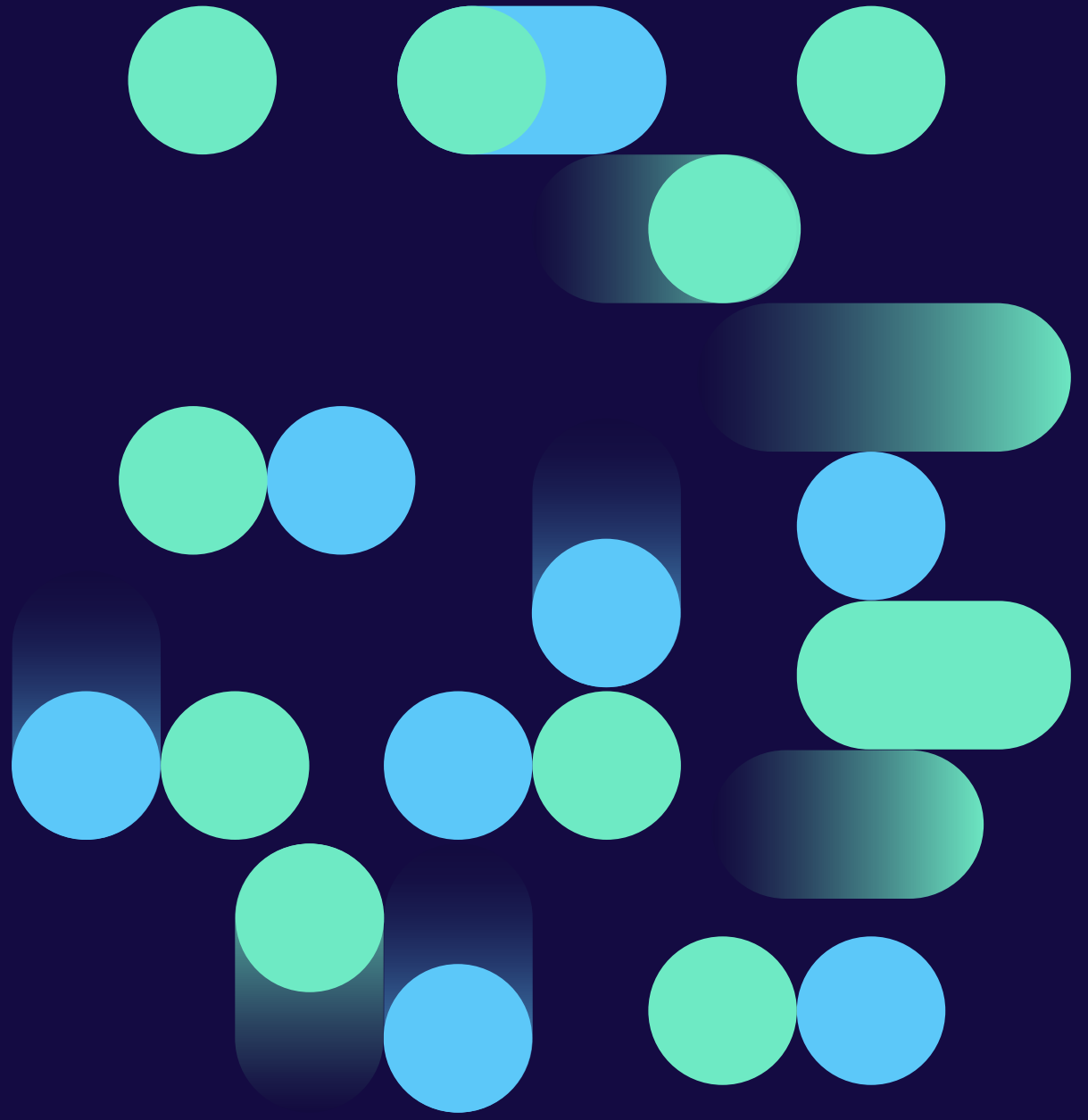
FINAL REPORT

Time to Public Vaccine Access in Canada

Prepared by IQVIA Canada
Real World Solutions
November 12th, 2025



DISCLAIMER

Table of Contents

This report investigated the time to access the first publicly funded program for 29 vaccine analogs in Canada, across seven vaccine-preventable diseases (VPDs)

Report objectives

1. Leverage secondary research to **calculate the time to access the first publicly funded program (time to public program access; TTPA)** for 29 routine vaccine analogs in each province

2. Determine provincial **alignment with current recommendations from the National Advisory Committee on Immunization (NACI)** or the **Comité sur l'immunisation du Québec (CIQ)**[1] across seven vaccine-preventable diseases

3. Identify **province- and disease-specific trends** in vaccine coverage and NACI/CIQ alignment, and outline **provincial successes** and **areas for improvement**

1. Quebec was assessed based on alignment with current recommendations from CIQ. The remaining provinces were assessed based on alignment with current NACI recommendations.

Public program vaccine access in Canada

National time to program access

The **median time to access the first publicly funded program** for routine vaccines[1] is **788 days,** or **~2.2 years.**

Differences by province and VPD

Median time to access the first public program varies widely by province and vaccine-preventable disease.

Quebec has the fastest median TTPA at 557 days.

Alignment with NACI/CIQ

No provinces are fully aligned with current NACI/CIQ recommendations on public programs, and the degree of alignment varies significantly.

Areas for improvement

Key areas for improvement include updating vaccine programs to **match NACI/CIQ recommendations** and **standardizing** the **vaccine access process** across provinces to reduce potential health inequities across Canada.

1. The 29 vaccine analogs considered in-scope for this study are categorized across seven vaccine-preventable diseases treated with routine immunization: pneumococcal disease, human papillomavirus (HPV), rotavirus, varicella, respiratory syncytial virus (RSV), herpes zoster virus, and meningococcal disease.
Data Sources: Canadian Drug Product Database, NACI, provincial immunization manuals, provincial immunization fact sheets, provincial technical reports, provincial news releases, literature publications

Table of contents

TTPA was investigated for 29 routine vaccine analogs in seven VPDs launched in the last 25 years, across all provinces

Vaccine selection criteria

Routine vaccines for seven selected VPDs[1]

Vaccines with a NOC date during or after the year 2000

Vaccine analogs by VPD for TTPA analysis

Vaccine analogs by VPD

Pneumococcal disease	HPV	Rotavirus	Varicella	RSV	Herpes zoster	Meningococcal disease
Prevnar	Cervarix	RotaTeq	Varivax III	Arexvy	Zostavax	Menjugate
Synflorix	Gardasil	Rotarix	Priorix-Tetra	Abrysvo	Zostavax II	NeisVac-C
Prevnar 13	Gardasil 9		ProQuad	mResvia	Shingrix	Meningitec
Vaxneuvance						Menactra
Prevnar 20						Menveo
Capvaxive						Nimenrix
						Bexsero
						Trumenba
						MenQuadfi

1. Routine vaccines as defined by the Canadian Immunization Guide, excluding seasonal vaccines (such as influenza and COVID vaccines) and travel vaccines.

A four-step process was conducted for all in-scope VPDs and vaccine analogs, with a research cutoff date of March 31st, 2025

01 Secondary research

- **In-depth secondary research** was conducted for each vaccine analog.
- Governmental/provincial publications were prioritized with findings supplemented with other relevant data wherever required.
- For each province, **the first date** each analog was added to a public program was recorded.

02 Methodology & assumption development

- Based on secondary research findings and available information, **assumptions were developed** regarding the program access date specific to the vaccine analog where required.

03 TTPA analysis

- **Three key metrics** were calculated for each analog per province, where possible:
  1. Days from **NOC date to the date of recommendation** from NACI or CIQ
  2. Days from **NACI/CIQ recommendation to date of public program inclusion**
  3. **Overall time to public access** (days from NOC date to the date of public program inclusion)

04 NACI/CIQ alignment

- Documentation from NACI and CIQ was used to identify the **current set of public program recommendations** in each in-scope VPD **as of March 31st, 2025,** along with the population covered by those programs.
- For each province, the active provincial vaccine programs were **compared to the recommendations outlined by NACI** (CIQ in Quebec) in terms of the vaccine analogs used and population covered.

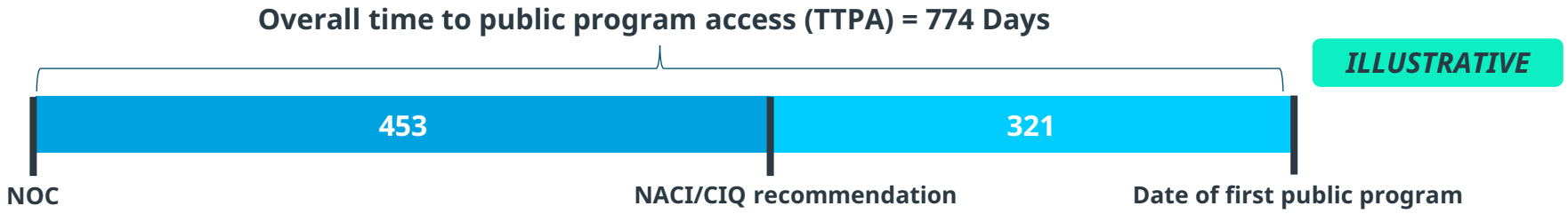
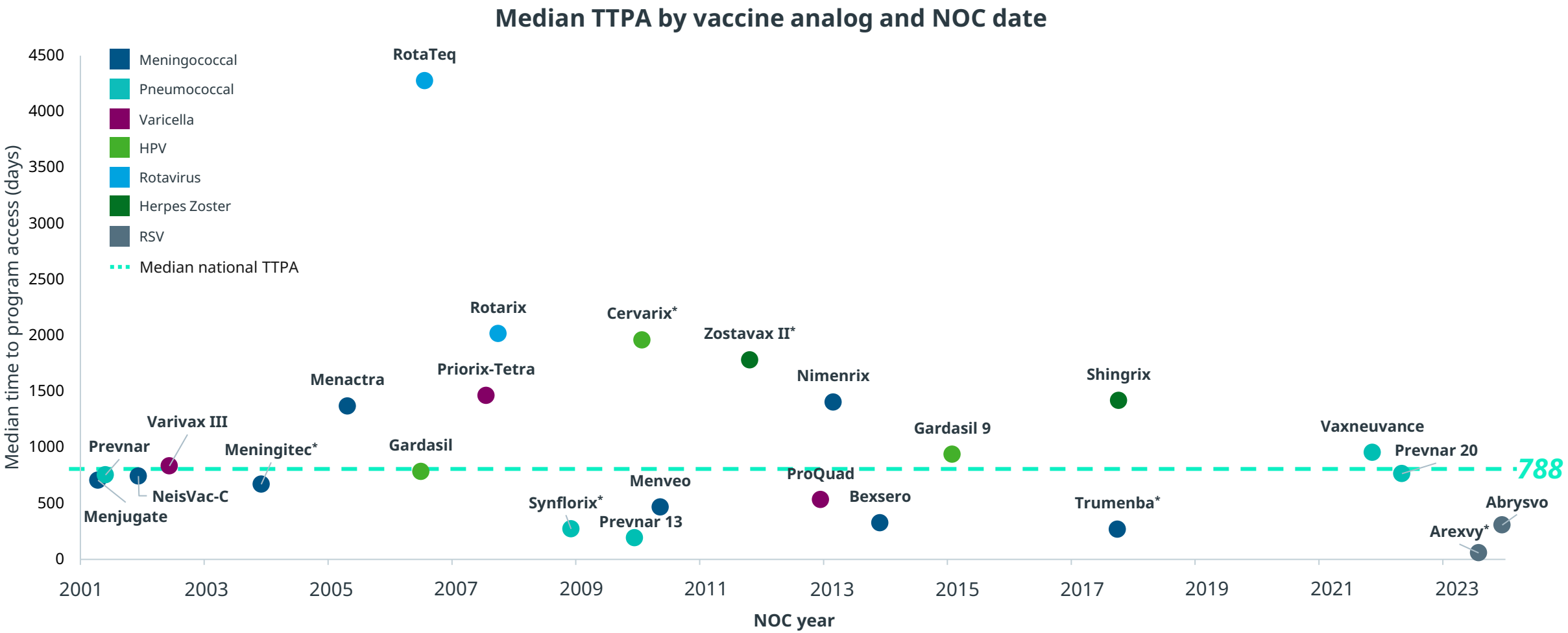


Table of contents

Median TTPA by vaccine analog

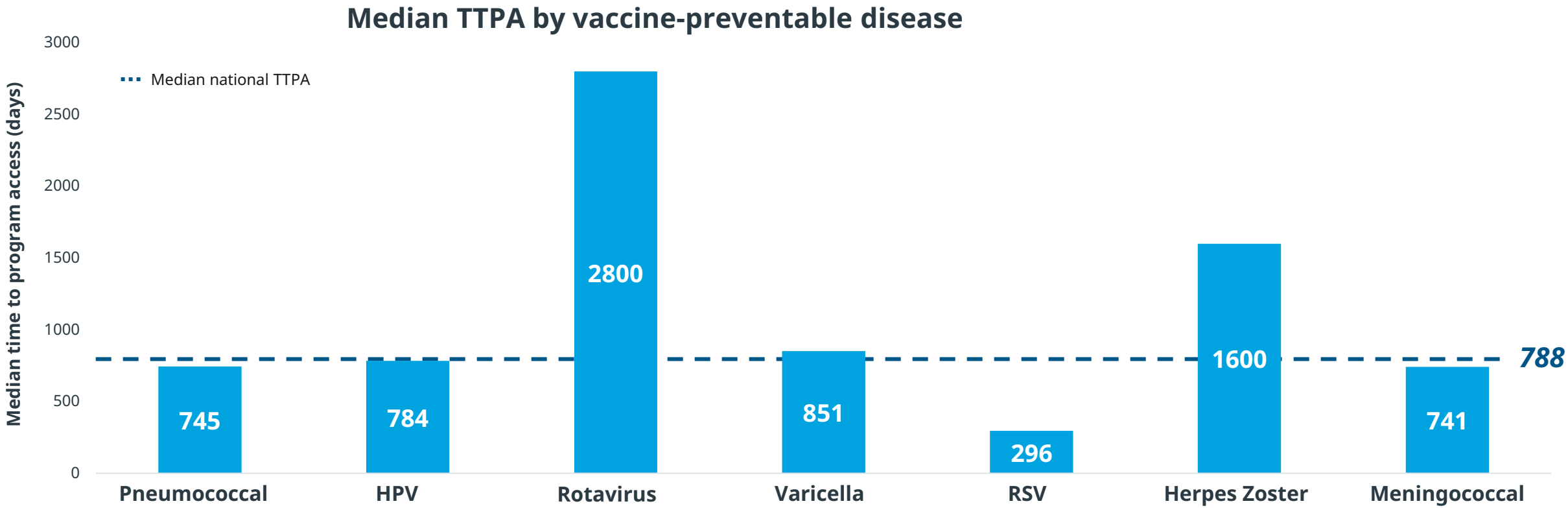
Over the past 25 years, vaccine TTPA has varied depending on the analog and disease with the median national TTPA taking more than two years following NOC



*Vaccines known to be publicly funded in three **provinces or less.**
Notes: Median TTPA was calculated by determining the median time in days from the NOC date of each vaccine analog to its earliest date of public program listing in each province, across provinces where the date of the public program funding for the analog was known. Zostavax, MenQuadfi, Capvaxive, and mResvia have not been publicly funded in any province as of March 31st, 2025, and are not represented in this figure.
Data Sources: Canadian Drug Product Database, NACI, provincial immunization manuals, provincial immunization fact sheets, provincial technical reports, provincial news releases, literature publications

Median TTPA by VPD

Rotavirus vaccines have the longest median TTPA at ~7.7 years, with RSV vaccines demonstrating the fastest public program launches

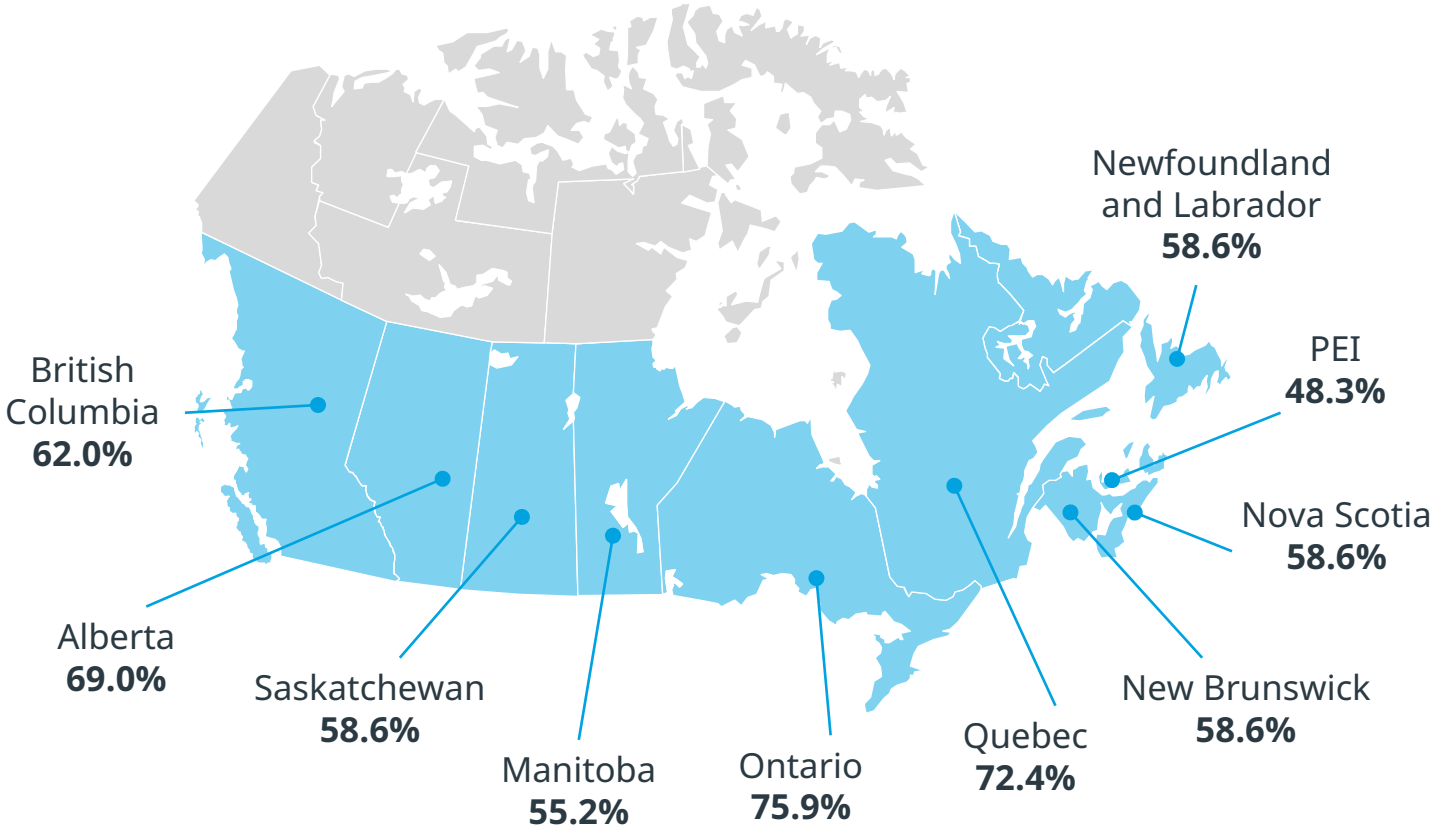


	Pneumococcal	HPV	Rotavirus	Varicella	RSV	Herpes Zoster	Meningococcal
# of provincial programs[1]	39	22	16	21	9	7	46
# of vaccines per VPD	6	3	2	3	3	3	9

1. Number of provincial vaccine programs used to calculate median TTPA per VPD. Vaccines which were known to be funded but with an unknown program launch date were excluded, as TTPA could not be calculated.
Notes: Median TTPA was calculated by determining the median time in days from the NOC date of each vaccine analog to its earliest date of public program listing in each province, across provinces where the date of the public program funding for the analog was known.
Data Sources: Canadian Drug Product Database, NACI, provincial immunization manuals, provincial immunization fact sheets, provincial technical reports, provincial news releases, literature publications

Ontario has publicly funded the largest number of in-scope vaccine analogs, with 22 funded vaccines

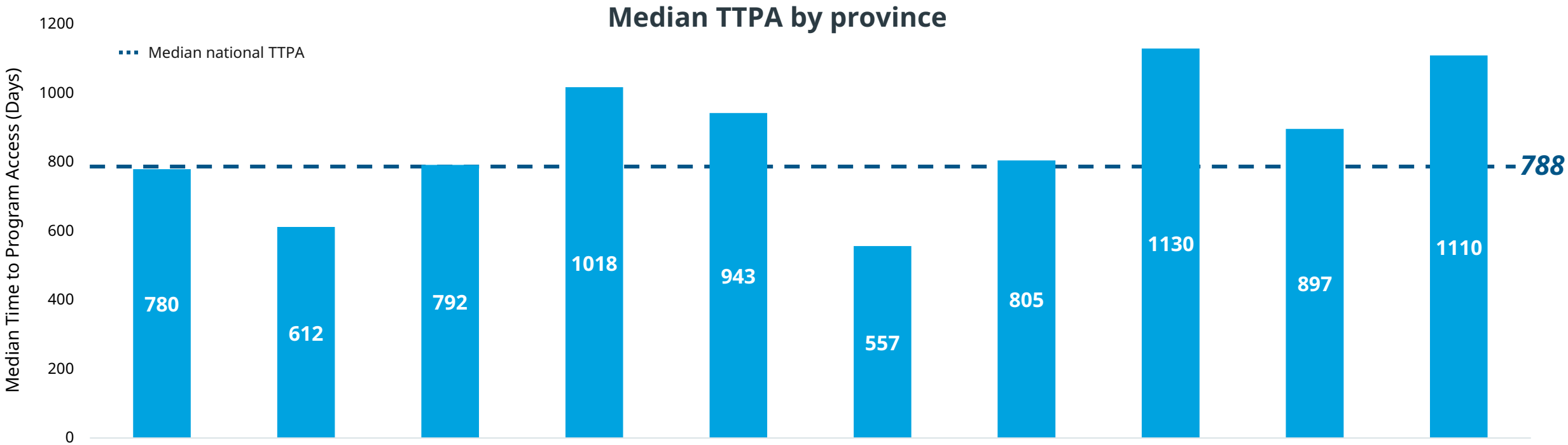
Proportion of in-scope vaccine analogs with public programs in each province



Province	Analogs with public funding	Analogs without funding	Analogs with unknown funding status[1]
BC	18 (62.0%)	11 (38.0%)	0
AB	20 (69.0%)	9 (31.0%)	0
SK	17 (58.6%)	12 (41.4%)	0
MB	16 (55.2%)	13 (44.8%)	0
ON	22 (75.9%)	7 (24.1%)	0
QC	21 (72.4%)	8 (27.6%)	0
NB	17 (58.6%)	12 (41.4%)	0
NS	17 (58.6%)	12 (41.4%)	0
PEI	14 (48.3%)	9 (31.0%)	6 (20.7%)
NL	17 (58.6%)	11 (38.0%)	1 (3.4%)

1. Analogs for which funding status could not be confirmed through secondary research.
Note: This information includes historically active provincial public programs which have since been replaced or superseded. e.g., Prevnar was publicly funded for routine use in BC from 2003 to 2017, when it became replaced in all public programs by Prevnar 13; Prevnar is considered to have a publicly funded program in the table above.
Data Sources: Canadian Drug Product Database, NACI, provincial immunization manuals, provincial immunization fact sheets, provincial technical reports, provincial news releases, literature publications

QC and AB have the shortest provincial median TTPA, with the remaining provinces demonstrating median TTPAs greater than two years

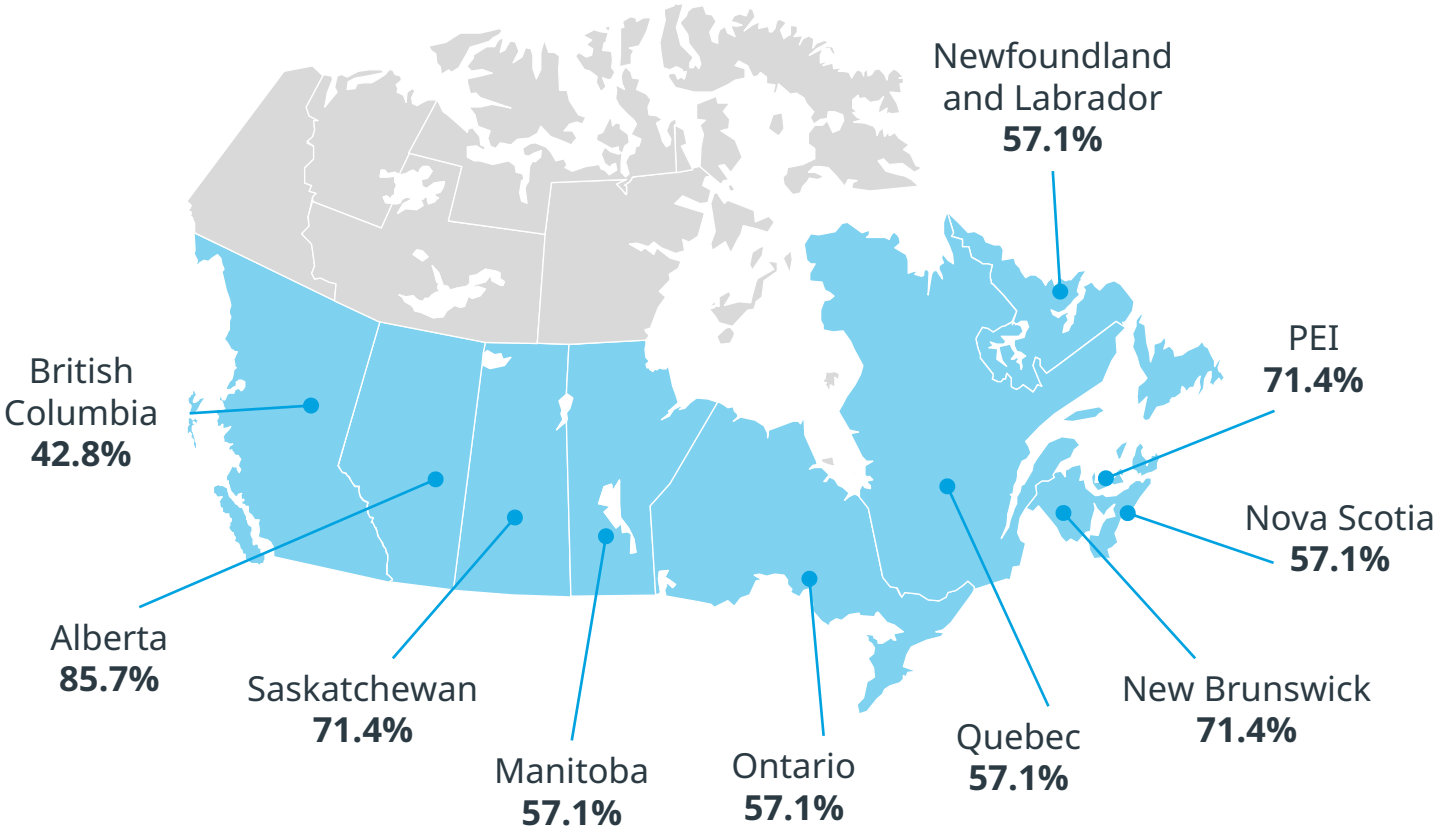


# of provincial programs[1]	British Columbia	Alberta	Saskatchewan	Manitoba	Ontario	Quebec	New Brunswick	Nova Scotia	Prince Edward Island	Newfoundland and Labrador
	n = 18	n = 20	n = 17	n = 13	n = 19	n = 21	n = 15	n = 16	n = 9	n = 13

1. Number of provincial vaccine programs used to calculate median TTPA per VPD, equal to the number of publicly funded vaccines with known program launch dates in the province. Vaccines which were known to be funded but with an unknown program launch date were excluded, as TTPA could not be calculated.
Notes: Median TTPA was calculated by determining the median time in days from the NOC date of each vaccine analog to its earliest date of public program listing in each province, across provinces where the date of the public program funding for the analog was known.
Data Sources: Canadian Drug Product Database, NACI, provincial immunization manuals, provincial immunization fact sheets, provincial technical reports, provincial news releases, literature publications

AB has the strongest alignment with current NACI/CIQ recommendations, followed by PEI; BC's public programs are the least aligned

Proportion of VPDs that have full alignment with NACI recommendations per province



VPD alignment with NACI/CIQ[1] recommendations			
Province	**Aligned**	**Partially aligned**	**Not aligned**
BC	3 (42.8%)	2 (28.6%)	2 (28.6%)
AB	6 (85.7%)	1 (14.3%)	0
SK	5 (71.4%)	0	2 (28.6%)
MB	4 (57.1%)	2 (28.6%)	1 (14.3%)
ON	4 (57.1%)	3 (42.9%)	0
QC	4 (57.1%)	3 (42.9%)	0
NB	5 (71.4%)	1 (14.3%)	1 (14.3%)
NS	4 (57.1%)	2 (28.6%)	1 (14.3%)
PEI	5 (71.4%)	2 (28.6%)	0
NL	4 (57.1%)	3 (42.9%)	0

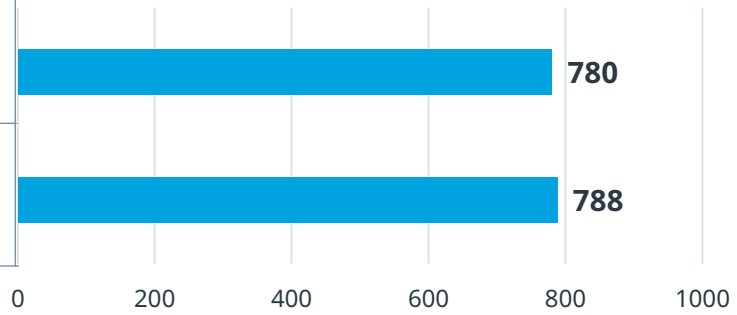
1. Quebec was assessed based on its alignment with recommendations from CIQ.
Data Sources: Canadian Drug Product Database, NACI, provincial immunization manuals, provincial immunization fact sheets, provincial technical reports, provincial news releases, literature publications

Table of contents

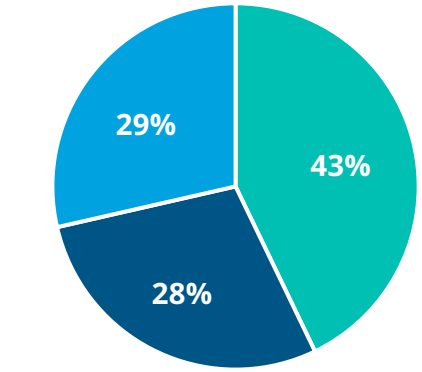
British Columbia was a leader in the time to public funding of vaccine analogs for HZV, HPV, and pneumococcal disease

Time to program access

Geography	# of programs used for TTPA calculation[1]	Median time to program access (days)
BC	18	780
National median	17	788



Alignment with NACI recommendations



Alignment	VPDs
Fully aligned	HPV, rotavirus, varicella
Partially aligned	HZV, meningococcal
No alignment	pneumococcal, RSV

Provincial strengths

- British Columbia had the **shortest TTPA (593 days)** for Shingrix nationally, representing the shortest TTPA in this VPD.
- British Columbia had three publicly funded HPV vaccine analogs and was tied with AB and QC for the **shortest TTPA for Gardasil 9 at 574 days.**
- British Columbia was the fastest adopter of Prevnar 13, publicly funding the vaccine within **162 days.**

Provincial areas for improvement

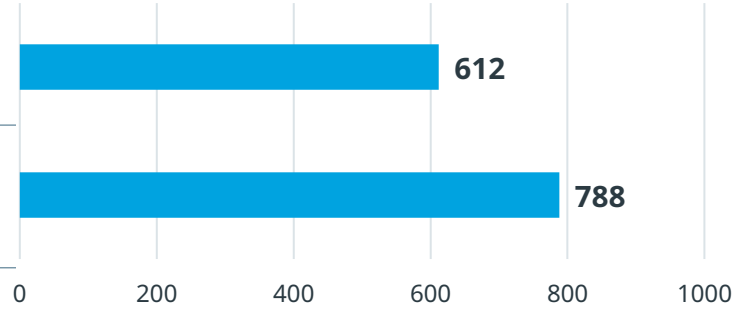
- British Columbia is the province **least aligned with NACI recommendations nationally** (57.2% of VPDs either not aligned or partially aligned)**;** BC and SK are the sole provinces **without an RSV program.**
- British Columbia's pneumococcal public program has **two publicly funded vaccines** and continues to use **Prevnar 13,** which has been superseded in NACI recommendations by Vaxneuvance and Prevnar 20 since March 2024.

1. Provincial vaccine programs used to calculate median TTPA per VPD, knowledge cutoff of March 31, 2025. Vaccines which were known to be funded but with an unknown program launch date were excluded, as TTPA could not be calculated.
Data Sources: Canadian Drug Product Database, NACI, provincial immunization manuals, provincial immunization fact sheets, provincial technical reports, provincial news releases, literature publications

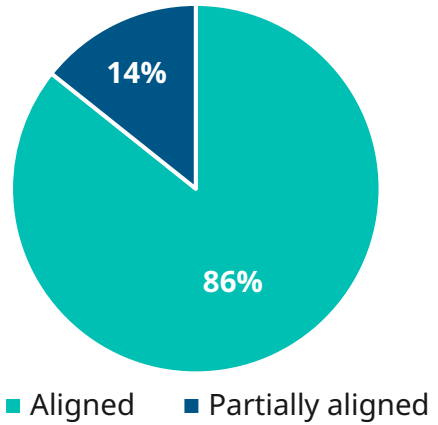
Alberta is the province most aligned with NACI recommendations nationwide, with vaccine programs that cover broad populations

Time to program access

Geography	# of programs used for TTPA calculation[1]	Median time to program access (days)
AB	20	612
National median	17	788



Alignment with NACI recommendations



Alignment	VPDs
Fully aligned	pneumococcal, HPV, rotavirus, varicella, RSV, meningococcal
Partially aligned	HZV
No alignment	N/A

Provincial strengths

- Alberta is the province which is **most aligned with NACI recommendations** and is the only province which fully meets NACI recommendations for RSV public programs.
- Alberta has the **fastest average TTPA across meningococcal vaccines** and is the sole funder of Trumenba.
- Alberta had **the first public program launch in pneumococcal disease**, funding Prevnar with a TTPA of 451 days.

Provincial areas for improvement

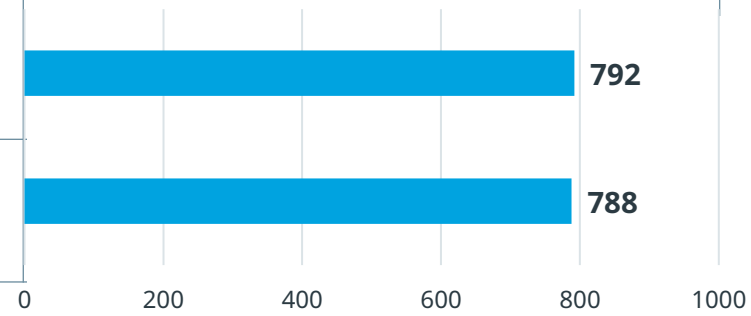
- Alberta **partially meets NACI recommendations in HZV**, as Shingrix is only funded for a select subpopulation of adults (those who have received stem cell transplants, organ transplants, or CAR T-cell therapy).

1. Provincial vaccine programs used to calculate median TTPA per VPD, knowledge cutoff of March 31, 2025. Vaccines which were known to be funded but with an unknown program launch date were excluded, as TTPA could not be calculated.
Data Sources: Canadian Drug Product Database, NACI, provincial immunization manuals, provincial immunization fact sheets, provincial technical reports, provincial news releases, literature publications

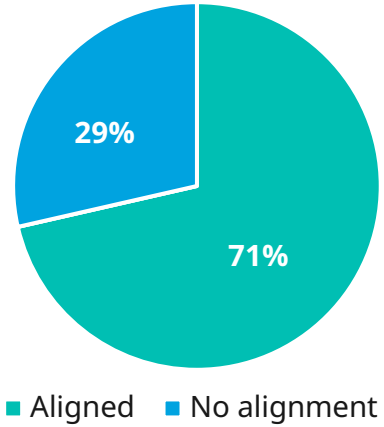
Saskatchewan has vaccine access metrics in line with the national median; it is one of three provinces that meets recommendations for meningococcal disease

Time to program access

Geography	# of programs used for TTPA calculation[1]	Median time to program access (days)
SK	17	792
National median	17	788



Alignment with NACI recommendations



Alignment	VPDs
Fully aligned	pneumococcal, HPV, rotavirus, varicella, meningococcal
Partially aligned	N/A
No alignment	RSV, HZV

Provincial strengths

- Saskatchewan is one of three provinces which **fully meets NACI recommendations in meningococcal disease**, along with AB and NB, due to its funding of a meningococcal B vaccine (Bexsero) in all high-risk individuals.
- Saskatchewan **was among the first provinces to fund** Menjugate (TTPA: 433 days) and was the **first to fund NeisVac-C** (TTPA: 195 days), the earliest in-scope meningococcal vaccines.

Provincial areas for improvement

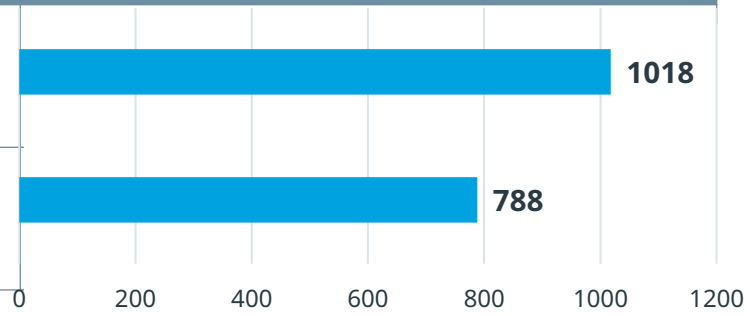
- Saskatchewan is one of two provinces **without an RSV public program** and is one of four provinces **without an HZV public program**; consequently, there is no alignment with NACI recommendations in both VPDs.
- Saskatchewan had **the second-slowest launch** (after PEI) of the meningococcal B vaccine Bexsero, with a TTPA of 725 days.

1. Provincial vaccine programs used to calculate median TTPA per VPD, knowledge cutoff of March 31, 2025. Vaccines which were known to be funded but with an unknown program launch date were excluded, as TTPA could not be calculated.
Data Sources: Canadian Drug Product Database, NACI, provincial immunization manuals, provincial immunization fact sheets, provincial technical reports, provincial news releases, literature publications

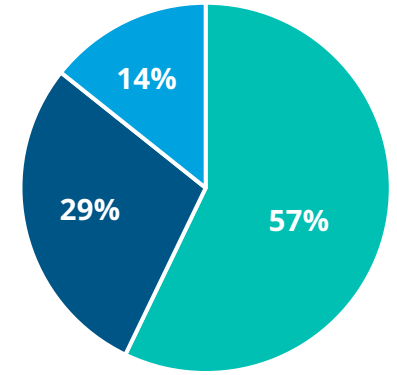
Manitoba public vaccine programs meet NACI recommendations for pneumococcal disease, HPV, rotavirus, and varicella

Time to program access

Geography	# of programs used for TTPA calculation[1]	Median time to program access (days)
MB	13	**1018**
National median	17	**788**



Alignment with NACI recommendations



■ Aligned ■ Partially aligned ■ No alignment

Alignment	VPDs
Fully aligned	pneumococcal, HPV, rotavirus, varicella
Partially aligned	RSV, meningococcal
No alignment	HZV

Provincial strengths

- Manitoba was the **second province to launch an RSV program with the vaccine Abrysvo**, with a TTPA of 277 days.
- In pneumococcal disease, Manitoba was the **second province to publicly fund Vaxneuvance** (TTPA: 909 days) and the **third province to publicly fund Prevnar 20** (TTPA: 735 days).

Provincial areas for improvement

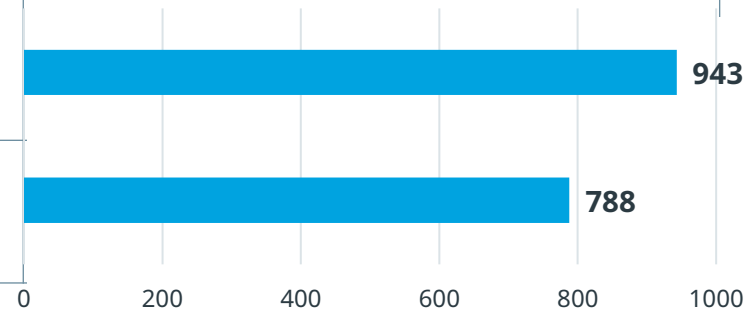
- The median TTPA of the in-scope vaccine analogs in Manitoba is **230 days longer** than the national median TTPA.
- Manitoba was **the second-last province** to adopt Gardasil 9—NACI's preferentially recommended HPV vaccine—with a TTPA of 1223 days.
- There is **significant missingness** in Manitoba's publicly accessible documentation of publicly funded vaccine programs.

1. Provincial vaccine programs used to calculate median TTPA per VPD, knowledge cutoff of March 31, 2025. Vaccines which were known to be funded but with an unknown program launch date were excluded, as TTPA could not be calculated.
Data Sources: Canadian Drug Product Database, NACI, provincial immunization manuals, provincial immunization fact sheets, provincial technical reports, provincial news releases, literature publications

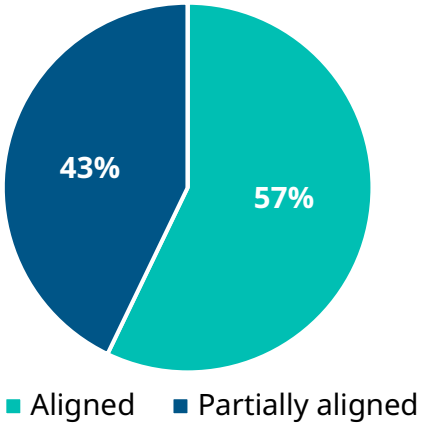
Ontario has funded the highest number of in-scope vaccine analogs and is a leader in HZV and RSV public programs

Time to program access

Geography	# of programs used for TTPA calculation[1]	Median time to program access (days)
ON	19	943
National median	17	788



Alignment with NACI recommendations



Alignment	VPDs
Fully aligned	pneumococcal, HPV, rotavirus, varicella
Partially aligned	RSV, HZV, meningococcal
No alignment	N/A

Provincial strengths

- Ontario has the **largest number of publicly funded in-scope vaccine analogs** (22).
- Ontario was **the first province to launch HZV** (Zostavax II) **and RSV** (Arexvy) **public programs**, with a TTPA of 1600 and 58 days, respectively; ON was the only province to launch a public program for vaccination with Zostavax II.

Provincial areas for improvement

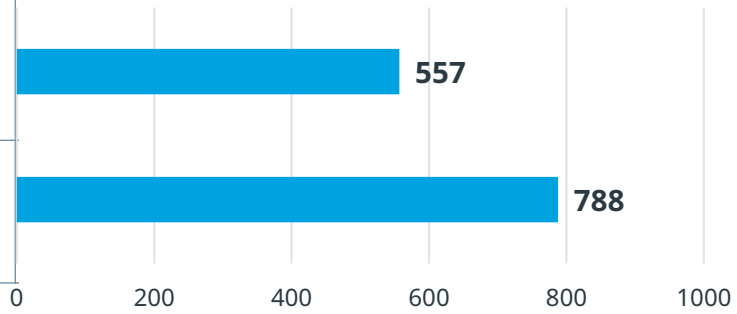
- The median TTPA of the in-scope vaccine analogs in Ontario is **155 days longer** than the national median TTPA.
- Ontario's partial alignment with NACI recommendations for RSV, HZV, and meningococcal vaccines stems from **limited eligibility criteria for vaccine reimbursement.**
- Public documentation on Ontario vaccine programs often **does not identify the specific vaccine analog(s) used.**

1. Provincial vaccine programs used to calculate median TTPA per VPD, knowledge cutoff of March 31, 2025. Vaccines which were known to be funded but with an unknown program launch date were excluded, as TTPA could not be calculated.
Data Sources: Canadian Drug Product Database, NACI, provincial immunization manuals, provincial immunization fact sheets, provincial technical reports, provincial news releases, literature publications

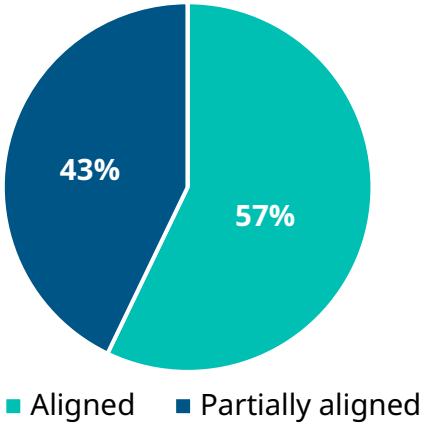
Quebec is the fastest adopter of new vaccine programs nationwide and has funded the second-highest number of in-scope vaccine analogs

Time to program access

Geography	# of programs used for TTPA calculation[1]	Median time to program access (days)
QC	21	557
National median	17	788



Alignment with NACI recommendations



Alignment	VPDs
Fully aligned	pneumococcal, HPV, rotavirus, varicella
Partially aligned	RSV, HZV, meningococcal
No alignment	N/A

Provincial strengths

- Quebec demonstrates the **fastest median TTPA** across provinces and is **231 days faster** than the national median.
- Quebec has often launched programs for vaccines **prior to or very near to CIQ recommendations**, quickening TTPA.
- Quebec publicly funded Prevnar 20 for use in a limited population **less than one year after its NOC date.**

Provincial areas for improvement

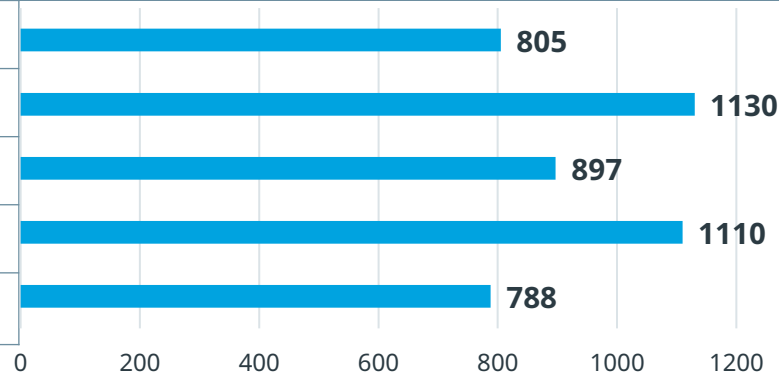
- The HZV program in Quebec, using Shingrix, is funded in adults aged 80 and older and immunocompromised adults; this is **restrictive relative to recommendations from CIQ** (to publicly fund the vaccine for all individuals aged 50+).
- CIQ has recommended that meningococcal quadrivalent vaccines supersede the use of conjugate vaccines in Quebec, which has **not yet occurred in children aged 18+ months.**

1. Provincial vaccine programs used to calculate median TTPA per VPD, knowledge cutoff of March 31, 2025. Vaccines which were known to be funded but with an unknown program launch date were excluded, as TTPA could not be calculated.
Data Sources: Canadian Drug Product Database, NACI, provincial immunization manuals, provincial immunization fact sheets, provincial technical reports, provincial news releases, literature publications

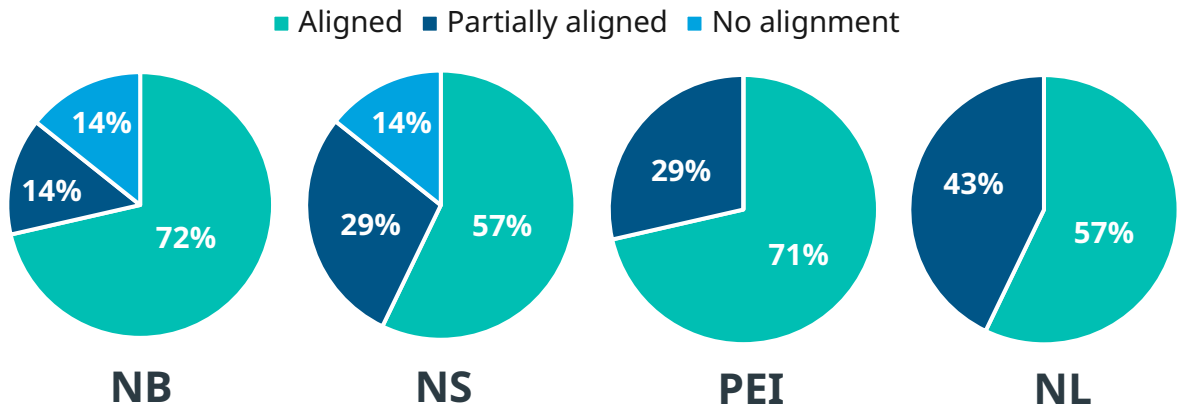
The Atlantic Provinces (NB, NS, PEI, NL) have a wide range of individual provincial strengths in their vaccine programs

Time to program access

Geography	# of programs used for TTPA calculation[1]	Median time to program access (days)
NB	15	805
NS	16	1130
PEI	9	897
NL	13	1110
National median	17	788



Alignment with NACI recommendations



Provincial strengths

- PEI is the **second most aligned province with NACI recommendations** and is the **sole province with a fully aligned HZV public program.**
- PEI and NS had the **shortest TTPA (1149 days) and first public program launch for a rotavirus public program nationally.**
- PEI, NS, ON and NL were among **the first four provinces to launch an HPV public program**, with a TTPA of 418 days.

Provincial areas for improvement

- NS and NL have the **highest median provincial TTPAs nationwide**, at 1130 and 1110 days, respectively.
- HZV public programs have **not been launched in NS or NB.**
- Publicly available data on vaccination program history is **often incomplete or difficult to identify** in the Atlantic provinces, particularly **in PEI.**

1. Provincial vaccine programs used to calculate median TTPA per VPD, knowledge cutoff of March 31, 2025. Vaccines which were known to be funded but with an unknown program launch date were excluded, as TTPA could not be calculated.
Data Sources: Canadian Drug Product Database, NACI, provincial immunization manuals, provincial immunization fact sheets, provincial technical reports, provincial news releases, literature publications

Table of contents

Key takeaways

TTPA analysis demonstrated that Canadians face lengthy delays in accessing publicly funded vaccine programs and the differences across programs and VPDs could result in health inequities across provinces

Time to public program access

- **TTPA was calculated** for each of the 29 in-scope vaccines per province, where data was available.
- TTPA varied across provinces and vaccine analogs, with a national median TTPA of **788 days.**
- Median provincial TTPA ranges from **557 days in Quebec** to **1130 days in Nova Scotia.**
- Median TTPA by VPD ranges from **296 days in RSV** to **2800 days in rotavirus.**

Alignment with NACI/CIQ

- The **currently active public programs** in each province were assessed for alignment with **current NACI/CIQ recommendations.**
- All provinces had some degree of alignment, though **no province was fully aligned across all seven VPDs.**
- Misalignment was a result of provinces **not launching programs** (RSV, HZV); covering an **insufficiently broad population** relative to recommendations; or **not using the currently recommended vaccine analogs.**

Provincial strengths

- All provinces have public programs which are aligned with NACI/CIQ recommendations in **HPV, rotavirus, and varicella;** except for BC, all provinces are also aligned with NACI/CIQ recommendations in **pneumococcal disease.**
- All provinces displayed unique strengths in different areas; e.g., BC was the **fastest funder of the vaccines Shingrix and Prevnar 13,** and AB was **fully aligned with NACI recommendations across all VPDs except HZV.**

Areas for improvement

- Median vaccine TTPA exceeds two years in **most provinces (8/10) and VPDs (6/7)**, indicating a generally prolonged timeline.
- RSV, HZV, and meningococcal programs are **rarely fully aligned with NACI recommendations.**
- Publicly available data on vaccine programs in certain provinces (e.g., MB, PEI) was often **difficult to identify or incomplete.**

Data Sources: Canadian Drug Product Database, NACI, provincial immunization manuals, provincial immunization fact sheets, provincial technical reports, provincial news releases, literature publications

Thank you.

For more information, kindly contact:

IQVIA Canada
Email: canadainfo@iqvia.com