

LTCH/RH 2025-26 Fall Vaccine Campaign Mid-Year Update

To: Chair and Members of the Board of Health

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Recommendations

It is recommended that the Board of Health receive this report for information.

Key Points

- The 2025-26 Long-Term Care Home (LTCH) and Retirement Home (RH) Fall Vaccine Campaign targets Influenza, COVID-19, and Respiratory Syncytial Virus (RSV).
- Wellington Dufferin Guelph (WDG) Public Health is using a personalized, collaborative model to support homes with vaccine planning and delivery, building on successes from the 2024-25 campaign.
- As of this October 31, 12 homes have completed all three vaccinations and a further 23 homes have begun their campaigns.
- LTCHs and RHs administer vaccines using a variety of approaches, such as using internal staff, partnering with local pharmacies, or working with another external partner. Most homes are completing their campaign in-house.
- Key ongoing challenges include outbreaks during the vaccination campaign, limitations on pharmacist administration and billing for RSV, and coordination for consent.

Background

Annual fall vaccinations play a critical role in protecting vulnerable populations from severe respiratory illnesses. LTCH and RH residents are among the highest-risk groups due to factors such as advanced age or chronic health conditions, and the nature of congregate living environments which can facilitate the rapid spread of diseases.

In addition to protecting individual residents, the LTCH/RH Fall Vaccine Campaign plays a critical role in regional respiratory surge readiness. By reducing the incidence and severity of influenza, COVID-19, and RSV, widespread vaccination helps prevent unnecessary emergency department visits and hospitalizations. This not only safeguards LTCH, RH and hospital capacity during peak respiratory season but also supports broader health system stability across the region.

The 2025-26 Fall Vaccine Campaign targets three key respiratory viruses: Influenza, COVID-19, and RSV. These illnesses pose significant health threats, with the potential to cause severe complications, hospitalizations, and death in older adults. Vaccination remains the most effective preventive tool.

- **Influenza Vaccination:** Recommended annually for all individuals 6 months and older, with special emphasis on residents of LTCHs and RHs as a high-risk group.¹
- **COVID-19 Vaccination:** This year's campaign includes updated vaccines formulated against a more recent variant of the virus. Available for those 6 months and up and strongly recommended for residents of LTCHs and RHs.²
- **RSV Vaccination:** Recommended for LTCH and RH residents age 60 and older, if they have not previously received an RSV vaccine. This is not an annual vaccine; protection remains effective over multiple years.³

Planning for the campaign began in summer 2025, and implementation launched early fall. Homes can opt to vaccinate staff and residents through in-house clinics, pharmacy partnerships, or engage external providers such as family doctors or nursing agencies.

WDG Public Health continues to use a one-on-one support model, where the Infection Control (IC) Team connects individually with each LTCH and RH throughout the duration of the campaign. These calls are an opportunity to review vaccine campaign plans, address potential challenges, provide reminders, and support problem-solving. This collaborative approach respects each home's unique context and capacity while helping ensure coordinated, efficient, and equitable vaccine delivery.

Discussion

Planning and implementation of the 2025-26 LTCH/RH Fall Vaccine Campaign has been smooth and well-coordinated across homes. There are 36 LTCH/RHs total in the WDG Public Health catchment area. As of October 31, 2025:

- 12 have completed administration of all three recommended vaccines;
- 23 homes have their fall vaccine campaign fully planned or underway;
- 1 home is continuously working with the IC Team to finalize their campaign plan.

Homes determined how they would deliver their vaccine campaigns based on their capacity, internal processes, and resident needs. Table 1 summarizes the planned delivery methods for each of the three vaccines (RSV, COVID-19, and Influenza) as reported by long-term care homes and retirement homes in the WDG region.

Table 1: Summary of Planned Vaccine Delivery Methods by Vaccine Type

Method of Delivery	RSV	COVID-19	Influenza
In-House (<i>vaccines administered by LTCH/RH staff</i>)	29	20	21
Pharmacy (<i>home partners with pharmacists or pharmacy technicians who administer vaccines</i>)	N/A	13	12
External Partners (<i>Ontario Health Teams, contract nursing agencies, community physicians, etc.</i>)	5	3	3
No Eligible Residents (<i>received vaccine in previous years</i>)	1	N/A	N/A
Planning in progress	1	0	0

WDG Public Health Fall Vaccine Campaign Supports

To support implementation, WDG Public Health provided each home with a comprehensive vaccine package. This resource served as a planning guide and included:

- Step-by-step instructions
- Product-specific information
- Data entry and documentations tips
- Campaign planning tools and checklists
- IPAC considerations
- Links to supporting documents and contact information for further supports

In addition, WDG Public Health has the following optional supports available:

1. Vaccine Information session with the WDG Public Health's Medical Officer of Health
2. Individualized support calls during planning, implementation, and wrap-up phases
3. Resident education sessions to reduce vaccine hesitancy and misinformation
4. Cold chain and fridge inspections for those homes who wish to offer any vaccines internally
5. Assistance with resource development (e.g. infographics, fact sheets, tracking tools)
6. Guidance in developing or refining staff vaccination policies and tracking tools to make outbreak response more efficient

On-Going Challenges

Despite the proactive support model, some ongoing challenges remain and require continued attention:

- **COVID-19 outbreaks:** Outbreaks can delay vaccine clinics by redirecting staff capacity to outbreak responses. Residents who test positive must also wait three months before receiving a vaccine; residents who are feeling unwell should also postpone any other vaccinations.
- **RSV administration barriers:** Unlike influenza and COVID-19 vaccines, pharmacists cannot administer RSV vaccines without a physician's prescription and cannot bill for this activity. This results in fragmented service delivery and creates the need for separate planning and scheduling for RSV versus influenza and COVID-19 vaccinations.
- **Consent and coordination:** The consent process remains time and resource intensive, particularly in retirement homes where coordination may involve families, substitute decision-makers, and attending physicians.

Despite these challenges, the campaign has demonstrated strong uptake and engagement. WDG Public Health's tailored approach has strengthened trust and collaboration with care facilities and helped reduce barriers to vaccine access among a high-risk population.

Health Equity Implications

This campaign directly supports health equity by prioritizing access to essential vaccines for high-risk populations. LTCH and RH residents often face systemic barriers due to age, frailty, and mobility. WDG Public Health mitigates these barriers through:

- On-site support and flexible vaccine delivery models
- Tailored communication materials for diverse audiences
- Active efforts to counter misinformation and address hesitancy

This work contributes to reducing avoidable illness and hospitalization among the most vulnerable residents in the WDG community.

Conclusion

The 2025-26 LTCH/RH Fall Vaccine Campaign is an essential component of WDG Public Health's ongoing efforts to protect residents from respiratory viruses. The campaign exemplifies how personalized support, strategic planning, and strong partnerships can overcome logistical challenges and ensure equitable access to immunization. WDG Public Health will continue to refine and improve this approach as the campaign progresses.

Ontario Public Health Standards

Foundational Standards

- ☐ Population Health Assessment
- ☒ Health Equity
- ☐ Effective Public Health Practice
- ☐ Emergency Management

Program Standards

- ☐ Chronic Disease Prevention and Well-Being
- ☐ Food Safety
- ☐ Healthy Environments
- ☐ Healthy Growth and Development
- ☒ Immunization
- ☒ Infectious and Communicable Diseases Prevention and Control
- ☐ Safe Water
- ☐ School Health
- ☐ Substance Use and Injury Prevention

2024-2028 WDGPH Strategic Goals

More details about these strategic goals can be found in [WDGPH's 2024-2028 Strategic Plan](#).

- ☒ Improve health outcomes
- ☐ Focus on children's health
- ☒ Build strong partnerships
- ☐ Innovate our programs and services
- ☐ Lead the way toward a sustainable Public Health system

References

1. Public Health Agency of Canada. *Summary of the NACI Seasonal Influenza Vaccine Statement for 2025–2026* [Internet]. Ottawa (ON): Government of Canada; 2025 Sep [cited 2025 Oct 28]. Available from: <https://www.canada.ca/en/public-health/services/reports-publications/canada-communicable-disease-report-ccdr/monthly-issue/2025-51/issue-9-september-2025/summary-naci-seasonal-influenza-vaccine-statement-2025-2026.html>
2. Public Health Agency of Canada. *Summary of NACI statement: Guidance on the use of COVID-19 vaccines for 2025 to summer 2026* [Internet]. Ottawa (ON): Government of Canada; 2025 Jan 10 [cited 2025 Oct 28]. Available from: <https://www.canada.ca/en/public-health/services/publications/vaccines-immunization/national-advisory-committee-immunization-summary-guidance-covid-19-vaccines-2025-summer-2026.html>
3. Public Health Agency of Canada. *Summary of the NACI statement: Prevention of respiratory syncytial virus (RSV) disease in older adults* [Internet]. Ottawa (ON): Government of Canada; 2025 Aug [cited 2025 Oct 28]. Available from: <https://www.canada.ca/en/public-health/services/reports-publications/canada-communicable-disease-report-ccdr/monthly-issue/2025-51/issue-8-august-2025/summary-naci-statement-prevention-rsv-older-adults.html>