

2025/26 RSV Prevention Program

Mississauga Health Primary Care Network

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Land Acknowledgement

We acknowledge that we are gathered today on the traditional territory of the Mississaugas of the Credit, the Anishnabeg, the Chippewa, the Haudenosaunee, and the Wendat peoples, and that this land continues to be home to many diverse First Nations, Inuit, and Métis peoples. We also recognize that Peel Region is covered by Treaty 13 with the Mississaugas of the Credit.

We are grateful to live and work on this land, and we are committed to respecting its history, the rights of Indigenous Peoples, and our ongoing responsibilities to reconciliation.

Disclosure of conflict of interest

No conflicts to declare

Agenda

- 1. RSV Overview
- 2. RSV Prevention Program
 - a) Infant and high-risk children
 - ы Pregnancy
 - c) Older adults
- Ordering RSV products from Peel Public Health
- 4. Resources and Events

RSV Overview

Respiratory Syncytial Virus (RSV)

- Seasonality: November to April (peak in December)
- **Transmission:** respiratory droplets
- **Incubation period:** 2-8 days
- Period of communicability: ~8 days (ranges from 1-21 days)
- **Symptoms:** fever, cough, runny nose, fatigue; infants may show irritability, feeding/breathing difficulty, bronchiolitis, pneumonia
- **High risk:** infants, young children and older adults with comorbidities
- **Diagnosis:** usually clinical; hospital cases → nasopharyngeal swab
- **Treatment:** supportive care; most recover in 1-2 weeks; severe cases may need oxygen & hospitalization

Respiratory syncytial virus (RSV): For health professionals - Canada.ca

Respiratory Syncytial Virus (RSV)

Impact on Infants:

- 20-30% develop bronchiolitis/pneumonia
- o ~2% hospitalized in first year.

Impact on older adults:

 Higher rates of hospitalization, ICU admission, and death.



Burden of disease of respiratory syncytial virus in infants, young children and pregnant women and people

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RSV prevention program

RSV Immunization Products 2025/26

Product name	Product type	Target population
Beyfortus® Mone	Monoclonal antibody	Newborns and infants <8 months of age during their first RSV season
		High-risk children up to 24 months of age in their second RSV season
Abrysvo™	Bivalent recombinant protein subunit vaccine	Pregnant persons 32-36 weeks of gestation
		High-risk adults 60-74 years of age
		All adults 75 +
•	Adjuvanted recombinant protein subunit vaccine	High-risk adults 60-74 years of age
	protein subunit vaccine	All adults 75 +

Beyfortus®- Infants and high-risk children

- Not a vaccine!
- Injectable monoclonal antibody that provides passive immunization
- Replaces Synagis® (palivizumab)
- Strong protection in first months of life, efficacy through 5 months and potential full-season coverage
- ↓ 81-83% hospital admission
- Not necessary or recommended if the infant has already had a lab confirmed RSV infection during the current RSV season

Sources: Respiratory syncytial virus (RSV) vaccines: Canadian Immunization Guide - Canada.ca

Beyfortus® - Quebec Data 2024/25

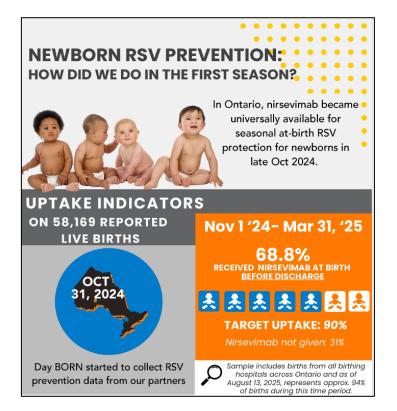
- Effectiveness exceeded 80% for all eligible groups.
- Effectiveness against: ER visits (86%), hospitalization (89%) and ICU admission (88%)
- Number needed to vaccinate
 - 41 at-birth to prevent 1 RSV associated hospitalization
 - 58 catch-up (given to <6 months old) to prevent 1 RSV associated hospitalization

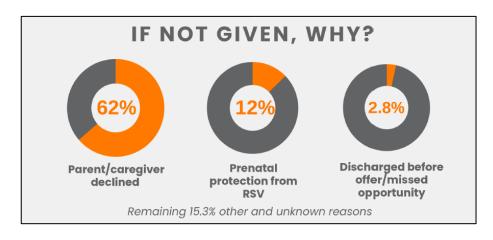
Nirsevimab effectiveness, number needed to immunize and impact on severe RSV outcomes in preterm, high-risk and healthy-term infants, Quebec, Canada

© Sara Carazo,
 Manale Ouakki,
 Danuta M Skowronski,
 Maude Paquette,
 Nicholas Brousseau,
 Denis Talbot,
 Charles-Antoine Guay,
 Caroline Quach,
 Rodica Gilca,
 Jesse Papenburg
 doi: https://doi.org/10.1101/2025.07.27.25332262

https://www.medrxiv.org/content/10.1101/2025.07.27.25332262v1

Beyfortus® uptake 2024/25 - Ontario





Major reason parents who chose not to have their newborn vaccinated in hospital prior to discharge **reported a desire to consult with their primary care provider first**

Beyfortus® eligibility

- Administration begins October 1, 2025
- Infants born April 1, 2025 or after **and** less than 8 months of age up to the end of the RSV season.
- High-risk children up to 24 months of age who remain vulnerable from severe RSV disease through their second RSV season.

Beyfortus® eligibility cont.

Children up to 24 months of age who remain vulnerable from severe RSV disease through their second RSV season, with:

- **Chronic lung disease (CLD),** including bronchopulmonary dysplasia (BPD), defined by need for ongoing respiratory support and supplemental oxygen therapy at 36 weeks postmenstrual age (gestational age at birth plus chronological age) or discharged home, if earlier.
- Hemodynamically significant **cyanotic or acyanotic congenital heart disease (CHD)** defined as infants requiring corrective surgery or are on cardiac medication for congestive heart failure or diagnosed with moderate to severe pulmonary hypertension
- Severe immunodeficiency
- Down Syndrome / Trisomy 21
- Cystic fibrosis with recurrent pulmonary exacerbations requiring hospitalization, deteriorating pulmonary function and/or severe growth delay
- **Neuromuscular disease** impairing clearing of respiratory secretions.
- Severe congenital airway anomalies impairing the clearing of respiratory secretions

Beyfortus® Administration guidelines

Category	Weight	Dose
Newborns born during the current RSV season	< 5 kg	50mg in 0.5mL dose administered IM (100mg/mL syringe)
Infants born April 1 or after and less than 8 months of age up to the end of the RSV season	≥ 5 kg	100mg in 1mL dose administered IM (100mg/mL syringe)
High-risk children up to 24 months of age in their second RSV season	N/A	200mg (two 1 mL injections administered IM in two separate injection sites) If weight less than 10 kg in second RSV season, 100 mg may be considered at clinical discretion of the HCP.

Refer to Ministry guidance for children undergoing cardiac surgery with cardiopulmonary bypass

Abrysvo[™] - Pregnant individuals

- Bivalent recombinant protein subunit vaccine
- Single dose at 32-36 weeks GA if infant will be born during RSV season and Beyfortus® is not planned.
- Provides passive antibody transfer, protecting infants for up to 6 months.
- Parent may have multi-year protection and there is no recommendation for revaccination in future pregnancies
- Dosing: 0.5mL IM
- Administration can begin as soon as supply is available.



Abrysvo[™] - Pregnant individuals

- As per the National Advisory Committee on Immunization (NACI),
 Beyfortus® is the preferred product to protect infants over vaccination in pregnancy based on its efficacy, duration of protection, and favourable safety profile
- **Use one approach:** either maternal vaccination *or* infant antibody. Both together not needed.
 - Exceptions:
 - Infants born <14 days after administration of Abrysvo
 - All premature infants born <37 weeks GA
 - Infants who meet any of the prior high-risk criteria

AbrysvoTM and Arexvy - Older adults

- Arexvy is considered the primary product for older adults this season due to supply availability.
- Arexvy is an adjuvanted recombinant protein subunit vaccine
- Administration can begin as soon as supply is available.
- Adults who have previously received a dose of RSV vaccine, do not need to receive another dose this season. Booster doses are not currently recommended.
- Dosing: 0.5mL IM
- May receive vaccination after an RSV infection (no specific interval required)



RSV program - Older Adult

Eligibility

- All individuals 75 years and older **new for the 2025/26 season**
- Individuals 60 to 74 years of age who are also:
 - resident of a long-term care home, retirement home, elder care lodges or similar settings
 - hospitalized and receiving alternate level of care (ALC) or in a similar setting (e.g., complex continuing care, transitional programs).
 - > patients with glomerulonephritis (GN) who are moderately to severely immunocompromised.
 - receiving hemodialysis or peritoneal dialysis.
 - recipients of solid organ or hematopoietic stem cell transplant.
 - > experiencing homelessness.
 - identifies as First Nations, Inuit, or Métis.

As per NACI - RSV vaccine may be considered as an individual decision by adults 50-74 years of age with their health care provider (private pay).

Vaccine safety

Common side effects (mild and short-lasting):

- Beyfortus®: Rash, fever, pain, swelling or redness at injection site
- Abrysvo™/Arexvy: Rash, fever, pain, swelling or redness at injection site, nausea, diarrhea, headache, muscle aches

Contraindications and precautions

- Known hypersensitivity or history of severe allergic reaction to any product ingredients.
- Administration should be postponed during severe acute illness (do not delay for minor acute illness with or without fever)

Co-administration

NACI suggests it is acceptable and supported to administer both seasonal and non-seasonal vaccines with RSV.

RSV, Influenza and COVID-19

Can be administered at the same time

RSV and other recommended vaccines (Shingles, pneumococcal, Tdap)

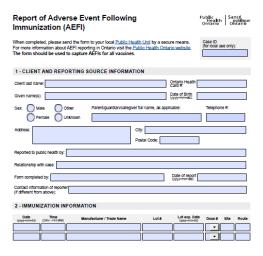
Can be administered at the same time

Note: If multiple injections are to be given at the same visit, separate limbs should be used if possible. Alternatively, the injections may be administered into the same muscle separated by at least 2.5 cm (1"). Different immunization equipment (needle and syringe) must be used for each immunization.

Adverse events following immunization (AEFI)

All vaccines

- Complete an <u>adverse event following immunization</u> reporting form from Public Health Ontario.
- Fax form to Peel Public Health at **905-565-0426**.



Monoclonal antibodies (Beyfortus)

- Report any Beyfortus adverse events to Health Canada, using the <u>Side Effect Reporting Form</u>.
- Fax to 1-866-678-6789



Adverse events following immunization (AEFI)

- Some common or mild events do not need to be reported.
 These include:
 - o Fever that is not accompanied by any other symptoms
 - Injection site reactions that last <4 days and does not extend past the nearest joint
 - Vasovagal syncope (without injury)
 - o Events that are clearly attributable to other causes

RSV Immunization Delivery

Product	Population	Delivery setting
Beyfortus®	In-season births	Hospital (prior to discharge)
	Out-of-season infants/births outside hospital	Primary care provider
	Second RSV season	Primary care provider
Arexvy/Abrysvo™	High risk 60-74 years, 75+, pregnancy	Primary care provider Obstetrician/midwife

Note: Pharmacies are not providing publicly funded RSV vaccines this year. However, they can administer non-publicly funded RSV vaccines (e.g. adults aged 50+ that do not meet eligibility criteria)

Ordering RSV Products

Distribution timeline

Timing	Order/distribution
September 18	Pre-ordering opened for hospitals, LTCH/RH, family health teams, pediatrician offices
Week of September 29th	Delivery of respiratory vaccines from Ministry to PHU
Week of October 6th	Begin delivery of vaccines to high-risk settings Ordering for other providers opens on Peel Health Professionals Portal
Week of October 27th	All initial orders to be delivered to all providers in Peel

NOTE: These timelines are based on the assumption that Peel Public Health receives the respiratory vaccines on time from the Ministry of Health

Ordering and Distribution Plan

- Respiratory vaccines are distributed via free delivery
- Deliveries occur between 9am-4pm and a receiver is required at the clinic; email notice will be sent the day before
- Order limits for respiratory vaccines have been applied
- Order based on fridge capacity as package sizes may be larger due to single-dose
- Do not order enough vaccines for the season. Order a one month supply.

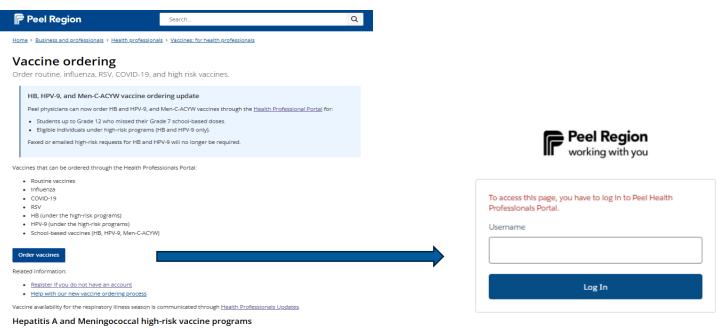
Ordering vaccines

To order additional vaccines under high-risk programs, fill out the appropriate requisition form and fax to the number indicated on

the form:

Hepatitis A vaccine requisition
 Meningococcal vaccine requisition

https://www.peelregion.ca/health/professionals/vaccines/ordering/



For order support contact: vaccinemanagement@peelregion.ca

RSV Prevention Program - Primary Care Role

- Counselling pregnant patients on infant immunization with Beyfortus® prior to discharge from hospital
- Administration of Beyfortus® to eligible patients
- Administration of Abrysvo[™] to pregnant individuals
- Administration of Abrysvo[™] or Arexvy to eligible older adults.

Billing (OMA)

- Use OHIP fee code G538 (other immunizing agents).
- G538 is an "in-basket" service for physicians in a family health organization (FHO) and family health network (FHN) physicians.
- G538 includes the provision of routine information and counselling related to immunizations.

Service	Fee code
Sole purpose of visit	G700 (basic fee) + G538 (other immunizing agents)
With assessment (for an issue unrelated to RSV)	Appropriate assessment fee code (for example, A007 for intermediate assessment or well baby care) + G538 (other immunizing agents)
With newborn care	Appropriate assessment fee code, e.g., H001/H261 (newborn care in hospital and/or home) + G538 (other immunizing agents)
With counselling (20+ minutes)	Appropriate individual counselling code (e.g., K013) + G538 (other immunizing agents)

RSV immunization program | OMA

Resources & Events

Resources

<u>Updated PCMCH Resources on RSV</u> <u>Prevention for Infants and High-Risk</u> <u>Children - PCMCH-</u>

Fact sheets available in multiple languages QR code poster available for your office

Protecting Your Child from RSV

FACT SHEETS AVAILABLE IN MULTIPLE LANGUAGES



Respiratory syncytial virus (RSV) causes an illness that affects the airway and lungs, especially in babies and young children.

Learn about RSV and how to protect your child by scanning the QR code for your language and reading the fact sheet.



English



French (Français)



Simplified Chinese (简体中文)



Arabic



Italian (Italiano)



Punjab (ਪੰਜਾਬੀ)



Spanish (Español)

Traditional Chinese

(繁體中文)



Read the fact sheet for Indigenous parents, families and caregivers. Available in English, French, Cree, Inuktitut, Ojibway and Mohawk.



For more information, visit pcmch.on.ca/RSV



Resources

Ministry of Health - Vaccines

Respiratory Syncytial Virus (RSV) prevention programs - HCP

National Advisory Committee on Immunization

- Statement on the prevention of respiratory syncytial virus disease in infants
- Statement on the prevention of respiratory syncytial virus disease in older adults

Canadian Immunization Guide

Respiratory syncytial virus (RSV) vaccines chapter

Health Professional Updates

• Health Professionals Updates - peelregion.ca

Upcoming Peel Respiratory Immunization Webinar



Peel Public Health invites physicians and community health care providers to a webinar on **RSV, COVID-19, and Influenza Immunization**. Learn about the latest respiratory illness trends and immunization recommendations to support your practice and protect patients this season.

Session name: Respiratory Immunization Update 2025/26

Date: October 8, 2025

Time: **6:00 to 7:00 p.m.**

Where: Virtual event (**Microsoft Teams**)

Registration link

Peel Public Health Clinics

- RSV for individuals 75+ without primary care provider.
- COVID-19 and Influenza for children 6 months 4 years.

Limited clinics (October - November)

Appointment required, no walk-ins.

<u>Vaccinations - peelregion.ca</u> will be updated with appointment booking information.

Peel Public Health will not be offering Beyfortus® for infants or RSV vaccination to pregnant individuals. A list of providers accepting unattached patients will be listed on Respiratory syncytial virus - peelregion.ca.

Sign up for Health Professionals Updates (HPUs)

Peel Public Health

Information for health professionals



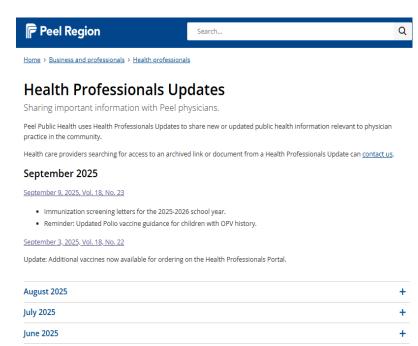
To find out about vaccines, communicable diseases, infection prevention and control, and other resources, visit:

peelregion.ca/HealthPros

Subscribe to Health Professionals Updates

Receive emails with new or updated public health information relevant to physicians in Peel.







General immunization questions

Region of Peel, Public Health 905-799-7700 8:30am – 4:30pm M-F.

For order support contact: vaccinemanagement@peelregion.ca

Questions