Public Health Ontario | Santé publique Ontario

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Public Health Ontario | Santé publique Ontario

Respiratory Virus Season 2026–27

Part 2: Overview of Seasonal Respiratory Virus Immunizations

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Public Health Ontario (PHO) Rounds: October 8, 2026



Welcome and Land Acknowledgement

Presenters

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- **Dr. Richard Mather** is a Public Health Physician at Public Health Ontario where he 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. Reed Morrison**
  - NOSM University: Associate program director with the public health and preventive medicine residence program
  - Participant in publicly funded grants (CIHR, PHAC, CIRN) related to immunization and vaccine preventable diseases. No current or previous participation in privately / industry funded grants.
- **Dr. Richard Mather**
  - Participant in publicly funded grants (CIHR) related to immunization and vaccine preventable diseases. No current or previous participation in privately / industry funded grants.
- **Dr. Daniel Warshafsky**
  - Nothing to disclose

Disclaimer

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Learning Objectives

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

1. Describe the immunization products available in Ontario during the 2026–27 respiratory season for COVID-19, influenza, and respiratory syncytial virus (RSV).
2. Summarize the National Advisory Committee on Immunization's (NACI) recommendations and provincial guidance for Ontario's COVID-19, influenza, and RSV programs.
3. Identify resources to support immunizers in their delivery of Ontario's COVID-19, influenza, and RSV immunization programs during the 2026–27 respiratory season.

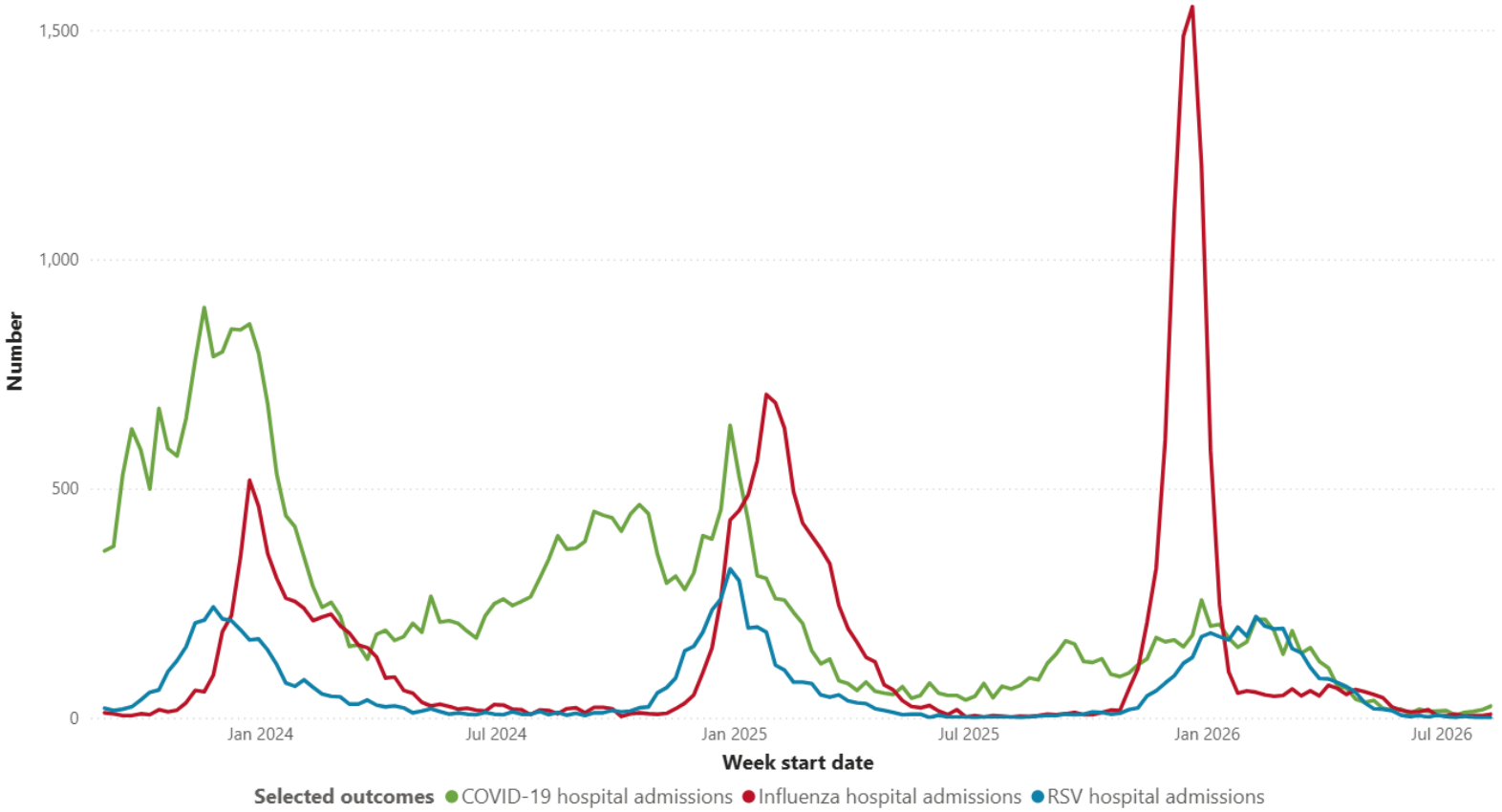
COVID-19, coronavirus disease 2019; NACI, National Advisory Committee on Immunization; RSV, respiratory syncytial virus

COVID-19 Vaccines



COVID-19 Burden of Disease is Decreasing Over Time

COVID-19, Influenza, and RSV Hospitalizations in Ontario:



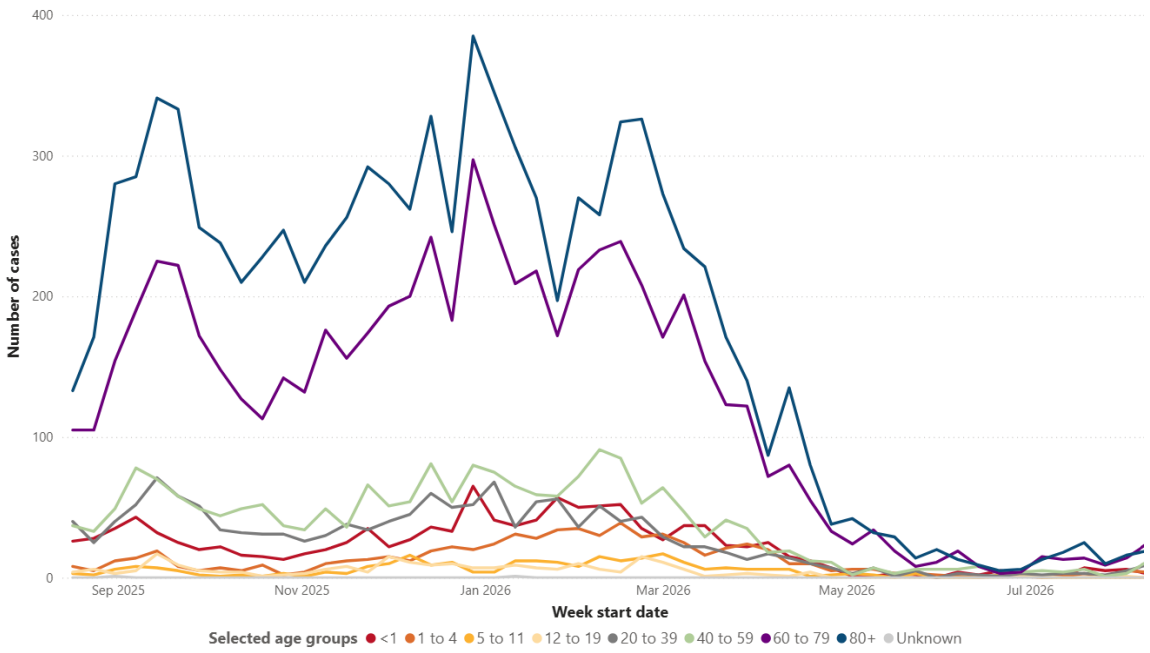
- Hospitalizations have decreased over time in both summer and winter seasons
- Although COVID-19 does not yet have a clear seasonal pattern, increased activity in the fall/winter overlaps with circulation of influenza and RSV

ICU, intensive care unit

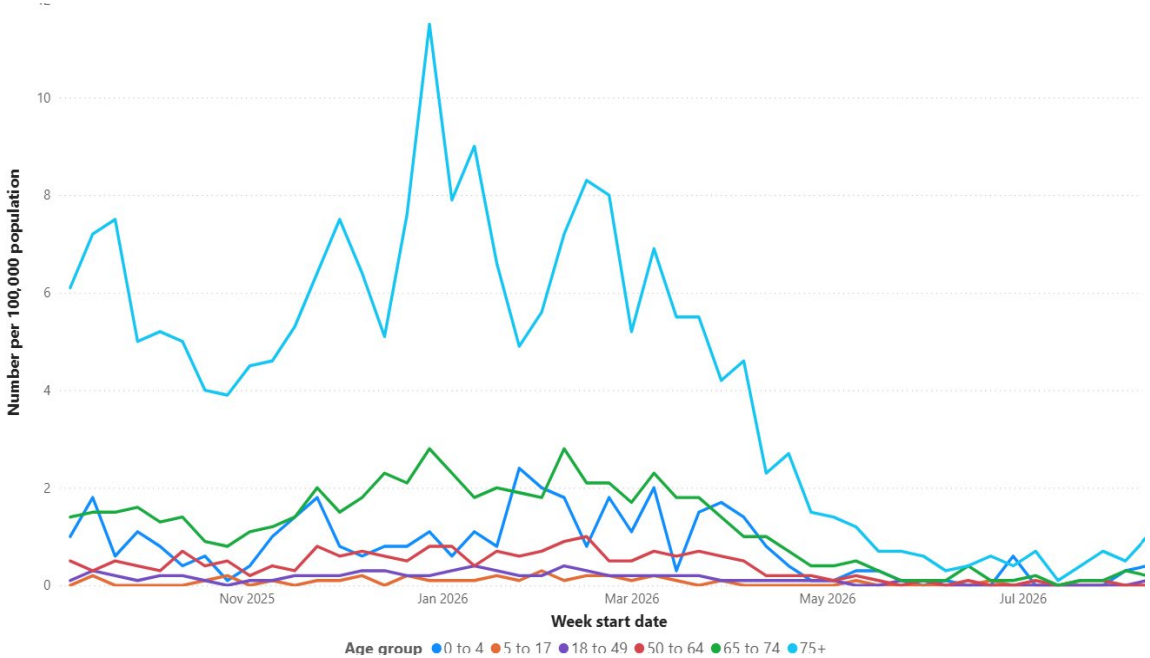
Source: Ontario Agency for Health Protection and Promotion (Public Health Ontario). Ontario respiratory virus tool [Internet]. Toronto, ON: King's Printer for Ontario; 2026 [cited 2026 Oct 01]. Available from: https://www.publichealthontario.ca/en/Data-and-Analysis/Infectious-Disease/Respiratory-Virus-Tool

COVID-19 Disproportionately Impacts the Older Adult Population

Case Counts of COVID-19 by Age Group in Ontario: September 2025 to September 2026



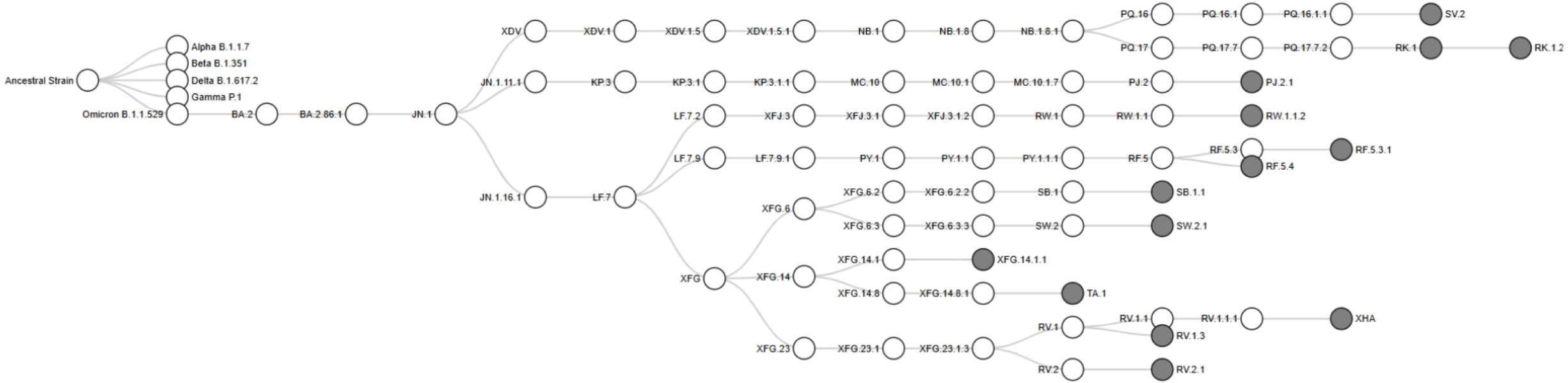
COVID-19 Hospitalizations by Age Group in Ontario: September 2025 to September 2026



Source: Ontario Agency for Health Protection and Promotion (Public Health Ontario). Ontario respiratory virus tool [Internet]. Toronto, ON: King's Printer for Ontario; 2026 [cited 2026 Oct 01]. Available from: https://www.publichealthontario.ca/en/Data-and-Analysis/Infectious-Disease/Respiratory-Virus-Tool

Variants Currently Circulating in Ontario

Relationship of the Most Prevalent SARS-CoV-2 Pango Lineages in Ontario: August 23 to September 19, 2026



- The SARS-CoV-2 virus continues to evolve over time
- Recent increases have been observed in select descendant lineages of XFG, NB.1.8.1, and JN.1.11.1

Sources: Ontario Agency for Health Protection and Promotion (Public Health Ontario). SARS-CoV-2 genomic surveillance in Ontario, October 5, 2026 [Internet]. Toronto, ON: King's Printer for Ontario; 2026 [cited 2026 Oct 05]. Available from: https://www.publichealthontario.ca/-/media/documents/ncov/epi/covid-19-sars-cov2-whole-genome-sequencing-epi-summary.pdf

XFG as the Vaccine Antigen Target for Fall 2026

- COVID-19 vaccines are updated annually to protect against currently circulating strains
- Fall 2026 COVID-19 vaccines will target the XFG lineage, a recombinant of LF.7 and LP.8.1.2 parent lineages
- XFG and other JN.1. descendant lineages continue to circulate in North America, including Ontario, with some descendant lineages showing recent increases
- XFG-based vaccines raised neutralizing antibody titers against XFG and its descendant lineages, as well as several other circulating JN.1 descendant lineages assessed in clinical studies

Sources: World Health Organization (WHO). Statement on the antigen composition of COVID-19 vaccines [Internet]. Geneva: WHO; 2026 May 16 [cited 2026 Sep 14]. Available from: https://www.who.int/news/item/16-05-2026-statement-on-the-antigen-composition-of-covid-19-vaccines
Weiss C. FDA Considerations and Recommendations for COVID-19 Vaccines (2026-2027 Formula) [Internet]. Presentation to the Vaccines and Related Biological Products Advisory Committee (VRBPAC); 2026 May 28 [cited 2026 Oct 05]. Available from: https://www.fda.gov/advisory-committees/advisory-committee-calendar/vaccines-and-related-biological-products-advisory-committee-may-28-2026-meeting-announcement#event-materials
Ontario Agency for Health Protection and Promotion (Public Health Ontario). SARS-CoV-2 genomic surveillance in Ontario, August 31, 2026 [Internet]. Toronto, ON: King's Printer for Ontario; 2026 [cited 2026 Sep 14]. Available from: https://www.publichealthontario.ca/-/media/documents/ncov/epi/covid-19-sars-cov2-whole-genome-sequencing-epi-summary.pdf
Food and Drug Administration (FDA). COVID-19 vaccines (2026–27 formula) for use in the United States beginning in fall 2026 [Internet]. Silver Spring, MD: FDA; 2026 [cited 2026 Sep 14]. Available from: https://www.fda.gov/vaccines-blood-biologics/industry-biologics/covid-19-vaccines-2026–27-formula-use-united-states-beginning-fall-2026

How Effective Was the 2025–26 COVID-19 LP.8.1 Vaccine?

- Studies demonstrated that LP.8.1 COVID-19 vaccines provided moderate protection for adults, including older adults, against multiple outcomes.
- For example, vaccine effectiveness against COVID-19 hospitalization ranged from 55% for adults aged 18 and older to 61% for those 65 years and older, compared to those who did not receive a 2025-26 dose.
- Data on vaccine effectiveness beyond 6 months post-vaccination is limited for the 2025–26 season but is expected to decline over time

Sources: Skowronski DM, Zhan Y, Kaweski SE, Cox MB, Separovic L, Carazo S, et al. Interim 2025/26 LP.8.1 vaccine effectiveness estimates against COVID-19 from the Canadian Sentinel Practitioner Surveillance Network (SPSN): insights into possible impact of influenza and other respiratory virus co-circulation. Euro Surveill. 2026;31(18):2600331. Available from: https://doi.org/10.2807/1560-7917.ES.2026.31.18.2600331

Wiegand RE, Chickery S, Yang DH, Ball SW, DeSilva MB, Dascomb K, et al. Interim estimated effectiveness of 2025–26 COVID-19 vaccines in adults using a test-negative design. JAMA Netw Open. 2026;9(6):e2625152. Available from: https://doi.org/10.1001/jamanetworkopen.2026.25152

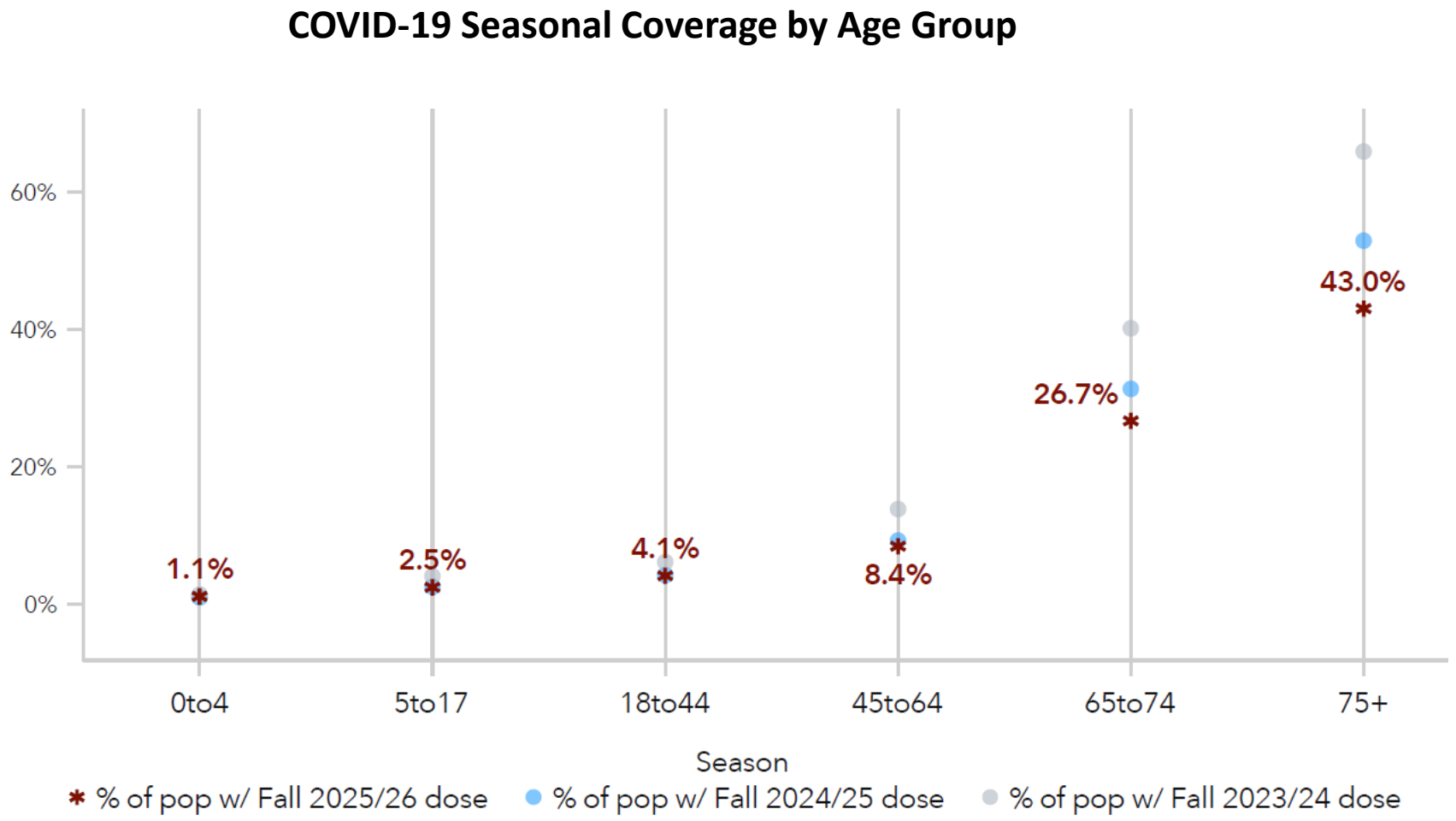
Appaneal HJ, Lopes VV, Nguyen JL, et al. BNT162b2 LP.8.1 early vaccine effectiveness against COVID-19 emergency department, urgent care, and outpatient visits. Nat Commun. 2026;17:6912. Available from: https://doi.org/10.1038/s41467-026-73798-3

Hansen CH, Soborg B, Rasmussen M, Moustsen-Helms IR, Valentiner-Branth P. Effectiveness of the BNT162b2 LP.8.1-adapted SARS-CoV-2 vaccine against COVID-19-associated hospitalisation and death: a Danish nationwide cohort study. Lancet Infect Dis. 2026;26(7):e269-e270. Available from: https://doi.org/10.1016/S1473-3099(26)00236-7

Blakney AK, Top KA, Cowling BJ, Larson HJ, Shattock RJ, Sadarangani M. Safety and efficacy of mRNA vaccines: a mechanistic and public health perspective. Lancet. 2026;408(10551):275-288. Available from: https://doi.org/10.1016/S0140-6736(26)00512-X

World Health Organization (WHO). WHO position paper on COVID-19 vaccines – July 2026. Wkly Epidemiol Rec. 2026;101(30):134-51. Available from: https://iris.who.int/server/api/core/bitstreams/abc7e160-6cd7-4762-a492-40293d4fa7b1/content

COVID-19 Immunization Coverage is Decreasing



COVID-19 immunization coverage is decreasing in every age group over time

Source: Ontario. Ministry of Health. Weekly respiratory dashboard. Toronto, ON: King's Printer for Ontario; 2026.

NACI COVID-19 Vaccine Recommendations for Fall 2026

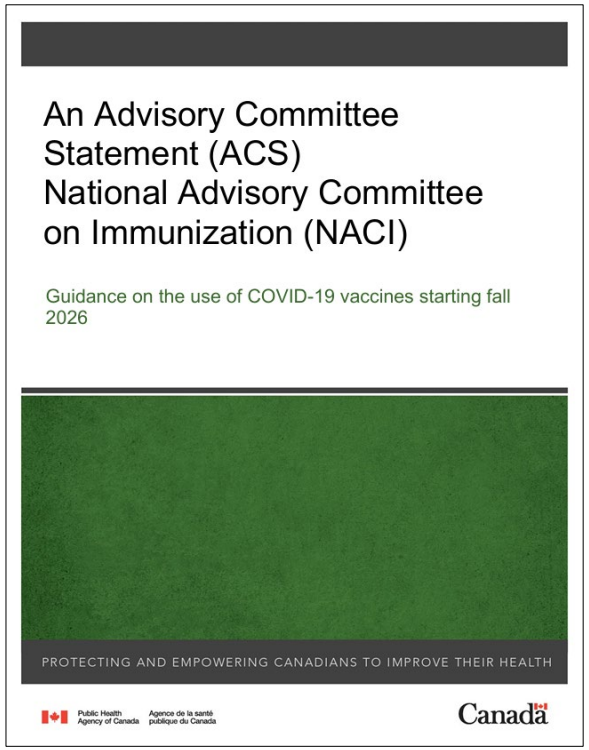
Recommendations for Public Health Program Decision-Making

1A. Strongly recommend COVID-19 immunization for individuals at increased risk of SARS-CoV-2 exposure or severe COVID *(Strong recommendation)*

1B. Programs may also offer immunization to all individuals 6 months of age and older not included in 1A *(Discretionary recommendation)*

2A. Certain individuals **should** receive a second dose of COVID-19 vaccine per year, at least 3 months from the previous dose *(Strong recommendation)*

2B. Adults 65 – 79 years not captured in 2A **may** receive a second dose of COVID-19 vaccine per year, at least 3 months from the previous dose *(Discretionary recommendation)*



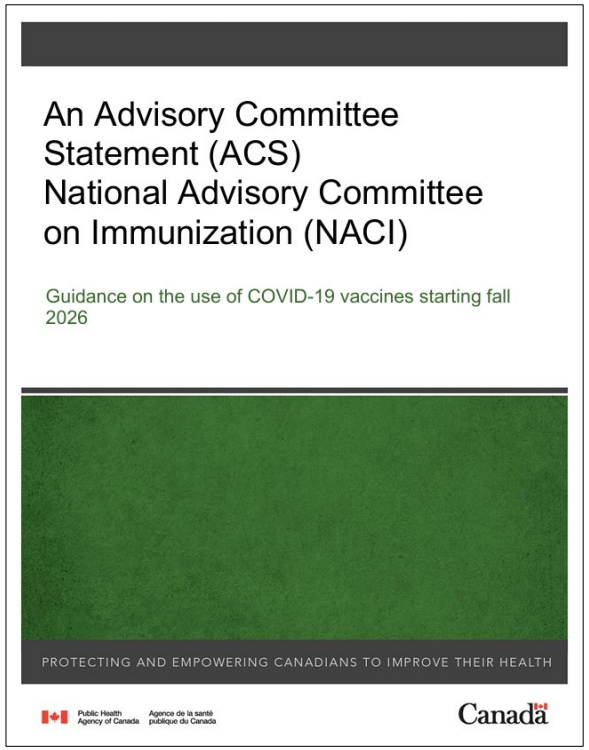
Source: Public Health Agency of Canada (PHAC). Guidance on the use of COVID-19 vaccines starting fall 2026 [Internet]. Ottawa, ON: Government of Canada; 2026 [cited 2026 Sep 14]. Available from: https://publications.gc.ca/collections/collection_2026/aspc-phac/HP40-376-2026-eng.pdf

NACI COVID-19 Vaccine Recommendations for Fall 2026

Recommendations to Support Individual Decision-Making

COVID-19 immunization is particularly important for individuals at increased risk of SARS-CoV-2 exposure or severe COVID-19 disease.

3. All other individuals 6 months of age and older, may also receive the COVID-19 vaccine based on individual COVID-19 risk assessment or preference *(Discretionary recommendation)*



Source: Public Health Agency of Canada (PHAC). Guidance on the use of COVID-19 vaccines starting fall 2026 [Internet]. Ottawa, ON: Government of Canada; 2026 [cited 2026 Sep 14]. Available from: https://publications.gc.ca/collections/collection_2026/aspc-phac/HP40-376-2026-eng.pdf

Overview of Ontario COVID-19 Vaccine Guidance for 2026–27

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 26, 2026**

Source: Ontario. Ministry of Health. Health care provider fact sheet: 2026/2027 COVID-19 vaccine program [Internet]. Toronto, ON: King's Printer for Ontario; 2026 [cited 2026 Oct 01]. Available from: https://www.ontario.ca/files/2026-09/moh-covid-vaccine-factsheet-hcp-en-2026-09-18.pdf

COVID-19 Vaccine Guidance for 2026–27

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
  - Residents of long-term care homes over 18 years
  - Adult aged 65 years and older in congregate living settings
  - Adults 65-79 years with certain underlying medical conditions[1]
  - Individuals 6 months of age and older who are moderately to severely immunocompromised[1]
  - 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**

1. Please see Health Care Provider Fact Sheet for full list

Source: Ontario. Ministry of Health. Health care provider fact sheet: 2026/2027 COVID-19 vaccine program [Internet]. Toronto, ON: King's Printer for Ontario; 2026 [cited 2026 Oct 01]. Available from: https://www.ontario.ca/files/2026-09/moh-covid-vaccine-factsheet-hcp-en-2026-09-18.pdf

COVID-19 Vaccine Guidance for 2026–27

High-Risk Group 2

- **Should** receive a dose **as soon as** vaccine is available in the **fall**
  - Residents in long-term care homes age 17 and under
  - Residents of congregate living settings aged 64 years and younger
  - Individuals 64 years and younger with underlying medical conditions
  - Children aged 17 and younger with complex health needs
  - Pregnant individuals
  - Individuals from First Nations, Métis and Inuit communities who are aged 54 years and under and their non-Indigenous household members
  - Members of underserved communities
  - Health care workers and other care providers in facilities and community settings as per NACI

Source: Ontario. Ministry of Health. Health care provider fact sheet: 2026/2027 COVID-19 vaccine program [Internet]. Toronto, ON: King's Printer for Ontario; 2026 [cited 2026 Oct 01]. Available from: https://www.ontario.ca/files/2026-09/moh-covid-vaccine-factsheet-hcp-en-2026-09-18.pdf
Public Health Agency of Canada (PHAC). Guidance on the use of COVID-19 vaccines starting fall 2026 [Internet]. Ottawa, ON: Government of Canada; 2026 [cited 2026 Sep 14]. Available from: https://publications.gc.ca/collections/collection_2026/aspc-phac/HP40-376-2026-eng.pdf

COVID-19 Vaccine Guidance for 2026–27

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
  - People whose occupational or recreational activities increase their risk of exposure to avian influenza A(H5N1) viruses

Source: Ontario. Ministry of Health. Health care provider fact sheet: 2026/2027 COVID-19 vaccine program [Internet]. Toronto, ON: King's Printer for Ontario; 2026 [cited 2026 Oct 01]. Available from: https://www.ontario.ca/files/2026-09/moh-covid-vaccine-factsheet-hcp-en-2026-09-18.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 with a completed primary series	Interval Since Last Dose
Moderna Spikevax XFG	mRNA (monovalent)	≥ 6 mos	• 25 mcg (6 mos to 11 years) • 50 mcg (≥ 12 years)	One dose	≥ 3 mos
Pfizer BioNTech Comirnaty XFG	mRNA (monovalent)	≥ 12 years	• 30 mcg (≥ 12 years)	One dose	≥ 3 mos
Sanofi Nuvaxovid	Protein subunit	≥ 12 years	• 5 mcg	One dose	≥ 3 mos

mcg, microgram; mRNA, messenger ribonucleic acid; mos, months

Sources: Moderna BioPharama Canada Corp. Spikevax®: product monograph [Internet]. Toronto, ON: Moderna BioPharama Canada Corp.; 2023 [revised 2026 Jun 19; cited 2026 Sep 15]. Available from: https://pdf.hres.ca/dpd_pm/00086040.PDF

Pfizer-BioNTech. Comirnaty product monograph [Internet]. Kirkland, QC: Pfizer-BioNTech; [revised 2025 Aug 10; cited 2026 Sep 15]. Available from: https://pdf.hres.ca/dpd_pm/00085718.PDF

Sanofi vaccines Canada LTD. NUVAXOVID® product monograph [Internet]. Gaithersburg, MD: Novavax, Inc; 2025 [cited 2026 Sep 15]. Available from: https://pdf.hres.ca/dpd_pm/00080962.PDF

Public Health Agency of Canada (PHAC). Guidance on the use of COVID-19 vaccines starting fall 2026 [Internet]. Ottawa, ON: Government of Canada; 2026 [cited 2026 Sep 14]. Available from: https://publications.gc.ca/collections/collection_2026/aspc-phac/HP40-376-2026-eng.pdf

Ontario. Ministry of Health. Health care provider fact sheet: 2026/2027 COVID-19 vaccine program [Internet]. Toronto, ON: King's Printer for Ontario; 2026 [cited 2026 Oct 01]. Available from: https://www.ontario.ca/files/2026-09/moh-covid-vaccine-factsheet-hcp-en-2026-09-18.pdf

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	• Moderna Spikevax 25 mcg	1	N/A
≥12 years	• Pfizer BioNTech Comirnaty 30 mcg • Moderna Spikevax 50 mcg • Sanofi Nuvaxovid 5 mcg	1	N/A

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

Sources: Moderna BioPharama Canada Corp. Spikevax®: product monograph [Internet]. Toronto, ON: Moderna BioPharama Canada Corp.; 2023 [revised 2026 Jun 19; cited 2026 Sep 15]. Available from: https://pdf.hres.ca/dpd_pm/00086040.PDF
Pfizer-BioNTech. Comirnaty product monograph [Internet]. Kirkland, QC: Pfizer-BioNTech; [revised 2025 Aug 10; cited 2026 Sep 15]. Available from: https://pdf.hres.ca/dpd_pm/00085718.PDF
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Public Health Agency of Canada (PHAC). Guidance on the use of COVID-19 vaccines starting fall 2026 [Internet]. Ottawa, ON: Government of Canada; 2026 [cited 2026 Sep 14]. Available from: https://publications.gc.ca/collections/collection_2026/aspc-phac/HP40-376-2026-eng.pdf
Ontario. Ministry of Health. Health care provider fact sheet: 2026/2027 COVID-19 vaccine program [Internet]. Toronto, ON: King's Printer for Ontario; 2026 [cited 2026 Oct 01]. Available from: https://www.ontario.ca/files/2026-09/moh-covid-vaccine-factsheet-hcp-en-2026-09-18.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	• Moderna Spikevax 25 mcg	2 (3 doses may be given)**	4–8 weeks
≥12 years	• Pfizer BioNTech Comirnaty 30 mcg • Moderna Spikevax 50 mcg • Sanofi Nuvaxovid 5 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; HSCT, Hematopoietic stem cell transplantation;

Sources: Moderna BioPharama Canada Corp. Spikevax®: product monograph [Internet]. Toronto, ON: Moderna BioPharama Canada Corp.; 2023 [revised 2026 Jun 19; cited 2026 Sep 15]. Available from: https://pdf.hres.ca/dpd_pm/00086040.PDF
Pfizer-BioNTech. Comirnaty product monograph [Internet]. Kirkland, QC: Pfizer-BioNTech; [revised 2025 Aug 10; cited 2026 Sep 15]. Available from: https://pdf.hres.ca/dpd_pm/00085718.PDF
Sanofi vaccines Canada LTD. NUVAXOVID® product monograph [Internet]. Gaithersburg, MD: Novavax, Inc; 2025 [cited 2026 Sep 15]. Available from: https://pdf.hres.ca/dpd_pm/00080962.PDF
Public Health Agency of Canada (PHAC). Guidance on the use of COVID-19 vaccines starting fall 2026 [Internet]. Ottawa, ON: Government of Canada; 2026 [cited 2026 Sep 14]. Available from: https://publications.gc.ca/collections/collection_2026/aspc-phac/HP40-376-2026-eng.pdf
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COVID-19 Vaccine Safety

- Many people receiving COVID-19 vaccines have no adverse events
- For those who do, the most common adverse events are mild to moderate;
  - Local reactions such as pain at the injection site or erythema
  - Systemic reactions such as fever, chills, fatigue, headache, or muscle / joint aches
- Serious adverse events are rare

Sources: Public Health Agency of Canada (PHAC). Guidance on the use of COVID-19 vaccines starting fall 2026 [Internet]. Ottawa, ON: Government of Canada; 2026 [cited 2026 Sep 14]. Available from: https://publications.gc.ca/collections/collection_2026/aspc-phac/HP40-376-2026-eng.pdf
Public Health Agency of Canada (PHAC). Canadian immunization guide: COVID-19 vaccines [Internet]. Ottawa, ON. Government of Canada; 2026 [cited 2026 Sep 14]. Available from: https://www.canada.ca/en/public-health/services/publications/healthy-living/canadian-immunization-guide-part-4-active-vaccines/page-26-covid-19-vaccine.html
Ontario. Ministry of Health. Health care provider fact sheet: 2026/2027 COVID-19 vaccine program [Internet]. Toronto, ON: King's Printer for Ontario; 2026 [cited 2026 Oct 01]. Available from: https://www.ontario.ca/files/2026-09/moh-covid-vaccine-factsheet-hcp-en-2026-09-18.pdf

Where Can I Find Guidance On COVID-19 Vaccines?

Ontario Ministry of Health (MOH)

- Health Care Provider Fact Sheet: 2026/2027 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 starting fall 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)

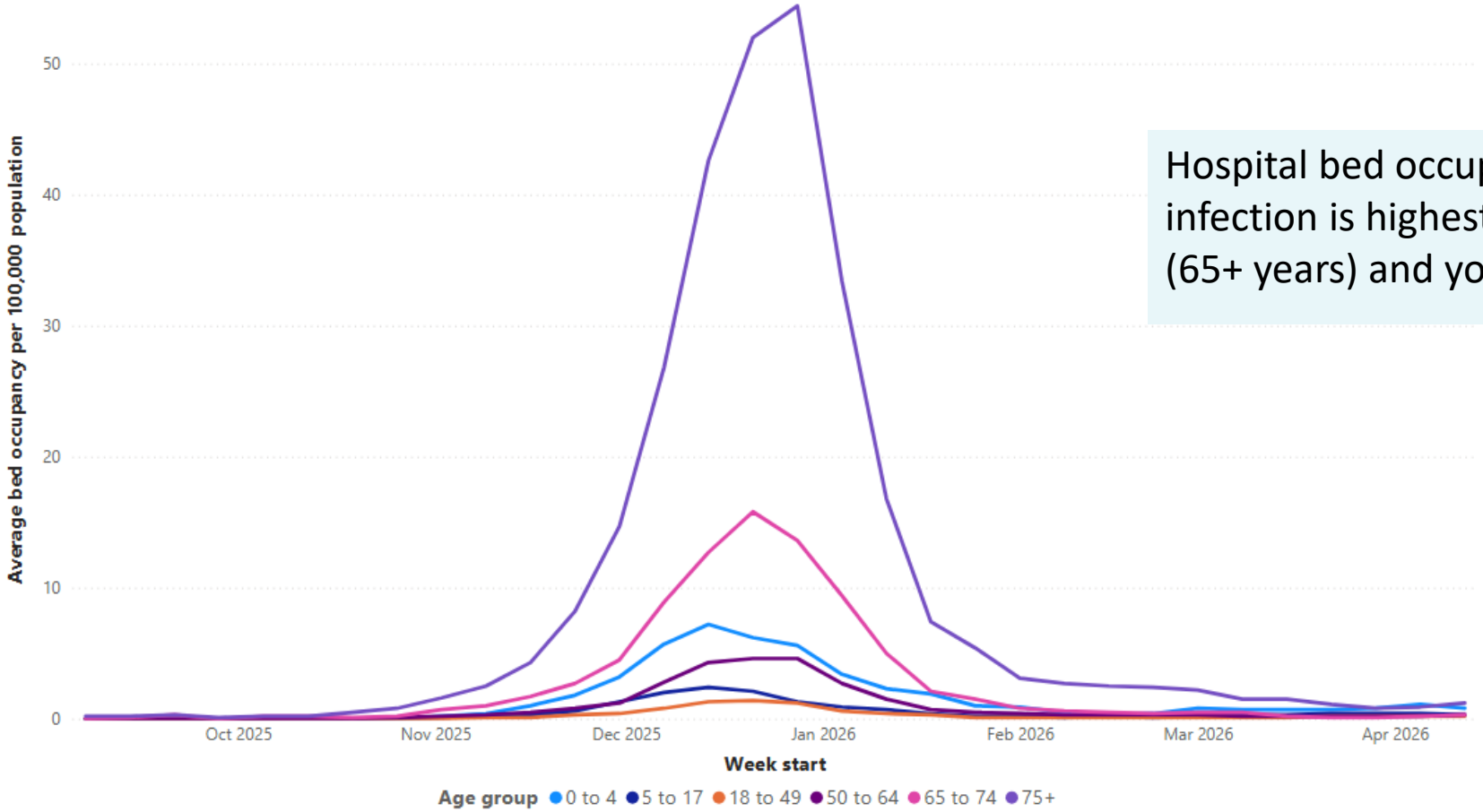
Centre for Effective Practice (CEP)

- Seasonal Preparedness Resource

Influenza Vaccines



Highest Risk for Influenza Complications Seen in the 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; 2026 [cited 2026 Sep 17]. Available from: https://www.publichealthontario.ca/en/Data-and-Analysis/Infectious-Disease/Respiratory-Virus-Tool

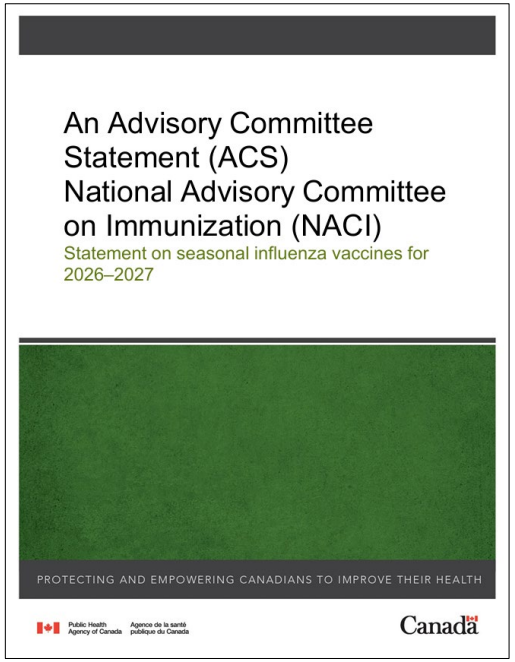
NACI Seasonal Influenza Vaccine Recommendations for 2026–27

Recommendations for Individual and Program-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 and should be prioritized 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
- People whose occupational or recreational activities increase their risk of exposure to avian influenza A viruses (e.g., H5N1)



NACI, National Advisory Committee on Immunization

Source: National Advisory Committee on Immunization (NACI). Statement on seasonal influenza vaccines for 2026–27 [Internet]. Ottawa, ON: His Majesty the King in Right of Canada, as represented by the Minister of Health; 2026 [cited 2026 Sep 11]. Available from: https://www.canada.ca/en/public-health/services/publications/vaccines-immunization/national-advisory-committee-immunization-summary-statement-seasonal-influenza-vaccines-2026–27.html

Ontario Influenza Vaccine Guidance for 2026–27 UIIP

- **High-Risk Populations (should receive as soon as vaccine is available):**
  - Residents in congregate living settings (e.g., long-term care homes, retirement homes)
  - Adults 65 years of age and older
  - Children 6 months to 4 years of age
  - Pregnant people
  - Individuals in or from First Nations, Métis or Inuit communities
  - Individuals 6 months of age and older with specified underlying medical conditions
- **Priority Populations (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; 2026 [cited 2026 Sep 25]. Available from: https://www.ontario.ca/page/universal-influenza-immunization-program

Ontario Influenza Vaccine Guidance for 2026–27 UIIP (Continued)

- **General Population (starting October 26, 2026):**
  - 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 to those prioritized to receive the influenza vaccine as soon as it is available
    - Individuals 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; 2026 [cited 2026 Sep 25]. Available from: https://www.ontario.ca/page/universal-influenza-immunization-program

Influenza Vaccines

Influenza Strain	2026–27 Egg-Based Vaccines (Fluviral, Fluzone®, Fluad®)	2026–27 Cell-Culture based Vaccines (Flucelvax®)
Influenza A Strains	• A/Missouri/11/2025 (H1N1)pdm09-like virus (NEW) • A/Darwin/1454/2025 (H3N2)-like virus (NEW)	• A/Missouri/11/2025 (H1N1)pdm09-like virus (NEW) • A/Darwin/1415/2025 (H3N2)-like virus (NEW)
Influenza B Strain*	• B/Tokyo/EIS13-175/2025 (B/Victoria lineage)-like virus (NEW)	• B/Pennsylvania/14/2025 (B/Victoria lineage)-like virus (NEW)

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

Source: World Health Organization (WHO). Recommendations for influenza vaccine composition for the 2026–27 northern hemisphere season [Internet]. Geneva: WHO; 2026 [cited 2026 Sep 17]. Available from: https://www.who.int/news/item/27-02-2026-recommendations-for-influenza-vaccine-composition-for-the-2026-2027-northern-hemisphere-season

Ontario UIIP Vaccines for 2026–27

All Universal Influenza Immunization Program (UIIP) vaccine products for 2026–27 are inactivated influenza vaccines

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

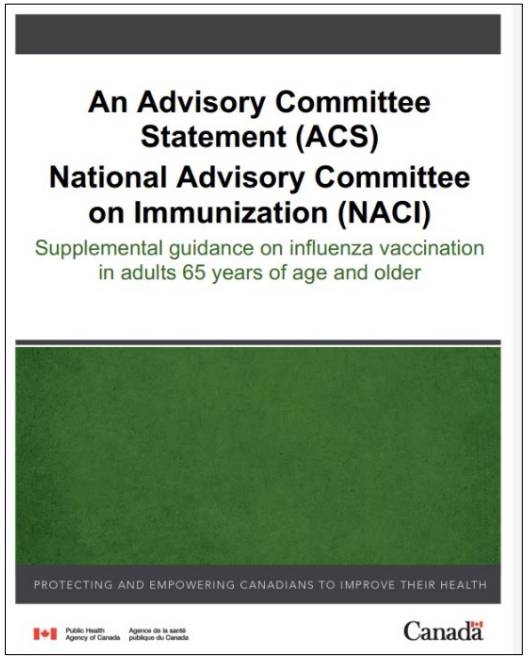
TIV, trivalent inactivated vaccine; TIV-HD, high-dose trivalent inactivated vaccine; TIV-adj, adjuvanted trivalent inactivated vaccine

Source: Ontario. Ministry of Health. Health Care Provider Fact Sheet: Influenza Immunization for Individuals ≥65 years of age [Internet]. Toronto, ON: King's Printer for Ontario; 2026 [cited 2026 Sep 25]. Available from: https://www.ontario.ca/files/2026-09/moh-uiip-26-27-65-plus-fact-sheet-en-2026-09-18.pdf

Influenza Vaccine Guidance for Older Adults

- 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 [cited 2026 Sep 17]. 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

Ontario. Ministry of Health. Health Care Provider Fact Sheet: Influenza Immunization for Individuals ≥65 years of age [Internet]. Toronto, ON: King's Printer for Ontario; 2026 [cited 2026 Sep 25]. Available from: https://www.ontario.ca/files/2026-09/moh-uiip-26-27-65-plus-fact-sheet-en-2026-09-18.pdf

Seasonal Influenza Vaccine Schedule

No change in dose recommendations for 2026–27 influenza vaccine

Age Group	Previous Influenza Vaccination	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	Not applicable	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; 2026 [cited 2026 Sep 25]. Available from: https://www.ontario.ca/files/2026-09/moh-uiip-26-27-6mo-64-fact-sheet-en-2026-09-18.pdf

Benefits of Seasonal Influenza Vaccination

- Influenza vaccines are the best protection against influenza infection and reduce the risk of severe flu-related illness and death
- The Canadian Sentinel Practitioner Surveillance Network (SPSN) estimates that the seasonal influenza vaccine typically reduces the risk of medically-attended acute respiratory illness due to influenza infection by ≥50% for influenza A(H1N1), 30% to 60% for influenza A(H3N2) and >60% for influenza B
- Vaccination can still provide protection when there is a less-than-ideal match between one of the vaccine strains and circulating influenza viruses
- Influenza vaccination may provide secondary health benefits including reductions in heart attacks, strokes, all-cause mortality and dementia

Sources: Separovic L, Kaweski SE, Cox MB, Zhan Y, Sabaiduc S, Olsha R, et al. 2025/26 subclade-specific influenza A and B vaccine effectiveness estimates and discordant laboratory-based indicators of vaccine match or mismatch. medRxiv 26362769 [preprint]. 2026 Sep 12 [cited 2026 Sep 17]. Available from: https://doi.org/10.64898/2026.09.10.26362769
Immunize Canada. What are the added benefits of vaccination?. Ottawa, ON: Immunize Canada; 2026 [cited 2026 Sep 17]. Available from: https://immunize.ca/sites/default/files/Added%20Benefits%20Factsheet_Final_(Public%20ENG).pdf

Where Can I Find Guidance On Influenza Vaccines?

Public Health Ontario (PHO)

- 2026–27 Respiratory Season Resources

Ontario Ministry of Health (MOH)

- Universal Influenza Immunization Program 2026/2027
- 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 vaccines for 2026–2027 (NACI)
- Supplemental guidance on influenza vaccination in adults 65 years of age and older (NACI)

World Health Organization (WHO)

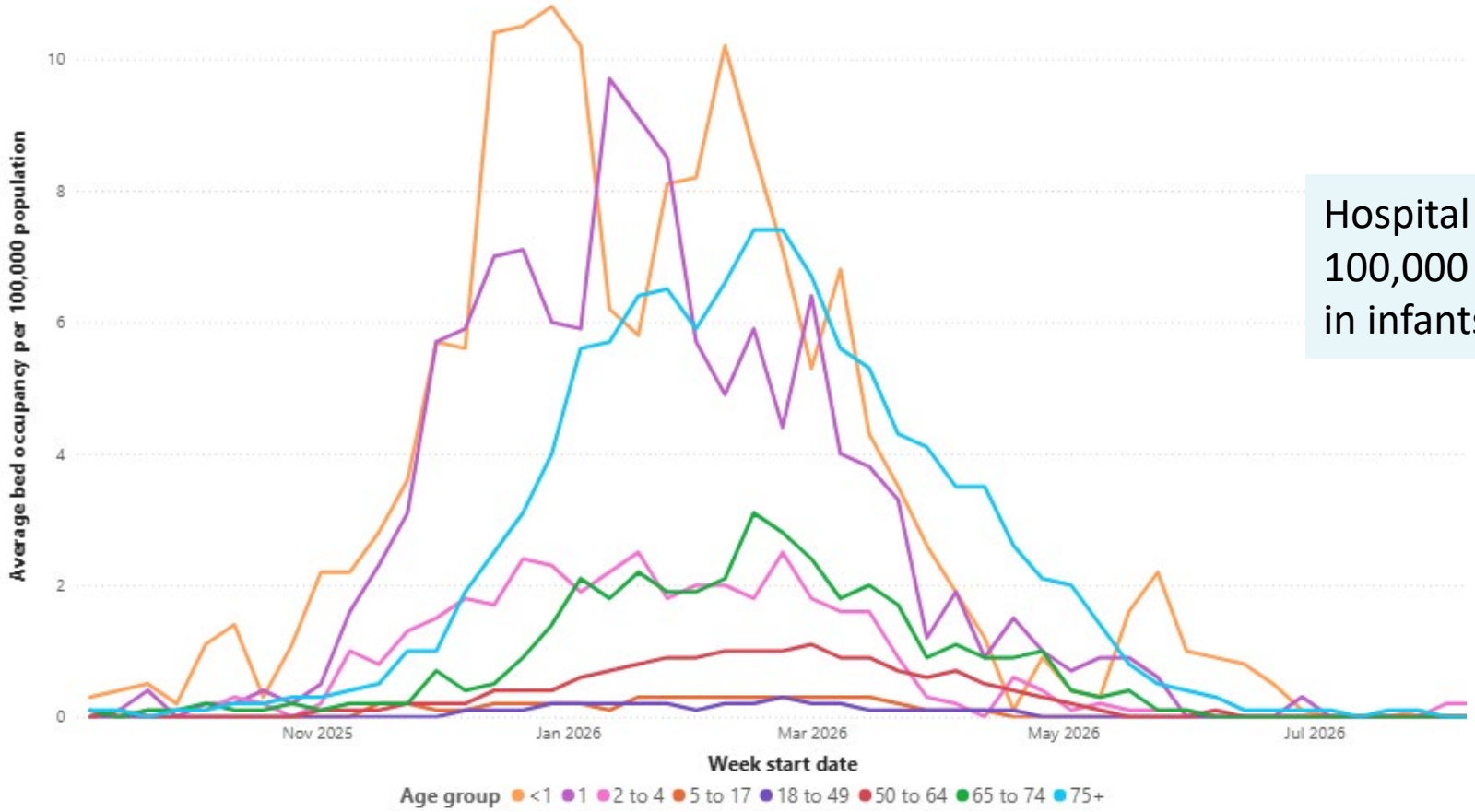
- Recommendations for influenza vaccine composition for the 2026–27 northern hemisphere season

Respiratory Syncytial Virus (RSV) Prevention



RSV Disproportionately Impacts the Youngest and Oldest Age Groups

Hospital Bed Occupancy per 100,000 population with RSV by Age Group



Hospital bed occupancy rates per 100,000 population with RSV are highest in infants and older adults.

Source: Ontario Agency for Health Protection and Promotion (Public Health Ontario). Ontario respiratory virus tool [Internet]. Toronto, ON: King's Printer for Ontario; 2026 [cited 2026 Sep 14]. Available from: https://www.publichealthontario.ca/en/Data-and-Analysis/Infectious-Disease/Respiratory-Virus-Tool

RSV Vaccines for Older Adults

Two vaccines authorized for older adults to prevent RSV-associated lower respiratory tract disease (LRTD) are available in Ontario:

	RSVPreF3 (Arexvy, GlaxoSmithKline)	**RSVpreF** (Abrysvo™, Pfizer)
Date of Authorization	August 4, 2023	December 21, 2023
Vaccine Type	Adjuvanted recombinant protein subunit	Bivalent recombinant protein subunit
Dose	1 dose (0.5 mL)	1 dose (0.5 mL)
Route of Administration	Intramuscular	Intramuscular
Health Canada Authorization	• Adults ≥60 years of age • Adults 50 – 59 years of age at increased risk	• Adults ≥60 years of age • Adults 18-59 years of age at increased risk • Pregnant individuals from 32 – 36 weeks gestational age to prevent LRTD in infants

Source: Public Health Agency of Canada (PHAC). Respiratory syncytial virus vaccines: Canadian immunization guide: Part 4, Active vaccines [Internet]. Ottawa, ON: Government of Canada; 2026 [cited 2026 Sep 11]. 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 Inc. Arexvy: product monograph [Internet]. Mississauga, ON: Glaxo-Smith-Kline Inc.; 2026 [cited 2026 Sep 23]. Available from: https://pdf.hres.ca/dpd_pm/00084818.PDF
Pfizer Canada ULC. Abrysvo: product monograph [Internet]. Kirkland, QC: Pfizer Canada ULC; 2026 [cited 2026 Sep 23]. Available from: https://pdf.hres.ca/dpd_pm/00084435.PDF

Effectiveness of RSV Vaccines in Older Adults

- Both vaccines have shown high efficacy in preventing LRTD caused by RSV in clinical trials
- In real world studies, both vaccines have demonstrated high effectiveness of 70% to 80% across several endpoints and populations
- One dose of RSV vaccine provides protection for at least three years, with some waning over time
- Additional vaccine doses have not significantly boosted vaccine efficacy in studies so far
- Studies have not identified significant differences in vaccine effectiveness between older-adult age groups (i.e., 60-74 years, >75 years)
- Vaccine effectiveness appears to be slightly lower in older adults with immunocompromising conditions

Sources: Ison MG, Papi A, Athan E, Feldman RG, Langley JM, Lee DG, et al. Efficacy, safety, and immunogenicity of the AS01E-adjuvanted respiratory syncytial virus prefusion F protein vaccine (RSVPreF3 OA) in older adults over three respiratory syncytial virus seasons (AReSVi-006): a multicentre, randomised, observer-blinded, placebo-controlled, phase 3 trial. Lancet Respir Med. 2025;13(6):517-29. Available from: https://doi.org/10.1016/S2213-2600(25)00048-7

Public Health Agency of Canada (PHAC). Updated guidance on respiratory syncytial virus (RSV) vaccines for older adults and for adults at high risk of severe RSV disease [Internet]. Ottawa, ON: Government of Canada; 2026 [cited 2026 Sep 11]. Available from: https://publications.gc.ca/collections/collection_2026/aspc-phac/HP40-401-2026-eng.pdf

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

Trusinska D, Lee B, Ferdous S, Lansbury L, Burden C, Anand A, et al. Real-world evidence on RSV vaccine uptake, effectiveness, and safety in older adults: a systematic review and meta-analysis. Lancet Reg Health – Europe, 2026;64. Available from: https://doi.org/10.1016/j.lanepe.2026.101623

Sumsuzzman D M, Shi C, Moghadas S M. Real-world effectiveness of RSVpreF and RSVpreF3 vaccines in preventing hospitalization and emergency department visits associated with respiratory syncytial virus in older adults: a meta-analysis. Clin Infect Dis. 2026;82(5). Available from: https://doi.org/10.1093/cid/ciag107

RSV Vaccine Safety in Older Adults

- Many immunized older adults do not experience adverse events. For those who do, the most common reactions are usually mild or moderate and include injection site pain, fatigue, headache, and muscle or joint pain
- Vaccine safety surveillance in Ontario found that reports of adverse events were rare, with reporting rates lower than other vaccines routinely administered to older adults
- Reports of serious adverse events were very rare at less than 0.001% of doses distributed
- International post-marketing surveillance have found 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)

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

Sources: Public Health Agency of Canada (PHAC). Respiratory syncytial virus vaccines. Canadian immunization guide: part 4, Active vaccines [Internet]. Ottawa, ON: Government of Canada; 2026 [cited 2026 Sep 11]. Available at: https://www.canada.ca/en/public-health/services/publications/healthy-living/canadian-immunization-guide-part-4-active-vaccines/respiratory-syncytial-virus.html

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 2026 Sep 14]. 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

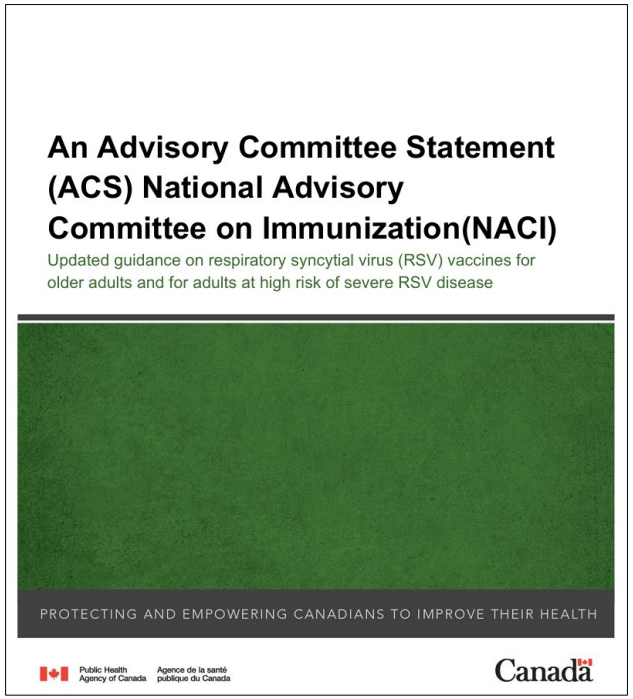
Lloyd P. Evaluation of Guillain-Barré Syndrome following respiratory syncytial virus vaccination among adults 65 years and older. Presented at: ACIP Meeting, 2024 Oct 23-24. Available from: https://www.cdc.gov/acip/meetings/index.html

Trusinska D, Lee B, Ferdous S, Lansbury L, Burden C, Anand A, et al. Real-world evidence on RSV vaccine uptake, effectiveness, and safety in older adults: a systematic review and meta-analysis. Lancet Reg Health – Europe, 2026;64. Available from: https://doi.org/10.1016/j.lanepe.2026.101623

NACI Statement on the Prevention of RSV Disease in Older Adults

Recommendations for Public Health Program Level Decision-Making

1. RSV immunization programs for all adults ≥75 years of age (*Strong recommendation*)
2. RSV immunization programs should include adults 65 to 74 years who are at increased risk of severe RSV disease (*Strong recommendation*)
3. RSV immunization programs should include adults 18 years and older living in LTC settings or with certain medical conditions *(Strong recommendation)*

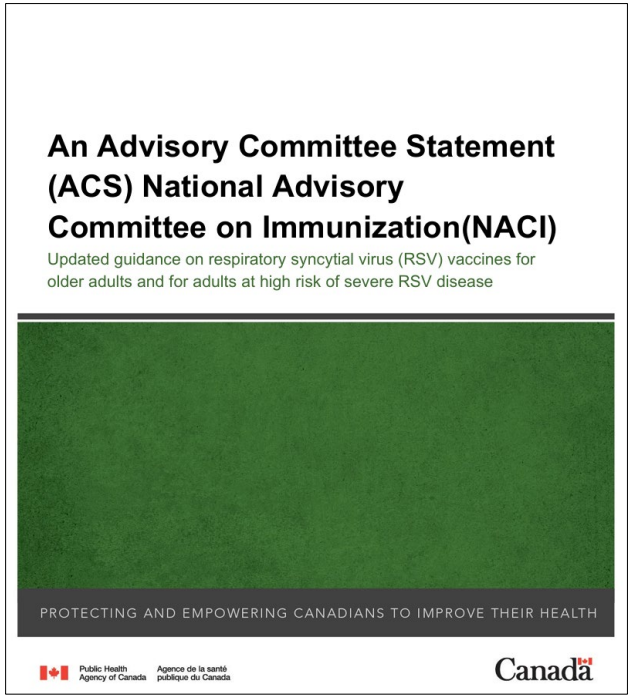


Source: Public Health Agency of Canada. Updated guidance on respiratory syncytial virus (RSV) vaccines for older adults and for adults at high risk of severe RSV disease [Internet]. Ottawa, ON: Government of Canada; 2026 [cited 2026 Sep 11]. Available from: https://publications.gc.ca/collections/collection_2026/aspc-phac/HP40-401-2026-eng.pdf

NACI Statement on the Prevention of RSV Disease in Older Adults

Recommendations for Individual Decision Making

3. RSV vaccines may be considered by adults 18-64 years of age at increased risk of severe RSV disease as an individual decision informed by discussion with their health care provider (*Discretionary recommendation*)



Source: Public Health Agency of Canada. Updated guidance on respiratory syncytial virus (RSV) vaccines for older adults and for adults at high risk of severe RSV disease [Internet]. Ottawa, ON: Government of Canada; 2026 [cited 2026 Sep 11]. Available from: https://publications.gc.ca/collections/collection_2026/aspc-phac/HP40-401-2026-eng.pdf

Ontario's Publicly Funded RSV Prevention Program for Older Adults

- Updated from a seasonal program to a year-round program
- Individuals who have previously received an RSV vaccine are not eligible for another dose
- All individuals aged 75 years and older and individuals aged 60 to 74 years who are:
  - Residents of long-term care homes, Elder Care Lodges, retirement homes, or similar settings
  - Recipients of a HSCT within the past two years or with ongoing immunosuppression
  - Individuals on home oxygen or requiring chronic oxygen therapy
  - In hospital receiving alternate level of care (ALC) including similar settings
  - Patients with glomerulonephritis who are moderately to severely immunocompromised
  - Receiving hemodialysis or peritoneal dialysis
  - Recipients of solid organ transplants
  - Experiencing homelessness
  - Identify as First Nations, Inuit, or Métis

Source: Ontario. Ministry of Health. Older adult respiratory syncytial virus (RSV) vaccine program fact sheet - health care providers [Internet]. Toronto, ON: King's Printer for Ontario; 2026 [cited 2026 Oct 1]. Available from: https://www.ontario.ca/page/respiratory-syncytial-virus-rsv-prevention-programs

RSV Prevention Products for Infants

Two products are available in Ontario to prevent RSV LRTD in infants:



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

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; 2026 [cited 2026 Oct 01]. Available from: https://www.ontario.ca/page/respiratory-syncytial-virus-rsv-prevention-programs

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

	Nirsevimab (Beyfortus®, monoclonal antibody)	**RSVPreF** (Abrysvo™, maternal vaccine)
Eligibility	Infants and high-risk children up to 24 months of age*	Pregnant individuals at 28 – 36 weeks gestation delivering during RSV season
Timing of Administration	Shortly before or during RSV season. Administration can begin October 1st, pending product availability, and should not extend beyond March 31st unless notified otherwise	
How Long it Takes to be Effective	Immediate	Immediately upon birth, minimum 2 weeks following administration to pregnant parent
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.

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; 2026 [cited 2026 Oct 01]. Available from: https://www.ontario.ca/page/respiratory-syncytial-virus-rsv-prevention-programs

Safety and Effectiveness of RSV Products for Infants

Nirsevimab (Beyfortus)



- Nirsevimab is extremely effective and reduced the risk of RSV-related hospitalization by 83%, ICU admission by 81%, and medically attended infections by 75% among infants aged 0 – 12 months
- Adverse events are rare. When they occur, the most common are rash, fever, and injection site reactions
- Rates of systemic adverse events were comparable between nirsevimab and placebo groups

Sources: AstraZeneca. Beyfortus: product monograph [Internet]. Mississauga, ON: AstraZeneca Canada Inc.; 2023 [cited 2026 Sep 14]. Available from: https://pdf.hres.ca/dpd_pm/00070439.PDF

Buchan SA, Xie J, Bhatt M, Papenberg J, Goldfarb DM, Pernica JM, Burstein B, et al. Respiratory syncytial virus–related hospitalizations among infants receiving Nirsevimab. JAMA Netw Open. 2026;9(9):e2633621. Available from: https://doi.org/10.1001/jamanetworkopen.2026.33621

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

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; 2026 [cited 2026 Oct 01]. Available from: https://www.ontario.ca/page/respiratory-syncytial-virus-rsv-prevention-programs

Public Health Agency of Canada (PHAC). Updated guidance to protect infants and children from respiratory syncytial virus (RSV) disease: use of monoclonal antibodies (nirsevimab and clesrovimab) and the RSVpreF vaccine [Internet]. Ottawa, ON: Government of Canada; 2026 [cited 2026 Sep 14]. Available from: https://publications.gc.ca/collections/collection_2026/aspc-phac/HP40-402-2026-eng.pdf

Moline HL, Tannis A, Goldstein L, Englund JA, Staat MA, Boom JA, et al. Effectiveness and impact of maternal RSV immunization and Nirsevimab on medically attended RSV in US children. JAMA Pediatr. 2026;180(3):314-24. Available from: https://doi.org/10.1001/jamapediatrics.2025.5778

Safety and Effectiveness of RSV Products for Infants

RSVPreF (Abrysvo)



- RSVPreF is very effective, with risk reduction estimates ranging from 57% to 82% for RSV-related hospitalization, 64% to 87% for ICU admissions, and 54% to 64% for medically attended infections
- Most common side-effects: pain/redness/swelling at injection site, fatigue, headache, muscle soreness, and nausea
- Non-significant elevation of pre-term births observed in phase 3 trial not replicated in real-world settings
- Inconsistent findings related to hypertensive disorders of pregnancy, with interim findings of a large cohort study finding no additional risk. Additional studies and analyses are planned / underway

Sources: Batool R, Wang R, Obeid H, Kollmann TR, Langley JM, Lavoie PM, et al. RSV bivalent prefusion F protein vaccine in pregnancy and protection against RSV-associated illness in infants: a systematic review and meta-analysis. JAMA Pediatr. 2026 Sep 8 [online ahead of print]. Available from: https://doi.org/10.1001/jamapediatrics.2026.4074

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; 2026 [cited 2026 Oct 01]. Available from: https://www.ontario.ca/page/respiratory-syncytial-virus-rsv-prevention-programs

Public Health Agency of Canada (PHAC). Updated guidance to protect infants and children from respiratory syncytial virus (RSV) disease: use of monoclonal antibodies (nirsevimab and clesrovimab) and the RSVpreF vaccine [Internet]. Ottawa, ON: Government of Canada; 2026 [cited 2026 Sep 14]. Available from: https://publications.gc.ca/collections/collection_2026/aspc-phac/HP40-402-2026-eng.pdf

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

Pfizer. Abrysvo: product monograph [Internet]. Kirkland, QC: Pfizer Canada ULC; 2023 [cited 2026 Sep 14]. Available from: https://pdf.hres.ca/dpd_pm/00073900.PDF .

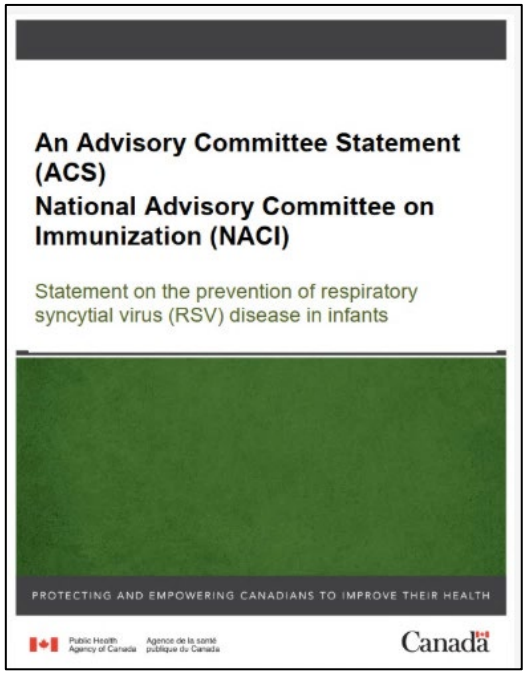
Moline HL, Tannis A, Goldstein L, Englund JA, Staat MA, Boom JA, et al. Effectiveness and impact of maternal RSV immunization and Nirsevimab on medically attended RSV in US children. JAMA Pediatr. 2026;180(3):314-24. Available from: https://doi.org/10.1001/jamapediatrics.2025.5778

Michnick AI, MacDonald SC, Cosgrove A, Adimadhyam S, Zhang F, Petrone AB, et al. Interim safety of RSVpreF vaccination during pregnancy. JAMA. 2026;335(5):456-9. Available from: https://doi.org/10.1001/jama.2025.23452

NACI Statement on the Prevention of RSV Disease in Infants

Recommendations for Public Health Program Level Decision-Making

1. Universal RSV immunization program for all infants *(Strong recommendation)*
2. Implement a seasonal RSV immunization program, based on local context, feasibility and program priorities *(Strong recommendation)*
    - Infant mAb program OR combined pregnancy vaccine and infant mAb program
3. Infants at increased risk of severe RSV disease receive monoclonal antibodies *(Strong recommendation)*



Source: Public Health Agency of Canada (PHAC). Updated guidance to protect infants and children from respiratory syncytial virus (RSV) disease: use of monoclonal antibodies (nirsevimab and clesrovimab) and the RSVpreF vaccine [Internet]. Ottawa, ON: Government of Canada; 2026 [cited 2026 Sep 14]. Available from: https://publications.gc.ca/collections/collection_2026/aspc-phac/HP40-402-2026-eng.pdf

Eligibility for the Ontario RSV Infant Nirsevimab Program

- Born after April 1, 2026 or after AND less than 8 months of age at the time of immunization
- Children less than 24 months of age who remain vulnerable to severe RSV disease through their second season following discussion with their pediatric specialist*:
  - Chronic lung disease, including bronchopulmonary dysplasia
  - Hemodynamically significant cyanotic or acyanotic congenital heart disease
  - 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

*Please see program Fact Sheets for further details.

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; 2026 [cited 2026 Oct 01]. Available from: https://www.ontario.ca/page/respiratory-syncytial-virus-rsv-prevention-programs

Eligibility in Ontario for RSV Vaccine During Pregnancy

- To be eligible for RSVPreF, individuals must be:
  - A resident of Ontario
  - Pregnant in their 28th–36th week of gestation and expected to deliver immediately before or 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
- There is currently no published evidence on immunization during subsequent pregnancies. If an individual has received RSVPreF during a previous pregnancy, nirsevimab should be considered for subsequent births.

Sources: 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; 2026 [cited 2026 Oct 01]. Available from: https://www.ontario.ca/page/respiratory-syncytial-virus-rsv-prevention-programs

Public Health Agency of Canada (PHAC). Updated guidance to protect infants and children from respiratory syncytial virus (RSV) disease: use of monoclonal antibodies (nirsevimab and clesrovimab) and the RSVpreF vaccine [Internet]. Ottawa, ON: Government of Canada; 2026 [cited 2026 Sep 14]. Available from: https://publications.gc.ca/collections/collection_2026/aspc-phac/HP40-402-2026-eng.pdf

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 previously described that place infants at higher risk of severe RSV disease

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; 2026 [cited 2026 Oct 01]. Available from: https://www.ontario.ca/page/respiratory-syncytial-virus-rsv-prevention-programs

Reporting AEFIs in Ontario



1 Advise patients to contact you or your team if they experience an adverse event after vaccination.



2 Report adverse events to your local public health unit, using Public Health Ontario's Report of Adverse Event Following Immunization Reporting Form.



3 Contact your local public health unit if you have any questions about AEFI reporting.

- 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 2026 Sept 14]. 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, see the Health Canada Side Effect Reporting Form
  - Form may be completed online, downloaded, faxed, or mailed

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
  - The RSV, COVID-19, and influenza vaccines can be 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

MMR, measles, mumps, rubella vaccine;

Sources: Public Health Agency of Canada (PHAC). Chapters on respiratory syncytial virus vaccines, influenza vaccines, and COVID-19 vaccines. Canadian immunization guide: part 4, Active vaccines [Internet]. Ottawa, ON: Government of Canada; 2026 [cited 2026 Sep 11]. Available at: https://www.canada.ca/en/public-health/services/publications/healthy-living/canadian-immunization-guide-part-4-active-vaccines.html

Where Can I Find Guidance on RSV Immunization Products?

Ontario Ministry of Health (MOH)

- RSV Prevention Programs

Public Health Agency of Canada (PHAC)

- Updated guidance on respiratory syncytial virus (RSV) vaccines for older adults (NACI)
- Updated guidance to protect infants and children from respiratory syncytial virus (RSV) disease (NACI)
- Canadian Immunization Guide RSV chapter (PHAC)

Centre for Effective Practice (CEP)

- Seasonal Preparedness Resource

BORN Ontario

- Respiratory Syncytial Virus

Provincial Council for Maternal and Child Health (PCMCH)

- RSV Prevention for Infants and High-Risk Children

For More Information and Resources, Please Visit:

Public Health Ontario (PHO)

- 2026–27 Respiratory Season Resources

For More Information About This Presentation, Contact:

Communicable Disease Control Portfolio:
Communicable.DiseaseControl@oahpp.ca

Public Health Ontario keeps Ontarians safe and healthy. Find out more at **PublicHealthOntario.ca**

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