Nirsevimab (RSV Antibody)

Public Health - Fact Sheet

Immunization is one of the most important accomplishments in public health. Immunizations help in eliminating and controlling the spread of infections and diseases.

What is Respiratory syncytial virus (RSV)?

Respiratory Syncytial Virus (RSV) is a highly contagious virus that affects the upper and lower airways in the lungs. It spreads through very small droplets when an infected person coughs or sneezes, direct contact (e.g., kissing) or indirect contact with contaminated surfaces like toys and doorknobs. RSV usually spreads during the fall and winter months.

Most children will experience at least one RSV infection by the age of two. In many cases, the illness is mild and resembles a common cold. Typical symptoms include a runny nose, cough, fever, wheezing, decreased appetite and energy, and irritability in young children. Older children and adults may also become infected, usually experiencing mild, cold-like symptoms.

RSV symptoms often go away on their own within a few days. But it can cause serious illness in high-risk groups, including infants under six months old, older adults, and individuals with underlying health conditions.

What is Nirsevimab?

Nirsevimab is an antibody product that provides infants with immediate protection against RSV. It is usually given as one dose with a needle. Protection against RSV is expected to last for one RSV season (about five months). Studies have shown that it can reduce RSV-related hospital visits and complications by roughly 70 to 90%.

Who is eligible to get Nirsevimab?

Starting 2025, all infants born between October 1, 2025 and March 31, 2026 can receive one 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.

Who should NOT get Nirsevimab?

Talk to your health care provider if your child(ren):

- Has/have had a severe allergic reaction after receiving a previous dose of nirsevimab
- is/are allergic to any contents of the antibody product

Anyone with high fever should postpone immunization until recovered. Nirsevimab can still be given if the illness is mild, like a runny nose, or slight cough.

There are no known safety concerns with giving nirsevimab to your baby if the mother/birthing parent received the RSV vaccine during pregnancy. But, using both is not routinely recommended, and generally only considered if your baby is at high risk or born less than 14 days after the mother/birthing parent received the RSV vaccine. If you have received an RSV vaccine while pregnant, please talk to your health care provider about whether your infant should still receive a dose of nirsevimab.

What are the possible side-effects of Nirsevimab?

Health Canada approves antibody products based on a review of quality and safety. It is much safer to get nirsevimab than to get RSV-related illnesses. Side effects are uncommon. If they occur, the most common include soreness, redness or swelling where nirsevimab was given. These are mild reactions and usually only last one to two days. Acetaminophen (ex: Tylenol®) can be given for soreness.

Acetylsalicylic acid-ASA (ex: Aspirin) * should NEVER be given to children because it can cause a severe liver and brain disease called Reye's Syndrome.

There have been no reports of a serious allergic reaction with nirsevimab, but this is a theoretic possibility. Severe allergic reactions are extremely rare, but it is still important to monitor your child for symptoms such as hives, difficulty breathing, or swelling of the throat and face. It is important to stay in the clinic for 15 minutes after your child(ren) gets nirsevimab so they can be monitored. If symptoms occur after leaving the clinic, call 911 or go to the nearest emergency department for immediate attention.

Report any serious or unexpected side-effects to a health care provider.



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Your record of protection

All immunizations are recorded in a person's immunization record in Manitoba's Immunization Registry.

This registry enables:

- your health care provider to find out which immunizations you or your child(ren) have received
- the production of immunization records or notification to you about overdue immunizations
- public health officials to monitor how well immunizations work in preventing disease

For information on how to obtain a copy of your immunization record, visit: www.gov.mb.ca/health/publichealth/cdc/div/records.html.

The Personal Health Information Act protects your information and/or that of your child(ren). You can have your personal health information and/or that of your child(ren) hidden from view from health care providers. For more information, please refer to: www.gov.mb.ca/health/publichealth/surveillance/phims.html.

For the most current version of this or other immunization factsheets and resources visit: www.gov.mb.ca/health/publichealth/cdc/div/vaccines.html.

For more information on Respiratory syncytial virus (RSV) and Nirsevimab, you can:

- talk to your health care provider;
- call Health Links Info Santé in Winnipeg at 204-788-8200; toll free elsewhere in Manitoba 1-888-315-9257;
- visit Manitoba's Influenza Program website at: www.gov.mb.ca/health/publichealth/cdc/div/index.html.