Manitoba Paediatric RSV Immunoprophylaxis Program and Administration Pathways

Frequently Asked Questions

1. What are the eligibility criteria for the expanded Manitoba Paediatric RSV Immunoprophylaxis Program?

All infants born between **October 1, 2025, and March 31, 2026** are eligible to receive a dose of nirsevimab.

Infants and children with the following high-risk conditions may also be eligible in consultation with the *Manitoba High-Risk RSV Immunoprophylaxis Program*:

- Preterm infants born before 33 weeks gestational age between April 1 and September 30, 2025;
- Children with cardiac conditions < 2 years of age on October 1, 2025 (in consultation with pediatric cardiology)*;
- Children with chronic lung conditions, typically requiring supplemental oxygen treatment, < 2 years of age on October 1, 2025*;
- Other patients in consultation with the *Manitoba High-Risk RSV Immunoprophylaxis Program**.

*Eligibility for these infants will be determined on a case-by-case basis by the *Manitoba High-Risk RSV Immunoprophylaxis Program* with specialist consultation as needed.

For further information visit:
https://www.gov.mb.ca/health/publichealth/cdc/vaccineeligibility.html.

2. Why are infants born before October 1, 2025, not eligible for a dose of nirsevimab?

The launch of the 2025 Manitoba Paediatric RSV Immunoprophylaxis Program represents a dramatic expansion of the Manitoba program compared to previous years, where it was only offered to high-risk infants.
The updated program is designed to maximize coverage for newborns born during the respiratory virus season by ensuring they are offered protection from RSV in hospital shortly after birth starting Oct 1, 2025.
Like any program, specific parameters were determined, and it does take time to evaluate an updated program. Our focus with this new program is to ensure we are providing coverage to those who we anticipate will see maximum benefit during the respiratory virus season.

3. What product is used in the Manitoba Paediatric RSV Immunoprophylaxis Program?

Nirsevimab (brand name Beyfortus®**)** is currently the RSV long-acting monoclonal antibody available for use in Manitoba.

4. Where can infants born between October 1, 2025, and March 31, 2026, receive nirsevimab?

- At birthing facilities – before discharge.
- If an infant did not receive a dose of nirsevimab in the birthing facility, parents can be directed to contact their local public health office for information on how to obtain a dose https://www.gov.mb.ca/health/publichealth/offices.html.
- Doses may be administered through:
  - Local public health offices
  - Post-partum home visits – provided by a public health nurse;
  - First Nations or provincial nursing stations/health centres**;**
  - Births attended by midwives – during post-natal follow up visits.

5. Can an infant whose family resides outside of the province or country receive nirsevimab here?

Yes, if the infant meets Manitoba Health's eligibility criteria (e.g., born during October 1, 2025, and March 31, 2026, or identified as high risk), they can receive nirsevimab while they are in Manitoba.

6. Can nirsevimab be given concurrently with other vaccines?

Yes, nirsevimab may be given concurrently with, before, or after routine childhood vaccines.

Note: If given at the same time as injectable vaccines, use separate syringes and different injection sites.

7. What if the baby's mother/birthing parent already received the RSV vaccine during pregnancy?

While there are no known safety concerns for infants whose parent received the RSV vaccine during pregnancy, using both is not routinely recommended and is typically considered only for high-risk infants or those born less than 14 days after maternal vaccination.

8. How does the efficacy of maternal RSV vaccination during pregnancy compare to nirsevimab given directly to infants in preventing RSV hospitalizations?

Studies show that nirsevimab reduces RSV-associated hospitalizations and ICU admissions in infants by approximately 81% and 90%, respectively, providing strong, direct protection that last for 6 months. In contrast, RSV vaccination during pregnancy reduces infant RSV hospitalizations and ICU admissions by around 43% and 57%, respectively.

9. How do participating sites order nirsevimab?

All locations participating in the nirsevimab program may order doses directly from the provincial vaccine warehouse using *Manitoba Health Vaccines and Biologics Order Form* www.gov.mb.ca/health/publichealth/cdc/protocol/vaccinebiologics.pdf
This applies to doses for all eligible infants (see "Eligibility criteria" above).

For suspected cold chain breaks, follow regional reporting protocols and refer to the *Manitoba Cold Chain Protocol for Vaccines and Biologics*: www.gov.mb.ca/health/publichealth/cdc/protocol/ccp.pdf.

10. What is the dosage for infants?

A single intramuscular dose of nirsevimab is recommended for eligible infants. Dosage is weight-based:

- 50 mg (0.5 mL) for infants weighing less than 5 kg;
- 100 mg (1.0 mL) for infants weighing 5 kg to under 10 kg;
- 200 mg (1.0 ml x 2 divided doses) for infants weighing 10 kg or more.

For high-risk infants who may require two injections (in consultation with the *Manitoba High-Risk RSV Immunoprophylaxis Program*), doses should be administered at different injection sites.

For further information see: *Nirsevimab Passive Immunizing Agent (Human Monoclonal Antibody) Quick Reference Guide* https://www.gov.mb.ca/health/publichealth/diseases/docs/nirsevimab-qrg.pdf.

11. How should administration of nirsevimab be documented?

All doses must be submitted by fax to Manitoba Health: 204-945-6482 for entry into the Public Health Information Management System (PHIMS) using the *RSV Monoclonal Antibody Administration Reporting Form for Health Care Providers* https://www.gov.mb.ca/health/publichealth/cdc/div/manual/docs/rsv-monoclonal-ab-administration-form.pdf.

Once entered into PHIMS, the record is considered the official immunization document.

Note: Doses are filled in the order received and entered into PHIMS approximately 3 months from receipt, allowing time for MB Health to create the infant's profile (PHIN assignment).

Additional Resources

Respiratory Syncytial Virus (RSV) Manitoba Health Program Website
https://www.gov.mb.ca/health/publichealth/diseases/rsv.html

Nirsevimab Quick Reference Guide
https://www.gov.mb.ca/health/publichealth/diseases/docs/nirsevimab-qrg.pdf

Beyfortus® (nirsevimab) Product Monograph https://pdf.hres.ca/dpd_pm/00070439.PDF

Canadian Immunization Guide
https://www.canada.ca/en/public-health/services/publications/healthy-living/canadian-immunization-guide-part-4-active-vaccines/respiratory-syncytial-virus.html