



International  
Federation on  
Ageing



# Toward Harmonized Adult Vaccination Schedules Across Canada

Consensus Statement and Recommendations

January 2026

*This initiative has been supported by an unrestricted educational grant from Moderna and Pfizer*

## Background

Vaccine-preventable diseases (VPDs), including influenza, COVID-19, RSV, shingles, and pneumococcal disease continue to exert a substantial and rising burden on health and economic systems. Adult immunization programs are cost-saving, already generating more than \$2.5 billion annually in healthcare and productivity benefits - an impact that could rise to \$3.1 billion with just a 10% increase in uptake <sup>(1)</sup>.

The burden of many VPDs is borne disproportionately by older adults. Seasonal influenza contributes to more than 12,000 hospitalizations and 3,500 deaths annually, while COVID-19 resulted in approximately 6,000 hospitalizations in 2024, with adults aged  $\geq 65$  years experiencing the highest rates and the majority of deaths <sup>(2-4)</sup>. Other VPDs add substantially to this burden: pneumococcal pneumonia remains a leading cause of death among Canadian adults, shingles affects one in three Canadians - most commonly in older adults - and RSV leads to an estimated 23,000 hospitalizations annually among adults aged 60 and older, with many of these estimates likely understated <sup>(5-8)</sup>.

These figures highlight the continuing vulnerability of older adults to VPDs and the wider system value of adult immunization programmes. Greater alignment and clarity in adult immunization schedules would help reduce strain on health services while strengthening protection for older adults and individuals living with chronic conditions, who face the highest risks. Yet access and funding vary across provinces. In parts of Canada, recent policy changes, as an example, mean certain vaccines are no longer fully funded for all adults, leaving many to pay out-of-pocket unless they meet high-risk or program-eligible criteria a marked contrast to other jurisdictions where these vaccines remain publicly funded for all eligible adults <sup>(9)</sup>.

Despite clear evidence of benefit, access to adult vaccines remains inconsistent across Canada. Provinces and territories are not required to fund all vaccines recommended by the National Advisory Committee on Immunization (NACI), resulting in uneven eligibility, financial barriers, and disparities in uptake <sup>(10)</sup>. As new adult vaccines enter the market, these gaps continue to widen. Fragmentation also places operational pressure on healthcare providers, who must navigate differing schedules, limited consultation time, and widespread misinformation - particularly during pandemics and humanitarian crises - which undermines informed decision-making and public confidence in immunization <sup>(11, 12)</sup>.

Improving population health will require more coordinated and accessible approaches to adult vaccination. Although immunization across the life course is one of the most effective public health interventions, inconsistencies across provincial and territorial schedules continue to hinder equitable access, especially for older adults and those with chronic conditions. Greater national direction - through clearer alignment of eligibility criteria, timing of doses, funding models, and programme requirements - would reduce confusion, improve access, and support more consistent communication for both the public and healthcare providers. As new vaccines emerge and recommendations evolve, the growing complexity of adult immunization reinforces the need for coordinated, system-level approaches.

# Consensus Statement

In light of these challenges, the International Federation on Ageing (IFA) convened a virtual Think Tank - *Toward Harmonized Adult Vaccination Schedules Across Canada* - to build consensus among leaders in ageing, patient advocacy, vaccination, and policy. The aim was to identify shared priorities and practical actions to advance more coherent, accessible, and equitable adult immunization across Canada.

This Think Tank forms part of a broader initiative to strengthen alignment and improve access to vaccines for older adults and at-risk populations. It is complemented by a national audit of adult vaccine schedules, with particular focus on COVID-19, influenza, RSV, pertussis, shingles, and pneumococcal vaccination.

Across the closed dialogue, participants expressed the importance of reducing complexity, streamlining access pathways, and establishing clearer national direction for adult vaccination. These perspectives coalesced around a set of key actions intended to guide future policy development, strengthen public confidence, and support more coordinated adult vaccination schedules as a mechanism to improve uptake and equitable access.

## 1. Aligning Adult Vaccination Across Jurisdictions

**Goal:** Reduce inconsistencies across jurisdictions by anchoring adult vaccination programmes in clear national guidance and coordinated implementation.

A more aligned approach to adult vaccination begins with adopting NACI recommendations as the national standard, with any jurisdictional variations transparently justified by epidemiological evidence. Establishing a standard adult vaccination schedule with clear age-based milestones (e.g., 50, 60, 65, 75) and triggers linked to chronic conditions or life transitions - such as entry into long-term care - would improve predictability and support easier navigation for adults and healthcare providers.

Improved federal-provincial-territorial coordination is essential to address the current patchwork of eligibility, access, and coverage. Key priorities include clearer pathways for the integration of new vaccines into provincial programmes, transparent and timely decision-making processes, coordinated procurement, and sustainable funding mechanisms that support equitable access for older adults and at-risk groups.

Several provincial approaches already demonstrate practical strategies for improved alignment and approaches to vaccination. Pharmacist-enabled delivery models, streamlined access pathways, and expanded publicly funded vaccine supply in community settings, as examples, illustrate mechanisms that can be leveraged nationally and across jurisdictions to improve uptake and strengthen system responsiveness.

## 2. Strengthening Delivery through Expanded Access and Modernized Infrastructure

**Goal:** Ensure adults and at-risk groups can receive recommended vaccines in convenient, reliable settings, without unnecessary administrative hurdles (e.g., through a 'no wrong door' delivery system that expands access and reduces barriers).

An effective adult vaccination system requires multiple accessible points of care. Expansion of pharmacy-based vaccination is central to this objective and includes removing prescription requirements for recommended vaccines and enabling pharmacists to administer all publicly funded doses. Pharmacies should function alongside primary care, public health clinics, community outreach sites, and mobile services to support timely and equitable access.

Reduced administrative and logistical barriers are equally important. Improvements to booking systems, clearer eligibility pathways, and tailored supports for homebound or mobility-limited individuals - including home-based vaccination and transportation assistance - would significantly improve access for older adults and those with chronic conditions.

Modernized, interoperable immunization information systems are foundational to effective delivery. Real-time documentation, shared access for providers to view and update vaccination histories, and the integration of vaccination schedules and age- or risk-based reminders within Electronic Health Records (EHRs) strengthen continuity of care and enable more coordinated delivery across the health system.

### **3. Embedding Patient Voices and Strengthening Public Confidence**

**Goals:** Build the coordination, accountability, and trust needed for effective and equitable adult vaccination across Canada.

Improving adult vaccination requires the meaningful engagement of patients and caregivers across policy development, funding decisions, and programme design <sup>(13)</sup>. Structured engagement mechanisms - well established in medication access and health technology assessment - offer practical models for integrating lived experience, identifying real-world barriers, and advancing equity.

Transparency in decision-making, funding rationales, and programme evaluation is also fundamental to building trust and ensuring accountability at federal, provincial, and territorial levels. Clear processes, accompanied by open communication about how decisions are made, reinforce confidence in vaccination programmes and their contribution to healthy ageing.

Strengthening public confidence further depends on coordinated, evidence-based communication, tailored messaging for diverse populations, and proactive strategies to counter misinformation. Trusted stakeholders and healthcare providers - including pharmacists, primary care clinicians, and community organizations - play an essential role in supporting informed decision-making among older adults, caregivers, and at-risk communities.

## Conclusion and Acknowledgement

The virtual Think Tank, *Toward Harmonized Adult Vaccination Schedules Across Canada*, examined persistent policy and programmatic gaps affecting access to recommended vaccines for older adults and explored how more harmonized adult respiratory vaccination schedules could support progress toward the goals outlined in Canada's National Immunization Strategy.

The dialogue brought together key perspectives from civil society organizations, health economy perspectives, healthcare professional groups, and relevant subject matter experts, providing a foundation for strengthened alignment and more equitable access to adult vaccination across jurisdictions.

The IFA wishes to convey sincere gratitude to representatives from the following organizations whose thoughtful participation informed the development of this statement:

- Nova Scotia Health Authority
- National Institute on Ageing (NIA)
- Canadian Medical Association (CMA)
- The Canadian Association of Retired Persons (CARP)
- Immunize.io Health Association
- Health Coalition of Alberta
- Immunize Canada

## References

1. Adult Vaccine Alliance. The Unmet Value of Vaccines in Canada [Internet]. 2024 [cited 2025 Nov 28]. Available from: <https://www.adultvaccinealliance.ca/value-of-vaccines-study>
2. Government of Canada. Government of Canada. 2024 [cited 2025 Nov 28]. Flu (influenza): For health professionals. Available from: <https://www.canada.ca/en/public-health/services/diseases/flu-influenza/health-professionals.html>
3. IPAC Canada. 2025 [cited 2025 Nov 28]. Influenza (Seasonal and Pandemic). Available from: <https://ipac-canada.org/resource-centre/infectious-disease-resources/influenza-seasonal-and-pandemic/>
4. Health Infobase. [cited 2025 Nov 28] Canadian respiratory virus surveillance report: COVID-19. Government of Canada. <https://health-infobase.canada.ca/respiratory-virus-surveillance/covid-19.html#summary>
5. Public Health Agency of Canada. 2024 [cited 2025 Nov 28] Pertussis (whooping cough). Government of Canada. Available from: <https://www.canada.ca/en/public-health/services/immunization/vaccine-preventable-diseases/pertussis-whooping-cough.html>
6. Canadian Longitudinal Study on Aging. 2022 [cited 2025 Nov 28] Vaccine uptake remains low among atrisk Canadians. Available from: <https://www.clsr-elcv.ca/vaccine-uptake-remains-low-among-at-risk-canadians/>
7. Public Health Agency of Canada. 2025 [cited 2025 Nov 28] Herpes zoster (shingles) vaccine. In Canadian Immunization Guide – Part 4: Active Vaccines. Government of Canada. Available from: <https://www.canada.ca/en/public-health/services/publications/healthy-living/canadian-immunization-guide-part-4-active-vaccines/page-8-herpes-zoster-shingles-vaccine.html>
8. Abrams, E. M., DoyonPlourde, P., Davis, P., Lee, L., Rahal, A., Brousseau, N., Siu, W., & Killikelly, A. 2025 [cited 2025 Nov 28] Burden of disease of respiratory syncytial virus in older adults and adults considered at high risk of severe infection. *Can Commun Dis Rep*, 51(1), 26–34. Available from: <https://www.canada.ca/en/public-health/services/reports-publications/canada-communicable-disease-report-ccdr/monthly-issue/2025-51/issue-1-january-2025/burden-disease-respiratory-syncytial-virus-older-adults.html>
9. Government of Alberta. [cited 2025 Nov 28] COVID19 info for Albertans. Available from: <https://www.alberta.ca/coronavirus-info-for-albertans>
10. Public Health Agency of Canada. 2025 [cited 2025 Nov 28] National Advisory Committee on Immunization (NACI) [Internet]. Ottawa (ON): Government of Canada. Available from: <https://www.canada.ca/en/public-health/services/immunization/national-advisory-committee-on-immunization-naci.html>
11. Public Health Agency of Canada. 2024 [cited 2025 Nov 28] The Chief Public Health Officer of Canada's report on the State of Public Health in Canada 2024: Realizing the future of vaccination for public health. Government of Canada. Available from: <https://www.canada.ca/en/public-health/publications/chief-public-health-officer-reports-state-public-health-canada/state-public-health-canada-2024/report.html>
12. College of Registered Nurses of Manitoba. (2025, November 3). *Health misinformation: Important questions to consider*. Available from: <https://www.crnmb.ca/2025/11/03/health-misinformation-important-questions-to-consider/>
13. International Association for Public Participation. (n.d.). *Public participation pillars* [PDF]. International Association for Public Participation. Available from: [https://cdn.ymaws.com/www.iap2.org/resource/resmgr/communications/11x17\\_p2\\_pillars\\_brochure\\_20.pdf](https://cdn.ymaws.com/www.iap2.org/resource/resmgr/communications/11x17_p2_pillars_brochure_20.pdf)

International Federation on Ageing  
1 Bridgepoint Drive, Suite G.238  
Toronto, ON, M4M 2B5, Canada

[www.vaccines4life.com](http://www.vaccines4life.com)

Published January 2026 © Vaccines4Life