Summary of Recommendations for Antiviral Post-Exposure Prophylaxis of Highly Pathogenic Avian Influenza A(H5N1)

Antiviral post-exposure prophylaxis recommendations

- For individuals indicated for antiviral PEP based on their exposure risk[†], it should be started as soon as possible, ideally within 48 hours of the last exposure, but may be started up to 10 days after exposure.
- **Antiviral PEP is RECOMMENDED for individuals with high exposure risk[†] to HPAI A(H5N1).**
- **Antiviral PEP MAY BE CONSIDERED for individuals with intermediate exposure risk[†] to HPAI A(H5N1)**, based on clinical discretion of the individual's underlying medical condition(s) and risk of progression to severe disease.
  - Individuals at higher risk of developing seasonal influenza-related complications (e.g., individuals aged 65 years and older, children aged younger than 5 years, individuals with certain underlying medical conditions) may also be at a greater risk for developing complications associated with HPAI A(H5N1). See Table 2 of Ontario Health's Recommendations for Antiviral Therapy of Seasonal Influenza for a list of risk factors that are associated with an increased risk of developing seasonal influenza-related complications.
- **Antiviral PEP is NOT recommended for individuals with low exposure risk[†] to HPAI A(H5N1).**
- Oseltamivir[**] is recommended as first-line antiviral medication for HPAI A(H5N1) PEP.
  - Consult with an Infectious Diseases (ID) specialist as required to inform individualized treatment decisions.
- For individuals who are contraindicated to or unable to take oseltamivir[#] OR exposed to known or suspected oseltamivir-resistant HPAI A(H5N1):
  - Inhaled (INH) zanamivir[**] OR baloxavir[**] may be considered for antiviral PEP based on clinical discretion.
  - Consultation with an ID specialist is strongly recommended for individualized PEP decisions.
- Antiviral post-exposure prophylaxis (PEP) for HPAI A(H5N1) should be limited to discrete exposure[*] events.
  - Prolonged use of antiviral PEP is not recommended.
    For people who are unable to avoid ongoing exposure to sources of HPAI A(H5N1) virus, consultation with an ID specialist is recommended for individualized PEP decisions.

Antiviral dosing for HPAI A(H5N1) post-exposure prophylaxis

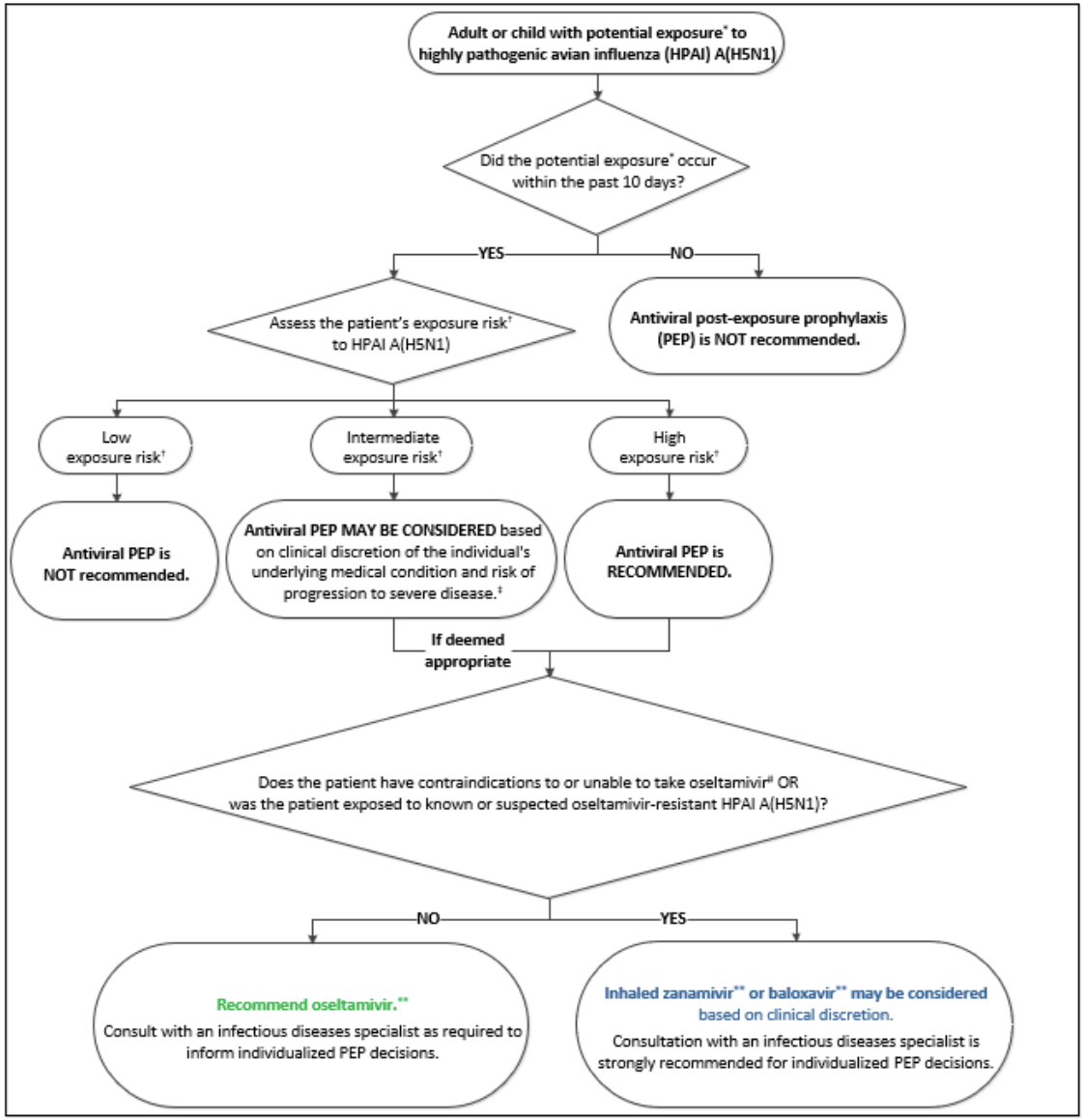
- **Oseltamivir**:
  - 75 mg orally (PO) or by oro/nasogastric tube twice daily for 10 days.
  - Dose adjust for patients with renal impairment, patients who weigh 40 kg or less, and children.
- **INH zanamivir** (for age 7 years and older):
  - 10 mg INH twice daily for 10 days.
- **Baloxavir** (for age 12 years and older):
  - 40 kg to less than 80 kg: 40 mg PO on day 1 and day 4.
  - 80 kg or greater: 80 mg PO on day 1 and day 4.

See Ontario Health's Recommendations for Antiviral Post-Exposure Prophylaxis of HPAI A(H5N1) for additional information.
For information about drug availability and coverage, see Ontario Health's Influenza Clinical Guidelines and Resources webpage.

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Post-exposure prophylaxis algorithm



* Exposure is defined as:
- Close contact (within 2 meters) with a confirmed or probable human case of HPAI A(H5N1) **OR**
- Direct or indirect, unprotected close contact (within 2 meters) to wild birds, poultry or other animals with confirmed or presumptive HPAI A(H5N1) **OR**
- Direct or indirect, unprotected contact with contaminated environments such as surfaces contaminated with biological tissues from confirmed or presumptive HPAI A(H5N1)-infected animals (e.g., carcasses, feathers, feces, secretions, raw milk) **OR**
- Unprotected exposure to biological material known to contain HPAI A(H5N1) virus in a laboratory setting (e.g., primary clinical specimens, virus culture isolates)

† For information on the classification of exposure risk, see the HPAI A(H5N1) Exposure Risk Classification section.

‡ Individuals at higher risk of developing seasonal influenza-related complications (e.g., individuals aged 65 years and older, children aged younger than 5 years, individuals with certain underlying medical conditions) may also be at greater risk for developing complications associated with HPAI A(H5N1). See Table 2 of Ontario Health's Recommendations for Antiviral Therapy of Seasonal Influenza. for a list of risk factors that are associated with an increased risk of developing seasonal influenza-related complications.

For information about clinically relevant contraindications and administration considerations of oseltamivir, see the supplemental drug information section in Ontario Health's Recommendations for Antiviral Therapy of Seasonal Influenza.

** HPAI A(H5N1) post-exposure prophylaxis with oseltamivir, INH zanamivir, or baloxavir is considered off-label use in Canada.

HPAI A(H5N1) exposure risk classification

Exposure Risk Category	Definition
High	- Individuals with unprotected and very close exposure (i.e., within 1 to 2 meters) to a flock or group of infected animals (asymptomatic or sick/dead) or to particular birds or other animals that have been directly implicated in human cases (e.g., farm family member or worker who handled sick or infected animals). - Individuals involved in the handling and slaughtering of live poultry and other animals, such as those in a live animal market, in an area experiencing an HPAI A(H5N1) outbreak or visitors to an area where such activities are being undertaken while unprotected. - Individuals involved in handling infected (asymptomatic or sick/dead) animals or decontaminating affected environments (including animal disposal) as part of outbreak control efforts (e.g., cullers) who did not have, or were wearing insufficient personal protective equipment (PPE), or had a breach in the use of PPE, during these activities. - Household/family contacts of a suspected or confirmed human HPAI A(H5N1) patient (defined as living under the same roof as the primary case when the case is presumed to be contagious). - Individuals, such as health care workers (HCWs) (i.e., those working in a setting where health care is being provided), who had no PPE in place when in close contact (i.e., within 1 to 2 metres) of a human HPAI A(H5N1) case, or in direct contact with respiratory secretions or other potentially infectious specimens from the case.
Intermediate	- Individuals without PPE who handle single or small groups of animals infected with HPAI A(H5N1) (asymptomatic or sick/dead) in an open-air environment which is not densely populated by animals of the same species as the infected animal (e.g., single wild bird in a park). - Individuals, such as HCWs or laboratory personnel, who might have inadequate or insufficient PPE when in direct contact with a human HPAI A(H5N1) case or specimens/secretions which may contain virus or with laboratory isolates.
Low	- Personnel involved in culling non-infected or likely non-infected animal populations as a control measure (e.g., those exclusively culling asymptomatic animals in a control area outside of the infected and primary control zones). - Individuals who handle (i.e., have direct contact with) single or small groups of asymptomatic animal(s) with a possible proximity to a geographic area where HPAI A(H5N1) has recently been identified (e.g., hunters/trappers, bird banders, Indigenous hunters and harvesters). - Personnel involved in handling infected (asymptomatic or sick/dead) animals or decontaminating affected environments (including animal disposal) as part of outbreak control efforts (e.g., cullers) who did have or were wearing sufficient PPE during these activities. - Individuals, such as HCWs, who used appropriate PPE during contact with human HPAI A(H5N1) cases. - Laboratory personnel working with the influenza virus using appropriate laboratory procedures and infection control precautions (e.g., wearing proper PPE).

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