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Early Season and Steep Increase in Influenza Activity in Simcoe Muskoka

Attention: Physicians, Hospitals, CNE, ER Manager, ER Physician, Infection Control Practitioners, Occupational Health Professionals, Community Health Centres, Walk-In Urgent Care Clinic, Nurse Practitioners, Ontario Health, Ontario Health Teams, Midwives, Family Health Teams, Indigenous Healthcare & Community, Long-Term Care Homes, Retirement Homes, Paramedic Services, Corrections

Date: December 10, 2025

Influenza Activity Increasing

Influenza season arrived early this year and activity is increasing quickly in Ontario and Simcoe Muskoka. Because of this, Ontario's Chief Medical Officer of Health is asking health care providers to encourage their patients to receive their influenza immunizations as soon as possible.

For the 2025/2026 respiratory season to date, nine influenza outbreaks have been declared in institutional settings across Simcoe Muskoka, six are ongoing. This is atypical, with this level of influenza activity normally seen in late December or early January. **Percent positivity levels for influenza have risen sharply over the past two weeks and is currently at 22%, which is higher than the peak of last year.** You can see the latest weekly epidemiology of influenza, COVID-19 and RSV at our [Simcoe Muskoka Weekly Respiratory Virus Update](#).

Importance of Vaccination

Getting the influenza vaccine is still the best way to prevent severe illness, hospitalizations, and deaths—especially for people in high-risk settings such as hospitals, long-term care homes, and retirement homes. Facilities are encouraged to work with pharmacies, public health, and health system partners to make Influenza vaccines easily available for residents, patients, staff, and caregivers as soon as possible.

Vaccine Effectiveness

New preliminary early season [data](#) from the United Kingdom shows that this year's Influenza vaccine is working well, even with changes in the circulating H3N2 strain:

- **Children:** 72–75% protection against emergency department visits and hospitalizations
- **Adults:** 32–39% protection

View all current Public Health Alerts by visiting the Health Professional Resources page at:
<http://www.smdhu.org/PHA>

Receive urgent public health updates by email (such as Public Health Alert) by subscribing at: www.smdhu.org/PHAlert

Use of Antivirals for Treatment

Antiviral medications (such as **Oseltamivir/Tamiflu®** or **Zanamivir**) should be given promptly to people at **high risk for complications** who show flu symptoms—regardless of whether they are vaccinated—especially during the expected peak in activity. [The ODB limited use code for Oseltamivir is 639](#) in those scenarios.

Antiviral Prophylaxis Requirements in Outbreaks

- **Residents:** All residents in long-term care and retirement homes—whether vaccinated or not—are recommended to receive Oseltamivir prophylaxis during a confirmed outbreak, because the flu vaccine is less effective in older adults as per page 97 of the [Ontario outbreak guidelines](#)
- **Staff:** Anyone not vaccinated for influenza who works in a facility with a confirmed outbreak is recommended to take Oseltamivir prophylaxis until the outbreak ends if they wish to continue working as per page 98 of the [Ontario outbreak guidelines](#)
- Note for outbreaks, the Ontario Drug Benefit (ODB) program covers the following scenarios with the appropriate Limited Use Codes for both prophylaxis and treatment

Table 1: Reimbursement Criteria for Influenza Antivirals

LU Code	Drug	Clinical Criteria
371	Oseltamivir (Tamiflu®) 30mg, 45mg, 75 mg capsule	For the prophylaxis (max: 75 mg daily) of institutionalized individuals during confirmed outbreaks of influenza A or influenza B. Supply is limited to a maximum of 6 weeks. The outbreak must be confirmed by PHUs.
372	Oseltamivir (Tamiflu®) 30mg, 45mg, 75 mg capsule	For the treatment (max: 75 mg twice daily) of institutionalized individuals during confirmed outbreaks due to influenza A or influenza B. Supply is limited to 5 days. The outbreak must be confirmed by PHUs.

Infection Prevention and Control (IPAC)

Vaccination should be paired with strong IPAC practices. Facilities are encouraged to reinforce measures such as:

- Increased masking
- Active screening of visitors and staff
- Effective cohorting
- Enhanced environmental cleaning

Preparedness and Reporting

Facilities should:

- Review their stock and access to antiviral medications
- Ensure rapid treatment can begin as soon as flu is confirmed through testing
- Report and work closely with their local public health unit on suspected or confirmed respiratory outbreaks

More Information

- [Recommendations for Outbreak Prevention and Control in Institutions and Congregate Living Settings – Appendix B Antivirals/Therapeutics](#)
- [Webinar on Antiviral Recommendations for Staff and Residents in an Influenza Outbreak – Dr. Colin Lee](#)
- [OCFP: Respiratory Illness – Tools and Resources for Doctors](#)
- [Simcoe Muskoka Weekly Respiratory Virus Update](#)
- [Ontario Respiratory Virus Tool](#)
- [CMOH memo](#)