

# Script for Nurses when discussing Nirsevimab

**Respiratory Syncytial Virus (RSV)** is a common virus that typically circulates in the community from **November to March** each year. For most people, RSV causes mild, cold-like symptoms and clears on its own within **5 to 7 days**, usually without the need for medical care.

However, certain groups are at **higher risk** of developing severe illness. In some individuals, the virus can move from the upper to the lower respiratory tract, leading to serious complications. **Infants under one year of age**, especially those younger than **six months**, are particularly vulnerable. In these cases, RSV can progress quickly, sometimes resulting in hospitalization due to the need for **oxygen support**.

## Protection Options in Ontario

In Ontario, families have **two options** for protecting their infants against RSV during the viral season:

### Option 1: Nirsevimab (Beyfortus)

This is the **preferred** option. Nirsevimab is a **long-acting monoclonal antibody** administered as a single injection.

- **For babies born during RSV season (October–March):** The injection is given **at birth**.
- **For babies born between April 1 and October 1:** The injection can be given **any time after October 1** by your primary care provider or at the **RSV clinic at LHSC**.

Nirsevimab provides **passive immunity**—it gives the baby **ready-made antibodies** that help fight the RSV virus. It does **not prevent infection**, but it significantly reduces the severity of illness, lowering the likelihood that medical care or hospitalization will be needed.

- **Protection lasts 6–8 months**, covering the entire RSV season.
- It has shown **over 80% efficacy** in preventing hospitalization due to RSV.
- Side effects are rare and generally mild, such as temporary **tenderness or swelling** at the injection site.

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**Note:** Nirsevimab is a **preventative medication**, not a vaccine. Vaccines trigger the body to create its own antibodies, while Nirsevimab provides antibodies directly. Nirsevimab is a long-acting monoclonal antibody. Monoclonal antibodies have been used for many years in healthcare. Previously, there was a short acting monoclonal antibody called palivizumab that was used to prevent RSV infection in premature and high-risk infants (those with cardiac disease or lung disease). Palivizumab was safely used for over 20 years before we switched to Nirsevimab. Nirsevimab has been well studied since 2016 and has been used commercially since 2023 on millions of babies around the world.

## Option 2: Maternal Immunization with Abrysvo

This **vaccine** is administered to pregnant individuals between **32 and 36 weeks gestation**.

- Within two weeks of receiving the vaccine, the mother produces antibodies that pass through the **placenta**, giving the baby **immediate protection at birth**.
- Abrysvo has a **57% efficacy** in preventing hospitalization due to RSV.

If you are expecting a baby or recently had one, consider speaking with your healthcare provider about which option may be best for your child's protection during RSV season.