2026-2027 Respiratory Syncytial Virus (RSV) Prophylaxis Administration Quick Reference Guide

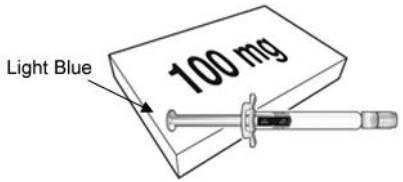
This is a quick reference guide for healthcare providers administering publicly funded RSV prophylaxis in the NWT. This document does not replace information provided in the Canadian Immunization Guide, the National Advisory Committee on Immunization (NACI) statement, vaccine product monographs, or CPHO alerts. It is the vaccine administrator's responsibility to ensure they review the most current documents included in this program package. If there is a discrepancy between the NACI statement and the product monograph, please follow the NACI statement.

1. Canadian Immunization Guide RSV Chapter
2. NACI: Statement on Prevention of RSV Disease in Infants
3. Beyfortus Product Monograph

Adverse Event Following Immunization (AEFI)

An AEFI is defined as any unexpected, serious event (an event that is not listed in the vaccine product monograph but may be related to immunization). AEFIs must be reported within 24 hours of identification of the AEFI to the Office of the Chief Public Health Officer (OCPHO).

Completed AEFI forms should be sent by Secure File Transfer to CDCU@gov.nt.ca or by fax to (867)873-0442.

BEYFORTUS (nirsevimab injection)	BEYFORTUS 50 mg (50 mg/0.5 mL)	BEYFORTUS 100 mg (100 mg/1 mL)
Indication	Indicated for the prevention of Respiratory Syncytial Virus (RSV) lower respiratory tract disease in all NWT resident infants born after June 1, 2026, or during the 2026-2027 RSV season. • Note that some infants and children less than 2 years of age in their second RSV season may be eligible for an additional dose– please complete the RSV Prophylaxis Program Assessment Form for review by the Territorial Pediatrician for determination. All forms to be submitted to Territorial Public Health (TPH) at NTHSSA_PublicHealth@gov.nt.ca via Secure File Transfer: https://sft.gov.nt.ca/. Any questions or concerns about the assessment form can be directed to NTHSSA_PublicHealth@gov.nt.ca.	
Storage and handling of vaccine	Store in a refrigerator (2°C - 8°C). Keep the pre-filled syringe in the outer carton to protect it from light. BEYFORTUS may be kept at room temperature (20°C - 25°C) for a maximum of 8 hours. After removal from the refrigerator, BEYFORTUS must be used within 8 hours or discarded. Do not freeze, shake or expose to heat. In the absence of compatibility studies, this medicinal product must not be mixed with other medicinal products.	
Age indication for NWT residents	Birth to ≤ 24 months of age	Birth to ≤ 24 months of age
Supplied	Single use pre-filled syringe BEYFORTUS 50 mg (50 mg/0.5 mL) pre-filled syringe with a purple plunger rod. 	Single use pre-filled syringe BEYFORTUS 100 mg (100 mg/1 mL) pre-filled syringe with a light blue plunger rod. 

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Dosing	• For neonates and infants entering or during their first RSV season and weighing less than 5 kg (but more than 1.6kg), a 0.5 mL dose (50 mg/0.5 mL) should be administered intramuscularly.	• For neonates and infants entering or during their first RSV season and weighing 5kg or more, a 1 mL dose (100 mg/1 mL) should be administered intramuscularly. • For children who remain vulnerable to severe RSV disease entering their second RSV season, and who have been approved by the Territorial Pediatrician, should receive a 200mg dose, given as two 1ml (100mg/mL) intramuscularly in two separate injection sites.
Route of administration	Intramuscular (IM)	Intramuscular (IM)
Site	Vastus lateralis (anterolateral thigh)	Vastus lateralis (anterolateral thigh)
Booster	Not indicated	Not indicated
Contraindications	Contraindications: • Known hypersensitivity or history of a severe allergic reaction (e.g., anaphylaxis) to any component of the products. • Known hypersensitivity to other humanized monoclonal antibodies Additional notes: • Minor illnesses such as the common cold, with or without fever, are not contraindications to use of RSV monoclonal antibodies or RSV vaccines. • Moderate to severe illness, with or without fever, is a reason to consider deferring administration. The decision to delay administration of an immunizing agent will depend on the severity and etiology of the underlying disease as well as the risk of not immunizing.	

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Warnings and Precautions	Should be given with caution to individuals with thrombocytopenia, any coagulation disorder or to individuals on anticoagulation therapy. In some individuals with protein-losing conditions, an increased clearance of nirsevimab was observed in clinical trials and nirsevimab may not provide the same level of protection in individuals with significant protein loss.	
Common Side Effects: • **For a complete list see the vaccine product monograph (link above)**	Overall, the evidence suggests that among infants entering their first RSV season, nirsevimab is not likely to increase the risk of severe systemic and local adverse events (AEs) compared to placebo. In infants considered at high risk entering their first and second RSV season, nirsevimab is not likely to increase the risk of severe systemic and local AEs when compared to palivizumab. Moreover, no meaningful differences in serious AEs were observed when nirsevimab is compared to placebo or to palivizumab. Uncommon (may affect up to 1 in 100 children) • Rash (can occur up to 14 days post administration) • Injection site reaction (i.e. redness, swelling, and pain where the injection is given) (can occur up to 7 days post administration) • Fever (can occur up to 7 days post administration) Not Known (cannot be estimated from available data) • Allergic reactions	
Concurrent administration with other vaccines	Nirsevimab can be administered on the same day, or at any time before or after, routine childhood vaccines. Given that the monoclonal antibody targets a specific antigen, nirsevimab would not be expected to interfere with immunizations for protection from other infections	
Ingredients	Medicinal ingredient: nirsevimab Non-medicinal ingredients: L-arginine hydrochloride, L-histidine, L-histidine hydrochloride, polysorbate 80, sucrose, and water for injection.	