

**Report to
Rapport au:**

**Ottawa Board of Health
Conseil de santé d'Ottawa
16 September 2024 / 16 septembre 2024**

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**Submitted by
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Ward: CITY WIDE / À L'ÉCHELLE DE LA VILLE File Number: ACS2024-OPH-EHI-0003

SUBJECT: Update of Ottawa Public Health's 2024-2025 Immunization Plan

OBJET: Mise à jour du plan de vaccination 2024-2025 de Santé Publique Ottawa

REPORT RECOMMENDATION

That the Board of Health for the City of Ottawa receive, for information, the 2024-2025 Immunization Plan, as outlined in this report.

RECOMMANDATIONS DU RAPPORT

Que le Conseil de santé de la Ville d'Ottawa reçoive, à titre d'information, le Plan d'immunisation 2024-2025, tel qu'il est décrit dans le présent rapport.

BACKGROUND:

Immunizations protect individuals and communities from infectious diseases and limit the spread of vaccine preventable illness. Ottawa Public Health (OPH) has a long-standing commitment to delivering and supporting vaccine programs to ensure the well-being of our community.

The COVID – 19 pandemic, school closures and reduced access to primary care services have resulted in a decline in vaccine coverage, especially among younger children and adolescents in Ottawa. Immunization remains a key priority for OPH. In response to a rise in infectious diseases and vaccine- preventable illnesses, OPH has proactively expanded its immunization services. These services focus on increasing vaccine rates and preventing missed opportunities for cancer prevention. OPH's immunization programs are designed to close gaps in vaccine coverage, improve access to vaccines, and protect people most susceptible to severe illness.

The OPH Immunization strategy report, presented to the Board of Health [September 2022](#), covered vaccines for influenza, COVID-19, MPOX and school-based immunizations. In [September 2023](#) the report focused on the OPH Respiratory Season Preparedness Plan, emphasizing the importance of immunization distribution and delivery for COVID-19, influenza and RSV vaccines. The [June 2024](#), report highlighted an increase in infectious and vaccine-preventable disease and the challenges in managing these reportable infections.

Building on the successes of past programs, this report outlines how OPH's immunization services continue to protect against vaccine-preventable diseases in our community. As OPH focuses on its “core” immunization operations, this report provides information on our fall respiratory virus immunization program, our school-based immunization program delivery, and the ongoing surveillance and catch-up initiatives for routine childhood immunizations.

Finally, this report will demonstrate how OPH has adapted immunization services to increase vaccine coverage rates and how ongoing partnerships with health care partners, such as primary care, are critical to strengthening access to vaccines across our community.

The content of this report reflects the information available as of September 4, 2024.

DISCUSSION**Respiratory Virus Season Immunizations**

This fall, we expect that influenza, COVID-19, and respiratory syncytial virus (RSV) will circulate simultaneously. The main goal of our fall respiratory virus immunization program will be to protect against infections and complications by promoting vaccination uptake using a variety of communication channels and ensuring that these vaccines are widely available to our community through pharmacy and primary care partners. OPH will prioritize providing respiratory vaccinations for equity-denied populations by collaborating with community partners to ensure access for individuals who face barriers.

COVID-19: COVID-19 vaccines significantly reduce serious illness and deaths¹. All individuals 6 months of age and older in the province are eligible for a Health Canada authorized COVID-19 vaccine². OPH began its COVID-19 immunization program in December 2020 as one of the main providers of COVID-19 vaccines. Since then, immunization services have expanded in Ontario, and as of March 2021, COVID-19 vaccinations have been available through pharmacies across the province. The addition of pharmacy services has allowed us to focus our efforts on improving vaccine access and vaccine uptake among Indigenous, racialized, and marginalized populations.

In accordance with guidance from the Ministry of Health (MOH), OPH participated in the 2023 fall COVID-19 vaccine campaign. This campaign, which began on September 13, 2023, followed recommendations to provide individuals 6 months and older who had been previously vaccinated or starting vaccination for the first time, with the new COVID-19 vaccine formulation (XBB.1.5). OPH administered 70,874 doses through various service delivery options, including community immunization clinics, Neighbourhood Health, and Wellness Hubs (NHWH), and targeted school clinics. Additionally, during the Spring 2024 high-risk COVID-19 vaccine campaign, (April 1 to June 30, 2024) OPH administered 4,402 doses to individuals at increased risk of severe illness.

OPH continues to promote more supports that would enable primary care providers to administer COVID-19 vaccinations. Over the past year, OPH distributed COVID vaccine to fewer than 20 health care providers in our region, representing about 2.3% of total COVID-19 doses administered in our area. Low participation rates are partially attributed to the requirement for documentation in the provincial COVaxON system.

This fall a new formulation of COVID-19 vaccine is expected, offering greater protection against current circulating strains compared to earlier versions. As part of the authorization process, Health Canada has removed previous COVID-19 vaccines from the market, making them unavailable as of September 1, 2024. We anticipate a new

formulation will be available in October and we will inform residents through various communication channels when the vaccine is available.

INFLUENZA: The Universal Influenza Immunization Program (UIIP) supports influenza vaccination for individuals 6 months of age or older who live, work, or attend school in Ontario. In Ottawa, multiple points of access are available to receive the influenza vaccine including pharmacy, other community health care providers, LTC/RHs and OPH.

As a participant in the 2023-24 UIIP season, OPH focused on immunizing specific groups, including people without OHIP coverage, individuals experiencing barriers to vaccine access, and children under 2 years of age and their families. OPH administered vaccine at community clinics, NHHs, targeted school clinics, congregate living settings and in-home settings. With additional resources for COVID-19 vaccination administration, OPH was able to co-administer COVID-19 and influenza vaccines at more locations than usual. As a result, OPH administered 31,130 doses, the highest number in any season and more than double the amount administered during the 2022-2023 respiratory season.

OPH also distributes influenza vaccines to community health care providers (excluding pharmacies). Last season, there was a notable decline in uptake of influenza doses from community providers (162,745 doses distributed vs. 283,744 in 2022-23). Surveys conducted after influenza season showed 42% coverage for influenza among adults aged 18-64 (consistent with previous years) and 86% coverage among adults 65 years of age or older (higher than in previous years).³

This fall, with the return to base funding, OPH will offer co-administration of respiratory vaccines focusing delivery to people without OHIP, people experiencing barriers to access, and children under 2 years of age and their families in our community clinics and NHHs. In addition, we will encourage pharmacies to offer simultaneous administration of COVID-19 and influenza vaccines when possible.

RESPIRATORY SYNCYTIAL VIRUS: RSV is a viral infection that affects the respiratory system, posing a significant risk to very young children and older adults. Last year, Ontario launched its first publicly funded RSV program for high-risk adults. OPH participated in this program and distributed 7,776 doses to community health care providers and assisted 20 retirement homes in the Ottawa area with onsite immunization clinics.

This year, the Government of Ontario announced an expansion of the RSV program. In addition to targeting older adults in high-risk settings and individuals with specific health conditions, the program will include all infants born in 2024, high risk children up to 24 months old and pregnant individuals³. OPH will participate by offering RSV vaccine services to retirement homes who require our support and will collaborate with community partners to immunize other high-risk older adults, including Indigenous community members, people experiencing homelessness, and pregnant individuals without OHIP. The administration of infant RSV immunizations will require multiple channels to reach eligible populations effectively. We expect local hospitals – including the Children’s Hospital of Eastern Ontario (CHEO) and primary care to play a key role in providing RSV vaccines, with OPH assisting by offering vaccinations to infants who might otherwise lack access.

Routine Vaccination

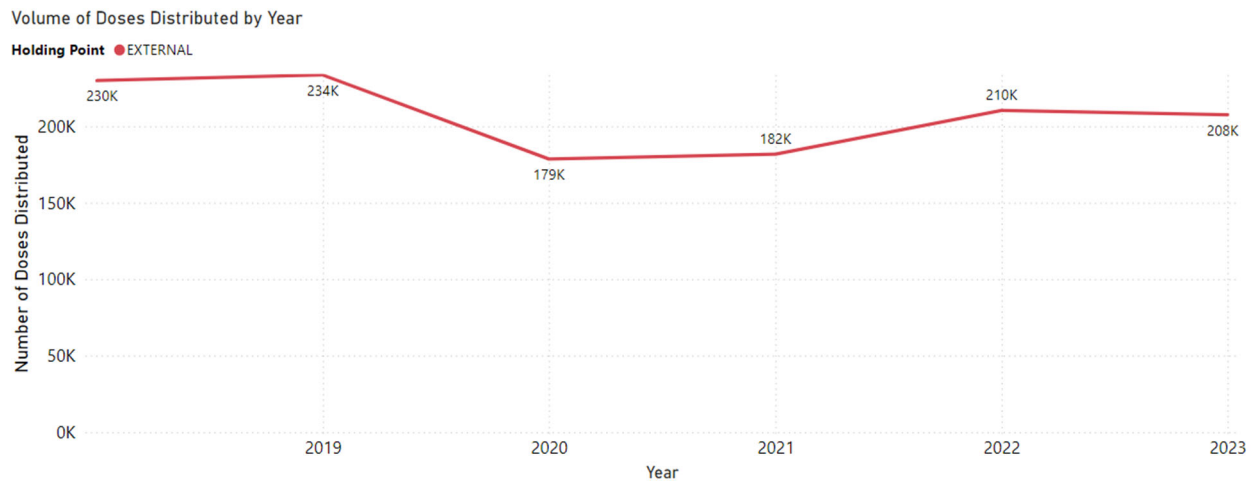
Routine childhood vaccination is life-saving and cost-effective. Routine immunizations are essential for preventing serious disease and death, sustaining elimination of contagious diseases in the population, and reducing health care costs. In Ontario, routine immunizations are primarily provided through primary care clinics, however, reduced access to primary care and the COVID-19 pandemic has resulted in declines in immunization coverage⁴.

Without an immunization registry, estimating vaccination coverage in Ottawa is complex. In addition to the current immunization records system, OPH uses vaccine distribution data to estimate vaccination coverage. The data indicates that while distribution levels have improved, they have not returned to pre-pandemic levels (Figure 1). This suggests that gaps in immunization coverage continue and may widen without further intervention.

³ Ontario’s publicly funded RSV prevention program is targeted for high-risk individuals and settings. The program includes individuals who are 60 years and older and who are also: Residents of long-term care homes, Elder Care Lodges, or retirement homes. Patients in hospital receiving alternate level of care (ALC) including similar settings (e.g., complex continuing care, hospital transitional programs). Patients receiving hemodialysis or peritoneal dialysis. Recipients of solid organ or hematopoietic stem cell transplants. Individuals experiencing homelessness. Individuals who identify as First Nations, Inuit, or Métis.

Figure 1.

Doses of routine childhood vaccines distributed by OPH to community healthcare providers in Ottawa



Note.

1. Data source: Panorama, Ontario Ministry of Health, extracted by OPH on August 6, 2024

To address gaps, OPH implemented immunization catch-up clinics at selected schools. In collaboration with our local school boards, OPH offered vaccination services, focusing on schools with a higher number of students overdue for vaccinations in neighbourhoods with lower socioeconomic advantage. In 2023, clinics were held from April to June at 26 schools across 20 neighbourhoods, with 961 vaccine doses administered. An evaluation revealed that these targeted school clinics effectively reached equity-denied residents, including newcomers, people with lower socioeconomic advantage, and people facing barriers to accessing health care providers. Immunization rates improved significantly more among students in schools with catch-up clinics than in those without. In 2024, OPH expanded the program, again prioritizing schools with low vaccination rates and lower socioeconomic advantage. A total of 3,329 vaccine doses were administered across 70 clinic locations.

In partnership with the Kids Come First (KCF) Health Team and other local and regional partners, OPH has expanded access to routine childhood vaccines for families facing barriers to accessing immunization services. Immunization services are available through a centralized online booking platform and on a drop-in basis NHHs across Ottawa. With support from this partnership, OPH was able to provide 24,968 vaccine doses between April 1, 2023, and March 31, 2024.

In May 2024, OPH introduced a “virtual” immunization hub to enhance its in-person immunization services. A dedicated phone line was established to provide parents and

families with timely, personalized responses to vaccination inquiries. The virtual hub is specifically designed to make immunization services more accessible to people who face challenges accessing in person clinics, such as people with mobility, transportation, or scheduling limitations. By offering phone consultations and follow-up support, this service helps ensure that more people can access immunization services regardless of their circumstances.

In the coming year, OPH, in partnership with KCF, will continue to provide routine childhood vaccinations at community clinics and NHHs. OPH will collect, analyse, and use sociodemographic data (SDD) to improve outreach, and ensure equitable access to immunizations. Additionally, OPH will collaborate with health care professionals through the physician and nurse practitioner engagement team. This collaboration will include sharing expertise, support and resources through public health alerts, the Physicians' Update newsletter, the OPH website, and a dedicated phone line where practitioners can speak with a nurse about their vaccine related questions. These efforts aim to support primary care services in our community to position them to better provide immunization services for their patients.

Surveillance Program

A key function of local public health units is to assess, record, and report on the immunization status of children in daycares and schools. Ensuring that children have up-to-date records is pivotal to the detection and identification of children susceptible to vaccine preventable diseases. Susceptible children are reminded to be vaccinated, to help promote safe and healthy learning environments for all students. The *Immunization of School Pupils Act, 2014* (ISPA) requires that children and adolescents attending elementary or secondary school be appropriately immunized against nine designated diseases, unless they have a valid exemption.

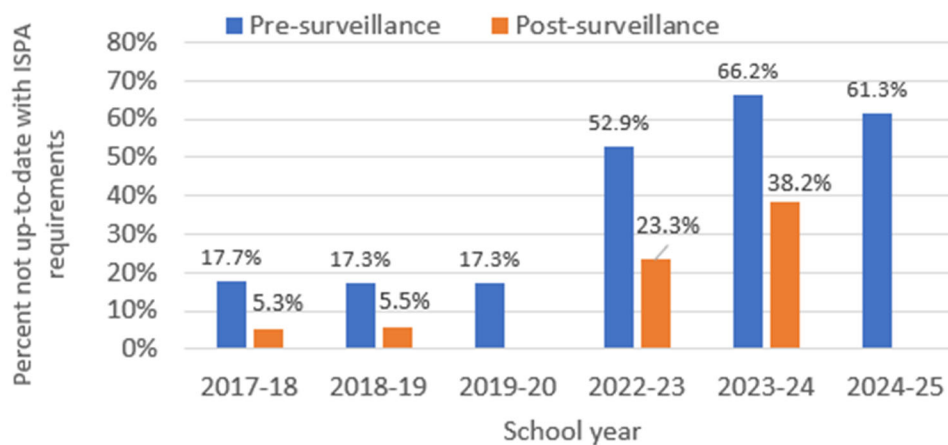
Before the pandemic, OPH reviewed the vaccination records of every child in school to ensure they were up to date on their immunizations. Parents and caregivers with missing doses received personalized letters. Although the COVID-19 pandemic interrupted these efforts, OPH, like many other Ontario Health Units, resumed ISPA surveillance activities during the 2022-2023 school year. OPH notified parents and guardians whose children (aged 7 and 17) were overdue for one or more vaccines according to their Ottawa immunization record.

Typically, before the pandemic, approximately 17% of students had incomplete records before the surveillance began, but after our interventions, we were able to achieve approximately 95% vaccination compliance. Last year, our surveillance efforts included

sending mailed notices and automatic phone messages to students aged 7 and 17 who were behind on their immunizations. Despite these efforts, 38% of students continued to have incomplete records (Figure 2). Under the ISPA, this population would typically receive suspension notices; however, the objective of last year's program was to inform families and give students more time and opportunities to receive and report their required vaccines, given the greater barriers to vaccination in our community.

Figure 2

% of Ottawa Students who underwent vaccination surveillance and were overdue for vaccines at the beginning of the school year compared to after surveillance activities finished.



Notes

1. Data source: Panorama, Ontario Ministry of Health, extracted by OPH on August 6, 2024
2. Data include immunization of students under surveillance in each school year. During 2017/18 – 2019/20, this includes every birth cohort; during 2022/23 – current, only 7-year-olds (2015 birth cohort) and 17-year-olds (2005 birth cohort).
3. 2017/18 data do not include children enrolled in private schools.
4. No post-surveillance data are available for 2019/20.
5. No suspensions were issued during school years 2022/23 – 2023/24. Suspensions will resume in 2024/25.

In the coming year, 7- and 17-year-olds (students born in 2007 and 2017) will have their records assessed. To date, data shows that 14,500 students in these age groups are currently not up to date with their vaccines. Students who remain behind on immunizations after receiving a mailed notification will be issued a suspension order for up to 20 days or until OPH immunization records are updated to comply with ISPA requirements.

OPH is committed to helping families access immunization services by removing barriers. OPH will provide vaccination opportunities to students at our main immunization clinic and at our NHHWs. OPH will support parents in entering their children's immunization records into the provincial system by providing direct assistance and promoting the use of the CanImmunize App. Recognizing the challenges parents face in notifying their local public health unit each time their child receives a vaccine, OPH will continue to promote a provincial immunization registry that will facilitate more accurate vaccine coverage and support future vaccine programs.

School Based Vaccination Program

Ontario's three publicly funded school-based immunization programs – for hepatitis B (Hep B), human papillomavirus (HPV) and quadrivalent meningococcal conjugate (MCV4), are administered by Ontario's local public health units⁴. OPH hosts fall clinics at schools with grade 7 students. OPH then returns to these schools in the spring to administer additional doses for vaccines requiring multiple doses for series completion (Hep B and HPV).

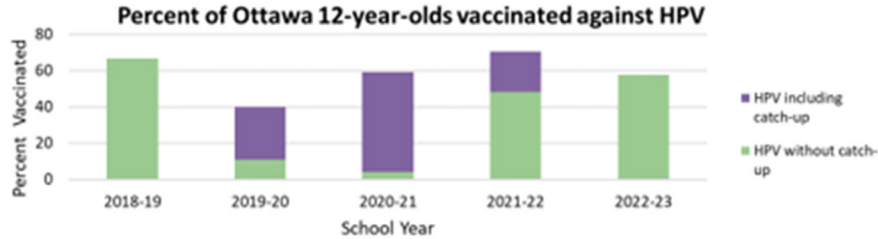
Grade 7 vaccines provide protection during a critical period of adolescence. The MCV4 vaccine, which is required for students under ISPA to attend school, protects against meningococcal disease, a severe and life-threatening illness which is the leading cause of bacterial meningitis in teens and young adults. The hepatitis B vaccine prevents a potentially chronic and liver-damaging infection, reducing the risk of liver cancer and cirrhosis. Finally, the HPV vaccine significantly reduces the risk of developing cancers of the head, neck, and genitals. If not immunized, it is estimated that 75% of Canadians will have an HPV infection at some time. Vaccination provides the best long-term protection against HPV diseases⁵.

School-based immunizations clinics were paused from March 2020 through the 2020-21 school year. In the three years following reopening, OPH supported students in catching up on missed vaccinations. OPH offered immunization clinics to publicly funded Ottawa secondary schools and in higher-need elementary schools, as well as through community clinics and NHHWs. These efforts helped to improve coverage rates for all three school-based vaccines. For instance, before the pandemic, HPV coverage rates for 12-year-olds in Ottawa were just below 70% but during the 2019/20 and 2020/21 school years, they dropped to under 10%. Following OPH catch-up clinics, coverage for these cohorts rose to an average of 50% (Figure 3).

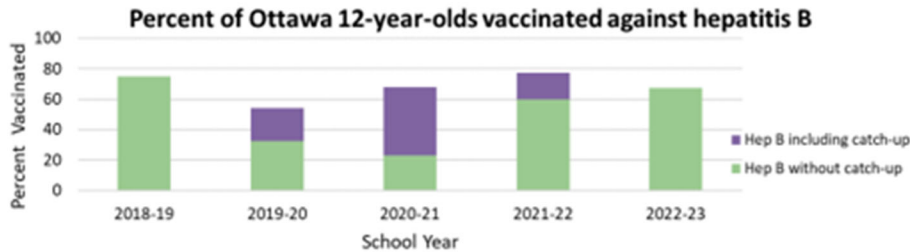
Figure 3a-c

Grade 7 vaccination rates before (in green) and after (in purple) catch-up clinics, by school year

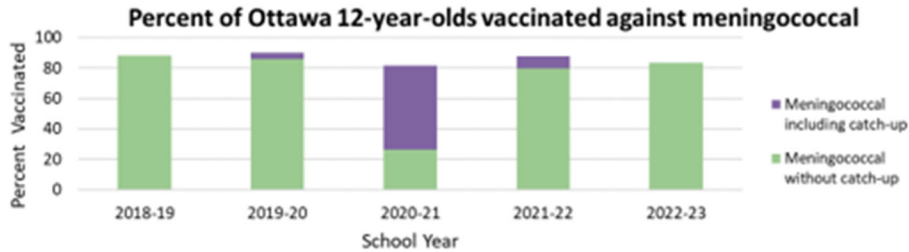
(a) HPV



(b) Hepatitis B



(c) Meningococcal disease



Notes:

1. Data source: Ontario Agency for Health Protection and Promotion (Public Health Ontario). Immunization coverage for school-based programs in Ontario: 2018-19, 2020-21 and 2021-22 school years with impact of catch-up programs. Toronto, ON: King's Printer for Ontario; 2023.
2. The green shows the percent vaccinated among grade 7s during a given school year. The purple shows the percent vaccinated among grade 7s measured after catch-up clinics took place in subsequent years.
3. Vaccination against meningococcal disease (MCV4) requires a single dose and is required under ISPA. Vaccination against hepatitis B and human papillomavirus (HPV) vaccines requires two doses of each; vaccination is recommended but not required under ISPA.

The work planned for the 2024-2025 school year will focus on ensuring that students and their families have multiple points of access to school-based vaccines to continue increasing coverage rates. Our collaboration with community partners such as KCF and CANImmunize will be crucial as we continue to prioritize catching up children who require their vaccines.

Vaccine Distribution

OPH is the main distributor of publicly funded routine vaccines to health care providers, though it does not supply vaccines to pharmacies. OPH is committed to providing coordinated distribution of all vaccines. This includes managing inventory, organizing delivery schedules, and collaborating with external health care partners to ensure that vaccines reach all areas safely and efficiently. To further support equitable access to vaccines, particularly for marginalized and high-risk populations, OPH has updated our distribution service locations, making it easier for health care providers in both the East and West regions to access vaccines for their clinics.

OPH distributes vaccines to various locations including community health centers, correctional facilities, emergency medical services, hospitals, long term care homes, primary care clinics, retirement homes, treatment facilities, workplaces and youth justice facilities. In 2023, OPH distributed hundreds of thousands of vaccine doses and is anticipated to exceed this number in 2024. As part of its distribution efforts, OPH promotes the safe storage and handling of publicly funded vaccines to maintain their viability and effectiveness. This includes inspecting and monitoring vaccination fridges across Ottawa. This year OPH inspected 754 vaccination fridges in pharmacy and clinical health care settings. Distribution services are essential for ensuring access to viable vaccine across our region and serve as a key link between OPH and external healthcare partners.

Looking ahead, OPH is committed to ensuring access to recommended publicly funded immunizations, which are one of the most cost-effective public health interventions. We are focused on addressing the backlog of delayed and missing vaccines and on closing gaps in vaccines access across our region. Collaboration with health care providers is crucial to our success. By continuing to work alongside primary care providers and pharmacies, we can achieve higher vaccination rates and better protect our community.

RURAL IMPLICATIONS

The approach presented in this report will support continued access to vaccination in rural communities. Ottawa Public Health will continue to support rural areas where there is a diminished access to vaccines offered by pharmacies.

CONSULTATION

No public consultations were undertaken in the preparation of this information report.

LEGAL IMPLICATIONS

There are no legal impediments to receiving this report for information.

RISK MANAGEMENT IMPLICATIONS

There are no risk management implications associated with this report.

ASSET MANAGEMENT IMPLICATIONS

There are no asset management implications associated with this report.

FINANCIAL IMPLICATIONS

There are no financial implications associated with this report.

ACCESSIBILITY IMPACTS

There are no direct accessibility impacts associated with this report.

DISPOSITION

This report is provided to the Board of Health for information.

REFERENCES

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