



Public Health  
Agency of Canada

Agence de santé  
publique du Canada

# Seasonal Influenza Vaccination Coverage Survey, 2020–2021

## Executive Summary

Submitted to the Public Health Agency of Canada  
Contract Number 6D034-203851/001/CY

Prepared By: Leger

Ce rapport est également disponible en français.

Contract value: \$122,717.44

Award date: 12/03/2020

Delivery date: 03/03/2021

Registration number: POR 070-20

For more information on this report, please contact [hc.cpab.por-rop.dgcap.sc@canada.ca](mailto:hc.cpab.por-rop.dgcap.sc@canada.ca)

Leger  
507 Place d'Armes, Suite 700  
Montréal, Quebec  
H2Y 2W8  
Telephone: 514-982-2464  
Fax.: 514-987-1960

## Seasonal Influenza Vaccination Coverage Survey, 2020-2021

### Executive Summary

#### Prepared for the Public Health Agency of Canada

Supplier Name: Leger  
March 2021

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 3,032 Canadians between January 6 and February 11, 2021.

Cette publication est aussi disponible en français sous le titre : Enquête sur la couverture vaccinale contre la grippe saisonnière, 2020-2021.

This publication may be reproduced for non-commercial purposes only. Prior written permission must be obtained from Health Canada. For more information on this report, please contact Health Canada at [hc.cpab.por-rop.dgcap.sc@canada.ca](mailto:hc.cpab.por-rop.dgcap.sc@canada.ca) or at:

Health Canada, CPAB  
200 Eglantine Driveway, Tunney's Pasture  
Jeanne Mance Building, AL 1915C  
Ottawa, Ontario K1A 0K9

#### Catalogue Number:

H14-315/2021E-PDF

#### International Standard Book Number (ISBN):

978-0-660-37734-6

#### Related publications (registration number: POR 070-20):

Catalogue Number: H14-315/2021F-PDF (Final Report, French)  
978-0-660-37735-3

# 1. Summary

## 1.1 Background and Objectives

For several years now, PHAC has been conducting a study at the beginning of the year on the uptake 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 was to provide national vaccination coverage estimates for all vaccines recommended for adults: seasonal influenza, pertussis, tetanus, pneumococcal, and shingles vaccines. With the current pandemic context, questions about the COVID-19 vaccine were also added to the survey this year.

Secondary research objectives include:

- Measure Canadians' awareness, knowledge, attitudes, and beliefs towards vaccines,
- Determine reasons for non-vaccination,
- Identify health care providers administering the influenza vaccine (i.e. nurse vs doctor vs. pharmacist),
- Identify factors associated with vaccine uptake,
- Identify potential impact of the COVID-19 pandemic on seasonal influenza vaccine uptake, and
- Measure attitudes toward the COVID-19 vaccination

## 1.2 Application of Results

The results of this study will help the Public Health Agency of Canada (PHAC) identify at-risk populations with lower immunization coverage, identify factors leading to vaccine uptake or refusal, measure the performance of vaccination programs, and design future vaccination programs in Canada. The survey results also allow PHAC to monitor and evaluate vaccination programs during the flu seasons.

## 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 6 and February 11, 2021. The national response rate for the survey was 15.62%. The comprehensive distribution of calls is presented in Appendix A. A pre-test of 45 interviews, in both official languages, was conducted between January 6 and 7, 2021. More specifically, 24 interviews were conducted in French and 21 in English. No changes were made to the questionnaire or the programming following the pre-test, data collection began as planned. The pre-test responses were included in the overall results. The interviews lasted an average of fifteen minutes. The interviews were recorded to assess the level of understanding of each issue in the population.

To obtain reliable data for each of the subgroups, we surveyed a total sample of 3,032 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 +/- 1.78%, 19 times out of 20.

The main target population in this study was Canadian adults aged 18 and older who were making vaccine-related decisions for themselves. As was the case in previous years, the final analysis of the study focused on 3 different target groups:

- adults aged 18 to 64 years with a chronic medical condition
- adults aged 18 to 64 years without a chronic medical condition
- adults aged 65 and over

A proportion of the interviews were conducted with a sample of cell-phone numbers (cell-phone-only household members), in order to provide an adequate and reliable sample of the youth cohort (18 to 34). While the cell-phone sample did not exclusively target the youth cohort, this age group was over-indexed in that target sample. The other interviews were conducted with landline users. 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. Results were also weighted by households with a landline phone and household with cellphones only, according to the latest Canadian Radio-Television and Telecommunications commission (CRTC) data available.

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—Fieldwork and Data Tabulation for Telephone Surveys. Details on the methodology, Leger’s quality control mechanisms, the questionnaire, and the weighting procedures are provided in the appendix.

#### **1.4 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.

## **1.5 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".

Christian Bourque  
Executive Vice President and Associate  
Leger  
507 Place d'Armes, Suite 700  
Montréal, Quebec  
H2Y 2W8  
[cbourque@leger360.com](mailto:cbourque@leger360.com)