



NORTH
YORK
FAMILY
HEALTH
TEAM

Influenza, Pneumococcus, RSV, and COVID-19

NYFHT Annual Influenza Update 2024-2025

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October 1, 2024



Agenda

1. NYFHT Annual Influenza Update
2. Acute reactions following vaccination
3. Pneumococcus update
4. RSV for Older Adults update

RSV for pregnancy and babies will be reviewed at later date

5. COVID-19 update





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**NYFHT Annual
Influenza
Update**

Acute reactions
to vaccination

Pneumococcus
Update

RSV for Older
Adults

COVID update

NYFHT Annual Influenza Update

Recipient Patients

- Flu shots for patients \geq 6 months
- NYFHT offices
- ~~NYFHT Flu Shot Clinic~~

CONTRAINDICATIONS

- Infants < 6 months of age
- Previous anaphylactic reaction to flu shot
- Allergy to any component of influenza vaccine (except egg)
- Guillain-Barre Syndrome (GBS) (within 6 wks of flu shot HX)
- Fever on day of immunization

Vaccines available

Vaccine product	FluLaval Tetra	Fluzone® Quadrivalent	Flucelvax® Quad	Fluzone® High-Dose Quadrivalent	Fluad®
Abbreviation	QIV (IIV4-SD)	QIV (IIV4-SD)	QIV (IIV4-cc)	QIV-HD (IIV4-HD)	TIV-adj (IIV3-Adj)
Vaccine type	Egg-based	Egg-based	Cell culture-based	Egg-based	Egg-based
Available format	Multidose vial ²	Multidose vial ² Prefilled syringe	Prefilled syringe	Prefilled syringe	Prefilled syringe
Allergens	Egg protein ³ Thimerosal ⁴	Egg protein ³ Thimerosal ⁴	None (no egg protein, no thimerosal)	Egg protein ³	Egg protein ³ Kanamycin Neomycin

- FluMist will not be publicly funded but may be purchased privately
- Egg allergy is not a contraindication to flu vaccination
- Multidose vial: 28 day expiry, contains thimerosal

Vaccine dosing card

Age Category	Publicly funded vaccines for 2024-2025 ^a	# Doses
6 months – 64 yrs	<p><u>Fluzone</u>[®] Quadrivalent 0.5 mL IM OR <u>Flulaval</u> Tetra 0.5 mL IM OR Flucelvax[®] Quad 0.5 mL IM</p>	<p>If age ≥ 9yr, OR at least 1 prior dose any season = need 1 dose</p> <p>If age <9yr, AND no prior doses = need 2 doses (4 wks apart)</p>
≥ 65 years	<p><u>Fluzone</u>[®] High-Dose Quadrivalent 0.7 mL IM^b OR <u>Fluad</u>[®] 0.5 mL IM^b</p>	Need 1 dose
Pregnancy	<p><u>Fluzone</u>[®] Quadrivalent 0.5 mL IM OR <u>Flulaval</u> Tetra 0.5 mL IM OR Flucelvax[®] Quad 0.5 mL IM</p>	Need 1 dose

Vaccine administration

Age and weight (if applicable) of vaccine recipient		Preferred Site of Injection	Needle Gauge	Needle Length
6 to 12 months		Anterolateral thigh	22-25	7/8" – 1"
13 months to 12 years		Deltoid muscle	22-25	5/8" – 1"
13 years+	Individuals weighing <130 lbs	Deltoid muscle	22-25	5/8" – 1"
	Males weighing 130-260 lbs	Deltoid muscle	22-25	1"
	Females weighing 130-200 lbs	Deltoid muscle	22-25	1"
	Males weighing >260 lbs	Deltoid muscle	22-25	1½"
	Females weighing >200 lbs	Deltoid muscle	22-25	1½"

Documentation

- Use EMR macro/stamp “flushot”
- Assessment of contraindications
- Verbal consent to receive influenza vaccine from patient/guardian/SDM
- Brand and dose of vaccine used, lot number and expiry date
- Route (intramuscularly) and site (location) vaccine given
- Name of directive and name of the implementer (including credentials)

Documentation

Document any adverse event following immunization (AEFI) that occurs and actions taken

- Expected common events such as vaccination site reactions or fever do not need to be reported.
- Report **unexpected or severe AEFI to Toronto Public Health**
- Complete AEFI Reporting Form
- <https://www.publichealthontario.ca/-/media/documents/A/2020/aefi-reporting-form.pdf>
- Fax completed form to 416-696-3492, or email to AEFI@toronto.ca



Administration with other vaccines

- Influenza vaccines may be given at same time, before or after other vaccines, **including vaccines for COVID-19 and RSV** for those aged 6 months of age and older.
- No studies of Shingrix® with Fluad® (adjuvanted) or Fluzone® High-Dose Quadrivalent (high-dose) influenza vaccines.



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Acute Reactions to Vaccination

Anxiety-related adverse events

Anaphylaxis

Before administering any medication

- Obtain consent if patient/guardian is conscious
- Always check for allergies
- Ensure right drug, right dose, right route
- Ask for MD or NP to be present during vaccination in case of adverse event

Vasovagal Reaction

Vasovagal reaction is when the nervous system malfunctions due to a trigger (i.e injection) and heart rate slows and a patient may experience the following symptoms:

- Feeling light-headed
- Feeling dizzy
- Feeling drowsy
- Headache
- Unsteady
- Pale pallor
- Diaphoresis
- Blurred vision
- Tinnitus



Vasovagal Reaction: Management

1. Tell/assist patient to a seated position
2. Call for assistance (if NP or MD on site, advise them also)
3. Assess patient's full vitals: BP, HR, Resp Rate, SpO2, POC glucose test
 - a. Offer oral fluids (if patient is able to swallow safely)- water or juice
 - b. Apply oxygen (if needed)
 - c. Follow protocol for hypoglycemia or hyperglycemia pending results of POC glucose test (see next slide)
4. Continue to reassess vitals - ensure vitals are stable before discharge
5. Consider applying cool cloths to forehead, back of neck, underarms
6. Document encounter in Incident Response Record (EMR for office settings and on paper in the Flu Shot Clinic)



Hyperglycemia

- Symptoms typically appear when BG >14 mmol/L but can be lower
- Symptoms:
 - Unusual thirst
 - Extreme fatigue
 - Frequent urination
 - Blurred vision
 - Numbness or tingling in hands or feet
 - Weight change (gain or loss)

Hyperglycemic Emergencies

Diabetic ketoacidosis	Hyperosmolar hyperglycemic state
<ul style="list-style-type: none">• Acetone-odoured breath• Nausea/vomiting• Abdominal pain• Possible decreased level of consciousness	<ul style="list-style-type: none">• Profound dehydration• Decreased level of consciousness• Seizure or stroke-like state

Go to emergency room immediately

Blood Glucose Testing

- Use glucometer provided in emergency kit
- Insert strip and ensure glucometer turns on
- Clean patient's skin with alcohol wipe
- Use single use lancet to obtain blood sample
- Apply blood sample to strip
- Wait for result

Hypoglycemia: BG < 4 mmol/L

Symptoms of Hypoglycemia

Autonomic	Trembling Palpitations Sweating	Anxiety Hunger Nausea
Neuroglycopenic	Difficulty concentrating Confusion Weakness	Drowsiness/dizziness Difficulty speaking Headache

Severity of Hypoglycemia	Symptoms Present	Treatment	BG Range
Mild	Autonomic	Self-treat	< 4 mmol/L
Moderate	Autonomic and neuroglycopenic	Self-treat	< 3.5 mmol/L
Severe	Unconscious	Requires assistance of another person	< 2.8 mol/L

Hypoglycemia: Management

Adult	Pediatric	
<p>Dex-4[®] 4 tabs</p>	<p>Dex-4[®] If < 15 kg, 1 tab If 15-30 kg, 2-3 tabs If >30 kg, 4 tabs</p>	<p><u>If Dex-4 or glucose given</u> Recheck blood sugars in 15 min Repeat dose until BG>4 mmol/L Then have small snack or meal</p>
<p>If patient is unconscious <u>Glucagon</u> 1 mg IM/SC</p>	<p>If patient is unconscious <u>Glucagon</u> 0.25-1 mg IM/SC If ≥20 kg (or age≥6 yrs): 1 mg If <20 kg (or age<6 yrs): 0.25-0.5 mg</p>	<p>Glucagon For physician office use only NOT NYFHT Centralized Flu Shot Clinic</p>

Syncope

Sudden lapse in consciousness accompanied by fainting.



Syncope: Management

1. Call for help
2. Assist patient to floor (supine), elevate legs if no concern about cord injury
3. Call 911 - If patient declines to go to hospital by ambulance, ensure they have a designated driver/family member who can accompany them home and document this decision as made by patient
4. Assess vital signs (BP, HR, Resp rate, SpO2, POC glucose test):
 - a. CPR if needed (assess ABCs)
 - b. Apply oxygen as needed
 - c. Apply cool cloths to forehead, neck, under arms
 - d. Follow protocol for hypoglycemia/hyperglycemia pending results of POC
 - e. Reassess vitals until stable and/or transfer of care
5. Assess for secondary injury from possible fall
6. If patient regains consciousness, conduct neuro assessment (alert and orientated to person, place and time)
7. Document encounter in Incident Response Record (EMR for office settings and on paper in the Flu Shot Clinic)



Local Allergic Reaction (Rash)

Swelling and/or hives at injection site



Local Allergic Reaction: Management

- Ice can be applied to the site
- Patient should be monitored for 30 minutes post-injection
- If no further symptoms arise, if swelling/hives disappear, and no evidence of progression of the swelling/hives, patient may leave after 30 minutes of observation
- Document encounter in Incident Response Record (EMR for office settings and on paper in the Flu Shot Clinic)

Local Allergic Reaction: Management

Mild skin allergic reaction

- Cetirizine preferred (2.5-10 mg PO x 1)
- Diphenhydramine (tab/liquid)
 - Adult: 25-50 mg PO q4-6h prn
 - Pediatric: 3.125 - 25 mg PO q4-6h prn

Local Allergic Reaction: Management

- If any of the below symptoms arise during observation, follow steps for **anaphylaxis**:
 - Sneezing
 - Nasal congestion
 - Tearing
 - Coughing
 - Facial flushing
 - Rash/swelling has spread to other parts of the body

Anaphylaxis

Anaphylaxis is a serious, potentially life-threatening allergic reaction to foreign antigens. Risk factors include those who are very young or old, pregnancy, asthma, CVD, and/or taking anti-hypertensive medications.

Anaphylaxis

Symptoms that may present **immediately after** injection:

- Swelling and irritation at the site of injection
- Hives

Symptoms that may present **after a few minutes** of injection:

- Diffuse hives/swelling to other areas of the body
- Sneezing
- Nasal congestion
- Tearing
- Coughing
- Facial flushing
- Swelling/angioedema (swelling of lips, tongue, throat)
- SOB; difficulty breathing
- Hypotension
- Tightness in throat
- Loss of consciousness
- Tachycardia (rapid heart rate)
- Cyanosis (blue skin and lips)
- Thready pulse (weak pulse)
- Wheezing

Anaphylaxis: Management

1. Call for help
2. Assess vitals (BP, HR, Resp Rate, SpO2), mental status, complete ABCs, call 911 (simultaneously)
3. Position patient onto their back or in a comfortable position if in respiratory distress (unless actively vomiting). Elevate the legs. If patient is pregnant, semi-recumbent on their left (see photo)
4. Administer epinephrine (see next slide)
5. Stabilize the patient (CPR, oxygen, adjunct treatments of Ventolin and Benadryl)
6. Continue to monitor vitals q5 minutes
7. Transfer to hospital for observation
8. Documentation of encounter in Incident Response Record (EMR for office settings)

Anaphylaxis: Management

Epinephrine

Adults or children >30kg
EpiPen® 0.3mg IM

Children 15-30kg
EpiPen® Jr 0.15mg IM

Epinephrine 0.01mg/kg IM
q5min (max 3 dose)

How to use EpiPen® and EpiPen Jr® Auto-Injectors.

Remove the EpiPen® Auto-Injector from the carrier tube and follow these 2 simple steps:



- Grasp with orange tip pointing downward
- Remove blue safety cap by pulling straight up – do not bend or twist



- Place the orange tip against the middle of the outer thigh
- Swing and push the auto-injector firmly into the thigh until it “clicks”
- Hold in place for 3 full seconds



After using EpiPen®, you must seek immediate medical attention or go to the emergency room. For the next 48 hours, you must stay close to a healthcare facility or be able to call 911.

Anaphylaxis: Management

Dosage of intramuscular EPINEPHrine 1:1000 (1 mg/mL) solution, by age or weight

Weight is the preferred basis for dosage but if unknown, use age as a guide.

Age Use weight if available	Weight (kg)	EPINEPHrine dose (1 mg/mL) ampoule/vial		EPINEPHrine autoinjector dose Use only if measured dose by weight is unavailable
		mg or mg/kg/dose	Volume 1 mg/mL (mL)	
Birth to less 5 kg	Less than 5 kg	0.01 mg/kg/dose or 0.1 mg	0.01 mL/kg/dose or 0.1 mL	N/A
Greater than 5 kg and less than 2 years	5–10	0.1 mg	0.1 mL	0.15 mg
2 to less than 4 years	11–15	0.15 mg	0.15 mL	
4 to less than 7 years	16–20	0.2 mg	0.2 mL	
	21–25	0.25 mg	0.25 mL	0.3 mg
7 to less than 10 years	26–30	0.3 mg	0.3 mL	
	31–35	0.35 mg	0.35 mL	
10 to 12 years	36–40	0.4 mg	0.4 mL	
	41–45	0.45 mg	0.45 mL	
Older than 12 years	46 and above	0.5 mg	0.5 mL	0.5 mg

PHAC 2023. Dosage of IM epinephrine 1:1000 (1mg/mL) by age or weight. <https://www.canada.ca/en/public-health/services/publications/vaccines-immunization/dosage-intramuscular-epinephrine-solution-age-weight.html>

Anaphylaxis: Management

AFTER Epinephrine

Skin symptoms (urticaria, pruritus)

- Cetirizine PO 2.5-10mg x 1 (preferred)
- Diphenhydramine IM 1mg/kg/dose (max) q4-6h prn

Antihistamines do not prevent or treat respiratory or cardiovascular symptoms of anaphylaxis

Anaphylaxis: Management

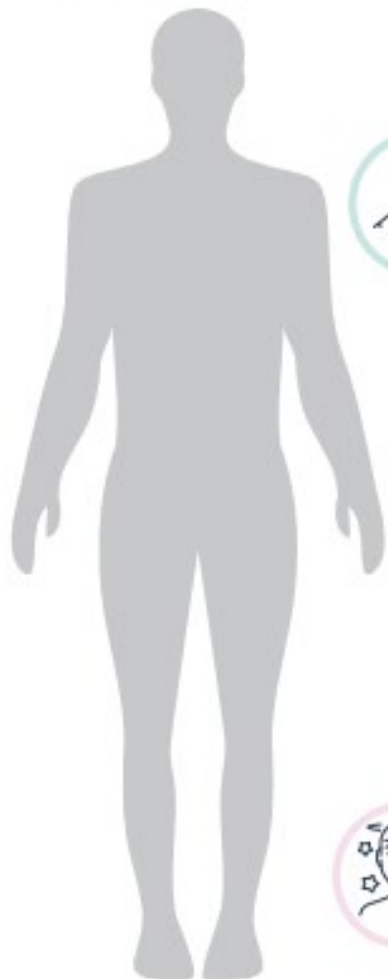
AFTER Epinephrine

Respiratory symptoms (wheezing or SOB, or asthma HX)

- Salbutamol MDI 5-10 puffs every 20min prn
 - Shake well before use
 - Prime inhaler x 4 puffs
 - Use spacer/aerochamber to administer puffs to patient
 - Wait 30-60 seconds between puffs



Distinguishing Features of ANAPHYLAXIS



RAPID ONSET OF SYMPTOMS

(within **minutes** up to **4 hours**) which include:



SKIN

• urticaria • pruritus • angioedema • flushing



RESPIRATORY

• cough • wheeze • dyspnea
• bronchospasm • distress



GASTROINTESTINAL

• nausea • vomiting
• diarrhea • severe abdominal pain



CARDIOVASCULAR

• tachycardia • hypotension • syncope
• dizziness • arrhythmias



CENTRAL NERVOUS SYSTEM

• irritability • sense of doom
• reduced level of consciousness

If you suspect anaphylaxis, a rapid response is critical.

Steps **1 2 3 4** should be done promptly and simultaneously.

- 1** Direct someone to call **911** (where available) or emergency medical services
- 2** **Assess** airway, breathing, circulation
- 3** Place the individual on their **back** and **elevate lower extremities**
- 4** Inject **EPINEPHrine** intramuscularly into mid-anterolateral thigh
(refer to epinephrine dosage table)
- 5** Repeat **every 5 minutes** if not improving

Source: Public Health Agency of Canada. Anaphylaxis and other acute reactions following immunization: Canadian Immunization Guide: Part 2—Vaccine Safety Ottawa (ON): PHAC; 2020.

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Public Health Agency of Canada
Agence de la santé publique du Canada

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Pneumococcus Vaccines Update

Prevnar-20

Vaxneuvance

Pneumococcal Vaccines Update

We were all familiar with the recommendations for pneumococcal immunization using Prevnar-13 and Pneumovax-23...

THAT'S ALL CHANGED!!!

Updated Pneumococcal Vaccines

Pneumococcal Conjugate Vaccine (PNEU-C-15)

- **Vaxneuvance**
- Covers 15 serotypes (1,4, 6B, 9V, 14, 18C, 19F, 23F, 5, 7F, 3, 6A, 19A, 22F, 33F)
- Publicly funded as vaccine for routine immunization of babies and children

Pneumococcal Conjugate Vaccine (PNEU-C-20)

- **Prevnar-20**
- Covers 20 serotypes (1,4, 6B, 9V, 14, 18C, 19F, 23F, 5, 7F, 3, 6A, 19A, 22F, 33F, 8, 10A, 11A, 12F, 15B)
- Publicly funded as vaccine for routine immunization of adults ≥ 65 years old, and high-risk babies and children

Prevnar-20 available to more patients

Routine immunization

Publicly funded vaccine

- Pediatrics: **Vaxneuvance** replaces Prevnar-13
- Older adults and High-Risk patients: **Prevnar-20** replaces Pneumovax-23

Updating immunization

- Continue to offer patients to update their pneumococcal vaccine with Prevnar-20 per NACI guidelines
- But only some patients will be eligible for publicly funded Prevnar-20

Publicly funded Prevnar-20

Eligibility for publicly funded vaccine depends on:

- 1) Age
- 2) Risk criteria for IPD
- 3) # Pneumovax-23 doses received,
Prevnar-13 doses received
- 4) # Pneumovax-23 doses received
at age ≥ 65

High Risk criteria for severe IPD

- Criteria 1-7 (e.g. asplenia, immunocompromised, HIV, transplants)
- Criteria 8-9 (e.g. cirrhosis, CKD)
- Criteria 10-17 (e.g. diabetes, cardiac/liver/resp disease, NH residents)
- HSCT recipients



RapidRX October 2024

NACI recommendations		Eligibility for publicly funded vaccine depends on:		
ADULT • Age 65+ • Age 50-64 with underlying medical conditions and/or risk factors for IPD • Age 18+, immunocompromised		1) Age 2) Risk criteria ^d (type of risk factor for IPD) • Criteria 1-7 (e.g. asplenia, immunocompromised, HIV, transplants) • Criteria 8-9 (e.g. cirrhosis, CKD) • Criteria 10-17 (e.g. diabetes, cardiac/liver/resp disease, NH residents) • HSCT recipients ^e 3) # Pneumovax-23 (Pn23) doses already received, and # Pevnar-13 dose received 4) # Pneumovax-23 (Pn23) doses already received at age≥65		
		Prevnar-20 for Age 65+	Prevnar-20 for Age 50-64 High Risk	Prevnar-20 for Age 18-49 High Risk
If no previous pneumococcal vaccine	Prevnar-20 x 1 dose	Yes	Yes	Yes
If only Prevnar-13 received	Prevnar-20 x 1 dose, 1 yr ^d later	Yes	Yes	Yes
If only Pneumovax-23 received	Prevnar-20 x 1 dose, 5 yr ^d later	Routine (low risk): Yes... If Pn23 received at age<65	--	--
		Criteria 1-7: Yes	Criteria 1-7:	--
		Criteria 8-9: Yes... If Pn23 <3 doses, OR all Pn23 doses given at age<65	Criteria 8-9: If Pn23 <2 c	--
		Criteria 10-17: Yes... If Pn23 <2 doses, OR all Pn23 doses given at age<65	Criteria 10-17:	--
If Prevnar-13 and Pneumovax-23 received	Prevnar-20 x 1 dose 5yrs ^d later, after last pneumococcal vaccine dose	Routine (low risk): Yes... If Pn23 received at age<65	--	--
		Criteria 1-7: Yes... If Pn23 <3 doses, OR all Pn23 doses given at age<65	Criteria 1-7: If Pn23 <2 c	--
		Criteria 8-9: Yes... If Pn23 <3 doses, OR all Pn23 doses given at age<65	Criteria 8-9: If Pn23 <2 c	--
		Criteria 10-17: Yes... If Pn23 <2 doses OR all Pn23 doses given at age<65	Criteria 10-17:	--

NACI recommendations		Publicly funded vaccine program	
PEDIATRIC • Age 6 wks ^d to 4yrs, routine vaccination, no risk factors for IPD		Vaxneuvance	Prevnar-20
If no previous pneumococcal vaccine	Offer Vaxneuvance OR Prevnar-20 series 1 or more doses depending on age	Yes Give 1 or more doses depending on age (Table 3)	--
If incomplete Prevnar-13 series	Offer to complete series with Vaxneuvance or Prevnar-20	Yes	--
If completed Prevnar-13 series	No additional Vaxneuvance or Prevnar-20 recommended	No	--
PEDIATRIC • Age<18, at high risk of IPD due medical, environmental or living conditions		Prevnar-20 for High Risk, Age 6wk-4yr	Prevnar-20 for High Risk, Age 5-17yr
If no previous pneumococcal vaccine	Prevnar-20 series 1 or more doses depending on age	Yes Give 1 or more doses depending on age (Table 4)	Yes 1 dose
If incomplete Prevnar-13 series	Complete series with Prevnar-20	Yes	Criteria 1-7: Yes... If Pn23 <2 doses Criteria 8-9: Yes... If Pn23 <2 doses Criteria 10-17: No
If completed Prevnar-13 series, and received Pneumovax-23	Offer Prevnar-20 x 1 dose, after last pneumococcal dose, 8 wk ^d after last Prevnar-13, or 1yr after last Pneumovax-23	Criteria 1-7: Yes... If Pn23 <2 doses Criteria 8-9: Yes... If Pn23 <2 doses Criteria 10-17: No	No



Does your patient qualify for free Prevnar-20?

- Age 67
- Diabetes
- HX Pneumovax-23, 1 dose at age 65

NACI recommendations		Eligibility for publicly funded vaccine depends on:		
		Prevnar-20 for Age 65+	Prevnar-20 for Age 50-64 High Risk	Prevnar-20 for Age 18-49 High Risk
ADULT <ul style="list-style-type: none"> • Age 65+ • Age 50-64 with underlying medical conditions and/or risk factors for IPD • Age 18+, immunocompromised 		Eligibility for publicly funded vaccine depends on: 1) Age 2) Risk criteria ^a (type of risk factor for IPD) <ul style="list-style-type: none"> • Criteria 1-7 (e.g. asplenia, immunocompromised, HIV, transplants) • Criteria 8-9 (e.g. cirrhosis, CKD) • Criteria 10-17 (e.g. diabetes, cardiac/liver/resp disease, NH residents) • HSCT recipients^b 3) # Pneumovax-23 (Pn23) doses already received, and # Prevnar-13 dose received 4) # Pneumovax-23 (Pn23) doses already received at age ≥65		
If no previous pneumococcal vaccine	Prevnar-20 x 1 dose	Yes	Yes	Yes
If only Prevnar-13 received	Prevnar-20 x 1 dose, 1 yr ^c later	Yes	Yes	Yes
If only Pneumovax-23 received	Prevnar-20 x 1 dose, 5 yrs ^d later	Routine (low risk): Yes... If Pn23 received at age <65	--	--
		Criteria 1-7: Yes	Criteria 1-7: Yes	Criteria 1-7: Yes... If Pn23 <2 doses
		Criteria 8-9: Yes... If Pn23 <3 doses, OR all Pn23 doses given at age <65	Criteria 8-9: Yes... If Pn23 <2 doses	Criteria 8-9: Yes... If Pn23 <2 doses
		Criteria 10-17: Yes... If Pn23 <2 doses, OR all Pn23 doses given at age <65	Criteria 10-17: No	Criteria: 10-17: No





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**RSV for Older
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RSV for Older Adults

Arexvy

Abrysvo

Updated RSV vaccines for Older Adults

Offer RSV vaccine (NACI):

- Age 75+
- Age 60+ with risk factors for severe RSV
- Cardiac, lung, renal, or liver disease
- Diabetes
- Immunodeficiency, immunosuppressed
- Neurologic conditions, epilepsy
- Obesity (class 3, BMI 40+)

EITHER Arexvy or Abrysvo

- RSV vaccine can be given at same time, before or after, other vaccines.
- Boosters not recommended for now
- HX or current RSV infection – RSV vaccine can be offered once they are clinically well; no interval is specified between infection and vaccination



Publicly funded RSV vaccine (Abrysvo)

Eligible patients are age 60+ and:

- Residents of LTC, Elder Care Lodges, or retirement homes
- On hemodialysis or peritoneal dialysis
- Transplant recipients
- Individuals experiencing homelessness
- Individuals who identify as First Nations, Inuit, or Métis

Order Abrysvo for eligible older adults:

Email orders to Toronto Public Health
vaccineorder@toronto.ca

Use the [Toronto Provider RSV Vaccine Order form](#)





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COVID-19 Update

Comirnaty 2024-25

Spikevax 2024-25

Nuvaxovid 2024-25

Updated COVID Vaccines (2024-2025)

Age group	Dose
Pfizer- BioNTech Comirnaty KP.2	
12 years of age and older	30 mcg (0.3 mL)
Moderna Spikevax KP.2	
6 months to 11 years of age	25 mcg (0.25 mL)
12 years of age and older	50 mcg (0.5 mL)
Novavax Nuvaxovid JN.1	
12 years of age and older	5 mcg (0.5 mL)

All individuals 6 months of age and over should, or may, receive an updated vaccine (JN.1 or KP.2)

[COVID-19 vaccines: Canadian Immunization Guide - Canada.ca](https://www.canada.ca/en/health-canada/services/covid-19/vaccines/canadian-immunization-guide.html)

Publicly funded COVID-19 vaccine

- Everybody aged 6 months and older in Ontario
- 3-6 months since last dose, or COVID-19 infection
- Vaccine for general population will be available October 28, 2024

Initial doses will be prioritized for high-risk and priority populations (early October)

Priority populations

- Children 6 months-4yrs
- HCP, first responders
- Workers with significant exposure to birds and mammals



High risk for severe COVID-19

High-risk populations

- Age 65+
- Residents of LTC, RH
- Pregnant
- First Nations, Metis or Inuit
- **Underlying medical conditions** with higher risk for severe COVID-19

Underlying medical conditions

- Cancer
- Chronic diseases (cerebrovascular, lung, heart, kidney, liver, mental health)
- Immunodeficiency, immunosuppressed
- Diabetes
- Obesity
- Smoker (current or former)
- Transplant recipients



COVID-19 vaccine reminders

- COVID-19 vaccine can be given at same time, before or after other routine vaccinations (including age 6 months and older)

TB Skin Test (TST)

- COVID-19 vaccines may be administered any time before, after, or at the same visit as the TBST
- If negative TST, but high suspicion of latent TB infection, consider repeat TST 4 wks after COVID-19 vaccine

[COVID-19 vaccines: Canadian Immunization Guide - Canada.ca](#)

Where to get COVID-19 vaccine

Community pharmacies (excluding age<2yr)

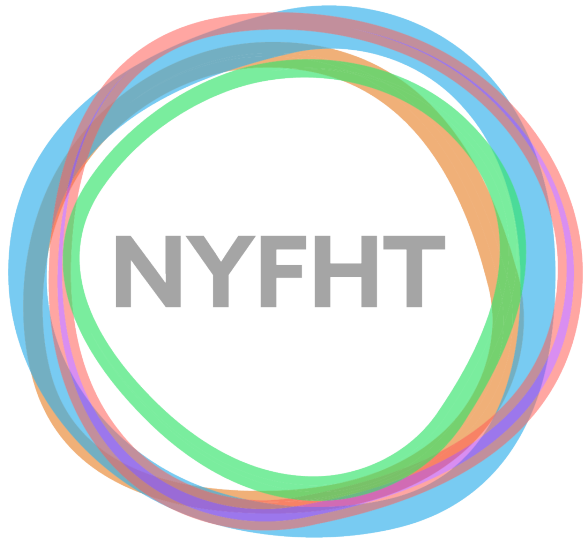
[COVID-19 pharmacy vaccine locations \(ontario.ca\)](#)

Homebound COVID-19 Vaccination

[COVID-19: Homebound Vaccinations – City of Toronto](#)

Toronto Public Health (being updated)

[Where to Get Vaccinated – City of Toronto](#)



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YORK
FAMILY
HEALTH
TEAM

Flu...Pneumonia...RSV...COVID... season here we come!

QUESTIONS?