International Federation on Ageing

Vaccines 4 Life

Policy Matters:
Activating Policy Levers to Increase Prioritization of Adult Immunization

Policy Brief – Canada

Contents

Background

According to a recent census, Canada's population exceeds 41 million people.[1] Canada is experiencing a significant demographic shift, marked by a rapidly ageing population that is reshaping healthcare needs and priorities. As of 2024, 18.9% of Canadians are aged 65 years and older, a proportion expected to rise to nearly one-quarter of the population by 2040.[(1)(2)] This demographic transition coincides with increased life expectancy, which now stands at 83.02 years, underscoring the extended duration during which many older Canadians will live with complex health needs.[3]

Chronic diseases, particularly non-communicable diseases (NCDs) such as cancer, cardiovascular disease, diabetes, and chronic respiratory conditions, represent the leading causes of mortality and disability in this age group across Canada. Currently, 73% of seniors report having at least one chronic condition, contributing to elevated risks of hospitalization, functional decline, and death.[4]

The implications of this ageing trend extend beyond individual health outcomes to the sustainability of Canada's publicly funded healthcare system.

Across Canada, healthcare costs are expected to rise by an estimated $93 billion over the next decade due to population ageing, alone.[5] These factors combine to place a growing burden on Canada's health infrastructure and necessitate targeted, cost-effective preventive strategies to protect the health and wellbeing of older adults, with immunization standing as one of the most effective and immediate interventions available.

Impact of Influenza Infections in Canada

Influenza continues to pose a significant and ongoing threat to older Canadians, particularly those with chronic health conditions. In 2022, influenza and pneumonia combined, were the 8th leading cause of death in Canada.[6] During the 2023–2024 influenza season, adults aged 65 years and older accounted for the majority of influenza-related hospitalizations (45%) and deaths (71%).[7] However, during severe influenza seasons, these proportions can rise to as high as 70% of hospitalizations and 90% of deaths among older adults.[7] Annually, seasonal influenza was responsible for approximately 12,200 hospitalizations and 3,500 deaths in Canada.[(8)(9)]

The risk of influenza-related hospitalization and death increases significantly with age, especially among those over 65 or individuals with underlying health conditions such as heart disease, diabetes, cancer, or respiratory infections.[10] Seasonal influenza cases continue to rise across Canada, with individuals aged 65 years and older adults representing the highest proportion of reported infections.[11] Following several years of disrupted viral circulation patterns during the COVID-19 pandemic, influenza activity has rebounded and is approaching levels observed prior to 2020. While the timing and intensity of recent flu seasons have varied, current trends suggest a gradual return toward more typical pre-pandemic circulation patterns, even if they have not yet fully stabilized.[12]

During the 2023-2024 flu season, 73% of older Canadians were vaccinated against influenza, falling short of the 80% targe[13], though limitations in survey-based coverage data and provincial registry reports suggest actual uptake among adults may be substantially lower than reported.

Beyond mortality, the morbidity associated with influenza is considerable. Hospitalizations due to influenza are not only costly but are associated with long-term functional decline, especially in frail older adults. Evidence shows that even when influenza is successfully treated, many older adults

experience lasting disability, which can lead to permanent transitions into long-term care (LTC).[14] These outcomes reinforce the importance of preventive measures such as vaccination in preserving functional independence, reducing unnecessary healthcare utilization, and maintaining quality of life in older populations.

The consequences of under-vaccination are not only clinical but economic: a recent study examining the value of adult immunization in Canada estimated that existing vaccines for influenza and other diseases already generate $2.5 billion annually in healthcare and productivity benefits.[15] A modest 10% increase in vaccine uptake could yield an additional $685 million in savings each year.[15] Conversely, further declines in vaccine uptake will be a substantial cost to Canadian health care systems and more broadly, society. This highlights the substantial return on investment that adult vaccination programs can offer, particularly in the context of an ageing population.

Nonetheless, systemic challenges continue to undermine vaccine confidence and coverage across Canada. Many older adults report not receiving information about vaccines from their healthcare providers, while others remain unaware of the vaccine's availability or potential benefits.[16] Cultural, linguistic, and socioeconomic barriers also contribute to disparities in uptake across the nation, with immigrants and individuals living in rural areas disproportionately affected.[16] These gaps point to the urgent need for a more coordinated and inclusive national vaccination strategy that reflects the diverse realities of Canada's older population.

The Role of NITAGs in Delivering Evidence-Based Recommendations

National Immunization Technical Advisory Groups (NITAGs) play a crucial role in providing evidence-based recommendations to policymakers and immunization program managers. A key component of a successful national immunization framework is the effective functioning and integration of NITAGs. In Canada, the National Advisory Committee on Immunization (NACI) fulfills this role, offering expert guidance based on epidemiological evidence, vaccine efficacy, and safety data.[17] However, Canada's federal structure results in uneven adoption of NACI recommendations, with provinces and territories exercising significant autonomy over immunization programs.

NACI recommends age-appropriate influenza vaccines on an annual basis, to all individuals aged 6 months and older.[17] This is especially important for those at higher risk of complications, including adults aged 65 years and older, individuals suffering from chronic conditions, and healthcare workers. For adults aged 65 years and older, NACI preferentially recommends high-dose, adjuvanted, or recombinant influenza vaccines due to their improved effectiveness, noting that the high-dose formulation has the most substantial body of supporting evidence, followed by adjuvanted and then recombinant vaccines.[17]

A review of NITAGs in 34 countries found that NACI demonstrates a high level of transparency, routinely publishing its recommendations, meeting minutes, and agenda plans on official government websites.[16] While NACI includes representation from the geriatric's specialty, pediatricians remain more prominently represented among its core members.[18]

Although NACI is recognized as a highly effective advisory body, enhancing the diversity of its membership, particularly by increasing representation from a broader range of medical specialties, there is a significant need for more comprehensive, life-course approach to immunization.[18]

National Immunization Programs Recommendations and Influenza Vaccine Policies

In Canada publicly funded seasonal influenza vaccines are at the discretion of individual provinces and territories. Which influenza vaccine is available in a specific province or territory is determined by that respective provincial or territorial government. Provinces and territories determine which vaccines to include in their publicly funded programs based on local needs, while the Federal Government coordinates national procurement on their behalf through Public Services and Procurement Canada (PSPC).[19]

At a federal level, individuals are eligible for the free influenza vaccine if they are part of a publicly funded group. This generally includes individuals aged 65 years and older, residents of LTC and chronic care facilities, people with certain chronic health conditions (such as heart or lung disease, diabetes, or immunosuppressed), or healthcare workers amongst others.[20]

However, variations across provinces and territories, including access and out-of-pocket costs for vaccines, are significant barriers to the uptake of adult vaccination[21] (see Appendix A for more details). As new vaccines enter the Canadian market, the number of NACI-recommended vaccines for older adults is expected to grow. Yet, because program funding and vaccine delivery are primarily determined at the provinces and territorial level, access to recommended vaccines can vary widely, depending on where an individual lives.[(22) (21)]

Examining Policy Gaps in the Implementation of NITAG Recommendations

The 2024 Chief Public Health Officer's Report on the State of Public Health in Canada reaffirms that persistent fragmentation across provincial and territorial immunization programs undermines equitable access to vaccines nationwide. Differences in how existing and newly approved vaccines are adopted into public programs create inconsistencies in timing, access, and uptake.[22] This variability constitutes various structural barriers and impacts (Figure 1), limiting the effectiveness of national guidance and contributing to significant gaps in protection, especially for vulnerable populations, including older adults.[22]

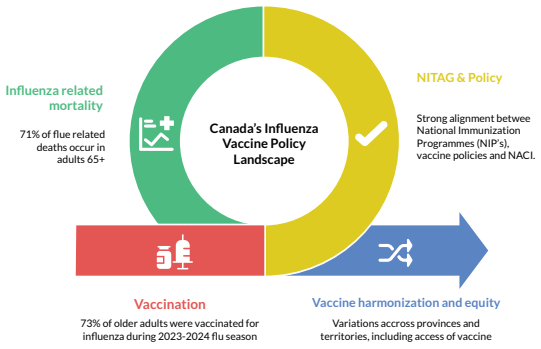

Figure 1: Influenza Policy Landscape across Canada

Yet, amidst these challenges, Canada offers an instructive example of how strong alignment between scientific guidance and policy mechanisms can create a foundation for equity. NACI plays a central role in shaping vaccine policy, with its evidence-based recommendations directly informing national immunization programming. The NIP incorporates NACI's recommendations for older adults directly, as outlined in Table 1.

Table 1: Alignment between NACI recommendations and NIP

Source	Target Group	Influenza Vaccination Recommendations
National Advisory Committee on Immunization (NACI)	Older Adults (aged 65 and over)	• IV-Adj • IIV-SD • IIV-HD • IIV-cc • RIV
	At-risk adults	• IIV • RIV
National Immunization Program and National Vaccine Policies (NIP)	Older Adults (aged 65 and over)	• IV-Adj • IIV-SD • IIV-HD • IIV-cc • RIV
	At-risk adults	• IIV • RIV

Abbreviations (17):

- IIV-Adj: adjuvanted inactivated influenza vaccine
- IIV-cc: mammalian cell culture based inactivated influenza vaccine
- IIV-HD: high-dose inactivated influenza vaccine
- IIV-SD: standard-dose inactivated influenza vaccine
- RIV: recombinant influenza vaccine

**Slight differences in vaccine eligibility between provinces and territories across Canada.*

***The NIP closely follows NACI recommendations, providing added specificity regarding certain vaccine types and strains.*

Despite the presence of centralized technical guidance, including evidence-based recommendations from NACI, significant equity gaps in adult immunization persist across Canada. Provinces and territories continue to diverge in how and when they implement NACI guidance, resulting in inconsistent access to recommended vaccines. The lack of vaccine harmonization reflects a broader policy disconnect. While Canada's national immunization strategy emphasizes scientific rigor, it does not currently prioritize cross-jurisdictional alignment. The absence of a coordinated

framework hinders equitable implementation, particularly for high-risk populations such as older adults. Evidence shows that demographic and healthcare cost data can play a key role in building political will by linking vaccine decisions directly to the sustainability of the health system.[23]

Yet technical recommendations alone are insufficient to drive consistent and equitable uptake. Structural issues persist across the immunization landscape. Adult vaccination is frequently deprioritized due to constrained public health budgets, a historical focus on pediatric vaccines, and political dynamics that favour childhood immunization programs.

Call to Action: Activating Policy Levers to Increase the Prioritization of Adult Immunization

To effectively protect the health of Canadians across all age groups, Canada's immunization programs must evolve to the demographic shift of an ageing population. While initially developed to reduce child mortality, these programs now represent a vital platform for addressing immunity gaps throughout the life course, especially as Canada's population ages and the burden of VPDs among older adults grows.

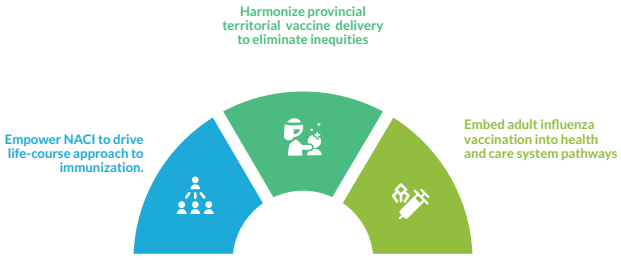

Figure 2: Policy Recommendations and Calls to Action

However, as outlined in this brief, the benefits of adult immunization are not reaching all Canadians equally. To address ongoing challenges and ensure that all Canadians, regardless of geography or socioeconomic status, are protected - coordinated policy action is needed. This includes empowering NACI to lead a life-course immunization strategy, harmonizing vaccine delivery across jurisdictions, and embedding adult immunization into routine health and care pathways (see Figure 2).

Policy Action 1: Empower NACI to drive life-course approach to immunization

While NACI currently provides clear guidance on vaccines, including preferential recommendations for high-dose and adjuvanted influenza vaccines for older adults, its ability to influence implementation is constrained by the decentralized structure of Canada's healthcare system. To ensure alignment between scientific recommendations and on-the-ground action, NACI's operational mandate requires expansion.

Further complicating the policy environment is the limited representation of geriatric expertise within NACI. This gap in perspective can restrict the ability to assess and prioritize the specific needs of older populations. Additionally, many advisory processes in Canada tend to evaluate vaccines in isolation, rather than considering how multiple immunizations interact within a comprehensive, programmatic strategy. This fragmented approach can foster competition between age cohorts and disease areas, rather than promoting an integrated life-course immunization model.

Addressing these gaps will require increasing the committee's capacity to incorporate greater representation from geriatrics and other relevant specialties, alongside mechanisms to ensure consistency in how provinces and territories adopt and apply NACI guidance.

Policy Action 2: Harmonize provincial and territorial vaccine delivery to eliminate inequities

Canada's immunization framework is weakened by inconsistent vaccine access and delivery systems across provinces and territories, creating major disparities in adult uptake, especially among older adults in long-term care, rural, and under-resourced communities. A harmonized national approach is urgently needed to bridge these gaps, including a coordination mechanism to ensure consistent adoption of NACI recommendations.

The introduction of multiple influenza vaccine formulations adds urgency for coordinated policy action. Without harmonized delivery systems, shared funding models, and a clear national strategy, regional inequities will only deepen. Centralized guidance must be matched with structural reforms that enable uniform, equitable implementation nationwide.

Developing shared funding and delivery standards would guarantee equal access to publicly funded vaccines, while a pan-Canadian monitoring system would strengthen accountability by tracking coverage across regions, age groups, and risk categories. Without such harmonization, Canada's strong scientific foundation will remain undermined by systemic fragmentation that limits the reach and impact of immunization programs.

Policy Action 3: Embed adult influenza vaccination into health and care system pathways

Older adults remain disproportionately under-vaccinated despite facing greater risks of severe illness and complications from influenza. This coverage gap is due, in part, to the lack of integration of vaccination into routine health and social care. Influenza vaccination should be embedded in chronic disease management protocols and routine wellness assessments. Long-term care homes must also adopt clear immunization standards to ensure consistent, timely vaccine delivery to residents.

Healthcare professionals, particularly nurses and pharmacists play a critical role in trust-building and vaccine administration and must be supported with training and resources to identify and vaccinate eligible adults during regular health encounters.

By reframing vaccination as a core component of healthy ageing, rather than a seasonal intervention, Canada can reduce avoidable hospitalizations, preserve functional independence, and maintain quality of life for older adults.

Conclusion

Canada stands at a pivotal moment. With its ageing population and increasing healthcare demands, it must act decisively to elevate adult immunization as a national health and policy priority. Strengthening NACI's leadership and integrating a life-course perspective into its mandate will ensure recommendations are tailored to the needs of older adults. At the same time, harmonizing vaccine access and delivery across provinces and territories will eliminate longstanding inequities that prevent many Canadians from receiving timely protection. Finally, embedding adult vaccination into health, social, and care pathways will solidify its role as a fundamental pillar of healthy ageing. Through bold, coordinated, and inclusive policy action, Canada can build a more resilient and equitable immunization system, one that protects its ageing population and sets a global benchmark for life-course immunization.

Appendices

Appendix A: Publicly Funded Seasonal Influenza Vaccines in Canada 2024-2025 (General Population)

Province or Territory	BC	AB	SK	MB	ON	QC	NB	NS	PE	NL	NT	YK	NU
Vaccine Types Available for the 2024-2025 Influenza Season													
Quadrivalent (egg-based) (4-strain)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Quadrivalent (non-egg-based) (4-strain)		✓			✓		✓	✓					
High-Dose Quadrivalent (4- strain)		✓	✓	✓	✓		✓	✓	✓	✓	✓	✓	✓
Adjuvanted Trivalent (3-strain)	✓				✓	✓	✓	✓		✓			
Live Attenuated – Quadrivalent (nasal spray) (4-strain)	✓					✓	✓		✓		✓	✓	
Vaccine types not available for the 2024-2025 influenza season: • Quadrivalent Recombinant (4-strain)													

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