

2026/2027 Infant Respiratory Syncytial Virus (RSV) Immunization Program - Starting October 1, 2026

Attention: Physicians, Nurse and Nurse Practitioners, Walk-In Clinics/Urgent Care Clinics, Family Health Teams, Ontario Health Teams, Hospitals, Infection Prevention & Control Practitioners, Indigenous Health Care & Community, Ontario Health Central, Municipalities, Midwives

Date: September 29, 2026

Under Ontario's infant respiratory syncytial virus (RSV) prevention program, two products are available for the prevention of RSV illness during the upcoming RSV season:

RSV Monoclonal Antibody (mAb) to be Administered to Eligible Babies

Nirsevimab (Beyfortus®) is an RSV monoclonal antibody (mAb). Unlike vaccination or natural infection, mAbs do not stimulate an immune response (active immunization). Instead, they provide direct and immediate protection against RSV through the administration of RSV-specific antibodies (passive immunization). Protection wanes over time as the administered antibodies gradually degrade, however, RSV mAb is expected to provide protection for up to six months and may provide protection throughout an entire RSV season.

RSV Vaccine to be Administered to Pregnant Individuals

RSVpreF vaccine (Abrysvo®) may be administered during pregnancy to actively immunize pregnant individuals, who then provide passive immunity through transplacental transfer of RSV-specific antibodies to the fetus, providing infants with passive protection after birth. Due to the gradual decline of passively transferred antibodies in infants over time, the protective effect of RSVpreF is expected to wane and may not extend beyond the first six months of life. While the pregnant individual who receives RSVpreF may have protection that persists for multiple years, vaccination during pregnancy does not provide the infant with long-term immunity.

With the significant positive outcomes (i.e., high uptake and reduced hospitalizations) observed through Ontario's RSV prevention program over the past two respiratory illness seasons, Ontario will continue to offer Nirsevimab (Beyfortus®) for eligible infants and high-risk children based on demonstrated effectiveness and duration of protection. For those interested in an alternative approach, RSVpreF (Abrysvo®) vaccination during pregnancy is also an effective option for infant RSV protection. **Emerging evidence suggests RSVpreF (Abrysvo®) and Nirsevimab (Beyfortus®) provide similar protection against severe RSV disease in infants.**

View all current Public Health Alerts by visiting the Health Professional Resources page at:
<http://www.smdhu.org/PHA>

Receive urgent public health updates by email (such as Public Health Alert) by subscribing at: www.smdhu.org/PHAlert

Eligibility for the 2026/2027 Season

The Infant RSV Immunization program will begin October 1st, 2026. Families of **babies born on and after October 1st, 2026, should be offered Beyfortus® shortly after birth prior to hospital discharge.**

Babies born April through September 2026 and high-risk eligible children (see list below) entering their second season should receive Beyfortus® in early October. Babies can receive Beyfortus® with their next routine infant immunizations at 2, 4, 6 months. However, administration can continue throughout the season. Beyfortus® can be administered at the same visit as other infant vaccines.

Nirsevimab (Beyfortus®) - infants and children who meet any one of the following criteria:

- Infants born April 1, 2026, or after **and** less than 8 months of age at the time of immunization.
 - Children less than 24 months of age who remain vulnerable to severe RSV disease, following a discussion with their pediatric specialist including children with:
 - Chronic lung disease (CLD), including bronchopulmonary dysplasia (BPD), defined by need for ongoing respiratory support and supplemental oxygen therapy at 36 weeks postmenstrual age (gestational age at birth plus chronological age) or discharged home, if earlier.
- Note:** Children who were < 12 months of age and approved for coverage in the previous RSV season for chronic lung disease and bronchopulmonary dysplasia remain eligible, irrespective of their clinical status in the second RSV season.
- Hemodynamically significant cyanotic or acyanotic congenital heart disease (CHD) defined as infants requiring corrective surgery or are on cardiac medication for congestive heart failure or diagnosed with moderate to severe pulmonary hypertension.
 - Severe immunodeficiency
 - Down syndrome/Trisomy 21
 - Cystic fibrosis with recurrent pulmonary exacerbations requiring hospitalization, deteriorating pulmonary function and/or severe growth delay
 - Neuromuscular disease impairing clearing of respiratory secretions
 - Severe congenital airway anomalies impairing the clearing of respiratory secretions

RSVpreF (Abrysvo®) – pregnant individuals who are expected to deliver during the RSV season are eligible to receive RSVpreF between 28 and 36 weeks gestation, following a discussion with a health care provider. While RSVpreF (Abrysvo®) is authorized by Health Canada for use in pregnant persons between 32 and 36 weeks gestation, the National Advisory Committee on Immunization (NACI) recommends that RSVpreF may be administered between 28 and 36 weeks gestation. This recommendation is supported by available safety and efficacy data, supports broader access and opportunities for immunization, and aligns with recommendations by the World Health Organization. Administration before 32 weeks gestation is considered off-label and is subject to the sole clinical judgment of the health care provider.

Administration of both the vaccine to pregnant individual and mAb to the infant is NOT recommended except under the following 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., less than 37 weeks gestation)
 - Infants who meet any of the above high-risk criteria

RSV mAb: Nirsevimab (Beyfortus®) Administration Guidelines for Infants and Children

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 at the time of immunization	< 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 less than 24 months of age and at continued high-risk from RSV infection	N/A	200 mg (two 1 mL injections of 100 mg/mL) †	Shortly before or during the RSV season [∞]
[∞] Due to the seasonality of the RSV virus, Beyfortus® should be administered shortly before and during the active RSV season. Beyfortus® should be offered to eligible infants and children beginning early October of each year, based on specific timing of product availability and throughout the RSV season.			
† If a child weighs less than 10 kg entering their second RSV season, consideration can be given to administering a single dose of 100 mg at the clinical discretion of the healthcare provider.			

For more information, refer to the [Ministry of Health Infant and High-risk Children RSV Prevention Program Fact Sheet for Health Care Providers](#).

Ordering RSV Vaccine (Abrysvo™) for Pregnant Individuals and RSV mAb (Beyfortus®) for Infants

The Immunization program will coordinate Beyfortus® ordering with hospitals directly.

Primary care can order Abrysvo™ and Beyfortus® 100 mg using the [Fall Respiratory Vaccine online order form](#). If you require a 50 mg dose for an infant under 5 kg who did not receive Beyfortus® at hospital, submit a Beyfortus® 50mg [Special Order form](#).

Note: Due to packaging and fridge storage space pressures this time of year, we recommend that each practice order 5 doses of 100mg formulation at a time, and order weekly to replenish. This product is valued at ~\$900 per dose, so we do need to monitor supply and orders closely.