

Respiratory Syncytial Virus (RSV) Immunization Agents FAQ

The Nova Scotia [Publicly Funded Vaccine/Immunoglobulin Eligibility Policy](#) and [Publicly Funded Vaccine Eligibility for Individuals at High Risk of Acquiring Vaccine Preventable Disease](#) policies were updated in September 2025.

RSV immunization preparations authorized for use in Canada:

There are three Health Canada authorized **active immunization agents** (vaccines) to protect adults against RSV; Abrysvo™ (RSVpreF), Arexvy (RSVPreF3), and mRESVIA® (mRNA-1345). Although Health Canada authorized mRESVIA® (mRNA-1345) in November 2024, mRESVIA® (mRNA-1345) is not currently commercially available in Canada.

- Abrysvo™ (RSVpreF), Arexvy (RSVPreF3), and mRESVIA® (mRNA-1345) are authorized for adults 60 years of age and older.
- Arexvy (RSVPreF3) is also authorized for adults 50 through 59 years who are at increased risk for RSV disease.
- Abrysvo™ (RSVpreF) is also authorized for use in pregnancy between 32 and 36 weeks of gestation to provide passive protection to the infant from birth to 6 months of age through transplacental transfer of antibodies. The efficacy of Abrysvo™ (RSVpreF) vaccine in preventing RSV infection in pregnant individuals has not been evaluated.
 - Arexvy (RSVPreF3) and mRESVIA® (mRNA-1345) CANNOT be substituted for Abrysvo™ (RSVpreF) in pregnant individuals.

There are two Health Canada authorized **passive immunization agents** (monoclonal antibodies) administered directly to infants to protect against RSV; nirsevimab (Beyfortus®) and palivizumab (Synagis®).

RSV protection for neonates, infants, and children

1. What monoclonal antibody immunization agents are publicly funded in Nova Scotia to protect infants and children less than 24 months of age from RSV?

- Nirsevimab (Beyfortus®) is publicly funded for infants meeting universal or high-risk eligibility criteria.
- Palivizumab (Synagis®) is not included in the publicly funded RSV immunization program.

2. What are the eligibility criteria for publicly funded nirsevimab (Beyfortus®)?

- The universal eligibility criteria include all infants born during or entering their first RSV season who are less than 8 months* of age at the time of immunization.
- The high-risk eligibility criteria include children less than 24 months* of age with any of the following medical conditions that increase their risk of severe RSV disease:
- High-risk infant's first RSV season:
 - All premature infants (i.e., born at less than 37 weeks of gestational age [wGA])
 - Chronic lung disease, including bronchopulmonary dysplasia, requiring ongoing assisted ventilation, oxygen therapy or chronic medical therapy in the 6 months* prior to the start of the RSV season
 - Cystic fibrosis with respiratory involvement and/or growth delay
 - Haemodynamically significant chronic cardiac disease
 - Severe immunodeficiency
 - Severe congenital airway anomalies impairing clearing of respiratory secretions
 - Neuromuscular disease impairing clearing of respiratory secretions
 - Down syndrome

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- High-risk infant's second RSV season:
 - Children less than 24 months* of age who are listed as high risk of severe RSV above are eligible for a second dose of nirsevimab (Beyfortus®) in their second RSV season.
 - Exception: those born at less than 37 wGA or with Down syndrome who do not have another medical condition on the list; these groups are not considered at increased risk in their second RSV season.

* Months refer to calendar months

3. In Nova Scotia, what is the definition of "RSV season"?

- There is variation in the seasonality of RSV spanning from the fall to early spring. The local definition of "RSV season" is determined yearly based on local epidemiology.
- The Nova Scotia 2025/2026 Infant RSV Immunization Program will run from October 15, 2025 to April 30, 2026. The 2025/2026 Infant RSV Immunization Program may conclude before April 30, 2026 if epidemiology supports an earlier end date.

4. How long does it take for an infant or child to gain protection from RSV after administering nirsevimab (Beyfortus®) and how long does the protection last?

- Upon administration, monoclonal antibodies such as nirsevimab (Beyfortus®) provide protection immediately as they do not require activation by the immune system.
- Nirsevimab (Beyfortus®) offers protection for 5 months after dosing and may provide full-season protection.

5. Should nirsevimab (Beyfortus®) be administered to an infant who has current or previous confirmed RSV infection in the current RSV season?

- No. Reported rates of second episodes of RSV hospitalization in the same season are very low.
 - Exception: Severely immunocompromised infants may not have developed an immune response to a current or past confirmed infection and could still benefit from receiving a dose. Severe immunodeficiency is defined in the [COVID-19 list of immunocompromising conditions](#). The following additional criteria apply for HIV: CD4 less than 750 cells/ μ L if age less than 1 year or CD4 less than 500 if age 1 to 2 years.

6. Is a child with a high-risk condition entering their second RSV season eligible for nirsevimab (Beyfortus®) if they did not receive or were not eligible for a dose in their first season?

- Yes. Children less than 24 months of age who are entering their second RSV season with an eligible high-risk condition are eligible for a dose of nirsevimab (Beyfortus®).
 - Exception: those born at less than 37 wGA or with Down syndrome who do not have another medical condition on the list are not eligible for a dose of nirsevimab (Beyfortus®).

7. What is the recommendation for preventing RSV in infants when comparing nirsevimab (Beyfortus®) use in an infant to Abrysvo™ (RSVpreF) use in a pregnant person?

- Administration of nirsevimab (Beyfortus®) to an infant is recommended over Abrysvo™ (RSVpreF) administration to a pregnant person due to nirsevimab's superior efficacy, duration of protection and available safety data.
- All infants born during or entering their first RSV season who are less than 8 months of age at the time of immunization are eligible to receive nirsevimab (Beyfortus®) as part of the universal program.

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- Abrysvo™ (RSVpreF) administration during pregnancy may impact an infant's eligibility for nirsevimab (Beyfortus®).
- Abrysvo™ (RSVpreF) is not publicly funded for use in pregnant individuals.

8. If an individual is vaccinated with Abrysvo™ (RSVpreF) during pregnancy, is their infant eligible for the universal nirsevimab (Beyfortus®) program?

- No. There is no expected additional benefit to using both Abrysvo™ (RSVpreF) and nirsevimab (Beyfortus®) **for healthy infants as part of the universal program.**
 - Exceptions:
 - If the infant meets high-risk eligibility criteria (see question 2 for high-risk criteria). OR
 - When an individual who received Abrysvo™ (RSVpreF) during pregnancy delivers a baby less than 2 weeks after vaccine administration, the infant is eligible for nirsevimab (Beyfortus®) as the development of an immune response and transplacental transfer of protective antibodies may be suboptimal. OR
 - If the vaccination status of the pregnant person is unknown, nirsevimab (Beyfortus®) should be administered.

9. What is the route of administration of nirsevimab (Beyfortus®)?

- Nirsevimab (Beyfortus®) is administered as an intramuscular injection.
- The preferred site is the anterolateral aspect of the thigh.

10. How is nirsevimab (Beyfortus®) supplied?

- Nirsevimab (Beyfortus®) 100mg/mL is supplied as 50 mg (50 mg/0.5 mL) and 100mg (100 mg/1 mL) single-use, prefilled syringes.

11. What is the dose of nirsevimab (Beyfortus®)?

- One nirsevimab (Beyfortus®) dose per season is recommended.
- Weight based dosing is used for infants receiving nirsevimab (Beyfortus®).
- First RSV season:
 - Infants less than 5 kg should receive a single 50 mg/0.5 mL dose.
 - Infants weighing 5 kg or more should receive a single 100 mg/1 mL dose.
- Second RSV season for children who are at high risk of severe RSV disease:
 - 200 mg administered as 2 x 100 mg/1 mL injections administered in two different injection sites.
 - If the child weighs less than 10 kg entering their second RSV season, consideration can be given to administering a single 100 mg dose at clinical discretion.

12. Are additional doses of nirsevimab (Beyfortus®) recommended in any populations?

- Infants or children undergoing cardiac surgery with cardiopulmonary bypass or requiring extracorporeal membrane oxygenation (ECMO) for other indications are recommended to receive an additional dose as soon as the individual is stable after surgery or at the conclusion of ECMO to ensure adequate nirsevimab levels.

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13. Are the monoclonal antibody agents nirsevimab (Beyfortus®) or palivizumab (Synagis®) available to prescribe or acquire outside of the publicly funded RSV immunization program?

- Neither product appears available to order and it is unclear if they will be available on the private market.

14. Can nirsevimab (Beyfortus®) be administered concurrently with other immunizing agents?

- Nirsevimab (Beyfortus®) can be administered at the same time, or at any time before or after, other immunization agents including all routine childhood immunizations.

15. Are there contraindications or precautions for the use of nirsevimab (Beyfortus®)?

- Nirsevimab (Beyfortus®) is contraindicated in:
 - Individuals with a known hypersensitivity or history of a severe allergic reaction to any component of the formulation
 - Individuals with a known hypersensitivity to other humanized monoclonal antibodies
- Delaying administration may be considered in those with moderate to severe illness with or without fever, depending on severity and etiology of underlying illness.

16. Can pharmacists prescribe or administer nirsevimab (Beyfortus®)?

- Although it is within scope of practice for a pharmacist to prescribe a Schedule II drug and administer IM immunization agents, nirsevimab (Beyfortus®) will be provided as a publicly funded product to designated providers which do not include pharmacies or pharmacy clinics at this time.

17. Which active immunization agents can be used in pregnant individuals?

- Abrysvo™ (RSVpreF) is the only RSV vaccine approved for active immunization of pregnant individuals from 32 through 36 weeks gestational age for the prevention of lower respiratory tract disease (LRTD) and severe LRTD caused by RSV in infants from birth through 6 months of age.
 - NACI advises that an imbalance in preterm births in the manufacturer's trial was observed. Available data are insufficient to definitively exclude a causal relationship between preterm birth and RSVpreF vaccination. Consequently, at this time, limiting vaccine administration to the Health Canada approved dosing interval of 32 through 36 weeks of gestation reduces the potential risk of preterm birth. NACI will continue to carefully monitor the evidence on the safety of RSVpreF vaccine in pregnant individuals and will update guidance accordingly.
- Arexvy (RSVPreF3) is not authorized for use during pregnancy and there are no data for the use of Arexvy (RSVPreF3) in pregnant individuals.
 - An assessment of the Vaccine Adverse Event Reporting System (VAERS), a US based passive reporting system between August 2023 and January 2024 identified 113 reports of Arexvy (RSVPreF3) inadvertently administered to pregnant individuals. The majority of reports (103 out of 113, or 91.2%) did not indicate any adverse events.
 - After administration of an investigational *unadjuvanted* RSVPreF3 vaccine (not Arexvy) to 3,557 pregnant people in a single clinical study, an increase in preterm births was observed compared to placebo.

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18. Can immunocompromised individuals receive Abrysvo™ (RSVpreF) during pregnancy?

- The efficacy of Abrysvo™ (RSVpreF) vaccine in preventing RSV infection in pregnant individuals has not been evaluated.
- Being immunocompromised is not a contraindication to immunization with Abrysvo™ (RSVpreF). However, there are no data on its use in pregnant individuals with immunocompromise. They may have a diminished immune response to the vaccine.
- Administration of nirsevimab (Beyfortus®) to the infant is recommended over Abrysvo™ (RSVpreF) administration to a pregnant person due to nirsevimab's superior efficacy, duration of protection and available safety data.

19. If an individual is vaccinated with Abrysvo™ (RSVpreF) during pregnancy, and their infant has an eligible high-risk condition for severe RSV disease, is the infant eligible for the high-risk nirsevimab (Beyfortus®) program?

- If Abrysvo™ (RSVpreF) was received during pregnancy and the infant meets the high-risk criteria, nirsevimab (Beyfortus®) should be provided.
- Infants less than 24 months of age with an eligible high-risk condition are eligible for a dose of nirsevimab (Beyfortus®) in their second RSV season regardless of parental receipt of Abrysvo™ (RSVpreF) during pregnancy.
 - Exception: those born at less than 37 wGA or with Down syndrome who do not have another medical condition on the list should not receive nirsevimab (Beyfortus®) in their second RSV season, regardless of administration in the previous RSV season.

20. How long does it take for an infant to gain protection from RSV after administering Abrysvo™ (RSVpreF) during pregnancy and how long does the protection last?

- To allow time for development of a humoral immune response and transplacental transfer of protective antibodies, Abrysvo™ (RSVpreF) is ideally administered at least 2 weeks before birth.
- Protection from the antibodies that are passively transferred to the neonate during pregnancy have high efficacy in the first months of life, however, the protective effect may not exceed 6 months of age due to waning.

RSV vaccines for older adults

21. Who is eligible for publicly funded adult RSV vaccines in Nova Scotia?

- Routine immunization of adults 75 years of age and older, particularly at increased risk of severe RSV disease (see question 23).
- Individuals 60 years of age and older residing in licensed long-term care (LTC) facilities, nursing homes and residential care facilities (RCF), and for individuals 60 years of age and older who are hospital inpatients awaiting placement in a LTC facility.
- Patients who have previously received a dose of RSV vaccine are not eligible for an additional dose.
- NACI does not recommend one RSV vaccine over the other for older individuals.

22. Which adult populations who are not eligible for publicly-funded RSV vaccine in Nova Scotia may also consider vaccination?

- Those who are not eligible for publicly funded RSV vaccine may consider paying for the vaccine through private insurance or out of pocket.

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- RSV immunization may be considered as an individual decision for adults 50 to 74 years of age who are at increased risk of severe RSV disease (see question 23) in consultation with their health care provider.
 - Arexvy (RSVPreF3), Abrysvo™ (RSVpreF) or mRESVIA® (mRNA-1345) can be used in adults 60 years of age and over
 - Only Arexvy (RSVPreF3) is authorized for use in adults 50 -59 years of age
 - The duration of protection of the RSV vaccine is not yet known, and it is unclear if the protection offered by vaccination can be boosted by subsequent doses. Therefore, healthy individuals who are less than 75 years of age may want to discuss deferring vaccination with their health care providers to a future time when they may be at greater risk of severe RSV disease and the vaccine may confer greater benefit.
- Adults who live in or are part of some First Nations, Métis, and Inuit communities may consider RSV vaccination at a younger age given the evidence for an increased burden of illness due to social, environmental, and economic factors, rooted in the history of colonization and systemic racism.

23. What health conditions in older adults lead to increased risk for severe RSV disease?

- Cardiac or pulmonary disorders (includes chronic obstructive pulmonary disease [COPD], asthma, cystic fibrosis, and conditions affecting ability to clear airway secretions)
- Diabetes mellitus and other metabolic diseases
- Moderate and severe immunodeficiency
- Chronic renal disease
- Chronic liver disease
- Neurologic or neurodevelopmental conditions (includes neuromuscular, neurovascular, neurodegenerative [e.g., dementia], neurodevelopmental conditions, and seizure disorders, but excludes migraines and psychiatric conditions without neurological conditions)
- Class 3 obesity (defined as BMI of 40 kg/m² and over)

24. When is the best time to get an RSV vaccine?

- While the vaccine is available year-round, the optimal time to get an RSV vaccine in older adults is just before the start of the RSV season.
- There is variation in the seasonality of RSV spanning from the fall to early spring. The local definition of “RSV season” is determined yearly based on local epidemiology.

25. Are additional (booster) doses of RSV active vaccines recommended?

- There are no recommendations for additional doses in individuals that previously received an RSV active vaccine and individuals do not require a dose every season.
- The efficacy of RSV vaccines in older adults beyond the first RSV season is not yet clear but data suggests protection is maintained for at least two to three RSV seasons.
 - While the duration of protection from a single dose is unknown, deferring vaccination to a future time when the individual is at greater risk of severe RSV disease and the vaccine may confer greater benefit should be discussed.
- The need for a subsequent Abrysvo™ (RSVpreF), Arexvy (RSVPreF3), and mRESVIA® (mRNA-1345) vaccine doses are not yet clear.

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26. Can RSV vaccines be given concurrently with other vaccines?

- RSV vaccines can be administered at the same time or at any time before or after other vaccines.
- NACI suggests, *if possible*, RSV vaccines should be spaced by at least 6 weeks before or after non-seasonal vaccines (e.g. shingles, Td) to avoid inadvertently attributing an adverse event from another vaccine to the RSV vaccine.

27. Can RSV vaccines be given to individuals under the age of 60?

- Arexvy (RSVPreF3) is authorized for adults 50 through 59 years who are at increased risk for RSV disease.
- Health Canada authorized Abrysvo™ (RSVpreF) for pregnant individuals between weeks 32-36 of pregnancy.
- RSV vaccines are not publicly funded in Nova Scotia for populations under 75 years of age with the exception of individuals 60 years of age and older residing in LTC facilities, nursing homes and RCFs, and for individuals 60 years of age and older who are hospital inpatients awaiting placement in a LTC facility.

28. Is spacing required between an RSV vaccine and lab-confirmed RSV infection?

- Primary infection with RSV does not confer protective immunity against reinfection.
- Even with a history of RSV infection, RSV vaccination with active immunization agents can help prevent future respiratory disease from RSV.
- RSV vaccines may be administered to those with prior RSV infection provided they have recovered from their illness.

29. What are the similarities and differences between Abrysvo™ (RSVpreF) and Arexvy (RSVPreF3)?

- Abrysvo™ (RSVpreF) and Arexvy (RSVPreF3) are similar in the following ways:
 - Both vaccines are authorized in adults 60 years of age and older.
 - Both vaccines are non-live protein subunit vaccines.
 - Neither vaccine contains preservatives or natural rubber latex.
 - There have been no head-to-head trials but limited data suggests Abrysvo™ (RSVpreF) and Arexvy (RSVPreF3) result in similar reductions in hospitalization associated with RSV and medically attended RSV respiratory tract infection (RTI) for adults 60 years of age and older.
- Abrysvo™ (RSVpreF) and Arexvy (RSVPreF3) differ in the following ways:
 - Abrysvo™ (RSVpreF) is authorized for people who are 32 to 36 weeks pregnant.
 - Arexvy (RSVPreF3) is authorized for adults 50 through 59 years who are at increased risk for RSV disease.
 - Abrysvo™ (RSVpreF) contains tromethamine (also found in other common vaccines e.g. mRNA COVID-19 vaccines).
 - Arexvy (RSVPreF3) contains the adjuvant AS01_E.
 - Common, mild side effects such as pain at the injection site, headache, fatigue, and myalgia are reported more with Arexvy (RSVPreF3).

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30. How does mRESVIA® (mRNA-1345) differ from the protein subunit RSV vaccines Abrysvo™ (RSVpreF) and Arexvy (RSVPreF3)?

- mRESVIA® (mRNA-1345) although authorized for use in Canada, is not commercially available.
- mRESVIA® (mRNA-1345) is an mRNA vaccine indicated for active immunization in adults 60 years of age and older.
- mRESVIA® (mRNA-1345) is supplied as a non-adjuvanted, preservative-free dispersion, in a prefilled syringe, which is stored frozen (-40°C to -15°C) and once thawed can be stored refrigerated (2°C-8°C) for up to 90 days.

31. What is an adjuvant?

- In a vaccine, an adjuvant is a substance that helps elicit an increased immune response to an antigen.
- Arexvy (RSVPreF3) contains an adjuvant called AS01_E. This is the same adjuvant used in the herpes zoster (shingles) vaccine Shingrix®, but Arexvy (RSVPreF3) contains half the adjuvant dose.

32. How are Abrysvo™ (RSVpreF) and Arexvy (RSVPreF3) administered?

- Both Abrysvo™ (RSVpreF) and Arexvy (RSVPreF3) are administered as a single 0.5 mL intramuscular injection.

33. How is Abrysvo™ (RSVpreF) supplied and prepared?

- Abrysvo™ (RSVpreF) is supplied as a reconstitution kit containing 1 vial of antigen powder, 1 prefilled syringe of diluent and 1 vial adapter.
- Instructions on preparation (with photos) can be found in Section 4 of the [product monograph](#) and an instructional video can be found on the product [website](#) (see minutes 0 to 2:37).

34. How is Arexvy (RSVPreF3) supplied and prepared?

- Arexvy (RSVPreF3) is supplied as 1 single dose vial of antigen powder and 1 single dose vial of adjuvant suspension.
- Instructions on preparation (with photos) can be found in Section 4 of the [product monograph](#).

35. Can other diluents be used to reconstitute RSV vaccines?

- No, RSV vaccines must not be mixed with other medicinal products, vaccines, or diluents.
 - Abrysvo™ (RSVpreF) must be reconstituted with the prefilled syringe of diluent provided as part of the reconstitution kit.
 - Arexvy (RSVPreF3) must be reconstituted with the accompanying manufacturer supplied suspension which also contains the adjuvant.

36. Can pharmacists prescribe active RSV vaccines?

- Yes, RSV active immunization agents (vaccines) are included in the list of vaccines pharmacists may prescribe as outlined in the [NSPR Standards of Practice: Prescribing Drugs](#).

37. If an individual has privately paid for a dose of RSV vaccine in the past, are they eligible for a publicly funded dose of RSV vaccine?

- No, individuals who have previously received a dose of RSV vaccine are considered immunized and not eligible for publicly funded RSV vaccine.
- NACI does not recommend one vaccine over another in older individuals. All RSV vaccines provide protection against RSV in older adults.

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38. Is there an increased risk of Guillain-Barré syndrome (GBS) with RSV vaccinations in older adults?

- Safety data are limited among adults 60 years of age and older. However, early safety data suggest a potential increased rate of inflammatory neurologic events, including GBS, after administration of Abrysvo™ (RSVpreF) or Arexvy (RSVPreF3) in adults 60 years of age and older.
- Current information is insufficient to confirm an increased frequency of these events associated with the vaccines. NACI continues to monitor safety evidence on Abrysvo™ (RSVpreF) and Arexvy (RSVPreF3) in adults and will update guidance accordingly.

39. Who should I call if I have further questions?

- Privately and publicly funded vaccine clinical questions: NS Health Vaccine Consult Service (8:30am-4:30pm, 7days/week)
 - Phone: 1-833-768-1151, Fax: 1-902-425-6707, Email: VaccineConsult@nshealth.ca
- Publicly funded vaccine ordering, delivery, and storage questions: Provincial BioDepot
 - Phone: 902-481-5813, Email: publichealthvaccineorders@nshealth.ca
- Publicly funded vaccine policy and eligibility questions: Local public health office: [Public Health | Nova Scotia Health](#)