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# CHILDHOOD IMMUNIZATION COVERAGE SURVEY AMONG KEY POPULATIONS (KPCICS): HEALTH CARE WORKER PARENTS – 2024

EXECUTIVE SUMMARY

**Prepared for the Public Health Agency of Canada**

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Ce rapport est également disponible en français.

Canada 

# **CHILDHOOD IMMUNIZATION COVERAGE SURVEY AMONG KEY POPULATIONS (KPCICS): HEALTH CARE WORKER PARENTS - 2024**

## **Executive Summary**

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This report presents the methodology of an online survey conducted by Leger on behalf of the Public Health Agency of Canada (PHAC). The objective of the survey was to collect information on routine childhood immunization including flu, COVID-19 immunization, intention to get vaccinated and reasons not to, and attitudes and beliefs towards immunization. Data collection was conducted between March 28 and April 25, 2024.

Cette publication est aussi disponible en français sous le titre : Enquête sur la couverture vaccinale des enfants dans les populations clés (ECVEPC) : Parents travailleurs de la santé - 2024.

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# 1. Executive Summary

Leger is pleased to submit this report to the Public Health Agency of Canada (PHAC) detailing the methodology of an online survey assessing immunization coverage and attitudes and beliefs of healthcare worker parents towards child vaccination.

## 1.1 Background

Surveillance data suggests that vaccine coverage is uneven across Canada. Furthermore, results from existing surveillance tools suggest that certain key at-risk populations are under-surveyed. The childhood National Immunization Coverage survey (cNICS) is a general population survey that measures routine childhood immunization coverage among children aged 2, 7, 14 and 17 years and COVID-19 vaccine uptake in children ages 14 and 17 years, as well as parental knowledge, attitudes and beliefs about vaccination. This surveillance tool provides critical information about childhood immunization in Canada, though is limited in that it was not designed to sample from all child age ranges or from key at-risk populations.

Consequently, this results in insufficient data regarding routine childhood immunization status and COVID-19 vaccine coverage, and knowledge, attitudes and behaviors towards vaccination within these specific groups. In turn, this hinders core immunization functions including COVID-19 vaccine and routine childhood immunization surveillance, vaccine confidence, available data, policy, public health guidance, and knowledge mobilization activities.

In addition, the COVID-19 pandemic yielded a large shift in Canadians' knowledge, attitudes, and beliefs towards vaccinations. For certain populations, such as healthcare workers, recent evidence points that there has been a high prevalence of vaccine hesitancy and refusal for COVID-19 vaccines. Monitoring of parental attitudes is essential to predict expected vaccine uptake and to guide education and awareness efforts to promote vaccination among children issued from these specific populations.

Surveillance tools are needed to address data coverage gaps identified for these sub-populations and to inform public health vaccination programs and initiatives. In the effort of addressing vaccine coverage data gaps relating to at-risk populations, the Public Health Agency of Canada (PHAC) sought third party support to implement the cycle 2 of the surveillance initiative, the Childhood Immunization Coverage Survey in Key Populations (KPCICS) in Canada.

## Rationale and Intended Use of Research

Results will be used by PHAC to provide timely, trusted, and evidence-based information for Canadians to take action on their children and collective health and safety regarding COVID-19 risk and other vaccine-preventable diseases. The surveillance project findings will also support equity in vaccine coverage by identifying determinants associated with low vaccine uptake or vaccine hesitancy in identified at-risk populations, including health

care workers. Additional information collected from this population regarding their knowledge, attitudes, and beliefs, experiences, and barriers to vaccination will inform policy development and guide public education and awareness efforts.

## **1.2 Research Objectives**

The core objective of this survey is to maintain a surveillance tool that provides up-to-date vaccine coverage data (e.g., on measles, diphtheria, tetanus, pertussis, polio, COVID-19) specific to the children of health care workers. The survey will assess parent/guardian/other Person most knowledgeable (PMK)'s (e.g., child's step-parent, adoptive parent, foster parent, sister or brother, grandparent or relative caring for and responsible for health decisions for the child) opinions and views on their child's immunization uptake, as well as vaccine hesitancy and vaccine refusal. This survey will also investigate the reasons for vaccine hesitancy among these populations and the impact this has on childhood immunization.

The second objective is to continue to monitor the effects of the COVID-19 pandemic (and any new possible waves of COVID-19) on concurrent childhood immunizations to determine priorities for vaccine-preventable diseases, with the aim of identifying whether catch-up routine immunization campaigns are required.

The surveillance project aims to collect information on:

- Routine childhood and COVID-19 immunizations status
- Intent to get vaccinated for those not yet vaccinated
- Reasons for non-vaccination (including barriers)
- Parent/ guardian/ other PMK's knowledge, attitudes and beliefs (KAB) toward immunization
- Sources of information on immunization, including routine childhood vaccines and COVID-19 vaccines
- Socio-demographic characteristics potentially linked to inequalities in vaccination uptake

## **1.3 Methodology—Quantitative research**

Quantitative research was conducted through online surveys using Computer Aided Web Interviewing (CAWI) technology between March 28 and April 25, 2024, with a total sample of 405 healthcare workers who are parents of children aged 17 and under.

While the LEO panel is meant to be representative of the Canadian population, it is not probabilistic; the results cannot be inferred to the healthcare worker parents population of Canada nor their children, as respondents are selected among those who have volunteered to participate/registered to participate in online surveys The sampling method used does not ensure that the sample represents the target population with a known margin of sampling error.

#### **1.4 Contract value**

The total contract value for the project was \$38,489.10 including applicable taxes.

#### **1.5 Declaration of political neutrality and contact information**

I hereby certify, as Executive VP 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:



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