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# ENDORSEMENT OF THE NATIONAL IMMUNIZATION STRATEGY

**The Health and Emergency Medical Services Committee recommends the adoption of the recommendations contained in the following report, January 21, 2004, from the Commissioner of Health Services:**

## 1. RECOMMENDATIONS

It is recommended that:

1. The Regional Chair write a letter to the Premier of Ontario and the Minister of Health and Long-Term Care requesting the government fund 100% provincially the cost of:
   a) varicella, conjugate meningococcal, and conjugate pneumococcal vaccines, and
   b) any increased costs incurred by local health units for the distribution of these additional vaccines.

2. The Regional Chair write a letter to the Federal Minister of Health, the Federal Minister of State (Public Health), and the Provincial Minister of Health and Long-Term Care endorsing the development of a national immunization strategy.

3. A copy of this report be distributed to the Association of Municipalities of Ontario (AMO) and the Regional Chairs and Single Tier Mayors Group for their information.

## 2. PURPOSE

The purpose of this report is to endorse the development of a national immunization strategy in order to ensure that all Canadians receive an optimal level of immunization. The national immunization strategy should include the provision to publicly fund recommended childhood vaccines in order that all Canadian children have equal access to these vaccines.

## 3. BACKGROUND

Currently, Canadian children are routinely immunized against nine infectious diseases under programs offered and paid for by provincial governments. These vaccines include the combined tetanus, diphtheria, pertussis, polio and haemophilus influenza type b vaccine; the combined measles, mumps and rubella vaccine; and hepatitis B vaccine.

In recent years, new vaccines that prevent debilitating, and potentially fatal infectious diseases have been licensed in Canada, and recommended for use by both the National Advisory Committee on Immunization (NACI) and the Canadian Pediatric Society. However they have not all been uniformly included in provincial programs across the country. These vaccines include the conjugate meningococcal vaccine (for bacterial meningitis), conjugate pneumococcal vaccine (for pneumonia and bacterial meningitis),

varicella vaccine (for chicken pox), and adolescent/adult pertussis vaccine (for whooping cough). Several of these vaccines are offered in some provinces but not others, leading to a patchwork of immunization coverage across the country.

In Ontario, the Ministry of Health and Long-Term Care (MOHLTC) offers the conjugate pneumococcal vaccine free of charge only for children under 2 years of age who meet high risk criteria, i.e. immune compromising infections, such as HIV. The adolescent/adult pertussis vaccine (combined with tetanus and diphtheria) has recently been added to the provincial program, offered for the adolescent booster dose, but the varicella and conjugate meningococcal vaccines, and universal pneumococcal vaccine are not covered by any provincial program.

By comparison, in British Columbia and Alberta the conjugate pneumococcal vaccine is offered free of charge as part of the routine immunization schedule for all infants and young children. As well, varicella vaccine is offered as part of the routine immunization schedule in Prince Edward Island, Nova Scotia, Alberta, Northwest Territories, and Nunavut.

At the Canadian National Immunization Conference in December 2002, immunization policy-makers and experts from across the country recommended that immunization be made a national priority, and that a national immunization strategy be created by a provincial/territorial/federal collaboration with strong federal leadership.

## 4. ANALYSIS AND OPTIONS

Due to increases in the cost of research, development, new technologies and increased regulatory requirements, newer vaccines tend to be more costly to manufacture, which has been a major drawback to the incorporation of the new, safe and effective vaccines into provincial immunization programs. In the current environment, families in most provinces and territories must decide whether to pay for these added vaccines on their own, which could cost as much as $790 per child (3 doses of conjugate meningococcal vaccines @ $100/dose; up to 4 doses of conjugate pneumococcal vaccine as the number of doses depends on the child's age @ $100/dose; and 1 dose of varicella vaccine @ $90/dose), or run the risk of contracting these preventable diseases. This has created a two-tiered system of immunization, whereby children of parents who can afford these new, expensive vaccines are more likely to receive them than underprivileged children, who are more vulnerable to infection and would benefit the most from the new vaccines.

These diseases place a strain on the health care system, especially if complications ensue. According to the Canadian Immunization Guide, 6th Edition, 2002, studies have estimated that varicella (chickenpox) increases the risk of severe respiratory infections in previously healthy children by a factor of 40- to 60-fold; meningococcal disease (serogroup C) presented with blood infections (septicaemia) in 88% of cases and had a high case fatality rate of 14% between 1985 and 2000 in Canada; and pneumococcal disease is the leading cause of invasive bacterial infections, meningitis, bacterial

pneumonia and ear infections (acute otitis media) in children. The effectiveness of these vaccines range from 89% to 97%. The incidence rates of these now vaccine preventable diseases are not decreasing as quickly as they would if all children across Canada had equal access to the new, effective vaccines.

At the present time, each province buys its vaccine from the manufacturers, negotiating for the best price possible. However, if the vaccines were bought in larger quantities, for the entire country, under a federal contract (as is currently the case with influenza vaccine), the cost of the vaccines would likely be less.

Canada stands apart from countries such as the United States, Australia and the United Kingdom, in having an immunization program that is determined by each province and territory instead of being a federal responsibility.

It has been proposed that a comprehensive national immunization strategy would have five components: equitable access, immunization safety, vaccine procurement (sustained availability, best price), national goals and objectives, and immunization registries.

If a national immunization strategy was created and endorsed by the federal and provincial governments, the following could be achieved:

- Harmonization of childhood immunization schedules across the country
- Efficient introduction of new vaccines
- The ability to enhance the monitoring of vaccine use and adverse events
- Improvements in the ability to access vaccines in the most cost effective manner

### 4.1 Relationship to Vision 2026

Establishing a national immunization strategy would be consistent with many of the goals outlined in York Region's Vision 2026 document including a High Quality of Life, Promoting Public Wellness and Meeting Peoples Basic Needs.

## 5. FINANCIAL IMPLICATIONS

With the distribution of additional vaccines, there will likely be increased costs incurred by The Regional Municipality of York. Although the Health Services Department already has a vaccine distribution system for publicly-funded vaccines, which currently costs approximately $191,000 per year with a net tax levy $95,500, the new Integrated Public Health Information System (iPHIS) now being tested by MOHLTC and piloted here in York Region may need modification. This system has the capacity to electronically register vaccines and children. Bar codes would need to be added to vaccine boxes and scanners be placed in physician offices. This automatic registration at the "point of service" will have implementation costs that have yet to be quantified.

## 6. LOCAL MUNICIPAL IMPACT

In a region of growing and diverse populations, the need to protect the health and well-being of York Region residents is a high and demanding priority. Establishing a national immunization strategy will not only allow local families protection from diseases they otherwise would not be able to afford, but will also ensure the Region continues to enjoy healthy communities.

## 7. CONCLUSION

The role of Public Health is to promote and protect the health of the population. In Ontario the *Health Protection and Promotion Act's Mandatory Health Programs and Services Guidelines, December 1997*, states that local health units should strive to reduce the incidence of vaccine preventable diseases.

Vaccines are available to prevent debilitating, potentially fatal infectious diseases. It is recommended that York Region request the Premier of Ontario to publicly fund the varicella, conjugate meningococcal and conjugate pneumococcal vaccines in the province. Any increased costs incurred by local health units for the distribution of these additional vaccines should also be covered through 100% provincial funding. This would ensure equal access to these health resources for all Ontarians.

York Region should also write to the Federal Minister of Health, the Federal Minister of Population and Public Health, and the Provincial Minister of Health and Long-Term Care endorsing the development of a national immunization strategy. This strategy would assist in decreasing the incidence of vaccine preventable disease and would result in reduced health care costs and an overall improvement in the quality of life for Canadians.

The Senior Management Group has reviewed this report.