Taking all the necessary steps to vaccinate all Canadians who want to be vaccinated against COVID-19 must consider five key considerations


Why is all the evidence on this topic being summarized?
- It is estimated that 60-80% of the world's population must be vaccinated to make the spread of the disease from person to person unlikely.
- The vaccination against COVID-19 is one of the largest health initiatives ever conducted.

What question did we want to answer?
- What is known about the key factors that will affect the vaccine roll-out?

How have we done this living evidence profile?
- We conducted searches to find the best evidence syntheses using the COVID-END inventory and the COVID-END guide to key COVID-19 evidence sources.
- We also examined what was done in Canada and in eight other countries (Australia, China, France, Germany, Israel, New Zealand, the United Kingdom, and the United States). These countries were selected because they are advanced in the vaccination against COVID-19.

How up to date is this living evidence profile?
- This living evidence profile was last updated on May 28, 2021.

What are the main results of our living evidence profile?
- We identified 133 new evidence documents since the last update, of which 35 were deemed to be highly relevant.
- The highly relevant evidence documents address one or more of the following four key areas of

**Box 1: Vaccine rollout**
This process must consider five key considerations:

- making available a reliable supply of vaccines and necessary equipment (for example, needles);
- distributing vaccines and necessary equipment in a fair way;
- communicating how the vaccines will be distributed, and the safety and effectiveness of vaccines;
- administering vaccines in the most efficient and timely way; and
- monitoring, evaluating and reporting on the vaccine roll-out.
current focus in the vaccine roll-out (which often cut across multiple domains of the organizing framework):

- adjusting plans for allocating vaccines equitably (for example, focusing on ‘hot spots,’ marginalized communities, and medical risk);
- supporting community and primary-care settings to communicate about and administer vaccines in ways that optimize timely and equitable uptake (e.g., vaccination information, engagement of the community, and mobile clinics for hard-to-reach people);
- adjusting public-health guidance for people who are fully vaccinated; and
- monitoring the COVID-19 vaccine roll-out (including documentation of vaccination, adverse events, and hesitancy/intention).

- The jurisdictional scan provides insights into issues of concerns in some countries, for example, occupancy restrictions (Israel), showing proof of vaccination in workplaces (Israel and New Zealand), fully vaccinated people not being required to wear a mask or be physically distant in some settings (United States), and maintaining public-health measures until vaccination thresholds are achieved (Canada).

How confident are we in the results?

- The key findings are based on guidelines and systematic reviews, rapid reviews and the experiences of other jurisdictions. All of the new reviews were deemed of low or medium quality. Three of the new guidelines were deemed of high quality.
synthesis team that prepared the rapid response, and are independent of the Government of Canada and CIHR. No endorsement by the Government of Canada or CIHR is intended or should be inferred.