

National Immunization Strategy (NIS) 2025-2030

Summit Participant Package:

Revised Proposed Priority Areas, Objectives and Overarching Vision

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NIS Summit Day 1: Discussion and Voting on Revised Proposed Priority Areas and Objectives for NIS 2025-2030

The following pages contain the revised proposed NIS Priority Areas (PAs) and Objectives, based on the initial engagement with various partners that took place between November 2023 and March 2024. This content will form the basis of discussions and voting on Day 1 of the Summit, where we will come to a shared understanding, in principle, on the Priority Areas and Objectives for NIS 2025-2030.

Also included are the 2013 PAs for reference.

Summary of revisions:

- 2013 Vision statements are now termed as "Goal" statements for each PA
- There are now 12 PAs based on the initial feedback
- "Key Attributes" have been included as the important characteristics of the PA and goal
- PAs are articulated as "Canada has/is/does" and refers to Canada as a country and not the Government of Canada
- You will note that we are using the phrase "populations experiencing inequities" instead of identifying various specific populations
- Objectives have been streamlined and refined to reflect the current context

Revised Proposed Priority Areas (PA) for NIS 2025-2030

PA1: Governance, Leadership and Engagement on the National Immunization Strategy

Revised Proposed PA1: Governance, Leadership and Engagement on the National Immunization Strategy

Goal: *Canada has effective public health governance and collaborative approaches to support evidence-based, accountable and transparent decision-making that advances progress on NIS priority areas.*

Key attributes include: timely; effective; addresses key issues; supports open sharing and discussion

Objectives:

- Monitoring, evaluating and reporting on the progress towards Priority Area goals and objectives of the National Immunization Strategy (NIS) will be identified as ongoing workplan items for the Communicable and Infectious Disease Steering Committee (CIDSC) and the Canadian Immunization Committee (CIC) and its subgroups. This includes developing and reporting on clear, key performance indicators, and ensuring that findings are openly shared and discussed among partners.
- Continue federal, provincial, territorial collaboration and engagement with healthcare providers, communities, Indigenous partners, and other key immunization partners to advance progress on NIS Priority Areas.

For Reference:

2013 PA1: Overarching Direction and Coordination

2013 Vision: All Canadians enjoy protection against vaccine-preventable diseases through timely and equitable access to effective, sustainable, targeted, adequately funded and well-coordinated immunization programs focused on minimizing health risks and reducing disease burdens, as a vital element of public health strategy.

PA2: Vaccine Guidance

Revised Proposed PA2: Vaccine Guidance

Goal: *Canada has national-level evidence-based vaccine guidance that informs and supports immunization authorities and health professionals.*

Key attributes include: clear; concise; timely; efficient; effective; credible; equity-informed.

Objectives:

- The National Advisory Committee on Immunization (NACI) guidance is produced in a timely manner for new vaccines that are of high public health impact or when changes are needed due to evolving evidence and/or new indications.
- NACI guidance incorporates specific advice for populations experiencing inequities, as indicated.

For Reference:

2013 PA2: Common Vaccine Guidance

2013 Vision: A common vaccine review and guidance process that: is timely, efficient, effective and credible; enjoys the confidence and acceptance of immunization authorities; and facilitates coordinated vaccine schedules and closely paced introduction of immunization programs at the earliest practical opportunity.

PA3: Coordinated Immunization Schedules and Programs

Revised Proposed PA3: Coordinated Immunization Schedules and Programs

Goal: *Canada has well-coordinated immunization programs and schedules to provide optimal and equitable protection across the lifespan.*

Key Attributes include: timely; evidence-based; culturally safe; cost effective; based on coordinated discussion across jurisdictions

Objectives:

- Processes are developed to assess new National Advisory Committee on Immunization (NACI) recommendations in a coordinated and timely manner for consideration of incorporation into jurisdictional programs and schedules.
- Programs and schedules incorporate specific strategies for populations experiencing inequities, in consultation with these communities.

For Reference:

2013 PA3: Coordinated Immunization Schedules and Programs

2013 Vision: *Consistent, timely and well-coordinated adoption of schedules and implementation of programs for the introduction of new vaccines across Canada, to avoid gaps in coverage; ensure equitable and effective protection for all Canadians; and facilitate efficient and cost-effective program delivery.*

PA4: Program Evaluation and Research

Revised Proposed PA4: Program Evaluation and Research

Goal: *Canada has evaluation and research programs that inform equity-based guidance development and decision-making regarding vaccine programs.*

Key attributes include: relevant/public-health driven; effectively-governed; credible; timely; responsive; flexible; adequate and sustainable infrastructure, including human resources; collaborative (working with domestic and international partners); equity-informed and consistent with data sovereignty (e.g., OCAP* and OCAS**) principles; community-focused; findings are appropriately disseminated

Objectives:

- Research is conducted to increase understanding of drivers of hesitancy and the spread of mis- and dis-information, and barriers to vaccine uptake. Research is also conducted to identify effective strategies and interventions to improve uptake.
- Research networks and infrastructure, including human resource capacity, are established, maintained and/or enhanced that lead, undertake and/or coordinate timely and relevant research, including with regards to vaccine effectiveness and knowledge mobilization.
- Vaccine programs incorporate an evaluation component, including impact on achieving equity, and comparing various strategies used across jurisdictions.

*[OCAP principles](#): The First Nations principles of ownership, control, access and possession

**OCAS principles: Manitoba Métis principles of ownership, control, access and stewardship

For Reference:

2013 PA4: Program Evaluation and Research

2013 Vision: A robust, accessible, credible, responsive and adequately funded mechanism/ arrangement that supports timely and relevant immunization program evaluation and research whose findings are actively and meaningfully integrated into immunization program planning, guidance, implementation and improvement processes.

Revised Proposed PA5: Registry, Coverage, Records

Goal: *Canada has effective systems and infrastructure to monitor and report on coverage and to allow the public to access their immunization records.*

Key attributes include: interoperable, shareable and linkable data with common data standards, within and across jurisdictions; comprehensive; up-to-date; accurate; reliable; secure; confidential; easy for clients to access their own records; generates standardized and comprehensive records and reports; supports other key immunization-related functions (e.g., safety monitoring, vaccine effectiveness estimation, vaccine confidence, vaccine supply monitoring); able to inform and notify clients of needed vaccines; supports the provision of timely, accurate and informative public-facing coverage estimates, including for populations experiencing inequities where possible

Objectives:

- Complete the work to establish interoperable systems and infrastructure that supports:
 - A network of systems (including registries and other repositories that include vaccination data) that facilitates the timely sharing of vaccination records between providers and jurisdictions, as well as with people living in Canada, which contributes to: reporting coverage in a detailed and standardized manner at the national level; meeting international reporting requirements; and improvements in access and use of immunization data.
 - the provision of aggregated and disaggregated coverage estimates, including by race/ethnicity, geography and other sociodemographic variables where possible, that are made publicly available as appropriate;
 - the public's access to their digital immunization records in a pan-Canadian interoperable format.

For Reference:

2013 PA5: Surveillance: VPDs, Registries & Coverage, Vaccine Safety

2013 Vision: *Cohesive and well-coordinated registry and surveillance systems providing relevant, accurate, timely and compatible data on immunization programming and coverage, vaccine-preventable disease outbreaks, adverse events following immunization, and risk factors to support evidence-based decision making*

Revised Proposed PA6: Vaccine Safety

Goal: *Canada has collaborative and effective vaccine pharmacovigilance approaches that enable rapid detection, assessment and response to emerging vaccine safety concerns.*

Key attributes include: information is appropriate/meaningful, timely, accurate; information is shared multi-directionally among key pharmacovigilance partners; allows for aggregated and disaggregated analyses; supports public transparency; supports signal detection, assessment, investigation and response; involves collaboration among domestic and international partners and industry

Objectives:

- Establish, maintain, and/or enhance coordinated and collaborative post-market vaccine safety monitoring by public health, regulatory and industry partners, that contributes to and aligns with global vaccine pharmacovigilance best practices.
- Enhance reporting of adverse events following immunization by individuals and healthcare professionals, with communications that emphasize the value and contribution of quality adverse event reporting.
- Enhance the availability of publicly-accessible information regarding adverse events following immunization to support evidence-informed decision making.

For Reference:

2013 PA5: Surveillance: VPDs, Registries & Coverage, Vaccine Safety

2013 Vision: Cohesive and well-coordinated registries and surveillance systems providing relevant, accurate, timely and compatible data on immunization programming and coverage, vaccine-preventable disease outbreaks, adverse events following immunization, and risk factors to support evidence-based decision making.

2013 PA6: Response to Outbreaks and Adverse Events

2013 Vision: Well-planned, clearly articulated and pre-tested plans, protocols and capacities to provide timely, effective and well-coordinated determination, investigation, mitigation and containment of outbreaks of vaccine-preventable diseases, and response to adverse events following immunization and safety concerns.

Revised Proposed PA7: Vaccine Preventable Disease Surveillance

Goal: *Canada has effective infrastructure and resources to monitor trends, risk factors and outcomes regarding vaccine preventable diseases and to detect outbreaks.*

Key attributes include: data is appropriate to meet public health objectives and support public health action; pan-Canadian, timely, accurate, allows for aggregated and disaggregated analyses, including across populations experiencing inequities; allows for timely public reporting; integrates epidemiologic and laboratory data; supports vaccine effectiveness monitoring; uses innovative technology like wastewater surveillance and sero-epidemiology as appropriate; supports rapid outbreak detection and monitoring.

Objectives:

- Establish, maintain, and/or enhance notifiable vaccine-preventable disease systems that provide: detailed sociodemographic information (including by race/ethnicity, geography and other sociodemographic variables); risk factor information; complete and detailed history of vaccination, complications and outcomes (including indicators of severity); and linkages to laboratory data. Ensure relevant VPD surveillance data from this system is publicly available.
- Facilitate linkages between vaccine preventable disease data and vaccination data from registries that supports estimation of vaccine effectiveness.
- Establish, maintain and/or enhance innovative approaches to vaccine preventable disease surveillance (e.g., sero-epidemiology, wastewater monitoring).

For Reference:

2013 PA5: Surveillance: VPDs, Registries & Coverage, Vaccine Safety

2013 Vision: *Cohesive and well-coordinated registries and surveillance systems providing relevant, accurate, timely and compatible data on immunization programming and coverage, vaccine-preventable disease outbreaks, adverse events following immunization, and risk factors to support evidence-based decision making.*

Revised Proposed PA8: Case, Contact and Outbreak Management of Vaccine Preventable Diseases

Goal: *Canada has the infrastructure, resources and policies to effectively manage vaccine preventable disease cases and their contacts and respond to outbreaks.*

Key attributes include: evidence-informed and culturally-sensitive case and contact management; coordinated, rapid, appropriate, transparent, evidence-informed, guidance-informed and culturally-sensitive outbreak management.

Objectives:

- Create, update and maintain relevant guidance documents as needed, and adjust as per evolving science and/or changing epidemiology.
- Establish, maintain and/or enhance capacity to effectively and rapidly respond to emerging/re-emerging issues/outbreaks (e.g., human resources capacity, including appropriate training; laboratory capacity; vaccine supply; border management).

For Reference:

2013 PA6 Response to Outbreaks and Adverse Events

2013 Vision: Well-planned, clearly articulated and pre-tested plans, protocols and capacities to provide timely, effective and well-coordinated determination, investigation, mitigation and containment of outbreaks of vaccine-preventable diseases, and response to adverse events following immunization and safety concerns.

Revised Proposed PA9: Vaccine Confidence and Uptake

Goal: *Canada uses evidence-informed and community-centered approaches to: address inequities in vaccine uptake; support vaccine literacy; enhance confidence and access; and address mis- and disinformation about vaccines.*

Key attributes include: timely; credible; effective; appropriate for the audience; culturally-safe and culturally-appropriate; trauma-informed; equity-promoting; evidence-informed; uses a range of strategies (e.g., education, policies, programs); community-centred, involving community leaders.

Objectives:

- Design and implement strategies based on evidence and community engagement to: support sustainable vaccine literacy and confidence; to address barriers to vaccine uptake; and to address and mitigate the impacts of mis- and disinformation and vaccine hesitancy.
- Design and implement evidence-informed strategies, including educational programs and resources, for health care providers to support their ability to: provide culturally-safe and positive vaccination experiences; and to effectively discuss vaccines with their patients to support vaccine literacy and confidence, including to address mis- and disinformation.

For Reference:

2013 PA7: Vaccine Acceptance and Uptake

2013 Vision: *Timely, credible, consistent and effective public and professional information, messages, education and outreach to support achievement of immunization coverage goals and the responsible, efficient and effective delivery of vaccination to improve vaccination uptake and acceptance.*

PA10: Vaccine Supply

Revised Proposed PA10: Vaccine Supply

Goal: *Canada has access to an uninterrupted, sustainable and affordable vaccine supply for public health programs that meet public health needs.*

Key attributes include: timely; responsive; reliable; cost-effective; affordable; equitable; considerate of global need; meets the needs of diverse populations; supported by domestic production capacity as applicable.

Objectives:

- Implement an end-to-end inventory management system that supports the management of vaccine supply, demand, usage and wastage.
- Ensure domestic research and development, production, manufacturing and subsequent access approaches are driven by public health needs, including response to emerging/re-emerging risks.
- Increase the number of vaccines purchased via the Bulk Procurement Program that are produced domestically, as appropriate.

For Reference:

2013 PA8 Security of Vaccine Supply

2013 Vision: Systems and mechanisms for vaccine supply, acquisition, deployment and management that ensure that F/P/Ts enjoy reasonably timely, responsive, reliable, cost-effective, affordable and equitable access to vaccines and vaccine technologies that meet public health needs and circumstances of their diverse populations.

PA11: Vaccine Innovation, Research and Development

Revised Proposed PA11: Vaccine Innovation, Research and Development

Goal: *Canada has a research and development infrastructure that has the capacity to respond to public health needs, including emerging and re-emerging risks.*

Key attributes include: proactive; innovative; collaborative (involving academic/industry/government partners, both domestically and internationally); credible; cost-effective; sustainable; anticipates and responds to public health priorities.

Objectives:

- Develop a process to prioritize vaccines and vaccine technology requiring innovation and research and development based on public health needs and risk assessments, including addressing equity.
- Continue to support domestic research and development, including thorough federal/provincial/territorial engagements and supporting academic/industry/government collaboration.

For Reference:

2013 PA9 Vaccine Innovation and Development

2013 Vision: A highly focused and proactive domestic vaccine industry and research community (public, academic and private) that anticipates and responds to evolving public health needs and priorities for new and enhanced vaccines and vaccine technologies.

PA12: No-fault Vaccine Injury Support

Revised Proposed PA12: No-fault Vaccine Injury Support

Goal: *Canada has an efficient system that provides fair financial support to those who have sustained serious and permanent vaccine injuries.*

Key attributes include: fair; effective; credible; evidence-based; equity-informed; transparent processes; confidential; easy to access; known by the public and health professionals

Objectives:

- Continue to provide financial support to individuals who have sustained a serious and permanent vaccine injury after receiving a Health Canada authorized vaccine in Canada.
- Build a communication and awareness strategy regarding the Vaccine Injury Support Program, including how it operates and how to access it.

For Reference:

2013 PA10 No-Fault Compensation

2013 Vision: *Canadians enjoy access to expeditious, efficient, predictable and fair compensation for those unavoidable and unintended vaccine injuries for which civil litigation is either not applicable or not practical.*

NIS Summit Day 2: Discussion and Voting on NIS Vision

This page contains the new proposed overarching Vision and Foundational Principles for the renewed 2025-2030 NIS.

Previous iterations of the NIS did not contain an overarching Vision or Foundational Principles. A new proposed overarching Vision has been developed in response to feedback received through the initial engagement process for renewal of the NIS. Additionally, Foundational Principles have been developed to serve as the overarching concepts that underpin the NIS and all its priority areas.

This content will form the basis of discussions and voting on the Vision on Day 2 of the Summit.

VISION

All people living in Canada are protected against vaccine-preventable diseases through immunization programs and infrastructure that are a vital element of public health.

Foundational Principles

Public-health driven; Equity-based; Culturally-informed;
Respectful of Truth and Reconciliation commitments;
Evidence-informed; Collaboration and coordination;
Across the lifespan; Preparedness for the future