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Childhood COVID-19 Immunization Coverage Survey (CCICS), 2023

Executive Summary

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Ce rapport est aussi disponible en français.

1. Executive Summary

1.1 Background

In December 2020, COVID-19 vaccines were authorized for use in individuals 16 years of age and older. In August 2021, Health Canada subsequently expanded the Interim Order authorization for adolescents 12 to 17 years of age. In March 2022, COVID-19 vaccine was authorized for use among children 5 to 11 years of age, in July 2022 the vaccine was authorized for children 6 months to 4 years. Furthermore, in December 2022, NACI recommended one bivalent booster dose for children 5 to 11 years of age, especially those considered high risk. This is consistent with recommendations for children 12 years and older that came out prior to this. Throughout this period of incremental vaccine rollout to children, PHAC has adapted existing surveillance tools and created new approaches to enable national and jurisdictional coverage assessment of COVID-19 vaccine uptake as more age groups become eligible.

NACI recommends continuous monitoring of COVID-19 vaccine uptake, particularly according to the socioeconomic status of families with children, and for decision makers to consider measures to reduce the risk of socioeconomic disparities in vaccine confidence and uptake. Coverage assessment for COVID-19 vaccination is measured for eligible age groups through provincial and territorial immunization registries. However, immunization registries do not provide information on socioeconomic determinants of health, Sex and Gender based Analysis (SGBA)+ indicators, and parental knowledge, attitudes and beliefs (KAB). Another surveillance tool, the childhood National Immunization Coverage survey (cNICS) is a biennial survey that measures routine childhood immunization coverage among children aged 2, 7, 14 and 17 year olds. The cNICS 2021 included questions on COVID-19 vaccination among 14 and 17 years old (coverage rates and reasons for not getting the vaccine) as well as intentions to get vaccinated (all children). Yet, cNICS does not collect information on a representative sample of Canadian children aged 6 months to younger than 18 years old; therefore, its sampling frame is not suitable to collect information on COVID-19 and flu vaccines.

Monitoring parental attitudes is essential to predict expected vaccine uptake and to guide education and awareness efforts to promote vaccination. In October 2021, public opinion research in Canada indicated that while more than half (51%) of elementary school parents intended to vaccinate their children as soon as the COVID-19 vaccine became available, 23% indicated they would not vaccinate their children and a further 18% would wait a while before doing so. In July 2022, just 40% of parents of children <5 years of age indicated they had or would vaccinate their children and 42% will not get their children vaccinated. Parents with higher income (>\$100,000) and education (university education or higher) reported higher intentions to vaccinate their children. Parents who were undecided or did not intend to vaccinate their child against COVID-19 reported concerns about the safety of the vaccine, the speed of vaccine development and that it was a new vaccine as their top three reasons for not vaccinating their child. Parents also reported not enough information about the risk of long COVID were their primary reasons or that their child had already had COVID-19 and recovered quickly with minimal symptoms.

Continued monitoring of parental knowledge and views are important to adapt public communication and education accordingly.

There is also a continued need to collect information on flu vaccine coverage among children especially in the midst of the COVID-19 pandemic to investigate any relationships with COVID-19 vaccination. Flu is also a public health concern among children with immunocompromised status or children who have chronic medical conditions. CCICS was implemented in 2022 to close knowledge gaps around annual flu vaccine

coverage among children. The only other source that collected some information on flu vaccination among children was the Canadian Health Survey on Children and Youth (CHSCY) 2019.

In addition, there are challenges with estimating influenza vaccination coverage among children because influenza vaccines are not consistently recorded in parent-held records and therefore results reported from parents are subject to recall bias. All efforts shall be made to minimize parental recall bias for the proposed survey. For example, attempts will be made to collect data in spring right after the flu season.

1.2 Objectives

The primary objective of this research is to continue a surveillance program established in 2022 that will provide both national and provincial/territorial level estimates on an annual basis.

Specifically, this research aims to:

- Provide data on:
 - COVID-19 immunization coverage among children in Canada younger than 18 years of age who are eligible for vaccination.
 - Parental intentions to vaccinate children who have not yet been vaccinated.
- Determine parental knowledge, attitudes and beliefs towards their child's COVID-19 vaccination.
- Determine barriers to COVID-19 immunization among children (e.g., vaccine hesitancy).

Secondary objectives of this research are to:

- Collect information on key indicators of childhood seasonal influenza vaccine coverage, for example:
 - Vaccine coverage in the past flu season
 - Knowledge, attitudes and beliefs around flu vaccines
 - Impact of COVID-19 on flu vaccine uptake
- Collect information on chronic medical conditions and socioeconomic indicators to examine vulnerable children or those at higher risk of COVID-19 and influenza complications by applying SGBA+ analysis (when possible).

Results will be used by PHAC to promote vaccine uptake, leverage public opinion research to address evolving issues relating to vaccine hesitancy.

1.3 Methodology

Data collection started April 11, 2023, and ended July 26, 2023, and was conducted by Advanis.

Advanis sought a probability-based sample of 11,200 Canadian parents/guardians aged 18 or older through the use of Advanis' General Population Representative Sample (GPRS) sample and through Random digit dialing (RDD).

Data was collected using a multimodal approach, collecting survey responses online and on the phone, to obtain a nationally representative sample. First, participants taken from our GPRS sample were recruited by phone and were invited to participate in a Web survey. Those who agreed to participate received an email or SMS inviting them to take part in the survey. In hard-to-reach populations, the survey was also offered by phone, using a Computer Assisted Telephone Interviewing (CATI) methodology.

Survey results were weighted by region, children's age group and children's sex at birth. The results for 2023 are based on responses from 11,395 parents/guardians (18 years of age or older) with children younger than 18 years of age across all provinces and territories. Recruitment ensured quotas were reached for key sub-populations to ensure statistical relevance and representativeness.

Weighted results can be extrapolated to the broader population. Cross tabulations must align with the weighted categories to be extrapolated to the broader population.

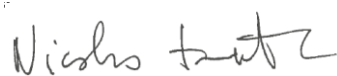
1.4 Contract Value

The contract value for this survey was \$296,462.85 (including HST).

1.5 Political Neutrality Requirement

I hereby certify as a Senior Officer of Advanis that the deliverables fully comply with the Government of Canada political neutrality requirements outlined in the Communications Policy of the Government of Canada and Procedures for Planning and Contracting Public Opinion Research.

Specifically, the deliverables do not contain any reference to electoral voting intentions, political party preferences, standings with the electorate, or ratings of the performance of a political party or its leader.



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