

Jan 8<sup>th</sup> 2021

The Federal Ministry of Health's office was very responsive. They quickly facilitated a meeting between a representative of the National Advisory Committee on Immunization (NACI), and Laura LaChance, Interim Executive Director with the Canadian Down Syndrome Society (CDSS)

Our country faces a complex health crisis. Planning for vaccine ordering, allocation, distribution and inoculation had been underway since last summer, ahead of vaccine approvals, when the current research on the adult Down syndrome population was not available. CDSS has been assured that the committee is aware of the most recent Down syndrome research. NACI is currently undertaking a rapid systemic peer review of the literature now available and will consider it alongside other new COVID-19 medical research. As previously planned, an announcement about revisions to Stage 2 of the vaccine delivery prioritization is expected in a few weeks from now during February. Stage 1 of vaccine delivery is almost complete and aligns with the number of vaccine doses ordered by the government. Stage 2 delivery will begin next, later in the winter and will continue into the spring months. CDSS has also been assured that Provincial Ministries of Health typically follow the federal lead on such issues.

Increased risk of severe illness was identified in both recent adult cohort studies published in the UK. These studies are not causal studies. The CDSS asserts that having Down syndrome itself should not be interpreted as the sole reason for increased risk. People are not naturally at a higher risk for becoming infected or having severe illness but the varying degrees of underlying health conditions which some individuals with Down syndrome have, has been reported as putting some individuals at increased risk for severe illness and hospitalization. CDSS has asked both the Minister of Health and NACI to strategically protect our adult population by flagging adults with Down syndrome as a priority group for vaccination. CDSS has also discussed the underlying medical conditions of individuals with Down syndrome which may include a predisposition to respiratory illness and subsequent pneumonias, congenital heart conditions and possibly unusual immune responses. Adults may develop chronic lung disease, obesity and dementias at an age younger than in the general population. Our population can present the health conditions of aging in the fourth decade of life rather than in the seventh or eighth decade of the lives of the general population. CDSS has asked that individuals with Down syndrome over 40 years of age should be grouped for consideration with the individuals of advanced age in the general population. As such, the prioritization recommendations should consider any individual with Down syndrome over 16 years of age, the general youngest age of population studied during vaccine development. There has been no research to date on younger children. At this time, we do not expect an announcement for vaccine availability for children (under 16).

In the meantime, for anyone with Down syndrome, follow all public health recommendations in your region. Stay home when possible, wash your hands, wear a mask and watch your distance. Consult with your doctor about any individual concerns.

We are writing to all Provincial and Territorial Ministers of Health to inform them of our advocacy. We remain committed to this issue. We have been heard.

Our mission work includes providing resources and information about Down syndrome.

Visit our website for more: <https://cdss.ca>