Government of
Northwest Territories

# 2026-2027 Influenza Administration Quick Reference Guide

This is a quick reference guide for healthcare providers administering publicly funded influenza vaccine in the NWT. This document does not replace information provided in the Canadian Immunization Guide, the National Advisory Committee on Immunization (NACI) statement, vaccine product monographs, or CPHO alerts. It is the vaccine administrator's responsibility to ensure they review the most current documents included in this program package. If there is a discrepancy between the NACI statement and the product monograph, please follow the NACI statement.

1. Canadian Immunization Guide Influenza chapter
2. NACI: Statement on Seasonal Influenza Vaccines for 2026-2027
3. Influenza Vaccine Product Monographs:
    - **a** FLUZONE TRIVALENT – STANDARD DOSE
    - **b** FLUMIST® TRIVALENT
    - **c** FLUZONE®TRIVALENT-HIGH DOSE

**Adverse Event Following Immunization (AEFI)**

n AEFI is defined as any unexpected, serious event (an event that is not listed in the vaccine product monograph but may be related to immunization). AEFIs must be reported within 24 hours of identification of the AEFI to the Office of the Chief Public Health Officer (OCPHO).

**Completed AEFI forms should be sent by Secure File Transfer to CDCU@gov.nt.ca or by fax to (867)873-0442.**

| *Information in this table is summarized from the NACI 2026-2027 statement* | **FLUZONE® Trivalent (IIV3-SD) inactivated* influenza vaccine trivalent (IIV3)** | **FLUZONE®Trivalent High-Dose (IIV3-HD) (Inactivated* influenza vaccine, trivalent high dose)** | **FLUMIST® Trivalent (LAIV3 ) (Live* attenuated influenza vaccine trivalent)** |
|---|---|---|---|
| **Influenza strains** | • A/Missouri/11/2025 (H1N1) pdm09-like virus;<br>• A/Darwin/1454/2025 (H3N2)-like virus; and<br>• B/Tokyo/EIS13-175/2025 (B/Victoria lineage)-like virus. | | |
| **Storage of vaccine** | Store at +2°C to + 8°C and should not be frozen; protect vaccines from light | | |
| **Age indication for NWT Residents** | 6 months of age and older | Preferred vaccine for all<br>NWT residents 65 years of age and older, including those *residents living in long term care facilities* | 2-5 years of age<br>*Available on an exceptional basis for active immunization of individuals 2-59 years of age who are eligible for live vaccines* |
| **Supplied as** | Multi-dose vial | Single dose pre-filled syringe | Pre-filled syringe; single glass sprayer |
| **Dose** | 0.5 mL per dose | 0.5 mL per dose | 0.2 mL (0.1 ml dose in each nostril) |
| **Route of administration** | Intramuscular (IM) | Intramuscular (IM) | Intranasal |
| **Booster doses** | Booster doses are not required within the same influenza season **EXCEPT** children 6 months to less than 9 years of age who have not previously received the seasonal influenza vaccine require 2 doses of influenza vaccine, with a minimum of 4 weeks between doses | N/A | Booster doses are not required within the same influenza season **EXCEPT** children 6 months to less than 9 years of age who have not previously received the seasonal influenza vaccine require 2 doses of influenza vaccine, with a minimum of 4 weeks between doses |

*Live vaccines contain a weakened, living germ that can replicate and usually produces a strong immune response, while inactivated vaccines contain a killed germ that cannot replicate and may require multiple doses or boosters. Live vaccines are generally not recommended for people who are severely immunocompromised or pregnant, because the weakened live organism can replicate in the body.

| *Information in this table is summarized from the NACI statement 2026-2027* | **FLUZONE® Trivalent (IIV3-SD)** | **FLUZONE®Trivalent High-Dose (IIV3-HD)** | **FLUMIST® Trivalent (LAIV3)** |
|---|---|---|---|
| **Interchangeability of vaccines**<br><br>*For more information refer to Canadian Immunization Guide: Principles of vaccine interchangeability* | If a child less than 9 years of age requires 2 doses of influenza vaccine in the same season, it is preferable to use the same type of vaccine for both doses. If the type of vaccine used for the first dose is not available for the second dose, a different type of influenza vaccine may be provided | N/A | If a child less than 9 years of age requires 2 doses of influenza vaccine in the same season, it is preferable to use the same type of vaccine for both doses. If the type of vaccine used for the first dose is not available for the second dose, a different type of influenza vaccine may be provided |
| **Contraindications** | History of anaphylaxis after previous administration of the vaccine and in persons with proven immediate or anaphylactic hypersensitivity to any component (**EXCEPT EGG***) of the specific vaccine or its container. | | |
| | No additional contraindications | No additional contraindications | • People with immune-compromising conditions due to underlying disease, therapy, or both, with the exception of children with stable HIV infection on anti-retroviral therapy (ART) and with adequate immune function<br>• People with severe asthma who are on oral or high dose inhaled glucocorticosteroids or have active wheezing or have medically attended wheezing in the 7 days of vaccination<br>• Children less than 24 months of age<br>• Children 2 to 17 years of age currently receiving aspirin or aspirin- containing therapy<br>• Pregnant individuals. Although there has been no identified safety signal for the use of LAIV in pregnancy, non-live vaccines are recommended instead because:<br>  ○ more safety data exist for non-live vaccines<br>  ○ studies suggest IIV has higher efficacy in healthy adults than LAIV |

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|---|---|---|---|
| **Potential allergens** | • Egg protein<br>• Thimerosal<br><br>Other ingredients: polysorbate 80, α-tocopheryl hydrogen succinate, thimerosal. Trace amounts of: egg proteins, ethanol, formaldehyde, sodium deoxycholate, and sucrose.<br><br>Vial stopper does not contain latex. Does not contain gelatin. | • Egg protein<br><br>Other ingredients: Formaldehyde, egg protein, Triton® X-100<br><br>Container closure system does not contain latex. Contains no gelatin. | • Arginine hydrochloride<br>• Egg protein<br>• Gelatin hydrolysate (porcine Type A)<br>• Gentamicin<br>• Monosodium Glutamate<br><br>Other ingredients: dibasic potassium phosphate, monobasic potassium phosphate, sucrose<br><br>Intranasal sprayer does not contain latex. |
| **NOTE: about Egg allergy and influenza vaccines** | Safety data confirm that egg-allergic individuals may be vaccinated against influenza using any influenza vaccine, including egg-based vaccines and LAIV, without prior influenza vaccine skin test and with the full dose, irrespective of a past severe reaction to egg and without any considerations, including vaccination setting.<br><br>For more guidance on vaccinating egg-allergic individuals, refer to NACI's Statement on seasonal influenza vaccine for 2018–2019 and the egg allergy LAIV addendum for safety data supporting this recommendation for IIV and LAIV. | | |
| **Precautions** | **The potential risk of influenza must be balanced against the risk of vaccine administration.**<br>• Syncope: dizziness or fainting can occur during or following any vaccination as a psychogenic response to the needle injection. Procedures should be in place to prevent falling and injury and to manage syncope<br>• Guillain-Barré Syndrome (GBS): Influenza vaccination should be avoided in people who have developed GBS within 6 weeks of a previous influenza vaccination. Medical advice may be sought to balance the potential risk of GBS recurrence associated with influenza vaccination against the risk of GBS associated with influenza infection itself, and the benefits of influenza vaccination<br>• Oculorespiratory syndrome (ORS): ORS is usually transient, resolving within 48 hours of onset. The only associated | | |

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|---|---|---|---|
| **Precautions**<br>***continued*** | precaution is when lower respiratory symptoms have accompanied ORS, in which case expert review is required prior to subsequent immunization<br>• Bleeding: routine precautions should be taken when administering any vaccine to people who have a bleeding disorder or who are taking blood-thinning medications<br>**Influenza vaccination should not be delayed because of minor or moderate acute illness, with or without fever; however, in people with serious acute illnesses it may be postponed until their symptoms have resolved.** | | |
| | | | • LAIV should not be administered until 48 hours after antiviral agents active against influenza (e.g., oseltamivir, zanamivir) are stopped, and those antiviral agents, unless medically indicated, should not be administered until 2 weeks after receipt of LAIV so that the antiviral agents do not inactivate the replicating vaccine virus<br>• If significant nasal congestion is present that might impede delivery of LAIV to the nasopharyngeal mucosa, IIV can be administered or LAIV can be deferred until resolution of the congestion.<br>• LAIV is not recommended for adults with the chronic health conditions identified here; IIV or RIV should be used instead<br>• LAIV is not recommended for HCWs, IIV or RIV should be used instead<br>• LAIV recipients should avoid close association with people with severe immune compromising conditions (e.g., bone marrow transplant recipients requiring isolation) for at least 2 weeks following vaccination, because of the theoretical risk for transmitting a vaccine virus and causing infection<br>• LAIV recipients who are less than 18 years of age should avoid the use of aspirin-containing products for at least 4 weeks after receipt of LAIV. |

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|---|---|---|---|
| **Common Side Effects**<br><br>*For a complete list see the vaccine product monographs (linked at the beginning of this document)* | Most reactions are mild and resolve within 2-3 days:<br>• Pain, redness and swelling at the injection site.<br>• Headache, muscle and joint pain, fever, and/or general malaise.<br><br>Children under 3 may experience irritability, drowsiness, appetite loss, and vomiting. | Reported reactions were slightly higher with the HD vaccine compared to the standard dose vaccine. Most reactions were mild and resolved within 2-3 days:<br>• Pain, redness and swelling at the injection site.<br>Headache, muscle and joint pain, fever and/or general malaise. | Most reactions resolve within 2-3 days<br>• nasal congestion<br>• runny nose<br>• reduced appetite<br>• weakness<br>• headache<br>• fever<br>• muscle ache<br>• sore throat<br>• cough |
| **Concurrent administration with other vaccines** | All influenza vaccines, including LAIV, may be given at the same time (i.e., same day) as, or at any time before or after, administration of another live or non-live vaccine (including COVID-19 vaccines) for those aged 6 months and older. | | |