

CanAge.

Adult Vaccination in Canada

Cross-Country Report Card **2022**



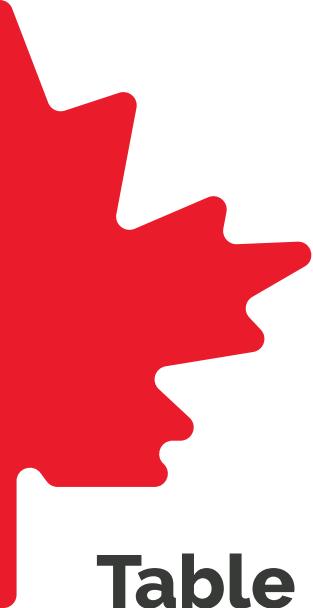


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Message from the CEO

The world has changed drastically. Why aren't adult vaccination efforts keeping pace?

Two years ago, no one could have predicted we'd be facing a global health crisis the likes of which hasn't been witnessed in nearly a century. When we released the first edition of this report card in Winter 2021 it was to create, for the first time, a clear and easily comparable snapshot of adult vaccinations in Canada; provincial and territorial governments needed to see a clear picture of the problems plaguing adult vaccination in Canada, and they needed to see it now.

Adult Canadians are under-vaccinated against preventable diseases like seasonal influenza, shingles and pneumonia (all of which can cause life-threatening and longstanding outcomes). The writing is on the wall: **improve the way we immunize older Canadians or they will continue to pay with their lives.**

Flash forward to 2022 and, as a country, we seem to be learning from our mistakes. In this year's report card, you'll see promising pockets of progress like new funding coverage for the best-in-class shingles vaccine (recommended by NACI). Pharmacies are being granted permission to administer more vaccines, emerging as integral community care partners and increasing healthcare capacity. Eligible age ranges for vaccines being opened up to include more older people who need them.

Yet, for every step forward, there seem to be several stumbles hampering our momentum. The NACI-recommended vaccines for older adults are still not funded across the country. Procurement of vaccines is still a bureaucratic slog that makes efficient immunization response impossible. Countless Canadians are forced to get the less-effective flu shot because they simply can't afford a seniors-specific formulation due to lack of coverage and the realities of living on a fixed income.

When a tragedy like a pandemic strikes, we have two options: sink into fear and doubt, or rise to the occasion. This report card is a call to action for provinces and territories to step up for their older populations and commit to invest in immunization. It saves money, it saves economies and, most importantly, it saves lives.

Which option will you choose?

A handwritten signature in black ink, appearing to read "Laura Tamblyn Watts".

Laura Tamblyn Watts
CEO, CanAge



Executive Summary

This is the second edition of CanAge's annual Vaccine Report Card, covering 2021–22. The purpose of this report is to provide an objective snapshot of how each province and territory in Canada is currently performing in the priority area of adult vaccination. While the first edition (published January 2021) of this report served as a benchmark of performance, this edition compares performance across key indicators to capture and quantify any changes made in adult immunization programs and policy across Canada.

Each jurisdiction was graded using a comprehensive rubric of evaluation criteria, including whether they meet or exceed standards set by NACI (National Advisory Committee on Immunization). Provinces and territories were assigned an overall grade, as well as separate grades for vaccine Funding, Access, and Awareness (how easy it is for the general public to find relevant information).

Data show that, while Canada is effective at vaccinating children, vaccine uptake in adults is extremely low, putting the vast majority of older adults at risk of severe health outcomes caused by common preventable diseases including influenza, shingles and pneumonia. Vaccination is by far the most effective tool we have in reducing the burden on our healthcare system, keeping vulnerable seniors out of hospitals (where they are at high risk of lasting cognitive and physical decline) and saving countless lives annually in congregate care settings.

Using empirical evidence, this report shows that glaring gaps exist in provincial and territorial immunization programs in the areas of funding coverage, access, and availability of information to the public. Furthermore, while the federal government is taking strides to immunize older Indigenous populations through the Non-Insured Health Benefits (NIHB) program, our National Immunization Strategy is falling short of critical milestones needed to improve vaccine approval, procurement, and administration processes across the country.

Highlights

This year's findings paint a dismal picture. Despite improvements in some jurisdictions, older Canadians continue to be at-risk of being infected with vaccine-preventable illnesses. The national average score of D- hasn't changed since the 2020–2021 report, indicating a disappointing suspension of progress in protecting seniors.

1. The average overall score across provinces and territories was D-, unchanged from last year's inaugural report.
2. The highest performing provinces/territories were Prince Edward Island and Ontario.
3. The lowest performing provinces/territories were Newfoundland, Nunavut and Quebec.
4. The most improved province/territory is Yukon.
5. The Yukon Territory, Ontario and Prince Edward Island are the only provinces to fund the recommended shingles vaccine.

Corrections from last year's report:

BC - Last year we awarded a point for pertussis coverage as per NACI recommendations; upon further review we found that they only cover a shot if you have a) never had one in childhood or b) are pregnant. This results in the loss of 1 point for pertussis coverage.

QC - Last year we awarded points for Tdap coverage as per NACI recommendations; upon further review we found that QC does not follow NACI recommendations regarding Tdap administration and as a result, these points were lost.

Cross Canada Comparison



NOTE: In last year's report, data around vaccine uptake was included here for each province/territory as additional context. At time of publishing, this updated data has not yet been made available by PHAC. (ETA March 2022)

Key Findings

In this year's report, small improvements were noted in many jurisdictions.

We continue to see glaring gaps in access to vaccination programs for older adults. The bad news belongs to BC and Quebec who are far behind where they should be in adult vaccinations, given their resources. BC finally instituted coverage for the basic, standard flu vaccine for people 18+ this year, leaving Quebec alone and dead last for influenza coverage. Newfoundland also continues to receive a failing score, which is disappointing in a province which has any number of easy-to-fix steps that would help raise its score. Nunavut and the Northwest Territories also struggled again this year, where lack of access to in-person medical care, a remote population, and a limited tax base can make adult vaccination a challenge – but one that was overcome with COVID-19 vaccines. That success makes it clear that progress in these territories is possible, where political will exists.

In the good news category, kudos go to Yukon for most improved jurisdiction. Yukon gained points thanks to implementing a high-dose flu seniors-specific vaccine

coverage program, and providing the recommended shingles vaccines. Yukon also should be commended for its investment in improving its online resources on adult vaccinations.

Good news can also be found in our smallest jurisdiction, Prince Edward Island. This year, PEI joins Ontario and Yukon in funding the recommended shingles vaccine for any adult aged 65+. PEI, in fact, is the forerunner in this report, having the highest grade of all provinces and territories.

Overall, how does Canada do? So badly it is actually shameful given what we have been living through with COVID-19. Indeed, many of the excuses we have heard from governments about how hard it is to fund, provide access to, and current information about adult vaccinations has simply been proven false. We did it for COVID19 vaccines. We can, and must, do this for the rest of the NACI-recommended vaccines too. This report helps guide specific steps to improve pan-Canadian adult vaccinations.



The Pandemic Effect: Where COVID-19 Vaccines Fit Into the Big Picture

While the scope of focus for this report does not cover COVID-19 vaccines, it is impossible to ignore the effect the pandemic has had on adult vaccination efforts across Canada. Due to the fact that COVID-19 vaccines are not yet included in the NACI vaccine schedule, and data surrounding the need for boosters and other variables are still in flux, this report focuses instead on well-established vaccines that are included in the schedule.

That said, given the newness of the COVID vaccines, the fact that approximately 94% of Canadians aged 60 or more received two doses, and that roughly only 70% (65+) received a flu vaccination in the 2020–2021 season (of which they are reminded year after year), it would appear that the COVID-19 vaccine rollout to older adults was not only successful, but shows what is possible with strong collaborations between the federal and provincial/territorial governments.

As a nation, we need to augment efforts to vaccinate older populations against the common vaccine-preventable diseases discussed in this report. This is not new information. It was evident in last year's Vaccine Report Card and we emphasize it again this year. Yet, the national average grade – a disappointing D– – hasn't changed. Has the pandemic taught us anything?

We think so. Based on the COVID immunization percentages across Canada outlined below, the rates for fully vaccinated older adults range from 88%–100% in less than one year of promotion and awareness. We can only dream of rates that high for annual flu shots. More needs to be done, and can be.

There are many lessons to be learned from the deployment of COVID-19 vaccines – lessons that could improve access to and uptake of flu, pneumonia, shingles and all other vaccines. Lessons that could keep older adults out of hospitals and living well for longer. Lessons that could reduce the burden on the healthcare system. Lessons that could save lives.

Key Learnings from the COVID-19 Pandemic

1. NACI-recommended vaccinations must be prioritized, fully funded, and seamlessly administered to all seniors in congregate care settings to avoid needless loss of life.
2. Vaccine procurement and roll outs must be coordinated and consistent across provinces and territories.
3. Processes for vaccine approval, procurement, and logistics must be streamlined to allow for quicker rollout to the public.
4. A greater emphasis should be placed on infection prevention and control in congregate care facilities immediately.
5. The pandemic had a disproportionate and disastrous impact on older adults, with those aged 65 and older accounting for 94% of COVID-19 deaths.

Rates of COVID-19 Vaccination in Older Adults Across Canada

National Snapshot (as of January 8, 2022)

Age Group	Partially vaccinated	Fully vaccinated
60–69	94.03%	92.38%
70–79	≥95%	≥95%
80 and older	≥95%	≥95%

Provincial/Territorial Snapshot

(as of December 18, 2021 unless otherwise noted)

Alberta

Age Group	Partially vaccinated	Fully vaccinated
60–69	94.46%	92.80%
70–79	98.61%	96.66%
80 and older	95.51%	97.13%

British Columbia

Age Group	Partially vaccinated	Fully vaccinated
60–69	93.73%	91.90%
70–79	100%	98.75%
80 and older	100%	100%

Manitoba

Age Group	Partially vaccinated	Fully vaccinated
60–69	96.65%	95.37%
70–79	100%	100%
80 and older	100%	100%

New Brunswick

Age Group	Partially vaccinated	Fully vaccinated
60–69	93.43%	96.15%
70–79	98.72%	96.47%
80 and older	96.87%	92.82%

Newfoundland and Labrador

Age Group	Partially vaccinated	Fully vaccinated
60–69	99.62%	97.82%
70–79	100%	100%
80 and older	98.99%	95.62%

Northwest Territories

Age Group	Partially vaccinated	Fully vaccinated
60–69	89.95%	88.78%
70–79	100%	100%
80 and older	100%	100%

Nova Scotia

Age Group	Partially vaccinated	Fully vaccinated
60–69	98.26%	96.24%
70–79	100%	96.66%
80 and older	97.81%	100%

Nunavut

Age Group	Partially vaccinated	Fully vaccinated
60–69	100%	100%
70–79	100%	98.56%
80 and older	93.30%	89.39%

Ontario (as of December 31, 2021)

Age Group	Partially vaccinated	Fully vaccinated
60–69	94.89%	93.31%
70–79	97.63%	96.22%
80 and older	98.95%	96.63%

Prince Edward Island

Age Group	Partially vaccinated	Fully vaccinated
60–69	100%	100%
70–79	100%	100%
80 and older	100%	100%

Quebec (as of January 2, 2022)

Age Group	Partially vaccinated	Fully vaccinated
60–69	96.36%	95.10%
70–79	97.40%	97.62%
80 and older	97.62%	97.40%

Saskatchewan (as of December 31, 2021)

Age Group	Partially vaccinated	Fully vaccinated
60–69	96.64%	90.97%
70–79	98.48%	96.04%
80 and older	99.53%	96.59%

Yukon

Age Group	Partially vaccinated	Fully vaccinated
60–69	93.76%	91.53%
70–79	100%	100%
80 and older	100%	98.92%



Canada's National Immunization Strategy: Underserves Older Populations and is Out of Date

Many may be surprised to learn that Canada actually does have a National Immunization Strategy (NIS). Very little has been made of it, even during COVID-19. It is rarely mentioned in vaccine documentation, media coverage or even in governments' own communications.

The NIS is meant to set key goals for immunization across the country. It has lofty objectives, which feel disconnected from the real urgency of the need for vaccine adoption and uptake.

These objectives include:

Objective #1: Canada has evidence-based goals for vaccine preventable disease rates and immunization coverage

Objective #2: Canada is better able to identify under and un-immunized populations and has an enhanced understanding of the determinants of vaccine acceptance and uptake

Objective #3: Canadians have timely and equitable access to immunization

Objective #4: Canada has the evidence needed to develop and implement evidence-based interventions, to improve immunization coverage rates

Objective #5: Canadians have the information and tools needed to make evidence-based decisions on immunization

Objective #6: Canada understands the key barriers to, and best practices in, improving immunization coverage and invests in addressing them

These objectives lack the push required to ensure Canadians have the best-in-class, modern vaccines to keep the population healthy. Preventive health falls squarely in the federal Health mandate, and yet even during COVID-19, PHAC or other government departments focussed on immunization did little to revitalize the NIS.

In fact, the NIS has languished. Last fully reviewed in 2016, the website indicates that it will be updated annually – however it appears not to have been updated since 2017. We note that it is promised to be reviewed in 2022. It is unclear if this is actually slated to happen, and if it does, will it be the robust review that a COVID-19 stricken country needs it to be?

The NIS does not meet the needs of an aging population, nor an increasingly diverse population.

For instance, of the NIS's 35 specific goals, only two of them are targeted towards seniors, the population most rapidly growing, and who also have much less effective immune systems. It is also so out of date that it does not even mention the effective shingles vaccine, which by 2021–2022 many jurisdictions are either covering or looking hard at public coverage. It is simply absent.

Additionally, in a profound, tone-deaf miss, the NIS does not discuss the many needs of diverse populations, particularly missing the needs of Indigenous populations.

Compared against other national standards, or global WHO vaccine recommendations, Canada's strategy was inadequate pre-COVID-19 pandemic. The reality that the NIS has not been updated in the past two years given the unprecedented toll that COVID19 has had, the rise of vaccine hesitancy and anti-vaccination sentiments, and disinformation, the strategy should have been strengthened, not ignored.

Given the context of COVID-19, the importance of newer vaccines entering the market, an aging population, challenges faced by Indigenous peoples, as well as rural and remote communities, the NIS needs a major reworking. We call on the federal government to focus on not just "reviewing" the NIS in 2022, but totally revising it to reflect changes in Canadian demographics, modern developments in vaccines, and the impact that COVID19 has had on the country. Every Canadian should know that the country has an NIS, and should be confident that the federal government should provide the equitable, and effective coverage for, and access to, the appropriate recommended vaccines.

Will the National Immunization Strategy Goals Be Met By 2025? It Seems Unlikely.

The National Immunization Strategy has 35 specific goals which are to be met by 2025. Frankly achieving this target seems highly unlikely given the pace at which governments are moving on adult vaccinations.

Given this Report's focus on vaccines for older Canadians, there are only two of the 32 goals which specifically apply here:

- a) Influenza
- b) Pneumonia

As previously noted, the NIS is out-of-date and does not discuss the recommended shingles vaccine coverage.

Influenza: Goal is 80% of Seniors Vaccinated (Annually) by 2025 – Currently Sits at 70%

The NIS committed to having 80% of seniors receive flu shots by 2025, but that number has stagnated at an average of 70% for the past three years, reflective of the lack of progress seen again in this year's report. While a 10% difference may not seem as statistically significant at first glance, when you consider the implication of how damaging influenza is on this population, this undervaccination causes severe illness and even unnecessary death. This difference also has a high impact on stretched acute and chronic care health resources, and economic impacts as well. A 10% miss on this goal means profound illness, increased frailty, high healthcare costs and economic burden and unnecessary deaths.

For context, in the 2020/21 flu season we saw:

- Only four in 10 Canadian adults aged 18-64 years with chronic medical conditions (41%) received the flu shot.
- That vaccination coverage among seniors was ~70% however there was no improvement on this in the last three years despite increased demand.

Timing and place of vaccination

- Most Canadians were vaccinated against influenza in October (42%) or November (38%).
» Getting the flu shot early in the flu season (by the end of October) helps protect from infection before the flu begins to spread.
- Most respondents were vaccinated at pharmacies (49%), followed by doctor's offices (23%).

Reasons to get, or not get the flu shot

- The most common reason for getting the flu shot was to prevent infection or avoid getting sick (37%).
- The most common reason for not getting the flu shot was that Canadians felt that they were healthy and/or they "never got the flu" (29%).

Impact of COVID-19 on getting the flu shot

- Overall, 47% of Canadian adults stated that they had encountered difficulties in scheduling an appointment for the flu shot this year due to the preventive measures in place to reduce the spread of COVID-19. The difficulties encountered include:
» limited appointment availability (23%).
» concern about being exposed to COVID-19 (17%).
» lack of walk-in options (9%).

Co-Administration of COVID-19 and Flu Shots Was A Key Miss:

While healthcare providers and advocates consistently raised the importance of getting the COVID19 shot and flu shot co-administered for increased uptake and system ease, Canadians were not provided with adequate opportunities for co-administration. Public discussions of the possibility of "twindemics" of COVID-19 were robust, co-administration was approved, and yet little was done to execute this effective strategy.

Pneumonia: Goal is 80% of Seniors Vaccinated by 2025 – Currently Sits at 55%

The strategy calls for 80% of adults aged 65+ to be vaccinated by 2025 for pneumonia, which is not an annual vaccine. For this age bracket, NACI recommends one dose of PNEU-P-23. In a recent report by the Government of Canada on vaccine uptake it found that:

- 55% of seniors reported having received a pneumococcal vaccine in adulthood.
- The number remains far below the national vaccination coverage goals for pneumococcal vaccine, which is 80% among this age group.
- Pneumococcal vaccination rate was higher for females (60%) compared to males (48%).
- The most common reason among seniors for not getting a pneumococcal vaccine was the perception that the vaccine is not necessary.

Among other adults:

- Only 26% of adults between 18-64 years of age with underlying medical conditions were vaccinated against pneumococci.
- The most common reason for non-vaccination among younger adults with underlying medical conditions was that they had never heard of the vaccine.

There is real opportunity to increase more awareness of, in particular, pneumonia vaccines, and for jurisdictions to create resources for primary care physicians. Canada needs to take a lifecourse approach to vaccines, and to treat the health and wellness of older adults with the same careful consideration we give to children and youth. To move forward, that will require more than two bullet points in a national strategy document.

A Leap Forward: Transformation is Possible

COVID-19 has fundamentally reshaped thinking about the critical role of adult vaccinations in daily life. It has also raised newfound pushback against adult vaccinations, with increased visibility and vaccine hesitancy.

We have witnessed provinces and territories truly struggle with vaccine purchasing – from the patchwork approach to seniors-specific flu vaccines to the 95% of seniors who live in the community, to sparse coverage of shingles.

The federal government should support the provinces and territories, take a leap forward in vaccine coverage, and provide a “leveling” of vaccine equity across the country.

3 Steps for Vaccine Equity in Canada

Step 1: A 3-Year Funding Pool for Vaccine Equity

The federal government should create a designated funding pool to support a three-year rolling program for vaccine purchasing to bring all provinces and territories up to date with NACI-recommended vaccines. This 3 year roll-in period will allow jurisdictions to create sustainability in their budgets, improve access sites and create information materials with this increased program.

Step 2: Assist the Territories

Provide Northwest Territories and Nunavut and the Yukon with increased supports for rural and remote vaccination programs.

Step 3: Tie a Revised NIS to Funding Needs

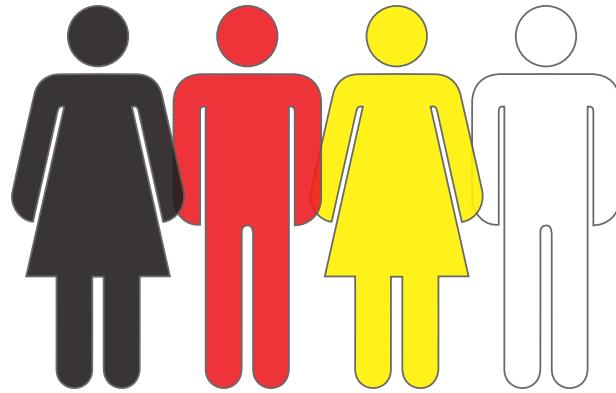
The NIS should be a tool of public health advancement and a key guidepost for strategic funding and supports. Connect a new, improved and up-to-date NIS with key investment from the federal government to vaccine supply, designed funding and supports for vaccine access infrastructure and public-centred information.

Vaccinating Older Indigenous Canadians

Older Indigenous people are less likely than other adults to be up-to-date with their routine vaccinations, further exacerbating low vaccine uptake within some already at-risk communities. One reason for this is that a vast minority of Indigenous seniors has no regular access to health care; another is that Indigenous peoples often face discrimination within the healthcare system, particularly for those who live off-reserve.

The federal government's [Non-Insured Health Benefits](#) (NIHB) program provides an ever-growing number of eligible First Nations and Inuit clients with coverage for a range of health benefits that are not covered through other means, such as provincial/territorial health insurance. With an exception of those who live in British Columbia, many Métis Canadians (who are not considered to be "treaty Indians"), are not eligible for the NIHB; the current government flows most of its health care funding for Métis through the Métis National Council.

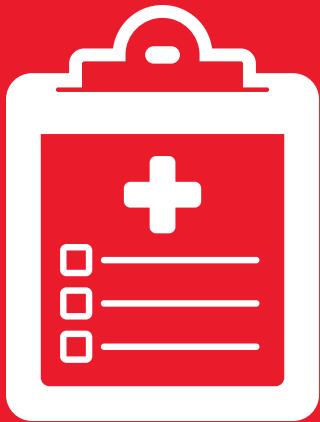
Most vaccines are already covered through provincially and territorially funded insurance programs, and as such, are not provided through the NIHB. However, the best-in-class vaccine for shingles is covered, but only for clients between 65 and 70 years of age, and as of January 2021. This puts NIHB program recipients ahead of the game compared to other jurisdictions, although access remains an issue for those living in rural and remote areas. We are also concerned that adults under the age of 65, and those over the age of 70, are not eligible for the best-in-class vaccine for shingles. CanAge recommends that the shingles vaccine be made available to all adults aged 50+.



As we demonstrate in the following pages, just because a vaccine is available to an older Canadian, doesn't mean that it is easy to access, or that one is even aware of its existence. This is particularly true for those living in remote and rural communities, such as many Indigenous seniors.

These systemic issues, combined with a substantiated lack of trust in the system, add up to substantially increased health risks for Indigenous Canadians. This is not new information. "Distrust of the healthcare system is pervasive in a study that reviewed vaccination uptake during the 2009 influenza pandemic" amongst the Indigenous population.

We point again and again to the fact that more needs to be done when it comes to immunizing Canadians, and it is particularly true for our Indigenous older adults.



Provincial and Territorial Report Cards

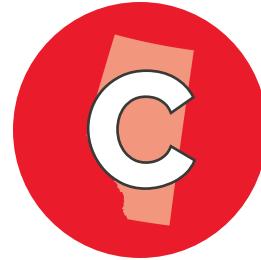
An objective, data-driven assessment of how each part of Canada performs on adult immunization.

Throughout this section, we're using these icons to indicate changes from last year's report:

-  Grade increased
-  Grade decreased
-  No grade change

Alberta

LEADERSHIP	United Conservative Party (Majority)
PREMIER	Jason Kenney
MINISTER OF HEALTH	Jason Copping
MINISTER OF SENIORS	Not dedicated Consolidated with Housing portfolio, Minister of Seniors and Housing: Josephine Pon
MINISTER OF LTC	None
CHIEF MEDICAL OFFICER	Dr. Deena Hinshaw
SENIORS ADVOCATE	None



Change from last year

D-



Population of Adults 50+	1,454,262
% of Total Population	32.70%

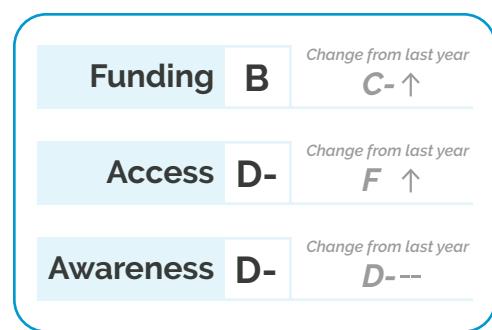
Overview Summary

The Government of Alberta's lack of innovation and data collection continue to undermine its immunization efforts, in spite of making some progress this year on improving vaccine funding and access. Since last year's report, adults 65+ are now able to get the high-dose flu shot, yet there has been a drop in the number of people who actually got those doses this year due to vaccine fatigue and supply issues. Many pharmacies were shortchanged on the number of high-dose flu shots they received, forcing them to turn away seniors who wanted the potentially

life-saving vaccine. With shingles cases on the rise, older Albertans are still forced to pay approximately \$300 out-of-pocket for the recommended vaccine, making it unaffordable for many, and totally out of reach for those on fixed incomes. Information about adult vaccinations is very difficult to find, unclear, and conflates publicly-funded with out-of-pocket costs for coverage. If Alberta wants to leap-frog to the top vaccination bracket, funding the shingles vaccine and making it easily accessible would be a key change.

Key Findings

1. The high-dose flu shot is now available for seniors 65+, but there are supply chain and distribution issues that appear to have severely limited access this year.
2. The recommended shingles vaccine is not funded.
3. Adult vaccine information is difficult to find, and publicly-funded versus out-of-pocket costs for Albertans are unclear.



Action Needed

1. Ensure pharmacies and health care professionals receive the number of vaccine doses they request, and improve supply chain reliability in general.
2. Fully fund the recommended shingles vaccine and allow broad access via pharmacies.
3. Create an awareness campaign, including online and other sources to clarify which vaccines are recommended, where to get them, and which are publicly covered versus not.



Scorecard

● YES ● INCONCLUSIVE ● NO

INFLUENZA • Single dose • Annual

FUNDING

Standard influenza vaccines are publicly funded for all adults aged 18–64.



Standard influenza vaccines are publicly funded for all adults 65+.



Influenza vaccines specifically-formulated for seniors are publicly funded by the province/territory for all adults 65+.



Influenza vaccines specifically-formulated for seniors were funded in LTC in the current calendar year (2021–2022).



ACCESS

A policy or directive from the province/territory exists that directs its public health programs to provide and administer **standard dose influenza vaccines**:

Public health sites (includes seasonal clinics)



Doctors' offices



Pharmacies



A policy or directive from the province/territory exists that directs its public health programs to provide and administer **influenza vaccines that are specifically-formulated for seniors**:

Long-term care (LTC)



Congregate care settings



Aging in place / at home with community health supports



Public health sites



Doctors' offices



Pharmacies



PNEUMOCOCCAL • Doses vary • One-time, age 65+

FUNDING

PNEU-P-23 (Pneumococcal polysaccharide 23-valent) is publicly funded for all adults 65+.



PNEU-C-13 (Pneumococcal conjugate 13-valent) is publicly funded for people who are immunocompromised.

Full list

ACCESS

A policy or directive from the province/territory exists that directs its public health programs to provide and administer **PNEU-P-23 (Pneumococcal polysaccharide 23-valent)**:

Long-term care (LTC)



Congregate care settings



Aging in place / at home with community health supports



Public health sites



Doctors' offices



Pharmacies



A policy or directive from the province/territory exists that directs its public health programs to provide and administer **PNEU-C-13 (Pneumococcal conjugate 13-valent)** to people who are immunocompromised:



Long-term care (LTC)



Congregate care settings



Aging in place / at home with community health supports



Public health sites



Doctors' offices



Pharmacies



HERPES ZOSTER (SHINGLES) • Two doses • One-time, age 50+

FUNDING

Shingles vaccine (Recombinant Zoster Vaccine, RZV) is publicly funded for ANY adults aged 50+.



Shingles vaccine (Recombinant Zoster Vaccine, RZV) is publicly funded for ALL adults aged 50+.



ACCESS

A policy or directive from the province/territory exists that directs its public health programs to provide and administer best-in-class **shingles vaccines (Recombinant zoster vaccine, RZV)**:

Long-term care (LTC)



Congregate care settings



Aging in place / at home with community health supports



Public health sites



Doctors' offices



Pharmacies



AWARENESS • Transparency • Patient Education Initiatives

Digital Communication Efforts

Information is available that clearly outlines all NACI recommended adult vaccines



Information specifically identifies vaccination information specifically for seniors



Government provided information about immunizations is easily found using the search terms: “**Vaccines for Seniors Alberta**”

Information is found in under 3 mins = 4 pts

1 pt

Information is found in 3-5 mins = 3 pts

Information is found in 5-7 mins = 2 pts

Information is found in 7 minutes or more = 1 pt

Information was not found on the website in less than 10 minutes = 0 pts”

Information is found regarding **annual/seasonal influenza vaccination**



Information is found regarding **shingles vaccination**



Information is found regarding **pneumococcal vaccination**



Information about vaccine coverage is found and is clear to the reader which vaccines are funded and which are not



A telephone number or website is provided to reach local public health authorities



Instructions are provided for accessing personal vaccination records



Information is available in both English and French



Communication Efforts to Seniors

A Seniors' Guide is available



The Seniors' Guide is up to date (2021)



The Seniors' Guide is made available in a variety of formats, including printed copies upon request



The Seniors' Guide provides up to date information about the provision of vaccinations in the province/territory



British Columbia

LEADERSHIP	New Democratic Party (Majority)
PREMIER	John Horgan
MINISTER OF HEALTH	Adrian Dix
MINISTER OF SENIORS	None Parliamentary Secretary for Seniors and Long-Term Care: Mable Elmore
MINISTER OF LTC	None
CHIEF MEDICAL OFFICER	Dr. Bonnie Henry
SENIORS ADVOCATE	Isobel Mackenzie



Change from last year

D-



Population of Adults 50+	2,109,056
% of Total Population	40.40%

Overview Summary

British Columbia prides itself on having some of the best health care coverage in Canada – and it does – but certainly not on immunization. The Government of BC's poor adult vaccination efforts are confounding when compared to its otherwise excellent standards in care and, unfortunately, not much has changed since last year's report. The province now finally funds the standard dose flu shot for adults 18+ – a move that was shockingly overdue – but has made no such move to fund a dose specifically formulated for those aged 65+ despite the compounded risks of COVID-19 and influenza overlapping for seniors.

BC provides incomplete coverage for pneumonia vaccines: PNEU-C-13 is only available for a partial list of well-established immunocompromised conditions, leaving those with organ transplants, sickle cell disease, splenic dysfunction, people undergoing immunocompromising therapy, malignant

neoplasms (including leukemia and lymphoma) and nephrotic syndrome at risk. Also, the definition of "moderately to severely immunocompromised" is contradictory between the adult vaccine list and the COVID-19 definition.

The province does not provide any funding for the shingles vaccine, and this significant gap appears not to be on the government's radar, despite calls from opposition parties and public health advocates. At a time when health care capacity and spending in BC is near breaking point due to the ongoing pandemic, the government's under-prioritization of vaccinating older people is as baffling as it is worrying. Ironically, older British Columbians can easily learn about the vaccines that they cannot get and which the government does not fund. The bottom line is that the BC government must start to take leadership in bringing its funding levels up to NACI standards.

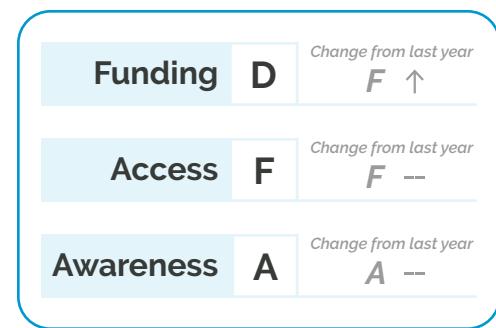
Key Findings

- Only approximately 5% of seniors get the correct seniors-specific flu shot, and only because they live in long-term care. The rest of BC seniors are given the wrong NACI-recommended flu shot: the standard dose rather than a seniors-specific dose.
- The recommended shingles vaccine is not funded at all and PNEU-C-13 vaccine is only available to a partial list of people who need it.
- BC is one of only two provinces which restricts Tdap adult booster shots. Other provinces cover the Tdap every 10 years, but BC requires adults to prove that they haven't had the vaccine in later life in order to get this booster. This is cumbersome and puzzling as pertussis, commonly known as whooping cough, is making a comeback (especially in this province).

Action Needed



- Don't just provide information about vaccines, provide actual funded coverage.
- Bring immunization in line with other care standards in the province.
- Simplify process for getting Tdap boosters.



Scorecard

● YES ● INCONCLUSIVE ● NO

INFLUENZA • Single dose • Annual

FUNDING

Standard influenza vaccines are publicly funded for all adults aged 18–64.



Standard influenza vaccines are publicly funded for all adults 65+.



Influenza vaccines specifically-formulated for seniors are publicly funded by the province/territory for all adults 65+.



Influenza vaccines specifically-formulated for seniors were funded in LTC in the current calendar year (2021–2022).



ACCESS

A policy or directive from the province/territory exists that directs its public health programs to provide and administer **standard dose influenza vaccines**:

Public health sites (includes seasonal clinics)



Doctors' offices



Pharmacies



A policy or directive from the province/territory exists that directs its public health programs to provide and administer **influenza vaccines that are specifically-formulated for seniors**:

Long-term care (LTC)



Congregate care settings



Aging in place / at home with community health supports



Public health sites



Doctors' offices



Pharmacies



PNEUMOCOCCAL • Doses vary • One-time, age 65+

FUNDING

PNEU-P-23 (Pneumococcal polysaccharide 23-valent) is publicly funded for all adults 65+.



PNEU-C-13 (Pneumococcal conjugate 13-valent) is publicly funded for people who are immunocompromised.

Partial list

ACCESS

A policy or directive from the province/territory exists that directs its public health programs to provide and administer **PNEU-P-23 (Pneumococcal polysaccharide 23-valent)**:

Long-term care (LTC)



Congregate care settings



Aging in place / at home with community health supports



Public health sites



Doctors' offices



Pharmacies



A policy or directive from the province/territory exists that directs its public health programs to provide and administer **PNEU-C-13 (Pneumococcal conjugate 13-valent)** to people who are immunocompromised:

Long-term care (LTC)



Congregate care settings



Aging in place / at home with community health supports



Public health sites



Doctors' offices



Pharmacies



HERPES ZOSTER (SHINGLES) • Two doses • One-time, age 50+

FUNDING

Shingles vaccine (Recombinant Zoster Vaccine, RZV) is publicly funded for ANY adults aged 50+.



Shingles vaccine (Recombinant Zoster Vaccine, RZV) is publicly funded for ALL adults aged 50+.



ACCESS

A policy or directive from the province/territory exists that directs its public health programs to provide and administer best-in-class **shingles vaccines (Recombinant zoster vaccine, RZV)**:

Long-term care (LTC)



Congregate care settings



Aging in place / at home with community health supports



Public health sites



Doctors' offices



Pharmacies



AWARENESS • Transparency • Patient Education Initiatives

Digital Communication Efforts

Information is available that clearly outlines all NACI recommended adult vaccines



Information specifically identifies vaccination information specifically for seniors



Government provided information about immunizations is easily found using the search terms: "Vaccines for Seniors British Columbia"

Information is found in under 3 mins = 4 pts

Information is found in 3-5 mins = 3 pts

Information is found in 5-7 mins = 2 pts

Information is found in 7 minutes or more = 1 pt

Information was not found on the website in less than 10 minutes = 0 pts"

4 pts

Information is found regarding **annual/seasonal influenza vaccination**



Information is found regarding **shingles vaccination**



Information is found regarding **pneumococcal vaccination**



Information about vaccine coverage is found and is clear to the reader which vaccines are funded and which are not



A telephone number or website is provided to reach local public health authorities



Instructions are provided for accessing personal vaccination records



Information is available in both English and French



Communication Efforts to Seniors

A Seniors' Guide is available



The Seniors' Guide is up to date (2021)



The Seniors' Guide is made available in a variety of formats, including printed copies upon request



The Seniors' Guide provides up to date information about the provision of vaccinations in the province/territory



Manitoba

LEADERSHIP	Progressive Conservative (Majority)
PREMIER	Heather Stefanson
MINISTER OF HEALTH	Audrey Gordon
MINISTER OF SENIORS	Not dedicated Consolidated with LTC: Scott Johnson
MINISTER OF LTC	Not dedicated Consolidated with Seniors: Scott Johnson
CHIEF MEDICAL OFFICER	Dr. Brent Roussin
SENIORS ADVOCATE	None



Change from last year



Population of Adults 50+	480,115
% of Total Population	34.70%

Overview Summary

Manitoba made improvements in public awareness this year, slightly increasing its score. The government also made strides in rural and Indigenous outreach, and launched a campaign to promote co-administration of seasonal flu with other vaccines. However, the overall picture of adult vaccination in the province is still quite grim. Manitoba failed to fund a seniors-specific dose for adults 65+ living outside of long-term care, and fares no better on shingles; the recommended vaccine is still completely unfunded. The harsh reality of living on a fixed income should never be a barrier to avoiding unnecessary pain and suffering.

Unfortunately, the Government of Manitoba has let its immunization program languish, even as hospitals in the province have been forced to close due to staffing shortages and overwhelming patient counts during the pandemic. If the province wants to keep its health care spending down, its economy moving, and seniors safe, the time to invest in vaccination is now. However, the recently announced appointment of Manitoba's first-ever Minister of Seniors kicks off 2022 on a very high note, as does an apparent increased focus on seniors' health.

Key Findings

1. While Manitoba expanded coverage for the specifically-formulated flu vaccine to include a number of specific groups of older adults, the province still leaves the vast majority of Manitoba seniors under-protected.
2. The recommended shingles vaccine is not covered for anyone.
3. PNEU-C-13 pneumonia vaccine is not covered for the full NACI-recommended list of conditions leaving people with sickle cell disease, immunocompromising therapy, malignant neoplasms, and nephrotic syndrome unprotected.

Funding	C-	<i>Change from last year</i>
Access	F	<i>Change from last year</i>
Awareness	B	<i>Change from last year</i>

Action Needed

1. Continue vaccine outreach activities in rural, remote, Indigenous, and historically marginalized communities and improve access points and co-administration of vaccines.
2. Fund seniors-specific flu vaccines for all people 65+ and get them the NACI-recommended vaccine for their age group.
3. Fund the recommended shingles vaccine, and cover the complete list of immunocompromised people for pneumonia vaccines. Create an awareness campaign about the importance of getting all of your needed vaccines, not just some.



Scorecard

● YES ● INCONCLUSIVE ● NO

INFLUENZA • Single dose • Annual

FUNDING

Standard influenza vaccines are publicly funded for all adults aged 18–64.



Standard influenza vaccines are publicly funded for all adults 65+.



Influenza vaccines specifically-formulated for seniors are publicly funded by the province/territory for all adults 65+.



Influenza vaccines specifically-formulated for seniors were funded in LTC in the current calendar year (2021–2022).



ACCESS

A policy or directive from the province/territory exists that directs its public health programs to provide and administer **standard dose influenza vaccines**:

Public health sites (includes seasonal clinics)



Doctors' offices



Pharmacies



A policy or directive from the province/territory exists that directs its public health programs to provide and administer **influenza vaccines that are specifically-formulated for seniors**:

Long-term care (LTC)



Congregate care settings



Aging in place / at home with community health supports



Public health sites



Doctors' offices



Pharmacies



PNEUMOCOCCAL • Doses vary • One-time, age 65+

FUNDING

PNEU-P-23 (Pneumococcal polysaccharide 23-valent) is publicly funded for all adults 65+.



PNEU-C-13 (Pneumococcal conjugate 13-valent) is publicly funded for people who are immunocompromised.

Partial list

ACCESS

A policy or directive from the province/territory exists that directs its public health programs to provide and administer **PNEU-P-23 (Pneumococcal polysaccharide 23-valent)**:

Long-term care (LTC)



Congregate care settings



Aging in place / at home with community health supports



Public health sites



Doctors' offices



Pharmacies



A policy or directive from the province/territory exists that directs its public health programs to provide and administer **PNEU-C-13 (Pneumococcal conjugate 13-valent)** to people who are immunocompromised:



Long-term care (LTC)



Congregate care settings



Aging in place / at home with community health supports



Public health sites



Doctors' offices



Pharmacies



HERPES ZOSTER (SHINGLES) • Two doses • One-time, age 50+

FUNDING

Shingles vaccine (Recombinant Zoster Vaccine, RZV) is publicly funded for ANY adults aged 50+.



Shingles vaccine (Recombinant Zoster Vaccine, RZV) is publicly funded for ALL adults aged 50+.



ACCESS

A policy or directive from the province/territory exists that directs its public health programs to provide and administer best-in-class **shingles vaccines (Recombinant zoster vaccine, RZV)**:

Long-term care (LTC)



Congregate care settings



Aging in place / at home with community health supports



Public health sites



Doctors' offices



Pharmacies



AWARENESS • Transparency • Patient Education Initiatives

Digital Communication Efforts

Information is available that clearly outlines all NACI recommended adult vaccines



Information specifically identifies vaccination information specifically for seniors



Government provided information about immunizations is easily found using the search terms: "Vaccines for Seniors Manitoba"

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4 pts

Information is found regarding **annual/seasonal influenza vaccination**



Information is found regarding **shingles vaccination**



Information is found regarding **pneumococcal vaccination**



Information about vaccine coverage is found and is clear to the reader which vaccines are funded and which are not



A telephone number or website is provided to reach local public health authorities



Instructions are provided for accessing personal vaccination records



Information is available in both English and French



Communication Efforts to Seniors

A Seniors' Guide is available



The Seniors' Guide is up to date (2021)



The Seniors' Guide is made available in a variety of formats, including printed copies upon request



The Seniors' Guide provides up to date information about the provision of vaccinations in the province/territory



New Brunswick

LEADERSHIP	Progressive Conservative (Majority)
PREMIER	Blaine Higgs
MINISTER OF HEALTH	Dorothy Shephard
MINISTER OF SENIORS	Not dedicated Consolidated under the Ministry of Social Development: Bruce Fitch
MINISTER OF LTC	None
CHIEF MEDICAL OFFICER	Dr. Jennifer Russell
SENIORS ADVOCATE	Norman Bossé (Child, Youth and Seniors' Advocate)



Change from last year

D- ↑

Population of Adults 50+	355,733
% of Total Population	45.07%

Overview Summary

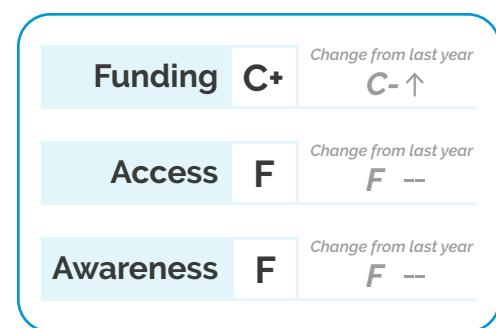
The Government of New Brunswick has funded seniors-specific flu shots for seniors living in and outside of long-term care, increasing its overall score from last year. This welcome investment comes at a pivotal moment during the pandemic, and will help to lessen the burden on the province's healthcare system as COVID-19 variants continue to take their toll.

Sadly, New Brunswick has failed to translate this progress to shingles—there is still no coverage for the recommended vaccine in spite of immunologists in the province pleading

for it to be made available free of charge to people 50+. New Brunswick also still has a long way to go in protecting immunocompromised adults, as the government only partially covers the recommended list of conditions for PNEU-C-13, leaving many with comorbidities unprotected. The province is among the worst in the country on access to vaccines and public education about immunization as a whole, creating profound barriers for older New Brunswickers trying to get their recommended routine vaccinations.

Key Findings

1. The high-dose flu shot is now funded for anyone 65+ in the province – a key improvement.
2. The recommended shingles vaccine is still not funded, despite expert advice to the contrary and the only partial pneumonia PNEU-C-13 coverage currently leaves many immunocompromised adults unprotected.
3. New Brunswick is one of only three provinces/territories to score an F on public awareness around adult vaccinations.



Action Needed

1. Significantly improve public information and knowledge mobilization about adult vaccinations, including redoing the website information, creating a public awareness campaign and putting this information in the Seniors' Guide.
2. Fund the recommended shingles vaccine for all adults 50+ and PNEU-C-13 vaccines for the full list of immunocompromised conditions.
3. Expand vaccination access to pharmacies for pneumonia and shingles vaccines, especially to support rural and remote communities.

Scorecard

● YES ● INCONCLUSIVE ● NO

INFLUENZA • Single dose • Annual

FUNDING

Standard influenza vaccines are publicly funded for all adults aged 18–64.



Standard influenza vaccines are publicly funded for all adults 65+.



Influenza vaccines specifically-formulated for seniors are publicly funded by the province/territory for all adults 65+.



Influenza vaccines specifically-formulated for seniors were funded in LTC in the current calendar year (2021–2022).



ACCESS

A policy or directive from the province/territory exists that directs its public health programs to provide and administer **standard dose influenza vaccines**:

Public health sites (includes seasonal clinics)



Doctors' offices



Pharmacies



A policy or directive from the province/territory exists that directs its public health programs to provide and administer **influenza vaccines that are specifically-formulated for seniors**:

Long-term care (LTC)



Congregate care settings



Aging in place / at home with community health supports



Public health sites



Doctors' offices



Pharmacies



PNEUMOCOCCAL • Doses vary • One-time, age 65+

FUNDING

PNEU-P-23 (Pneumococcal polysaccharide 23-valent) is publicly funded for all adults 65+.



PNEU-C-13 (Pneumococcal conjugate 13-valent) is publicly funded for people who are immunocompromised.

Partial list

ACCESS

A policy or directive from the province/territory exists that directs its public health programs to provide and administer **PNEU-P-23 (Pneumococcal polysaccharide 23-valent)**:

Long-term care (LTC)



Congregate care settings



Aging in place / at home with community health supports



Public health sites



Doctors' offices



Pharmacies



A policy or directive from the province/territory exists that directs its public health programs to provide and administer **PNEU-C-13 (Pneumococcal conjugate 13-valent)** to people who are immunocompromised:

Long-term care (LTC)



Congregate care settings



Aging in place / at home with community health supports



Public health sites



Doctors' offices



Pharmacies



HERPES ZOSTER (SHINGLES) • Two doses • One-time, age 50+

FUNDING

Shingles vaccine (Recombinant Zoster Vaccine, RZV) is publicly funded for ANY adults aged 50+.



Shingles vaccine (Recombinant Zoster Vaccine, RZV) is publicly funded for ALL adults aged 50+.



ACCESS

A policy or directive from the province/territory exists that directs its public health programs to provide and administer best-in-class **shingles vaccines (Recombinant zoster vaccine, RZV)**:

Long-term care (LTC)



Congregate care settings



Aging in place / at home with community health supports



Public health sites



Doctors' offices



Pharmacies



AWARENESS • Transparency • Patient Education Initiatives

Digital Communication Efforts

Information is available that clearly outlines all NACI recommended adult vaccines



Information specifically identifies vaccination information specifically for seniors



Government provided information about immunizations is easily found using the search terms: "Vaccines for Seniors New Brunswick"

Information is found in under 3 mins = 4 pts

0 pts

Information is found in 3-5 mins = 3 pts

Information is found in 5-7 mins = 2 pts

Information is found in 7 minutes or more = 1 pt

Information was not found on the website in less than 10 minutes = 0 pts"

Information is found regarding **annual/seasonal influenza vaccination**



Information is found regarding **shingles vaccination**



Information is found regarding **pneumococcal vaccination**



Information about vaccine coverage is found and is clear to the reader which vaccines are funded and which are not



A telephone number or website is provided to reach local public health authorities



Instructions are provided for accessing personal vaccination records



Information is available in both English and French



Communication Efforts to Seniors

A Seniors' Guide is available



The Seniors' Guide is up to date (2021)



The Seniors' Guide is made available in a variety of formats, including printed copies upon request



The Seniors' Guide provides up to date information about the provision of vaccinations in the province/territory



Newfoundland and Labrador

LEADERSHIP	Liberal (Majority)	
PREMIER	Andrew Furey	
MINISTER OF HEALTH	Dr. John Haggie, Minister of Health and Community Service	
MINISTER OF SENIORS	Not dedicated Consolidated with Children, Social Development, Housing and Persons with Disabilities: John Abbott	
MINISTER OF LTC	None	
CHIEF MEDICAL OFFICER	Dr. Janice Fitzgerald (acting)	
SENIORS ADVOCATE	None yet – accepting applications	
		<i>Change from last year</i>
		F ---
	Population of Adults 50+	244,659
	% of Total Population	46.90%

Overview Summary

Newfoundland and Labrador was one of only three jurisdictions in Canada to score an overall failing grade in last year's report card. Sadly, the government has chosen inaction this year, maintaining a status quo in its subpar adult immunization program. The province has not expanded coverage for the recommended vaccines against flu, shingles or pneumonia and major gaps persist in how easily older people can find out about, and access, the shots they need to be safe.

The Government of Newfoundland and Labrador needs to prioritize immunization given the number of seniors living in rural areas in the province – especially as the pandemic situation continues to evolve. Older adults in Atlantic Canada deserve to live vibrant and connected lives free from the serious threat of preventable disease. The longer the province waits to act, the longer their lives will continue to be at risk.

Key Findings

1. Newfoundland and Labrador received an F overall, and is in the bottom three jurisdictions on efforts to vaccinate older adults.
2. The province does not meet NACI recommendations on any vaccines for older adults for the 'Big Three' common illnesses: flu, shingles, and pneumonia.
3. The Government of Newfoundland and Labrador did not implement any recommended policy changes from last year's report.

Funding	C-	<i>Change from last year</i>
Access	F	<i>Change from last year</i>
Awareness	F	<i>Change from last year</i>

Action Needed



1. Create a government-supported stakeholder working group on adult vaccinations in the province to work on integrating lessons learned from COVID19 and applying them proactively to other adult vaccinations.
2. Together with input from the community and pharmacists, create a government public awareness campaign about adult vaccinations, which includes significant improvements on government websites, the Seniors' Guide and other channels on adult vaccinations.
3. Fund influenza vaccines for the 95% of seniors who live in the community, fund recommended shingles vaccines for everyone 50+ and fund PNEU-C-13 for the full list immunocompromised adults.

Scorecard

● YES ● INCONCLUSIVE ● NO

INFLUENZA • Single dose • Annual

FUNDING

Standard influenza vaccines are publicly funded for all adults aged 18–64.



Standard influenza vaccines are publicly funded for all adults 65+.



Influenza vaccines specifically-formulated for seniors are publicly funded by the province/territory for all adults 65+.



Influenza vaccines specifically-formulated for seniors were funded in LTC in the current calendar year (2021–2022).



ACCESS

A policy or directive from the province/territory exists that directs its public health programs to provide and administer **standard dose influenza vaccines**:

Public health sites (includes seasonal clinics)



Doctors' offices



Pharmacies



A policy or directive from the province/territory exists that directs its public health programs to provide and administer **influenza vaccines that are specifically-formulated for seniors**:

Long-term care (LTC)



Congregate care settings



Aging in place / at home with community health supports



Public health sites



Doctors' offices



Pharmacies



PNEUMOCOCCAL • Doses vary • One-time, age 65+

FUNDING

PNEU-P-23 (Pneumococcal polysaccharide 23-valent) is publicly funded for all adults 65+.



PNEU-C-13 (Pneumococcal conjugate 13-valent) is publicly funded for people who are immunocompromised.

Partial list

ACCESS

A policy or directive from the province/territory exists that directs its public health programs to provide and administer **PNEU-P-23 (Pneumococcal polysaccharide 23-valent)**:

Long-term care (LTC)



Congregate care settings



Aging in place / at home with community health supports



Public health sites



Doctors' offices



Pharmacies



A policy or directive from the province/territory exists that directs its public health programs to provide and administer **PNEU-C-13 (Pneumococcal conjugate 13-valent)** to people who are immunocompromised:

Long-term care (LTC)



Congregate care settings



Aging in place / at home with community health supports



Public health sites



Doctors' offices



Pharmacies



HERPES ZOSTER (SHINGLES) • Two doses • One-time, age 50+

FUNDING

Shingles vaccine (Recombinant Zoster Vaccine, RZV) is publicly funded for ANY adults aged 50+.



Shingles vaccine (Recombinant Zoster Vaccine, RZV) is publicly funded for ALL adults aged 50+.



ACCESS

A policy or directive from the province/territory exists that directs its public health programs to provide and administer best-in-class **shingles vaccines (Recombinant zoster vaccine, RZV)**:

Long-term care (LTC)



Congregate care settings



Aging in place / at home with community health supports



Public health sites



Doctors' offices



Pharmacies



AWARENESS • Transparency • Patient Education Initiatives

Digital Communication Efforts

Information is available that clearly outlines all NACI recommended adult vaccines



Information specifically identifies vaccination information specifically for seniors



Government provided information about immunizations is easily found using the search terms: "**Vaccines for Seniors Newfoundland and Labrador**"

Information is found in under 3 mins = 4 pts

0 pts

Information is found in 3-5 mins = 3 pts

Information is found in 5-7 mins = 2 pts

Information is found in 7 minutes or more = 1 pt

Information was not found on the website in less than 10 minutes = 0 pts"

Information is found regarding **annual/seasonal influenza vaccination**



Information is found regarding **shingles vaccination**



Information is found regarding **pneumococcal vaccination**



Information about vaccine coverage is found and is clear to the reader which vaccines are funded and which are not



A telephone number or website is provided to reach local public health authorities



Instructions are provided for accessing personal vaccination records



Information is available in both English and French



Communication Efforts to Seniors

A Seniors' Guide is available



The Seniors' Guide is up to date (2021)



The Seniors' Guide is made available in a variety of formats, including printed copies upon request



The Seniors' Guide provides up to date information about the provision of vaccinations in the province/territory

Northwest Territories

LEADERSHIP	Independent, Consensus Government	
PREMIER	Caroline Cochrane	
MINISTER OF HEALTH	Julie Green	
MINISTER OF SENIORS	Not dedicated Consolidated with Health and Social Service and Persons with Disabilities: Julie Green	
MINISTER OF LTC	None	<i>Change from last year</i>
CHIEF MEDICAL OFFICER	Dr. Kami Kandola	D --
SENIORS ADVOCATE	None	
		Population of Adults 50+
		13,542
		% of Total Population
		29.76%

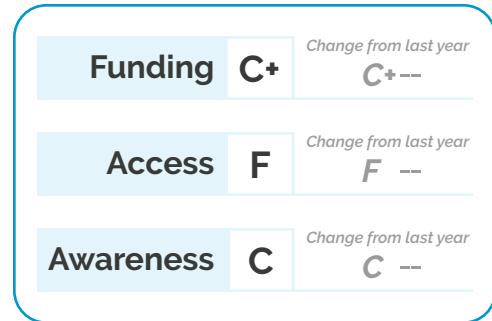
Overview Summary

Unfortunately, the Government of Northwest Territories has made no notable improvements to its adult immunization program since last year's report. While all territories face additional challenges with providing health care to rural and remote communities, this is all the more reason to start making moves to fund required vaccines and distribute them as widely as possible. Lessons learned during COVID-19 about the importance of vaccinating northern communities must not be lost. Preventive health

through vaccines is more critically important than ever as limited resources make acute and chronic treatments scarce. The Northwest Territories should follow Yukon's lead, and must expand coverage to remove financial barriers to uptake, enhance access points, and better communicate the benefits of immunization for adults – all tangible actions we recommended in 2021. Evidently, this year, the Government of Northwest Territories has instead chosen inaction.

Key Findings

1. Northwest Territories failed to improve its overall score from last year.
2. The Government of Northwest Territories did not implement any recommended policy changes from last year's report.
3. Lack of access to vaccines continues to be a major problem within the territory, putting seniors living in rural and remote areas at risk.



Action Needed



1. Create a government and community working group to raise awareness of the need for adult vaccinations in the territory, including meaningful work with Indigenous, rural and remote communities to best serve their needs.
2. Work with pharmacies and community-based health supports to get the broadest possible access to vaccine uptake.
3. Fund NACI-recommended seniors specific flu vaccine for all adults 65+, improve pneumonia vaccination awareness and fund the recommended shingles vaccine for all adults 50+.



Scorecard

● YES ● INCONCLUSIVE ● NO

INFLUENZA • Single dose • Annual

FUNDING

Standard influenza vaccines are publicly funded for all adults aged 18–64.



Standard influenza vaccines are publicly funded for all adults 65+.



Influenza vaccines specifically-formulated for seniors are publicly funded by the province/territory for all adults 65+.



Influenza vaccines specifically-formulated for seniors were funded in LTC in the current calendar year (2021–2022).



ACCESS

A policy or directive from the province/territory exists that directs its public health programs to provide and administer **standard dose influenza vaccines**:

Public health sites (includes seasonal clinics)



Doctors' offices



Pharmacies



A policy or directive from the province/territory exists that directs its public health programs to provide and administer **influenza vaccines that are specifically-formulated for seniors**:

Long-term care (LTC)



Congregate care settings



Aging in place / at home with community health supports



Public health sites



Doctors' offices



Pharmacies



PNEUMOCOCCAL • Doses vary • One-time, age 65+

FUNDING

PNEU-P-23 (Pneumococcal polysaccharide 23-valent) is publicly funded for all adults 65+.



PNEU-C-13 (Pneumococcal conjugate 13-valent) is publicly funded for people who are immunocompromised.

Full list

ACCESS

A policy or directive from the province/territory exists that directs its public health programs to provide and administer **PNEU-P-23 (Pneumococcal polysaccharide 23-valent)**:

Long-term care (LTC)



Congregate care settings



Aging in place / at home with community health supports



Public health sites



Doctors' offices



Pharmacies



A policy or directive from the province/territory exists that directs its public health programs to provide and administer **PNEU-C-13 (Pneumococcal conjugate 13-valent)** to people who are immunocompromised:

Long-term care (LTC)



Congregate care settings



Aging in place / at home with community health supports



Public health sites



Doctors' offices



Pharmacies



HERPES ZOSTER (SHINGLES) • Two doses • One-time, age 50+

FUNDING

Shingles vaccine (Recombinant Zoster Vaccine, RZV) is publicly funded for ANY adults aged 50+.



Shingles vaccine (Recombinant Zoster Vaccine, RZV) is publicly funded for ALL adults aged 50+.



ACCESS

A policy or directive from the province/territory exists that directs its public health programs to provide and administer best-in-class **shingles vaccines (Recombinant zoster vaccine, RZV)**:

Long-term care (LTC)



Congregate care settings



Aging in place / at home with community health supports



Public health sites



Doctors' offices



Pharmacies



AWARENESS • Transparency • Patient Education Initiatives

Digital Communication Efforts

Information is available that clearly outlines all NACI recommended adult vaccines



Information specifically identifies vaccination information specifically for seniors



Government provided information about immunizations is easily found using the search terms: "**Vaccines for Seniors Northwest Territories**"

Information is found in under 3 mins = 4 pts

2 pts

Information is found in 3-5 mins = 3 pts

Information is found in 5-7 mins = 2 pts

Information is found in 7 minutes or more = 1 pt

Information was not found on the website in less than 10 minutes = 0 pts"

Information is found regarding **annual/seasonal influenza vaccination**



Information is found regarding **shingles vaccination**



Information is found regarding **pneumococcal vaccination**



Information about vaccine coverage is found and is clear to the reader which vaccines are funded and which are not



A telephone number or website is provided to reach local public health authorities



Instructions are provided for accessing personal vaccination records



Information is available in both English and French



Communication Efforts to Seniors

A Seniors' Guide is available



The Seniors' Guide is up to date (2021)



The Seniors' Guide is made available in a variety of formats, including printed copies upon request



The Seniors' Guide provides up to date information about the provision of vaccinations in the province/territory



Nova Scotia

LEADERSHIP	Progressive Conservative (Majority)
PREMIER	Tim Houston
MINISTER OF HEALTH AND WELLNESS	Michelle Thompson
MINISTER OF SENIORS	Not dedicated Consolidated with Ministry of LTC: Barbara Adams
MINISTER OF LTC	Not dedicated Consolidated with Ministry of Seniors: Barbara Adams
CHIEF MEDICAL OFFICER	Dr. Robert Strang
SENIORS ADVOCATE	None



Change from last year



Population of Adults 50+	434,961
% of Total Population	43.80%

Overview Summary

The Government of Nova Scotia has stepped up its game this year in the way it promotes vaccines to older people in the province, but, despite this modest initiative, that's simply not enough to raise its overall score. The province has not improved funding coverage for the recommended vaccines for seniors, with the vast majority of people left to pay out-of-pocket. The province was smart to offer a seniors-specific flu vaccine to residents in long-term care alongside COVID-19 boosters this fall, but this leaves the approximately 95% of all Nova Scotia seniors

unprotected. With demand for the flu shot at an all-time high this year, the government choice to still not fund a shot recommended for adults 65+ is a major missed opportunity – one that the Government of Nova Scotia can't afford to make if it wants to keep its healthcare system from sinking under the weight of unnecessary hospitalizations. However, with the recent change in provincial government, and its promises to prioritize health and seniors' care, there is new opportunity for improvement on vaccine coverage in 2022.

Key Findings

1. Nova Scotia failed to improve its overall score from last year. However, a new government has been elected with a mandate to increase seniors' and public health, creating a new opportunity for advancement in 2022.
2. The Government of Nova Scotia has started to promote adult vaccination alongside messaging around children, which shows promise.
3. The province made no improvements to vaccine funding or access for flu, pneumonia or shingles, in spite of increased demand for vaccines, strain on acute and chronic health care, and a serious rise of respiratory illnesses in the province.

Funding	C-	<i>Change from last year</i>
Access	F	<i>Change from last year</i>
Awareness	D+	<i>Change from last year</i>

Action Needed



1. Build upon COVID-19 learnings to ensure that access to vaccines is widely available via community-based hubs, pharmacies, and home care supports.
2. Promote adult vaccine information and vaccine uptake hubs targeting more marginalized groups including Acadian, Indigenous, African Nova Scotian, people with disabilities, and older residents of rural or remote communities.
3. Prioritize funding for a NACI-recommended seniors-specific flu vaccine, fully cover PNEU-C-13 for all immunocompromised adults, and fund the shingles vaccine for adults 50+.



Scorecard

● YES ● INCONCLUSIVE ● NO

INFLUENZA • Single dose • Annual

FUNDING

Standard influenza vaccines are publicly funded for all adults aged 18–64.



Standard influenza vaccines are publicly funded for all adults 65+.



Influenza vaccines specifically-formulated for seniors are publicly funded by the province/territory for all adults 65+.



Influenza vaccines specifically-formulated for seniors were funded in LTC in the current calendar year (2021–2022).



ACCESS

A policy or directive from the province/territory exists that directs its public health programs to provide and administer **standard dose influenza vaccines**:

Public health sites (includes seasonal clinics)



Doctors' offices



Pharmacies



A policy or directive from the province/territory exists that directs its public health programs to provide and administer **influenza vaccines that are specifically-formulated for seniors**:

Long-term care (LTC)



Congregate care settings



Aging in place / at home with community health supports



Public health sites



Doctors' offices



Pharmacies



PNEUMOCOCCAL • Doses vary • One-time, age 65+

FUNDING

PNEU-P-23 (Pneumococcal polysaccharide 23-valent) is publicly funded for all adults 65+.



PNEU-C-13 (Pneumococcal conjugate 13-valent) is publicly funded for people who are immunocompromised.

Partial list

ACCESS

A policy or directive from the province/territory exists that directs its public health programs to provide and administer **PNEU-P-23 (Pneumococcal polysaccharide 23-valent)**:

Long-term care (LTC)



Congregate care settings



Aging in place / at home with community health supports



Public health sites



Doctors' offices



Pharmacies



A policy or directive from the province/territory exists that directs its public health programs to provide and administer **PNEU-C-13 (Pneumococcal conjugate 13-valent)** to people who are immunocompromised:

Long-term care (LTC)



Congregate care settings



Aging in place / at home with community health supports



Public health sites



Doctors' offices



Pharmacies



HERPES ZOSTER (SHINGLES) • Two doses • One-time, age 50+

FUNDING

Shingles vaccine (Recombinant Zoster Vaccine, RZV) is publicly funded for ANY adults aged 50+.



Shingles vaccine (Recombinant Zoster Vaccine, RZV) is publicly funded for ALL adults aged 50+.



ACCESS

A policy or directive from the province/territory exists that directs its public health programs to provide and administer best-in-class **shingles vaccines (Recombinant zoster vaccine, RZV)**:

Long-term care (LTC)



Congregate care settings



Aging in place / at home with community health supports



Public health sites



Doctors' offices



Pharmacies



AWARENESS • Transparency • Patient Education Initiatives

Digital Communication Efforts

Information is available that clearly outlines all NACI recommended adult vaccines



Information specifically identifies vaccination information specifically for seniors



Government provided information about immunizations is easily found using the search terms: "**Vaccines for Seniors Nova Scotia**"

Information is found in under 3 mins = 4 pts

0 pts

Information is found in 3-5 mins = 3 pts

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Information is found regarding **annual/seasonal influenza vaccination**



Information is found regarding **shingles vaccination**



Information is found regarding **pneumococcal vaccination**



Information about vaccine coverage is found and is clear to the reader which vaccines are funded and which are not



A telephone number or website is provided to reach local public health authorities



Instructions are provided for accessing personal vaccination records



Information is available in both English and French



Communication Efforts to Seniors

A Seniors' Guide is available



The Seniors' Guide is up to date (2021)



The Seniors' Guide is made available in a variety of formats, including printed copies upon request



The Seniors' Guide provides up to date information about the provision of vaccinations in the province/territory



Nunavut

LEADERSHIP	Independent, Consensus Government
PREMIER	PJ Akeeagok
MINISTER OF HEALTH	John Main
MINISTER OF SENIORS	Not dedicated Consolidated with Minister of Culture and Heritage, Minister responsible for Qulliq Energy Corporation, Minister responsible for Languages, Minister responsible for Seniors: Joanna Quassa
MINISTER OF LTC	None
CHIEF MEDICAL OFFICER	Dr. Michael Patterson
SENIORS ADVOCATE	None
<i>Change from last year</i>	
Population of Adults 50+	6,995
% of Total Population	17.75%



Overview Summary

The Government of Nunavut is the only jurisdiction in Canada to score a failing grade on all three performance indicator categories in this report, and has the lowest total score. However, this grade must be understood within Nunavut's very limited funding constraints, widespread rural and remote population and scarce health resources. In many ways, Nunavut's failure to move out of last place in this report is as much a failure of the federal government and its lack of targeted supports for the well-established needs of this unique territory: needs of which cannot be adequately sustained by the local tax base. However, despite necessary contextual framing of the situation, Nunavut maintains inconclusive data about funding coverage and availability of seniors-specific flu shots for seniors, and does

not cover the recommended shingles vaccine for people 50+. On top of that, Nunavut fails to fund the PNEU-C-13 pneumonia vaccine for any of the NACI-recommended list of conditions to provide additional protection to immunocompromised persons, setting the territory far behind the national standard.

Overall, the situation on adult vaccination in Nunavut is dire: the vast majority of people lack access to adult vaccinations and, of those seniors who do manage to visit a health care provider, many cannot afford to pay for the vaccines they need to stay safe. Unless the Government of Nunavut takes serious steps to improve adult vaccination, older people in the territory will continue to live their lives at significant risk.

Key Findings

1. Nunavut is the only part of Canada to score an F in all three scoring areas, and has the lowest overall score.
2. An abnormally large amount of data about vaccine funding and access for adults in the territory is inconclusive / incomplete.
3. The Government of Nunavut has not made any improvements to its adult immunization program since last year's report.

Funding	F	<i>Change from last year</i>
Access	F	<i>Change from last year</i>
Awareness	F	<i>Change from last year</i>

Action Needed

1. Nunavut needs to fund influenza, shingles, and pneumonia vaccines up to NACI levels. Nunavut should reach out to the federal government individually, or as part of a Territories Action Committee, to search for a dedicated pocket of funding to supplement needed vaccine purchasing.
2. Create a government and community working group to raise awareness of the need for adult vaccinations in Nunavut, including meaningful work with Inuit, Indigenous, rural, remote and fly-in communities to best serve their needs.
3. Work with pharmacies, community-hubs, and pop-up and mobile health supports to get the broadest possible access to vaccine uptake, learning from the COVID19 experiences.



Scorecard

● YES ● INCONCLUSIVE ● NO

INFLUENZA • Single dose • Annual

FUNDING

Standard influenza vaccines are publicly funded for all adults aged 18–64.



Standard influenza vaccines are publicly funded for all adults 65+.



Influenza vaccines specifically-formulated for seniors are publicly funded by the province/territory for all adults 65+.



Influenza vaccines specifically-formulated for seniors were funded in LTC in the current calendar year (2021–2022).



ACCESS

A policy or directive from the province/territory exists that directs its public health programs to provide and administer **standard dose influenza vaccines**:

Public health sites (includes seasonal clinics)



Doctors' offices



Pharmacies



A policy or directive from the province/territory exists that directs its public health programs to provide and administer **influenza vaccines that are specifically-formulated for seniors**:

Long-term care (LTC)



Congregate care settings



Aging in place / at home with community health supports



Public health sites



Doctors' offices



Pharmacies



PNEUMOCOCCAL • Doses vary • One-time, age 65+

FUNDING

PNEU-P-23 (Pneumococcal polysaccharide 23-valent) is publicly funded for all adults 65+.



PNEU-C-13 (Pneumococcal conjugate 13-valent) is publicly funded for people who are immunocompromised.

None

ACCESS

A policy or directive from the province/territory exists that directs its public health programs to provide and administer **PNEU-P-23 (Pneumococcal polysaccharide 23-valent)**:

Long-term care (LTC)



Congregate care settings



Aging in place / at home with community health supports



Public health sites



Doctors' offices



Pharmacies



A policy or directive from the province/territory exists that directs its public health programs to provide and administer **PNEU-C-13 (Pneumococcal conjugate 13-valent)** to people who are immunocompromised:

Long-term care (LTC)



Congregate care settings



Aging in place / at home with community health supports



Public health sites



Doctors' offices



Pharmacies



HERPES ZOSTER (SHINGLES) • Two doses • One-time, age 50+

FUNDING

Shingles vaccine (Recombinant Zoster Vaccine, RZV) is publicly funded for ANY adults aged 50+.



Shingles vaccine (Recombinant Zoster Vaccine, RZV) is publicly funded for ALL adults aged 50+.



ACCESS

A policy or directive from the province/territory exists that directs its public health programs to provide and administer best-in-class **shingles vaccines (Recombinant zoster vaccine, RZV)**:

Long-term care (LTC)



Congregate care settings



Aging in place / at home with community health supports



Public health sites



Doctors' offices



Pharmacies



AWARENESS • Transparency • Patient Education Initiatives

Digital Communication Efforts

Information is available that clearly outlines all NACI recommended adult vaccines



Information specifically identifies vaccination information specifically for seniors



Government provided information about immunizations is easily found using the search terms: "**Vaccines for Seniors Nunavut**"

Information is found in under 3 mins = 4 pts

0 pts

Information is found in 3-5 mins = 3 pts

Information is found in 5-7 mins = 2 pts

Information is found in 7 minutes or more = 1 pt

Information was not found on the website in less than 10 minutes = 0 pts"

Information is found regarding **annual/seasonal influenza vaccination**



Information is found regarding **shingles vaccination**



Information is found regarding **pneumococcal vaccination**



Information about vaccine coverage is found and is clear to the reader which vaccines are funded and which are not



A telephone number or website is provided to reach local public health authorities



Instructions are provided for accessing personal vaccination records



Information is available in both English and French



Communication Efforts to Seniors

A Seniors' Guide is available



The Seniors' Guide is up to date (2021)



The Seniors' Guide is made available in a variety of formats, including printed copies upon request



The Seniors' Guide provides up to date information about the provision of vaccinations in the province/territory



Ontario

LEADERSHIP	Progressive Conservative (Majority)
PREMIER	Doug Ford
MINISTER OF HEALTH	Christine Elliott
MINISTER OF SENIORS AND ACCESSIBILITY	Raymond Cho
MINISTER OF LTC	Paul Calandra (also Minister of Legislative Affairs and Government House Leader)
CHIEF MEDICAL OFFICER	Dr. Kieran Moore
SENIORS ADVOCATE	None



Change from
last year

B-



Population of Adults 50+	5,688,896
% of Total Population	38.37%

Overview Summary

While Ontario has maintained its foothold as one of the two top performing jurisdictions in vaccinating seniors, the province has lost the top spot due to its inaction on several recommendations made in last year's report. The Government of Ontario funds seniors-specific flu shots, both high-dose and adjuvanted formulations, but this important differentiation has not been clearly communicated to the public. This lack of transparency has a negative impact on vaccine confidence and uptake, and needs to be addressed.

The Government of Ontario is a national leader in shingles prevention, and is one of only three jurisdictions to cover the recommended vaccine. However, the province is dragging its feet

on allowing pharmacies to administer the shots, severely limiting access at a time when many seniors struggle to see their family doctor due to pandemic restrictions and healthcare capacity.

Ontario covers pneumonia vaccines for the full NACI-recommended list of conditions to provide additional protection to immunocompromised persons, which sets it above the national standard.

While it's clear that the Government of Ontario is committed to preventive health, its lack of momentum in critical areas of its adult immunization program could see the province left behind next year as other parts of Canada ramp up their efforts.

Key Findings

1. Ontario falls just short of the top score, due to an out of date Seniors' Guide which does not include information on adult vaccination, and lack of access to some vaccines at pharmacies.
2. The Government of Ontario is one of only three provinces / territories to fund the recommended shingles vaccine, but only covers adults aged 65–70 (not all adults aged 50+ as recommended).
3. Pharmacies are allowed to administer both flu shots and pneumonia vaccines, but not shingles vaccines.

Funding	A-	Change from last year
Access	F	Change from last year
Awareness	A-	Change from last year

Action Needed



1. Work with the existing Ontario Health Teams, community stakeholders, and vaccine expert groups to build upon the knowledge gained from COVID-19 vaccinations; including the importance of increasing access by way of mass vaccination sites, pop up and mobile sites and working with vaccine-hesitant communities.
2. Allow pharmacies to administer all pneumonia and shingles vaccines.
3. Expand the recommended shingles vaccine coverage to all adults 50+.

Scorecard

● YES ● INCONCLUSIVE ● NO

INFLUENZA • Single dose • Annual

FUNDING

Standard influenza vaccines are publicly funded for all adults aged 18–64.



Standard influenza vaccines are publicly funded for all adults 65+.



Influenza vaccines specifically-formulated for seniors are publicly funded by the province/territory for all adults 65+.



Influenza vaccines specifically-formulated for seniors were funded in LTC in the current calendar year (2021–2022).



ACCESS

A policy or directive from the province/territory exists that directs its public health programs to provide and administer **standard dose influenza vaccines**:

Public health sites (includes seasonal clinics)



Doctors' offices



Pharmacies



A policy or directive from the province/territory exists that directs its public health programs to provide and administer **influenza vaccines that are specifically-formulated for seniors**:

Long-term care (LTC)



Congregate care settings



Aging in place / at home with community health supports



Public health sites



Doctors' offices



Pharmacies



PNEUMOCOCCAL • Doses vary • One-time, age 65+

FUNDING

PNEU-P-23 (Pneumococcal polysaccharide 23-valent) is publicly funded for all adults 65+.



PNEU-C-13 (Pneumococcal conjugate 13-valent) is publicly funded for people who are immunocompromised.

Full list

ACCESS

A policy or directive from the province/territory exists that directs its public health programs to provide and administer **PNEU-P-23 (Pneumococcal polysaccharide 23-valent)**:

Long-term care (LTC)



Congregate care settings



Aging in place / at home with community health supports



Public health sites



Doctors' offices



Pharmacies



A policy or directive from the province/territory exists that directs its public health programs to provide and administer **PNEU-C-13 (Pneumococcal conjugate 13-valent)** to people who are immunocompromised:

Long-term care (LTC)



Congregate care settings



Aging in place / at home with community health supports



Public health sites



Doctors' offices



Pharmacies



HERPES ZOSTER (SHINGLES) • Two doses • One-time, age 50+

FUNDING

Shingles vaccine (Recombinant Zoster Vaccine, RZV) is publicly funded for ANY adults aged 50+.



Shingles vaccine (Recombinant Zoster Vaccine, RZV) is publicly funded for ALL adults aged 50+.



ACCESS

A policy or directive from the province/territory exists that directs its public health programs to provide and administer best-in-class **shingles vaccines (Recombinant zoster vaccine, RZV)**:

Long-term care (LTC)



Congregate care settings



Aging in place / at home with community health supports



Public health sites



Doctors' offices



Pharmacies



AWARENESS • Transparency • Patient Education Initiatives

Digital Communication Efforts

Information is available that clearly outlines all NACI recommended adult vaccines



Information specifically identifies vaccination information specifically for seniors



Government provided information about immunizations is easily found using the search terms: "**Vaccines for Seniors Ontario**"

Information is found in under 3 mins = 4 pts

Information is found in 3-5 mins = 3 pts

Information is found in 5-7 mins = 2 pts

Information is found in 7 minutes or more = 1 pt

Information was not found on the website in less than 10 minutes = 0 pts"

4 pts

Information is found regarding **annual/seasonal influenza vaccination**



Information is found regarding **shingles vaccination**



Information is found regarding **pneumococcal vaccination**



Information about vaccine coverage is found and is clear to the reader which vaccines are funded and which are not



A telephone number or website is provided to reach local public health authorities



Instructions are provided for accessing personal vaccination records



Information is available in both English and French



Communication Efforts to Seniors

A Seniors' Guide is available



The Seniors' Guide is up to date (2021)



The Seniors' Guide is made available in a variety of formats, including printed copies upon request



The Seniors' Guide provides up to date information about the provision of vaccinations in the province/territory



Prince Edward Island

LEADERSHIP	Progressive Conservative (Majority)
PREMIER	Dennis King
MINISTER OF HEALTH	Ernie Hudson, Minister of Health and Wellness
MINISTER OF SENIORS	<p>None</p> <p>The PEI Seniors' Secretariat is a body created to provide policy and program advice to government and other organizations to improve the quality of life for seniors under the Office of Seniors, which is located in the Ministry of Social Development and Housing. Several individuals make up the PEI Seniors' Secretariat.</p>
MINISTER OF LTC	None
CHIEF MEDICAL OFFICER	Dr. Heather G. Morrison
SENIORS ADVOCATE	None



Change from last year

B- ↑

Population of Adults 50+	66,987
% of Total Population	40.76%

Overview Summary

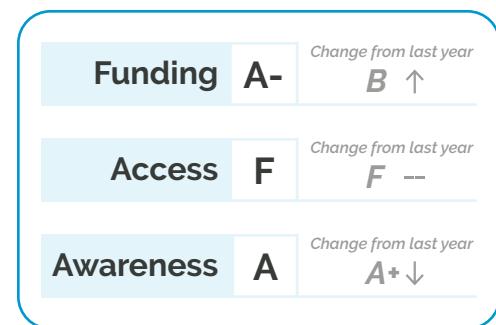
It's incredibly impressive that PEI, Canada's smallest province, has emerged as the national leader in adult immunization. The Government of PEI scores the highest overall in this report, showcasing its commitment to protecting the health of seniors with top-tier vaccine funding and public education. Islanders 65+ can get a seniors-specific flu shot for free, even at pharmacies,

and the province is one of only three to fund the recommended shingles vaccine.

However, the Government of PEI shouldn't rest on its laurels – expanding coverage for the new shingles vaccine to include everyone 50+ would further cement its excellent standing on preventive health.

Key Findings

1. Prince Edward Island scores the highest overall in this report.
2. The Government of PEI is one of only three to fund the recommended shingles vaccine.
3. Pharmacists can administer both flu shots and shingles vaccines.



Action Needed

1. Fully fund shingles vaccines for all adults 50+
2. Allow all doctors, nurses, pharmacies, and health care hubs to provide all vaccines.
3. Update the Seniors' Guide and ensure that information about vaccinations is clearly laid out in it.

Scorecard

● YES ● INCONCLUSIVE ● NO

INFLUENZA • Single dose • Annual

FUNDING

Standard influenza vaccines are publicly funded for all adults aged 18–64.



Standard influenza vaccines are publicly funded for all adults 65+.



Influenza vaccines specifically-formulated for seniors are publicly funded by the province/territory for all adults 65+.



Influenza vaccines specifically-formulated for seniors were funded in LTC in the current calendar year (2021–2022).



ACCESS

A policy or directive from the province/territory exists that directs its public health programs to provide and administer **standard dose influenza vaccines**:

Public health sites (includes seasonal clinics)



Doctors' offices



Pharmacies



A policy or directive from the province/territory exists that directs its public health programs to provide and administer **influenza vaccines that are specifically-formulated for seniors**:

Long-term care (LTC)



Congregate care settings



Aging in place / at home with community health supports



Public health sites



Doctors' offices



Pharmacies



PNEUMOCOCCAL • Doses vary • One-time, age 65+

FUNDING

PNEU-P-23 (Pneumococcal polysaccharide 23-valent) is publicly funded for all adults 65+.



PNEU-C-13 (Pneumococcal conjugate 13-valent) is publicly funded for people who are immunocompromised.

Full list

ACCESS

A policy or directive from the province/territory exists that directs its public health programs to provide and administer **PNEU-P-23 (Pneumococcal polysaccharide 23-valent)**:

Long-term care (LTC)



Congregate care settings



Aging in place / at home with community health supports



Public health sites



Doctors' offices



Pharmacies



A policy or directive from the province/territory exists that directs its public health programs to provide and administer **PNEU-C-13 (Pneumococcal conjugate 13-valent)** to people who are immunocompromised:

Long-term care (LTC)



Congregate care settings



Aging in place / at home with community health supports



Public health sites



Doctors' offices



Pharmacies



HERPES ZOSTER (SHINGLES) • Two doses • One-time, age 50+

FUNDING

Shingles vaccine (Recombinant Zoster Vaccine, RZV) is publicly funded for ANY adults aged 50+.



Shingles vaccine (Recombinant Zoster Vaccine, RZV) is publicly funded for ALL adults aged 50+.



ACCESS

A policy or directive from the province/territory exists that directs its public health programs to provide and administer best-in-class **shingles vaccines (Recombinant zoster vaccine, RZV)**:

Long-term care (LTC)



Congregate care settings



Aging in place / at home with community health supports



Public health sites



Doctors' offices



Pharmacies



AWARENESS • Transparency • Patient Education Initiatives

Digital Communication Efforts

Information is available that clearly outlines all NACI recommended adult vaccines



Information specifically identifies vaccination information specifically for seniors



Government provided information about immunizations is easily found using the search terms: “**Vaccines for Seniors Prince Edward Island**”

Information is found in under 3 mins = 4 pts

4 pts

Information is found in 3-5 mins = 3 pts

Information is found in 5-7 mins = 2 pts

Information is found in 7 minutes or more = 1 pt

Information was not found on the website in less than 10 minutes = 0 pts”

Information is found regarding **annual/seasonal influenza vaccination**



Information is found regarding **shingles vaccination**



Information is found regarding **pneumococcal vaccination**



Information about vaccine coverage is found and is clear to the reader which vaccines are funded and which are not



A telephone number or website is provided to reach local public health authorities



Instructions are provided for accessing personal vaccination records



Information is available in both English and French



Communication Efforts to Seniors

A Seniors' Guide is available



The Seniors' Guide is up to date (2021)



The Seniors' Guide is made available in a variety of formats, including printed copies upon request



The Seniors' Guide provides up to date information about the provision of vaccinations in the province/territory



Quebec

LEADERSHIP	Coalition Avenir Québec (Majority)
PREMIER	François Legault
MINISTER OF HEALTH	Christian Dubé, Minister of Health and Social Services
MINISTER OF SENIORS	Not dedicated Consolidated with Informal Caregivers: Marguerite Blais
MINISTER OF LTC	None
CHIEF MEDICAL OFFICER	Dr. Luc Boileau
SENIORS ADVOCATE	None



Change from last year



Population of Adults 50+	3,537,640
% of Total Population	41.10%

Overview Summary

Quebec earned a shockingly low overall score in this report. The province has an almost bafflingly poor immunization program, utterly out-of-step with comparable jurisdictions or even compared to other aspects of Quebec's own quite good healthcare system.

As an example of how far-off Quebec is from the rest of the country, it is now the **only jurisdiction in Canada to not even publicly cover the standard dose flu shot for adults 18+ – a problematic and serious public health decision which leaves Quebec at influenza risk**. The only improvement in vaccine funding for Quebec in this year's report is that the seniors-specific flu vaccine program in long-term care (CHLSDs) was renewed. This years' report also scrutinized the province's Tdap eligibility even more closely; clarification of the government's Tdap coverage resulted in lost points. Additionally, Quebec still does not cover the recommended shingles vaccine, and just

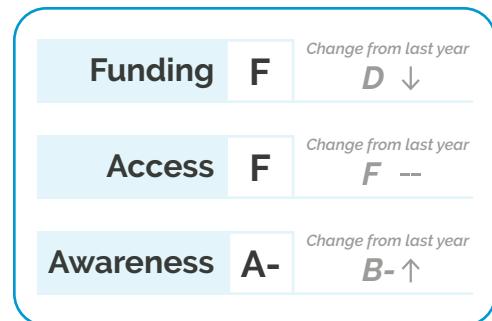
squeaks by in coverage for immunocompromised adults for PNEU-C-13.

Quebec has excellent public information about adult vaccines, at odds with its extremely poor public coverage. The province improved its public awareness activities, and earned points for a comprehensive seniors' guide. They also have very good information around influenza despite the fact that it has the worst vaccination coverage for influenza in the country.

However, the Government of Quebec hasn't done nearly enough to pull itself out of the worst-performing bracket in adult vaccination across Canada. With Quebec's very large and aging population, pressures on its health care system, and severe impacts during COVID-19, the government must commit itself to reforming its immunization coverage, strategy and focus.

Key Findings

1. The Government of Quebec has the worst flu vaccine coverage in the country, and does not fund even the standard flu shot for adults 18+.
2. Quebec has one of the worst overall scores of any province and is barely ahead of only Newfoundland and Nunavut for adult vaccinations.
3. The province does an excellent job on public information and education about adult vaccinations.



Action Needed

1. Quebec needs to reform its immunization systems to overcome the notable silos between the unelected vaccination policy-makers and the broader elected government health mandate.
2. Work with community and broader health stakeholders to reimagine a Quebec Immunization Policy which meets the needs of the population now and in the future, to bring vaccine funding and policies into the 21st century.
3. Bring funding of basic vaccines up to standard: a) Fund the standard flu vaccines for people 18-64; b) Fund the seniors-specific flu vaccine for people 65+ and c) Fund the shingles vaccine for people 50+.



Scorecard

● YES ● INCONCLUSIVE ● NO

INFLUENZA • Single dose • Annual

FUNDING

Standard influenza vaccines are publicly funded for all adults aged 18–64. ● NO

Standard influenza vaccines are publicly funded for all adults 65+. ● YES

Influenza vaccines specifically-formulated for seniors are publicly funded by the province/territory for all adults 65+. ● NO

Influenza vaccines specifically-formulated for seniors were funded in LTC in the current calendar year (2021–2022). ● YES

ACCESS

A policy or directive from the province/territory exists that directs its public health programs to provide and administer **standard dose influenza vaccines**:

Public health sites (includes seasonal clinics) ● YES

Doctors' offices ● YES

Pharmacies ● YES

A policy or directive from the province/territory exists that directs its public health programs to provide and administer **influenza vaccines that are specifically-formulated for seniors**:

Long-term care (LTC) ● YES

Congregate care settings ● YES

Aging in place / at home with community health supports ● NO

Public health sites ● NO

Doctors' offices ● NO

Pharmacies ● NO

PNEUMOCOCCAL • Doses vary • One-time, age 65+

FUNDING

PNEU-P-23 (Pneumococcal polysaccharide 23-valent) is publicly funded for all adults 65+. ● YES

PNEU-C-13 (Pneumococcal conjugate 13-valent) is publicly funded for people who are immunocompromised. Partial list

ACCESS

A policy or directive from the province/territory exists that directs its public health programs to provide and administer **PNEU-P-23 (Pneumococcal polysaccharide 23-valent)**:

Long-term care (LTC) ● YES

Congregate care settings ● NO

Aging in place / at home with community health supports ● INCONCLUSIVE

Public health sites ● YES

Doctors' offices ● YES

Pharmacies ● YES

A policy or directive from the province/territory exists that directs its public health programs to provide and administer **PNEU-C-13 (Pneumococcal conjugate 13-valent)** to people who are immunocompromised:

Long-term care (LTC) ● YES

Congregate care settings ● INCONCLUSIVE

Aging in place / at home with community health supports ● INCONCLUSIVE

Public health sites ● YES

Doctors' offices ● YES

Pharmacies ● YES

HERPES ZOSTER (SHINGLES) • Two doses • One-time, age 50+

FUNDING

Shingles vaccine (Recombinant Zoster Vaccine, RZV) is publicly funded for ANY adults aged 50+. ● NO

Shingles vaccine (Recombinant Zoster Vaccine, RZV) is publicly funded for ALL adults aged 50+. ● NO

ACCESS

A policy or directive from the province/territory exists that directs its public health programs to provide and administer best-in-class **shingles vaccines (Recombinant zoster vaccine, RZV)**:

Long-term care (LTC) ● NO

Congregate care settings ● NO

Aging in place / at home with community health supports ● NO

Public health sites ● NO

Doctors' offices ● NO

Pharmacies ● NO

AWARENESS • Transparency • Patient Education Initiatives

Digital Communication Efforts

Information is available that clearly outlines all NACI recommended adult vaccines ● YES

Information specifically identifies vaccination information specifically for seniors ● NO

Government provided information about immunizations is easily found using the search terms: "**Vaccines for Seniors Quebec**"

Information is found in under 3 mins = 4 pts

Information is found in 3-5 mins = 3 pts

Information is found in 5-7 mins = 2 pts

Information is found in 7 minutes or more = 1 pt

Information was not found on the website in less than 10 minutes = 0 pts" 3 pts

Information is found regarding **annual/seasonal influenza vaccination** ● YES

Information is found regarding **shingles vaccination** ● YES

Information is found regarding **pneumococcal vaccination** ● YES

Information about vaccine coverage is found and is clear to the reader which vaccines are funded and which are not

A telephone number or website is provided to reach local public health authorities ● YES

Instructions are provided for accessing personal vaccination records ● YES

Information is available in both English and French ● YES

Communication Efforts to Seniors

A Seniors' Guide is available ● YES

The Seniors' Guide is up to date (2021) ● YES

The Seniors' Guide is made available in a variety of formats, including printed copies upon request ● YES

The Seniors' Guide provides up to date information about the provision of vaccinations in the province/territory ● NO

Saskatchewan

LEADERSHIP	Saskatchewan Party (Majority)
PREMIER	Scott Moe
MINISTER OF HEALTH	Paul Merriman
MINISTER OF SENIORS	Not dedicated Consolidated with Mental Health and Addictions and Rural and Remote Health: Everett Hindley
MINISTER OF LTC	None
CHIEF MEDICAL OFFICER	Dr. Saqib Shahab
SENIORS ADVOCATE	None



Change from last year

D+



Population of Adults 50+	411,427
% of Total Population	34.87%

Overview Summary

The Government of Saskatchewan lost points this year on their reduced public education around non-COVID-19 adult vaccines, causing its overall score to drop slightly. The province is also still lagging far behind in funding coverage: it only funds a seniors-specific flu shot for residents in long-term care age 65+, leaving approximately 95% of all seniors unprotected.

The province also does not fund the recommended shingles vaccine at all. The Government of Saskatchewan simply can't afford to move backwards at a time when preventive health has never been more critical. The province must move forward to bring their score up to protect its older population.

Key Findings

1. The Government of Saskatchewan is still not funding seniors-specific flu vaccines for those living outside of long-term care, leaving approximately 95% of the provinces' seniors unprotected.
2. The province's public education efforts in the Seniors' Guide and vaccine information worsened. This should have been a core focus during the COVID-19 pandemic, particularly considering the need to keep vulnerable people safe and well.
3. None of the publicly funded vaccines recommended for seniors are available at pharmacies.

Funding	C-	<i>Change from last year</i>
Access	F	<i>Change from last year</i>
Awareness	B	<i>Change from last year</i>

Action Needed



1. Fund seniors' specific flu vaccines for all seniors, not just the approximately 5% of seniors in long-term care.
2. Fund the recommended shingles vaccine.
3. Improve vaccine communications, including updating the Seniors' Guide, and work with rural and remote communities and historically marginalized groups to increase access and vaccine confidence.



Scorecard

● YES ● INCONCLUSIVE ● NO

INFLUENZA • Single dose • Annual

FUNDING

Standard influenza vaccines are publicly funded for all adults aged 18–64.



Standard influenza vaccines are publicly funded for all adults 65+.



Influenza vaccines specifically-formulated for seniors are publicly funded by the province/territory for all adults 65+.



Influenza vaccines specifically-formulated for seniors were funded in LTC in the current calendar year (2021–2022).



ACCESS

A policy or directive from the province/territory exists that directs its public health programs to provide and administer **standard dose influenza vaccines**:

Public health sites (includes seasonal clinics)



Doctors' offices



Pharmacies



A policy or directive from the province/territory exists that directs its public health programs to provide and administer **influenza vaccines that are specifically-formulated for seniors**:

Long-term care (LTC)



Congregate care settings



Aging in place / at home with community health supports



Public health sites



Doctors' offices



Pharmacies



PNEUMOCOCCAL • Doses vary • One-time, age 65+

FUNDING

PNEU-P-23 (Pneumococcal polysaccharide 23-valent) is publicly funded for all adults 65+.



PNEU-C-13 (Pneumococcal conjugate 13-valent) is publicly funded for people who are immunocompromised.

Partial list

ACCESS

A policy or directive from the province/territory exists that directs its public health programs to provide and administer **PNEU-P-23 (Pneumococcal polysaccharide 23-valent)**:

Long-term care (LTC)



Congregate care settings



Aging in place / at home with community health supports



Public health sites



Doctors' offices



Pharmacies



A policy or directive from the province/territory exists that directs its public health programs to provide and administer **PNEU-C-13 (Pneumococcal conjugate 13-valent)** to people who are immunocompromised:

Long-term care (LTC)



Congregate care settings



Aging in place / at home with community health supports



Public health sites



Doctors' offices



Pharmacies



HERPES ZOSTER (SHINGLES) • Two doses • One-time, age 50+

FUNDING

Shingles vaccine (Recombinant Zoster Vaccine, RZV) is publicly funded for ANY adults aged 50+.



Shingles vaccine (Recombinant Zoster Vaccine, RZV) is publicly funded for ALL adults aged 50+.



ACCESS

A policy or directive from the province/territory exists that directs its public health programs to provide and administer best-in-class **shingles vaccines (Recombinant zoster vaccine, RZV)**:

Long-term care (LTC)



Congregate care settings



Aging in place / at home with community health supports



Public health sites



Doctors' offices



Pharmacies



AWARENESS • Transparency • Patient Education Initiatives

Digital Communication Efforts

Information is available that clearly outlines all NACI recommended adult vaccines



Information specifically identifies vaccination information specifically for seniors



Government provided information about immunizations is easily found using the search terms: "**Vaccines for Seniors Saskatchewan**"

Information is found in under 3 mins = 4 pts

Information is found in 3-5 mins = 3 pts

Information is found in 5-7 mins = 2 pts

Information is found in 7 minutes or more = 1 pt

Information was not found on the website in less than 10 minutes = 0 pts"

4 pts

Information is found regarding **annual/seasonal influenza vaccination**



Information is found regarding **shingles vaccination**



Information is found regarding **pneumococcal vaccination**



Information about vaccine coverage is found and is clear to the reader which vaccines are funded and which are not



A telephone number or website is provided to reach local public health authorities



Instructions are provided for accessing personal vaccination records



Information is available in both English and French



Communication Efforts to Seniors

A Seniors' Guide is available



The Seniors' Guide is up to date (2021)



The Seniors' Guide is made available in a variety of formats, including printed copies upon request

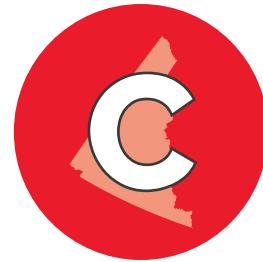


The Seniors' Guide provides up to date information about the provision of vaccinations in the province/territory



Yukon

LEADERSHIP	Liberal (Majority)
PREMIER	Sandy Silver
MINISTER OF HEALTH	Not dedicated Consolidated with Social Services, and Minister of Justice: Tracy-Anne McPhee
MINISTER OF SENIORS	None
MINISTER OF LTC	None
CHIEF MEDICAL OFFICER	Dr. Catherine Elliott (acting)
SENIORS ADVOCATE	None



Change from last year

F



Population of Adults 50+	14,919
% of Total Population	34.70%

Overview Summary

The Government of Yukon has earned the most improved score in this year's report, due in large part to new funding for the recommended shingles vaccine and high-dose flu shot. The territory is signaling a strong commitment to improving vaccination uptake within its older population – especially as it is one of only three jurisdictions across Canada to make this move.

Yukon is also making considerable strides to improve the way information around vaccines is communicated to seniors, conducting an overhaul of its online information in this area. The territory's score is particularly impressive given the historical and geographic challenges faced in health care provision in the region. Yukon has provided rural leadership focused on creative engagement with the online community to improve vaccine uptake, which is a positive indicator for this government's commitment to preventive health.

Key Findings

1. The Government of Yukon earned the biggest improvement in overall score compared to last year's report.
2. Yukon now funds the recommended shingles vaccine.
3. The territory is redesigning and improving the way immunization information is communicated to the general public.

Funding	B	<i>Change from last year</i>
Access	F	<i>Change from last year</i>
Awareness	B-	<i>Change from last year</i>

Action Needed



1. Work with pharmacies and community-based health supports to get the broadest possible access to vaccine uptake, which may also include creating mobile units, pop-up sites and clinics in rural or remote non-traditional community centres.
2. Continue creativity in raising awareness of adult vaccination importance and the ability to co-administer adult vaccines.
3. Allow pharmacies to give pneumonia vaccines.



Scorecard

● YES ● INCONCLUSIVE ● NO

INFLUENZA • Single dose • Annual

FUNDING

Standard influenza vaccines are publicly funded for all adults aged 18–64.



Standard influenza vaccines are publicly funded for all adults 65+.



Influenza vaccines specifically-formulated for seniors are publicly funded by the province/territory for all adults 65+.



Influenza vaccines specifically-formulated for seniors were funded in LTC in the current calendar year (2021–2022).



ACCESS

A policy or directive from the province/territory exists that directs its public health programs to provide and administer **standard dose influenza vaccines**:

Public health sites (includes seasonal clinics)



Doctors' offices



Pharmacies



A policy or directive from the province/territory exists that directs its public health programs to provide and administer **influenza vaccines that are specifically-formulated for seniors**:

Long-term care (LTC)



Congregate care settings



Aging in place / at home with community health supports



Public health sites



Doctors' offices



Pharmacies



PNEUMOCOCCAL • Doses vary • One-time, age 65+

FUNDING

PNEU-P-23 (Pneumococcal polysaccharide 23-valent) is publicly funded for all adults 65+.



PNEU-C-13 (Pneumococcal conjugate 13-valent) is publicly funded for people who are immunocompromised.

Partial list

ACCESS

A policy or directive from the province/territory exists that directs its public health programs to provide and administer **PNEU-P-23 (Pneumococcal polysaccharide 23-valent)**:

Long-term care (LTC)



Congregate care settings



Aging in place / at home with community health supports



Public health sites



Doctors' offices



Pharmacies



A policy or directive from the province/territory exists that directs its public health programs to provide and administer **PNEU-C-13 (Pneumococcal conjugate 13-valent)** to people who are immunocompromised:

Long-term care (LTC)



Congregate care settings



Aging in place / at home with community health supports



Public health sites



Doctors' offices



Pharmacies



HERPES ZOSTER (SHINGLES) • Two doses • One-time, age 50+

FUNDING

Shingles vaccine (Recombinant Zoster Vaccine, RZV) is publicly funded for ANY adults aged 50+.



Shingles vaccine (Recombinant Zoster Vaccine, RZV) is publicly funded for ALL adults aged 50+.



ACCESS

A policy or directive from the province/territory exists that directs its public health programs to provide and administer best-in-class **shingles vaccines (Recombinant zoster vaccine, RZV)**:

Long-term care (LTC)



Congregate care settings



Aging in place / at home with community health supports



Public health sites



Doctors' offices



Pharmacies



AWARENESS • Transparency • Patient Education Initiatives

Digital Communication Efforts

Information is available that clearly outlines all NACI recommended adult vaccines



Information specifically identifies vaccination information specifically for seniors



Government provided information about immunizations is easily found using the search terms: "**Vaccines for Seniors Yukon**"

Information is found in under 3 mins = 4 pts

Information is found in 3-5 mins = 3 pts

Information is found in 5-7 mins = 2 pts

Information is found in 7 minutes or more = 1 pt

Information was not found on the website in less than 10 minutes = 0 pts"

4 pts

Information is found regarding **annual/seasonal influenza vaccination**



Information is found regarding **shingles vaccination**



Information is found regarding **pneumococcal vaccination**



Information about vaccine coverage is found and is clear to the reader which vaccines are funded and which are not



A telephone number or website is provided to reach local public health authorities



Instructions are provided for accessing personal vaccination records



Information is available in both English and French



Communication Efforts to Seniors

A Seniors' Guide is available



The Seniors' Guide is up to date (2021)



The Seniors' Guide is made available in a variety of formats, including printed copies upon request



The Seniors' Guide provides up to date information about the provision of vaccinations in the province/territory



Methodology

The following rubric was used to calculate letter grades for each province/territory.

Scoring of each provincial/territorial government was broken down into three functional areas: Funding, Access and Awareness. These categories, as well as their weighting in calculating final grades, are explained in detail below.

Funding (Scoring Weight: 50%)

Each government was evaluated based on its investment in the health and wellness of its older adult populations by ensuring that best-in-class vaccines are publicly funded and distributed as broadly as possible. Beyond the act of funding a given vaccine, this category also acts as a dependency for the availability of the vaccines, as evaluated under Access.

For example, if a province funds an influenza vaccine that's seniors-specific, but fails to permit and fund pharmacists to administer the vaccine, they would not earn marks for that vaccine under Access at Pharmacies, in spite of scoring points under Funding.

FUNDING - COVERAGE - 13 POINTS TOTAL

Influenza	Standard influenza vaccines are publicly funded for ALL adults aged 18-64.
Influenza	Standard influenza vaccines are publicly funded for ALL adults 65+.
Influenza	Vaccines specifically-formulated for seniors are publicly funded by the province/territory for ALL adults 65+.
Influenza	Vaccines specifically-formulated for seniors were funded in LTC in the previous calendar year (2021-2022) by this province/territory.
Herpes Zoster	Shingles vaccine (Recombinant Zoster Vaccine, RZV) is publicly funded for ANY adults aged 50+ (any identified cohort).
Herpes Zoster	Shingles vaccine (Recombinant Zoster Vaccine, RZV) is publicly funded for ALL adults aged 50+.
Pneumococcal	PPV-23/PNEU-P-23 (Pneumococcal polysaccharide 23-valent) is publicly funded for ALL adults 65+.
Pneumococcal	PCV-13/PNEU-C-13 (Pneumococcal conjugate 13-valent) is publicly funded for ALL adults 65+.
Pneumococcal	PCV-13/PNEU-C-13 (Pneumococcal conjugate 13-valent) is publicly funded for people who are immunocompromised.
Pneumococcal	Points were awarded as follows: 0 if no coverage, 1 point if the province/territory covered only a partial list of NACI's immunocompromised conditions, and 2 points if the province/territory covered the full list of NACI's immunocompromised conditions.
Tetanus	Tdap Vaccine is publicly funded and should be received every 10 years. NOTE: In the past, tetanus was administered as a standalone vaccine but is now included as a part of Td booster.
Diphtheria	Tdap Vaccine is publicly funded and should be received every 10 years NOTE: In the past, diphtheria was administered as a standalone vaccine but is now included as a part of Td booster.
Pertussis	Tdap (Whooping Cough) Vaccine is publicly funded and should be received as an adult booster once in life over the age of 18. NOTE: In the past, pertussis was administered as a standalone vaccine but is now included as a part of Td booster Tdap.

Access (Scoring Weight: 30%)

Each government was evaluated based on its commitment to the health and wellness of its older adult populations by ensuring that vaccine availability and accessibility was as broad and consumer-friendly as possible. The six points of access used to score this category are:

- Long-term care settings – where LTC staff (or an authorized agent) can administer the vaccine to residents on site within this care setting, free of charge to the recipient.
- Congregate care settings (personal care homes, nursing homes, retirement homes, assisted living, etc.) – where on site staff (or an authorized agent) can administer the vaccine to residents within this setting, free of charge to the recipient.

- Directly to seniors aging in place with community/home care health supports – where home care staff (or an authorized agent) can administer the vaccine to residents in their homes, free of charge to the recipient.
- Public health offices – without a prescription, free of charge to the recipient.
- Doctors' offices – in office – without having to visit a public health location or a pharmacy, free of charge to the recipient.
- Pharmacies – without a prescription from another health care provider, and administered on site, free of charge to the recipient.

For standard dose influenza, only three points of access were evaluated for the adult population (18+) as the coverage provided by standard dose influenza vaccines is insufficient for seniors.

Points were awarded for each access point where the province or territory had a documented policy or evidence that an effort was made to make available a vaccine to seniors via that location. Worth noting: given the well-documented evidence that seniors lose their immunity over time, and may be subject to other factors that can limit their mobility, any practice that required two interactions to obtain a vaccine were not awarded points.

For example, if a doctor can write the prescription for a vaccine, but cannot administer it in office/on site, no points were awarded. If a pharmacist can administer the vaccine in a pharmacy, but not without a doctor's prescription, no points were awarded.

To qualify for a point, there must be 1) a policy/directive/written guidance by government, 2) a vaccine is actually administered at the setting specified and 3) no additional cost is borne by the recipient.

ACCESS - AVAILABILITY - 27 POINTS TOTAL

	A policy or directive from the province/territory exists that directs its public health programs to provide and administer standard dose influenza vaccines :
Influenza	<ul style="list-style-type: none"> • At Public health sites – without a prescription • At Doctors' offices – without having to pick up the vaccine in pharmacy • At Pharmacies – without a prescription from a physician or other health care provider
Influenza	A policy or directive from the province/territory exist that directs its public health programs to provide and administer influenza vaccines that are specifically-formulated for seniors in any of 6 possible settings.
Herpes Zoster	A policy or directive from the province/territory exists that directs its public health programs to provide and administer best-in-class shingles vaccines (Recombinant zoster vaccine, RZV) in any of 6 possible settings.
Herpes Zoster	A policy or directive from the province/territory exists that directs its public health programs to provide and administer PNEU-P-23 (Pneumococcal polysaccharide 23-valent) in any of 6 possible settings.
Pneumococcal	A policy or directive from the province/territory exists that directs its public health programs to provide and administer PNEU-C-13 (Pneumococcal conjugate 13-valent) to people who are immunocompromised in any of 6 possible settings.
Pneumococcal	*BONUS point: A policy or directive from the province/territory exists that directs its public health programs to provide and administer PNEU-C-13 (Pneumococcal conjugate 13-valent) in any of 6 possible settings.

Awareness (Scoring Weight: 20%)

Each government was evaluated based on efforts made to educate its older populations on vaccinations and provincial/territorial immunization programs.

Searches were conducted by individuals who had above average internet search ability, and who had at least one university degree.

In each case, the source was recorded for where the information was found. Where a source was not available, other sources to verify the information were utilized including direct phone calls to public health offices and to provincial/territorial health ministries.

For all categories under Funding, Access or Awareness, where information online was unclear and was not able to be successfully validated by another means, no points were awarded and the province/territory was recorded as "inconclusive" for that metric.

Letter grades were assigned for each category, as well as for the province/territory as a whole, based on the following percentage brackets:

Letter	Percent	Letter	Percent
A+	90%-100%	C-	60%-62%
A	85%-89%	D+	58%-59%
A-	80%-84%	D	53-57%
B+	78%-79%	D-	50-52%
B	73%-77%	F	0%-49%
B-	70%-72%		
C+	68%-69%		
C	63%-67%		

Glossary

Aging in Place Aging in place means having the health and social supports and services come to you in order to live safely and independently in your home for as long as you wish and are able. This may include government funded services provided by personal care/support workers.

Community Health Centre Community Health Centres are multi-sector health and health care organizations that deliver integrated, people-centred services and programs reflecting the needs and priorities of the communities they serve.

Congregate Care Settings A group living setting where a number of unrelated people reside in close proximity for either a limited or an extended period of time and receive care services in that location. May be called: Nursing Homes, Assisted Living, Supportive Living, etc.

COVID-19 COVID-19 (coronavirus disease 2019) is a disease caused by a virus named SARS-CoV-2 and was discovered in December 2019 in Wuhan, China. It is very contagious and has quickly spread around the world.

Diphtheria According to the Government of Canada (2018), diphtheria is a disease that is caused by the toxin-producing strains of the bacteria *Corynebacterium diphtheriae*. This bacterium is commonly spread through person-to-person contact and affects mucous membranes, specifically skin and upper respiratory tract.

Doctor's Office While here we say Doctors' offices, we are generally talking about licensed medical practices primarily engaged in the private or group practice of general or specialized medicine or surgery. Examples: private practices, walk-in clinics, health centres. This may also extend from physicians to nurse practitioners and other health care providers (HCPs).

Immunocompromised From NACI: asplenia; solid organ transplant; immunocompromising therapy including use of long-term corticosteroids (other than by inhalation, topical, or injection into a joint) e.g. oral prednisone for longer than two weeks, chemotherapy, radiation therapy, post-organ transplant therapy and certain anti-rheumatic drugs; Human Immunodeficiency Virus (HIV); hematopoietic stem cell transplant (HSCT); malignant neoplasms; nephrotic syndrome; sickle cell disease.

Influenza Influenza is a respiratory infection caused by influenza A and B viruses. Seasonal influenza epidemics occur annually in Canada, generally in the late fall and winter months. Typical symptoms include the sudden onset of fever, cough, and muscle aches and can cause serious health complications for those with comorbidities such as diabetes or heart conditions, leading to reduced functional ability in extreme cases.

Long-Term Care Facilities that provide living accommodations for senior residents who require on-site distribution of care and services 24 hours a day, seven days a week. Examples of provided services and care would be help getting out of bed, getting dressed, bathing, laundry, meals, health check ups, administering of medication, or housekeeping.

Each province/territory may use different names:

ON, NL, NU, NT, NB, YT, AB - Long-Term Care
 BC - Long-term Care, Residential Care Facility
 MB - Personal Care Home
 QC - Residential and Long-term care Centre (CHSLD)
 NS - Residential Care Facilities
 SK - Special Care Homes, Long-term Care
 PE - Long-Term Care or Nursing Homes

NACI National Advisory Committee on Immunization (NACI) makes recommendations for the use of vaccines currently or newly approved for use in humans in Canada. NACI provides the Public Health Agency of Canada with ongoing and timely medical, scientific, and public health advice relating to immunization.

Pandemic A disease prevalent over a whole country or the world.

Pertussis As stated by the Government of Canada (2020), pertussis is caused by *Bordetella pertussis* bacteria. Pertussis, also known as whooping cough, is a contagious infection targeting the lungs and airways.

Pharmacy Establishments, known as pharmacies and drug stores, primarily engaged in retailing prescription or non-prescription drugs and medicines.

PNEU-C-13 (Pneumococcal conjugate 13-valent)
Vaccine The PNEU-C-13 vaccine is approved by Health Canada and provides protection against 13 types of *Streptococcus pneumoniae*, which causes pneumococcal disease and has been shown to provide additional protection for those who are immunocompromised or more susceptible to invasive pneumococcal disease (IPD).

Glossary

PNEU-P-23 (Pneumococcal polysaccharide 23-valent)

Vaccine The PNEU-P-23 vaccine prevents pneumonia and other infections caused by 23 types of the streptococcus pneumoniae bacteria.

Pneumococcal (pneumonia) The bacterium Streptococcus pneumoniae is the cause of invasive pneumococcal disease (IPD) and a common cause of community acquired pneumonia (CAP).

Public Funding/Publicly Funded Paid for by the provincial/territorial government.

Public Health Site A Public Health Site is an official health location where vaccinations are administered. They also may offer healthy living programs and disease prevention information.

Senior For the purposes of this report, “senior” is defined through a health care delivery policy lens as it pertains to each identified vaccine in order to establish a metric for assessment: influenza: 65+; Pneumonia; 65+; all other illnesses: 65+, Shingles 50+. Where data has been collected by age cohort, we indicate that age marker in the report. Age demarcation used in this report is reflective of third party data sets. CanAge takes a LifeCourse Approach, and seeks age-inclusion, rather than using a specific age-number.

Seniors' Guide/Information Booklet Document that contains information pertaining to seniors produced by provinces and territories.

Seniors-specific Any course of prevention and/or treatment that is specific to older adults (seniors). While the Government of Canada generally considers the age of seniors to be 65+, it is important to note that those aged 50+ are at risk for a number of serious health conditions that can have serious impacts on quality and longevity of life, including heart disease, diabetes, obesity, and excessive use of alcohol or tobacco.

Shingles Herpes zoster (shingles) is a manifestation of reactivation of the chicken-pox virus that causes neuropathic pain and a dermatomal vesicular rash.

Shingles Vaccine Recombinant Zoster Vaccine (RZV) is a specifically-formulated vaccine recommended for adults 50+ used to prevent varicella-zoster virus (VZV).

Specifically-Formulated A vaccine that has been formulated and tested for an older adult (senior) population.

Tetanus Tetanus is a disease caused by the neurotoxin produced by the anaerobic bacterium called Clostridium tetani. This bacterium can be found in spore form among soil, dust and manure. There is no cure for tetanus, however it is a vaccine-preventable disease.

Vaccine A product that stimulates a person's immune system to produce immunity to a specific disease, protecting the person from that disease. Vaccines are usually administered through needle injections, but can also be administered by mouth or sprayed into the nose.

Vaccine Schedule A government recommended series of vaccinations depending on age, health, and sometimes occupation in order to prevent certain diseases. The Federal Government body, NACI, recommends which vaccines for which populations and when, however each provincial/territorial government decides which they will publicly fund. If you would like to know which vaccines you should have as an older adult in Canada, you may download one [here](#).

References

When sourcing our material, we started with the most recent provincial/territorial information, the ministries of health, then public health authorities, in that order. In some cases we referred to provincial/territorial Immunization Manuals.

All references listed are online and were verified and active as of January 28th, 2021.

Alberta

Alberta Health Services, "Adult Immunizations," n.d., <https://myhealth.alberta.ca/health/Pages/conditions.aspx?hwid=immun&#hw254941>

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About CanAge

CanAge is Canada's national seniors' advocacy organization, working to improve the lives of older adults through advocacy, policy, and community engagement. We are non-partisan and backed by a pan-Canadian membership base.

Since the onset of the COVID-19 pandemic, CanAge has been working collaboratively with all levels of government and stakeholders in aging, health care and related sectors to create policy reform that supports and promotes the rights of older Canadians.

Our CEO, Laura Tambllyn Watts, sits on numerous federal and provincial government task forces and expert panels working on a variety of issues including consumer protections, elder abuse and national standards of long-term care.

In addition to producing reports like this one, CanAge produces educational events and resources, supports research, consults with organizations on age-friendly practices and mobilizes community advocate groups across the country.

Impact Snapshot

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About our Policy Book



In October 2020, we launched 'VOICES: A Roadmap to an Age-Inclusive Canada'; our inaugural policy book which makes 135 evidence-based recommendations to improve and protect the lives of older Canadians and caregivers. It takes into account the diverse lived experiences of older adults in Canada, giving special consideration to marginalized groups including Indigenous, LGBTQ2IA+, low income and seniors of colour, as well as those living with disabilities.

VOICES is the foundation for all of our work and is refreshed on a regular basis to address new and emerging issues.

This report springs from the I section in VOICES, which stands for Infection Prevention and Disaster Response. This section covers key policy issues, including:

- Issue #16: Vaccine Uptake and Reform
- Issue #17: Prioritize Adult Vaccination During COVID-19
- Issue #18: Adult Vaccine Schedule and Uptake Tracking



The 6 Compass Points of VOICES:



To explore our policy book,
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New updated edition coming Fall 2022



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