RSC SRC

EXECUTIVE SUMMARY

Enhancing COVID-19 Vaccine Acceptance in Canada

April 2021

An RSC Policy Briefing

COVID-19 vaccine acceptance (the intent to receive a vaccine[1] i.e. attitude not a behaviour) exists on a continuum ranging from a small minority of people who strongly oppose vaccination, through the heterogeneous 'vaccine-hesitant' or the 'moveable middle' group with varying levels of concern and uncertainty, to the majority who are willing to be vaccinated but may not turn their intention into action. However, vaccine acceptance varies over time as personal decisions may be influenced by many factors. These include (i) knowledge, attitudes, cultural and religious beliefs; (ii) the communication environment including social networks; (iii) the rate of COVID-19 in a community, and (iv) the organization of health and community services and policies. Therefore to engage and empower people to make informed choices about COVID-19 vaccines, we need carefully designed interventions tailored to community needs and concerns that build trust in health authorities and those delivering vaccines, as well as promote acceptance.

The Royal Society of Canada (RSC) Working Group on COVID-19 Vaccine Acceptance has developed a COVID-19 Vaccine Acceptance Framework, inspired by the one prepared by Hasnan and Tan[2] and with the World Health Assembly's Immunization Agenda 2030 goal of leaving no one behind.[3] Given the complexity of factors that influence vaccine acceptance, the Working Group has emphasized four major inter-related factors: People & communities; Health care workers; Accurate and reliable immunization knowledge; the Health care system and public health programs (Figure 1). Each has implications at federal/provincial/territorial/Indigenous levels and are influenced by the four overarching areas of education, infection control, extent of collaborations and communications about COVID-19 disease and COVID-19 immunization.

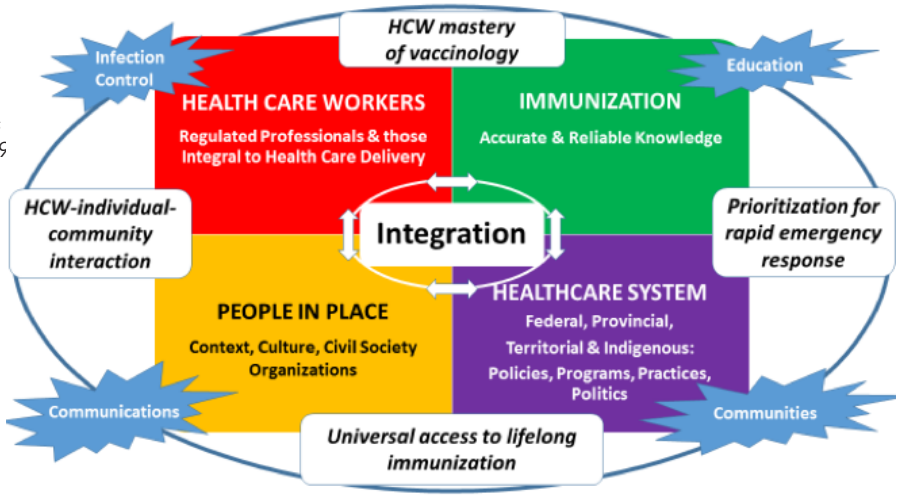

Figure 1. *The Royal Society of Canada Vaccine Acceptance Framework of factors influencing COVID-19 vaccine acceptance*

1 Freemster K. Overview: Special Focus Vaccine acceptance. Human Vaccines & Immunotherapeutics 2013; 9:1752-54

2 Hasnan S, Tan NC. Multi-domain narrative review of vaccine hesitancy in childhood. Vaccine 2021 online March 8

3 https://www.who.int/publications/m/item/immunization-agenda-2030-a-global-strategy-to-leave-no-one-behind

Following their deliberations on this complex issue the RSC COVID-19 Vaccine Acceptance Working Group proposes the following recommendations for each of the four categories noted in Figure 1.category for responsibility. There are 18 ***pressing*** recommendations requiring immediate attention, 8 ***rapid*** recommendations to be addressed in the next 3 to 6 months, and the 17 ***longer term*** ones to be addressed within the next year.

Pressing	Rapid	Longer Term
⏳⏳⏳	⏳⏳	⏳

As these recommendations are inter-related, the more traditional siloed approaches to vaccine acceptance will not be effective. To optimize outcomes it is essential that people and communities,[4] health care workers, healthcare systems and public health programs and Federal/Provincial/Territorial/Indigenous health programs are all engaged to ensure co-development and broad ownership.

Recommendations to support COVID-19 vaccine acceptance

People & Communities: Responsibilities

People and communities must work with the other partners to actively support COVID-19 vaccine acceptance. We, therefore, recommend:

1. That COVID-19 vaccine programs are tailored through active engagement and co-creation by the community to meet local needs.	⏳⏳⏳
2. That each local programme foster development of immunization ambassadors (such as religious leaders, community leaders) who will work with subgroups in the community to increase COVID-19 vaccine acceptance.	⏳⏳⏳ | ⏳⏳
3. That individuals and communities advocate for the immunization needs of underserved communities being prioritized.	⏳⏳
4. That paid time off be provided to all workers to facilitate COVID-19 immunization.	⏳⏳
5. That access to vaccination be facilitated through mobile clinics, transportation to vaccination sites and help provided for booking appointments.	⏳⏳
6. That education initiatives under a National Immunization Framework be co-developed with communities including equity deserving groups.	⏳

Health Care Workers (regulated professionals and those integral to health care delivery)

Health care workers have a shared responsibility to actively support COVID-19 vaccine acceptance themselves, and within their communities. We, therefore, recommended:

4 MacQueen KM, McLellan E, Metzger DS, et al. What is community? An evidence-based definition for participatory public health. *Am J Public Health*. 2001;91(12):1929-1938. doi:10.2105/ajph.91.12.1929

1. That all health care workers have access to education about COVID-19 disease, COVID-19 vaccines and immunization best practices that have been co-developed and tailored to fit their needs.	⏳⏳⏳
2. That all health care workers involved in immunization programs be properly trained in vaccine acceptance, immunization pain mitigation and immunization stress related responses. This includes using appropriate words (see table 4.4.1) and other factors that will ensure a more positive immunization experience, thereby fostering vaccine acceptance.	⏳⏳⏳
3. That health care workers support each other by rapidly getting the COVID-19 vaccine and becoming immunization ambassadors.	⏳⏳⏳ | ⏳⏳
4. That health care workers support each other through the uptake and use of twice-weekly briefing notes/updates (see Federal/Provincial/Territorial/Indigenous Responsibilities below) on current COVID-19 disease and vaccine issues in order to expediate quality responses to patient queries.	⏳⏳

Healthcare Care System & and Public Health: Responsibilities

The healthcare systems and public health programs have a shared responsibility to work collaboratively with other partners, that include health care workers, communities and Federal, Provincial, Territorial, and Indigenous governments, to actively support COVID-19 vaccine acceptance across their jurisdictions. We, therefore, recommend:

1. That the healthcare system and public health COVID-19 vaccine programs support active listening in diverse communities for COVID-19 disease and vaccine acceptance and access issues.	⏳⏳⏳
2. That vaccine acceptance issues among health care workers be addressed using evidence based strategies and that this is continuous quality improvement in the programs.	⏳⏳⏳
3. That real time assessment of the progress on vaccination uptake in populations and diverse subgroups be done and program adjustments made to fill any existing gaps.	⏳⏳⏳
4. That COVID-19 immunization programs implement best infection control practices.	⏳⏳⏳
5. That healthcare systems and public health programs support twice-weekly evidence based briefing notes/updates (see Federal/Provincial/Territorial/Indigenous Responsibilities below).	⏳⏳⏳
6. That the COVID-19 vaccine program optimize data collection systems (see Federal/ Provincial/Territorial/Indigenous Responsibilities below) so that they are user friendly for health care workers, for those doing health planning, and for the public.	⏳⏳⏳
7. That COVID-19 vaccine programs implement appropriate models that strengthen preventive care within the health system (see also Federal/Provincial/Territorial/Indigenous Responsibilities below) even beyond the pandemic.	⏳
8. That health care systems and public health programs foster and support COVID-19 vaccine and more general immunization education.	⏳

9. That healthcare systems and public health programs use COVID-19 vaccine experiences, and lessons learned, to strengthen routine immunization programs.	

Federal/Provincial/Territorial/Indigenous Responsibilities

There Federal, Provincial, Territorial and Indigenous governments have a shared responsibility to work collaboratively with other partners including communities, health care workers, the healthcare systems and public health programs and each other to actively support COVID-19 vaccine acceptance across the country. We, therefore, recommend:

1. That the Federal, Provincial, Territorial, and Indigenous governments ensure immunization equity for both COVID-19 vaccines and all other ones recommended by NACI.	
2. That all jurisdictions support acceptance of COVID-19 vaccines and other vaccines across communities through extensive public engagement with communities.	
3. That, if not covered by the employer, the federal government provide/cover the salary when an individual takes off when to receive a COVID-19 vaccine.	
4. That all jurisdictions develop a strategy to provide evidence based twice-weekly briefing notes for health system and public health programs, health care workers and the media.	
5. That all jurisdictions recognize the importance of clear, concise, country-wide public communication about COVID-19 disease and vaccines. This includes acknowledging and explaining why things may change in light of new knowledge.	
6. That coherence and transparency in communication be fostered across all levels of government and public health in order to support trust and vaccine acceptance using language that is culturally and community appropriate. It should be made clear that messages/advice are based on the best science/evidence available.	
7. That all jurisdictions support the removal of intellectual property protections for manufacturers that interfere with human rights for equitable access to healthcare, including vaccines.	
8. That Federal, Provincial, Territorial, and Indigenous governments work to ensure that all aspects of all parts of the vaccination process, from approval to the vaccination programmes, adhere to fundamentals that engender the development of trust (see Table 3.2.4.2).	
9. That all jurisdictions recognize immunization as a legally enforceable right by publicly recommending vaccinations in public health or equivalent statutes, and remove barriers that inhibit equitable access.	
10. That all jurisdictions put laws in place that support the development and implementation of a National Immunization Framework that includes equitable access to vaccines and immunization education for citizens of all ages, as well as support for immunization research.	
11. That government departments, including departments of Health and Education, work together to optimize immunization acceptance strategies.	

12. That all jurisdictions use the experiences gained during the COVID pandemic to strengthen preventive care country wide.	
13. That the Federal/Provincial/Territorial/Indigenous governments aggressively support upgrading electronic health information systems across country to ensure they are all patient centred and fully integrated.	
14. That the Federal/Provincial/Territorial/Indigenous jurisdictions review the risks of corporatization of immunization.	
15. That the Federal/Provincial/Territorial/Indigenous governments enhance scientific expertise and infrastructure within agencies and programs to better support all programs, including those relating to vaccines.	
16. That lessons learned from the COVID-19 immunization program be applied to improve all immunization programs at all levels of government.	
17. That the Federal and Provincial/Territorial governments agree upon, and statutorily entrench, a common Canadian age of majority.	
18. That jurisdictions implement the no-fault Vaccine Injury Support Program.