

# Immunizing for health – Achieving our national goals, the 1996 Canadian National Immunization Conference

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The 1996 Canadian National Immunization Conference, held in Toronto from December 8 to 11, 1996, was attended by nearly 600 participants. It was a forum for discussion and information exchange related to the practical aspects of immunization programs in Canada and covered disease-related and programmatic issues. Progress toward the achievement of recently established Canadian national goals for the reduction of vaccine-preventable diseases of infants and children was examined. The following presents and summarizes important points raised by the participants.

In her keynote address, "1996 the Year of the Vaccine", Carol Bellamy, executive director of UNICEF International, stated that immunization is "not only the right thing to do but an obligation for society. It is unacceptable to have the capacity to save lives and not to use it." Bellamy said the past two decades have witnessed a 'quiet revolution' in public health. Basic immunization services now reach four of five of the world's children. She stressed that only strong political will and determined efforts at collaboration between the public and private sectors can translate today's scientific breakthroughs into real help for children.

At his opening address, The Honourable David Dingwall, federal Minister of Health, emphasized that "Immunization is not simply a worthy but isolated activity. It is part of the evolution of our health system." He congratulated the participants "on their efforts to build an effective system that has helped relieve financial pressure on the health care system

while improving health and saving lives." He made special mention of the success of halting an outbreak of measles in 1996 and gave credit to public health professionals in the field.

A number of issues raised during the conference seemed to generate consensus among the participants and are worthy of mentioning because some of them call for action. First and foremost, participants agreed that there is an important need to raise the national profile of immunization as a useful population health strategy. Calculation of the deaths postponed, diseases avoided and costs saved by the prevention of diseases for which immunization is available, as well as the cost effectiveness of vaccination for the new or expanded vaccination programs are useful background information for this effort. Such an initiative could be spearheaded by the Council of Chief Medical Officers of Health for Canada. The second part of this strategy indicates opportunities for disease reduction and cost savings by the promotion and placement of certain vaccine initiatives. These may include providing a uniform schedule of childhood immunizations across the country and promoting the utility of increasing the uptake of influenza vaccine and possibly introducing a pneumococcal vaccine. The Council could also spearhead this.

A series of national conferences and extensive consultation with stakeholders have resulted in broad consensus on goals for vaccine-preventable diseases of infants and children (1). These goals are invaluable as an expression of Canada's commitment towards improved health and reduction of inequalities, and they provide an opportunity for program evaluation and more effective targeting of resources. While early political approval has not been forthcoming, with the exception of that of measles for which the goal of elimination of indigenous measles by the year 2005 was endorsed at the December 1995 Conference of Deputy Ministers, it is hoped that the full set of goals will soon become a political reality. Only a regular evaluation mechanism built into the core budget can ensure

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the development of standardized methods and allow the full benefits of goals to be realized. Although some goals and targets are already achieved and we are making good progress towards some, much effort is needed to achieve others (eg, the need to replace the current whole-cell vaccine for pertussis with less reactogenic and more efficacious new generation acellular vaccines). Many evaluation tools remain to be put in place at all levels.

Participants expressed clear support for the development of goals regarding other diseases for which we currently have effective vaccines and diseases for which vaccines are likely to be licensed in the next several years. These diseases include varicella, rotavirus infections, hepatitis A, influenza, and meningococcal and pneumococcal disease. The importance of goals and informed use of vaccines was emphasized. For instance with varicella, scattered vaccine use may otherwise result in the eventual shift of cases to older children and adults, possibly resulting in more problems.

The growing anti-immunization lobby was discussed. It was emphasized that likely only 1% of the overall population is firmly opposed to immunization but that up to 6% or 7% are ambivalent. Parents want to be informed and involved. For them, the issue is safety. There is a need for more education of providers and consumers and for social marketing. The conference coincided with the official launch of the National Immunization Awareness Program which involves radio public service announcements, posters and print public service announcements. Current partners in the campaign are the Canadian Public Health Association, the Canadian Medical Association, the Canadian Paediatric Society and Health Canada.

Conference participants acknowledged that a strong Canadian postmarket surveillance system must be maintained. This system must have an active component to ensure detection of rare but serious adverse events.

There is an urgent need for an immunization tracking system in Canada to identify children due or overdue for immunization and to notify parents, to provide a database for health care providers to monitor the immunizations of patients at each encounter regardless of where the vaccine was administered, and to assist in planning and identifying populations at risk for delayed immunizations, targeting interventions appropriately and evaluating the success of the program. The positive exchange of ideas between conference participants suggests that the time has arrived for a national program to be administered provincially, ensuring compatibility between provinces so that health care information can be accessed when needed. We need a clearing-house of current provincial/territorial and local projects related to the issue and a consensus conference to decide on standards and core information to be collected, ensuring further compatibility of systems.

The task of providing immunization is growing rapidly in complexity and accordingly must focus on provider preparedness and performance expectations. Following extensive consultation between the National Advisory Committee on Immunization and professional societies, provincial epidemi-

ologists, public health workers, hospital associations, advocacy groups and federal agencies, draft guidelines for childhood immunization are now nearing the approval stage. They contain several recommendations for greater accessibility, including clinic hours convenient for drop-ins and semiannual audits of coverage. These guidelines were discussed at a break-out session. Seventy-six per cent of participants said the need for guidelines in Canada was high. From the provincial and territorial perspective, the consultative process is appreciated.

Guidelines were considered and could serve as a trigger for change and a tool for program evaluation. From the public health providers' perspective, implementation strategies are essential to facilitate the achievement of the guidelines in all settings. From the private practice providers, the provision of immunizations is undervalued as a medical service; better education and resources are needed if the guidelines are to be achieved. Around 70% of participants indicated their willingness and ability to use routine clinical encounters to screen for immunization and provide updates as needed. A majority also found the idea of a comprehensive, audited tracking system feasible. However, about half indicated they would be unable to accommodate drop-in immunization at unscheduled hours, and serious concern was expressed with the frequent discrepancy between expert opinion statements and product monographs regarding contraindication to particular vaccines – discrepancies that need to be addressed. In disseminating the guidelines to providers, it is essential to 'prepare the way' and emphasize that the guidelines are goals and as such should serve not only as an expression of the ideal, but also as a way to stimulate dialogue on what is needed to achieve them.

As many vaccine-preventable diseases approach the vanishing point in Canada, the immunization status of new Canadians becomes increasingly important. At a break-out session, participants discussed the barriers to reaching new Canadians with information about the benefits of immunization. Every year, about 60,000 newcomers are under 18 years of age. Inadequate or nonexistent immunization records, partial immunizations and cultural or linguistic misunderstandings are common problems. Before coming to this country, immigrants are screened for physical status and general medical history only. Once they arrive, there is little or no effort to upgrade immunization status. When newcomers come into contact with the health care system, providers are often ill-informed about the pertinent issues; in some provinces, even this contact is discouraged by a policy of withholding health cards until residency requirements have been met. There was strong consensus among participants that this situation demands urgent attention. A multifaceted approach is essential with federal leadership, special consideration for areas with high immigrant populations and an outreach program designed to address cultural and linguistic needs. It was felt that there was a need to change the medical immigration screening process to include immunization updates and other documentation.

First Nations children are at much higher risk for vaccine-preventable diseases than others because of lower rates of immunization. There is evidence that the foundation of this

immunization. There is evidence that the foundation of this problem is socio-economic. Participants identified a wide-spread 'knowledge deficit' regarding the effects and appropriateness of immunization, especially common among older community members. The need for a solution is urgent and a solution will take not only a sensitive and a multifaceted approach, but also a commitment for change backed by real resources.

More information on the conference can be obtained from the Division of Immunization (1-613-957-1340). Conference programs as well as tapes of all sessions are available on a cost recovery basis.

#### REFERENCE

1. National goals and objectives for the control of vaccine-preventable disease of infants and children. CCDR 1995;21:49-53.



