The national goal for influenza vaccination is the prevention of serious illness caused by influenza and its complications. The National Advisory Committee for Immunization (NACI) encourages influenza vaccination for all Canadians who have no contraindications, and makes annual recommendations on influenza vaccine dosages and schedules, as well as defines high-risk groups. The NACI statement also provides an update on the antigenic components of the vaccine recommended by the World Health Organization, which are based on current and emerging influenza strains. The 2008–2009 vaccine in Canada will contain World Health Organization-recommended strains – A/Brisbane (H1N1)-like, A/Uruguay (H3N2) and B/Florida. All three components of the vaccine will be a change from the 2007–2008 version (1).

Priority is given to immunization of children and youth at high risk of influenza-related complications, and those capable of transmitting infection to individuals at high risk of complications.

**RECOMMENDED HIGH-PRIORITY RECIPIENTS OF KILLED INFLUENZA VACCINE (PERTINENT TO HEALTH CARE PROVIDERS OF CHILDREN, YOUTH AND PREGNANT WOMEN)**

- All children six to 23 months of age;
- People providing regular care for children younger than 24 months of age;
- Members of households expecting a newborn during influenza season;
- Pregnant women; and
- Children and youth with:
  - cardiac or pulmonary disorders including chronic lung disease of prematurity (bronchopulmonary dysplasia), cystic fibrosis or asthma;
  - diabetes mellitus;
  - metabolic diseases;
  - cancer;
  - immunodeficiency and immunosuppression;
  - renal disease;
  - anemias or hemoglobinopathies;
  - conditions that compromise the management of respiratory secretions and are associated with an increased risk of aspiration;
  - children and youth with conditions treated for long periods of time with acetylsalicylic acid; or
  - residents of chronic care facilities.

Both adults and children who are household contacts of individuals with high risk of complications should also be immunized to try and prevent the illness from coming into the household.

As discussed in the NACI’s statement (1) for the 2008–2009 season, all previously unvaccinated children younger than nine years of age who are receiving influenza vaccine for the first time should receive two doses of killed influenza vaccine for the first year in which they are vaccinated (Table 1). This is particularly important for children six to 23 months of age because they are unlikely to have had previous priming exposure to the influenza virus, and they also receive a lower dose of vaccine per injection (2-5).

All health care workers who work with children and youth should themselves undergo yearly influenza vaccinations,

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**TABLE 1**

<table>
<thead>
<tr>
<th>Age</th>
<th>Dose (mL)</th>
<th>Number of doses</th>
</tr>
</thead>
<tbody>
<tr>
<td>6–35 months</td>
<td>0.25</td>
<td>1 or 2*</td>
</tr>
<tr>
<td>3–8 years</td>
<td>0.5</td>
<td>1 or 2*</td>
</tr>
<tr>
<td>≥9 years</td>
<td>0.5</td>
<td>1</td>
</tr>
<tr>
<td>≥18 years</td>
<td>0.5</td>
<td>1</td>
</tr>
</tbody>
</table>

*Two doses of influenza vaccine separated by at least one month is recommended for children younger than nine years of age who are receiving influenza vaccine for the first time. Adapted from reference 1
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unless they have an absolute contraindication. As stated by the NACI, “In the absence of contraindications, refusal of healthcare workers who have direct patient contact to be immunized against influenza implies failure in their duty of care to patients” (1).

REFERENCES

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The recommendations in this statement do not indicate an exclusive course of treatment or procedure to be followed. Variations, taking into account individual circumstances, may be appropriate.
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