



Influenza Immunization 2024-2025 Update

Pharmacists are authorized to vaccinate persons 5 years of age and older who have a valid Saskatchewan Health Card with a publicly funded influenza vaccine.^{1,2}

The program officially starts October 15, 2024, however, if vaccine is available, pharmacists may vaccinate high-risk individuals ONLY (i.e., children six months to five years old [pharmacists can only vaccinate five-year-olds], long term care and personal care home residents, immunocompromised individuals, and those 65+ who have significant risk factors) before the official start date. The program ends March 31, 2025. Children younger than age nine requiring a second dose of vaccine can receive immunization until April 30, 2025.² See the [Saskatchewan Influenza Immunization Policy](#) (SIIP) for full details.

Highlights of this year's Saskatchewan Influenza Immunization Policy (SIIP)^{2,3}:

- **Afluria® Tetra** will be the primary standard-dose influenza vaccine supplied to pharmacies again this season; Flulaval Tetra and Fluzone® Quadrivalent are secondary supply.
- **Fluzone® High-Dose** Quadrivalent will be publicly funded for **all residents ≥65 years of age** with a valid Saskatchewan Health Services Card.
- All publicly funded vaccines contain the following influenza strains:
 - A/Victoria/4897/2022 (H1N1)pdm09-like virus
 - A/Thailand/8/2022 (H3N2)-like virus
 - B/Austria/1359417/2021 (B/Victoria lineage)-like virus
 - B/Phuket/3073/2013 (B/Yamagata lineage)-like virus
- To register a pharmacy to participate in the 2024-2025 Influenza Immunization Program outside of the yearly fall registration process, contact the DPEBB directly at: DPEBimmunizations@health.gov.sk.ca
- There has been a change to the Screening, Precautions and Contraindications section regarding oculo-respiratory syndrome (ORS): **Individuals who have experienced ORS without lower respiratory tract symptoms may be safely revaccinated with influenza vaccine.** As before, individuals who experienced ORS with lower respiratory tract symptoms should have an expert review. Health care providers who are unsure whether an individual previously experienced ORS versus an immunoglobulin E (IgE)-mediated hypersensitivity immune response should seek advice.

2024-2025 Publicly Funded Influenza Vaccine Information

Vaccines funded by the Saskatchewan Ministry of Health for use in the 2024-2025 influenza season²:

- **Fluzone® High-Dose Quadrivalent**
 - available through all immunizers
 - for use in individuals 65 years and older
- **Afluria® Tetra** (standard-dose)
 - primary supply for pharmacies
 - for use in individuals 5 years and older
- **Flulaval Tetra** (standard-dose)
 - available through Public Health (Saskatchewan Health Authority (SHA), First Nations Jurisdictions (FNJ), Athabasca Health Authority (AHA))
 - secondary supply for pharmacies
 - for use in individuals 6 months and older
- **Fluzone® Quadrivalent** (standard-dose)
 - for use in individuals 6 months and older
 - multidose vials
 - available through Public Health (SHA, FJN, AHA) and other (i.e., physician, nurse practitioner) immunizers
 - secondary supply for pharmacies
 - prefilled syringes (thimerosal-free)
 - available through Public Health (SHA, FJN, AHA)

Afluria® Tetra, Flulaval Tetra, and Fluzone® Quadrivalent are egg-based, quadrivalent, inactivated influenza vaccines containing 15 mcg of hemagglutinin (HA) protein of the four influenza strains.

These vaccines **are safe for use in all stages of pregnancy and during lactation.**⁴

Fluzone® High-Dose Quadrivalent is a quadrivalent inactivated influenza vaccine containing 60 mcg (HA) protein of the four influenza strains. It is indicated for use in individuals 65 years and older.⁴

Thimerosal-containing vaccines: all multidose vials of publicly funded influenza vaccine contain thimerosal.² People preferring thimerosal-free vaccine need to be referred to Public Health where Fluzone® Quadrivalent (standard-dose) prefilled syringes will be available.² Note that thimerosal is considered safe in pregnancy.⁴

Pharmacists should be aware of all influenza vaccine options (see Tables 1, 2, and 3). In accordance with the requirements in the [Administration of Drugs by Injection and Other Routes - Policies, Standards and Guidelines for Pharmacists](#), pharmacists may need to inform patients of influenza vaccine options for various reasons (e.g., contraindication, patient preference).¹ If a non-publicly funded influenza vaccine is requested, pharmacies may purchase and charge the patient for it as a private sale and service.

Table 1: Influenza Vaccines Authorized for Use in Canada^{4,5,a}

Vaccine Type	Brand Names	How Supplied	
		Multidose Vial	Prefilled Syringe (Thimerosal-free)
Quadrivalent Standard-Dose Inactivated Influenza Vaccine (IIV4-SD)	Afluria® Tetra ^b	√	x
	FluLaval Tetra ^c	√	x
	Fluzone® Quadrivalent ^c	√	√ (Public Health only)
	Influvac® Tetra	x	√
Quadrivalent Live Attenuated Influenza Vaccine (LAIV4)	Flumist® Quadrivalent	x	√ (single-use pre-filled glass sprayer)
Cell-Culture Based Quadrivalent Inactivated Influenza Vaccine (IIV4-cc)	Flucelvax® Quad	√	√
Recombinant quadrivalent influenza vaccine (RIV4)	Supemtek™	x	√
High-Dose Quadrivalent Inactivated Influenza Vaccine (IIV4-HD)	Fluzone® High-Dose Quadrivalent ^d	x	√
Adjuvanted Inactivated Influenza Vaccine (IIV3-Adj)	Fluad®	x	√

a. Not all listed vaccines may be available in Canada this season.
b. Publicly funded in SK for the 2024-25 influenza season; primary supply for pharmacies.²
c. Publicly funded in SK for the 2024-25 influenza season and available through Public Health and other immunizers (e.g. physicians, nurse practitioners); secondary supply for pharmacies.²
d. Publicly funded in SK for the 2024-25 influenza season for residents 65 years and older and available through all immunizers.²

2024-2025 National Advisory Committee on Immunization (NACI) Recommendations of Note

There are two notable changes this season⁴:

1. No influenza B/Yamagata viruses have been detected in the Northern or Southern Hemispheres since March 2020. The World Health Organization (WHO) has recommended excluding the B/Yamagata lineage antigen from the 2024-2025 influenza vaccine formulations to avoid the theoretical risk of reintroducing these viruses through continued vaccine production and use. The United States Food and Drug Administration has adopted this recommendation and will use trivalent influenza vaccines for the 2024-2025 season. NACI supports this recommendation but recognizes the logistical and regulatory barriers for implementation. Transition to trivalent influenza vaccine is expected in Canada going forward. NACI has stated that there is no public health risk from B/Yamagata viruses and that all influenza vaccines remain effective, immunogenic, and safe.⁶

NACI now states that any age-appropriate **quadrivalent or trivalent** influenza vaccine should be used for individuals 6 months of age and older who do not have contraindications or precautions. Please note that the only trivalent influenza vaccine available this season is Fluad® (IIV3-Adj).⁴

The WHO influenza strain recommendations for the 2024-2025 season are⁷:

- Egg-based vaccines:
 - A/Victoria/4897/2022 (H1N1)pdm09-like virus
 - A/Thailand/8/2022 (H3N2)-like virus
 - B/Austria/1359417/2021 (B/Victoria lineage)-like virus
- Recombinant- and cell-based vaccines:
 - A/Wisconsin/67/2022 (H1N1)pdm09-like virus
 - A/Massachusetts/18/2022 (H3N2)-like virus
 - B/Austria/1359417/2021 (B/Victoria lineage)-like virus

For the 2024-2025 season, all of Canada's quadrivalent influenza vaccines contain the B/Phuket/3073/2013 (B/Yamagata lineage)-like virus.⁶

2. For individuals **≥ 65 years of age, IIV3-Adj and RIV4** are now recommended (along with **IIV4-HD**) as **preferred vaccines**. Evidence has shown that all three of these vaccines have increased benefit when compared to IIV-SD, with no difference in safety in this population.⁸

- **Fluad® (IIV3-Adj)** is a trivalent vaccine containing the adjuvant MF59. The adjuvant is intended to increase immunogenicity. IIV3-Adj contains 15 µg of antigen per strain and is administered as a 0.5 mL dose by IM injection for adults ≥65 years of age.^{4,8}
 - Disadvantages:
 - adjuvant may cause more injection-site reactions⁸
 - not funded for use in Saskatchewan this influenza season²
 - Advantages:
 - adjuvant increases immunogenicity⁸
 - contains only the 3 recommended WHO strains^{7,8}
- **Supemtek™ (RIV4)** is a recombinant quadrivalent influenza vaccine. It was approved in Canada on January 14, 2021. The recombinant method uses influenza virus protein genes that are inserted into another virus that grows in insect cells and produces hemagglutinin (HA) antigens. Single HA antigens are cloned in the virus then harvested from these cells and purified. Supemtek™ contains 45 µg of antigen per strain and is administered as a 0.5 mL dose by IM injection.⁹
 - Disadvantages:
 - more expensive⁹
 - infrastructure for manufacturing is limited⁹
 - not funded for use in Saskatchewan this influenza season²
 - Advantages⁹:
 - egg-free – no egg-adaptive mutations can occur
 - manufacturing process is much faster with less microbial and chemical contamination
 - allows for an exact match to the WHO's recommended influenza strains

Table 2: NACI Recommendations for Non-Publicly Funded Influenza Vaccines⁴

See Table 1 for vaccine abbreviation definitions.

Vaccine: Abbreviation & Brand name	Approved Age	Comments
IIV4-cc Flucelvax® Quad	6 months and over	May be used non-preferentially up to age 65 years. It is an option for those ≥ 65 years if IIV3-Adj, RIV4 or IIV4-HD are unavailable or inappropriate.
LAIV4 Flumist® Quadrivalent	≥2 years to <18 years	LAIV4 is suitable for use in this age group with these exceptions : <ul style="list-style-type: none"> • severe asthma (defined as currently on oral or high-dose inhaled corticosteroids or active wheezing) • having experienced medically attended wheezing in the 7 days prior to vaccination • immune compromising conditions, due to underlying disease, therapy or both excluding those with stable HIV infection on HAART and with adequate immune function^a • currently receiving ASA • pregnancy • receipt of an influenza antiviral medication in the previous 48 hours
	≥18 years to <60 years	There is some evidence that IIV may provide better efficacy than LAIV in healthy adults, however, NACI includes this vaccine among its recommendations in this age group with these exceptions : <ul style="list-style-type: none"> • chronic health conditions^b • pregnancy • health care workers • receipt of an anti-influenza antiviral medication in the previous 48 hours
RIV4 Supemtek™	≥18 year and over	May be used non-preferentially in 18 - 64 years. It is one of the preferred options (along with IIV3-Adj & IIV4-HD) in those 65 years and older
IIV3-Adj Fluad®	≥65 years and over	It is one of the preferred options (along with RIV4 & IIV4-HD) in those 65 years and older May cause more injection-site reactions than other influenza vaccines due to the adjuvant.
<p>a. Stable HIV infection defined as: receiving HAART (highly active antiretroviral therapy) ≥ 4 months; and CD4 count ≥ 500/μL if 2–5 years of age, or ≥200/μL if 6–17 years of age (measured within 100 days before administration of LAIV); and HIV plasma RNA <10,000 copies/mL (measured within 100 days before administration of LAIV).</p> <p>b. Includes: cardiac or pulmonary disorders (includes bronchopulmonary dysplasia, cystic fibrosis, and asthma); diabetes mellitus and other metabolic diseases; cancer, immune compromising conditions (due to underlying disease, therapy, or both, such as solid organ transplant or hematopoietic stem cell transplant recipients); renal disease; anemia or hemoglobinopathy; neurologic or neurodevelopmental conditions (includes neuromuscular, neurovascular, neurodegenerative, neurodevelopmental conditions, and seizure disorders, but excludes migraines and psychiatric conditions without neurological conditions); morbid obesity (BMI of 40 and over)</p>		

Table 3: Age Indications for Influenza Vaccine Types⁴

See Table 1 for vaccine abbreviation definitions.

Age	Approved Influenza Vaccines
≥ 6 months to < 2 years	IIV4-SD ^a , IIV4-cc
≥ 2 years to < 18 years	IIV4-SD ^a , IIV4-cc, LAIV4
≥ 18 years to < 60 years	IIV4-SD, IIV4-cc, LAIV4, RIV4
≥ 60 years to < 65 years	IIV4-SD, IIV4-cc, RIV4
≥ 65 years	IIV4-HD, RIV4, IIV3-Adj, IIV4-SD, IIV4-cc
a. Not all brands are approved for these ages; check product monographs.	

FAQs

Q: Can community pharmacists administer the influenza vaccine to someone without an HSN?

A: Persons without a valid HSN, from out of province, or from out of country, should be directed to a Public Health office for publicly funded flu vaccine. However, if administered in error, complete and submit a [Notice of Influenza Vaccine Administration](#) form.²

Q: If a standard-dose QIV vaccine was given to someone > 65 years of age, should they also get the High-Dose, adjuvanted, or recombinant influenza vaccine?

A: No. Seniors who received standard-dose QIV are not to be further immunized with influenza vaccine.²

Q: Can influenza vaccines be given at the same time as COVID-19, RSV, and pneumococcal vaccines?

A: Yes. All influenza vaccines may be given at the same time as, or at any time before or after administration of other live or inactivated vaccines.⁴ Keep in mind that side effects are typically greater if more than one vaccine is administered at a time and this may be particularly true if any of the vaccines contain an adjuvant (such as Fludax[®], Prevnar[®]20, Arexvy).¹⁰ Discuss this with the client before deciding to administer >1 vaccine at the same visit. Preferably use two different limbs but if there is a need to inject >1 vaccine into the same limb, separate the two injection sites by at least 2.5 cm (1 inch).¹¹

Q: Why would anyone want a non-publicly funded influenza vaccine?

A: Flumist[®] Quadrivalent nasal spray is an option for those who prefer not to have an injection and may be particularly useful in children. Flumist[®] Quadrivalent, Flucelvax[®] Quad and Supemtek[™] can be options for those with allergies to other influenza vaccines. If Fluzone[®] High-Dose is in short supply, Fludax[®] and Supemtek[™] are also preferred influenza vaccines for those ≥ 65 years of age.⁴

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