

## MEMO

**To:** Physicians Offering COVID-19 and Influenza Vaccine  
**From:** Dr. Janice Fitzgerald, Chief Medical Officer of Health  
**Date:** October 6, 2025  
**Re:** Influenza and COVID-19 Vaccine Information for 2025-26 Season

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The 2025-26 Influenza and COVID-19 immunization campaign will begin October 20, 2025. Vaccine for the publicly funded program is now available for distribution to community-based physician's offices, community health nursing clinics, pharmacies, health facilities, staff health offices, and other healthcare professionals who are offering influenza immunizations this season.

### **COVID-19 Vaccine**

In early 2025, the National Advisory Committee on Immunization (NACI) provided [guidance on the use of COVID-19 vaccines for 2025-26](#). All individuals aged 6 months and older, regardless of prior vaccination status, are eligible for COVID-19 vaccination in Fall 2025.

Vaccination is strongly recommended for those at higher risk of exposure to COVID-19 or severe illness, including:

- Adults 65+
- Residents of long-term care or senior congregate living settings
- Individuals with [underlying medical conditions](#), including children with complex needs
- Pregnant individuals
- People from First Nations, Métis, and Inuit communities
- Members of racialized or equity-denied groups
- Health care workers and caregivers

A second dose, spaced at least 3 months after the first, is recommended for:

- Adults 80+
- Residents of long-term care
- Individuals 6 months and older who are [moderately to severely immunocompromised](#)

Adults 65–79 may also receive a second dose based on individual risk and clinical judgment.

For previously vaccinated individuals, a minimum interval of 3 months between COVID-19 vaccine doses is recommended.

### Recommendations for those not previously vaccinated against COVID-19

- Children aged 6 months to under 5 years are recommended to receive two doses of Moderna vaccine, given eight weeks apart.
- Children aged 6 months to under 5 years who are **moderately to severely immunocompromised**, are recommended to receive 3 doses of Moderna vaccine, given four to eight weeks apart.
- Children 5 – 11 years of age who are **moderately to severely immunocompromised**, are recommended to receive 2 doses of Moderna vaccine, given four to eight weeks apart (a third dose can be considered for this age group, based on clinical discretion of care provider).
- Those 12 years and older who are **moderately to severely immunocompromised** are recommended to receive 2 doses of Moderna or Pfizer vaccine, given four to eight weeks apart (a third dose can be considered for this age group, based on clinical discretion of care provider).

New recipients of haematopoietic stem cell transplantation (HSCT) or chimeric antigen receptor (CAR) T-cell therapy should be vaccinated with 3 doses beginning at 3 to 6 months post-HSCT/CAR T-cell therapy, regardless of vaccination or infection history. For HSCT and CAR T-cell recipients, the recommended interval between doses is 4 to 8 weeks.

For the 2025-2026 season, Pfizer COVID-19 vaccine supplied to Canada will be authorized for individuals 12 years of age and older and Moderna COVID-19 vaccine will be authorized for individuals 6 months of age and older. For adult populations Moderna and Pfizer COVID-19 vaccines will be available in multidose vial and prefilled syringe. For children 6 months to 11 years of age, Moderna vaccine will be available in multidose vials. The table below outlines the shelf-life requirements for each:

	Pfizer-BioNTech Comirnaty mRNA Vaccine		Moderna Spikevax mRNA Vaccine	
	Multi-dose Vial	Pre-filled Syringe	Multi-dose Vial	Pre-filled Syringe
<b>Storage</b>	ULT (-90°C): until expiry date noted on carton/vial  2°C to 8°C: 10 weeks  Room temperature: 12 hours before first puncture and 12 hours after first puncture  Do not refreeze once thawed	Prefilled syringes can be stored at 2°C to 8°C until the expiration date  After removing the tip cap and attaching an appropriate needle, the prefilled syringes should be used immediately. If it cannot be used immediately, it must be used within 4 hours.  Do not freeze	Frozen (-50°C to -15°C): until expiry date noted on carton/vial  2°C to 8°C: 50 days  Room temperature: 24 hours before first puncture and 24 hours after first puncture  Do not refreeze once thawed	Frozen (-50°C to -15°C): until expiry date noted on carton/vial/syringe  2°C to 8°C: 50 days  Room temperature: 12 hours  Do not refreeze once thawed

For more information on vaccine stability, please visit the [vaccine storage and handling guidelines](#).

## **Influenza Vaccine**

Influenza vaccine is available to all individuals 6 months of age and older. Emphasis should be placed on immunizing those who are at increased risk for complications from influenza, and individuals who are capable of transmitting influenza to individuals at high risk of a severe influenza infection.

Those at higher risk of exposure to influenza or severe influenza disease include:

- All pregnant people.
- Adults and children with the following chronic health conditions:
  - cardiac or pulmonary disorders (including bronchopulmonary dysplasia, cystic fibrosis & asthma);
  - diabetes mellitus and other metabolic diseases;
  - cancer, immune compromising conditions (due to underlying disease and/or therapy);
  - renal disease;
  - anemia or hemoglobinopathy;
  - neurologic or neurodevelopment conditions;
  - BMI  $\geq 40$ ;
  - children and adolescents (age 6 months to 18 years) 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.
- People  $\geq 65$  years of age.
- All children 6 to 59 months of age.
- Indigenous Peoples

People in contact with individuals at high risk of complications from influenza, include:

- Health care and other care providers in facilities and community settings who, through their activities, are in contact with those at high risk of influenza complications.
- Household contacts (adults and children) of individuals at high risk of influenza-related complications (even if the individual at high risk has been immunized):
- Household contacts of individuals at high risk, as listed in the section above;
- Household contacts of infants < 6 months of age as these infants are at high risk of complications from influenza but cannot receive influenza vaccine; and
- Members of a household expecting a newborn during the influenza season.
- Those providing regular childcare to children  $\leq 59$  months of age, whether in or out of the home.
- Those who provide services within closed or relatively closed settings to persons at high risk.

Other groups recommended to receive influenza vaccine:

- People who provide essential community services.
- People who are or could be involved in culling operations of poultry infected with avian influenza

For the 2025-26 season, the following trivalent influenza vaccine products are being offered to the public:

<b>Age category</b>	<b>Recommended Influenza vaccine</b>
6 months to 64 years of age	Fluviral
65 years of age and older	Fluad

Children 6 months and older to less than 9 years of age receiving influenza vaccine for the first time are recommended to receive 2 doses of vaccine spaced at least 4 weeks apart. Children 6 months and older to less than 9 years of age who have been vaccinated in the past should receive one dose of influenza vaccine per season thereafter.

As per the [National Advisory Committee on Immunization \(NACI\) recommendations](#), influenza vaccine can be given at the same time as, or any time before or after, other vaccines, including live, non-live, adjuvanted or unadjuvanted vaccines for individuals 6 months of age and older.

NACI has concluded that egg allergic individuals may be vaccinated against influenza using inactivated TIV, without prior influenza vaccine skin test and with the full dose, irrespective of a past severe reaction to egg.

Vaccine temperature for influenza must be always maintained between +2°C to +8°C.

### **Influenza and COVID-19 Vaccine Ordering**

The distribution and supply of vaccine will be monitored closely by public health staff within the Department of Health and Community Services (HCS) and NL Health Services (NLHS). Orders will be filled to the best of their ability. Please have measures in place to reduce wastage. It is imperative you do not overstock vaccine because this could lead to vaccine wastage.

When ordering vaccine, providers will need to ensure they are ordering and utilizing vaccines based on the appropriate age recommendations for each products' use. Before placing an order, ensure there is sufficient storage capacity of all products. An updated vaccine order form is available [online](#).

Vaccine viability may be compromised if not stored properly. Insulated coolers and sufficient supply of ice packs will be required when picking up vaccine. Vaccine will not be released without the proper equipment for transportation.

Supplies needed to administer vaccine will be provided to all healthcare professionals administering influenza and COVID-19 immunizations. To order vaccine supplies, complete the [inventory requisition form](#) and email it to: [inventory.supplychain@centralhealth.nl.ca](mailto:inventory.supplychain@centralhealth.nl.ca).

Vaccine must be stored properly in the clinic environment to ensure it remains at the appropriate temperature. Please see document [COVID-19-and-Influenza-Vaccine-Storage-Handling-Fact-Sheet.pdf \(timefortheshot.ca\)](#) for detailed storage guidelines.

For more information on these vaccines, including product monographs, please visit [Time For The Shot - Government of Newfoundland and Labrador](#).

### **Adverse Events Following Immunization**

All Adverse Events Following Immunization (AEFIs) are to be reported to the public health. For more information, please refer to the [provincial immunization manual](#). The national AEFI form can be accessed [here](#).

**Documentation Requirements**

Healthcare providers have a responsibility to ensure proper documentation of influenza and COVID-19 vaccine administration. Please refer to the October 2025 MCP newsletters for influenza and COVID immunization available at [Information for Medical Care Plan \(MCP\) Providers - Health and Community Services](#) for detailed information on data entry requirements.