INFANT RSV PREVENTION: USING DATA TO TRACK PUBLIC **HEALTH EFFORTS**

HOW DID WE DO IN THE FIRST SEASON?

In Ontario, nirsevimab became universally available for seasonal at-birth RSV protection for newborns in fall 2024. BORN started to collect RSV prevention data from our partners on October 31, 2024.

73% of births with RSV protection including prenatal vaccine



69% received nirsevimab at birth before discharge

Sample includes birth from birthing hospitals across Ontario and as of August 13, 2025, represents approx. 94% of births during this time period.

> **22%** Parent or caregiver decline.

The most reported reason for not giving the immunization was parent and caregiver decline.



A look at the evidence

Nirsevimab is highly effective in preventing severe RSV outcomes in infants^{1,2}. Evidence suggests that achieving approximately 90%* RSV protection is necessary to significantly reduce hospitalizations and realize populationlevel benefits²,³,⁴.

Target Uptake: 90%*

*infant immunization (nirsevimab) or prenatal vaccine



High variation in nirsevimab uptake among all hospitals

32-90%

Opportunities to share practices!

HOSPITAL DATA PARTNER PERCEPTIONS

Between June and July 2025, 55 healthcare providers across 41 hospitals (representing 47% of all birthing hospitals in Ontario) responded to an online cross-sectional survey to share their experiences and perspectives about BORN's RSV data elements and information products in the 2024/2025 season.

RSV DATA ELEMENTS IN THE BORN INFORMATION SYSTEM (BIS)

-50% agreed their hospital had time to plan for RSV data collection

Key challenges to implementing the new RSV data elements:

- limited staff to support implementation (e.g. need to reallocate IT resources)
- limited orientation to new data elements
- short timelines for education
- needing to back enter data
- limited communication with midwives

~55% reported **challenges** with getting their infant RSV data into the BIS

Key challenges to getting RSV prevention data to BORN:

difficulty locating RSV information in patient record

- extra time required to enter data
- extra time required to chart in patient record
- **USE AND USEFULNESS OF BORN RSV REPORTING PRODUCTS**

58% of respondents reported using at least one of BORN's RSV-related information products.

The BORN RSV Prevention program report was used to:

- monitor program uptake and compare hospital uptake in other areas
- share the impact of the program to maintain staff motivation
- share reports and presentations for internal audiences (e.g., physician department meetings, pharmacy, leadership, quality and safety teams) and external partners (e.g., city-wide meeting)

PLANNING FOR UPCOMING SEASON

Reaching the 90% RSV immunization target starts with accurate data entry and regular monitoring.

Use your site's BIS data (available with just a 1-day delay) to monitor and improve performance in real time.

Thank you for all your continued commitment and efforts to contributing RSV-prevention data in the BIS. High-quality data facilitates stronger monitoring of Ontario's programs, contributing to improved access for all families.

BORN is here to help you with your RSV data and how you can use reports to inform your program.

Take a look at the checklist below to see how your hospital can prepare for the 2025/2026 RSV season.



BORN regional coordinators are available to support you with BIS data & reports. Reach out to your BORN Coordinator.

TIPS FOR RSV DATA AND REPORTS

Staff awareness & workflow

- ☐ Are staff aware of and understand the RSV data elements in the BIS? ☐ Is RSV data entry integrated into clinical workflows?
- □ Do staff know who to contact with questions about BORN RSV data elements and reports?

- Monitoring RSV program □ Do you know how to access BORN's RSV report and will you monitor this report regularly?
- ☐ Are there meetings or forums where the BORN RSV report can be shared?
- ☐ How can these reports support program planning and improvement?