

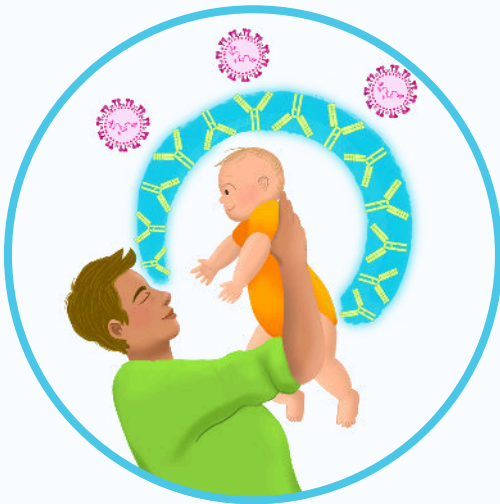
# Respiratory syncytial Virus (RSV) Prevention



### WHAT IS RSV AND WHY IS IT A PROBLEM?

Respiratory syncytial virus (RSV) is a **common seasonal virus** that almost all babies catch by the time they are 2 years old.

For many infants it will cause **cold-like symptoms**, such as sneezing and coughing, but about **1 in 4** babies will have trouble breathing. Around **1 in 50** babies will need to go to the hospital in their 1st year due to RSV.



### HOW CAN I PREVENT MY BABY FROM CATCHING RSV?

In Canada, RSV is most common in the winter months from November to April. It spreads easily when someone with the virus coughs or sneezes. It can also live on surfaces like doorknobs or toys.

Here are some other steps that you can take to prevent your baby catching RSV:

- Frequent hand washing
- Asking visitors to stay away if they are sick
- Chest or breast-feeding baby
- Covering mouth with tissue or arm when coughing or sneezing
- Avoiding exposure to 2nd hand smoke
- Disinfect toys and surfaces

Because RSV is so contagious, many babies end up getting sick. The best way to prevent your baby from becoming very sick, is through immunization which can be done 2 ways:

- Maternal vaccine (RSVpreF/Abrysvo) given in pregnancy between 32 and 36 weeks.
- RSV antibody (Nirsevimab/Beyfortus) which is given to newborn babies as soon as possible after birth.

For more information, visit [canadianmidwives.org](https://canadianmidwives.org)



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## IMMUNIZATION OPTIONS

In the past, only very premature and very sick babies were immunized, by getting **Palivizumab** injections every month. Starting in the fall of 2024, **2 new options** are available in Canada to help prevent babies from becoming very sick with RSV: a **maternal vaccine called RSVpreF** and a **RSV antibody called Nirsevimab**.

- +** **Nirsevimab** is the option **most recommended** by Canadian health authorities as it is considered to offer better and longer protection and to be safer.
- +** **RSVpreF** can also be considered in pregnancy **between 32 and 36 weeks**, *if Nirsevimab is not available*. It is offered publicly in Ontario and privately in other provinces or territories.
- +** **Palivizumab** will continue to be offered publicly to very sick and very preterm babies, in provinces and territories *where Nirsevimab is not available*.

	mAbs (Palivizumab)	Maternal Vaccines	Long-acting mAbs
AVAILABILITY	 <b>Palivizumab</b> licensed for >20 years	 <b>RSVpreF</b> approved by Health Canada	 <b>Nirsevimab</b> approved by Health Canada
ADMINISTRATION	<b>Monthly injections</b> x4-5 mos. to infants meeting strict eligibility criteria	Given at <b>32-36 wGA</b> to the pregnant individual	<b>Single dose</b> to all infants at the start of the RSV season or at birth



## IN STUDIES

- **Nirsevimab** reduced RSV hospitalization in 1st RSV season by **80%**
- **RSVpreF** reduced RSV hospitalization in 1st 6 months by **57%**

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