

Provincial Fall Immunization Policy 2026-2027

Population Health Branch, Ministry of Health

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1. GENERAL INFORMATION

- All providers administering publicly funded influenza and COVID-19 vaccines are responsible for reviewing the Provincial Fall Immunization Policy (PFIP) and other relevant program resources before the start of the fall immunization program.
- Generally, publicly funded vaccines are **not provided** for use in private company or business employee health programs. The Ministry of Health may consider exceptions when there is evidence of increased disease activity or significant morbidity associated with influenza or COVID-19.
- Unless otherwise prohibited, the PFIP may be reproduced in whole or in part without charge or further permission from the Government of Saskatchewan, provided that due diligence is exercised in acknowledging the PFIP and the Government of Saskatchewan as the source.

2. ACRONYMS

AHA	Athabasca Health Authority	NITHA	Northern Inter-Tribal Health Authority
AEFI	Adverse Events Following Immunization	RRPL	Roy Romanow Provincial Laboratory
ISC	Indigenous Services Canada	SHA	Saskatchewan Health Authority

3. DEFINITIONS

Mass Immunization Clinic	Mass immunization is the delivery of immunizations to many people at a single location over a short period of time. Mass immunization clinics may be used in response to communicable disease outbreaks, as part of an ongoing immunization program, or in a setting where large numbers of people can be reached efficiently. These clinics typically require additional staffing and may operate on a drop-in or appointment basis. All mass clinics must be open to the public and publicly advertised.
Vaccine Provider	A licensed healthcare provider to whom provision of select publicly funded vaccines is permitted by legislation governing that provider, complies with the PFIP, and meets one of the following criteria: • designated by the SHA, AHA, ISC and NITHA, and their affiliates; • physicians and physician assistants; • nurse practitioners; and • community pharmacist (Note: the ministerial order for pharmacy students and pharmacy technicians has been extended until March 31, 2027).

4. PURPOSE

The provincial fall immunization program offers a critical public health service and is available for anyone six months of age and older who does not have a contraindication to the vaccines. The provincial goal is to protect targeted populations such as the elderly, young children, pregnant individuals, and those living with chronic or immune-compromising conditions who are particularly vulnerable to influenza and COVID-19 diseases and their related complications.

4.1. OBJECTIVES

1. Provide equitable access to publicly funded influenza and COVID-19 vaccines to eligible SK residents.
2. Reduce the incidence, severity, and overall impact of influenza and COVID-19 in SK.
3. The Chief or Deputy Medical Health Officer may authorize an extension of the PFIP in response to increased disease activity or evidence of severe morbidity associated with influenza or COVID-19.

5. LEGISLATIVE AUTHORITY

The PFIP is an established immunization policy of the Saskatchewan Ministry of Health.

6. PROGRAM IMPLEMENTATION

- **Saskatchewan's 2026-27 Provincial Fall Immunization Program will be offered from October 13, 2026, to March 31, 2027.**
 - Influenza vaccine is available until April 30, 2027, for children younger than 9 years old and immunized for the first time to get their second dose. Refer to [Section 15 Influenza](#) for details.
 - The COVID-19 spring immunization campaign will run from April 1 to June 11, 2027, for individuals recommended to receive one additional COVID-19 vaccine dose. Refer to [Section 16 COVID-19](#) for details.
- To support the immunization of priority populations, a phased implementation (soft start) may begin before October 13, 2026, if operational readiness has been established and sufficient vaccine supply is available. Immunization appointments or mass clinics **must not be scheduled prior to this date.**
- Immunizers are responsible for ensuring their immunization clinic locations, dates, and times are accurate.
- The Ministry of Health does not reimburse costs associated with privately purchased influenza or COVID-19 vaccines, including those recommended by a healthcare provider.

7. VACCINE ELIGIBILITY for publicly funded influenza and COVID-19 vaccines

- Individuals **6 months of age and older** who do not have a vaccine contraindication.
Saskatchewan Residents
 - All Saskatchewan residents who hold a valid Saskatchewan health services number (HSN).
 - Alberta residents who reside in Lloydminster, Alberta and the surrounding area, and who access public health services in Saskatchewan.

Non-Saskatchewan Residents

- Individuals without a valid HSN, including those who are from out of province or from out of country, **must be directed** to a public health immunization clinic for immunizations and not to a pharmacy or medical clinic. Note: this does not apply to occupational health immunizations.
- These individuals may be immunized while accessing acute care services for other reasons.
- A provincial, territorial, or federal health services card number should be requested from Canadian residents, landed immigrants, and refugees prior to receiving publicly funded immunization services in Saskatchewan.

8. INFORMED CONSENT FOR IMMUNIZATION

- Refer to the [Saskatchewan Immunization Manual, Chapter 3 Informed Consent](#).
- Influenza and COVID-19 immunization fact sheets are available in English and French at: <https://www.saskatchewan.ca/residents/health/accessing-health-care-services/immunization-services/immunization-forms-and-fact-sheets> and must be provided prior to immunization.
- Clients should be advised that records will be available through [MySaskHealthRecord](#).

9. DOCUMENTATION

SHA, AHA, NITHA, ISC

- Document in CQE or Panorama at the point of service or within one business day. Documenting relevant client risk factors in Panorama is recommended.

COMMUNITY PHARMACIES

- The vaccine product and administration must be submitted directly to the Saskatchewan Drug Plan Pharmacy Claims System as a single transaction on the same day and where possible, documented directly into the Pharmaceutical Information Program record.
- Community pharmacists should refer individuals who do not have a valid SK health card **and** children younger than age 5 years to public health for immunization.

OTHER VACCINE PROVIDERS

- Documentation must be completed within 2 days:
 - Vaccines administered to LTC and personal care home residents in Convergence
 - SHA immunizers who have been granted access to COVID-19 Quick Entry (CQE)
 - In the client record maintained by the immunization provider
- All others must complete and submit **the appropriate** form(s) to panoramareportimms@health.gov.sk.ca:
 - [Influenza-COVID-19 Vaccine Administration Form – single patient](#)
 - [Standard Dose Influenza Vaccine Administration line list - 6+ months](#)
 - [Enhanced Influenza Vaccine Administration line list – 65+ years](#)
 - [COMIRNATY 12+ years Vaccine Administration line list](#)
 - [SPIKEVAX 6+ months+ Vaccine Administration line list](#)

10. VACCINE INVENTORY REPORTING

- To support provincial monitoring and management of vaccine supply, the Ministry of Health may adjust the frequency and reporting timelines for influenza and COVID-19 vaccine inventory reporting as required.

SHA, AHA, NITHA, ISC

- The 'pick/pack/ship' functionality must be used in Panorama's inventory Module for all vaccine shipments.
- **September 29, 2026, to December 31, 2026**
 - **Weekly inventory** (Sunday-to-Saturday) reconciliation before 12:00 p.m. (noon) on the following Tuesday.
- **January 1, 2027, to March 31, 2027**
 - **Monthly inventory** reconciliation on the first Tuesday of each month.

COMMUNITY PHARMACIES

- Inventory reporting is coordinated by the Drug Plan and Extended Benefits Branch (DPEBB), and pharmacies are required to report all vaccine wastage, transfers, and cold chain breaks.
- Pharmacy to pharmacy transfers may proceed without Ministry approval using the [vaccine transfer form](#). Public Health to Pharmacy transfers must be arranged and approved by the Ministry by contacting dpebimmunizations@health.gov.sk.ca before stock is moved.

11. COLD CHAIN BREAK REPORTING

- Vaccine storage and handling recommendations are outlined in SIM, [Chapter 9 – Management of Biological Products](#). Refer to [How to Complete the Cold Chain Break Report Form](#) for instructions on completing and submitting a cold chain break report.
- Vaccines exposed to a temperature or light excursion must be immediately quarantined. Each excursion must be documented and reported using the [Cold Chain Break Report form](#) within one business day.
- The Ministry of Health will assess affected products and determine whether they remain viable for use **or** not viable for use. Provider must comply **with all Ministry recommendations and directives regarding affected products and/or reimmunization**.

COMMUNITY PHARMACIES

- Complete and fax the [Cold Chain Break Report form](#) directly to the Ministry of Health at 306-787-3237.

OTHER VACCINE PROVIDERS

- The [Cold Chain Break Report form](#) must be completed and submitted via fax or email directly to the SHA, AHA, NITHA or ISC Immunization Coordinator (or designate) for review ([Appendix 1](#).)

12. VACCINE WASTAGE REPORTING

- Where vaccine providers are directed to return unused vaccine to RRPL, they must comply with all return procedures and shipping instructions provided by RRPL.
- The Ministry of Health will issue vaccine inventory management directives at the end of the seasonal immunization campaign.
- Vaccines designated for wastage must be disposed of locally in accordance with applicable biomedical waste management policies and procedures.

SHA, AHA, NITHA, ISC

- Fax completed [Product Wastage Report form](#) monthly to RRPL at **306-798-0071** by the **5th day of the following month**.

COMMUNITY PHARMACIES

- Submit the DPEBB Product Wastage Report through the online form located on the [formulary website](#). Do not fax it.
- The online form must be submitted as soon as possible, but no later than one week after the wastage occurs.

OTHER VACCINE PROVIDERS

- Physicians, nurse practitioners, and other providers must submit monthly [Product Wastage Report form](#) to their local public health office.

13. VACCINE PROBLEM REPORTING

- The [Publicly Funded Vaccine Problem Report form](#) must be completed and submitted in accordance with the reporting requirements and processes outlined in this document.

14. REPORTING ADVERSE EVENTS FOLLOWING IMMUNIZATION

- In Saskatchewan, reporting of all AEFIs is mandatory under *The Disease Control Regulations*.
- Refer to the [Saskatchewan Adverse Event Following Immunization Report Form User Guide for Publicly Funded Immunizing Agents](#).
- All immunizers must immediately report any unusual, severe, serious, or unexpected adverse events that are temporally associated with seasonal vaccines to the Ministry of Health by fax at 306-787-9576, using the [PHAC Report of Adverse Event Following Immunization form](#).
- **Pharmacists must advise clients to contact them in the event of a suspected AEFI.**
- Non-public health vaccine providers must submit the completed [PHAC Report of Adverse Event Following Immunization form](#) to the appropriate SHA, AHA, ISC or NITHA local public health office for review by a Medical Health Officer (MHO) who is authorized to provide clinical recommendations following a reported AEFI.
- For AEFIs associated with privately purchased vaccines, refer to the SIM [Chapter 11](#) Appendix 11.4 for reporting requirements, and SIM [Appendix 4.2 Where do I document?](#) for Panorama directives.

15. INFLUENZA

15.1. NATIONAL ADVISORY COMMITTEE ON IMMUNIZATION (NACI) STATEMENT

NACI's *Statement on Seasonal Influenza Vaccine for 2026-2027*:

https://publications.gc.ca/collections/collection_2026/aspc-phac/HP37-45-2026-eng.pdf.

15.2. 2026-27 INFLUENZA VACCINE INFORMATION

Fluzone MDV/PFS, Fluviral MDV, Fluad PFS, and Fluzone High Dose PFS are trivalent inactivated vaccines (TIV). Their components, including specific influenza strains are noted in [SIM Chapter 10](#).

15.3. INFLUENZA VACCINES BY AGE

Age	Vaccine Name ⁵	Dosage/route	Number of doses per season
6 months-8 years old	Fluzone or Fluviral	0.5 mL IM	1 or 2 ^{1,2}
9-64 years old	Fluzone or Fluviral	0.5 mL IM	1
≥65 years old	Fluad ⁴	0.5 mL IM	1 ³

¹ Children younger than 9 years old receiving influenza vaccine for the first time must be offered a 2-dose series, with doses given at an interval of at least **4 weeks (minimum of 28 days)**.

² Vaccine is available until April 30, 2027, for children immunized for the first time and who received their first dose by March 31, 2027, to get their second, including children turning 9 years old before their second dose.

³ Adults 65+ years who received a standard influenza vaccine dose are up-to-date for the season and do not require re-immunization with an enhanced influenza vaccine.

⁴ Fluzone® High-Dose is available through public health for adults 65+ years with a contraindication to Fluad®.

⁵ Fluzone® thimerosal-free PFS is available only from public health for individuals 6 months and older who have an allergy to thimerosal or who request thimerosal-free vaccine.

15.4. 2026-27 INFLUENZA VACCINES QUICK REFERENCE

	FLUAD virion	Fluviral split virion	FLUZONE® split virion	FLUZONE® High Dose split virion
AGE	65+ yrs	6+ months	6+ months	65+ yrs
Common & Expected Reactions	• Injection site pain and warmth, redness and swelling. • Headache, fatigue, malaise, myalgia. • Allergic-type responses, such as urticarial rash, allergic bronchospasm, or systemic anaphylaxis uncommonly or rarely occurred in clinical trials. Anaphylaxis reported in rare post-marketing cases.	• Adults - Injection site pain (32%), headache (16%), fatigue (16%), myalgia (15%) and arthralgia. • Children – Injection site pain (53%), irritability (21%), appetite loss (19%) and drowsiness (14%), myalgia, headaches and fatigue.	• Adults – injection site pain, erythema and induration; headache, myalgia, malaise, nausea, vomiting, diarrhea. • Children - injection site pain, erythema and induration; fever, irritability, crying, lethargy, decreased appetite.	• Injection site pain, erythema and swelling; myalgia, malaise, headache and fever.
Contra-indications	• Guillain-Barré Syndrome within 6 weeks of a previous influenza vaccine. • Persons with a history of a severe allergic or anaphylactic reaction to a previous influenza vaccine dose or any component of an influenza vaccine.			
Special Instructions		• Use MDV within 28 days of removal of the first dose, returned to the recommended storage conditions between 2°C and 8°C between uses. • GSK recommends that each 0.5 mL dose is withdrawn into a 1 mL syringe equipped with a needle gauge not larger than a 23G.	• Thimerosal-free PFS is available from Public Health Offices for individuals with contraindications to thimerosal or who want a thimerosal-free vaccine.	• Available at Public Health Offices for individuals with contraindications to Fluad.

- Gently shake pre-filled syringes or vials before administration
- Check for particulates
- MDV must be contained in the box before and after withdrawing a dose from the MDV
- Date vials when opened
- Store at 2°C-8°C
- Protect from light
- Do not freeze or use if vaccine has been frozen
- Pre-drawing not recommended

16. COVID-19

16.1. NATIONAL ADVISORY COMMITTEE ON IMMUNIZATION (NACI) STATEMENT

NACI's *Guidance on the use of COVID-19 vaccines starting fall 2026*:

https://publications.gc.ca/collections/collection_2026/aspc-phac/HP40-376-2026-eng.pdf

16.2. 2026-27 COVID-19 VACCINE INFORMATION

mRNA COVID-19 vaccines

- Spikevax MDVs for 6+ months and older.
- Comirnaty MDVs for 12+ years.
- Moderna PFS and Comirnaty PFS for 12+ years; this age group can receive doses from punctured Moderna MDVs to reduce wastage.

Recombinant protein, adjuvanted vaccine

- Nuvaxovid® PFS for 12+ years is available through public health offices until December 31, 2026, for those who have a contraindication to mRNA vaccine or who request a non-mRNA vaccine. **Order single PFS only as needed.**

16.3. COVID-19 VACCINES BY AGE

Age	Vaccine	Dosage/route	Dose schedule
6 months-11 years old	Moderna Spikevax	0.25 mL IM	Refer to SIM Ch. 10 2026-27 COVID-19 Immunization Schedules for age and health status recommendations.
12+ years old	Pfizer Comirnaty	0.3 mL IM	
	Moderna Spikevax	0.5 mL IM	
	Sanofi Pasteur Nuvaxovid	0.5 mL IM	

16.4. COVID-19 VACCINE DOSE INTERVALS

- Individuals who recently had COVID-19 infection/are recovering from COVID-19 may be immunized when they are feeling better, no interval is required.
- For all individuals (**excluding transplant patients**), the additional dose is recommended to be given at least 8 weeks from the individual's last COVID-19 dose.
- Long-term care facility, personal care home, or senior congregate living (i.e., assisted living facility) residents **may be** immunized less than 8 weeks (min. 4 weeks) after their last COVID-19 vaccine dose.

16.5. COVID-19 ADDITIONAL DOSE ELIGIBILITY

- **March 31, 2027, is the last day for** healthy adults and children who do not have a medical risk factor to be immunized with 2026-27 COVID-19 vaccine. This includes healthy children younger than 5 years old who started a primary series.
- **From April 1 to June 11, 2027:**
 - Moderately to severely immunocompromised adults and children remain eligible for **primary immunization** with 2026-27 COVID-19 vaccine (refer to [CIG Part 4](#) for details).
 - **One additional COVID-19 vaccine dose** is recommended for these individuals deemed at high risk of severe COVID-19 illness and outcomes:
 - All adults 65 years of age and older.
 - Adult (18 years of age and older) residents of long-term care facilities, personal care homes and other congregate living settings **where seniors reside**.
 - Individuals 6 months of age and older who are moderately to severely immunocompromised due to an underlying condition or treatment (refer to [CIG Part 4](#) for details).
 - **NOTE:** Child and adult transplant patients remain eligible to receive 2026-27 COVID-19 vaccine doses after June 11, 2027, from Public Health offices, until 2027-28 COVID-19 vaccines are available or available 2026-27 vaccines expire, which ever is first.

16.6. 2026-27 COVID-19 VACCINES QUICK REFERENCE

	SPIKEVAX® mRNA		Comirnaty® mRNA	Nuvaxovid® Protein-based, adjuvanted
AGE	6m to 11 yrs	12+ yrs	12+ yrs	12+ yrs
Common & Expected Reactions	• Pain, warmth, erythema and swelling at the injection site. • Axillary lymphadenopathy. • Fatigue, headache, myalgia, arthralgia, fever, chills, rash, nausea, vomiting, loss of appetite, hypoesthesia or paresthesia, dizziness. Irritability in young children.		• Pain, warmth, erythema and swelling at the injection site. • Axillary lymphadenopathy. • Fatigue, headache, myalgia, arthralgia, fever, chills, rash, nausea, vomiting, diarrhea, loss of appetite.	• Pain, warmth, erythema and swelling at the injection site. • Fatigue, malaise, myalgia, headache, arthralgia, nausea, vomiting, fever, pain or discomfort in the arm, hand, leg and/or foot (pain in the extremity).
Contra-indications	• Anaphylaxis to a previous dose of mRNA or other COVID-19 vaccine.			• Anaphylaxis to a previous dose of NUVAXOVID® or other COVID-19 vaccine.
	• Contraindicated in individuals who are hypersensitive to the active ingredient or to any ingredients in the formulation, including any non-medicinal ingredient, or component of the container.			
Special Instructions	<i>Moderna's SPIKEVAX® COVID-19 Vaccine Storage & Handling Summary Table</i>		<i>Pfizer's COMIRNATY® COVID-19 Vaccine Storage & Handling Summary Table</i>	• Store PFS between 2°C to 8°C, in the original carton to protect from light. • Do not freeze PFS.

APPENDIX 1: SHA, AHA, ISC AND NITHA PUBLIC HEALTH OFFICE CONTACT INFORMATION

Public Health Office	Fax Numbers
Athabasca Health Authority	306-439-2210
Weyburn including Networks SE 6-9 , Fort Qu'Appelle, Grenfell, Indian Head, Moosomin, Coronach, Radville, Weyburn, Estevan, Carnduff, Redvers, Carlyle, Kipling	306-842-8637
Moose Jaw including Networks SW 3 and 6 , Moose Jaw, Assiniboia and Gravelbourg	306-691-2331
Swift Current including Networks SW 4-6 , Leader, Maple Creek, Shaunavon	306-778-5282
Regina	306-766-7906
Saskatoon including Networks 1-5	306-655-4711
Rosetown including Networks SW 1-2 , Unity, Wilkie, Macklin, Kerrobert, Kindersley, Eston, Eatonia, Rosetown, Elrose, Kyle, Biggar, Outlook, Davidson, Kenaston, Loreburn, Dinsmore, Lucky Lake and Beechy	306-882-4683
Melfort including Networks NE 5, 7, 8 , Kelvington, Tisdale, Nipawin, Hudson Bay, Cumberland House	306-752-6353
Prince Albert including Networks NE 3-4 and NW 5 , Spiritwood	306-765-6536
North Battleford including Networks NW 2-6	306-446-7378
La Ronge including Networks NW 1 and NE 1-2	306-425-8530
Watrous including Networks SE 1, 2 and NE 6	306-946-2369
Networks SE 3-5	
• Canora Networks	306-563-4175
• Esterhazy Networks	306-745-3207
• Foam Lake	306-272-4449
• Kamsack	306-542-2995
• Langenburg	306-743-2899
• Melville	306-728-4925
• Norquay	306-594-2488
• Preeceville	306-547-2092
• Yorkton	306-786-5004
Indigenous Services Canada – SK branch	306-780-8826
Northern Inter-Tribal Health Authority	306-922-5020