



Public Health
Agency of Canada

Agence de santé
publique du Canada

Seasonal Influenza Vaccination Coverage Survey, 2021–2022

Executive Summary

Submitted to the Public Health Agency of Canada
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Prepared By: Leger

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For more information on this report, please contact cpab_por-rop_dgcap@hc-sc.gc.ca

Leger
507 Place d'Armes, Suite 700
Montréal, Quebec
H2Y 2W8
Telephone: 514-982-2464
Fax.: 514-987-1960

1. Summary

Leger is pleased to submit this methodological report to the Public Health Agency of Canada (PHAC) of a quantitative survey assessing seasonal influenza vaccination coverage among the Canadian population.

This report was prepared by Leger following the awarding of a contract to PHAC (contract number 6D034-214802/001/CY, awarded December 8th, 2021. This contract has a value of \$248,836.74 (including HST).

1.1 Background and Objectives

For several years now, PHAC has been conducting a study at the beginning of the year on the uptake of seasonal influenza vaccination in the Canadian population. This study has multiple research objectives. The survey covers a variety of elements and topics. This year, some secondary objectives were added to the study while other items covered in previous years were removed from the study.

The primary objective of the research was to provide national vaccination coverage estimates for the seasonal influenza vaccine. With the current pandemic context, questions about the COVID-19 vaccine were also added to the survey this year.

Secondary research objectives include:

- Measure Canadians' awareness, knowledge, attitudes and beliefs towards the seasonal influenza vaccine;
- Determine reasons for non-vaccination;
- Identify health care providers administering the influenza vaccine (i.e. nurse vs. doctor vs. pharmacist);
- Identify factors associated with vaccine uptake;
- Identify potential impact of the COVID-19 pandemic on seasonal influenza vaccine uptake; and
- Measure attitudes toward the COVID-19 vaccination.

1.2 Application of Results

The results of this study will help the Public Health Agency of Canada (PHAC) identify at-risk populations with lower immunization coverage, identify factors leading to vaccine uptake or refusal, measure the performance of vaccination programs, and design future

vaccination programs in Canada. The survey results also allow PHAC to monitor and evaluate vaccination programs during the flu seasons.

1.3 Methodology—Quantitative Research

The quantitative research consisted of telephone interviews, which were conducted using a computer-assisted telephone interviewing system (CATI technology).

Data collection for this survey took place between January 4 and February 11, 2022. The national response rate for the survey was 15.43%. The comprehensive distribution of calls is presented in Appendix A. A pre-test of 43 interviews, in both official languages, was conducted on January 4, 2022. More specifically, 23 interviews were conducted in French and 20 in English. No changes were made to the questionnaire or the programming following the pre-test, data collection began as planned. The pre-test responses were included in the overall results. The interviews lasted an average of eighteen minutes. The interviews were recorded to assess the level of understanding of each question among respondents.

To obtain reliable data for each of the subgroups, we surveyed a total sample of 3,502 Canadian adults in all regions of the country. Only one adult respondent was interviewed per household. The national margin of error for this survey is +/- 1.66%, 19 times out of 20.

The main target population in this study was Canadian adults aged 18 and older who were making vaccine-related decisions for themselves. As was the case in previous years, the final analysis of the study focused on 3 different target groups:

- adults aged 18 to 64 years
- adults aged 65 and over
- adults with chronic medical conditions

A proportion of the interviews were conducted with a sample of cell-phone numbers (cell-phone-only household members), in order to provide an adequate and reliable sample of the youth cohort (18 to 34). While the cell-phone sample did not exclusively target the youth cohort, this age group was over-indexed in that target sample. The other interviews were conducted with landline users. According to 2016 national census data from Statistics Canada, Leger weighted the results of this survey by age, gender, region, language (mother tongue) and education level. Results were also weighted by households with a landline phone and household with cellphones only, according to the latest Canadian Radio-Television and Telecommunications commission (CRTC) data available.

Leger meets the strictest quantitative research guidelines. The questionnaire was prepared in accordance with the Standards for the Conduct of Government of Canada Public Opinion Research—Series B—Fieldwork and Data Tabulation for Telephone Surveys. Details on the methodology, Leger’s quality control mechanisms, the questionnaire, and the weighting procedures are provided in the appendix.

1.4 Notes on the Interpretation of the Findings

The opinions and observations expressed in this document do not reflect those of the Public Health Agency of Canada. This report was compiled by Leger based on research conducted specifically for this project. This research is probabilistic; the results can be applied to the general population of Canada. The research was designed with this objective in mind.

1.5 Declaration of Political Neutrality and Contact Information

I hereby certify, as chief agent of Leger, that the deliverables are in full compliance with the neutrality requirements of the [Policy on Communications and Federal Identity](#) and the [Directive on the Management of Communications—Appendix C](#) (Appendix C: Mandatory Procedures for Public Opinion Research).

Specifically, the deliverables do not include information on electoral voting intentions, political party preferences, party positions, or the assessment of the performance of a political party or its leaders.

Signed by:

A handwritten signature in blue ink, which appears to read "Christian Bourque". The signature is written in a cursive style.

Christian Bourque
Executive Vice President and Associate
Leger
507 Place d’Armes, Suite 700
Montréal, Quebec
H2Y 2W8
cbourque@leger360.com