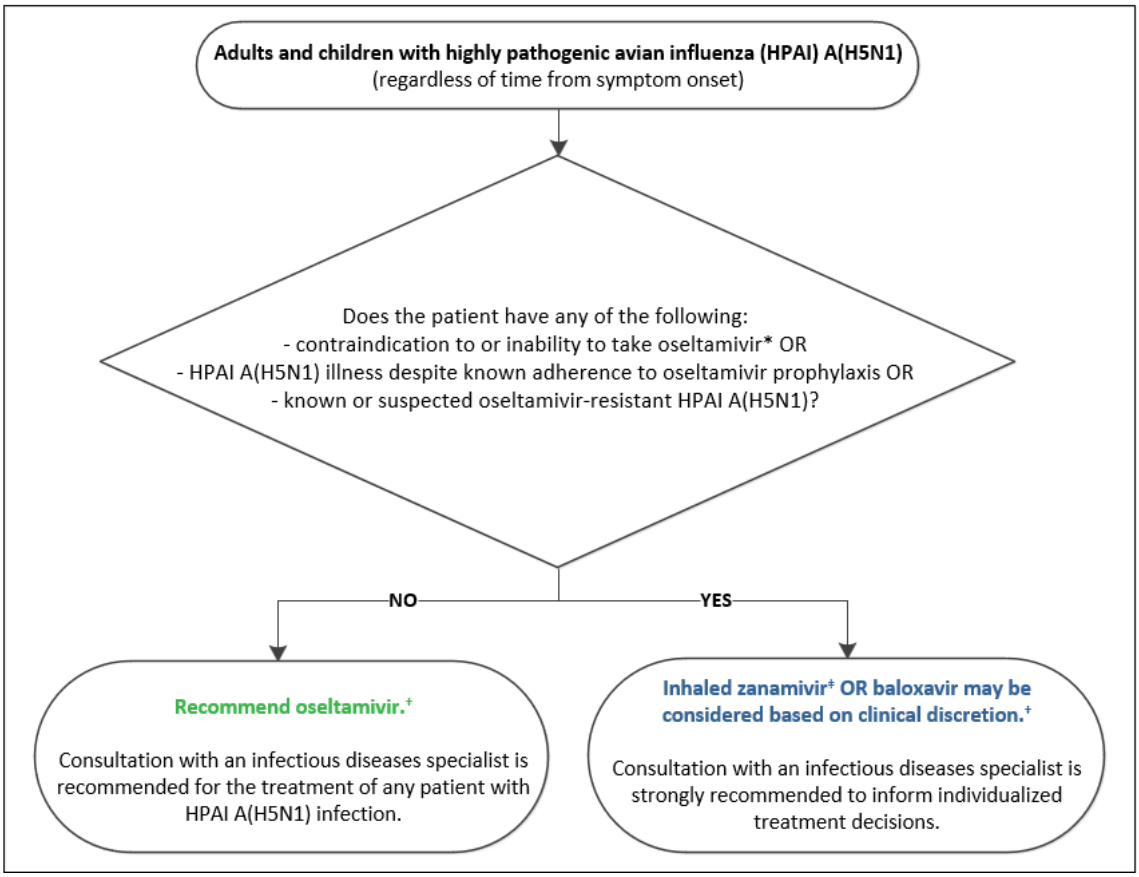
Summary of Recommendations for Antiviral Therapy of Highly Pathogenic Avian Influenza A(H5N1)

Disease overview

- Highly pathogenic avian influenza (HPAI) A(H5N1) infection in humans can be asymptomatic or range from mild to severe disease.
- Signs and symptoms may include, but are not limited to: new or worsening cough, shortness of breath, conjunctivitis, fever, sore throat, headache, myalgia, lethargy, rhinorrhea, diarrhea and fatigue.
- Complications of severe disease may include: pneumonia, respiratory failure, multi-organ failure or death.
- Risk factors for developing complications associated with HPAI A(H5N1) have not been studied and may vary across different subtypes and strains.
  - Patients 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 medical conditions) may be at greater risk for developing complications associated with HPAI A(H5N1).
- For the latest information on influenza virus activity in Ontario, see Public Health Ontario's Respiratory Virus Tool and the Canadian Food Inspection Agency's Avian Influenza Status webpage to help guide decisions regarding antiviral therapy.

Treatment algorithm



* For more 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.
† The treatment of HPAI A(H5N1) with oseltamivir, inhaled zanamivir, or baloxavir is considered off-label use in Canada.
‡ For patients with extrapulmonary HPAI A(H5N1) infection, inhaled zanamivir is NOT recommended because it may not be as effective due to low systemic absorption.

ONTARIO HEALTH, SEPTEMBER 2026

Ontario Health

Antiviral therapy recommendations

- Consultation with an infectious diseases specialist is recommended to inform individualized treatment decisions for HPAI A(H5N1) infection.
- Antiviral treatment is recommended for adults and children with HPAI A(H5N1), regardless of time from symptom onset.
  - Antiviral treatment is more likely to be most effective if started within 48 hours of symptom onset.
  - Confirmation of HPAI A(H5N1) infection by microbiological testing is not a requirement for initiating empiric antiviral therapy.
  - HPAI A(H5N1) treatment with oseltamivir, inhaled (INH) zanamivir, or baloxavir is considered off-label use in Canada.
- **Oseltamivir is recommended** as first-line therapy.
- **INH zanamivir[‡] OR baloxavir may be considered** based on clinical discretion for patients:
  - who are contraindicated to or unable to take oseltamivir[*] OR
  - with HPAI A(H5N1) illness despite known adherence to oseltamivir prophylaxis OR
  - with known or suspected oseltamivir-resistant HPAI A(H5N1)

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

[‡] For patients with extrapulmonary HPAI A(H5N1) infection, INH zanamivir is NOT recommended because it may not be as effective due to low systemic absorption.

Antiviral dosing for HPAI A(H5N1) treatment

- **Oseltamivir**:
  - 75 mg orally (PO) or by oro/nasogastric tube twice daily for 5 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 5 days.

- **Baloxavir** (for age 12 years and older):
  - 40 kg to less than 80 kg: 40 mg PO on day 1 and day 4, with an additional dose on day 7 if no clinical improvement[#] by day 5.
  - 80 kg or greater: 80 mg PO on day 1 and day 4, with an additional dose on day 7 if no clinical improvement[#] by day 5.

[#] No clinical improvement is defined as fulfilling at least one of the following criteria: ongoing mechanical ventilation, persistent fever, being severely immunocompromised, having pneumonia, confirmed or suspected influenza-related complication.

See Ontario Health's **Recommendations for Antiviral Therapy of HPAI A(H5N1)** for additional information.

For information about drug availability and coverage, see Ontario Health's **Influenza Clinical Guidelines and Resources** webpage.

Need this information in an accessible format? 1-877-280-8538, TTY 1-800-855-0511, info@ontariohealth.ca.
Ce document est disponible en anglais seulement en raison de son public cible limité. Une version en français peut être fournie sur demande. Pour toute question ou de l'aide concernant ce document, veuillez contacter info@ontariohealth.ca.