

IMPROVING VACCINE ACCESS THROUGH COMMUNITY PHARMACIES ACROSS ONTARIO

PRIORITY CHALLENGES
AND SOLUTIONS



DECEMBER 2025



ONTARIO
PHARMACISTS
ASSOCIATION

CONTENTS

Executive Summary.....	3
Purpose.....	5
Approach.....	6
Background.....	7
Research Findings.....	10
Priority Challenges and Recommendations	11
Regulatory and Policy	12
Financial and Insurance Coverage.....	16
Workforce and Operational Capacity	20
Public Awareness and Perception.....	24
Key Stakeholders.....	29
Other Challenges.....	30
Conclusion.....	31
Appendix.....	32
References.....	34
About OPA	34
Acknowledgments	34



Vaccination is the best defense against vaccine-preventable diseases but immunization rates across Canada are declining.

Improving timely and equitable access to vaccines is critical to addressing coverage gaps to protect Ontarians. With a health care system that is already under immense pressure to meet the needs of a growing and aging population, leveraging the skills and expertise of qualified pharmacy professionals is pivotal to increasing patient access to vaccines and easing the burden on the health care system.

Community pharmacy professionals, who are among the most accessible healthcare providers, have proven their value in vaccine delivery with their success in supporting influenza and COVID-19 vaccine campaigns. However, their ability to provide comprehensive immunization care remains limited by regulatory, financial, operational, and public awareness barriers – all of which impact an individual's access to vaccines.

To address these challenges, the Ontario Pharmacists Association (OPA) launched the Vaccine Access Action Plan initiative to identify key barriers and develop actionable recommendations to improve vaccine access through community pharmacies. This work was guided by the Vaccine Access Advisory Committee, a group of diverse healthcare experts and leaders who reviewed evidence-based research to provide insights, solutions and strategies to shape the Action Plan.

The Action Plan is organized around **four priority and challenge areas**:

<p>REGULATORY AND POLICY</p> <p>1</p>	<p>FINANCIAL AND INSURANCE COVERAGE</p> <p>2</p>	<p>WORKFORCE AND OPERATIONAL CAPACITY</p> <p>3</p>	<p>PUBLIC AWARENESS AND PERCEPTION</p> <p>4</p>
<p>Priority Challenges:</p> <ul style="list-style-type: none"> • Pharmacists in Ontario do not have the authority to prescribe vaccines. • Pharmacy professionals in Ontario are limited to administering only a defined list of vaccines. 	<p>Priority Challenges:</p> <ul style="list-style-type: none"> • Some vaccines are not publicly funded and/or not covered by private insurances. • There lacks an appropriate remuneration framework for pharmacists to assess, prescribe, or administer vaccines. 	<p>Priority Challenges:</p> <ul style="list-style-type: none"> • Capacity to deliver vaccines while supporting regular operations, especially during high-demand periods. • Lack of access to complete immunization records and inadequate integration with public health systems. 	<p>Priority Challenges:</p> <ul style="list-style-type: none"> • Many Ontarians are unaware of, or lack clarity on, which vaccines are available at pharmacies, how to access them, and what falls within a pharmacist's scope of practice. • Persistent vaccine hesitancy driven by different factors such as misinformation, vaccine fatigue, and low prioritization of preventative care.

The Advisory Committee's work makes clear that pharmacy professionals can and should play a larger role in protecting Ontarians through vaccination. The full Action Plan details targeted recommendations under each of the four priority areas, providing a roadmap for government, health system partners, and stakeholders to strengthen vaccine access across the province.

The Advisory Committee calls on health system partners to work together in advancing these recommendations, ensuring that every Ontarian can access the vaccines they need, when and where they need them.



PURPOSE

The Action Plan

The Ontario Pharmacists Association (OPA) launched the Vaccine Access Action Plan (VAAP) as a patient-centred initiative aimed at improving vaccine access through community pharmacies. Multiple barriers limit patients' ability to access vaccines including: regulatory and policy restrictions, financial and insurance challenges affecting both pharmacists and patients, workforce and operational limitations, and gaps in public awareness alongside persistent misconceptions about vaccines and how they are delivered.

For example, even though many pharmacists are trained and authorized to administer vaccines, unlike their counterparts in other provinces, they face regulatory barriers that prevent them from prescribing these same vaccines, thus restricting their ability to fully support patient access.

As Ontario looks for innovative ways to reduce healthcare strain and improve patient care, pharmacy professionals are advocating for a greater role in care delivery. This Action Plan outlines actionable recommendations to expand vaccine access across the province with a focus on community pharmacy-based solutions.

The Vaccine Access Advisory Committee

The recommendations presented in the VAAP were informed by the Vaccine Access Advisory Committee (VAAC). The committee was formed by OPA to bring together a diverse range of industry experts and leaders.

This curated group was intentionally chosen to reflect diverse roles, sectors, and perspectives, ensuring balanced representation to effectively speak to the challenges identified. Through a broad outreach process, expert stakeholders from across the province were engaged, leading to the selection of nine committee members.

Committee Process And Approach

The committee, chaired by Dr. Sherilyn Houle and supported in operations by OPA, convened for four meetings to guide the development of the Action Plan. Over the course of these sessions, members engaged in robust discussions to identify and analyze the barriers and challenges to vaccine access through pharmacies.

They worked collaboratively to prioritize these challenges, propose practical solutions, and consider strategies for effective implementation, which together informed and shaped the content of the Action Plan. The process concluded with a comprehensive review of the draft Action Plan, ensuring it reflected the group's collective insights and recommendations.

Committee Membership

**Dr. Sherilyn Houle, BSP, PhD, CTH, AFTM
RCPS(Glasg), FISTM**

VAAC Committee Chair

*Associate Professor, School of Pharmacy,
University of Waterloo*

George Daskalakis, PharmD, RPh

*Pharmacy Manager, Hauser's Pharmacy &
Home Healthcare*

Sheena Deane, RPhT

*President of the Canadian Association of
Pharmacy Technicians*

Deborah Emery, BSP

*Treasurer of the Board of Directors,
Indigenous Pharmacy Professionals of Canada*

Dr. Paul B. Jones, BSc, MD, CCFP(EM), FCFP

Arthur Family Practice / Arthur Travel Health

Karen Mulvey, RN, BScN, MN

*Manager, Vaccine Preventable Disease Program,
Wellington-Dufferin-Guelph Public Health*

Antonella Pucci, MA

*Manager, Immunization Initiatives,
Canadian Public Health Association (CPHA)*

Jana Ray

Chief Operating Officer, CanAge

Dr. Anna Taddio, MS, PhD

*Professor, Leslie Dan Faculty of Pharmacy,
University of Toronto*

Vaccination rates across Canada have declined.¹ Lower vaccination coverage directly increases the risk of outbreaks of vaccine-preventable diseases. Over time, sustained reductions in immunization rates may lead to the resurgence of these diseases and their potential return to endemic levels.²

Recent data show that coverage for several routine vaccinations has dropped compared to the early 2000s.¹ Media narratives suggest this decline is attributed to rising vaccine hesitancy and vaccine fatigue.¹ While this is a contributor, research indicates lack of vaccine information and access as primary barriers for adults in Canada.³

There are significant systemic barriers that make access to vaccination harder for adults.⁴ In Ontario, childhood immunization is largely delivered through organized programming. Adult vaccination, on the other hand, is less routine, making it far more dependent on individual initiative and access to primary care.³ Many Ontarians do not have a regular primary care provider and/or the flexibility to endure long wait times, or live in rural and remote communities without ready access to vaccination services.⁵ These factors, among many others, contribute to Ontarians facing a number of barriers to accessing immunization services in their communities.

As highlighted in Ontario's Chief Medical Officer of Health's 2024 Annual Report, *Protecting Tomorrow: The Future of Immunization in Ontario*, addressing inconsistencies in access through community-led strategies is a key way to strengthen Ontario's immunization programs.⁶ Pharmacy professionals are uniquely positioned to support this work.

Approximately 91% of Ontarians live within five kilometers of a community pharmacy,⁷ and people visit pharmacists more often than other healthcare providers.⁸ The availability of pharmacies for extended hours during evenings, weekends, and holidays, as well as same or next-day appointment availability, contributes to faster, more convenient care that, in turn, drives patient engagement. During the COVID-19 pandemic, Ontario pharmacies became the leading setting for immunization and have since administered over 14.6 million COVID-19 doses in addition to leading influenza vaccination efforts.⁹



BACKGROUND

Despite pharmacists proving their effectiveness as immunizers, educators, and patient advocates, barriers to accessing immunizations in community pharmacies remain. These barriers span regulatory and policy restrictions, operational pressures, inadequate remuneration, and persistent gaps in public awareness and perception.

In Ontario, pharmacists can administer vaccines for 16 vaccine-preventable diseases, and although many of these are part of Ontario's publicly funded immunization program, pharmacists only have access to publicly funded supplies of COVID-19 and influenza vaccines. Patients who are eligible for other publicly funded vaccines must be referred to their primary care provider or local public health unit to be vaccinated despite pharmacists having the knowledge, training and skill to administer them.

Additionally, for vaccines that are not publicly funded (e.g., herpes zoster vaccine for individuals <65 or >70 years of age, and human papillomavirus (HPV) vaccine for most adults), the service of administering the vaccine by a pharmacist, in addition to the cost of the vaccine, are also not publicly funded. This means that patients often face out-of-pocket costs, creating financial barriers to accessing care.

Furthermore, under the current scope of practice for pharmacists, they are unable to prescribe vaccines. This limitation contributes to system inefficiencies by requiring patients to obtain prescriptions for certain vaccines from other healthcare providers (e.g., physicians and nurse practitioners) before they can be dispensed and administered by a pharmacist or for the purposes of insurance coverage. Requiring multiple steps in the care pathway not only puts additional strain on providers but significantly increases the likelihood patients will disengage from the care they need.¹⁰ This process becomes particularly burdensome for individuals without a regular primary care provider.

Addressing barriers that currently impact Ontarians' ability to access vaccines from pharmacies in Ontario is a critical step to improve vaccine uptake and reduce health system strain.

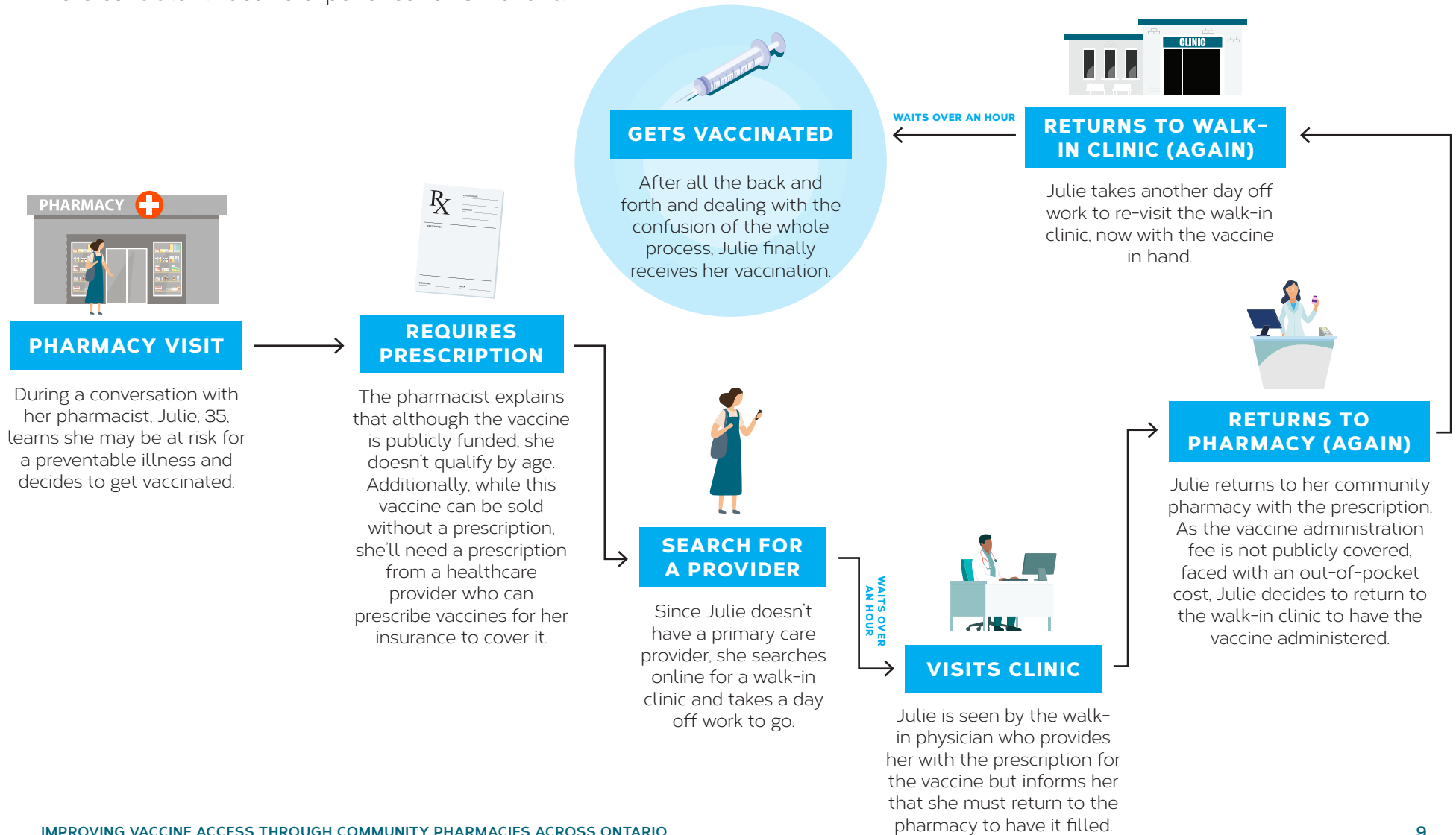
The following Action Plan presents a series of recommendations, developed through the insights of industry leaders and experts, to improve community-based vaccine access in pharmacies across Ontario.



Sample Patient Pathway

This pathway is an illustrative example of a patient’s journey to receiving a vaccine when a prescription is required. While there are several variations of this pathway, similar points of confusion, extra steps, and inconsistencies appear across most of them. The patient experience can also differ depending on the type of vaccine (Schedule I or II), each with its own access and/or prescribing requirements – but what remains consistent is the multiple barriers that limit timely, equitable vaccine access for patients.

The intention of this Action Plan is to provide clear, practical recommendations to address these barriers and support a smoother, more consistent vaccine experience for Ontarians.



RESEARCH FINDINGS

OPA conducted several research activities to provide the Advisory Committee with an evidence-based foundation for discussion and to ensure that recommendations were rooted in evidence:

Environmental Scan of the Pharmacy Vaccine Landscape: Identified barriers and facilitators to vaccine access in community pharmacies.

Literature Review of Vaccine Prescriptive Authority for Pharmacists: Examined barriers and facilitators to the prescribing of vaccines by pharmacists in Canada.

Cross-Jurisdictional Scan of Scope of Practice: Compared differences in pharmacy professionals' scope of practice in relation to vaccine administration and prescribing across Canadian provinces.

Private Insurance Coverage of Vaccines Scan: Analyzed group and personal health insurance plan coverage of vaccines provided by 13 health benefit providers.

Please refer to the [Appendix](#) for additional details.



Interconnected Themes Requiring Coordinated Response

Many of the challenges identified through the Action Plan overlap across different themes. For example, a challenge listed under workforce and operational capacity may relate to regulatory and policy barriers, or impact public awareness and perception. This overlap highlights the interconnectedness of the challenges currently facing the pharmacy sector and the broader health care system. Addressing one challenge may help to alleviate or resolve others, while failing to act on one may worsen or exasperate another.

The accompanying diagram—a four-circle Venn with the patient at the centre—visually reinforces this interconnectedness, showing how each priority area overlaps and collectively shapes the patient experience. The recommendations put forward in this Action Plan aim to promote coordinated, system-wide solutions rather than isolated fixes.



REGULATORY AND POLICY

1

Regulatory restrictions are major barriers to timely and equitable vaccine access. In Ontario, pharmacists do not have the authority to prescribe vaccines – making it one of only two provinces in Canada with this restriction.


This creates an additional step for patients, who often must first obtain a prescription from another healthcare provider before returning to the pharmacy for the vaccine to be dispensed and administered. This introduces unnecessary delays, discourages uptake, and places an avoidable burden on patients, particularly those without a regular primary care provider.

Furthermore, Ontario pharmacists are limited to administering only a defined list of vaccines, even when they possess the necessary training to provide others. This forces patients to travel further or wait longer for certain vaccines that could otherwise be safely administered in their community pharmacy. By contrast, most other provinces do not impose such restrictive lists.

Enabling pharmacists to both prescribe and administer a broader range of vaccines will remove unnecessary regulatory burden that is restricting how Ontarians can access vaccines compared to other Canadians.




PRIORITY CHALLENGE

Pharmacists in Ontario do not have the authority to prescribe vaccines

TIMEFRAME	RECOMMENDATIONS	RATIONALE
 SHORT-TERM Action	Expand pharmacists scope of practice to include prescribing authority for all vaccines.	Enabling prescribing authority for all vaccines streamlines access and improves the patient care journey.

PRIORITY CHALLENGE

Pharmacy professionals in Ontario are limited to administering only a defined list of vaccines

TIMEFRAME	RECOMMENDATIONS	RATIONALE
 SHORT-TERM Action	Introduce standardized medical directive templates that prescribers can use to delegate authority to pharmacists to be able to administer all vaccines.	Standardized medical directive templates provide a temporary solution within existing regulatory boundaries.
 LONG-TERM Action	Develop and disseminate best practice guidelines for the administration of vaccines in community pharmacies.	Raising awareness about best practices promotes greater consistency and patient safety to strengthen public confidence.
 LONG-TERM Action	Eliminate the use of a list-based approach to scope of practice.	Eliminating the defined list of vaccines in regulation creates flexibility to improve patient access to vaccines.

+ ADDITIONAL CONSIDERATIONS

- + Vaccines are categorized as either Schedule I (prescription from an authorized prescriber required for dispensing) or Schedule II (available for purchase without a prescription after pharmacist consultation). **Prescriptive authority for vaccines is important** not only to streamline the patient care journey for Schedule I vaccines but also to mitigate potential financial barriers to access as many private insurance providers require a prescription from an authorized prescriber in order for the vaccine to be covered under the plan regardless of the prescription status (i.e., Schedule I or II) of the vaccine.
- + **The introduction of standardized medical directives will require careful planning and strategic consideration and consultation with affected stakeholders**, particularly with respect to implementation processes, the responsibilities and requirements to enable delegation, and concerns about liability and accountability.
- + **All regulatory (e.g., scope expansions) and policy (e.g., vaccination programs) related changes should apply to all pharmacy professionals** and enable them to practice to scope regardless of their place of practice (e.g., community pharmacy, hospital pharmacy, long-term care, family health team, etc.).

FINANCIAL AND INSURANCE COVERAGE

2

The cost of vaccines may pose a significant barrier to vaccine access for patients. Many vaccines are not publicly funded or are funded for specific populations only, meaning patients without private insurance and who are ineligible for publicly funded vaccines must pay out-of-pocket.





This creates clear inequities and can discourage uptake, particularly among lower-income individuals and families. Even for those with private insurance, coverage is often incomplete, inconsistent, unavailable, or poorly understood, leaving patients uncertain about costs and in many cases still responsible for out-of-pocket costs.

Furthermore, there is also no publicly or privately funded comprehensive remuneration framework for pharmacy professionals in Ontario that reflects the time and expertise required to administer non-publicly funded vaccines including assessing eligibility and appropriateness, counselling patients, documentation, and the physical administration of the vaccine. Pharmacy professionals are integral members of a patient's healthcare team, however, without appropriate reimbursement, it is not sustainable for pharmacies to offer these services which in turn limits patient access to essential immunizations.

Together, these funding and insurance gaps reduce access across the system, disproportionately affecting those least able to afford care, and ultimately impacting the overall uptake of vaccines.



PRIORITY CHALLENGE

Some vaccines are not publicly funded and/or not covered by private insurances

TIMEFRAME	RECOMMENDATIONS	RATIONALE
 <p>SHORT-TERM Action</p>	<p>Educate patients on available vaccine coverage, including potential benefits through private insurance.</p>	<p>Coverage gaps create confusion for patients, especially around availability of publicly funded vaccines, contributing to vaccine hesitancy and missed opportunities for care.</p> <p>Helping patients understand their coverage reduces confusion and financial surprises, enabling them to get vaccinated sooner.</p>
 <p>SHORT-TERM Action</p>	<p>Empower patients to advocate for more comprehensive coverage through their benefit plans.</p>	<p>Patient advocacy can drive accountability among employers and insurers to offer greater coverage of vaccines for preventative care.</p>
 <p>LONG-TERM Action</p>	<p>Develop a unified government relations strategy through collaboration amongst health organizations to advocate for expanded public funding of vaccines.</p>	<p>A unified advocacy approach strengthens influence with the government and increases the chance of expanded public funding.</p>
 <p>LONG-TERM Action</p>	<p>Expand coverage of vaccines through private insurers, especially for high-risk patients and those with underlying conditions.</p>	<p>Expanding private coverage improves access and reduces long-term health system costs.</p>

PRIORITY CHALLENGE

There lacks an appropriate remuneration framework for pharmacists to assess, prescribe, or administer vaccines

TIMEFRAME	RECOMMENDATIONS	RATIONALE
 SHORT-TERM Action	<p>Increase awareness amongst pharmacy professionals of existing resources (e.g., OPA's Suggested Fee Guide) to support service provision.</p>	<p>Promoting available resources helps pharmacists better navigate service delivery and receive an appropriate fee for service.</p>
 LONG-TERM Action	<p>Establish fair and reasonable publicly or privately funded remuneration as applicable for pharmacists vaccine services based on evidence of systemic cost savings and return on investment (ROI) by enabling pharmacists to assess, prescribe and/or administer vaccines.</p>	<p>Fair remuneration ensures vaccine services remain sustainable, helping to maintain and expand patient access, streamline care delivery, reduce inefficiencies, increase healthcare provider capacity and improve overall population health outcomes.</p> <p>Evidence of savings and ROI strengthens the case for establishing a sustainable remuneration framework that funds pharmacists' vaccine services to improve patient care, access and system efficiency.</p>

+ ADDITIONAL CONSIDERATIONS

- + **Working directly with insurance companies to address some of these challenges may be beneficial** – especially as it relates to public awareness/education campaigns and integrating vaccine coverage (for both the product and its administration) into insurance wellness programs and Health Spending Accounts that are part of some private health plans.
- + **Exploring the addition of other pharmacist-led vaccine services** (e.g., a dedicated vaccine education service or a formalized vaccine review program prior to transitions in care) and establishing a complementary remuneration framework to support the services, can increase engagement opportunities with patients to ensure they are up to date with their immunizations.

WORKFORCE AND OPERATIONAL CAPACITY

3

Workforce and operational barriers can significantly limit the ability and willingness of pharmacy professionals to deliver vaccines efficiently.

Many pharmacies face capacity challenges, as staff must balance routine dispensing and patient care with the added demands of vaccine administration—pressures that are particularly acute during high-demand periods such as respiratory illness season or large-scale public health campaigns. Without additional support, this strain can lead to longer wait times, reduced patient satisfaction, missed opportunities for vaccination, and reduced pharmacy professional willingness to offer vaccination services.








Additionally, lack of access to complete and integrated immunization records requires health professionals (including pharmacists) to operate without a full view of patients' vaccination histories. This increases the administrative burden on vaccine providers who must attempt to obtain the immunization records from other healthcare providers or sources, which may also delay access to immunizations. In some cases, the absence of this information can reduce pharmacists' confidence to administer certain vaccines or patient willingness to be vaccinated, creating yet another barrier.

Finally, lack of integration between pharmacy management systems and public health systems not only limits efficiency but also weakens the broader health system's ability to track coverage, identify gaps, and respond effectively to emerging public health needs.

Collectively, these operational challenges restrict the full potential of pharmacies as accessible points of care and threaten to undermine efforts to expand equitable vaccine access.




PRIORITY CHALLENGE

Capacity challenges at pharmacies to deliver vaccines while supporting regular operations, especially during high-demand periods

TIMEFRAME	RECOMMENDATIONS	RATIONALE
 SHORT-TERM Action	Leverage pharmacy staff more effectively to support routine tasks and administrative responsibilities.	Optimizing staff roles ensures routine duties are completed efficiently while enabling trained pharmacy professionals to dedicate more time to patient care.
 SHORT-TERM Action	Increase the number of trained staff who can administer vaccines (e.g., supporting initiatives that increase technician placements in community pharmacies so that they can complete their required training).	Expanding the pool of vaccinators ensures pharmacies can meet patient demand without disrupting daily operations.
 LONG-TERM Action	Accelerate when all pharmacy and pharmacy technician students receive training to administer injections during their education.	Early injection training enables students to contribute to workforce capacity and builds a stronger workforce pipeline by ensuring graduates are ready to vaccinate immediately.
 LONG-TERM Action	Better utilize seasonal hiring for high demand times.	Temporary staffing during peak periods reduces strain on full-time staff and maintains patient access.
 LONG-TERM Action	Increase the scope of pharmacy technicians to be able to inject more than just flu, COVID-19, and RSV vaccines.	Expanding the scope of pharmacy technicians maximizes workforce capacity and improves vaccine access.
 LONG-TERM Action	Increase the number of pharmacy technician graduates.	Growing the pharmacy technician workforce strengthens long-term system capacity to sustain vaccine programs.
 LONG-TERM Action	Establish public funding to support care delivery.	Strategic funding can support critical infrastructure upgrades (e.g., private and comfortable spaces for clinical services, increased fridge storage capacity), staffing costs, and other essential resources that are needed for care delivery, particularly in rural pharmacies that often encounter high operational expenses.

PRIORITY CHALLENGE

Lack of access to complete immunization records and inadequate integration with public health systems

TIMEFRAME	RECOMMENDATIONS	RATIONALE
 SHORT-TERM Action	Reinforce confidence among pharmacists to vaccinate, even in cases of incomplete immunization records, based on evidence-based guidance.	Empowering pharmacists to vaccinate patients despite incomplete records ensures patients receive timely protection where benefits outweigh risks.
 LONG-TERM Action	Create and use a provincial immunization registry that tracks records for all patients for vaccines administered in all settings.	A centralized registry improves record accuracy, enables seamless coordination across providers, and strengthens public health planning.
 LONG-TERM Action	Improve interoperability between pharmacy management systems and public health platforms.	Leveraging technology to alleviate administrative work allows pharmacists to have more time to focus on patient care and vaccine delivery.

+ ADDITIONAL CONSIDERATIONS

- + **Education of pharmacy professionals on how to manage situations when records are incomplete or unavailable is needed to instill confidence in recommending vaccination.** As per the Canadian Immunization Guide, although vaccine providers should always attempt to obtain a patient’s complete immunization record, for those who still have incomplete records, they should be considered unimmunized and started on an immunization schedule appropriate for their age and risk factors.¹¹
- + **Building pharmacist’s confidence is critical,** as patients are more likely to accept vaccination when they trust their provider’s recommendation. Pharmacists need supportive structures such as professional bodies, communities of practice, and accessible evidence-based information resources to reinforce competency and decision-making in uncertain times.
- + **Publicly funded investments are essential** to support technological advances, integration and adoption.

PUBLIC AWARENESS AND PERCEPTION

4

Public awareness and perception about vaccines and pharmacy services are critical barriers that need to be addressed to improve vaccine access.





Many Ontarians remain unaware or unclear about which vaccines are available at pharmacies, how to access them, and what falls within a pharmacist's scope of practice. This lack of knowledge contributes to underutilization of pharmacy-based vaccination services, even when they are the most convenient and accessible option.

Persistent vaccine hesitancy also continues to pose a challenge, driven by factors including misinformation, vaccine fatigue, and the broader tendency to deprioritize preventative care. These factors not only hinder vaccine uptake but also erode public trust in vaccines and the healthcare professionals delivering them.

Without stronger public education and targeted efforts to combat misinformation, the ability of pharmacies to serve as trusted, accessible vaccination hubs will remain underleveraged, limiting progress towards broader immunization goals.





PRIORITY CHALLENGE

Many Ontarians are unaware of, or lack clarity on, which vaccines are available at pharmacies, how to access them, and what falls within a pharmacist’s scope of practice

TIMEFRAME	RECOMMENDATIONS	RATIONALE
 SHORT-TERM Action	Increase public awareness on vaccines available at pharmacies through advertising, campaigns, and educational resources.	Public education reduces confusion, empowers patients, and drives higher vaccine uptake. Highlighting existing services builds patient and provider confidence while demonstrating immediate value.
 LONG-TERM Action	Update Telehealth Ontario platforms to include information on pharmacists as vaccine providers and guidance to refer patients to pharmacists where appropriate.	Ensuring that Telehealth Ontario has the appropriate resources will help to increase awareness and enable them to effectively triage patients to pharmacy professionals to access vaccines when appropriate.
 LONG-TERM Action	Develop a Ministry of Health directory indicating where patients can access pharmacy professional-delivered vaccines.	A centralized directory supports both patients and other healthcare providers to easily locate pharmacy vaccine services in their communities.
 LONG-TERM Action	Improve interprofessional collaboration between physicians, pharmacists and public health.	Stronger collaboration among healthcare stakeholders ensures consistent messaging, reduces silos, and improves patient vaccination experiences.

PRIORITY CHALLENGE

Persistent vaccine hesitancy driven by different factors such as misinformation, vaccine fatigue, and low prioritization of preventative care

TIMEFRAME	RECOMMENDATIONS	RATIONALE
 SHORT-TERM Action	Strengthen pharmacy professional training and confidence with a focus on strategies to support and engage vaccine hesitant patients.	Equipping providers with the tools they need to improve patient trust helps respond to vaccine hesitancy in real time.
 LONG-TERM Action	Align messaging to the public regarding vaccine safety and importance through partnerships and collaboration with key stakeholders.	Unified, consistent messaging from trusted voices reduces confusion and builds public confidence.
 LONG-TERM Action	Sustain investment in public education and awareness campaigns.	Ongoing public health education campaigns keep vaccines top of mind, counter misinformation, address gaps in knowledge, mitigate adverse geopolitical influences and normalize preventative care.
 LONG-TERM Action	Enable community pharmacies to provide all publicly funded vaccines.	Expanding sustainable access to all publicly funded vaccines through community pharmacies increases patient convenience, decreases confusion and reinforces the importance of vaccines to drive patient engagement and prioritization of preventative care.

+ ADDITIONAL CONSIDERATIONS

- + In addition to raising patient awareness about where vaccines are available, **publicly funded programs must ensure a sufficient and timely supply** of doses to providers, e.g., pharmacies, to prevent patients from being turned away when seeking immunization services.
- + Maintenance of a directory may be **resource and labour intensive and will require investments** (e.g., time, funding).
- + Consideration needs to be taken regarding the balance between **raising public awareness of vaccines vs marketing of vaccines**.
- + All public awareness campaigns require **consistent messaging amongst all stakeholder groups**.
- + Vaccine fatigue is a barrier to immunization uptake and may lead to **broader public disengagement from immunization efforts**, including seasonal vaccines like influenza.
- + Addressing vaccine hesitancy is a **complex challenge with many considerations**. Partnership among key stakeholders may include a targeted communication campaign that highlights visible success stories and leverages trusted messengers such as community leaders, local organizations, etc. to advocate for and normalize immunization.
- + Monitoring trends, such as the number of non-medical vaccine exceptions among school-aged children, can help **guide targeted education and awareness campaigns** and indicate whether further investigation is needed to identify the causes of concerning patterns, if any.

Stakeholders Identified for Implementation

Advancing this Action Plan will require close collaboration between multiple key stakeholders including but not limited to:

- Ontario Ministry of Health
- Ontario Pharmacists Association
- Ontario College of Pharmacists
- Academic institutions
- Municipal and provincial Public Health authorities
- Canadian Association of Pharmacy Technicians
- Patient and public interest groups
- Health advocacy groups
- Health insurer groups
- Other healthcare professional associations

While efforts were made to include a wide range of stakeholders to support the inception of the VAAC, some remain unrepresented. For this Action Plan to be implemented, there will need to be a joint effort across stakeholder groups as everyone has a role to play in driving change.

Other Challenges Impacting Vaccine Access

It should be noted that the Advisory Committee identified a wide range of barriers to vaccine access through pharmacies. However, to ensure focus and actionability, the group dedicated efforts to identifying solutions to a prioritized list as outlined above.

That said, several additional barriers and/or considerations warrant attention, even if they were not included in the final prioritized list. These include:

Regulatory and Policy

Inconsistent pharmacy technician scope across Canada:

Pharmacy technician scope limitations (e.g., injection authority) in Ontario compared to other jurisdictions in Canada creates inefficiencies and underutilizes trained personnel.

Pharmacists and pharmacies are excluded from Ontario Health Teams (OHTs): The lack of formal inclusion in OHTs limits opportunities for community-based integration and coordinated vaccination efforts.

Eligibility restrictions in public programs: Publicly funded immunization programs are constrained by age- and condition-based eligibility criteria, some vaccines are accessible through certain channels only (e.g., family physicians or public health), and not all vaccines are included.

Need to ensure sector readiness: Given that pharmacies can choose which vaccine services they offer, ensuring that there is sector engagement with clear and timely communication to pharmacies along with implementation supports will drive widespread adoption and ensure community readiness.

Workforce and Operational Capacity

Unpredictable walk-in demand: While patients appreciate and benefit from same-day or next-day access to vaccines, the unpredictability of walk-in demand may create challenges for community pharmacies who must manage workflow and staffing levels.

Pharmacy professionals' experiences with delivering vaccines: Focusing on supporting and ensuring pharmacy professionals' experiences with administering vaccines are positive and engaging can help to increase service provision and, consequently, patient access to vaccines.



CONCLUSION

Turning Recommendations Into Action

Improving vaccine access in Ontario is a strategic opportunity to strengthen the province's health care system. By addressing the challenges identified through this Action Plan, Ontario can harness the full potential of community pharmacies as trusted accessible hubs for immunization.

Pharmacy professionals have demonstrated their ability and capacity to deliver high-quality vaccine care. With the right supports, they can play an even greater role in protecting Ontarians from vaccine-preventable diseases.

As the province continues to navigate evolving public health challenges, especially as it relates to the decline in vaccine uptake, pharmacy professionals and community pharmacies must be included as a part of the solution.

Cross-Province Review: Scope of Practice for Vaccine Administration¹²

	BC	AB	SK	MB	ON	QC	NB	NS	PEI	NL
Pharmacist authority to administer vaccines	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Vaccines that can be administered by pharmacists	All	All	All	Limits	Limits	All	All	Limits	Limits	All
Educational requirements to administer vaccines	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Pharmacy technician authority to administer vaccines	✗	✗	✓	✗	✓	✗	✓	✓	✓	✓
Vaccines that can be administered by pharmacy technicians	N/A	N/A	Limits	N/A	Limits	N/A	All	Limits	Limits	All
Publicly funded remuneration to administer vaccines	\$11.14 – \$18.00	\$13.00 – \$17.00	\$14.00 – \$20.00	\$7.00 – \$20.00	\$8.50 – \$13.00	\$14.24 – \$17.26	\$13.00	\$13.00 – \$18.00	\$13.00 – \$20.00	\$13.00 – \$17.00
Other limitations	Age	Age	Age	Age	Age	Age	Age	Age	Age	Age

Last Updated: April 28, 2025

Cross-Province Review: Scope of Practice for Prescribing Vaccine¹²

	BC	AB	SK	MB	ON	QC	NB	NS	PEI	NL
Authority to prescribe for vaccines	✗	✓	✓	✓	✗	✓	✓	✓	✓	✓
Vaccines that can be prescribed	N/A	All	Limits	Limits	N/A	All	Limits	Limits	Limits	Limits
Additional educational requirements to prescribe vaccines	N/A	Yes	Yes	Yes	N/A	Yes	Yes	Yes	Yes	Yes
Publicly funded remuneration to prescribe vaccines	N/A	\$25	None	None	N/A	TBD	None	None	None	None
Other limitations	N/A	None	Yes	None	N/A	TBD	None	None	Yes	None

Last Updated: April 28, 2025

Private Insurance Review: Coverage of Vaccines¹²

Health Benefit Provider	Group Health Insurance	Personal Health Insurance
Sun Life	Vaccine coverage with no maximums	Vaccine coverage with no maximums
GreenShield	Vaccine coverage with no maximums	Vaccine coverage with no maximums
Desjardins	Vaccine coverage with no maximums	Vaccine coverage with annual maximums
Empire Life	Vaccine coverage with no maximums	-
RBC Insurance	Vaccine coverage with no maximums	-
Beneva	Vaccine coverage with annual maximums	Vaccine coverage with annual maximums
Canada Life	Vaccine coverage not standardly included as part of plan(s)	Vaccine coverage not standardly included as part of plan(s)
Co-operators	Vaccine coverage not standardly included as part of plan(s)	Vaccine coverage not standardly included as part of plan(s)
Equitable Life	Vaccine coverage not standardly included as part of plan(s)	Vaccine coverage not standardly included as part of plan(s)
Group Medical Services	Vaccine coverage with annual maximums	Vaccine coverage with annual maximums
iA Financial	Vaccine coverage not standardly included as part of plan(s)	Vaccine coverage with annual maximums
Manulife	Vaccine coverage not standardly included as part of plan(s)	Vaccine coverage with annual maximums
Medavie Blue Cross	Vaccine coverage not standardly included as part of plan(s)	Vaccine coverage with annual maximums

Last Updated: April 8, 2025

REFERENCES

1. Yoon J. Vaccination rates are slipping around the world. Canada isn't immune, says new study. CBC News. September 30, 2025. <https://www.cbc.ca/news/health/vaccination-rates-are-slipping-around-the-world-canada-isn-t-immune-says-new-study-1.7570776>
2. Kiang MV, Bubar KM, Maldonado Y, Hotez PJ, Lo NC. Modeling reemergence of vaccine-eliminated infectious diseases under declining vaccination in the US. *JAMA*. 2025;333(24):2176-2187. doi:10.1001/jama.2025.6495
3. Stratoberdha D, Gobis B, Ziemczonek A, Yuen J, Giang A, Zed PJ. Barriers to adult vaccination in Canada: a qualitative systematic review. *Can Pharm J (Ott)*. 2022;155(4):E1-E10. doi:10.1177/17151635221090212
4. Aylsworth L, Manca T, Dubé È, Labbé F, Driedger SM, Benzies K, MacDonald SE. A qualitative investigation of facilitators and barriers to accessing COVID-19 vaccines among racialized and Indigenous peoples in Canada. *Hum Vaccin Immunother*. 2022;18(6):E1-E10. doi:10.1080/21645515.2022.2129827
5. Waite NM, Houle SKD, Toppari K, Pereira JA. Willingness of Canadian community pharmacists to adopt a proactive life course approach to vaccination services. *J Am Pharm Assoc*. 2024;64(4):102073. doi:10.1016/j.japh.2024.102073
6. Chief Medical Officer of Health for Ontario. Protecting Tomorrow: The Future of Immunization in Ontario. Office of the Chief Medical Officer of Health for Ontario. September 3, 2025. <https://www.ontario.ca/files/2025-09/moh-2024-cmoh-annual-report-en-2025-09-03.pdf>
7. Law M, Dijkstra A, Douillard J, Morgan S. Geographic accessibility of community pharmacies in Ontario. *Healthc Policy*. 2011;6(1):36-46. doi:10.12927/hcpol.2011.22097
8. Valliant SN, Burbage SC, Pathak S, Urick BY. Pharmacists as accessible health care providers: quantifying the opportunity. *J Manag Care Spec Pharm*. 2022;28(1):85-90. doi:10.18553/jmcp.2022.28.1.85
9. Ministry of Health. UIIP and COVID-19 Vaccine Program Pharmacy Debrief. Government of Ontario. June 12, 2025. [Unpublished data]
10. Bombard Y, Baker GR, Orlando E, et al. Engaging patients to improve quality of care: a systematic review. *Implement Sci*. 2018;13:98. doi:10.1186/s13012-018-0784-z
11. Government of Canada. Immunization of persons with inadequate immunization records: Canadian Immunization Guide. Government of Canada. July 15, 2016. <https://www.canada.ca/en/public-health/services/publications/healthy-living/canadian-immunization-guide-part-3-vaccination-specific-populations/page-3-immunization-persons-inadequate-immunization-records.html>
12. Please note that the tables included in the appendix are summarized from internal Ontario Pharmacists Association research documents. A detailed reference list can be provided upon request. For more information, please contact us directly at mail@opatoday.com

ABOUT THE ONTARIO PHARMACISTS ASSOCIATION

The Ontario Pharmacists Association (OPA) is Canada's largest pharmacy-based advocacy organization and continuing professional development provider for pharmacy professionals.

OPA is committed to evolving the pharmacy profession and advocating for excellence in practice and patient care.

By leveraging the unique expertise of pharmacy professionals, enabling them to practice to their fullest potential, and making them more accessible to patients, OPA is working to improve the efficiency and effectiveness of the health care system.

ACKNOWLEDGMENTS

This work was made possible with support from GSK Canada, Merck Canada, Moderna Canada and Pfizer Canada. While we are grateful for their support in advancing this work, these organizations did not influence the content of the Action Plan and were not part of the VAAC meetings or any related decision-making.

Learn more about OPA's process for content development and our firm commitment to maintaining content integrity [here](#).



ONTARIO
PHARMACISTS
ASSOCIATION

Advocating Excellence
in Practice and Care