Ontario

Ministry of Health

2026/2027 Publicly Funded Influenza and COVID-19 Vaccine Administration in Long-Term Care Homes and Retirement Homes

This fact sheet is intended for informational purposes only. It is not intended to provide medical or legal advice.

The purpose of this fact sheet is to provide information for long-term care homes (LTCH) and retirement homes (RH) that plan to administer or support the administration of publicly funded influenza and COVID-19 vaccines for the 2026/2027 respiratory illness season.

Questions about this fact sheet can be sent to immunization@ontario.ca.

A. Importance of Immunization

Immunization is a key public health measure that helps protect individuals and communities from vaccine-preventable diseases. Residents of LTCHs and RHs are at increased risk of severe illness and complications from influenza and COVID-19 illness due to age, underlying health conditions, and being in congregate living settings.

Maintaining high immunization coverage in these settings:

- Helps reduce the risk of outbreaks and transmission within homes
- Protects residents from serious illness, hospitalization, and death
- Supports the overall health and well-being of residents and staff
- Contributes to the continuity of care and safe operation of LTCHs and RHs

Annual respiratory vaccination (i.e., influenza and COVID-19 vaccines), along with other routine immunizations, remains an important strategy to protect vulnerable populations and reduce the impact of seasonal respiratory illness.

B. Co-administration

All routine vaccines and annual respiratory vaccines (i.e., influenza and COVID-19) may be administered at the same time as, or at any time before or after, one another. Co-administration of multiple vaccines is considered clinically safe and effective.

If multiple injections are to be given at the same visit, separate limbs should be used if possible. Alternatively, the injections may be administered into the same muscle separated by at least 2.5 cm (1”). Different immunization equipment (needle and syringe) must be used for each vaccine.

C. Publicly funded vaccine administration

1. Community Pharmacy Partnerships

Pharmacists can administer publicly funded influenza and COVID-19 vaccines to residents of LTCHs and RHs, as in previous years.

LTCHs and RHs **may choose** to partner with a community pharmacy but are **not required** to do so.

If a LTCH or RH chooses to partner with a community pharmacy:

- The pharmacist is responsible for **ordering, storing, transporting, and administering their own supply** of publicly funded vaccines.
- Before administering a vaccine in a LTCH, the pharmacy must have **a valid prescription** directing the administration of the vaccine to the resident(s).

  PLEASE NOTE: Pharmacists **CANNOT administer vaccines ordered and stored by the LTCH or RH. Pharmacists must order the vaccines and bring them to the home.**

If a LTCH or RH does partner with a community pharmacy:

- The LTCH or RH **should not order publicly funded vaccines** from their local public health unit for administration by the pharmacist.
- Any doses ordered by the LTCH or RH **must only be administered by their staff**. Unused doses will result in **avoidable vaccine wastage**.

2. Timing of Community Pharmacy Partnerships

LTCHs/RHs and community pharmacies may initiate partnership discussions with one another.

- A provincial survey will be distributed to pharmacies in **mid-July**, with responses due by **mid-August,** to support influenza and COVID-19 vaccine allocation planning for the fall.
- LTCHs and RHs are **strongly encouraged to confirm partnerships before mid-August** to help ensure pharmacies are allocated sufficient vaccine supply to support on-site immunization.
- Partnerships established **after mid-August may still proceed**; however, vaccine supply may be limited and could **result in delays** in immunization clinics.

3. Policy Considerations

- Pharmacy providers administering publicly funded vaccines must be located within the **same local public health unit** as the LTCH and/or RH.
- Homes should review their existing **policies, procedures and contractual agreements** to ensure that community pharmacy partnerships are permitted.

4. Self-administration for LTCHs

LTCHs are considered routine vaccine providers since they have dedicated vaccine refrigerators that are inspected annually by the PHU and they administer vaccines year-round.

If a LTCH chooses not to partner with a community pharmacy, it may continue to:

- Order publicly funded vaccines (e.g. influenza and COVID-19 vaccine) directly from the local public health unit.
- Administer vaccines through its own staff.

5. Self-administration for RHs

a. **RHs that receive publicly funded vaccines other than influenza** (e.g., COVID-19, Td, MMR, shingles):

   - Are considered routine vaccine providers since they have dedicated vaccine refrigerators that are inspected annually by the PHU and they administer vaccines year round

- May continue to order publicly funded vaccine directly from the local public health unit
- Do not need to apply to the Universal Influenza Immunization Program (UIIP)

b. RHs that only receive influenza vaccine

- Must apply to participate in the UIIP

To participate in the UIIP, RHs must have:

- An **affiliated physician or nurse practitioner** (medical directive or individual medical orders)
- **Staff trained and authorized** to administer vaccines
- A **dedicated vaccine refrigerator** that:
  - Is inspected by the public health unit
  - Is monitored onsite per public health unit direction
  - Meets provincial vaccine storage and handling guidelines

RHs wishing to self-administer influenza vaccine through the UIIP should contact: immunization@ontario.ca

Note: The UIIP application deadline of June 30, 2026 has passed; late submissions may be considered.