

Criteria: Policies		
Indicators	Description	Status
National aged care strategies include discussion of older adult immunization. ¹	The national aged care strategy discusses broadening its mandate and funding the National Immunization Strategy. The strategy recommends implementing awareness campaigns and suggests leveraging care providers. ¹	
<p>The National Immunization Programme/Plan (NIP) specifies older adults in vaccination schedules.</p> <ul style="list-style-type: none"> ✓ COVID-19 (Age: 60+) ✓ Influenza (Age: 65+) ✗ DTap (Age: 18+) ✓ Pneumococcal pneumonia (Age: 65+) ✓ Respiratory syncytial virus (RSV) (Age: 60+) ✓ Shingles (Age: 50) 	<p>Canada recommends vaccination for older adults, including COVID-19, influenza, pneumococcal pneumonia, RSV, and shingles.^{2,3}</p> <p>DTap vaccination is recommended for people 18 years and older, however, there is no specific recommendation targeting older adults.⁴</p>	
National advisory committees on immunization (e.g., NITAGs) include expertise on ageing, geriatrics, internal medicine and/or adult vaccination, and a life course approach to immunization is included within decision-making processes and recommendations, with reference to key performance indicators and immunization rate targets specific to older adults.	The NITAG in Canada, the National Advisory Committee on Immunization (NACI), includes a geriatrician. ⁵	

Criteria: Funding		
Indicators	Description	Status
Government programs reimburse vaccines included in the NIP for at-risk populations, including older adults and people with chronic conditions.	Reimbursement of vaccines varies provincially and territorially. ⁶ Most programs provide reimbursement or full coverage for most vaccines.	

¹Vaccines examined in the GAAV include influenza, pneumococcal pneumonia, COVID-19, RSV, pertussis, and shingles.

Criteria: Funding		
Indicators	Description	Status
National strategies prioritize the need for continuous monitoring of allocated budgets related to the funding and reimbursement of vaccines and public health efforts for older adults.	<p>Overall public health spending in 2023-2024 dedicated to infectious disease prevention and control is forecasted to be \$ 3,956,722,333 (77% of the 2023-2024 forecast spending). Of this budget, the Public Health Agency of Canada is investing \$5.2 million (0.134% of budget) to address gaps in vaccine safety, coverage and effectiveness.⁷</p> <p>Moreover, in 2023, the government renewed its commitment to the Immunization Partnership Fund, investing over \$9.5 million for 2023-2024.⁸</p>	

Criteria: Program		
Indicators	Description	Status
Campaigns target older and at-risk adults by providing easily accessible information (web pages, brochures, television/radio ads, social media) on adult immunization and promoting a life course approach to immunization.	Government-provided information is easily accessed on a provincial basis. Vaccine-related health communications information can be found when using the search terms: "Vaccines + Seniors + {Province Name}." ⁹ Communications include web pages, booklets/guides, posters, videos, and digital tools. ^{10,11}	
<p>Vaccination administrators are expanded to include other healthcare workers and professionals, such as pharmacists, nurses and support workers through easily accessed sites.</p> <ul style="list-style-type: none"> ✗ Community health workers¹² ✓ Medical/Pharmacy and/or nursing students *with supervision ? Midwives ✓ Nurses (including Nurse Practitioners) ✓ Paramedics *with training ✓ Physicians ✓ Physician assistants ✓ Pharmacists ? Pharmacy technicians ? Support workers 	<p>In Canada, vaccination can be provided by many types of healthcare providers.</p> <p>Medical students can largely administer vaccines after completing their clinical years. Nursing students can administer vaccinations with supervision.¹³</p> <p>Pharmacist's authority to administer vaccination varies provincially. Pharmacists have no vaccination administrative authority in the Northwest Territories and Nunavut.¹⁴</p> <p>It is unclear whether midwives can administer vaccines beyond the COVID-19 pandemic.</p> <p>The authority for paramedics to administer vaccines is provincially regulated. Some provinces require orders from a medical/nurse practitioner, or completion of specialized training for paramedics to administer vaccinations.¹⁵⁻¹⁷</p> <p>Physician assistants are trained and authorized to perform minor medical procedures and interventions, including vaccinations.¹⁸</p>	

Criteria: Program		
Indicators	Description	Status
Healthcare professionals are well-trained, informed, and upskilled on the benefits and administration of vaccines for older adults (e.g., specialized education on adult vaccination is included in medical curriculum, continuous education is available to healthcare professionals).	<p>Immunization resources are available on Infection Prevention and Control Canada (IPAC).¹⁹</p> <p>Additionally, there are several online courses and curriculum available through IPAC, including the IPAC Canada Long Term Care Infection and Prevention and Control Certificate Course.²⁰</p> <p>It is unclear if discussion of adult vaccination outside of long term care is included, considering this curriculum must be purchased to access the modules and syllabus.</p> <p>Knowledge of or skills in administering vaccinations for older adults is not included in the Immunization Competencies for Health Professionals handbook.²¹</p>	
Authorities define clear administrative guidelines, including eligibility criteria and protocols, for each vaccine.	The NIP details the main vaccine schedule, including boosters, eligibility and frequency for each recommended vaccine, and those for specific risk situations. ^{3,4}	

Criteria: Performance		
Indicators	Description	Status
National Immunization Programmes or Plans set goals and targets for the reduction of VPD rates and adult immunization coverage.	<p>There are currently goals outlined for influenza and pneumococcal vaccine coverage by 2025 in the Vaccination Coverage Goals and Vaccine Preventable Disease Reduction Targets.²² Specifically, the pneumococcal vaccine coverage goal amongst people 65+ is 80% (currently Canada has achieved 55% coverage), and the influenza coverage goal is 80% (currently Canada has achieved 70.2% coverage).²³</p> <p>Other routine vaccinations for older adults are not included.</p>	
Authorities collect and update comprehensive coverage data for adult immunization (2021 or earlier), extending beyond coverage rates for influenza and COVID-19 through adult national immunization coverage data collection templates (e.g., aNICs).	The Public Health Agency of Canada conducts Adult Immunization Coverage Surveys (aNICs) to measure immunization coverage for adult Canadians across Canada. Coverage data from 2023 is available and includes general data on DTap, shingles, pneumococcal pneumonia, and age-disaggregated coverage data on influenza and COVID-19 for ages 50-64, 65-79, and 80+. ²³	
Stakeholders and/or authorities collect and document age-disaggregated data, including immunization and burden of disease rates, to support evidence-informed decision-making and strategy development on vaccination.	Canada collects age-disaggregated data on vaccination and burden of disease. ²⁴ The aNICs also outline vaccine hesitancy, knowledge, attitudes, and beliefs amongst the population. ²³	

Criteria: Equity		
Indicators	Description	Status
The NIP provides a specific focus on sub-groups of older adult populations at high risk of infectious diseases (e.g., cardiovascular diseases, diabetes, and other non-communicable diseases).	The Canadian Immunization Guide outlines vaccination of people with chronic conditions (diabetes, cardiovascular disease, etc.) as well as co-morbidities, but does not explicitly acknowledge older adults with chronic diseases. ²⁵	
Vaccine administrative pathways acknowledge and accommodate equity-based barriers, driven by the social determinants of health, to sub-groups of populations, such as refugees, Indigenous populations, and older adults residing in rural settings.	<p>The Federal government invests into the Immunization Partnership Fund, which funds maintaining vaccination coverage for marginalized communities (refugees, Indigenous people, rural communities).</p> <p>One of the community-driven, government funded programs, titled 'Deepening Engagement to Increase Vaccine Confidence and Acceptance' explicitly targets older adults.^{26,27}</p>	

Criteria: Long-Term Care Settings		
Indicators	Description	Status
The NIP explicitly acknowledges older residents (65+) in long-term care settings as immunosuppressed, at-risk, or high-risk populations.	The Canadian Immunization Guide acknowledges long-term care residents when discussing high-dose pneumococcal vaccinations. Long-term care residents are also recognized and prioritized in Canada's COVID-19 Immunization Plan when discussing vaccine roll out and distribution. ^{2,3,28}	
Adult immunization is included in national long-term care strategies (if present).	Provinces and territories are primarily responsible for the delivery of long-term care; therefore, strategies vary across the country. While a national long-term care strategy does not exist, the need for one has been highlighted. Still, the discussion paper that describes the need for a long-term care strategy in Canada does not discuss vaccination or immunization. ²⁹	

Criteria: Civil Society Organizations		
Indicators	Description	Status
Civil society organizations (e.g. community groups, NGOs, labour unions, patient organizations, professional organizations) provide evidence on immunization to help inform policy creation that is reflective of the needs of older adults across the country.	CSOs such as CanAge, the Lung Health Foundation, and the Canadian Association for Retired Persons provide evidence and materials to support adult vaccination. Still, the prominence and number of CSOs addressing adult vaccination are limited. ^{9,30}	
Civil society organizations provide educational resources to constituents on the importance of adult vaccination across the country.		
National long-term care strategies (if present) include adult immunization.		

Legend	
Criteria is fully met	
Criteria is partially met	
Criteria is not met	
Insufficient/ inaccessible/unclear evidence.	

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