

Supporting Conversations with Patients This Season

As a healthcare provider, you play an important role in helping families understand RSV risks and protection options. Clearly explaining how these options differ can help families make informed decisions based on their individual health needs.

RSV is the leading cause of hospitalization among infants and can lead to severe respiratory illness.

Timing is Essential

Start conversations about RSV protection early to help families plan around key protection windows and provincial guidelines.

The **vaccine for pregnant people** is limited to a specific window in pregnancy (32-36 weeks of gestation), during RSV season.

An **infant immunization** is best administered shortly after birth, during the RSV season (or at the start of RSV season if born earlier) to support optimal protection.³

Current NACI-recommended Infant RSV Protections Available

	Vaccine for Pregnant People	Infant Immunizations	
Who is it indicated for?	Pregnant people from 32 through 36 weeks of gestation.	Infants and neonates entering their first RSV season, and for children up to 24 months old with a high risk of severe RSV.	Infants and neonates entering their first RSV season.
Product Monographs	RSVpreF (ABRYSVO®). Product Monograph	Nirsevimab (Beyfortus®). Product Monograph	Clesrovimab (ENFLONSIA®). Product Monograph
Recommended timing	During RSV season, between 32-36 weeks gestation.	Shortly after birth— if born during RSV season— or at the start of RSV season if born earlier.	Shortly after birth— if born during RSV season— or at the start of RSV season if born earlier.
Type	Protein-based vaccine	Monoclonal antibody (weight-based dosing)	Monoclonal antibody (fixed dose)
Available in Canada since	Jan 2024	Nov 2024	Feb 2026

See page 3 for a comprehensive list of side effects, product monographs, and the National Advisory Committee on Immunization’s (NACI) latest recommendations.

Navigating Provincial RSV Programs

Provinces and territories are rolling out publicly funded RSV protection programs at different times, with varying eligibility.

To help families stay informed about available options, check your local public health authority or ministry of health for the latest details on coverage and timing. **Note: In some areas, protection may not be publicly funded, but patients can choose to pay for them privately.**



Visit the RSV Information Hubs

Praxus Health has developed RSV Information Hubs with resources to help patients and healthcare providers learn about RSV and explore available protection options across Canada.



Patient RSV Information Hub

Patient-friendly resources in multiple languages to guide families through RSV protection.

praxushealth.ca/rsv-parent



Provider RSV Information Hub

Practical resources to support RSV conversations and patient care—helping you share trusted information.

praxushealth.ca/rsv-provider



References:

1. [American Lung Association - RSV is the Leading Cause of Hospitalization in Babies; How To Protect Your Baby This Winter](#)
2. [CDC- About RSV](#)
3. [Respiratory syncytial virus \(RSV\) vaccines: Canadian Immunization Guide](#)
4. [Vaccines in Pregnancy - RSV Vaccine](#)

Side Effects & Safety

This page provides a clinically relevant summary of adverse events, contraindications, and safety considerations associated with the currently authorized infant RSV protection options in Canada. This content is intended for healthcare professionals and summarizes key safety information. It does not replace the full Product Monograph.

Vaccine for Pregnant People

Therapeutic classification: Bivalent pre-fusion F subunit vaccine

Health Canada Indication: Active immunization of pregnant individuals between 32 and 36 weeks' gestation to prevent RSV-associated lower respiratory tract disease in infants from birth to 6 months of age. NACI recommends that RSVpreF may be considered from 28 to 36 weeks of gestation.

Mechanism of action: Induces maternal neutralizing antibodies that cross the placenta via FcRn-mediated transfer, providing passive immunity to the newborn.

Adverse Reactions & Contraindications

Common adverse events:

- Injection-site reactions (pain, erythema, swelling, induration)
- Headache
- muscle pain (myalgia)

Serious adverse reactions (rare)

- Hypersensitivity reactions, including anaphylaxis

Pregnancy-specific safety considerations

- Clinical studies and post-market surveillance continue to support the safety profile of RSVpreF vaccination during pregnancy. Healthcare providers should consult the current Product Monograph and current NACI guidance for complete prescribing and safety information.

Contraindications

- History of severe allergic reaction to a previous RSVpreF dose
- Individuals who are hypersensitive to the active substance (RSV subgroup A Stabilized Prefusion F protein antigen and RSV subgroup B Stabilized Prefusion F protein antigen) or to any component of the vaccine

Precautions & Warnings

- Defer vaccination in individuals with acute febrile illness.
- Assess prior history of severe allergic reaction to vaccines or injectable biologics.
- Pregnancy-specific risk assessment should include obstetric history, gestational age verification and concurrent medical conditions.

[NACI Guidelines](#)

[ABRYSCO® Product Monograph](#)

Infant Immunizations

Therapeutic classification: Long-acting monoclonal antibodies targeting the RSV prefusion F protein.

Health Canada Indication: Passive immunization for the prevention of RSV lower respiratory tract disease in neonates and infants entering or during their first RSV season. Nirsevimab is also authorized for children up to 24 months of age who remain vulnerable to severe RSV disease through their second RSV season

Mechanism of action: Binds to the pre-fusion F protein of RSV, neutralizing viral entry and preventing viral replication in the respiratory tract.

Adverse Reactions & Contraindications

Common adverse events:

- Injection-site reactions (pain, erythema, swelling, induration)
- Rash
- Fever

Less common adverse events:

- Hypersensitivity reactions (including anaphylaxis)
- Anaphylaxis has been observed with human immunoglobulin G1 (IgG1) monoclonal antibodies.

Contraindications

- Contraindicated in Infants with a history of severe hypersensitivity reactions, including anaphylaxis, to the drugs or to any ingredients in the formulation, including any non-medicinal ingredient, or component of the container.

Precautions & Warnings

- Use caution in infants with a history of:
 - Severe allergic disease
 - Prior hypersensitivity reactions to injectable biologics
- Emergency preparedness for anaphylaxis must be ensured at the time of administration.
- Monitor infants post-injection in accordance with institutional policies.

Special populations

- Data in infants who are severely immunocompromised or have chronic respiratory disease are limited; risk-benefit should be assessed individually.

[NACI Guidelines](#)

[Beyfortus® Product Monograph](#)

[ENFLONIA® Product Monograph](#)