Grade 7 School Immunization Program

To:	Chair and Members of the Board of Health
Meeting Date:	September 2, 2026
Report No.	**BH.01.SEP0226.R24**, Pages: 7
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Recommendations

It is recommended that the Board of Health receive this report for information.

Key Points

- Wellington-Dufferin-Guelph Public Health (WDGPH) has the highest Human Papillomavirus (HPV) vaccine coverage in Ontario among 17-year-olds.
- WDGPH improved access and communication through online consent forms, translated resources, and secure school portals.
- Automation has allowed nurses to spend more time supporting families, students, schools, and clinics.
- Innovation projects, including student videos and vaccine champion initiatives, are helping address misinformation and build vaccine confidence.
- WDGPH delivered school-based and catch-up clinics across elementary schools, high schools, and additional access locations.
- Partnerships, focused on language support and collaboration with priority populations, helped WDGPH provide culturally responsive services, improve communication, and build trust.

Background

WDGPH offers publicly funded Hepatitis B (HB), HPV, and Meningococcal (MCV4) vaccines to students in Grades 7–12. Elementary schools are offered immunizations clinics twice each year for students in Grades 7 and 8, while each high school is offered one annual clinic. In 2024–2025, WDGPH achieved vaccine coverage rates above the provincial averages for all three vaccines offered through the school-based immunization program. Please see Appendix A.

During the 2024–2025 school year, WDGPH reported the highest HPV vaccine coverage among 17-year-olds in Ontario at 75.1%, compared with the provincial coverage rate of 53.0%.[1] Preliminary data for the 2025–2026 school year indicate that HPV vaccine coverage among 17-year-olds has increased to 77.6 %, surpassing the 2024–2025 rate (comparison data not yet available from other health units)

Infection with HPV is common, with an estimated 75% of unvaccinated Canadians acquiring at least one infection in their lifetime.[2] Although most HPV infections resolve without treatment, infections that do not clear can increase the risk of cervical, oropharyngeal, vaginal, vulvar, penile and anal cancers. The HPV vaccine is a safe and effective measure for preventing HPV infection and reducing the risk of cervical and other HPV-related cancers.[2] Vaccination is recommended for individuals aged 9–26 years as it is most effective when administered at a younger age, before potential exposure to the virus. Individuals aged 27 years and older may also benefit from vaccination based on individual risk and clinical recommendations.

For Hepatitis B (HB), WDGPH achieved a vaccine coverage rate of 78.9% among 17-year-olds during the 2024–2025 school year, compared with the provincial coverage rate of 61.0%.[1] This was the second-highest reported coverage among Ontario public health units, with the highest reported rate at 79.9%.[1] Preliminary data for the 2025–2026 school year indicate that HB vaccine coverage among 17-year-olds in Wellington Dufferin Guelph (WDG) has increased to 80.87 %, surpassing the 2024–2025 rate (comparison data not yet available from other health units).

The HB vaccine is 95% to 100% effective in preventing HB infection, which can lead to chronic illness and serious liver disease, including liver cancer.[3] This vaccine is often required for travel, admission to some post-secondary programs and employment in most healthcare settings.

For the Meningococcal vaccine, WDGPH achieved a coverage rate of 94.4% among 17-year-olds in the 2024–2025 school year, compared with the provincial coverage rate of 88.1%. [1] The highest reported coverage among Ontario public health units was 96.6%.[1] Preliminary data for the 2025–2026 school year indicate that Meningococcal vaccine coverage among 17-year-olds has increased to 97.6 %, surpassing the 2024–2025 rate (comparison data not yet available from other health units).

The National Advisory Committee on Immunization (NACI) issued a recommendation that all children who are 12 to 23 months old should receive one dose of the quadrivalent meningococcal vaccine (Men-C-ACYW).[4] In response, the Ontario Ministry of Health has updated the publicly funded immunization schedule by replacing the meningococcal C conjugate (Men-C-C) vaccine previously offered at 12 months of age with the quadrivalent Men-C-ACYW vaccine, providing protection against four strains of meningococcal bacteria. The booster dose of Men-C-ACYW will continue to be offered through the school-based immunization program at 12 years of age (generally the age of most grade 7 students).

Discussion

WDGPH has introduced several successful improvements to strengthen communication, including online consent forms, and updated website resources translated into multiple languages. Automated tools, such as secure online school portals, have also improved communication with school leaders and allowed nurses more time to provide personalized support to parents, students, and schools. By sharing accurate information, listening to concerns and offering supportive counselling, WDGPH helps reduce vaccine hesitancy and supports informed decision-making about health and immunization.

Ongoing innovation projects to strengthen vaccine confidence include a new video for Grade 7 students, updated communication materials, and two pilot vaccine champion initiatives. These two pilot vaccine champion initiatives funded by the Urban Public Health Network and Sheela Basrur Centre grants involve six trusted adult influencers in the community, including educators and health-care providers, and 19 youth aged 12 to 25. The initiatives aim to address vaccine misinformation and build trust in public health messaging. To date, the champions have collectively reached more than 800 community members.

During the 2026 school year, WDGPH offered school-based Grade 7 immunization clinics and high school catch-up clinics across the region. Vaccines were provided to Grade 7 and 8 students in 106 elementary schools and to secondary students in 18 high schools. To improve access for families, WDGPH also held 18 additional clinics, including after-hours clinics and satellite clinics in rural locations.

WDGPH has also strengthened communication and trust through collaboration with Immigration Services Settlement Workers in Schools. These workers attended school clinics to provide language support and reassurance for families, while WDGPH also worked with a local Low German-speaking (LGS) interpreter in a school with many LGS Mennonite students and families. WDGPH also continues to offer immunizations for Mennonite children in 26 parochial schools. These partnerships helped improve communication and support families in a culturally responsive way while building trust in public health services.

After Grade 7, WDGPH continues to provide catch-up immunization opportunities in high schools across the region. High school immunization clinics are not available in all areas of the province, making this local initiative an important and accessible way to deliver services in the community. This approach has been successful and is reflected in high immunization coverage rates among 17-year-olds. This year, WDGPH also began sending additional notices to targeted cohorts to inform parents and students about upcoming vaccine eligibility. In addition, WDGPH includes HPV and hepatitis B vaccine information on immunization letters, while other health units generally include only vaccines required under the Immunization of School Pupils Act (ISPA). This innovative communication approach helps families better understand the publicly funded vaccines available to them and is another major contributor to increased coverage rates for HPV and hepatitis B. Letters are also sent to eligible graduating students to remind them that the HPV vaccine is publicly funded only until the end of high school.

Health Equity Implications

WDGPH's school-based immunization program supports health equity by reducing barriers for priority populations, including newcomers, Low German-speaking Mennonite communities, students in rural areas where access to primary care may be limited, and high school students who require catch-up immunizations. Strategies such as rural and evening clinics, translated resources, language interpretation, and collaboration with school-based settlement supports help improve access to accurate information and immunization services. Annual high school clinics and targeted letters about HB and HPV vaccine eligibility further support equitable access by helping students and families understand and use available publicly funded immunization opportunities.

Conclusion

WDGPH's school-based immunization program continues to demonstrate strong local impact, with vaccine coverage rates above provincial averages and the highest HPV vaccine coverage among 17-year-olds in Ontario. Ongoing improvements to communication, automation, clinic access, and targeted outreach have strengthened the program's ability to reach students and families across the region. Partnerships that support language access and collaboration with priority population communities further contribute to culturally responsive service delivery and trust in public health. Continued investment in innovation, accessibility, and community engagement will help sustain high coverage rates and support informed immunization decision-making.

Ontario Public Health Standards

Foundational Standards

- ☐ Population Health Assessment
- ☒ Health Equity
- ☐ Effective Public Health Practice
- ☐ Emergency Management

Program Standards

- ☐ Chronic Disease Prevention and Well-Being
- ☐ Food Safety
- ☐ Healthy Environments
- ☐ Healthy Growth and Development
- ☒ Immunization
- ☒ Infectious and Communicable Diseases Prevention and Control
- ☐ Safe Water
- ☒ School Health
- ☐ Substance Use and Injury Prevention

2024-2028 WDGPH Strategic Goals

More details about these strategic goals can be found in WDGPH's 2024-2028 Strategic Plan.

- ☒ Improve health outcomes
- ☒ Focus on children's health
- ☒ Build strong partnerships
- ☒ Innovate our programs and services
- ☐ Lead the way toward a sustainable Public Health system

References

1. Public Health Ontario. Immunization Data Tool. June 4, 2026. https://www.publichealthontario.ca/en/Data-and-Analysis/Infectious-Disease/Immunization-Tool

2. Public Health Agency of Canada. Updated recommendations on human papillomavirus vaccines. [Internet]. 2024 July 24. [cited 2026 July 15]. Available from: https://www.canada.ca/en/public-health/services/publications/vaccines-immunization/national-advisory-committee-immunization-updated-recommendations-hpv-vaccines.html

3. Public Health Agency of Canada. Hepatitis B vaccines: Canadian Immunization Guide. [Internet]. 2026 February 25. [cited 2026 July 15]. Available from: https://www.canada.ca/en/public-health/services/publications/healthy-living/canadian-immunization-guide-part-4-active-vaccines/page-7-hepatitis-b-vaccine.html#a1

4. National Advisory Committee on Immunization. Summary of NACI statement of May 2026: Update on the use of quadrivalent conjugate meningococcal vaccines in children under 2 years of age (rapid response). [Internet]. 2026 May. [cited 2026 July 15]. Available from: https://www.canada.ca/en/public-health/services/publications/vaccines-immunization/national-advisory-committee-immunization-summary-rapid-response-update-use-quadrivalent-conjugate-meningococcal-vaccines-children-under-2-years-age.html

Appendices

Appendix A

Table 1.1: Immunization Coverage (%) for school-based immunization programs among 17-year-olds[1]

Vaccine	WDGPH 2024-2025[1]	WDGPH 2025-2026*	Ontario 2024-2025	Ontario 2025-2026
HB	78.9%	80.87%	61.0%	N/A
HPV	75.1%	77.60%	53.0%	N/A
MC4V	94.4%	97.60%	88.1%	N/A

*PHO provincial data unavailable for 2025/2026 at the time of this report

Table 1.2: Immunization Coverage (%) for school-based immunization programs among 12-year-olds[1]

Vaccine	WDGPH 2024-2025[1]	WDGPH 2025-2026*	Ontario 2024-2025	Ontario 2025-2026
HB	61.9%	69.38%	64.3%	N/A
HPV	53.2%	62.09%	54.3%	N/A
MCV4	78.5%	83.48%	78.4%	N/A

*PHO provincial data unavailable for 2025/2026 at the time of this report