

Vaccine Hesitancy & Information Sources



December 16, 2025

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Introduction



Methodology

Method

Online survey among Canadians 18 years of age or older randomly recruited from LEO's online panel (Canadian sample: **n= 1,521**) and 300 GPs recruited from LEO Medical's online QuickPulse panel.

When

Data collection from October 27 to November 17.

Margin of error

For comparison purposes, a probability sample of 1,537 yields a margin of error no greater than **±2.50**% (19 times out of 20). With a sample of this size, the results can be considered accurate within this range. The margin of error varies for subgroups of the population, including HCPs: smaller sample sizes produce wider confidence intervals.



Leger HEALTHCARE

Introduction

The State of Vaccine Hesitancy

From vaccine mandates during the COVID-19 pandemic and prominent Americans making unfounded claims about vaccines, to Canada no longer having measles elimination status as of November 2025, the topic of vaccines keeps popping up in the public discourse.

This research explores how Canadians' views on vaccines have changed over the past five years, the factors contributing to vaccine hesitancy, where people obtain vaccine information, how they assess the credibility of those sources, and whether vaccine hesitancy is linked to specific information channels.

From Oct. 27 to Nov. 5, we surveyed 300 healthcare professionals (HCPs)—as part of Leger Healthcare's monthly QuickPulse—split evenly among general practitioners (GPs), nurses, and pharmacists. HCPs who indicated N/A to the first question were excluded from the analysis given their lack of focus on vaccines. Based on those findings, we tailored our questions to the public. From Nov. 14 to 17, we surveyed 1,521 Canadians as part of Leger's weekly LEO Panel omnibus survey.

Leger's advanced analytics team (LEA) did a key driver analysis, a TURF analysis, and a correspondence analysis to understand the correlation between sources of information and vaccine hesitancy.

Additional Insights

Key findings are presented in this report, but additional statistically significant insights are available, time permitting, for existing and potential customers upon request to solutions@leger360.com.

Questions for HCPs

1	In your professional experience, have you observed a change in vaccine hesitancy among your patients in the past 12 months?
2	What is/are the main driver(s) of vaccine hesitancy among your patients?
3	How confident do you feel in addressing vaccine hesitancy with patients?
4	What types of vaccines are natients most hesitant about?

Questions for the Public

1	In general, how confident are you in the safety and effectiveness of vaccines?
2	Over the last five years, has your confidence in the safety and effectiveness of vaccines changed?
3	Assuming eligibility based on age, medical history, and allergies, how comfortable are you with getting the following vaccines?
4	Assuming eligibility, how much do the following factors impact your willingness to get a vaccine?
5	Where do you get most of your information about vaccines?
6	How do you assess the credibility of the person providing the information?
7	How do you assess the credibility of information?



Key Findings

Most have confidence in vaccines

74% of Canadians were somewhat or very confident in vaccines.

Vaccine hesitancy has increased

This is true regardless of a variety of demographic factors, except for age: those aged 65+ have less hesitancy.

Greatest concern is COVID-19

Canadians are most hesitant about the COVID-19 vaccine, followed by influenza.

Mistrust underlies hesitancy

HCPs attribute hesitancy to concerns about vaccine safety & efficacy, social media, and mistrust in government.

Efficacy & virus impact have greatest influence on uptake

"Vaccine effectiveness" and the "severity of symptoms of the virus" had the most impact on Canadians' willingness to get a vaccine, but not as much as expected.

Hesitant rely less on experts

Vaccine hesitant Canadians rely more on alternative HCPs, social media, and friends/family. They are less likely to trust gov't and scientific sources.



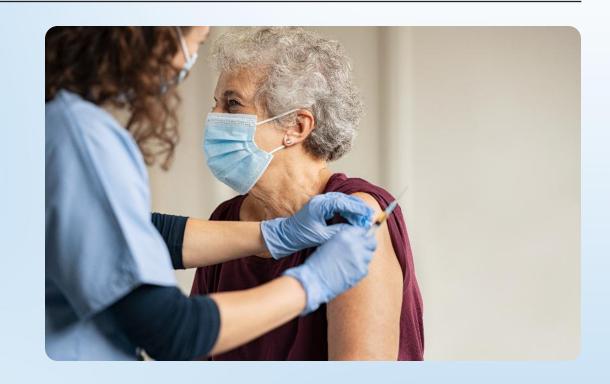
Notable differentiators between vaccine hesitant and non-hesitant individuals

Summary on the Canadian Public

	Vaccine Hesitant Individuals*	Non-hesitant Individuals*
Information Sources	Vaccine-hesitant individuals rely more on Religious or community organization, alternative health provider, friends/family, US government/public health websites and social media content creators for vaccine information.	Non-hesitant individuals primarily trust Canadian news, family doctors, pharmacists, and Canadian government/public health websites for vaccine information.
Trust Factors	Hesitant groups value personal trust and transparency but are less influenced by scientific evidence or reputable organizations.	They prioritize scientific evidence, reputable organizations, and clear communication about vaccine safety and effectiveness.
Demographics	Hesitant individuals are more likely to be younger (18-44), renters, and from diverse ethnic backgrounds (e.g., Indigenous, South Asian, Southeast Asian).	Non-hesitant individuals are more likely to be older (55+), homeowners, and predominantly White or Chinese.
Education & Income	Lower education levels (high school or less) and lower household incomes are more common among hesitant groups.	Higher education levels (college or university) and higher household incomes are more common among non-hesitant groups.
Geography	Higher hesitancy is observed in rural areas and among individuals in Alberta and the Prairies.	Non-hesitancy is higher in urban and suburban areas, particularly in Ontario, and British Columbia.

^{*}Vaccine hesitant = Canadians indicating "not at all confident" or "somewhat unconfident" in vaccines; Non-hesitant = those indicating "somewhat confident" and "very confident"

Healthcare
Practitioner
(HCP) Insights

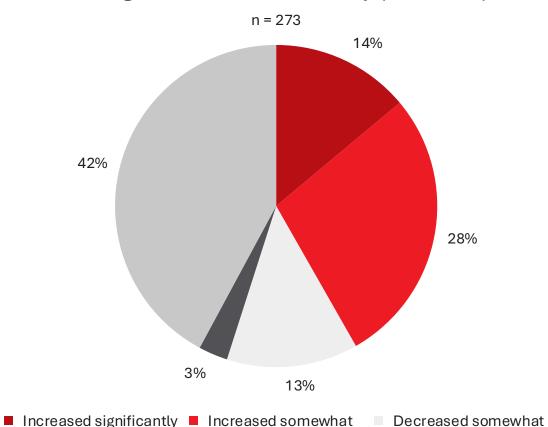




Changes in vaccine hesitancy according to HCPs, last 12 months

Q: In your professional experience, have you observed a change in vaccine hesitancy among your patients in the past 12 months?

Change in Vaccine Hesitancy (HCP PoV)



■ Decreased significantly ■ No Change

while Pharmacists are seeing the greatest net decrease.

GPs and nurses are seeing the greatest net increase in vaccine hesitancy

Two factors may explain the discrepancy:

- 1. People seeing a pharmacist for a vaccine have already made the decision to do so when booking an appointment.
- 2. Pharmacists are more likely to administer vaccines to seniors, which is the only age group that indicated they are more confident in vaccines.

	Total	GP	Nurse	Pharmacist
n =	273	96	79	98
(Net) Hesitancy Increased	42%	48%	49%	30%
Increased significantly	14%	10%	22%	11%
Increased somewhat	28%	38%	28%	18%
(Net) Hesitancy Decreased	16%	13%	15%	20%
Decreased somewhat	13%	10%	8%	20%
Decreased significantly	3%	2%	8%	0.0%
No Change	42%	40%	35%	50.0%
Net Change (Increase minus Decrease)	-26%	-35%	-34%	-9%



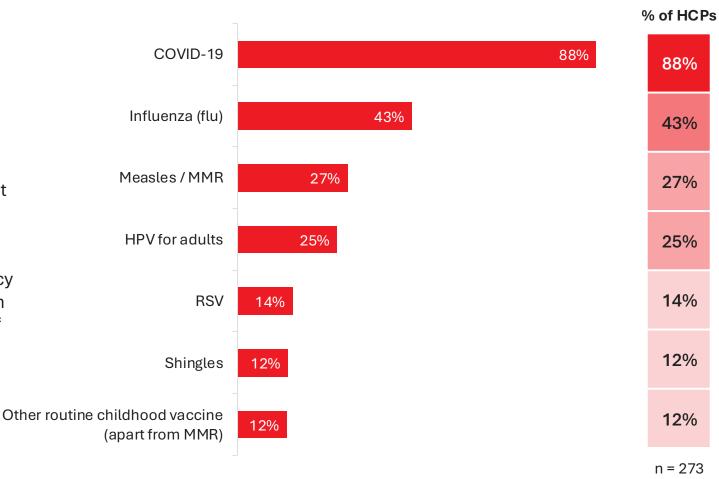
Types of vaccines patients are most hesitant about according to HCPs

Q: What types of vaccines are patients most hesitant about? (Select all that apply)

According to HCPs, patients are most concerned about the COVID-19 vaccine.

This hesitancy was validated in the omni survey of Canadians. Thirty-three percent of Canadians indicated they were not comfortable with the COVID-19 vaccine and 28% indicated they were not comfortable with the Influenza vaccine.

Canadians rated efficacy as the most impactful factor in their decision to get a vaccine, so hesitancy with these vaccines could be linked to a perception they are less effective at avoiding serious effects of these viruses.



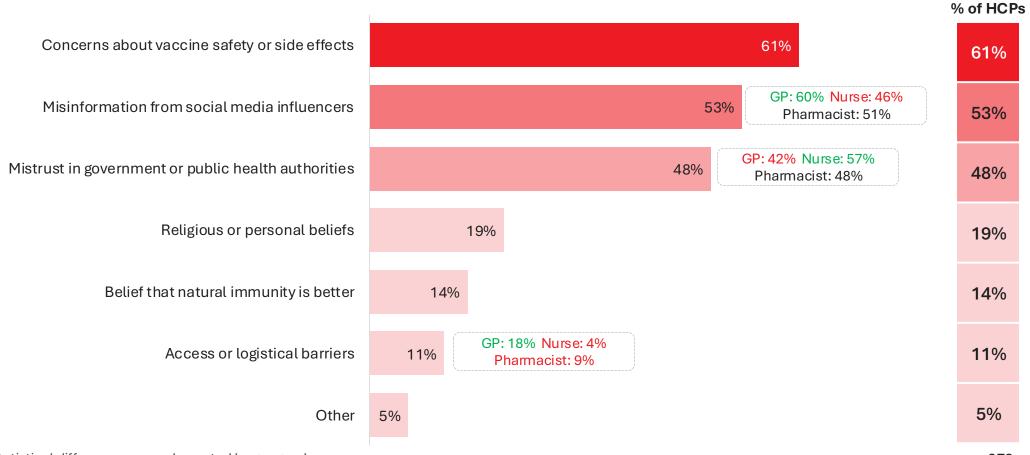
Statistical differences were also noted by geography and years in practice.



Key drivers of vaccine hesitancy according to HCPs

Q: What is/are the main driver(s) of vaccine hesitancy among your patients? (Select up to three)

HCPs agreed on the leading drivers of vaccine hesitancy: concerns about safety, misinformation, and mistrust in institutions. GPs, who are the primary source of vaccine info for most Canadians according to Leger Healthcare's omni survey, attributed more hesitancy to misinformation and logistical barriers and less to mistrust in government, compared to nurses and pharmacists.

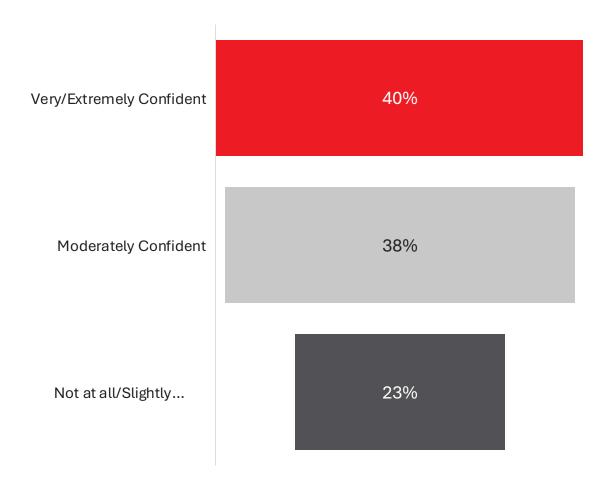


Statistical differences were also noted by geography.



HCP confidence in addressing vaccine hesitancy

Q: How confident do you feel in addressing vaccine hesitancy with patients?



With 40% of HCPs indicating they are very or extremely confident in addressing vaccine hesitancy, there is an opportunity for vaccine advocates to address the other 60% who are less confident.

	Total	GP	Nurse	Pharmacist
n=	273	96	79	98
Very / Extremely Confident	40%	40%	42%	38%
Moderately Confident	38%	44%	37%	33%
Not at all / Slightly Confident	23%	17%	22%	30%

▲ Denotes difference is statistically significant



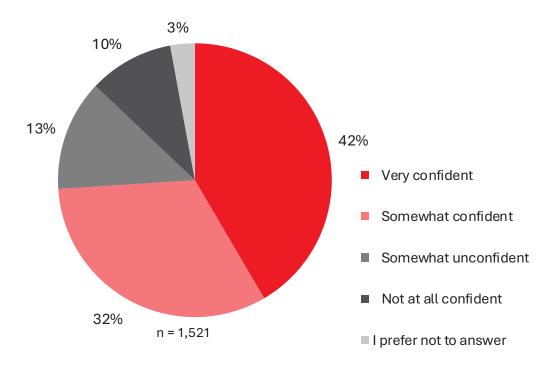
Public Insights



Public Confidence in Vaccines

Q: In general, how confident are you in the safety and effectiveness of vaccines?

The majority (74%) of Canadians were either somewhat or very confident in vaccines. There was a positive correlation between age and confidence, with those over the age of 65 having the most confidence in vaccines, followed by those 55-64. Geographically, those in Quebec had the most confidence in vaccines, while those in the Atlantic provinces, Manitoba, and Saskatchewan had the least confidence in vaccines.



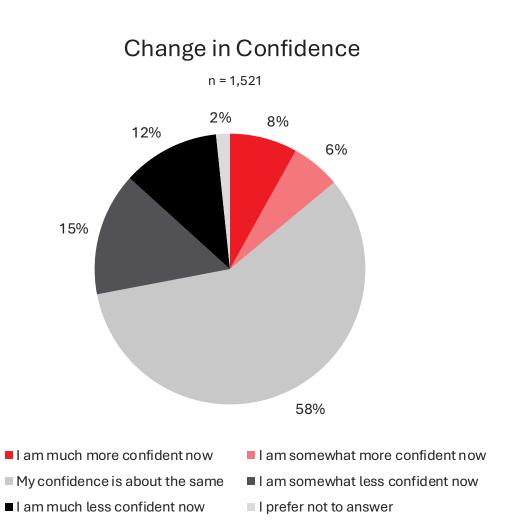
		S	ex	Δ	.ge			Regi	ion		
Column %	Total	Male	Female	<55	55+	ВС	AB	MB/ SK	ON	QC	ATL
Weighted Total	1521	742	779	895	626	212	169	98	589	351	102
(Net) Confident	74%	73%	75%	66%	86%	74%	73%	65%	73%	80%	67%
Very confident	42%	44%	39%	34%	53%	44%	47%	31%	42%	42%	34%
Somewhat confident	32%	29%	36%	32%	33%	30%	27%	34%	32%	38%	34%
(Net) Not confident	23%	24%	22%	30%	13%	21%	26%	29%	24%	18%	30%
Somewhat unconfident	13%	14%	12%	18%	6%	13%	12%	18%	12%	13%	16%
Not at all confident	10%	10%	10%	12%	7%	8%	14%	10%	12%	5%	15%

▲ Denotes difference is statistically significant.



Change in Public Confidence in Vaccines over the last Five Years

Q: Over the last five years, has your confidence in the safety and effectiveness of vaccines changed?



While a slight majority (58%) of Canadians had no change in their confidence in vaccines, there was an overall decrease in trust over the past five years. Of note, those under the age of 55, particular between 35 and 54, had the greatest decline in confidence.

Those over 55, however, had a net increase in confidence. Women and households with children also had a statistically significant reduction in confidence over the last five years compared to men and those with no children in the household.

		S	ех		Age	
Column %	Total	Male	Female	18-34	35-54	55+
n =	1521	742	<i>77</i> 9	405	490	626
(Net) More Confident	14%	16%	12%	12%	12%	17%_
Much more confident now	8%	10%	7%	6%	7%	10%
Somewhat more confident now	6%	7%	5%	6%	5%	7%
My confidence is about the same	58%	57%	59%	55%	51%	66%
(Net) Less Confident	26%	25%	28%	30%	36%	16%
Somewhat less confident now	15%	14%	16%	▲ 21%	18%	8%
Much less confident now	12%	11%	12%	9%	▲ 17%	9%
Net Change (More minus Less)	-12%	-8%	-16%	-18%	-24%	1% 📥

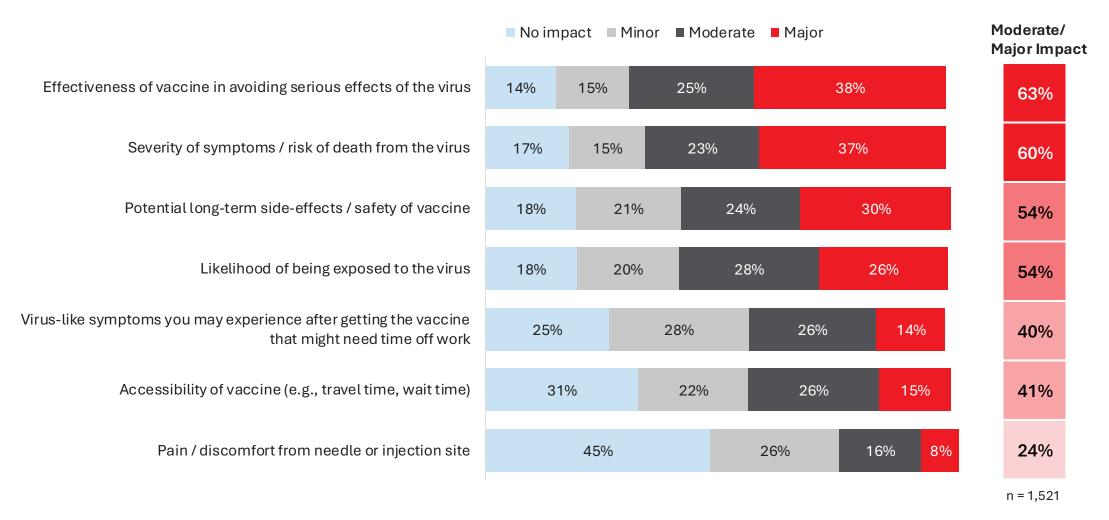
Notes: Sum for each row does not total 100% because some respondents "preferred not to answer".

▲ Denotes difference is statistically significant.



Factors impacting Canadians' willingness to get a vaccine

Q: Assuming eligibility, how much do the following factors impact your willingness to get a vaccine?

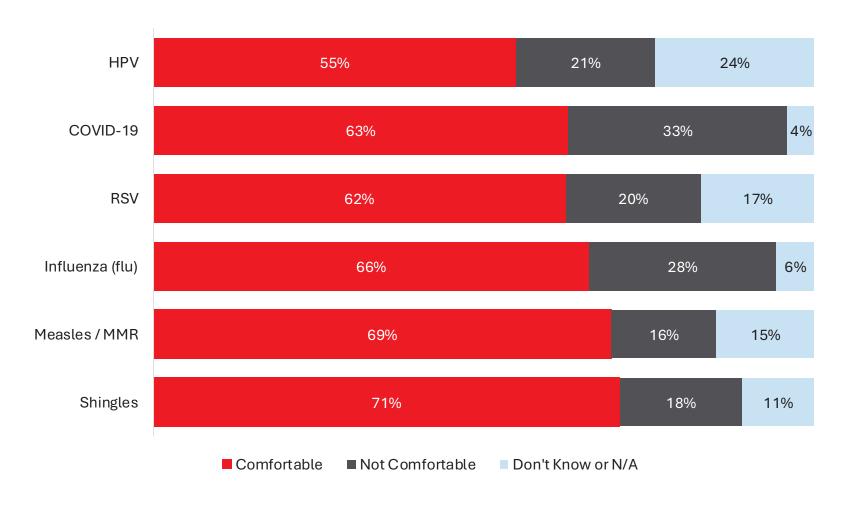


Note: Sum for each row does not total 100% because some respondents "preferred not to answer".



Public Comfort Level with Different Vaccines

Q: Assuming eligibility based on age, medical history, and allergies, how comfortable are you with getting the following vaccine s?



Consistent with the insight from HCPs, Canadians are most hesitant/ uncomfortable with the COVID-19 and flu vaccines.

Canadians were most confident in the Measles and Shingles vaccines, both of which relate to diseases that cause symptoms that are skin related and very visible.

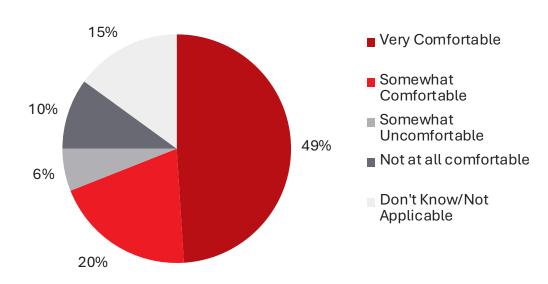
HPV and RSV (respiratory syncytial virus) had the greatest proportion of "don't know" or "not applicable" responses.



Zeroing in on the Measles/MMR Vaccine

Given Canada's change in measles elimination status, we wanted to zero in on the MMR vaccine. Confidence is relatively high; however, 1 in 10 Canadians are not at all comfortable with it. Those least comfortable tend to be younger (18-34) from Manitoba or Saskatchewan, living in rural areas with no kids in the household, and high school educated or less.

Comfort Level with Measles/MMR



Percentage of Canadians indicating they are comfortable with the MMR vaccine, by demographic indicator

18–24	25–34	35–44	45–54	55–64	65+
61%	65%	73%	73%	76% 🔺	66%
ВС	АВ	MB/SK	ON	QC	ATL

Rural	Suburban	Urban
64%	74% 🔺	68%

High school or less	College	University
64%	71%	73% 🔺

Kids in Household	No Kids in Household
76% ▲	67%

▲ Denotes difference is statistically significant.



Public Comfort with Different Vaccines

By Kids in Household and Education Level

Comfort level for different vaccines differed by a wide range of demographic factors, including whether there was a presence of children in the household and education level. Focusing specifically on "comfortable" (somewhat comfortable or very comfortable), there was a statistically significant difference for all vaccines except Shingles. Those with children in the household were more comfortable with Measles/MMR, HPV, and RSV, while those who didn't have children in the household were more comfortable with the COVID-19 and Influenza vaccines.

There was a correlation between higher levels of education and comfort with vaccines, regardless of vaccine type.

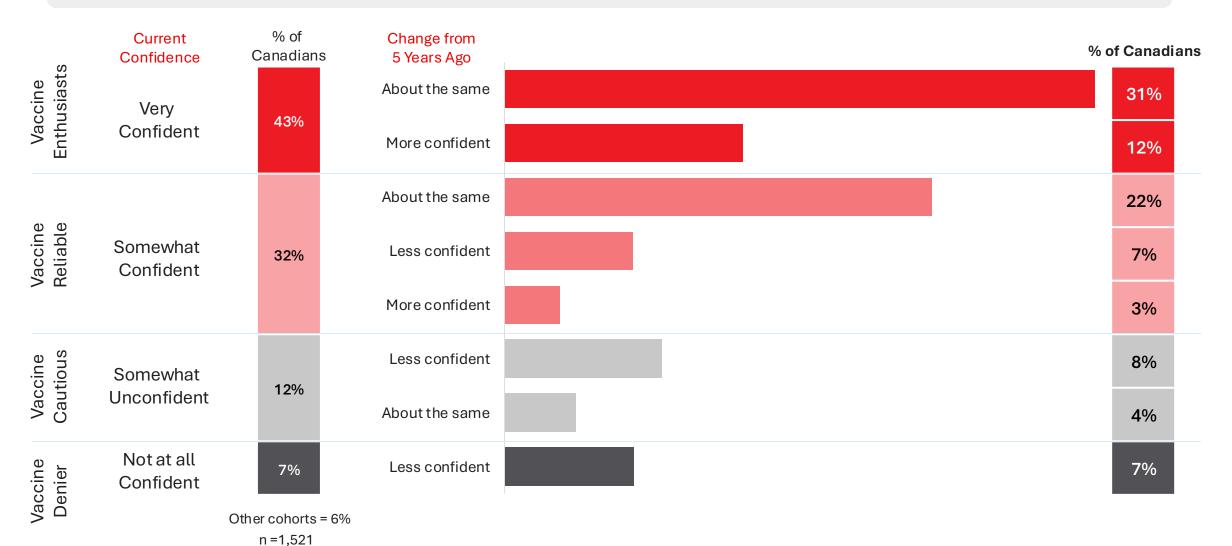
Presence of Kids in Household **Education** NO High school or less YES College University Weighted Total n = 414n = 1107n = 461n = 589n = 469n = 1.521Not Not Not Not Not Column % Comfortable COVID-19 55% 40% 33% 41% 30% 66% 54% 63% 26% 70% 34% 26% 32% 30% 22% Influenza (flu) 61% 68% 59% 64% 75% **RSV** 24% 67% 19% 61% 23% 21% 68% 55% 64% 17% Measles / MMR 16% 76% 16% 19% 64% 14% 15% 67% 71% 73% **Shingles** 19% 72% 18% 70% 23% 62% 17% 74% 16% 75% HPV 25% 64% 20% 52% 27% 45% 55% 65% 20% 16%

Note: Not comfortable + comfortable does not add to 100% because the remainder indicated they "Didn't Know" or "Not Applicable".



Confidence Cohorts

Canadians who were very confident in vaccines were the least likely to indicate a change in their confidence over the last five years. Those who indicated they are less confident in vaccines were most likely to have lost confidence in the last five years.

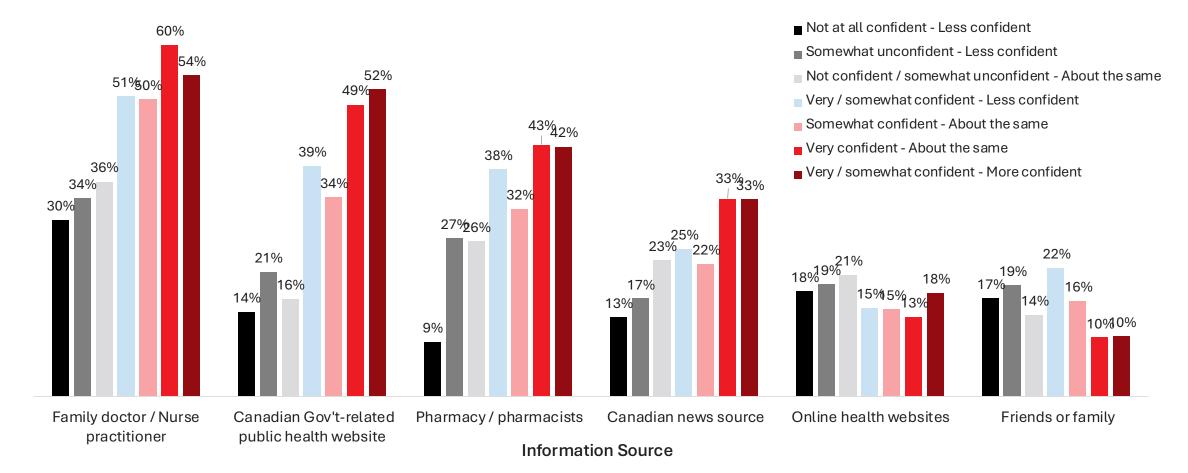




Primary Sources of Vaccine Information (traditional sources)

Q: Where do you get **most** of your information about vaccines? (select up to 3 of your preferred sources and rank)

The primary source of vaccine information for Canadians is their family doctor or nurse practitioner, followed by Canadian government or public health websites. Pharmacists were the third most common news source, but, as shown by the TURF (total unduplicated reach and frequency) analysis, those who get their information from a pharmacists also get their information from their doctor and government or public health websites. This was also true for online health websites. Those who were unconfident in vaccines relied on Canadian news sources more exclusively than those who were confident, and they were the only ones who prioritized podcasters or social media content over other news sources. Canadians who trusted vaccines but were less confident now compared to 5 years ago were most likely to rely on friends or family.

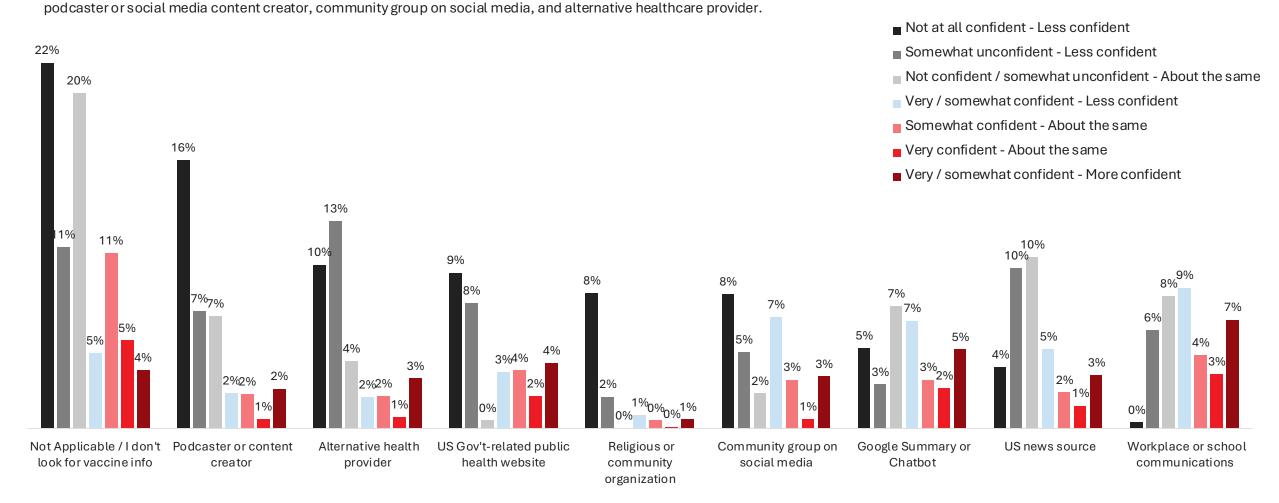




Primary Sources of Vaccine Information (Other sources)

Q: Where do you get most of your information about vaccines? (select up to 3 of your preferred sources and rank)

Those who were less confident or not at all confident in vaccines were more likely to either not seek out vaccine information at all or get their information less traditional sources. Comparing the chart below with the TURF analysis that follows, we can see that the less traditional news sources that have the most impact on those who are hesitant are:





Primary Vaccine Information Sources – TURF Analysis

Q: Where do you get most of your information about vaccines? (Select up to 3 and rank)

vaccines: (octeet up to sand rank)		Total Unduplicated Reach and Frequency (TURF)			
TURF analysis counts each person only once, with a focus on their number one ranked source. For example, 5% of Canadians get vaccine information from their workplace or school, only Canadians who are somewhat or very confident in vaccines exclusively get that information from that source. n = 1,521	Total % of all Respondents	Somewhat / Very confident + No change / More confident	Not at all confident / Somewhat unconfident + Less confident / no change	Somewhat confident / Very confident + Less confident	
Family doctor / Nurse practitioner	49%	+55%	+33%	+51%	
Canadian Government-related public health website	37%	+21%	+9%	+19%	
Pharmacy / pharmacists	34%	+3%	+2%	+3%	
Canadian news source	26%	+7%	+15%	+5%	
Online health websites	16%	+2%	+6%	+1%	
Friends or family	14%	+3%	+7%	+9%	
Workplace or school communications	5%	-	-	+3%	
Google Summary (Gemini) or Chatbot (e.g., ChatGPT)	4%	-	-	-	
US Government-related public health website	4%	-	-	-	
US news source	4%	-	-	+2%	
Podcaster or content creator on social media	4%	-	+5%	-	
Alternative health provider	3%	-	+2%	+1%	
Community group on social media	3%	-	+3%	-	
Religious or community organization	1%	-	-	-	



Determining Credibility of Person Providing Information – TURF Analysis

Q: How do you assess the credibility of the person providing the information? (Pick up to three and rank, where "1" is your most preferred)

To understand how Canadians determine the credibility of vaccine information, we asked them about the person and the information itself. In terms of the person providing the information, Canadians put more weight into those with a medical or scientific background. This was particularly true of those who are consistently confident in vaccines, as demonstrated by the TURF analysis. Those who remain confident, but are less so than five years ago, value transparency, while unconfident individuals give preference to information from people they know personally.

		Total Unduplicated Reach and Frequency (TURF)		
n = 1,521	Total % of all Respondents	Somewhat / Very confident + No change / More confident	Not at all confident / Somewhat unconfident + Less confident / no change	Somewhat confident / Very confident + Less confident
They have a medical or scientific background	35%	+74%	+45%	+63%
They are from a reputable organization	30%	+15%	+7%	+10%
They are transparent about what is known and not yet known	12%	+3%	+18%	+23%
It is someone I know or trust personally	11%	+6%	+24%	+5%
The source has personal experience with getting the vaccine	5%	1%	+2%	-
I have been following them for a long time	4%	1%	+4%	-
They are popular or influential on social media	2%	-	-	-



Determining Credibility of Information – TURF Analysis

Q: How do you assess the credibility of the person providing the information? (Pick up to three and rank, where "1" is your most preferred)

Looking specifically at the information itself, Canadians assessed credibility based on scientific evidence and clear explanations of safety, efficacy, and possible side effects. Those who weren't confident in vaccines put more weight into the consistency of information compared to other reliable sources, while those who were confident but less than five years ago prioritized information that was easy to understand and avoided exaggeration.

		Total Unduplicated Reach and Frequency (TURF)		
n = 1,521	Total % of all Respondents	Somewhat / Very confident + No change / More confident	Not at all confident / Somewhat unconfident + Less confident / no change	Somewhat confident / Very confident + Less confident
The info cites clinical studies or scientific evidence	27%	+31%	+22%	+17%
The info clearly explains safety, effectiveness, & possible side effects	23%	+24%	+17%	+31%
The info is consistent with what I see from other reliable sources	14%	+13%	+17%	+15%
The info is clear, easy to understand, and avoids exaggeration	12%	+11%	+10%	+17%
The info is up to date	11%	+12%	+10%	+8%
The info aligns with my personal beliefs or experiences	5%	+3%	+10%	+7%
None of these / I don't know	9%	-	-	-



Correspondence Analysis

Method

The following slides describe how different cohorts differ based on a correspondence analysis. This technique positions categories, such as audience segments and attitudes, in a shared space to show which combinations are more closely associated with one another than the overall average relationship. For example, the largest Canadian cohort appear closer to attributes like confidence in decisions, trust in scientific evidence, and preference for traditional news sources.

This analysis does not describe all individuals within a given segment. Rather, it highlights attributes that most distinguish each cohort from others, based on their relative profiles.





Confident in Vaccines + No Change over last 5 Years

n = 810 respondents | 53% of Canadians

Vaccine Enthusiast

This segment is the **largest cohort in Canada**. This cohort is highly confident in their decisions and information sources, and their confidence has not changed in the last five years.

They are more likely to be between the ages of **65** and older and are predominantly **retired**. They are more likely to reside in **rural** areas and are predominantly homeowners. This group has a **diverse ethnic composition**, with a notable representation of **White** individuals. This group has a wide range of household incomes, with many earning **\$100,000** or more annually. They are also **more likely to have completed higher education**, including advanced degrees.

They **trust sources that are consistent** with other reliable information and that **cite clinical studies** or scientific evidence. They are less influenced by social media and **prefer traditional news sources and government-related public health websites**.

Vaccine Reliable

This segment is moderately confident in their decisions and information sources, and their confidence has not changed in the last five years.

They are more likely to be between the ages of **55 and 74** and are predominantly **retired or employed part-time**. They are more likely to reside in **suburban or rural areas** and are predominantly homeowners. This group has a **diverse ethnic composition**, with a notable representation of **White** individuals. This group has a wide range of household incomes, with many earning between \$40,000 and \$99,999 annually. They are also more likely to have **completed college or university education**.

They value sources that are clear, easy to understand, and avoid exaggeration. They are moderately influenced by traditional news sources and online health websites.



Enthusiasts and Reliable with a Change in Confidence

N=234 respondents | 15% of Canadians

Vaccine Enthusiasts and Vaccine Reliable whose confidence has grown in the last 5 years

This segment is highly confident and optimistic in their decisions and information sources. Their confidence in vaccines has increased in the last five years.

They are more likely to be between the ages of 55 and older and are predominantly retired. They are more likely to reside in suburban or rural areas and are predominantly homeowners. This group has a diverse ethnic composition, with a notable representation of White individuals. This group has a wide range of household incomes, with many earning \$100,000 or more annually. They are also more likely to have completed higher education, including advanced degrees.

They value sources that are **transparent about what is known and not yet known**. They are less influenced by social media and prefer **traditional news sources** and **government-related public health websites**.

Vaccine Enthusiasts and Vaccine Reliable who are less confident vs. 5 years ago

This segment is confident in their decisions but still exhibits some skepticism. They are less confident than they were five years ago, even if they remain confident.

They are more likely to be between the ages of **45** and **64** and are predominantly **employed full-time or retired**. They are more likely to reside in **suburban** or **rural** areas and are predominantly homeowners. This group has a diverse ethnic composition, with a notable representation of **White** and **South Asian** individuals. This group has a wide range of household incomes, with many earning between **\$60,000** and **\$149,999** annually. They are also more likely to have completed **higher education**, including university degrees.

They trust sources that clearly explain **safety, effectiveness, and possible side effects**. They are moderately influenced by **Canadian news sources and online health websites**.



Unconfident and Less Confident versus 5 Years Ago

n = 228 respondents | 15% of Canadians

Vaccine cautious who have lost confidence in the last five years

This segment exhibits moderate levels of uncertainty and skepticism.

They are more likely to be between the ages of 25 and 44 and are predominantly employed full-time. They are more likely to reside in **suburban** areas and have a mix of renters and homeowners. This group has a **diverse** ethnic composition, with a notable representation of South Asian and Southeast Asian individuals.

This group is more likely to have a household income between \$40,000 and \$99,999 and has a **higher level of education**, with many having completed college or university.

They are more likely to trust **sources that are consistent with other reliable information and that clearly explain safety and effectiveness**. They are moderately influenced by social media but still value traditional sources like Canadian news outlets.

Vaccine deniers who have lost confidence in the last five years

This segment is characterized by a lack of confidence in their decisions and information sources.

This segment tends to be younger, with a significant proportion between the ages of **18 and 34**. This group is more likely to reside in **urban areas** and rent their homes. They are **less likely to have completed higher education** and are often employed full-time or part-time. They are also more likely to have **lower household incomes**, with many earning less than \$60,000 annually.

This group prefers sources that align with their personal beliefs and experiences. They are more likely to rely on alternative health providers and community-based organizations for information.

They are less likely to trust traditional news sources or government-related public health websites. Instead, **they are influenced by social media content creators and community groups**. They are also more likely to seek information from **friends and family**.

Implications



Implications

Most Canadians (74%) are confident in vaccines and for more than half (58%), that confidence has not changed over the last five years. That said, more Canadians have lost confidence in vaccines (26%) than gained (14%). Vaccine hesitant individuals are more likely to rely on both traditional sources of information (HCPs and government websites) and non-traditional sources of information, including friends and family, social media, and alternate health providers. This has **created a challenge for HCPs**, who identified misinformation as one of the key drivers of vaccine hesitancy, along with concerns around vaccine safety and mistrust in government.

Only 4 out of 10 HCPs indicated they were "very" or "extremely" confident in dealing with vaccine hesitancy. This represents an unmet need that vaccine proponents could address with information that meets the needs of those who are Vaccine Reliable but have lost confidence or are Vaccine Cautious.

To support HCPs and reduce vaccine hesitancy among the public, vaccine proponents could:

- Provide **information that is clear, non-technical, and transparent** about both **benefits and risks**, to HCPs, community leaders, key influencers, and on government and public health websites. Make the information available in multiple languages and keep it consistent across channels.
- Complement data with personal stories and practical examples, such as impacting loved ones and preventing strain on the healthcare system, while being cautious to avoid exaggerated narratives.
- Create opportunities for two-way communications, such as webinars, community forums, and clinic-based Q&As. Sessions should be accessible, respectful, and free of judgment.

For Canadians whose vaccine confidence can still grow, the key is **clarity, empathy, and consistency,** delivered through trusted community voices and two-way engagement.



About Leger Healthcare

Leger Healthcare is the dedicated health division of Leger. With proprietary panels of more than 500,000 patients and 35,000 healthcare professionals, Leger Healthcare delivers end-to-end research to help organizations navigate the rapidly evolving healthcare landscape.

The result is actionable insights that help organizations make smarter decisions, accelerate innovation, and improve outcomes. Learn more at leger360.com/healthcare.

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