

# Toward Harmonized Adult Vaccination Schedules Across Canada

## Framework Report

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## Background

Canada's demographic profile is shifting rapidly, with older adults representing one of the fastest-growing population groups. Population ageing, combined with the rising prevalence of non-communicable diseases (NCDs), is increasing the number of people at heightened risk of severe outcomes from vaccine-preventable diseases (VPDs). Notably, 73% of adults aged 65 years and older are living with at least one of ten common chronic conditions, including diabetes, cancer, chronic obstructive pulmonary disease (COPD), and hypertension<sup>(1)</sup>.

Age-related immune decline further reduces the body's ability to respond effectively to pathogens, increasing susceptibility to complications and prolonged recovery from VPDs. In this context, prevention across the life course - including adult immunization - is foundational in maintaining health, functional ability, and independence in later life.

Vaccine-preventable diseases continue to exert significant health, social, and economic pressures across Canada. Their impacts extend beyond individual morbidity and mortality, affecting healthcare capacity, long-term care systems, community resilience, and workforce participation. Adult immunization represents a high-value public health investment. Vaccines for influenza, COVID-19, respiratory syncytial virus (RSV), and pneumococcal disease contribute more than \$2.5 billion in healthcare and economic benefits nationally<sup>(2)</sup>, with evidence indicating that every dollar invested yields more than three dollars in combined health and economic returns<sup>(2)</sup>.

Despite these benefits, vaccination rates remain persistently low nationally, and VPDs continue to result in avoidable hospitalizations, deaths, and system strain, highlighting the need for sustained, coordinated, and equitable prevention strategies.

### Impacts of vaccine-preventable diseases in Canada

The burden of infectious disease is amplified by seasonal surges that place significant strain on healthcare systems. Concurrent circulation of influenza, RSV, and COVID-19 has increased demand for acute care services and medical supplies, while disproportionately affecting older adults and individuals living with chronic conditions<sup>(3)</sup>. Ongoing transmission of pneumococcal disease and pertussis further compound these pressures<sup>(4)(5)</sup>.

Seasonal influenza accounts for more than 15,000 hospitalizations and 3,500 deaths annually in Canada<sup>(4)</sup>. During the 2025–26 surveillance period, approximately 38,000 COVID-19 cases were reported, with adults aged 65 years and older experiencing the highest rates of severe outcomes and mortality<sup>(6)</sup>. In 2024, pneumonia and influenza together ranked as the sixth leading cause of death in Canada, responsible for approximately 7,658 deaths - over half among adults aged 85 years and older<sup>(4)</sup>. Shingles affects one in three Canadians, primarily later in life<sup>(7)</sup>. In 2019, RSV was estimated to cause approximately 5.2 million infections, 470,000 hospitalizations, and 33,000 deaths among adults aged 60 years and older in high-income countries, including Canada<sup>(8)</sup>. Pertussis has also resurged, with 2024 data indicating a tenfold increase in reported cases compared to the 2015–2023 average<sup>(5)</sup>.

Collectively, VPDs - including influenza, COVID-19, pneumococcal disease, shingles, RSV, and pertussis - remain a substantial and preventable cause of morbidity and mortality in Canada, disproportionately affecting older adults and those at greatest clinical risk.

Taken together, these trends reinforce the need for strengthened and more harmonized approaches to adult immunization across Canada, including greater alignment in policy development, implementation, and accountability across jurisdictions.

## Harmonization in Vaccination Schedules

In Canada, vaccine recommendations are developed at the federal level by the National Advisory Committee on Immunization (NACI), which reviews scientific evidence and provides guidance on vaccine use <sup>(9)</sup>. Provinces and territories, however, are primarily responsible for funding decisions, program design, and delivery <sup>(9)</sup>. While this decentralized structure allows jurisdictions to tailor programs to local needs, it has also resulted in inconsistent access to publicly funded adult vaccines across the country. <sup>(9)</sup>

Policy gaps are reflected in differences in eligibility criteria, rollout timelines, funding determinations, and implementation approaches <sup>(9)</sup>. As a result, access to recommended vaccines often depends on place of residence. This variability creates inequities, contributes to public confusion, complicates provider recommendations, and can dilute the overall impact of national guidance.

Vaccine harmonization is a critical policy lever to promote more equitable access to adult immunization. Greater alignment across jurisdictions can improve vaccine coverage, reduce regional disparities, strengthen public confidence and messaging, and enable more coordinated procurement and distribution systems, while also enhancing pandemic preparedness and health system resilience <sup>(9)</sup>.

## Supporting a Harmonized and Life Course Approach to Adult Immunization

Canadian and global health agendas are increasingly anchored in a life course approach that promotes health and well-being from infancy through older age, emphasizing continuity, equity, and evidence-based decision-making.

International frameworks such as the [WHO Immunization Agenda 2030 Strategic Priority 4: Lifecourse & Integration](#), and the [UN Decade of Healthy Ageing 2030](#) outline the need to integrate preventive interventions, including immunization, across all stages of life to reduce disease burden and optimize healthy ageing.

In 2025, the Chief Public Health Officer of Canada's annual report highlighted the critical importance of addressing the broader determinants of health and well-being and outlined ongoing challenges from infectious diseases and other systemic pressures that require better coordinated public health action across federal, provincial, and territorial jurisdictions to improve immunization coverage, data sharing, and equitable access to preventive services <sup>(10)</sup>.

While earlier strategies did not explicitly prioritize harmonization, Canada's updated National Immunization Strategy now emphasizes greater coordination and alignment of immunization schedules across jurisdictions, reflecting both domestic priorities and global agendas promoting a life-course approach to vaccination <sup>(11)</sup>. However, inconsistencies in vaccine eligibility continue to create confusion for the public and providers, particularly for respiratory vaccines targeting older adults and individuals with chronic medical conditions.

Building on this foundation the, *Toward Harmonized Adult Vaccination Schedules Across Canada*, links national data with expert deliberation to inform governmental policy. The initiative identifies persistent gaps in access to vaccines that protect older adults and examines opportunities to better align adult respiratory vaccination schedules nationally. Drawing on a pan-Canadian audit of publicly funded vaccine schedules and insights from a multi-stakeholder Think Tank, the report highlights the need to reduce complexity, streamline access pathways, and establish clearer national direction for adult immunization.

## Methodology

This initiative employed a two-phase approach to identify priorities and define practical actions to strengthen coherence, access, and equity in adult immunization across Canada.

### Phase 1: Audit of Vaccine Schedules

A national audit (Appendix A) of publicly funded adult vaccination schedules across all 13 provinces and territories<sup>1</sup> assessed the degree of harmonization in eligibility criteria for vaccines targeting VPD, including COVID-19, influenza, RSV, shingles, pertussis, and pneumococcal disease.

Age-based and risk-based eligibility criteria were benchmarked across jurisdictions using recommendations from the NACI as the reference standard. The analysis identified policy gaps, jurisdictional variation, and areas where greater alignment could improve clarity and access.

### Phase 2: Think Tank

A national multi-stakeholder Think Tank convened representatives from civil society organizations, health economists, health system experts, healthcare professional associations, vaccine experts, and key decision-makers, including members of provincial immunization advisory committees, public health authorities, provincial health agencies, and NACI.

Discussions examined the individual- and population-level benefits of greater harmonization in adult vaccination schedules; strategies to advance alignment, including opportunities for co-administration; approaches to program design and funding that could facilitate cross-jurisdictional consistency; and pathways to integrate newly approved vaccines for older adults into immunization programs while ensuring equitable access and clear delivery mechanisms.

Outputs from the Think Tank informed a targeted consensus statement <sup>(12)</sup> directed at governmental decision-makers, civil society organizations, and partners, supporting progress toward the objectives of Canada's National Immunization Strategy. The framework presented in this report aligns with that consensus statement and builds on the evidence and insights generated through both the audit and the Think Tank process.

## Findings

This initiative employed a two-phase approach to identify priorities and define practical actions to strengthen coherence, access, and equity in adult immunization across Canada. Findings from both the national audit (Appendix A) and the Think Tank discussions demonstrate that significant variation persists across provinces and territories in eligibility criteria, funding mechanisms, and access pathways for adult immunization. These differences disproportionately affect populations at greatest risk, including older adults and individuals living with immunocompromising conditions.

Cross- jurisdictional analysis indicates systemic issues, including variation in alignment with NACI recommendations (Table 1), with differences observed not only between vaccines but also in program design and implementation. This variability contributes to avoidable complexity within Canada's adult immunization landscape and reinforces geographic inequities in protection against VPDs.

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<sup>1</sup> Alberta (AB), British Columbia (BC), Manitoba (MB), New Brunswick (NB), Newfoundland and Labrador (NL), Northwest Territories (NT), Nova Scotia (NS), Nunavut (NU), Ontario (ON), Prince Edward Island (PE), Quebec (QC), Saskatchewan (SK), Yukon (YT)

Table 1: National Advisory Committee on Immunization (NACI) Recommendations Summary <sup>(9)</sup>

Vaccine	Target populations & Recommendations
Respiratory Syncytial Virus (RSV)	<ul style="list-style-type: none"> <li>Adults ≥75 years</li> <li>Adults ≥60 years in longterm care or chronic care facilities</li> <li>Adults 50–74 years</li> </ul>
Influenza	<ul style="list-style-type: none"> <li>All adults ≥6 months — recommended annually, with priority for:                             <ul style="list-style-type: none"> <li>Adults ≥65 years</li> <li>Residents of congregate living settings</li> <li>Individuals with chronic conditions</li> <li>Pregnant people; and other highrisk individuals</li> </ul> </li> </ul>
Pneumococcal (Pneu-C-20 / Pneu-C-21)	<ul style="list-style-type: none"> <li>Adults ≥65 years — strongly recommended one dose of a highvalency conjugate pneumococcal vaccine (PneuC20 or PneuC21)</li> <li>Adults &lt;65 at increased risk of invasive pneumococcal disease (e.g., medical, social/behavioural risk factors)</li> </ul>
Pertussis (Tdap)	<ul style="list-style-type: none"> <li>All adults ≥18 years who have not previously received adult pertussis</li> </ul>
COVID-19	<ul style="list-style-type: none"> <li>Adults at higher risk of severe outcomes (e.g., ≥65 years, immunocompromised, longterm care residents, pregnant people, equitydenied populations)</li> </ul>
Shingles (RZV)	<ul style="list-style-type: none"> <li>Adults ≥50 years</li> <li>Adults ≥18 years with immunocompromising conditions</li> </ul>

## Influenza

NACI recommends annual influenza vaccination for all individuals aged six months and older, with enhanced formulations preferentially recommended for adults aged 65 years and older (Table 1) <sup>(9)</sup>.

While influenza vaccination is publicly funded in all provinces and territories, meaningful inconsistencies remain (Appendix A). Ontario and British Columbia publicly fund high-dose or adjuvanted vaccines for adults aged 65 years and older, whereas other jurisdictions restrict access to enhanced products or vary in which formulation is preferentially supplied <sup>(13) (14)</sup>. Differences in pharmacy authority, campaign timing, and access in northern and rural communities further compound inequities.

Although national coverage exists, in principle, access to optimal products (e.g., vaccines specific for older adults) and convenient delivery remains uneven across jurisdictions.

## Pneumococcal Disease

NACI recommends pneumococcal immunization for all adults aged 65 years and older and for younger adults with high-risk or immunocompromising conditions, with evolving guidance incorporating newer conjugate vaccines (Table 1) <sup>(9)</sup>.

Provincial and territorial programs reflect substantial policy lag and product variation (Appendix A). Ontario, Alberta, and Nova Scotia publicly fund pneumococcal vaccination for adults aged 65 years and older, but many jurisdictions (e.g., Manitoba or New Brunswick) continue to rely on older polysaccharide vaccines in routine programs, despite updated NACI recommendations supporting broader conjugate use <sup>(15) (16)</sup>.

Eligibility criteria for high-risk adults under age 65 vary widely between provinces, with differences in qualifying conditions and funding scope. As newer conjugate vaccines are introduced, some jurisdictions have updated programs (e.g., Ontario, Alberta) while others have not (e.g., Manitoba, New Brunswick), creating a growing divergence in standard of care <sup>(17) (15) (16)</sup>. Access to modern pneumococcal protection is increasingly dependent on geography rather than consistent national implementation.

### **Respiratory Syncytial Virus (RSV)**

NACI recommends RSV vaccination for adults aged 75 years and older, particularly those at increased risk of severe disease (Table 1) <sup>(9)</sup>. Implementation across Canada remains fragmented (Appendix A).

For instance, Ontario funds RSV vaccination for adults aged 75 years and older and select high-risk adults aged 60–74; Alberta and Quebec have introduced similar but non-identical age thresholds; while other provinces, including several Atlantic jurisdictions, have prioritized long-term care residents or the oldest age groups. <sup>(18) (19) (20)</sup>

Age eligibility cut-offs range from 60 years and older to 75 years and older, and some provinces and territories have yet to implement routine publicly funded programs for community-dwelling older adults. The territories face additional logistical and rollout constraints. Early policy divergence is already contributing to interprovincial inequities in protection against RSV among older Canadians.

### **Pertussis**

NACI recommends a one-time Tdap dose for all adults aged 18 years and older who have not previously received a vaccine in adulthood, with particular emphasis on older adults and during every pregnancy <sup>(9)</sup>.

Although all provinces and territories publicly fund maternal Tdap vaccination, demonstrating strong alignment in protecting infants, outside of pregnancy, adult booster access remains inconsistent (Appendix A). Some jurisdictions (e.g., Ontario, British Columbia, Alberta) incorporate Tdap into routine decennial tetanus-diphtheria boosters, while others (e.g., Quebec, Prince Edward Island) primarily fund Tdap for pregnancy or wound management indications <sup>(21) (22) (23) (24) (25)</sup>. As a result, older adults, particularly those aged 50 years and older who may not have received a prior adult Tdap dose, may rely predominantly on vaccination at the time of injury or primary care visits, rather than systematic recall or age-based programs <sup>(26)</sup>.

While maternal immunization is largely harmonized, broader adult pertussis prevention, including among older adults who are at risk of severe disease and can contribute to transmission, remains uneven across jurisdictions.

### **COVID-19**

NACI recommends updated vaccination for adults aged 65 years and older, individuals with underlying conditions, residents of long-term care, and other high-risk groups, with seasonal adaptation as epidemiology evolves (Table 1) <sup>(9)</sup>.

Although all provinces and territories continue to fund COVID-19 vaccination, current program intensity and eligibility frameworks for funding differ substantially (Appendix A). For instance, Ontario and British Columbia have moved toward more structured, seasonal vaccination campaigns focused on older adults and at-risk populations, whereas Alberta has taken a more time-limited and risk-based approach, with comparatively narrower public funding <sup>(27) (28) (29)</sup>.

Booster interval recommendations, outreach strategies, and uptake also vary across jurisdictions. Compared with the earlier pandemic phase of national alignment, COVID-19 vaccination policy has become increasingly decentralized, contributing to uneven protection among older adults across Canada.

### **Shingles (Herpes Zoster)**

NACI recommends recombinant zoster vaccination for adults aged 50 years and older, as well as for adults aged 18 years and older who are immunocompromised (Table 1) <sup>(9)</sup>.

Provincial and territorial implementation remains highly inconsistent (Appendix A). In Ontario, for example, routine public funding is limited to adults aged 65–70 through a time-limited eligibility window <sup>(30)</sup>. Alberta and Nova Scotia fund shingles vaccination for adults at high risk, while Prince Edward Island has introduced coverage beginning at age 50, although eligibility parameters may be limited <sup>(31) (32) (33)</sup>. In contrast, British Columbia, Manitoba, Quebec, and several other jurisdictions do not offer routine publicly funded shingles vaccination for the general adult population, limiting access primarily to select high-risk groups or requiring out-of-pocket payment <sup>(34) (15) (30)</sup>.

## **Strategic Framework for Adopting Common Adult Vaccine Schedules and Policies in Canada**

Across the vaccines reviewed - COVID-19, influenza, RSV, pertussis, shingles, and pneumococcal disease - persistent variation in alignment with NACI recommendations is evident across provinces and territories. A harmonized adult vaccination schedule - clearly defining age milestones, risk-based triggers, and co-administration opportunities - provides a practical pathway to reduce fragmentation, simplify navigation for providers and the public, and strengthen equitable access within Canada's decentralized health system. Such a schedule should be anchored in national standards while remaining adaptable to local epidemiology, demographic realities, and programmatic considerations.

Findings from the national audit, together with insights from the multi-stakeholder Think Tank, informed the following policy recommendations. While the audit identified structural inconsistencies in adult vaccination policy and access, the Think Tank clarified actionable pathways to address these gaps and advance harmonization across jurisdictions. Achieving this shift requires coordinated action across multiple policy levers.

### **Recommendation One: Aligning Adult Vaccination Across Jurisdictions**

Aligning adult vaccination programs across provinces and territories requires anchoring policy decisions in clear national guidance from NACI. Adopting NACI recommendations as the national benchmark - while transparently justifying any jurisdictional variation based on epidemiology or programmatic considerations - would promote greater coherence across Canada.

Establishing a standard adult vaccination schedule with defined age-based milestones (e.g., 50, 60, 65, 75) and clear risk-based triggers linked to chronic conditions, social vulnerability, or key life transitions such as entry into long-term care would improve predictability for providers and the public. Strengthened federal-provincial-territorial coordination is essential to addressing the current patchwork of eligibility, access, and coverage.

## **Recommendation Two: Coordinating Integration, Procurement, and Sustainable Funding**

Integrating newly authorized vaccines into provincial and territorial programs in a timely and transparent manner requires coordinated decision-making processes, aligned procurement approaches, and sustainable funding mechanisms. These elements are essential to ensuring equitable access for older adults and individuals at increased risk.

Promising practices already exist across Canada - including pharmacist-enabled delivery models (e.g., prevalent in British Columbia, Prince Edward Island and many other jurisdictions) <sup>(35)</sup> <sup>(36)</sup>, streamlined eligibility pathways, co-administrative opportunities, and expanded publicly funded vaccine supply in community settings.

Expanding pharmacy-based vaccination, removing unnecessary prescription requirements, and enabling pharmacists to administer all publicly funded adult vaccines would strengthen system responsiveness and reduce missed opportunities for immunization.

## **Recommendation Three: Strengthening Delivery through Expanded Access and Modernized Infrastructure**

Improving adult immunization uptake requires ensuring vaccines can be accessed in convenient, reliable settings without unnecessary administrative barriers. A “no wrong door” approach - supported by pharmacies, primary care, public health clinics, outreach initiatives, and mobile services - would expand access and promote equity.

Improvements to booking systems, clearer eligibility pathways, and tailored supports for homebound or mobility-limited individuals are critical for older adults and those living with chronic conditions. Modernized immunization information systems are equally foundational. Real-time documentation, shared provider access to vaccination histories, and integration of age- and risk-based reminders within electronic health records would strengthen continuity of care and support coordinated delivery across jurisdictions.

## **Recommendation Four: Embedding Patient Voices and Strengthening Public Confidence**

A harmonized adult vaccination framework must be grounded in the lived experience of older adults, caregivers, and communities. Structured engagement in policy development, funding decisions, and program design would help identify real-world barriers and improve program responsiveness.

Transparency in decision-making, funding rationales, and program evaluation is essential to strengthening accountability across federal, provincial, and territorial levels. Coordinated, evidence-based communication strategies - including tailored messaging for diverse populations and proactive approaches to counter misinformation - are critical to sustaining public confidence.

Trusted healthcare providers and community organizations play a central role in supporting informed decision-making and reinforcing adult immunization as a cornerstone of healthy ageing.

## **Recommendation Five: Establishing National Monitoring, Targets, and Accountability Mechanisms**

Advancing vaccine harmonization requires consistent national monitoring of adult vaccination coverage, access, and equity. Establishing shared indicators, measurable targets, and regular public reporting would enable governments to track progress and identify gaps across jurisdictions.

A coordinated approach to data collection - including interoperable immunization registries and standardized reporting across provinces and territories - would strengthen evidence-informed decision-making and support program planning. Embedding accountability mechanisms within Canada's National Immunization Strategy would reinforce sustained action and ensure that improvements in adult vaccination access and uptake are measurable over time.

## **Conclusion and Acknowledgement**

Canada's demographic shift and rising burden of chronic disease, alongside low vaccine uptake and gaps in access, outline the need for a more coherent approach to adult immunization. Findings from *Toward Harmonized Adult Vaccination Schedules Across Canada* highlight persistent interprovincial variation in eligibility, funding, and delivery, contributing to uneven access and protection.

A harmonized adult vaccination schedule - anchored in guidance from NACI and supported by coordinated implementation, modernized delivery, and stronger data systems - provides a practical pathway to improving equity, uptake, and system efficiency. Aligning age thresholds, risk-based eligibility, co-administration practices, and accountability mechanisms can support a more harmonized, life-course approach to adult immunization and reinforce its role as a core component of healthy ageing in Canada.

The International Federation on Ageing extends sincere appreciation to representatives from the Nova Scotia Health Authority, National Institute on Ageing, Canadian Medical Association, Canadian Association of Retired Persons, Immunize.io Health Association, Health Coalition of Alberta, and Immunize Canada, among others, whose thoughtful participation in the Think Tank informed the development of this initiative. The IFA also gratefully acknowledges the support of Pfizer Canada and Moderna through unrestricted educational grants.

# Appendix

## Appendices A: Summary of Vaccination Harmonization across Canada<sup>1</sup>

Jurisdiction	Vaccine	Funding Status	Eligibility
Ontario	RSV	Green	<ul style="list-style-type: none"> <li>- 75 years and older</li> <li>- 60–74 years with high-risk conditions</li> <li>- Residents of long-term care or congregate living</li> <li>- People with chronic conditions and immunocompromised individuals</li> <li>- People who are homeless, and First Nations, Inuit, or Métis individuals <sup>(18)</sup></li> </ul>
	Influenza	Green	<ul style="list-style-type: none"> <li>- All adults <sup>(13)</sup></li> </ul>
	Pneumococcal	Green	<ul style="list-style-type: none"> <li>- 65 years and older</li> <li>- Residents of long-term care or congregate living</li> <li>- People with chronic conditions and immunocompromised individuals <sup>(17)</sup></li> </ul>
	Pertussis	Green	<ul style="list-style-type: none"> <li>- Td booster every 10 years <sup>(21)</sup></li> </ul>
	COVID-19	Green	<ul style="list-style-type: none"> <li>- All adults <sup>(37)</sup></li> </ul>
	Shingles	Yellow	<ul style="list-style-type: none"> <li>- 65-70 years</li> <li>- Older adults not previously received vaccines <sup>(38)</sup></li> </ul>
British Columbia	RSV	Red	<ul style="list-style-type: none"> <li>- Vaccine may be covered by private health insurance plans <sup>(20)</sup></li> </ul>
	Influenza	Green	<ul style="list-style-type: none"> <li>- All adults <sup>(14)</sup></li> </ul>
	Pneumococcal	Green	<ul style="list-style-type: none"> <li>- 65 years and older.</li> <li>- Residents of long-term care or congregate living</li> <li>- People with chronic conditions and immunocompromised individuals <sup>(39)</sup></li> </ul>
	Pertussis	Green	<ul style="list-style-type: none"> <li>- Adulthood</li> <li>- Adults without documented pertussis vaccination</li> <li>- Recommended for caregivers of infants <sup>(22)</sup></li> </ul>
	COVID-19	Green	<ul style="list-style-type: none"> <li>- All adults <sup>(29)</sup></li> </ul>
	Shingles	Red	<ul style="list-style-type: none"> <li>- General population coverage is private</li> <li>- Eligible Veterans may receive coverage for this vaccine through Veterans Affairs Canada</li> <li>- Eligible First Nations and Inuit individuals may be covered through Indigenous Services Canada's Non-Insured Health Benefits (NIHB) or the First Nations Health Authority <sup>(34)</sup></li> </ul>
Alberta	RSV	Green	<ul style="list-style-type: none"> <li>- 70 years and older</li> <li>- Select high-risk 60–69-year-olds <sup>(19)</sup></li> </ul>
	Influenza	Green	<ul style="list-style-type: none"> <li>- All adults <sup>(40)</sup></li> </ul>
	Pneumococcal	Green	<ul style="list-style-type: none"> <li>- 65 years and older</li> <li>- Adults 18–64 with increased risk (e.g., immunocompromised, chronic disease, Indigenous peoples, homelessness, substance use, smoking, care facility residents) <sup>(41)</sup></li> </ul>
	Pertussis	Green	<ul style="list-style-type: none"> <li>- Td booster every 10 years <sup>(23)</sup></li> </ul>
	COVID-19	Yellow	<ul style="list-style-type: none"> <li>- Adults 65 years and older under Alberta Care Benefit <sup>(28)</sup></li> </ul>
	Shingles	Yellow	<ul style="list-style-type: none"> <li>- Adults 18 years and older with increased risk (e.g., immunocompromised, chronic disease and etc.) <sup>(31)</sup></li> </ul>

<sup>2</sup> Appendix A reflects publicly available information as of January 2026.

Saskatchewan	RSV		- Vaccine may be covered by private health insurance plans <sup>(42)</sup>
	Influenza		- All adults <sup>(43)</sup>
	Pneumococcal		- 65 years and older - 64 years and under with high-risk conditions <sup>(43)</sup>
	Pertussis		- Adults with no record of immunization - Td booster every 10 years <sup>(43)</sup>
	COVID-19		- All adults <sup>(44)</sup>
	Shingles		- Eligibility is restricted to solid organ and hematopoietic stem cell transplant recipients, who may receive the vaccine at no cost. <sup>(43)</sup>
Manitoba	RSV		- 60 years and older only for Personal care homes and designated care units <sup>(15)</sup>
	Influenza		- 65 years and older - People with chronic conditions and immunocompromised individuals <sup>(45)</sup>
	Pneumococcal		- Adults 18 years and older at high risk of invasive pneumococcal disease <sup>(15)</sup>
	Pertussis		- Td booster every 10 years <sup>(15)</sup>
	COVID-19		- All adults <sup>(46)</sup>
	Shingles		- Vaccine may be covered by private health insurance plans <sup>(15)</sup>
Quebec	RSV		- 60 years and older living in CHSLDs or Intermediate Resources (Support for Autonomy) - Adults 75 years and older living in RPA categories 3–4 <sup>(47)</sup>
	Influenza		- All adults <sup>(48)</sup>
	Pneumococcal		- 65 years and older <sup>(49)</sup>
	Pertussis		- Pregnant individuals - 50 years and older in certain circumstances, such as if you have an infected wound <sup>(24)</sup>
	COVID-19		- All adults <sup>(27)</sup>
	Shingles		- 71 years and older - Immunocompromised adults 18 years and older <sup>(30)</sup>
Newfound land and Labrador	RSV		- Those 60 years and older living in congregate living <sup>(50)</sup>
	Influenza		- All adults <sup>(51)</sup>
	Pneumococcal		- 65 years and older - Residents of long-term care or congregate living - People with chronic conditions and immunocompromised individuals <sup>(52)</sup>
	Pertussis		- Td booster every 10 years <sup>(53)</sup>
	COVID-19		- All adults <sup>(54)</sup>
	Shingles		- 65 years and older - Immunocompromised adults 50–64 <sup>(55)</sup>

New Brunswick	RSV		<ul style="list-style-type: none"> <li>- 75 years and older</li> <li>- Indigenous individuals 60 years and older, previously unvaccinated</li> <li>- Long term care residents 60 years and older <sup>(56)</sup></li> </ul>
	Influenza		<ul style="list-style-type: none"> <li>- All adults <sup>(16)</sup></li> </ul>
	Pneumococcal		<ul style="list-style-type: none"> <li>- Adults 18 years and older newly admitted to long term care homes</li> <li>- Individuals of any age with high-risk medical or environmental conditions <sup>(57)</sup></li> </ul>
	Pertussis		<ul style="list-style-type: none"> <li>- Td booster every 10 years <sup>(58)</sup></li> </ul>
	COVID-19		<ul style="list-style-type: none"> <li>- All adults <sup>(59)</sup></li> </ul>
	Shingles		<ul style="list-style-type: none"> <li>- Vaccine may be covered by private health insurance plans <sup>(60)</sup></li> </ul>
Prince Edward Island	RSV		<ul style="list-style-type: none"> <li>- Residents of long-term care or congregate living <sup>(61)</sup></li> </ul>
	Influenza		<ul style="list-style-type: none"> <li>- 65 years and older <sup>(33)</sup></li> </ul>
	Pneumococcal		<ul style="list-style-type: none"> <li>- 65 years and older</li> <li>- Adults at risk for invasive pneumococcal disease, including those with chronic conditions, substance use risks, homelessness, or smoking <sup>(33)</sup></li> </ul>
	Pertussis		<ul style="list-style-type: none"> <li>- Mainly for individuals (e.g. grandparents and caregivers) who will be around children <sup>(25)</sup></li> </ul>
	COVID-19		<ul style="list-style-type: none"> <li>- All adults <sup>(25)</sup></li> </ul>
	Shingles		<ul style="list-style-type: none"> <li>- Publicly funded via pharmacies (50 years and older), but coverage may be limited or recommended for certain ages first <sup>(33)</sup></li> </ul>
Nova Scotia	RSV		<ul style="list-style-type: none"> <li>- 60 years and older in long term care and congregate living <sup>(62)</sup></li> </ul>
	Influenza		<ul style="list-style-type: none"> <li>- All adults <sup>(63)</sup></li> </ul>
	Pneumococcal		<ul style="list-style-type: none"> <li>- Adults 50–64 who smoke or have asthma</li> <li>- Cochlear implant candidates</li> <li>- High IPD settings <sup>(64)</sup></li> </ul>
	Pertussis		<ul style="list-style-type: none"> <li>- Td booster every 10 years <sup>(65)</sup></li> </ul>
	COVID-19		<ul style="list-style-type: none"> <li>- All adults <sup>(66)</sup></li> </ul>
	Shingles		<ul style="list-style-type: none"> <li>- 65 years and older <sup>(32)</sup></li> </ul>
Nunavut	RSV		<ul style="list-style-type: none"> <li>- Eligibility is based on personal risk factors only; not universally available <sup>(67)</sup></li> </ul>
	Influenza		<ul style="list-style-type: none"> <li>- All adults <sup>(67)</sup></li> </ul>
	Pneumococcal		<ul style="list-style-type: none"> <li>- 65 years and older <sup>(67)</sup></li> </ul>
	Pertussis		<ul style="list-style-type: none"> <li>- Td booster every 10 years <sup>(67)</sup></li> </ul>
	COVID-19		<ul style="list-style-type: none"> <li>- Older adults and high-risk populations <sup>(68)</sup></li> </ul>
	Shingles		<ul style="list-style-type: none"> <li>- Veterans and Indigenous older adults eligible for coverage <sup>(67)</sup></li> </ul>
Yukon	RSV		<ul style="list-style-type: none"> <li>- 75 years and older</li> <li>- People living in residential care <sup>(69)</sup></li> </ul>
	Influenza		<ul style="list-style-type: none"> <li>- All adults <sup>(69)</sup></li> </ul>
	Pneumococcal		<ul style="list-style-type: none"> <li>- 65 years and older <sup>(69)</sup></li> </ul>
	Pertussis		<ul style="list-style-type: none"> <li>- Td booster every 10 years <sup>(69)</sup></li> </ul>
	COVID-19		<ul style="list-style-type: none"> <li>- All adults <sup>(69)</sup></li> </ul>
	Shingles		<ul style="list-style-type: none"> <li>- 65–79 years <sup>(69)</sup></li> </ul>

**Legend :**

Please see the footnote for examples illustrating each status (green, yellow, and red) within a province for a specific vaccine, in relation to NACI recommendations and jurisdictional funding.

	Funding Status is in line with all NACI recommendations <sup>2</sup>
	Funding Status partially in line with NACI recommendations <sup>3</sup> (e.g., funded but more restricted than NACI)
	Funding Status not in line with NACI recommendations <sup>4</sup>

<sup>3</sup> **Example green – Ontario (Influenza):** In Ontario, influenza vaccination is publicly funded for all adults, aligning with NACI recommendations that all individuals aged 6 months and older receive an annual influenza vaccine.

<sup>4</sup> **Example yellow – Alberta (Shingles):** In Alberta, the shingles vaccine is publicly funded only for specific high-risk adults (e.g., certain immunocompromised individuals such as solid organ transplant recipients aged 18 years and older), rather than for all adults aged 50 years and older. This is more restrictive than NACI recommendations, which advise vaccination for all immunocompetent adults aged 50 years and older and for adults aged 18 years and older who are or will be immunocompromised.

<sup>5</sup> **Example red – Saskatchewan (RSV):** In Saskatchewan, RSV vaccines are not publicly funded for older adults, despite NACI recommendations that adults aged 60 years and older at increased risk of severe RSV disease may benefit from vaccination.

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