RSV PREVENTION TOOLKIT 2025-2026 SEASON

NOVEMBER 2025

Women & Children's Health Network
CENTRAL REGION

DISCLAIMER

This Respiratory Syncytial Virus (RSV) Prevention Toolkit is intended for use by healthcare professionals and administrative staff involved in the prevention and management of RSV in perinatal and pediatric care settings. The information provided herein is based on current guidelines from the Provincial Council for Maternal and Child Health (PCMCH), The Canadian Paediatric Society (CPS), National Advisory Committee on Immunization (NACI) and the Center for Disease Control and Prevention (CDC).

This toolkit is not a substitute for clinical judgment or institutional policies. Users are responsible for ensuring that all practices comply with local regulations, organizational protocols, and the most current clinical evidence. Consent forms and educational materials should be reviewed and adapted to meet the legal and linguistic needs of your patient population.

The authors and contributors of this toolkit assume no liability for the use or misuse of the information contained within.

First Month of the Season Update: October 2025

- Currently the Ontario Average for RSV Immunization is 69% for the Month of October 2025
- The Provincial Target is set at 90%
- For site specific information please reach out to a Born Coordinator for updates
- The Simcoe Muskoka District Health Unit sent out a reminder that hospitals can email the Vaccine Inventory Management Team directly to order replenishment of RSV Infant Beyfortus at vaccineorders@smdhu.org
- All other fall vaccines are now ordered online using the online order form found here: https://www.simcoemuskokahealth.org/HealthProfessionals/ImmunizationVaccines/FluRSVCOVIDVaccineOrderForms
- More information on RSV Immunization Clinics can be found in Appendix E

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1. Provincial Council for Maternal and Child Health Provider Resources

PCMCH has numerous resources for Healthcare Providers and Families, available in multiple languages. Focusing on prevention for infants and high-risk children in Ontario for the 2025/26 Season:

- RSV Fact Sheet for Healthcare Providers [10]
- RSV Fact Sheet - For Parents [11]
- RSV Fact Sheet IPHCC/PCMCH (Factsheet for Indigenous Parents, Caregivers and Families)
- A poster for healthcare spaces with QR codes linking directly to the parent fact sheet in multiple languages: Protecting Your Child from RSV Poster
- Letter resource that can tailored and provided to patients for the upcoming season in Appendix B

Evidence on Beyfortus Effectiveness in Infants (0–12 months): [10]

Beyfortus has shown strong real-world effectiveness in protecting infants from severe outcomes due to RSV, consistent with clinical trial results. A systematic review and meta-analysis found that infants who received Beyfortus had:

- 83% lower odds of RSV-related hospitalization
- 81% lower odds of admission to the intensive care unit (ICU)
- 75% lower odds of lower respiratory tract infection (LRTI)

2025/26 Season Updates as per the Ministry of Health:

Infant and High-risk Children Respiratory Syncytial Virus (RSV) Prevention Program Factsheet for Health Care Providers [12]

Ontario's Infant RSV Program highlights two products are used to prevent RSV in infants and high-risk children:

Product Name	Type	Who Receives It	Purpose
Beyfortus® (nirsevimab)	Monoclonal Antibody	- Infants before or during their first RSV season - High-risk children up to 24 months	Direct protection against RSV during infancy
Abrysvo™	Vaccine (RSVpreF)	Pregnant individuals	Protects infants after birth via maternal antibodies

2. Beyfortus Eligibility Criteria Summary

Note: The National Advisory Committee on Immunization (NACI) preferentially recommends nirsevimab (Beyfortus) for infants over RSVpreF (Abrysvo) for pregnant people.

Infants and Children who meet any one of the following criteria: [12]

- Infants born April 1 or after **and** less than 8 months of age up to the end of the RSV season

Children up to 24 months old who are still at high risk for severe RSV during their second RSV season following a discussion with a healthcare provider, including children with:

- Chronic lung disease of prematurity (CLD), including bronchopulmonary dysplasia, requiring recent respiratory support or treatment, requiring ongoing assisted ventilation, supplemental oxygen, or chronic medical therapy within the six months preceding the start of the RSV season
- Congenital heart disease (CHD) that is hemodynamically significant, requiring surgery, cardiac medications, or associated with pulmonary hypertension
- Severe immunodeficiency
- Down Syndrome (Trisomy 21)
- Cystic fibrosis with lung involvement or growth issues
- Severe congenital airway abnormalities that impair mucus clearance
- Children under 12 months who were approved for coverage in the previous RSV season due to CLD or bronchopulmonary dysplasia remain eligible

Administration- Intramuscular Injection:

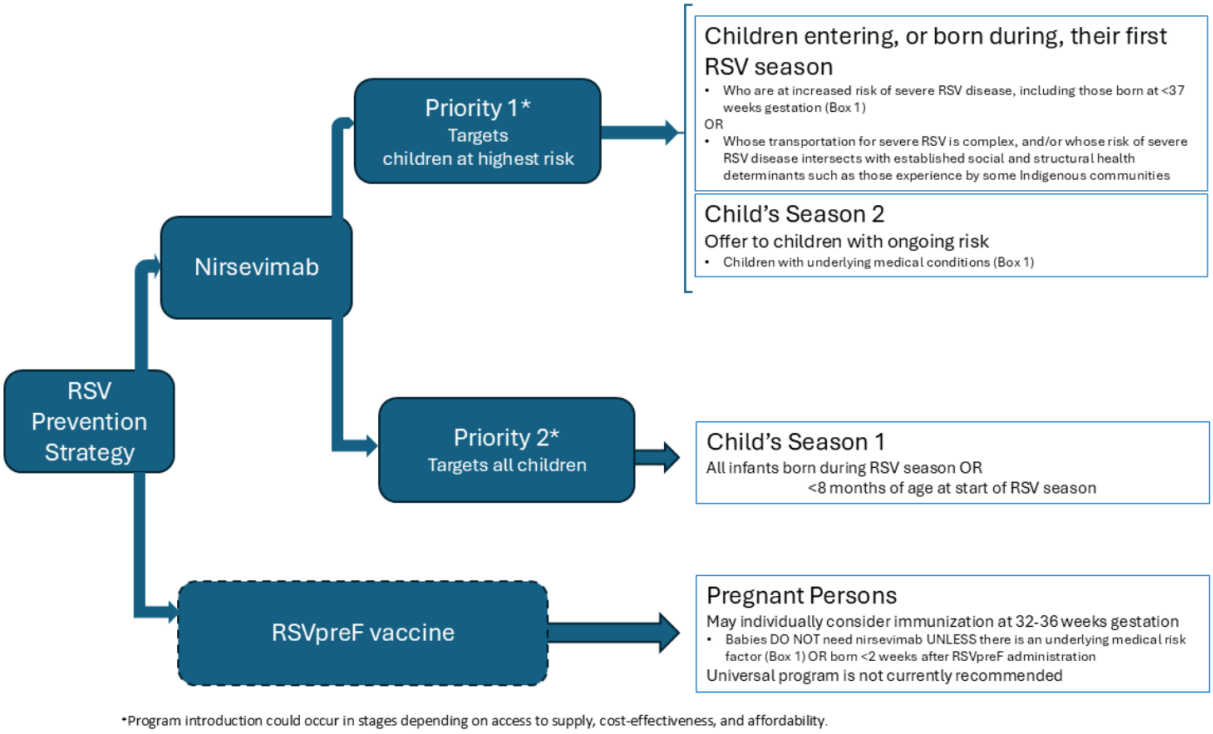
- For infants under 12 months of age, the preferred site is the anterolateral thigh region
- For children over 12 months of age, the preferred administration site is the upper arm's deltoid region

Category	Weight	Dose	Timing
Infants born during the current RSV season[*]	< 5 kg	50 mg in 0.5 mL (100 mg/mL)	Administered from birth
	≥ 5 kg	100 mg in 1 mL (100 mg/mL)	Administered from birth
Infants born April 1 or after and less than 8 months of age up to the end of the RSV season	< 5 kg	50 mg in 0.5 mL (100 mg/mL)	Shortly before or during the RSV season[*]
	≥ 5 kg	100 mg in 1 mL (100 mg/mL)	Shortly before or during the RSV season[*]
Children over 8 months and up to 24 months of age and at continued high-risk from RSV infection during second RSV season	N/A	200 mg (two 1 mL injections of 100 mg/mL)[†]	Shortly before or during the RSV season[*]

[12]

3. The Canadian Paediatric Society

Position Statement regarding Respiratory syncytial virus prevention strategies for the 2024-2025 viral respiratory illness season: [2]



Source: Canadian Paediatric Society. (2024, November 6). Respiratory syncytial virus (RSV) prevention strategies for the 2024–2025 viral respiratory illness season. https://cps.ca/en/documents/position/rsv-prevention-2024-2025

NOTE: The above diagram depicts RSV guidance for Canada. In Ontario, nirsevimab is available equally to eligible children, without priority sequence.

Administration of both the vaccine to the pregnant individual and a monoclonal antibody to the infant is NOT recommended except under specific circumstances:

- Infants born less than 14 days after administration of RSVpreF (Abrysvo)

OR

- Infants who meet the medical criteria for increased risk of severe RSV disease:
- All premature infants (i.e. <37 weeks gestation)
- Infants who meet any of the high-risk criteria

Source: Provincial Council for Maternal and Child Health. (2025, August 21). Infant and high-risk children respiratory syncytial virus (RSV) prevention program: Guidance for health care providers (Version 2.0). (https://www.pcmch.on.ca/wp-content/uploads/EN_Infant-RSV-Guidance-for-Health-Care-Providers.pdf)

4. Abrysvo Eligibility Criteria Summary

Summary of NACI Recommendations for RSVpreF (Abrysvo) [13]

Recommendation: NACI states RSVpreF (Abrysvo) *may be considered* by a pregnant woman or pregnant person in consultation with their care provider, before or during RSV season, to help prevent severe RSV disease in their infant.

Program Status: NACI does not currently recommend a universal immunization program for RSVpreF (Abrysvo). This is a discretionary recommendation, and future updates are expected as more data becomes available.

Key Considerations

Consideration	Details
Respect for Autonomy	Emphasizes the importance of informed, autonomous decision-making for pregnant individuals, acknowledging historical medical paternalism
Overlap	RSVpreF (Abrysvo) may not be necessary if a universal nirsevimab (Beyfortus) program is in place
Timing	Ideally administered at ≥32 weeks gestation, at least 2 weeks before birth, to allow for antibody transfer e.g., starting in September for babies due in November
Repeat Doses	No current data on safety or efficacy of RSVpreF (Abrysvo) in subsequent pregnancies
Past Infection	RSVpreF (Abrysvo) can be given regardless of prior RSV infection

Public Health Agency of Canada. (2024, May 17). Summary: Statement on the prevention of respiratory syncytial virus disease in infants. Government of Canada. https://www.canada.ca/en/public-health/services/publications/vaccines-immunization/national-advisory-committee-immunization-summary-statement-prevention-respiratory-syncytial-virus-disease-infants.html

The CDC Recommendations for RSVpreF (Abrysvo) [13]

For pregnant women at 32–36 weeks gestational age:

- **Either** maternal RSV vaccination or infant immunization with Beyfortus
- A one-time 0.5 mL dose is required
- Do not revaccinate for subsequent pregnancies
- For subsequent pregnancies, the infant should be immunized with Beyfortus
- In September–January to protect the infant during their first RSV season
- Can be given during the same visit as other vaccines, or on its own

Source: Centers for Disease Control and Prevention. (2025, April 30). ABRYSVO: Respiratory syncytial virus (RSV) vaccine (Publication No. 357088-B_FS_ABRYSVO_508-04302025). https://www.cdc.gov/vaccines/vpd/rsv/downloads/357088-B_FS_ABRYSVO_508-04302025.pdf

5. Guidance for Prenatal Care Providers on RSV Immunization Options

If a pregnant patient is interested in receiving the Abrysvo vaccine:
Prenatal care providers should discuss the benefits and limitations of RSVpreF (Abrysvo). RSVpreF (Abrysvo) is given as a one-time intramuscular injection. It should be administered between 32 and 36 weeks of pregnancy, ideally during RSV season. It should not be given outside this gestational window or repeated in future pregnancies.

NACI recommendation:
NACI recommends prioritizing nirsevimab (Beyfortus) for infant protection due to its strong efficacy, longer duration of protection, and favorable safety profile. As such, nirsevimab (Beyfortus) is the preferred option for safeguarding infants against RSV.

Questions about implementation:
For clinical or logistical questions regarding vaccine implementation, providers should consult local public health authorities, institutional protocols, or refer to CDC and NACI guidance documents.

Counselling patients on RSV protection options:
Prenatal care providers should inform patients about both maternal vaccination RSVpreF (Abrysvo) and infant monoclonal antibody (mAb) protection nirsevimab (Beyfortus). However, only **one** of these options is recommended in most cases. Exceptions may apply for high-risk infants born to vaccinated individuals.

Findings for Abrysvo and Beyfortus

In a national survey, more than two thirds of participants would accept the RSV vaccine while more than half would accept nirsevimab (Beyfortus). If given a choice, the vast majority preferred the RSVpreF (Abrysvo) vaccination during pregnancy over nirsevimab (Beyfortus) [7]

Total participants: 723

- Currently pregnant: 50.3% (n = 364)
- Overall acceptance of RSV immunization strategies: 79% (n = 568)
- RSV vaccination during pregnancy: 77% (n = 559)
- Infant monoclonal antibody nirsevimab (Beyfortus) 55% (n = 396)

Preferred strategy:
Vaccination during pregnancy: 79% (n = 567)
Infant nirsevimab (Beyfortus): 4.4% (n = 32)
No preference: 14% (n = 98)

Source: Krishnaswamy, S., Poliquin, V., & Murphy, M. S. Q. (2024). RSV vaccine acceptance during pregnancy: A cross-sectional survey of pregnant individuals and those who recently gave birth. Vaccine, 42(22), 3283–3290. https://doi.org/10.1016/j.vaccine.2024.04.080

6. Statistics Available from 2024-2025 Season

The Center for Disease Control and Prevention released: Interim Evaluation of Respiratory Syncytial Virus Hospitalization Rates Among Infants and Young Children After Introduction of Respiratory Syncytial Virus Prevention Products — United States, October 2024–February 2025. Highlighting that during the 2024–25 RSV season, two major preventive tools—maternal RSV vaccination (RSVpreF Abrysvo) and Beyfortus (nirsevimab)—became widely available to protect infants and young children from severe RSV disease.

A comparison of hospitalization rates from the 2024–25 season with those from 2018–20 showed significant reductions, especially among infants aged 0–7 months. The greatest impact was seen in infants aged 0–2 months and during peak RSV months (December–February). These findings support public health recommendations to administer these preventive measures early in the RSV season or shortly after birth to maximize protection.

Here's a concise summary of the key statistics: [8]
RSV-NET (Respiratory Syncytial Virus Hospitalization Surveillance Network)
New Vaccine Surveillance Network (NVSN)

Overall reduction in RSV hospitalizations (2024–25 vs. 2018–20):

- **RSV-NET:** 43% reduction (95% CI: 40%–46%)
- **NVSN:** 28% reduction (95% CI: 18%–36%)

Greatest reduction observed in infants aged 0–2 months:

- **RSV-NET:** 52% reduction (95% CI: 49%–56%)
- **NVSN:** 45% reduction (95% CI: 32%–57%)

For the article see here: Interim Evaluation of Respiratory Syncytial Virus Hospitalization Rates Among Infants and Young Children After Introduction of Respiratory Syncytial Virus Prevention Products — United States, October 2024–February 2025 | MMWR

7. BORN Ontario (Better Outcomes Registry & Network) Data Collection

According to BORN reported data for the 2024/25 season, 7,922 infants in Central Region hospitals received newborn RSV prevention (68.1%). Ontario's BORN reported total: 32,807 total infants received RSV prevention in the 2024/25 season (68.2%).
Note: missing data for this report was 24.1%; Variables with missing data excluded missing from percentage calculations (i.e. N of numerator/ [N of denominator - N of missing]).

Source: BORN Ontario, November 1, 2024 – March 31, 2025Respiratory Syncytial Virus (RSV) vaccination administered among infants (live births) born in hospitals in the Ontario Health Central Region by month.

RSV-related data on both prenatal vaccination (Abrysvo) and infant monoclonal antibody (Beyfortus) administration are collected and the Key data elements include:

- Whether RSV protection was given
- Product used (e.g., Abrysvo or Beyfortus)
- Date of administration
- Reason not given (e.g., parental refusal, no supply, midwives not authorized)
- This supports province-wide monitoring and improvement of RSV prevention efforts.

Source: Association of Ontario Midwives. (n.d.). Respiratory Syncytial Virus. https://www.ontariomidwives.ca/respiratory-syncytial-virus

8. Administration Timing

Within Central Region, healthcare providers have been proactively discussing the RSV immune globulin with expectant parents during prenatal visits or while serving as the Most Responsible Provider (MRP) in the hospital. Upon receiving parental consent, the immune globulin is administered to newborns during the postpartum period, prior to hospital discharge.

9. Midwifery Considerations

On October 31, 2025, an amendment to O. Reg 188/24 under the Midwifery Act, 1991 came into effect, adding RSV monoclonal antibody to the list of substances midwives can prescribe and administer by injection. This change allows midwives to provide immunization that protects newborns against RSV, reducing the need for clients to seek care outside midwifery and improving timely access. The regulation now uses the broader term "Immunizations," covering vaccines, immune globulins, and monoclonal antibodies. This update, prioritized by the College of Midwives and the Ministry of Health, supports enhanced newborn protection for the 2025–26 RSV season. [1]

The updated link can be found here:
RSV Monoclonal Antibody Added to Designated Drugs and Substances Regulation

10. Catch Up Clinics

Where Can People Access Fall Vaccines

	Influenza	COVID-19	RSV – Older Adult	RSV – Infant (Beyfortus®)
Pharmacies	• 2 years and older	• 6 months and older	X*	X
Primary Care	✓	Limited	✓	✓
Hospitals/LTCH/ Rhomes	✓	✓	✓	Oct 1st - Newborns before discharge
Public Health	Under 5 – no HCP and no local pharmacy offering to children	Under 5 – no HCP and no local pharmacy offering to children	If no HCP	If no HCP

*Pharmacists can administer purchased RSV vaccine to adults with an Rx from their PCP, but do not have access to publicly funded RSV vaccine. Pharmacists can only administer PF vaccines that they order, store, and handle (i.e., influenza and COVID-19 vaccines)

Local Guidance: Simcoe Muskoka District Health Unit

For region-specific RSV prevention details, including vaccine eligibility, timing, and guidance for high-risk groups, visit the Simcoe Muskoka District Health Unit's RSV webpage. It provides up-to-date information on nirsevimab (Beyfortus) and RSVpreF (Abrysvo) for providers and families: Respiratory Syncytial Virus (RSV) Vaccine [14]

- More information on RSV Immunization Clinics can be found in Appendix E

11. Documentation of Consent and Medical Directive

- Should be adapted to your site's legal and language needs
- Administration Example Appendix C
- Medical Directive Example Appendix D

12. Checklist for Providers

- Step-by-step guide to ensure proper screening, consent, administration, and documentation
- Include a checklist for staff to ensure all steps are followed
- Appendix A

Step	Action
1.	✓ **Confirm Eligibility** – Assess infant or child's eligibility criteria
2.	✓ **Provide Education Materials as needed** – Fact Sheets for Parents
3.	✓ **Obtain Consent** – Most Responsible Provider (MRP) secures informed consent
4.	✓ **Administer Beyfortus** – Provide monoclonal antibody
5.	✓ **Document** – Record in MAR and Yellow Immunization Booklet for Parents
6.	✓ **Discharge Info** – Give parent documentation for baby's immunization records at PCP office

13. Education & Communication Materials

The Women and Children's Health Network is highlighting a comprehensive RSV Campaign through our social media platform, throughout Summer and Fall of 2025. It aims to promote awareness and uptake of RSV prevention measures, among eligible infants and high-risk children in Ontario. The campaign focuses on eligibility and provider resources, including multilingual and Indigenous-language materials from PCMCH. Focusing on education surrounding nirsevimab (Beyfortus), clarifying it as a monoclonal antibody, not a vaccine, with a featured parent story highlighting its impact. Lastly including, strong calls to action for parents, urging them to speak with healthcare providers and plan ahead before RSV season begins, with clear messages like "Talk to your child's doctor today about RSV protection."

14. Adverse Reactions

Reactions to nirsevimab (Beyfortus) were minimal and presented as a rash occurring within 14 days post dose and an injection site reaction occurring within 7 days pot dose. Adverse reactions were reported in 1.2% of subjects who received nirsevimab (Beyfortus); most (97%) of adverse reactions were mild to moderate in intensity. [4]

Sources: Centers for Disease Control and Prevention. (2025, August 18). RSV immunization guidance for infants and young children. U.S. Department of Health and Human Services. https://www.cdc.gov/rsv/hcp/vaccine-clinical-guidance/infants-young-children.html

Reactions to the RSVpreF (Abrysvo) vaccine during clinical trials included pain at the injection site, headache, myalgia (aching, tenderness, or soreness in the muscles), and nausea.

Summary of Common Side Effects for Beyfortus and Abrysvo: [12]

Side Effect	Beyfortus	Abrysvo
Rash	✓	✓
Fever	✓	✓
Pain, swelling or redness at injection site	✓	✓
Nausea		✓
Headache		✓
Muscle aches		✓

Source: Provincial Council for Maternal and Child Health. (2025). Infant RSV guidance for health care providers. https://www.pcmch.on.ca/wp-content/uploads/EN_Infant-RSV-Guidance-for-Health-Care-Providers.pdf

Appendix A: Administration Template

Step	Details	Rationale
MRP discuss with patient/ families regarding nirsevimab (Beyfortus), during prenatal visits or during hospital stay	· Provide fact/teaching sheets · Document consent obtained if able to do so	· Ensure families are informed and to support shared decision-making
Nursing staff to verify consent	· Provide fact/teaching sheets · Answer questions within scope · Escalate to MRP if outside scope	· Ensure families are informed and to support shared decision-making
Obtain nirsevimab (Beyfortus), from refrigerator and prepare for administration	· Not stored in automated medication dispensing cabinet due to refrigeration needs · Ensure correct dose	· Maintain medication integrity and safety
Collect supplies required to administer prophylaxis via intramuscular route	· Supplies: alcohol swabs, 25g needle, band-aids, gauze, tape	· Ensure proper and safe administration
If possible, place newborn skin to skin with parent/support person to administer prophylaxis	· If unable to do skin to skin, implement other forms for pain control i.e., sucrose administration.	· Skin to skin provides comfort during pain inflicting treatments/ interventions and minimizes newborn and parental distress to action
Administer nirsevimab (Beyfortus), and watch for signs and symptoms of reaction	· Administered via intramuscular injection · Observe infant for at least 15–30 minutes post-injection · Watch for signs such as rash, swelling, difficulty breathing, or irritability	· Although rare, hypersensitivity or allergic reactions can occur · Early detection ensures prompt intervention
Provide education on this to parents, including steps to take post-discharge if reaction occurs	· Explain common mild side effects · Instruct parents to seek immediate care if serious symptoms appear (e.g., difficulty breathing, persistent vomiting, high fever)	· Serious symptoms were very rare · Rash, fever and pain, swelling or redness were common
Document administration information on newborn MAR according to protocol	· In the electronic medical record or paper documentation	· Ensure patient has a copy of the documentation of the vaccine to provide to PCP

Appendix B: Letter to Parents

Dear Parents,

Re: RSV Prevention for Infants and High-Risk Children – 2025/26 Season

Respiratory Syncytial Virus (RSV) is a leading cause of hospitalization in infants under one year of age. Ontario's publicly funded RSV Prevention Program helps protect eligible infants and high-risk children during the RSV season, which typically runs from November to April.

Your child may be eligible to receive Beyfortus (nirsevimab), a long-acting monoclonal antibody that provides passive immunity against RSV. This product is not a vaccine and it is offered at no cost through the provincial program and is not available for private purchase.

Who is eligible to receive Beyfortus in our office:

- Infants born April 1 or after **and** less than 8 months of age up to the end of the RSV season
- High-risk children up to 24 months of age entering their second RSV season, including those with:
    - Chronic lung disease of prematurity
    - Hemodynamically significant congenital heart disease
    - Severe immunodeficiency
    - Down syndrome
    - Cystic fibrosis with respiratory involvement
    - Severe congenital airway anomalies

We're here to support you in making informed decisions about your child's health this respiratory illness season. If you have questions or would like to schedule an appointment to discuss RSV prevention or arrange for Beyfortus administration, please contact our office.

Warm regards,

Appendix C: Administration Record Example

RSV Antibody Administration Record

☐ Consent discussion occurred previously with: _____
Provider Name

☐ Consent Verified by: _____ on _____
Printed Name and Designation Date/Time

OR

☐ Informed consent discussion by: _____ _____
MRP Name MRP Signature

☐ Date/ Time: _____

☐ Patient received Beyfortus (nirsevimab), prior to discharge from hospital:

Date: _____ Time: _____

Lot #: _____ Expiry: _____ Dose: _____ ml

Injection Site: _____ Initials: _____

☐ Patient **did not** receive Beyfortus (nirsevimab), prior to discharge

Reason:

☐ Parent/Guardian declined
☐ Parental RSV vaccine greater than 2 weeks before birth and not high-risk
☐ No supply available
☐ Confirmed RSV infection
☐ Other, specify: _____

Send with Newborn Stay Report to Primary Care Provider at Discharge

Provide Copy to Parent/Guardian

Retain Original for Medical Record

Appendix D: Example Medical Directive for RSV Administration

Description of Procedure
Administer the Respiratory Syncytial Virus (RSV) monoclonal antibody (Beyfortus/nirsevimab) to all infants and high-risk children up to 24 months old in the Regional Women and Children's Program during the RSV season. The RSV season typically begins in October and ends in March, this is indicated by the Ministry of Health each year.

Clinical Criteria

Inclusion Criteria

- Infants born April 1 or after and less than 8 months of age up to the end of the RSV season
- Children aged up to 24 months, in their second RSV season, with any of the following conditions:
  - o Chronic lung disease (i.e. bronchopulmonary dysplasia requiring ongoing assisted ventilation, oxygen therapy or chronic medical therapy in the 6 months prior to the start of the RSV season)
  - o Cystic Fibrosis with respiratory involvement and/or growth delay
  - o Hemodynamically significant chronic cardiac disease
  - o Severe immunodeficiency
  - o Down Syndrome/Trisomy 21
  - o Neuromuscular disease
  - o Severe congenital airway anomalies impairing clearing of respiratory secretions

Exclusion Criteria

- Substitute decision maker does not consent to the RSV monoclonal antibody
- Birthing parent received antenatal RSV vaccination between 32 – 36 weeks gestation in current RSV season and at least 2 weeks prior to the date of birth of the infant
- Hypersensitivity with first RSV monoclonal antibody administration (if applicable)
- Prior confirmed RSV infection in current RSV season
- Patients with known bleeding disorders (consult MRP prior to administration)
- Moderate or severe acute illness (consult with MRP prior to administration)

Additional Implementation Guidelines

- Provide the substitute decision maker with written educational information about RSV
- Complete consent documentation with substitute decision maker
- Provide parent or substitute decision maker with yellow immunization record
- Can be provided administered concomitantly with other vaccines

Authorized To
Registered Nurses, Registered Practical Nurses and Registered Midwives

Medical Directive Orders

☒ For infants weighing less than 5 kg, give nirsevimab 50 mg (0.5 ml) IM x 1 dose in anterolateral thigh
☒ For infants weighing 5 kg or more, give nirsevimab 100 mg (1 mL) IM x 1 dose in anterolateral thigh
☒ For high-risk children up to 24 months old and in their second RSV season, give nirsevimab 200 mg (2 mL) as two 1 mL injections of 100 mg/mL administered in two separate injection sites
    - If the child weighs less than 10 kg entering their second RSV season, notify MRP for dosing instruction
☒ Monitor patient for 15 minutes post injection for possible hypersensitivity reaction. If concerns for hypersensitivity arise (i.e. rash, pyrexia), observe for a minimum of 30 minutes

Pain Management

☒ Consider Topical Anesthetic to a Patient Under Care of a Paediatrician for children greater than 1 month
☒ Sucrose 24% PO once on the anterior tip of the tongue and the buccal mucosa, allowing the infant to suck on a soother or gloved finger for 2 minutes prior to the injection
    - Gestational age 33-37 weeks: 0.5 mL – 1 mL
    - Gestational age 37 weeks: 1mL – 2mL
    ☒ Non-Pharmacological methods of pain management (e.g. skin-to-skin, breastfeeding, swaddling, soother)

Documentation

Nurse or Midwife will document the following in the patient record
• Initiation of Medical Directive including date and time
• Name and number of the medical directive
• Name and signature of the implementer, including credential
• Name of the Physician/Authorizer responsible for the directive and patient
• Lot and expiry of medication administered
• Document on yellow immunization record and provide to substitute decision maker

***These orders do not require a prescribing practitioner signature ***

Appendix E

Infant RSV Immunization Clinics

Protect your little one from RSV this season

Clinics are offering Beyfortus (nirsevimab) to help prevent severe lung disease caused by Respiratory Syncytial Virus (RSV). Immunizations are available to all babies born on or after April 1, 2025. When booking your appointment, please confirm with the clinic that Beyfortus (nirsevimab) is available upon scheduling.

Orillia

1. **Huronia NP-Led Clinic (Orillia)**
   250 West Street North, Unit 6, Orillia, ON L0L 1W0
   Phone: (705) 835-7545
   Website: https://www.huronianplc.ca/children-teens-clinic

2. **Huronia NP-Led Clinic (Oro-Medonte)**
   3331 Line 4 North, Oro Medonte, ON L0L 1W0
   Phone: (705) 835-7545
   Website: https://www.huronianplc.ca/children-teens-clinic

Barrie and Area

3. **Outpatient Child and Youth Clinic, Royal Victoria Hospital**
   201 Georgian Drive, Barrie, ON L4M 6M2
   Phone: 705-728-9090 extension 47463
   Note: *Clinics run from October-November*

4. **Simcoe Muskoka District Health Unit Immunization Clinics**
   Website: https://www.simcoemuskokahealth.org/Topics/Immunization/Clinics
   Note: *Locations in Collingwood, Midland, Huntsville, Gravenhurst & Cookstown*

Whitchurch-Stouffville

5. **Whitchurch-Stouffville Community Health Clinic**
   37 Sandiford Drive, Suite 301, Stouffville, ON L4A 3Z2
   Phone: 905-472-7658
   Notes: *Open Mon to Fri 8:30 AM - 4:30 PM. Please call to book RSV appointments.*

Mississauga

6. **Mississauga Paediatric Care Clinic**
   101 Queensway West, 7th Floor
   Mississauga
   Phone: 905-272-9900 ext. 240
   Notes: *By appointment only. Book using https://patient.medeohealth.com/booking/moht-pediatric-care-clinic*

Milton

7. **Halton Healthcare Paediatric RSV Immunization Clinic**
   1S 105 Maternal Newborn Unit, Milton District Hospital,
   725 Bronte St. S, Milton, ON L9T 9K1
   Phone: 905-203-7967
   Notes: *Bookings open to the public on Thursday, November 6, 2025 by phone.*

Looking for a Primary Care Provider in Halton Region?

Halton Region Family Physicians

Immunizations available across select family physician clinics across Halton region. To see all locations and to book online, visit: https://www.halton.ca/for-residents/public-health/halton-physicians-accepting-new-patients

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References

1. Association of Ontario Midwives. (n.d.). Respiratory Syncytial Virus. https://www.ontariomidwives.ca/respiratory-syncytial-virus
2. Canadian Paediatric Society. (2024, November 6). Respiratory syncytial virus (RSV) prevention strategies for the 2024–2025 viral respiratory illness season. https://cps.ca/en/documents/position/rsv-prevention-2024-2025
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