

Primary Health Care Services for Children and Youth in Canada: Access, Quality and Structure

Supplemental text to module page 3.3.3: Immunization coverage

Importance

Childhood immunizations are an important preventive and cost-effective health intervention. Currently, UNICEF has reported Canada to have the second lowest rates in the OECD of up-to-date immunizations in children 12-23 months for routine childhood immunization (Measles, polio, DPT3) [UNICEF, 2013]. Many Canadian provinces continue to have outbreaks of measles, pertussis and other immunization-preventable diseases.

Coverage rates may be used as a measure of preventive care quality. In some jurisdictions such as the US where childhood immunizations are given primarily by primary care physicians, coverage rates are used as performance measures for payment and public reporting. Often, coverage rates are assessed in totality – in other words are children up-to-date on all recommended immunizations, rather than on antigen-specific ones? In Canada, there have been calls for this to be a routine public health and primary care performance measure (OAHPP, 2013; Guttman et al., 2011). Ontario is currently the only jurisdiction in Canada using immunization coverage of young children as a pay-for-performance measure with payment for high rates of overall immunization coverage of children at age 2 years.

As outlined earlier, childhood immunizations are given by a wide variety of providers in different provinces and territories and there are differences in the schedules and to some degree the universality of funding for some of the newer vaccines. This complicates both the ability of jurisdictions to collect data on coverage through immunization registries (Guttman et al., 2011) have standard measures across provinces, but, perhaps more importantly, to structure accountability for high rates of coverage. National immunization data is collected through surveys and the sampling frame does not allow for provincial estimates (PHAC report). Apart from allowing coverage rate measurement, immunization registries have the important ability to track individuals to allow providers to improve coverage rates.

What Did We Do?

We searched ministry of health and official non-governmental websites at the national and provincial level to explore the availability of up-to-date reports of routine immunization coverage, according to PHAC and international recommendations. Specifically, we looked for up-to-date coverage data for recommended specific antigens and overall for age at ages 2 and 7 years.

What Did We Find?

Several Canadian jurisdictions, including British Columbia, Saskatchewan, Manitoba, New Brunswick, Prince Edward Island and Yukon, have fully-implemented and functional immunizations registries. Others are in the implementation stage or evaluating options for a registry (Guttmann et al., 2011).

What does this mean?

There is little available data on coverage rates across most provinces, and there is no standardization of which coverage rates are reported. Of the provinces and territories that do report coverage, very few are close to meeting national targets set by the Public Health Agency in 2005 (PHAC report).

Key sources:

PHAC Immunization coverage in Canada, 2002-2012. <http://www.phac-aspc.gc.ca/im/nics-enva/icc-cvc-eng.php>.

UNICEF Office of Research (2013). 'Child Well-being in Rich Countries: A comparative overview', *Innocenti Report Card 11*, UNICEF Office of Research, Florence.

Guttmann A, Shulman R, Manuel D. Improving accountability for children's health: Immunization registries and public reporting of coverage in Canada. *Paediatr Child Health*. 2006, 16(1),16-18.

Ontario Agency for Health Protection and Promotion (Public Health Ontario). *Measuring the health of infants, children and youth for public health in Ontario: Indicators, gaps and recommendations for moving forward*. Toronto, ON: Queen's Printer for Ontario; 2013