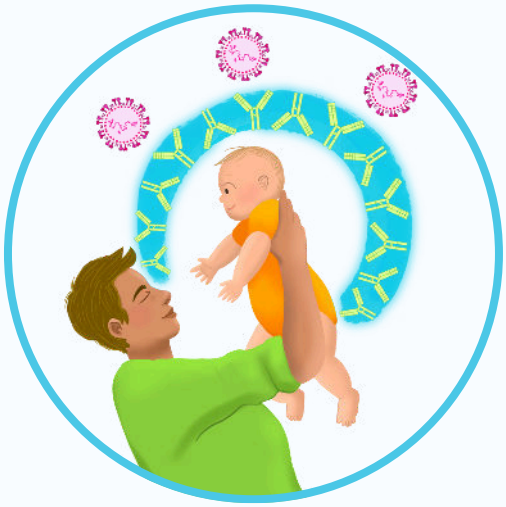
CAM JOB AIDS

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 or Clesrovimab/Enflonsia) which is given to newborn babies as soon as possible after birth.

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IMMUNIZATION OPTIONS

In the past, only very premature and very sick babies were immunized, by getting **Palivizumab** injections every month. **Three new options** have now been authorized in Canada to help prevent babies from becoming very sick with RSV: a **maternal vaccine called RSVpreF** and two **RSV antibodies, Nirsevimab and Clesrovimab**.

- **Nirsevimab** or **Clesrovimab** can be offered to infants at birth or at the start of the RSV season. If infants are at increased risk of severe RSV they should receive monoclonal antibodies.
- **RSVpreF** can be offered in pregnancy **between 32 and 36 weeks**, NACI recommends that RSVpreF can be given during pregnancy from 28 to 36 weeks.

	mAbs	Maternal Vaccines	Long-acting mAbs	Long-acting mAbs
AVAILABILITY	**Palivizumab** approved by Health Canada in 2002	**RSVpreF** approved by Health Canada in 2023	**Nirsevimab** approved by Health Canada in 2023	**Clesrovimab** approved by Health Canada in 2026
ADMINISTRATION	**Monthly injections** x4-5 months to infants meeting strict eligibility criteria	Given at **32-36 w GA** to the pregnant individual	**Single dose** to all infants at the start of the RSV season or at birth	**Single dose** to all infants at the start of the RSV season or at birth

REAL-WORLD EVIDENCE

- **Nirsevimab** reduced RSV hospitalization in 1st RSV season by **83-84%**
- **RSVpreF** reduced RSV hospitalization in 1st 6 months by **57-82%**

IN STUDIES

- **Clesrovimab** reduced RSV hospitalization in 1st RSV season by **83-84%**

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