Gorodnichy v. CBSA (FPSLREB 566-02-48305)
Exhibit G-23

Exhibit sheet description:

New evidence submitted by email on October 22, 2026 – question and response tabled in the House of Commons on April 13, 2026, as Sessional Paper 8555-451-849

Source documents and page ranges:

451-0849_Why_PHAC_compared_Cases_following_vaccination_using_cou
nts_from_14_DEC_2020_Tabled_April_13-2026.pdf:

PDF pages 1-4

Reader guidance:

New evidence submitted by email on October 22, 2026 – question and response tabled in the House of Commons on April 13, 2026, as Sessional Paper 8555-451-849

Official link: https://www.ourcommons.ca/written-questions/45-1/q-849

See also: Exhibit G-20 — Archived weekly PHAC COVID-19 Epidemiology Updates (August 2021 – February 2022).

Evidence:

In response to (a), the Government of Canada acknowledged presenting comparative statistics of COVID-19 deaths by vaccination status using “cumulative” counts that included outcomes recorded before vaccine doses were administered. Doing this artificially inflated the number of deaths among unvaccinated individuals when compared on a weekly basis with deaths among vaccinated individuals.

Notably, when these comparative numbers were presented in publicly facing weekly reports, the word “cumulative” was never mentioned in connection with the published figures.

The publication of cumulative rather than weekly counts was justified on the grounds of “privacy” concerns. However, weekly counts can be trivially derived from cumulative counts by subtracting the figures in consecutive weekly reports, and vice versa. Therefore, this justification cannot be accepted as a valid explanation.

Q-849

Question

With regard to the Public Health Agency of Canada's "Cases Following Vaccination" reports published from August 2021 to September 2022: (a) why did the Public Health Agency of Canada decide to begin calculating and comparing COVID-19 deaths using vaccination status, on the date of COVID-19 vaccine approval in December 2020, rather than the date on which each corresponding dose level actually began to be administered, or using weekly death counts, as is done for Statistics Canada's Deaths by Age and Deaths by cause statistics; (b) what internal documentation, analyses, and external scientific or technical references were consulted to inform the methodological choice described in (a); (c) within the Public Health Agency of Canada, which organizational units and officials or governing authorities (i) proposed the methodology described in (a), (ii) reviewed it (including any internal methodological or ethics review), (iii) formally approved it for use in the "Cases Following Vaccination" reports; (d) in what way does the methodology described in (a) permit the observation and analysis of time-based (for example, weekly or seasonal) variations in COVID-19 deaths by vaccination status in relation to contemporaneous factors, including, but not limited to, seasonal changes and the dates on which additional vaccine doses (for example, second, third, or booster doses) began to be administered; and (e) in developing and approving this methodology, did the Public Health Agency of Canada rely on, or explicitly reference, any guidance, standards, or methodologies issued by the World Health Organization or any other international public health body, and, if so, which specific documents or authorities were relied upon?

Response

This response was tabled in the House of Commons on April 13, 2026, as Sessional Paper 8555-451-849.

Tabled on
April 13, 2026

Sessional Paper
8555-451-849

House of Commons

Order/Address of the House of Commons

Question number	Asked by	Date asked
Q-849	Dean Allison (Niagara West)	February 9, 2026

Presented by

Sherry Romanado

Parliamentary Secretary to the
Minister of National Defence

Health Canada

Reply by: the Minister of Health

Name of Signatory: Maggie Chi

Reply

Public Health Agency of Canada

(a) why did the Public Health Agency of Canada decide to begin calculating and comparing COVID-19 deaths using vaccination status, on the date of COVID-19 vaccine approval in December 2020, rather than the date on which each corresponding dose level actually began to be administered, or using weekly death counts, as is done for Statistics Canada's Deaths by Age and Deaths by cause statistics?

The cumulative number of cases by vaccination status were presented in the Public Health Agency of Canada's "Cases following vaccination" section of the COVID-19 daily epidemiology update from the date of vaccine approval because COVID-19 vaccine rollout varied by province/territory. In many provinces/territories, individuals received two doses within a month of vaccine approval, and the date of approval provided a clear and consistent starting point for monitoring these cases by vaccination status over time. Weekly death counts by vaccination status group were low for many weeks so death counts were not presented in this manner due to privacy concerns.

(b) what internal documentation, analyses, and external scientific or technical references were consulted to inform the methodological choice described in (a)?

The Public Health Agency of Canada's methodology for describing COVID-19 cases by vaccination status follows standard, foundational principles of descriptive epidemiology, as outlined in the World Health Organization's *Critical preparedness, readiness and response actions for COVID-19* and the Centers for Disease Control's *Field Epidemiology Manual.* These resources recommend characterizing health events by person, place, and time to identify patterns, generate hypotheses, and guide public health action. The Public Health Agency of Canada applied these internationally recognized methods to

stratify cases by vaccination status, which is consistent with standard surveillance practice; this descriptive approach does not, on its own, determine causation or vaccine effectiveness.

With respect to internal documentation, the Public Health Agency of Canada follows foundational principles of descriptive epidemiology well described elsewhere (e.g., various epidemiology textbooks) and knowledge of epidemiologic methods is a key qualification for epidemiologists who prepare these reports. However, the COVID-19 Epidemiology and Surveillance Division responsible for these analyses was guided by the World Health Organization's *Critical preparedness, readiness and response actions for COVID-19* and the Centers for Disease Control's *Field Epidemiology Manual* and did follow the Division's routine methodological processes which include the development of an analytic plan to describe the data sources, case definitions, methodological steps, and planned outputs. This analytic plan was reviewed and approved as outlined in response (c) below.

(c) within the Public Health Agency of Canada, which organizational units and officials or governing authorities (i) proposed the methodology described in (a), (ii) reviewed it (including any internal methodological or ethics review), (iii) formally approved it for use in the "Cases Following Vaccination" reports?

The COVID-19 Epidemiology and Surveillance Division within the Centre for Emerging Respiratory Infections and Pandemic Preparedness, of the Infectious Disease and Vaccination Programs Branch was responsible for surveillance of COVID-19, including the description of COVID-19 cases by vaccination status. Internal consultations on analytic methods and approach to visualization (i.e., format of graphs and tables) occurred before the first public dissemination, and the analytic approach was routinely re-evaluated and adjusted as required (i.e., as the vaccine roll-out continued and additional doses were added to the series). Review and approval for methods and surveillance reporting followed routine accountability processes for this type of product which was approval by the Director of the COVID-19 Epidemiology and Surveillance Division. The Public Health Agency of Canada research and ethics board review was not required as the descriptive analysis of cases following vaccination is considered standard public health surveillance practice and not research.

(d) in what way does the methodology described in (a) permit the observation and analysis of time-based (for example, weekly or seasonal) variations in COVID-19 deaths by vaccination status in relation to contemporaneous factors, including, but not limited to, seasonal changes and the dates on which additional vaccine doses (for example, second, third, or booster doses) began to be administered?

In the Cases Following Vaccination report, the weekly incidence of COVID-19 deaths was compared amongst vaccination status groups, presented as an age-standardized incidence rate ratio. This measure incorporated the number of individuals in each vaccination status group, accounting for when each corresponding dose was administered, and alleviating privacy concerns discussed in (a). Results of this analysis were also publicly published in Statements from the Chief Public Health Officer of Canada and COVID-19 Epidemiology and Modelling Presentations. Other analyses and reports were prepared and disseminated to accomplish similar objectives, including the Public Health Agency of Canada's COVID-19 Cases Following Vaccination Weekly Epidemiology Report, which presented the weekly incidence of COVID-19 cases and hospitalizations by vaccination status, and a peer-reviewed analysis of the association of COVID-19 vaccination and incidence of COVID-19 cases in Canada, assessing the probability of COVID-19 illness by vaccination status, controlling for a number of potential confounders.

(e) in developing and approving this methodology, did the Public Health Agency of Canada rely on, or explicitly reference, any guidance, standards, or methodologies issued by the World Health Organization or any other international public health body, and, if so, which specific documents or authorities were relied upon?

Please see the response to part (a).