

Ontario 2026-2027 Influenza Vaccine Quick Reference Guide

Information in this guide is from the Ontario 2026-27
Universal Influenza Immunization Program

Publicly funded vaccines for the 2026-27 season

Below are the age-specific vaccine products publicly funded in Ontario for the 2026-27 season.

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

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

Other influenza vaccines that are not publicly funded for the 2026-27 season, including FluMist® (intranasal spray) and Supemtek™ (recombinant protein vaccine), may be purchased by patients at a pharmacy.

Important notes

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

Prioritization for influenza vaccine

Prioritize administration of influenza vaccines as follows:

Month	Populations
End of September to early-to-mid October (as soon as vaccine is available)	High risk populations: • Adults aged 65+ • Adult residents of long-term care homes and other congregate living settings for seniors • All pregnant individuals • All children 6 months to 4 years of age • Individuals in or from First Nations, Métis or Inuit communities • Individuals aged six months and older with select underlying health conditions Priority populations: • Health care workers • Staff and care providers in congregate living settings (e.g. chronic care facilities, long-term care homes, retirement homes) • First responders • Members of underserved communities • Individuals whose occupational or recreational activities increase their risk of exposure to avian influenza A viruses
Oct. 26, 2026	General population, especially: • Individuals who can transmit influenza to high-risk individuals or infants under six months of age • Individuals who provide essential community services • high-risk individuals now include those who are breastfeeding

Refer to [2026/2027 Universal Influenza Immunization Program \(UIIP\)](#) for a detailed list of patients who are particularly recommended to get the influenza vaccine.

Personal protective equipment

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

Refer to [Public Health Ontario's Best Practices for the Prevention of Acute Respiratory Infection Transmission in All Health Care Settings](#) for more information on continuous masking.

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

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

Contraindications:

- ▶ Patients who had a serious allergic reaction (anaphylaxis) to a previous dose of influenza or any ingredient in the vaccine, except for egg, **should NOT be vaccinated**. Refer these patients to an Allergist for further assessment.

- ▶ Patients who developed Guillain-Barré Syndrome within six weeks of a past influenza vaccination **should generally NOT be vaccinated**, but this should be weighed against the risks of not being protected.

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

Co-administration with other vaccines

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

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

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

Other administration considerations

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

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

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

References

- [Universal Influenza Immunization Program \(UIIP\)](#). (Ontario Ministry of Health)
- [Influenza vaccines: Canadian Immunization Guide](#). (Public Health Agency of Canada)
- [Safely providing in-person care for community-based practices](#). (Public Health Agency of Canada)