RSV Prevention Programs: Summary of Updates

Ontario College of Family Physicians

Respiratory Syncytial Virus (RSV) is a major cause of lower respiratory illness leading to hospitalization.

Ontario's publicly funded RSV prevention programs are focused on infants and 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.

October 14, 2025

Newborns and Infants

For the 2025-26 RSV season (beginning November 1, 2025 and expected to end March 31, 2026), Ontario's prevention program covers:

- Infants born prior to the current RSV season — that is, born April 1, 2025 or later, and less than 8 months of age at the time of immunization (note this is a change from last year when all infants up to 12 months of age were included).
- Infants born during the RSV season.
- Children up to 24 months of age who meet high-risk criteria* for severe RSV disease through their second RSV season.

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

*High-risk Conditions:

- Chronic lung disease (CLD), including bronchopulmonary dysplasia
- Hemodynamically significant congenital heart disease (CHD)
- Severe immunodeficiency
- Down Syndrome/Trisomy 21
- Cystic fibrosis with respiratory involvement and/or growth delay
- Neuromuscular disease impairing clearing of respiratory secretions
- Severe congenital airway anomalies impairing the clearing of respiratory secretions

Where Administered:

- Those born **in-season and in hospital** will be offered Beyfortus® soon after birth, before discharge.
- Infants born **out of season (on or after April 1, 2025, and less than 8 months of age)** will be offered will be offered Beyfortus® in primary care or local public health units.
- Infants who remain at high risk from RSV infection and are entering their second RSV season may be offered Beyfortus® by primary care, pediatric specialists or hospital outpatient clinics.

Born in 2025:	Administer Beyfortus®:
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

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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).

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.

Effectiveness:

- 80 per cent effective in reducing medically attended RSV respiratory tract infections in healthy infants. Canadian Immunization Guide

Beyfortus® Dosing

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

First season (includes those born on or after April 1, 2025, up to eight months of age). 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)

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 through vaccination of the pregnant person with Abrysvo™), length of protection 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, 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)

Administration of both the vaccine to the pregnant individual and Beyfortus® to the infant is NOT recommended except under specific circumstances:

- Infants born less than 14 days after administration of Abrysvo™

OR

- Infants who meet the medical criteria for increased risk of severe RSV disease:
  - Premature infants (i.e., <37 weeks gestation)
  - Infants who meet any of the high-risk criteria

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Older Adults

For the 2025-26 RSV season, eligibility for publicly funded vaccine has been expanded to include all adults age 75 and older. The program also continues to cover older adults age 60 to 74 and at high risk from RSV because of setting or condition** — see accompanying information. A mix of the Arexvy and Abrysvo™ products will be used. Order the vaccine through your public health unit.

Where Administered:

- Primary care
- Public health units
- Long-term care
- Specialists/outpatient hospital clinics

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

- All individuals age 75 and older
- 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), including similar settings, such as complex continuing care and hospital transitional programs.
  - Patients with glomerulonephritis who are moderately to severely immunocomprormised.
  - 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 Métis.

Note:

- Those who received an RSV vaccine last year do not require one this season — vaccination provides multi-year protection. The need and timing for booster doses is being studied.
- Eligible patients may 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 over the season.
- 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 and have it administered at a pharmacy, with a prescription from their family physician.

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Additional Resources

- **Centre for Effective Practice:** 2025-2026 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.
- **Ontario Medical Association:** RSV immunization program (includes summary of billing information).