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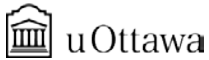
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Julie Lavertu
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Re: Moving to Acceptance: Toronto Public Health's Strategy to Address
Vaccine Hesitancy

Dear Committee Members,

It is my pleasure to provide a deputation in support of Toronto Public Health's report: "Moving to Acceptance: Toronto Public Health's Strategy to Address Vaccine Hesitancy". I have studied vaccine hesitancy for the past two decades and have seen it gain traction despite the many efforts of public health authorities. The consequences of this are now manifest as vaccine-preventable disease outbreaks have become commonplace. This new reality has prompted the World Health Organization to declare vaccine hesitancy a top global health threat for 2019.

As such, it is encouraging to see Toronto Public Health take a leadership role in addressing this challenge. I strongly support the action plan put forward. I believe it is measured and strikes a good balance between protecting the rights of individuals and public health. I am particularly encouraged to see (1) recognition of the importance of digital immunization systems, (2) a call for a vaccine injury compensation program, and (3) an emphasis on the need to educate children about vaccines. It will serve as an excellent blueprint for vaccination policy moving forward.

I will specifically speak to some of the recommendations:

1. The Board of Health request the provincial Minister of Health to:

1. ensure that the digital health immunization record is available to the local health care provider, patient and/or guardian, and local public health unit;

and:

d. Increase the functionality of Panorama, where the digital health immunization records are housed, to allow:

1. reporting of vaccines directly into Panorama at the time the vaccine is administered;
2. analysis at the local level to determine areas of low vaccination coverage, including geographic and equity disparities; and
3. reminder notifications to be sent automatically when a vaccination is due for a child.

Ontario has the opportunity to be a global leader in immunization systems by connecting primary care providers' information to the Digital Health Immunization Repository and then connecting this information digitally with the public. I have had the opportunity to interact internationally with individuals responsible for building immunization systems and Ontario's approach of connecting the public digitally to their records would make it a world leader. As the lead of the [CANImmunize](#) project, which is also responsible for the [Canadian Vaccine Catalogue](#), we are happy to support this initiative. We have articulated our vision for how digital technology can improve immunization practice [here](#).

Most importantly, this initiative will empower Ontarians with their own health information and connect them to their public health authorities. The best way to tackle vaccination rates and vaccine hesitancy is to empower the public with information. A digital immunization system will make this possible.

- c. Consider developing a provincial Vaccine Injury Compensation Program to strengthen vaccine safety and support those few individuals who may have a serious side effect from a vaccine.

I have strongly advocated for a no-fault compensation program for vaccine injuries over the years. It is a program that will justly compensate the very rare individual who is harmed by a vaccine through no fault of the provider. It will also provide protection for the vaccine industry to ensure adequate supply and continued innovation. Canada is the only G7 country that does not have such a national program, although in Canada, Quebec has a program.

As we begin to consider policies such as removing non-medical exemptions for vaccination, there will be even greater need for these programs. It is increasingly apparent that individuals are not being vaccinated for their own benefit but also, appropriately, for the protection of others. If, in the process of contributing to this public good, they should be injured, they should be justly compensated. The tort system is a highly inefficient way to address these occurrences.

We describe our argument for a no-fault compensation program and the potential design of one in [these articles](#).

4. The Board of Health request all Toronto school boards and the Ministry of Education to adopt Kids Boost Immunity or develop similar curriculum on vaccines and vaccine-preventable diseases for all elementary schools.

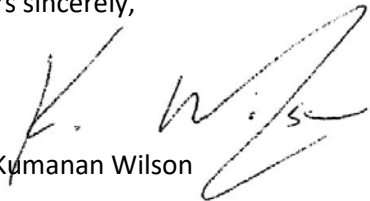
I strongly believe that educating children about immunization will be an important component of the battle against vaccine hesitancy. Children are future vaccinators and are having to make decisions earlier in life about vaccination as the number of adolescent vaccines increase. However, children's experiences with vaccines are largely negative (a shot in the arm) and there

has been little effort to promote vaccination in this population. Kids Boost Immunity is an excellent program that we support through our [Immunity Warriors](#) project. By connecting vaccine education to a social good (providing vaccines to lower resource settings), this approach can create long-lasting positive views on vaccination.

We have argued for the benefits of educating children and adolescents about vaccines [in these articles](#)

In my experience of examining vaccine hesitancy, the proponents of anti-vaccine ideas have appeared to be one step ahead of pro-vaccine messaging. The recommendations put forward in this report will go a long way to meeting this challenge and do so in a non-adversarial way which promotes reciprocity and transparency while also forcefully arguing for the benefits and importance of population-based immunization programs. I congratulate and endorse Toronto Public Health's effort to address this important public health issue.

Yours sincerely,

A handwritten signature in black ink, appearing to read 'K. Wilson', written over a light blue horizontal line.

Dr. Kumanan Wilson