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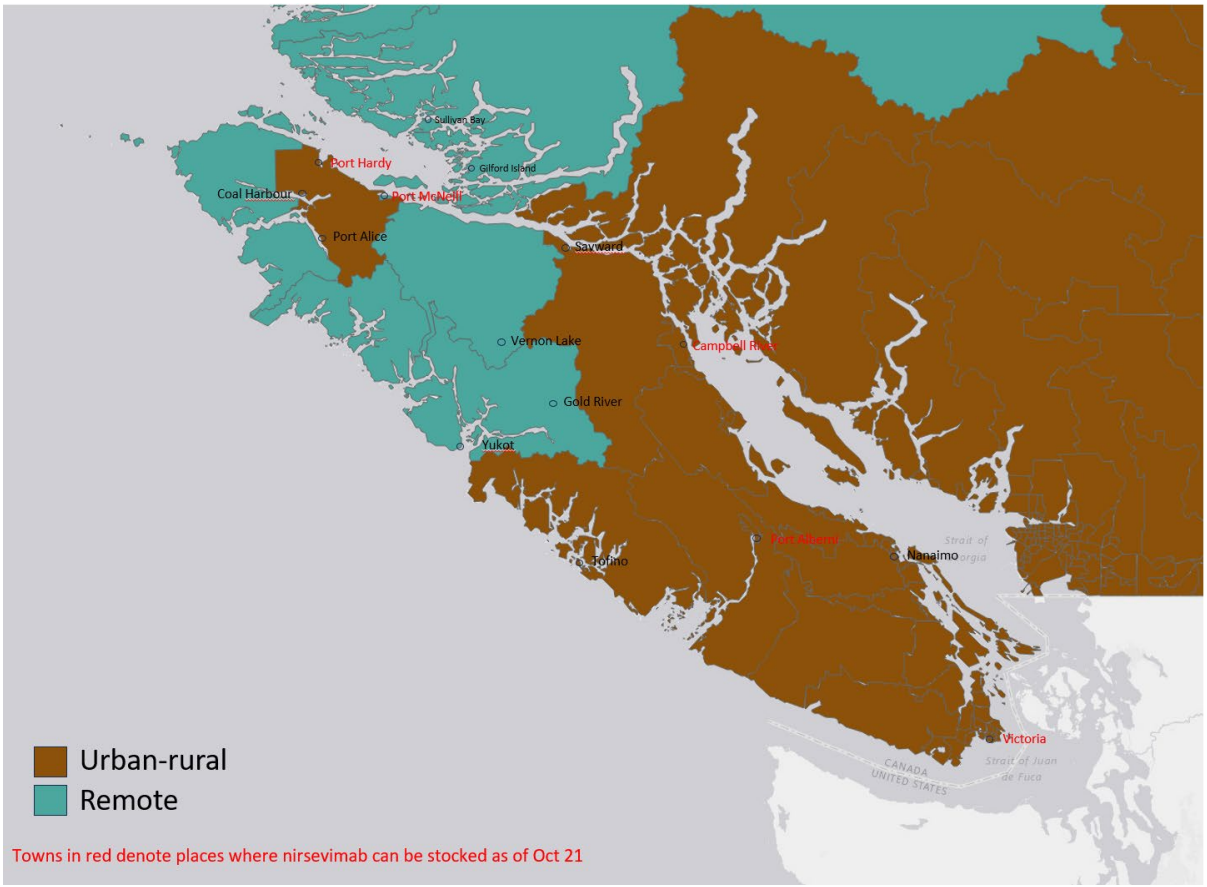
November 8, 2024

MHO Newsletter: Respiratory Syncytial Virus (RSV) monoclonal antibody for infants (nirsevimab)

Dear Physicians, Nurse Practitioners and Midwives for Vancouver Island North Remote, Vancouver Island West and Port McNeill/Sointula communities:

RSV is a common and very contagious virus that is a major cause of lower respiratory tract illness, especially in infants, young children, and older adults. In Canada, RSV causes annual outbreaks of respiratory tract disease, usually starting in late fall and continuing through early spring. Currently, RSV activity is low in Island Health. However, with the virus already detected and spreading on the mainland, we expect RSV season to start here in the next couple of weeks.

This year, limited doses of nirsevimab, the long-acting RSV monoclonal antibody, will be made available for infants born after March 31, 2024, who primarily reside in Vancouver Island North Remote, Vancouver Island West and Port McNeill/Sointula communities (eligible geographic areas highlighted in green):



Nirsevimab doses will be prepositioned at locations indicated in red.

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- **For eligible babies born during the upcoming RSV season, nirsevimab is ideally administered prior to discharge and within a week of birth.** In the case of a prolonged hospital stay, it should be administered shortly before or promptly after discharge. Nirsevimab will be available to these infants at the North Island Hospital Campbell River & District, Port Hardy Hospital, Port McNeill Hospital and West Coast General Hospital elsewhere by special arrangement through Public Health and/or First Nations Health Authority (e.g., Nanaimo Regional General Hospital, Victoria General Hospital, BC Women's Hospital).

- **For eligible babies born before RSV season (but after March 31, 2024), nirsevimab can be administered at their local Health Unit (Campbell River, Port Hardy, Port Alberni or Port McNeill) or elsewhere by special arrangement through Public Health and/or First Nations Health Authority.**
    - Nirsevimab can be administered on the same day, or at any time before or after, routine childhood vaccines. Because the monoclonal antibody targets a specific antigen, nirsevimab would not be expected to interfere with immunizations for protection from other infections.

Please discuss nirsevimab with all eligible families in your practice (see attached Patient Information sheet). Once informed consent is obtained, please register the eligible infant through RedCap link and let the family know that Public Health or First Nations Health Authority will be contacting them shortly to arrange administration. You will need the infant's current weight in order to complete the registration.

Please note that the RSVpreF vaccine (Abrysvo) may be considered during pregnancy, to prevent severe RSV disease in the infant. For infants whose mother/birthing parent received RSVpreF vaccine at 32-36 weeks of pregnancy, where at least 14 days passed between vaccination and birth, nirsevimab will not usually be indicated. However, if the infant is at increased risk for severe RSV disease or is born less than 14 days after the RSV vaccine was given, nirsevimab should still be provided. RSVpreF vaccine is not currently publicly funded in BC but can be accessed through prescription and private purchase from a pharmacy.

For additional information see attached:

- **BC RSV Immunoprophylaxis Program Letter- Nirsevimab implementation for the 2024-2025 RSV immunoprophylaxis season**

More Information and Resources:

- National Advisory Committee on Immunization (NACI)'s Statement on the Prevention of Respiratory Syncytial Virus (RSV) Disease in Infants
- HealthLinkBC Respiratory Syncytial Virus (RSV) Infection
- ImmunizeBC- RSV Vaccine for use in Pregnancy
- Parent education for RSV RSV-and-your-child.pdf (cw.bc.ca)
- Parent education for nirsevemab Nirsevimab.pdf (cw.bc.ca)

Yours in Health,

Dr. Christina Kay, MD, MSc, FRCPC
Medical Health Officer

On behalf of
Charmaine Enns, MD, MHSc, FRCPC
Medical Health Officer