

# Protection Against RSV in Infants

Public Health Division, Department of Health and Community Services  
Government of Newfoundland and Labrador

# Topics

- RSV Epidemiology
- Provincial Policy and Eligibility Criteria
- Product Information
- Administration Practices

# Epidemiology of RSV

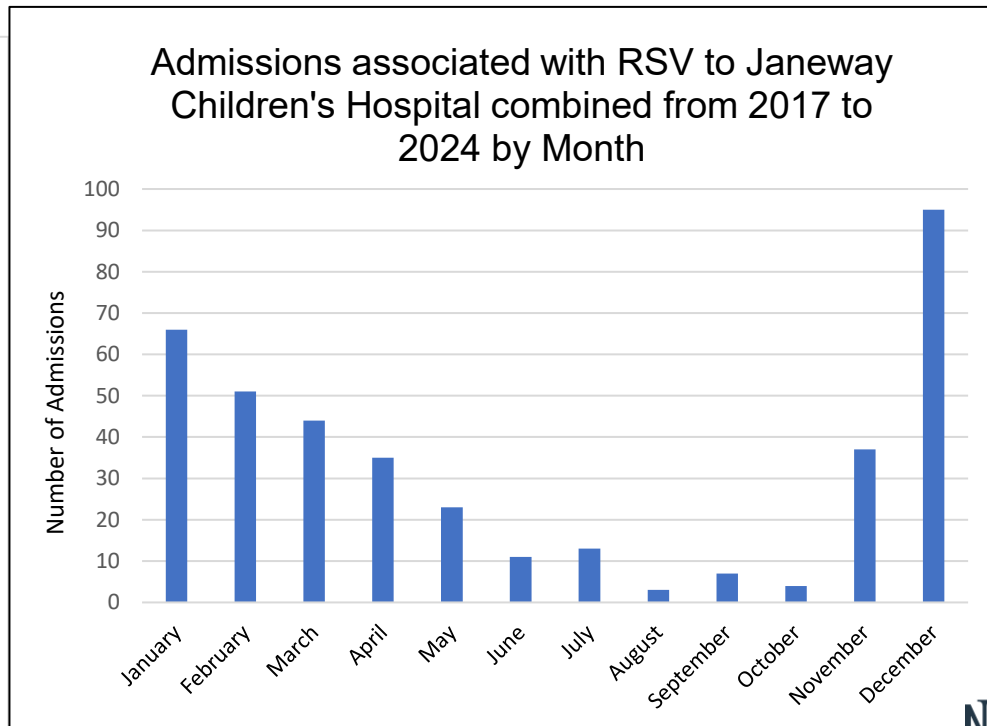
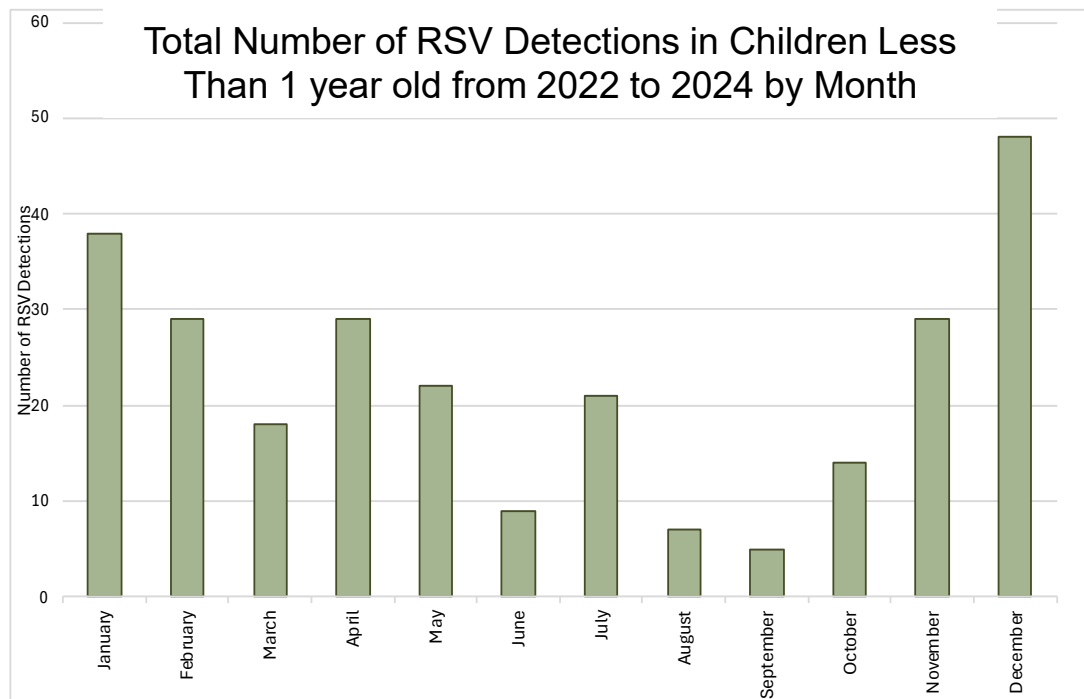
- Respiratory Syncytial Virus (RSV) is a seasonal respiratory virus that usually causes mild, cold-like symptoms, including runny nose and cough in most individuals.
- RSV presents significant health risks for both infants and older adults, and apart from medically supportive interventions, there are no widely accepted specific treatments for RSV.
- In Canada, prematurity is a key risk factor for RSV-related hospitalization. Infants born before 30 weeks of gestation experience hospitalization rates ranging from 7.7 per cent to 13.6 per cent during their first year of life.
- Young children with chronic respiratory or cardiac conditions, as well as those who are immunocompromised, are also at elevated risk.
- Hospitalization rates for RSV are disproportionately higher in northern and remote regions compared to other parts of Canada.

# RSV in Newfoundland and Labrador

- At the Janeway Children's Health and Rehabilitation Centre (JCHRC), there were 73 RSV-related hospitalizations in 2023 and 47 in 2024.
- From January 2017 to February 2025:
  - 55% of hospitalizations associated with RSV were in infants under 1 year old
  - 78% of these admissions involved infants 6 months or younger.
  - There were 93 pediatric ICU admissions for RSV
  - 60% of these pediatric ICU admissions were in infants under 6 months old.

# RSV in NL

- Newfoundland and Labrador has a prolonged RSV season with laboratory confirmed cases reported throughout the whole year
- The number of RSV detections and admissions peak between the months of November to May.



# Nirsevimab Effectiveness in Protecting Infants

## Nirsevimab:

- Reduces RSV-related hospitalizations by 83%
- Reduces ICU admissions by 81%
- Reduces medically attended RSV infections by 75%

## In comparison, Maternal RSV Vaccine:

- Reduces hospitalizations by 57% to 82%
- Reduces ICU admissions by 64% to 87%
- Reduces medically attended RSV infections by 54 to 64%

There is some evidence that the protection offered by long-acting monoclonal antibodies (e.g., Nirsevimab) lasts longer in duration than the protection provided by immunization during pregnancy.

# RSV Program Considerations

- The National Advisory Committee on Immunization (NACI) currently recommends provinces and territories implement a program that universally protects infants against RSV based on their local RSV epidemiology and feasibility considerations.
- While offering RSV protection through pregnant people is a safe and effective way to provide protection to infants, administering protection against RSV directly to infants following birth provides greater access for infants, optimal timing and consistent immunization delivery to every baby born in the province, free of charge.

# Provincial RSV Vaccine Program for Infants

The following individuals are eligible to receive protection from RSV through the publicly funded system:

- All infants born on/or after May 1, 2026
- Infants born November 1, 2025, and onwards who are entering their second RSV season (November to May) and are considered at high risk for severe RSV disease. High risk criteria include:
  - Chronic lung disease, including bronchopulmonary dysplasia, requiring ongoing assisted ventilation, oxygen therapy or chronic medical therapy in the 6 months prior to the start of the RSV season (November to May)
  - Cystic fibrosis with respiratory involvement and/or growth delay
  - Haemodynamically significant chronic cardiac disease
  - [Severe immunodeficiency](#) and people living with HIV with CD4 less than 750 cells/ $\mu$ L if they are less than 1 year old or CD4 less than 500 if they are between 1 to 2 years old.
  - Neuromuscular disease impairing clearance of respiratory secretions

# Provincial RSV Vaccine Program for Infants

## Access

- The start date for the universal Nirsevimab program will be June 15, 2026 and will be announced through a CMOH memo and public communication.
- Protection from RSV will be offered in collaboration with public health and acute care services.
- Infants born between May 1, 2026, and June 15, 2026, will receive protection against RSV through public health child health clinics.
- Infants born on/or after the program start date will receive protection against RSV at birth prior to discharge from hospital.
- Infants born on/or after November 1, 2025, who are entering their second RSV season and are considered at high-risk for severe RSV disease should be referred to the Janeway's Provincial RSV Program.

# Protection Against RSV: Product Information

- The Health Canada approved product currently available for use in infant populations across Canada is Beyfortus (Nirsevimab).
- Beyfortus, a monoclonal antibody, is a passive immunization agent that provides immediate protection during the first months of life when infants are considered the most at risk for RSV.
- When administered, Beyfortus can provide full season protection against RSV.
- See the [product monograph](#) for more information
- In acute care settings, Beyfortus can be ordered from the hospital pharmacy.
- Beyfortus will be accessible for public health and hospital pharmacies through the regional vaccine depots.

# Beyfortus Administration Practices

## Storage

- Beyfortus should be stored at 2-8 degrees until administration and utilized based on the expiry date identified on the label/packaging.

## Presentation

- Beyfortus is currently available in a pre-filled syringe.
- There are two formulations available:
  - 0.5mL (50mg) pre-filled syringe
  - 1mL (100mg) pre-filled syringe

## Route and Site of Administration

- Beyfortus should be administered via intramuscular injection (IM).
  - Infants less than 12 months of age: vastus lateralis muscle
  - Infants 12 months of age and older: deltoid muscle.

# Beyfortus Administration Practices

## Dose

- Infants entering their first RSV season should receive a single dose of monoclonal antibody based on weight at the time of administration:

Beyfortus Administration for Neonates and Infants	
Weight	Dose
Less than 5kg	0.5mL (50mg/0.5mL)
5kg – 9.9kg	1mL (100mg/mL)
10kg or greater (for high-risk infants entering their second RSV season)*	2mL (2 x 100mg/mL)

### Note:

Babies admitted to NICU following birth due to prematurity or other medical conditions will be offered Nirsevimab as per unit policy, which is based on the currently available evidence for neonates.

\*If the child is less than 10kg when entering their second RSV season, consideration can be given to administer 100mg, based on clinical discretion.

# Beyfortus Administration Practices

## Documentation in CorCare:

- **Ordering:** Nirsevimab can be ordered similar to other medications for inpatients in CorCare
- **Administration**
  - CorCare Tip Sheet on Documenting Immunizations:
  - KB0012828 : [https://nlhs.servicenow.com/esc?id=kb\\_article&table=kb\\_knowledge&sys\\_id=9812585f2b8c4f10b526fdb2ce91bfe3&recordUrl=%2Fkb\\_view.do%3Fsys\\_kb\\_id%3D9812585f2b8c4f10b526fdb2ce91bfe3](https://nlhs.servicenow.com/esc?id=kb_article&table=kb_knowledge&sys_id=9812585f2b8c4f10b526fdb2ce91bfe3&recordUrl=%2Fkb_view.do%3Fsys_kb_id%3D9812585f2b8c4f10b526fdb2ce91bfe3)
- **Consent**
  - CorCare Tip Sheet on Immunization Consent Workflow
    - KB0013418: [https://nlhs.servicenow.com/esc?id=kb\\_article&sysparm\\_article=KB0013418&table=kb\\_knowledge&searchTerm=immunization%20consent](https://nlhs.servicenow.com/esc?id=kb_article&sysparm_article=KB0013418&table=kb_knowledge&searchTerm=immunization%20consent)
  - If the form cannot be found in CorCare, NLHS0401FEB26 Infant/Child Immunization Consent/Refusal can be found in the NLHS sharepoint
    - <https://nlhss.sharepoint.com/sites/NLHSProvincialFormsRepository/Consent%20Forms/Forms/AllItems.aspx?id=%2Fsites%2FNLHSProvincialFormsRepository%2FConsent%20Forms%2FInfant%20Child%20Consent%20Epdf&parent=%2Fsites%2FNLHSProvincialFormsRepository%2FConsent%20Forms>

# Beyfortus Administration Practices

## Concurrent Administration

- Beyfortus can be administered with other vaccines and/or medications at the same time, or before/after administration.

## Contraindications

- Beyfortus should not be administered if there is a known allergy to a component of the immunizing agent.
- Contents of immunization agents can be found in the Canadian Immunization Guide:
  - <https://www.canada.ca/en/public-health/services/publications/healthy-living/canadian-immunization-guide-part-1-key-immunization-information/page-15-contents-immunizing-agents-available-use-canada.html>

# Beyfortus Administration Practices

## Adverse Events

- An adverse event is any untoward medical occurrence which follows administration of an active immunizing agent that does not necessarily have a causal relationship with the use of the immunizing agent.
- Side effects following administration of a passive immunizing agent are processed differently than other vaccines offered through the provincially funded public health program.
- If an adverse event following administration of Beyfortus occurs, a [Side Effect Reporting Form](#) should be completed and forwarded by fax to the Canada Vigilance Program, Health Canada.
  - 1-866-678-6789
- A copy of the completed side effect reporting form should also be forwarded via email to the Public Health Division of the Department of Health and Community Services, Government of NL.
  - [cdcintake@gov.nl.ca](mailto:cdcintake@gov.nl.ca)

# Referral Process for High-Risk Infants

- Physicians or nurse practitioners can continue to refer children eligible for Nirsevimab for their second RSV season to the Janeway RSV Program.
- Following review of the application, high-risk babies that are approved to receive Nirsevimab during their second RSV season will be referred to public health to arrange for Nirsevimab administration
- Parents of high-risk babies approved to receive Nirsevimab will be contacted by public health in their region to schedule an appointment for administration of the immunizing agent.

# Provincial RSV for Infants Immunization Program

For more information related to the RSV immunization program, including resources, visit the [Provincial Immunization Manual](#).

Questions related to provincial policy can be directed to [CDCintake@gov.nl.ca](mailto:CDCintake@gov.nl.ca)