CONSENSUS STATEMENT

Uniting Diverse Groups to Improve Adult Influenza Vaccination in Canada

Influenza is a highly contagious respiratory infection responsible for ~12,200 hospitalizations and 3,500 deaths in Canada each year.[1] It can lead to serious complications and illness, particularly for at-risk groups who are disproportionately impacted by influenza, including older people and those with chronic diseases such as diabetes, heart and lung diseases.[2][3] These groups are at higher risk of morbidity, mortality and prolonged recovery due to underlying frailty and changes in immune function, which can then lead to further declines in health and functional ability.[2]

An important way to promote functional ability and prevent decline in capacity is through prevention and minimization of the effects of influenza, as part of a comprehensive public health strategy and plan.[4][5] Despite a long history of annual influenza campaigns in Canada, coverage rates remain below national targets amongst older people and those with chronic conditions.[1] The declining rate of vaccination in recent years should be a serious concern to all Canadians.[3]

The “Adult Influenza Vaccination: Calling Canadian Patient Organizations to Action” meeting* brought together experts and thought leaders across diverse disciplines and sectors. The aim of the meeting was to improve and mobilize knowledge on the importance of influenza vaccination for at-risk populations and identify opportunities to help build capacity to influence policy across Canada, working toward equal opportunity.

*The “Adult Influenza Vaccination: Calling Canadian Patient Organizations to Action” expert meeting was funded by an unrestricted educational grant from Sanofi Pasteur Canada.
Consensus was gained on the following:

1. Canadians are faced with complex and mixed messages regarding influenza vaccination that often leads to the spread of misinformation. There is a need for clear, consistent, evidence-based messaging on influenza vaccination targeting the general population and importantly older people and other at-risk groups.

2. Strategies to increase influenza vaccination uptake rates amongst older people and at-risk populations must be aligned with Canada’s health equity principles. Sub populations including those who live in rural and remote settings, migrants, the LGBTQ community, and Indigenous peoples often face systemic barriers and implicit biases within and outside of the healthcare system.

3. Coalitions are integral to building a cohesive voice that raises the awareness and influences action to respond to low influenza vaccine uptake by collaborating and utilizing strengths across disciplines and sectors.

4. In Canada, it is crucial that older adults and at-risk populations have access to more effective vaccines.

5. Evidence must be improved on the burden of influenza among older adults and at-risk populations to improve communication to the general population, advocacy organizations, health care professionals, public health officials, and government.

6. Provinces and territories are urged to examine efficacious and realistic methods of accessing existing data on vaccination uptake across the life course to inform and improve policies and practices.

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