

Canada is Overdue in Applying Hard-Learned Lessons from the Pandemic

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Introduction

Canada frames itself as a global health leader but a different picture emerges when you consider the number of lives lost in long term care. As of mid-2023, Canada's death rate was 60% higher than the global average, yet in spite of this there's been few substantive improvements in public health that could limit the damage from future pandemics.

The British medical journal recently placed part of the blame on the lack of collaboration between the federal and provincial/territorial levels. Over 100 reports and inquiries preceding the pandemic had predicted as much. This included unheeded calls for the creation of a national vaccine register strategies that could have minimized Canada's monumental vaccine wastage and the pressing need for more transparency in health spending. Feeding into this fiasco is the steadfast refusal on the part of provinces and territories to share their health data with the Public Health Agency of Canada (PHAC).

Description

Canadian researchers have earned a global ranking during the pandemic for having helped develop mRNA vaccines and in technologies that monitor wastewater. Efforts like these made University of Toronto second only to Harvard in health research [1].

But when it came to data on vaccine efficacy and COVID spread, the performance has been underwhelming. That's no fault of health researchers because access to critical data was unavailable because the provinces and territories had withheld it. PHAC hadn't been provided with data on who had been given what vaccines, precisely where and when. PHAC was also unaware of communities' test results all in the name of privacy. Crucial data went missing even though specific names could have been redacted and postal codes provided to protect privacy [2]. That gave health researchers little to report when analyzing Canada's real-world vaccine results and discerning the efficacy of various vaccine combinations proved against emerging variants. Canada missed vital opportunities to impact not only its own public, but global health as well.

The British medical journal also singled out Canada as amongst the world's stingiest countries when it came to vaccine sharing. The authors granted latitude in the decision to overbuy vaccines due to pandemic uncertainties. But they were less forgiving when it came to our failure to redistribute doses to countries in need long after it had become clear that we had far more doses than could ever be used [3]. This strained the world's vaccine supply and thereby pushed up vaccine prices, forcing poorer countries to pay more and according to the authors, largely negated the cash contributions made to Covax in 2021 and 2022.

The number of vaccines that went to waste may never be fully known. PHAC reported that 19 million doses are to expire by December 2023 and that doesn't even include those doses already shipped to the provinces and territories [4].

The reason? Suboptimal supply chain management. Vaccines have long been labeled with bar codes, but health units and clinics fail to

use them [5]. A simple scan could simultaneously inform the recipient, local health unit, provinces/territories health ministry and a national vaccine registry. It would allow both clinicians and patients 24/7 access to their vaccines. Canada could learn from retailers like Walmart that has used bar codes since 1983.

In view of all this, you'd hope that Canada learned some lessons and would now have a national vaccine registry in place. We don't. You might guess that the massive waste of doses would have triggered the universal application of bar codes to keep precise track of which vaccine had been given and in whom. Wrong again. Clinicians continue to manually record each vaccine in mostly siloed electronic health records that remain inaccessible to other clinicians.

Moreover, the provinces and territories have again stopped sharing what limited data they'd previously provided to the feds over a year ago. This resulted in the shutdown of Canada's long term care COVID-19 tracker in the midst of a seventh wave, even though this tracker had been the first one to show that the majority of COVID deaths were taking place in long term care facilities. Without it there would have been far more lives lost in chronic care. Yet future data has been silenced in the absence of on-going data from the provinces and territories. This has left Canada to rely on hospitalizations, deaths and waste water to track the pandemic [6].

Does the end of data collection signify the end of the pandemic? History suggests that they end in one of two ways. The scientific ending is data based and driven by epidemiology-the careful monitoring of cases, hospitalizations and deaths. But more often, they have a social ending that begins with pandemic fatigue and evolves into dropping established protections that currently includes masking in healthcare facilities.

It cannot be taken for granted that Canada is one of the world's most vaccinated countries against COVID. The costly, hard-won knowledge isn't a given. Nor is the key role of preventive measures like adequate ventilation and hand washing.

But too many crucial pandemic lessons are being ignored. It's at our own peril that Canada continues to lack a national vaccine registry. It's detrimental that vaccine inventories remain sub-optimally managed and the provinces and territories refuse to share their vital pandemic related health data with the federal government. In this regard, Canada's health researchers aren't any better off than in pre-pandemic

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Received: 31-August-2023, Manuscript No. JCMHE-23-111814; **Editor assigned:** 02-September-2023, PreQC No. JCMHE-23-111814 (PQ); **Reviewed:** 16-September-2023, QC No. JCMHE-23-111814; **Revised:** 06-January-2025, Manuscript No. JCMHE-23-111814 (R); **Published:** 13-January-2025, DOI: 10.4172/2161-0711.1000914

Citation: Gorfinkel I (2025) Canada is Overdue in Applying Hard-Learned Lessons from the Pandemic. J Community Med Health Educ 15: 914.

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times at reporting on our diverse populations’ response to vaccines. We remain as heavily reliant on data from other countries as we had in the pre-pandemic era.

Conclusion

As of August 7, Canada has lost 53,147 lives from COVID. It’s not too late to mitigate the death and suffering by instituting well-established, desperately needed improvements. A solid foundation needs to be laid not only for this, but future pandemics as well.

Canada can still reclaim its place as a global health leader.

References

1. US COVID-19 lessons (2024) Pandemic lessons for the 2024 US presidential election. BMJ 384: q150.

2. CMAJ (2020) A national vaccine registry blueprint. CMAJ.
3. Gatehouse J (2020) Ottawa has spent \$240B fighting COVID-19 in just 8 months. A CBC investigation follows the money. CBC News.
4. Bergeron J (2022) Canadian scientists made life-saving contributions during the COVID-19 pandemic. The Conversation.
5. U of T News (2023) U of T ranks second globally among universities for health sciences research: The Globe and Mail. University of Toronto.
6. Ireland N (2023) The Canadian Press. Millions of COVID-19 doses to expire this year in Canada. How will they be used?. Global News.