

Ontario 2024-2025 Influenza Vaccine Quick Reference Guide

Information in this guide is from the Ontario 2024-25
Universal Influenza Immunization Program

Publicly funded vaccines for the 2024-25 season

Below are the age-specific vaccine products publicly funded in Ontario for the 2024-25 season.

Vaccine type	FluLaval Tetra GSK Egg-based QIV* 0.5mL dose	Fluzone® Quadrivalent Sanofi Pasteur Egg-based QIV* 0.5mL dose	Flucelvax® Quadrivalent Seqirus Cell-culture-based QIV* 0.5mL dose	Fluzone® High-Dose Quadrivalent Sanofi Pasteur Egg-based QIV-HD** 0.7mL dose	Fluad® Seqirus Egg-based TIV-adj*** 0.5mL dose
Age group					
6 months to 64 years	✓	✓	✓	N/A	N/A
65 years and older	✓	✓	✓	✓	✓

*quadrivalent inactivated vaccine **high-dose quadrivalent inactivated vaccine ***adjuvanted trivalent inactivated vaccine

Other influenza vaccines that are not publicly funded for the 2024-25 season, including FluMist® Quadrivalent (intranasal spray) and Supemtek™ (recombinant protein vaccine), may be purchased by patients at a pharmacy.

Important notes

- **Do not delay vaccination in individuals ages 65+ to wait for a particular product.** Individuals in this age group should get vaccinated with any age-appropriate influenza product available.
 - Among the vaccine products for those ages 65+, there is no preferential recommendation for using Fluzone® QIV-HD over Fluad® TIV-adj due to a lack of evidence. Where available, offer Fluzone® QIV-HD or Fluad® TIV-adj over standard-dose QIV for adults 65 years of age and over.
- **Practice caution when administering Fluzone® products.** Fluzone® QIV-HD is a separate product from Fluzone® QIV and should not be administered to those under age 65.
- **Youth age six months to under nine years who have never gotten an influenza vaccine should receive two doses at least four weeks apart.** The same vaccine product does not need to be used for both doses. If they have been previously vaccinated for influenza, they only require one dose.
- **The influenza vaccine can be administered at the same time as, or at any time before or after, the COVID-19 vaccine** and most other vaccines for individuals six months and older.

Prioritization for influenza vaccine

Prioritize administration of influenza vaccines as follows:

Month	Populations
End of September to early-to-mid October (as soon as vaccine is available)	Priority groups: <ul style="list-style-type: none">• Hospitalized individuals and hospital staff• Long-term care home residents, staff and caregivers Secondary priority groups: <ul style="list-style-type: none">• Residents and staff of retirement homes and other congregate living settings• Individuals at high risk for influenza complications or hospitalization• Health-care workers and first responders• Individuals with significant exposure to birds or mammals (such as poultry, livestock, slaughterhouse and processing plant workers, wildlife officers/ researchers, and veterinarians)
Oct. 28, 2024	General population, especially: <ul style="list-style-type: none">• Individuals who can transmit influenza to high-risk individuals or infants under six months of age• Individuals who provide essential community services

Refer to [2024/2025 Universal Influenza Immunization Program \(UIIP\)](#) for a detailed list of patients who are particularly recommended to get the influenza vaccine.

Personal protective equipment

During respiratory illness season, it is recommended that health-care providers mask for direct patient care. Symptomatic patients and those who screen positive for suspected or confirmed measles are recommended to mask. Asymptomatic patients can consider masking.

Before administering vaccines, conduct a point of care risk assessment to determine what additional PPE to wear, if any.

Refer to [Public Health Ontario's Infection Prevention and Control practices for immunization clinics](#) for more information on appropriate IPAC measures for vaccination.

Co-administration with other vaccines

Influenza vaccines can be administered to patients six months of age or older at the same time as, or at any time before or after, most other vaccines, including COVID-19 vaccines and RSV immunization products.

There is one exception:

- There is no evidence for co-administering Shingrix® with Fludax® TIV-adj or Fluzone® QIV-HD in adults ages 65+. It is unknown whether Shingrix® and Fludax® adjuvants may interact.

Consider offering influenza and COVID-19 vaccines together during appointments or clinics. Vaccines given during the same visit should be given at different injection sites on separate limbs. Alternatively, vaccines may be administered in the same muscle if separated by at least 2.5 cm/1 inch. Use a different needle and syringe for each vaccination.

Informed consent for co-administration should include a discussion of the benefits and potential risks given the limited data available on administration of COVID-19 vaccines at the same time as, or shortly before or after, other vaccines.

Other administration considerations

- Add influenza vaccines to other visits where appropriate.
- Patients with severe acute illness, with or without fever, should wait until their symptoms subside before getting the influenza vaccine.
- Immunization should not be delayed because of minor acute illness, with or without fever.
- Refer to the [Canadian Immunization Guide's needle selection guidelines](#) to help determine the appropriate needle length and gauge for vaccine administration.
- Report all vaccine wastage and return unopened vials, syringes and ampoules to the local Public Health Unit or [Ontario Government Pharmaceutical and Medical Supply Service \(for Toronto patients\)](#).

Contraindications:

- ▶ Patients who had a serious allergic reaction (anaphylaxis) to a previous dose of influenza or any ingredient in the vaccine, except for egg, should **NOT** be vaccinated. Refer these patients to an Allergist for further assessment.
- ▶ Patients who developed Guillain-Barré Syndrome within six weeks of a past influenza vaccination should generally **NOT** be vaccinated, but this should be weighed against the risks of not being protected.

Note that egg allergy is **NOT** a contraindication for the influenza vaccine. Patients allergic to eggs may be vaccinated against influenza using the full dose of any age-appropriate product.

Adverse events following immunization

AEFIs of the influenza vaccine generally last only a few days and are mild, such as reactions at the injection site, headache, tiredness/weakness and fever.

Uncommon, more serious adverse events (e.g. GBS, Oculorespiratory Syndrome) should be reported using the AEFI form, which helps to identify any unexpected effects of influenza vaccination. Adverse events should be reported upon first presentation, however, multiple reports per patient will be collated. Completed forms should be sent to the local Public Health Unit. Refer to the AEFI reporting criteria for more information on the reporting process.

References

- Ontario Ministry of Health. [2024/2025 Universal Influenza Immunization Program \(UIIP\)](#). Toronto, ON: Sept. 16, 2024.
- Public Health Agency of Canada. [Influenza vaccines: Canadian Immunization Guide](#). Ottawa, ON: July 25, 2024.
- Ontario Medical Association. [Safely providing in-person care for community-based practices](#). Toronto: ON: Aug. 19, 2024.