Fall Respiratory Season Program Guidelines for Influenza, COVID-19 and Pneumococcal Vaccines for 2026-2027

Government of
Northwest Territories

If you would like this information in another official language, call us.
English

Si vous voulez ces informations dans une autre langue officielle, contactez-nous.
French

Kīspin ki nitawihtīn ē nīhīyawihk ōma ācimōwin, tipwāsinān.
Cree

Tłı̨chǫ yatı k'ę̀è. Dı wegodı newǫ dè, gots'o gonede.
Tłı̨chǫ

ʔerıhtł'ís Dëne Sųłıné yatı t'a huts'elkër xa beyáyatı theɔ ɂą ɔat'e, nuwe ts'ën yółtı.
Chipewyan

Edı gondı dehgáh got'ı̨e zhatıé k'ę́é edatł'éh enahddhę nıde naxets'é edahłí.
South Slavey

K'áhshó got'ı̨ne xədə k'é hederı ɔedı̨htl'é yerınıwę nídé dúle.
North Slavey

Jii gwandak izhii ginjìk vat'atr'ijąhch'uu zhit yinohthan jì', diits'àt ginohkhìi.
Gwich'in

Uvanittuaq ilitchurisukupku Inuvialuktun, ququaqluta.
Inuvialuktun

ᑕᒃᑯᐊ ᑎᑎᖅᑲᐃᑦ ᐱᓕᒍᐃᕆᑦ ᐃᓄᒃᑎᑐᓕᖅᓱᒪᓗᑎᒃ, ᐅᐸᑦᑎᓂᓄᑦ ᐅᖅᑲᓕᔪᓂᓚᖅᑐᑦ.
Inuktitut

Hapkua titiqqat pijumagupkit Inuinnaqtun, uvaptinnut hivajarlutit.
Inuinnaqtun

Indigenous Languages:

867 767-9346 Ext. 71037

French:
867-767-9348
866-561-1664 Toll Free

Table of Contents

Key Messages: Influenza

The main purpose of influenza vaccination during the fall respiratory campaign is to protect people at risk from severe illness and outcomes caused by influenza viruses such as hospitalizations, intensive care unit (ICU) admissions, and deaths. Influenza vaccination is publicly funded in the Northwest Territories (NWT) for people 6 months of age and older. Children aged 6 months to less than 9 years of age who are receiving the seasonal influenza vaccine for the first time should receive 2 doses in the current season, spaced at least 4 weeks apart. If they have previously received 1 or more doses in any past season, they are recommended to receive 1 dose per season moving forward. For adults 65 years of age and older, National Advisory Community on Immunization (NACI) recommends offering high-dose inactivated influenza vaccine, adjuvanted inactivated influenza vaccine or recombinant influenza vaccine when available. If these are not available, any age-appropriate influenza vaccine should be used. Influenza vaccines may be given on the same day or at any time before or after other vaccines, including COVID-19 vaccines. Immunization is particularly important for people at high-risk of influenza related complications and people capable of transmitting influenza to those at high risk.

2026-2027 Influenza Vaccine Products in the NWT

FLUZONE® TRIVALENT (Inactivated influenza vaccine trivalent IIV3-SD)

- Contains 3 different Influenza strains: Influenza virus type A (H1N1), Type A (H3N2) and Type B Victoria strains – IIV3-SD.
- Supplied in a Multidose vial for IM injection with15 µg hemagglutinin (HA)/0.5 mL dose.
- Intended for the general population including infants, children and adults.

FLUZONE® TRIVALENT HIGH-DOSE (Inactivated influenza vaccine high-dose IIV3-HD)

- Contains 3 different influenza strains: Influenza virus type A (H1N1), Type A (H3N2) and Type B Victoria strains.
- Supplied in a pre-filled syringe for IM injection only with 60 µg HA/0.5 mL dose
- Intended for NWT seniors 65 years and older and all residents living in long term care facilities.

FLUMIST® TRIVALENT (Live attenuated influenza vaccine LAIV3)

- Each 0.2mL dose contains 10 focus units of Influenza virus type A (H1N1), type A (H3N2) and type B Victoria strains LAIV3.
- Available on an exceptional basis for **intranasal** active immunization of individuals 2-59 years of age who are eligible for live vaccines.

NWT Age Group	Influenza Vaccine Product	Dose
6 months of age and older	FLUZONE®TRIVALENT standard dose IIV3-SD	0.5mL* Intramuscular injection (IM)
2-59 years of age	FLUMIST®TRIVALENT (Live attenuated influenza vaccine)	0.2mL intranasal
All adults 65 years of age and older, especially those living	FLUZONE® high-dose IIV3-HD (High-dose inactivated influenza	0.5mL IM injection

in long term care facilities	vaccine)	

*NACI recommends that children aged 6 months to 35 months of age should be given a full dose (0.5mL) of the influenza vaccine

It is the responsibility of all vaccine administrators to review the following documents before the administration of influenza vaccines:

1. Canadian Immunization Chapter on Influenza Vaccines for the 2026-2027 season
2. Product monographs for all flu products: **FLUZONE® TRIVALENT (IIV3-SD), FLUZONE® TRIVALENT HIGH-DOSE (IIV3-HD)** and **FLUMIST® TRIVALENT (LAIV3)**

Key Messages: COVID-19

The main purpose of COVID-19 vaccination is to protect people who are at increased risk from severe illness and outcomes caused by COVID-19 viruses such as hospitalizations, ICU admissions and deaths. COVID-19 is publicly funded for NWT residents 6 months of age and older. Risk for severe COVID-19 illness, including hospitalization and death, increases with age. NACI recommends vaccination with COVID-19 twice per year for those 80 years and older and those aged 65-70 with underlying medical conditions. COVID-19 vaccines may be given concurrently or at any time before or after non-COVID-19 vaccines. SARS-CoV-2 seasonality has not yet been established; however, laboratory surveillance data from RVDSS for the past three surveillance periods (2022-23 to 2024-25) have provided some general indications of COVID-19 epidemiology in Canada. In the past three surveillance periods, COVID-19 disease activity has started to increase in late spring or late summer and has remained consistently higher from September to January.

2026-2027 COVID-19 Vaccine Products in the NWT

- **Spikevax®** (Moderna) COVID-19 mRNA-based Vaccine; Omicron XFG Variant
  - Authorized for use in those 12 years of age and older (50 mcg) and in children 6 months to 11 years of age (25 mcg)Multidose vial
    - 5 doses per vial for adults
    - 10 doses per vial for pediatrics (6 months to <12 yrs of age): OR
  - Single dose pre-filled syringe for those 12+ 50mcg/0.5mL
  - Administered IM
- **Comirnaty® (Pfizer)** COVID-19 mRNA-based vaccine; Omicron KP.2 variant
  - Authorized for use in those 12 years of age and older (30 mcg), children 5 to 11 years of age (10 mcg), and children 6 months of age to less than 5 years of age (3 mcg).
  - Pre-filled syringe: 30mcg/0.3mLAdministers IM

NWT Age Group	COVID-19 vaccine product	Dose and Dose Volume	Schedule*
6 months of age to <5 years of age	Spikevax	25mcg/0.25mL IM	**Not previously vaccinated**: Two doses of 25 mcg each, 8 weeks apart **Previously vaccinated with one or more doses**: One dose of 25 mcg

5 years to <12 years of age	Spikevax	25mcg/0.25mL IM	1 dose regardless of vaccination history
12 years of age and older	Spikevax	50mcg/0.5mL IM	1 dose regardless of vaccination history
	Comirnaty	30mcg/0.3mL IM	1 dose regardless of vaccination history

It is the responsibility of all vaccine administrators to review the following documents before the administration of COVID-19 vaccines:

1. Canadian Immunization chapter on COVID-19 vaccines (Note: The CIG COVID-19 chapter should be updated with the new seasonal COVID-19 vaccine strains)
2. Product monographs for all COVID-19 vaccine products: SPIKEVAX (Moderna) and COMIRNATY (Pfizer)

Overview of Influenza Program

Influenza is a respiratory illness caused by the influenza A and B viruses in humans and can cause mild to severe illness, including hospitalization or death. Certain populations, such as young children, pregnant individuals, older adults and those with chronic health conditions are at higher risk for serious influenza complications.

The risks for severe disease and death from influenza or influenza-related complications, and the current challenges with rapidly confirming influenza (through diagnostic testing) or exposure to someone with influenza, **highlight the importance of primary prevention through immunization. Influenza immunization can help to mitigate on-going health system strain.**

The main purpose of influenza vaccination during the fall respiratory campaign is to **protect people at risk from severe illness and outcomes** caused by influenza viruses such as hospitalizations, ICU admissions, and deaths.

Note that even if someone has already had influenza this season, they should still receive the vaccine as it will help protect other strains.

Eligibility Criteria / Target Population for Influenza Immunization

From the National Advisory Committee on Immunization (NACI) Statement on seasonal influenza vaccines for 2026-2027:

NACI continues to recommend that influenza vaccine should be offered annually to anyone 6 months of age or older who does not have a contraindication to the vaccine. NACI recommends that influenza vaccine should be prioritized for the groups for whom influenza vaccination is particularly important:

People at high risk of severe disease, influenza-related complications, or hospitalization;

- All children 6 to 59 months of age;
- Adults and children with certain chronic health conditions;
- All pregnant women and pregnant individuals;
- All individuals of any age who are residents of nursing homes and other chronic care facilities;
- Adults 65 years of age and older; and
- Individuals in or from Indigenous communities.

People capable of transmitting influenza to those at high risk:

- Healthcare and other care providers in facilities and community settings;
- Household contacts of individuals at high risk;
- Those providing regular childcare 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.

Others:

- People who provide essential community services; and
- People whose occupational or recreational activities increase their risk of exposure to avian influenza A(H5N1) viruses. Note: Seasonal influenza vaccination does not specifically protect against avian influenza, but it reduces the risk of simultaneous infection with seasonal and avian influenza viruses, thereby reducing opportunities for viral reassortment and the emergence of a novel influenza virus.

Please refer to NACI's statement on seasonal influenza vaccines for 2026-2027 for more information.

Antivirals

- The Antiviral, Olseltamivir (TAMIFLU), is a must stock item according to the NWT Health Centre Formulary.
- For more information on antiviral use during an outbreak, refer to the NWT guidelines for the use of oseltamivir in long-term care.

Overview of COVID-19 Program

Eligibility Criteria/Target Population for COVID-19 Immunization

From the National Advisory Committee on Immunization (NACI) Guidance on the use of COVID-19 vaccines starting fall 2026:

In June 2026 NACI released guidance regarding fall seasonal administration of COVID-19. NACI continues to recommend targeted immunization for those at increased risk of SARS-CoV-2 exposure or severe COVID-19 disease.

Target Population for COVID-19 Immunization (individuals at risk of SARS-CoV-2 exposure or severe COVID-19 disease)

- All adults 65 years of age or older
- Those 6 months of age and older who are:
    - Residents of long-term care homes and other congregate living settings for seniors;
    - Individuals with underlying medical conditions that put them at higher risk of severe COVID-19, including children with complex health needs;
    - Pregnant women and pregnant individuals;
    - Individuals in or from indigenous s communities; and
    - Health care workers and other care providers in facilities and community settings.

High-risk populations are recommended to receive one dose ideally at the start of fall respiratory season. However, select populations from the high-risk category continue to be recommended to receive a second dose per year due to waning immunity (typically around spring).

Those eligible for a second dose of COVID-19 vaccine are listed below. Adults 80 years of age or older;

- Residents of long-term care homes, as well as residents of other congregate living settings for seniors;
- Individuals 6 months of age and older who are moderately to severely immunocompromised (due to an underlying condition or treatment); and
- Adults 65-79 years of age with underlying medical conditions that place them at higher risk of severe COVID-19.

COVID-19 vaccines are publicly funded. Any individual 6 months of age and older who may not fall into one of the above risk categories, may still receive the most recently updated COVID-19 vaccine at their request. For the full statement please see: Guidance on the use of COVID-19 vaccines starting fall 2026 (PDF).

Immunization of Healthcare Providers (HCP) during respiratory season

HCPs include any person, paid or unpaid, who provides services, works, volunteers or trains in the hospital, clinic, or other healthcare facility. Given the potential for HCPs and other care providers to transmit influenza and COVID-19 to individuals at high risk and knowing that vaccination is the most effective way to prevent these diseases, NACI recommends that, in the absence of contraindications, Occupational Health Programs should offer seasonal respiratory vaccines to all HCP's, service workers, volunteers and other health care facility staff.

Overview of Adult Pneumococcal Program

In the NWT, Pneu-C-20 is available to all adults 65 years of age and older, and those under 65 years of age at increased risk of invasive pneumococcal disease (IPD). Unlike the flu and COVID-19 vaccines (administered seasonally), only one-dose is required. One-dose provides long-term protection against pneumococcal disease once primary childhood series have been completed. Pneumococcal disease is the name for any infection caused by the bacteria streptococcus pneumonia. Infections can range in severity; from ear infections to bacteremia and meningitis. IPD is when the infection enters

the bloodstream. IPD infections can lead to serious health complications or death. IPD may occur after or concomitantly with respiratory viral infections. Immunization with Pneu-C-20 is one of the most effective strategies for preventing IPD.

Pneu-C-20 (Prevnar 20)

- Provides protection against 20 serotypes of S. pneumoniae: 1, 3, 4, 5, 6A, 7F, 8, 9V, 10A, 11A, 12F, 14, 15B, 18C, 19A, 19F, 22F, 23F and 33F
- Supplied in a pre-filled syringe and administered as a 0.5mL IM injection
- **One dose** of Pneu-C-20 should be offered to the following populations listed below. Re-immunization or booster doses using a same-valency conjugate vaccine is currently not recommended.
- **NOTE: If someone has received Pneu-C-13, Pneu-C 15 or Pneu-P-23, they should still be offered the Pneu-C-20 vaccine.**

Target population for Pneu-C-20 for the prevention of IPD

- Adults 65 years of age and older
- Adults under 65 years of age who are unimmunized and have recently recovered from an episode of IPD
- Adults under 65 years of age at increased risk of IPD
    - Medical risk factors* and certain social, behavioral and environmental conditions can increase the risk of severe IPD. Social and environmental risk factors include:
        - Individuals who are unhoused
        - Individuals living in communities or settings experiencing sustained high IPD rates, including those who are in residential care (e.g. living in long-term care homes and residential care homes for children with complex medical needs)
        - Smoking, particularly in those over 50 years of age
        - Substance use (i.e., alcohol misuse, cocaine use, and/or injection drug use)

      *Refer to Table 1 in the Canadian Immunization Pneumococcal chapter for the list of medical risk factors resulting in an increased risk of IPD

IMPORTANT: From 2020-2026, the most common health condition associated with IPD in the NWT was alcohol substance use.

The Office of the Chief Public Health Officer (OCPHO) recommends considering Pneu-C-20 vaccination for high-risk clients during the seasonal COVID-19 and influenza vaccine programs. Outreach is a targeted intervention used successfully to vaccinate those at high risk for IPD. Please refer to NACI's recommendations on the use of pneumococcal vaccines in adults and the Canadian Immunization Pneumococcal chapter for more information.

OCPHO recommendations for Fall Respiratory Immunization Planning

1. Provide opportunities/clinics for those at high-risk of influenza/COVID-19/IPD complications and those who provide services to high-risk clients first:
    - Start with immunization of long-term-care residents, seniors, those living in congregate living situations or underhoused populations, children under 5 years old, immunocompromised people, and pregnant people along with frontline healthcare providers.
    - Plan to start general population mass vaccine clinics after vaccination of priority populations (listed above) has been completed.
    - Booster doses of influenza and COVID-19 vaccine are required for certain high-risk populations. Ensure there is a plan in place to book and provide booster doses as required, keeping in mind vaccine expiry dates (particularly short shelf life of Flu mist vaccine).
    - Consideration of outreach pneumococcal vaccine clinics that access those under the age indication but have risk factors, such as alcohol use, that increase risk for IPD.
2. Ensure NWT residents have:
    - Multiple opportunities to receive seasonal vaccines and when possible, host vaccine clinics at popular community locations (community centers, grocery stores, etc.) and during community events (fairs, hand games, etc.).
    - Continued access to influenza and COVID-19 vaccines throughout the season even after initial mass clinics are complete (e.g., option for a weekly drop-in appointment time at the end of the day).
    - Continue to have immunization conversations with clients and offer catch up for boosters or series that might have been missed.
3. If there is notification of increased influenza or COVID-19 activity in your community or another community in the NWT, health centres need to be able to increase access to these vaccines again for the population, potentially via pop-up or mass immunization clinics.

Mandatory Reporting of Respiratory Diseases to the OCPHO

There is a legislative duty to report notifiable and reportable diseases and all outbreaks of communicable diseases to the Chief Public Health Officer (CPHO) as required in the NWT Public Health Act (2009, SNWT 2007, c.17, SI-007-2009), with required information and timelines for reporting as defined in the Disease Surveillance Regulations (2009, R-096- 2009) and within the NWT Communicable Disease Manual.

Influenza, COVID-19 and IPD are reported to the OCPHO by the lab only. There is no longer a report form required. If there is a death from, with or related to a respiratory illness such as Influenza, COVID-19 or IPD then this must be phoned into the OCPHO reporting line (867) 920-8646. Please refer to The NWT Communicable Disease Manual for more information about reporting requirements and public health management of respiratory diseases.

Viral Respiratory Illness Outbreak Reporting

- The CPHO is requesting that all confirmed or suspected facility outbreaks related to viral respiratory illness be reported to their respective IPAC coordinator and OCPHO by email to CDCU@gov.nt.ca and by telephone to the OCPHO Reporting Line (867) 920-8646. The CPHO declares/rescinds all outbreaks, regardless of the communicable disease.
- Any suspect or confirmed death due to, or with, a seasonal respiratory disease is reportable by telephone to the OCPHO Reporting Line at (867)920-8646
- In addition:
    - Follow the "Reporting of LTC Facility Outbreaks to DHSS" flow chart (New August 2026) and the facility's IPAC guidance related to outbreaks in LTC

Any vaccine refusal must be documented in the immunization section in EMR. For communities, facilities, or units not on the EMR, include doses administered or refused in your monthly immunization registry reporting: NWT Vaccination Administration Report Form. For more information review the OCPHO Alert: Immunization Reporting.

All **Adverse Event Following Immunization (AEFI)** must be reported to OCPHO. An 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 OCPHO. Completed AEFI forms may be sent by Secure File Transfer (SFT) to the Communicable Disease Control Unit at CDCU@gov.nt.ca or by fax to (867) 873-0442.

Who can administer vaccines in NWT?

Health care professionals who will be administering any vaccines in NWT must:

- Be licensed to practice in the NWT,
- Have completed the Education Program on Immunization Competency (EPIC), and
- Be competent to administer vaccinations as per the amended clinical practice information CPI 152: Clinical Standard – NWT Mandatory education Program on Immunization Competency.

Influenza and COVID-19 NTHSSA resources

NTHSSA IPAC Contact Information:

- IPAC on-call: 867-445-2121 (available 24/7)
- Stanton Territorial Hospital IPAC Coordinator: 867-445-3265 Ext: 46811
- Inuvik Regional Hospital IPAC Coordinator: 867-678-8088 Ext. 55340
- IPAC Community and Long-term Care (Monday to Friday, 8:00 am to 4:00 pm)
    - Mobile: 867-446-4411

    - Office: 867-767-9106 Ext: 40089
- IPAC email: nthssa_ipac@gov.nt.ca

Applicable NTHSSA Policies:

- Routine and additional practices: 12-47-V2-Routine-Practices-and-Additional-Precautions.doc.doc.pdf (ournthssa.ca)
- Hand Hygiene program: 12-61-V1-Hand-Hygiene-Program.doc-1.pdf (ournthssa.ca)
- Outbreak Management: 12-54-V1-Outbreak-Management-002.pdf (ournthssa.ca)
- Outbreak Management Forms: IPAC – Outbreak Management – Our NTHSSA
- Proper Selection and Use of Personal Protective Equipment: 12-44-V2-Proper-Selection-and-Use-of-Personal-Protective-Equipment-PPE 1.pdf
- Infection Prevention and Control Point of Care Risk Assessment (PCRA): 12-45-V2-IPAC-Point-of-Care-Risk-Assessment.pdf

Vaccine Ordering

All seasonal vaccine products are procured through the National Bulk Purchasing Agreement. Vaccine products must be ordered through an NTHSSA regional pharmacy located at Stanton Territorial Hospital or Inuvik Regional Hospital.

To prevent unnecessary wastage of the vaccine, regional pharmacies have been provided with a list of a designated amount of influenza vaccine for each community's initial order. Health centers and public health units can order more vaccine if, after the first round of immunization clinics, you have confirmed the need for more product.

Now is a good time to ensure HSS Authority vaccine storage and handling policies and procedures are up to date, and to review these guidelines with your staff especially if you will be conducting off-site clinics in the community. See the Canadian Immunization Guide for more information: Storage and handling of immunizing agents: Canadian Immunization Guide.

Evaluation and Monitoring

The Epidemiology and Surveillance Unit monitors seasonal respiratory viruses (influenza, RSV, and COVID-19) weekly through respiratory season to detect and monitor progression of respiratory activity across the territory throughout the season. This information is sent to CEOs/COOs to help inform public health guidance and program decision making.

Health Promotion Materials

Influenza

- Immunize Canada Influenza: https://immunize.ca/influenza
- HSS vaccine information: Influenza vaccine information sheet
- HSS Influenza Information: https://www.hss.gov.nt.ca/en/services/influenza-flu

- Don't Wait – Vaccinate: a guide to immunization for First Nations and Inuit parents and caregivers: https://www.sac-isc.gc.ca/eng/1582148260779/1582148285602

COVID-19

- Immunize Canada COVID-19: https://www.immunize.ca/covid-19
- HSS vaccine information: COVID-19 vaccine information sheet
- Don't Wait – Vaccinate: a guide to immunization for First Nations and Inuit parents and caregivers: https://www.sac-isc.gc.ca/eng/1582148260779/1582148285602

IPD

- Immunize Canada Pneumococcal: https://immunize.ca/pneumococcal
- HSS vaccine information: Pneu-C-20 vaccine information sheet

Respiratory Season Resources for HCPs

- HSS Professionals Respiratory Illness landing page
- Public Health Agency of Canada: Flu for Health Professionals
- Vaccine administration practices: Canadian Immunization Guide
- NTHSSA Vaccine Administration Policy
- Alberta Health Fit to Immunize Tool

References

AstraZeneca. (2025). FLUMIST product monograph. 00081559.PDF

Government of Canada. (2025). COVID-19 vaccines: Canadian Immunization Guide. COVID-19 vaccines: Canadian Immunization Guide - Canada.ca

Government of Canada. (2026) Influenza vaccines. Canadian Immunization Guide. Influenza vaccines: Canadian Immunization Guide - Canada.ca

Government of Canada. (2026). Pneumococcal vaccines: Canadian Immunization Guide. https://www.canada.ca/en/public-health/services/publications/healthy-living/canadian-immunization-guide-part-4-active-vaccines/page-16-pneumococcal-vaccine.html#a3

Government of Canada. (2026). Summary of NACI statement of May 2026: Statement on seasonal influenza vaccines for 2026-2027. Summary: Statement on seasonal influenza vaccines for 2026-2027 - Canada.ca

Government of Canada. (2026). Summary of NACI statement of June 2026: Guidance on the use of COVID-19 vaccines starting fall 2026. Summary of NACI statement of June 2026: Guidance on the use of COVID-19 vaccines starting fall 2026 - Canada.ca

Government of Canada. (2025). Summary of NACI statement of November, 2024: Recommendations on the use of pneumococcal vaccines in adults, including PNEU-C-21. https://www.canada.ca/en/public-health/services/publications/vaccines-immunization/national-advisory-committee-immunization-summary-recommendations-use-pneumococcal-vaccines-adults-pneu-c-21.html

Moderna. (2026). SPIKEVAX COVID-19 mRNA vaccine product monograph. https://static.modernatx.com/pm/6cef78f8-8dad-4fc9-83d5-d2fbb7cff867/3fdb383d-75df-4fdc-9c55-60253d6942c8/3fdb383d-75df-4fdc-9c55-60253d6942c8_viewable_rendition__v.pdf

Pfizer Canada. (2026). COMIRNATY COVID-19 mRNA vaccine product monograph. https://webfiles.pfizer.com/file/fddae31e-ac0e-4bed-83b2-59e7c848d6d7?referrer=ccb731e5-4f2d-4f4a-b2dc-e5e912145fc6

Pfizer Canada. (2025). PREVNAR 20 pneumococcal 20-valent conjugate vaccine product monograph. https://webfiles.pfizer.com/file/eaacb9cc-8b8c-4ddf-af69-93e374730387?referrer=ccb731e5-4f2d-4f4a-b2dc-e5e912145fc6

Sanofi Pasteur (SP). (2025). FLUZONE product monograph. fluzone-en

Sanofi Pasteur (SP). (2025). FLUZONE High-Dose product monograph. fluzone-highdose-en