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Universal Influenza Immunization Program (UIIP) 2024-2025

Attention: Physicians, Nurse and Nurse Practitioners, Walk-In Clinics/Urgent Care Clinics, Infection Prevention & Control Practitioners, Midwives, EMS, Community Health Centres, Family Health Teams, Ontario Health Teams, Ontario Health Central, Indigenous Health Care & Community, Corrections Facilities, Participating Health Care Agencies

Date: September 16, 2024

The following Influenza vaccines will be available publicly funded in Ontario this flu season:

Age Group	QIV			QIV-HD	TIV-adj
	FluLaval Tetra	Fluzone® Quadrivalent	Flucelvax® Quad	Fluzone® High-Dose Quadrivalent	Fluad®
6 months to 64 years	✓	✓	✓		
≥ 65 years	✓	✓	✓	✓	✓

Strains of influenza covered by the vaccine products offered in 2024/2025:

Influenza Strains	Egg-based QIVs FluLaval Fluzone®	Egg-based TIVs Fluad®	Cell culture-based QIVs Flucelvax®
A/Victoria/4897/2022 (H1N1)pdm09-like virus;	✓	✓	
A/Thailand/8/2022 (H3N2)-like virus;	NEW	NEW	
A/Wisconsin/67/2022 (H1N1)pdm09-like virus;			NEW
A/Massachusetts/18/2022 (H3N2)-like virus;			NEW
B/Austria/1359417/2021 (B/Victoria lineage)-like virus;	✓	✓	✓
B/Phuket/3073/2013 (B/Yamagata lineage)-like virus*	✓		✓

Why do the egg- and cell culture-based vaccines have different A strains?

Influenza viruses may not replicate equally well in the egg- and cell-based vaccine production systems. Therefore, different viruses with similar antigenic properties are sometimes recommended for the two



production systems. The A strains in both the egg- and cell culture-based vaccines should then be considered as equivalent.

B/Yamagata strain*

Of note, there have been no confirmed naturally occurring B/Yamagata lineage virus detections since March 2020. As a result, the World Health Organization (WHO) no longer recommends the B/Yamagata strain to be included in the influenza vaccine formulations as it is no longer warranted.

For the 2024/2025 influenza season in Canada, vaccine availability will remain unchanged. Quadrivalent formulations will continue to be supplied for public programs. No trivalent formulations will be available for standard dose or high dose inactivated influenza vaccines (i.e., QIV and QIV-HD), while adjuvanted inactivated influenza vaccines (i.e., TIV-adj) will remain trivalent and continue to be available in Canada. Strains in the influenza vaccines authorized in Canada are aligned with WHO recommendations for both trivalent and quadrivalent formulations.

Going forward, NACI supports the removal of the B/Yamagata strain from influenza vaccines and the transition to trivalent influenza vaccines, in alignment with public health and regulatory agencies globally, as soon as practically possible. Recognizing the significant logistical implications and potential complexities involved from a regulatory perspective, a gradual transition to trivalent vaccines is anticipated, with variability in vaccine supply across countries.

Priority populations for immunization (as soon as the vaccine becomes available)

Although infants less than six months of age are at high risk of complications from influenza, influenza vaccines are not authorized for use in infants less than six months of age because the vaccine does not work well in this age group due to the immaturity of the immune system of young infants.

To optimize co-administration with COVID-19 vaccine, health care workers, first responders, individuals with significant exposure to birds or mammals*, and the following individuals at high risk of influenza-related complications or who are more likely to require hospitalization, should be prioritized to receive the influenza vaccine as soon as vaccine is available:

- Residents, staff and care providers in congregate living settings (e.g., chronic care facilities, retirement homes)
- People 65 years of age and over
- All pregnant individuals
- All children 6 months to 4 years of age
- Individuals in or from First Nations, Métis or Inuit communities
- Members of racialized and other equity deserving communities
- Individuals 6 months of age and older with the following underlying health conditions:
 - Cardiac or pulmonary disorders
 - Diabetes mellitus or other metabolic disease
 - Cancer
 - Conditions or medication which compromise the immune system
 - Renal disease
 - Anemia or hemoglobinopathy
 - Neurologic or neurodevelopment conditions
 - Morbid obesity (body mass index of 40 or more)
 - Children and adolescents (6 months to 18 years) undergoing treatment with ASA for long periods

*Individuals with significant exposure to birds or mammals include those likely to have significant exposure to influenza A(H5N1) through interactions with birds or mammals (such as poultry, livestock, slaughterhouse and processing plant workers, wildlife officers/researchers, and veterinarians). Seasonal influenza vaccines do not provide protection against infection with influenza A(H5N1) viruses. However, they may reduce the risk of seasonal human and influenza A(H5N1) virus co-infection and possible viral reassortment leading to a human-transmissible virus with pandemic potential.

Recommended populations for immunization (starting October 28, 2024)

The influenza vaccine is recommended for all people six months of age and older without contraindications, however, individuals in the following two groups are particularly recommended to receive the influenza vaccine, once eligible:

1. Individuals capable of transmitting influenza to those listed in the section above and/or to infants under 6 months of age:
 - Care providers in the community
 - Household contacts (adults and children) of individuals at high risk of Influenza related complications
 - Persons who provide care to children ≤ 4 years of age
 - Members of a household expecting a newborn during the influenza season
 - Those who provide services within a closed or relatively closed setting to persons at high risk of influenza related complications (e.g. crew on a ship)
2. People who provide essential community services

Publicly Funded Influenza Vaccines for Anyone 6 Months of Age and Older

	Quadrivalent Inactivated Vaccines		
UIIP Abbreviation	QIV		
NACI Abbreviation	IIV4-SD		
Vaccine product	FluLaval Tetra	Fluzone® Quadrivalent	Flucelvax® Quad
Age indication	≥6 months	≥6 months	≥6 months
Vaccine product	FluLaval Tetra	Fluzone® Quadrivalent	Flucelvax® Quad
Manufacturer	GSK	Sanofi Pasteur	Seqirus
Vaccine type	Egg-based	Egg-based	Cell culture-based
Micrograms of hemagglutinin	15 µg	15 µg	15 µg
Vaccine product	FluLaval Tetra	Fluzone® Quadrivalent	Flucelvax® Quad
Dosage	0.5 mL	0.5 mL	0.5 mL
Format	MDV	MDV and PFS	PFS
Route	IM	IM	IM
Most common allergens ¹	<ul style="list-style-type: none"> • Egg protein² • Thimerosal³ 	<ul style="list-style-type: none"> • Egg protein² • Thimerosal³ 	Does NOT contain egg protein or thimerosal

MDV = Multi-dose vial PFS = Prefilled syringe IM = Intramuscular injection

¹ Any component in a vaccine may be a potential allergen. This table identifies the most common allergens.

² The National Advisory Committee on Immunization (NACI) indicates that egg allergy is not a contraindication for influenza vaccination and that that egg-allergic individuals may be vaccinated against influenza using the full dose of any age-appropriate product.

³ Multi-dose vial format only.

Children 6 months to less than 9 years of age who have not previously received at least 1 dose of the seasonal influenza vaccine require 2 doses of influenza vaccine (each dose 0.5mL), with a minimum of 4 weeks between doses.

Publicly Funded Influenza Vaccines for Anyone 65 Years of Age and Older

If QIV-HD or TIV-Adj vaccine is not available, any of the QIV vaccine on the previous table should be used. There is no preferential recommendation for the use of QIV-HD versus TIV-adj vaccine for this age group. The most important thing is for older adults to be vaccinated. Do not delay vaccination to wait for a particular product.

	High-Dose Quadrivalent Inactivated Vaccine	Adjuvanted Trivalent Inactivated Vaccine
UIIP Abbreviation	QIV-HD	TIV-adj
NACI Abbreviation	IIV4-HD	IIV3-Adj
Vaccine product	Fluzone® High-Dose Quadrivalent	Fluad®
Age indication	≥65 years	≥65 years
Manufacturer	Sanofi Pasteur	Seqirus
Vaccine type	Egg-based	Egg-based
Micrograms of hemagglutinin	60 µg	15 µg
Dosage	0.7 mL	0.5 mL
Adjuvant	No	Yes
Vaccine product	Fluzone® High-Dose Quadrivalent	Fluad®
Format	PFS	PFS
Route	IM	IM
Most common allergens ¹	<ul style="list-style-type: none"> • Egg protein² 	<ul style="list-style-type: none"> • Egg protein² • Kanamycin • Neomycin

PFS = Pre-filled syringe IM = Intramuscular injection

¹ Any component in a vaccine may be a potential allergen. This table identifies the most common allergens.

² The NACI indicates that egg allergy is not a contraindication for influenza vaccination and that that egg-allergic individuals may be vaccinated against influenza using the full dose of any age-appropriate product.

Fluzone® Quadrivalent and Fluzone® High-Dose Quadrivalent (QIV-HD) are *different products*. **Fluzone® High-Dose Quadrivalent (QIV-HD) is only authorized for those 65 years of age and older.** Please use caution when administering Fluzone® products to ensure that the right vaccine is being administered to the right person.

For more information about these two vaccines and their use in those 65 years of age and older, please refer to the [Ministry of Health - Health Care Provider Fact Sheet: Influenza Immunization for Individuals ≥65 years of age](#).

Co-administration with Other Vaccines

Influenza vaccines may be given on the same day, or at any time before or after other vaccines (including COVID-19 & RSV vaccines) for anyone 6 months of age and older.

No studies have been conducted that have assessed the co-administration of **Shingrix** with adjuvanted or high-dose influenza vaccines. With Fludax®, it is unknown how the adjuvants may interact when Shingrix is co-administered.

Reporting Adverse Events

An [Adverse Event Following Immunization \(AEFI\) form](#) must be filled out and faxed to the Immunization Program's fax line at **705-726-3962** for follow-up as soon as possible following any unexpected adverse events. See Public Health Ontario's [AEFI Reporting Fact Sheet](#) for more information.

Vaccine Ordering Information

Your initial supply of influenza vaccine is only to be administered to those included in the priority list on page 2. Everyone else will have to wait until after October 28th to receive their annual influenza vaccine. To ensure adequate vaccine supply, do not book large immunization clinics for patients outside the priority groups before November.

The following outlines this year's initial allocation and timelines for Influenza vaccine ordering:

Health Care Provider	Order Due By	Ready for Pick-Up	Product	Maximum Quantity
Primary Care for High-Risk Only	Wed Oct 9 th by 3 p.m.	Wed Oct 16 th at 8:30 a.m.	QIV-HD	Up to 40 doses per MD/NP
			TIV-adj	Up to 10 doses per MD/NP
			QIV	Up to 40 doses per MD/NP
Reorders	Wed Oct 23 rd by 3 p.m.	Wed Oct 30 th at 8:30 a.m.	QIV-HD	Based on local supply
			TIV-adj	Based on local supply
			QIV	Up to 50 doses per MD/NP

Only influenza vaccine orders submitted on this year's order form will be filled. The 2024-2025 Influenza Vaccine Order Form is available on the [SMDHU Health Professional portal](#). Each time you order influenza vaccine, you must include your temperature log sheet(s) for the previous four weeks.

If there is a reason you are ordering a large amount of vaccine (i.e., you have a clinic booked), please note this on the order form so that SMDHU staff can take this into account when reviewing your order, **noting supply for large clinics will not be available until November.**

Ensure your vaccine fridge can accommodate the influenza vaccine you order, and ensure you come with enough cooler capacity to pick up the vaccine you have ordered. You may need to make more than 1 trip to pick up your order or bring an additional hard-sided cooler and thermometer as we do not have any extra supplies to loan out.

For more information, please visit our website at www.smdhu.org/hpportal or contact the Immunization Program at 705-721-7520 or toll free at 1-877-721-7520.

- For questions regarding vaccine orders: ext. 8808 or vaccineorders@smdhu.org
- For all other HCP questions: ext. 8806 or hc.vpd@smdhu.org