



Adult Vaccination in Canada

Cross-Country Report Card **2022-2023**





Message from the CEO

Our analysis paints an alarming picture:

Despite good intentions and promising strategies, Canada's immunization efforts ultimately fall short - leaving our most vulnerable at risk.

We all want to live longer and with better health thanks to modern science and greater awareness of healthy lifestyles, unlocking that door to healthy longevity is easier than it ever has been. Vaccines are the key to that door.

Canada has historically been a global leader in developing vaccines and in global vaccine leadership. Canada has excelled in research, innovation and infrastructure. So why is it that we are so bad at getting vaccines covered and into the arms of our most vulnerable Canadians? It is not enough to be good at vaccine science, we have to “Catch-Up” in our vaccine coverage, distribution and uptake. As we learned so painfully during the COVID-19 emergency, vaccines only work if you get them into people who need them. We are so far behind where we need to be. This report shows where we are, and how easily we can get to where we need to be.



In fact, Canadians of every age group, from infants to seniors, are now missing out on crucial vaccines. The reality is particularly stark for our older loved ones, who are left vulnerable to diseases we can prevent, like the flu, pneumonia, and shingles.

Without older people getting these needed NACI-recommended vaccines, older Canadians are left at severe risk of pain, illness and death from preventable diseases. We have the vaccines approved for older people. We know they work. The National Advisory Committee on Immunization (NACI) has both approved and recommended these vaccines.

But staggeringly, we do not fund their uptake to meet the NACI standards. We do not make them appropriately available. We do not prioritize either public awareness or public campaigns about them. It is both short-sighted, and frankly given the lessons of COVID-19, it's reprehensible and ageist.

We're not alone in this fight. There are countless organizations and passionate individuals in every province and territory, raising their voices, advocating for vaccine equity, coverage and prioritization. We are all advocating for the calls for equitable access to vaccines, to save the health and well-being of vulnerable Canadians.

I'd like to say that this has been heard by government, and that all older Canadians are now able to get the NACI recommended vaccines to keep disease vulnerable seniors healthy, and frankly alive.

But, here's the catch. Some vaccines, such as the one flu vaccine which is specifically designed and approved by NACI for older adults, are not universally funded across Canada. Many Canadians are dipping into their own pockets to shell out over \$300 for both doses of the most effective shingles vaccine. And we still have confusion lingering around vaccines for pneumonia, tetanus, diphtheria, and pertussis.

Despite breakthroughs in vaccine science, with newer vaccines available today to combat pneumonia, and more on the horizon for diseases like RSV, and Lyme disease, the support from our provincial and territorial governments seems to lag behind.

Remember that these aren't individual challenges. When our loved ones get sick from preventable diseases, it puts an extra burden on our already maxed-out healthcare system. As we have more and more seniors in our population, this pressure is only going to mount.

Advocates across the country have often found that their scientific arguments or heartfelt pleas for the health of our seniors fell on deaf ears. We say we learned from COVID-19. We all agree that needed NACI-recommended vaccines need to be covered by government, made easily available and backed by good education and public awareness.,

At a time where hospitals are at a breaking point, and waitlists for home care and long-term care are longer than ever, we know that vaccines are the cheapest and most effective way for the system to run. It's easy. Keep people healthy, they use far less health care resources and it costs everyone less money. So why aren't all NACI-recommended vaccines for disease vulnerable seniors covered? It makes neither humane nor economic sense.

So now is the time to change this. This first time since the COVID-19 emergency has given us a moment to take a collective breath - to take those easy steps and cover the rest of the influenza, pneumonia and shingles vaccines, along with new vaccines like RSV. CanAge joins with the collective voices of organizations and individuals all across this country to call for immediate action on this issue. We've done it with COVID-19. We can do it easily. We just have to do it. There are simply no excuses anymore.

It isn't just about money either. We need to ensure vaccines reach every Canadian, especially seniors living in low-income or remote areas. We also need to do a better job at education. Seniors, caregivers, healthcare providers - everyone needs to understand the importance of staying up to date with vaccines.

Let's all do our part to make Canada the best and healthiest place to grow old. This isn't just about health. It's about justice. It's about fairness. We owe it to every Canadian to make sure they have access and coverage for the vaccines they need.

We all know that vaccines are the key to unlocking health and longevity. We hope this report helps open the door to making sure that all older Canadians get coverage, access and information about the vaccines they need to keep them healthy and active and alive.



Laura Tamblyn Watts
CEO, CanAge

Transparency Statement:

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All Canadians Age

Everyone Ages

Living a long, healthy life is a goal most of us share. Here in Canada, we've made incredible progress towards that goal over the past century.

Back in the 1920s, a newborn could expect to live just 59.7 years on average. Today, babies born in Canada can look forward to more than 80 years of life, with some making it past 112! How did we get here?

A lot of the credit goes to advances in health and medicine. Let's take a quick look at some of the key developments over the past 100 years that have helped Canadians live longer.

Over the last 100 years:



Fewer Babies Dying: In 1922, more than 10% of infants died before age 1. Now, that rate has dropped below 4%.



Clean Water Access: Providing clean drinking water to all Canadians is still a work in progress. But expanded access so far has also contributed to longer lives.

From 1921 to 1950:



Childhood Vaccines: Immunizations against dangerous diseases like diphtheria, tetanus, and measles saved countless young lives.



Medical Breakthroughs: Game-changing discoveries like penicillin and insulin revolutionized treatment options.



Health Promotion: New public health approaches focused on illness prevention and community wellbeing.

From 1981 to 2011:



Cancer Survival Rates Rose: More people lived longer after a cancer diagnosis.



Safety Campaigns Worked: Injury prevention efforts led to fewer accidental deaths.

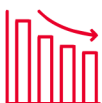


Oral Health Connections: Research revealed links between dental care and life expectancy.

From 1951 to 1981:



Heart Health Improvements: Deaths from heart and respiratory diseases started to decline.



Disease Control: Polio cases were significantly reduced through vaccination, as well as other infectious and parasitic diseases.



Dental Advancements: Modern dentistry and public dental health campaigns commenced.

Where we are now:



Thanks to all these advances working together, Canadians are living longer, healthier lives. Centenarians (people 100+) are one of the fastest-growing demographics

Clearly, we've made remarkable progress. But more work remains to ensure all Canadians can enjoy long, healthy lifespans. We must continue to prioritize health and well-being across our lifespans.

Canada's Groundbreaking Legacy in Vaccine Innovation

Canada has an extraordinary history of vaccine research and development that has saved countless lives both within our borders and beyond. Our nation's scientists have made game-changing vaccine discoveries over the past century.

A Few Notable Examples:

The Montreal General Hospital:

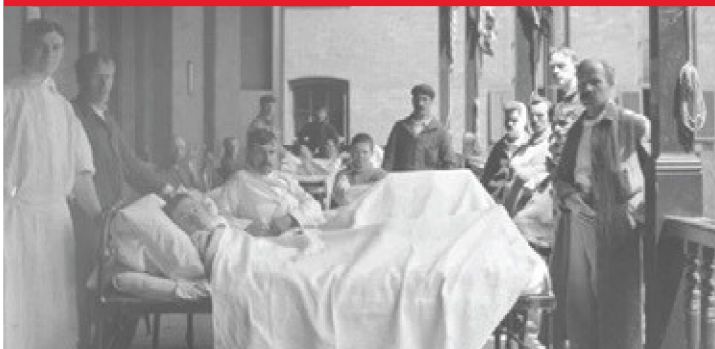


PHOTO: Patients, staff and visitors on the Ward M balcony, MGH, 1905. From the Art and Heritage Centre of the MUHC, Mann Fonds. Credit: MUHC

In 1885 at Montreal General Hospital, Dr. John William Dawson led the world by conducting the first successful human trial of a smallpox vaccine. This pioneering work blazed a trail for smallpox eradication.

The University of Toronto:



The first major press coverage of a "diabetes cure" appears in issues of the Toronto Star, Globe, and Telegram. The news quickly spreads beyond Toronto - [Heritage at U of T](#)

In 1921, Canadian researchers Frederick Banting and Charles Best made the incredible discovery of insulin at the University of Toronto. This medical breakthrough transformed diabetes treatment, and the university remains an important center for medical research today.

Connaught Antitoxin Labs:



PHOTO: Global impacts of the Connaught Antitoxin Laboratories. Credit: Sanofi Pasteur Canada Archives, University of Toronto, Connaught Laboratories & The Crucible of World War I, Dr. Christopher Rutty. NOTE: Hydrophobia here refers to Rabies.

Beginning in 1911, Connaught Antitoxin Labs produced the first made-in-Canada vaccines protecting against deadly diseases like diphtheria and tetanus. This was a bold step towards protecting Canadian lives.

National Research Council:

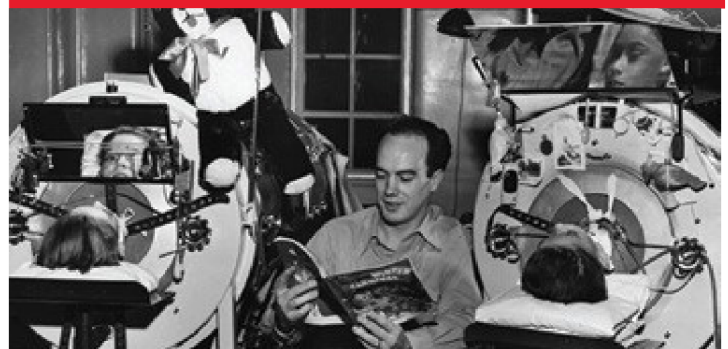


PHOTO: John Bryant, who was part of a club of recovering polio patients called Merry Menders, reads to children confined to iron lungs at the King George Hospital in Winnipeg in December 1953. (University of Manitoba Archives & Special Collections)

In the 1940s, the National Research Council of Canada scientists were integral in developing the first polio vaccine, saving thousands of lives. The organization still researches treatments for infectious diseases today.

Jenner Institute, University of Saskatchewan:



PHOTO: Freeze-dried smallpox vaccine manufactured in (clockwise from top left) Iran, USSR, India, Belgium, UK (© The Jenner Trust)

Opened in 1948 and named after smallpox vaccine pioneer Edward Jenner, this institute made valuable contributions to vaccines for TB, polio, and more.

The Canadian Centre for Vaccinology:



PHOTOS: Credit: The Canadian Centre for Vaccinology

At this world-class research center in Halifax, Nova Scotia, Canadian scientists are hard at work developing new vaccines for emerging diseases like Lyme disease. Their innovative research keeps Canada on the cutting edge of vaccine development.

The Public Health Agency of Canada:

Headquartered in Ottawa, this national agency was established in 2004 to safeguard Canadian health and respond to public health crises. During the COVID-19 pandemic, the agency has coordinated Canada's lifesaving vaccine rollout and robust response efforts.

Public Health Agency of Canada



PHOTOS: Credit: Public Health Agency of Canada

Did You Know?

During the devastating 2014-2016 Ebola crisis in West Africa, Canadian leadership shined bright. Scientists at Canada's National Microbiology Laboratory in Winnipeg developed an experimental Ebola vaccine over nearly two decades of tireless work. When Ebola began raging out of control in 2015, Canada stepped up. The government rushed over 800 vials of the vaccine, known as VSV-ZEBOV, to the World Health Organization.

This swift action helped turn the tide against the outbreak. The vaccine proved 100% effective, bringing hope amid tragedy. This game-changing vaccine illustrated the power of Canadian innovation and human solidarity on the global stage.

The resolve of generations of Canadian scientists has established our nation as a global force in life-saving vaccines. As Canadians, we should feel immense pride in these accomplishments that have made a real difference worldwide.



Florida, Gisèle, Mamisa and Kitambala celebrate the end of the Ebola epidemic! Copyright © UNICEF/UNI342765/Wenga Democratic Republic of the Congo

Canada's Vaccine Future: Progress Made, More Work Ahead



Photo credit: The new 150,000-square-foot Bulk Biologics Facility, at Sanofi's Connaught Campus in Toronto, Credit: Invest Ontario

Canada has already accomplished extraordinary things in vaccine development, like contributing to the polio vaccine and leading the response to H1N1 flu. But COVID-19 reminded us we must strengthen domestic research and manufacturing. Early supply issues showed we must be more self-sufficient. We cannot risk supply issues in the next pandemic. Sustained funding for research, production, and distribution are just as essential as vaccine funding, access and awareness at the provincial and territorial levels.

On the progressive side, Canadian scientists are exploring how mRNA technology used in COVID-19 vaccines could also combat HIV, malaria, cancer, and more. Domestically, we're constructing state-of-the-art facilities to manufacture tomorrow's vaccines on Canadian soil.

Canada is also committed to global vaccine access. We're a key partner in COVAX, led by the World Health Organization (WHO) to ensure fair vaccine distribution for all.

But there's still work to do.

When it comes to living longer, healthier lives, we must ensure vaccines reach everyone at home, not just abroad. The COVID-19 pandemic revealed gaps in vaccine access across Canada as rural, remote, and Indigenous communities struggled to get shots.

The COVID-19 pandemic was a wake-up call. We have seen progress but cannot be complacent. Canadians must keep pressing all levels of government to build on the gains made and ensure no one lacks access to life-saving vaccines.

By leveraging Canada's spirit of ingenuity to build a system of support for vaccine funding, distribution, access and awareness, we can ensure that no one is left behind in Canada, while also sharing the benefits of our work globally.

Recent Developments in Canada's Vaccine Landscape

The vaccine landscape continues to evolve rapidly, even in just the last 6 months. Here are some key developments Canadians should know:

01

New pneumonia vaccine recommendations for adults were issued by the National Advisory Committee on Immunization (NACI). Good news for Canada, but also comes at a time when there are growing concerns about the risk of pneumococcal disease. Per Health Canada, just 58% of seniors reported having the vaccine, far short of our coverage goals of 80%.

02

Promising new vaccines entered the market to protect older adults against infections like respiratory syncytial virus (RSV). However, while approved, it's up to older adults to pay out of pocket for the vaccine until provinces and territories fund it for seniors.

03

COVID-19 vaccines remain vital as the virus mutates into new variants, much in the manner of the flu each year. Multiple vaccine formulations will be available in Canada this fall.

04

Outbreaks of preventable diseases like pertussis (whooping cough) underscore the need for continued vaccination vigilance. With kids back in school, all sorts of viruses like hand, foot and mouth disease spread more easily.

A Word About Vaccine Information

When seeing vaccine headlines, note that U.S. institutions like the FDA and CDC do not have jurisdiction within Canada. Health Canada regulates vaccines federally, while the Public Health Agency of Canada offers guidance on public health programs and tracks our population health.

Childhood vaccination has led to a 95% drop in diseases like pertussis and chickenpox since the pre-vaccine era. However, coverage rates for adults still fall short of goals, leaving many older Canadians vulnerable.

In general, Adults need better vaccination rates, especially seniors. Watch CanAge's website and social media for tools to help keep you up to date!

The message is clear:



Vaccines remain critically important in Canada.



Adults need more information and access to the most effective vaccine options, which should all be covered under Canada's healthcare system.



Regional Governments must continue expanding coverage through funding, access and awareness.

So What, and Now What: The Impacts of the COVID-19 Pandemic on Canada's Public Health Systems

The pandemic has exposed cracks in our public health infrastructure, especially routine vaccination programs. COVID-19 disrupted access nationwide. Appointments were canceled or delayed out of safety concerns. Some lost trust in vaccines altogether.

This breakdown has left Canadians behind on critical immunizations. Diseases we thought were history now loom as threats again.

Seniors have borne the brunt of this chaos. Vaccination rates for pneumonia, shingles, and flu have plummeted among older adults. Those already facing accessibility barriers and health challenges are now at greater risk. But it's not just seniors - Canadians of all ages have fallen behind on shots.

Recent outbreaks, like pertussis in Alberta, show what happens when vaccination rates drop. We cannot ignore these alarming warning signs. Public health associations are urgently calling for more resources to bolster immunization efforts.



We owe it to every Canadian - young and old alike - to ensure no one goes without life-saving vaccines.

THE Great Canadian Catch-Up

It's time for bold action. Canada needs a massive "Great Canadian Catch-Up" movement to get citizens of all ages back on track. This nationwide campaign, aligned with the National Immunization Strategy, would deploy mobile clinics, public awareness drives, targeted outreach and more. The federal, provincial and territorial governments must collaborate as they did during the pandemic to ensure no one lacks access.

We cannot tolerate half-measures. The Catch-Up's mandate must be clear: every single Canadian is immunized, with no exceptions. From newborn vaccinations to senior boosters, it would close coverage gaps exploited by the pandemic's disruption.

Canadians have suffered enough from preventable illnesses. The pandemic exposed systemic weaknesses but also gave us a chance to rebuild stronger.

Now is the time to inject new vigor and funding into our faltering vaccination infrastructure through an ambitious Catch-Up initiative.

It's Time for ANSWERS on Canada's Stalled National Immunization Strategy

In 2016, the federal government unveiled the National Immunization Strategy, heralded as the blueprint to safeguard public health.

It set bold 2025 targets - **80% adult vaccination coverage, and eradication of diseases like diphtheria.** But today, with the deadline looming, where does this vital plan stand?

Deafening silence. No transparency. No updates.

The NIS laid out clear goals - universal vaccine access, consistent guidelines nationwide, robust tracking and public awareness. On paper, an ambitious pan-Canadian shield against infectious diseases. In reality? The implementation seems stalled.



Some Canadians still pay out-of-pocket, priced out of essential immunizations. Others in remote areas struggle to access vaccines at all. Where are the promised clear immunization guidelines for every province and territory? How can we have a coordinated strategy without them?

And the surveillance systems and public education campaigns? Updates and accountability for these core NIS pillars are nowhere to be found.

2025 is nearly here, yet Canadians are left completely in the dark on whether we're reaching critical vaccination targets. Our federal government, the NIS orchestrator, owes us answers. We deserve to know where we stand in fortifying the health of our nation.

Post-pandemic, the need for transparency is even more urgent. COVID-19 dealt body blows to vaccination efforts across Canada. Progress under the NIS is now a matter of national concern.

It's time for the federal government to step up. Canadians deserve regular, detailed updates on NIS outcomes. We need to know if this plan remains a true force for public health, or if it has weakened into an empty promise.

Our provincial and territorial partners must also be held accountable. But the federal government should lead with both commitment and clarity.

Canadians have shouldered enough preventable suffering, especially our seniors. We deserve to know how much protection the NIS is providing. It's time for answers, action and assurance that immunization progress is back on track.



Our National Performance Needs Improvement

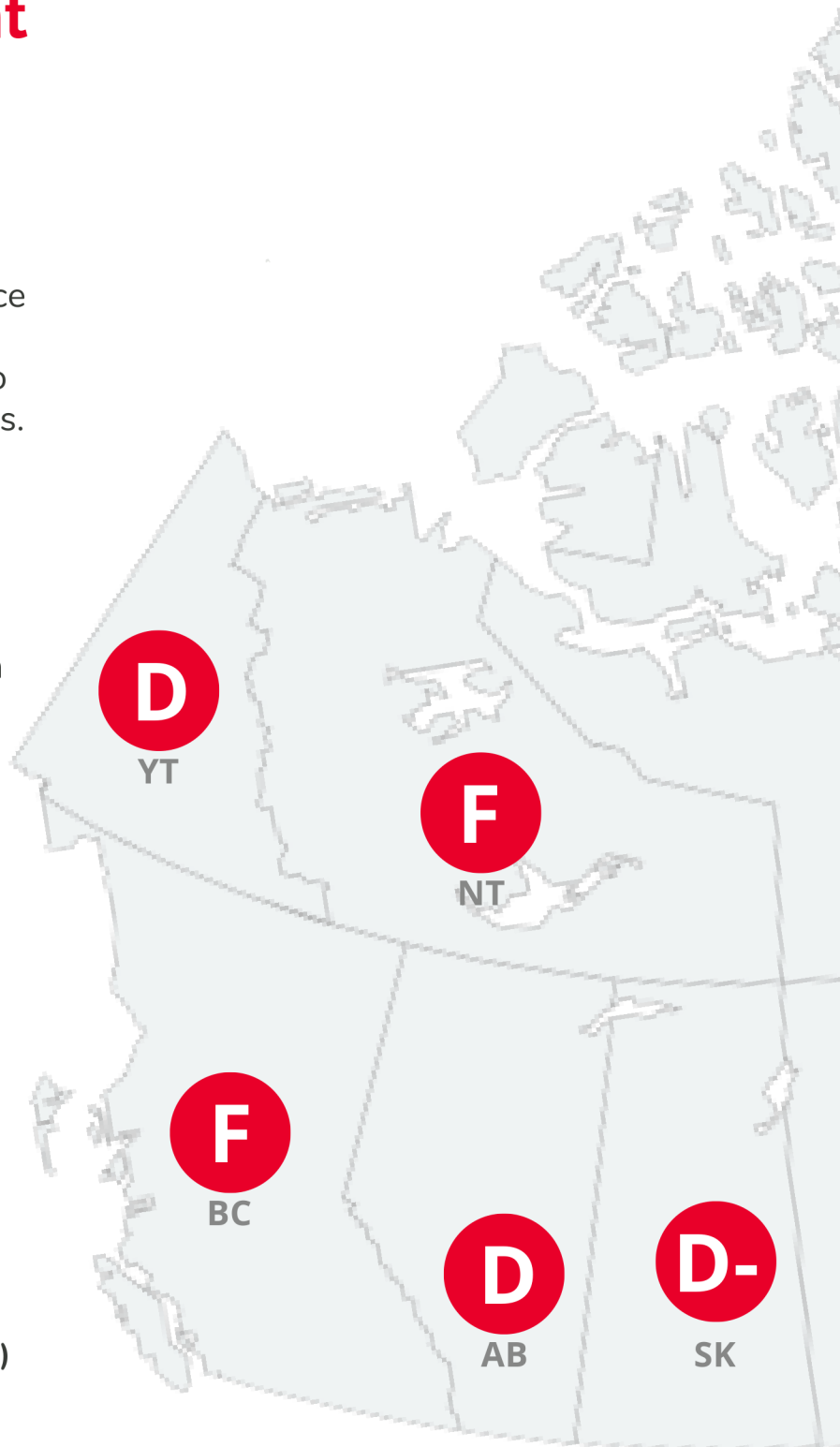
Let's get candid - Canada's current vaccination performance needs work.

In 2023, NACI updated its pneumonia vaccine guidance based on new approved options. But not one province has adopted the changes yet. This means many Canadians lack access to the most effective pneumonia vaccines.

The federal government recently announced massive new healthcare funding for the provinces and territories - **\$196.1 billion over 10 years**. But barely any of that has been publicly earmarked specifically for the pressing needs in public health and routine immunizations.

With Canadians of all ages under-vaccinated, our shaky national performance demands targeted investment. The alarming impacts stretch across the country.

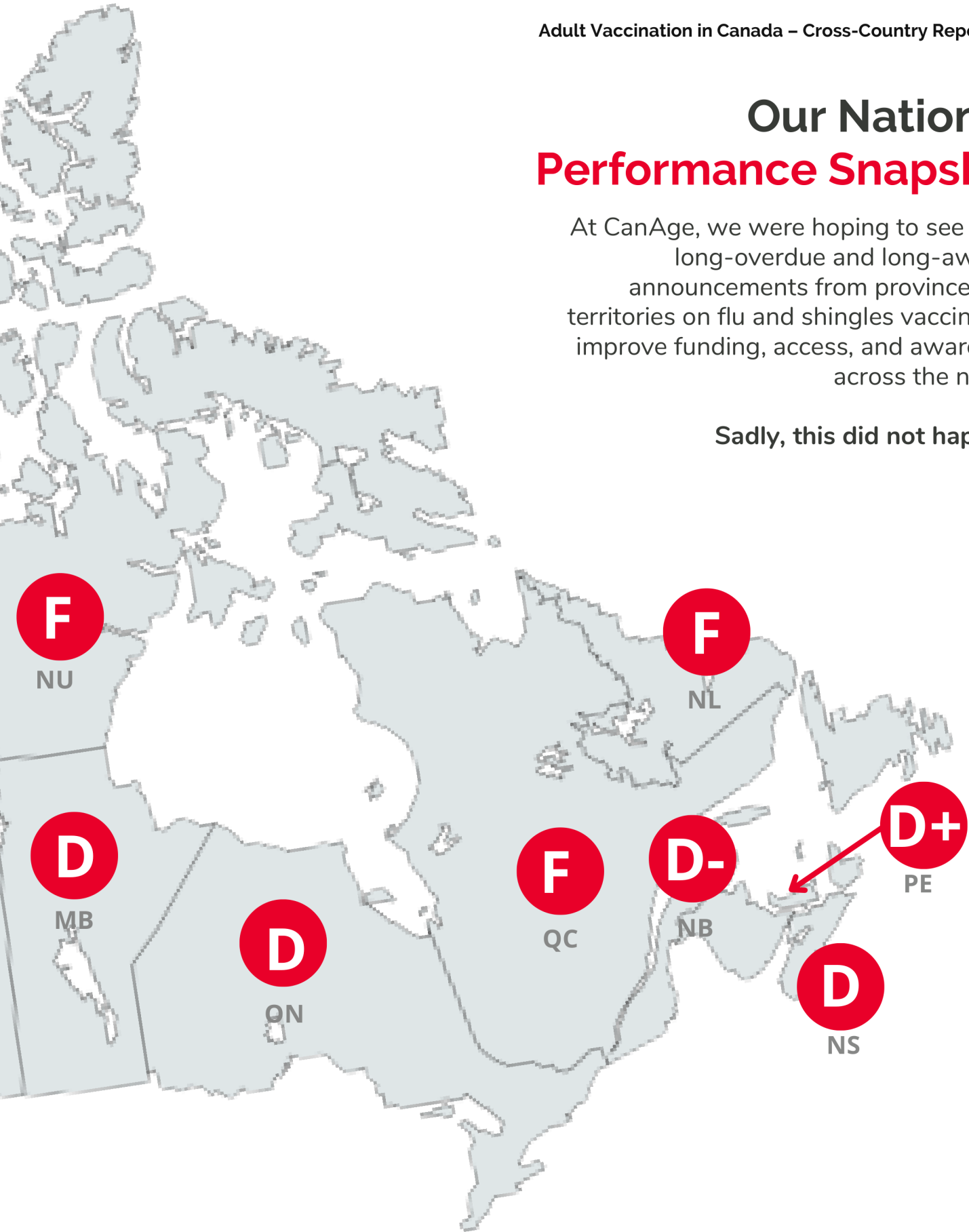
Our grades reflect the troubling state of affairs as they stand currently. (Sept 2023)



Our National Performance Snapshot

At CanAge, we were hoping to see some long-overdue and long-awaited announcements from provinces and territories on flu and shingles vaccines, to improve funding, access, and awareness across the nation.

Sadly, this did not happen.



Changes in Methodology

At CanAge, we fervently advocate for the best, evidence-based vaccines for older adults in Canada, standing as a resounding voice for this demographic. Our recommendations to the government sometimes align with or may even exceed current NACI guidelines, reflecting the genuine concerns and needs expressed by older Canadians.

Here are the underlying rationales that have prompted significant changes in our methodology for this year's Vaccine Report Card:

01

Major Pneumococcal Vaccine Program Updates:

- **Issue:** Despite NACI's clear updates on pneumococcal vaccines earlier this year, most jurisdictions lag in implementation.
- **Impact:** Canadians are growing frustrated with the slow adoption of advancements in existing programs.
- **Our Stand:** CanAge urges the government to mobilize a swifter transition to updated guidelines, safeguarding the health of our elders.



02

Clarifying Influenza Vaccine Options:

- **Issue:** Ambiguity surrounding influenza vaccines for older adults creates confusion and frustration.
- **Observation:** The informed public now seeks clarity on the best available vaccine options. NACI's advice and federal actions spotlight the quadrivalent high-dose vaccine as the preferable choice.
- **Our Stand:** CanAge demands clear guidance and transparency, helping seniors to make informed choices about their health.



03

Enhancing Access and Awareness:

- **Issue:** As we present our third report, we anticipate improvements in vaccine Access and Awareness
- **Adjustment:** We've tweaked our scoring to foster change, advocating for pharmacy-level vaccine availability and community outreach initiatives, which is also echoed within our policy platform, [VOICES](#)
- **Our Stand:** CanAge promotes the broadest reach and distribution and promotes community-centric approaches to facilitate easy access and aging in place with necessary supports.

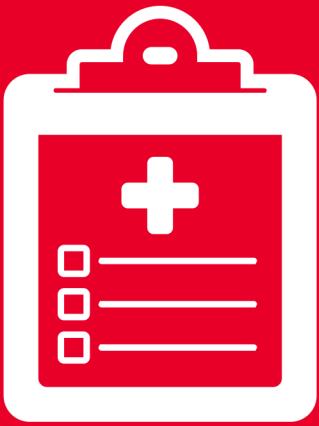


04

Introduction of RSV Vaccines:

- **Issue:** The recent approval of the first RSV vaccine by Health Canada necessitates rapid funding and distribution, especially given the looming winter season and last year's respiratory infection rates.
- **Impact:** Our most vulnerable seniors risk missing out on vital protection this year.
- **Our Stand:** We urge an accelerated rollout to ensure timely access for older adults.
- **NOTE:** This will be a formal part of our evaluation for next year's report.





Assessments By Province And Territory

CanAge*

Alberta

LEADERSHIP	United Conservative Party (Majority)
PREMIER	Danielle Smith
MINISTER OF HEALTH	Adriana LaGrange
MINISTER OF SENIORS	Jason Nixon; Not dedicated Ministry of Seniors, Community & Social Services
MINSTER OF LTC	None
CHIEF MEDICAL OFFICER	Dr. Mark Joffe
SENIORS ADVOCATE	None



Previous Year **C**

Population of Adults 65+	672,513
% of Total Population	14.8%

	Previous Year	
Funding	D	B
Access	F	D-
Awareness	B-	D-

Funding:

- Alberta funds senior-specific flu vaccines and has a comprehensive annual influenza program.
- Alberta does not fund shingles vaccines for its nearly 700,000 seniors.
- Alberta has not updated its documentation to reflect funding the best-in-class pneumonia vaccines as per NACI recommendations made over 90-days ago.

Access:

- Alberta has a comprehensive flu vaccine distribution program, that even provides services to seniors in continuing care and for many seniors aging in place in community. This program also includes COVID boosters and pneumococcal vaccines.
- To remain vigilant in the protection of Alberta’s seniors, Alberta is encouraged to launch a "catch-up" program to ensure all seniors are fully up to date on any missed vaccines that may have occurred during the pandemic.
- We did not find evidence of any changes in the administration of pneumococcal vaccines per the updated NACI-recommendations. These too, should have been included in the recently released Alberta Outreach Immunization Program (released July 2023).

Awareness:

- Although Alberta has launched several awareness initiatives, including public information campaigns during flu season and the COVID-19 pandemic, the scope of these efforts was insufficient to counter the volume of misinformation that circulated online.
- Information on pneumonia is geared towards children and not adults.
- Information on herpes zoster (shingles) may require some updating on myhealth.alberta.ca.
- There is an inconsistent user experience that can be quite confusing for end-users, due to the number of primary and secondary information sites including:
 - Alberta.ca
 - albertahealthservices.ca
 - myhealth.alberta.ca
 - immunizealberta.ca
 - readyornotalberta.ca

Raising Alberta Voices

The following list includes, but is not limited to, the various voices in addition to CanAge who have also made documented calls for change in vaccine policies.

- Alberta Association on Gerontology
- Alberta Health Services
- Alberta Policy Coalition for Chronic Disease Prevention (APCCDP)
- Alberta Public Health Association (APHA)
- Alberta Retired Teachers’ Association (ARTA)
- C.D. Howe Institute
- Canadian Association of Retired Persons (CARP-Calgary)
- Canadian Frailty Network
- CORE AB/ CORE Canada/ Distribution of the AVAT – Adult Vaccination Advocacy Toolkit
- Diabetes Canada
- International Federation on Ageing (IFA)
- Jia Hu, MD - CEO and Co-Founder - 19 To Zero
- David Kovacik, Pharmacist
- National Institute on Ageing (NIA)/ Samir Sinha, MD
- O’Brien Institute for Public Health
- University of Alberta - Various professors and researchers
- Betty Wuff (Senior living in Red Deer)

This jurisdiction is expected to receive

\$233 million

in Top-Up funding in addition to the federal health transfers. Investment into our essential public health programs should be a part of this spend.

NOTE: Next year's report card will also include RSV and COVID vaccines.

The information is also inconsistent between these sites.

Scorecard

INFLUENZA (FLU) • Single dose • Annual

The NACI issues dual flu guidelines for the public and health entities. Yet, the federal government clearly prefers the IIV-HD vaccine, endorsing its purchase for individuals, subsidizing its use in long-term care during the pandemic, and providing it to older adults through the NIHB program for First Nations and Inuit

FUNDING - Influenza

Standard-dose influenza vaccines are publicly funded for all adults 18 to 64 years ●

Senior-specific influenza vaccines are publicly funded for all adults 65+ ↑

Senior-specific Influenza vaccines are publicly funded in LTC ↑

NOTE: Provinces funding any senior-specific flu vaccine earn 1 point. Those funding the IIV-HD vaccine for seniors will earn 2 points, reflecting alignment with federal preference & precedence.

ACCESS - Influenza

A policy or directive exists in this jurisdiction to provide and administer senior-specific influenza vaccines to all adults 65+:

- Long-term care (LTC) ●
- Congregate care settings ●
- Aging in place / at home with community health supports * ●
- Public health sites (includes seasonal clinics) ●
- Doctors' offices ●
- Pharmacies ●

NOTE: To focus on underserved older adults receiving community supports while aging in place, proactive jurisdictions will earn 2 points.

PNEUMOCOCCAL DISEASE (pneumonia) • Doses vary

FUNDING - Pneumococcal Disease

NACI recommendations changed significantly in early 2023
For clarity, pneumococcal vaccines referenced in this section will be abbreviated as follows:

- PPV-23** = PNEU-P-23, or pneumococcal polysaccharide vaccine
- PCV-13** = PNEU-C-13, or pneumococcal conjugate vaccine, 13 valent
- PCV-15** = PNEU-C-15, or pneumococcal conjugate vaccine, 15 valent
- PCV-20** = PNEU-C-20, or pneumococcal conjugate vaccine, 20 valent

For those not previously vaccinated for pneumonia (or whose vaccination status is unknown):

The jurisdiction publicly funds PCV-20 for all adults 65+ ●
AND / OR

The jurisdiction publicly funds a combination of PCV-15 and PPV-23, for all adults 65+, as an alternative to PCV-20

For adults 65+ previously vaccinated for pneumonia:

The jurisdiction publicly-funds a "booster" of PCV-20, to be administered five (5) years after the receipt of either of the following: ●

- a single dose of PPV-23 / pneumococcal polysaccharide vaccine (most common across Canada)
- a series of both of PPV-23 and PCV-13 (less common)

The jurisdiction publicly funds a "booster" of PCV-20, to be administered more than one (1) year after the receipt of the last dose of PCV-13 ●

ACCESS - Pneumococcal Disease

A policy or directive exists in this jurisdiction to provide and administer pneumococcal vaccines in a manner consistent with the most up-to-date NACI recommendations in the following settings:

- To all residents in long-term care (LTC) ●
- To all residents in congregate care settings ●

ACCESS - Pneumococcal Disease

- To all residents who are aging in place / at home with community health supports * ●
- At Public health sites ●
- At Doctor's offices ●
- At Pharmacies * ●

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

FUNDING - Herpes Zoster

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

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

ACCESS - Herpes Zoster

A policy or directive exists in this jurisdiction 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 - Education

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

Information identifies vaccination information specifically for seniors ●

Government-provided information about immunizations is easily found using the search terms: "Vaccines + Seniors + {Province Name}"

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 points

- Information is found regarding seasonal influenza (flu) ●
- Information is found regarding herpes zoster (shingles) ●
- Information is found regarding pneumococcal disease (pneumonia) ●
- Information is found about vaccine coverage, 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 immunization records ●
- Information is available in both English and French ●

OTHER COMMUNICATION EFFORTS - Education

- A Seniors' Guide is available ●
- The Seniors' Guide is up to date (2022) ●
- 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 ●

*Changed for 2023. See Methodology on page 42 for more information.

- ↑ Quadrivalent high-dose
- Other influenza vaccines or a mix of vaccines in use

British Columbia

LEADERSHIP	New Democratic Party (Majority)
PREMIER	David Eby
MINISTER OF HEALTH	Adrian Dix
MINISTER OF SENIORS	None - Harwinder Sandhu Parliamentary Secretary for Seniors and Long-Term Care
MINSTER OF LTC	None - See Minister of Seniors
CHIEF MEDICAL OFFICER	Dr. Bonnie Henry
SENIORS ADVOCATE	Isobel Mackenzie



Previous Year **D**

Population of Adults 65+	1,058,462
% of Total Population	19.9%

	Previous Year	
Funding	F	D
Access	F	F
Awareness	A-	A

Funding:

- British Columbia made the move to fund senior-specific flu vaccines in different ways, which has caused some confusion for older adults. BC funds the use of the vaccine commonly known as High-Dose, quadrivalent vaccine (IIV-HD), for use in long-term and congregate care. But for other older adults not in these settings, they fund an Adjuvanted, trivalent vaccine (IIV3-Adj). Many well-informed senior and patient group advocates in BC have questioned the two tiers of coverage when there are many seniors living in the community with chronic conditions and comorbidities. CanAge advocates for best-in-class, evidence-based vaccines as recommended by NACI, but we would be remiss not to include the perspectives of seniors' voices who would appreciate a choice of influenza vaccines in BC
- BC does not fund the best-in-class shingles vaccines for its over 1 million seniors, despite repeated calls for coverage
- It appears that British Columbia hasn't revised its stance or provisions on pneumococcal vaccines, even after the recommendations from NACI six months ago
- BC's vaccination practices on pertussis (Whooping Cough) are confusing, leaving some to pay out of pocket. The immunization schedule is unclear

Access:

- BC has strong flu vaccine distribution, but there's some question as to how well each of its Regional Health Authorities are able to reach seniors aging in place in community, in rural settings, and those who may be limited by income or a lack of transportation
- The GetVaccinated system to book vaccine appointments does not provide product information for all vaccines - where other systems across Canada are more transparent
- We did not find evidence of any guidance changes for the administration of the updated NACI-recommended pneumonia vaccines

Awareness:

- The cross navigation between BC's provincial health website for information, and its Regional Health Authority sites is fragmented and does not always lead users to the information that they need. Not everything links back to the ImmunizeBC website as it should
- The demand for campaigns specifically designed for seniors and other at-risk groups continues to be significant.



Raising British Columbia Voices

The following list includes, but is not limited to, the various voices in addition to CanAge who have also made documented calls for change in vaccine policies.

- BC Care Providers Association**
- BC Federation of Retired Union Members (BC FORUM)**
- MLA Shirley Bond**, Prince George-Valemount, Shadow Minister for Health, Seniors Services and Long-Term Care
- British Columbia Pharmacy Association**
- C.D. Howe Institute**
- Canadian Association of Retired Persons (CARP BC)**
- Canadian Frailty Network**
- CanAge BC** - A grassroots extension of CanAge
- CMAJ Open Report** - Support For Policy Options to Increase Vaccination Coverage
- CORE BC/CORE Canada/** Distribution of the AVAT – Adult Vaccination Advocacy Toolkit
- Diabetes Canada**
- Immunize.io Health Association/** Ajit Johal, Pharmacist
- International Federation on Aging (IFA)** Vaccines 4 Life
- National Institute on Ageing (NIA)/** Samir Sinha, MD
- Neighbourhood Pharmacy Association of Canada/** Shelita Dattani, PharmD, RPh.
- Office of the Seniors Advocate British Columbia** - Reports to Government including the 2022 report: **BC SENIORS: FALLING FURTHER BEHIND**
- Senior Citizens Association of British Columbia**
- Tri-Cities Seniors' Action Society/** Ken Kuhn
- University of British Columbia (UBC)/** Various Professors and Researchers

This jurisdiction is expected to receive

\$273 million

in Top-Up funding in addition to the federal health transfers. Investment into our essential public health programs should be a part of this spend.

NOTE: Next year's report card will also include RSV and COVID vaccines.

Scorecard

● YES ● INCONCLUSIVE ● NO

INFLUENZA (FLU) • Single dose • Annual

The NACI issues dual flu guidelines for the public and health entities. Yet, the federal government clearly prefers the IIV-HD vaccine, endorsing its purchase for individuals, subsidizing its use in long-term care during the pandemic, and providing it to older adults through the NIHB program for First Nations and Inuit

FUNDING - Influenza

Standard-dose influenza vaccines are publicly funded for all adults 18 to 64 years ●

Senior-specific influenza vaccines are publicly funded for all adults 65+ ■

Senior-specific Influenza vaccines are publicly funded in LTC ↑

NOTE: Provinces funding any senior-specific flu vaccine earn 1 point. Those funding the IIV-HD vaccine for seniors will earn 2 points, reflecting alignment with federal preference & precedence.

ACCESS - Influenza

A policy or directive exists in this jurisdiction to provide and administer senior-specific influenza vaccines to all adults 65+:

Long-term care (LTC)	●
Congregate care settings	●
Aging in place / at home with community health supports *	●
Public health sites (includes seasonal clinics)	●
Doctors' offices	●
Pharmacies	●

NOTE: To focus on underserved older adults receiving community supports while aging in place, proactive jurisdictions will earn 2 points.

PNEUMOCOCCAL DISEASE (pneumonia) • Doses vary

FUNDING - Pneumococcal Disease

NACI recommendations changed significantly in early 2023
For clarity, pneumococcal vaccines referenced in this section will be abbreviated as follows:

- PPV-23 = PNEU-P-23, or pneumococcal polysaccharide vaccine
- PCV-13 = PNEU-C-13, or pneumococcal conjugate vaccine, 13 valent
- PCV-15 = PNEU-C-15, or pneumococcal conjugate vaccine, 15 valent
- PCV-20 = PNEU-C-20, or pneumococcal conjugate vaccine, 20 valent

For those not previously vaccinated for pneumonia (or whose vaccination status is unknown):

The jurisdiction publicly funds PCV-20 for all adults 65+ ●
AND / OR

The jurisdiction publicly funds a combination of PCV-15 and PPV-23, for all adults 65+, as an alternative to PCV-20

For adults 65+ previously vaccinated for pneumonia:

The jurisdiction publicly-funds a "booster" of PCV-20, to be administered five (5) years after the receipt of either of the following: ●

- a single dose of PPV-23 / pneumococcal polysaccharide vaccine (most common across Canada)
- a series of both of PPV-23 and PCV-13 (less common)

The jurisdiction publicly funds a "booster" of PCV-20, to be administered more than one (1) year after the receipt of the last dose of PCV-13 ●

ACCESS - Pneumococcal Disease

A policy or directive exists in this jurisdiction to provide and administer pneumococcal vaccines in a manner consistent with the most up-to-date NACI recommendations in the following settings:

To all residents in long-term care (LTC)	●
To all residents in congregate care settings	●

ACCESS - Pneumococcal Disease

To all residents who are aging in place / at home with community health supports *	●
At Public health sites	●
At Doctor's offices	●
At Pharmacies *	●

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

FUNDING - Herpes Zoster

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

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

ACCESS - Herpes Zoster

A policy or directive exists in this jurisdiction 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 - Education

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

Information identifies vaccination information specifically for seniors ●

Government-provided information about immunizations is easily found using the search terms: "Vaccines + Seniors + {Province Name}"

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 points

Information is found regarding seasonal influenza (flu)	●
Information is found regarding herpes zoster (shingles)	●
Information is found regarding pneumococcal disease (pneumonia)	●
Information is found about vaccine coverage, 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 immunization records	●
Information is available in both English and French	●

OTHER COMMUNICATION EFFORTS - Education

A Seniors' Guide is available	●
The Seniors' Guide is up to date (2022)	●
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	●

*Changed for 2023. See Methodology on page 42 for more information.

↑ Quadrivalent high-dose ■ Other influenza vaccines or a mix of vaccines in use

Manitoba

LEADERSHIP	Progressive Conservative (Majority)
PREMIER	Heather Stefanson
MINISTER OF HEALTH	Audrey Gordon
MINISTER OF SENIORS	Scott Johnston; Consolidated Ministry of Seniors & LTC
MINISTER OF LTC	See Minister of Seniors
CHIEF MEDICAL OFFICER	Dr. Brent Roussin
SENIORS ADVOCATE	None



Previous Year **D+**

Population of Adults 65+	234,372
% of Total Population	16.63%

	Previous Year	
Funding	D	C
Access	F	F
Awareness	B	B

Funding:

- Manitoba made the move for fund senior-specific flu vaccines for those age 65+
- While Manitoba isn't the most populous province, nor the oldest, older adults have been fairly vocal about their interest in getting access to the best-in-class shingles vaccine, which is not currently funded
- We did not find any evidence that Manitoba has updated its supply for pneumonia vaccines in line with the NACI recommendations made over 6 months ago

Access:

- Manitoba has fairly strong flu vaccine distribution, with the only remaining area of coverage is for seniors who are aging-in-place in the community
- Manitoba suffers considerably from the “urban-rural divide” and there are questions that remain about how well the province is able to reach seniors in rural and remote areas
- Additional services are needed for individuals with limited income and mobility constraints (also voiced in feedback to the Province)
- We couldn't find any signs that Manitoba has brought their pneumococcal vaccine supply or advice up to par with the NACI recommendations, which were issued more than six months ago.

Awareness:

- Manitoba's online resources have some information on what's funded in the province and how to obtain one's vaccination records, however the information feels incomplete, and needs to provide greater clarity.
- Efforts must be intensified to counteract misinformation, reassure residents about vaccine safety, and elevate vaccine awareness.



Raising Manitoba Voices

The following list includes, but is not limited to, the various voices in addition to CanAge who have also made documented calls for change in vaccine policies.

Active Aging Manitoba

- Donna Alden-Bugden**, NP (Family Nurse Practitioner)
- Canadian Association of Retired Persons (CARP-National)**
- Canadian Frailty Network**
- C.D. Howe Institute**
- Diabetes Canada**
- International Federation on Aging (IFA) Vaccines 4 Life**
- Manitoba Association for Seniors Centres (MASC)**
- MLA Cindy Lamoureux**, Tyndall Park
- Marli Morris**, (Senior in Manitoba) **+187 other concerned Manitobans via Change.org**
- National Institute on Ageing (NIA)**/ Samir Sinha, MD

This jurisdiction is expected to receive

\$72 million

in Top-Up funding in addition to the federal health transfers. Investment into our essential public health programs should be a part of this spend.

NOTE: Next year's report card will also include RSV and COVID vaccines.

Scorecard

● YES ● INCONCLUSIVE ● NO

INFLUENZA (FLU) • Single dose • Annual

The NACI issues dual flu guidelines for the public and health entities. Yet, the federal government clearly prefers the IIV-HD vaccine, endorsing its purchase for individuals, subsidizing its use in long-term care during the pandemic, and providing it to older adults through the NIHB program for First Nations and Inuit

FUNDING - Influenza

Standard-dose influenza vaccines are publicly funded for all adults 18 to 64 years ●

Senior-specific influenza vaccines are publicly funded for all adults 65+ ↑

Senior-specific Influenza vaccines are publicly funded in LTC ↑

NOTE: Provinces funding any senior-specific flu vaccine earn 1 point. Those funding the IIV-HD vaccine for seniors will earn 2 points, reflecting alignment with federal preference & precedence.

ACCESS - Influenza

A policy or directive exists in this jurisdiction to provide and administer senior-specific influenza vaccines to all adults 65+:

Long-term care (LTC)	●
Congregate care settings	●
Aging in place / at home with community health supports *	●
Public health sites (includes seasonal clinics)	●
Doctors' offices	●
Pharmacies	●

NOTE: To focus on underserved older adults receiving community supports while aging in place, proactive jurisdictions will earn 2 points.

PNEUMOCOCCAL DISEASE (pneumonia) • Doses vary

FUNDING - Pneumococcal Disease

NACI recommendations changed significantly in early 2023
For clarity, pneumococcal vaccines referenced in this section will be abbreviated as follows:

- PPV-23 = PNEU-P-23, or pneumococcal polysaccharide vaccine
- PCV-13 = PNEU-C-13, or pneumococcal conjugate vaccine, 13 valent
- PCV-15 = PNEU-C-15, or pneumococcal conjugate vaccine, 15 valent
- PCV-20 = PNEU-C-20, or pneumococcal conjugate vaccine, 20 valent

For those not previously vaccinated for pneumonia (or whose vaccination status is unknown):

The jurisdiction publicly funds PCV-20 for all adults 65+ AND / OR ●

The jurisdiction publicly funds a combination of PCV-15 and PPV-23, for all adults 65+, as an alternative to PCV-20

For adults 65+ previously vaccinated for pneumonia:

The jurisdiction publicly-funds a "booster" of PCV-20, to be administered five (5) years after the receipt of either of the following: ●

- a single dose of PPV-23 / pneumococcal polysaccharide vaccine (most common across Canada)
- a series of both of PPV-23 and PCV-13 (less common)

The jurisdiction publicly funds a "booster" of PCV-20, to be administered more than one (1) year after the receipt of the last dose of PCV-13 ●

ACCESS - Pneumococcal Disease

A policy or directive exists in this jurisdiction to provide and administer pneumococcal vaccines in a manner consistent with the most up-to-date NACI recommendations in the following settings:

To all residents in long-term care (LTC)	●
To all residents in congregate care settings	●

ACCESS - Pneumococcal Disease

To all residents who are aging in place / at home with community health supports *	●
At Public health sites	●
At Doctor's offices	●
At Pharmacies *	●

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

FUNDING - Herpes Zoster

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

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

ACCESS - Herpes Zoster

A policy or directive exists in this jurisdiction 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 - Education

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

Information identifies vaccination information specifically for seniors ●

Government-provided information about immunizations is easily found using the search terms: "Vaccines + Seniors + {Province Name}"

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 points

Information is found regarding seasonal influenza (flu)	●
Information is found regarding herpes zoster (shingles)	●
Information is found regarding pneumococcal disease (pneumonia)	●
Information is found about vaccine coverage, 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 immunization records	●
Information is available in both English and French	●

OTHER COMMUNICATION EFFORTS - Education

A Seniors' Guide is available	●
The Seniors' Guide is up to date (2022)	●
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	●

*Changed for 2023. See Methodology on page 42 for more information.

↑ Quadrivalent high-dose ■ Other influenza vaccines or a mix of vaccines in use

New Brunswick

LEADERSHIP	Progressive Conservative (Majority)
PREMIER	Blaine Higgs
MINISTER OF HEALTH	Bruce Fitch
MINISTER OF SENIORS	None (falls under Ministry of Social Development) Dorothy Shephard
MINISTER OF LTC	None
CHIEF MEDICAL OFFICER	Dr. Yves Léger (Acting Deputy)
SENIORS ADVOCATE	Kelly Lamrock (K.C.)



Previous Year **D**

Population of Adults 65+	184,082
% of Total Population	22.67%

	Previous Year	
Funding	D	C+
Access	F	F
Awareness	B-	F

Funding:

- New Brunswick made the move to fund senior-specific flu vaccines for those age 65+
- New Brunswick has not made any announcements regarding best-in-class shingles vaccines for its seniors who make up nearly a quarter of the population
- Unfortunately, New Brunswick doesn't seem to have amended its pneumococcal vaccine supply, even six months after the NACI issued their latest recommendations.

Access:

- New Brunswick has fairly strong flu vaccine distribution, with the only remaining area of coverage is for seniors who are aging-in-place in the community
- It's important to meet the needs of seniors where they are in New Brunswick. We encourage the province to be bold with its distribution approach to address significant gaps in remote and lower-income communities, as well as providing services for those with limited mobility or other barriers hindering access
- We did not find evidence of any guidance changes for the administration of the updated NACI-recommended pneumonia vaccines in New Brunswick

Awareness:

- While New Brunswick's online resources are up-to-date, the linkage between the Province's own information versus the health authorities is rather confusing for any person, let alone seniors who may not be as technologically savvy. Resources that are clearly intended for healthcare workers are often linked for access by the general public - but are clearly not designed for this audience
- The need for more targeted campaigns, especially those aimed at seniors and other vulnerable demographics, remains high due to the volume of misinformation



Raising New Brunswick Voices

The following list includes, but is not limited to, the various voices in addition to CanAge who have also made documented calls for change in vaccine policies.

C.D. Howe Institute

Canadian Association of Retired Persons (via CARP NS)

Canadian Frailty Network

Diabetes Canada

International Federation on Aging (IFA) Vaccines 4 Life

New Brunswick Senior Citizens Federation (NBSCF-FCA)

New Brunswick Pharmacists' Association

New Brunswick Health Council

National Institute on Ageing (NIA)/ Samir Sinha, MD

Pharmacy Practice Journal

This jurisdiction is expected to receive

\$42 million

in Top-Up funding in addition to the federal health transfers. Investment into our essential public health programs should be a part of this spend.

NOTE: Next year's report card will also include RSV and COVID vaccines.

Scorecard

● YES ● INCONCLUSIVE ● NO

INFLUENZA (FLU) • Single dose • Annual

The NACI issues dual flu guidelines for the public and health entities. Yet, the federal government clearly prefers the IIV-HD vaccine, endorsing its purchase for individuals, subsidizing its use in long-term care during the pandemic, and providing it to older adults through the NIHB program for First Nations and Inuit

FUNDING - Influenza

Standard-dose influenza vaccines are publicly funded for all adults 18 to 64 years ●

Senior-specific influenza vaccines are publicly funded for all adults 65+ ↑

Senior-specific Influenza vaccines are publicly funded in LTC ↑

NOTE: Provinces funding any senior-specific flu vaccine earn 1 point. Those funding the IIV-HD vaccine for seniors will earn 2 points, reflecting alignment with federal preference & precedence.

ACCESS - Influenza

A policy or directive exists in this jurisdiction to provide and administer senior-specific influenza vaccines to all adults 65+:

Long-term care (LTC)	●
Congregate care settings	●
Aging in place / at home with community health supports *	●
Public health sites (includes seasonal clinics)	●
Doctors' offices	●
Pharmacies	●

NOTE: To focus on underserved older adults receiving community supports while aging in place, proactive jurisdictions will earn 2 points.

PNEUMOCOCCAL DISEASE (pneumonia) • Doses vary

FUNDING - Pneumococcal Disease

NACI recommendations changed significantly in early 2023
For clarity, pneumococcal vaccines referenced in this section will be abbreviated as follows:

- PPV-23 = PNEU-P-23, or pneumococcal polysaccharide vaccine
- PCV-13 = PNEU-C-13, or pneumococcal conjugate vaccine, 13 valent
- PCV-15 = PNEU-C-15, or pneumococcal conjugate vaccine, 15 valent
- PCV-20 = PNEU-C-20, or pneumococcal conjugate vaccine, 20 valent

For those not previously vaccinated for pneumonia (or whose vaccination status is unknown):

The jurisdiction publicly funds PCV-20 for all adults 65+ ●
AND / OR

The jurisdiction publicly funds a combination of PCV-15 and PPV-23, for all adults 65+, as an alternative to PCV-20

For adults 65+ previously vaccinated for pneumonia:

The jurisdiction publicly-funds a "booster" of PCV-20, to be administered five (5) years after the receipt of either of the following: ●

- a single dose of PPV-23 / pneumococcal polysaccharide vaccine (most common across Canada)
- a series of both of PPV-23 and PCV-13 (less common)

The jurisdiction publicly funds a "booster" of PCV-20, to be administered more than one (1) year after the receipt of the last dose of PCV-13 ●

ACCESS - Pneumococcal Disease

A policy or directive exists in this jurisdiction to provide and administer pneumococcal vaccines in a manner consistent with the most up-to-date NACI recommendations in the following settings:

To all residents in long-term care (LTC)	●
To all residents in congregate care settings	●

ACCESS - Pneumococcal Disease

To all residents who are aging in place / at home with community health supports *	●
At Public health sites	●
At Doctor's offices	●
At Pharmacies *	●

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

FUNDING - Herpes Zoster

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

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

ACCESS - Herpes Zoster

A policy or directive exists in this jurisdiction 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 - Education

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

Information identifies vaccination information specifically for seniors ●

Government-provided information about immunizations is easily found using the search terms: "Vaccines + Seniors + {Province Name}"

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 points

Information is found regarding seasonal influenza (flu)	●
Information is found regarding herpes zoster (shingles)	●
Information is found regarding pneumococcal disease (pneumonia)	●
Information is found about vaccine coverage, 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 immunization records	●
Information is available in both English and French	●

OTHER COMMUNICATION EFFORTS - Education

A Seniors' Guide is available	●
The Seniors' Guide is up to date (2022)	●
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	●

*Changed for 2023. See Methodology on page 42 for more information.

↑ Quadrivalent high-dose ■ Other influenza vaccines or a mix of vaccines in use

Newfoundland & Labrador

LEADERSHIP	New Democratic Party (Majority)
PREMIER	Andrew Furey (L)
MINISTER OF HEALTH	Tom Osborne
MINISTER OF SENIORS	Paul Pike - Not Dedicated Minister Responsible for: The Status of Persons with Disabilities The Community Sector The Newfoundland and Labrador Housing Corporation
MINISTER OF LTC	None
CHIEF MEDICAL OFFICER	Dr. Janice Fitzgerald
SENIORS ADVOCATE	Susan Walsh



Previous Year **F**

Population of Adults 65+	123,939
% of Total Population	23.56%

	Previous Year	
Funding	F	C-
Access	F	F
Awareness	D-	F

Funding:

- Newfoundland & Labrador funds a senior-specific flu vaccine for those in long-term care, but it is not the one most often recommended by the federal government, which seems odd considering NL is one of Canada's "oldest" provinces.
- It's shocking that NL does not have a more robust flu program for its senior population, which is expected to increase even further
- We did not find any evidence that the province has updated its supply for pneumonia vaccines in line with the NACI recommendations made over 6 months ago
- The province also does not fund vaccines for shingles despite documented calls from NL seniors.

Access:

- Newfoundland and Labrador should re-think its influenza and pneumonia vaccine access programs
- We did not see a vaccine outreach program in Newfoundland & Labrador. We'd love to see seniors using NL's Home Support and Special Assistance programs, get access to mobile vaccine services

Awareness:

- In 2015, a report by the C.D. Howe Institute indicated that the culture in Newfoundland and Labrador contributed to it having the highest vaccination rates in the country. But things have changed - the province made headlines during the pandemic about changing attitudes and rifts between families on the topic of vaccinations.
- This certainly shows that there is still a significant need for campaigns that focus on seniors and other susceptible groups.



Raising the Voices of Newfoundland and Labrador

The following list includes, but is not limited to, the various voices in addition to CanAge who have also made documented calls for change in vaccine policies.

- C.D. Howe Institute**
- Canadian Association of Retired Persons (CARP-NL)**
- Canadian Frailty Network**
- Diabetes Canada**
- International Federation on Aging (IFA) Vaccines 4 Life**
- National Institute on Ageing (NIA)/ Samir Sinha, MD**
- Office of the Seniors' Advocate NL/ Susan Walsh**
- SeniorsNL / NL 50+ Federation**

This jurisdiction is expected to receive

\$27 million

in Top-Up funding in addition to the federal health transfers. Investment into our essential public health programs should be a part of this spend.

NOTE: Next year's report card will also include RSV and COVID vaccines.

Scorecard

● YES ● INCONCLUSIVE ● NO

INFLUENZA (FLU) • Single dose • Annual

The NACI issues dual flu guidelines for the public and health entities. Yet, the federal government clearly prefers the IIV-HD vaccine, endorsing its purchase for individuals, subsidizing its use in long-term care during the pandemic, and providing it to older adults through the NIHB program for First Nations and Inuit

FUNDING - Influenza

Standard-dose influenza vaccines are publicly funded for all adults 18 to 64 years ●

Senior-specific influenza vaccines are publicly funded for all adults 65+ ●

Senior-specific Influenza vaccines are publicly funded in LTC ■

NOTE: Provinces funding any senior-specific flu vaccine earn 1 point. Those funding the IIV-HD vaccine for seniors will earn 2 points, reflecting alignment with federal preference & precedence.

ACCESS - Influenza

A policy or directive exists in this jurisdiction to provide and administer senior-specific influenza vaccines to all adults 65+:

Long-term care (LTC)	●
Congregate care settings	●
Aging in place / at home with community health supports *	●
Public health sites (includes seasonal clinics)	●
Doctors' offices	●
Pharmacies	●

NOTE: To focus on underserved older adults receiving community supports while aging in place, proactive jurisdictions will earn 2 points.

PNEUMOCOCCAL DISEASE (pneumonia) • Doses vary

FUNDING - Pneumococcal Disease

NACI recommendations changed significantly in early 2023
For clarity, pneumococcal vaccines referenced in this section will be abbreviated as follows:

- PPV-23 = PNEU-P-23, or pneumococcal polysaccharide vaccine
- PCV-13 = PNEU-C-13, or pneumococcal conjugate vaccine, 13 valent
- PCV-15 = PNEU-C-15, or pneumococcal conjugate vaccine, 15 valent
- PCV-20 = PNEU-C-20, or pneumococcal conjugate vaccine, 20 valent

For those not previously vaccinated for pneumonia (or whose vaccination status is unknown):

The jurisdiction publicly funds PCV-20 for all adults 65+ ●
AND / OR

The jurisdiction publicly funds a combination of PCV-15 and PPV-23, for all adults 65+, as an alternative to PCV-20

For adults 65+ previously vaccinated for pneumonia:

The jurisdiction publicly-funds a "booster" of PCV-20, to be administered five (5) years after the receipt of either of the following: ●

- a single dose of PPV-23 / pneumococcal polysaccharide vaccine (most common across Canada)
- a series of both of PPV-23 and PCV-13 (less common)

The jurisdiction publicly funds a "booster" of PCV-20, to be administered more than one (1) year after the receipt of the last dose of PCV-13 ●

ACCESS - Pneumococcal Disease

A policy or directive exists in this jurisdiction to provide and administer pneumococcal vaccines in a manner consistent with the most up-to-date NACI recommendations in the following settings:

To all residents in long-term care (LTC)	●
To all residents in congregate care settings	●

ACCESS - Pneumococcal Disease

To all residents who are aging in place / at home with community health supports *	●
At Public health sites	●
At Doctor's offices	●
At Pharmacies *	●

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

FUNDING - Herpes Zoster

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

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

ACCESS - Herpes Zoster

A policy or directive exists in this jurisdiction 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 - Education

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

Information identifies vaccination information specifically for seniors ●

Government-provided information about immunizations is easily found using the search terms: "Vaccines + Seniors + {Province Name}"

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 points

Information is found regarding seasonal influenza (flu)	●
Information is found regarding herpes zoster (shingles)	●
Information is found regarding pneumococcal disease (pneumonia)	●
Information is found about vaccine coverage, 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 immunization records	●
Information is available in both English and French	●

OTHER COMMUNICATION EFFORTS - Education

A Seniors' Guide is available	●
The Seniors' Guide is up to date (2022)	●
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	●

*Changed for 2023. See Methodology on page 42 for more information.

↑ Quadrivalent high-dose ■ Other influenza vaccines or a mix of vaccines in use

Northwest Territories

LEADERSHIP	Independent, Consensus Government
PREMIER	Caroline Cochrane
MINISTER OF HEALTH	Julie Green
MINISTER OF SENIORS	Julie Green - Not Dedicated Minister of Health and Social Services Minister Responsible for: Persons with Disabilities and Seniors
MINSTER OF LTC	None
CHIEF MEDICAL OFFICER	Dr. Kami Kandola
SENIORS ADVOCATE	None



Previous Year **D**

Population of Adults 65+	4,585
% of Total Population	10.05%

		Previous Year
Funding	F	C+
Access	F	F
Awareness	B	C

Funding:

- The Northwest still does not fund a senior-specific flu vaccine for those who are not residing in long-term care, which is a very small subset of the population.
- While the territory has one of the youngest and smallest populations, it is actively attracting newcomers, and should look to serve a growing, and aging population with comprehensive vaccine programs that include best in class influenza, shingles and pneumonia vaccines.
- Despite the NACI's advice more than six months ago, it seems the territory has not refreshed its guidelines or supply of pneumococcal vaccines.

Access:

- Northwest Territory is one of only 2 remaining jurisdictions that does not grant pharmacists the ability to administer vaccines. As the area continues to attract a larger population, it may wish to re-think this strategy.
- We did not find evidence of any guidance changes for the administration of the updated NACI-recommended pneumonia vaccines - but these too, should have a broad distribution like those for flu

Awareness:

- The Northwest does provide clear information to its residents. However, while the Seniors' Handbook is directly linked from the public health website, it does not contain any vaccine information
- It continues to be vital to develop more targeted campaigns, notably for seniors and other groups who are more vulnerable.



Raising the Voices of Northwest Territories

The following list includes, but is not limited to, the various voices in addition to CanAge who have also made documented calls for change in vaccine policies.

C.D. Howe Institute

Canadian Frailty Network

Diabetes Canada

International Federation on Aging (IFA) Vaccines 4 Life

MLA Rylund Johnson, Yellowknife North

National Institute on Ageing (NIA)/ Samir Sinha, MD

Yellowknife Senior Society/ Mary Tapsell

This jurisdiction is expected to receive

\$2 million

in Top-Up funding in addition to the federal health transfers. Investment into our essential public health programs should be a part of this spend.

NOTE: Next year's report card will also include RSV and COVID vaccines.

Scorecard

● YES ● INCONCLUSIVE ● NO

INFLUENZA (FLU) • Single dose • Annual

The NACI issues dual flu guidelines for the public and health entities. Yet, the federal government clearly prefers the IIV-HD vaccine, endorsing its purchase for individuals, subsidizing its use in long-term care during the pandemic, and providing it to older adults through the NIHB program for First Nations and Inuit

FUNDING - Influenza

Standard-dose influenza vaccines are publicly funded for all adults 18 to 64 years ●

Senior-specific influenza vaccines are publicly funded for all adults 65+ ●

Senior-specific Influenza vaccines are publicly funded in LTC ▲

NOTE: Provinces funding any senior-specific flu vaccine earn 1 point. Those funding the IIV-HD vaccine for seniors will earn 2 points, reflecting alignment with federal preference & precedence.

ACCESS - Influenza

A policy or directive exists in this jurisdiction to provide and administer senior-specific influenza vaccines to all adults 65+:

Long-term care (LTC)	●
Congregate care settings	●
Aging in place / at home with community health supports *	●
Public health sites (includes seasonal clinics)	●
Doctors' offices	●
Pharmacies	●

NOTE: To focus on underserved older adults receiving community supports while aging in place, proactive jurisdictions will earn 2 points.

PNEUMOCOCCAL DISEASE (pneumonia) • Doses vary

FUNDING - Pneumococcal Disease

NACI recommendations changed significantly in early 2023
For clarity, pneumococcal vaccines referenced in this section will be abbreviated as follows:

- PPV-23** = PNEU-P-23, or pneumococcal polysaccharide vaccine
- PCV-13** = PNEU-C-13, or pneumococcal conjugate vaccine, 13 valent
- PCV-15** = PNEU-C-15, or pneumococcal conjugate vaccine, 15 valent
- PCV-20** = PNEU-C-20, or pneumococcal conjugate vaccine, 20 valent

For those not previously vaccinated for pneumonia (or whose vaccination status is unknown):

The jurisdiction publicly funds PCV-20 for all adults 65+ ●
AND / OR

The jurisdiction publicly funds a combination of PCV-15 and PPV-23, for all adults 65+, as an alternative to PCV-20

For adults 65+ previously vaccinated for pneumonia:

The jurisdiction publicly-funds a "booster" of PCV-20, to be administered five (5) years after the receipt of either of the following: ●

- a single dose of PPV-23 / pneumococcal polysaccharide vaccine (most common across Canada)
- a series of both of PPV-23 and PCV-13 (less common)

The jurisdiction publicly funds a "booster" of PCV-20, to be administered more than one (1) year after the receipt of the last dose of PCV-13 ●

ACCESS - Pneumococcal Disease

A policy or directive exists in this jurisdiction to provide and administer pneumococcal vaccines in a manner consistent with the most up-to-date NACI recommendations in the following settings:

To all residents in long-term care (LTC)	●
To all residents in congregate care settings	●

ACCESS - Pneumococcal Disease

To all residents who are aging in place / at home with community health supports *	●
At Public health sites	●
At Doctor's offices	●
At Pharmacies *	●

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

FUNDING - Herpes Zoster

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

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

ACCESS - Herpes Zoster

A policy or directive exists in this jurisdiction 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 - Education

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

Information identifies vaccination information specifically for seniors ●

Government-provided information about immunizations is easily found using the search terms: "Vaccines + Seniors + {Province Name}"

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 points

Information is found regarding seasonal influenza (flu)	●
Information is found regarding herpes zoster (shingles)	●
Information is found regarding pneumococcal disease (pneumonia)	●
Information is found about vaccine coverage, 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 immunization records	●
Information is available in both English and French	●

OTHER COMMUNICATION EFFORTS - Education

A Seniors' Guide is available	●
The Seniors' Guide is up to date (2022)	●
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	●

*Changed for 2023. See Methodology on page 42 for more information.

▲ Quadrivalent high-dose ■ Other influenza vaccines or a mix of vaccines in use

Nova Scotia

LEADERSHIP	Progressive Conservative (Majority)
PREMIER	Tim Houston (PC)
MINISTER OF HEALTH	Michelle Thompson (PC)
MINISTER OF SENIORS	Barbara Adams - Consolidated Minister of LTC
MINISTER OF LTC	Barbara Adams - See above
CHIEF MEDICAL OFFICER	Dr. Robert Strang
SENIORS ADVOCATE	None



Previous Year **D-**

Population of Adults 65+	222,727
% of Total Population	21.84%

	Previous Year	
Funding	D	C-
Access	F	F
Awareness	A	D+

Funding:

- At long last, Nova Scotia has finally made good on its promise to fully fund senior-specific flu vaccines - Good news for its steadily increasing older adult population. We haven't yet seen how the flu vaccine distribution will roll out this Fall
- Seniors have also long advocated for coverage for best in class shingles vaccines, but the province has yet to move forward on this vaccine where more than 1 in 5 in Nova Scotians is age 65+
- We did not find any evidence that Nova Scotia has updated its supply for pneumonia vaccines in line with the NACI recommendations made over 6 months ago
- The state of Nova Scotia's healthcare services, particularly the closure of emergency rooms and hospitals mainly in rural areas continues to garner national media attention. Investment in public health is a critical piece for keeping Nova Scotians healthy and out of hospitals when it can be avoided

Access:

- Nova Scotia has a robust distribution system for flu. While we did not find any provincial documentation for the administration of vaccines for those living in community with supports, we have seen evidence of pharmacies running mobile vaccination programs.
- We did not find evidence of any guidance changes for the administration of the updated NACI-recommended pneumonia vaccines - but these too, should have a broad distribution like those for flu

Awareness:

- Our research team found sweeping improvements on the clarity and availability of vaccine information in NS.
- High demand persists for more narrow-targeted campaigns, especially those concentrating on seniors and other fragile communities.



Raising Nova Scotia Voices

The following list includes, but is not limited to, the various voices in addition to CanAge who have also made documented calls for change in vaccine policies.

C.D. Howe Institute

Curtis Chafe (Chair of the Pharmacy Association of NS)

Canadian Frailty Network

Diabetes Canada

Halifax Examiner/ Jennifer Hudson

International Federation on Aging (IFA) Vaccines 4 Life National

Institute on Ageing (NIA)/ Samir Sinha, MD

MLA Susan Leblanc, Dartmouth North

Shelly McNeil, BSc, MD, FRCPC

Pharmacy Association of Nova Scotia

Seniors' Advisory Council of Nova Scotia (Group of IX)

- CARP – Nova Scotia Chapter
- Community Links
- National Association of Federal Retirees
- Nova Scotia Federation of Seniors
- Nova Scotia Government Retired Employees Assn.
- Regroupement des aînés de la Nouvelle-Écosse
- Section of Senior and Retired Doctors NS
- Retired Teachers Organization of the NSTU
- Royal Canadian Legion, NS/ Nunavut Command

This jurisdiction is expected to receive

\$52 million

in Top-Up funding in addition to the federal health transfers. Investment into our essential public health programs should be a part of this spend.

NOTE: Next year's report card will also include RSV and COVID vaccines.

Scorecard

● YES ● INCONCLUSIVE ● NO

INFLUENZA (FLU) • Single dose • Annual

The NACI issues dual flu guidelines for the public and health entities. Yet, the federal government clearly prefers the IIV-HD vaccine, endorsing its purchase for individuals, subsidizing its use in long-term care during the pandemic, and providing it to older adults through the NIHB program for First Nations and Inuit

FUNDING - Influenza

Standard-dose influenza vaccines are publicly funded for all adults 18 to 64 years ●

Senior-specific influenza vaccines are publicly funded for all adults 65+ ↑

Senior-specific Influenza vaccines are publicly funded in LTC ↑

NOTE: Provinces funding any senior-specific flu vaccine earn 1 point. Those funding the IIV-HD vaccine for seniors will earn 2 points, reflecting alignment with federal preference & precedence.

ACCESS - Influenza

A policy or directive exists in this jurisdiction to provide and administer senior-specific influenza vaccines to all adults 65+:

Long-term care (LTC)	●
Congregate care settings	●
Aging in place / at home with community health supports *	●
Public health sites (includes seasonal clinics)	●
Doctors' offices	●
Pharmacies	●

NOTE: To focus on underserved older adults receiving community supports while aging in place, proactive jurisdictions will earn 2 points.

PNEUMOCOCCAL DISEASE (pneumonia) • Doses vary

FUNDING - Pneumococcal Disease

NACI recommendations changed significantly in early 2023
For clarity, pneumococcal vaccines referenced in this section will be abbreviated as follows:

- PPV-23 = PNEU-P-23, or pneumococcal polysaccharide vaccine
- PCV-13 = PNEU-C-13, or pneumococcal conjugate vaccine, 13 valent
- PCV-15 = PNEU-C-15, or pneumococcal conjugate vaccine, 15 valent
- PCV-20 = PNEU-C-20, or pneumococcal conjugate vaccine, 20 valent

For those not previously vaccinated for pneumonia (or whose vaccination status is unknown):

The jurisdiction publicly funds PCV-20 for all adults 65+ ●
AND / OR

The jurisdiction publicly funds a combination of PCV-15 and PPV-23, for all adults 65+, as an alternative to PCV-20

For adults 65+ previously vaccinated for pneumonia:

The jurisdiction publicly-funds a "booster" of PCV-20, to be administered five (5) years after the receipt of either of the following: ●

- a single dose of PPV-23 / pneumococcal polysaccharide vaccine (most common across Canada)
- a series of both of PPV-23 and PCV-13 (less common)

The jurisdiction publicly funds a "booster" of PCV-20, to be administered more than one (1) year after the receipt of the last dose of PCV-13 ●

ACCESS - Pneumococcal Disease

A policy or directive exists in this jurisdiction to provide and administer pneumococcal vaccines in a manner consistent with the most up-to-date NACI recommendations in the following settings:

To all residents in long-term care (LTC)	●
To all residents in congregate care settings	●

ACCESS - Pneumococcal Disease

To all residents who are aging in place / at home with community health supports *	●
At Public health sites	●
At Doctor's offices	●
At Pharmacies *	●

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

FUNDING - Herpes Zoster

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

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

ACCESS - Herpes Zoster

A policy or directive exists in this jurisdiction 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 - Education

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

Information identifies vaccination information specifically for seniors ●

Government-provided information about immunizations is easily found using the search terms: "Vaccines + Seniors + {Province Name}"

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 points

Information is found regarding seasonal influenza (flu)	●
Information is found regarding herpes zoster (shingles)	●
Information is found regarding pneumococcal disease (pneumonia)	●
Information is found about vaccine coverage, 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 immunization records	●
Information is available in both English and French	●

OTHER COMMUNICATION EFFORTS - Education

A Seniors' Guide is available	●
The Seniors' Guide is up to date (2022)	●
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	●

*Changed for 2023. See Methodology on page 42 for more information.

↑ Quadrivalent high-dose ■ Other influenza vaccines or a mix of vaccines in use

Nunavut

LEADERSHIP	Independent, Consensus Government
PREMIER	PJ Akeagok
MINISTER OF HEALTH	John Main - Not Dedicated Minister Responsible for Suicide Prevention
MINISTER OF SENIORS	Pamela Hakongak Gross - Not Dedicated Minister of Culture and Heritage Minister Responsible for: Qulliq Energy Corporation, Languages, and Seniors
MINISTER OF LTC	None
CHIEF MEDICAL OFFICER	Dr. Michael Patterson (Acting)
SENIORS ADVOCATE	None



Previous Year **F**

Population of Adults 65+	1,809
% of Total Population	4.46%

	Previous Year	
Funding	F	F
Access	F	F
Awareness	F	F

Funding:

- Nunavut’s guidance documentation housed online does not show whether or not the Territory is funding a senior-specific flu vaccine
- Nunavut does not fund shingles vaccines for its older adult population
- We did not find any evidence that Nunavut has updated its supply for pneumonia vaccines in line with the NACI recommendations made over 6 months ago
- We expect that coverage for both senior-specific flu and shingles vaccines would be covered for Nunavummiut under the federally-funded NIHB program.

Access:

- We did not find evidence of any guidance changes for the administration of the updated NACI-recommended pneumonia vaccines - but these too, should have a broad distribution like those for flu
- Nunavut faces unique challenges when it comes to the mobilization of vaccines, and it's important to recognize the distinct circumstances in this region
- One of the key challenges in Nunavut is its vast and sparsely populated territory, which poses logistical difficulties in vaccine distribution. Medical professionals, including doctors and pharmacists, are generally centralized in pockets throughout the territory

Awareness:

- The guidance documentation for the general public is quite varied, ranging from very simple documentation (immunization schedules) to longer format documentation that explains their full policies and procedures for vaccinations (clearly intended for health professionals. As Nunavut becomes more digitally connected over time, it might be worthwhile to consider the users and what information they might need and how they'll access it.
- Nunavut should remain vigilant in its efforts to promote healthier outcomes through vaccination campaigns



Raising Nunavut Voices

The following list includes, but is not limited to, the various voices in addition to CanAge who have also made documented calls for change in vaccine policies.

C.D. Howe Institute

Canadian Frailty Network

Diabetes Canada

International Federation on Aging (IFA) Vaccines 4 Life

National Institute on Ageing (NIA)/ Samir Sinha, MD

This jurisdiction is expected to receive

\$2 million

in Top-Up funding in addition to the federal health transfers. Investment into our essential public health programs should be a part of this spend.

NOTE: Next year's report card will also include RSV and COVID vaccines.

NOTE: It is essential for CanAge to acknowledge that our report card methodology may not be aligned with the specific needs and challenges of Nunavut.

Scorecard

● YES ● INCONCLUSIVE ● NO

INFLUENZA (FLU) • Single dose • Annual

The NACI issues dual flu guidelines for the public and health entities. Yet, the federal government clearly prefers the IIV-HD vaccine, endorsing its purchase for individuals, subsidizing its use in long-term care during the pandemic, and providing it to older adults through the NIHB program for First Nations and Inuit

FUNDING - Influenza

Standard-dose influenza vaccines are publicly funded for all adults 18 to 64 years ●

Senior-specific influenza vaccines are publicly funded for all adults 65+ ●

Senior-specific Influenza vaccines are publicly funded in LTC ↑

NOTE: Provinces funding any senior-specific flu vaccine earn 1 point. Those funding the IIV-HD vaccine for seniors will earn 2 points, reflecting alignment with federal preference & precedence.

ACCESS - Influenza

A policy or directive exists in this jurisdiction to provide and administer senior-specific influenza vaccines to all adults 65+:

Long-term care (LTC)	●
Congregate care settings	●
Aging in place / at home with community health supports *	●
Public health sites (includes seasonal clinics)	●
Doctors' offices	●
Pharmacies	●

NOTE: To focus on underserved older adults receiving community supports while aging in place, proactive jurisdictions will earn 2 points.

PNEUMOCOCCAL DISEASE (pneumonia) • Doses vary

FUNDING - Pneumococcal Disease

NACI recommendations changed significantly in early 2023
For clarity, pneumococcal vaccines referenced in this section will be abbreviated as follows:

- PPV-23 = PNEU-P-23, or pneumococcal polysaccharide vaccine
- PCV-13 = PNEU-C-13, or pneumococcal conjugate vaccine, 13 valent
- PCV-15 = PNEU-C-15, or pneumococcal conjugate vaccine, 15 valent
- PCV-20 = PNEU-C-20, or pneumococcal conjugate vaccine, 20 valent

For those not previously vaccinated for pneumonia (or whose vaccination status is unknown):

The jurisdiction publicly funds PCV-20 for all adults 65+ ●
AND / OR

The jurisdiction publicly funds a combination of PCV-15 and PPV-23, for all adults 65+, as an alternative to PCV-20

For adults 65+ previously vaccinated for pneumonia:

The jurisdiction publicly-funds a "booster" of PCV-20, to be administered five (5) years after the receipt of either of the following: ●

- a single dose of PPV-23 / pneumococcal polysaccharide vaccine (most common across Canada)
- a series of both of PPV-23 and PCV-13 (less common)

The jurisdiction publicly funds a "booster" of PCV-20, to be administered more than one (1) year after the receipt of the last dose of PCV-13 ●

ACCESS - Pneumococcal Disease

A policy or directive exists in this jurisdiction to provide and administer pneumococcal vaccines in a manner consistent with the most up-to-date NACI recommendations in the following settings:

To all residents in long-term care (LTC)	●
To all residents in congregate care settings	●

ACCESS - Pneumococcal Disease

To all residents who are aging in place / at home with community health supports *	●
At Public health sites	●
At Doctor's offices	●
At Pharmacies *	●

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

FUNDING - Herpes Zoster

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

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

ACCESS - Herpes Zoster

A policy or directive exists in this jurisdiction 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 - Education

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

Information identifies vaccination information specifically for seniors ●

Government-provided information about immunizations is easily found using the search terms: "Vaccines + Seniors + {Province Name}"

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 points

Information is found regarding seasonal influenza (flu)	●
Information is found regarding herpes zoster (shingles)	●
Information is found regarding pneumococcal disease (pneumonia)	●
Information is found about vaccine coverage, 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 immunization records	●
Information is available in both English and French	●

OTHER COMMUNICATION EFFORTS - Education

A Seniors' Guide is available	●
The Seniors' Guide is up to date (2022)	●
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	●

*Changed for 2023. See Methodology on page 42 for more information.

↑ Quadrivalent high-dose ■ Other influenza vaccines or a mix of vaccines in use

Ontario

LEADERSHIP	Progressive Conservative (Majority)
PREMIER	Doug Ford (PC)
MINISTER OF HEALTH	Sylvia Jones (PC)
MINISTER OF SENIORS	Raymond Cho (PC) Consolidated with Accessibility
MINISTER OF LTC	Stan Cho (PC)
CHIEF MEDICAL OFFICER	Dr. Kieran Moore
SENIORS ADVOCATE	None



Previous Year **B**

Population of Adults 65+	2,774,242
% of Total Population	18.36%

	Previous Year	
Funding	D	A-
Access	F	F
Awareness	A-	A-

Funding:

- Ontario over time has moved towards funding a mix of senior-specific flu vaccines. This has caused confusion among well-informed seniors. Seniors living in this province are advised to ask for clarification on which vaccine they are receiving if they have concerns.
- Ontario publicly funds best-in-class shingles vaccines for seniors age 65-70.
- The province might consider a public catch-up campaign for those who may have missed their shingles vaccine window during the COVID-19 pandemic
- In our review, Ontario has not aligned its pneumococcal vaccines supply and guidelines with the recommendations NACI provided over half a year ago.

Access:

- In Ontario, pharmacists have an expanded scope of practice. So why are publicly-funded shingles vaccines, which required two doses/visits, still not available at pharmacies?
- We did not find evidence of any guidance or supply changes for the administration of the updated NACI-recommended pneumonia vaccines - but these too, should have a broad distribution like those for flu and should also be considered for pharmacy distribution

Awareness:

- While the availability of vaccine information in Ontario is generally good, our team did find that the site could be better organized and could make information easier to identify navigate for seniors
- The persistent need for more focused public health campaigns, especially those aimed at seniors and other vulnerable segments, remains substantial



Raising Ontario Voices

The following list includes, but is not limited to, the various voices in addition to CanAge who have also made documented calls for change in vaccine policies.

C.D. Howe Institute

Canadian Association of Retired Persons (CARP-National)

Canadian Frailty Network

Diabetes Canada

International Federation on Aging (IFA) Vaccines 4 Life

National Institute on Ageing (NIA)/ Samir Sinha, MD

Ontario Society of Senior Citizens Organizations (OSSCO)

Vivian Stamatopoulos, PhD (Social Work)- Associate Teaching Professor, Ontario Tech University

This jurisdiction is expected to receive

\$776 million

in Top-Up funding in addition to the federal health transfers. Investment into our essential public health programs should be a part of this spend.

NOTE: Next year's report card will also include RSV and COVID vaccines.

Scorecard

● YES ● INCONCLUSIVE ● NO

INFLUENZA (FLU) • Single dose • Annual

The NACI issues dual flu guidelines for the public and health entities. Yet, the federal government clearly prefers the IIV-HD vaccine, endorsing its purchase for individuals, subsidizing its use in long-term care during the pandemic, and providing it to older adults through the NIHB program for First Nations and Inuit

FUNDING - Influenza

Standard-dose influenza vaccines are publicly funded for all adults 18 to 64 years ●

Senior-specific influenza vaccines are publicly funded for all adults 65+ ■

Senior-specific Influenza vaccines are publicly funded in LTC ↑

NOTE: Provinces funding any senior-specific flu vaccine earn 1 point. Those funding the IIV-HD vaccine for seniors will earn 2 points, reflecting alignment with federal preference & precedence.

ACCESS - Influenza

A policy or directive exists in this jurisdiction to provide and administer senior-specific influenza vaccines to all adults 65+:

Long-term care (LTC)	●
Congregate care settings	●
Aging in place / at home with community health supports *	●
Public health sites (includes seasonal clinics)	●
Doctors' offices	●
Pharmacies	●

NOTE: To focus on underserved older adults receiving community supports while aging in place, proactive jurisdictions will earn 2 points.

PNEUMOCOCCAL DISEASE (pneumonia) • Doses vary

FUNDING - Pneumococcal Disease

NACI recommendations changed significantly in early 2023
For clarity, pneumococcal vaccines referenced in this section will be abbreviated as follows:

- PPV-23 = PNEU-P-23, or pneumococcal polysaccharide vaccine
- PCV-13 = PNEU-C-13, or pneumococcal conjugate vaccine, 13 valent
- PCV-15 = PNEU-C-15, or pneumococcal conjugate vaccine, 15 valent
- PCV-20 = PNEU-C-20, or pneumococcal conjugate vaccine, 20 valent

For those not previously vaccinated for pneumonia (or whose vaccination status is unknown):

The jurisdiction publicly funds PCV-20 for all adults 65+ ●
AND / OR

The jurisdiction publicly funds a combination of PCV-15 and PPV-23, for all adults 65+, as an alternative to PCV-20

For adults 65+ previously vaccinated for pneumonia:

The jurisdiction publicly-funds a "booster" of PCV-20, to be administered five (5) years after the receipt of either of the following: ●

- a single dose of PPV-23 / pneumococcal polysaccharide vaccine (most common across Canada)
- a series of both of PPV-23 and PCV-13 (less common)

The jurisdiction publicly funds a "booster" of PCV-20, to be administered more than one (1) year after the receipt of the last dose of PCV-13 ●

ACCESS - Pneumococcal Disease

A policy or directive exists in this jurisdiction to provide and administer pneumococcal vaccines in a manner consistent with the most up-to-date NACI recommendations in the following settings:

To all residents in long-term care (LTC)	●
To all residents in congregate care settings	●

ACCESS - Pneumococcal Disease

To all residents who are aging in place / at home with community health supports *	●
At Public health sites	●
At Doctor's offices	●
At Pharmacies *	●

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

FUNDING - Herpes Zoster

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

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

ACCESS - Herpes Zoster

A policy or directive exists in this jurisdiction 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 - Education

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

Information identifies vaccination information specifically for seniors ●

Government-provided information about immunizations is easily found using the search terms: "Vaccines + Seniors + {Province Name}"

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 points

Information is found regarding seasonal influenza (flu)	●
Information is found regarding herpes zoster (shingles)	●
Information is found regarding pneumococcal disease (pneumonia)	●
Information is found about vaccine coverage, 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 immunization records	●
Information is available in both English and French	●

OTHER COMMUNICATION EFFORTS - Education

A Seniors' Guide is available	●
The Seniors' Guide is up to date (2022)	●
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	●

*Changed for 2023. See Methodology on page 42 for more information.

↑ Quadrivalent high-dose ■ Other influenza vaccines or a mix of vaccines in use

Prince Edward Island

LEADERSHIP	Progressive Conservative (Majority)
PREMIER	Dennis King (PC)
MINISTER OF HEALTH	Mark V. McLane (PC) - Consolidated Minister of Health and Wellness
MINISTER OF SENIORS	Barb Ramsay (PC) - Consolidated Minister of Social Development and Seniors
MINISTER OF LTC	None
CHIEF MEDICAL OFFICER	Dr. Heather G. Morrison
SENIORS ADVOCATE	None



Previous Year **B**

Population of Adults 65+	34,664
% of Total Population	20.31%

		Previous Year
Funding	C	A-
Access	F	F
Awareness	B	A

Funding:

- Islanders are fortunate to have best-in-class shingles and senior-specific flu vaccines covered by the province
- Despite the NACI's advice more than six months ago, PEI has not refreshed its guidelines or supply of pneumococcal vaccines, resulting in a lower grade

Access:

PEI had a few hits in this area, including:

- The province funds shingles vaccines, but it appears that they are only available in pharmacy. While this likely has the broadest reach and distribution for those who are able to go to pharmacy, this may fail to meet other's needs in long-term and congregate care and those living in community who may need additional support or accommodation
- We did not find any evidence of guidance changes for the administration or supply changes in line with the updated NACI-recommended pneumonia vaccines - but these too, should have a broad distribution like those for flu

Awareness:

- PEI's presentation of vaccine information is generally exemplary. It was the lack of information on the latest NACI-recommended pneumococcal vaccines that brought down PEI's grade this year
- There is still a significant need for campaigns that focus on seniors and other susceptible groups



Raising Prince Edward Island Voices

The following list includes, but is not limited to, the various voices in addition to CanAge who have also made documented calls for change in vaccine policies.

- C.D. Howe Institute
- Canadian Frailty Network
- Diabetes Canada
- International Federation on Aging (IFA) Vaccines 4 Life
- National Institute on Ageing (NIA)/ Samir Sinha, MD
- PEI Pharmacists' Association/ Erin MacKenzie
- PEI Senior Citizens Federation

This jurisdiction is expected to receive

\$9 million

in Top-Up funding in addition to the federal health transfers. Investment into our essential public health programs should be a part of this spend.

NOTE: Next year's report card will also include RSV and COVID vaccines.

Scorecard

● YES ● INCONCLUSIVE ● NO

INFLUENZA (FLU) • Single dose • Annual

The NACI issues dual flu guidelines for the public and health entities. Yet, the federal government clearly prefers the IIV-HD vaccine, endorsing its purchase for individuals, subsidizing its use in long-term care during the pandemic, and providing it to older adults through the NIHB program for First Nations and Inuit

FUNDING - Influenza

Standard-dose influenza vaccines are publicly funded for all adults 18 to 64 years ●

Senior-specific influenza vaccines are publicly funded for all adults 65+ ↑

Senior-specific Influenza vaccines are publicly funded in LTC ↑

NOTE: Provinces funding any senior-specific flu vaccine earn 1 point. Those funding the IIV-HD vaccine for seniors will earn 2 points, reflecting alignment with federal preference & precedence.

ACCESS - Influenza

A policy or directive exists in this jurisdiction to provide and administer senior-specific influenza vaccines to all adults 65+:

- Long-term care (LTC) ●
- Congregate care settings ●
- Aging in place / at home with community health supports * ●
- Public health sites (includes seasonal clinics) ●
- Doctors' offices ●
- Pharmacies ●

NOTE: To focus on underserved older adults receiving community supports while aging in place, proactive jurisdictions will earn 2 points.

PNEUMOCOCCAL DISEASE (pneumonia) • Doses vary

FUNDING - Pneumococcal Disease

NACI recommendations changed significantly in early 2023
For clarity, pneumococcal vaccines referenced in this section will be abbreviated as follows:

- PPV-23 = PNEU-P-23, or pneumococcal polysaccharide vaccine
- PCV-13 = PNEU-C-13, or pneumococcal conjugate vaccine, 13 valent
- PCV-15 = PNEU-C-15, or pneumococcal conjugate vaccine, 15 valent
- PCV-20 = PNEU-C-20, or pneumococcal conjugate vaccine, 20 valent

For those not previously vaccinated for pneumonia (or whose vaccination status is unknown):

The jurisdiction publicly funds PCV-20 for all adults 65+ ●
AND / OR

The jurisdiction publicly funds a combination of PCV-15 and PPV-23, for all adults 65+, as an alternative to PCV-20

For adults 65+ previously vaccinated for pneumonia:

The jurisdiction publicly-funds a "booster" of PCV-20, to be administered five (5) years after the receipt of either of the following: ●

- a single dose of PPV-23 / pneumococcal polysaccharide vaccine (most common across Canada)
- a series of both of PPV-23 and PCV-13 (less common)

The jurisdiction publicly funds a "booster" of PCV-20, to be administered more than one (1) year after the receipt of the last dose of PCV-13 ●

ACCESS - Pneumococcal Disease

A policy or directive exists in this jurisdiction to provide and administer pneumococcal vaccines in a manner consistent with the most up-to-date NACI recommendations in the following settings:

- To all residents in long-term care (LTC) ●
- To all residents in congregate care settings ●

ACCESS - Pneumococcal Disease

- To all residents who are aging in place / at home with community health supports * ●
- At Public health sites ●
- At Doctor's offices ●
- At Pharmacies * ●

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

FUNDING - Herpes Zoster

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

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

ACCESS - Herpes Zoster

A policy or directive exists in this jurisdiction 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 - Education

- Information is available that clearly outlines all NACI-recommended adult vaccines ●
- Information identifies vaccination information specifically for seniors ●

Government-provided information about immunizations is easily found using the search terms: "Vaccines + Seniors + {Province Name}"

- 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 points**

- Information is found regarding seasonal influenza (flu) ●
- Information is found regarding herpes zoster (shingles) ●
- Information is found regarding pneumococcal disease (pneumonia) ●
- Information is found about vaccine coverage, 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 immunization records ●
- Information is available in both English and French ●

OTHER COMMUNICATION EFFORTS - Education

- A Seniors' Guide is available ●
- The Seniors' Guide is up to date (2022) ●
- 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 ●

*Changed for 2023. See Methodology on page 42 for more information.

- ↑ Quadrivalent high-dose
- Other influenza vaccines or a mix of vaccines in use

Quebec

LEADERSHIP	Coalition Avenir Québec (Majority)
PREMIER	François Legault (CAQ)
MINISTER OF HEALTH	Christian Dubé (CAQ) - Consolidated Minister of Health and Social Services
MINISTER OF SENIORS	Sonia Bélanger (CAQ) - Consolidated Minister for Health and Seniors
MINISTER OF LTC	None
CHIEF MEDICAL OFFICER	Dr. Luc Boileau
SENIORS ADVOCATE	None



Previous Year **D-**

Population of Adults 65+	1,810,221
% of Total Population	20.82%

	Previous Year	
Funding	F	F
Access	F	F
Awareness	B	A-

Funding:

- According to all available documentation, senior-specific flu vaccines while funded, are not provided exclusively nor universally to any cohort of seniors, and are administered based on medical necessity and lifestyle factors. It also appears that those living in long-term and congregate care settings may be administered either a quadrivalent standard or high-dose vaccine based on medical need.
- Quebec did make the move to pay for the best-in-class shingles vaccine, but only for those over the age of 80. This fails to provide any publicly-funded protection for those aged 50-79, with some exceptions for immunocompromised individuals
- There's no sign that Quebec has made adjustments to its pneumococcal vaccine guidance or inventory, following the NACI recommendations presented over six months ago.

Access:

- Where vaccines are funded for older adults, Quebec does seem to have a well-organized, accessible, and broad level of distribution. However, many vaccines are not publicly-funded by the Province.
- We did not find evidence of any guidance changes for the administration of the updated NACI-recommended pneumonia vaccines. We are hoping to see these changes updated particularly for long-term and congregate care settings (CHSLD)

Awareness:

- Online information regarding vaccines, and particularly for influenza, is very confusing to the end user
- The need for more targeted campaigns, especially those aimed at seniors and other vulnerable demographics, remains high



Raising Quebec Voices

The following list includes, but is not limited to, the various voices in addition to CanAge who have also made documented calls for change in vaccine policies.

- Association Pulmonaire du Québec
- C.D. Howe Institute
- Canadian Frailty Network
- Diabetes Canada
- International Federation on Aging (IFA) Vaccines 4 Life
- National Institute on Ageing (NIA)/ Samir Sinha, MD
- McGill University Health Centre/ Donald Vinh, MD
- Réseau FADOQ

This jurisdiction is expected to receive

\$447 million

in Top-Up funding in addition to the federal health transfers. Investment into our essential public health programs should be a part of this spend.

NOTE: Next year's report card will also include RSV and COVID vaccines.

Scorecard

● YES ● INCONCLUSIVE ● NO

INFLUENZA (FLU) • Single dose • Annual

The NACI issues dual flu guidelines for the public and health entities. Yet, the federal government clearly prefers the IIV-HD vaccine, endorsing its purchase for individuals, subsidizing its use in long-term care during the pandemic, and providing it to older adults through the NIHB program for First Nations and Inuit

FUNDING - Influenza

Standard-dose influenza vaccines are publicly funded for all adults 18 to 64 years ●

Senior-specific influenza vaccines are publicly funded for all adults 65+ ●

Senior-specific Influenza vaccines are publicly funded in LTC ●

NOTE: Provinces funding any senior-specific flu vaccine earn 1 point. Those funding the IIV-HD vaccine for seniors will earn 2 points, reflecting alignment with federal preference & precedence.

ACCESS - Influenza

A policy or directive exists in this jurisdiction to provide and administer senior-specific influenza vaccines to all adults 65+:

Long-term care (LTC)	●
Congregate care settings	●
Aging in place / at home with community health supports *	●
Public health sites (includes seasonal clinics)	●
Doctors' offices	●
Pharmacies	●

NOTE: To focus on underserved older adults receiving community supports while aging in place, proactive jurisdictions will earn 2 points.

PNEUMOCOCCAL DISEASE (pneumonia) • Doses vary

FUNDING - Pneumococcal Disease

NACI recommendations changed significantly in early 2023
For clarity, pneumococcal vaccines referenced in this section will be abbreviated as follows:

- PPV-23** = PNEU-P-23, or pneumococcal polysaccharide vaccine
- PCV-13** = PNEU-C-13, or pneumococcal conjugate vaccine, 13 valent
- PCV-15** = PNEU-C-15, or pneumococcal conjugate vaccine, 15 valent
- PCV-20** = PNEU-C-20, or pneumococcal conjugate vaccine, 20 valent

For those not previously vaccinated for pneumonia (or whose vaccination status is unknown):

The jurisdiction publicly funds PCV-20 for all adults 65+ ●
AND / OR

The jurisdiction publicly funds a combination of PCV-15 and PPV-23, for all adults 65+, as an alternative to PCV-20

For adults 65+ previously vaccinated for pneumonia:

The jurisdiction publicly-funds a "booster" of PCV-20, to be administered five (5) years after the receipt of either of the following: ●

- a single dose of PPV-23 / pneumococcal polysaccharide vaccine (most common across Canada)
- a series of both of PPV-23 and PCV-13 (less common)

The jurisdiction publicly funds a "booster" of PCV-20, to be administered more than one (1) year after the receipt of the last dose of PCV-13 ●

ACCESS - Pneumococcal Disease

A policy or directive exists in this jurisdiction to provide and administer pneumococcal vaccines in a manner consistent with the most up-to-date NACI recommendations in the following settings:

To all residents in long-term care (LTC)	●
To all residents in congregate care settings	●

ACCESS - Pneumococcal Disease

To all residents who are aging in place / at home with community health supports *	●
At Public health sites	●
At Doctor's offices	●
At Pharmacies *	●

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

FUNDING - Herpes Zoster

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

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

ACCESS - Herpes Zoster

A policy or directive exists in this jurisdiction 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 - Education

Information is available that clearly outlines all NACI-recommended adult vaccines	●
Information identifies vaccination information specifically for seniors	●

Government-provided information about immunizations is easily found using the search terms: "Vaccines + Seniors + {Province Name}"

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 points

Information is found regarding seasonal influenza (flu)	●
Information is found regarding herpes zoster (shingles)	●
Information is found regarding pneumococcal disease (pneumonia)	●
Information is found about vaccine coverage, 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 immunization records	●
Information is available in both English and French	●

OTHER COMMUNICATION EFFORTS - Education

A Seniors' Guide is available	●
The Seniors' Guide is up to date (2022)	●
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	●

*Changed for 2023. See Methodology on page 42 for more information.

↑ Quadrivalent high-dose ■ Other influenza vaccines or a mix of vaccines in use

Saskatchewan

LEADERSHIP	Saskatchewan Party (Majority)
PREMIER	Scott Moe
MINISTER OF HEALTH	Paul Merriman
MINISTER OF SENIORS	Everett Hindley - Not Dedicated Minister of Mental Health and Addictions, Seniors, and Rural and Remote Health
MINISTER OF LTC	None
CHIEF MEDICAL OFFICER	Dr. Saqib Shahab
SENIORS ADVOCATE	None



Previous Year **D**

Population of Adults 65+	202,646
% of Total Population	16.96%

	Previous Year	
Funding	D	C-
Access	F	F
Awareness	C	B

Funding:

- Saskatchewan funds senior-specific flu vaccines
- The province does not publicly fund the best-in-class vaccines for shingles for its senior population
- Our research shows that Saskatchewan has not yet adapted its pneumococcal vaccine provisions and guidance, in response to the NACI recommendations made over six months ago.

Access:

- Saskatchewan has a fairly comprehensive flu vaccine distribution program
- Saskatchewan does not offer outreach vaccination services to seniors aging in place in community who may have difficulty accessing services, particularly in remote areas
- We did not find evidence of any guidance changes for the administration of the updated NACI-recommended pneumonia vaccines - but these too, should have a broad distribution like those for flu

Awareness:

- Saskatchewan's health information is comprehensive and well-laid out, however it does appear that many documents are potentially out of date/ stale-dated. Might be worth a refresh.
- A heightened need remains for more targeted initiatives, especially those centered on seniors and other susceptible demographics.



Raising Saskatchewan Voices

The following list includes, but is not limited to, the various voices in addition to CanAge who have also made documented calls for change in vaccine policies.

C.D. Howe Institute

Canadian Association of Retired Persons (CARP-SK)

Canadian Frailty Network

Diabetes Canada

International Federation on Aging (IFA) Vaccines 4 Life

National Institute on Ageing (NIA)/ Samir Sinha, MD

SK Seniors Mechanism

This jurisdiction is expected to receive

\$61 million

in Top-Up funding in addition to the federal health transfers. Investment into our essential public health programs should be a part of this spend

NOTE: Next year's report card will also include RSV and COVID vaccines.

Scorecard

● YES ● INCONCLUSIVE ● NO

INFLUENZA (FLU) • Single dose • Annual

The NACI issues dual flu guidelines for the public and health entities. Yet, the federal government clearly prefers the IIV-HD vaccine, endorsing its purchase for individuals, subsidizing its use in long-term care during the pandemic, and providing it to older adults through the NIHB program for First Nations and Inuit

FUNDING - Influenza

Standard-dose influenza vaccines are publicly funded for all adults 18 to 64 years ●

Senior-specific influenza vaccines are publicly funded for all adults 65+ ▲

Senior-specific Influenza vaccines are publicly funded in LTC ▲

NOTE: Provinces funding any senior-specific flu vaccine earn 1 point. Those funding the IIV-HD vaccine for seniors will earn 2 points, reflecting alignment with federal preference & precedence.

ACCESS - Influenza

A policy or directive exists in this jurisdiction to provide and administer senior-specific influenza vaccines to all adults 65+:

Long-term care (LTC)	●
Congregate care settings	●
Aging in place / at home with community health supports *	●
Public health sites (includes seasonal clinics)	●
Doctors' offices	●
Pharmacies	●

NOTE: To focus on underserved older adults receiving community supports while aging in place, proactive jurisdictions will earn 2 points.

PNEUMOCOCCAL DISEASE (pneumonia) • Doses vary

FUNDING - Pneumococcal Disease

NACI recommendations changed significantly in early 2023
For clarity, pneumococcal vaccines referenced in this section will be abbreviated as follows:

- PPV-23 = PNEU-P-23, or pneumococcal polysaccharide vaccine
- PCV-13 = PNEU-C-13, or pneumococcal conjugate vaccine, 13 valent
- PCV-15 = PNEU-C-15, or pneumococcal conjugate vaccine, 15 valent
- PCV-20 = PNEU-C-20, or pneumococcal conjugate vaccine, 20 valent

For those not previously vaccinated for pneumonia (or whose vaccination status is unknown):

The jurisdiction publicly funds PCV-20 for all adults 65+ AND / OR ●

The jurisdiction publicly funds a combination of PCV-15 and PPV-23, for all adults 65+, as an alternative to PCV-20

For adults 65+ previously vaccinated for pneumonia:

The jurisdiction publicly-funds a "booster" of PCV-20, to be administered five (5) years after the receipt of either of the following: ●

- a single dose of PPV-23 / pneumococcal polysaccharide vaccine (most common across Canada)
- a series of both of PPV-23 and PCV-13 (less common)

The jurisdiction publicly funds a "booster" of PCV-20, to be administered more than one (1) year after the receipt of the last dose of PCV-13 ●

ACCESS - Pneumococcal Disease

A policy or directive exists in this jurisdiction to provide and administer pneumococcal vaccines in a manner consistent with the most up-to-date NACI recommendations in the following settings:

To all residents in long-term care (LTC)	●
To all residents in congregate care settings	●

ACCESS - Pneumococcal Disease

To all residents who are aging in place / at home with community health supports *	●
At Public health sites	●
At Doctor's offices	●
At Pharmacies *	●

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

FUNDING - Herpes Zoster

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

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

ACCESS - Herpes Zoster

A policy or directive exists in this jurisdiction 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 - Education

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

Information identifies vaccination information specifically for seniors ●

Government-provided information about immunizations is easily found using the search terms: "Vaccines + Seniors + {Province Name}"

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 points

Information is found regarding seasonal influenza (flu)	●
Information is found regarding herpes zoster (shingles)	●
Information is found regarding pneumococcal disease (pneumonia)	●
Information is found about vaccine coverage, 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 immunization records	●
Information is available in both English and French	●

OTHER COMMUNICATION EFFORTS - Education

A Seniors' Guide is available	●
The Seniors' Guide is up to date (2022)	●
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	●

*Changed for 2023. See Methodology on page 42 for more information.

▲ Quadrivalent high-dose ● Other influenza vaccines or a mix of vaccines in use

Yukon

LEADERSHIP	Liberal Party (Minority)
PREMIER	Ranj Pillai
MINISTER OF HEALTH	Tracy-Anne McPhee (L) Not Dedicated Minister of Health & Social Services Minister of Justice
MINISTER OF SENIORS	None
MINISTER OF LTC	None
CHIEF MEDICAL OFFICER	Dr. Sudit Ranade
SENIORS ADVOCATE	None



Population of Adults 65+	6,343
% of Total Population	14.49%

	Previous Year	
Funding	C	B
Access	F	F
Awareness	B	B-

Funding:

- While Yukon has proven to be proactive in funding high dose flu shots and shingles vaccines for its senior population, it seems that the latest NACI recommendations concerning pneumonia vaccines haven't yet been incorporated into their approach, resulting in a lower grade.
- We urge Yukon to embrace this opportunity to lead by example, showcasing a comprehensive and up-to-date vaccination program for its seniors.

Access:

- Yukon is the only one of Canada's territories that has expanded vaccine access to pharmacies.
- There were some cases where we could not determine whether a proactive approach to vaccination was occurring in long-term and congregate care settings. These areas were marked as INCONCLUSIVE.
- As one of our areas of focus, we encourage the Yukon to explore ways to build vaccination outreach programs for those who are aging in place, and develop solid policies for long-term and congregate care.

Awareness:

- The new Yukon Immunize website is a great example of providing the right balance of information to all ages.
- The need for more targeted campaigns, especially those aimed at seniors and other vulnerable demographics, remains high



Raising Yukon Voices

The following list includes, but is not limited to, the various voices in addition to CanAge who have also made documented calls for change in vaccine policies.

C.D. Howe Institute

Canadian Frailty Network

Diabetes Canada

International Federation on Aging (IFA) Vaccines 4 Life

MLA Patti McLeod, Watson Lake

National Institute on Ageing (NIA)/ Samir Sinha, MD

Seniors Action Yukon/ Nakamura Maguire

This jurisdiction is expected to receive

\$2 million

in Top-Up funding in addition to the federal health transfers. Investment into our essential public health programs should be a part of this spend.

NOTE: Next year's report card will also include RSV and COVID vaccines.

Scorecard

INFLUENZA (FLU) • Single dose • Annual

The NACI issues dual flu guidelines for the public and health entities. Yet, the federal government clearly prefers the IIV-HD vaccine, endorsing its purchase for individuals, subsidizing its use in long-term care during the pandemic, and providing it to older adults through the NIHB program for First Nations and Inuit

FUNDING - Influenza

Standard-dose influenza vaccines are publicly funded for all adults 18 to 64 years ●

Senior-specific influenza vaccines are publicly funded for all adults 65+ ↑

Senior-specific Influenza vaccines are publicly funded in LTC ↑

NOTE: Provinces funding any senior-specific flu vaccine earn 1 point. Those funding the IIV-HD vaccine for seniors will earn 2 points, reflecting alignment with federal preference & precedence.

ACCESS - Influenza

A policy or directive exists in this jurisdiction to provide and administer senior-specific influenza vaccines to all adults 65+:

Long-term care (LTC)	●
Congregate care settings	●
Aging in place / at home with community health supports *	●
Public health sites (includes seasonal clinics)	●
Doctors' offices	●
Pharmacies	●

NOTE: To focus on underserved older adults receiving community supports while aging in place, proactive jurisdictions will earn 2 points.

PNEUMOCOCCAL DISEASE (pneumonia) • Doses vary

FUNDING - Pneumococcal Disease

NACI recommendations changed significantly in early 2023
For clarity, pneumococcal vaccines referenced in this section will be abbreviated as follows:

- PPV-23 = PNEU-P-23, or pneumococcal polysaccharide vaccine
- PCV-13 = PNEU-C-13, or pneumococcal conjugate vaccine, 13 valent
- PCV-15 = PNEU-C-15, or pneumococcal conjugate vaccine, 15 valent
- PCV-20 = PNEU-C-20, or pneumococcal conjugate vaccine, 20 valent

For those not previously vaccinated for pneumonia (or whose vaccination status is unknown):

The jurisdiction publicly funds PCV-20 for all adults 65+ ●
AND / OR

The jurisdiction publicly funds a combination of PCV-15 and PPV-23, for all adults 65+, as an alternative to PCV-20

For adults 65+ previously vaccinated for pneumonia:

The jurisdiction publicly-funds a "booster" of PCV-20, to be administered five (5) years after the receipt of either of the following: ●

- a single dose of PPV-23 / pneumococcal polysaccharide vaccine (most common across Canada)
- a series of both of PPV-23 and PCV-13 (less common)

The jurisdiction publicly funds a "booster" of PCV-20, to be administered more than one (1) year after the receipt of the last dose of PCV-13 ●

ACCESS - Pneumococcal Disease

A policy or directive exists in this jurisdiction to provide and administer pneumococcal vaccines in a manner consistent with the most up-to-date NACI recommendations in the following settings:

To all residents in long-term care (LTC)	●
To all residents in congregate care settings	●

ACCESS - Pneumococcal Disease

To all residents who are aging in place / at home with community health supports *	●
At Public health sites	●
At Doctor's offices	●
At Pharmacies *	●

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

FUNDING - Herpes Zoster

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

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

ACCESS - Herpes Zoster

A policy or directive exists in this jurisdiction 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 - Education

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

Information identifies vaccination information specifically for seniors ●

Government-provided information about immunizations is easily found using the search terms: "Vaccines + Seniors + {Province Name}"

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 points

Information is found regarding seasonal influenza (flu)	●
Information is found regarding herpes zoster (shingles)	●
Information is found regarding pneumococcal disease (pneumonia)	●
Information is found about vaccine coverage, 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 immunization records	●
Information is available in both English and French	●

OTHER COMMUNICATION EFFORTS - Education

A Seniors' Guide is available	●
The Seniors' Guide is up to date (2022)	●
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	●

*Changed for 2023. See Methodology on page 42 for more information.

↑ Quadrivalent high-dose ■ Other influenza vaccines or a mix of vaccines in use

Methodology

All information that has been evaluated in consideration for this report originates from each province or territory's own documentation. We look at information intended for the general public, as well as published documentation for healthcare providers and other publicly available documentation. Our assessments are based on the documented policies and directives of each province and territory.

Scoring of each provincial/territorial government falls 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.

Influenza

- Standard influenza vaccines are publicly funded for all adults aged 18-64.
- Influenza vaccines specifically formulated for seniors are publicly funded by the province/territory for all adults 65+.
- Influenza vaccines specifically formulated for seniors are funded in LTC in the CURRENT calendar year (2022-2023)

Herpes Zoster

- Shingles vaccine (Recombinant Zoster Vaccine, RZV) is publicly funded for ANY adults aged 50+ (any identified cohort).
- Shingles vaccine (Recombinant Zoster Vaccine, RZV) is publicly funded for ALL adults aged 50+.

Pneumococcal

- PNEU-C-20 (Pneumococcal conjugate 20-valent) is publicly funded for all adults 65+(preferred),
OR,
- a combination vaccine administration of two different vaccines, including a pneumococcal conjugate vaccine (PCV) of either PCV-15 or PCV-20, followed by a PNEU-P-23 (Pneumococcal polysaccharide 23-valent) vaccine, is funded for all adults 65+.
- For those previously immunized with PPV-23 alone, or a combination of PPV-23 and PCV-13, the administration of PNEU-C-20, 5 years past the date of the last previous dose, is publicly funded.
- For those previously immunized with PCV-13 alone, the administration of PNEU-C-20, 1 year past the date of the last previous dose, is publicly funded.

Other

- **Tetanus:** The 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:** The 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 (Whooping Cough):** The Tdap 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.

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.

- 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. ***Priority area of focus, awarded additional points.**
- 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. ***Priority area of focus, awarded additional 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 points, 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.

Awareness (Scoring Weight: 20%)

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

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.

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

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
A+	90%-100%
A	85%-89%
A-	80%-84%
B+	78%-79%
B	73%-77%
B-	70%-72%
C+	68%-69%
C	63%-67%

Letter	Percent
C-	60%-62%
D+	58%-59%
D	53-57%
D-	50-52%
F	0%-49%

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.

PCV-13, PCV-15, and PCV-20 (Pneumococcal conjugate multivalent vaccines)

PCV-13, PCV-15, and PCV-20 are variants of Pneumococcal Conjugate Vaccines (PNEU-C) approved by Health Canada to safeguard individuals against infections caused by the bacterium *Streptococcus pneumoniae*. These numbers in their names represent the count of distinct bacterial serotypes each vaccine shields against, offering an extensive protection spectrum. Particularly beneficial for immunocompromised individuals or those more prone to invasive pneumococcal disease (IPD), these vaccines are a crucial tool in promoting public health for all ages, especially amongst the older population. PCV-20 is the latest approved vaccine of this type in Canada and protects against 20 distinct bacterial serotypes.

Glossary

PNEU-P-23 (Pneumococcal polysaccharide 23-valent) Vaccine The PNEU-P-23 vaccine prevents pneumonia and other infections caused by 23 types of 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.

RSV RSV, or Respiratory Syncytial Virus, is a common, contagious virus that affects the respiratory tract. Predominantly occurring in the fall and winter months, it often manifests with symptoms resembling the common cold. While most people recover in a week or two, RSV can be particularly severe in infants, older adults, and those with weakened immune systems, sometimes leading to serious respiratory infections like bronchiolitis or pneumonia. Recently, vaccines have been developed to provide protection against RSV, aiming to safeguard the most vulnerable groups from severe illness and complications associated with this virus.

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 life course 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 the 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 a particular cohort of the population. In this report, we often reference vaccines that are specifically-formulated for older adult (senior) populations.

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](#)

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When sourcing our material, we relied on considerable empirical evidence published by jurisdictional governments. We started with the most recent provincial/territorial information, the ministries of health, and then public health authorities, in that order. Government publications are often available in multiple languages and easily accessible online.

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