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Improving Immunization Coverage and Processes in Ontario

January 15, 2026

PHO Rounds

Disclosure

All authors have no conflicts of interest to declare.

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Speakers



Catharine Chambers, PhD

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Adjunct Lecturer, Dalla Lana School of Public Health, University of Toronto



Emma Nagy, PhD

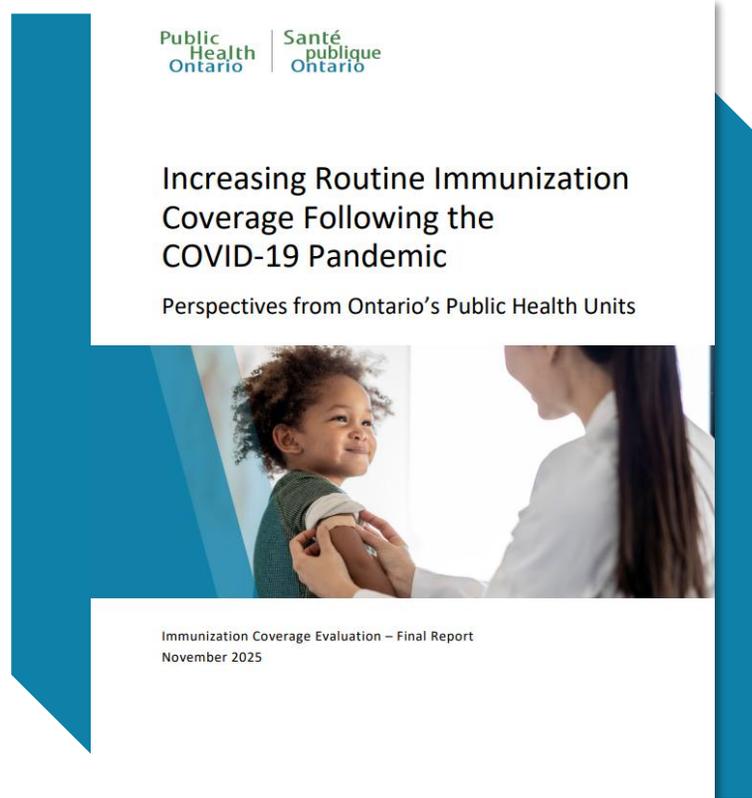
Research Associate, Southeast Public Health



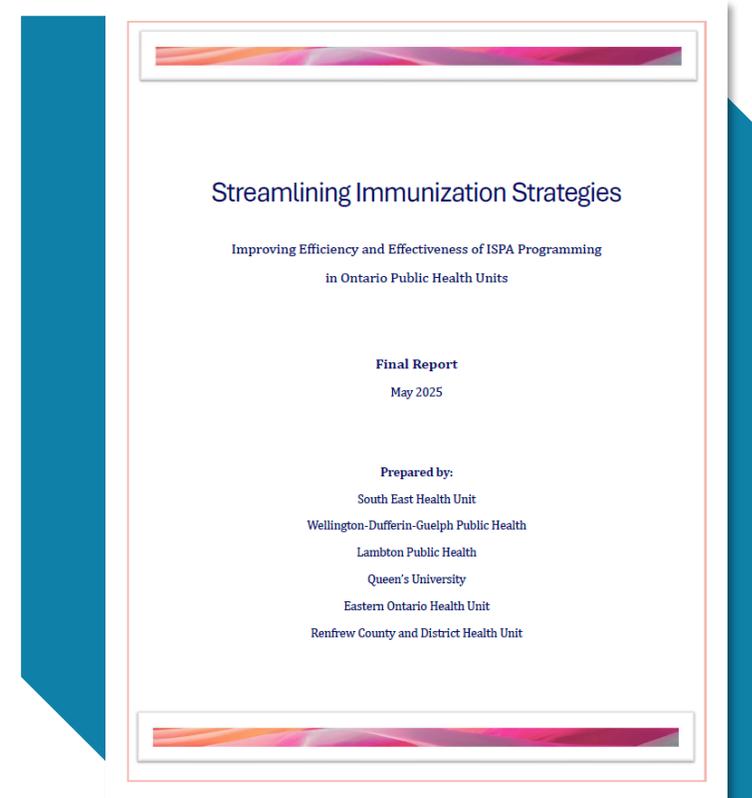
Allison Maier, MPH

Research Associate, Southeast Public Health

Recent Evaluations of Ontario's Immunization Programs



Ontario Agency for Health Protection and Promotion (Public Health Ontario). Increasing routine immunization coverage following the COVID-19 pandemic: perspectives from Ontario's public health units. Toronto, ON: King's Printer for Ontario; 2025. Available from: <https://www.publichealthontario.ca/-/media/Documents/C/25/covid-19-pandemic-increasing-routine-immunization-coverage.pdf>



South East Health Unit. Streamlining immunization strategies: improving efficiency and effectiveness of ISPA programming in Ontario public health units [Internet]. Kingston, ON: South East Health Unit; 2025 [cited 2025 Jan 14]. Available from: <https://www.kflaphi.ca/files/ISPA-Evaluation-LDCP-Public.pdf>

Learning Objectives for Today's Event

1. Describe the impacts of the COVID-19 pandemic on public health immunization program activities and catch-up efforts in Ontario
2. Recognize the similarities and differences in public health immunization programs across Ontario and how that contributes to variability in reported immunization coverage
3. Identify the barriers and enablers to sustaining public health immunization program activities and addressing health equity in Ontario
4. Discuss practical strategies and innovative processes for immunization programs that have been adopted across Ontario's public health units

Increasing Routine Immunization Coverage Following the COVID-19 Pandemic: Perspectives from Ontario's Public Health Units

Immunization Coverage Evaluation – Final Report

Project Team

- Catharine Chambers
- Erin Berenbaum
- Monica Nunes
- Megan Saliwonczyk
- Daphne Imahori
- Elizabeth Brown
- Tara Harris
- Gillian Lim
- Christine Navarro
- Sarah Wilson

Acknowledgements

- PHU staff who participated in the interviews and focus group
- PHU collaborators:
 - Karen Beckermann, TPH
 - Vinita Dubey, TPH
 - Brian Larkin, SEHU
 - Fairleigh Seaton, SEHU
 - Shannon Brown, NWHU

Ontario's Immunization Programs

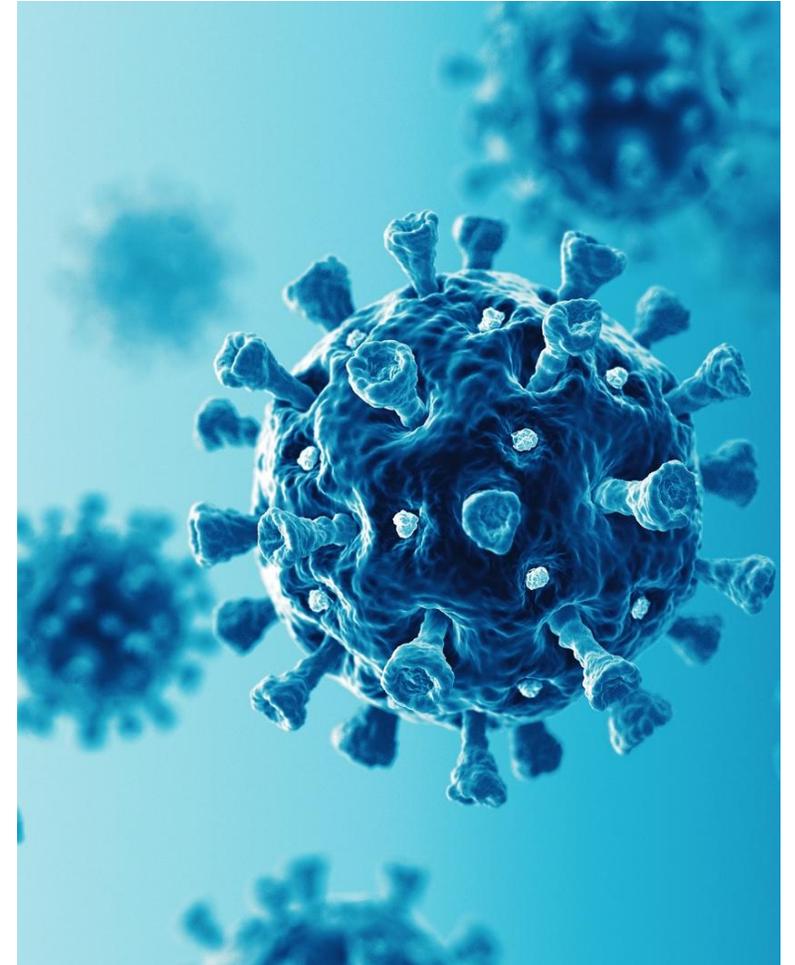
- In Ontario, **primary care providers** administer most routine infant and childhood vaccines
- **Public health units** (PHUs) administer school-based vaccines to grade 7 students
- PHUs assess students' immunization status under the ***Immunization of School Pupils Act (ISPA)***
- Immunization data are recorded in **Panorama**, a web-based interface to the digital immunization repository

About the ISPA

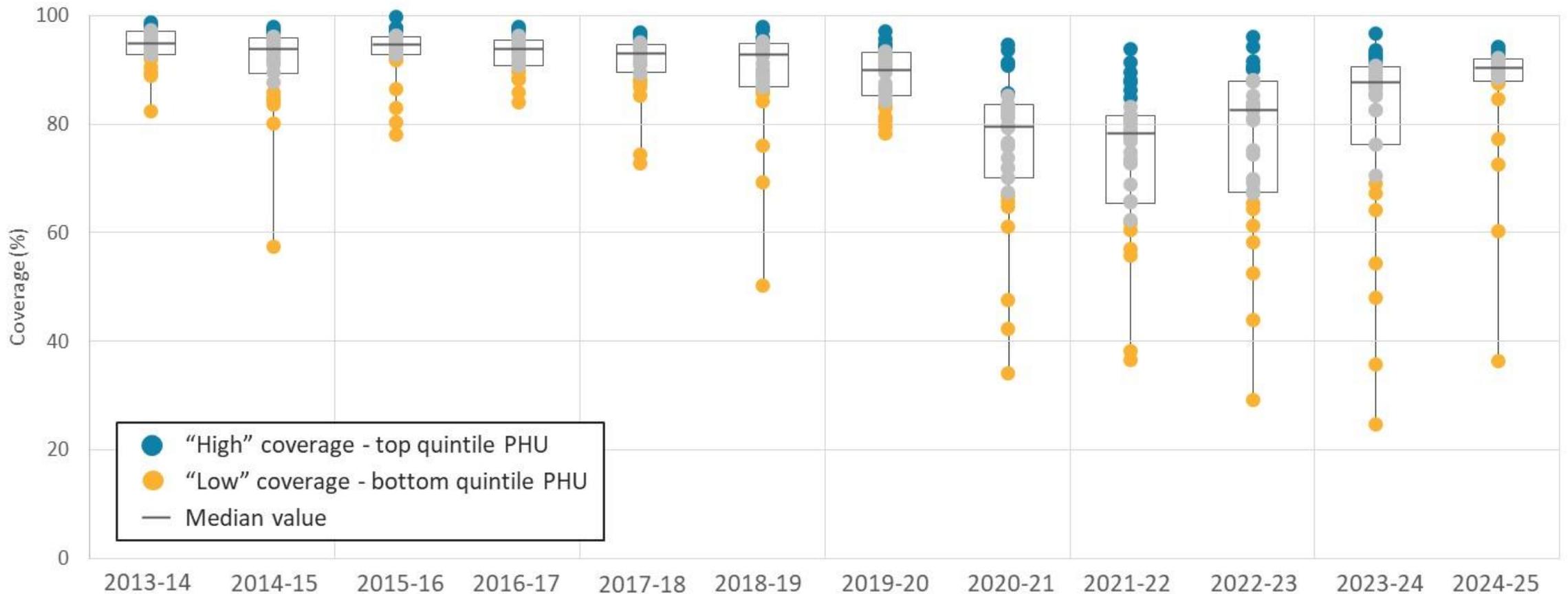
- Provincial legislation that requires all students attending school in Ontario to be immunized against nine designated diseases or have a valid exemption
- Under the ISPA, parents and guardians are required to report their child's immunization records to local PHUs
- Students who are non-compliant may face school suspension for up to 20 days

COVID-19 Impacts on Immunization Coverage in Ontario

- During the pandemic, all public health units (PHUs) in Ontario temporarily halted their immunization programs and activities
- Most did not resume ISPA enforcement until the 2023–24 or 2024–25 school years
- School-based immunization programs returned more quickly, but many students still missed grade 7 vaccines during the pandemic-impacted school years



Immunization Coverage for Measles Vaccine among 7-year-olds in Ontario, 2013–14 to 2024–25 School Years



Box plots show minimum, maximum, 1st quartile, 3rd quartile, and median values. Immunization coverage calculated as of August 31st of the relevant school year. Data source: PHO Immunization Data Tool.

Immunization Coverage Evaluation

Mixed-methods project that aimed to explain heterogeneity in immunization coverage across PHUs in Ontario following the COVID-19 pandemic



Specific Objectives:

1. To gain a broader understanding of PHU-led immunization program activities, including ISPA assessment and enforcement and delivery of school-based immunization programs, across Ontario in the post-pandemic era
2. To understand the barriers and facilitators that influenced reported immunization coverage during the COVID-19 pandemic and recovery periods

Project Overview



Interviews and Focus Groups: PHO conducted 11 sessions with 67 subject matter experts in Ontario’s immunization programs in March and April 2025

28/29 PHUs participated



Pre-session Survey: Participants completed an online survey about their immunization programs and catch-up activities during the 2024–25 school year

30 responses
(3 legacy PHUs)

Report Overview



Impacts

Describes the impacts of the COVID-19 pandemic on public health immunization program activities and catch-up efforts



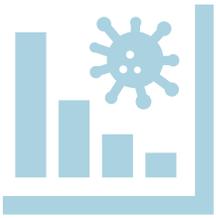
Perceptions

Characterizes PHUs' barriers and facilitators to performing or maintaining immunization program activities in Ontario following the COVID-19 pandemic



Strategies

Identifies best practices used across PHUs to improve immunization coverage and offers solutions to inform ongoing COVID-19 pandemic recovery efforts



Impacts: COVID-19 Pandemic Impacts on Immunization Programs

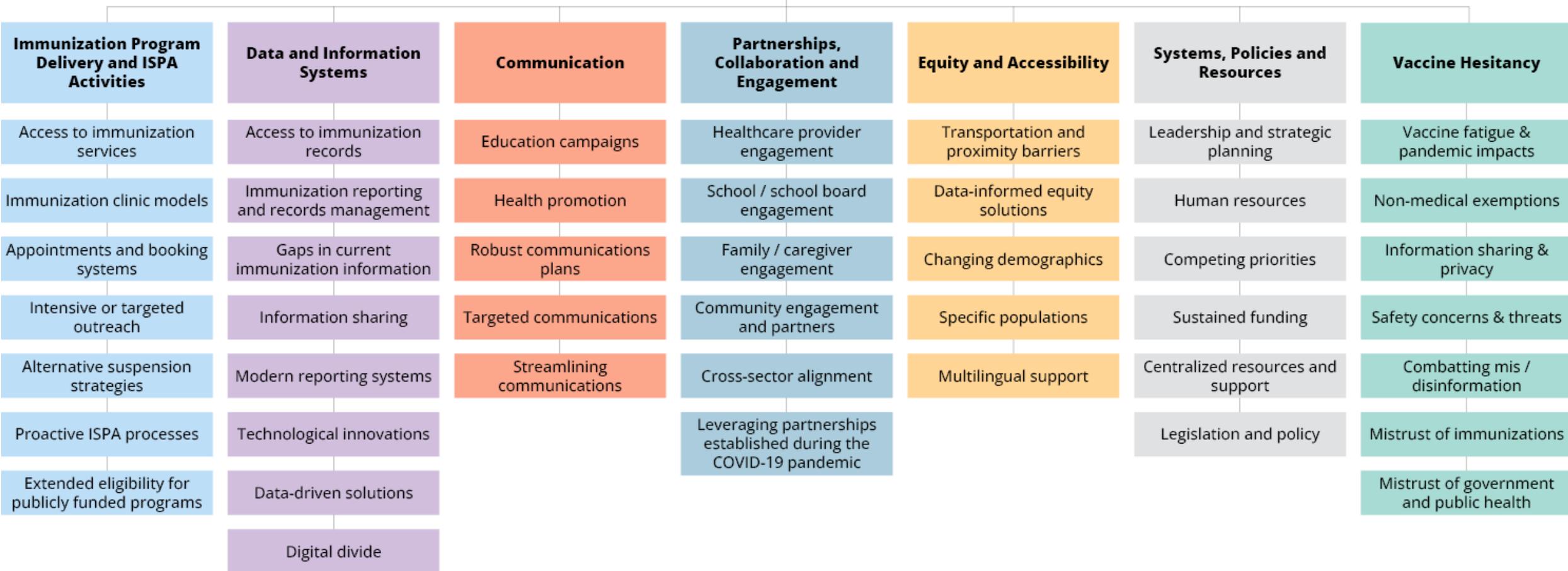
- Some PHU's immunization programs had returned to a “new normal”
- Many PHUs still trying to catch-up and get their immunization programs “back on track” following the pandemic
- Variability across PHUs due to capacity to fully enforce ISPA for all grades or cohorts or conduct catch-up ISPA assessments for missed cohorts

“For the ISPA, we’re back to square one. We finally finished doing one full cohort. [Before the pandemic], we had just started doing all cohorts every year... and were on track to finish it that pandemic year. Our coverage rates are abysmal and very hard to catch up because so much of the flow of information is missing.”

– Focus group participant (March 13)

Perceptions: Key Themes from Interviews and Focus Groups

Immunization





Perceptions: Example Quotes

“A lot of the work we do is just to find records that already exist at a healthcare provider’s office.”

– Focus group participant (March 31)

“I think that our efforts to pay more attention to who within our community needs the most help or is experiencing the greatest barriers to accessing immunization has been integral to us actually making a difference in immunization rates.”

– Focus group participant (March 7)

“I think we were very spoiled during the pandemic. We had so much data and very specific [socioeconomic] data. We knew exactly who wasn’t immunized or who wasn’t up to date with their COVID-19 vaccines.”

– Focus group participant (March 28)

“There’s just a lot of vaccine fatigue from the COVID-19 pandemic... I feel like we’re fighting a larger battle than we ever have before for ISPA and for the grade 7 vaccines because people are questioning the vaccines. They’re tired of being immunized.”

– Focus group participant (March 7)

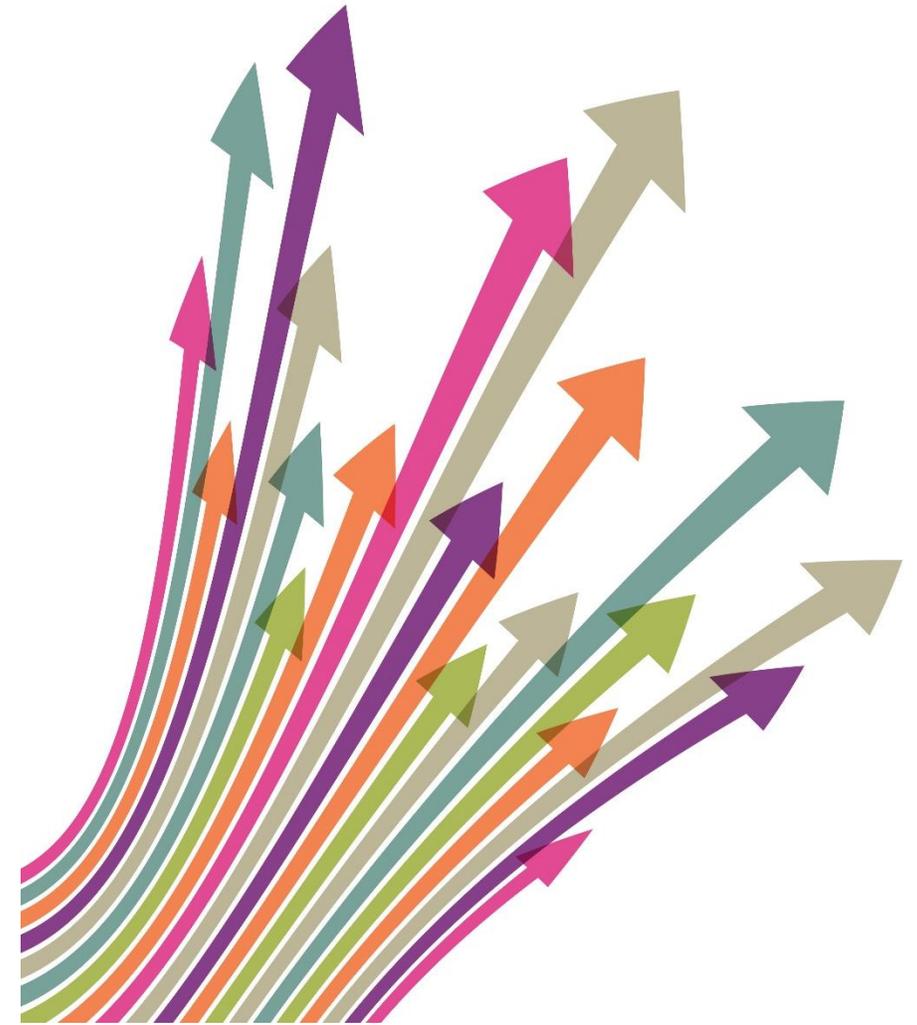


Strategies: Best Practices for Increasing Immunization Coverage



Ways Forward

- Improved **provincial collaboration and coordination** across PHUs
- **Technological innovations** that modernize Ontario's immunization information systems, automate ISPA processes, and improve data sharing
- Coordinated efforts to **address rising vaccine hesitancy and misinformation**
- **Equity-informed solutions** to ensure barrier-free access to immunizations
- **Sustained funding and infrastructure** for routine programs and catch-up efforts
- Continued prioritization of immunizations as a **core public health standard**



A Process Evaluation of Immunization of School Pupils Act (ISPA) Programs in Ontario's Public Health Units

November 2024 –
March 2025

Presented by
Southeast Public
Health on behalf of the
LDCP working group.

We would like to thank Public Health Ontario (PHO) for its support of this project.
The team gratefully acknowledges funding received from PHO through the
Locally Driven Collaborative Projects (LDCP) program.

Why A Process Evaluation of ISPA Matters

- **ISPA is a very resource intensive program – especially lately**
- Enforcement is complex + time consuming, **and there are resource constraints in public health.**
- Opportunity + requirement to streamline processes and reduce inequities.

Project Team

PHU Managers or ISPA Staff from:

- Southeast Public Health – formerly:
 - *Kingston, Frontenac, Lennox & Addington Public Health*
 - *Leeds, Grenville Lanark Public Health*
 - *Hastings Prince Edward Public Health*
- Wellington Dufferin Guelph Public Health
- Lambton Public Health
- Renfrew County District Health Unit
- Eastern Ontario Health Unit

Queen's University



We identified opportunities to streamline processes, **reduce administrative burdens**, and **improve vaccine coverage equitably** across Ontario.

Evaluation Questions

How do PHUs across Ontario implement their ISPA programming, and what are the key steps and variations in these processes?

What are the most time-consuming and inefficient steps within the ISPA process?

Have any PHUs developed or tested innovative methods to improve their ISPA processes? If so, what barriers and facilitators exist for adopting these methods across other PHUs?

What specific strategies are employed by PHUs to address health equity in the ISPA program, and what are the barriers and facilitators to implementing them?

Methods



Stage 1: Process Mapping + Facilitated Discussion

- 11 PHUs participated in 2-hour sessions
- Engaged ISPA leads, immunization managers, and enforcement staff from a sample of PHUs
- Mapped key ISPA process steps and had discussions related to challenges, innovations and equity considerations



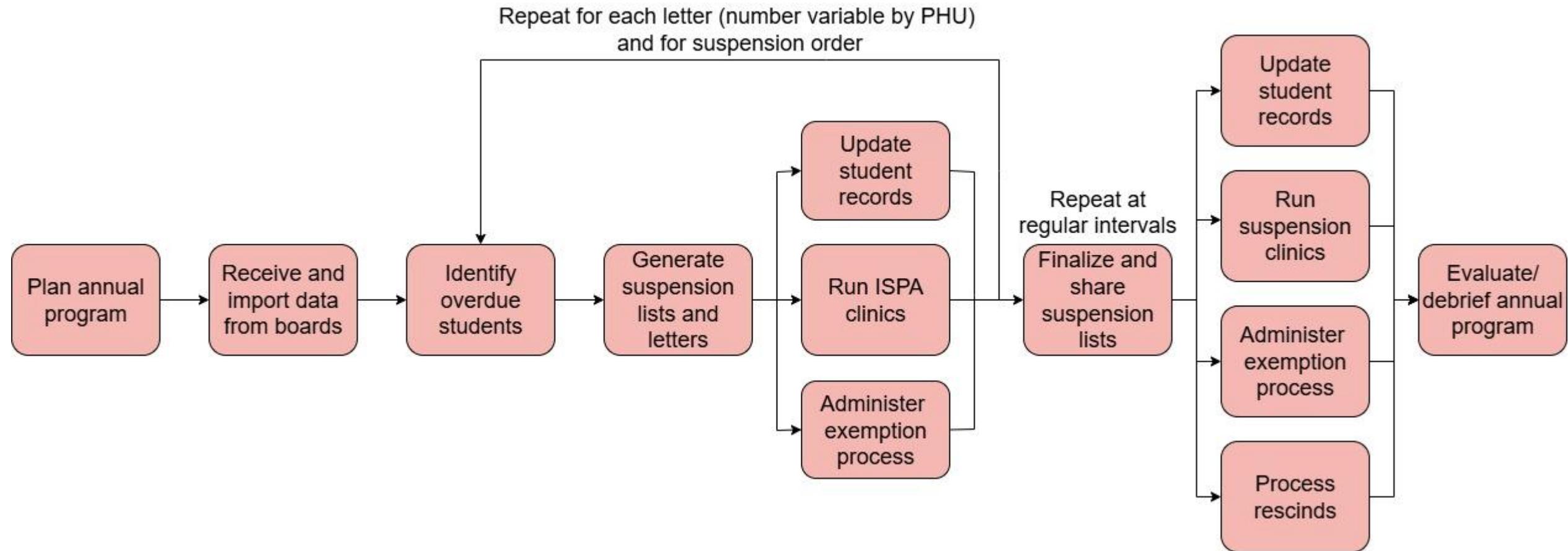
Stage 2: Survey

- Open invitation to all PHUs to complete survey
- 29 out of 34 (at time) completed the survey
- 69% had not participated in Stage 1

Analysis

- **Qualitative Analysis (NVivo):** Thematic coding of interview transcripts
- **Process Mapping Analysis:** Identified workflow commonalities & inefficiencies
- **Survey Data:** Descriptive statistics to quantify trends
- **Comparative Analysis:** Integrated interview and survey insights to refine the key themes and add context to the findings

Common High-Level ISPA Steps





Equity Considerations – Access to Vaccines



Limited Access to Primary Care

Lack of HCP

Physicians stopped offering vaccinations

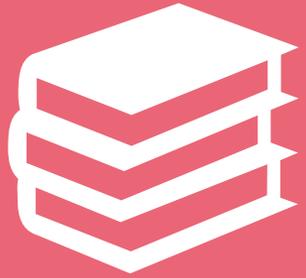
Covid-19 burnout



Remote areas

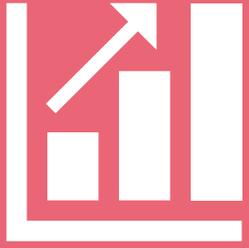


Cultural barriers



Equity Considerations – Language Barriers

- # of newcomers and refugees increased
- ISPA letters hard to understand
- Lack of accessible translation services
- Non-English-speaking households - Lower income levels



Equity Considerations – High Risk Populations

- Low-income families
- International students, immigrant's families and newcomers
- Indigenous communities
- Alternative educational schools
- School students with low compliance rates
- Independent faith-based schools

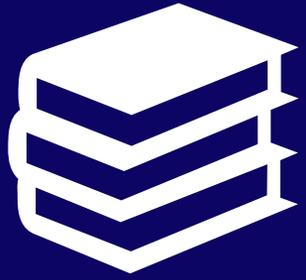
Equity - Impact of Suspension Programs

*Children who are most
often suspended are often
those who need to be in
school the most*



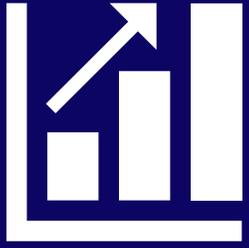
Equity Considerations – Expanding Access

- Several clinics with flexible location based on community needs
- Walk-in vaccination
- Mobile vaccination teams (sometimes, house-based vaccination)
- Trained community healthcare workers
- Transportation assistance



Equity Considerations – Language

- Translated key information
- Phone-based interpretation support
- Translation apps (E.g. We speak)
- Newcomer welcome centers
- Some defer suspensions



Equity Considerations – High Risk Populations

- Connecting families to other health and social services
- School newcomer teams and government assistance hubs
- Offer specific clinics
- Some do not enforce suspensions
- Culturally sensitive education and support
- School liaisons
- Accommodate ISPA program timeline
- Dedicated nurses to build relationships with faith communities



Equity Considerations – Rethinking Suspensions

- Targeted education campaigns
- Increased parental engagement
- Deferring suspensions

Challenges



Time-Consuming and Resource-Intensive Process



Workforce Capacity Constraints



Data Issues



Difficulties Updating Immunization Records



Letter Generation and Delivery



Communication with Schools and School Boards



Aggressive Behaviour Toward Staff



Mistrust in Government and Public Health Institutions

Success Factors and Innovations



Teamwork and Collaborations



Efficient Processes, CQI and Debriefs



Custom Letters, Tools, Automation and AI



Communication with Schools and School Boards

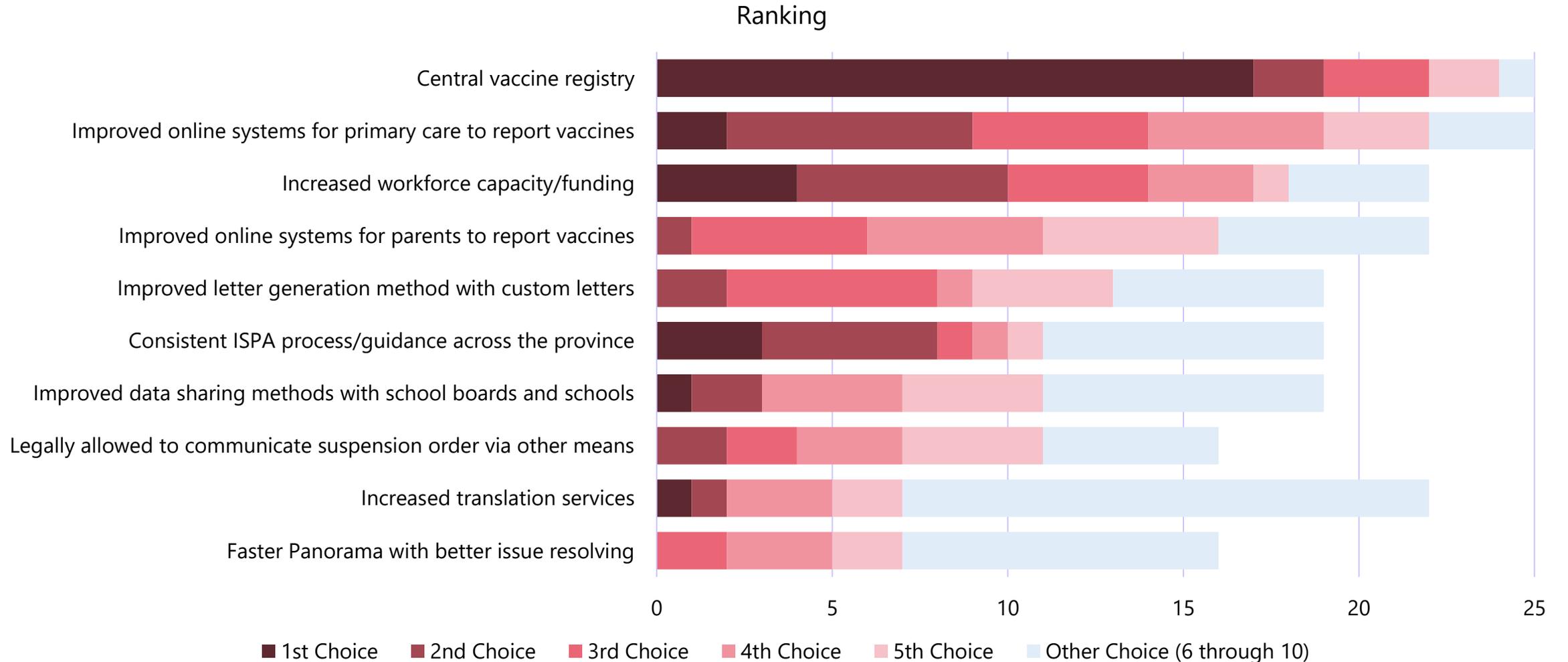


Parent Communication



Increasing Clinics

Top Ranked Needs



Knowledge Products

- Detailed report
- Short topic-specific deep dives focused on possible interventions
 - Language Barriers
 - Data Cleaning
 - Proactive Communications
- Centralized Vaccine Registry Advocacy Brief
- Presentations
- Methodology paper (in preparation)

Continued Collaboration

- Future grants to support coordinated implementation of key findings
- Implement efficiencies individually and collaboratively
- Launching a public health immunization community of practice

Thank you!

*Public Health Ontario, Public Health Unit Co-applicants & Participants,
Students*

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Public Health Ontario keeps Ontarians safe and healthy. Find out more at [**PublicHealthOntario.ca**](https://www.ontario.ca/health)