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Public Health Ontario | Santé publique Ontario

Respiratory Season 2025-26
Part 2: Overview of Seasonal Respiratory Virus Immunizations

October 9, 2025

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Welcome and Land Acknowledgement

Learning Objectives

By the end of this session participants will be able to:

- Describe the immunization products available in Ontario during the 2025-26 respiratory season for COVID-19, influenza, and respiratory syncytial virus (RSV).
- Summarize the National Advisory Committee on Immunization's (NACI) recommendations and provincial guidance for Ontario's COVID-19, influenza, and RSV programs.
- Identify resources to support immunizers in their delivery of Ontario's COVID-19, influenza, and RSV immunization programs during the 2025-26 respiratory season.

COVID-19, coronavirus disease 2019; NACI, National Advisory Committee on Immunization; RSV, respiratory syncytial virus

Presenters

- **Dr. Reed Morrison** is a Public Health Physician at Public Health Ontario where he works in Communicable Disease Control
- **Dr. Adrina Zhong** is a Public Health Physician at Public Health Ontario where she works in Communicable Diseases Control
- **Dr. Daniel Warshafsky** is an Associate Chief Medical Officer of Health and oversees the immunization portfolio in the Office of the Chief Medical Officer of Health at Ontario's Ministry of Health

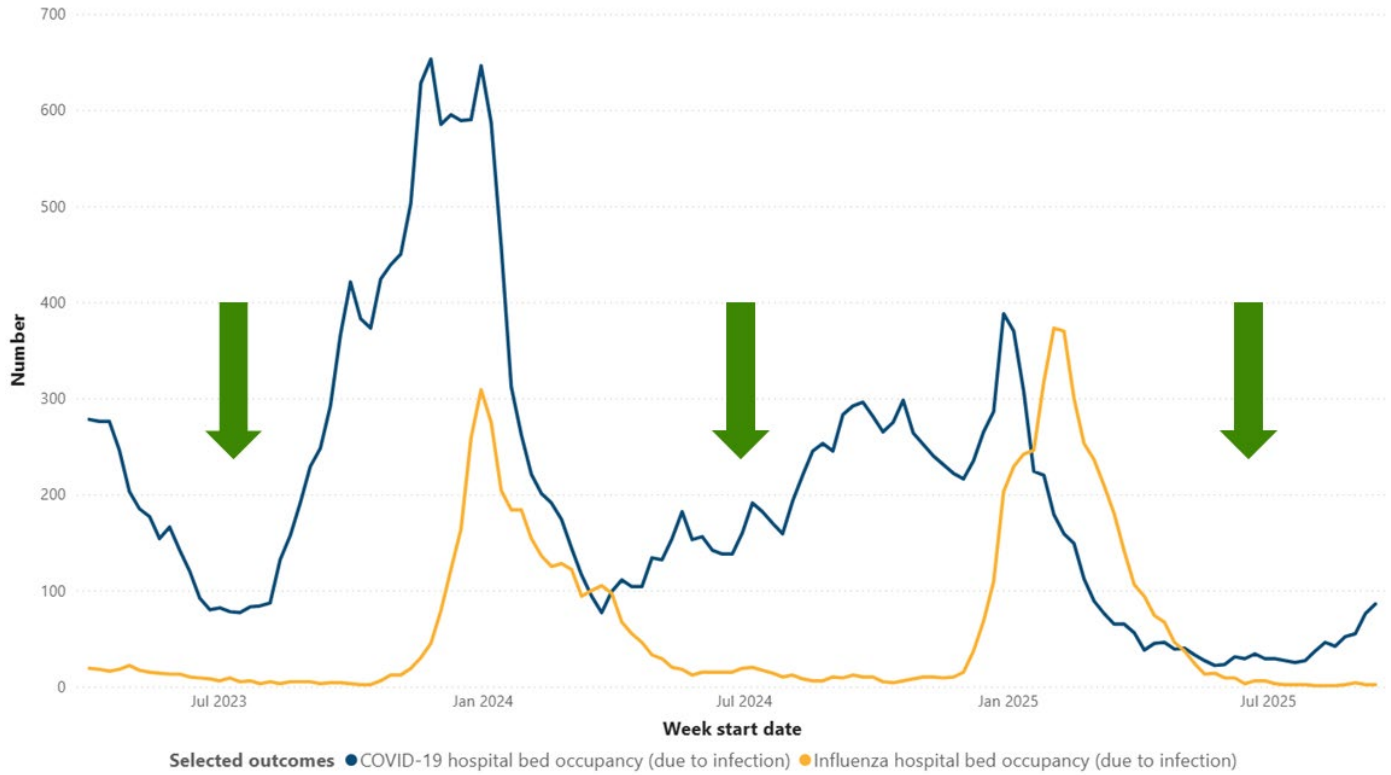
Disclosures

- Dr. Morrison does not have any conflicts of interest to disclose.
- Dr. Zhong does not have any conflicts of interest to disclose.
- Dr. Warshafsky does not have any conflicts of interest to disclose.

COVID-19 Vaccines

COVID-19 Continues to Have an Important Burden of Disease

COVID-19 and Influenza Hospitalizations in Ontario: January 2023 to September 2025



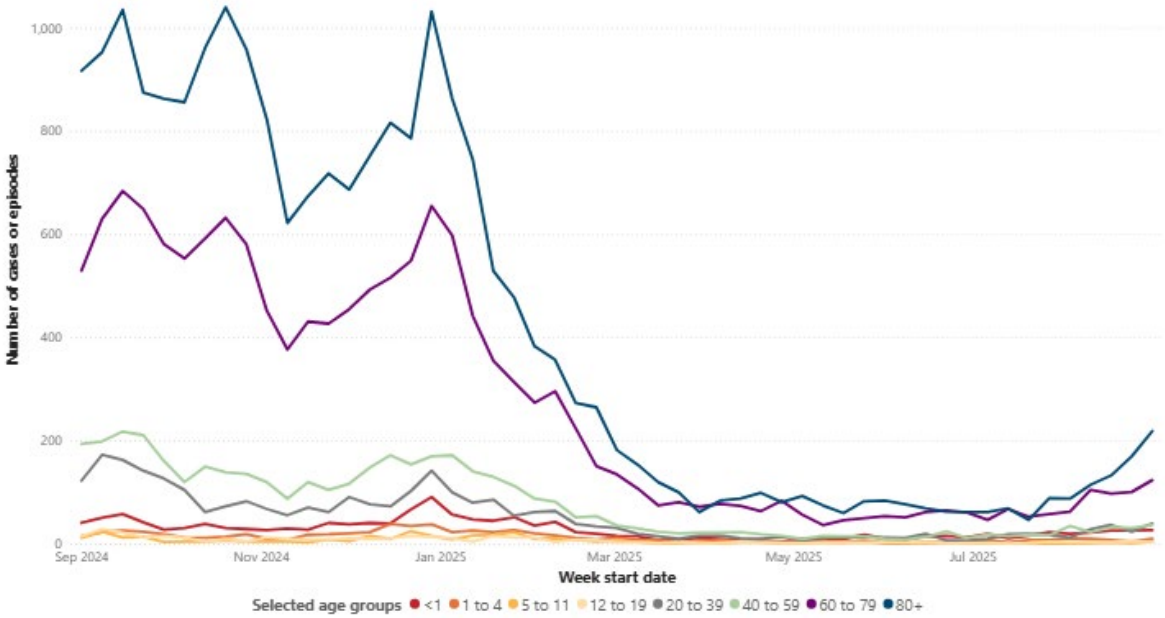
Although COVID-19 does not yet have a clear seasonal pattern, increased activity in the fall/winter overlaps with circulation of influenza and RSV.

COVID-19, coronavirus disease 2019; ICU, intensive care unit; RSV, respiratory syncytial virus; SARS-CoV-2, severe acute respiratory syndrome coronavirus 2

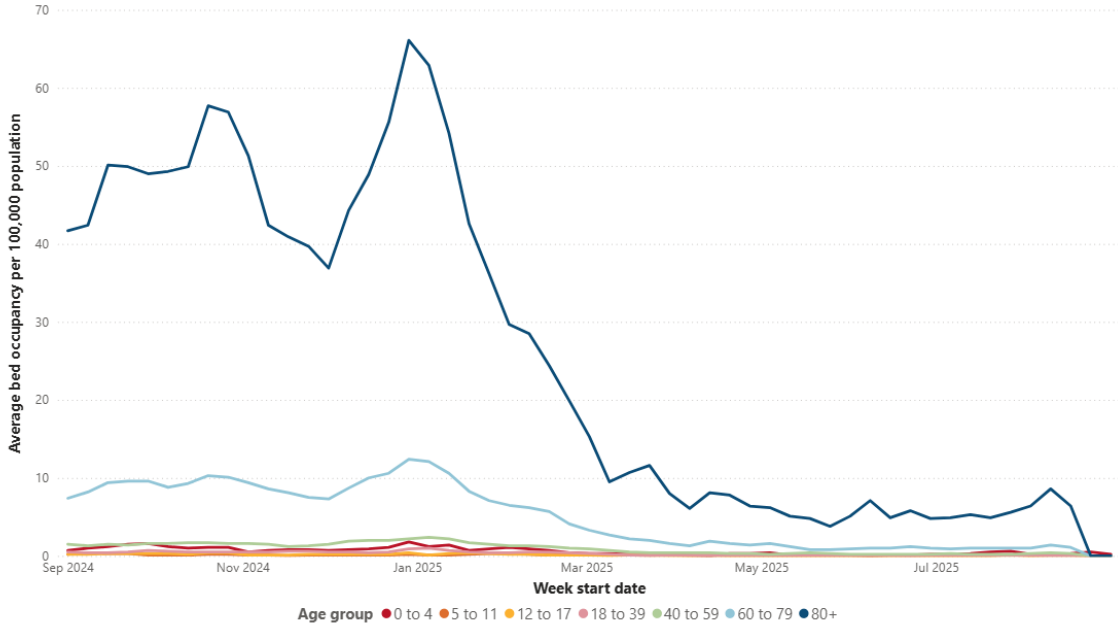
Source: Ontario Agency for Health Protection and Promotion (Public Health Ontario). Ontario respiratory virus tool [Internet]. Toronto, ON: King's Printer for Ontario; 2025 [cited 2025 Oct 03]. Available from: https://www.publichealthontario.ca/en/Data-and-Analysis/Infectious-Disease/Respiratory-Virus-Tool

COVID-19 Continues to Have Significant Burden of Disease in Older Adults

Lab Confirmed Weekly Counts of COVID-19 by Age Group in Ontario: September 2024 to August 2025



COVID-19 Hospitalizations in Ontario: September 2024 to August 2025



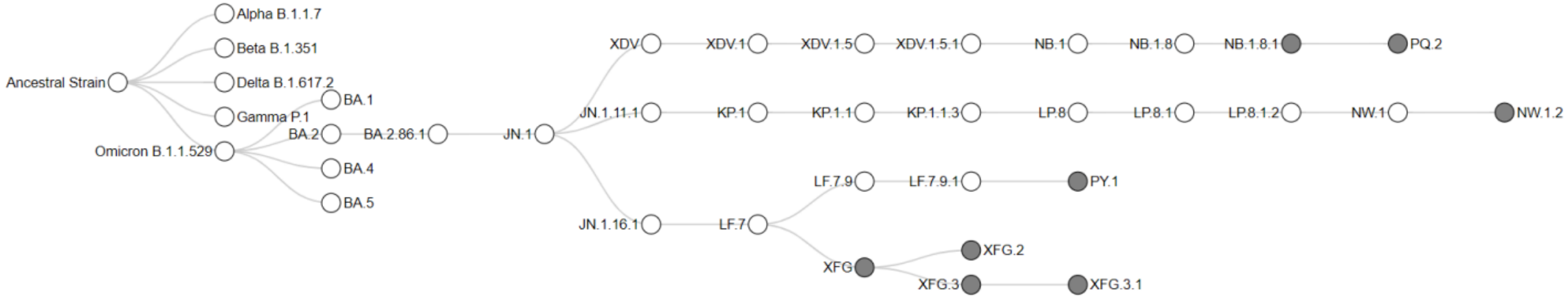
COVID-19, coronavirus disease 2019; ICU, intensive care unit; RSV, respiratory syncytial virus; SARS-CoV-2, severe acute respiratory syndrome coronavirus 2

Source: Ontario Agency for Health Protection and Promotion (Public Health Ontario). Ontario respiratory virus tool [Internet]. Toronto, ON: King's Printer for Ontario; 2025 [cited 2025 Sept 24]. Available from: https://www.publichealthontario.ca/en/Data-and-Analysis/Infectious-Disease/Respiratory-Virus-Tool

Variants Currently Circulating in Ontario

- The SARS-CoV-2 virus continues to evolve over time
- COVID-19 vaccines are updated annually to provide the best protection against the currently circulating strains
- Fall 2025 COVID-19 vaccines will target the LP.8.1 sublineage

Figure 1: Relationship of the most prevalent SARS-CoV-2 Pango lineages in Ontario, Aug 17 to Sep 13, 2025



COVID-19, coronavirus disease 2019; SARS-CoV-2, severe acute respiratory syndrome coronavirus 2

Sources: Ontario Agency for Health Protection and Promotion (Public Health Ontario). SARS-CoV-2 genomic surveillance in Ontario, September 29, 2025 [Internet]. Toronto, ON: King's Printer for Ontario; 2025 [cited 2025 Oct 03]. Available from: https://www.publichealthontario.ca/-/media/documents/ncov/epi/covid-19-sars-cov2-whole-genome-sequencing-epi-summary.pdf

World Health Organization (WHO). Technical Advisory Group on COVID-19 vaccine composition [Internet]. Geneva: WHO; 2025 [cited 2025 Sept 15]. Available from: https://www.who.int/groups/technical-advisory-group-on-covid-19-vaccine-composition-(tag-co-vac)

How effective was the 2024–2025 COVID-19 KP.2 Vaccine?

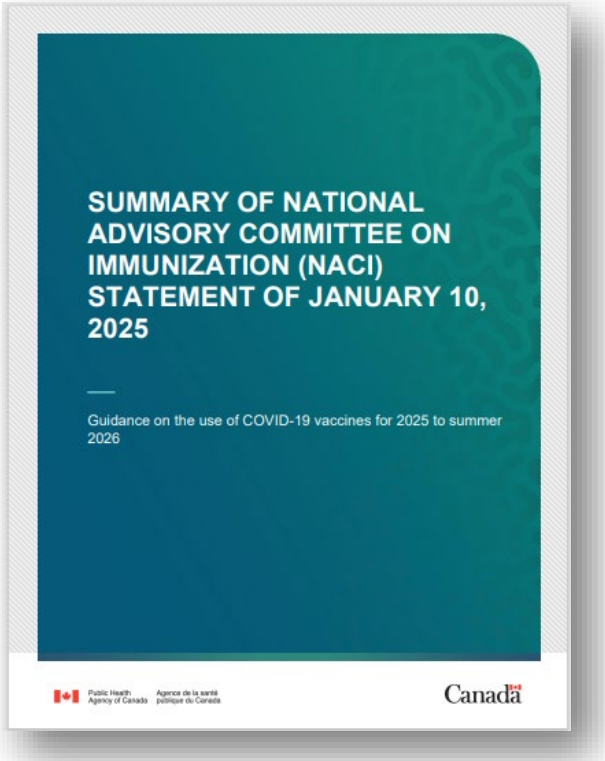
- KP.2 COVID-19 vaccines protected against clinic visits, emergency room visits and hospitalizations, even among populations with immunity from previous vaccination or infection[1-5]
  - Studies demonstrated moderate protection against hospitalization in adults 60 years of age and older, with an **incremental VE estimate ranging from 39 to 46%.**[5]
  - Data on protection from hospitalization beyond 6 months post-vaccination is limited for the 2024-2025 season but is expected to decline over time.[1,5]

Sources: 1. Public Health Agency of Canada. Guidance on the use of COVID-19 vaccines for 2025 to summer 2026. Ottawa, ON: Government of Canada; 2025 Jan 10 [cited 2025 Aug 25]. Available from: https://www.canada.ca/en/public-health/services/publications/vaccines-immunization/national-advisory-committee-immunization-statement-guidance-covid-19-vaccines-2025-summer-2026.html#a8
2. Link-Gelles R, Chickery S, Webber A, Ong TC, Rowley EAK, DeSilva MB, et al. Interim estimates of 2024–2025 COVID-19 vaccine effectiveness among adults aged ≥18 years — VISION and IVY Networks, September 2024–January 2025. MMWR Morbid Mortal Wkly Rep. 2025;74(6):73-82. Available from: http://dx.doi.org/10.15585/mmwr.mm7406a1
3. Appaneal HJ, Lopes VV, Puzniak L, Zasowski EJ, Jodar L, McLaughlin JM, et al. Early effectiveness of the BNT162b2 KP.2 vaccine against COVID-19 in the US Veterans Affairs Healthcare System. Nat Commun. 2025;16(1):4033. Available from: http://doi.org/10.1038/s41467-025-59344-7
4. Wilson A, Bogdanov A, Zheng Z, Ryan T, Zeng N, Joshi K, et al. Evaluating the effectiveness of 2024-2025 seasonal mRNA-1273 vaccination against COVID-19-associated hospitalizations and medically attended COVID-19 among adults aged ≥ 18 years in the United States. medRxiv. 2025 Mar 28 [Epub ahead of print]. Available from: https://doi.org/10.1101/2025.03.27.25324770
5. Centers for Disease Control & Prevention (CDC). Updates to COVID-19 vaccine effectiveness [Internet]. Atlanta, GA: CDC; 2025 [cited 13 Aug 2025]. Available from: https://www.cdc.gov/acip/downloads/slides-2025-06-25-26/03-MacNeil-COVID-508.pdf

NACI COVID-19 Vaccine Recommendations for Fall 2025

- For previously vaccinated AND unvaccinated individuals;
  - COVID-19 vaccination is **strongly recommended** for individuals at increased risk of SARS-CoV-2 infection or severe COVID-19 disease
  - All others (≥6 months of age) **may receive** the most recently updated vaccine in the fall of 2025

- Minimum interval of 3 months from previous COVID-19 vaccine dose
- Consider delaying COVID-19 vaccination by **3 months** after test-confirmed infection



COVID-19, coronavirus disease 2019; SARS-CoV-2, severe acute respiratory syndrome coronavirus 2

Source: Public Health Agency of Canada. Guidance on the use of COVID-19 vaccines for 2025 to summer 2026 [Internet]. Ottawa, ON: Government of Canada; 2025 [cited 2025 Aug 25]. Avalable from: https://www.canada.ca/en/public-health/services/publications/vaccines-immunization/national-advisory-committee-immunization-statement-guidance-covid-19-vaccines-2025-summer-2026.html#a8

Ontario COVID-19 Vaccine Guidance for 2025-26 (1/4)

- **High-risk group 1**
  - Should receive a dose as soon as vaccine is available in the fall and another dose in the spring
- **High-risk group 2**
  - Should receive a dose as soon as vaccine is available in the fall
- **Priority populations**
  - May receive a dose as soon as vaccine is available in the fall
- **All others**
  - (≥6 months of age) may receive a dose in the fall starting October 27, 2025

COVID-19, coronavirus disease 2019

Source: Ontario. Ministry of Health. Health care provider fact sheet: 2025/2026 COVID-19 vaccine program [Internet]. Toronto, ON: King's Printer for Ontario; 2025 [cited 2025 Sep 17]. Available from: https://www.ontario.ca/files/2025-09/moh-covid-vaccine-hcp-fact-sheet-en-2025-09-12.pdf

Ontario COVID-19 Vaccine Guidance for 2025-26 (2/4)

High-risk group 1

- Should receive a dose as soon as vaccine is available in the fall and another dose in the spring

  - Adults 80 years and older.
  - Adult residents of long-term care homes and other congregate living settings for seniors
  - Individuals 6 months of age and older who are moderately to severely immunocompromised
  - Individuals 55 years and older who identify as First Nations, Inuit, or Metis and their non-Indigenous household members who are 55 years and older

  - Adults aged 65 to 79 years should receive COVID-19 vaccine dose(s) as soon as it becomes available in the fall and may receive an additional dose in the spring

COVID-19, coronavirus disease 2019

Source: Ontario. Ministry of Health. Health care provider fact sheet: 2025/2026 COVID-19 vaccine program [Internet]. Toronto, ON: King's Printer for Ontario; 2025 [cited 2025 Sep 17]. Available from: https://www.ontario.ca/files/2025-09/moh-covid-vaccine-hcp-fact-sheet-en-2025-09-12.pdf

Ontario COVID-19 Vaccine Guidance for 2025-26 (3/4)

High-risk group 2

- Should receive a dose as soon as vaccine is available in the fall

  - Residents in long-term care homes and other congregate living settings who are aged 17 years and under
  - Individuals 6 months of age and older with underlying medical conditions, including children with complex health needs
  - Pregnant individuals
  - Individuals from First Nations, Métis and Inuit communities who are aged 54 years and under
  - Members of underserved communities
  - Health care workers and other care providers in facilities and community settings as per NACI

COVID-19, coronavirus disease 2019

Source: Ontario. Ministry of Health. Health care provider fact sheet: 2025/2026 COVID-19 vaccine program [Internet]. Toronto, ON: King's Printer for Ontario; 2025 [cited 2025 Sep 17]. Available from: https://www.ontario.ca/files/2025-09/moh-covid-vaccine-hcp-fact-sheet-en-2025-09-12.pdf
Public Health Agency of Canada. Guidance on the use of COVID-19 vaccines for 2025 to summer 2026 [Internet]. Ottawa, ON: Government of Canada; 2025 [cited 2025 Aug 25]. Avalable from: https://www.canada.ca/en/public-health/services/publications/vaccines-immunization/national-advisory-committee-immunization-statement-guidance-covid-19-vaccines-2025-summer-2026.html#a8

Ontario COVID-19 Vaccine Guidance for 2025-26 (4/4)

Priority populations

- May receive a dose as soon as vaccine is available in the fall to optimize co-administration with influenza vaccine

  - Children 6 months to 4 years of age
  - Individuals with significant exposure to birds or mammals

COVID-19, coronavirus disease 2019

Source: Ontario. Ministry of Health. Health care provider fact sheet: 2025/2026 COVID-19 vaccine program [Internet]. Toronto, ON: King's Printer for Ontario; 2025 [cited 2025 Sep 17]. Available from: https://www.ontario.ca/files/2025-09/moh-covid-vaccine-hcp-fact-sheet-en-2025-09-12.pdf

What COVID-19 Vaccines will be Available in Ontario this Fall?

Vaccine Product	Vaccine Type	Availability for which Age Groups	Dosage by Age Group	Schedule for those previously vaccinated	Interval Since Last Dose
Moderna Spikevax LP.8.1	mRNA (monovalent)	≥ 6 mos	• 25 mcg (6 mos to 11 years) • 50 mcg (≥ 12 years)	One dose	≥ 3 mos
Pfizer BioNTech Comirnaty LP.8.1	mRNA (monovalent)	≥ 5 years	• 10 mcg (5 – 11 years) • 30 mcg (≥ 12 years)	One dose	≥ 3 mos

COVID-19, coronavirus disease 2019; mcg, microgram; mRNA, messenger ribonucleic acid; mos, months

Sources: Moderna BioPharama Canada Corp. Spikevax®: product monograph [Internet]. Toronto, ON: Moderna BioPharama Canada Corp.; 2025 [modified 2025 Jun 20; cited 2025 Sep 15]. Available from: https://pdf.hres.ca/dpd_pm/00081474.PDF
Pfizer-BioNTech. Comirnaty product monograph [Internet]. Kirkland, QC: Pfizer-BioNTech; 2024 [modified 2025 Jun 20; cited 2025 Sep 15]. Available from: https://pdf.hres.ca/dpd_pm/00081539.PDF
Public Health Agency of Canada. Guidance on the use of COVID-19 vaccines for 2025 to summer 2026 [Internet]. Ottawa, ON: Government of Canada; 2025 Jan 10 [cited 2025 Aug 25]. Avalable from: https://www.canada.ca/en/public-health/services/publications/vaccines-immunization/national-advisory-committee-immunization-statement-guidance-covid-19-vaccines-2025-summer-2026.html#a8

COVID-19 Vaccine Schedules for Those Not Previously Vaccinated

Not moderately to severely immunocompromised

Age Group	Vaccine Product and Dosage	Number of Doses	Interval *
6 mos to <5 years	• Moderna Spikevax 25 mcg	2	8 weeks
5 to 11 years	• Pfizer BioNTech Comirnaty 10 mcg • Moderna Spikevax 25 mcg	1	N/A
≥12 years	• Pfizer BioNTech Comirnaty 30 mcg • Moderna Spikevax 50 mcg	1	N/A

*Same intervals apply to those with recent infection who are receiving doses in primary series.

COVID-19, coronavirus disease 2019; mcg, microgram; mRNA, messenger ribonucleic acid; mos, months

Sources: Public Health Agency of Canada. Guidance on the use of COVID-19 vaccines for 2025 to summer 2026 [Internet]. Ottawa, ON: Government of Canada; 2025 Jan 10 [cited 2025 Aug 25]. Recommendations. Avalable from: https://www.canada.ca/en/public-health/services/publications/vaccines-immunization/national-advisory-committee-immunization-statement-guidance-covid-19-vaccines-2025-summer-2026.html#a8
Ontario. Ministry of Health. Health care provider fact sheet: 2025/2026 COVID-19 vaccine program [Internet]. Toronto, ON: King's Printer of Ontario; 2025 [cited 2025 Sep 17]. Available from: https://www.ontario.ca/files/2025-09/moh-covid-vaccine-hcp-fact-sheet-en-2025-09-12.pdf.

COVID-19 Vaccine Schedules for Those Not Previously Vaccinated

Moderately to severely immunocompromised

Age Group	Vaccine Product and Dosage	Number of Doses	Interval*
6 mos to <5 years	• Moderna Spikevax 25 mcg	3	4–8 weeks
5 to 11 years	• Pfizer BioNTech Comirnaty 10 mcg • Moderna Spikevax 25 mcg	2 (3 doses may be given)**	4–8 weeks
≥12 years	• Pfizer BioNTech Comirnaty 30 mcg • Moderna Spikevax 50 mcg	2 (3 doses may be given)**	4–8 weeks

*Same intervals apply to those with recent infection who are receiving doses in primary series.
**Recipients of HSCT and CAR T-cell therapy should receive 3 doses.

CAR chimeric antigen receptor; COVID-19, coronavirus disease 2019; HSCT, Hematopoietic stem cell transplantation; mcg, microgram; mRNA, messenger ribonucleic acid; mos, months

Sources: Public Health Agency of Canada. Guidance on the use of COVID-19 vaccines for 2025 to summer 2026 [Internet]. Ottawa, ON: Government of Canada; 2025 Jan 10 [cited 2025 Aug 25]. Recommendations. Available from: https://www.canada.ca/en/public-health/services/publications/vaccines-immunization/national-advisory-committee-immunization-statement-guidance-covid-19-vaccines-2025-summer-2026.html#a8
Ontario. Ministry of Health. Health care provider fact sheet: 2025/2026 COVID-19 vaccine program [Internet]. Toronto, ON: King's Printer of Ontario; 2025 [cited 2025 Sep 17]. Available from: https://www.ontario.ca/files/2025-09/moh-covid-vaccine-hcp-fact-sheet-en-2025-09-12.pdf

Where Can I Find Guidance On COVID-19 Vaccines?

Ontario Ministry of Health (MOH)

- Health Care Provider Fact Sheet: 2025/2026 COVID-19 Vaccine Program (MOH)
- COVID-19: Vaccine Storage and Handling Guidance (MOH)

Public Health Agency of Canada (PHAC)

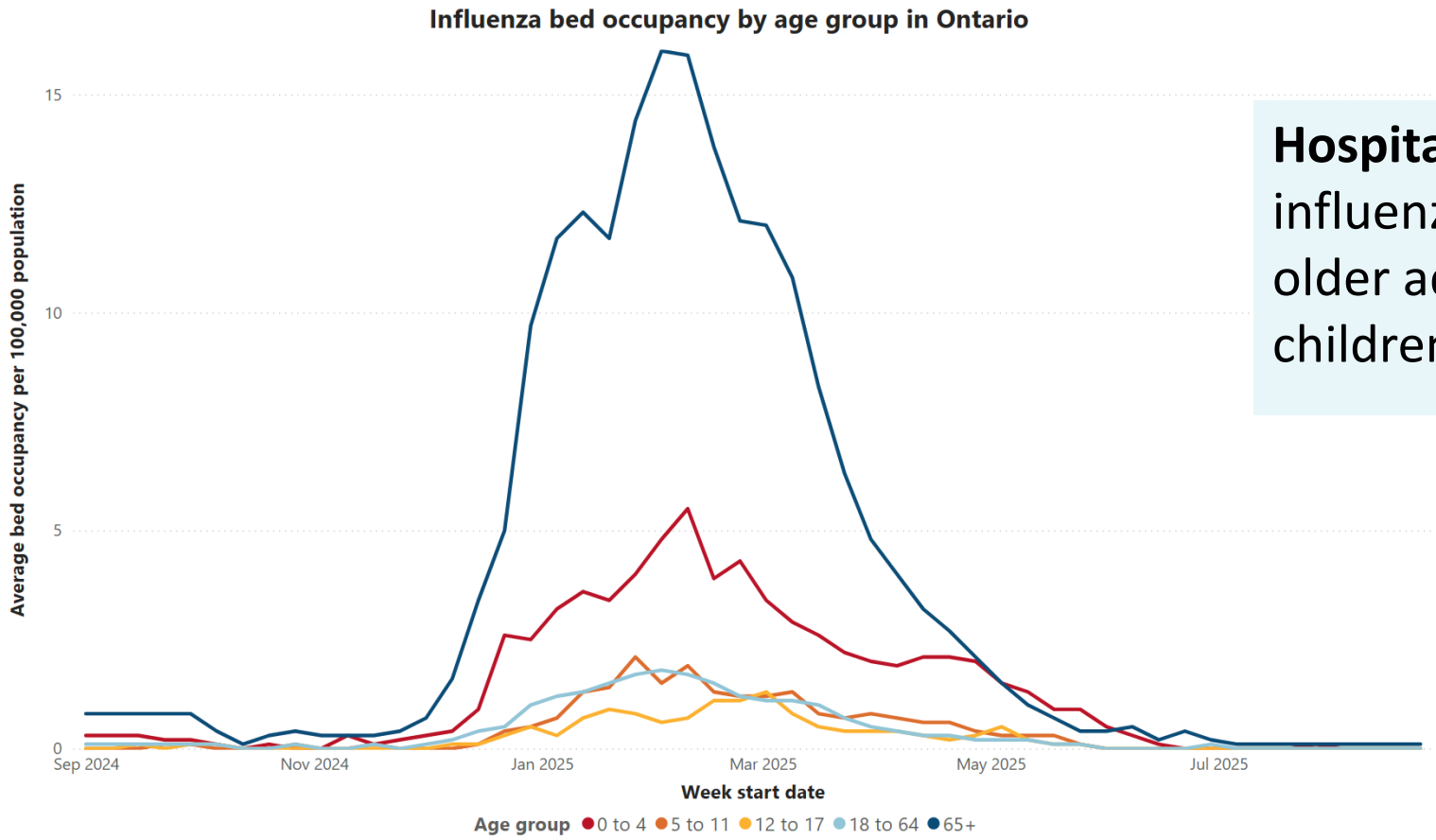
- Guidance on use of COVID-19 vaccines for 2025 to summer 2026 (NACI)
- Canadian Immunization Guide COVID-19 vaccine chapter (PHAC)

Ontario College of Family Physicians (OCFP)

- Changing the Way We Work Community of Practice (OCFP & University of Toronto Department of Family and Community Medicine)

Influenza Vaccines

Highest Risk for Influenza Complications Seen in Oldest and Youngest Age Groups



Hospital bed occupancy rate for influenza infection is highest among older adults (65+ years) and young children (0-4 years).

Source: Ontario Agency for Health Protection and Promotion (Public Health Ontario). Ontario respiratory virus tool [Internet]. Toronto, ON: King's Printer for Ontario; 2025 [cited 2025 Sept 11]. Available from: https://www.publichealthontario.ca/en/Data-and-Analysis/Infectious-Disease/Respiratory-Virus-Tool

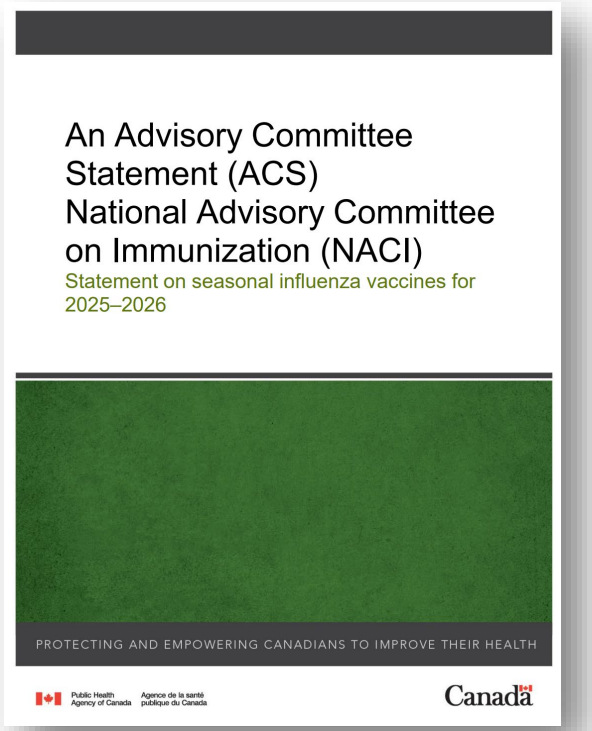
NACI Seasonal Influenza Vaccine Recommendations for 2025-2026

Recommendation for individual-level decision making

Influenza vaccine should be offered annually to anyone 6 months of age and older who does not have a contraindication to the vaccine

Annual influenza vaccination is particularly important for:

- People at high risk of influenza-related complications or hospitalization
- People capable of transmitting influenza to those at high risk
- People who provide essential community services; and
- People whose occupational or recreational activities increase their risk of exposure to **avian influenza A(H5N1) viruses**.



NACI, National Advisory Committee on Immunization

Source: National Advisory Committee on Immunization. Statement on seasonal influenza vaccine for 2025-26 [Internet]. Ottawa, ON: His Majesty the King in Right of Canada, as represented by the Minister of Health; 2025 Apr 30 [cited 2025 Sep 11]. Available from: https://www.canada.ca/en/public-health/services/publications/vaccines-immunization/national-advisory-committee-immunization-statement-seasonal-influenza-vaccines-2025-2026.html

Ontario Influenza Vaccine Guidance for 2025-2026 UIIP (1/2)

High-risk population (should receive as soon as vaccine is available)

- Residents in congregate living settings (e.g. chronic care facilities, retirement homes)
- All adults 65 years of age and older
- All children 6 months to 4 years of age
- All pregnant people
- Individuals 6 months of age and older with specified underlying medical conditions
- Individuals in or from First Nations, Métis or Inuit communities

Priority population (may receive as soon as vaccine is available)

- Staff and care providers in congregate living settings, health-care workers, first responders
- Members of underserved communities
- Individuals whose occupational or recreational activities increase their risk of exposure to avian influenza A viruses

UIIP, Universal Influenza Immunization Program

Source: Ontario. Ministry of Health. Universal influenza immunization program (UIIP) [Internet]. Toronto, ON: King's Printer for Ontario; 2025 [cited 2025 Sep 17]. Available from: https://www.ontario.ca/page/universal-influenza-immunization-program

Ontario Influenza Vaccine Guidance for 2025-2026 UIIP (2/2)

General population (starting October 27, 2025)

- All individuals 6 months of age and older without contraindications
- The following two groups are particularly recommended to receive influenza vaccine:
  - Individuals capable of transmitting influenza to either infants under 6 months of age or those prioritized to receive the influenza vaccine as soon as it is available
  - People who provide essential community services

UIIP, Universal Influenza Immunization Program

Source: Ontario. Ministry of Health. Universal influenza immunization program (UIIP) [Internet]. Toronto, ON: King's Printer for Ontario; 2025 [cited 2025 Sep 17]. Available from: https://www.ontario.ca/page/universal-influenza-immunization-program

Transition to Trivalent Influenza Vaccines (TIV)

Influenza strain	2025-26 Egg-based vaccines (FluLaval, Fluzone®, Fluad®)	2025-26 Cell-culture based vaccines (Flucelvax®)
Influenza A strains	• A/Victoria/4897/2022 (H1N1)pdm09-like virus • **A/Croatia/10136RV/2023 (H3N2)-like virus (NEW)**	• A/Wisconsin/67/2022 (H1N1)pdm09-like virus • **A/District of Columbia/27/2023 (H3N2)-like virus (NEW)**
Influenza B strain*	• B/Austria/1359417/2021 (B/Victoria lineage)-like virus	• B/Austria/1359417/2021 (B/Victoria lineage)-like virus

*B/Yamagata virus no longer recommended by the World Health Organization (WHO) for inclusion in influenza vaccines (not detected globally since March 2020)

TIV, trivalent inactivated vaccine

Source: World Health Organization (WHO). Recommended composition of influenza virus vaccines for use in the 2025-2026 northern hemisphere influenza season [Internet]. Geneva: WHO; 2025 [cited 2025 Sep 11]. Available from: https://www.who.int/publications/m/item/recommended-composition-of-influenza-virus-vaccines-for-use-in-the-2025-2026-nh-influenza-season

Ontario UIIP Vaccines for 2025-26

All Universal Influenza Immunization Program (UIIP) vaccine products for 2025-26 are inactivated influenza vaccines (IIV).

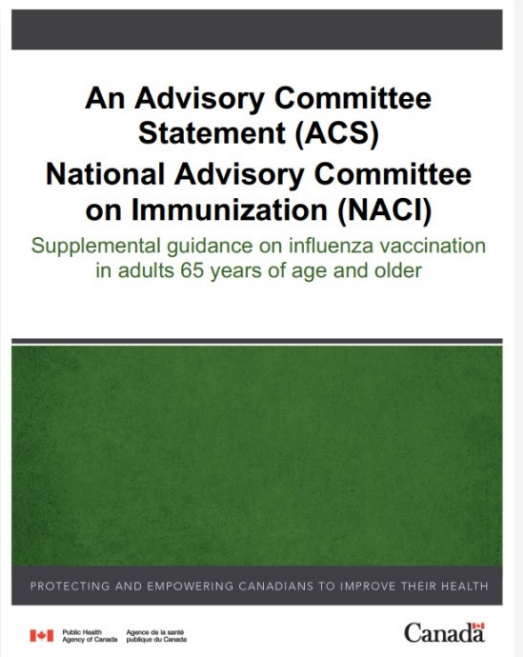
Age Group	Type of Product	Product Name	Composition
6 months and over	Standard-dose trivalent (TIV)	• **Fluviral** • **Fluzone®** • **Flucelvax®**	• 15 mcg per strain
65 years and over	High-dose trivalent (TIV-HD)	• **Fluzone® High-Dose**	• 60 mcg per strain
	Adjuvanted trivalent (TIV-adj)	• **Fluad®**	• 15 mcg per strain • MF59 adjuvant

TIV, trivalent inactivated vaccine; TIV-HD, high-dose trivalent inactivated vaccine; TIV-adj, adjuvanted trivalent inactivated vaccine

Source: Ontario. Ministry of Health. Universal influenza immunization program (UIIP) [Internet]. Toronto, ON: King's Printer for Ontario; 2025 [cited 2025 Sep 17]. Available from: https://www.ontario.ca/page/universal-influenza-immunization-program

Influenza Vaccine Guidance for Older Adults

- Following NACI recommendations for individuals 65 years and older:
  - **High dose (TIV-HD) and adjuvanted (TIV-adj) inactivated influenza vaccines** should be offered over other influenza vaccines
  - If a preferred product is not available, **any of the available age-appropriate influenza vaccines** (including standard dose TIV) should be used
- The most important thing is for older adults to be vaccinated – do not delay vaccination to wait for a particular product



TIV, trivalent inactivated vaccine; TIV-HD, high-dose trivalent inactivated vaccine; TIV-adj, adjuvanted trivalent inactivated vaccine

Sources: Public Health Agency of Canada, National Advisory Committee on Immunization. Supplemental guidance on influenza vaccination in adults 65 years of age and older [Internet]. Ottawa, ON: His Majesty the King in Right of Canada, as represented by the Minister of Health; 2024 Jul 25 [cited 2025 Sep 11]. Available from: https://www.canada.ca/en/public-health/services/publications/vaccines-immunization/national-advisory-committee-immunization-supplemental-guidance-influenza-vaccination-adults-65-years-older.html#a9
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Seasonal Influenza Vaccine Schedule

No change in dose recommendations for 2025-26 influenza vaccine

Age	Number of doses recommended for current season
6 months to < 9 years of age • Not previously immunized with any influenza vaccine in their lifetime	2 doses at least 4 weeks apart*
• Previously immunized with at least one dose of any influenza vaccine in their lifetime	1 dose
9 years of age and older	1 dose

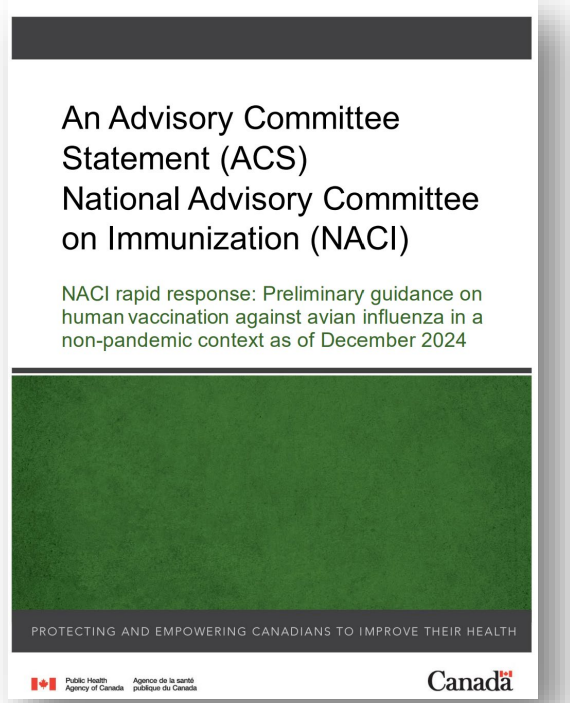
*It is not necessary to use the same vaccine product for both doses

Source: Ontario. Ministry of Health. Health care provider fact sheet: influenza immunization for individuals 6 months to 64 years of age [Internet]. Toronto, ON: King's Printer for Ontario; 2025 [cited 2025 Sep 17]. Available from: https://www.ontario.ca/files/2025-09/moh-uiip-25-26-6mo-64-fact-sheet-en-2024-09-10.pdf

Seasonal Influenza Vaccine and Arepanrix™ H5N1 vaccine

- In accordance with NACI recommendations for human vaccination against avian influenza (HVAI), Ontario has implemented the Arepanrix™ H5N1 vaccine program for select eligible individuals:
  - **People with ongoing contact with birds likely to be infected with avian influenza A(H5N1)**
  - **People who handle live avian influenza A(H5N1) virus in laboratory settings**

- It is recommended to have an interval of at least **6 weeks** between a dose of Arepanrix™ H5N1 vaccine and any other vaccine, including the seasonal influenza vaccine
  - This recommendation is precautionary to prevent erroneous attribution of an adverse event following immunization (AEFI)



Sources: Public Health Agency of Canada, National Advisory Committee on Immunization. Rapid response: preliminary guidance on human vaccination against avian influenza in a non-pandemic context as of December 2024 [Internet]. Ottawa, ON: His Majesty the King in Right of Canada, as represented by the Minister of Health; 2025 Feb 19 [cited 2025 Sep 17]. Available from: https://www.canada.ca/en/public-health/services/publications/vaccines-immunization/national-advisory-committee-immunization-statement-rapid-response-preliminary-guidance-human-vaccination-avian-influenza-non-pandemic-december-2024.html
Ontario. Ministry of Health. Avian influenza [Internet]. Toronto, ON: King's Printer for Ontario; 2025 [cited 2025 Sep 17]. Available from: https://www.ontario.ca/page/avian-influenza

Where Can I Find Guidance on Influenza Vaccines?

Ontario Ministry of Health (MOH)

- Universal Influenza Immunization Program 2025/2026
- Health Care Provider Fact Sheet: Influenza Immunization for individuals 6 months to 64 years of age
- Health Care Provider Fact Sheet: Influenza Immunization for Individuals ≥65 years of age

Public Health Agency of Canada (PHAC)

- Statement on seasonal influenza vaccine for 2025–2026 (NACI)
- Supplemental guidance on influenza vaccination in adults 65 years of age and older (NACI)
- Rapid response: Preliminary guidance on human vaccination against avian influenza in a non-pandemic context as of December 2024 (NACI)

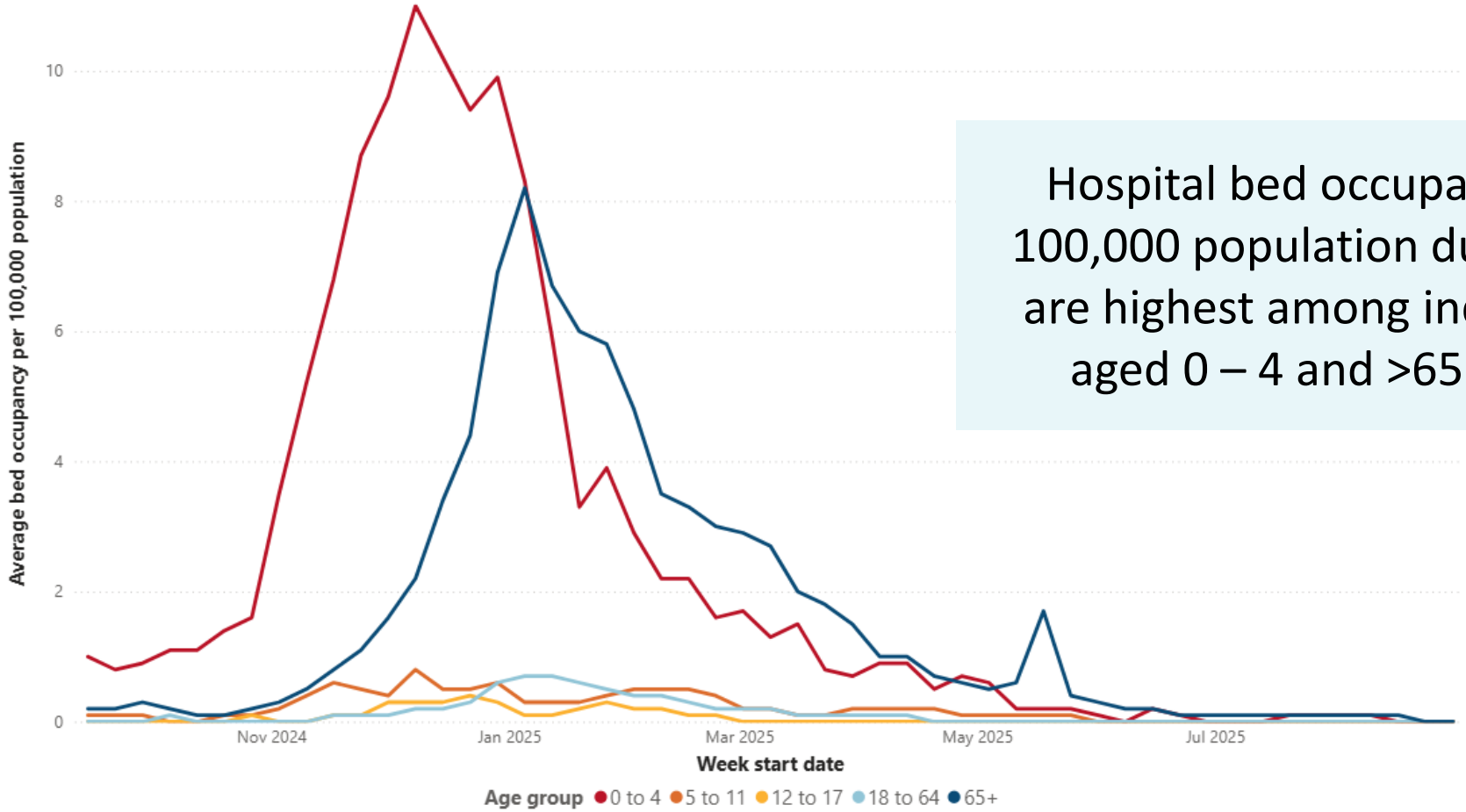
World Health Organization (WHO)

- Recommended composition of influenza virus vaccines for the 2025-2026 northern hemisphere influenza season

RSV Prevention

RSV Disproportionately Impacts the Youngest and Oldest Age Groups

Hospital bed occupancy per 100,000 population due to RSV by age group



Hospital bed occupancy per 100,000 population due to RSV are highest among individuals aged 0 – 4 and >65 years.

Source: Ontario Agency for Health Protection and Promotion (Public Health Ontario). Ontario respiratory virus tool [Internet]. Toronto, ON: King's Printer for Ontario; 2025 [cited 2025 Sept 23]. Available from: https://www.publichealthontario.ca/en/Data-and-Analysis/Infectious-Disease/Respiratory-Virus-Tool

RSV Vaccines for Older Adults

Three vaccines are authorized for older adults to prevent RSV-associated lower respiratory tract disease (LRTD)[1]:

	RSVPreF3[2] (Arexvy, GlaxoSmithKline)	**RSVpreF**[3] (Abrysvo™, Pfizer)	**RSV mRNA Vaccine**[4] (mRESVIA™, Moderna)
Date of authorization	August 4, 2023	December 21, 2023	November 6, 2024
Vaccine type	Adjuvanted recombinant protein subunit	Bivalent recombinant protein subunit	mRNA
Dose	1 dose (0.5 mL)	1 dose (0.5 mL)	1 dose (0.5 mL)
Route of administration	Intramuscular	Intramuscular	Intramuscular
Indication	• Adults ≥60 years of age • Adults 50 – 59 years of age at increased risk for RSV disease	• Adults ≥60 years of age • Pregnant individuals from 32 – 36 weeks gestational age to prevent LRTD in infants	• Adults ≥60 years of age

LRTD, lower respiratory tract disease; mRNA, messenger ribonucleic acid; RSV, respiratory syncytial virus

Source: Public Health Agency of Canada. Respiratory syncytial virus vaccines: Canadian Immunization Guide [Internet]. Ottawa, ON: Government of Canada; 2025 [cited 2025 Sept 23]. Available at: https://www.canada.ca/en/public-health/services/publications/healthy-living/canadian-immunization-guide-part-4-active-vaccines/respiratory-syncytial-virus.html
Glaxo Smith Kline. Arexvy Product Monograph. Updated November 1, 2024
Pfizer Canada ULC. Abrysvo Product Monograph. December 21, 2023
Moderna Biopharma Canada Corporation. mResvia Product Monograph. November 6, 2024.

Safety and Effectiveness of RSV Vaccines in Older Adults

- All three vaccines have high efficacy in preventing LRTD caused by RSV in clinical trials, and offer multi-year protection against LRTD with some waning over time[1]
- Real-world vaccine effectiveness against RSV-associated hospitalization were **73%** and **80%,** among adults ≥60 years with and without immunocompromising conditions, respectively[2]
- Results of a post-marketing observational study by the Food and Drug Administration suggest a small increased risk of Guillain-Barré syndrome in older adults during the 42 days following vaccination (attributable risk: 6.5 – 9.0 per million doses)[3,4]

LRTD, lower respiratory tract disease; RSV, respiratory syncytial virus

Sources: 1.Public Agency of Canada. Respiratory syncytial virus vaccines: Canadian Immunization Guide [Internet]. Ottawa, ON: Government of Canada; 2025 [cited 2025 Sept 23]. Available from: https://www.canada.ca/en/public-health/services/publications/healthy-living/canadian-immunization-guide-part-4-active-vaccines/respiratory-syncytial-virus.html

2. Payne AB, Watts JA, Mitchell PK, Dascomb K, Irving SA, Klein NP, et al. Respiratory syncytial virus (RSV) vaccine effectiveness against RSV-associated hospitalisations and emergency department encounters among adults aged 60 years and older in the USA, October, 2023, to March, 2024: a test-negative design analysis. Lancet. 2024;404(10462):1547-59. Available from: https://doi.org/10.1016/S0140-6736(24)01738-0

3. Food & Drug Administration (FDA). FDA requires Guillain-Barré Syndrome (GBS) warning in the prescribing information for RSV vaccines Abrysvo and Arexvy [Internet]. Silver Springs, MD: FDA; 2025 [cited 2025 Sept 23]. Available from: https://www.fda.gov/vaccines-blood-biologics/safety-availability-biologics/fda-requires-guillain-barre-syndrome-gbs-warning-prescribing-information-rsv-vaccines-abrysvo-and

4. Lloyd P. Evaluation of Guillain-Barré Syndrome following respiratory syncytial virus vaccination among adults 65 years and older. Presented at: ACIP Meeting, 2024 Oct 23-24.

NACI Statement on the Prevention of RSV Disease in Older Adults

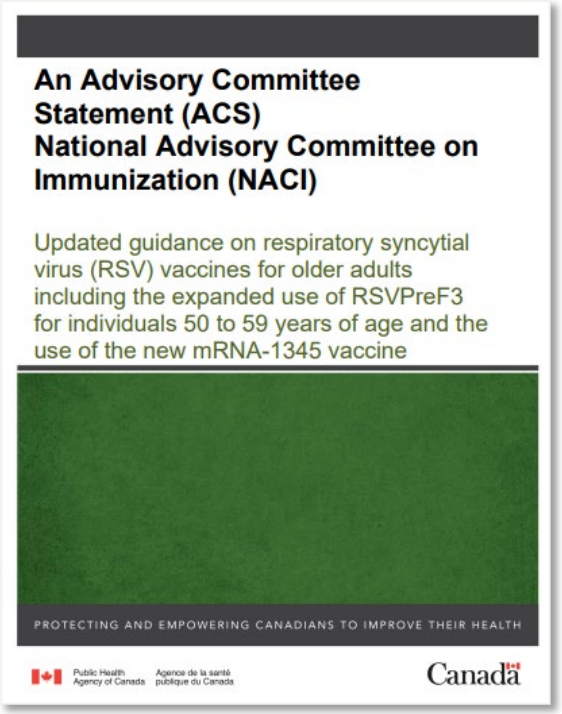
Recommendations for public health program level decision-making

1. RSV immunization programs for adults ≥75 years of age, particularly for those who are at increased risk of severe RSV disease* (*Strong recommendation*)
2. RSV immunization programs for adults ≥60 years of age who are residents of nursing homes and other chronic care facilities (*Strong recommendation*)

Recommendations for health care providers advising individual clients

3. An RSV vaccine may be considered as an individual decision by adults 50 to 74 years of age in consultation with their health care provider (*Discretionary recommendation*)

- NACI did not make any preferential recommendations on RSV vaccine products; a single dose of any Health Canada authorized vaccine may be used



*Clinically significant chronic health conditions for which RSV vaccination is particularly important including: Cardiac or pulmonary disorders, diabetes mellitus and other metabolic diseases, moderate and severe immunodeficiency, chronic renal or liver disease, neurologic or neurodevelopmental conditions, and class 3 obesity.

NACI, National Advisory Committee on Immunization; RSV, respiratory syncytial virus

Source: Public Health Agency of Canada. Updated guidance on respiratory syncytial virus (RSV) vaccines for older adults including the expanded use of RSVPreF3 for individuals 50-59 years of age and use of the new mRNA-1345 vaccine [Internet]. Ottawa, ON: Government of Canada; 2025 [cited 2025 Sept 23]. Available from: https://www.canada.ca/content/dam/phac-aspc/documents/services/publications/vaccines-immunization/national-advisory-committee-immunization-statement-updated-guidance-rsv-vaccines-older-adults-including-expanded-use-rsvpref3-individuals-50-59-years-age-use-new-mrna-1345-vaccine/naci-statement-march-13-2025.pdf

Ontario's Publicly Funded RSV Prevention Program for Older Adults

- **All individuals aged 75 years and older**
- **Individuals aged 60 to 74 years who are also:**
  - ✓ Residents of long-term care homes, Elder Care Lodges, or retirement homes including similar settings (e.g., co-located facilities)
  - ✓ In hospital receiving alternate level of care (ALC) including similar settings (e.g., complex continuing care, hospital transitional programs)
  - ✓ Patients with glomerulonephritis who are moderately to severely immunocompromised
  - ✓ Receiving hemodialysis or peritoneal dialysis
  - ✓ Recipients of solid organ or hematopoietic stem cell transplants
  - ✓ Experiencing homelessness
  - ✓ Identify as First Nations, Inuit, or Métis
- One dose of the RSV vaccine offers multi-year protection; individuals who have previously received an RSV vaccine do not need another dose this season

ALC, alternate level of care; RSV, respiratory syncytial virus

Source: Ontario. Ministry of Health. Older adult high-risk respiratory syncytial virus (RSV) vaccine program fact sheet - health care providers [Internet]. Toronto, ON: King's Printer for Ontario; 2025 [cited 2025 Aug 27]. Available from: https://www.ontario.ca/files/2025-09/moh-rsv-older-adult-fact-sheet-hcp-en-2025-09-04.pdf

RSV Prevention Products for Infants

2 products are available in Ontario to prevent RSV lower respiratory tract infections (LTRI) in infants[1,2]:

Monoclonal antibody immunizing agent: nirsevimab (Beyfortus®)

Administered to infants to provide direct and immediate protection against disease

RSV vaccine: RSVpreF (Abrysvo™)

Administered to pregnant individuals to protect infants from severe RSV illness

LTRI, lower respiratory tract infection; RSV, respiratory syncytial virus

Sources: Ontario. Ministry of Health. Respiratory syncytial virus [Internet]. Toronto, ON: King's Printer for Ontario; 2025 [cited 2025 Sept 23]. Available from: https://www.ontario.ca/page/respiratory-syncytial-virus#section-3

Ontario. Ministry of Health. Infant and high-risk children respiratory syncytial virus (RSV) prevention program: fact sheet for health care providers [Internet]. Toronto, ON: King's Printer for Ontario; 2025 [cited 2025 Aug 21]. Available from: https://www.ontario.ca/files/2025-09/moh-infant-high-risk-children-rsv-guidance-hcp-en-2025-09-04_0.pdf

Comparison of RSV Prevention Products for Infants

Nirsevimab and RSVpreF are offered as a part of Ontario's publicly funded RSV prevention program for all infants and high-risk children up to 24 months[1]

	Nirsevimab (Beyfortus®, monoclonal antibody)[2]	**RSVPreF** (Abrysvo™, maternal vaccine)[2]
Indication	Infants and high-risk children up to 24 months of age*	Pregnant individuals at 32 – 36 weeks gestation delivering during RSV season
Timing of administration	Before or during RSV season	Before or during RSV season
How long it takes to be effective	Immediate	~2 weeks following administration
Duration of protection	Up to 6 months from administration	Up to 6 months from birth

*May include but is not limited to children with: chronic lung disease of prematurity, hemodynamically significant congenital heart disease, immunocompromised states, Down syndrome, cystic fibrosis, neuromuscular disease, congenital airway anomalies.

RSV, respiratory syncytial virus

Sources: Ontario. Ministry of Health. Respiratory syncytial virus [Internet]. Toronto, ON: King's Printer for Ontario; 2025 [cited 2025 Sept 23]. Available from: https://www.ontario.ca/page/respiratory-syncytial-virus#section-3

Ontario. Ministry of Health. Infant and high-risk children respiratory syncytial virus (RSV) prevention program: fact sheet for health care providers [Internet]. Toronto, ON: King's Printer for Ontario; 2025 [cited 2025 Aug 21]. Available from: https://www.ontario.ca/files/2025-09/moh-infant-high-risk-children-rsv-guidance-hcp-en-2025-09-04_0.pdf

Safety and Effectiveness of RSV Products for Infants

Nirsevimab (Beyfortus)[1-3]

- Nirsevimab reduced the risk of RSV-related hospitalization by 83%, ICU admission by 81%, and LRTI by 75% among infants aged 0 – 12 months
- Most common side-effects: rash, fever and injection site reactions
- Rates of systemic adverse events (e.g., bronchiolitis, pneumonia, LTRI) were comparable between nirsevimab and placebo groups

RSVPreF (Abrysvo)[3-5]

- 71% effective against hospitalization due to RSV-associated LRTD and 77% effective against severe RSV LRTI leading to hospitalization from birth to 6 months
- Most common side-effects: pain/redness/swelling at injection site, fatigue, headache, muscle soreness, and nausea
- Slightly higher rate of pre-term births in the vaccine group vs. placebo (not statistically significant); current data cannot definitively establish or dismiss the potential association

CI, confidence interval; LTRD, lower respiratory tract disease; LTRI, lower respiratory tract infection; OR, odds ratio; RSV, respiratory syncytial virus

Sources: 1. AstraZeneca. Beyfortus: product monograph [Internet]. Mississauga, ON: AstraZeneca Canada Inc.; 2023 [cited 2025 Sep 25]. Available from: https://pdf.hres.ca/dpd_pm/00070439.PDF

2. Sumsuzzman DM, Wang Z Langley JM, Moghadas SM. Real-world effectiveness of nirsevimab against respiratory syncytial virus disease in infants: a systematic review and meta-analysis. Lancet Child Adolesc Health. 2025;9(6):393-403. Available from: https://doi.org/10.1016/S2352-4642(25)00093-8

3. Ontario. Ministry of Health. Infant and high-risk children respiratory syncytial virus (RSV) prevention program: fact sheet for health care providers [Internet]. Toronto, ON: King's Printer for Ontario; 2025 [cited 2025 Aug 21]. Available from: https://www.ontario.ca/files/2025-09/moh-infant-high-risk-children-rsv-guidance-hcp-en-2025-09-04_0.pdf

4. Marc GP, Vizzotti C, Fell DB, Di Nunzio D, Olszevicki S, Mankiewicz SW, et al. Real-world effectiveness of RSVpreF vaccination during pregnancy against RSV-associated lower respiratory tract disease leading to hospitalisation in infants during the 2024 RSV season in Argentina (BERNI study): a multicentre, retrospective, test-negative, case-control study. Lancet Infect Dis. 2025;25(9):1044-54. Available from: https://doi.org/10.1016/S1473-3099(25)00156-2

5. Pfizer. Abrysvo: product monograph [Internet]. Kirkland, QC: Pfizer Canada ULC; 2023 [cited 2025 Sep 25]. Available from: https://pdf.hres.ca/dpd_pm/00073900.PDF .

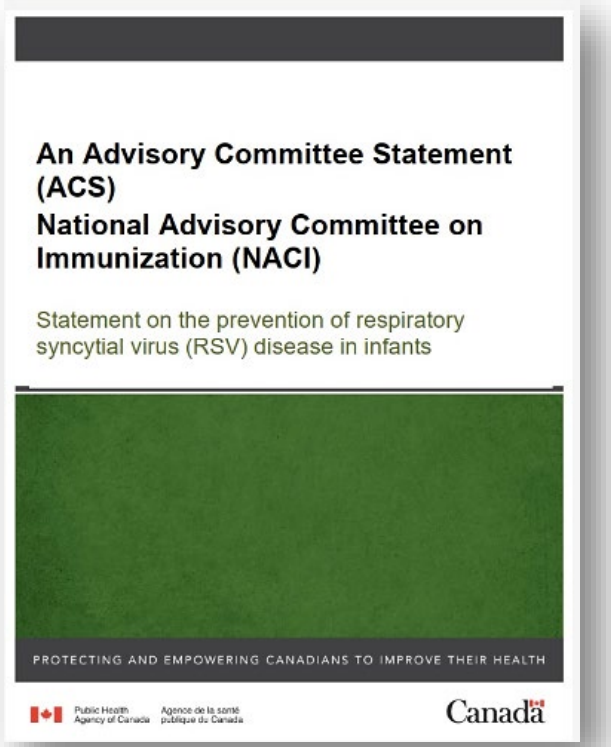
NACI Statement on the Prevention of RSV Disease in Infants

Recommendations for public health program level decision-making

1. Building towards a universal RSV immunization program for all infants
2. Use nirsevimab in RSV immunization programs to prevent severe RSV disease in infants
    - Prioritize those at higher risk due to medical or social / structural determinants of health
    - Expand the program expansion to all other infants entering / born during their 1st RSV season when possible

Recommendations for health care providers advising individual clients

3. RSVpreF may be considered as an individual decision by a pregnant individual together with information from their pregnancy care provider in the context of informed consent



NACI, National Advisory Committee on Immunization; RSV, respiratory syncytial virus

Source: Public Health Agency of Canada. Statement on the prevention of respiratory syncytial virus disease in infants [Internet]. Ottawa, ON: Government of Canada; 2025 [cited 2025 Sept 23]. Available from: https://www.canada.ca/en/public-health/services/publications/vaccines-immunization/national-advisory-committee-immunization-statement-prevention-respiratory-syncytial-virus-disease-infants.html

Eligibility for the Ontario RSV Infant Nirsevimab Program

- Born after April 1st 2025 or after AND less than 8 months of age up to the end of the RSV season
- Children up to 24 months of age who remain vulnerable to severe RSV disease through their 2nd season following discussion with a healthcare provider:

  - ✓ Chronic lung disease, including bronchopulmonary dysplasia, requiring ongoing respiratory support and supplemental oxygen therapy at 36 weeks postmenstrual age or discharged home, if earlier*
  - ✓ Hemodynamically significant congenital heart disease requiring corrective surgery or are on cardiac medication for congestive heart failure or diagnosed with moderate to severe pulmonary hypertension
  - ✓ Severe immunodeficiency
  - ✓ Down syndrome/Trisomy 21
  - ✓ Cystic fibrosis with recurrent pulmonary exacerbations requiring hospitalization, deteriorating pulmonary function and/or severe growth delay
  - ✓ Neuromuscular disease impairing clearing of respiratory secretions
  - ✓ Severe congenital airway anomalies impairing the clearing of respiratory secretions

*Children <12 months of age and approved for coverage in the previous RSV season for chronic lung disease and bronchopulmonary dysplasia remain eligible, irrespective of their clinical status in the second RSV season.
RSV, respiratory syncytial virus

Source: Ontario. Ministry of Health. Infant and high-risk children respiratory syncytial virus (RSV) prevention program: fact sheet for health care providers [Internet]. Toronto, ON: King's Printer for Ontario; 2025 [cited 2025 Aug 21]. Available from: https://www.ontario.ca/files/2025-09/moh-infant-high-risk-children-rsv-guidance-hcp-en-2025-09-04_0.pdf

Eligibility in Ontario for RSV Vaccine During Pregnancy

- To be eligible for RSVPreF, individuals must be[1]:
  - ✓ A resident of Ontario
  - ✓ Pregnant in their 32nd – 36th week of gestation and will deliver during the RSV season
  - ✓ In consultation with their health care provider
- If it is anticipated that nirsevimab will be administered to a healthy infant, then RSVpreF in pregnancy may not provide added benefit

For public health programs, NACI recommends nirsevimab over the vaccination of pregnant individuals based on its efficacy, duration of protection, and favourable safety profile[2]

NACI, National Advisory Committee on Immunization; RSV, respiratory syncytial virus

Source: Ontario. Ministry of Health. Infant and high-risk children respiratory syncytial virus (RSV) prevention program: fact sheet for health care providers [Internet]. Toronto, ON: King's Printer for Ontario; 2025 [cited 2025 Aug 21]. Available from: https://www.ontario.ca/files/2025-09/moh-infant-high-risk-children-rsv-guidance-hcp-en-2025-09-04_0.pdf

Public Health Agency of Canada. Statement on the prevention of respiratory syncytial virus disease in infants [Internet]. Ottawa, ON: Government of Canada; 2025 [cited 2025 Sept 23]. Available from: https://www.canada.ca/en/public-health/services/publications/vaccines-immunization/national-advisory-committee-immunization-statement-prevention-respiratory-syncytial-virus-disease-infants.html

Nirsevimab Use When the RSV Vaccine is Given During Pregnancy

Nirsevimab should be administered to the following infants whose parent received the RSV vaccine in pregnancy:

- Infants born less than 14 days after administration of the RSV vaccine*
- Infants who meet the medical criteria for increased risk from severe RSV disease:
  - ✓ All premature infants born <37 weeks gestational age*
  - ✓ Any medical conditions that place infants at higher risk of severe RSV disease†

*First season only for those who do not have other medical condition(s) placing them at high risk of severe RSV disease in their 2nd season

†Chronic lung disease, including bronchopulmonary dysplasia, requiring ongoing respiratory support and supplemental oxygen therapy at 36 weeks postmenstrual age or discharged home, if earlier; hemodynamically significant congenital heart disease requiring corrective surgery or are on cardiac medication for congestive heart failure or diagnosed with moderate to severe pulmonary hypertension; severe immunodeficiency; Down syndrome/Trisomy 21; cystic fibrosis with recurrent pulmonary exacerbations requiring hospitalization, deteriorating pulmonary function and/or severe growth delay; neuromuscular disease impairing clearing of respiratory secretions; severe congenital airway anomalies impairing the clearing of respiratory secretions

RSV, respiratory syncytial virus

Source: Ontario. Ministry of Health. Infant and high-risk children respiratory syncytial virus (RSV) prevention program: fact sheet for health care providers [Internet]. Toronto, ON: King's Printer for Ontario; 2025 [cited 2025 Aug 21]. Available from: https://www.ontario.ca/files/2025-09/moh-infant-high-risk-children-rsv-guidance-hcp-en-2025-09-04_0.pdf

Where Can I Find Guidance on RSV Immunization Products?

Ontario Ministry of Health (MOH)

- Infant and High-risk Children RSV Prevention Program Factsheet for Health Care Providers
- Older Adult High-Risk RSV Vaccine Program Fact Sheet for Health Care Providers
- Infant and High-risk Children RSV Prevention Program – Immunity, Monoclonal Antibodies and Vaccination

Public Health Agency of Canada (PHAC)

- Updated guidance on the prevention of respiratory syncytial virus in older adults (NACI)
- Statement on the prevention of respiratory syncytial virus disease in infants (NACI)
- Canadian Immunization Guide RSV chapter (PHAC)

Centre for Effective Practice (CEP)

- 2025-2026 RSV Prevention Program for infants in Ontario

Provincial Council for Maternal and Child Health (PCMCH)

- Fact Sheet for Healthcare Providers

Reporting AEFIs in Ontario

- Ontario conducts surveillance of vaccine safety data in collaboration with local, provincial, territorial, and national partners
- AEFI reporting by health care providers is mandated under the Health Protection and Promotion Act (HPPA) Section 38 and Reg. 569
- Reports are sent to the local PHU using the Ontario AEFI reporting form
- Some common/mild events or events clearly attributed to other causes do not need to be reported

AEFI, adverse event following immunization; HPPA, Health Promotion and Protection Act; PHU, public health unit

Source: Ontario Agency for Health Protection and Promotion (Public Health Ontario). Report of adverse even following immunization (AEFI) [Internet]. Toronto, ON: King's Printer for Ontario; 2025 [cited 2025 Aug 25]. Available from: https://www.publichealthontario.ca/-/media/documents/a/2020/aefi-reporting-form.pdf?la=en

Reporting Adverse Events Following Administration of Nirsevimab

- As nirsevimab is a monoclonal antibody and not a vaccine, s.38 of the HPPA requiring provider reporting of suspected AEFIs to PHUs does not apply
- Side effects should be managed as per practices and organizational policies for other medicines and therapeutics
- To report a side effect of nirsevimab, please see the Health Canada Side Effect Reporting Form
  - Form may be completed online, downloaded, faxed, or mailed

AEFI, adverse event following immunization; HPPA, Health Promotion and Protection Act; mAb, monoclonal antibody; PHU, public health unit

Co-Administration of Seasonal and Non-Seasonal Vaccines and RSV Monoclonal Antibodies

- In general, inactivated vaccines may be administered concurrently with, or at any time before or after, other inactivated, live attenuated, or live vaccines[1-3]
  - The RSV, COVID-19, and influenza vaccines can be co-administered
  - Due to the absence of direct clinical trials, it is unknown how the adjuvants in Fluad® and Shingrix® may interact when co-administered
- Nirsevimab can be administered on the same day or any time before or after routine childhood vaccines, including influenza; no interval between nirsevimab and live vaccines (such as MMR and Varicella) is necessary[2]

MMR, measles, mumps, rubella vaccine; RSV, respiratory syncytial virus

Sources: Public Health Agency of Canada. Statement on the prevention of respiratory syncytial virus disease in older adults. Ottawa, ON: Government of Canada; 2025. Available from: https://www.canada.ca/content/dam/phac-aspc/documents/services/publications/vaccines-immunization/national-advisory-committee-immunization-statement-prevention-rsv-disease-older-adults/naci-statement-2024-07-12.pdf
Public Health Agency of Canada. Statement on the prevention of respiratory syncytial virus disease in infants. Ottawa, ON: Government of Canada; 2025. Available from: https://www.canada.ca/content/dam/phac-aspc/documents/services/publications/vaccines-immunization/national-advisory-committee-immunization-statement-prevention-respiratory-syncytial-virus-disease-infants/naci-statement-2024-05-17.pdf
Public Health Agency of Canada. Statement on seasonal influenza vaccines for 2025–2026. Ottawa, ON: Government of Canada; 2025. Available from: https://www.canada.ca/content/dam/phac-aspc/documents/services/publications/vaccines-immunization/national-advisory-committee-immunization-statement-seasonal-influenza-vaccines-2025-2026/naci-statement-2025-04-30.pdf

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