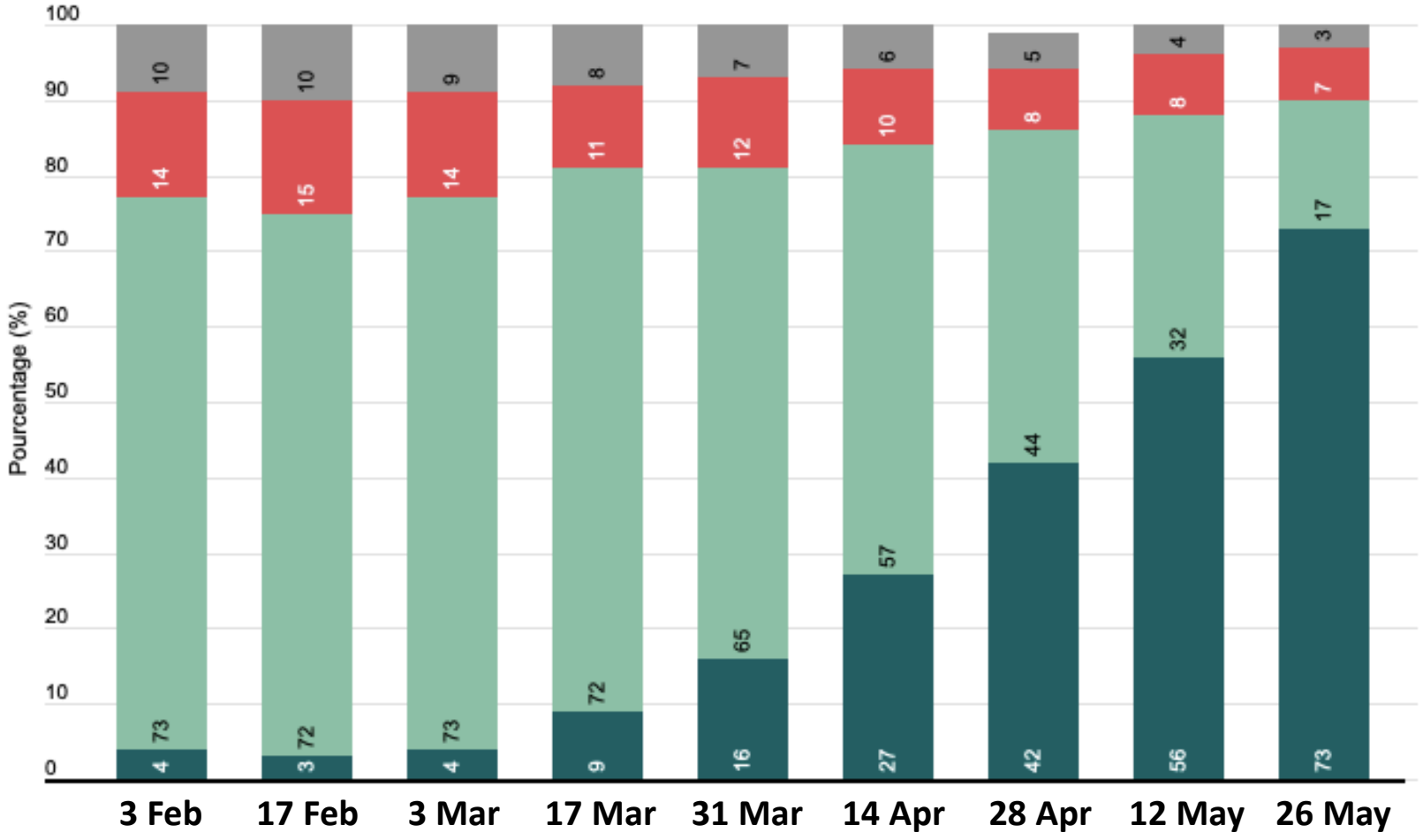
June 7
7.4M eligible
5.6M vaccinated
= 75% eligible pop.
= 66% total pop.

- Current rate: ~70 thousand doses/day
- 2 weeks for 75% of total population vaccinated with 1 dose
- **Full vaccination of 75% of total population by Sept 1 requires 71,000 doses/day (55,000 for 75% of eligible pop.)**

IF...

M[i]4 Interdisciplinary Initiative in Infection and Immunity

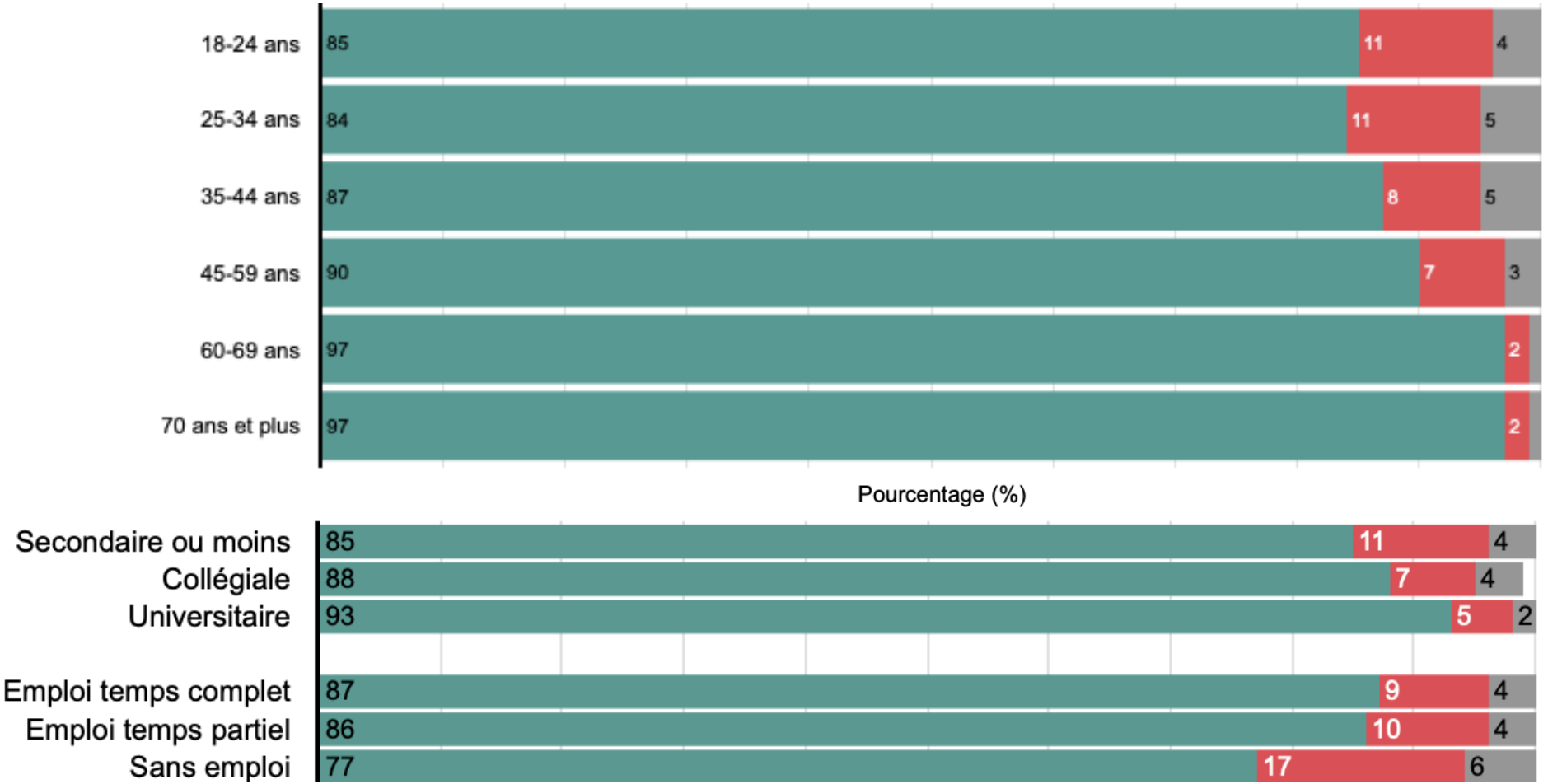
Evolution of vaccine confidence in Quebec



87.5% population >12 yr
- 10% hesitant
= **77.5% max coverage**

M[i]4 Interdisciplinary Initiative in Infection and Immunity

Vaccine confidence varies in population



M[i]4 Interdisciplinary Initiative in Infection and Immunity

4 keys to improving vaccine confidence

1. **Avoid confrontation**
2. **Listen!**
3. **Validate concerns**
4. **Personalize information**

M[i]4 Interdisciplinary Initiative in Infection and Immunity

“The vaccines were rushed out, so you can't trust them to be safe…”

Key talking points

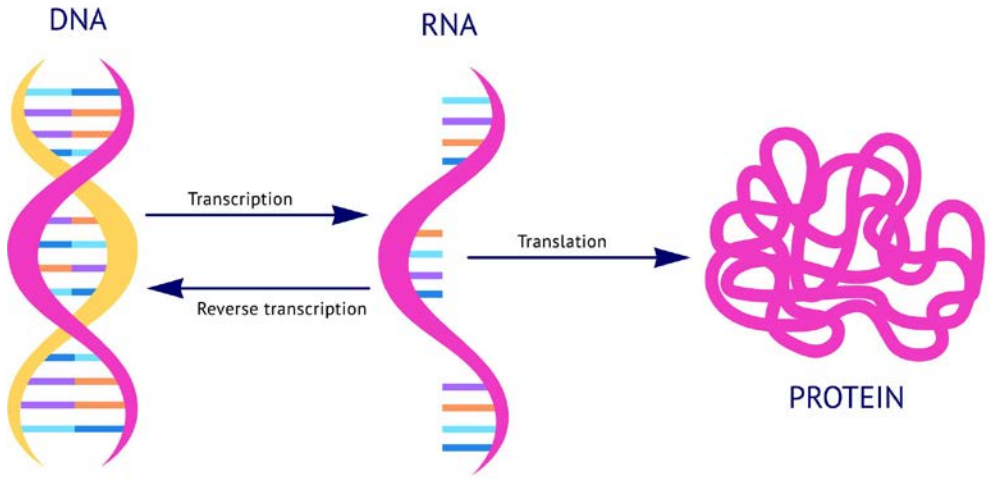
- Fast track **NOT** short cut
  - Trial approval, manufacturing, recruitment and data review accelerated
  - Same safety and efficacy criteria as for other vaccines
- Post-trial safety monitoring of millions of recipients ongoing

M[i]4 Interdisciplinary Initiative in Infection and Immunity

"These vaccines are going to alter my DNA…."

Key talking points

- Coronaviruses are RNA viruses that do not integrate into DNA
- Neither virus or the RNA vaccines encode reverse transcriptase to make DNA
- Vaccine RNA does not even encode the enzymes required to make more RNA!



M[i]4 Interdisciplinary Initiative in Infection and Immunity

"I've heard they can mess up my chances to have children …"

Key talking points

- No scientific basis for this claim
- Vaccines induce the same antibodies as natural infection which has not been associated with miscarriages
- No increase in miscarriages in pregnant women who have received the vaccine

NEJM April 21, 2021

COVID-19 Vaccines: the next frontier

Are the vaccines good enough to beat the variants?

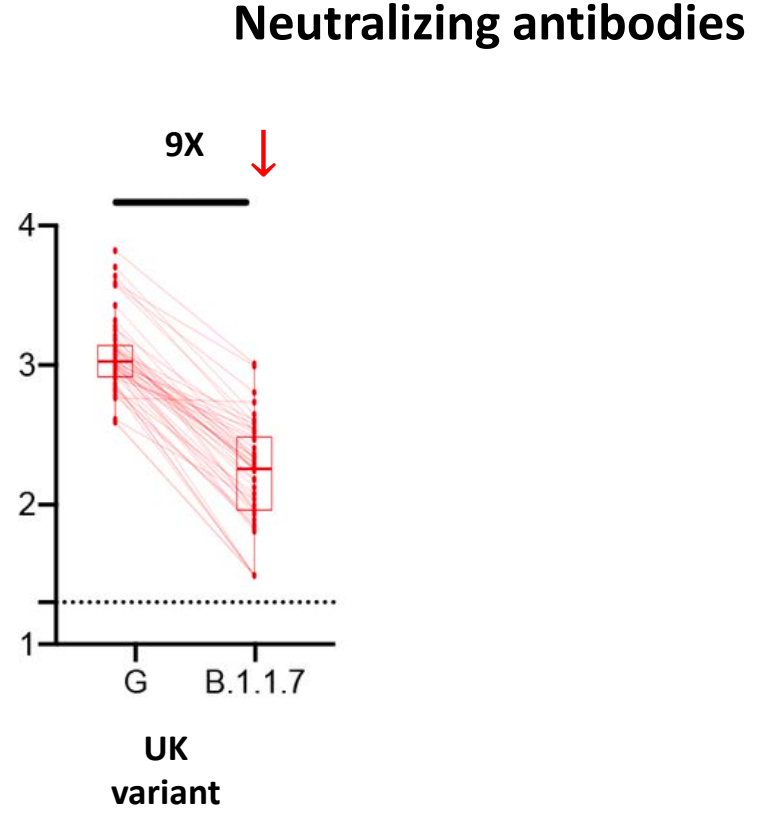
Oxford/AstraZeneca activity

Alpha (UK) variant

- 9-fold reduction in activity of neutralizing antibodies

Beta (SA) variant

- 7/12 recipients: no variant neutralizing antibodies
- 5/12 recipients: reduced antibodies (4 to 31-fold)



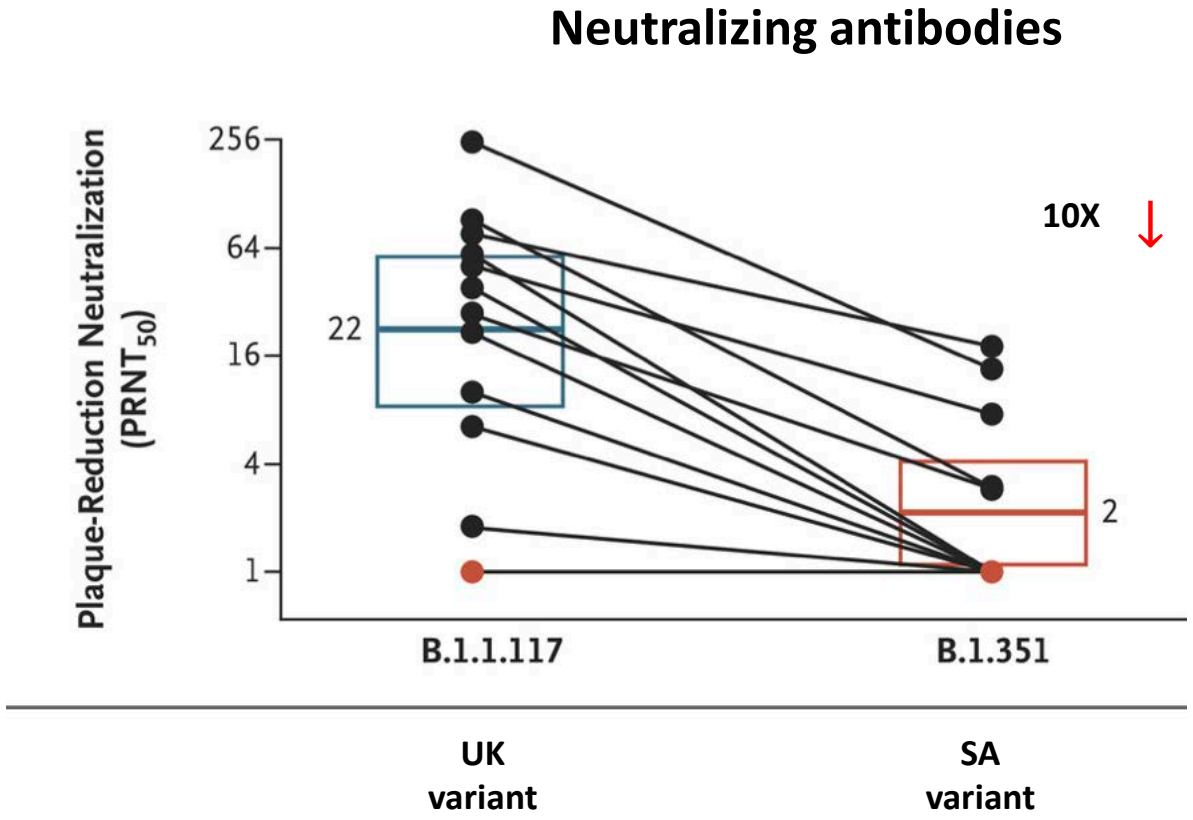
Oxford/AstraZeneca activity

Alpha (UK) variant

- 9-fold reduction in activity of neutralizing antibodies

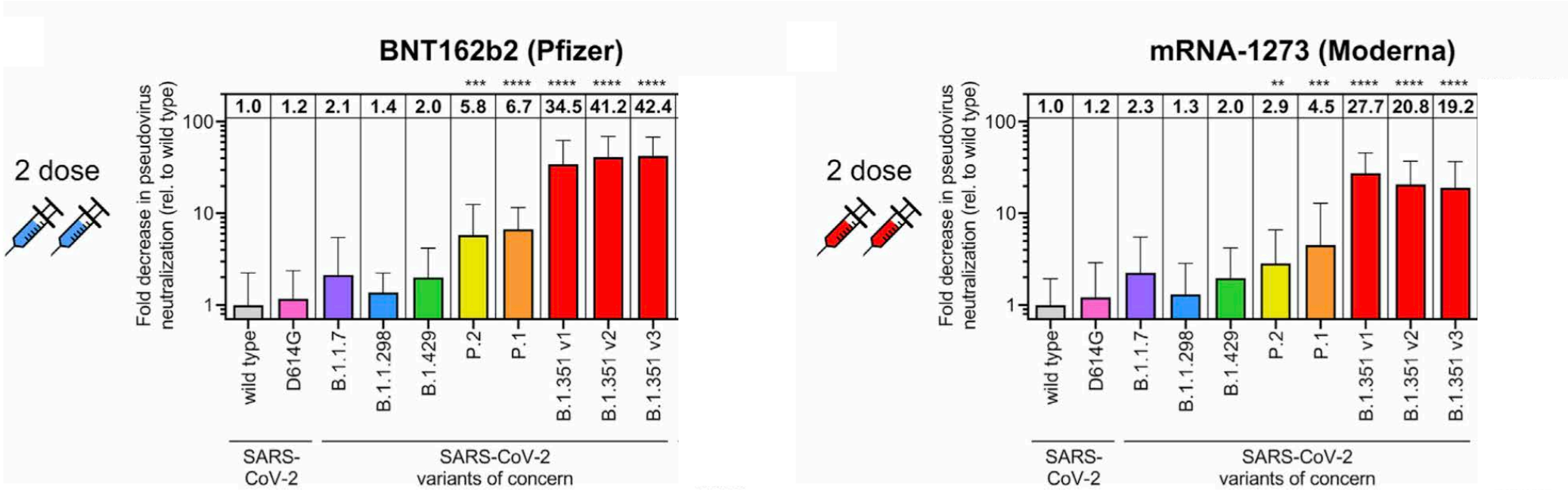
Beta (SA) variant

- 7/12 recipients: no variant neutralizing antibodies
- 5/12 recipients: reduced antibodies (4 to 31-fold)



M[i]4 Interdisciplinary Initiative in Infection and Immunity

mRNA vaccine activity



M[i]4 Interdisciplinary Initiative in Infection and Immunity

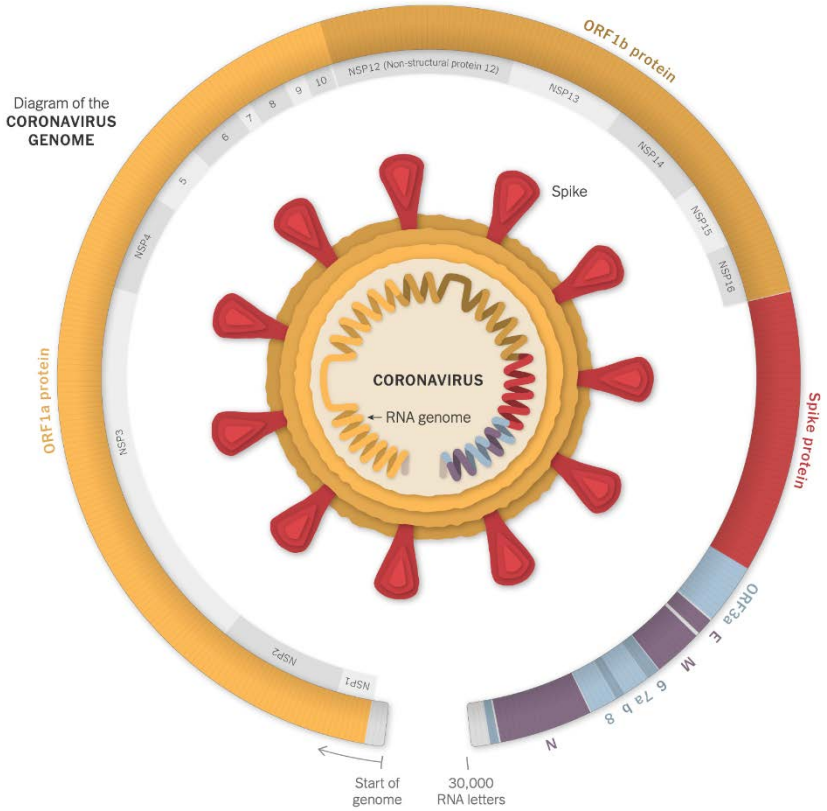
Clinical data: 2 doses

Qatar data

- Pfizer efficacy:
  - Any disease
    - Alpha (UK) variant: 90%
    - Beta (SA) variant: 75%
  - Severe disease, all variants: **98%**

UK data

- Efficacy against symptomatic disease:
  - Pfizer
    - Alpha: 93%
    - Delta: 88%
  - Oxford/AZ
    - Alpha: 66 %
    - Delta: 60%



M[i]4 Interdisciplinary Initiative in Infection and Immunity

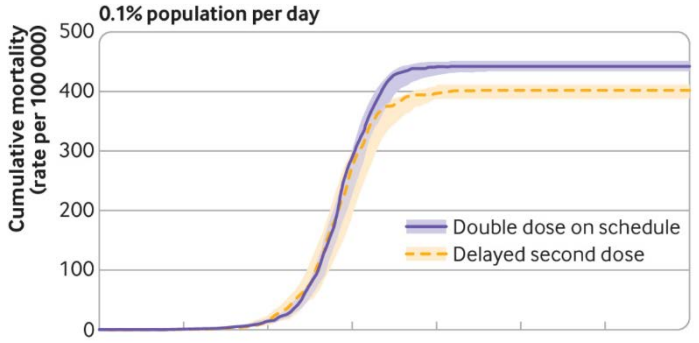
The effects of delaying the second dose…

Does delaying the first dose save lives?

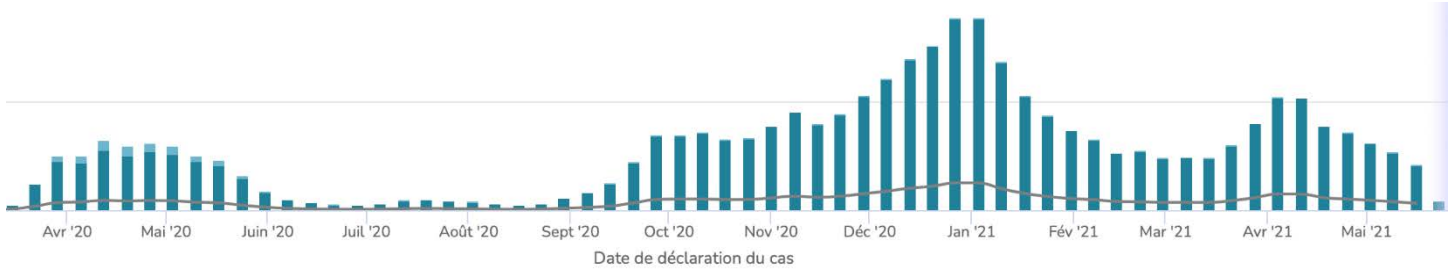
Modelling

- Marked reduction in hospitalizations and death if second dose vaccine delayed
- Benefit disappears when daily vaccination rates exceed 1% of population
- Most effective if used in younger population

Modelling data



Quebec deaths

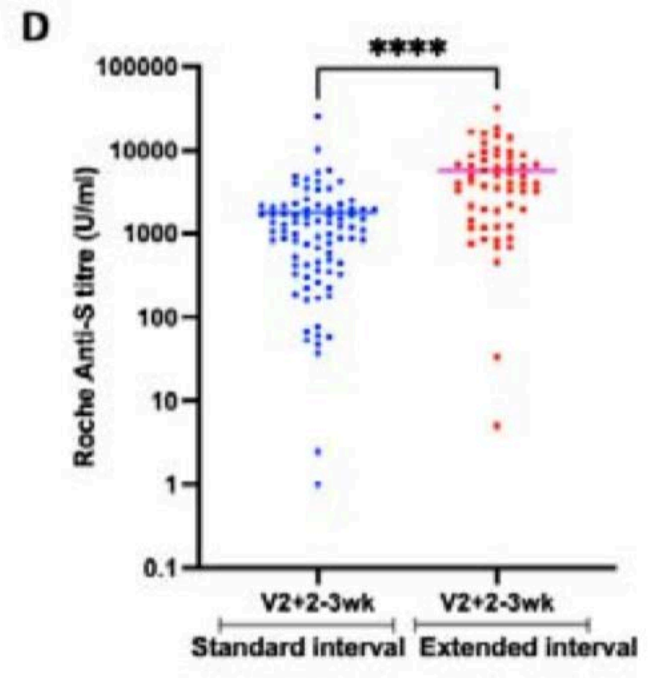


Quebec cases

Delaying the second dose: antibody response

UK

- 172 participants, >80 yrs
- Pfizer vaccines
- Randomized to 3 week or 12 week delay
- **Antibody titers 3.5 times higher in delayed vaccinated group!**

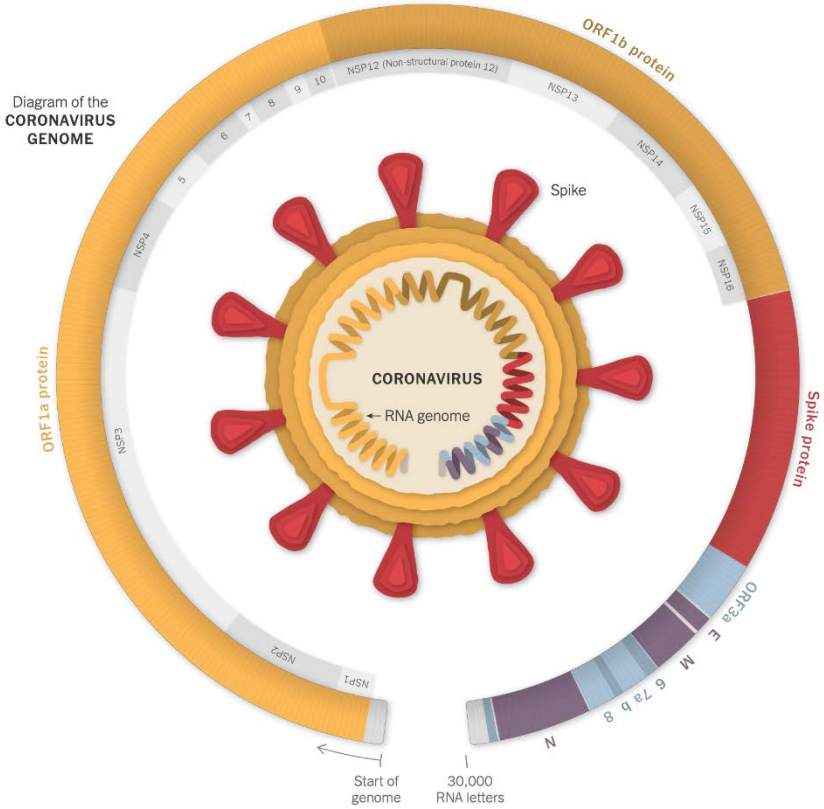


M[i]4 Interdisciplinary Initiative in Infection and Immunity

Clinical data: 1 dose protection

UK data

- Efficacy against symptomatic disease:
  - Alpha
    - Pfizer: 49%
    - Oxford: 51%
  - Delta
    - Pfizer: 33%
    - Oxford: 33%



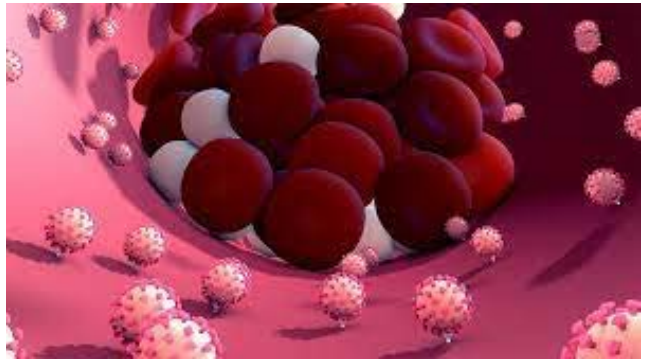
M[i]4 Interdisciplinary Initiative in Infection and Immunity

Should we mix vaccines?

AstraZeneca: is it safe?

Vaccine-induced thrombotic thrombocytopenia (VITT)

- Updated risk estimates
  - 1 : 55,000 after first dose (Canada)
  - 1 : 600,000 after second dose (UK)



Risk of severe COVID after first dose, and with low community rates of disease

M[i]4 Interdisciplinary Initiative in Infection and Immunity

Can we use mRNA vaccines for the 2nd dose?

UK (Com-COV)

- 461 participants – 4 week boost
- Increased rates of fever in mixed vaccine group

Germany

- 326 participants, 12 week boost
- Reduced rates of fever in mixed vaccine group c/w AZ/AZ

Spain (CombivacS)

- 440 AZ recipients given Pfizer 2nd dose – 8-12 week boost
- No increase in side effects
- **7-fold increase in neutralizing antibodies with Pfizer dose**
- Higher than reported with 2nd AZ dose

M[i]4 Interdisciplinary Initiative in Infection and Immunity

Take home message:

Questions?

M[i]4 Interdisciplinary Initiative in Infection and Immunity

McGill | Faculty of Medicine and Health Sciences | Faculté de médecine et des sciences de la santé

Fall 2021 Planning Update

by Fabrice Labeau, Deputy Provost (Student Life and Learning)

What is new since last month? (1/2)

Vaccination rollout:

- Provincial goal of 75% 1st dose: mid-June, which is ahead of schedule
- Accelerated goal for 2nd doses: 75% by end of August
- Added population aged 12-17 to vaccination campaign

What is new since last month? (2/2)

Government Directives: Reopening Plan for Quebec

- Projected dates to move to Orange, Yellow, Green alert levels
- Once 75% of the 2 doses target (population aged 16-29) is met and we have a stable epidemiological situation:
  - No distancing
  - Status of mask wearing is currently unknown

What does that mean … for planning?

Red Alert | Pessimistic | Realistic | Realistic+ | Optimistic

Realistic

- All at-risk people + sizeable % of population vaccinated
- 1 metre distancing
- Masks
- Most activities allowed
- Limit non-essential gatherings

ramp up

Optimistic

- Timing around start of term or soon after
- 75% fully vaccinated + stable epidemiological situation
- No distancing
- Masks?
- Move to Few/no restrictions on activities
- Gatherings allowed

Operationalization Considerations

- As we complete planning and we prepare to deploy our plans, for easier understanding, we will start referring to the different Fall 2021 phases as:
  - 1-m distancing phase (formerly Realistic)
  - No distancing phase (formerly Optimistic)

… for academic activities?

1-m distancing

- All students, instructors in Montreal for in-person
- All lectures with >150 students are delivered online
- 1-meter distancing for all in-person activities
- 60-65% of all academic activities are in person

Current course schedule (June 1 registration) is based on Realistic

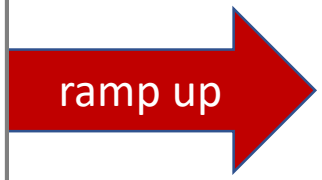
ramp up

No distancing

- New room allocations deployed with 0-meter distancing Minimal changes to schedules (day and time of day)
- Most large lectures will remain online
- Anticipate 75-80% of academic activities in person

… for research?

1-m distancing	No distancing
• 1-meter distancing in labs / shared research spaces • Cap of 2/3 of normal occupancy	• No distancing • Progressively increase occupancy to 100%

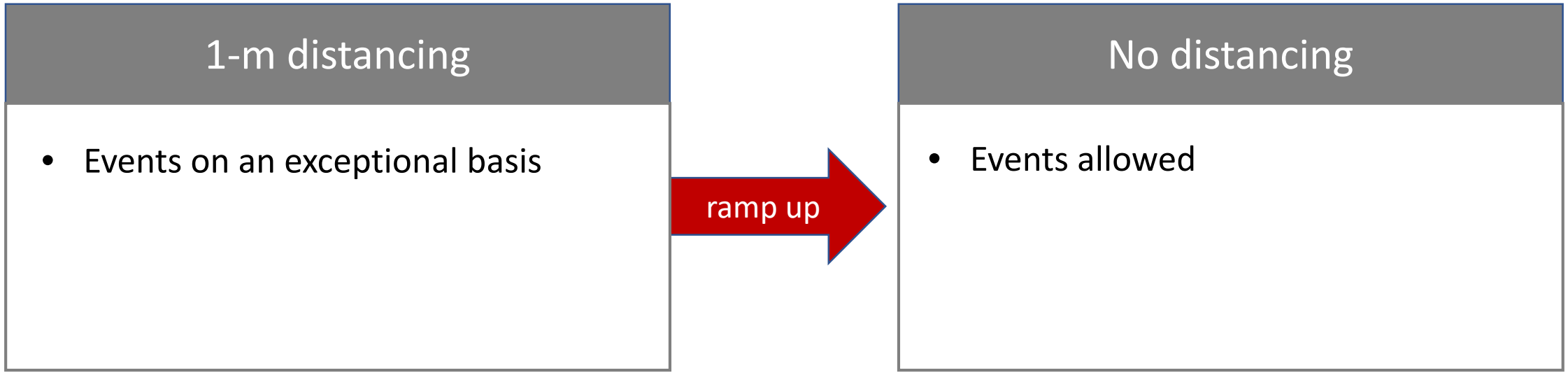


… for admin and support staff working from home?

Preparation	1-m distancing	No distancing
Move to Orange • Planning and orientation for Supervisors to prepare workspaces • Return to Campus Toolkit and other supports Move to Yellow/Green • Preparation for on-campus return	Progressive staff presence on campus Mid-August: • 1-m distancing • 30% initial minimum occupancy	75% full vaccination • No distancing • 100% occupancy • Office of New Model of Work to make recommendations early this summer for interim guidelines for Flexible Work Arrangement program

Ramp up

… for events and extra-curriculars?



Event/extra-curricular organizers:

⇨ Timing of return to Optimistic is uncertain

⇨ Given lead time for planning, aim for second half of September or later to consider holding events

Health and Safety

- 75% target triggers lifting of government restrictions (plan)
  - Assumes stable epidemiological situation; if not, some restrictions likely maintained
- McGill safety measures have worked
  - Approximately 3000 people in person each day since September 2020
  - Transmission in residence outbreaks (people not following rules)
  - But **zero** transmission on campus to staff or students in their work, teaching or research activities

Expectations over the summer

- Our community is used to restrictions, so an adjustment period is expected.
- Our campuses will see increased activity, as research activities increase, and as staff start returning to work.
  - Your faculty/ unit leads / supervisors will give you more detailed information
- Teaching staff and students may see that some activities currently scheduled on-line may receive a room allocation.
- Ongoing communications so we can keep you informed

Thank you!

All this relies on everybody's efforts.

Get vaccinated (if you can)!

June	July	August	September
Orange level: • Supervisors begin to RTC, prepare staff return • RTC Toolkit & supports • Tier 2 activities allowed	• Supervisors in-person at least 30% of time • A&S staff in-person occasionally • More restrictions lifted as alert level moves to green	• Distancing with masks • Students, instructors start to return • 2/3 lab occupancy • 30% admin and support (A&S)s staff in person • Events on exceptional basis • Residences open	• All students, instructors on campus No distancing once 75% reached: • More in-person classes/ activities • Progressive return A&S staff to 100% • Events allowed

Orange ⇨ Yellow ⇨ Green

75% - 1 dose

75% - 2 doses

Open Discussion / Discussion ouverte