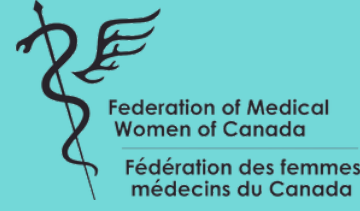


# INFANT RSV PROTECTION

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We recently published an article on RSV in the National Post. Here are some excerpts and our opinions.

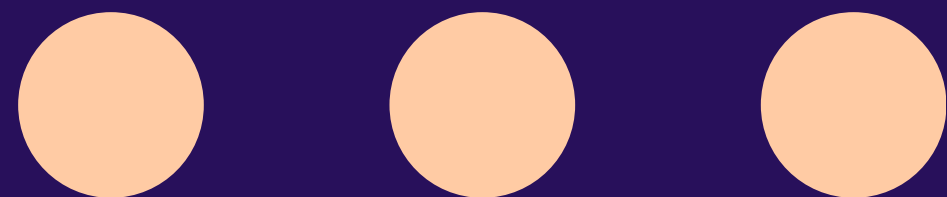
## BREAKTHROUGH RSV MEASURES EXIST, BUT ACCESS DEPENDS ON WHERE YOU LIVE

As family physicians, we've seen firsthand the fear and helplessness that the Respiratory Syncytial Virus (RSV) brings to families. It's the leading cause of infant hospitalizations in Canada, with **1 in 50 infants hospitalized** during their first year of life. Healthy-term babies account for the largest proportion of infants who get sick with severe RSV disease each year. The highest rate of infant hospitalization due to RSV occurs in the first three months of life. Despite its severity, RSV remains largely unknown to the public. Until recently, the only preventive option—palivizumab—was limited to high-risk infants, leaving **98 per cent of babies unprotected** in many provinces.



Canada now has two newly approved and highly effective tools to prevent RSV in infants: a maternal vaccine known as RSVpreF (Abrysvo™) and a monoclonal antibody for infants called nirsevimab (Beyfortus™). There is another newer option, a monoclonal antibody being presented to Health Canada, increasing the options for protection. These innovations offer critical protection for infants from RSV starting in pregnancy or at birth.

Ontario leads the way with full public funding; however, most provinces fall short. For example, Alberta and B.C. only offer coverage to high-risk infants, reinforcing a system where location, not health need, dictates protection.



## What's at stake if we don't act now

At a time when Canada's healthcare system is already under pressure, RSV surges overwhelm paediatric hospitals and delay care. For families, the emotional toll of watching their newborn struggle to breathe is devastating, and difficult for us as healthcare professionals who relive the same preventable scenario each fall. As RSV season nears, the path forward is clear: act now or repeat a cycle of preventable surges in infants being hospitalized and overwhelmed care systems.

Parents need to feel they are being supported when they make the decision to be immunized in pregnancy or have their newborn immunized. We need to feel confident that supply of the important products is readily available and not subject to shortages, delivery issues and other vaccine barriers as we saw last year for part of the RSV season in Ontario. Yes, it is covered for individuals, but do they have reliable access?

# A National Roadmap for Change

Canada has a proud history of leading in public health innovation, but we all know that leadership means action. That's why the Federation of Medical Women of Canada (FMWC) recently convened a national task force of physicians, pharmacists, midwives, and public health experts to address the RSV prevention gap. The 2025-2026 White Paper outlines 13 actionable recommendations, including:



- ✓ **Raise further awareness:** Focused education for healthcare providers so every expectant parent understands how to protect their newborn from RSV.
- ✓ **Close access gap:** Policymakers must ensure public funding for RSV immunization—year-round for the maternal vaccine and seasonally for nirsevimab—is available to all families, no matter where they live.
- ✓ **Strengthen national guidance:** Coordinated national and provincial programs—including a national immunization registry—will ease hospital strain and protect infants across Canada.

## So What is Your Role?



### Educate

Talk to every patient about RSV in infants. We need understanding in the community to help patients make proactive decisions



### Immunize

If available order the vaccine, talk to patients and immunize. Don't assume the obstetrician or pediatrician will be responsible. They may, but may not. Don't miss any opportunity to be proactive. That baby's health and future depends on us.



### Advocate

This is needed locally and provincially for support of vaccine so that every baby has the option for protection, not simply high risk infants. Patients often think if the vaccine is important, public health will pay for it. The corollary is that if it is not being paid for, it must not be that important. That is not the case as we know and appreciate the risk of RSV. But patients need your explanation, your support, your voice in promotion.