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# Renewal of the National Vaccination Coverage Goals for 2025-2030

National Immunization Strategy Summit  
May 15, 2024

*Vaccine Coverage and Effectiveness Surveillance Division  
Centre for Immunization Surveillance  
Infectious Diseases and Vaccination Programs Branch*

# Outline

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- Purpose
- Background
  - National Vaccination Coverage Goals (NVCGs) by 2025
- Overview of the 2025-2030 NVCGs renewal process
- Next steps
- Questions/Discussion



# Purpose

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- The Centre for Immunization Surveillance (CIS) at PHAC is launching the renewal process of Canada's National Vaccination Coverage Goals (NVCGs) for 2025-2030
  - NIS 2025-2030 renewal is underway and is scheduled to be published in the spring/summer of 2025 (Tentative TBC). The NVCGs 2025-2030 release is to align with the NIS timelines.
  - The NVCGs and the Vaccine-Preventable Disease reduction targets (VPD-RTs) will follow similar renewal steps.
- The purpose of this presentation is:
  - Information sharing on the consensus process and timelines, the high-level plan for partners' and stakeholders' engagement, feedback received from the internal engagement, and next steps.
  - Allocate time for questions and answers to allow the audience to seek clarifications and enhance understanding on the renewal process.

# Background

- Establishing national vaccination coverage goals (NVCGs) is one of five key objectives of the 2016 [National Immunization Strategy \(NIS\)](#)
- Most of [Canada's](#) NVCGs and national vaccine preventable disease reduction targets (VPD-RTs) were developed between 1994 and 2005 and then renewed in 2016, based on:
  - international standards and best practices. The goals and targets are consistent with Canada's commitment to the World Health Organization's (WHO) disease elimination targets and Global Vaccine Action Plan, while reflecting the Canadian context.
- In 2005, at the [Quebec National Consensus Conference for Vaccine-Preventable Diseases in Canada](#), several parameters were considered such as **feasibility, measurability, and priority to jurisdictions**. Goals aligned with the National Advisory Committee on Immunization (NACI) recommendations.
- In 2016, a five-step approach was undertaken to develop the NVCGs and VPD-RTs by 2025;
  - Reviewing and analyzing previous Canadian NVCGs and VPD-RTs
  - Environmental scan of international NVCGs and VPD-RTs
  - Formation of a multidisciplinary expert task group
  - Defining the scope of the new national NVCGs and VPD-RTs
  - Endorsement by the Pan-Canadian Public Health Network Council

# Current Progress in Meeting the NVCGs by 2025, Children & Adolescents

- A target of 95% was established for infants, 2 and 7-year-olds; 90% for adolescents.
- To date, none of the NVCGs have been met except for achieving the 90% target of the **Tdap booster by age 17** (92.8% in 2021).

Achieve 95% vaccination for the first three doses of the pertussis vaccine for <b>INFANTS</b>	2021 Coverage estimate*
First dose of pertussis vaccine by three months of age	90.6
Three doses of pertussis vaccine by seven months of age	76.4
Three doses of pertussis vaccine by 12 months	87.6
<b>Achieve 95% vaccination coverage by <b>TWO YEARS OF AGE</b> for the following childhood vaccines:</b>	
2021 coverage estimate*	
Four doses of diphtheria, tetanus, pertussis and Haemophilus influenzae type B (Hib) vaccine	77.1
Three doses of polio vaccine	91.8
Three doses of hepatitis B vaccine among children targeted in publicly-funded programs	82.6
One dose of measles, mumps, and rubella vaccine	91.5
One dose of varicella vaccine	87.5
Three or four doses of pneumococcal vaccine	85.1
One dose of meningococcal C vaccine**	90.5
<b>Achieve 95% vaccination coverage by <b>SEVEN YEARS OF AGE</b> for the following childhood vaccines:</b>	
2021 coverage estimate*	
Five doses of diphtheria, tetanus and pertussis vaccine	71.9
Four doses of polio vaccine	87.3
Two doses of measles, mumps, and rubella vaccine	79.5
<b>Achieve 90% vaccination coverage by <b>SEVENTEEN YEARS OF AGE</b> for the following vaccines:</b>	
2021 coverage estimate*	
One dose of meningococcal vaccine	89.0
One or more doses of hepatitis B vaccine among adolescents	89.0
Two or more doses of human papillomavirus vaccine (HPV)**	84.0
One dose of tetanus-diphtheria-pertussis booster vaccine (Tdap)	92.8

\*Data Source: Childhood National Immunization Coverage Survey, 2021  
For more details, please see reference slides

# Current Progress in Meeting NVCGs by 2025, Adults

- **Adults** are far from reaching the **80%** coverage target for receiving one dose of pneumococcal vaccine among seniors (54.7% in 2023) and receiving the seasonal influenza vaccine among 18- to 64-year-olds with chronic medical conditions (44% in 2023-24).
  - In 2023-24, 73% of seniors received the influenza vaccine, which is closer to the target of **80%** compared to the other adult NVCGs.
- Among **HCW**, in 2023, vaccination coverage for one dose of hepatitis B vaccine (86.6%) was approaching the target of **90%**, while coverage of seasonal influenza vaccine (56.5%) was far from reaching the **80%** target.

\*Data Source: adult National Immunization Coverage Survey, 2023.

^ Data Source: Seasonal Influenza Vaccination Coverage Survey, 2023-24.

For more details, please see reference slides

# Considerations when the current NVCs were developed

- A universal vaccination coverage goal of 95% for childhood vaccines for infants and by ages two and seven was determined to
  - conform with the level of population protection required for measles;
  - ensure that all children are protected through routine vaccination;
  - communicate clearly to parents that all childhood routine vaccinations are equally important;
  - support the WHO goals for elimination of measles, rubella and neonatal tetanus as well as the eradication of polio.
- A universal vaccination coverage goal of 90% for adolescent vaccines was determined to
  - Communicate that it was important for adolescents to receive all recommended vaccines for their age.
  - In 2005, lower vaccination coverage goals set for adolescents recognised that adolescents are more difficult to monitor/ assess than their younger counterparts.
- Coverage goals of 80% for pneumococcal and seasonal influenza vaccines among adults were set based on the importance to protect those at high risk for infection and complications.
- Coverage goals for health care professionals
  - 80% coverage for seasonal influenza vaccine as part of comprehensive infection control and to protect HCWs and patients;
  - 90% for one dose of hepatitis B vaccine to protect those at high-risk for infection.

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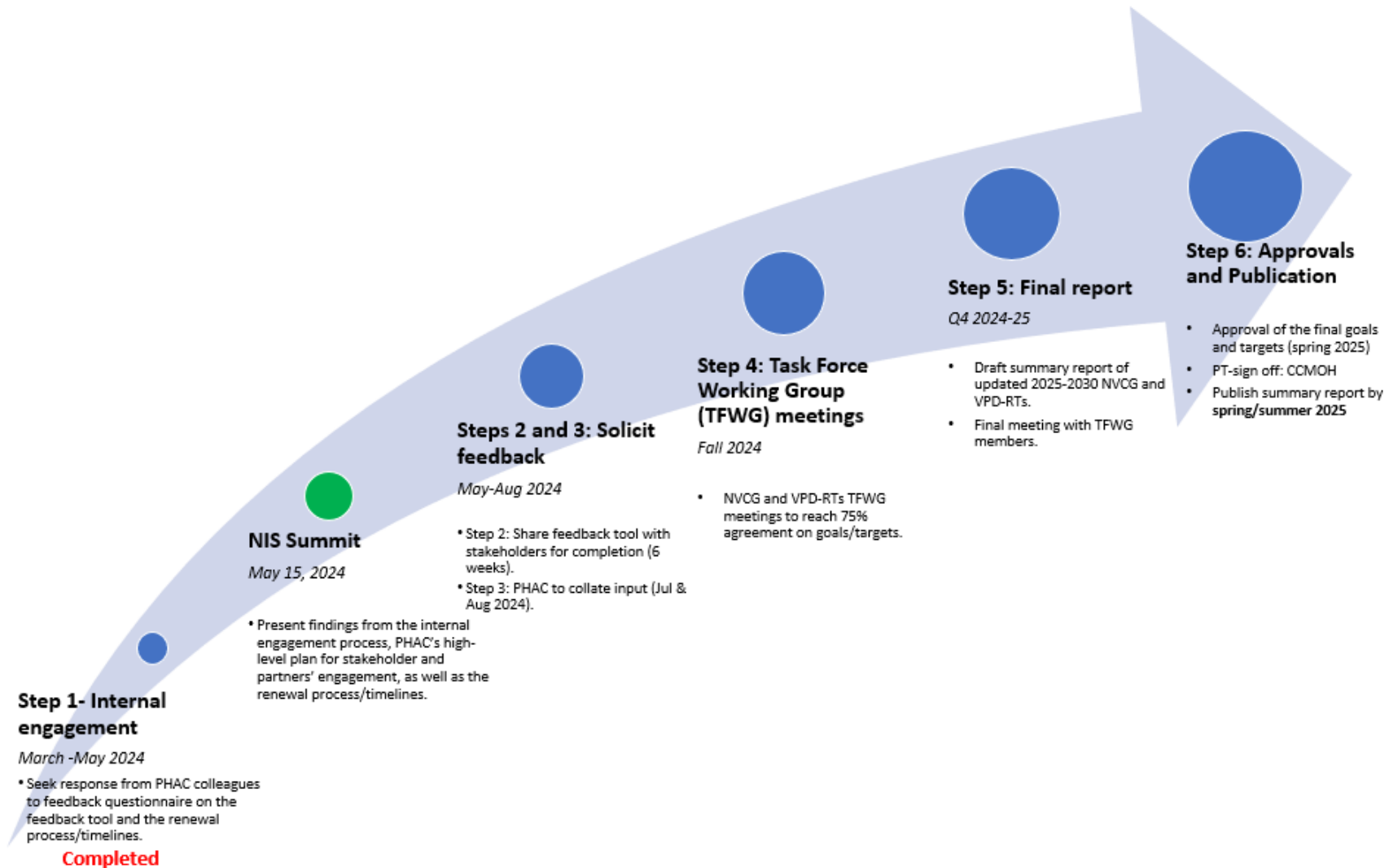
# **Overview of the 2025-2030 NVCGs Renewal Process**



# Considerations for the NVCGs 2025-2030 renewal

- Review of [existing goals](#) and exploring the need and feasibility to modify and/or to add goals.
- Proposed changes need to be **SMART** (specific, measurable at a national level, attainable, realistic, and time-bound), and should reflect:
  - Scientific evidence.
  - NACI recommendations.
  - PT Immunization programs and schedules.
  - Priorities of FPT partners.
  - International VCGs and Canada's reporting commitments to the WHO under [WHO's Immunization Agenda 2030](#).
  - Available data sources on national vaccination coverage.
  - Vaccine-specific approach when possible.
- Challenges with vaccination coverage particularly within the context of the pandemic (e.g. vaccine hesitancy).
- Consistent public messaging to support accurate interpretation of the NVCGs.

# Critical Path of the Renewal Process



Please see details in the following slides

# Step 1- Internal Engagement (Completed)



## Objectives

- Solicit feedback on the renewal process, stakeholders' and partners' list, Task Force Working Group (TFWG) Structure, and the feedback tool prior to reaching out to PTs and other federal departments.

## Outcomes

- Update the feedback tool, stakeholders' and partners' lists and refine the renewal process.

## Request

- PHAC colleagues were asked to complete a feedback questionnaire.

## Timelines

- Share questionnaire and reference material (March 29- April 9)
- Meeting (May 7<sup>th</sup>, 2024)

## Groups engaged from PHAC

- National Advisory Committee on Immunization
- PHAC's medical advisors
- Vaccine preventable Diseases
- Sexually-Transmitted and Bloodborne Infections Division
- Centre for Surveillance and Applied Research
- Centre for Immunization Programs

# Internal Engagement - Outcomes

- Overall, there was general agreement with the proposed renewal process.
  - List of NML and NACI stakeholders to be updated. CIC Secretariat will be engaged to coordinate PT response, and TFWG structure was updated.
- All respondents recommended following an evidence-based and vaccine-specific approaches.
- Based on feedback received on the tool:
  - Instructions were simplified, select questions were updated/modified for better readability, TFWG structure updated.
  - The status of current NVCGs goals used for their development will be shared alongside for reference.
- Feedback also included recommendations to engage with Indigenous stakeholders early and potentially consider alternative engagement options (based on NIS consultation experience)
  - Our proposed approach is focusing on engaging federal Indigenous partners using the existing consultation tool as we would like to hear from our Indigenous colleagues on all questions, when applicable.
  - Risk of engaging community partners would be setting unrealistic expectations as there are currently no Indigenous-specific NVCGs, as reportability of Indigenous results is dependent on sample size and data collection is challenging, particularly in the North.
  - Engagement with Indigenous partners includes seeking feedback on the engagement/consultation options (e.g. adding Indigenous-specific questions to the existing tool, using a survey to solicit feedback, etc.) to better understand their needs and priorities and to build capacity, request updates on Indigenous-specific surveys (e.g. the First Nations Regional Health Surveys (RHS)), and request contact information of colleagues who could be consulted. Colleagues from ISC will be offered the opportunity to vote at the TFWG.



# NVCGs Feedback Tool

- **A NVCGs feedback tool** was developed to collect information from stakeholders and partners on priorities as well as feedback on current and proposed NVCGs to guide the renewal process.
- The feedback tool includes the following tabs:
  - **Instructions & Context** : History of NVCGs development and instructions on how to complete the tool.
  - **General questions** related to the NVCGs.

General Questions			
<p>Please provide input on all questions highlighted in grey (all columns B to G)</p>	<p>1. Does your jurisdiction use the NVCG? Yes/No</p>	<p>1a. If you answered "yes" to Q # 1, how does your jurisdiction use the NVCG (e.g., program evaluation, etc.)?</p>	<p>2. Should the NVCG align with PT immunization objectives or targets? (Yes/No/Not Applicable). Please explain.</p> <p>3. In your opinion, what are the parameters that should be considered to reach consensus for renewing the NVCG- Check all that apply and provide details</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Evidence-Based (e.g. modelling studies, herd immunity, vaccine effectiveness, laboratory, surveillance and epi data, cost-benefit analysis, risk populations, etc.)</li> <li><input type="checkbox"/> PT immunization programs (such as schedule, delivery and/ or evaluation)</li> <li><input type="checkbox"/> Vaccine-specific approach</li> <li><input type="checkbox"/> Having common NVCGs for a given age group regardless of vaccine type (e.g. all NVGC for 2-year-olds should be x%)</li> <li><input type="checkbox"/> Expert opinion when scientific evidence is lacking</li> <li><input type="checkbox"/> International data</li> <li><input type="checkbox"/> Logistical issues (e.g. vaccine supply, etc.)</li> <li><input type="checkbox"/> Political drivers (e.g. funding, government/ jurisdictional priorities, etc.)</li> <li><input type="checkbox"/> Other- please specify</li> </ul>

# NVCGs Feedback Tool, Cont'd

- *2025-2030- Goal-specific questions to help PHAC better understand how the current NVCGs are being used by FPTs.*

A	B	C	D	E	F	G	H
<b>Current National Vaccination Coverage goals</b>							
<p>Please provide feedback on all questions highlighted in grey, columns B to K. Please provide input on all NVCG listed under column A</p> <p>Questions 1 and 2 should be answered by all stakeholders including PTs. Questions 3 to 5 are directed to PTs only.</p>	<p>1. Do you agree with this NVCG (target %, age, antigen, etc.). Yes/No</p> <p>Please provide your opinion when applicable</p>	<p>2. Is this NVCG a priority for your program/jurisdiction? Yes/ No</p>	<p>3. Is this vaccination coverage estimate measured by your jurisdiction? Yes/No</p> <p>We understand that responses may be similar for a given age group</p>	<p>3a. If not measured, why not? (e.g., no available data source, reporting to registries is not mandatory, etc.)</p>	<p>3b. If measured, please provide the definition if different from the NVCG</p>	<p>4. If this vaccination coverage estimate is measured by your jurisdiction, has your jurisdiction met the NVCG based on the most recent coverage estimates available? Yes/No</p> <p>Please provide the most recent estimate and year</p>	<p>4a. If not met, does your jurisdiction plan on doing catch up activities? Yes/No</p> <p>Please provide details</p>

- **Proposed changes to existing NVCGs :** *Presents current NCG with proposed changes and the rationale. Requests input on proposed changes on current NVCGs*

Proposed changes for existing NVCG				
<p>Please familiarise yourself with columns A, B and C and provide input on questions highlighted in grey (columns D to F)</p>	<p>Proposed changes/questions for stakeholders</p>	<p>Considerations</p>	<p>1-Should this goal be changed? (Yes/No)</p>	<p>2-If yes, how should it be changed? Please provide details - Please provide feedback on questions in cells highlighted in yellow.</p>
<p>For all Goals</p>	<p>Do you agree with changing the terminology from "achieve x%" to "achieve x% at minimum" - to indicate that this is the minimum desired level, however programs are encouraged to continue to promote vaccination even if this NVCG has been reached.</p> <p>Definition of vaccine eligibility - Do you agree with continuing to define the NVCG according to NACI's recommendations or align more with PT programs (i.e., up-to-date definition based on PT programs?)</p>	<p>NACI's recommendations - In previous iterations, in 2005, vaccine eligibility was based on NACI's recommendation. Currently, most of the NVCGs align with NACI's recommendations.</p> <p>Up-to-date definition - Schedules and vaccine requirements may change between survey cycles. Therefore, the up-to-date definition of vaccination coverage is updated each survey cycle.</p>		

# NVCGs Feedback Tool, Cont'd

- **Proposed new NVCGs for 2025-2030** : Provide rationale for proposed new goals, requests feedback on new proposed NVCGs

PROPOSED NEW National Vaccination Coverage Goals										
Please familiarise yourself with Columns A to X and then provide input on questions highlighted in grey (columns Y to AE)										
	WHO Reporting Requirement (Yes/No)	WHO Definition	WHO Target	Do other countries have goal-specific vaccination coverage?	1. Should this goal be added? Yes/No - please explain.	1a. If yes, what would be the appropriate coverage target (proportion of vaccinated individuals) for this age group/population for this vaccine? Please explain.	2. Is this a priority goal for your program/jurisdiction? Yes/No	3. Is this goal realistic (i.e., could it be achieved by 2030)? Yes/No - please explain.	4. Does your jurisdiction currently measure this indicator? Yes/No	5. col Ye
95% coverage for two or three doses of rotavirus vaccine by 2 years	Yes	Rotavirus, last dose (2-3 doses depending on schedule)  NOTE: WHO also collects Rotavirus, 1st dose	N/A	USA- Healthy People 2020 Goal (archived) (80%) but it is no longer part of the Health People 2030 Goal. Children receiving at least 2 or 3 doses of rotavirus vaccine by age 19-35 months UK-						

- **Future Considerations:** Presents goals that were considered may be challenging to establish

Future Considerations	
Please familiarise yourself with columns A and B and provide input input on questions highlighted in grey (Columns C and D)	
Considered Goals	Reporting challenges at a national level
RSV vaccination Coverage	<p>Please provide feedback on each goal from your program's perspective (e.g., relevance, priority, feasibility, etc.)</p> <p>Are there other NVCG that need to be considered? Yes/No - please add details.</p>

- **Other Comments**



# Step 4 - Task Force Working Group Meetings

## Objectives

- Reach at least 75% agreement on the updated NVCGs during the meetings.

## Outcomes

- Draft a summary report that outlines the process and the updated NVCGs.

## Request

- Stakeholders and partners will be assigned to designated TFWG, they will be asked to review the reference material in advance, participate in discussions and vote during meetings to reach consensus.

## Timelines

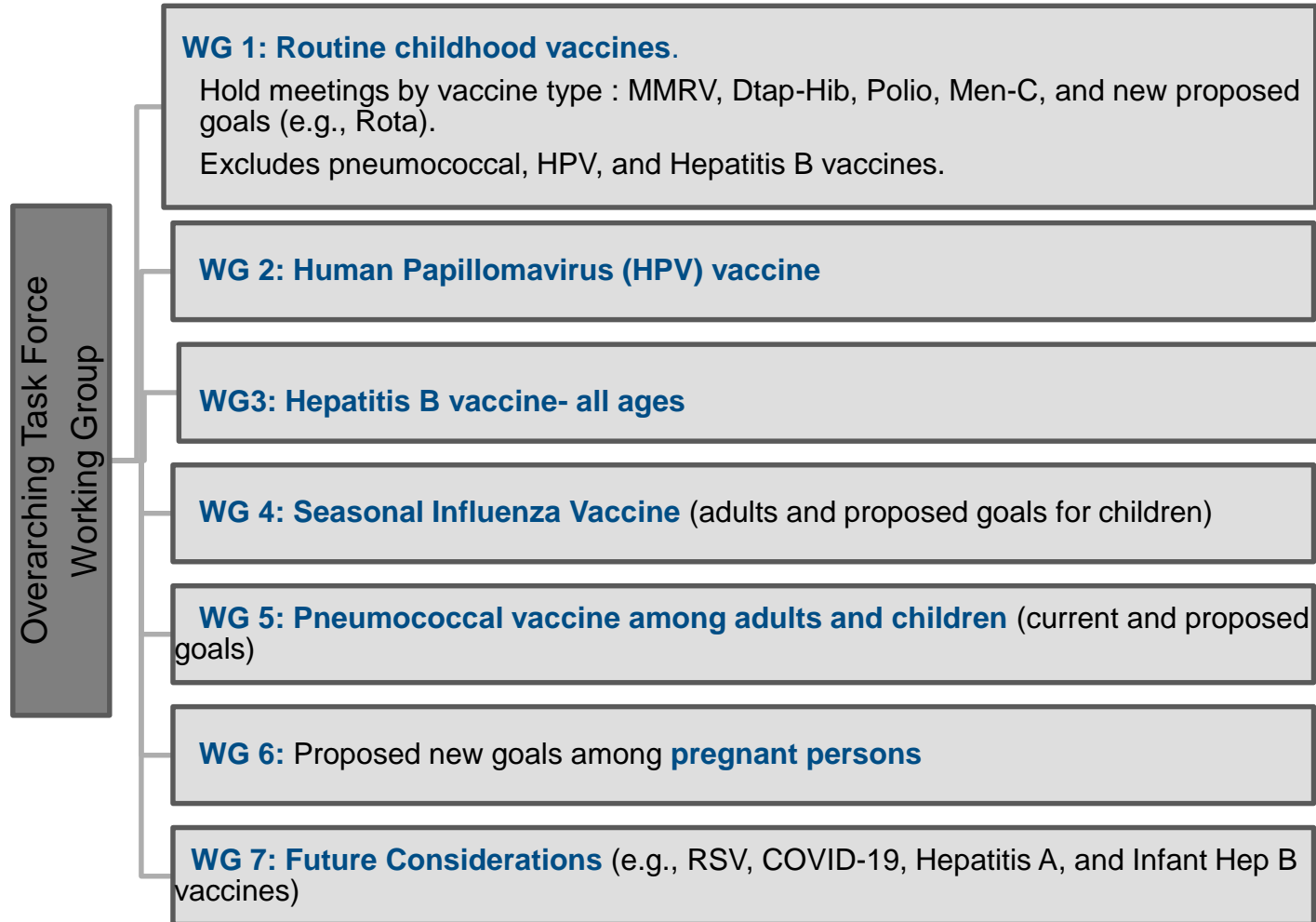
- Meetings - mid-Sep to end of Nov 2024

## Partners and Stakeholders

- Same
- List of observers, voters, SME to be developed.



# Task Force Working Groups (TFWG) Structure



# TFWG Structure, cont'd

- **Participants:**

- TFWG moderators – At least three moderators – Two PHAC representatives to moderate the NVCGs and VPD-RTs as well as a Subject Matter Expert (SME) – moderators do not vote excluding SME.
  - » NACI and PTs to be contacted to nominate 1-2 SME for each vaccine/VPD.
  - » PHAC to notify the selected SME and coordinate for next steps.
- Voters:
  - » The following partners will be asked to nominate 1-3 persons from each program/ jurisdiction to vote at the TFWG.
    - PTs, NACI, CIP, PHAC medical advisors, ISC, and NML.
- Observers: participate in discussions but do not vote - observers can be nominated by participating programs/ jurisdictions in addition to external observers (e.g. CPAC and external experts in immunization)
- A separate request will be shared with stakeholders to develop the list of TFWG participants considering stakeholders' capacity and available resources.

## TFWG Structure, cont'd

- NVCGs and corresponding VPD-RTs (when applicable) to be discussed during the designated WG.
- Reference material/discussion guide on the NVCGs and VPD-RTs to be shared with members in advance of each meeting.
- Recommendations and rationales to be presented and participants will be given the opportunity to discuss and vote on proposed recommendations using Slido or other mechanism as deemed appropriate.
- Multiple meetings could be held for each WG if/as needed.
- Attendance is by invitation only and meeting links/material should not be shared.
- Meetings will be recorded and note takers from PHAC will be assigned for each meeting (support is welcome from partners).
- Final meeting with all stakeholders in January 2025 to share the consensus outcomes.
- Feedback questionnaire on lessons learned to be shared during the final meeting.

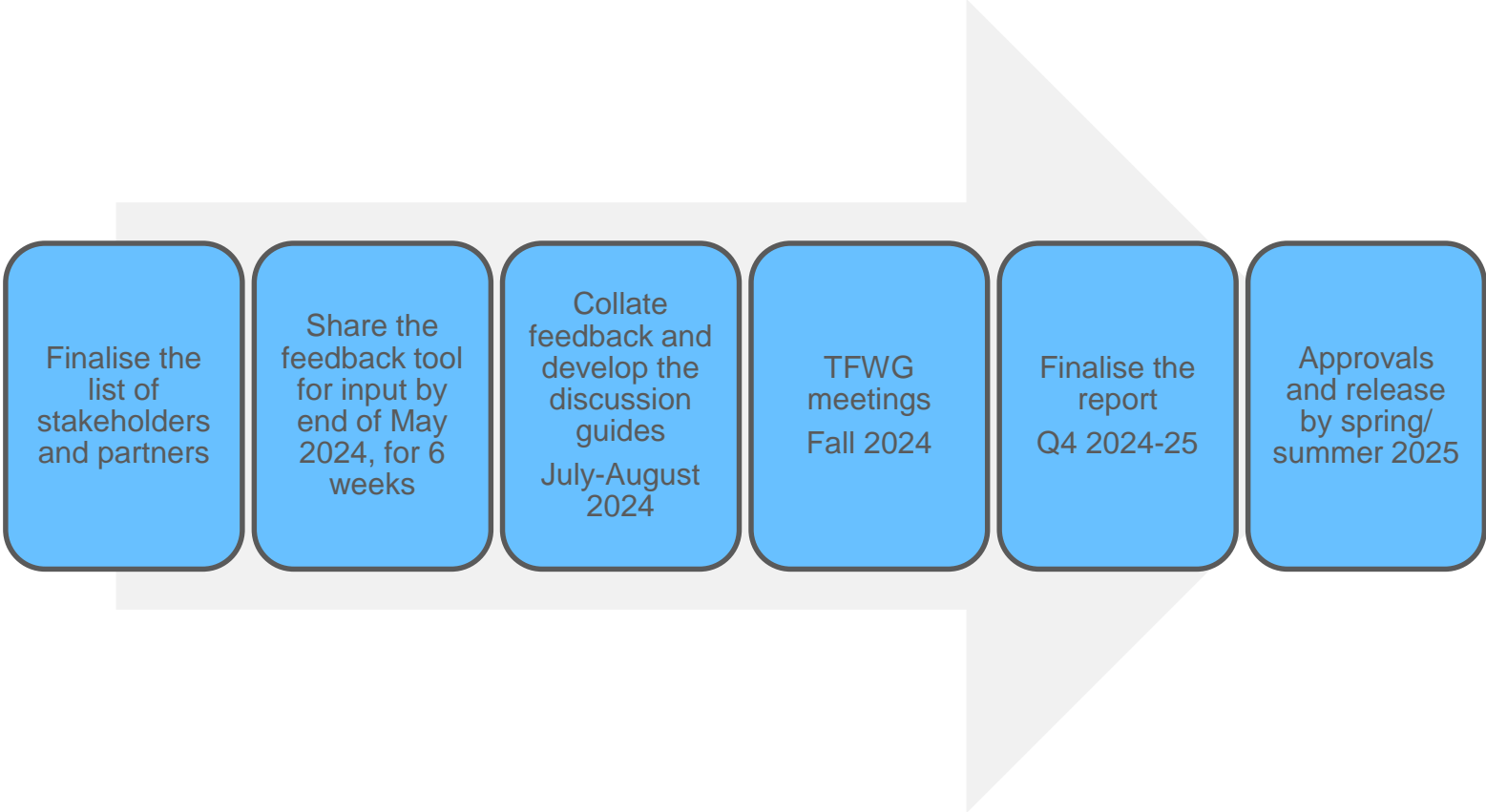
# Reaching 75% agreement on the NVCGs 2025-2030

- Based on “Agree without reservation,” “Disagree” and “Agree with reservation”.
- A **combined vote of 75%** to either “agreeing without reservation” or “agreeing with reservation” is required.
  - Reservations to be documented and considered, when possible/ applicable, for future updates.
- A recommendation is **not supported if <75% agreed or if >33% of voters were absent or declined** to take part in a vote.
- **If agreement not achieved** in the first vote, a second vote is to be held after a period of discussion.

# Steps 5 & 6: Final Report, Approvals, and Release

- **Begin drafting summary report** for both the NVCGs and VPD-RTs in December 2024 (TBC), shared with TFWG members for review in January 2025.
- **Approvals** (Spring 2025- Approval schedule TBC):
  - PHAC approvals -
    - » VCES /VPD Directors - approval
    - » CIS / CERIP DGs- approval
    - » IDVPB VP - approval
    - » President and CPHO - approval
  - CCMOH (PT sign off) - approval
  - MO and PCO as FYI
  - CIDSC for approval
  - Canadian Public Health Network for approval
- **Publish** the report on Canada.ca by spring/summer 2025 – align with NIS report release timelines.

# Next Steps



## Discussion

Thank you for your time - We would like to hear back from you

- Are there missing key elements from the planned approach?
- Is the planned approach for PT engagement and approval adequate?
- Is the list of stakeholders comprehensive enough?



**Questions**

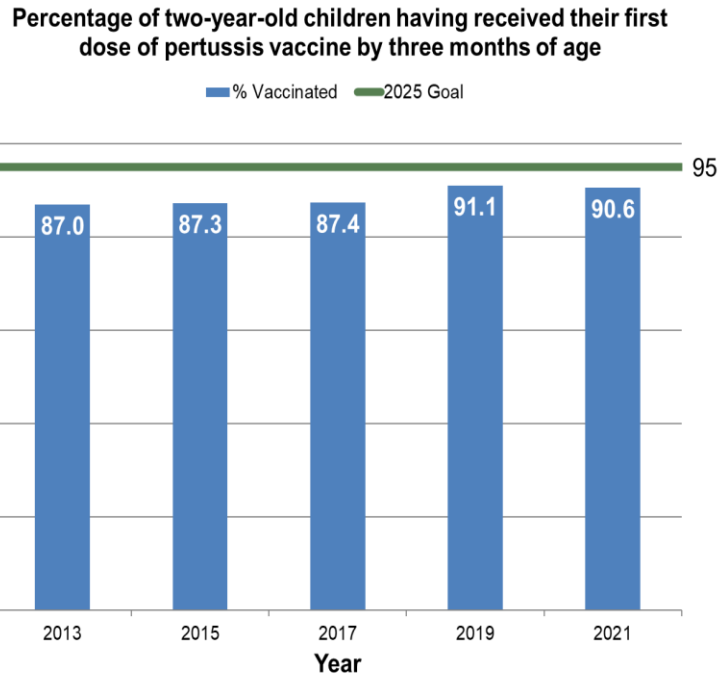


# Reference Slides

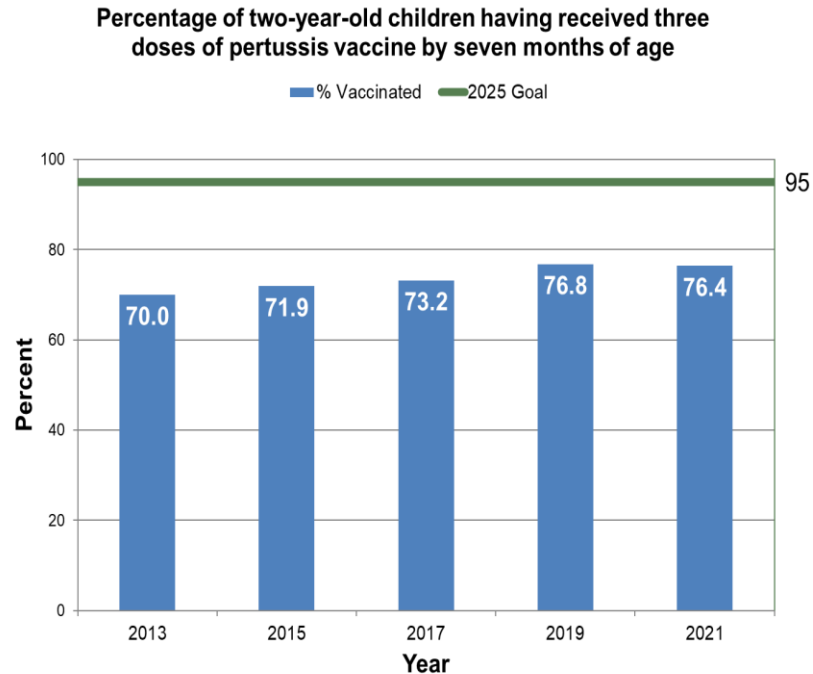
# 2016-2025 NVCGs and Available Data among Children

# Achieve **95%** vaccination for the first three doses of the **pertussis** vaccine for **INFANTS**

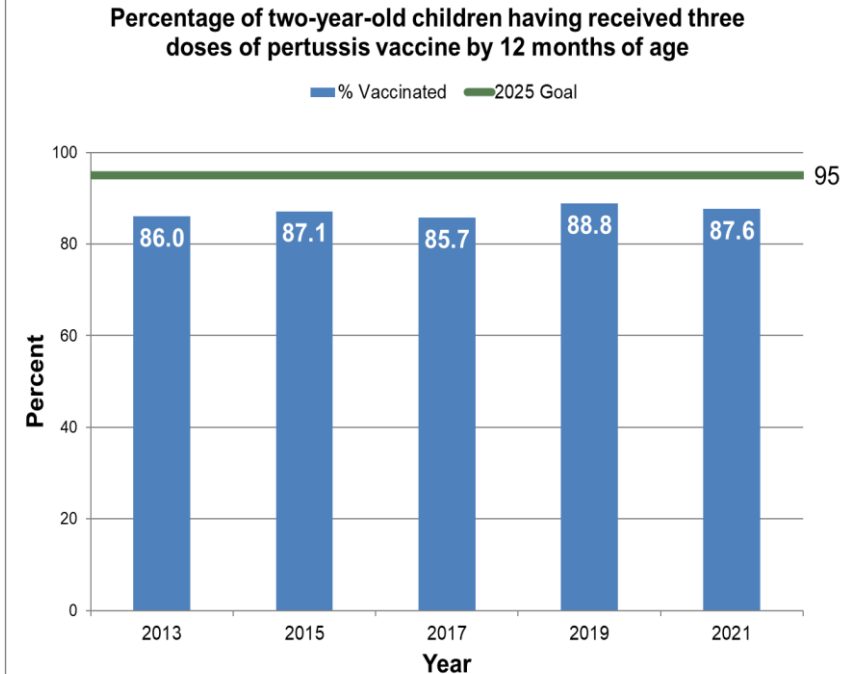
## 1 dose pertussis at 3 months



## 2 doses pertussis at 7 months



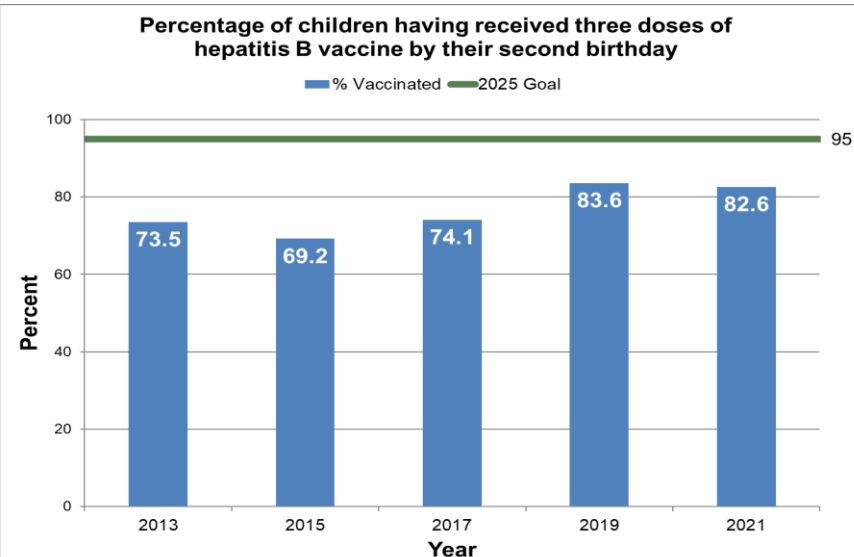
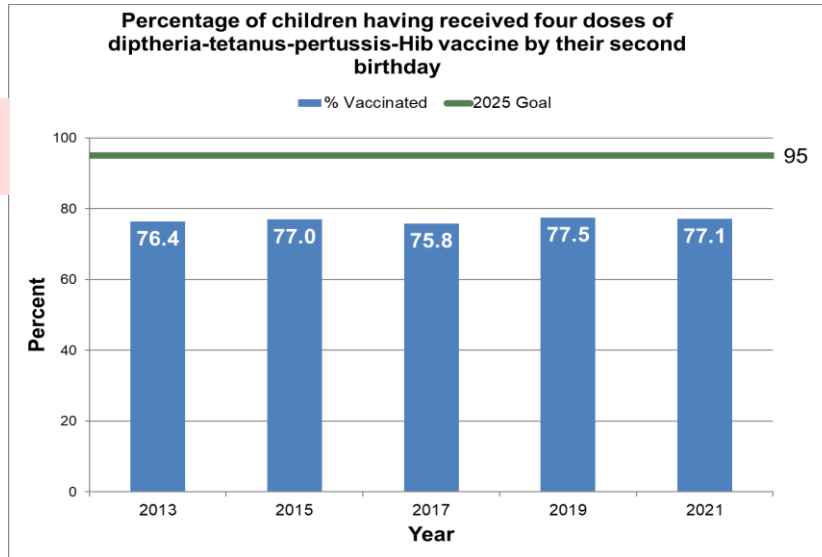
## 3 doses pertussis at 12 months



Data Source: childhood National Immunization Coverage Survey (cNICS) 2013 to 2021

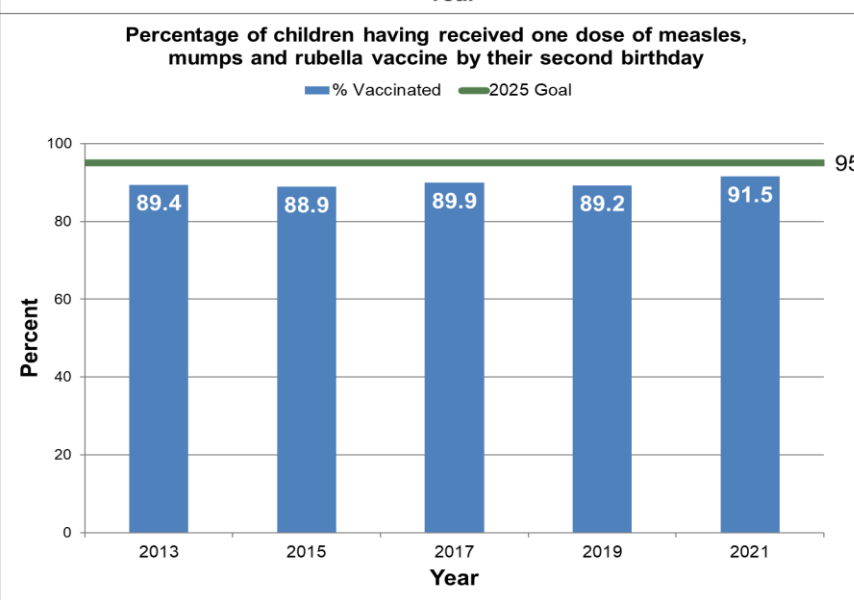
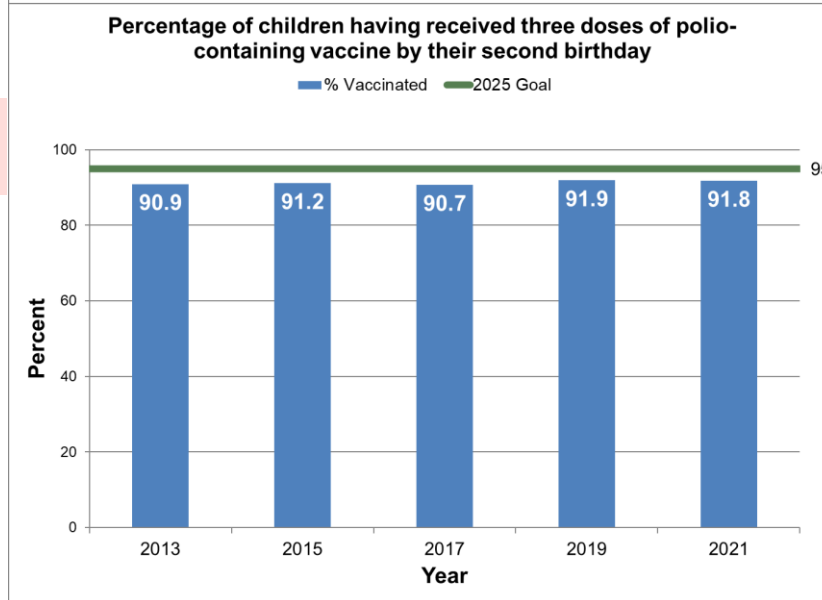
# Achieve **95%** vaccination coverage by **TWO YEARS OF AGE** for the following childhood vaccines

**4 doses DTaP-Hib by 2 years**



**3 doses Hepatitis B by 2 years**

**3 doses polio by 2 years**

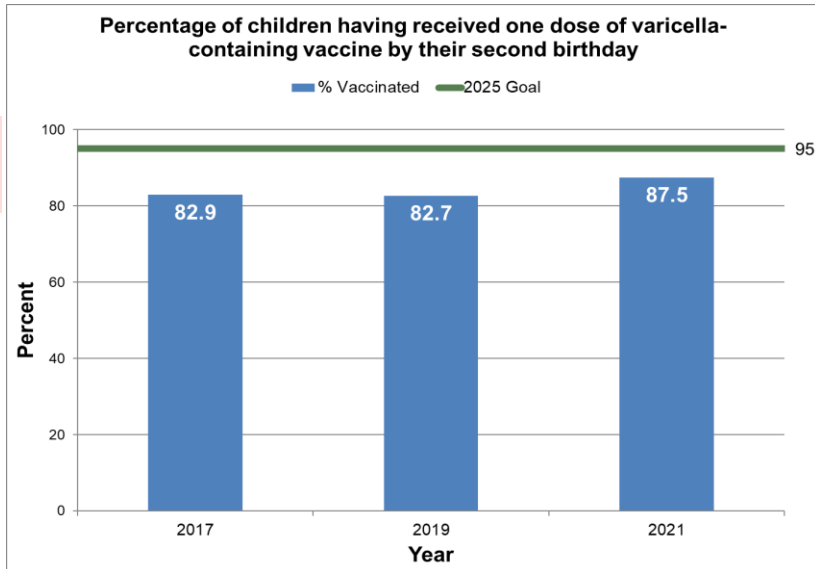


**1 dose MMR by 2 years**

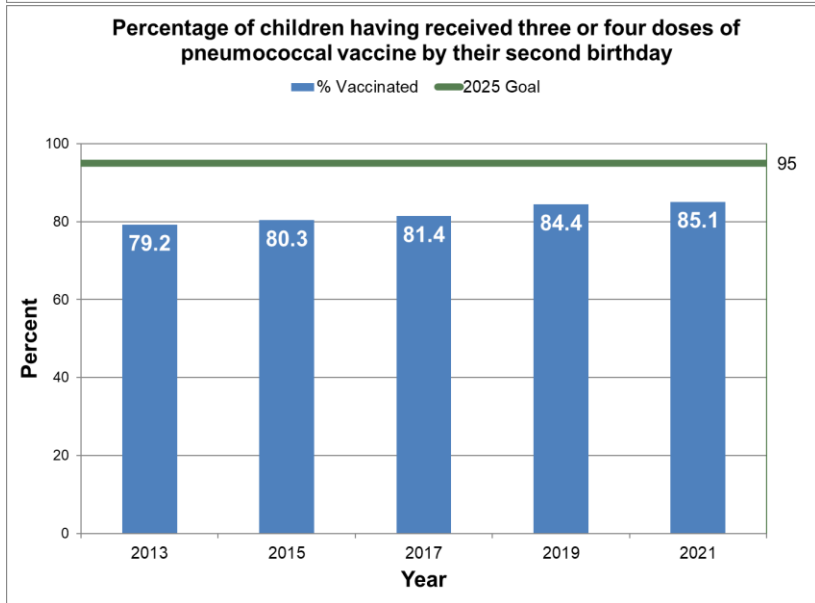
Data Source: childhood National Immunization Coverage Survey (cNICS) 2013 to 2021

# Achieve **95%** vaccination coverage by **TWO YEARS OF AGE** for the following childhood vaccines

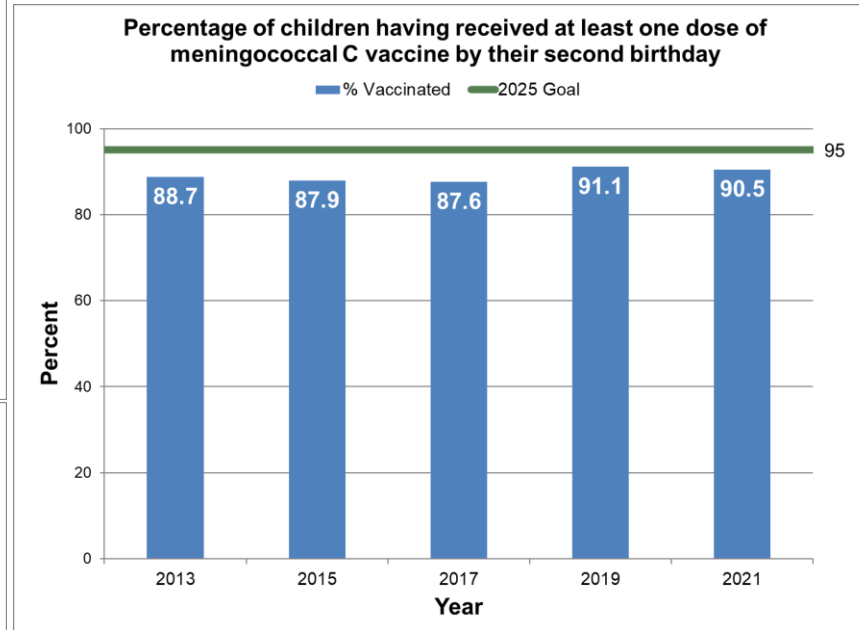
1 dose varicella by 2 years



3-4 doses pneumococcal by 2 years\*



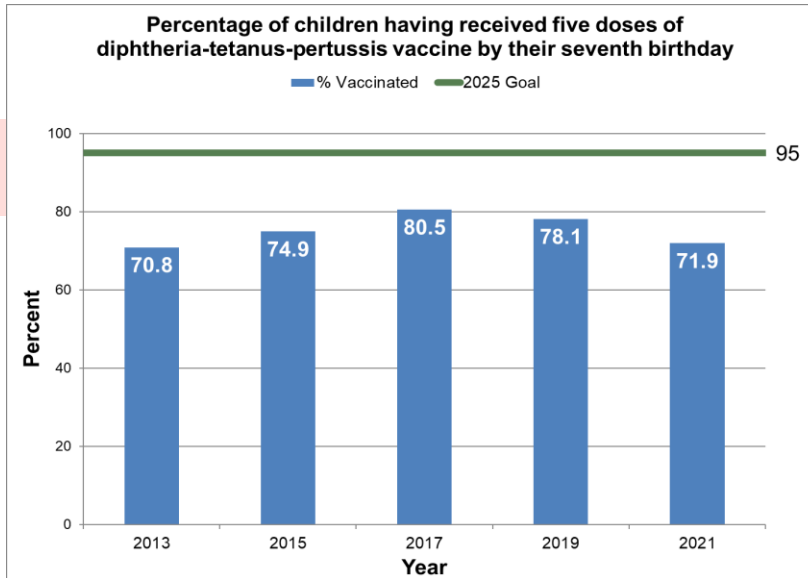
1 dose meningococcal C by 2 years



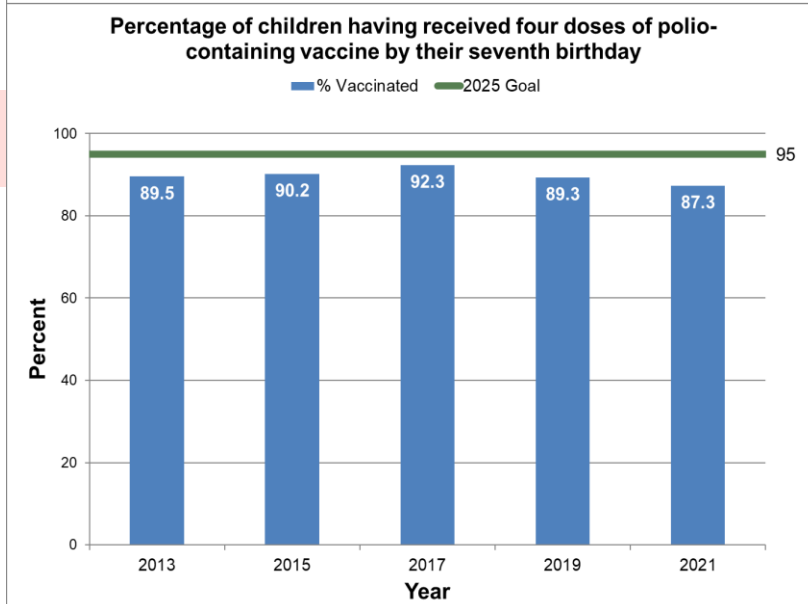
Data Source: childhood National Immunization Coverage Survey (cNICS) 2013 to 2021

# Achieve **95%** vaccination coverage by **SEVEN YEARS OF AGE** for the following childhood vaccines

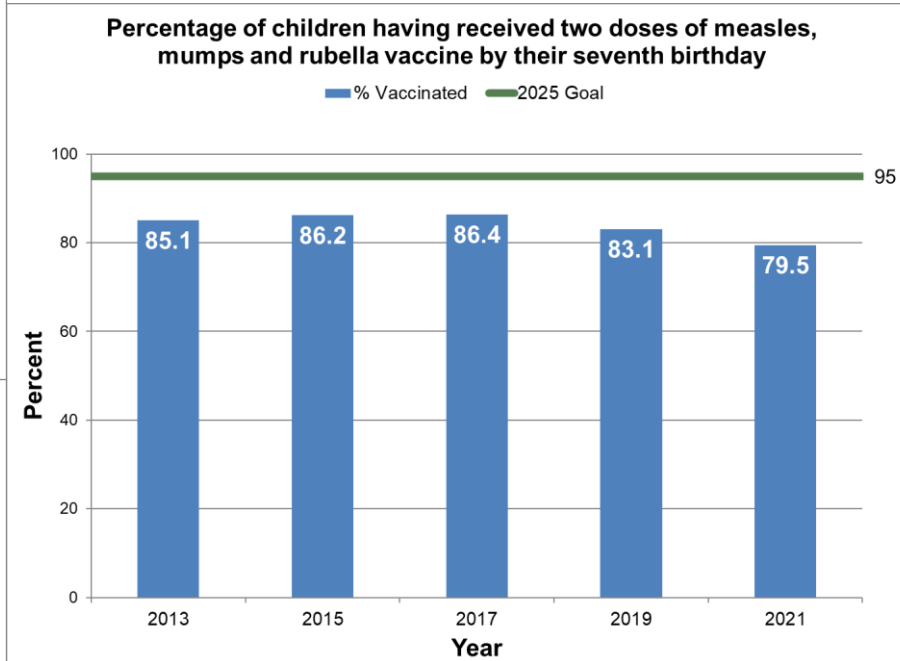
5 doses of DTaP by 7 years



4 doses polio by 7 years



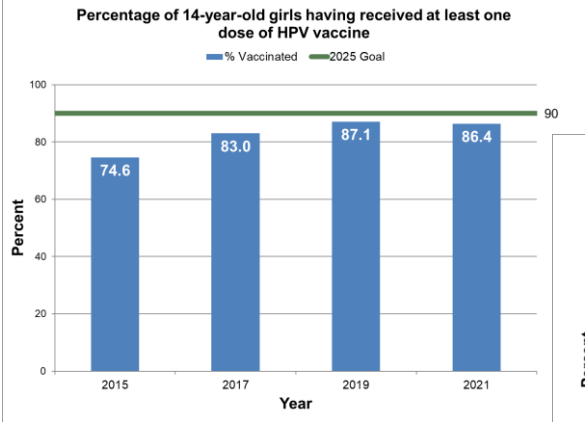
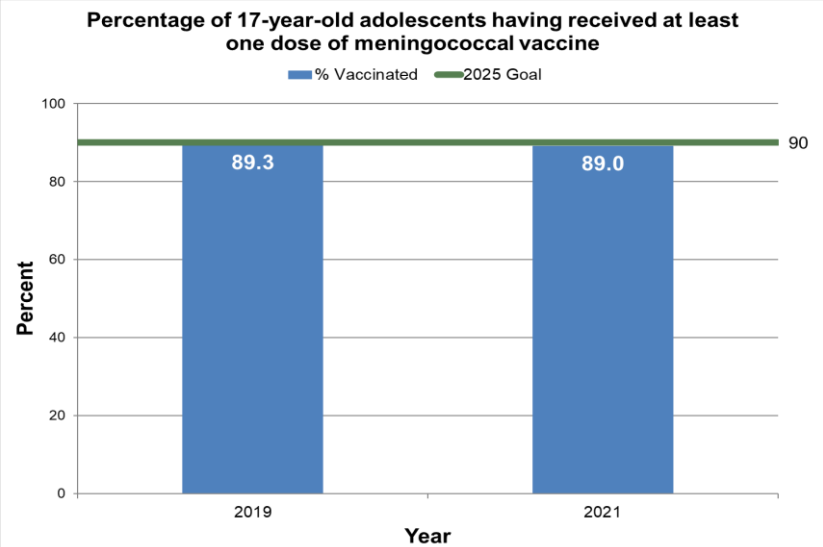
2 doses MMR by 7 years



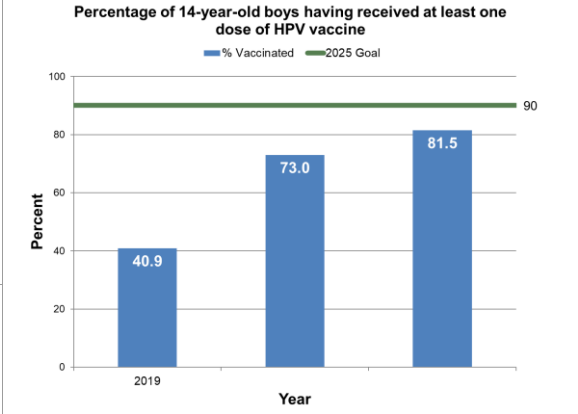
Data Source: childhood National Immunization Coverage Survey (cNICS) 2013 to 2021

# Achieve **90%** vaccination coverage by **SEVENTEEN YEARS OF AGE** for the following adolescent vaccines

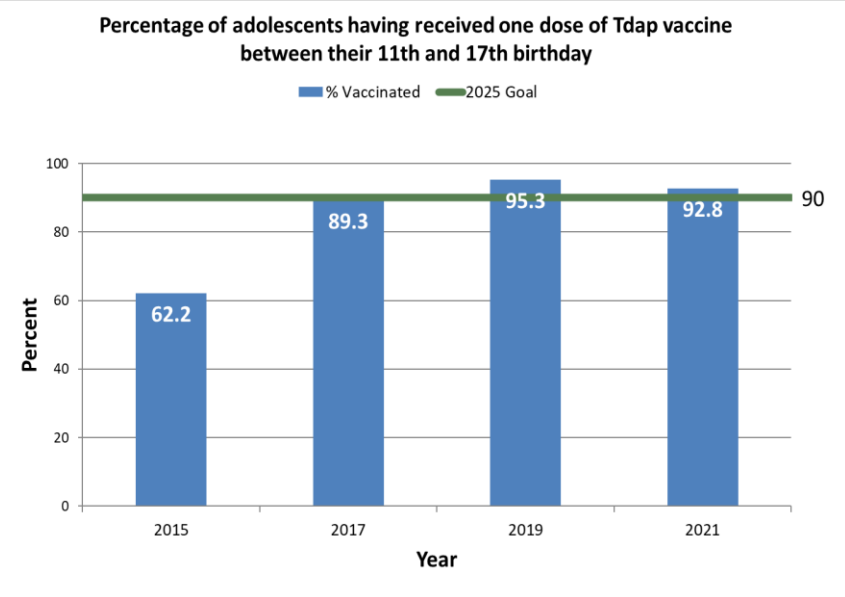
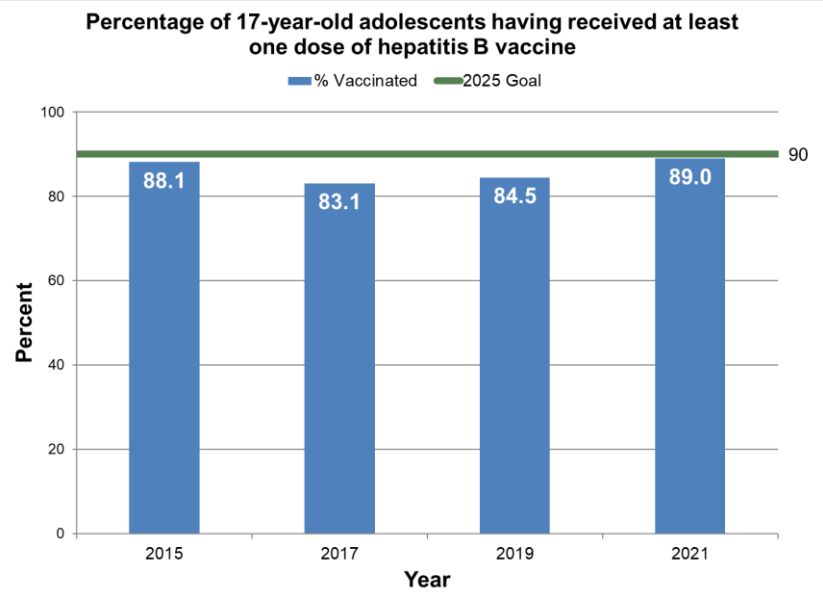
**1 dose meningococcal by 17 years**



**2+ doses HPV by 17 years (girls/boys)**



**1+ doses Hep B by 17 years**



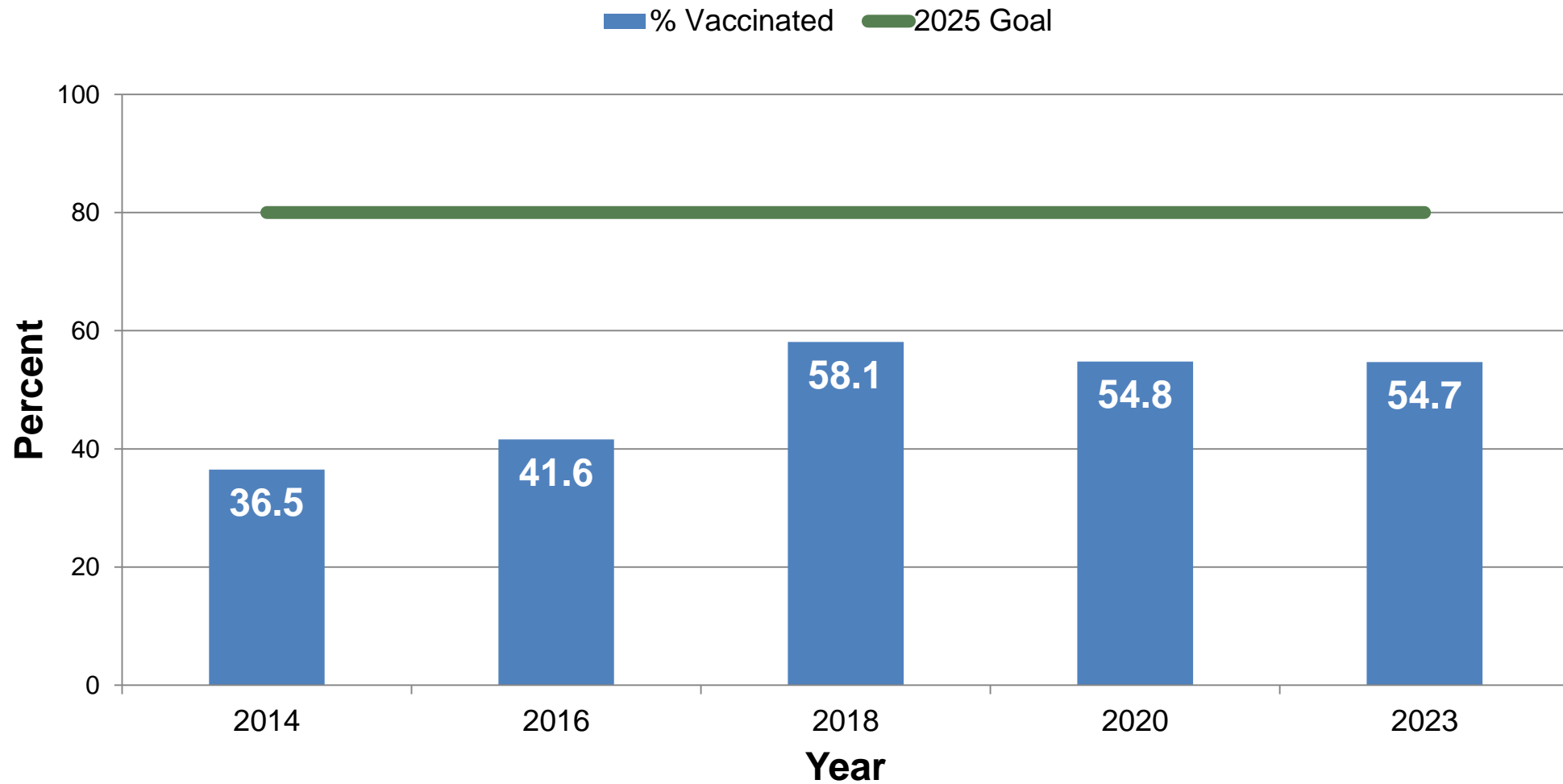
**1 dose Tdap (booster) by 17 years**

Data Source: childhood National Immunization Coverage Survey (cNICS)



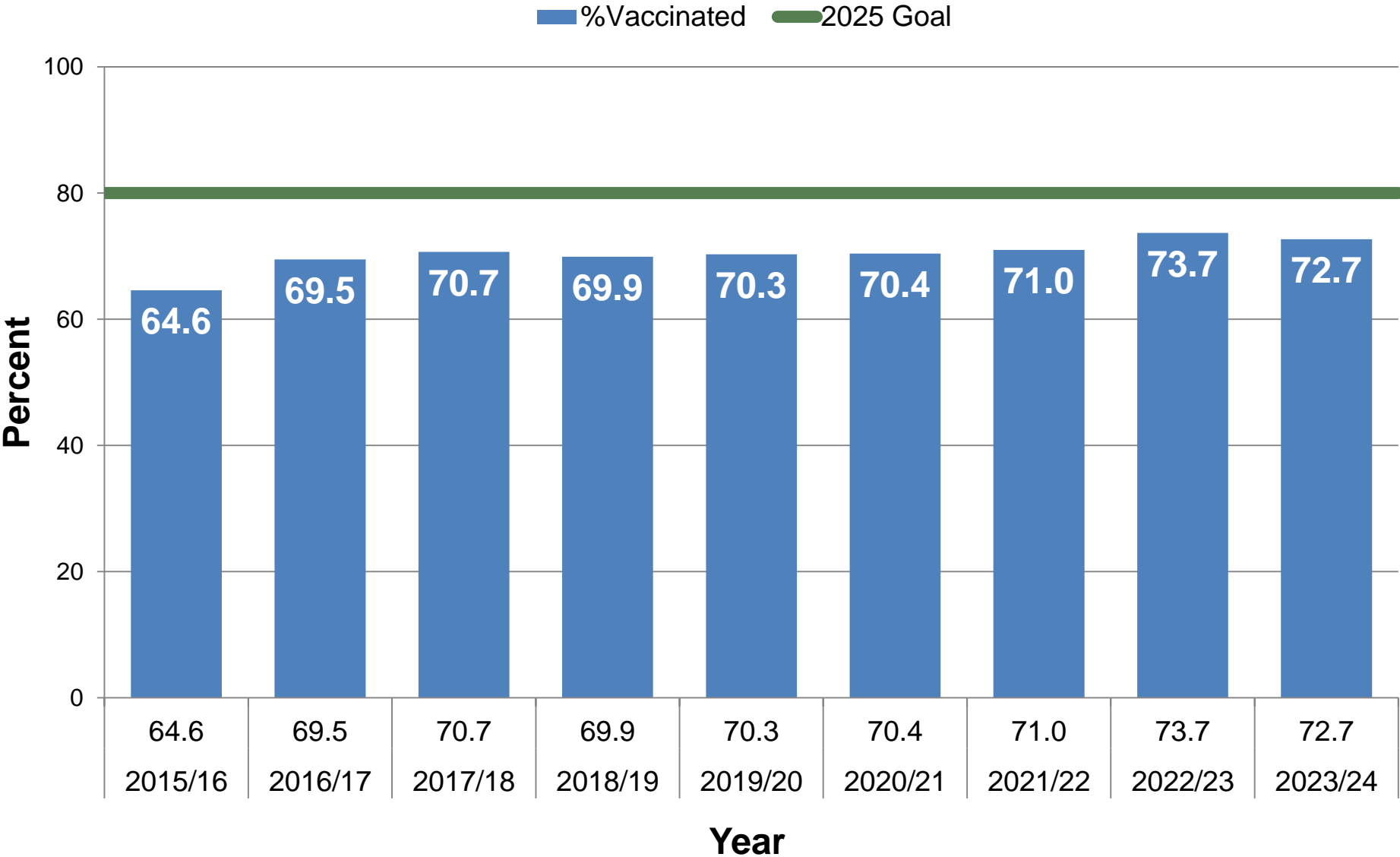
# 2016-2025 NVCGs and Available Data among Adults

## Percentage of adults 65 years of age and older having received at least one dose of a pneumococcal vaccine



Data Source: adult National Immunization Coverage Survey (aNICS) 2014, 2016, and 2023 ; Seasonal Influenza (Flu) Vaccination Coverage Survey 2018 and 2020

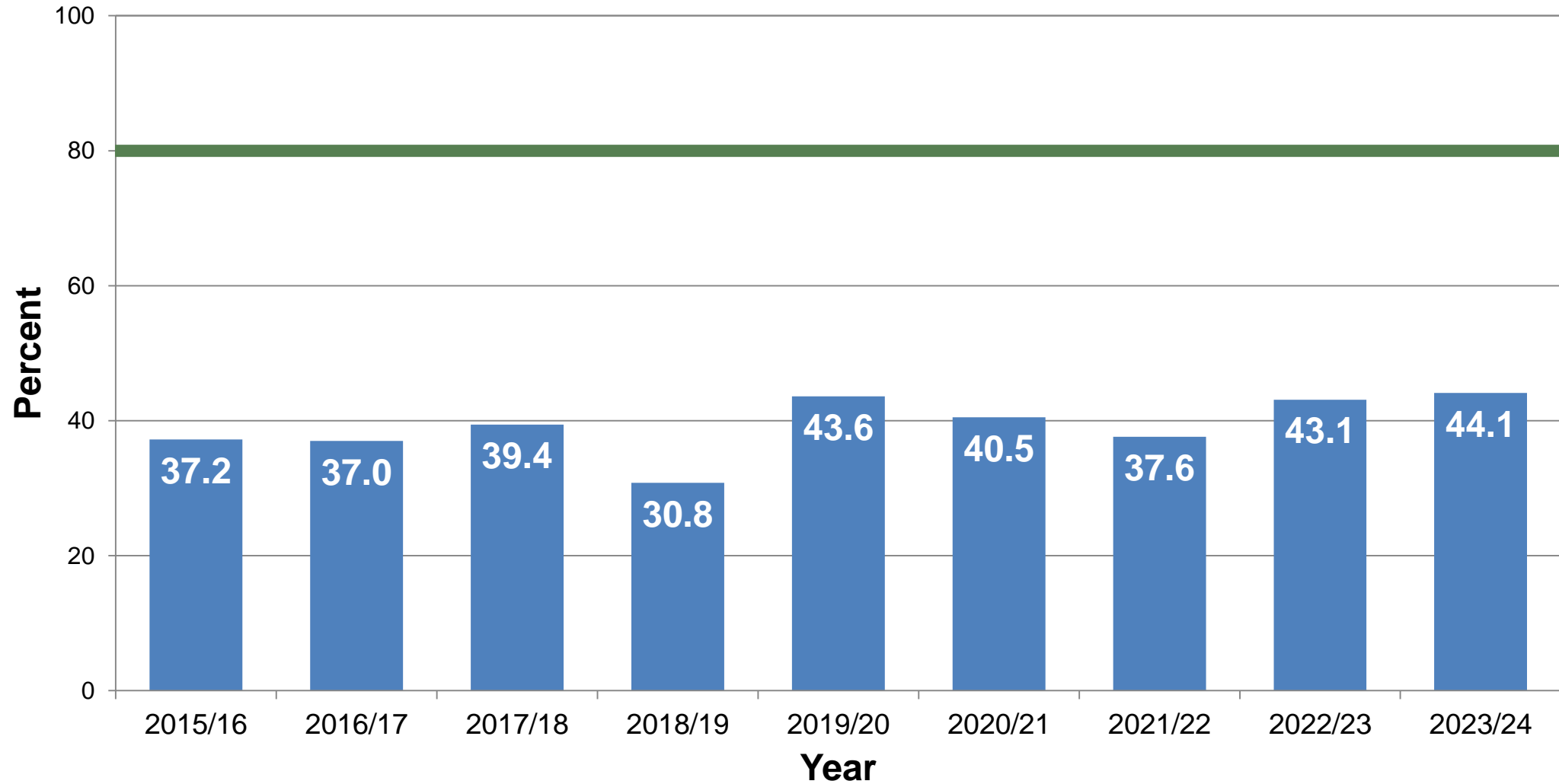
# Percentage of adults aged 65 years and older vaccinated with seasonal influenza vaccine



Data Source: Seasonal Influenza (Flu) Vaccination Coverage Survey 2015-16 to 2023-24

# Percentage of adults aged 18 to 64 years with chronic medical condition(s) vaccinated with seasonal influenza vaccine

■ %Vaccinated   ■ 2025 Goal



Data Source: Seasonal Influenza (Flu) Vaccination Coverage Survey 2015-16 to 2023-24

# Hepatitis B and Influenza vaccine coverage among healthcare professionals

Hepatitis B –  
86.6% (2023)

Influenza – 56.5%  
(2023)



# Reference Material for external Consultation

- ***The following document will be shared with stakeholders for reference:***
  - Current status of the NVCGs: Excel spread sheet showing vaccination coverage estimates between 2016 and 2024 and international VCG.
    - » Comparison of Canada's NVCGs with those set by the WHO and internationally. An environmental scan was performed of countries that are often benchmarked in healthcare comparison with Canada (i.e., the United States of America, the United Kingdom, Australia, Germany, France, Sweden, the Kingdom of the Netherlands, and New Zealand). Government websites were primarily scanned to identify current and/or past NVCGs.