

Canada's Patchwork Approach to COVID-19 Vaccination Led to Hundreds of Preventable Deaths Among Older Adults

TORONTO, August 12, 2021 — Canada's lack of national coordination, inconsistent prioritization of older Canadians, and failure to focus on speed in its provincial COVID-19 vaccine rollouts, cost potentially hundreds of older lives across the country. Between April and June 2021 alone, the deaths of more than 350 older adults in Ontario could have been prevented with earlier administration of second doses of COVID-19 vaccines.

Many important opportunities like this one — to vaccinate Canada's most vulnerable population as early as possible — were missed. This prolonged the risks of illness and hospitalization that older Canadians faced, and led to hundreds of preventable deaths in communities across the country.

A new report published by the National Institute on Ageing (NIA) — [*A Cautionary Tale: Canada's COVID-19 Vaccine Rollout for Older Canadians*](#) — shows that well-planned, comprehensive vaccine rollout plans save lives. And we can start applying these lessons in Canada today and in other countries around the world whose COVID-19 vaccine rollouts are underway or have yet to begin.

"In Canada, we faced three primary issues early on in our vaccine rollout that significantly reduced our ability to prioritize, vaccinate and protect older adults from illness, hospitalization and even death," says Dr. Samir Sinha, Director of Health Policy Research at the NIA. "These include a limited supply of COVID-19 vaccines early in the rollout period, differences in how provinces and territories implemented federal guidelines and delays imposed on the interval between the first and second doses. While the northern territories, Quebec, and Manitoba have been national leaders — achieving among the highest vaccination rates of older Canadians — immunization strategies and health outcomes have varied widely across the country."

The report also compares Canada's older adult vaccination rollout to those in five international jurisdictions, each of which achieved high levels of immunization in older adults quickly. These countries are Chile, Denmark, Israel, the United Kingdom, and the United States. Comparing and analyzing these countries showed that the common elements for a successful vaccine rollout across these regions are speed, centralized governance, and

simple prioritization strategies. Countries that accomplished all three factors, notably the United Kingdom and Israel, were able to vaccinate their older populations more effectively, significantly reducing hospitalization and deaths.

“While we can all be proud of where Canada is today in terms of COVID-19 vaccination, we also have an important opportunity right now to learn from the best practices that have emerged internationally and to implement these changes here at home,” says Dr. Sinha. “By adopting the recommendations in this report, Canada can be well-prepared for future vaccine rollouts, saving lives and better protecting all Canadians.”

In analyzing how Canada’s COVID-19 vaccine rollout compared to other international leaders, five key lessons emerged:

1. Vaccine supply security leads to improved stability of vaccine rollout plans, which enables better decision making and direction from national to local governments
2. The most effective rollout strategies rely on scientific evidence and avoid politicization
3. Greater efforts to address both socio-economic and cultural barriers along with the physical and cognitive limitations of older adults are needed to facilitate access to vaccine appointments
4. Faster, efficient vaccine rollouts save lives
5. Vaccines are highly effective at preventing hospitalization and death among older adults

Based on these insights, the NIA has identified five specific actionable policy recommendations to improve future vaccine rollouts and better protect older adults or other particularly vulnerable populations:

1. Invest in the creation of greater domestic vaccine production capacity
2. Vaccine rollout strategies should be kept simple, evidence-based, and focused on targeting the highest-risk populations whenever possible
3. Strengthen Canada’s digital health infrastructure capacity to more efficiently facilitate vaccination appointments
4. Expand access to vaccines through pharmacies, community clinics, and targeted homebound vaccination programs

5. Develop a national health emergency preparedness plan and train healthcare workers to deliver effective emergency preparedness and response measures

Adopting these measures will enable federal, provincial and territorial governments to vaccinate older populations more quickly and effectively. This will ultimately save lives and contribute to healthier and safer communities across Canada and in other countries around the world whose COVID-19 vaccine rollouts are underway or have yet to begin.

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