

Improving Adult Influenza Vaccination in Canada: Learning from International Good Practices

Position Paper

From the 3-part meeting series held September - November 2020

Background

Immunization has been transformative in the past century as one of the most effective public health interventions against vaccine preventable diseases (VPD) such as influenza. Within Canada, influenza consistently ranks as a leading cause of death and accounts for an estimated 12,000 hospitalizations annually.^{1,2} It risks serious acute complications and considerable loss of functional ability and autonomy, particularly among older adults and those with chronic medical conditions.³

While there are several adult influenza vaccines available and recommended, vaccination rates are far below an acceptable threshold. According to the 2018-2019 Seasonal Influenza Vaccination Coverage Survey 70% of adults aged 65 years and over, and merely 43% of adults aged 18-64 years with chronic medical conditions were vaccinated.⁴ In part this is because, although Canada has universal health care, there are significant structural barriers which reduce both access to and equity of adult immunization programs.

In contrast to other industrialized countries with harmonized national influenza immunization schedules, each province and territory in Canada defines its own schedule, which may differ in vaccine availability, reimbursement and eligibility criteria despite the National Advisory Committee on Immunization (NACI) recommendation of both standard and enhanced influenza vaccines. For the 2020-2021 influenza season, NACI recommends 4 influenza vaccines (IIV3-SD, IIV3-Adj, IIV3-HD, and IIV4-SD) for at-risk populations, however, some provinces do not publicly fund those recommended influenza vaccines, whereas others do.⁵

While Health Canada's National Immunization Strategy 2016-2021 speaks to a shared responsibility across provinces and territories, it provides a framework rather than specific, measurable, and binding national public health indicators. For almost a decade, experts have called for a harmonized immunization schedule to replace the current disjointed system, which is neither safe, equitable or cost effective. While this is not a new concept, the urgency to close the inequity gap in immunization within the current healthcare system is growing and presents an immediate opportunity.

Issues

The measurable adverse impact of influenza on healthy life expectancies, health system pressures and the contributions of older Canadians must be recognized as a priority. With a growing ageing population across Canada and the world, experience has shown the benefits of investing in the prevention of VPDs through an effective adult immunization framework. In 2011 public health experts called for harmonization in the pediatric immunization infrastructure, and now the gap in adult immunization infrastructure must urgently be addressed.⁶ Moving forward, there are necessary steps identified by expert stakeholders, which may lead to more equitable and accessible adult influenza vaccination policies and programs across Canada.

Data Registry

Unlike the pediatric vaccination landscape, there is no standardized vaccination registry for adults, and reporting requirements differ across provinces and territories.⁷ There is a paucity in comprehensive, real-time data on adult immunization schedules, vaccine supply, vaccine delivery, and immunization history. Data is a barrier to not only effective vaccine delivery for patients, primary care providers, local public health units but also to planning by provincial and territorial Ministries of Health as there is incomplete information of the disaggregated burden of influenza on at-risk populations and consequently suboptimal access to effective and appropriate vaccines.

Interprofessional Participation

Adult vaccines are administered traditionally at facilities and institutions including medical clinics, pharmacies, long-term care facilities, prisons, workplaces. Interprofessional participation is an essential action within a national immunization strategy to support the timely and equitable access to information and services by expanding the involvement of a broader health workforce. The success of pharmacy-based vaccination is well documented, with 87% of Canadians reporting trust in their recommendations regarding immunizations. However, it is important to consider the involvement of paramedics, long-term care facility personnel, community support workers, specialists of at-risk chronic medical conditions (i.e. diabetes) as sources where vaccines could be administered.⁸ The Public Health Agency of Canada provides guidelines for health professional competency training on immunization, however older Canadians and those with chronic medical conditions must be addressed explicitly as a population requiring special consideration.⁹

Harmonization

Significant inequities across provinces and territories in adult immunization policies and practices are historical and ongoing. While provinces and territories have jurisdictional responsibility over the management of health portfolios, variations in eligibility for and cost of influenza vaccination for particular age groups represents a serious concern and in the broadest sense discrimination.¹⁰ Harmonizing adult immunization policies and practices across provinces and territories given both local and international good practices can be achieved by building upon existing infrastructure.

Position

Aligned with the World Health Organization [Immunization Agenda 2030: A Global Strategy to Leave No One Behind](#) and in the context of the United Nations [Decade of Healthy Ageing 2021-2030](#), preventing functional decline to support healthy ageing through a life course immunization framework must be a national priority. Policies and practices that ensure more equitable vaccine distribution, engage citizens and patients, reduce vaccine hesitancy and improve accessibility are urgently needed. To respond to the issues impacting Canada's adult immunization framework and towards supporting the current and future National Immunization Strategy Objectives, there is an urgent need to:

1. Call for representation of appropriate professionals in the field of ageing and geriatrics within National Advisory Committee on Immunization;
2. Create robust registries in provincial jurisdictions through federal funding as a foundation for a future national vaccine registry;
3. Develop standardized reporting requirements of vaccine coverage across provinces and territories;
4. Use advanced technologies to update immunization database software and hardware;
5. Develop and conduct competency training on life course vaccination as part of a national curriculum across sectors and disciplines;
6. Develop and embed a process for public and professional consultation on the development of national immunization objectives;
7. Harmonize eligibility criteria for vaccination in pharmacies; and
8. Scale up effective screening processes to support adult immunization, for example within long-term care facilities.

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Ms. Lucie Marisa Bucci
Senior Manager
Immunize Canada

Dr. Ryan Doherty
President & Founder
EMPOWER Health

Mr. Peter Glazier
Executive Vice President
Lung Health Foundation

Dr. Iris Gorfinkel
Family Physician and Founder
PrimeHealth Clinical Research

Dr. Sandra Hirst
Associate Professor Emeritus
University of Calgary Faculty of Nursing

Ms. Laura Tamblyn-Watts
President and Chief Executive Officer
CanAge

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