

# RSV Monoclonal Antibody Administration Reporting Form for Health Care Providers



**Purpose:** This form is to be used by health care providers to report whether a dose of RSV monoclonal antibody (RSV mAb) was administered between Oct 1 – Mar 31 to an eligible infant and facilitate entry of an administered dose of RSV mAb into Manitoba's Immunization Registry in PHIMS. For more information about the eligibility, please visit:  
<https://www.gov.mb.ca/health/publichealth/cdc/vaccineeligibility.html#RSV>

**Instructions:** Fill out sections A-C for **all** infants and section D if the infant received nirsevimab.

## A. Infant Demographic Information Print legibly.

<b>Last Name:</b>	<b>First Name:</b>
<b>Date of Birth</b> (yyyy/mm/dd):	<b>Birth Site:</b>
<b>Sex</b> <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> X	<b>MB Health Reg (6 digit):</b>
<b>Mother/Birthing Parent's Last Name:</b>	<b>Mother/Birthing Parent's First Name:</b>
<b>Home Address:</b>	
<b>Postal Code:</b>	<b>Phone Number:</b>

## B. RSV Vaccine During Pregnancy

<b>Did the infant's birthing parent receive the RSV vaccine during pregnancy?</b>
<input type="checkbox"/> <b>Yes</b> – RSV mAb is generally not recommended unless the infant is at high risk or was born less than 14 days after the parent's vaccination. In those cases, consult the Paediatric High-Risk RSV Immunoprophylaxis Program.
<input type="checkbox"/> <b>No</b> – RSV mAb is recommended.

**Note:** There are no known safety concerns with giving RSV mAb to an infant whose parent received the RSV vaccine during pregnancy; however, using both is not routinely recommended, and generally only considered if the infant is at high risk or born less than 14 days after maternal vaccination.

## C. Administration of RSV mAb

<input type="checkbox"/> <b>Yes – RSV mAb dose administered.</b> Please complete section D and: 1) Fax completed form to Manitoba Health: <b>204-945-6482 AND</b> 2) <b>For Birthing Facilities:</b> Fax a copy of this form along with the Postpartum Referral Form and/or Infant Referral Form to Regional Public Health through the usual communication channel <b>AND</b> include the form in the discharge summary (received by the infant's care provider and First Nation nursing station or health centre) <b>AND</b> 3) Give a copy of this form to the infant's legal guardian <input type="checkbox"/> <b>No – RSV mAb not administered.</b> Skip section D and: 1) <b>For Birthing Facilities:</b> Fax a copy of this form along with the Postpartum Referral Form and/or Infant Referral Form to Regional Public Health through the usual communication channel <b>AND</b> include the form in the discharge summary (received by the infant's care provider and First Nation nursing station or health centre) <b>AND</b> 2) Give a copy of this form to the infant's legal guardian
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## D. Immunization Information

<b>Ensure all information is entered into each row legibly (all fields are mandatory)</b>			
<b>Immunizing Agent</b> (Product Name)		<b>Route</b>	
<b>Date Given</b> (yyyy/mm/dd)		<b>Immunizer's Name</b>	
<b>Lot Number</b>		<b>Immunizer's Phone Number</b>	
<b>Dosage</b>		<b>Service Delivery Location</b>	
<b>Site of Administration</b>		<b>City/Town/Community</b>	