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# SEASONAL INFLUENZA VACCINATION COVERAGE SURVEY, 2018–2019

## Executive summary

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Prepared By: Leger

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# SEASONAL INFLUENZA VACCINATION COVERAGE SURVEY

## Executive summary

### Prepared for the Public Health Agency of Canada

Supplier Name: Leger

March 2019

This public opinion research report presents the results of a telephone survey conducted by Leger Marketing Inc. on behalf of the Public Health Agency of Canada. The research was conducted with 3,737 Canadians between January 21 and February 24, 2019.

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# 1. Summary

Leger is pleased to submit this report to the Public Health Agency of Canada (PHAC) on the results of a quantitative survey assessing seasonal influenza vaccination coverage among the Canadian population.

This report was prepared by Leger following the awarding of a contract by PHAC (contract number 6D034-183551/001/CY, awarded November 6, 2018).

## 1.1 Background and objectives

For several years now, PHAC has been conducting a study at the beginning of the year on the incidence of seasonal influenza vaccination in the Canadian population. This study has multiple research objectives. The survey covers a variety of elements and topics. This year, some secondary objectives were added to the study while other items covered in previous years were removed from the study.

The primary objective of the research is to:

Provide national vaccination coverage estimates for seasonal influenza and estimates in four community-dwelling (i.e. non-institutionalized) groups: adults 18-64 years of age; adults 65 years of age and older; adults with a chronic medical condition; and young children (aged 6 to 59 months).

Secondary research objectives (new section in 2019) include:

Provide national vaccination coverage estimates for four antigens routinely offered to adults (i.e. tetanus, pertussis, shingles and pneumococcal disease) and;

For the pneumococcal vaccine, provide estimates for two groups to whom the vaccine is recommended (adults 65 years of age and older; and adults with a chronic medical condition).

Tertiary research objectives include:

Measure Canadians' awareness, knowledge, attitudes and beliefs towards these vaccines, determine reasons for non-vaccination, identify health care providers administering the influenza vaccine (i.e. nurse vs. doctor vs. pharmacist), and identify factors associated with vaccine uptake.

Once again, this year, special attention was paid to parents of children under 5 years to find out the reasons they choose whether or not to vaccinate their children.

## **1.2 Application of results**

The survey results allow PHAC and the Government of Canada to monitor and evaluate vaccination programs during the flu seasons. They also identify factors that influence influenza vaccine uptake and sub-populations with low immunization coverage. This information is important for the development of targeted programs or strategies to improve immunization coverage of unvaccinated and under-vaccinated populations.

## **1.3 Methodology—Quantitative research**

The quantitative research consisted of telephone interviews, which were conducted using a computer-assisted telephone interviewing system (CATI technology).

Data collection for this survey took place between January 21 and February 24, 2019. The national response rate for the survey was 20.1%. The comprehensive distribution of calls is presented in Appendix A. A pre-test of 100 interviews, in both official languages, was conducted between December 3 and 13, 2018. More specifically, 50 interviews were conducted in French and 50 in English. The interviews lasted an average of ten minutes. The interviews were recorded to assess the level of understanding of each issue in the population. Some adjustments were made to the questionnaire as a result of this evaluation. Another test was conducted prior to the full launch of data collection in January to confirm that all changes were properly implemented.

To obtain reliable data for each of the subgroups, we surveyed a total sample of 3,737 Canadian adults in all regions of the country. Only one adult respondent was interviewed per household. The national margin of error for this survey is +/- 1.60%, 19 times out of 20. Among these, 1,000 are parents of children under 5. The margin of error for this survey sample is +/- 3.10%, 19 times out of 20.

To estimate vaccine coverage in children aged 0 to 5 years, it was necessary to oversample parents of children of that age group because a simple random sample of all Canadian adults might not generate a sufficiently large sample of parents for an accurate analysis of young children. To avoid clustering, only one child per dwelling could be surveyed. Based on the previous edition of this survey, we estimated that we would find about 300 parents with children under 5 years of age in the random sample of the general population. Then, we oversampled this subgroup of the population to recruit 700 more in order to reach the PHAC target of 1,000 parents with children under 5 years of age. The additional sample was therefore a way to maximize the proportion of parents participating in the survey.

According to 2016 national census data from Statistics Canada, Leger weighted the results of this survey by age, gender, region, language (mother tongue) and education level. The results were also weighted according to the presence of children under 5 in the household (yes or no), as this question was asked and is important for this study. In addition, the weighting of respondents in the cellular sample only was also controlled to 32.5% after weighting, which corresponds to the latest Canadian Radio-television and Telecommunications Commission (CRTC) assessment of the percentage of Canadian households that do not have a landline.

Leger meets the strictest quantitative research guidelines. The questionnaire was prepared in accordance with the Standards for the Conduct of Government of Canada Public Opinion Research—Series B—Data collection and data tabulation for telephone surveys.

Details on the methodology, information on Leger's quality control mechanisms, the questionnaire, and details on weighting procedures are provided in the appendix.

### **1.3 Notes on the interpretation of the findings**

The opinions and observations expressed in this document do not reflect those of the Public Health Agency of Canada. This report was compiled by Leger based on research conducted specifically for this project. This research is probabilistic; the results can be applied to the general population of Canada. The research was designed with this objective in mind.

#### 1.4 Declaration of political neutrality and contact information

I hereby certify, as chief agent of Leger, that the deliverables are in full compliance with the neutrality requirements of the [Policy on Communications and Federal Identity](#) and the [Directive on the Management of Communications—Appendix C](#) (Appendix C: Mandatory Procedures for Public Opinion Research).

Specifically, the deliverables do not include information on electoral voting intentions, political party preferences, party positions, or the assessment of the performance of a political party or its leaders.

Signed by:

A handwritten signature in blue ink, appearing to read "Christian Bourque".

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