

Infant RSV Protection

Supporting Conversations with Patients This Season



RSV is the leading cause of hospitalization among infants and can lead to severe respiratory illness.^{1,2} As a healthcare provider, you play a key role in helping families understand RSV risks and available protection options, so they can make informed choices.

RSV Protection Options

With both the infant immunization and maternal vaccine available to protect against RSV, it is essential to understand and clearly communicate the *differences* between options.

Timing is Essential

Start conversations and planning for RSV protection early.

-  The **infant immunization** is best administered shortly after birth, during the RSV season (or at the start of RSV season if born earlier) to support optimal protection.³
-  The **maternal vaccination** is limited to a specific window in pregnancy (32-36 weeks of gestation), during RSV season.

Integrate RSV conversations into prenatal and infant care to help families stay within key protection windows and aligned with provincial guidelines.

Current NACI-recommended Infant RSV Protections Available

	Infant Immunization	Maternal Vaccine
Who is it for?	All healthy infants entering their first RSV season. Infants up to 24 months old with a high risk of severe RSV.	Pregnant individuals
Recommended dose timing	Shortly after birth, if born during RSV season, or at the start of RSV season if born earlier.	During RSV season, between 32-36 weeks gestation
Effectiveness	The infant immunization is an effective way to reduce hospitalizations from RSV (NACI recommendation). When given at birth, it provides strong protection during the critical first months of life, when infants are most vulnerable to severe RSV illness. See page 3 for a list of comprehensive side-effects, the Product Monograph, and NACI's latest recommendation.	The maternal RSV vaccine is an effective method to reduce infant RSV hospitalization (NACI recommendation). It offers the greatest protection during the first months of life, when infants are most at risk, if born during RSV season. See page 3 for a list of comprehensive side-effects, the Product Monograph, and NACI's latest recommendation
Type	Monoclonal antibody	Protein-based vaccine
Available in Canada since	Nov 1, 2024	Jan 1, 2024



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Navigating Provincial RSV Programs

Provinces and territories are rolling out publicly funded RSV protection programs at different times, with varying eligibility.

To help families stay informed about available options, check your local public health authority or ministry of health for the latest details on coverage and timing. **Note: In some areas, immunizations may not be publicly funded, but patients can choose to pay for them privately.**



Praxus Health has gathered trusted resources to help patients and healthcare providers learn about RSV and explore available protection options across Canada.



Patient Resources

Patient-friendly, culturally sensitive resources in multiple languages to guide families through RSV protection.

praxushealth.ca/rsv-parent



Healthcare Provider Resources

Practical resources to support RSV conversations and patient care—helping you share trusted information and guide eligible patients to protection options.

praxushealth.ca/rsv-provider



References:

1. [American Lung Association - RSV is the Leading Cause of Hospitalization in Babies; How To Protect Your Baby This Winter](#)
2. [CDC- About RSV](#)
3. [Respiratory syncytial virus \(RSV\) vaccines: Canadian Immunization Guide](#)
4. [Vaccines in Pregnancy - RSV Vaccine](#)

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This page provides a clinically relevant summary of adverse events, contraindications, and safety considerations associated with the two currently authorized infant RSV protection options in Canada. This content is intended for healthcare professionals and summarizes key safety information. It does not replace the full Product Monograph.

Infant Immunization

[NACI Guidelines](#)

[Product Monograph](#)

Therapeutic classification: Long-acting monoclonal antibody targeting the RSV prefusion F protein.

Health Canada Indication: Passive immunization for the prevention of RSV lower respiratory tract disease in neonates and infants entering or during their first RSV season, and authorized for children up to 24 months of age who remain vulnerable to severe RSV disease through their second RSV season

Mechanism of action: Binds to the pre-fusion F protein of RSV, neutralizing viral entry and preventing viral replication in the respiratory tract.

Adverse Reactions & Contraindications

Common adverse events

observed in clinical trials and post-authorization surveillance:

- Rash
- Pyrexia (within 7 days post-dose)
- Injection-site reactions (pain, induration, edema, swelling)

Less common adverse events:

- Severe hypersensitivity reactions (including anaphylaxis) have been reported post-marketing
- Anaphylaxis has been observed with human immunoglobulin G1 (IgG1) monoclonal antibodies.

Contraindications

- Contraindicated in individuals with a history of severe hypersensitivity, including anaphylaxis, to nirsevimab or any component of the formulation.

Precautions & Warnings

- Use caution in infants with a history of:
 - Severe allergic disease
 - Prior hypersensitivity reactions to injectable biologics
- Emergency preparedness for anaphylaxis must be ensured at the time of administration.
- Monitor infants post-injection in accordance with institutional policies.

Special populations

- Safety and efficacy data in preterm infants demonstrate protective benefit but warrant careful monitoring due to clinical vulnerability.
- Data in infants severely immunocompromised or chronic respiratory disease are limited; risk-benefit should be assessed individually.

Maternal Vaccine

[NACI Guidelines](#)

[Product Monograph](#)

Therapeutic classification: Bivalent pre-fusion F subunit vaccine

Health Canada Indication: Active immunization of pregnant individuals between 32 and 36 weeks' gestation to prevent RSV-associated lower respiratory tract disease in infants from birth to 6 months of age. NACI recommends that RSVpreF may be considered from 28 to 36 weeks of gestation.

Mechanism of action: Induces maternal neutralizing antibodies that cross the placenta via FcRn-mediated transfer, providing passive immunity to the newborn.

Adverse Reactions & Contraindications

Common adverse events

observed in clinical trials and post-authorization surveillance:

- pain where the injection is given
- headache
- muscle pain (myalgia)

Less common adverse events:

- redness and/or swelling where the injection is given

Serious adverse reactions (rare)

- Hypersensitivity reactions
- Anaphylaxis

Pregnancy-specific safety considerations

- Clinical studies and post-market surveillance continue to support the safety profile of RSVpreF vaccination during pregnancy. Healthcare providers should consult the current Product Monograph and current NACI guidance for complete prescribing and safety information.

Contraindications

- History of severe allergic reaction to a previous RSVpreF dose
- Individuals who are hypersensitive to the active substance (RSV subgroup A Stabilized Prefusion F protein antigen and RSV subgroup B Stabilized Prefusion F protein antigen) or to any component of the vaccine

Precautions & Warnings

- Defer vaccination in individuals with acute febrile illness.
- Assess prior history of severe allergic reaction to vaccines or injectable biologics.
- Pregnancy-specific risk assessment should include obstetric history, gestational age verification and concurrent medical conditions.