

If this information is required in an accessible format, please contact 1-800-372-1102 ext. 3111



The Regional Municipality of Durham Information Report

From: Commissioner & Medical Officer of Health
Report: #2024-INFO-78
Date: November 22, 2024

Subject:

2024 Annual Report of the Chief Public Health Officer of Canada

Recommendation:

Receive for information

Report:

1. Purpose

1.1 To provide an update on the release of the annual report from the Chief Public Health Officer of Canada (CPHO) regarding the state of public health in Canada entitled: [Realizing the Future of Vaccination for Public Health](#).

2. Background

2.1 The CPHO is responsible for providing an annual report to the Minister of Health for tabling in Parliament as required under Section 12(1) of the [Public Health Agency of Canada Act](#).

2.2 The annual report provides an update on the state of public health in Canada and encourages discussion on priority public health issues.

2.3 The 2024 CPHO annual report was released on October 25, 2024.

2.4 This year, the CPHO focuses on the topic of vaccinations and provides a vision and solutions to mitigate current issues, such as gaps in vaccine funding, uptake, access, and evidence in Canada.

2.5 New data, resources and features to help measure the state of public health in Canada are available on the [Health of People in Canada dashboard](#).

3. CPHO Annual Report Highlights

3.1 The 2024 CPHO annual report is organized into four sections:

- a. Section 1, entitled *Policy and Program Interventions: Equitable and Community-Driven Initiatives that Facilitate Access to Vaccination*, presents solutions to improve vaccine access by designing supportive resource, healthcare, and information environments.
 - Resource environments should remove barriers to vaccination (e.g., by making vaccination as convenient as possible especially for people who would typically face barriers).
 - Healthcare environments should offer a positive vaccination experience. This can be achieved by having trusted healthcare providers administering vaccines, promoting culturally safe and person-centred care, and combining vaccination with other services.
 - Information environments should promote vaccine awareness, education, and trust with timely, accurate, and culturally appropriate information about vaccine-preventable diseases and the safety and effectiveness of vaccines.
- b. Section 2, entitled *Evidence, Knowledge, and Information: Inclusive and Interoperable Vaccination Evidence Systems to Understand Population Health Needs*, presents solutions such as:
 - Enhancing public health surveillance systems for vaccination by improving the availability of stratified data, prioritizing data sovereignty, and facilitating linkages between data systems.
 - Using interdisciplinary research to better understand issues of vaccine coverage, uptake, and acceptance, especially among priority population groups.
 - Prioritizing evidence-informed decision making by connecting research to vaccination policy and practice, for example with technical advisory groups.
 - Including community knowledge (e.g., lived experience, culture, and traditions) in vaccination evidence systems (i.e., data and research).
- c. Section 3, entitled *Medical and Digital Health Technology: Purposeful and Adaptive Vaccine Technology for Equity*, presents equity-promoting solutions, such as:

- Addressing equity gaps with new vaccines or with improvements to existing vaccine products to better serve people disproportionately affected by disease.
 - Leveraging digital health technologies for efficient vaccine uptake and distribution (e.g., reminder systems, clinical decision support alerts, electronic consent forms, and general promotional messaging to combat mis- and dis-information).
 - Incentivizing needs-based vaccine research and innovation according to global epidemiological trends and community needs, especially in under-resourced communities.
 - Embedding community engagement into the vaccine development process, especially in the design and conduct of clinical vaccine trials.
- d. Section 4, entitled *Strengthened Foundations of the Public Health System to Support Vaccination*, presents practical solutions for the public health system, which include:
- Equipping public health and healthcare workers with the tools and resources to support vaccination.
 - Optimizing public health funding with economic analyses of vaccination programs.
 - Coordinating knowledge, communication, and participation in vaccination policy decision-making (e.g., through groups like the National Advisory Committee on Immunization) to align activities, share feedback, and reduce duplicative work about vaccination across jurisdictions.
- 3.2 The CPHO highlights three actions to improve the vaccination landscape for public health.
- a. Guide sustainable investments in vaccination by:
- Evaluating current and future vaccinations to assess and improve public health performance.
 - Investing in information technology, program evaluation, and workforce capacity.
 - Providing sufficient funding to tailor vaccination approaches to meet the needs of priority populations and establishing targets to close equity gaps.

- b. Strengthen vaccination data and evidence systems to be responsive, inclusive, and connected by:
 - Accelerating the advancement of evidence and data systems that are timely, comprehensive, relevant, interoperable, accessible, and respects data sovereignty.
 - Monitoring the impact of vaccines at the population level.
 - Incentivizing research to close information gaps, like sociocultural contexts that influence trust in institutions and vaccines.
 - Prioritizing equity-informed and community-driven methods to better understand vaccine access, acceptance, knowledge, attitudes, and beliefs.
 - Prioritizing Indigenous data sovereignty.
- c. Embed and expand collaboration mechanisms for the vaccination system by:
 - Developing processes for knowledge exchange.
 - Working across jurisdictions.
 - Committing to self-determination for Indigenous Peoples in vaccination governance systems.
 - Implementing community perspectives into vaccine program decision-making.
 - Supporting international governance structures involving vaccines that contribute to global health security.

4. Relationship to Strategic Plan

- 4.1 This report aligns with the following strategic goal and priority in the Durham Region Strategic Plan:
 - a. Goal 2: Community Vitality
 - 2.3: Enhance community safety and well-being.
 - 2.4: Influence the social determinants of health to improve outcomes for vulnerable populations.

5. Conclusion

- 5.1 The CPHO's annual report is an opportunity for boards of health and relevant stakeholders across Canada to reflect on the current state of public health and establish priorities for the year ahead.
- 5.2 This year, the CPHO's vision is for everyone in Canada to experience the benefits of vaccination to its fullest extent across the lifespan.
- 5.3 Moving forward after the COVID-19 pandemic, the CPHO is committed to fostering a stronger and more resilient vaccination system that adapts to the population's needs. This includes ongoing work on health equity and expanding health information systems to assess threats and monitor population health.
- 5.4 The CPHO will release a companion resource that calls for coordinated science and research to put this report's recommendations into action. The companion report is not yet available but will be titled: *Generating Knowledge to Realize the Future of Vaccination for Public Health*.
- 5.5 Locally, the Durham Region Health Department continues to implement its Immunization program. Information regarding local immunization services is available at durham.ca/immunize and durham.ca/covidvaccines.
- 5.6 Immunization clinics are held for residents who do not have OHIP coverage or have decreased access to a healthcare provider. Additionally, COVID-19 vaccines are provided to residents who have decreased access through a pharmacy or healthcare provider.

Respectfully submitted,

Original signed by

R.J. Kyle, BSc, MD, MHSc, CCFP, FRCPC, FACPM
Commissioner & Medical Officer of Health