



Public Health
Agency of Canada

Agence de santé
publique du Canada

Seasonal Influenza Vaccination Coverage Survey, 2023-2024

Executive Summary

Submitted to the Public Health Agency of Canada
Contract Number: CW2340342

Prepared By: Leger

Ce rapport est également disponible en français.

Contract value: \$300,000.00

Award date: December 5, 2023

Delivery date: March 28, 2024

Registration number: POR 099-23

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Executive summary

Prepared for the Public Health Agency of Canada

Supplier Name: Leger Marketing Inc.

March 2024

This public opinion research report presents the methodology of a telephone survey conducted by Leger Marketing Inc. on behalf of the Public Health Agency of Canada. The research was conducted with 5,364 Canadians between January 3 and March 5, 2024.

Cette publication est aussi disponible en français sous le titre : Enquête sur la couverture vaccinale contre la grippe saisonnière, 2023-2024.

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Catalogue Number: HP5-244/2024E-PDF

International Standard Book Number (ISBN): 978-0-660-71725-8

Related publications (registration number: POR 099-23):

Catalogue Number: HP5-244/2024F-PDF (Final Report, French)

1. Summary

Leger is pleased to submit this methodological report to the Public Health Agency of Canada (PHAC) 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 to PHAC (contract number CW2340342), awarded December 5, 2023. This contract has a value of \$300,000.00 (including HST).

1.1 Background and Objectives

Influenza usually occurs in the northern hemisphere between November and April. In Canada, an average of 12,200 hospitalizations and 3,500 deaths related to influenza occur each year. The risk of hospitalization is greatest in very young children and elderly persons. The best way to prevent influenza is by getting the influenza vaccine.

The National Advisory Committee on Immunization (NACI) recommends that every year, individuals six months and older receive an influenza vaccine. This is especially true for populations at high risk for influenza-related complications such as those with chronic medical conditions (CMCs), older adults (aged 65 years and older), and young children (aged six to 59 months). Canadian provinces and territories launch their influenza vaccination programs before influenza begins spreading in the community, usually beginning in October and continuing on past December. Vaccination continues to be offered throughout the influenza season, as long as influenza viruses are circulating.

There are two main types of influenza viruses that cause outbreaks and epidemics: influenza A and B. Influenza A and B viruses are further broken down into subtypes and lineages, respectively. Across influenza seasons, different subtypes and/or lineages are in circulation, so experts must create a new influenza vaccine each year. Further, the effectiveness of the vaccine can wear off over time. This is why it is important to get a new influenza vaccine every year. Monitoring influenza vaccine coverage across the country helps PHAC assess how well the general population in Canada are protected from the virus.

Slightly higher than the World Health Organization (WHO) coverage goals of 75%, the Canadian national influenza vaccination coverage goals for seniors aged 65 and older and adults aged 18–64 years with CMCs were set at 80% in 2017 to be reached by 2025. Measuring vaccine coverage against the national goals on a routine basis plays an important role in protecting the health of Canadians for a number of reasons. First, it allows for the monitoring and evaluation of vaccination programs across years, and across different seasons for influenza. Second, it identifies factors influencing influenza vaccine uptake and sub-populations with low vaccine coverage, to support developing targeted

programs for improving vaccine coverage in un- and under-vaccinated populations. Finally, it allows for the fulfillment of various reporting activities, such as performance measurement indicators, monitoring progress towards national vaccination coverage goals, and obligations to international health partners such as the Pan American Health Organization.

This year, with the ongoing circulation of SARS-CoV-2, an emerging threat of concurrent influenza and COVID-19 epidemics is a major concern for public health officials and clinicians. In order to survey people on their attitudes and beliefs toward COVID-19 vaccines, as well as their intent or acceptance of co-administration of the COVID-19 and flu vaccine, the section of COVID-19 vaccine-related questions introduced last year will again be used in the Seasonal Influenza Vaccination Coverage Survey 2023-2024 questionnaire.

In light of the first vaccine for respiratory syncytial virus (RSV) for adults aged 60 and over being approved by Health Canada recently, we have incorporated new questions to gain a better understanding of people's knowledge about the RSV vaccine and their intent to get vaccinated when it becomes accessible. These questions aim to assess awareness regarding this important preventive measure and to gather valuable insights into the public's potential adoption of this vaccination.

The primary objective of the research is to provide national vaccination coverage estimates for the seasonal influenza vaccine. Specifically, the survey will be used to:

- Measure Canadians' awareness, knowledge, attitudes and beliefs towards the seasonal influenza vaccine;
- 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;
- Measure attitudes toward the COVID-19 vaccination and the flu and COVID-19 vaccines co-administration; and
- Assess awareness and vaccination intent regarding the newly approved RSV vaccine.

1.2 Application of Results

The results of this study will help the Public Health Agency of Canada (PHAC) to identify at-risk populations with lower immunization coverage, recognize 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 3 to March 5, 2024. The national response rate for the survey was 10.39 %. The comprehensive distribution of calls is presented in Appendix A. A pre-test of 58 interviews, in both official languages, was conducted between January 3 and 4, 2024. More specifically, 32 interviews were conducted in French and 26 in English. Aside from a minor programming error that has been corrected, no changes were made to the questionnaire or the programming following the pre-test. A second pre-test was conducted to ensure correct programming, and data collection began as planned. Aside from responses that were affected by the programming error, all pre-test responses were included in the overall results. The interviews lasted an average of twenty-one minutes. The interviews were recorded to assess the level of understanding of each question among respondents.

To obtain reliable data for each of the subgroups, we surveyed a total sample of 5,364 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 +/- 1.3%, 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
- adults aged 65 and over
- adults with chronic medical conditions

A proportion of the interviews was 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 2021 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 Finding

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".

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