MERCK CANADA PULSE REPORT

Vaccine Confidence, Access and Decision-Making in Canada

September 2026



CA-NON-04981

© 2026 Merck & Co., Inc., Rahway, NJ, USA and its affiliates. All rights reserved.

Public

CONTENTS

03 Context & Objectives

04 Research Design

05 Executive Summary

07 Detailed Results

08 Vaccine Sentiment

11 Vaccination Behaviour

16 Awareness and Access

19 Affordability and Coverage

22 Future Actions and Confidence Drivers

26 Demographics

Public

Context & Objectives

As part of the Ipsos × Merck Pulse Report Series, this **third wave** of research was conducted to better understand Canadians' attitudes toward vaccination in general, their views on individual and shared responsibility, and the factors shaping confidence in immunization.

The research explored how respondents engaged with recommended immunization schedules, the barriers that may have contributed to delayed or missed vaccination, and the role of healthcare professionals, access, coverage and affordability in vaccination decision-making.

The study also examines how attitudes and behaviours varied across demographic groups to identify opportunities to support informed vaccine decisions and adherence to recommended immunization schedules.



Public

Research Design



Methodology

Online survey – Ipsos iSay panel, mobile compatible, conducted in English and French.

Fielding:
Data collection from August 20th to 25th, 2026

Questionnaire Length:
3 minutes average



Sample

1,000 respondents

Canadian population

Aged 18 years old +



Data Processing

Data weighted to reflect the overall Canadian population in terms of gender, age and region.

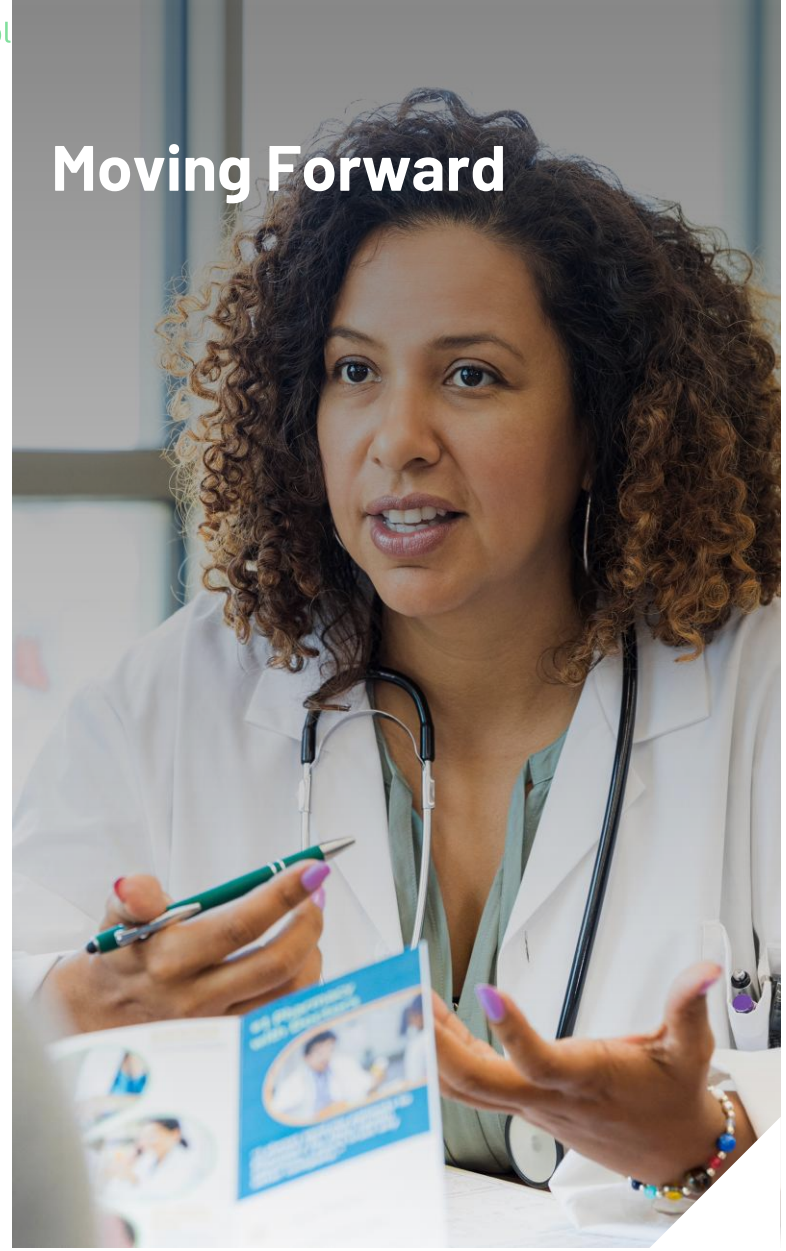
Coloured numbers (xx%/xx%) and bubbles Indicates that this group is significantly higher or lower than other demographics within the same category/demographic.

Credibility Interval: The poll is accurate to within ±3.8 percentage points, 19 times out of 20, had all Canadians aged 18+ been polled. The credibility interval will be wider among subsets of the population.

EXECUTIVE SUMMARY

Publ

Moving Forward



Healthcare professionals remained central to vaccine decision-making.

Healthcare professionals were the leading source of vaccine information and one of the most commonly reported prompts for vaccination. Most respondents said they would follow, seriously consider or seek more information about a healthcare professional's recommendation. Even among respondents with lower trust in vaccines, seeking additional information was more common than outright refusal.

Awareness was widespread, but gaps remained between awareness and adherence.

Most respondents were aware of adult immunization schedules and where vaccines could be administered. However, awareness did not always translate into adherence, and some respondents reported uncertainty about recommended schedules, eligibility and coverage. Childhood immunization stood apart, with most parent respondents reporting that their children were fully up to date on recommended vaccines.

Barriers to vaccination were often multifactorial.

Nearly four in ten respondents reported never having skipped or delayed a recommended vaccine. Among those who experienced barriers, respondents reported an average of two barriers. Respondents with lower trust in vaccines reported nearly three barriers on average and were more likely to cite vaccine concerns, including safety, effectiveness, ingredients and natural immunity.

Many respondents were uncertain about their vaccine coverage.

Although many respondents reported having private insurance coverage for vaccines, most of those with coverage were unsure which vaccines were included. Adults aged 55 and older and respondents in Quebec were less likely to report having vaccine coverage, while respondents with lower trust in vaccines were more likely to be uncertain about their coverage status.

Cost influenced vaccination decisions for some respondents.

Nearly half of respondents (46%) said they would delay or forego a recommended vaccine if they had to pay out of pocket.

Healthcare recommendations, travel and outbreaks were common vaccination prompts.

Respondents most commonly reported thinking about vaccination following a healthcare professional's recommendation, before travelling, during an outbreak or during flu and respiratory illness season.

Respondents with lower trust in vaccines were more likely to report having no particular situation that would prompt them to prioritize vaccination.

DETAILED RESULTS



VACCINE SENTIMENT

01

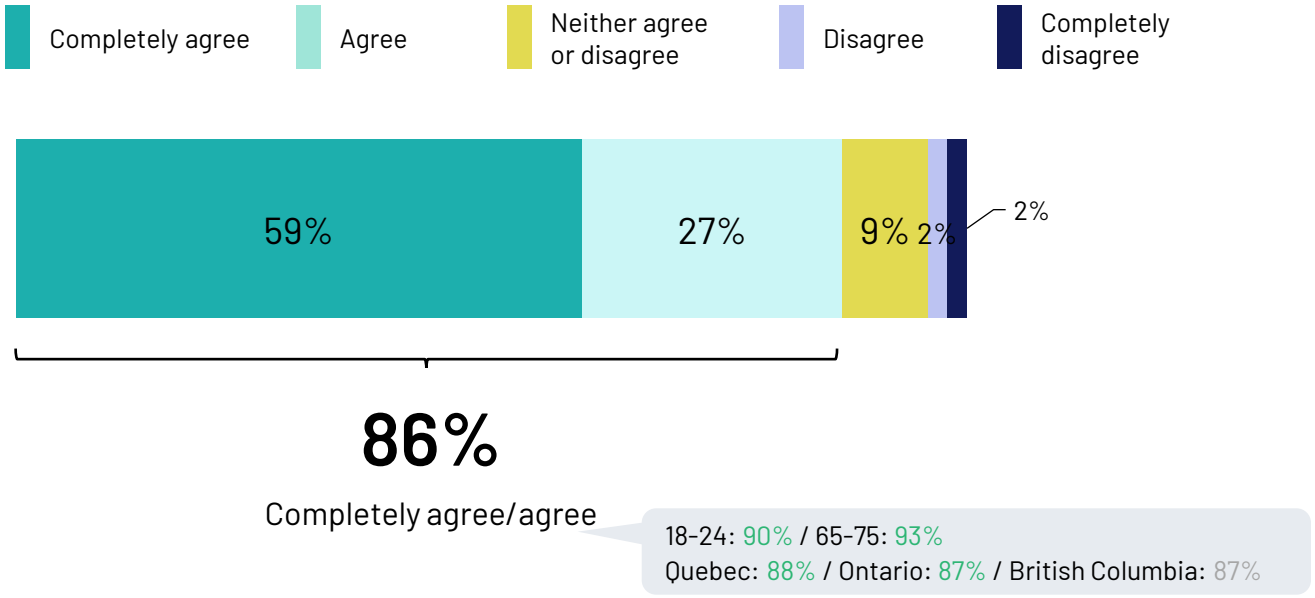
Public

Vaccination Sentiment and Trust Level

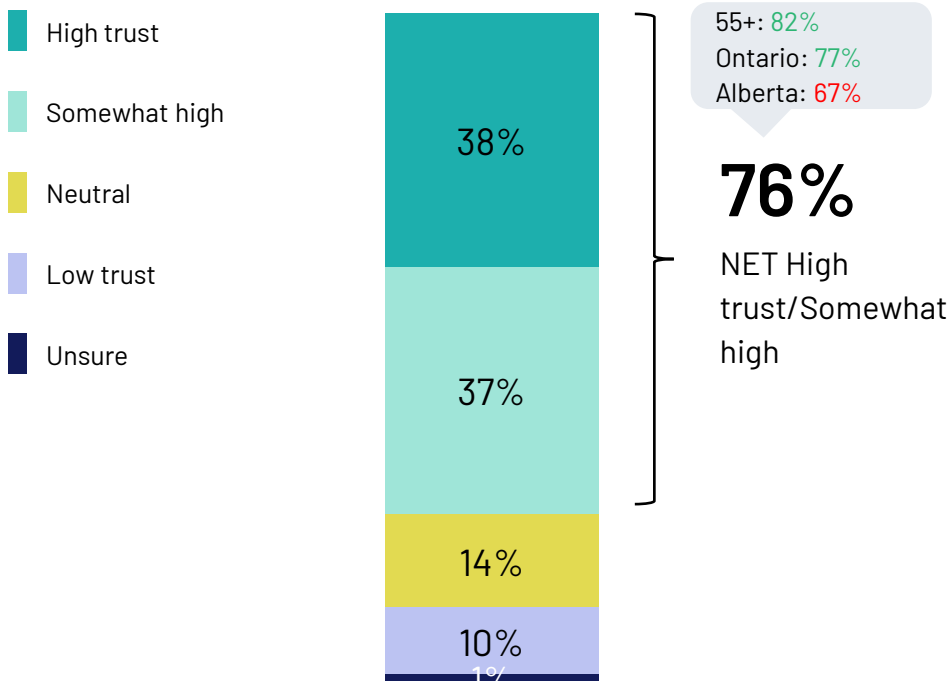
Most respondents agreed that vaccination helps protect themselves, their families and people who may be more vulnerable to serious illness. Agreement was highest among younger and older respondents and was higher in Quebec and Ontario than in Alberta. Trust in vaccine research, safety and efficacy was highest among respondents aged 55 and older.

Vaccination Sentiment:

Vaccination helps protect myself, my family, and people who may be more vulnerable to serious illness.



Trust in Vaccine Research, Safety, and Efficacy



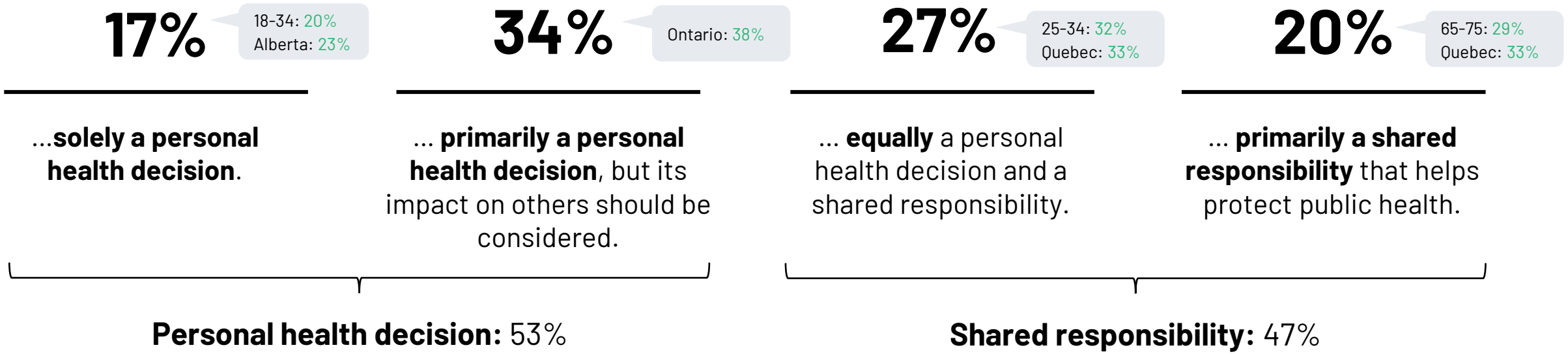
QV1. To what extent do you agree or disagree with the following statement?
QV2. How would you rate your level of trust when it comes to vaccine research, safety and efficacy in general?
Base: All respondents (n=1000)

Public

Views on Individual and Shared Responsibility for Vaccination

Respondents were divided on whether vaccination was primarily a personal health decision or a shared responsibility. A slight majority viewed it primarily as a personal health decision, while nearly half viewed it, at least in part, as a shared responsibility. Only about one in six respondents viewed vaccination solely as a personal choice. Younger respondents and Albertans were more likely to hold this view, while respondents in Quebec were more likely to view vaccination as a shared responsibility.

Vaccination is ...



Note: The scale used for this question has 5 levels, including "None of the above" (2%), which is not represented visually on the slide.
QV3. Which of the following statements comes closest to your own perspective?
Base: All respondents (n=1000)

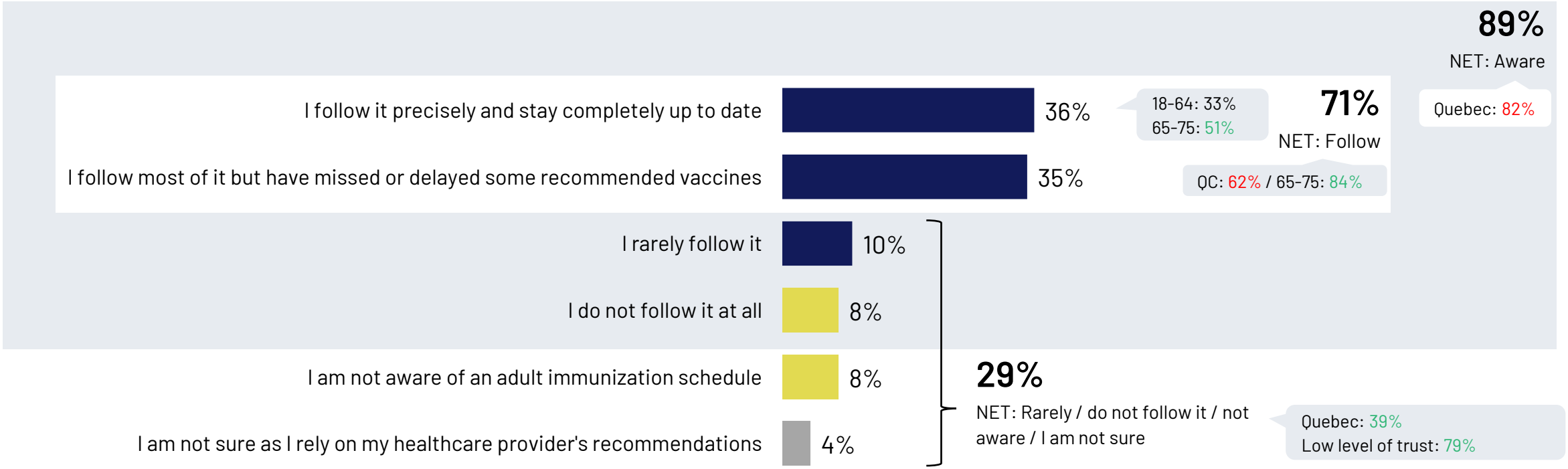
VACCINATION BEHAVIOUR

02

Public

Adult Immunization Schedule Adherence

Awareness of adult immunization schedules was widespread, but reported adherence was less consistent. Respondents in Quebec were less likely to report following recommended schedule and were also less likely to be aware of an adult immunization schedule. Respondents with lower trust in vaccines were substantially less likely to report following recommended schedules.



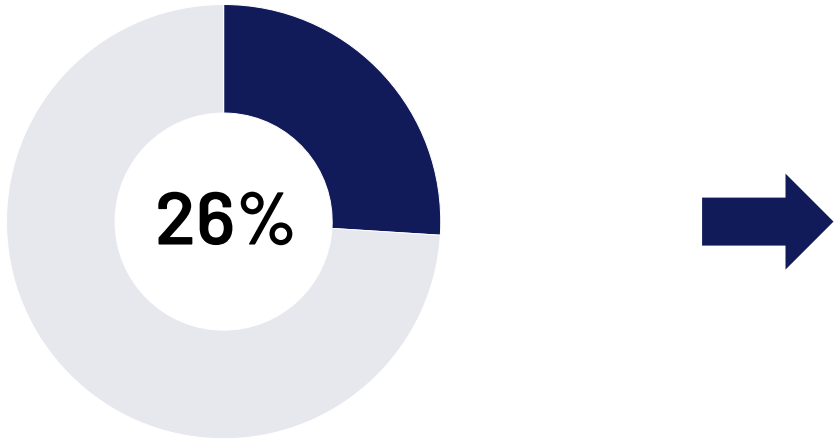
Q1. How closely do you typically follow the recommended adult immunization (vaccination) schedule provided by your province or territory?
Base: All respondents (n=1000)

Public

Childhood Immunization Schedule Adherence

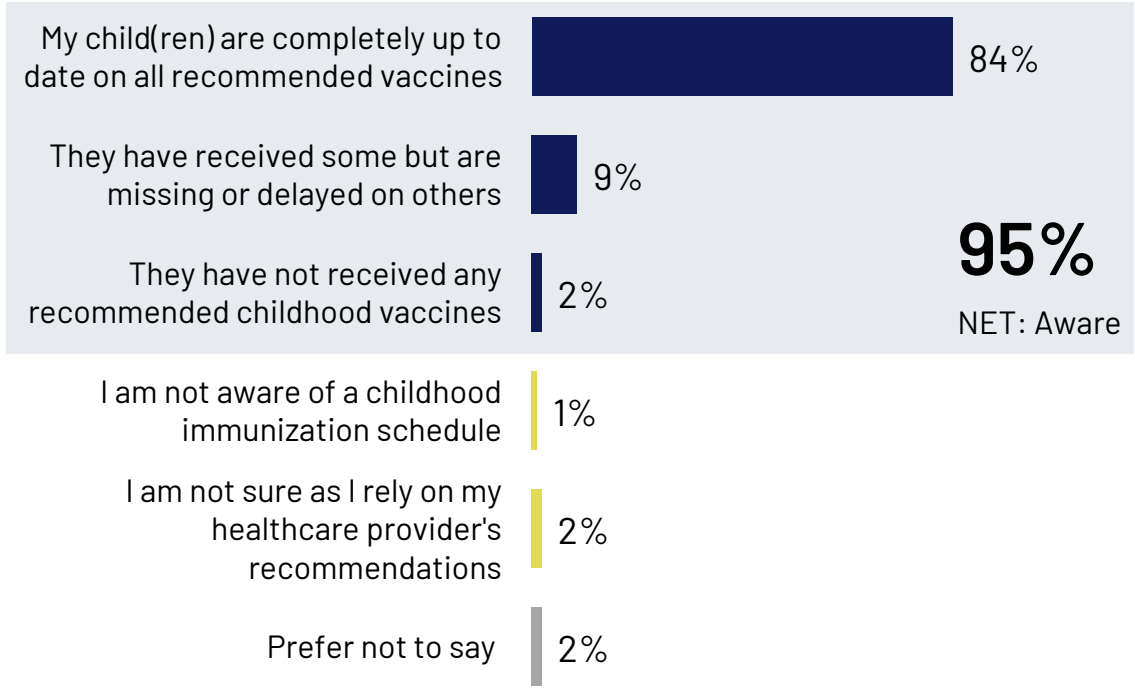
Reported adherence to recommended immunization schedules was substantially higher for children than for adults. Most parent or legal guardian respondents said their children were fully up to date on recommended vaccines, compared with a smaller proportion of adults who reported being fully up to date on their own recommended vaccinations.

Parents of Children Under 18



Child Immunization Schedule Adherence

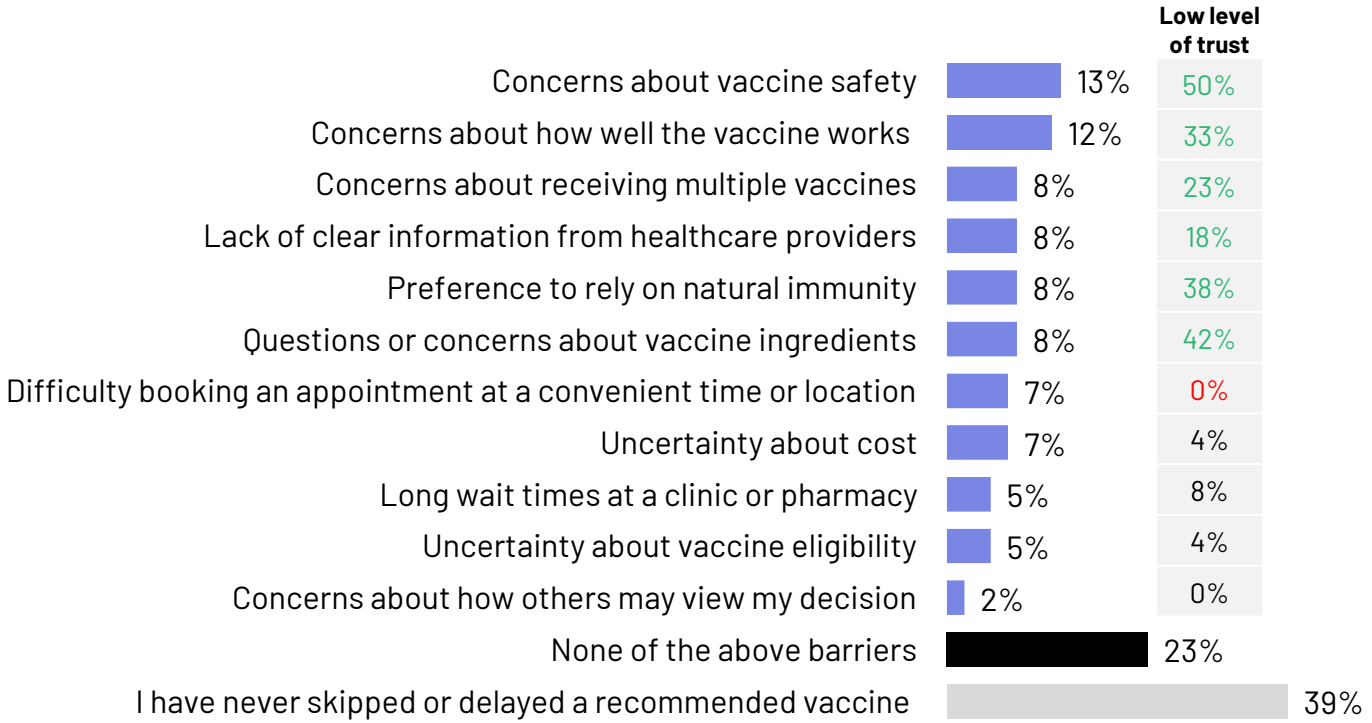
(Base: Parents of children under 18, n=263)



Q2_Screener. Are you the parent or legal guardian of any children under the age of 18 living in your household?
Base: All respondents (n=1000)
Q3. How closely do you follow the recommended childhood immunization (vaccination) schedule for your child(ren)?
Base: Respondents who are parents of children under 18 (n=263)

Reasons for Delaying or Missing a Recommended Vaccine for Themselves or a Dependent in the Past 12-18 Months

Nearly four in ten respondents reported never having skipped or delayed a recommended vaccine. This proportion was higher among respondents aged 65 to 75, those in Quebec and Atlantic Canada, and those with higher trust in vaccines. Among respondents who identified at least one barrier, the average number reported was 2, rising to 3 among those with lower trust in vaccines. Respondents with lower trust were also more likely to cite concerns about vaccine safety, effectiveness and ingredients, as well as a preference for natural immunity.



38%

Perceive one or more barriers to receive the vaccine
(Avg. number of barriers: 2.1)

Low level of trust:
Avg. number of barriers: 2.9

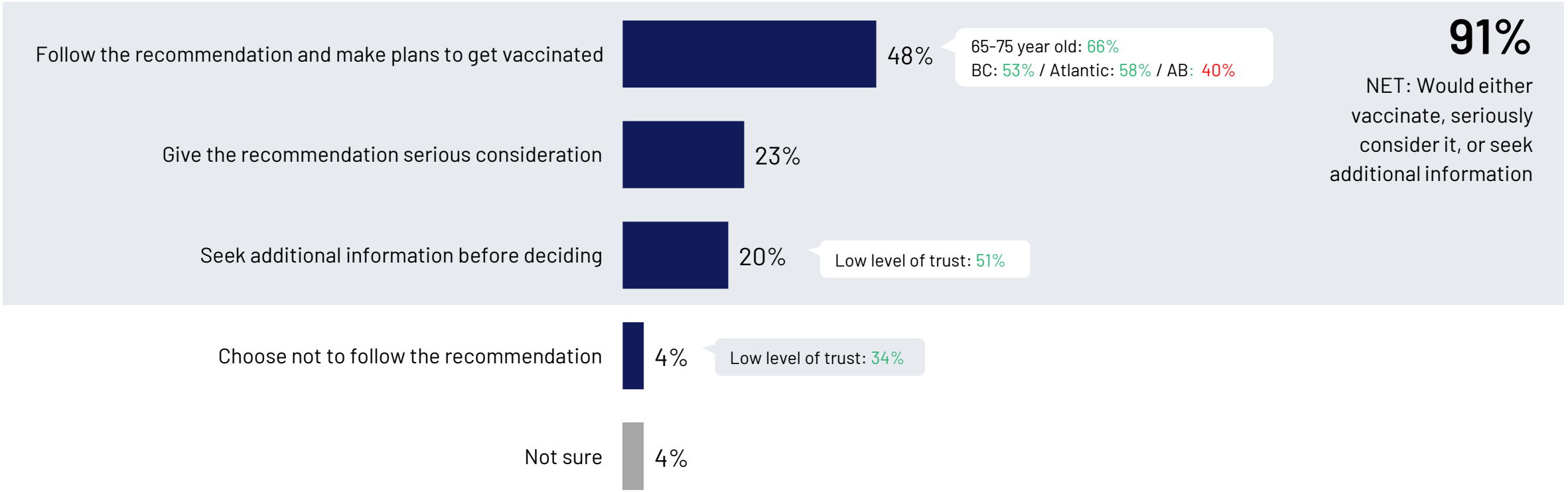
65-75 year old: 51%
Quebec: 45% / Atlantic: 45%
High/somewhat high level of trust: 45%

Q4. Have you delayed or missed a recommended vaccine for yourself or a dependent in the past 12–18 months due to any of the following barriers? *Please select all that apply*
Base: All respondents (n=1000)

Public

Intent to Follow Vaccine Recommendations from a Healthcare Professional

Nearly half of respondents said they would follow a vaccine recommendation from a healthcare professional and make plans to get vaccinated, while a further 43% would seriously consider the recommendation or seek additional information. Intent to follow the recommendation was higher among respondents aged 65 to 75 and those in British Columbia and Atlantic Canada. Among respondents with lower trust in vaccines, seeking additional information was more common than choosing not to follow the recommendation.



Q5. If a healthcare professional recommended a vaccine to you tomorrow, what would you be most likely to do?
Base: All respondents (n=1000)

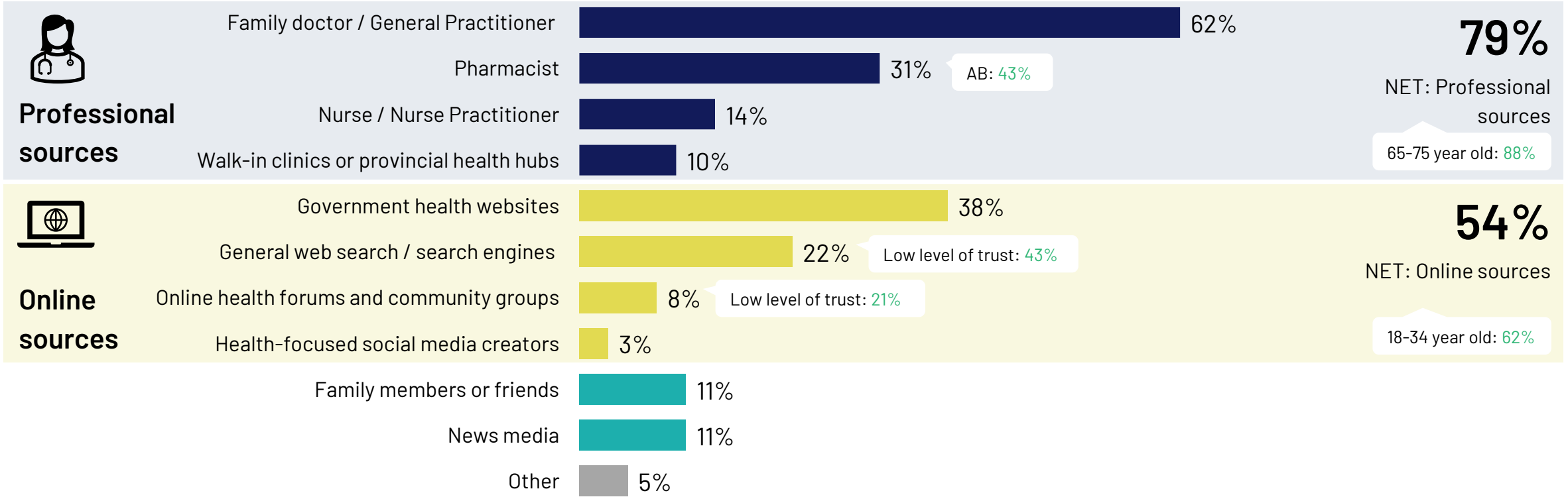
AWARENESS AND ACCESS

03

Public

Sources of Vaccine Information

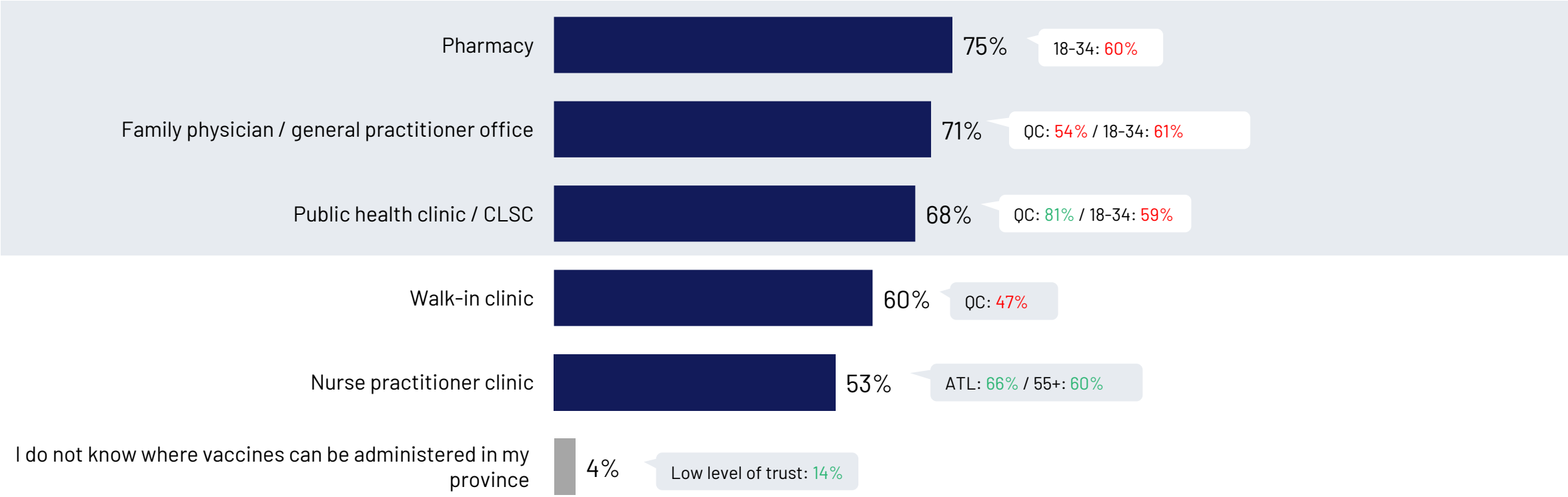
Healthcare professionals were the leading source of vaccine information among respondents, particularly older adults. Respondents with lower trust in vaccines were more likely to report using general web searches and online health forums or community groups. Respondents in Alberta were more likely than those in other regions to identify pharmacists as a source of vaccine information.



Q6. Where do you typically go for information about vaccines? *Please select a maximum of 3 answers*
Base: All respondents (n=1000)

Awareness of Provincial Access Points

Most respondents identified several locations where they believed vaccines could be administered, and only 4% said they did not know where vaccines were available in their province. Reported awareness varied by region: respondents in Quebec were more likely to identify public health clinics or CLSCs, while respondents in Atlantic Canada were more likely to identify nurse practitioner clinics. Respondents in Quebec were less likely to identify family physician or general practitioner offices as vaccine administration locations.*



Q7. Which of the following locations do you believe can administer vaccines in your province? *Please select all that apply*
Base: All respondents (n=1000)

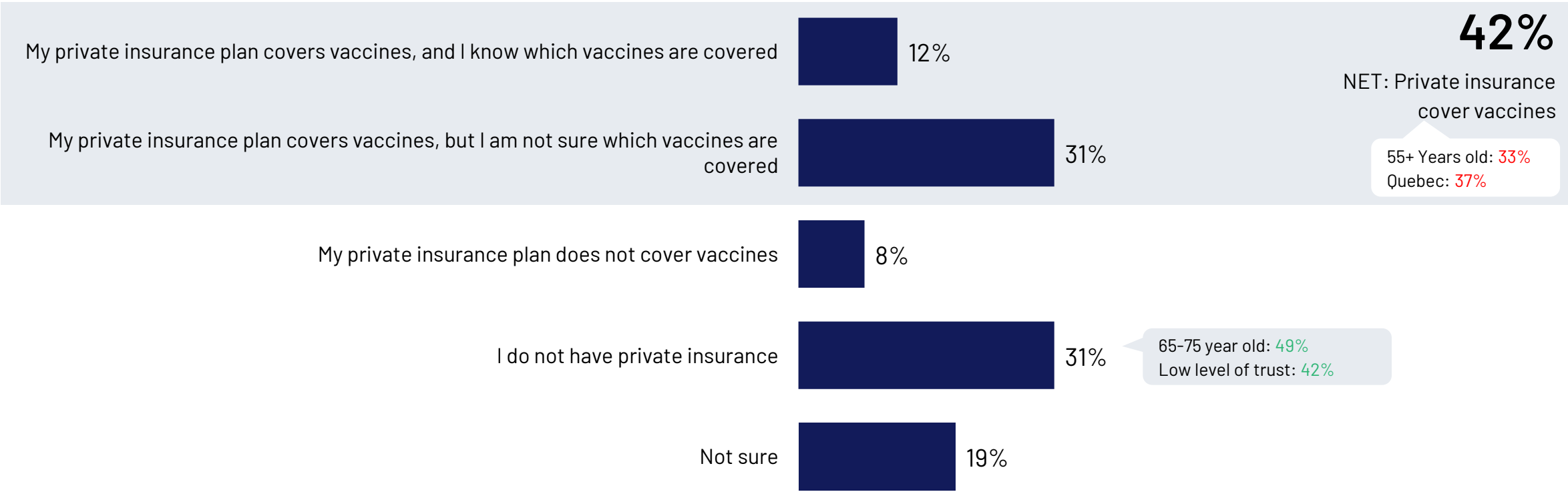
AFFORDABILITY & COVERAGE

04

Public

Understanding Private Vaccine Coverage

Many respondents reported having private insurance coverage for vaccines, yet most were unsure which vaccines were covered under their plan. Adults aged 55 and older and respondents in Quebec were less likely to report having vaccine coverage.

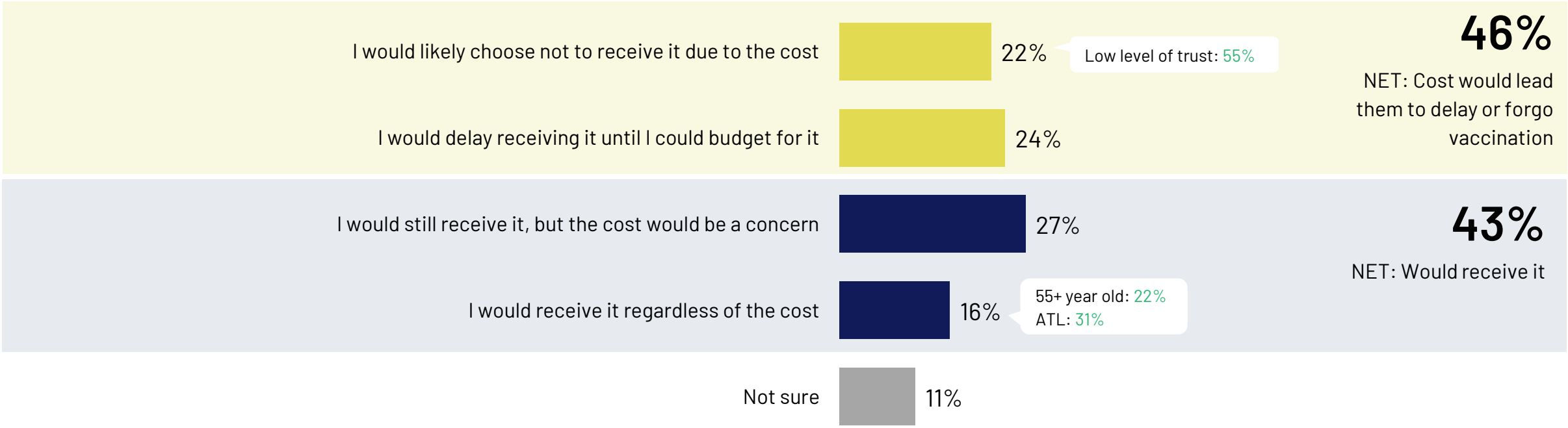


Q8. Which of the following best describes your understanding of vaccine coverage under your private insurance plan?
Base: All respondents (n=1000)

Public

Decision to Receive a Recommended Vaccine if you had to pay out of pocket.

Cost influenced vaccination decisions for many respondents. While roughly half said they would still receive a recommended vaccine if they had to pay out of pocket, a similar proportion said cost would lead them to delay or forgo vaccination. Cost was a greater barrier among respondents with lower levels of trust, while respondents aged 55+ and those living in Atlantic Canada were more likely to say they would receive the vaccine regardless of cost.



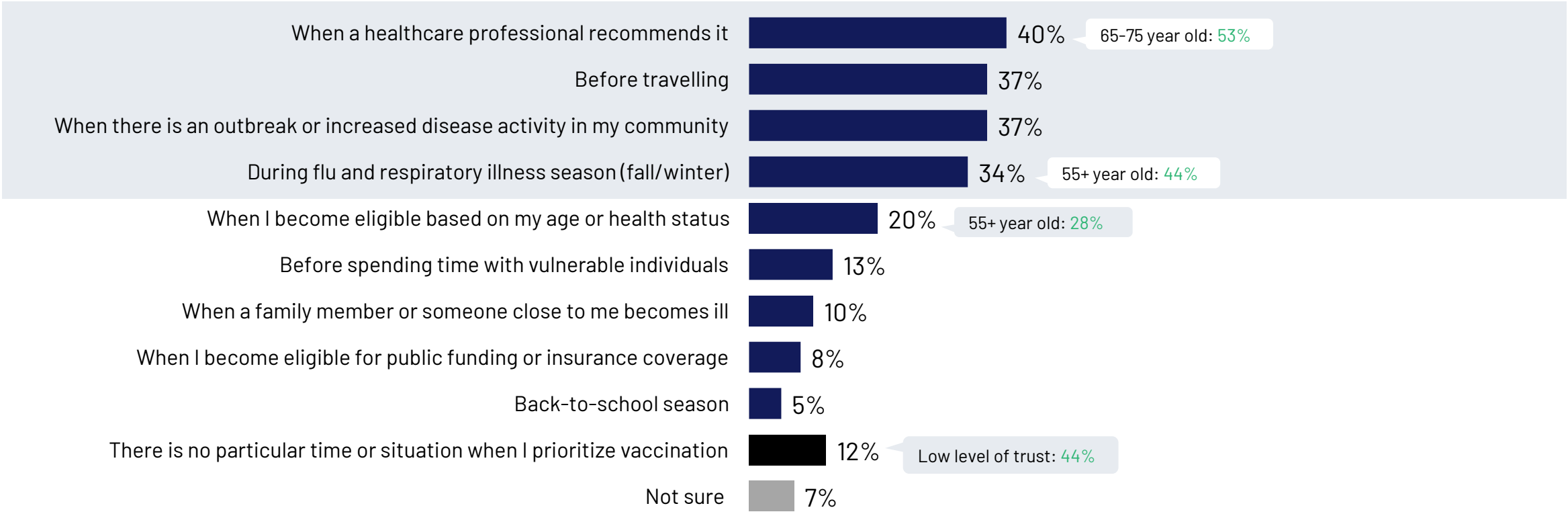
Q9. If you had to pay out of pocket for a recommended vaccine because it was not covered by public or private insurance, how would that affect your decision to receive it?
Base: All respondents (n=1000)

FUTURE ACTION & CONFIDENCE DRIVERS

05

Vaccination Decision Triggers

Healthcare professional recommendations, travel, outbreaks, and flu and respiratory illness season were the most commonly reported situations when respondents thought about vaccination. Older adults were more likely to identify healthcare professional recommendations, seasonal illness and age-based eligibility as meaningful prompts for vaccination, while respondents with lower trust in vaccines were more likely to report having no particular reason to prioritize vaccination.

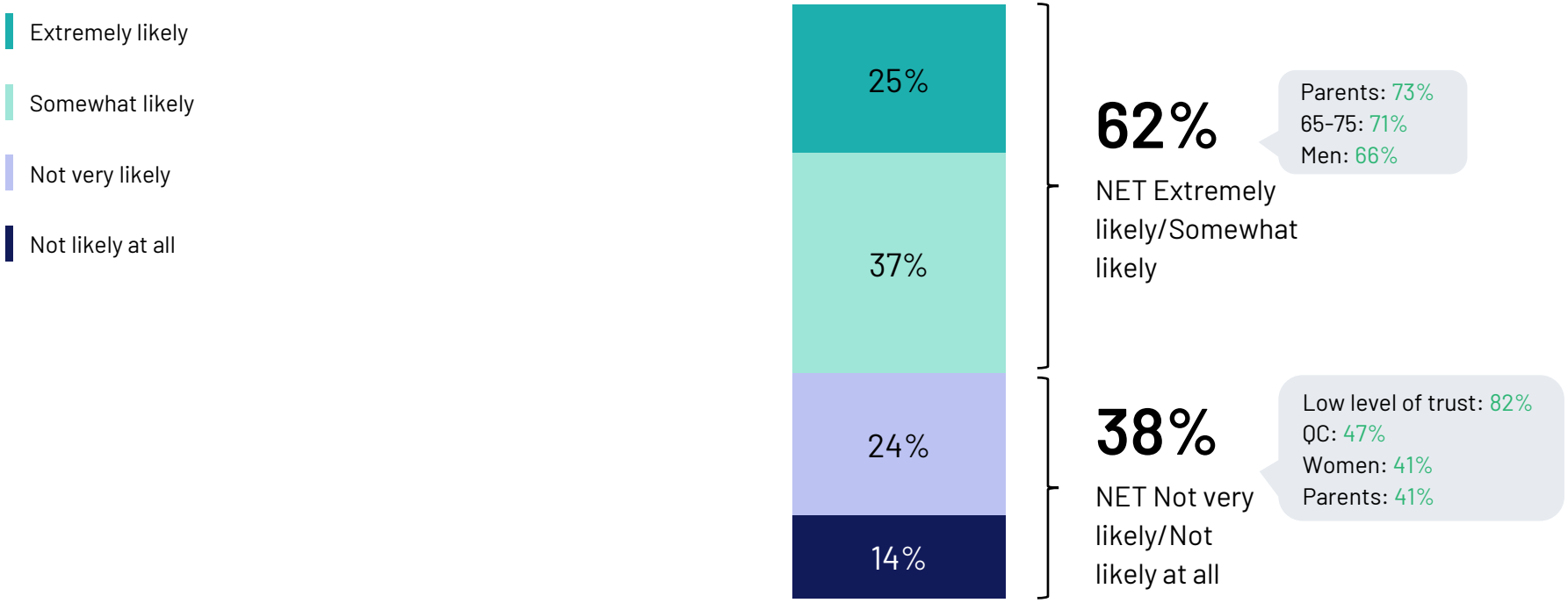


Q10. Are there particular times or situations when you are more likely to think about getting vaccinated? Please select a maximum of 3 answers
Base: All respondents (n=1000)

Public

Likelihood to Discuss Immunization Schedules with a Professional

Most respondents said they would be likely to discuss their own or a dependent child's immunization schedule with a healthcare professional in the next 12 months. Reported likelihood was higher among parents, older adults and men, while respondents with lower trust in vaccines were less likely to report they would have these discussions.

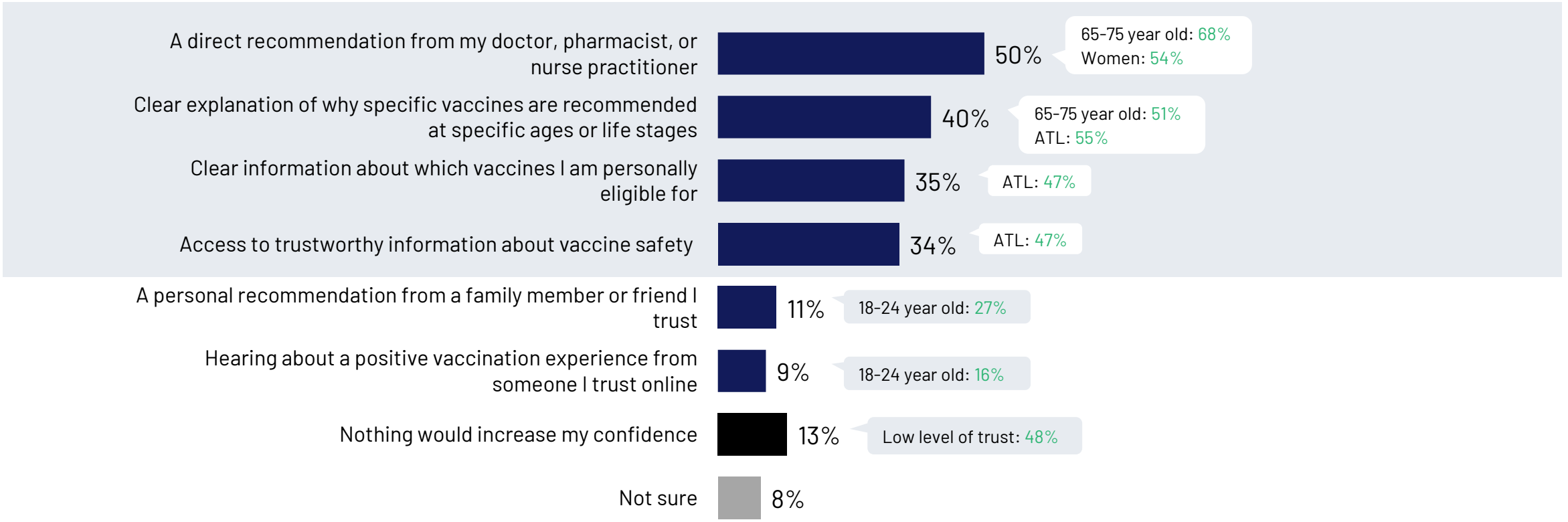


Q11. How likely are you to proactively speak with a doctor, pharmacist, or nurse practitioner about your recommended adult immunization schedule or a dependent child's immunization schedule in the next 12 months?
Base: All respondents (n=1000)

Public

Drivers of Confidence in Following Immunization Schedules

Healthcare professionals were the factor most commonly identified as increasing confidence in following immunization schedules, consistent with earlier findings showing provider recommendations were among the leading triggers for vaccination. Clear information about vaccine timing, eligibility and safety also played an important role. Nearly half of lower-trust respondents indicated that nothing would increase their confidence.



Q12. Which of the following would do the most to increase your confidence in following provincial recommended immunization schedules for yourself or a dependent? *Please select a maximum of 3 answers*
Base: All respondents (n=1000)

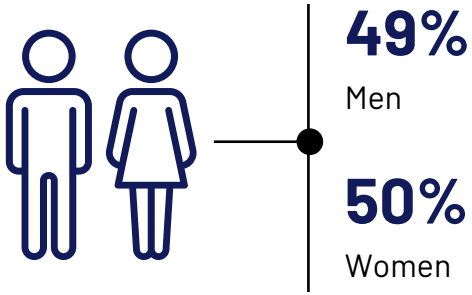
DEMOGRAPHIC

06

Public

Respondents Profile

Gender

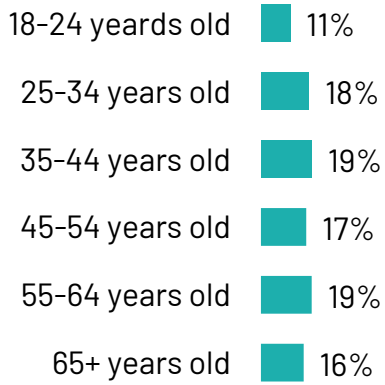


49% Men

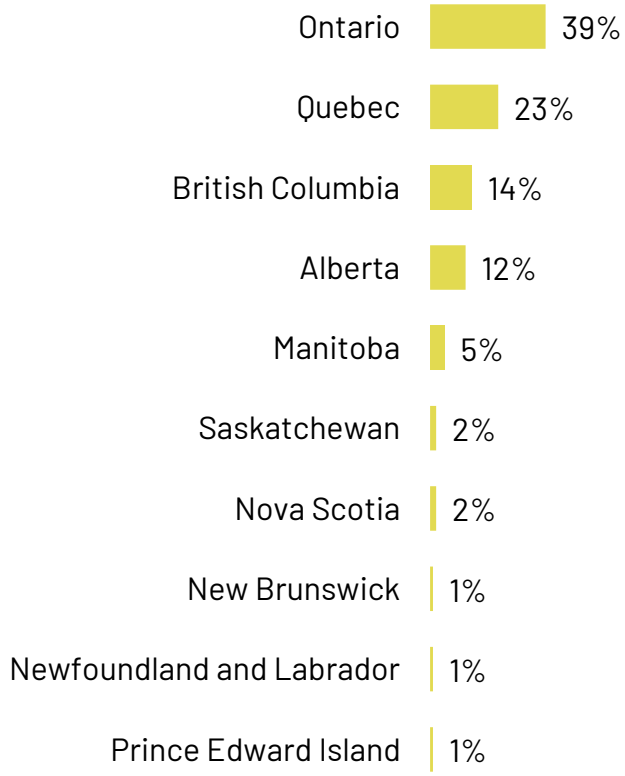
50% Women

Another gender : 1%

Age



Region



Base: All respondents (n=1000)