

MEMO

To: Pharmacists Offering Influenza and COVID-19 Vaccine
From: Dr. Janice Fitzgerald, Chief Medical Officer of Health
Date: September 25, 2026
Re: RSV, Influenza and COVID-19 Vaccine Information for 2026-2027 Season

The 2026-27 RSV immunization campaign will begin October 5, 2026 and the influenza and COVID-19 immunization campaign will begin October 19, 2026. 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 through the publicly funded system this season.

COVID-19 Vaccine

In June 2026, the National Advisory Committee on Immunization (NACI) provided [guidance on the use of COVID-19 vaccines for 2026-27](#). All individuals aged 6 months and older, regardless of prior vaccination status, are eligible for COVID-19 vaccination this Fall.

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 to 79 years of age with [underlying medical conditions](#) that place them at higher risk of severe COVID-19

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 COVID-19 vaccine:

Age at time of immunization	Immunization schedule	Products available	Minimum interval
Immunocompetent Individuals			
6 months to under 5 years of age	2 doses for primary series 1 dose if previously vaccinated	Moderna Spikevax 25mcg (multi-dose vial)	8 weeks
5-11 years of age	1 dose	Moderna Spikevax 25mcg (multi-dose vial)	Not applicable
12 years of age and older	1 dose	Moderna Spikevax 50mcg (multi-dose vial or pre-filled syringe) Pfizer Comirnaty 30mcg (pre-filled syringe)	Not applicable
Immunocompromised Individuals			
6 months to under 5 years of age	3 doses	Moderna Spikevax 25mcg (multi-dose vial)	4-8 weeks
5-11 years of age	2 doses*	Moderna Spikevax 25mcg (multi-dose vial)	4-8 weeks
12 years of age and older	2 doses*	Moderna Spikevax 50mcg (multi-dose vial or pre-filled syringe) Pfizer Comirnaty 30mcg (pre-filled syringe)	4-8 weeks

*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.

The table below outlines the shelf-life requirements for each:

	Pfizer-BioNTech Comirnaty mRNA Vaccine	Moderna Spikevax mRNA Vaccine	
	Pre-filled Syringe	Multi-dose Vial	Pre-filled Syringe
Storage	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	2°C to 8°C: 60 days Room temperature: before first puncture: 12 hours after first puncture: a total of 12 hours of room temperature exposure Do not refreeze once thawed	2°C to 8°C: 60 days Room temperature: 12 hours Do not refreeze once thawed

For more information on vaccine stability, please visit the [Vaccine Storage and Handling Factsheet](#).

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 can transmit 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 ≥ 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 ≥ 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
- Members of a household expecting a newborn during the influenza season
- Those providing regular childcare to children ≤ 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 2026-27 season, the following trivalent influenza vaccine products are being offered to the public:

Age category	Recommended Influenza vaccine
6 months to 64 years of age	Fluviral or Fluzone (multi-dose vial and pre-filled syringe)
65 years of age and older	Fluad (pre-filled syringe)

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.

See the [National Advisory Committee on Immunization \(NACI\) recommendations](#) for more information.

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.

Unopened vials and pre-filled syringes of Influenza vaccine are stable at 2°C to 8°C until the expiry date printed on label. Once punctured, multidose vials must be discarded after 28 days.

RSV Vaccine

Respiratory syncytial virus (RSV) infection is a major cause of lower respiratory tract illness, particularly among infants, young children, and older adults at higher risk for RSV. In Newfoundland and Labrador, while RSV can be detected throughout the entire year, the highest number of infections often occur between the months of November and May.

RSV vaccine is offered through the provincial publicly funded system to the following populations:

- Adults 60 years of age and older living in senior congregate living facilities
- Adults 75 years of age and older

Two products will be available within the province for protection against RSV in adult populations; Arexvy and mResvia, both in pre-filled syringe format. See the [RSV NACI statement](#) for more information.

- Arexvy is stable at 2°C to 8°C until the expiry date noted on the syringe.
- mResvia vaccine is stable at 2°C to 8°C for 90 days following removal from frozen storage.

Your vaccine depot clerk will provide information on the expiry dates. COVID-19, Influenza and RSV 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.

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. As many of the products now in use are in a pre-filled syringe format, please ensure there is sufficient storage capacity of all products before placing an order for vaccine. The provincial [Vaccine Order Form](#) is available on government's website.

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 RSV, influenza and COVID-19 immunizations. To order vaccine supplies, complete the [Vaccine Supply Order Form](#) and email it to: vaccination.supplies@nlhealthservices.ca

Vaccine must be stored properly in the clinic environment to ensure it remains at the appropriate temperature. Please see the [Vaccine Storage and Handling Factsheet](#) for more information.

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](#).

Vaccine Administration Data Entry

When administering vaccinations, pharmacy professionals must adhere to the assessment, administration, documentation and follow-up requirements outlined in the College of Pharmacy of Newfoundland and Labrador Standards of Practice regarding [Administration of Drug Therapy by Inhalation or Injection](#).

For pharmacy professionals, administration of all vaccinations must be recorded in the Pharmacy Network (or other appropriate regional health authority approved record) using the DIN of the product administered.

Each immunization administration must be documented including required follow-up such as the date of the next dose if administering to individuals needing more than one vaccine dose as part of their vaccine series. If you have any questions on how to properly record immunization administration in the Pharmacy Network, please contact the Service Desk at NLHS Digital Health to speak to a member of the Pharmacy Team.

Pharmacy Vaccine Distribution

To ensure equitable access to vaccine, reduce distribution inefficiencies, and to ensure a timely and predictable supply throughout the season, pharmacies will no longer be required to submit vaccine orders this year at the start of the season.

Vaccines will be allocated to each pharmacy based on the finalized vaccine administration data from the previous season. Pharmacies will be given allocation notice and delivery schedules in advance to improve the efficiency of distribution processes and inventory management and to allow greater predictability for pharmacies.

Individual pharmacies will receive communication from their respective regional vaccine depots ahead of the campaign start date with their total allocation for the season.

Pharmacies can choose how they wish to receive their vaccine allocation as follows:

Option	Week 1	Week 2	Week 3	Week 4	Notes
A	*100% of allocation upfront	-	-	-	** 100% and 75% allocations will be distributed to a maximum amount determined at regional depot level
B	*75% of allocation upfront	12.5%	12.5%	-	** 100% and 75% allocations will be distributed to a maximum amount determined at regional depot level
C	50% of allocation upfront	25%	12.5%	12.5%	
D	25% of allocation upfront	25%	25%	25%	

Pharmacies should communicate back to vaccine depots after receiving notice of their allocation to advise of which option they have chosen for shipments. Vaccine storage capacity should be considered when choosing your option. Please ensure you have appropriate vaccine refrigerator storage space to stock the amount requested (please see [Vaccine Packaging Dimensions](#)). Depots will follow up with notification of scheduled dates for distribution.

After the first 4 weeks of the campaign, pharmacies can submit an additional order per month using the [Vaccine Order Form](#). This is to allow for any increase in uptake and demand. These orders are to be submitted where allocated supply has been exhausted and should not exceed 10% of total allocation. (e.g., if the allocation was for 1000 doses, supplemental orders could not exceed 100). Vaccine depots will begin accepting these supplemental orders on Nov. 9th, 2026 for processing the following week.

RSV vaccine distribution

RSV vaccine will be allocated as well. This allocation will be based on review of influenza immunizations administered to individuals 75 years of age and older in the previous season. All participating pharmacies will receive communication on their allocation ahead of campaign start date. RSV Vaccine distribution will begin during the week of Oct. 5th, 2026. After the first 2 weeks of the campaign, pharmacies can submit orders for an additional order per month for RSV vaccine using the vaccine order form. These orders are only to be submitted where allocated supply has been exhausted and should not exceed 10% of total allocation. Vaccine depots will begin accepting these supplemental orders on Oct. 19th, 2026 for processing the following week.

Additional Considerations:

Personal Care Home (PCH) vaccinations: If a pharmacy requires an increase in allocation to support administration in a new PCH they can provide an order specifically for that home by noting the name of the home on the order form. RSV vaccine orders for PCHs will be prioritized. Please indicate on your order if you are ordering RSV vaccine for a PCH.

New participating pharmacies: Any new pharmacies or pharmacies participating in the campaign for the first time will be provided with an appropriate allocation. There will be flexibility for additional orders as needed for this season. These pharmacies should contact their respective depots to discuss their intent to participate and to discuss allocation.

We are hopeful that this revised approach will have better alignment with early season vaccination demand. It should serve to streamline distribution, minimize vaccine wastage, and ensure all pharmacies have timely access to supply throughout the immunization season. Thank you for your continued partnership in supporting the immunization program.