



**February 27, 2026**

**Re: Expanded COVID-19 Education and Vaccine Choices for all Canadians**

Dear: Prime Minister Carney, Minister Michel, Dr. Njoo, Dr. Harrison, Dr. Deeks, and Ms. Hamzawi,

**Executive Summary**

In 2024, we wrote to you as concerned stakeholders advocating for broader access to a more diverse range of COVID-19 vaccine options for Canadians — particularly alternatives beyond mRNA vaccines, which represent the only COVID-19 vaccines available in Canada.

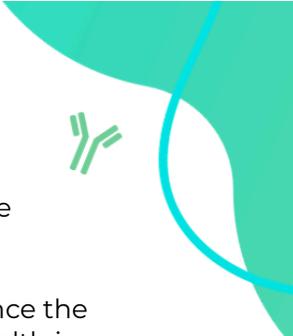
Many Canadians continue to face significant challenges in accessing COVID-19 vaccines that meet individual needs and preferences. While data related to COVID-19 and vaccines continues to evolve, numerous stories from patients and patient communities highlight the ongoing need for vaccine information and choice. These obstacles underscore the geographical and logistical disparities that hinder equitable vaccine access for both healthy individuals and high-risk populations who cannot receive mRNA vaccines, while placing avoidable strain on the healthcare system.

We urge the federal government, in collaboration with provinces and territories, to strengthen COVID-19 awareness, education, and access to multiple vaccine options. This includes ensuring the availability of additional vaccine platforms, such as the protein-based vaccine Nuvaxovid, which has not been procured in Canada since the 2023/24 respiratory season. Expanding access to alternative options would support informed decision-making, improve public confidence, and help protect more Canadians.

**Key issues:**

1. **Lack of Access to Vaccine Options:** Canadians have consistently expressed the need for greater choice in COVID-19 vaccines. Reasons vary and include previous adverse experiences, concerns shaped by misinformation or mixed messaging, and a preference for alternative vaccine platforms. Regardless of the motivation, limited choice can reduce overall uptake.
2. **Trust-Building:** Public skepticism towards vaccines, perceived politicization, and vaccine burnout have damaged trust in public health, and must be addressed through transparent communication and community engagement.
3. **Political Tension Further Limiting Access:** Political tension, lack of reliable information, and waning access to vaccines in the United States are deterring Canadians from crossing the border to get vaccinated, highlighting the increased need for vaccine options, reliable information and accessible vaccines within Canada.

Currently, Nuvaxovid is the only COVID-19 protein subunit in production that we are aware of. We recommend enhancing vaccine access by promptly procuring Nuvaxovid and making it available for public access ahead of the upcoming 2026/27 respiratory season. This should be accompanied by strengthened data generation, increased education and awareness efforts, improved communication strategies, and initiatives to rebuild public trust. We must



safeguard access to vaccines and information and strengthen the Canadian healthcare system to ensure Canadian sovereignty and the safety of Canadians.

We remain open to further discussion and collaboration with all stakeholders to enhance the effectiveness of COVID-19 vaccination uptake and look forward to advancing public health in Canada through immunization.

## 1. Lack of Access to Vaccine Options

Many Canadians continue to face significant challenges in accessing COVID-19 vaccines that meet individual needs and preferences. While data related to COVID-19 and vaccines continues to evolve, numerous stories from patients and patient communities highlight the ongoing need for vaccine choice. In particular, patients with inflammatory conditions have reported negative side effects from mRNA vaccines ranging from minor inflammatory response to severe disease progression. Furthermore, misinformation and scrutiny of mRNA vaccines deter some individuals from using them, leaving some vulnerable populations unprotected and promoting greater community spread. These obstacles underscore the geographical and logistical disparities that hinder equitable vaccine access for healthy as well as vulnerable high-risk populations who are unable to use mRNA vaccines.

### ***Patient Experience Highlights:***

- **Linda Wilhelm of New Brunswick:** Linda, a patient with rheumatoid arthritis, experienced worsening flares after each subsequent mRNA vaccine (up to six doses received of both available options), requiring additional treatment. She had to travel over 1.5 hours to access Novavax in the United States. Her last dose of the Novavax COVID-19 vaccine resulted in no flare, highlighting the importance of accessible alternatives.
- **Annie-Danielle of Quebec:** “I’m immunocompromised, but I haven’t been able to access Novavax, and thus haven’t been vaccinated at all since 2024, when I struggled to get it, facing systemic barriers. I need Novavax because I’m at high risk of severe complications with mRNA vaccines.”
- **Jenna Kedy of Nova Scotia:** “For people who are immunocompromised like me, who’ve had prior adverse reactions, who live with complex chronic illness like me, and/or who simply respond differently to mRNA platforms, a protein subunit option can make the difference between being protected and being left out.”
- **Jessica Hall of Ontario:** “After a severe reaction to a COVID-19 mRNA vaccine, my family doctor told me a second dose could kill me. A protein-based alternative is my only option to proactively protect myself.”

Please refer to Appendix A for additional patient experiences.

**To better understand Canada’s commitment to ensuring Canadians have access to a protein-based COVID-19 vaccine option, we request confirmation of the number of doses that will be publicly available for the Fall 2026 immunization season, and clarification on projected distribution across provinces and territories.**

## 2. Trust-Building



Effective communication between healthcare providers, public health officials, and the public is crucial. Reports of conflicting advice and misinformation from many sources, not limited to healthcare providers, have diminished public trust and impeded vaccination efforts since the



start of the COVID-19 pandemic. Public skepticism towards vaccines, fueled by mixed messages and perceived politicization, must be addressed through transparent communication and community engagement. Involving trusted figures and community leaders in advocacy efforts can significantly bolster public confidence in vaccines.

### **3. Political Tension Further Limiting Access**

During previous seasons when a protein-based option was not available in Canada, some Canadians who had the means and financial ability were able to cross the border to receive vaccinations in the United States. Due to increasing political tension and decreasing access to reliable information and vaccines south of our border, even those who could cross the border may no longer be safe doing so. Additionally, even crossing the border to get vaccinated as a last resort is complicated and costly. With the dismantling of systems designed to inform the globe on infectious diseases and minimizing or completely removing access to lifesaving vaccines and treatments in the United States, Canada must include healthcare in discussions and action plans related to ensuring our ongoing safety and sovereignty.

### **Recommendations**

To address these challenges and improve vaccine access and public health outcomes, we respectfully reiterate our 2024 recommendations and urge the federal government, all provinces and territories, and all organizations and stakeholders involved in the administration of COVID-19 vaccines to consider the following recommendations:

#### **1. Enhance Vaccine Access:**

- a. Procure sufficient doses for all Canadians who want or need access to a protein-based COVID-19 vaccine.
- b. Ensure availability through all channels where mRNA vaccines are offered, across Canada, and in underserved and remote areas.
- c. Simplify the process for obtaining vaccines, reducing bureaucratic barriers and wait times.

#### **2. Boost Education and Awareness:**

- a. Provide updated training and resources for healthcare providers and pharmacists to ensure they have accurate information about all available vaccines.

#### **3. Strengthen Communication:**

- a. Develop clear, consistent public health messaging to address common concerns and misconceptions about COVID-19 vaccines, improving understanding of different vaccine technologies
- b. Establish stronger communication channels between public health officials, healthcare providers, and the public to ensure timely and accurate dissemination of information.

#### **4. Build Public Trust:**

- a. Engage community leaders and trusted figures to advocate for vaccination and address vaccine hesitancy.
- b. Ensure transparency in the decision-making process regarding vaccine recommendations and availability, involving community input and feedback.

#### **5. Data Generation:**

- a. Support the generation and dissemination of Canadian information about the importance and benefits of both mRNA and protein subunit vaccines, in alignment with recommendations by the National Advisory Committee for



Immunization (NACI), to improve knowledge of and access for patients who need an alternative option.

## Conclusion

Addressing these issues requires coordinated efforts from public health officials, healthcare providers, patient organizations, and the community to ensure equitable vaccine access and improve public confidence in the vaccination process.

We look forward to ongoing collaboration to advance public health in Canada and welcome further discussion on the recommendations and questions outlined above.

Please contact us at [cian@praxushealth.ca](mailto:cian@praxushealth.ca) to coordinate an introductory call.

Thank you for considering our concerns and recommendations.

Sincerely,



## Michelle Burleigh

Founder, Immunocompromised People Are Not Expendable  
Co-Chair, Canadian Immunocompromised Advocacy Network

### Linda Wilhelm

President, Canadian Arthritis Patient Alliance (CAPA)

### Mary Jo Nabuurs

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### Dr. Vivien Brown

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### Dr. Christine Guptill, PhD, OT Reg. (Ont.)

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Developmental Biologist, Researcher  
University of Calgary

### Annie-Danielle Grenier

Founder, Ma vie de zèbre  
Rare Disease Advocate and Patient Partner

### Kathleen Gadd, MLIS

Health sciences librarian  
Member of POPNB and Canadian Aerosol Transmission Coalition  
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**Canadian Immunocompromised Advocacy Network (CIAN) Endorsing Members:**



**Co-Signing Allies:**



## APPENDIX A

### The Value of Options in Nova Scotia

Access to Nuvaxovid truly matters. From my lived experience, having different vaccine platforms available isn't about being "picky", it's about safety, trust, and medically appropriate options. For people who are immunocompromised like me, who've had prior adverse reactions, who live with complex chronic illness like me, and/or who simply respond differently to mRNA platforms, a protein subunit option can make the difference between being protected and being left out.

As someone who lives with juvenile idiopathic arthritis and is currently on Remicade and methotrexate aka immune system suppressants that work beautifully for inflammation but make infection risk very real, respiratory season is not theoretical to me. It's layered. It's strategic. It's calculated risk management. I think a lot about vaccine efficacy, safety profiles, and what options are available and not just for me, but for the broader community of people navigating complex care. I also think about the trust piece. We saw during 2022–2024 that offering Nuvaxovid brought some folks back into the vaccination conversation who had hesitations about mRNA platforms. When we remove options, we don't just remove supply; we remove engagement and engagement is everything in public health. A protein subunit option isn't about preference or politics and it's not about discrediting mRNA vaccines – it's about inclusion, safety, and equitable participation in public health.

Jenna Kedy  
Idiopathic arthritis patient  
Healthcare Advocate

### Highlighting the Need for Options in Ontario

I received my first vaccination for COVID-19 after the first trimester of my pregnancy ended in 2021. I was eager to protect myself and my unborn child after witnessing family and friends fall extremely ill from the virus. The local clinic I booked with was offering mRNA vaccines only, which I happily received. A week after taking the vaccination, I began experiencing a severe reaction that included itchy hives from the top of my head to the bottom of my feet, some of which turned into blisters. I also experienced swelling in my hands, feet and in my face and parts of my body due to the hives. The reaction was so severe and painful, I had to take high-dose steroids to help bring the inflammation down. It was hard not to worry about how all of that might impact my unborn child. Thankfully, she's now 4 years old and thriving.

I was later diagnosed with Stevens-Johnson Syndrome, a rare and potentially life-threatening autoimmune condition. My dermatologist reviewed my medical file with a group of other dermatologists and immunologists across Canada. He shared that if I were to attempt a 2<sup>nd</sup> mRNA vaccine it could potentially kill me and suggested that a protein-based alternative would be the safest option should I decide to continue to be immunized against COVID-19, which I did. Comparatively, I had no negative reaction to the protein-based vaccine. I continued to receive the protein-based vaccine as long as it was available.

While mRNA vaccines seem to be effective for many people, there are certainly those of us who cannot take them which leaves us vulnerable. Having access to vaccine options, such as



the protein based alternative I was previously able to take, would help ensure that people like me who have an autoimmune disease and who work in the public sector, are protected against COVID-19.

Jessica Hall  
Patient, Stevens-Johnson Syndrome  
Public Worker

### **Nuvaxovid access difficulties in Ontario**

First of all, the process to get a Novavax vaccine in Ottawa has been inconsistent for some time: No pharmacies stocked them, it wasn't advertised as being available through Ottawa Public Health, and the person had to know they wanted Novavax and dig on the OPH website to find out how to get one. The documentation on the website indicated for quite some time that it was not a recommended vaccine, and if someone wanted one, they had to fill out a form that essentially discouraged them from it, because it was meant to be used only for people who could not, or would not, accept an mRNA vaccine.

I received my first dose in Australia in 2022, where I was visiting from September until the end of December. I was prepared to feel poorly afterwards but had zero side effects. My husband is a little bit shy, and doesn't like doing things that are not recommended; so he and my two teenage daughters received mRNA vaccines prior to traveling to Australia in early December.

The first Novavax my husband and I received in Ontario was in April 2023 at an OPH Health Hub; we filled out the documentation on the OPH website in advance. The nurse did ask if we understood that Novavax was not the recommended vaccine, and we said that we did. Both my husband and I had zero side effects from the vaccine.

In summer 2023, I took my younger daughter (who was 14) to get Novavax in New York City, where we were visiting. The pediatric vaccine had been approved as a first dose in the US for quite some time, but despite my advocacy efforts with PHAC, my MP, and my MPP, it had still not received approval in Ontario. We lied and told the pharmacist that my younger daughter had never received a vaccine before, because that was the only way to get it. My daughter had zero side effects. We would normally have vaccinated both our daughters at that time, but unfortunately, while I was waiting for access to the vaccine we wanted, my older daughter caught COVID for the second time in early June 2023, very nearly disrupting her grade 11 exams and resulting in missed classes and poorer grade outcomes.



In fall 2023, I again advocated strongly with federal, provincial and local health authorities to make Novavax available in time for the fall vaccines. It became clear that we weren't going to get access in time, so all 4 of us had mRNA vaccines in fall.

In April 2024, I booked all of us through the OPH website for Novavax. There was a rumour that Ontario was not going to allow people who were not immune compromised or otherwise considered vulnerable to get a spring vaccine, so we went two weeks earlier than 6 months. We were informed that it was not 'recommended' by the province that we get a second vaccine that year, and one of the nurses in particular was quite disapproving and negative about it, telling us that it wasn't recommended; but we insisted. None of us had any side effects from Novavax.

We have not been able to get Novavax since this time, which is unfortunate for us - particularly since the research seems to suggest that it is more effective for preventing infection and long COVID; but is really awful for people who can't get mRNA, either due to allergy, previous negative reactions, or immune challenges.

At this point, I have had 2 original and 1 updated Novavax, my husband and younger daughter have had 1 original and 1 updated, and my eldest has had 1 updated. I prefer this vaccine because it has no side effects. COVID is not over, and is still making people sick and disabling some people. Treatment with Paxlovid is largely unavailable in Ottawa, and for those of us who don't qualify, many doctors also won't prescribe a short course of metformin, which has been [recommended by the CAN-PCC review team](#). We are essentially at the mercy of a healthcare system that doesn't seem to care that middle aged women are at significant risk of developing life altering long COVID. This makes the ability to access vaccines critical.

I would prefer to be able to access Novavax every 6 months, to address vaccine waning, until a sterilizing vaccine becomes available.

Christine Guptill, PhD, OT Reg. (Ont.)  
Associate Professor, Rehabilitation Sciences  
University of Ottawa.

### **2024 Nuvaxovid access difficulties in Québec**

In March 2023, my spouse and I wanted to get a COVID vaccine, as it had been over a year since our last booster. We hoped to get the updated booster in the fall of 2023 (of any type), but couldn't get a vaccine in the same way we had previously (in pharmacy or through the home nurse).

We'd heard there were less side effects with Novavax, and after 5 doses of mRNA, we both felt it might be good to get that one.





We knew we couldn't just get it at the pharmacy and needed an appointment at the vaccine clinic. Which made it risky for me, as I'm immune compromised and very high risk for a severe outcome if I get an infection (any infection), and the vaccine centres are also testing centres. Plus, healthcare personnel stopped masking. We would've greatly preferred a safer venue, but still felt getting the vaccine was important.

We're in Montréal, so I looked at the Santé Montréal website. In which it said to call to get an appointment for Novavax (can't book it online). I called the number listed on the page. The first person I talked to transferred me to my local health centre (CIUSSS)... which isn't one of the places that carried Novavax.

I called again. The person who answered tried to book me for a regular Pfizer vaccine and didn't even know what was "a Novavax."

Luckily, my best friend had went through all that a few months prior (had to call 5 times, got transferred multiple times)... and he had the number to directly call the vaccine clinic downtown. I thought I had the wrong number at first, as there were only options about testing in the recorded message, nothing about vaccination. Thankfully, the person I talked to knew about Novavax and made our appointment.

The vaccine centre isn't very accessible, and if I'd been needing my wheelchair I might not have been able to get in, especially as there was construction in front. It's also more than 30 minutes away.

Once there, the nurse tried to convince me to take another vaccine instead. She said "we don't recommend that one". If I hadn't been well informed, she would've easily convinced me.

Both my spouse and I had to say we refused to take a mRNA vaccine so we could get the Novavax. We couldn't just prefer another choice. But even that wasn't enough. She asked WHY we refused. It felt like I was doing something wrong and had to explain myself.

My best friend was told, the same day by another nurse of the same clinic, that they "agree it can be a good idea to "mix and match" but they **have** to say the Novavax vaccine isn't as good."

The scientific data doesn't show Novavax to be inferior, on the contrary, and it's known to have less side effects. I don't understand why it's made so difficult to get it.

We didn't have any side effects and really hope we can get the new Novavax version next fall. Without having to spend so much time and energy, and go through such stress.

Annie-Danielle Grenier  
Montréal, Quebec



