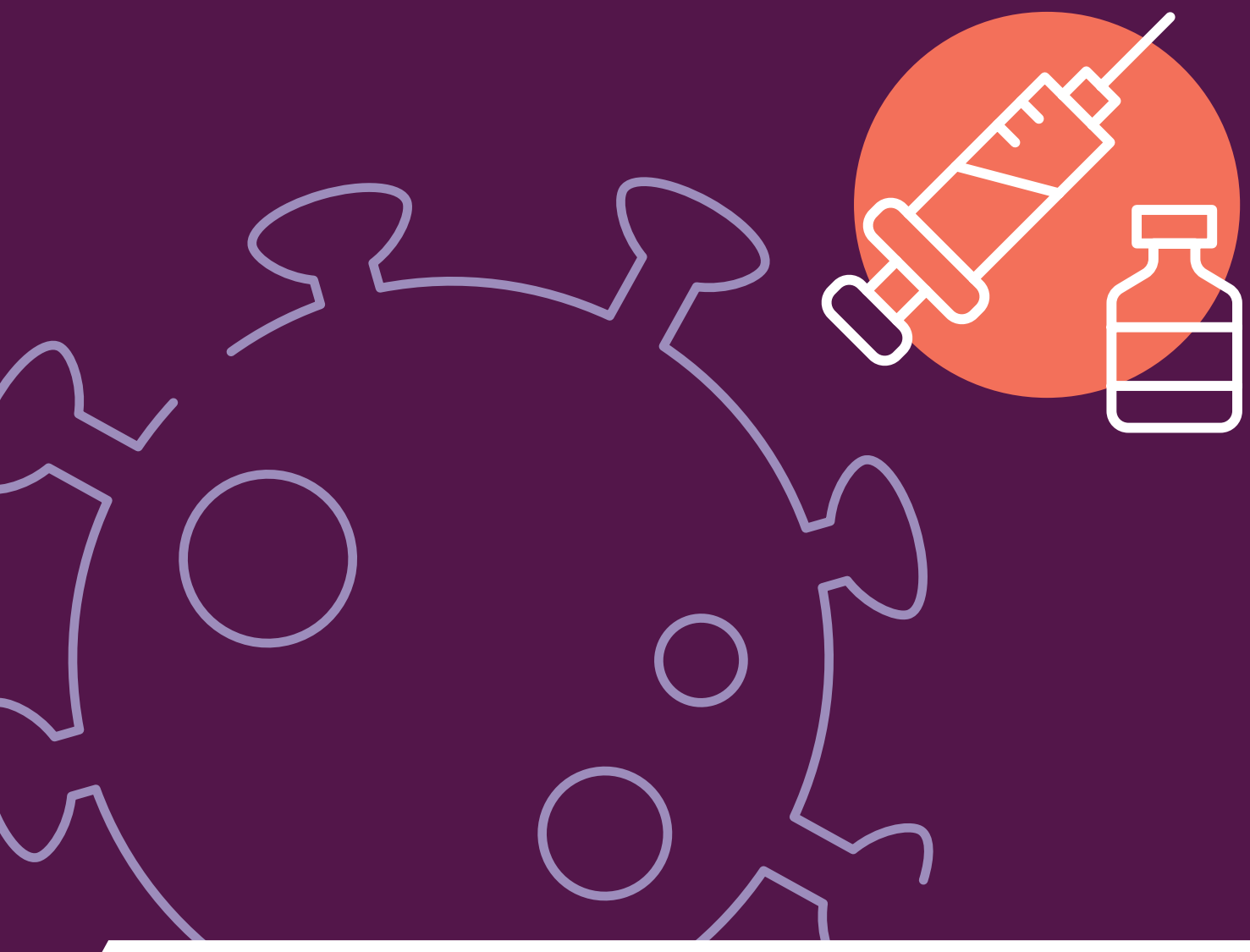
NOVEMBER 2025

COVID-19 Vaccines – What Older Canadians Need to Know



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About the National Institute on Ageing

The National Institute on Ageing (NIA) improves the lives of older adults and the systems that support them by convening stakeholders, conducting research, advancing policy solutions and practice innovations, sharing information and shifting attitudes. Our vision is a Canada where older adults feel valued, included, supported and better prepared to age with confidence.

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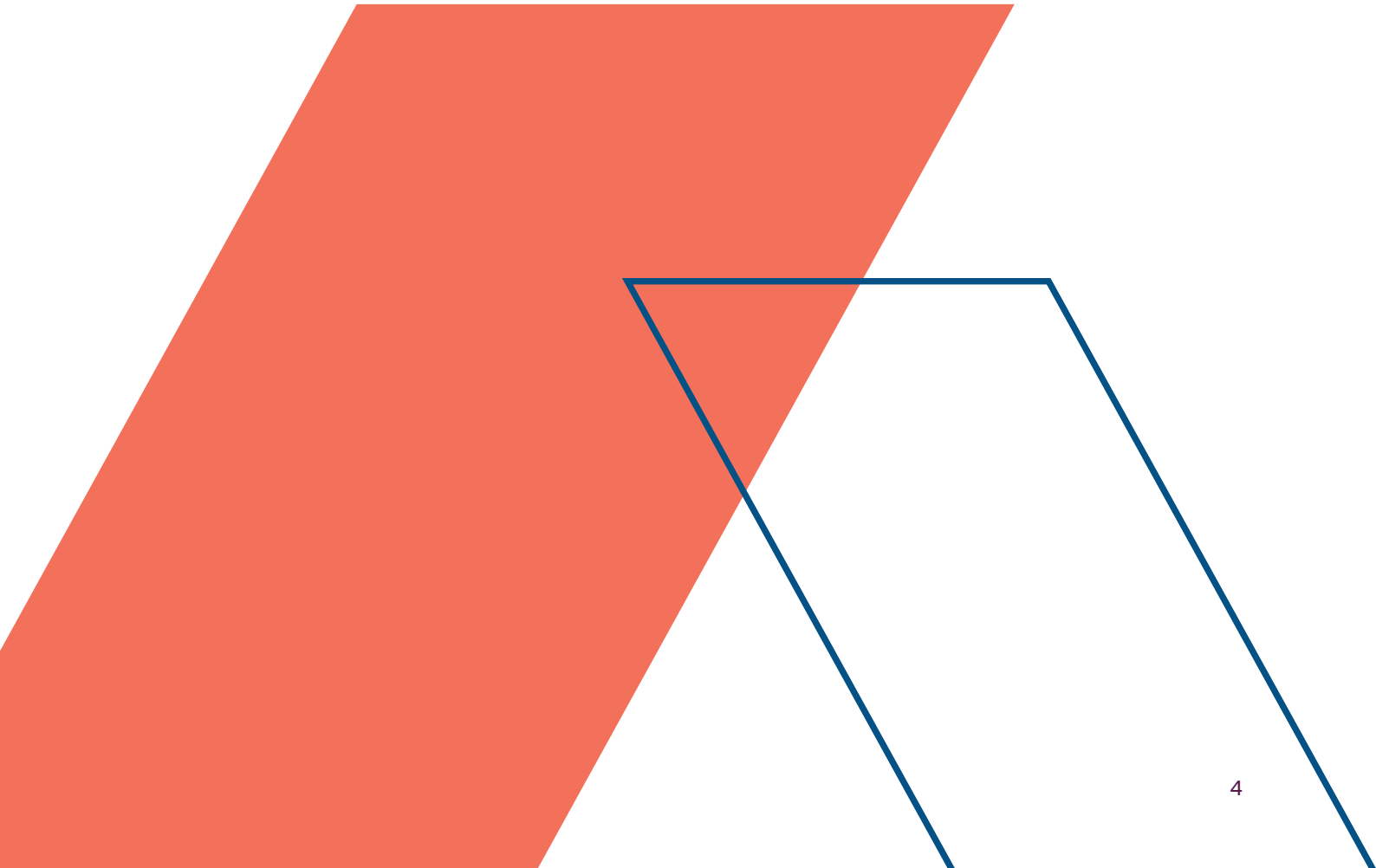


Introduction

Since late 2020, various COVID-19 vaccines have been developed, approved and recommended in Canada based on research and epidemiological reports. News of COVID-19 vaccines being developed, updated and approved, along with the evolving guidance on how many to take and when, has been met with enthusiasm, but also some skepticism, particularly among older adults and some of the most vulnerable members of our society.

There continue to be many legitimate questions and misconceptions about COVID-19 vaccines, how they came to be and what they mean for our personal health. It is important to address these concerns as Canada has moved away from a crisis phase and towards the long-term management of COVID-19.

The reality is that the risk of hospitalization for severe illness and death from COVID-19 remains significantly higher among older adults. Furthermore, COVID-19 ranked as the 6th-leading cause of death in Canada, with 95% of these deaths occurring among an estimated 7,528 older Canadians in 2023. And sadly, most of these consequences were vaccine-preventable.

This pamphlet was designed to answer 29 common questions that continue to arise about COVID-19 vaccines among older Canadians and provide evidence-informed answers to keep you up to date with the facts.

8 General Questions on COVID-19 Vaccines

Why are vaccines important?

Our body may come across various bacteria, viruses or fungi that can cause diseases. These are known as pathogens. To fight off these disease-causing organisms, our body's immune system develops antibodies that are produced based on a part of the pathogen called an antigen. This helps create protection against the disease, which is known as immunity. In our body, we have thousands of different antibodies for specific pathogen-related antigens.

When our body encounters a new pathogen, like the COVID-19 virus, it will take time to produce the specific antibodies. By the time our body is ready to fight back, the infection may have already caused a lot of damage that can sometimes lead to severe illness and death. But once it fights off that virus, our body also creates antibody-producing memory cells that help it remember how to fight off that particular virus. Therefore, the next time you come into contact with the same virus, your body remembers it and can quickly assemble its defence system against it.

This is where vaccines can be advantageous. Vaccines contain weakened virus, inactive antigens or a blueprint to produce antigens that trigger an immune system response. They allow the body to ramp up an immune response against a variety of pathogens. This means that later, if your body comes across an actual pathogen that you have been immunized against, it can quickly recognize and respond to it immediately and fight it off before it causes serious health issues.

How do COVID-19 vaccines work and which ones are available?

Currently, for the 2025-26 season, there is only one type of COVID-19 vaccine available in Canada, the mRNA vaccines (e.g., **Spikevax**® from Moderna, **Comirnaty**® from Pfizer-BioNTech). Other types of COVID-19 vaccines, such as the protein subunit (e.g., **Nuvaxovid™** from Novavax) and viral vector (e.g., **Vaxzevria™** from AstraZeneca Canada) types, are not currently available. There are various reasons why these vaccine types are not available, including the low demand for them compared to mRNA vaccines.

mRNA, or messenger RNA, is a naturally occurring molecule in our bodies that provides instructions to make necessary proteins, similar to a recipe card. Before the COVID-19 pandemic, researchers had been studying and working with mRNA-based treatments for decades. As soon as the necessary information about the virus that causes COVID-19 was available, scientists began designing the first mRNA COVID-19 vaccines.

In these vaccines, synthetic mRNA instructs the body to produce a harmless piece of the spike protein antigen found on the surface of the actual COVID-19 virus. These vaccines work by delivering mRNA instructions, which act as a recipe card directing the body to produce a small amount of the spike protein antigen. Our body recognizes that this antigen doesn't belong and ramps up an immune response by producing protective antibodies against the COVID-19 virus's spike protein antigen. If our body later comes in contact with an actual COVID-19-causing virus, it immediately knows how to fight it off. The mRNA in the vaccine does not last long in the body as it quickly gets broken down. The mRNA from the vaccine cannot get into your DNA or alter it in any way.

mRNA vaccines are an exciting scientific advance and are allowing scientists to design vaccines for other viruses as well, such as influenza, respiratory syncytial virus (RSV), Zika, rabies and cytomegalovirus (commonly known as CMV). mRNA vaccines are also being advanced as a way to fight cancer.

Which vaccines are currently available?

Since it first appeared, the COVID-19 virus, SARS-CoV-2, has developed multiple variants. Over the past four years, the Omicron variant has been the most widespread, with multiple subvariants. Evidence has shown that vaccines that are more aligned with the COVID-19 variant produce stronger antibody responses.

For this reason, there have been various versions of two mRNA COVID-19 vaccines approved in Canada, **Spikevax**® (Moderna) and **Comirnaty**® (Pfizer-BioNTech), targeting different Omicron subvariants.

There are currently two new versions of Spikevax® and Comirnaty® available for the 2025-26 season to target the recent Omicron subvariant LP.8.1.

As a result, they are expected to provide a better immune response in comparison to previously available COVID-19 vaccines. Clinical trials have already shown both vaccines to create a strong immune response against the Omicron subvariant LP.8.1.

What is the difference between a primary series and the additional doses?

A primary series represents the initial dose(s) an individual receives of the COVID-19 vaccines. Currently, one dose is recommended for most people, while two or three doses are recommended for those with weakened immune systems. Either of the two currently available vaccines is recommended for the primary series dose(s).

The reason additional doses are recommended after the primary series is to increase people's protection against COVID-19 infection, as well as COVID-19 symptomatic and severe disease, which has likely waned since their last vaccination or infection. The minimum interval to wait after your last COVID-19 vaccine dose or infection is three months. When deciding on the best time for vaccination, factors to consider include how long it has been since your last dose or infection, how common COVID-19 infections currently are in your community, and any upcoming events such as major medical procedures, large gatherings, or travel. These vaccines provide higher levels of protection right after vaccination, and either of the two currently available vaccines can be used for these additional doses.

COVID-19 vaccines have been developed very fast. Have important steps been skipped in their development?

According to Health Canada's website, all of Canada's approved COVID-19 vaccines have:

- met the normal requirements for a vaccine's approval, including all of the usual safety, quality and efficacy requirements for vaccines, and no requirements were overlooked to approve the use of these vaccines; and
- their quality, safety and effectiveness are monitored on an ongoing basis.

Countries and companies across the world have banded together and collaborated in a way we haven't seen in the past to help develop COVID-19 vaccines. Health agencies, vaccine researchers and manufacturers have prioritized the development of COVID-19 vaccines by investing huge sums of money, redeploying staff and developing several collaborations to work on COVID-19 vaccine-related efforts. None of this occurred at the expense of safety, and due diligence was absolutely done in the clinical trials that were required to demonstrate both their safety and efficacy.

Other factors that accelerated the creation of the approved COVID-19 vaccines include:

- The development of our earliest COVID-19 vaccines was based on decades of research that was conducted on other strains of coronavirus before COVID-19, such as Middle East Respiratory Syndrome (MERS) and SARS-CoV (SARS).
- Additional advances in science and technology made the development of new vaccines easier; once the virus was genetically sequenced, which occurred soon after the COVID-19 virus was discovered, scientists could quickly get to work to create a variety of vaccine candidates and start clinical trials.
- Strong international collaboration among scientists, health professionals, researchers, industry and governments, including ample funding to implement the large clinical trials needed to more quickly test and establish the safety and effectiveness of the vaccines being developed.

Should people take acetaminophen (also known as Tylenol) or non-steroidal anti-inflammatory drugs before getting vaccinated to prevent post-vaccination symptoms?

Even though these medications may be taken to manage symptoms post-vaccination, such as pain and/or headache, it is not recommended to use them regularly before or during vaccination. However, in case these medications have been taken, vaccination can still be administered.

If symptoms need to be managed post-vaccination, acetaminophen or non-steroidal anti-inflammatory drugs can be used.

I already had COVID-19. Do I need to get the vaccine?

Even if you have already contracted COVID-19 in the past, you will still benefit from getting vaccinated. The immunity one develops after having both an infection and vaccination (known as hybrid immunity) has been found to provide better protection from infection and severe disease.

For all individuals who have completed their primary series, at least three months can be considered if due for another

vaccine dose. For individuals who have not started or completed their primary series doses, the interval from infection to vaccination that can be considered is eight weeks. For individuals with weakened immune systems, the considered interval reduces to four to eight weeks. All of these suggested intervals are a guide, with factors such as the risk of exposure and disease severity should be considered. Longer intervals may also allow for the development of a better immune response, taking into account the protection already provided by the infection.

Evidence shows that COVID-19 vaccination is safe and well-tolerated, even for people who have already been infected.

Even if an individual has already obtained hybrid immunity from prior vaccination and infection, their protection against infection eventually decreases over time. This is one of the reasons why additional doses are being recommended over time.

Can I get the influenza vaccine and the COVID-19 vaccine at the same time?

In addition to the influenza vaccine, COVID-19 vaccines may also be given at the same time, or any time before or after other vaccines (e.g., respiratory syncytial virus, pneumococcal and shingles).

Please speak with your health care provider regarding other vaccines that are recommended for you.

For more information on recommended vaccines for older adults, please see page 21.

7 Questions Specific to Older Adults

I'm an older adult. Should I get a COVID-19 vaccine?

Older adults are greatly impacted by COVID-19 infections, with adults 65 years and older making up 95% of COVID-19 deaths in Canada in 2023.

Adults 85 years and older are at the highest risk, representing 56% of COVID-19 deaths in Canada in 2023.

Are the COVID-19 vaccines effective and safe in older adults?

The COVID-19 vaccines that have been approved in Canada for use in older Canadians have been found to be both extremely safe and effective.

The Pfizer-BioNTech and Moderna vaccine trials enrolled sizable numbers of older adults in their original vaccine trials to establish that their COVID-19 vaccines are both safe and effective in this age group.

There are many benefits associated with receiving the COVID-19 vaccine. Research has shown that recent COVID-19 vaccines will increase protection against getting sick after being exposed to the virus and severe effects (e.g., hospitalizations, critical illness), even among populations with previous vaccinations and/or infections. To the extent COVID-19 vaccines prevent infection, they can also help lower the chance of passing the virus to others.

COVID-19 vaccines can reduce the risk of developing a post COVID-19 condition (also known as long COVID). This condition occurs when symptoms last for more than two months and are present at three or more months after infection. Various symptoms can be experienced, with the most common symptoms including fatigue, pain and decreased quality of life. Certain groups may be more at risk, including women, people with chronic health conditions, and those who had a more severe case of COVID-19. These risk factors are more common among older adults. To the extent COVID-19 vaccines prevent infection, they can also help prevent long COVID, with those who have had two doses likely having additional protection compared to those who are unvaccinated.

The Public Health Agency of Canada and Canada's medical and nursing associations recommend that all older Canadians get vaccinated.

New formulations of the COVID-19 vaccines have become available in September 2025 that target a new subvariant and are expected to provide better protection against currently circulating subvariants compared to previously available vaccines.

What are the current recommendations for COVID-19 vaccines for older adults?

The following recommendations are provided by Canada's National Advisory Committee on Immunization (NACI) and are based on the best available evidence.

All older adults, regardless of whether they have received past COVID-19 vaccinations, are recommended to receive the currently available COVID-19 vaccines (Pfizer-BioNTech and Moderna).

It has been shown that vaccination increases protection against symptomatic and severe disease, which might have been reduced since a person's last vaccination or infection.

Older adults who have completed their primary series dose(s) are recommended to receive at least one dose of the COVID-19 vaccine per year. Varying guidance has also been provided for receiving a second dose. Adults 65 to 79 years of age may receive a second dose of the currently available COVID-19 vaccines, whereas the following populations should receive a second dose:

- Adults 80 years and older
- Adult residents within long-term care homes and other congregate living settings for older adults
- Individuals with weakened immune systems

The reason for these recommendations is the decreasing COVID-19 vaccine protection over time, the SARS-CoV-2 virus circulating year-round and the increased risk among certain population groups.

Individuals who have completed their primary series should wait at least three months after their last COVID-19 vaccine dose or may consider waiting three months after an infection before getting another vaccine dose. When deciding on the best time for vaccination, factors to consider include how long it has been since your last dose or infection, how common COVID-19 infections currently are in your community, and any upcoming events such as major medical procedures, large gatherings, or travel. It is important to note that these vaccines provide higher levels of protection right after vaccination.

Most older adults who have never received any doses of COVID-19 vaccines or have not completed their primary series doses are recommended to receive one dose of the currently available COVID-19 vaccines. If they had a recent COVID-19 infection, an eight-week delay of vaccination can be considered. For older adults who have weakened immune systems, one to three doses are recommended, with an interval of four to eight weeks. More doses are provided to help improve vaccine effectiveness and the overall immune response in these persons.

What are the side effects of the COVID-19 vaccines in older adults?

Experiencing vaccine side effects is typically a sign that your immune system is doing exactly what it is supposed to do: working and building up your immunity to protect you from what you are being vaccinated against.

The side effects associated with COVID-19 vaccines are no different in older adults than in the rest of the population. The very common side effects experienced are mild and resolve within a few days. These may include pain, fatigue, headache, muscle pain and joint pain. Serious side effects are very rare.

What is most reassuring is that no new side effects have been identified from the use of the more recent COVID-19 vaccines, with surveillance data indicating they are similar to the initial mRNA COVID-19 vaccines.

National reporting on COVID-19 vaccine side effects in Canada up to the beginning of 2024 shows that older adults (aged 60 years and older) have the lowest reported rates of vaccine side effects among all adults.

Are COVID-19 vaccines still free, and how can I access them?

Since the beginning of the pandemic, the federal government has led the purchase of COVID-19 vaccines. As Canada has transitioned to the long-term management of COVID-19, provincial and territorial governments are now responsible for purchasing vaccines, similar to the other routine immunizations they provide. Each province and territory is now responsible for determining the coverage and timing of COVID-19 vaccinations based on various factors.

Currently, all provinces and territories (apart from Alberta) provide the COVID-19 vaccine for free for older adults.

In Alberta, coverage is limited to certain groups (e.g., recipients of the Alberta Seniors Benefit, home care clients). If you have a private drug plan, it may also cover the cost of this vaccine if it is not being publicly funded for you.

Depending on your region, vaccines may be available at various locations, including pharmacies, public health units, or doctors' offices. Residents of long-term care homes, assisted living/ retirement homes, or those with mobility or accessibility challenges may be eligible for in-home vaccination.

For more information, speak with your primary health care provider, pharmacist or local public health unit.

I am caring for an older adult who does not want to get the vaccine. How can I convince them that it is safe?

You can show COVID-19 resources to an older adult that answer questions specifically related to them.

Also emphasize to the older adult in your life that COVID-19 is a serious illness and that 95% of Canada's COVID-19 deaths in 2023 were among older Canadians.

Understandably, older adults may be wary of the COVID-19 vaccine, but knowing the facts that any potential risks of side effects related to getting the vaccine are likely far better than the risk of dying from COVID-19 should reassure them, especially when hundreds of millions of older people around the world have safely received the COVID-19 vaccine so far.

Another great resource is health care providers such as doctors, nurses and pharmacists who are well-informed on COVID-19 vaccines.

In addition to vaccination, what else can I do to prevent COVID-19 infections?

There are various personal protective measures you can implement daily to prevent the spread of COVID-19 and other respiratory viruses.

- If you are not well, limit contact with other people
- Wear a mask when appropriate
- Improve air ventilation when possible (e.g., opening windows)
- Practice hand hygiene by regularly washing your hands or using a hand sanitizer
- Cover your coughs and sneezes
- Clean surfaces and objects that are frequently touched or used

6 Questions for Specific Population Groups

Should older adults with health conditions get the COVID-19 vaccine?

Studies have shown that not only do adults with health conditions have a higher risk for severe outcomes from COVID-19, but the risk increases with the number of conditions. For these reasons, vaccination is particularly important for the conditions listed below. If you have at least one of the following medical conditions (as noted by Canada's Public Health Agency of Canada), please speak with your health care provider regarding vaccination:

- Cancer
- Cerebrovascular disease
- Chronic kidney disease
- Certain chronic liver diseases
- Certain chronic lung diseases
- Cystic fibrosis
- Diabetes mellitus, type 1 and type 2
- Disabilities
- Heart conditions
- HIV infection
- Certain mental health disorders
- Obesity
- Pregnancy and recent pregnancy
- Primary immunodeficiency diseases
- Smoking, current or former
- Solid organ or blood stem cell transplant
- Tuberculosis
- Use of corticosteroids or other immunosuppressive medication

Is it safe to get the COVID-19 vaccine in older adults with health conditions?

Generally, it is safe for individuals with health conditions to get the COVID-19 vaccines.

It is advised that adults with health conditions, allergies or who are taking medications notify the health care provider administering the vaccine to avoid any side effects and ensure proper use of the vaccines. For Individuals with bleeding disorders, the condition should be managed before vaccination to reduce the risk of bleeding. However, those receiving long-term anticoagulation are not considered at risk and may receive COVID-19 vaccines. For adults with a history of multisystem inflammatory syndrome, vaccination should be delayed until recovery or at least 90 days since diagnosis, whichever is longer.

Should someone with allergies get the COVID-19 vaccine?

Whether an individual with allergies should receive the COVID-19 vaccine depends on the type and severity of their allergy. Individuals with a history of

allergies not related to injections, severe allergic reactions to unrelated injections or a suspected allergy to a vaccine component may be routinely vaccinated with COVID-19 vaccines. Individuals who have experienced a mild to moderate immediate allergic reaction to a COVID-19 vaccine or one of its components may look to consult with a physician or nurse who has expertise in immunization before proceeding. In contrast, those who have had a severe, immediate allergic reaction to a COVID-19 vaccine or a component of the vaccine should consult with an allergist or appropriate health care provider. The length of time someone is observed after vaccination may vary depending on their allergy history, ranging from 15 minutes to at least 30 minutes.

Is it safe to get the COVID-19 vaccine in older adults who are immunocompromised?

Immunocompromised patients, or those with weakened immune systems, tend to be at increased risk of becoming seriously ill and dying from COVID-19.

This can include older persons living with cancer, HIV, those who are transplant recipients, or are taking steroids or other medicines to treat certain medical conditions, called immunosuppressants, that lower the body's ability to fight some infections.

Because of their increased risk of becoming seriously ill and dying from COVID-19 infections, immunocompromised people should receive the COVID-19 vaccines. As none of the currently approved vaccines include live virus, there is no risk of getting infected with the actual virus when getting vaccinated.

The need for COVID-19 vaccines for adults who are immunocompromised is clearly highlighted, as they are recommended to receive multiple doses regardless of their past vaccination history. Please see above for information on NACI recommendations for individuals who are immunocompromised.

Furthermore, it is always good to check with your doctor for the latest information and advice on the safety and effectiveness of these vaccines, as they know your overall medical situation well.

Is it safe and recommended for older persons living with dementia to get the COVID-19 vaccine?

Age is the greatest risk factor for having dementia. People living with dementia often live with at least one other chronic condition and have been shown to be at much greater risk, compared to people without dementia, of getting seriously ill and dying from COVID-19. Additionally, people living with dementia may have more difficulty in recognizing and acting on COVID-19 symptoms. This highlights the added importance of ensuring all older Canadians, especially those with dementia, receive the recommended COVID-19 vaccine doses.

This is why the Public Health Agency of Canada, Canada's medical and nursing associations, and the Alzheimer Society of Canada all recommend that all older Canadians, including those living with dementia, get their recommended COVID-19 vaccine doses.

There is some concern that some of the limited side effects associated with COVID-19 vaccines, like headaches, muscle aches, fatigue, joint pain or chills that can last for a few days, may cause some increased confusion in a person living with dementia. Still, these post-vaccination side effects can usually be well-managed with acetaminophen or other treatments.

Millions of older persons around the world living with dementia have now safely received their COVID-19 vaccines and medical experts continue to emphasize that the positive benefits of the COVID-19 vaccines almost always outweigh any risks, with immunization especially recommended for people living with dementia.

I am a member of a racialized community and am hesitant to get the COVID-19 vaccine. How do I know it's safe for me?

It is understandable for racialized individuals, particularly Black and Indigenous Canadians, to be hesitant to get the vaccine due to systemic racism and historical mistrust of the Canadian health care system. However, Canadians of colour have been disproportionately affected by COVID-19 due to social, economic and health disparities, and getting the vaccine can provide them with the greatest level of protection from this virus. NACI has recommended that all adults of racialized and other equity-denied communities receive the COVID-19 vaccine, recognizing the inequities these populations continue to face.

Furthermore, Pfizer-BioNTech and Moderna have said the efficacy of their vaccines has been consistent across age, race, ethnicity and gender demographics.

Debunking 3 Myths About COVID-19 Vaccines

Does getting the vaccine mean that I will get COVID-19?

The COVID-19 vaccines that are currently available to Canadians cannot and will not give you COVID-19. All vaccines essentially contain a recipe card that your body uses to produce a small piece of harmless spike protein, similar to the protein on the COVID-19 virus, which helps your body recognize and fight the virus.

The COVID-19 vaccine does not actually contain the COVID-19 virus, so you cannot get COVID-19 from the vaccine. The synthetic mRNA that is central to the COVID-19 vaccines also breaks down quickly once it enters your body.

The COVID-19 vaccine will not make a nasopharyngeal (nasal) PCR test or Rapid Antigen Test (RAT) positive. If you test positive for COVID-19 on a RAT or PCR test, it means you have a COVID-19 infection, which is unrelated to the vaccine.

I heard the materials in the vaccine are harmful. Is that true?

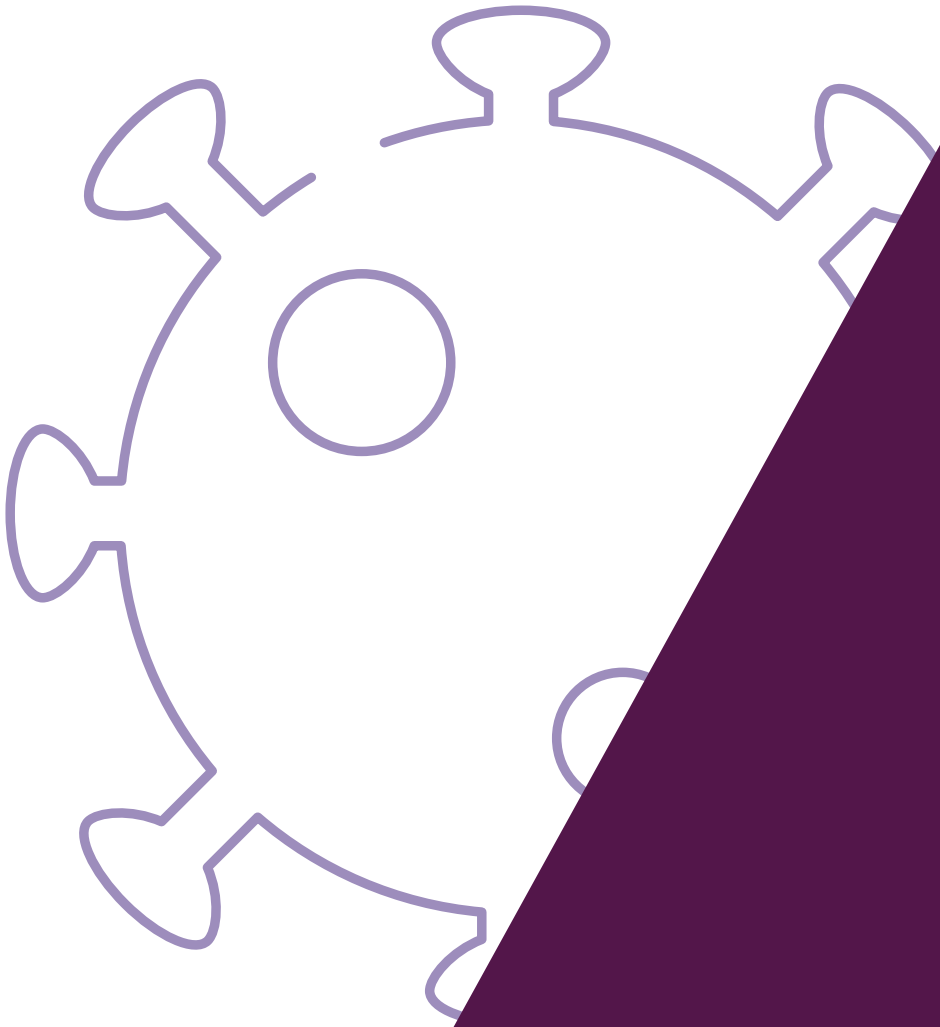
As noted earlier in this pamphlet, both the Pfizer-BioNTech and Moderna vaccines contain mRNA along with other normal vaccine ingredients, such as fats, salts and a small amount of sugar. The vaccines do not include live virus and will not interact with our DNA.

Neither of the COVID-19 vaccines contains any gelatin or animal materials. The Pfizer-BioNTech and Moderna vaccines were not developed using fetal cell lines. It is important to note that none of the vaccines contain any fetal tissues or cells. The currently approved vaccines do not contain common allergens such as latex and food proteins (e.g., eggs, gluten, nut products or byproducts). The vaccines do not contain any material such as metals, implants, microchips or tracking devices.

I heard that individuals may get myocarditis/pericarditis after getting the COVID-19 vaccine. Is that true?

There is a rare risk of individuals getting myocarditis (inflammation or swelling/redness of the heart muscle) and/or pericarditis (inflammation or swelling/redness of the lining outside the heart) through the available COVID-19 vaccines. However, cases have occurred most often in individuals 12 to 29 years of age, particularly among males. While most individuals require hospitalization, they respond well to conservative therapy and recover quickly.

Individuals who experienced myocarditis or pericarditis from a previous COVID-19 vaccine may still receive another dose after first discussing this further with their health care providers. If another dose is offered, it should be **Comirnaty**® (Pfizer-BioNTech) due to lower rates of myocarditis and/or pericarditis following the original version of **Comirnaty**® (Pfizer-BioNTech) compared to the original version of **Spikevax**® (Moderna).



5 Other Questions to Consider

How many older adults have been vaccinated in Canada?

As of June 2024, 95% of Canadians aged 60 years and older (not including Alberta) have received at least one dose of the COVID-19 vaccine.

However, only 10% of older Canadians (not including all residents of Alberta and Quebec) were up to date with their recommended COVID-19 vaccines.

This indicates that most older adults in Canada were not protected with the most recent COVID-19 vaccines that were being made available. The currently available COVID-19 vaccines are expected to provide a better immune response against the current circulating COVID-19 strains, and also improve protection against symptomatic and severe disease that might have been reduced since a person's last vaccination or infection.

Which sources should I trust to get COVID-19 vaccine information? My primary care provider? The news?

Over the past few years, there have been numerous COVID-19 vaccine recommendations in Canada. Moving forward, there will be varying levels of coverage and costs for these vaccines, as Canada's provinces and territories are now responsible for purchasing COVID-19 vaccines and deciding who will receive them for free. For the most accurate and up-to-date information in your area, you should contact your local public health unit. Your primary health-care provider is also a great resource for answering questions about COVID-19 vaccination. These sources are preferred over more general ones (such as news outlets or international organizations like the World Health Organization), which may not provide region-specific guidance that is currently relevant to you.

How can I get a record of my COVID-19 vaccination history?

There are different ways you can get a record of your COVID-19 vaccination history. The online method includes the following instructions:

1. Click on the following website link: https://www.canada.ca/en/public-health/services/diseases/coronavirus-disease-covid-19/vaccines/vaccine-proof.html.
2. Click on your province/territory box.
3. Click on the green box to visit the jurisdictional website.
4. Provide the needed information to obtain your COVID-19 proof of vaccination.

The telephone method includes the following instructions:

5. Contact your primary health care provider, as they should have a record of your COVID-19 vaccinations.
6. If you are not able to confirm your vaccination history, ask your health care provider for other ways to try to determine this.

Will we have to continue getting a vaccine dose every year?

COVID-19 still remains a serious public health concern as it can cause severe outcomes such as hospitalizations and deaths. Unlike other respiratory viruses (e.g., influenza), the SARS-CoV-2 virus circulates throughout the year with periods of increased infections. NACI will provide Canadians with further recommendations based on the ongoing circulation of the SARS-CoV-2 virus and the availability of new COVID-19 vaccines.

However, individuals should not wait on these decisions and act now on receiving their recommended vaccines.

Are there other vaccines that I should be getting?

There are five other vaccines approved and/or recommended for older adults in Canada, including:

Vaccine-Preventable Diseases	Duration of Vaccine Dose(s)
Influenza (flu)	One dose every year
Respiratory syncytial virus (RSV)	One dose
Pneumococcal disease (pneumonia)	One dose
Shingles	Two doses
Tetanus and diphtheria	Number of doses based on immunization history

Most recommended vaccines can be given at the same time. Speak with your health care provider regarding staying up to date with your recommended vaccines.

Additional Helpful Resources

- **Coronavirus Disease (COVID-19) (Public Health Agency of Canada)**
  Provides links to various national government resources on the current circulation of the SARS-CoV-2 virus, COVID-19 prevention and management, and information for specific groups, including older adults.
- **A Guide to Vaccines for Older Canadians Pamphlet (National Institute on Ageing)**
  Provides information on vaccine-preventable diseases, national vaccine recommendations, costs and availability for older adults in Canada.
- **Provincial/Territorial Vaccine One-Pagers (National Institute on Ageing)**
  One-page summary on the national vaccine recommendations, along with vaccine coverage and resources for each Canadian province and territory.

To learn more about the NIA visit our website at **www.NIAgeing.ca** and follow us on Twitter **@NIAgeing**

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