# **Childhood Seasonal Immunization Coverage Survey (CSICS),** 2024

**Executive Summary** 

Prepared for the Public Health Agency of Canada

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Ce rapport est aussi disponible en français.

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# 1. Executive Summary

### 1.1 Background

The Childhood Seasonal Immunization Coverage Survey (CSICS), previously the Childhood COVID-19 Immunization Coverage Survey (CCICS), was implemented in 2022 to collect information on COVID-19 and influenza (flu) vaccination coverage among children younger than 18 years of age living in Canada. Upcoming cycles of the questionnaire could be updated to accommodate future seasonal or annual vaccines recommended among children as/if they arise.

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 children 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 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 influenza (flu) vaccines.

There is also a continued need to collect information on influenza (flu) vaccine coverage among children. Influenza (Flu) is also a public health concern among children with immunocompromised status or children who have chronic medical conditions. CCICS (now CSICS) was implemented in 2022 to close knowledge gaps around annual influenza (flu) vaccination 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 living in Canada because influenza vaccines are not consistently recorded in parent-held records or captured in immunization registries and therefore results reported from parents are subject to recall bias. All efforts were made to minimize parental recall bias for the proposed survey.

Continued monitoring of parental knowledge and views around COVID-19 and influenza are important to adapt public communication and education accordingly.

Monitoring parental attitudes is essential to predict expected vaccine uptake and to guide education and awareness efforts to promote vaccination.

#### 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 and seasonal influenza (flu) immunization coverage among children in Canada younger than 18 years of age.
  - o Parental intentions to vaccinate children who have not yet been vaccinated.
- Determine parental knowledge, attitudes and beliefs towards their child's COVID-19 and seasonal influenza (flu) vaccination.
- Determine barriers to COVID-19 and seasonal influenza (flu) immunization among children (e.g., vaccine hesitancy).
- 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 18, 2024, and ended July 15, 2024, 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 2024 are based on responses from 11,258 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 \$292,727.40 (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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