

Summary of National Advisory Committee on Immunization (NACI) statement of April 30, 2025

Statement on seasonal influenza vaccines for 2025–2026



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antigrippale pour la saison 2025-2026

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Overview

- On April 30, 2025, the Public Health Agency of Canada (PHAC) released the National Advisory Committee on Immunization's (NACI) [Statement on Seasonal Influenza Vaccines for 2025–2026](#). This guidance is based on current evidence and NACI expert opinion.
- Seasonal influenza vaccination is the most effective way to protect against influenza and its complications, including hospitalization and death.
- Every fall and winter, influenza and its complications place increased pressure on the healthcare system, especially as other respiratory viruses, such as COVID-19 and respiratory syncytial virus (RSV), circulate. In addition to protecting individuals against influenza and its complications, influenza vaccination helps reduce strain on healthcare resources during these peak seasons.
- Influenza vaccines that meet Health Canada's regulatory requirements for safety, efficacy, and quality are approved for use in Canada. Several types of influenza vaccines are authorized for use, including inactivated, recombinant, and live vaccines, some of which are targeted to specific age groups and health needs.

Following a thorough review of the evidence, NACI makes the following recommendations

- **Influenza vaccine should be offered annually to anyone 6 months of age and older who does not have a contraindication to the vaccine. Patients and providers should also be aware that risks of acquiring influenza are higher in some settings and risks from influenza infection are higher in some individuals than others. Immunization is particularly important for the following groups:**
 - **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 First Nations, Inuit, or Métis communities.
 - **People capable of transmitting influenza to those at high risk;**
 - Health care and other care providers in facilities and community settings;

- Household contacts, both adults and children, of individuals at high risk, whether or not the individual at high risk has been vaccinated;
 - Those providing regular childcare to children 0 to 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 cruise ship).
- **People who provide essential community services (including health care workers); and**
 - **People whose occupational or recreational activities increase their risk of exposure to avian influenza A viruses (e.g., H5N1).**
- **Influenza vaccine should be offered as a priority to the groups for whom influenza vaccination is particularly important (listed above).**
 - The complete list of individuals at high risk for influenza-related complications or hospitalization, as well as those capable of transmitting influenza to these high-risk groups, can be found in the statement.

For the full statement, including supporting evidence and rationale, please see [NACI's Statement on Seasonal Influenza Vaccines for 2025–2026](#).

What you need to know

- Influenza is a respiratory illness caused by influenza A and B viruses, with seasonal outbreaks occurring each year in Canada during the fall and winter months. Globally, influenza leads to 3 to 5 million cases of severe influenza illness and 290,000 to 650,000 deaths annually.
- Every year, NACI publishes a new statement on the best use of influenza vaccine options for the coming fall and winter. Updates to the annual statement often include recommendations on new vaccines, new evidence on topics pertaining to influenza vaccination, and/or changes in approaches to the best use of existing vaccines.
- The seasonal influenza vaccine is needed every year because protection from the vaccine decreases over time and the strains of the virus that circulate can change from year to year. Before every influenza season, international experts provide advice on the specific strains of influenza viruses that should be included in the vaccine for the upcoming season.
- Those at highest risk for complications from influenza include people with chronic health conditions, residents of nursing homes and other chronic care facilities, adults 65 years of age and older (especially those who are frail),

children up to 59 months of age, pregnant women and pregnant individuals, as well as people within or from First Nations, Inuit, or Métis communities.

- Most people recover from influenza within 7 to 10 days. However, influenza can lead to serious complications such as pneumonia in some individuals. It can also worsen some chronic conditions, including cardiovascular disease. Severe influenza disease may also lead to hospitalization and death.
- Influenza infection has been associated with increased risk of cardiovascular events, including myocardial infarction (heart attack), heart failure, and stroke, particularly in people with pre-existing cardiac conditions. Studies show that influenza vaccination may offer additional protection against cardiovascular events in high-risk groups, such as people who already have cardiovascular disease.
- The national goal of Canada's annual influenza immunization program is to prevent serious illness caused by influenza and its complications, including death. However, the number of people getting vaccinated is still lower than desired in Canada, particularly among people at high risk for complications. Improving immunization rates could reduce the burden of influenza disease and improve public health.
- Adults and children 9 years of age and older are recommended to receive 1 dose of seasonal influenza vaccine each year.
- 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.
- Infants less than 6 months of age are at high risk of complications from influenza but cannot receive seasonal influenza vaccines, as the available vaccines are not approved for this age group. However, infants can be better protected when pregnant women and pregnant individuals, breastfeeding women and breastfeeding individuals, and household contacts and care providers of young infants receive influenza vaccine.
- Individuals whose occupational or recreational activities increase their risk of exposure to avian influenza A(H5N1) viruses are now listed as a group for whom influenza vaccination is particularly important. This addition follows recent increases in avian influenza outbreaks among mammals, with documented cases in dairy cattle and swine, and transmission to humans from poultry and dairy cattle in the United States.
 - Although seasonal influenza vaccines do not protect against avian influenza, they may lower the risk of co-infection with both viruses.

- Quadrivalent vaccines (i.e., influenza vaccines with four different strains) were previously recommended for children due to the protection provided by an additional influenza B strain, as children experience a higher burden of disease due to influenza B strains compared to other age groups. However, NACI no longer has a preference between quadrivalent and trivalent vaccines for children. This decision is in alignment with the World Health Organization's recommendation to exclude the B/Yamagata strain from seasonal influenza vaccines as B/Yamagata lineage viruses have not been detected globally since March 2020. Any age-appropriate quadrivalent or trivalent influenza vaccine should be used for individuals aged 6 months and older without contraindications or precautions.
- Influenza vaccines may be given on the same day or at any time before or after other vaccines, including COVID-19 vaccines.
- The availability of different influenza vaccines may vary by region and from year to year. For information regarding specific influenza vaccine availability, consult local public health authorities.

For more information on NACI recommendations related to seasonal influenza vaccination, as well as on immunization of persons with chronic diseases and immunization of immunocompromised persons please see the [Canadian Immunization Guide](#).