PRAXUS HEALTH

Frequently Asked Questions

2026-27 RSV Season

Alberta's Public Nirsevimab (Beyfortus®) Infant RSV Program

Epidemiology:

- **How common is RSV in healthy babies?**
  RSV is the leading cause of hospitalization for infants under one in Canada. In Canada, around 2% of infants are hospitalized with RSV in their first year. In some remote communities, this can rise to 5–17%.

- **How much does the RSV virus evolve? Is there any evidence of antigenic shift so far?**
  Due to the type of virus RSV is, it does not evolve in the same way we have seen in influenza or COVID, and so antigenic shift is not a concern. Current evidence from surveillance data looking at mutations in RSV worldwide shows rare resistance (<1%) to date following implementation of these universal programs; learn more below:
  Respiratory Syncytial Virus Genetic and Antigenic Diversity - PMC
  Mutational constraints on RSV F and its neutralization by antibodies | Nature

- **What are the current treatment guidelines for infant bronchiolitis or RSV?**
  Infant RSV - there are no specific treatment guidelines. Treatment focuses on supportive care.

  Note: It is important to highlight that there is no **treatment** for RSV, which is why prevention is so important.

  Similarly, the treatment for infant bronchiolitis is supportive care. Find the CPS Statement on pediatric Bronchiolitis here: Bronchiolitis: Recommendations for diagnosis, monitoring and management of children one to 24 months of age

Efficacy & Side Effects:

- **Is there a difference between the efficacy of the maternal vaccine vs. the baby monoclonal antibody? How are the antibodies made?**
  NACI recommends either option as a safe and effective form of protection.

  Maternal vaccine – the body makes the antibodies: The vaccine contains a lab-made version of a protein on the surface of the RSV virus (the "pre-fusion F" protein). It does not contain any live virus. It trains the pregnant person's immune system to make RSV-specific antibodies, which cross the placenta to the baby, giving them passive protection after birth. This takes time: if the baby is born less than 14 days after the vaccine, not enough antibodies may have reached the baby, so those infants are still recommended to get Beyfortus®.

  Infant monoclonal antibody – made in a lab and given directly to the baby: Beyfortus® is a single, ready-made antibody that targets the same RSV protein. It's produced by

specially engineered cells grown in a lab, then purified. Unlike a vaccine, it doesn't stimulate the baby's immune system; it gives direct, immediate protection.

- **How long do the infant RSV protection options protect the baby?**
  Infant monoclonal antibodies take effect immediately, offering protection directly after injection. NACI states that if administered at birth, this protection is highest in the first months of life when infants are most at risk for RSV, and may provide full-season protection (up to 6 months).

  The maternal vaccination gives the infant passive protection through transplacental transfer of maternal antibodies. NACI notes it is effective when given at least 14 days before delivery. Protection is greatest in the first three months of life and wanes thereafter, and may not extend beyond six months. NACI recommends giving the maternal vaccination before the start of the RSV season, at 28 to 36 weeks' gestation for full protection.

- **If the mother chooses to have both, are there any risks involved, and does it improve efficacy?**
  There are no contraindications for the use of both products, but studies are still underway to evaluate this specifically (non-industry). Real-life post-marketing surveillance has not seen any safety concerns raised in these events.

  As per NACI: "For most infants not at increased risk of severe RSV disease, monoclonal antibodies (mAbs) are not expected to offer additional protection if the infant is born to a vaccinated woman or individual, provided that birth happened more than 2 weeks since vaccination, and there is no reason to believe transplacental antibody transfer was disrupted."

  Note: for infants that are born with high risk criteria, they would still be recommended to receive the mAb even if the mother received maternal RSVpreF at an appropriate timing.

- **When the mother gets the vaccination, how many years is it effective? Can a patient get the maternal vaccination again in a later pregnancy?**
  NACI states that maternal vaccine protection lasts 6 months. Due to a lack of data at this time, NACI currently has no recommendations for repeat RSVpreF vaccine dosing during subsequent pregnancies. To provide protection to infants born in subsequent pregnancies, the use of monoclonal antibodies should be considered.

- **What concrete side effects can we counsel parents on for the mAb?**
  Commonly reported adverse effects (<1% incidence each):
  - Injection-site reactions, such as pain, erythema, swelling or induration
  - Rash
  - Fever

  Rare but serious adverse effects:

- Anaphylaxis has been observed with human immunoglobulin G1 (IgG1) monoclonal antibodies.
- Nirsevimab (Beyfortus®) is contraindicated in individuals with a history of severe hypersensitivity reactions, including anaphylaxis, to this drug or to any ingredient in the formulation, including any non-medicinal ingredient, or component of the container

- **What is the recommended monitoring of an infant after they have received RSV antibody in hospital? If the infant has a reaction, does this need to be reported?**

  Infants should be monitored for 15-30 minutes directly after injection for any adverse reactions. If the infant experiences an adverse reaction, it must be reported to AHS via the Adverse Event Following Immunization (AEFI) form in Connect Care.

Access and Eligibility Questions:

- **If a baby is born outside a hospital, is there an option for them to be immunized?**
  For the 2026/27 RSV season, NO publicly funded community or catch-up options will be available. We hope the program will expand in future seasons to support expanded out-of-season and catch-up immunization options

- **If parents decline immunization while their child is in the hospital, are there any additional options for them after discharge?**
  For the 2026/27 RSV season, NO publicly funded community or catch-up options will be available. We hope the program will expand in future seasons to support expanded out-of-season and catch-up immunization options

- **In high-risk infants, do you have to wait a full year to give the second dose?**
  No, administration guidelines are based on a ***per-season provision***. You would provide the second dose once the program starts up in their second RSV season (i.e. if a high-risk infant was born in January 2027 and received nirsevimab, the program then starts again Nov 1, 2027; the infant can get the second dose as soon as the program starts in Nov 2027 (or whichever date the province chooses). Timeliness of administration is preferred so it can start protecting the infant when they need it.

- **If mom had the maternal vaccine more than 2 weeks before delivery, can the baby still get publicly funded Beyfortus®?**

  Generally, no. If the birth parent received Abrysvo® (RSVpreF vaccine) during this pregnancy at least 2 weeks before delivery, the baby is considered protected and does not routinely need Beyfortus®. Beyfortus® should still be offered if the baby was born less than 2 weeks after vaccination or is at increased risk of severe RSV disease (e.g., infants with certain heart, lung or immune conditions).

  For each subsequent pregnancy, Beyfortus® should be offered to infants born during the RSV season, regardless of whether the birth parent received Abrysvo® in a previous pregnancy.

- **Who orders Beyfortus®: the baby's most responsible physician (MRP) or the delivering provider?**

The newborn's MRP orders Beyfortus®. The MRP discusses Beyfortus® with the baby's parent or guardian, offers it to eligible infants, obtains verbal consent, and places the order. Nursing teams support identifying eligible infants, administer the medication to the baby, and complete documentation before discharge.

Administration of Monoclonal Antibody:

- **Can the mAb be administered with minor illness?**
  Yes, this is safe. Mild illness — such as a runny nose, a mild cold, mild diarrhea, or a low-grade temperature — is not a reason to skip or delay RSV protection. Defer until the infant is better for moderate or severe illness (e.g., high fever, lethargy, poor feeding, dehydration, significant respiratory distress, or needing a higher level of care).

  The absolute contraindication for administration is a prior serious allergic reaction (anaphylaxis) to nirsevimab, IgG1 monoclonal antibodies, or any ingredient in the formulation.

- **Are there any considerations with regard to coadministration of the mAb with other scheduled or seasonal vaccinations?**
  No, the mAb can be co-administered (and the same with vitamin K, etc., given during birth).

Private Purchase Options:

- **Do we know the cost of the RSV vaccine for pregnant people and mAb privately?**
  The maternal vaccine is ~$300-350 and the mAb ~$750-850 depending on the pharmacy and administration fee. Some private insurance plans may provide coverage (i.e. Blue Cross and some others are currently covering). Confirm with your insurance provider to enquire about your plan coverage.

- **How do patients access private options if they are not eligible for the public program?**
  An Rx from a physician will be required for both products. All pharmacies in Alberta are able to order the mAb.

  For the mAb specifically, because pharmacists do not immunize infants, patients will be required to pick up the mAb in the pharmacy and return to their physician for administration of the mAb.

- **What pharmacies carry Nirsevimab (Beyfortus®) and the Maternal Vaccine (Abrysvo®)? What is the time the medication can sit between pharmacy pickup and the injection?**
  The maternal vaccine is widely available at AB pharmacies.

  All AB pharmacies are able to order the mAb with an Rx from your physician.

  The cold chain needs to be maintained once the medication is picked up from the pharmacy and taken to the physician who will be administering the medication.