Flu Vaccines for 2024-25 (Canada)

This chart reviews Health Canada-approved influenza vaccines for the 2024-25 season. It includes approved ages for use, route of administration, dose, and egg and thimerosal content. For information about efficacy, administration with other vaccines, use in patients who are immunocompromised or pregnant, and more, see our resource, *Communicating About Flu Vaccination*.

--None of the available flu vaccines for 2024-25 contain latex.--

Brand Name Manufacturer[a]	Route[a]	Approved Ages for Use[a]	Availability[a]	Contains Thimerosal?[a]	Dose[a]	Comments[a]
Quadrivalent inactivated (IIV4): protects against two influenza A-like viruses and two influenza B-like viruses						
Afluria Tetra Seqirus	IM	≥5 years	0.5 mL PFS 5 mL MDV	Yes (MDV only)	0.5 mL	• May contain trace amounts of neomycin and polymyxin B.
Flucelvax Quad Seqirus	IM	≥6 months	0.5 mL PFS 5 mL MDV	Yes (MDV only)	0.5 mL	• This **cell-cultured** (mammalian) vaccine may be abbreviated **ccIIV4 or IIV4-cc**.[1-3] • **Egg-free**
Flulaval Tetra GSK	IM	≥6 months	0.5 mL PFS 5 mL MDV	Yes (MDV only)	0.5 mL	None
Fluzone Quadrivalent Sanofi	IM	≥6 months	0.5 mL PFS 5 mL MDV	Yes (MDV only)	0.5 mL	None
Fluzone Quadrivalent High-Dose Sanofi	IM	≥65 years	0.7 mL PFS	No	0.7 mL	• Preferred for patients ≥65 years.[1] • Contains 60 mcg of each virus strain compared to 15 mcg in standard-dose IM vaccines.[1,2] • Higher risk of adverse effects (injection site reactions, myalgia, headache) than the previous high dose, inactivated, trivalent formulation (IIV3) (which had higher risk of adverse effects vs standard dose vaccine).

Brand Name Manufacturer[a]	Route[a]	Approved Ages for Use[a]	Availability[a]	Contains Thimerosal?[a]	Dose[a]	Comments[a]
Quadrivalent inactivated (IIV4), continued						
Influvac Tetra BGP Pharma	IM or deep subcutaneous injection	≥6 months	0.5 mL PFS	No	0.5 mL	• May contain trace amounts of gentamicin or neomycin and polymyxin B.
Trivalent inactivated, adjuvanted (IIV3-Adj): protects against two influenza A-like viruses and one influenza B-like viruses						
Fluad and ***Fluad Pediatric*** Seqirus	IM	***Fluad Pediatric***: 6 to 23 months ***Fluad***: ≥65 years	***Fluad Pediatric***: •0.25 mL PFS ***Fluad***: •0.5 mL PFS	No	6 to 23 months: • 0.25 mL ≥65 years: • 0.5 mL	• This **adjuvanted vaccine** may be abbreviated **aIIV3** or **IIV3-Adj**.[1,3] • May contain trace amounts of neomycin and kanamycin. • Adverse effects (e.g., injection site reactions, fatigue, myalgias, headache) seem similar to the previously available trivalent inactivated, adjuvanted vaccine.
Quadrivalent recombinant (RIV4): protects against two influenza A-like viruses and two influenza B-like viruses						
Supemtek Sanofi	IM	≥18 years	0.5 mL PFS	No	0.5 mL	• **Egg-free** • Contains 45 mcg of each virus strain compared to 15 mcg in standard-dose IM vaccines.[3]
Quadrivalent live-attenuated (LAIV4): protects against two influenza A-like viruses and two influenza B-like viruses						
FluMist Quadrivalent AstraZeneca	Intranasal	2 to 59 years	0.2 mL prefilled intranasal sprayer	No	0.1 mL per nostril	• Not recommended for patients who are pregnant, immunocompromised, or with certain medical conditions.[1] o See our resource, *Communicating About Flu Vaccination*, for more on who should NOT receive this flu vaccine. • Has not been studied in patients with severe asthma or active wheezing. • May contain trace amounts of gentamicin.

a. Information is from the Government of Canada (https://www.canada.ca/en/public-health/services/publications/vaccines-immunization/national-advisory-committee-immunization-statement-addendum-seasonal-influenza-vaccine-2024-2025.html), unless otherwise specified.[24]

Abbreviations: IM = intramuscular; MDV = multidose vial; PFS = pre-filled syringe.

Users of this resource are cautioned to use their own professional judgment and consult any other necessary or appropriate sources prior to making clinical judgments based on the content of this document. Our editors have researched the information with input from experts, government agencies, and national organizations. Information and internet links in this article were current as of the date of publication.

Levels of Evidence

In accordance with our goal of providing Evidence-Based information, we are citing the **LEVEL OF EVIDENCE** for the clinical recommendations we publish.

Level	Definition	Study Quality
A	Good-quality patient-oriented evidence.*	1. High-quality randomized controlled trial (RCT) 2. Systematic review (SR)/Meta-analysis of RCTs with consistent findings 3. All-or-none study
B	Inconsistent or limited-quality patient-oriented evidence.*	1. Lower-quality RCT 2. SR/Meta-analysis with low-quality clinical trials or of studies with inconsistent findings 3. Cohort study 4. Case control study
C	Consensus; usual practice; expert opinion; disease-oriented evidence (e.g., physiologic or surrogate endpoints); case series for studies of diagnosis, treatment, prevention, or screening.	

***Outcomes that matter to patients** (e.g., morbidity, mortality, symptom improvement, quality of life).

[Adapted from Ebell MH, Siwek J, Weiss BD, et al. Strength of Recommendation Taxonomy (SORT): a patient-centered approach to grading evidence in the medical literature. Am Fam Physician 2004;69:548-56. https://www.aafp.org/pubs/afp/issues/2004/0201/p548.html.]

References

1. Government of Canada. National Advisory Committee on Immunization (NACI). Statement on seasonal influenza vaccine for 2024-2025. July 25, 2024. https://www.canada.ca/en/public-health/services/publications/vaccines-immunization/national-advisory-committee-immunization-statement-seasonal-influenza-vaccine-2024-2025.html#a9. (Accessed August 15, 2024).
2. DiazGranados CA, Dunning AJ, Kimmel M, et al. Efficacy of high-dose versus standard-dose influenza vaccine in older adults. N Engl J Med. 2014 Aug 14;371(7):635-45.
3. CDC. Vaccine abbreviations. August 1, 2024. https://www.cdc.gov/vaccines/hcp/vaccines-us/abbreviations.html?CDC_AAref_Val=https://www.cdc.gov/vaccines/terms/vacc-abbrev.html. (Accessed August 15, 2024).

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