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AT A GLANCE

Considerations for Antiviral Medications for Seasonal Influenza in Outbreak Settings: 2026–27

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Purpose

This document briefly describes key considerations for influenza antiviral use in outbreak settings. It is intended to support public health units (PHUs) investigating and managing influenza outbreaks in long-term-care homes and hospitals and may also be applied to other closed settings with a stable residential population such as retirement homes, correctional facilities, and other congregate living settings.

Health care providers who are looking for information on prescribing influenza antiviral medications for individual patients (e.g., pre-exposure prophylaxis, early presumptive treatment, treatment) outside of outbreak scenarios are directed to AMMI Canada seasonal influenza guideline update 2025–26 and Ontario Health's Recommendations for Antiviral Therapy of Seasonal Influenza.

Key Considerations

Overview

Antiviral medications may be used for both prevention (i.e., chemoprophylaxis) and treatment of seasonal influenza.[1] In Canada, two neuraminidase inhibitors - oseltamivir (Tamiflu®) and zanamivir (Relenza®) - are licensed for the treatment and prevention of seasonal influenza.[1] A third antiviral - baloxavir marboxil (Xofluza®) - has been approved by Health Canada since 2020 for the treatment of uncomplicated influenza in those 12 years of age and older. However, it is not widely used due to limited availability and concerns about antiviral resistance developing during treatment, cost and lack of studies on its effectiveness in severe disease.[2] Amantadine is still authorized for use by Health Canada but it is no longer recommended due to high rates of resistance observed among circulating influenza A viruses.[1]

Antivirals for Prevention of Seasonal Influenza

Neuraminidase inhibitors are well-tolerated and effective when used for chemoprophylaxis of seasonal influenza in select circumstances.[1] The Association of Medical Microbiology and Infectious Disease Canada (AMMI) and the Infectious Diseases Society of America (IDSA) recommend the use of influenza antiviral chemoprophylaxis, combined with antiviral treatment of symptomatic individuals and concurrent administration of influenza vaccine, to reduce the spread of seasonal influenza during outbreaks in closed environments with patients/residents at high risk of influenza complications, such as long-term care homes and hospitals.[1,3] Antiviral use may also be appropriate in other closed settings (e.g., retirement homes, correctional facilities), particularly where residents are at increased risk of influenza-related complications.[1]

Antivirals for Chemoprophylaxis During Seasonal Influenza Outbreaks

Table 1 summarizes common questions related to the use of influenza antiviral chemoprophylaxis during outbreaks. It is intended to support public health decision-making and reflects guidance from the Ministry of Health's Recommendations for Outbreak Prevention and Control in Institutions and Congregate Living Settings. Current guidance from AMMI Canada and Ontario Health, as well as applicable product monographs should also be consulted for detailed antiviral treatment recommendations.

Table 1: Key Questions and Public Health Considerations During Influenza Outbreaks[1-4]

Key Question	Public Health Consideration
Which patients/residents should be offered antiviral prophylaxis during a confirmed influenza outbreak?	• Antiviral prophylaxis should be offered to all asymptomatic patients/residents in the outbreak-affected area, regardless of vaccination status.
Which staff should be considered for antiviral prophylaxis?	• Asymptomatic unvaccinated staff working in the outbreak-affected area should be advised to take antiviral prophylaxis until the outbreak is declared over. • Staff vaccinated less than two weeks before an outbreak is declared should take antiviral prophylaxis for 14 days after vaccination or until the outbreak is declared over, whichever comes first. • Antiviral prophylaxis may be considered for all staff, regardless of vaccination status, when the circulating strain is not well-matched by the vaccine.
Are there any restrictions for staff during an outbreak?	• Asymptomatic vaccinated staff (with documented vaccination received at least two weeks prior), or asymptomatic unvaccinated staff taking antiviral prophylaxis, may continue to work. • **Any symptomatic staff should be excluded from work until fever free without the use of fever-reducing medication and symptoms have been resolving for at least 24 hours and at least 48 hours if they have gastrointestinal symptoms.** • Asymptomatic unvaccinated staff who have not received antiviral prophylaxis may work in a non-outbreak area/facility or another healthcare setting only after one influenza incubation period (three days) from their last day working in the outbreak setting has elapsed. Exceptions may be considered in collaboration with the PHU and facilities where staffing shortages could compromise patient/resident care.

Key Question	Public Health Consideration
What if a patient/resident develops symptoms while receiving prophylaxis?	• If a patient/resident receiving prophylaxis develops symptoms of influenza-like illness (ILI), they should be immediately switched to a treatment dose for 5 days, and the individual should be managed according to current clinical guidance. Following completion of treatment, patients/residents with laboratory-confirmed influenza that is considered consistent with the outbreak strain are generally not required to resume prophylaxis. • For patients/residents meeting the outbreak case definition without laboratory confirmation of influenza infection, or with laboratory confirmation of influenza infection that is not consistent with the outbreak strain, resume prophylaxis after completion of treatment if the outbreak is ongoing, as their illness may have been caused by another circulating respiratory pathogen rather than the outbreak strain.
When should antiviral prophylaxis begin?	• Antiviral prophylaxis should begin as soon as an influenza outbreak is declared. In some circumstances, the PHU may provide recommendations regarding prophylaxis before laboratory confirmation.
When can antiviral prophylaxis be discontinued?	• Discontinue antiviral prophylaxis when the influenza outbreak is declared over.
What if antivirals do not appear to control the outbreak?	• If cases continue to occur despite antiviral prophylaxis and other outbreak control measures, consider factors such as adherence to antivirals, co-circulation of other respiratory pathogens, and antiviral resistance. Antiviral susceptibility testing may be considered for individuals who test positive for influenza after initiation and/or completion of influenza prophylaxis. • For additional information on antiviral resistance and susceptibility testing during influenza outbreaks, refer to Public Health Ontario's Respiratory Viruses (including influenza) test information sheet and the Timing of Antiviral Susceptibility Testing During Influenza Outbreaks document.

Antivirals for Treatment of Seasonal Influenza During Outbreaks

When used for treatment, antiviral medications have been shown to decrease the duration of influenza symptoms and may reduce the severity and possible complications of influenza, such as hospitalizations and deaths.[1]

Antiviral medications work best if administered as soon as possible and within 48 hours of symptom onset. [1,2] During a confirmed influenza outbreak, treatment decisions for patients/residents are the responsibility of the attending physician or health care provider.

Table 2 provides a summary of antiviral medications currently available in Canada and public health considerations relevant to influenza outbreak management. This table should not be used as a prescribing guide. For detailed clinical recommendations, refer to AMMI Canada guidance, Ontario Health recommendations, IDSA, and applicable product monographs.

Table 2: Antiviral Medications Available in Canada[1,2,5]

Medication	Route of Administration	Public Health Considerations
Oseltamivir (Tamiflu®)	Oral	Widely used in outbreak settings for both treatment and prophylaxis of seasonal influenza
Zanamivir (Relenza®)	Inhaled	Alternative to oseltamivir for treatment and prophylaxis of uncomplicated influenza
Baloxavir marboxil (Xofluza®)	Oral	Alternative treatment option for uncomplicated influenza in selected circumstances but is not authorized in Canada for prophylaxis

Additional Resources for Prescribers

AMMI Recommendations

Use of antiviral drugs for seasonal influenza: Foundation document for practitioners—Update 2019 | Journal of the Association of Medical Microbiology and Infectious Disease Canada[1]

AMMI Canada seasonal influenza guideline update 2025–26[2]

IDSA

IDSA 2018 Clinical Practice Guideline Update for the Diagnosis, Treatment, Chemoprophylaxis, and Institutional Outbreak Management of Seasonal Influenza[3]

Ministry of Health Ontario

Recommendations for Outbreak Prevention and Control in Institutions and Congregate Living Settings[4]

Ontario Health

Recommendations for Antiviral Therapy of Seasonal Influenza[5]

Product Monographs

Product monograph: Tamiflu®[6]

Product monograph: Relenza®[7]

Product monograph: PrXOFLUZA®[8]

PHO Resources

Ontario Respiratory Virus Tool

Respiratory Viruses (including influenza) | Public Health Ontario

Timing of Antiviral Susceptibility Testing During Influenza Outbreaks

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