RSV & Beyfortus (Nirsevimab) FAQ’s

**What is RSV?**

Respiratory syncytial (*sin-sish-uhl*) virus (RSV) is a common virus that usually causes mild symptoms similar to a cold, like a runny nose, sneezing, and coughing. However, in some cases, it can lead to more serious illnesses like bronchiolitis (inflammation of the small airways in the lungs) or pneumonia (a lung infection). These severe conditions can cause breathing difficulties and may require hospitalization.

**Bronchiolitis** (*bron-key-oh-lie-tis*):

This is an infection in the smallest airways of the lungs. When these airways swell and become inflamed, mucus can build up, making it hard to breathe. Most cases of bronchiolitis are caused by RSV.

**Pneumonia** (*noo-mohn-yuh*):

This is a lung infection that can cause symptoms like coughing, fever, and difficulty breathing, ranging from mild to severe.

**How does RSV spread?**

RSV spreads through droplets from a cough, sneeze, or from touching an infected surface. The virus can enter the body through the eyes, nose, or mouth.

**When is RSV season?**

RSV is most common in the winter during the months of November to March but in some areas, the season can start earlier or last longer.

**Who is at risk?**

RSV infects around **90%** of infants and young children by the age of 2 years, and is a leading cause of hospitalization in infants under 2 years in Canada. In most cases, RSV causes mild, cold-like symptoms, but it may also progress to severe lung infections (bronchiolitis and pneumonia), and as many as 1–2% of infants younger than 6 months of age with RSV infection may need to be hospitalized.

Babies born prematurely or with underlying health issues such as heart or lung disease are at even higher risk of becoming infected. RSV infections can quickly become serious, and it’s hard to predict which infants might develop severe symptoms and need hospital care.

**How Does RSV compare with other infectious diseases in infants? For example, influenza?**

RSV is one of the most common causes of childhood illness, alongside influenza.

In one Canadian study, children under two were much more likely to be hospitalized for RSV infection than with influenza infection

What is Beyfortus® used for?

Beyfortus® protects your baby from getting respiratory syncytial virus (RSV) disease in their first RSV season. It may also be given during the second RSV season to children less than 2 years of age who are vulnerable to severe RSV disease.

How does Beyfortus® work?

Beyfortus® is not a vaccine. It contains the active ingredient nirsevimab, which is a long-acting monoclonal antibody that blocks the protein that RSV needs to bind to and infect the body. Beyfortus® stops the virus from entering and infecting human cells and provides direct and timely protection against RSV disease, unlike a vaccine that has to stimulate the immune system to produce antibodies to fight the virus. The effect of Beyfortus lasts for at least 5 months, corresponding to a typical RSV season and provides protection similar to that of a vaccine.

**Monoclonal Antibodies:** are proteins that are developed to act like the antibodies your body produces

**Antibodies:** are proteins your body makes that help get rid of germs/harmful substances that enter your body, such as bacteria and viruses

What are the ingredients in Beyfortus®?

Medicinal ingredient: nirsevimab

Beyfortus® does not contain any preservatives.

How is Beyfortus® administered?

Beyfortus® should be given before the start of the RSV season in November. If your child is born during the RSV season (typically November to March), Beyfortus® should be given as soon as possible after birth in healthy newborns and/or prior to discharge home from the hospital.

Beyfortus® is given by a healthcare professional as an **injection** in the muscle. It is usually given in the outer part of the thigh.

**Can Beyfortus® be given at the same time as other vaccines?**

Yes, Beyfortus® can be administered on the same day as routine childhood vaccines, including the influenza vaccine. There is no need to wait or schedule an interval between administering Beyfortus® and live vaccines such as MMR (Measles, Mumps, and Rubella) or Varicella (chicken-pox).

Do not use Beyfortus® if:

Your child is allergic to nirsevimab or any of the other ingredients of this medicine. If this applies to your child, or if you are not sure, check with your child’s healthcare professional.

**References**

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