



## Position Statement:

# Vaccine Uptake in Canadians with Lung Conditions: A Public Health Priority

## Who We Are

Established in 2018, the [Lung Vaccination Working Group](#) is a national coalition of healthcare organizations, co-chaired by Asthma Canada and Immunize Canada, working collaboratively to raise awareness about the importance of vaccination and to increase rates of immunization among adults affected by respiratory conditions.

## Principle

It is critical to increase rates of vaccination against influenza and pneumococcal disease in Canadian adults with chronic respiratory disease, who are at greater risk for complications and hospitalization from these diseases.

## Background

Since their discovery, vaccines have proven to be one of the most successful and cost-effective public health interventions. In fact, immunization prevents 4-5 million deaths each year around the world.<sup>1</sup>

Influenza and pneumococcal vaccination in adults is a public health priority in Canada, especially for the more than 3.8 million people living with asthma and the 2 million with COPD.<sup>2</sup> In Canada, influenza is responsible for an average of 12,200 hospitalizations and 3,500 deaths each year<sup>3</sup> while influenza and pneumonia were the seventh leading causes of death in Canada in 2019.<sup>4</sup>

Yet, only 70% of adults over the age of 65 and 41% of those 18 to 64 years with a chronic medical condition received the influenza vaccine in 2020-21.<sup>5</sup> Similarly, in 2018-19, 58% of adults over age 65 and 25% of adults 18-64 years of age with a chronic medical condition reported having received the one-time pneumococcal vaccine in adulthood.<sup>6</sup> These numbers clearly fall short of the National Immunization Strategy's national coverage goal of 80% by 2025.

Vaccine coverage goals are based on the importance of protecting Canadians at high risk for infection, disease-related complications or hospitalization. Influenza and pneumonia are also expensive for our healthcare system. According to the Canadian Institute for Health Information (CIHI), bacterial/unspecified pneumonia was the third-most expensive health condition in Canada in 2016-2017, with annual hospital costs of \$505.8 million.<sup>7</sup>

## *Considerations: Barriers to vaccination*

Several factors account for the gap in optimal vaccine coverage. The World Health Organization uses 3Cs<sup>8</sup> to characterize the most common reasons for vaccine hesitancy, which is the delay in acceptance or refusal of vaccines despite their availability. The 3Cs are:

- **Complacency:** Some people think the risk of flu or pneumonia is minor and a vaccine is not necessary
- **Convenience:** Some people find it inconvenient to get vaccines
- **Confidence:** Some people doubt the effectiveness of the vaccine or are concerned about side effects

These are similar to findings to two surveys<sup>9</sup> conducted by the Lung Vaccination Working Group on attitudes toward immunization and barriers to vaccination of Canadian adults with lung disease. Another survey of healthcare professionals examined their practices and needs with regards to influenza and pneumococcal immunization in adults with chronic respiratory conditions.

When discussing barriers to vaccination, healthcare providers identified a lack of patient education, an underestimate of the risk of disease, and the cost associated with non-funded vaccines. Patient respondents cited uncertainty about the safety and effectiveness of the vaccine, and access issues, including not having a family doctor, cost, clinic availability, wait times and inability to visit physical clinic locations.

It is imperative to address these barriers and identify opportunities for improving education and awareness, as well as policy change to ensure access to vaccines. Improving vaccination uptake in adults affected by respiratory conditions will prevent illness, save lives and reduce costs.

## *Recommendations: Looking to the future*

### *For Healthcare Professionals*

- Pneumococcal vaccination and yearly influenza vaccines should be recommended to all eligible patients with chronic respiratory illnesses, by incorporating patient education at clinical visits. Patient education includes:
  - Increasing knowledge of recommended vaccines.
  - Increasing knowledge of vaccine safety and efficacy.
  - Addressing hesitancy and explaining the potential complications of not vaccinating.
- Given that one of the most impactful factors influencing vaccination is contact with a healthcare provider who recommends vaccines, healthcare providers who don't themselves immunize should strongly communicate the need and importance of vaccination and make a referral back to a healthcare professional who vaccinates.

### *For Policy Makers*

- Ensure that pneumococcal and influenza vaccines are covered by public programs for all Canadians living with lung conditions, removing financial burden as a factor in immunization rates.
- Improve equitable access to vaccines by considering new models in administering vaccinations through a variety of community points of care such as the expansion of pop-up clinics, mobile immunization clinics, and vaccines offered in home settings and workplaces.

- Invest in collecting influenza and pneumococcal immunization coverage data for adults with chronic lung disease and expand research to better understand the factors that influence the decision to vaccinate for populations at high-risk for developing complications from pneumococcal and influenza disease.
- Coordinate national communications efforts to ensure consistency in key messaging.

### For Patient Advocacy Groups

- Education campaigns should:
  - Include a clear recommendation to high-risk/chronic lung condition populations to receive recommended vaccinations.
  - Address concerns and misinformation about vaccines and hesitancy, including: benefits of vaccines, particularly for those with chronic respiratory illnesses and risks associated with not vaccinating, and vaccine safety.
- Advocacy campaigns should address:
  - The need for access to currently recommended vaccines.
  - The removal of economic barriers for those with chronic lung conditions.

### For Individuals

- Discuss your individual vaccination needs on a yearly basis, based on your age and underlying conditions, at your healthcare appointments.
- Be aware of your vaccination status and recommended vaccines throughout the life course. Schedule vaccinations when necessary. Maintain accurate records of vaccinations.

## *Conclusion: The Importance of Vaccination for the Lung Community*

Within Canada, vaccine uptake continues to be a significant area of concern, especially when it comes to high-risk populations such as those living with respiratory disease. Canadians with chronic lung conditions are at higher risk of serious effects and complications from preventable illnesses like influenza and pneumonia, which is why vaccination awareness and uptake are especially important and a public health priority.

## *References*

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- <sup>1</sup> World Health Organization (2019). [Immunization](#).
  - <sup>2</sup> Public Health Agency of Canada (2018). [Report from the Canadian Chronic Disease Surveillance System: Asthma and Chronic Obstructive Pulmonary Disease \(COPD\) in Canada, 2018](#).
  - <sup>3</sup> Schanzer, DL, Sevenhuysen, C, Winchester, B, and Mersereau, T. (2013). [Estimating influenza deaths in Canada, 1992-2009](#).
  - <sup>4</sup> Statistics Canada (2020). [Leading causes of death, total population, by age group](#).
  - <sup>5</sup> Public Health Agency of Canada (2021). [Seasonal Influenza Vaccination Coverage in Canada, 2020-21](#).
  - <sup>6</sup> Public Health Agency of Canada (2019). [Vaccine Uptake in Canadian Adults 2019](#).
  - <sup>7</sup> Canadian Institute for Health Information (2019). [Which health conditions were the most expensive in 2016-17?](#)
  - <sup>8</sup> World Health Organization (2014). [Report of the Sage Working Group on Vaccine Hesitancy](#).
  - <sup>9</sup> Bucci, L., Foran, V., Surace, G., Waserman, S. (2021). [Optimizing Vaccination Rates for Canadians with Lung Disease](#).