

Ministry of Health

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Ministère de la Santé

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September 12, 2024

RE: Ontario’s Universal Influenza Immunization Program (UIIP) – 2024/2025

Dear Health Care Provider,

The following letter provides details on the 2024/2025 Ontario Universal Influenza Immunization Program (UIIP). Thank you for your continued support for the UIIP and the tremendous work that you have done for the COVID-19 vaccine program. Your continued efforts and support for vaccination are very important as we move into the fall.

With the Ontario Universal Influenza Immunization Program (UIIP) approaching for the 2024/2025 influenza season, the Ministry of Health (“ministry”) is providing you with details regarding the upcoming UIIP. Influenza vaccination will continue to be very important this fall with the co-circulation of respiratory diseases, including COVID-19 and respiratory syncytial virus (RSV). Immunization protects the health of individuals, families, and communities as well as mitigates impacts on our healthcare system.

The ministry will be rolling out the COVID-19 and influenza vaccination campaigns, as well as the RSV infant and adult programs for the 2024/2025 respiratory illness season. These programs will help to reduce the risk of severe illness that could arise from COVID-19, RSV and influenza this season. Information on [RSV](#) prevention programs, including infant, high-risk children and adult have been shared. More information will be shared regarding the [COVID-19](#) fall program.

The purpose of this letter and the attached fact sheets is to provide details on the available influenza vaccine products for the 2024/2025 UIIP, as well as information on vaccine supply and distribution processes.

2023/2024 UIIP Vaccine Products

The publicly funded influenza vaccines available for the 2024/2025 UIIP include:

1. Quadrivalent Inactivated Vaccine (QIV) for those ≥ 6 months of age
2. High-Dose Quadrivalent Inactivated Vaccine (QIV-HD) for those ≥ 65 years only
3. Adjuvanted Trivalent Inactivated Vaccine (TIV-adj) for those ≥ 65 years only

See attached fact sheets for more product specific information.

Provincial Vaccine Supply and Distribution Process

Each year the ministry receives its supply of influenza vaccine in multiple shipments from the manufacturers starting in mid to late September and continuing into November. For the 2024/2025 UIIP season, the total vaccine quantity ordered to date by the ministry is over 5.5 million doses, which includes 1.85 million doses of two flu vaccines for seniors.

The Ontario Government Pharmaceutical and Medical Supply Service (OGPMSS) begins shipping influenza vaccine doses across the province in late September to local public health units and pharmaceutical distributors for further distribution to premises within their jurisdictions.

Distribution of the influenza vaccines in Ontario is described below:

When	Distribution Initiated To
End of September to early October	Hospitals and long-term care homes
Early- to mid-October	Retirement homes and other settings with vulnerable populations
Early-to mid-October	Physicians, pharmacies, and all other providers/organizations for high-risk program roll-out

Premises across the province should start receiving influenza vaccine by approximately mid-October.

As the ministry receives only a portion of the provincial supply from manufacturers starting in mid to late September, the ministry distributes smaller quantities in early- to mid-October to ensure equitable distribution across the province and to allow for the provincial supply of vaccine at OGPMSS to replenish. The initial supply of vaccine is prioritized for distribution to hospitals and long-term care homes (LTCHs).

Timing of Immunization

Influenza vaccine doses received should be prioritized for administration as follows:

When immunizations start	Populations
As soon as vaccine is available	<ul style="list-style-type: none">• Residents, staff, and care providers in congregate living settings (e.g. chronic care facilities, retirement homes)• Individuals at high-risk of complications or hospitalization due to influenza (see appendix A)• Health care workers, first responders and individuals with significant exposure to birds or mammals
October 28, 2024	<ul style="list-style-type: none">• General population

Seniors, especially those in congregate settings such as long-term care homes, hospitals, and retirement homes, should get immunized as soon as the influenza vaccine is available for them. The QIV-HD or TIV-adj should be offered, when available, over QIV influenza vaccines for adults 65 years of age and older. However, if a preferred product is not available, any of the available age-appropriate influenza vaccines (including QIV) should be used. The most important thing is for older adults to be vaccinated. Do not delay vaccination to wait for a particular product.

Each influenza season, the government endeavours to allocate and distribute vaccine equitably to locations and providers across the province, prioritizing early doses to hospitals and other congregate care settings. Each season there may be unanticipated shifts in the quantity of publicly funded influenza vaccines and/or delays in vaccine delivery (e.g. production delays by manufacturers). Therefore, vaccine deliveries could be impacted. **As a result, the ministry recommends that providers do not book appointments prior to receiving influenza vaccine.**

Providers wishing to conduct large-scale influenza community vaccination clinics should wait until October 28 to ensure that an adequate supply of vaccine can be ordered based on the available provincial supply.

Co-administration

As we move into the fall and prepare for another respiratory season, we ask that you please consider, as appropriate, co-administration of COVID-19 vaccine and flu vaccines, as well as respiratory syncytial virus (RSV) vaccine or monoclonal antibody (MAb) product whenever possible.

All available influenza vaccines (i.e., QIV-HD, TIV-adj, and QIV) may be given to individuals at the same time with other vaccines*, or at any time before or after, other vaccines, including COVID-19 and RSV vaccine or monoclonal antibody products, for individuals 6 months of age and older.

If multiple injections are to be given at the same visit, separate limbs should be used if possible. Alternatively, the injections may be administered into the same muscle separated by at least 2.5 cm (1"). Different immunization equipment (needle and syringe) must be used for each vaccine.

*For adults 65 years of age and older, there are no direct studies on the co-administration of Shingrix[®] with Fludax[®] (TIV-adj) or Fluzone[®] High-Dose Quadrivalent (QIV-HD). With Fludax[®], it is unknown how the adjuvants may interact when Shingrix[®] is co-administered.

Influenza Vaccine Ordering

Primary care providers should not expect to receive all doses that were received in the previous season in their first order as the ministry only receives a proportion of the total provincial supply in October.

Your public health unit will communicate additional information regarding the ordering process for your initial shipment. Please be reminded that the number of doses a primary care provider receives in their first order may be adjusted at the discretion of the public health unit and the ministry in accordance with provincial and local vaccine supply.

First vaccine orders are anticipated to be delivered anytime between early to late October. Influenza vaccine should be offered to eligible high-risk individuals as soon as it becomes available at your office.

Once you have received your first vaccine order, you may begin to place reorders beginning the week of October 21 for delivery/pick-up, depending on your public health unit, the week of October 28. Communication regarding your first shipment / order and reorders will be provided by your local public health unit.

Should you have any questions regarding local distribution and ordering, please contact your local public health unit.

For more information about the UIIP, please visit our website at:
www.ontario.ca/page/universal-influenza-immunization-program.

Thank you for efforts and support in the delivery of the 2024/2025 UIIP.

Sincerely,

A handwritten signature in black ink, appearing to read 'Kieran Moore', with a stylized flourish at the end.

Dr. Kieran Michael Moore, MD, CCFP(EM), FCFP, MPH, DTM&H, FRCPC, FCAHS
Chief Medical Officer of Health and Assistant Deputy Minister, Public Health

Attachments:

Health Care Provider Fact Sheet: Influenza Immunization Information for the 2024/2025
Influenza Season 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

Appendix A

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 in 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 women
- 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 acetylsalicylic acid 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.