Consultation: Canada's Drug Agency – Prioritization of Influenza Antivirals
Submitted: January 8, 2026

Executive Summary: Canada's Drug Agency (CDA) published a draft report on implementation advice regarding the prioritization of influenza antiviral drugs among patient populations based on risk, for both treatment and postexposure prophylaxis, in pre-pandemic and pandemic settings. The CDA opened feedback for the new draft guidance and CSHP responded.

CSHP provided the following feedback:

CSHP agrees with the panel's recognition of the operational challenges associated with pre-pandemic influenza treatment strategies. Given influenza's short incubation period and rapid serial transmission, early detection is unlikely to occur before widespread community transmission, limiting the practical utility of pre-pandemic antiviral deployment.

CSHP also supports the panel's prioritization framework for influenza treatment in a pandemic setting, particularly the emphasis on reserving antiviral supply for treatment rather than widespread post-exposure prophylaxis. CSHP agrees that antiviral prophylaxis should only be considered when there is clear evidence of sustained human-to-human transmission and confirmed antiviral susceptibility. In this context, CSHP supports prioritizing vaccination, surveillance, and treatment over prophylactic antiviral use.

CSHP does not fully support the recommendation to broadly diversify antiviral stockpiles based primarily on concerns about antiviral resistance. Current evidence indicates that resistance to neuraminidase inhibitors such as oseltamivir and zanamivir remains rare and has not been consistently associated with clinically meaningful adverse patient outcomes. While in vitro resistance has been documented, this has not translated into reduced treatment efficacy in most populations.

Newer antiviral agents, including baloxavir and peramivir, are substantially more costly and have not demonstrated superior clinical outcomes compared with oseltamivir in most patient groups. Overemphasizing resistance risks unintended consequences, including premature uptake of higher-cost agents, accumulation of unused stockpiles, unnecessary resistance testing, and increased economic strain without clear patient benefit. CSHP supports expanding antiviral stockpiles to mitigate supply shortages but emphasizes that decisions should be guided by clinical effectiveness, cost-effectiveness, and real-world outcome data rather than theoretical resistance concerns alone.

CSHP identifies several areas requiring clarification to support safe and consistent implementation:

- **Children under 2 years of age:** Although acknowledged as a high-risk population for severe influenza outcomes, this group was not assigned a prioritization tier or discussed in detail. The absence of guidance for this population presents an implementation gap.
- **Evidence grading:** Adding explicit evidence grading recommendations would strengthen transparency, support clinical decision-making, and improve uptake.
- **Operational dosing guidance:** Appendix A requires clearer, actionable dosing guidance, including weight-based pediatric dosing (mg/kg), renal and dialysis dosing adjustments, dosing for severe influenza (baloxavir), and clarification of initial dosing for inhaled zanamivir.
- **Scope clarity:** The title should clearly indicate whether the guidance applies to pre-pandemic, pandemic, or routine seasonal influenza settings.

38 promenade Auriga Drive, suite/bureau 200, Nepean, Ontario K2E 8A5
Tel./Tél.: 613.736.9733 | Fax/Télec.: 844.438.9397
cshp.ca