

RSV = Respiratory Syncytial Virus

### What is Respiratory Syncytial Virus?

- Respiratory Syncytial Virus (RSV) is a common respiratory virus that causes cold-like symptoms
- RSV affects the lungs and breathing, especially in infants and young children
- Most common from October to March in Saskatchewan
- RSV is the most common cause of a serious chest infection called “bronchiolitis”, a severe infection that requires hospitalization and can be life-threatening
- Spreads very easily from person to person through direct contact, such as kissing, coughing, sneezing, or touching contaminated surfaces like toys and doorknobs



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### How can I protect my child from RSV?

- A protective medication, called nirsevimab, is available in hospital after birth, for infants born during the RSV season (October-March)
- Avoid people who are sick
- Wash your hands often
- Clean and disinfect surfaces regularly
- Cough or sneeze into your arm
- Avoid smoking near your child

### What are the symptoms of RSV?

- Cough
- Runny nose
- Fever
- Drinking or eating less
- Low energy
- Wheezing
- Irritability



**Seek medical attention right away if your child is having trouble breathing or if their symptoms are getting worse.**

### What is nirsevimab (Beyfortus™)?

Nirsevimab is an injectable antibody that is recommended for infants in their first RSV season and children with increased risk entering their first and second RSV season.

**Nirsevimab is not a vaccine** - It works by providing your infant with antibodies to help fight off the RSV virus before it progresses into a serious illness.

**Nirsevimab is a single injection that protects babies from RSV for at least 6 months.**



### Who is eligible to receive nirsevimab?

Any of the following:

- Born during the RSV season (October-March)
- Born at less than 32 weeks gestation (January - September)
- Born at less than 36 weeks gestation (April - September)
- Up to two years of age and vulnerable to severe RSV illness during their second RSV season\*

\*Speak to your primary care provider if you think your child may be at high risk from RSV

### Is nirsevimab safe?

- Research shows that nirsevimab is safe for infants and children.
- Nirsevimab can prevent RSV-related infant hospitalization by 87 to 90%.

**Side effects** after receiving nirsevimab are mild, and last a few days at most. Common side effects include redness, swelling and pain at the injection site, rash and fever.

### How is nirsevimab given?

Nirsevimab is given as a one-time injection, prior to discharge from the hospital after birth.

### When can my child get nirsevimab?

If born between October 1st and March 31st (during RSV season) nirsevimab can be given right after birth, up until the day of discharge from hospital.

**Nirsevimab will only be available in hospital, prior to discharge after birth**, unless baby meets RSV increased-risk program criteria.

### What about the maternal RSV vaccine, Abrysvo™?

- Abrysvo™ (RSVpreF) is available for pregnant people to receive between 32-36 weeks of pregnancy, and offers some protection against RSV to the newborn.
- Abrysvo™ must be paid out of pocket, as it is not publicly funded in Saskatchewan.
- Studies show 50-57% reduction in RSV-related infant hospitalization after Abrysvo™; with nirsevimab there were 87-90% fewer infant RSV infections resulting in hospitalization.
- The Canadian National Advisory Council on Immunization (NACI) recommends nirsevimab for maximum infant protection from RSV.
- **Babies whose parent or gestational carrier receive Abrysvo™ more than 2 weeks prior to delivery will NOT be eligible for nirsevimab** (unless born prematurely or with other increased risk factors).
- If Abrysvo™ is received less than 2 weeks prior to delivery, the baby may still receive nirsevimab.



### Who do I talk to if I have questions about RSV or nirsevimab?

- Primary Care Provider
- Maternal or prenatal healthcare team
- Visit our website at: [momsandkidssask.saskhealthauthority.ca](https://momsandkidssask.saskhealthauthority.ca)

