



December 2025

RE: Antiviral medication for institutional influenza outbreaks, 2025-2026 season

Antiviral medication is recommended for the management of institutional outbreaks of influenza A and/or influenza B. Research has shown that antiviral drugs are effective for both the prevention (prophylaxis) and early treatment of influenza infection. The use of antiviral medication in conjunction with other outbreak control measures can quickly bring influenza outbreaks in health care facilities under control.

There is evidence from other jurisdictions that there may be a vaccine mismatch, specifically for the A/H3N2 component for the 2025-2026 influenza season. Due to the potential vaccine mismatch, it is recommended that during outbreaks of influenza A, antivirals initially be offered to all staff, including those who have been vaccinated until the typing is known. If it is not an H3 strain, the antivirals for only vaccinated staff can be discontinued. In contrast to recommended exclusion policies for unvaccinated staff members, vaccinated staff members who refuse antiviral medication should not be excluded from work.

Despite the mismatch, the influenza vaccine remains the best way to protect against severe outcomes such as hospitalization and death and continues to be recommended for residents and staff. The vaccine is believed to provide moderate protection against H3N2 in addition to providing protection against H1N1 and influenza B.

Prophylaxis Recommendations

Residents:

- Antiviral prophylaxis is recommended for **all residents** in the outbreak affected area who are not already ill with influenza, whether previously vaccinated or not until the outbreak is declared over.

Staff (Influenza A outbreaks):

- Antiviral prophylaxis is recommended for **all unvaccinated asymptomatic staff** who work in the area of the facility where the influenza outbreak is occurring, until the outbreak is declared over.
- Antiviral prophylaxis may also be offered to **all vaccinated asymptomatic staff** who work in the area of the facility where the influenza outbreak is occurring, until the outbreak is declared over or the strain is determined not to be H3.

Staff (Influenza B outbreaks):

- Antiviral prophylaxis is recommended for **all unvaccinated asymptomatic staff** who work in the area of the facility where the influenza outbreak is occurring, until the outbreak is declared over.



Treatment Recommendations

- Antiviral treatment should be started for ill residents who meet the outbreak case definition, as soon as possible and preferably within 48 hours of symptom onset. Treatment should be given for a total of five days.

It is recommended that residents and staff consult with their own healthcare provider for prophylaxis and treatment decisions. Two antiviral influenza medications, Oseltamivir (Tamiflu®) and Zanamivir (Relenza®) are licensed for use in Canada, for the treatment and prophylaxis of influenza A and B in adults. Oseltamivir (Tamiflu®) is the recommended drug of choice for both prophylaxis and treatment in an influenza A or B outbreak, as it is administered orally. When the predominant circulating strain is resistant to Oseltamivir, Zanamivir (Relenza®) is recommended for both prophylaxis and treatment in an influenza A or B outbreak. Please refer to the current manufacturer's product monograph for recommendations concerning the treatment and prophylaxis of seasonal influenza.

Please contact the Communicable Disease Control program at 705-474-1400 or toll free at 1-800-563-2808, ext. 5229 with any questions on antiviral medication for institutional influenza outbreaks.

Source: Ministry of Health and Long-Term Care (2025). Recommendations for Outbreak Prevention and Control in Institutions and Congregate Living Settings.