

## **Developing and implementing vaccine recommendations in Canada during the COVID-19 pandemic: lessons to support transparency in decision-making and public trust**

CAIRE Research Sponsor Advisory Board Meeting (hybrid) – Fall 2022 (November 30, 2022)

### **Meeting summary**

The overall goal of this meeting was to discuss how vaccination recommendations were developed and implemented across Canada during the COVID-19 pandemic, including how provinces and territories (PT) balanced the guidance provided by the National Advisory Committee on Immunization (NACI) with local considerations while implementing their COVID-19 vaccination programs. Lessons learned during the roll-out of COVID-19 vaccination programs were shared, such as how to enhance transparency in decision making, support public confidence in vaccines, and ensure rapid research and evaluation can inform public health recommendations and policy making. Attendees discussed the role of federalism in PT decision-making and case examples of special populations, namely pregnant and breastfeeding people, were presented.

A key lesson learned was that NACI and public health leaders needed to be adaptive and to look to other federated countries, like Australia, and learn from their experiences. However, NACI's ability to quickly review and synthesize information to make recommendations was substantially improved throughout the COVID-19 pandemic, relative to past public health responses. While accelerated timelines for review were necessary to ensure safe and effective vaccines could be quickly delivered to the population and roll-out adapted in response to emerging evidence, this required a frenetic pace from NACI's volunteer members.

However, there were differences in acceptability across the country, including differences in the uptake of NACI's guidelines across PTs, as well as differences in public acceptance and trust of PT guidance and COVID-19 vaccines, more generally. These differences were evident in a comparison of case studies examining COVID-19 vaccine roll-out approaches taken in four diverse province were presented (Nova Scotia, Ontario, Saskatchewan, and British Columbia). Among the key findings was that differences in PT strategies and goals (i.e. speed versus coverage) influenced roll-out priorities and policies. Additionally, it was observed that more centralized campaigns led to fewer barriers to vaccination; however, several aspects related to vaccine acceptance and barriers, which might have influenced PT differences in vaccine uptake, were not examined.

In addition to PT-level differences in vaccine roll-out, specific populations also had unique concerns related to COVID-19 vaccines which may have impacted trust and uptake. For example, among pregnant and breastfeeding people, the potential for negative impacts on babies were compounded by concerns and confusion related to COVID-19 variants and changing vaccination policies and recommendations. This case study raised the issue of how to effectively communicate changing evidence and inconsistencies across jurisdictions without negatively impacting vaccine uptake, public trust, or contributing to dis/misinformation.

In contrast, the delivery of COVID-19 vaccines to First Nations communities in Ontario was highlighted as an example of an effective partnership between PT decision makers and communities. While the goals of the vaccination program were under the purview of First Nations partners, PT partners oversaw logistics to support their goal. This effective partnership and centralized planning supported First Nations communities in achieving high vaccination rates, even in geographically remote communities.

In all, many strengths and limitations were noted regarding Canada's varied PT COVID-19 vaccination approaches – as well as the role and ability of NACI to inform these programs, including a lack of harmonized vaccination recommendations, difficulties regarding the approval of multiple vaccines and limited domestic production facilities, best approaches for supporting equitable roll-out via federal vaccine funding and delivery schemes, and a lack of a cross-jurisdictional vaccination registry. While lessons may be gleaned from the experiences of comparable federated nations, such as Australia, Canadian-specific lessons will be crucial to informing the success of, and public trust in, future vaccination programs.