

Program/Service Information Report

COVID-19, Influenza and Respiratory Syncytial Virus

Vaccinations

2025/2026

To: Board of Health
Meeting Date: March 4, 2026
Report No.: **BH.01.MAR0426.C05**

Key Points

- Vaccination against COVID-19, influenza, and respiratory syncytial virus (RSV) is an effective way to reduce illness, prevent the spread of viruses, and manage health care system capacity during the respiratory virus season.^{1,2}
- In 2025, the leading cause of hospitalization for respiratory viruses was influenza, a significant increase compared to the previous two respiratory seasons where COVID-19 was the leading cause of admissions.³
- In the Wellington, Dufferin and Guelph communities (WDG), public health, physicians and pharmacists provide influenza and COVID vaccines.
- Hospitals, long-term care and retirement homes, physicians and public health provide the RSV vaccine.
- In 2025, COVID-19 vaccine doses administered decreased by 7% in WDG and by 30% in Wellington Dufferin Guelph Public Health (WDGPH) clinics compared to 2024.⁴
- During the 2025/2026 flu season, a total of 44,118 doses of influenza vaccine were administered in WDG by WDGPH and local pharmacies. Additionally, physicians received almost 27,638 doses of influenza vaccine in the 2025/2026 respiratory season.⁵
- As of January 9, 2026, WDGPH administered 266 RSV vaccine or immunoglobulin doses and distributed 8,016 RSV vaccine doses and 1,610 immunoglobulin doses to providers for eligible groups.

Program Requirements

Compliance with OPHS and Accountability Indicators:

- In compliance
 Not in compliance. If not in compliance, provide additional information about the variance and how it will be addressed.

Highlights

COVID-19 Vaccines

The National Advisory Committee on Immunization (NACI) regularly advises the Public Health Agency of Canada (PHAC) on immunization topics. As COVID-19 continues to circulate, public health initiatives focus on developing long-term approaches for managing the disease.¹ Globally, new vaccine strains are selected each year based on evaluations of circulating variants, and COVID-19 vaccines are usually updated before the fall and winter respiratory seasons.¹ COVID-19, caused by the SARS-CoV-2 virus, remains a concern because it can cause illnesses ranging from mild symptoms to severe cases requiring hospitalization or resulting in death.¹ Getting an updated vaccine boosts protection, as the new strains included are likely better matched to those currently circulating, and the extra dose strengthens the immune system that may have weakened over time.¹ This improved immunity helps to lessen the burden of COVID-19 on the healthcare system, especially when other seasonal viruses like influenza and RSV are present.⁶

As of January 16, 2026, there have been 53 hospitalizations in WDG of patients with COVID-19, and over 2,942 in Ontario for the current respiratory season.³ This represents approximately 20% and 27% respectively of total hospitalizations due to COVID-19, influenza, and RSV (Table 1).³

Table 1: Respiratory Virus Hospital Admissions (2025-2026 season)

	Total Admissions	Influenza Admissions		COVID-19 Admissions		RSV Admissions	
		Number	% of total admissions	Number	% of total admissions	Number	% of total admissions
WDG 2024-2025	230	36	15.6	180	78.3	14	6.1
WDG 2025-2026	268	195	72.7	53	19.8	20	7.5
Ontario 2024-2025	10,741	1,314	12.2	7,693	71.6	1,734	16.1
Ontario 2025-2026	10,844	6,914	63.8	2,942	27.1	988	9.1

For the fall 2025 season, the 2025/2026 COVID-19 vaccine program, in alignment with the Universal Influenza Immunization Program (UIIP), has transitioned to an annual program with guidance issued each year for the September to August season.⁷ Health Canada approved

updated mRNA vaccines from Pfizer BioNTech (Comirnaty) and Moderna (Spikevax) that target the LP.8.1 variant.⁷ These vaccines were approved for use for previously unvaccinated and vaccinated individuals.⁷ The COVID-19 vaccine, Novavax, was not available in Ontario for the 2025/2026 season.⁷ Individuals who were unable to receive an mRNA vaccine were advised to speak to their health care provider about treatment options (e.g., Paxlovid) to reduce the duration and severity of illness.⁷

NACI made a strong recommendation that immunization was particularly important for those at increased risk of COVID-19 infection or severe disease.¹ These populations include:

- All adults 65 years of age or older
- People 6 months of age and older who are:
 - Residents of long-term care homes and other congregate living settings
 - Individuals with underlying medical conditions that place them at higher risk of severe COVID-19, including children with complex health needs
 - Individuals who are pregnant
 - Individuals in or from First Nations, Métis and Inuit communities
 - Members of racialized and other equity-deserving communities
 - People who provide essential community services

For individuals not included in the above categories (i.e., those not considered at increased risk), NACI recommended that all other persons, whether previously vaccinated or unvaccinated, aged 6 months and older, receive a COVID-19 vaccine.¹ At WDGPH community clinics, Moderna was primarily administered to individuals aged 6 months and older; however, Pfizer was also available and used in certain instances. A total of 49,037 COVID-19 vaccine doses were administered in WDG, with 3,203 of those delivered at WDGPH clinics.⁴ This decrease in administered doses from 2024-2025 was smaller compared to previous years and followed the trend observed in other public health units across the province (see Table 2).

Table 2: Local and Provincial COVID-19 Vaccine Administration

	WDGPH Clinics	ON PHU Clinics	Total WDG Doses	Total ON Doses
2023	14,559	701,122	77,401	3,273,070
2024	4,608	104,966	52,889	2,089,749
2025	3,203	72,706	49,037	1,873,109
Year-over-Year Change (2024-2025)	-30.5%	-30.7%	-7.3%	-10.6%

Some populations are recommended to receive a second annual dose in the spring to mitigate the waning protection from COVID-19 vaccines.⁶ These populations include:

- Adults 80 years of age or older
- Adult residents of long-term care homes and 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)
- 55 years and older who identify as First Nations, Inuit, or Metis and their non-Indigenous household members who are 55 years and older

The minimum interval between COVID-19 doses is 3 months for previously vaccinated individuals. When deciding on the best time to get vaccinated, individuals can consider factors such as the time since their last dose or confirmed COVID-19 infection, the level of virus circulating in the community, and upcoming events (e.g., travel, major medical procedures, large gatherings, etc.).⁶

Influenza Vaccines

The influenza vaccination campaign is promoted annually under Ontario's Universal Influenza Immunization Program (UIIP) to all individuals aged 6 months and older in the WDG area. A seasonal influenza vaccine is one of the most effective ways to prevent influenza, prevent the spread of the virus, and manage health care system capacity during the respiratory virus season.² Annual vaccination is important because protection from the vaccine decreases over time and circulating strains of the virus change from year to year.² NACI provides PHAC with recommendations for annual influenza vaccinations based on risks and experiences from other parts of the world ahead of Canada's flu season. The influenza vaccine is offered through pharmacies, public health units, family physicians and other primary care providers, facilities such as Long-Term Care Homes (LTC) and Retirement Homes (RH). The goal of the influenza program is to reduce overall burden on the health care system caused by influenza, including death. Individuals that are at greatest risk and those in priority populations were strongly recommended to receive the vaccine.⁸ In 2025/2026 these populations included:

- residents of congregate living settings (such as chronic care facilities, retirement homes)
- people 65 years of age and over
- all pregnant women
- all children 6 months to 4 years of age
- individuals in or from First Nations, Métis or Inuit communities
- individuals 6 months of age and older with the following underlying health conditions:
 - cardiac or pulmonary disorders
 - diabetes mellitus or other metabolic disease
 - cancer

- conditions or medication which compromise the immune system
- renal disease
- anemia or hemoglobinopathy
- neurologic or neurodevelopment conditions
- morbid obesity (body mass index of 40 or more)
- children and adolescents (6 months to 18 years) undergoing treatment with acetylsalicylic acid for long periods
- Staff and care providers in congregate living settings (for example, long-term care homes, chronic care facilities)
- Health-care workers
- First responders
- Members of underserved communities
- Individuals with significant exposure to birds or mammals
- Individuals capable of transmitting influenza to those listed in the high-risk group above and/or to infants under 6 months of age
 - care providers in the community
 - household contacts (adults and children) of individuals at high risk of influenza related complications
 - persons who provide care to children 4 years of age and under
 - members of a household expecting a newborn during the influenza season
 - those who provide services within a closed or relatively closed setting to persons at high risk of influenza related complications (crew on a ship, for example)
- People who provide essential community services

Seasonal influenza presents an ongoing disease burden in Canada during the fall and winter months.⁸ As of January 16, 2026, there have been over 195 hospitalizations in WDG of patients with influenza, and over 6,914 in Ontario for the current influenza season.³ This represents approximately 73% and 63% respectively of total hospitalizations due to COVID-19, influenza, and RSV (Table 1).

Publicly funded influenza vaccines provided for the 2025/2026 UIIP included:

- Trivalent Inactivated Vaccine (TIV) for ≥6 months of age;
- High-Dose Trivalent Inactivated Vaccine (TIV-HD) for ≥65 years only; and
- Adjuvanted Trivalent Inactivated Vaccine (TIV-adj) for ≥65 years only.⁸

Quadrivalent vaccines were not available this season. The B/Yamagata flu lineage has not been detected globally since 2020 and is no longer recommended for vaccines.^{9, 10}

During the 2025/2026 season, a total of 47,005 influenza doses were administered in WDG by public health staff and local pharmacies (as of January 12, 2026). See Table 3. Of the influenza doses administered in WDGP clinics, 49.1% clients identified as high risk and 35.5% as non-high risk capable of transmitting to high-risk individuals.⁵

Table 3: Influenza Vaccine Administration/Distribution (season to date as of January 12, 2026)

Provider	Influenza doses 2023-2024	Influenza doses 2024-2025	Influenza doses 2025-2026
Pharmacies (Administered)	44,203	39,222	44,118 (Sept 22, 2025 – Dec 11, 2025, have not received up to January yet)
Physicians (vaccine received)*	26,836	20,948	27,638
WDGP (Administered)	5,517	4,204	2,887
LTC/RH (vaccine received)*	4,800	3,949	3,843
Hospitals (vaccine received)*	2,450	765	2,551
Total	83,806	69,088	82,111

*Health Units are not able to track the number of doses administered by these groups, only the number of vaccines ordered or distributed to these groups.

RSV Immunization

RSV is a major cause of lower respiratory illness, particularly among infants, children, and older adults. In Ontario, most deaths from RSV have occurred in those aged 60 years and older. During peak RSV season, hospitals have seen a surge in emergency room visits and admissions of young children and older adults requiring medical care, putting a strain on hospital resources.¹¹ See Table 1 above for hospital admission data for RSV this season.

The high-risk older adult RSV vaccine initiative, launched in 2023, has been ongoing for the past two years with broadened eligibility criteria. For the 2025/2026 fall season, eligibility was expanded to include all individuals aged 75 years and older.¹² Additionally, individuals between the ages of 60 and 74 who are also:

- Residents of LTC, Elder Care Lodges, RHs and similar settings

- Patients in hospital receiving alternate level of care including similar settings (e.g., hospital transitional programs)
- Patients with glomerulonephritis (GN) who are moderately to severely immunocompromised
- Patients receiving hemodialysis or peritoneal dialysis
- Recipients of solid organ or hematopoietic stem cell transplants
- Individuals experiencing homelessness
- Indigenous peoples

Remain eligible for the RSV vaccine.¹¹ Individuals who received the RSV vaccine in the previous season (2024/2025) did not require an additional vaccine this respiratory season.¹²

For the 2025/2026 fall season, Ontario continued to publicly fund the high-risk infant RSV prevention program for all infants and high-risk children up to 24 months of age which includes Beyfortus for infants and high-risk children as well as Abrysvo for pregnant individuals.¹³ Beyfortus is an injectable immunoglobulin product used to help protect infants and young children from lower respiratory tract disease caused by RSV.¹⁴ This immunoglobulin is only provided just prior to and during the active RSV season to infants who meet the eligibility criteria. The active season is generally from November to April, with some variation between seasons.¹⁴ The program includes infants who are residents of Ontario and are also:

- Born in 2025 prior to the RSV season
- Born during the 2025/2026 RSV season
- Children up to 24 months of age who remain vulnerable from severe RSV disease through their second RSV season

As an alternate to Beyfortus, those that are pregnant and are residents of Ontario and 32 to 36 weeks gestation who will deliver during the 2025/2026 RSV season are eligible for an RSV vaccine.¹³ Beyfortus is recommended over Abrysvo to protect infants and administration of both the vaccine to the pregnant individual and a monoclonal antibody to the infant is not recommended except under specific circumstances.¹⁴

Publicly funded RSV vaccine and immunoglobulin provided for the 2025/2026 season included:

- GlaxoSmithKline (GSK)'s Arexvy for adults ≥ 60 years
- Pfizer's Abrysvo for adults ≥ 60 years and during pregnancy from 32-36 weeks gestation
- Sanofi's Beyfortus for eligible infants and high-risk children¹³

WDGPH distributed RSV vaccine and immunoglobulin to various settings in the WDG region (Table 4). Physicians, Primary Care and hospitals continue to provide the medication to newborn infants prior to discharge and physicians, and primary care continue the task of COVID-19, Influenza and Respiratory Syncytial Virus (RSV) Vaccinations

protecting vulnerable infants were born in 2025 but prior to the start of the RSV program. From Table 4 you can see the significant contribution of primary care in the RSV program this fall season.

Following the expansion of eligibility to all individuals aged 75 and older, WDGPH administered an increased number of RSV vaccinations at the health unit, providing 266 immunizations this year compared to 50 doses in the previous season.

Table 4: RSV Doses Distribution (September 1, 2025 - January 9, 2026)

Setting	Doses Distributed from WDGPH	
	RSV Vaccine	RSV Immunoglobulin
LTC	476	0
Retirement Homes	167	0
Hospitals/Dialysis Units	50	689
Primary Care	6,981	921
Other	342	0
Total	8,016	1,610

WDGPH 2025 Respiratory Season Clinic Campaign

Like last year, influenza and COVID-19 mRNA vaccines were offered simultaneously at all WDGPH clinics. Clinics commenced in October 2025 and continued for seven weeks. Clinics were primarily held at the three public health offices (Guelph, Fergus and Orangeville). Public Health Nurses from all WDGPH program areas participated in these clinics, strengthening the Agency’s community response. Throughout the seven weeks, walk-in clients were accommodated and clinics remained steadily booked through the duration of the campaign.

WDGPH continues to prioritize accessibility and health equity for COVID-19 and influenza immunization (e.g., providing online booking option, booking clients into clinics as appropriate, providing in-car vaccinations as needed, etc.). WDGPH promoted and supported respiratory season immunizations in the WDG region by monitoring facilities that stored vaccines to ensure cold chain requirements were met and by promoting the importance of respiratory vaccinations through physicians’ advisories, social media platforms, and on the WDGPH website. WDGPH is using internal feedback from this year’s campaign to actively plan for next year’s respiratory season immunizations.

Related Reports

[BH.01.MAR0525.C05](#) – COVID-19, Influenza and Respiratory Syncytial Virus Vaccinations

[BH.01.MAR0624.C04](#) – COVID Vaccinations 2023

[BH.01.MAR0624.C06](#) – Influenza and Respiratory Syncytial Virus Vaccinations 2023/2024

References

1. Government of Canada. Public Health Agency of Canada. An Advisory Committee Statement (ACS) National Advisory Committee on Immunization (NACI): Guidance on the use of COVID-19 vaccines for 2025 to summer 2026. Jan 10, 2025. Accessed here on Jan 15, 2026: <https://www.canada.ca/en/public-health/services/publications/vaccines-immunization/national-advisory-committee-immunization-statement-guidance-covid-19-vaccines-2025-summer-2026.html#a4.2>
2. Government of Canada. Public Health Agency of Canada. National Advisory Committee on Immunization (NACI): Statements and publications. Summary of NACI Statement on Seasonal Influenza Vaccine for 2025-2026. April 2025. Accessed here on Jan 15, 2026: <https://www.canada.ca/en/public-health/services/publications/vaccines-immunization/national-advisory-committee-immunization-summary-seasonal-influenza-vaccines-2025-2026.html>
3. COVID-19 Regional Hospitals Report, Visual Analytics Hub, Capacity Planning and Analytics Division, Ontario Ministry of Health and LTC. Accessed here on Jan 16, 2026: <https://vap.health.gov.on.ca/analytics.html>
4. COVAX [2022-2025], Ontario Ministry of Health and Long-Term Care, IntelliHEALTH ONTARIO, Date Extracted: Jan 15, 2026.
5. Wellington-Dufferin-Guelph Public Health. 2024-2025 Fluvid Dashboard. Internal dashboard accessed on Jan 14, 2026.
6. Government of Canada. Public Health Agency of Canada. Summary of NACI statement of May 3, 2024: Guidance on the use of COVID-19 vaccines for 2025 to summer 2026. January 2025. Accessed here on Jan 15, 2026: <https://www.canada.ca/en/public-health/services/publications/vaccines-immunization/national-advisory-committee-immunization-summary-guidance-covid-19-vaccines-2025-summer-2026.html>
7. Ministry of Health. Health Care Provider Fact Sheet: 2025/2026 COVID-19 Vaccine Program. September 2025. Accessed here on Jan 15, 2026: <https://www.ontario.ca/files/2025-09/moh-covid-vaccine-hcp-fact-sheet-en-2025-09-12.pdf>
8. Ministry of Health. Universal Influenza Immunization Program. [Internet]. September 15, 2025. Accessed here on Jan 13, 2026: <https://www.ontario.ca/page/universal-influenza-immunization-program>

9. Wellington Dufferin Guelph Public Health. Physicians Advisory Flu & COVID-91 Immunization Program – Fall/Winter 2025/2026. September 22, 2025. Accessed here on Jan 15, 2026: https://wdgpublichealth.ca/sites/default/files/physician_advisory_-_flu_covid_2025-26.pdf
10. Government of Canada. Public Health Agency of Canada. An Advisory Committee Statement (ACS) National Advisory Committee on Immunization (NACI): Statement on Seasonal Influenza Vaccine for 2025-2026. April 2025. Accessed here on Jan 15, 2026: <https://www.canada.ca/en/public-health/services/publications/vaccines-immunization/national-advisory-committee-immunization-statement-seasonal-influenza-vaccines-2025-2026.html>
11. Ministry of Health and Long-Term Care. Older Adult High-Risk Respiratory Syncytial Virus (RSV) Vaccine Program Fact Sheet - Health Care Providers Version 5.0. August 27, 2025. Accessed here on Jan 13, 2026: <https://www.ontario.ca/files/2025-09/moh-rsv-older-adult-fact-sheet-hcp-en-2025-09-04.pdf>
12. Ministry of Health and Long-Term Care. Respiratory Syncytial Virus (RSV) prevention programs. [Internet]. Dec 19, 2025. Accessed here on Jan 15, 2026: <https://www.ontario.ca/page/respiratory-syncytial-virus-rsv-prevention-programs>
13. Wellington Dufferin Guelph Public Health. RSV Immunization Programs – Fall/Winter 2025/2026 Physicians Advisory. September 17, 2025. Accessed here on Jan 15, 2026: https://wdgpublichealth.ca/sites/default/files/pa_rsv_2025-09-17.pdf
14. Ministry of Health and Long-Term Care. Infant and High-risk Children Respiratory Syncytial Virus (RSV) Prevention Program Fact Sheet for Health Care Providers Version 2.0. August 21, 2026. Accessed here on Jan 13, 2026: https://www.ontario.ca/files/2025-09/moh-infant-high-risk-children-rsv-guidance-hcp-en-2025-09-04_0.pdf

Prepared By: Taylor Besley, Supervisor, Community Health Division

Approved By: Rita Isley, RN, BScN, MPA
Vice President of Community Health and CNO

Submitted By: Dr. Nicola J. Mercer, MD, MBA, MPH, FRCPC
Medical Officer of Health and CEO
