

## Immunization for the Protection Against Respiratory Syncytial Virus (RSV) Disease

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## Description of RSV Immunizing Agents

An RSV monoclonal antibody is used in pediatric populations. The preferred product currently available is Beyfortus (nirsevimab). Palivizumab is also available for use, in the absence of nirsevimab.

A stabilized subunit vaccine is utilized in adult populations. Product currently available is Abrysvo.

For more information:

- Search product monograph on [Drug Product Database online query \(canada.ca\)](#)
- See Canadian Immunization Guide [Content of Immunizing Agents Available for Use in Canada](#).

## RSV Monoclonal Antibody Policy for Neonates and Infants

RSV monoclonal antibodies for neonates and infants for the 2024-2025 season will continue to be provided through the [Newfoundland and Labrador RSV Program](#).

- Infants born prematurely at less than or equal to 30 weeks, 0 days gestation and aged less than or equal to 6 months of age (with or without Chronic Lung Disease/ Bronchopulmonary Dysplasia) at the start of the RSV season (i.e. must be born on or after May 1, 2024)
- Children less than or equal to 24 months of age with Chronic Lung Disease/ Bronchopulmonary Dysplasia **and** who have required oxygen and /or medical therapy within the 6 months preceding the RSV season. (i.e. required oxygen and/or medical therapy after May 1, 2024)
- Children less than or equal to 12 months of age with hemodynamically significant cyanotic or acyanotic congenital heart disease (requiring corrective surgery or who are on cardiac medication for hemodynamic consideration.) as determined by the pediatric cardiologist.
- Children born less than or equal to 36 weeks, 0 days gestation and are less than 6 months of age at the start of the RSV season **and** who live in isolated or remote northern communities should be considered for prophylaxis based on access to medical care and other factors known to increase risk. (i.e. must be born on or after May 1, 2024)
- Premature infants 30 – 32 weeks less than 3 months at the start of the RSV season (born on or after August 1, 2024) at high risk of RSV exposure.
- Children younger than 24 months with severe chronic lung disease (Cystic fibrosis, other etiology), requiring ongoing oxygen therapy, assisted ventilation in the 6 months preceding the RSV season.
- Infants <12 months with hemodynamically significant cardiopathy.
- Children aged 12-24 months awaiting heart transplant or received within 6 months of RSV season.
- Children <24 months with severe immunodeficiency

## RSV monoclonal antibody administration

### Dose:

Infants that meet the criteria above should receive one dose of the monoclonal antibody when entering RSV season (typically November to April). Recommended dosage is as follows:

Nirsevimab Administration and Scheduling Considerations For neonates and infants entering or during their first RSV season	
Weight	Dose
Less than 5kg	0.5mL (50mg/0.5mL)
5kg or greater	1mL (100mg/mL)

For children who remain vulnerable to severe RSV disease entering their second RSV season, a single dose of 200 mg (2 x 100 mg/1 mL) can be administered intramuscularly using two different injection sites. However, if the child weighs less than 10 kg entering their second RSV season, consideration can be given to administering a single dose of 100 mg at clinical discretion. See [product monograph](#) and [NACI statement](#) for additional information.

If nirsevimab is not available, palivizumab can be administered. See the [NACI statement](#) for recommended use of palivizumab.

### Route and Site of Administration:

RSV monoclonal antibodies are administered via **intramuscular (IM) injection** to infants and children.

Infants **less than 12 months** should receive the immunizing agent in the **vastus lateralis**.

Individuals **12 months or older** should receive the immunizing agent in the **deltoid muscle**.

## Screening Guidelines for Neonates and Infants

See [section 1.5](#) of the provincial immunization manual for additional screening information.

### Screening Questions

- Is the individual allergic to any component of the immunizing agent as listed in the product monograph?  
**Yes:** Defer immunization and consult with the MOH/designate as needed.
- Does the child have a moderate to severe illness, with or without a fever?  
**Yes:** Defer immunization with vaccine until child is well.

### Not Contraindications

- Mild illness

- Child is taking an antibiotic
- Coagulation disorder (use appropriate gauge needle)

**Contraindications**

- Anaphylaxis to components of the vaccine
- Acute moderate to severe illness with or without a fever

## RSV Vaccine Policy for Adults

The Department of Health and Community Services provides RSV vaccine for the following adult populations:

- Adults 60 years of age and older living in senior congregate living facilities

## RSV Vaccine Administration to Adults

### Dose:

Eligible adults should receive one dose (prefilled syringe containing 0.5mL) of RSV vaccine. Ideally, vaccine can be offered just before the start of the RSV season, but any opportunity to offer vaccine based on eligibility is acceptable. Additional doses of RSV vaccine are not recommended at this time.

**Route and Site of Administration for Adults:** Intramuscular injection into deltoid muscle

## Screening Guidelines for Adults

See [section 1.5](#) of the provincial immunization manual for additional screening information.

### Screening Questions:

- Can RSV vaccine be given concurrently with other vaccines?  
**Yes:** RSV vaccines can be administered at the same time as, or at any time before or after other vaccines.
- Has the individual had an anaphylactic reaction to a previous dose of the vaccine?  
**Yes:** Determine the nature and severity of the reaction. If required defer immunization and complete an AEFI for MOH/designate consult.
- Is the individual allergic to any component of the vaccine, as listed in the product monograph?  
**Yes:** Defer immunization and consult with the MOH/designate as needed. It may be necessary to immunize in a controlled setting.
- Does the individual have a moderate to severe illness, with or without a fever?  
**Yes:** Defer immunization with vaccine until the client is well.

### Contraindications:

- Anaphylaxis to any of the components of the vaccine
- Acute moderate to severe illness with or without a fever

### Not Contraindications:

- Mild Illness
- Taking an antibiotic
- Coagulation disorder (use appropriate gauge needle)