

VCH Viral Respiratory Illness Immunization Campaign 2025-2026

A Resource for Immunizers: Frequently Asked Questions from the Public

Influenza and COVID-19

1. Where are the locations of the immunization clinics?
2. There has been some media coverage questioning whether co-administration of COVID-19 and Influenza vaccines may be associated with an increase in risk of ischemic strokes. What information do we provide clients should they ask and do we still recommend co-administration?
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Influenza

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COVID- 19

1. When should I get my next COVID-19 vaccine because I recently had a COVID-19 infection?
2. What is the efficacy of the Moderna Spikevax® and Pfizer Comirnaty® vaccines against currently circulating strains of SARS CoV-2 viruses?

Respiratory Syncytial Virus (RSV)

1. What are the RSV products available?

Pneumococcal

1. If I am healthy and over 65 years old and have received Pneumovax® (PPV23) previously, am I eligible for the publicly funded Prevnar®20 (PCV 20)?

Influenza/ COVID-19

1. Where are the locations of the immunization clinics?

Clients can find immunization clinic locations—including public health clinics and participating pharmacies, once they receive the invitation from [Get Vaccinated website](#). Available clinics are shown based on the client's age and eligibility.

Other immunization option include:

- **Family physicians:** Many offer the **influenza vaccine**, and some may also provide the **COVID-19 vaccine**. Families should check directly with their physician.

2. There has been some media coverage questioning whether co-administration of COVID-19 and Influenza vaccines may be associated with an increase in risk of ischemic strokes. What information do we provide clients should they ask and do we still recommend co-administration?

A statistical signal for ischemic stroke was identified in 2022 by the U.S. Vaccine Safety for persons aged ≥65 years. Subsequent studies do not confirm this signal. Thus, there has been no change in labelling information provided with these products and COVID-19 and influenza vaccines can continue to be safely administered alone or when given together at a visit.

3. Do I need the flu and COVID-19 vaccines every season?

Influenza remains a seasonal virus with risk of infection limited to winter months. As influenza viruses change over time, immunization with updated vaccine ahead of the respiratory season is recommended.

SARS CoV-2 virus circulates year round and has not established seasonality. The currently circulating omicron strain of the virus also changes over time. Updated vaccines offer reasonable protection against medically attended illness, but the protection is time limited to about 4 months. Most individuals are eligible for one dose of COVID-19 vaccine in the year and thus they may wish to time their protection around personal considerations (ex, surgery, travel, family gathering, etc). In the absence of these considerations, accepting the updated COVID-19 vaccine when first available in the fall is a reasonable strategy. This fall's vaccine will target the Omicron LP.8.1 variant. High risk individuals are recommended to update their protection against COVID-19 illness using the latest vaccine when available.

4. Can my children receive the flu and COVID-19 vaccine at Child Health Clinic (CHC) appointments?

Yes. Children aged 6 months and older can receive the **flu vaccine** at CHC appointments, alongside their routine immunizations—provided they meet the eligibility criteria.

COVID-19 vaccines are available at CHCs **only upon parental request**. All children 6 months and older remain eligible for the vaccine.

Important Note: COVID-19 vaccination is **recommended** for children aged 6 months and older who are at higher risk of infection or severe illness, including:

- Indigenous children
- Children with underlying medical conditions

5. Can I get flu and COVID-19 vaccines if I am pregnant?

Yes, influenza and COVID-19 vaccine can be administered at all stages of pregnancy. Influenza and COVID-19 infection during pregnancy places both women and babies at greater risk of severe outcomes, including hospitalization and death. Vaccination is recommended at all stages of pregnancy. Vaccination during pregnancy is safe. There is no increased risk of miscarriage, congenital anomalies, preterm delivery or other adverse perinatal outcomes.

Influenza

1. What is in the influenza vaccine this year?

- A/Victoria/4897/2022 (H1N1)pdm09-like virus
- A/Croatia/10136RV/2023 (H3N2)-like virus (**NEW**)
- B/Austria/1359417/2021-like virus

The A/Croatia strain is different from the strain in the 2024/25 season vaccines.

All vaccine products for 2025/2026 are trivalent and do not include the B/ Yamagata components.

*NOTE: Historically, viruses from both the B/Victoria and B/Yamagata lineages have contributed variably to influenza illness each year.

As of March 2020, there have been no confirmed naturally occurring cases of B/Yamagata lineage virus infection worldwide. Following this change in epidemiology, expert groups have endorsed the exclusion of the B/Yamagata component from influenza vaccine formulations, in alignment with [WHO's recommendations for the 2024-2025 Northern Hemisphere season\(opens in a new tab\)](#).

2. What products are available for the 2025-2026 influenza season?

All products for 2025/2026 are trivalent and do not include the B/ Yamagata components.

Products:

- Fluzone® TIV (Multi dose vial and Pre-filled syringes)
- Flulaval® TIV (Multi dose vial)
- Flumist® LAIV (Pre-filled syringes – Nasal spray)
- Fluad® TIV (Pre-filled syringes)

Please see [VCH Quick Reference for Publicly Funded Seasonal Influenza Vaccines](#) for Fall 2025 eligibility and age requirement

3. Will FluMist® be available at clinics for children?

Yes, FluMist® will be available in the public health community clinics and pop up clinics while supplies last.

4. Should I be concerned about the effectiveness of FluMist®?

No. The National Advisory Committee on Immunization (NACI) concluded that the current evidence is consistent with Live-Attenuated Influenza Vaccine (LAIV) providing comparable protection against influenza to that shown by the injectable Influenza vaccine. This conclusion comes after careful review of the available Canadian and international LAIV vaccine efficacy data over many influenza seasons.

For more information please see the [NACI- Statement on seasonal influenza vaccine for 2025–2026](#)

5. If my child is currently on an antiviral against influenza (eg. Oseltamivir), can FluMist® also be given at the same time?

No. Since antivirals against influenza interfere with the immune response to FluMist®, FluMist® should not be given to individuals while on these antivirals. Such individuals should receive the inactivated influenza vaccine. If antiviral agents are administered from 48 hours before to 2 weeks after receipt of FluMist®, revaccinate when antiviral agents have been discontinued for at least 48 hours.

6. Can children receive FluMist® when mom is pregnant?

Yes, pregnant and postpartum people do not need to avoid contact with people who recently received the nasal spray flu vaccine. However, the nasal spray flu vaccine should not be given to people who are pregnant.

7. Is Fluzone® HD (High Dose) publicly funded for seniors for the 2025-2026 season?

No. Fluzone® HD is not publicly funded for seniors for the 2025-2026 season. Fluzone® HD is available for purchase at your local pharmacy or travel clinic, including VCH Travel Clinic. Call ahead to see if available. For the 2025-2026 season, Fluad®, an adjuvanted trivalent vaccine which is associated with increased vaccine efficacy, is preferentially recommended by the National Advisory Committee on Immunization (NACI) for individuals 65 years of age and older. Fluzone® HD is about \$85 per dose.

8. At a public health community clinic, if a preferred product by age is not available, what would be the recommendation?

Regardless of the vaccine product chosen, any individual six months of age and older is recommended to get the flu shot. If a client has made an appointment and attends the clinic, we recommend they be immunized using the flu products available and not deferred for a different product so an immunization opportunity is not lost. They can then take the time to consider additional information and have a plan in place for subsequent seasons.

9. Is there a non-egg based, non-animal matter influenza vaccine option for Vegan individuals?

Vegan vaccines (non-egg based, non-animal matter) against influenza are not available in Canada.

10. Can someone with cancer or on immunosuppressive medications receive an Influenza vaccine?

In most cases, yes. Please consult this resource: [BC Cancer Influenza vaccine recommendations for adults with cancer](#) for specific information.

11. If someone is on biologics and can't stop the treatment, can they still be offered for influenza vaccine opportunistically?

Yes, the client can receive any of the inactivated influenza vaccines. If clients have concerns, they should have a conversation with their care provider.

12. What was the vaccine effectiveness of the 2024-2025 influenza vaccine?

For the 2024/2025 season, the overall influenza vaccine effectiveness was estimated to be 43% against medically-attended outpatient lab- confirmed infection according to the Canadian Sentinel Practitioner Surveillance Network (SPSN). The influenza illness activity was driven by A/ H1N1. The influenza illness protection varies by strain. It is lower vaccine efficacy against A/ H3N2 and higher again influenza B.

COVID- 19

1. When should I get my next COVID-19 vaccine because I recently had a COVID-19 infection?

COVID-19 vaccine may be offered to individuals without contraindications who have recovered from SARS-CoV-2 infection

For previously vaccinated individuals, COVID-19 vaccine may be deferred in those who have tested positive for COVID-19 (by PCR or rapid antigen test) until 3 months from symptom onset or, for asymptomatic cases, from the time of the positive test.

For individuals who have not yet completed their primary series, COVID-19 vaccine may be deferred in those who have tested positive for COVID-19 (by PCR or rapid antigen test) until 8 weeks from symptom onset or, for asymptomatic cases, from the time of the positive test. If these individuals are moderately to severely immunosuppressed, a 4-8 week interval may be considered.

Should a client request, COVID-19 vaccine maybe offered to individuals at anytime following their recovery from SAR-CoV-2 infection. MHO approval is not required.

2. What is the efficacy of Moderna Spikevax® and Pfizer Comirnaty® vaccines against currently circulating strains of SARS CoV-2 viruses?

Both Moderna Spikevax® and Pfizer Comirnaty® have been approved by Health Canada for protection against COVID-19 infection caused by currently circulating strains of SARS CoV-2 virus. The safety and effectiveness of LP.8.1 vaccines are inferred from studies which evaluated the primary series and booster vaccination with original vaccine, and supported by studies which evaluated a booster dose of original, Omicron BA.4/BA.5 vaccines, Omicron XBB.1.5 vaccines and Omicron KP.2 vaccines.

As per [NACI](#) , COVID-19 vaccine efficacy and effectiveness vary by outcome, with the lowest protection against infection, moderate protection against symptomatic disease, and the highest protection against severe illness. These outcomes are influenced by factors such as vaccine type, dosing intervals, circulating variants, individual health status, and prior infection or vaccination history. Initial trials showed high efficacy (over 90%) of original monovalent vaccines in adults, while effectiveness in children was lower and harder to assess for severe disease. Protection wanes over time, especially against infection and symptoms, but booster doses help restore defense, particularly against severe outcomes.

Hybrid immunity—combining prior infection and vaccination—offers stronger protection. KP.2 vaccine studies show increased protection against symptomatic illness, hospitalization, and critical illness, even in populations with high prior immunity. Two U.S. studies reported around 44–46% effectiveness against hospitalization up to six months post-vaccination. Canadian studies have identified efficacy in the range of 50% from KP.2 vaccine in preventing medically attended illness; protection is time limited and wanes off by about 4 months.

Respiratory syncytial virus (RSV)

2. What are the RSV products available?

Adults

- Three RSV vaccines, Arexvy®, Abrysvo™ and mRESVIA™, have been authorized by Health Canada for the prevention of lower respiratory tract disease caused by RSV in adults 60 years of age and older.
 - Arexvy® and Abrysvo® vaccines are available for purchase at VCH travel clinic for \$275 for people 60 yrs and older, other travel clinics and pharmacies. Please use this [website](#) to find a pharmacy location or call ahead to inquire.
- Abrysvo™ is also approved for people who are 32 to 36 weeks pregnant to help protect infants from RSV.
 - This vaccine is recommended to be given at least 14 days before delivery.
 - Abrysvo™ is available for private purchase.
 - Indigenous individuals, who were 32 to 36 weeks pregnant, are eligible for free Abrysvo™ vaccine via First Nations Health Benefits. Individuals will not be charged at pharmacies for the cost of the vaccine; instead, pharmacies will recoup the cost directly from the federal program.

Children

- Nirsevimab/Beyfortus (Sanofi) is the only RSV monoclonal antibody option available in BC. Palivizumab/Synagis (AstraZeneca) has been discontinued this season.
 - Monoclonal antibody is a passive immunizing agent. Protection is time lived and most effective in the weeks after the monoclonal antibody is given. No memory is created and protection wanes as the antibody breaks down naturally over time.
 - Nirsevimab is efficacious for at least 5 months after administration, which is generally sufficient to provide protection for the entire RSV season in BC. One dose per season is sufficient.
 - Only children eligible for the RSV program will receive a dose of Nirsevimab. There are special consideration for infants undergoing cardiopulmonary bypass.
 - [2025-2026 Infant RSV program eligibility checklist](#)
 - Private purchase of nirsevimab is expected to be available on Oct 6 and costs around \$750

For other RSV questions, refer to

BCCDC: [BC Infant RSV Immunoprophylaxis Program- Q&A \(Sep 2025\)](#)

Pneumococcal

1. If I am over 65 years old and have received Pneumovax® (PPV23) previously, am I eligible for the publicly funded Prevnar® 20 (PCV20)?

- No, if you have previously vaccinated with PPV23 and you are a healthy adult, you will not be eligible for PCV 20. PCV 20 can be purchased at pharmacies or travel clinics for about \$140.
- Individuals with some medical conditions may be eligible for PCV20 irrespective of PPV23 history if they have the following:
 - Active malignant neoplasms, anatomic or functional asplenia, solid organ or islet cell transplant
 - Chronic kidney or liver disease, congenital or acquired immune deficiencies if have not received two doses of PPV23 previously.
 - HIV and have not previously received PCV13/PPV23*2

For other PCV20 questions (including eligibility criteria), refer to

BCCDC: [PCV20 Immunization Program- Q&A](#)

BCCDC: [PCV20](#)