

# Vaccine certificates

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## Policy position recommendation

1. The CMA supports the development of a pan-Canadian vaccine certificate program for domestic purposes in some circumstances, in addition to the establishment of a vaccine passport system to support international travel, led by the federal government. Recognizing the potential for an emerging patchwork of approaches, the CMA calls on federal and provincial/territorial governments to ensure interoperability of vaccine certificate programs, including tools and systems, across all jurisdictions within Canada. Interoperability of vaccine certificate programs will ensure people in Canada do not experience mobility barriers and associated unintended, negative consequences.
2. The CMA recognizes that vaccine certificates<sup>a</sup> could be a valuable tool in some circumstances to complement public health. Reasons for implementation include facilitating access to one's digital immunization records, supporting re-opening, reducing the need for more restrictive public health measures (e.g., lockdowns), managing risk of transmission in discretionary and non-discretionary settings, and protecting those at high risk of infection and at high risk of severe illness or death resulting from COVID-19.
3. Based on the evolution of the pandemic, it would be prudent to implement a vaccine certificate program to reduce the need for continued more restrictive public health measures and manage risk of transmission in discretionary and non-discretionary settings. It is imperative that any vaccine certificate program meets key ethical, legal, and scientific standards.
4. Where they are introduced, it is in the public interest for governments to develop clear and consistent standards for vaccine certification to ensure that they are legitimate, meet public health objectives, respect equity and non-discrimination, and protect privacy.
5. The CMA supports people in Canada having access to their digital immunization records that are already held in provincial and territorial repositories. People in Canada can more easily access their COVID immunization records via a vaccine certificate program.
6. A vaccine certificate program allows people in Canada to access their digital immunization records in a way that is authentic and through a valid issuer. This prevents the release of fraudulent records.

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a Also referred to as “vaccine passports” or “COVID passports”.

The CMA further supports that these records are presented in a way that are easily scanned and accessed by a third-party to confirm proof of vaccination.

7. It is critical that individuals know what vaccine they received and when they received them because as evidence on immunity evolves, access to one's digital immunization records allows for a best estimate of immunity/protection. Access to this information is important to protect individuals, to allow for the best medical decisions to be made about them, and for public-health decision-making.
8. Development and maintenance of vaccine certificate programs, including tools and systems, must minimize implications for health providers and health systems. Appropriate remuneration should be established.
9. The use of vaccine certificates reinforces the need to ensure that vaccines are distributed equitably and according to fair, publicly justified criteria and requires the continued use of essential public health measures to support implementation.
10. Further research must be conducted to gather evidence of vaccine certificates to meet their intended objectives. Similarly, measures must be put in place to evaluate the impacts of vaccine certificates, such as their intended/unintended consequences, to ensure the fair distribution of benefits and burdens, and to make system changes to minimize or eliminate harms.

#### **A. Background**

- As vaccination rates rise across the country, there is a growing expectation that public health measures to control the spread and reduce the risk of COVID-19 will be eased and our desire to return to our routines such as work, recreational activities, school, and travel will be realized.
- Domestically, proof of vaccination requirements is being considered by both government and the private sector.
- At the international level, many countries are considering including vaccine certificates as part of entry requirements.
- In the past, proof of immunization requirements for other diseases have been implemented in Canada.<sup>1</sup>
- The Chief Science Advisor of Canada has stated that the “domestic use of vaccination certificates raises additional socio-ethical-legal questions that need careful consideration in order to promote both vaccine acceptance and social cohesion.”<sup>2</sup>
- The federal, provincial, and territorial privacy commissioners released a joint statement regarding vaccine certificates stating that these should also incorporate privacy best practices to achieve the highest level of privacy protection commensurate with the sensitivity of the personal health information that will be collected, used or disclosed.<sup>3</sup>
- Further, in view of the risks to privacy involved, privacy commissioners have stated that the “necessity, effectiveness and proportionality of vaccine certificates must be established for each specific context in which they will be used.”<sup>3</sup>

- There is concern that vaccine certificate requirements could create a sense of coercion that could diminish public trust and vaccine acceptance.<sup>2</sup>
- It is important to remember that access to vaccines requires consideration of the disproportionate impact that COVID-19 is having on population groups with pre-existing social and medical vulnerabilities.
- Inequitable access to technologies and lack of digital literacy may be a barrier to accessing digital vaccine certificates, so provisions should be made to secure alternative forms of the certificate.

## **B. Rationale**

- Vaccine certificates must meet ethical and legal conditions to be considered legitimate.
- Vaccination certificate requirements could theoretically reduce the risk of transmission.<sup>4</sup>
- Clarity is required about the objectives of a vaccine certificate program, ongoing public health measures, and what the certificates can reasonably be understood as representing scientifically.
- Vaccine certificates implementation must be equitable, such that everyone is guaranteed the right—and thus necessary conditions and resources required—to obtain and hold one, including barrier-free access to vaccination and securing alternative forms of the vaccine certificate. Conversely, implementation must not create or exacerbate barriers for equity relevant groups, including those who lack digital literacy, those who have poor access to vaccination, and those groups who may have a lower rate of vaccine acceptance based on historic and ongoing systemic racism and discrimination.<sup>5</sup>
- To ensure that vaccine certificates are consistent with privacy laws and minimize privacy impacts on certificate holders, government should lead their development and the framework for their use. This should not be left to the private sector to navigate.
- Private entities should ensure that their use of vaccine certification is fair and adheres with governmental policies aimed at minimizing the worsening of social disparities as a result of the pandemic.<sup>2</sup>
- Vaccine certificates should be developed to ensure the tool is available for use as evidence emerges to support how they could best be used to support public health and other objectives.
- Vaccine certificate programs should account for evolving real-world evidence about different vaccines, strains, and whether individuals have received necessary doses or boosters. Certificates may also need to be revoked or modified to reflect evolving evidence.

## C. Key Considerations

### *Scientific considerations*

- Many gaps remain in our scientific understanding of COVID-19 immunity and COVID-19 vaccines.
  - There is little available evidence to demonstrate the effectiveness of vaccination certificate strategies.<sup>4</sup>
  - It is uncertain as to whether people with antibodies against SARS-CoV-2 can be exempt.
  - It will be necessary to establish standards for vaccination-derived immunity.
- Vaccine effectiveness is not 100% and varies by vaccine product and individual immunity due to health status and age; vaccination does not automatically result in zero cases. Vaccines do not guarantee achievement of herd immunity<sup>1</sup> and there are breakthrough infections (i.e., COVID-19 infections of those fully vaccinated).

### *Ethical considerations*

#### *Benefits*

- Vaccine certificates could provide a verifiable, secure, standardized, accessible and portable record of immunization.<sup>4</sup>
- The use of vaccine certificates may be justified to lessen the use of broad, restrictive public health measures for individuals who are neither at risk (or are of reduced risk) of acquiring or transmitting COVID-19. The principle of least infringement states that policy-makers should select the public health option that least infringes on individual liberties to achieve a public health goal.<sup>4</sup>
- Vaccine certificates could allow vaccinated individuals to resume their usual activities as well as providing greater psychological assurance that they have a reduced likelihood of infection.
- There are also potential benefits to the public, such as if certified essential workers whose work requires or is best performed by face-to-face interactions could interact more closely with people without fear of reinfection and onward transmission.
- Requiring proof of vaccination may be justified to protect the vulnerable (e.g., residents in long-term care and those at high risk of infection, and at high risk of severe illness or death resulting from COVID-19).

#### *Concerns*

- Clarity is required about the objectives of a vaccine certificate program, ongoing public health measures, and what the certificates can reasonably be understood as representing scientifically.<sup>4</sup>
- The burden imposed by vaccination certificate requirements and the goal(s) that they are being implemented for should be proportionate and not exceed the expected public health benefit.
- Differential access to vaccines within and between jurisdictions risks exacerbating inequities and systemic discrimination or marginalization.
  - Stratifying members of society into different tiers of risk of infection and contagiousness may stigmatize and result in unequal treatment of or enforcement

toward individuals based on irrelevant considerations of ethnicity, religion, socioeconomic status, or similar differential traits.

- It may create conditions for discrimination that lead to two-tiered citizenship of different “classes” of people on biological grounds; and in practice,
- It may encourage employment practices that would further exacerbate social inequities (e.g., those without a certificate may not be (re)hired, be paid less, passed over for a promotion).
- Persons who are not eligible for vaccination must be considered or they could face exclusion:
  - Those not yet prioritized
  - For whom the vaccine is contraindicated (e.g., history of severe allergic reaction)
  - For whom the vaccine is not yet licensed (e.g., children)
- The use of vaccine certificates may undermine solidarity and social cohesion or encourage greater risk-taking if certified individuals are less willing to adhere to public health measures.

### ***Policy and legal considerations***

- In the absence of publicly-regulated vaccine certificates, private organizations may develop ones in accordance with their own standards. Accordingly, governments may need to develop and regulate vaccine certificates to ensure that they serve the public interest and adhere to ethical and legal standards, including equity, non-discrimination, and protect privacy and human rights.<sup>4</sup>

#### ***National***

- The federal government could develop national standards that meet requirements for international travel and possibly technical standards. However, provincial and territorial governments would most likely be responsible for developing digital immunization repositories that would issue digital immunization records for their residents (in accordance with national standards).
- Questions remain as to whether vaccine certificates could be used to regulate inter-provincial or -territorial travel.

#### ***International***

- COVID-19 is currently not a disease specified in the IHR. Currently, Yellow Fever is the only disease that requires proof of vaccination to enter countries where it is endemic under the 2005 International Health Regulations (IHR).<sup>b</sup>
- The WHO has noted that should COVID-19 be listed as a disease requiring proof of vaccination in accordance with the IHR, “vaccines must be approved by WHO, and be of suitable quality and universally available, for the protection of all people from international spread of disease.”

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<sup>b</sup> The IHR is a legal instrument that defines countries’ rights and obligations regarding public health emergencies of international concern.

### **Privacy**

- Concerns exist about government or third-party access to, and secondary uses of (e.g., by immigration authorities), personal information related to medical status or location.
  - Certificates should have defined uses and include the minimum information required to confirm and verify the holder's vaccination and if applicable, testing or recovery status.
  - Where possible, personal information should be kept confidential and processed anonymously when being issued to a third-party.
  - Only minimal amount of personal health information required to achieve public health objectives should be collected.

### **Implementation considerations**

#### **Technological**

- Vaccine certificates will need to capture evolving real-world evidence about different vaccines, strains, and whether individuals have received necessary doses or boosters. Certificates may also need to be revoked or modified to reflect evolving evidence.
- Digital certification could accommodate the dynamic nature of the required information and other considerations (privacy, legal, ethical, policy, etc.).
- International cooperation is required to develop harmonized, interoperable standards and for a minimum dataset and digital systems architecture. The WHO "Smart Vaccination Certificate Working Group" is working to establish specifications, standards, and a trust framework for a digital vaccination certificate. Within Canada, federal and interprovincial cooperation will be required.

#### **Incentives and counterfeits**

- To serve their purpose, vaccine certificates must be trustworthy. This will require connecting to a trusted entity, such as a government, to verify the holder's identity and status.
- It will be necessary to guard against counterfeit certificates, which have already appeared.
- Incentives to counterfeit will be highest where vaccine roll-out is slowest, which emphasizes the importance of supporting equitable and efficient vaccine roll-out.

#### **Cost**

- Insofar as vaccine certificates may serve as preconditions for exercising basic liberties, vaccination (and testing, if required or captured in a certificate) and access to vaccine certificates ought to be made free of charge as a matter of fairness. They also need to be affordable for governments.

### **Private entities and employers**

- Private entities should ensure that their use of vaccine certification is fair and adheres with governmental policies aimed at minimizing the worsening of social disparities as a result of the pandemic.
  - Questions remain as to whether private entities can legitimately require vaccine certification in their business or of their employees, such as on the grounds of commercial freedom to act (e.g., whether insurers can charge unvaccinated individuals higher premiums). Employers may consider whether to require or incentivize vaccination of their employees.
  - Some have argued that governments should mandate immunization of health care workers across all public and private settings rather than leaving it to the discretion of individual employers.<sup>1</sup>

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<sup>1</sup> Wilson K, Flood C. Implementing digital passports for SARS-CoV-2 immunization in Canada. *CMAJ* 2021 Apr. 22;193(14):E486-E488. Available: <https://doi.org/10.1503/cmaj.210244> (accessed 2021 Jul 30).

<sup>2</sup> Office of the Chief Science Advisor of Canada. *Scientific Considerations for Using Covid-19 Vaccination Certificates – Report of the Chief Science Advisor of Canada*. Ottawa: Government of Canada; March 31, 2021. Available: [https://science.gc.ca/eic/site/063.nsf/eng/h\\_98229.html](https://science.gc.ca/eic/site/063.nsf/eng/h_98229.html) (accessed 2021 Jul 30).

<sup>3</sup> Office of the Privacy Commissioner of Canada (OPC). *Privacy and COVID-19 Vaccine Passports - Joint Statement by Federal, Provincial and Territorial Privacy Commissioners*. Gatineau, QC: OPC; May 19, 2021. Available: [https://priv.gc.ca/en/opc-news/speeches/2021/s-d\\_20210519/](https://priv.gc.ca/en/opc-news/speeches/2021/s-d_20210519/) (accessed 2021 Jul 30).

<sup>4</sup> Katz G, Born K, de Wit M, et al. COVID-19 Vaccine Certificates: Key Considerations for the Ontario Context. *Science Briefs of the Ontario COVID-19 Science Advisory Table*. 2021;2(39). Available: <https://covid19-sciencetable.ca/sciencebrief/covid-19-vaccine-certificates-key-considerations-for-the-ontario-context/> (accessed 2021 Jul 30).

<sup>5</sup> Osama T, Razai MS, Majeed A. Covid-19 vaccine passports: access, equity, and ethics. *BMJ* 2021;373:n861. Available: <https://www.bmj.com/content/bmj/373/bmj.n861.full.pdf> (accessed 2021 Jul 30).