Public Health Agency of Canada | Agence de la santé publique du Canada

2020–2021 EDITION

SEASONAL INFLUENZA VACCINE

RECOMMENDATIONS FROM THE NATIONAL ADVISORY COMMITTEE ON IMMUNIZATION (NACI) 2020–2021

Canada

WHO SHOULD RECEIVE THE VACCINE?

Everyone 6 months of age and older, who do not have contraindications to the vaccine, especially:

PEOPLE AT HIGH RISK OF INFLUENZA-RELATED COMPLICATIONS OR HOSPITALIZATION

- All pregnant women;
- Adults and children with the following chronic health conditions:
  - 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 neurodevelopment conditions (includes neuromuscular, neurovascular, neurodegenerative, neurodevelopmental conditions, and seizure disorders [and, for children, includes febrile seizures and isolated developmental delay], but excludes migraines and psychiatric conditions without neurological conditions);
  - morbid obesity (body mass index [BMI] of 40 and over); and
  - children 6 months to 18 years of age undergoing treatment for long periods with acetylsalicylic acid, because of the potential increase of Reye's syndrome associated with influenza.
- People of any age who are residents of nursing homes and other chronic care facilities;
- Adults 65 years of age and older;
- All children 6–59 months of age; and
- Indigenous Peoples.

PEOPLE CAPABLE OF TRANSMITTING INFLUENZA TO THOSE AT HIGH RISK

- Health care and other care providers in facilities and community settings who, through their activities, are capable of transmitting influenza to those at high risk;
- Household contacts, both adults and children, of individuals at high risk, whether or not the individual at high risk has been vaccinated:
  - household contacts of individuals at high risk;
  - household contacts of infants less than 6 months of age, as these infants are at high risk but cannot receive influenza vaccine;
  - members of a household expecting a newborn during the influenza season;
- Those providing regular child care to children 0–59 months of age, whether in or out of the home; and
- Those who provide services within closed or relatively closed settings to people at high risk (e.g., crew on a ship).

OTHERS

- People who provide essential community services; and
- People who are in direct contact with poultry infected with avian influenza during culling operations.

SCHEDULE

Adults and children 9 years of age and older should receive 1 dose of influenza vaccine each year.

Children 6 months to less than 9 years of age who have never received the influenza vaccine in a previous influenza season should be given 2 doses of influenza vaccine in the current season, with a minimum interval of 4 weeks between doses. If they have been properly vaccinated with one or more doses in the past, they should receive 1 dose of influenza vaccine per season thereafter.

SIMULTANEOUS ADMINISTRATION WITH OTHER VACCINES

All seasonal influenza vaccines, including LAIV, may be given at the same time as, or at any time before or after administration of other live attenuated or inactivated vaccines.

WHO SHOULD NOT RECEIVE THE VACCINE?

- People who have had an anaphylactic reaction to a previous dose of influenza vaccine;
- People who have had an anaphylactic reaction to any of the vaccine components, with the exception of egg; and
- People who have developed Guillain-Barré Syndrome (GBS) within 6 weeks of a previous influenza vaccination.

LIVE ATTENUATED INFLUENZA VACCINE (LAIV) IS CONTRAINDICATED FOR:

- People with immune compromising conditions, due to underlying disease, therapy, or both, with the exception of children with stable HIV infection on HAART and with adequate immune function.
- People with severe asthma (defined as currently on oral or high-dose inhaled glucocorticosteroids or active wheezing) or medically attended wheezing in the 7 days prior to the proposed date of vaccination, due to increased risk of wheezing; LAIV is not contraindicated for people with a history of stable asthma or recurrent wheeze.
- Children less than 24 months of age, due to increased risk of wheezing.
- Children 2–17 years of age currently receiving aspirin or aspirin-containing therapy, because of the association of Reye's syndrome with aspirin and wild-type influenza infection; aspirin-containing products in children less than 18 years of age should be delayed for 4 weeks after receipt of LAIV.
- Pregnant women, because it is a live attenuated vaccine and there is a lack of safety data at this time; LAIV is not contraindicated in breastfeeding mothers.
- People who have received an anti-influenza antiviral drug in the previous 48 hours.

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CHOICE OF VACCINE PRODUCT

ABBREVIATIONS:
IIV3: trivalent inactivated influenza vaccine; IIV4: quadrivalent inactivated influenza vaccine; LAIV: live attenuated influenza vaccine.

CHILDREN

CHILDREN 6–23 MONTHS OF AGE

+ IIV4 should be used.
+ If IIV4 is not available, any available and age appropriate IIV3 should be used.
+ LAIV is contraindicated.

HEALTHY CHILDREN (2–17 YEARS OF AGE)

+ IIV4 or LAIV should be used, including children with chronic health conditions without contraindications.
+ If IIV4 or LAIV are not available, any available IIV3 should be used.
+ LAIV is contraindicated for children currently receiving aspirin or aspirin-containing therapy, with most immune compromising conditions and with severe asthma or medically attended wheezing in previous 7 days.

CHILDREN WITH IMMUNE COMPROMISING CONDITIONS (2–17 YEARS OF AGE)

+ IIV4 should be used.
+ If IIV4 is not available, any available IIV3 should be used.
+ LAIV is contraindicated but;
  - > may be given to children with stable HIV infection, if the child is currently being treated with HAART and has adequate immune function.
  - > may be given to children with cystic fibrosis who are not treated with immunosuppressive drugs (e.g., prolonged systemic corticosteroids).

CHILDREN WITH SEVERE ASTHMA OR MEDICALLY ATTENDED WHEEZING IN PREVIOUS 7 DAYS (2–17 YEARS OF AGE)

+ IIV4 should be used.
+ If IIV4 is not available, any available IIV3 should be used.
+ LAIV is contraindicated but may be given to children with stable, non-severe asthma.

ADULTS

HEALTHY ADULTS (18–59 YEARS OF AGE)

+ IIV3, IIV4 or LAIV should be used.

ADULTS WITH CHRONIC HEALTH CONDITIONS (18–59 YEARS OF AGE)

+ IIV3 or IIV4 should be used.
+ LAIV is contraindicated for adults with any of the high-risk chronic health conditions listed above.

ADULTS 60–64 YEARS OF AGE

+ IIV3 or IIV4 should be used.

ADULTS ≥65 YEARS OF AGE

+ IIV3 high dose should be used over IIV3 standard dose. IIV3 adjuvanted and IIV4 standard dose may also be used.

OTHERS

PREGNANT WOMEN

+ IIV3 or IIV4 should be used.
+ LAIV is contraindicated.

HEALTHCARE WORKERS

+ IIV3 or IIV4 should be used.
+ LAIV is not recommended as a precautionary measure to avoid the theoretical risk of transmitting a vaccine virus to people with severe immune compromising conditions.

RECOMMENDED DOSAGE & ROUTE, BY AGE, FOR THE 2020–2021 SEASON

Age group	Influenza vaccine type (route of administration)				Number of doses required
	IIV3[a] or IIV4[b] standard dose (IM)	IIV3 adjuvanted[c] (IM)	IIV3 high dose[d] (IM)	LAIV[e] (intranasal)	
6–23 months	0.5 mL[f]	0.25 mL	–	–	1 or 2[g]
2–8 years	0.5 mL	–	–	0.2 mL (0.1 mL per nostril)	1 or 2[g]
9–17 years	0.5 mL	–	–	0.2 mL (0.1 mL per nostril)	1
18–59 years	0.5 mL	–	–	0.2 mL (0.1 mL per nostril)	1
60–64 years	0.5 mL	–	–	–	1
≥65 years	0.5 mL	0.5 mL	0.5 mL	–	1

ABBREVIATIONS:
IIV3: trivalent inactivated influenza vaccine; IIV4: quadrivalent inactivated influenza vaccine; LAIV: live attenuated influenza vaccine; IM: intramuscular.

[a] Agriflu® (6 months and older), Fluviral® (6 months and older), Influvac® (3 years and older).

[b] Afluria® Tetra (5 years and older), Flulaval® Tetra (6 months and older), Fluzone® Quadrivalent (6 months and older), Influvac® Tetra (3 years and older)

[c] Fluad Pediatric® (6–23 months) or Fluad® (65 years and older)

[d] Fluzone® High-Dose (65 years and older)

[e] FluMist® Quadrivalent (2–59 years)

[f] Evidence suggests moderate improvement in antibody response in infants, without an increase in reactogenicity, with the use of full vaccine doses (0.5 mL) for unadjuvanted inactivated influenza vaccines. This moderate improvement in antibody response without an increase in reactogenicity is the basis for the full dose recommendation for unadjuvanted inactivated vaccine for all ages.

[g] Children 6 months to less than 9 years of age receiving seasonal influenza vaccine for the first time in their life should be given 2 doses of influenza vaccine, with a minimum interval of 4 weeks between doses. Children 6 months to less than 9 years of age who have been properly vaccinated with one or more doses of seasonal influenza vaccine in the past should receive 1 dose of influenza vaccine per season thereafter.

SOURCE: 2020 Public Health Agency of Canada. An Advisory Committee Statement, National Advisory Committee on Immunization (NACI), Canadian Immunization Guide Chapter on Influenza and Statement on Seasonal Influenza Vaccine for 2020–2021 (See under Influenza for full document as well as related addenda available at **www.canada.ca/en/public-health/services/immunization/national-advisory-committee-on-immunization-naci.html**).

For recommendations regarding vaccine delivery and guidance in the context of COVID-19, refer to the **Guidance for Influenza Vaccine Delivery in the Presence of COVID-19** and the Influenza section on the **National Advisory Committee on Immunization (NACI): Statements and publications** web page.

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