



Childhood Vaccination Marketing Campaign Survey 2022

Summary

Prepared for Health Canada

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Canada

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This public opinion research report presents the results of an online survey conducted by EKOS Research Associates Inc. on behalf of Health Canada. The research study was conducted in October 2022 with 1228 Canadians, including 1,035 parents with children 0 to 6 years of age, and 193 individuals who are currently pregnant or planning a pregnancy within the next 12 months.

Cette publication est aussi disponible en français sous le titre Sondage 2022 pour l'élaboration de la campagne de vaccination des enfants.

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SUMMARY

A. BACKGROUND AND OBJECTIVES

Vaccines are a cornerstone of public health and their use has significantly contributed to the prevention and control of infectious diseases in Canada and internationally. However, if the current vaccination rates and/or programs were reduced or stopped, diseases controlled through immunization would re-appear in Canada.

In 2019, the World Health Organization named vaccine hesitancy as one of its top ten threats to global health, stating that it threatens to reverse progress in tackling vaccine-preventable diseases¹. According to Health Canada's 2017 Survey for the Development of the Childhood Vaccination Campaign², vaccine-hesitant parents are typically represented in two key categories: selective vaccinators and vaccine acceptors. Approximately 16-29% of respondents are in the former category as a result of doubts regarding the safety and effectiveness of vaccines³. Further compounding the problem is that a significant proportion of those who accept all vaccines may also harbour concerns about vaccination.

The information gathered from this survey updates the original baseline survey research conducted in 2017, in particular, to examine the impact of the COVID-19 pandemic on attitudes and behaviours regarding routine childhood vaccinations. A study conducted in the fall of 2021 shows that immunization rates have declined since the COVID-19 pandemic, with 23% of children having missed or delayed a routine vaccine (this figure is likely higher due to self-reporting/being unaware of vaccines needed).⁴ This public opinion research will inform the development of the new multi-year Childhood Vaccination marketing strategy to promote the safety, effectiveness and importance of vaccines.

The primary objective is to compare results and identify any changes in parents' and expecting parents' current state of awareness, knowledge, attitudes, beliefs, and behaviours with respect to vaccination. This provides valuable evidence regarding the effectiveness of ongoing public

¹ [WHO, Ten Threats to Global Health in 2019, 2019.](#)

² [Survey for the Development of the Childhood Vaccination Campaign, Findings Report. EKOS Research Associates Inc. 2017-2018.](#)

³ [Survey for the Development of the Childhood Vaccination Campaign, Findings Report. EKOS Research Associates Inc. 2017-2018.](#)

⁴ [Routine Immunizations in Canada Following the COVID-19 Pandemic, Neighbourhood Pharmacy Association of Canada and 19 to Zero.](#)

education campaigns and supports the development of new initiatives to ensure messaging and tactics are relevant and resonate with target audiences.

Specific objectives of the survey are to:

- Re-assess Canadians' level of awareness and knowledge concerning childhood vaccinations compared with 2017 survey results;
- Understand current views and understanding on this topic;
- Identify barriers, gaps in knowledge and misperceptions in this area;
- Examine the impact of the COVID-19 pandemic on attitudes and perceptions about childhood vaccines in particular; and,
- Understand what types of information parents need and where they look for information about childhood vaccination.

As in 2017, the two target audiences for the research and public education campaigns are:

- Parents of children six years of age and under
- Those who are pregnant or planning to become pregnant within the next year.

In addition to exploring results for these two segments, another key objective of the study will be to examine results among parents who are vaccine-hesitant, as well as those who are vaccine confident but may have missed a routine immunization for their child over the course of the COVID-19 pandemic.

B. METHODOLOGY

The survey is comprised of 1228 completed cases, including 1,035 parents with children six years of age and under, and 193 individuals who are currently pregnant or planning a pregnancy within the next 12 months. This randomly recruited probability sample would carry a margin of error of +/-2.80%. The margin of error is 3.05% for parents of children six and under and 7.05% for expecting parents. The sample source is *Probit*, an in-house panel of randomly recruited Canadians. In total, 10% of the sample was collected with a cellphone-only sample and 15% were collected by trained, bilingual interviewers, while the majority were collected through online self-administration.

Probit panellists were selected using a random-digit-dial (RDD) landline-cell phone hybrid sample frame. This is the same sample frame and sampling process used to conduct telephone surveys,

which are considered representative of the population⁵. Once selected, they are contacted and recruited by telephone and asked to complete a basic profile (i.e., base survey instrument) including a range of demographic information about themselves. They are also asked if they would prefer to complete surveys online or by telephone. All sample members are eligible to participate, including those with cell phones only, those with no Internet access and those who simply prefer to respond by telephone rather than online. This panel represents a fully representative sample of Canadians, from which we can draw random samples and collect data in a more cost-conscious and timely manner than would otherwise be possible in a traditional telephone survey. This panel of more than 120,000 individuals can be considered representative of the general public in Canada (meaning that the incidence of a given target population within our panel very closely resembles the public at large), and margins of error can be applied.

Prior to conducting the survey, the instrument was tested with 31 cases (21 completed online, ten completed by telephone, 19 in English and 12 in French). Additional questions were placed on the pretest version of the questionnaire, asking about length, flow, clarity of wording and so on to elicit feedback from respondents. Minimal changes were made as a result of the testing.

The survey was administered between October 4th and 30th, 2022, using a bilingual questionnaire installed on a secure web server controlled by EKOS. The email invitation included a description and purpose of the survey (in both languages) along with a link to the survey website. The survey database was mounted using a Personalized Identification Number (PIN), so only individuals with a PIN were allowed access to the survey (the PIN was included in the email invitation). The questionnaire was prefaced with a brief introduction to the study and rationale for the research. The voluntary and confidential nature of the survey was also emphasized. All invited panel members were informed of their rights under current Privacy legislation, as well as how to obtain a copy of their responses and results of the survey.

In this survey, an initial sample of 24,154 was drawn. Based on the sample attempted minus invalid records (649), out of completed interviews (1228) combined with those found out of scope for the survey (4,184), the response rate was 23%. The average length of the interview was 20 minutes online and 25 minutes by telephone.

Respondents were informed in the invitation that all responses are completely confidential and no responses will be linked to individual names.

⁵ Canadian Internet Use, Statistics Canada.

The database was reviewed following data collection for data quality, outliers, coding requirements, weighting and construction of independent variables. It was used to explore subgroup patterns (e.g., by age, gender and so on) in the analysis. The weighting of the sample was based on population parameters according to the latest Census on region of the country.

C. KEY FINDINGS

Perceptions and Concerns

Trust in recommended childhood vaccinations

Close to four in ten (39%) respondents said they accept all recommended vaccines and have no doubts or concerns about vaccinating their child, although this has fallen from 48% in 2017. One in three (33%) said they accept recommended vaccines. However, they have some minor doubts and concerns about vaccinating their child. 5% accept all recommended vaccines but nonetheless have many doubts and concerns. One in five (19%) said they have refused or delayed getting some vaccines for their children, and another 3% refuse all recommended vaccines. These last two numbers combined have doubled from 12% in 2017 to 22% in 2022.

There is a high level of confidence in the effectiveness of childhood vaccines (88% rate them as effective), and 80% rate them as safe. These results are similar to the 90% and 78%, respectively, found in 2017.

Vaccination decision making

The timing for thinking about their child's vaccination needs is varied suggesting a need for information at all stages. About one in four (27%) respondents started thinking about their child's vaccination needs during pregnancy. Indeed, 48% of expecting parents start thinking about their child's vaccination even before the pregnancy, although only 22% of parents indicated this. One in four (25%) parents started thinking about vaccinations soon after their child's birth, and 21% thought about it at the time when vaccinations were due or over the course of the first checkups. Compared with 2017 results, the timing for thinking about vaccinations seems to have shifted somewhat to an earlier stage in the process.

Trust in remedies for preventing or treating an illness in children

When asked about other remedies for preventing or treating an illness in children, respondents indicated the greatest trust in a healthy lifestyle (86%) followed by antibiotics (79%), and over-

the-counter medications (64%). Trust in over-the-counter medications rose by more than 10% since 2017 (53%). In contrast, respondents indicated lower levels of trust in vitamins and supplements (41%), as well as holistic medicine and homeopathic products (25% and 20%). There is no significant change in trust in these natural remedies since the 2017 survey. Respondents who are hesitant about vaccines indicated lower than average levels of trust in antibiotics (61%), and over the counter medications (44%), but higher than average trust in vitamins and supplements (56%) and holistic medicines (40%).

Reasons for concerns

Respondents with some doubts and concerns about vaccinations pointed to various reasons for their concerns. Roughly four in ten (42%) are concerned about side effects while three in ten (29%) are concerned that vaccines can cause allergic reactions. Three in ten (29%) respondents with some doubts and concerns indicated that vaccines have not been tested enough (doubled from 15% in 2017), or do not trust the pharmaceutical industry (28%). One in five (20%) are concerned about childhood vaccines because they generally do not trust the government. Concerns that vaccines may cause autism has dropped from 10% in 2017 to 4% in 2022.

When asked about the kind of information respondents wanted, just over one in three (37%) said they would like to know about side effects. Just under one in five would like to have answers about effectiveness in preventing the illness (17%), the vaccine schedule or timing of vaccines (15%), or the necessity of vaccines and consequences of not being vaccinated (12%).

Respondents identified a primary question they would like to have answered about vaccines for their child. Just over one in three (37%) said they would like to know about side effects. Just under one in five (17%) would like to have answers about efficacy, the vaccine schedule or timing of vaccines, or the necessity of vaccines and consequences of not being vaccinated.

Influencing statements

Respondents with some doubts and concerns about vaccinations (60%) were asked to consider a series of ten statements in terms of likely influence on vaccination decisions. The three most influencing statements include “Vaccines give best protection from more than a dozen serious diseases” (65%), “Immunization schedule is designed to protect infants/children” (64%), and “There is no cure for most vaccine-preventable diseases” (61%). These results are largely unchanged from 2017.

Just over half of respondents with doubts and concerns said they would be influenced by a “Doctor saying ‘I did it for my own family and kids’” (55%), the statement “Getting my baby vaccinated protects other children” (55%; down slightly from 2017 at 61%), and the statement that “Vaccines are very safe” (55%; not asked in 2017).

Information

Sources of health information

Survey results highlight healthcare professionals as a primary source of information related to their health and their children’s health for most of respondents (86%; similar to 89% in 2017). This decreases among parents who express concerns about the effectiveness of vaccines (73%). Just over half (55%; also similar to 2017) said they turn to the Internet. Other prominent sources include friends or family members (34%; 36% in 2017) and pharmacists (32%; 30% in 2017). Local public health authorities are noted by one in four (24%) respondents (not included in 2017 survey).

Over two in three (69%) place a high degree of trust in Health Canada and the Public Health Agency of Canada for health-related information, down from 76% in 2017. Trust in Health Canada and the Public Health Agency of Canada was significantly lower among respondents with many doubts or who refuse some or all recommended vaccines (23%).

Sources of information on childhood vaccines

When seeking out information specifically about childhood vaccinations, once again, the vast majority of those who looked for information sought guidance from a healthcare provider (84%). The Internet also ranks as a leading source of information, with nearly half (49%; 55% in 2017) saying that they searched online. One-quarter turned to family and friends for advice (24%; 31% in 2017), and less than one in five relied on books (16%; lower than the 24% in 2017) or a pharmacist (14%; 17% in 2017).

Those who went to the Internet said they turned to a variety of websites, most notably government websites (51% of parents and 44% of expecting parents), followed by parenting or pregnancy websites (36% and 33%). One in five (21% of parents and 32% of expecting parents) have turned to online medical websites. Online chat rooms and forums were used by 24% of expecting parents and 11% of parents.

Adequacy of Information about Vaccines

Although 84% of respondents feel they have enough information to make informed decisions, 13% feel they do not (16% in 2017). This rises to three in ten (30%) of respondents with many doubts or who refuse some or all vaccines who feel they do not have enough information. This is most often because they feel there is too much conflicting information about vaccines, followed by a lack of relevant information, inability to find sources for information or inability to find information from trustworthy sources. Concerns about the credibility of sources are more pronounced among those respondents with many doubts or who refuse some or all vaccines.

Issues of interest

When provided with a list of information topics related to childhood vaccinations, nine in 10 respondents were interested in information on the risks of vaccine side effects (92%), vaccination schedules (90%), the severity of vaccine-preventable diseases (88%), and the risks of contracting the actual diseases that childhood vaccines are meant to protect against (88). Eight in ten (80%) also expressed interest in learning how vaccines are tested.

Preferred authority for addressing concerns

In terms of sources that respondents feel they would turn to if they had concerns about vaccinating their children, healthcare professionals are again cited as by far the most preferred, reported by over three in four (77%; 85% in 2017). Over one-quarter (28%; 23% in 2017) would consult a family member, and fewer would confer with another parent (15%) or the government (7%), with very similar results in 2017.

COVID-19 vaccinations

Respondents were asked three different questions about whether they will get their child(ren) vaccinated or are vaccinated against COVID-19. 42% reported that their child(ren) have received two doses of the COVID-19 vaccines. Only 11% report three doses.

On average, and depending on the child's age, approximately one in four indicated they would refuse COVID-19 vaccinations for their children (29% for children under six months; 30% for children six months to under five years; 26% for children five years and older). This is marginally higher than the 22% who said they refuse or delay some or all recommended childhood vaccines. These respondents with no plans to have their child(ren) vaccinated against COVID tend to be younger than 35 and do not have a university degree.

A third (33%) of parents expressed no concern with COVID-19 vaccines for children. Nonetheless, just over one in four (28%) expressed concern about the potential side effects of the vaccine outweighing the benefits, with the next most cited reason being worries about the lack of long-term testing. One in ten (9%) believe healthy children have little to no risk of contracting COVID-19.

Impacts of the COVID-19 Pandemic

By and large, the pandemic has not interrupted most parents' intention for regular vaccinations (80%). Among those reporting a disruption, most (82%) have or intend to catch up with the recommended childhood vaccinations. Among the 9% who are not intending to get caught up with vaccinations, 41% indicated worry about the long-term effects and immediate side effects of the COVID-19 vaccine. Just under seven in ten (69%) said their concern about regular recommended childhood vaccinations is the same as before the pandemic. 12% say they are somewhat more concerned, and 9% say they are more concerned regarding regular recommended childhood vaccinations.

D. NOTE TO READERS

Detailed findings are presented in the sections that follow. Overall results are presented in the main portion of the narrative and are typically supported by graphic or tabular presentation of results. Bulleted text is also used to point out any statistically and substantively significant differences between sub-groups of respondents. If differences are not noted in the report, it can be assumed that they are either not statistically significant⁶ in their variation from the overall result or that the difference was deemed to be substantively too small to be noteworthy. Where there are significant differences between parents of children six or under the age of seven and those who are currently pregnant or planning a pregnancy within the next 12 months (called expecting parents in the report), these differences are described in the main paragraph, chart or in the bulleted text. The programmed survey instrument can be found in Appendix A.

It should be noted that the survey asks a number of questions about behaviours that may have a tendency to exert pressure to respond in a socially desirable way for respondents to under-report their attitudes and behaviours related to vaccine hesitancy⁷. The primary purpose of the survey

⁶ Chi-square and standard t-tests were applied as applicable. Differences noted were significant at the 95% level.

⁷ Ivar Krumpal, "Determinants of Social Desirability Bias in Sensitive Surveys: A Literature Review", *Quality and Quantity*, June 2013, Volume 47, Issue 4, pp. 2025-2047.

is to compare results with those measured in 2017 in terms of awareness, knowledge, attitudes, beliefs, and behaviours. Results for the proportion of respondents in the sample who either said “don’t know” or did not provide a response are not indicated in the graphic representation of the results in all cases, particularly where they are not sizable (e.g., 10% or less). Results may also not total 100% due to rounding.

E. CONTRACT VALUE

The contract value for the POR project is \$112,793.78 (including HST).

Supplier Name: EKOS Research Associates

PWGSC Contract Number: CW2238744

Contract Award Date: August 26, 2022

To obtain more information on this study, please contact Health Canada at: hc.cpab.por-rop.dgcap.sc@canada.ca

F. POLITICAL NEUTRALITY CERTIFICATION

I hereby certify as Senior Officer of EKOS Research Associates Inc. that the deliverables fully comply with the Government of Canada political neutrality requirements outlined in the Communications Policy of the Government of Canada and Procedures for Planning and Contracting Public Opinion Research. Specifically, the deliverables do not include information on electoral voting intentions, political party preferences, standings with the electorate, or ratings of the performance of a political party or its leaders.

Signed by:



Susan Galley (Vice President)