

# Universal RSV Prevention Programs: Summary of Updates



Respiratory Syncytial Virus (RSV) is a major cause of lower respiratory illness leading to hospitalization. Ontario's publicly funded RSV prevention programs are focused specifically on infants and high-risk older adults – two groups at greatest risk from serious RSV illness.

This document outlines the updated prevention programs in Ontario and the role of family physicians.

February 28, 2025

## Newborns and Infants

The infant RSV prevention program has expanded to all infants (previously was solely for high-risk infants) and has transitioned from Synagis® to Beyfortus® – both are preventive antibody medications. As of October 2024, Beyfortus® immunization will begin for infants:

- Born in 2024 prior to the RSV season
- Born during the 2024/25 RSV season (typically late October to the end of March – public health authorities will indicate season's end)
- Up to age 24 months (i.e., in their second RSV season) and at high-risk\* from RSV disease

Beyfortus® is currently the preferred product for infants based on its efficacy, length of protection (up to six months) and good safety profile. (NACI, page 4).

### Where Administered

- Those born **in-season and in hospital** will be offered Beyfortus® soon after birth, before discharge.

**Administration Schedule:** Beyfortus® may be co-administered as part of an infant's routine immunization. Here is a suggested schedule for immunization:

<b>Born in 2024:</b>	<b>Administer Beyfortus®:</b>
July or August	at two-month visit
May or June	at four-month visit
March or April	at six-month visit
Anytime alternative	with flu shot

### \*High-risk Conditions:

- Chronic lung disease of prematurity, including bronchopulmonary dysplasia/ chronic lung disease
- Hemodynamically significant congenital heart disease
- Severe immunodeficiency
- Down syndrome / Trisomy 21
- Cystic fibrosis with respiratory involvement and/or growth delay
  - Neuromuscular disease
  - Severe congenital airway anomalies impairing clearing of respiratory secretions

- Infants born **out of season and/or outside hospital** will be offered Beyfortus® in primary care or local public health units.

### Beyfortus® Dosing

Beyfortus® is a monoclonal antibody for intramuscular administration. Dosing is based on weight.

First season (includes those born January to April 2024). One dose:

- <5 kg: 50 mg in 0.5 mL
- ≥5 kg: 100 mg in 1.0 mL

Second season (infants up to age 24 months and at continued high-risk from RSV).

- 200 mg (two – 1 mL injections of 100 mg/mL)

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- If co-administration is not an option and the patient needs to come back for RSV immunization, consider staggering according to highest-risk (i.e., recall the 0 to 3-month-olds first, then 4 months to 8 months, and finally infants 9 months to 12 months).

**Ordering:** Order through your public health unit. Note that Beyfortus® is not available for public purchase.

**Advising Patients:** CEP's resources include talking to patients about RSV prevention and a sample clinic script for eligible patients.

## **Safety and Effectiveness:**

- 80 per cent effective in reducing medically attended RSV respiratory tract infections in healthy infants. Canadian Immunization Guide
- Not likely to increase the risk of severe systemic and local adverse events compared to placebo (or compared to Synagis® for high-risk infants). NACI statement on prevention of RSV disease in infants, pages 22-26

## Pregnant Individuals

As noted, **Beyfortus® is the preferred product** for preventing serious RSV infection in infants due to its efficacy (roughly 30 per cent higher than with the Abrysvo™ vaccine), length of protection (up to six months) and good safety profile. NACI, page 4 and Canadian Immunization Guide

### **The Abrysvo™ vaccine:**

- May be offered to your pregnant patient if, after discussion, they decline Beyfortus® for their baby.
- Is administered to pregnant individuals 32 to 36 weeks gestational age (i.e., in the third trimester of pregnancy).
- Provides infants with short-term protection against severe RSV for up to six months after birth.
- May be administered simultaneously with Tdap and influenza vaccinations.

### **Abrysvo™ Dosing**

Abrysvo™ is a stabilized subunit vaccine for intramuscular administration.

**Dosing:** One dose, 0.5 mL (120 mcg)

**Note: Receiving both Abrysvo™ and Beyfortus® is not expected to provide additional benefits.** Infants whose gestational parent received the Abrysvo™ vaccine do not need Beyfortus® unless the infant meets the medical criteria for high-risk — see criteria on page 1 of this document.



## Older Adults

For the 2024-25 RSV season, the cost of the Abrysvo™ vaccine is covered for individuals who are at least 60 years of age and at high-risk from RSV because of setting or condition\*\* — see accompanying information. Order the vaccine through your public health unit.

Residents of **all retirement homes** are now eligible (previously limited to residents of retirement homes licensed to provide dementia care).

### Note:

- Those who received an RSV vaccine last year do not require one this season — vaccination provides protection for at least two years.
- Eligible patients are welcome to get vaccinated at any time, however, vaccination close to, but prior to the start of RSV season, which traditionally begins in November, can be considered to maximize protection.
- The vaccine may be co-administered with other vaccines, including non-seasonal vaccines.
- People receiving hemodialysis or peritoneal dialysis, and solid organ or hematopoietic stem cell transplant recipients, should speak to their treatment teams about receiving their vaccine.
- Those 60 years and older who do not qualify for the publicly funded RSV vaccine and choose to receive one may purchase it at a pharmacy, with a prescription — and can have it administered by you, a pharmacist or another primary care provider.

### **\*\*Who's eligible for the publicly funded RSV vaccine for older adults?**

Individuals who are 60 years of age and older and are also:

- Residents of long-term care homes, elder care lodges or retirement homes.
- Patients in hospital receiving alternate level of care (ALC).
- Patients receiving hemodialysis or peritoneal dialysis.
- Recipients of solid organ or hematopoietic stem cell transplants.
- Individuals experiencing homelessness.
- Individuals who identify as First Nations, Inuit, or Metis.

## Additional Resources

- **Centre for Effective Practice:** [2024-2025 RSV prevention program for infants in Ontario](#)
- **Ontario Ministry of Health:** [Respiratory Syncytial Virus \(RSV\) Prevention Programs — information for health care providers](#)
- **Immunize Canada:** [RSV vaccine information webpage](#); summary factsheet, “[Respiratory syncytial virus \(RSV\): What you need to know](#)”.
- **PCMCH:** RSV Prevention for Infants and High-risk Children — [Factsheet for Healthcare Providers](#) | [Factsheet for Parents and Expectant Parents](#)
- **Canadian Premature Babies Foundation:** [series of podcasts and videos on RSV](#) and [RSV factsheet in 17 languages](#).