

INFANT RSV PROTECTION

Q4 BLOG 2025

Vivien Brown, MDCM, CCFP, FCFP, MScP, Family Physician Toronto, ON, Assistant Professor, Department of Family & Community Medicine, University of Toronto



Shelley Ross, MD, CCFP, FCFP, ICD.D, Family Physician, Burnaby BC, Clinical Instructor, University of British Columbia



We are, once again in the middle of RSV season, when hospital emergencies and pediatric wards typically are, once again, overflowing with sick infants suffering from RSV infection.

Health Canada gave us the opportunity to change this narrative with the 2023-2024 approval of two vaccines to prevent infants from becoming infected with RSV – Abrysvo, which is a maternal vaccine given to mothers between 32 and 36 weeks gestation, and Nirsevimab, which is actually not a vaccine but a monoclonal antibody given to the infant as soon after birth as possible.

When these two products became available in Canada, **the Federation of Medical Women of Canada felt that a campaign to inform the public and health care providers was an important and essential opportunity.**



Despite a very successful awareness campaign for the 2024–2025 season, **the number of infants protected remains low** and should have been much higher than it was.

FMWC then decided that another campaign for 2025–2026 would be essential in driving the messages home. This current year's campaign has met with unprecedented interest from HCP's, pregnant people and the media, allowing much greater dissemination of information and increased awareness.

In 2024–2025, only Ontario covered both the maternal vaccine (Abrysvo) and the monoclonal antibody (Nirsevimab).

Quebec and the Territories covered Nirsevimab, but the rest of the country did not have a universal program. This year, Saskatchewan, Manitoba and Nova Scotia are adding their names to those provinces offering Nirsevimab to babies born during RSV season. BC, Alberta, New Brunswick and Newfoundland and Labrador remain the outliers with no universal program.

For those provinces offering a universal program with Nirsevimab, parents questioned whether this truly was a universal program. The word "universal" was meant to say that all infants born in RSV season (which depending on your jurisdiction, is typically in the period from October 1 st to March 31 st) would receive the shot, not just those who were high risk. But what if the baby wasn't born in that time frame? Did that mean you were out of luck?

The maternal vaccine, Abrysvo, is equally as effective as the monoclonal antibody and is to be given year-round, so truly is universal, allowing all infants to be protected.





One of the goals of the FMWC campaign is to **ensure that health care providers understand the magnitude of this breakthrough in preventing RSV in infants**. They need to be able to have a conversation with pregnant persons to let them know there are options. One of the biggest deciding factors for a pregnant person to take a vaccine or give one to her infant is to have the doctor strongly recommend they do so. Soon-to-be parents should receive the proper information to make an informed decision as to how they want to protect their infant.

Another goal is to **make sure the public understands the serious nature of infant RSV disease**. Not only can the infant with RSV be so sick as to end up in the intensive care unit on a ventilator, but the RSV infection can damage the lungs for life, resulting in recurrent pneumonia, asthma and shortened life span. Parents along with health care providers and organizations can advocate together for government funding for these preventative options.



Every child deserves to be protected.

Let us make sure we continue to spread the information to the public and health care providers, communicate with pregnant persons, and advocate for universal coverage for all. RSV prevention will go down emerge as one of the biggest advances in health care this century.