International Federation on Ageing

Vaccines 4 Life

Stakeholder Showcase

Good Practices in Influenza Campaigns to Improve Rates of Vaccination

Policy Brief

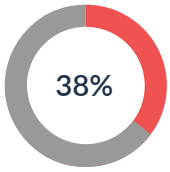
Background

Seasonal influenza vaccination is one of the most powerful public health tools for the prevention of severe health outcomes and possibly death following influenza infection (the 'flu'). (1) Populations in Canada especially at risk for poor influenza outcomes include older adults, those with underlying chronic medical conditions, and Indigenous Peoples. (1) It is estimated that influenza vaccination reduces 38% of all hospitalizations related to the illness in comparison with unvaccinated individuals. (2) Adults over the age of 65 are recommended to receive a yearly high-dose influenza vaccination, in recognition of their increased susceptibility to poor influenza outcomes. (1) In 2018, 12,200 influenza-related hospitalizations were reported, 60% of which occurred among adults aged 65 years and older, and 87% of those had more than one underlying chronic medical condition. (4)

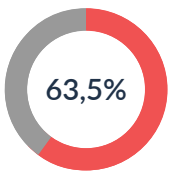
Canada's National Advisory Committee on Immunization (NACI) sets a vaccination target of 80% for influenza immunization for adults aged 65 years and older, adults between 18 and 64 with underlying chronic medical conditions, and health care professionals. Yet, vaccination rates remain suboptimal, typically ranging between 62% to 65% every year. (3) Evidence suggests that populations in Canada that are underrepresented in influenza vaccination include those between 12 and 64, with individuals aged 18 to 34 being the least vaccinated age group (27.5%); men over 17; those with a college education (compared to those with an elementary, secondary, or university level of education); and individuals experiencing homelessness. (3–6) Specifically looking at adults aged 65 and above, White, Black, and Arab Canadians were found to be the least likely ethnic groups to be vaccinated for influenza, while younger age, the absence of a chronic medical condition, and less education also were predictors of non-vaccination. (6,7) In light of the Covid-19 pandemic, increased influenza vaccination is a vital activity that can assist in the management of the health care system's capacity. (1)

Reasons that Canadians choose to remain unvaccinated against influenza include a belief that influenza vaccines are ineffective, that they may become infected with an influenza virus from the vaccine, that influenza does not pose a significant risk to their health, and that vaccination is inconvenient. (5,6)

The International Federation on Ageing (IFA) strives to be a global point of connection and network of experts to influence and shape age-related policy, which includes improving the uptake rates of adult influenza vaccination. The IFA Stakeholder Showcase was convened to support progress in the Canadian influenza immunization policy dialogue by bringing together 17 patient and ageing organizations (civil society organizations [CSOs]) across Canada to form a collective voice with a common goal and agenda. CSOs can be a trusted source of vaccination outreach to the general population and are therefore an impressive resource for public health policy makers.



decrease in hospitalization



vaccination rates

The Problem

Although vaccination is an effective public health intervention against severe complications and death due to vaccine-preventable diseases (VPDs), suboptimal vaccination rates and the high burden of influenza infections in older adults and people with underlying chronic medical conditions highlights the need for stronger efforts to improve influenza vaccination rates across Canada. Consequences of a low influenza vaccination rate are increased influenza-induced and pneumococcal morbidity increased healthcare costs, outbreaks in long-term care and assisted living facilities which impact residents, workers, and family members regardless of individual-level infection. (8–10) Prior to the IFA Stakeholder Showcase there were few efforts to learn from CSOs 'on the ground' on how to improve influenza vaccination campaigns for older adults and support public health.

In Canada, CSOs have the capability of providing evidence-based information to support members in making well-informed vaccine- and health-related decisions while also representing the collective voice of populations most at risk for poor influenza outcomes.

Key Findings

The IFA Stakeholder Showcase provided an opportunity to collectively learn from the challenges faced when implementing influenza advocacy campaigns and establishing recommendations toward influencing policy to improve seasonal influenza vaccine uptake amongst older adults. CSOs acknowledge the importance of life course immunization campaigns which hold high the pillars of influenza prevention, vaccination access, and outcome equity.

The Showcase brought CSOs together to come to consensus that there is a critical need to drive action towards reducing the burden of influenza in older adults so they can maintain function, participation, and contribution to their communities. Most significantly, CSOs also identified common barriers to vaccination that contribute to the burden of influenza amongst Canada's ageing population.

Barriers

The main barriers towards influenza vaccination uptake that Canadian CSOs identified were logistical limitations to acquiring high-dose vaccinations recommended for older adults and a public lack of awareness on the dangers posed by influenza. Despite Canadian CSOs prioritizing influenza vaccination advocacy campaigns, influenza vaccination remains to be inequitable and inaccessible across Canada, leaving many adults choosing to remain unvaccinated.

Logistical barriers to vaccination include supply chain issues which concerned many stakeholders. High-dose vaccines are not understood to be an investment by some provinces in Canada, where provinces are responsible for health care systems. This runs counter to analyses by Chit et al. and Shireman et al. which both found that there was a high return on investment for vaccinating older adults with high-dose rather than standard-dose influenza vaccinations. (9,10) Environmental barriers to vaccination were also identified by CSOs that could be accounted for in order to improve influenza vaccination access for older adults with increased accessibility needs.

Misinformation on the importance of being vaccinated for older adults was identified as a major factor contributing to low rates of vaccination, despite the number of hospitalizations and deaths caused by seasonal influenza in older adults and adults with underlying chronic medical conditions each year in Canada. Current vaccination programs place an emphasis on childhood influenza vaccination programs without dedicating equal resources towards the promotion of adult vaccination.

Additional barriers relating to influenza immunization policy identified by CSOs participating in the IFA Stakeholder Showcase were the decentralized nature of Canada's healthcare system, inconsistent provincial funding for high-dose vaccines that are recommended for older adults, and a lack of standardized age-disaggregated data that can be used to better inform vaccination rates in Canada. Greater investment in infrastructure and adequate funding in comprehensive vaccination programs across the life course is essential to the longer term success of national campaigns to support these organizations and their work in advocating for adult influenza vaccination.

Recommendations

As evidenced by the IFA Stakeholder Showcase, a collaborative, interdisciplinary, and targeted approach with clear and measurable actions is needed to improve adult influenza vaccination rates across Canada. Building on thoughtful discussions around good practice in the Canadian context, this policy brief presents the following recommendations:

1. Prioritization and implementation of a life-course approach to immunization as a key pillar of expanded prevention strategies will save the lives of all Canadians, especially those 'at-risk'. Stakeholders agree that strategies must be targeted to older people who are 'at-risk', and campaigns must be developed through a collaborative effort that promotes vaccination in a positive framing manner (e.g., receive vaccines, stay healthy).

Campaigns should be launched in collaboration during the International Day of Older Persons so as to align with the beginning of Canada's influenza season.

2. Influenza immunization campaigns (message content, format, and distribution channels) must consider the varying social determinants (income, education, access to affordable health services, and social inclusion) of at-risk populations in their development, monitoring, and evaluation. These campaigns must also consider the unique barriers that face at-risk populations in accessing the internet and said resources.

3. Accessibility of vaccination needs to be prioritized. Canada's National Advisory Committee on Immunization has approved for influenza vaccinations to be administered at the same time as Covid-19 vaccinations(1). In light of bivalent Covid-19 booster vaccinations being distributed in response to the Omicron variant of the coronavirus, policy makers could take this opportunity to offer influenza vaccinations simultaneously at vaccination sites.

4. **As evidenced, health promotion and prevention require collective efforts across sectors and disciplines.** Given the overarching goal of CSOs to advocate for the needs of their members, promoting CSOs as a platform of knowledge sharing and exchange in order to promote influenza vaccination could support Canada in reaching its goal of having 80% of adults over the age of 65 vaccinated against influenza.

Conclusion

The IFA Stakeholder Showcase for the first time brought together CSOs across Canada to discuss how to collectively improve adult influenza vaccination rates. The information collected from across provinces and sectors can inform the development of a roadmap of policy changes needed to improve adult influenza vaccination uptake rates across Canada by building upon the knowledge, experiences, and capacity of stakeholders.

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