INFANT RSV PROTECTION

Q2 BLOG 2025

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RSV Protect

Federation of Medical Women of Canada
Fédération des femmes médecins du Canada

In our Q1 blog of 2025, we reviewed RSV and its effect on the newborn and celebrated the new strategies to prevent RSV disease in newborns. With the arrival of two new products, **the Federation of Medical Women of Canada (FMWC)** saw this as an opportunity not to be missed in to increase awareness and increase both education and communication to providers and pregnant women and pregnant people. FMWC convened a second task force in April 2025. This blog will follow where our Q1 blog left off.

Infant RSV Protection in Canada

- The two new strategies that became available in 2023 to prevent RSV disease in infants were **Abrysvo**, **a RSVpreF vaccine** to be given to mothers between 32 and 36 weeks gestation, and **Beyfortus**, **a monoclonal antibody** known as Nirsevimab, to be given to the newborn.

- Both are passive transfer of antibodies to the newborn, with Abrysvo being transferred from the mother across the placenta after active immunization of the mother. Beyfortus is a passive antibody given directly to the newborn.

- The **National Advisory Committee on Immunization** (**NACI**) stated that the goal in protecting newborns should be a **universal program** with a phased approach focusing on the use of nirsevimab for now and that RSVpreF is an option.

Supply and Availability

The supply of nirsevimab was inconsistent in **Quebec**, leaving groups of infants unprotected.

Despite this inconsistency of supply, one of the April 2025 task force members stated that “The nirsevimab program went very well in the newborn units, where the acceptance rate was high, and when I look at what our season was like this year [The Montréal Children’s Hospital], there was no closedown of the ER because we were overwhelmed with RSV like every [previous] January and February. The wards were quiet, and the ICU was quiet, so the program was successful. **We need to be much more proactive in making people aware of the vaccine and its effectiveness**.”

Availability for Infant RSV Protection 2024-25 Season

Only Ontario had both the maternal vaccine, Abrysvo, and the monoclonal antibody, Beyfortus, available and publicly funded.

The three Territories and Quebec had nirsevimab available for all infants but with different age restrictions.

Nova Scotia had nirsevimab for high-risk infants.

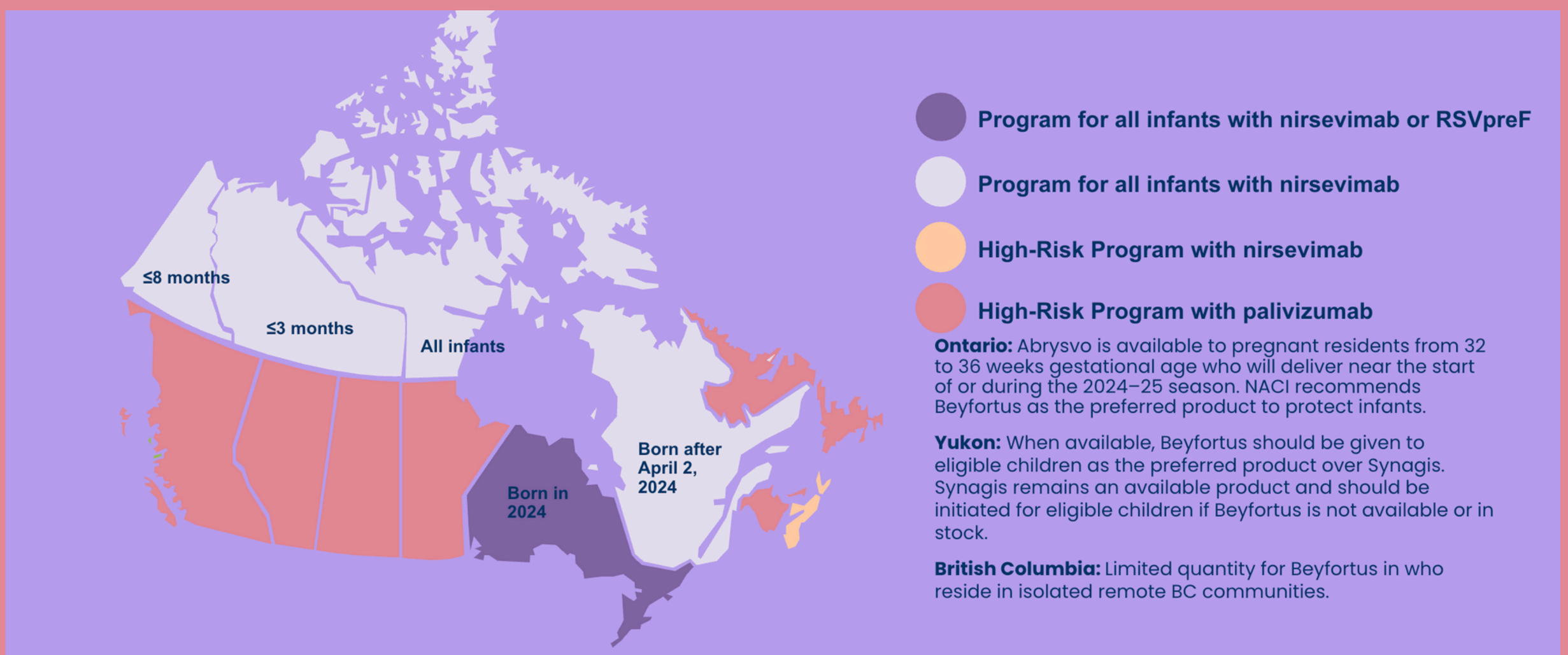
That left the four western provinces, New Brunswick, Newfoundland and Labrador with only the old palivizumab monoclonal antibody available through public funding and only for high-risk infants.

According to Sanofi data, only 60% of infants across Canada had access to nirsevimab.

In comparison, in **Alberta**, where there was no public availability of either product, in December 2024, Alberta Children’s Hospital was “well over capacity”, with its ED, inpatient units, and ICU all full.

In **Ontario**, family physician offices had difficulty accessing the publicly funded RSV vaccine.

Publicly Funded Infant RSV Programs in Canada 2024–25 RSV Season



Despite the two options being available to protect infants, there was lack of awareness and understanding by both providers and pregnant women and pregnant people of the importance of accessing one or another of these options. With the exception of Ontario, access to RSV vaccine was only available through private insurance or private pay and required a prescription by the provider. The uptake of private-pay RSV vaccine across the country was around 20%.

NACI's Recommendations for Infant RSV Protection

In their initial report, NACI said that their future recommendations would depend on the evolving information of available options and that they would revisit their recommendations. FMWC wrote to NACI, asking them to revisit their recommendations for the 2025-26 RSV season in the light of real-world data and that review is underway.

Real World Data from Argentina

The Lancet commented on the **BERNI study** (Real World Impact and Effectiveness of ABRYSVO™ Vaccination During Pregnancy Against RSV Illness in Infants) in **Argentina**. The universal maternal vaccination strategy, implemented for the first time in Argentina, was conducted between 1st March and 31st August 2024, encompassing the period before and during the RSV season of high hospitalizations. This strategy was incorporated into the **National Vaccination Schedule, which provides free vaccinations for pregnant women** between 32 and 36.6 weeks of gestation. The RSVpreF maternal immunization coverage in the Metropolitan Area of Buenos Aires (MABA) was 55.3% and overall in Argentina 62%.

The Lancet stated that *"These results show the feasibility and effectiveness of a large national maternal immunisation programme, with coverage of over 60%* *(representing >140 000 women) achieved in the first seasonal campaign and high vaccine effectiveness sustained to 6 months of age in infants, the highest risk period for RSV hospitalisation and severe disease. Lessons that enabled this impressive national implementation will be valuable for other countries —such success can be ascribed to several factors including* ***well established maternal immunisation programmes, educational initiatives, ability of many health facilities to deliver maternal immunisation, and immunisation provided free of charge*** *at routine antenatal visits."*

Also of note, when the RSVpreF vaccine was first released there was concern about prematurity, particularly in Argentina. The BERNI study showed no such concern.

Real World Data from the UK

In the UK, for the 2024-25 RSV season, the governments of the four countries within the United Kingdom **recommended free-of-charge administration of the RSVpreF vaccination to pregnant women** at a gestation of 28 weeks or later.

UK Experience

After what was effectively a catch-up campaign for the first two months of the programme, pregnant women in the UK were subsequently offered the RSVpreF vaccination between 28 and 32 weeks of gestation as part of the routine maternal immunisation schedule.

Nirsevimab was not available in the UK.

In this study, the post-licensure effectiveness of the RSVpreF maternal vaccine against hospitalisation for RSV-associated ALRI (acute lower respiratory tract infection) was estimated and the effectiveness was 72.4% (95% CI 47.8 to 85.4) when limiting the analysis to infants who had been born more than 14 days after maternal receipt of RSVPreF.

Seasonality

RSV related hospitalizations peak during the cold months but RSV can occur any time of the year, making the recommendation for RSV vaccination year-round. With the mobility of the population, pregnant individuals and/or newborns could find themselves exposed to RSV due to its occurrence at different times of year in different parts of the world. RSVpreF is licenced for year-round administration in Canada.

Focused Education

Despite a very successful Public Relations campaign by the FMWC, we have only touched the tip of the iceberg in reaching both pregnant women, pregnant people and healthcare providers. With primary care providers inundated with new information, they need constant reminders about protecting newborns from RSV.

We need to look at who sees pregnant women and pregnant people and focus on what information they need to be able to discuss options with their patients to help them make informed shared decisions. We need to focus on maternity clinics, obstetrician offices, midwife clinics, family physician offices and pharmacists.

All it takes is a bit of doubt about the vaccine from a healthcare provider and the pregnant person may decide not to receive the vaccine. We know that it is fine to administer Abrysvo with Covid, flu and Tdap, yet in some cases pregnant women and pregnant people are told otherwise at the pharmacy. Pharmacists are our biggest allies, they play an important role for patients, we need to make sure they also have up-to-date information.

Health Equity

Canada is a country of inequity when it comes to strategies for preventing RSV infection in newborns.

In 2024-25:

Ontario had both publicly funded Abrysvo and Beyfortus.

Quebec, the three territories, and Nova Scotia had publicly funded Beyfortus but with different indications.

The rest of the provinces had no public funding for either option.

Vaccine Registry

Canada is long overdue a centralized vaccine registry. This registry would allow easy access to vaccine records for all individuals and providers, helping avoid the risk of missing or duplicating vaccines. Pharmacists have become frequent immunizers, and a registry is critical in their role.

One of our task force members spoke about the importance of a universal registry - “We need to have that surveillance program, and appropriate monitoring is key. **Why in 2025 do we not have a national vaccine registry in Canada?** We need to continue breaking down the barriers for that.”

> “RSV has plagued us for years; we can now protect infants from this disease.”
>
> Pediatric Infectious Disease,
> FMWC Maternal RSV Task Force Member

The risk of RSV infection is higher in Indigenous communities and rural, remote and Northern communities.

Even if pregnant women and pregnant people planned to pay for Beyfortus for their newborn, that is not an option.

Should they wish to purchase Abrysvo for immunization of the pregnant person, unless they have private insurance, those with no extended health plan are paying 100% out of pocket.

Patients need to lobby their politicians for publicly funded access.

The Way Forward

While we await the new recommendations from the NACI review, we need to take advantage of both strategies available.

Having the information necessary to have an informed discussion with the pregnant women or pregnant person will help them decide which option they prefer, but choosing no option is not in the best interest of the newborn.

Stay tuned for the 2025 FMWC Maternal RSV Task Force White Paper Recommendations for infant RSV prevention for 2025-2026.

We need to continue to focus on awareness, education and communication.

We invite you to visit the **RSVProtect.ca** website, an excellent source of comprehensive information on RSV and RSV protection strategies for both providers and pregnant women and pregant people.

RSV *Protect*

Protecting newborns from first breath.