



SIM CANADA

433 Blvd de L'Île
Pincourt, Québec
Canada J7W 8Z6

The Preventative Dividend: Why Improving the Universal Influenza Immunization Program (UIIP) is Right for Ontario

Ontario Budget 2026 Consultations

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About the Society for Intelligence Management

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About the Flu Awareness Consortia

The Flu Awareness Consortium is a collaborative of health advocates, including non-governmental organizations, dedicated to spreading evidence-based knowledge. Our goal is to drive meaningful change across Canada by investing in both individual and societal health literacy, encouraging critical thinking and empowering people to make informed, independent decisions.

Our mission is to prevent influenza through proactive education, targeted outreach, and strong community support. We are committed to delivering accurate, unbiased information that helps individuals take charge of their health. To learn more about the consortium, visit <https://fluawareness.ca/>

Influenza in Ontario: Clinical, Economic, and Policy Considerations

The Issue

Influenza remains a significant and recurring threat to the health of Ontarians and a major driver of seasonal acute care utilization, disproportionately affecting adults aged 65 years and older and children under five. Among older adults, influenza infection frequently precipitates functional decline, with severe cases requiring intensive care unit (ICU) admission often resulting in permanent loss of independence and accelerated transition into long-term care—an outcome associated with substantial and ongoing costs to the provincial healthcare system¹. These pressures are amplified by population aging and persistent gaps in access to adult-specific influenza vaccines designed to address age-related declines in immune response.

Access challenges persist across the province, with many adults experiencing barriers related to geographic location, provider availability, and vaccine inventory constraints. At the same time, children under five continue to demonstrate historically low influenza vaccination coverage, contributing to predictable surges in pediatric emergency department utilization during respiratory virus season and associated productivity losses among parents and caregivers. Together, these parallel pressures place additional strain on healthcare system capacity and exacerbate existing constraints on timely access to care.

Strategic expansion of access to specialized influenza vaccines for both older adults and young children offers a clear preventive opportunity. By reducing avoidable hospitalizations and mitigating seasonal demand on acute and critical care services, enhanced influenza prevention supports system resilience, protects healthcare capacity during peak respiratory virus season, and contributes to more efficient use of public healthcare resources.

Background

Influenza remains a significant cause of hospitalization, morbidity, and mortality among older adults and young children under five years of age². During the current influenza season, Ontario has reported 762 influenza outbreaks across the province and 7,463 hospital admissions across all age groups³. In older adults, greater disease severity—including cases requiring ICU admission—can precipitate rapid health decline and hinder healthy ageing⁴. Severe influenza is also associated with compounding complications that may result in loss of independence and increased need for assistance with activities of daily living⁵.

Beyond clinical vulnerability, the pediatric influenza burden represents a substantial and largely preventable drain on Ontario's economic productivity. A single pediatric influenza infection frequently results in five to seven days of parental or caregiver absenteeism, generating downstream disruption across the provincial labour market. Children also serve as primary vectors of influenza transmission, introducing the virus into schools and households and ultimately into higher-risk, higher-cost older adult populations. Addressing pediatric access barriers through diversified delivery models such as school-based vaccination clinics and expanded pharmacy access, represents a fiscally prudent strategy. By flattening the seasonal surge at its source, Ontario can reduce emergency department overcrowding, protect healthcare system capacity, and mitigate broader workforce impacts.

Current Status

The financial impact of seasonal influenza on Ontario is primarily driven by acute care resource utilization and indirect productivity losses, such as parental or caregiver absenteeism. Costs are disproportionately concentrated among the oldest and youngest populations, representing both clinical risk and substantial budgetary pressure. Hospitalized influenza patients may also require ICU admission.

The daily cost of an ICU bed in Canada is estimated at \$3,592. During the peak of the 2025–2026 influenza season (December 2025), Ontario reported 134 ICU admissions⁶.

Key Considerations for Action

The most fiscally responsible path for Ontario is to improve the Universal Influenza Immunization Program (UIIP) using a product-to-population approach to ensure:

- **Adult Alignment with Influenza Vaccines:** Guaranteeing availability of adult-specific vaccines for all Ontarians aged 65 and over.
- **Diversified Pediatric Delivery of Influenza Vaccines:** Bypassing parental barriers to influenza vaccination by implementing school-based catch-up clinics for influenza immunization. To maximize uptake, Ontario should raise awareness about needle-free vaccine options for children, such as the intranasal (nasal spray) vaccine. Pain and fear are major barriers to childhood vaccination⁷. Needle-free vaccination as a less invasive option reduces distress and may lead to an increase in influenza coverage rates in children.

Evidence

High-efficacy influenza vaccines for adults are critical clinical and fiscal tools, particularly in mitigating the effects of age-related immune decline that reduces the effectiveness of standard-dose vaccines^{8,9,10}. For children, intranasal influenza vaccines offer a needle-free administration option, which can help reduce injection-related distress among parents and caregivers^{11,12}. Needle-related anxiety has increased since the COVID-19 pandemic, due in part to the rise in booster doses and routine vaccinations. Intranasal vaccines are publicly available across provinces and territories, yet awareness of this option remains limited.

Emerging evidence also highlights influenza vaccination as an important risk-reduction strategy for cardiovascular disease, especially in older adults and individuals with pre-existing cardiovascular conditions or risk factors¹³. Influenza infections can trigger or exacerbate cardiovascular events—including myocardial infarction and stroke—through systemic inflammation and increased cardiovascular stress¹⁴. By preventing these infections, vaccination can indirectly reduce cardiovascular risk¹⁵. Systematic reviews and observational studies have demonstrated associations between influenza vaccination and reduced risk of acute coronary events and all-cause mortality in adults aged 65 years and older, with some evidence suggesting additional benefit from sequential dual vaccination strategies¹⁶. These findings underscore the broader public health significance of influenza vaccination, extending its value beyond respiratory disease prevention to overall cardiovascular and associated health outcomes.

Conclusion

Ontario's Universal Influenza Immunization Program (UIIP) represents a cost-effective public health investment¹⁷. Beyond mitigating immediate clinical risk, strategic immunization protects priority populations from a cascade of downstream complications, including hospitalization, ICU admission, frailty, loss of independence, and pneumonia. By aligning vaccine product with population risk, Ontario can realize a preventive return on investment that directly addresses major drivers of healthcare utilization.

In the current fiscal context, influenza vaccination contributes not only to the prevention of respiratory infections but also to broader health system stabilization, including cardiovascular risk reduction in older adults. Despite these benefits, coverage gaps persist, and logistical inconsistencies in vaccine product availability limit program effectiveness. Addressing these gaps through targeted improvements to the UIIP will strengthen population resilience and free critical healthcare resources to support Ontario's broader healthcare priorities.

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