

What is RSV?

Respiratory syncytial virus (RSV) is a major cause of respiratory illness that affects the airway and lungs, especially in babies and young children. Babies and young children often have mild illness like a cold from RSV and recover quickly, but some may develop severe lower respiratory tract infections (LRTI) such as bronchiolitis and pneumonia that lead to hospitalization and can be life-threatening.

What can I do to protect my infant against RSV?

1. A preventative antibody medication that is given to a child (Beyfortus/nirsevimab)
2. A vaccine that is given to a pregnant person (Abrysvo/RSVpreF)

Only one of these options is needed to help protect a child from RSV, with Beyfortus being the recommended approach for the protection of infants as per the National Advisory Committee on Immunization (NACI). This recommendation is based on how well the preventative antibody medication works, how long it provides protection and its safety. Using both the preventative antibody medication and the vaccine is not necessary unless recommended by a health care provider.

What is Beyfortus?

- A monoclonal antibody that helps protect infants and young children from lower respiratory tract infections caused by RSV through passive immunization
- Offers immediate protection and is most effective for 6 months after Beyfortus is given
- 80% efficacious in preventing medically attended RSV infection in children who are seen in the emergency department or the community and do not require hospitalization
- 81% efficacious in preventing RSV-associated LRTI requiring hospitalization
- 90% efficacious in preventing admission to an intensive care unit
- Infants eligible for Beyfortus:
 - Born in 2024 before the RSV season (January to October) **or**
 - Born during the 2024/2025 RSV season (November to March)

What is Abrysvo?

- A vaccine given to a pregnant person to prevent RSV infection in their baby
- Given between 32 and 36 weeks of pregnancy if the baby's due date is near the start of the RSV season (mid-October/early November), or during, RSV season (November to March)
- Helps the pregnant person's immune system create antibodies that can be passed to the baby during pregnancy and protect the baby from RSV infection until they are 6 months of age
- Reduces likelihood of infant hospitalization for RSV by 68% within three months after birth and 57% within 6 months

- If RSVpreF vaccine is administered, high risk infants (all preterms, infants with bronchopulmonary dysplasia, hemodynamically significant congenital heart disease, cystic fibrosis, immunodeficiency) should still receive nirsevimab after birth. Similarly, if the vaccine status of the mother is unclear, the infant should also receive nirsevimab after birth to guarantee protection against RSV infection during the RSV season from November to March.

Learn more:

<https://www.ontario.ca/page/respiratory-syncytial-virus>

<https://mcmasterchildrenshospital.ca/rsv>



QR Code linked to MCH RSV Clinic Website

Opportunities to receive nirsevimab:

- McMaster Children's Hospital: if your baby is born in 2024 prior to the start of the RSV season, please call 905-521-2345 to book an appointment
- West Lincoln Memorial Hospital: if your baby is born in 2024 prior to the start of the RSV season, please call 905-945-2253 extension 11401 to book an appointment