Government of
Northwest Territories

Seasonal Respiratory Syncytial Virus (RSV) Prophylaxis Guidelines for 2026-2027

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Key Definitions:

Respiratory Syncytial Virus (RSV): A common respiratory virus that usually causes mild, cold-like symptoms but can also affect the lungs. Symptoms of RSV may include runny nose, decrease in appetite, coughing, sneezing, fever, or wheezing. Most children recover from RSV in a week or two. For some infants and young children, and older adults with certain comorbidities or who reside in a long-term care facility, RSV can be dangerous – it can cause difficulty breathing, low oxygen levels, and dehydration, which can require hospitalization.

RSV Immunizing agents: For infants, the RSV immunizing agent is Beyfortus™ (trade name) also known as nirsevimab (generic name). RSV prophylaxis is used to describe the administration of Beyfortus™ to prevent RSV. Beyfortus™ is administered via an intramuscular (IM) injection, and it can prevent severe RSV disease in infants and young children. It is made of antibodies that can prevent severe lung disease caused by RSV. Antibodies are proteins that the body's immune system uses to fight off harmful germs. Beyfortus™ is a passive immunizing agent that provides antibodies directly to the recipient, providing protection immediately and up to 6 months after administration.

RSV Season: refers to the timeframe that the Northwest Territories (NWT) has RSV circulating. This typically occurs from fall to winter, with specific dates varying year-to-year. In post-pandemic NWT, the respiratory syncytial virus (RSV) season typically begins in November or December and lasts through spring (April/May), with peak activity commonly occurring between December and March. Beyfortus™ is a long-acting monoclonal antibody that provides protection for at least 5 months, giving it shortly before the active season officially begins maximizes its strength.

The date to begin and end RSV Season is determined and announced each year by the Office of the Chief Public Health Officer (OCPHO). It is during the RSV Season that Beyfortus™ is authorized for administration. Over the past 3 seasons, the average length of the RSV season has been 6.5 months.

Universal RSV program: In 2026, the National Advisory Committee on Immunizations (NACI) released updated guidance to protect infants and children from RSV. NACI strongly recommends universal RSV immunization programs to protect infants, using seasonal administration. A universal program means that *all* infants during their **first** RSV season are eligible for the Beyfortus™. Seasonal administration means that the RSV immunization programs are offered during RSV season. NACI also strongly recommends that infants at increased risk of severe RSV disease receive monoclonal antibodies. This means some children may be eligible for Beyfortus™ during their second RSV season. Eligibility criteria will be listed below.

History of RSV Programs in the NWT

The RSV program was initiated in the NWT in 2004. In 2012, eligibility criteria expanded to allow more infants the opportunity for vaccination. In 2024, the immunizing agent changed from Synagis to Beyfortus™ and the eligibility criteria expanded to include all infants who were between the ages of 0-3 months at the start of RSV season. **The 2026-2027 season will be the first season that the NWT offers a universal RSV program to all infants during their first RSV season.**

Overview and Goals of Seasonal RSV Program for Infants

RSV is one of the most common respiratory viruses in infants and young children, infecting almost all children by the age of two years old. RSV can cause serious respiratory disease in infants and young children. Although the risk of severe RSV disease is higher in infants with certain medical conditions, infants who are not at increased risk account for the largest proportion of infants with severe RSV disease each year. Consistent with many other respiratory viruses, RSV is seasonal, with infections being more common in the winter.

The NWT now offers a universal RSV program, meaning all infants will be eligible for Beyfortus™ during their first RSV season. Administering RSV Prophylaxis can temporarily protect infants and children from severe RSV. In the NWT, RSV Prophylaxis is seasonally administered during RSV season. The start and end date for RSV season is determined and announced by the NWT Chief Public Health Officer. RSV Prophylaxis may only be offered during the RSV season.

The Chief Public Health Officer in conjunction with the Pediatric Specialist at Stanton Territorial Hospital reviews and approves Seasonal RSV Prophylaxis annually. For the 2026-2027 season, **Beyfortus™ will be the passive immunization option** for NWT resident infants and young children based on its efficacy, duration of protection, and good safety profile.

It is the responsibility of all vaccine administrators to review the following documents before the administration of RSV prophylaxis:

1. Canadian Immunization Guide RSV Chapter
2. Product monograph for Beyfortus™

Eligibility Criteria/Target Population for RSV Program for Infants

- All NWT infants born after last year's RSV season was declared over, so on or after **June 1, 2026**.
- Any NWT infant born during the 2026-2027 RSV Season.
- All NWT residents who are at continued high risk during their second RSV season*. Infants considered to be high risk of severe RSV disease include:
    - Premature infants born at less than 32 weeks gestation
    - Children with chronic lung disease
    - Cystic fibrosis
    - Hemodynamically significant chronic cardiac disease

- Severe immunodeficiency
- Severe congenital airway anomalies
- Neuromuscular disease impairing the clearing of respiratory secretions
- Down syndrome

*These children must be *reviewed by the Territorial Pediatrician and be approved* prior to RSV Prophylaxis administration. All forms to be submitted to Territorial Public Health 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.

Those infants and children outside of these criteria are not eligible to receive RSV Prophylaxis.

Beyfortus™ (Nirsevimab) Information

- Beyfortus™ is supplied in 50 mg and 100 mg single-dose, prefilled syringes. Both dose sizes are available in the NWT.
  - 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 5 kg or more, a 1 mL dose (100 mg/1 mL) should be administered intramuscularly (SP, 2024).
  - For most children entering their second RSV season who are at ongoing risk of severe RSV disease and have been approved by the territorial pediatrician for RSV administration, nirsevimab 200 mg (2 x100mg/1 mL) is administered at 2 different injection sites
- The safety and efficacy of Beyfortus™ in infants with body weight below 1.6 kg have not been established.
- Only one dose of Beyfortus™ is administered per RSV Season.
- For more details on the administration of Beyfortus™, refer to the RSV Prophylaxis Quick Reference Guide.

Additional Considerations

- Nunavut infants born in the NWT will receive their RSV prophylaxis on return to their home community in Nunavut and **will not receive a dose while in the NWT**. This decision has been made in partnership with the Nunavut Chief Public Health Officer.
- Eligible NWT clients who are born in Alberta or transferred to Alberta during the RSV Season will have their Beyfortus™ dose coordinated by the *Northern Alberta Prevention Program Coordinator*.
  - The Alberta Coordinator will have the current NWT eligibility criteria and will provide documentation of administered or refused dose to the OCPHO.
  - This information will be provided to the community health centre or public health unit for documentation in the EMR.

- RSVpreF (ABRYSVO) is not a publicly funded vaccine in the NWT, however some pregnant NWT residents may choose to get the vaccine and pay for it themselves. NACI recommends that RSVpreF can be given from 28 to 32 weeks gestation to protect infants that will be born during the RSV season. Due to lack of data, there are no recommendations to repeat RSVpreF during subsequent pregnancies. If an infant was born less than 2 weeks after RSVpreF administration, Beyfortus™ should still be offered.
    - However, for the prevention of severe RSV disease in infants, nirsevimab administered to the infant is recommended over RSVpreF vaccine administered to the pregnant woman or pregnant person due to current evidence of nirsevimab's superior efficacy, duration of protection, and available safety data.

RSV Ordering and Supply Management

RSV products are procured through a National Bulk Purchasing Agreement. All vaccine products must be ordered through an NTHSSA regional pharmacy located at Stanton Territorial Hospital or Inuvik Regional Hospital.

For most communities in the NWT, once a vaccine product has been delivered to you, if it is not used, it cannot be safely sent back to the pharmacy to be re-used by another community**. To minimize wastage only order the anticipated number of doses required for your clinic setting.**

Now is a good time to ensure HSS Authority vaccine storage and handling policies and procedures are up to date, and to review these guidelines with your staff especially if you will be conducting off-site clinics in the community. See the Canadian Immunization Guide for more information: Storage and handling of immunizing agents: Canadian Immunization Guide

Mandatory Reporting to the OCPHO

RSV is reported to the OCPHO by the lab only. There is no longer a report form required. If there is a death from, with or related to a respiratory illness such as RSV then this must be phoned into the OCPHO reporting line (867- 920-8646. Please refer to The NWT Communicable Disease Manual for more information about reporting requirements and public health management of RSV.

Viral Respiratory Outbreak Reporting

- The CPHO is requesting that all confirmed or suspected facility outbreaks related to respiratory diseases be reported to their respective IPAC coordinator and OCPHO by email to CDCU@gov.nt.ca and by telephone to the OCPHO Reporting Line (867) 920-8646. The CPHO declares/rescinds all outbreaks, regardless of the communicable disease.
- In addition:
    - Follow the "Reporting of LTC Facility Outbreaks to DHSS" flow chart (New August 2026) and the facility's IPAC guidance related to outbreaks in LTC.

- Any suspect or confirmed deaths with RSV or any death caused or contributed to by RSV is reportable to the OCPHO via the Reporting Line at (867) 920-8646.

All administered and refused RSV doses must be clearly documented in the vaccine module in EMR. For communities, facilities, or units not on the EMR, include doses administered or refused in your monthly immunization registry reporting: NWT Vaccination Administration Report Form. For more information review the OCPHO Alert: Immunization Reporting.

You must also report all Adverse Events Following Immunization (AEFIs). 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 SFT to CDCU@gov.nt.ca or by fax to (867) 873-0442.

Who Can Administer NWT Publicly Funded Vaccines?

Health care professionals who will be administering publicly funded RSV vaccines must:

- Be licensed to practice in the NWT,
- Have completed the Education Program on Immunization Competency (EPIC)
- Be competent to administer vaccinations as per the amended clinical practice information CPI 152: Clinical Standard - NWT Mandatory education Program on Immunization Competency.

Evaluation and Monitoring

The Epidemiology and Surveillance Unit monitors seasonal respiratory viruses (influenza, RSV, and COVID-19) weekly through respiratory season to detect and monitor progression of respiratory activity across the territory throughout the season. This information is sent to CEOs/COOs to help inform public health guidance and program decision making.

Health Promotion Materials

Caring for Kids:

- Information for parents about RSV
- Information for parents about vaccines

Immunize Canada:

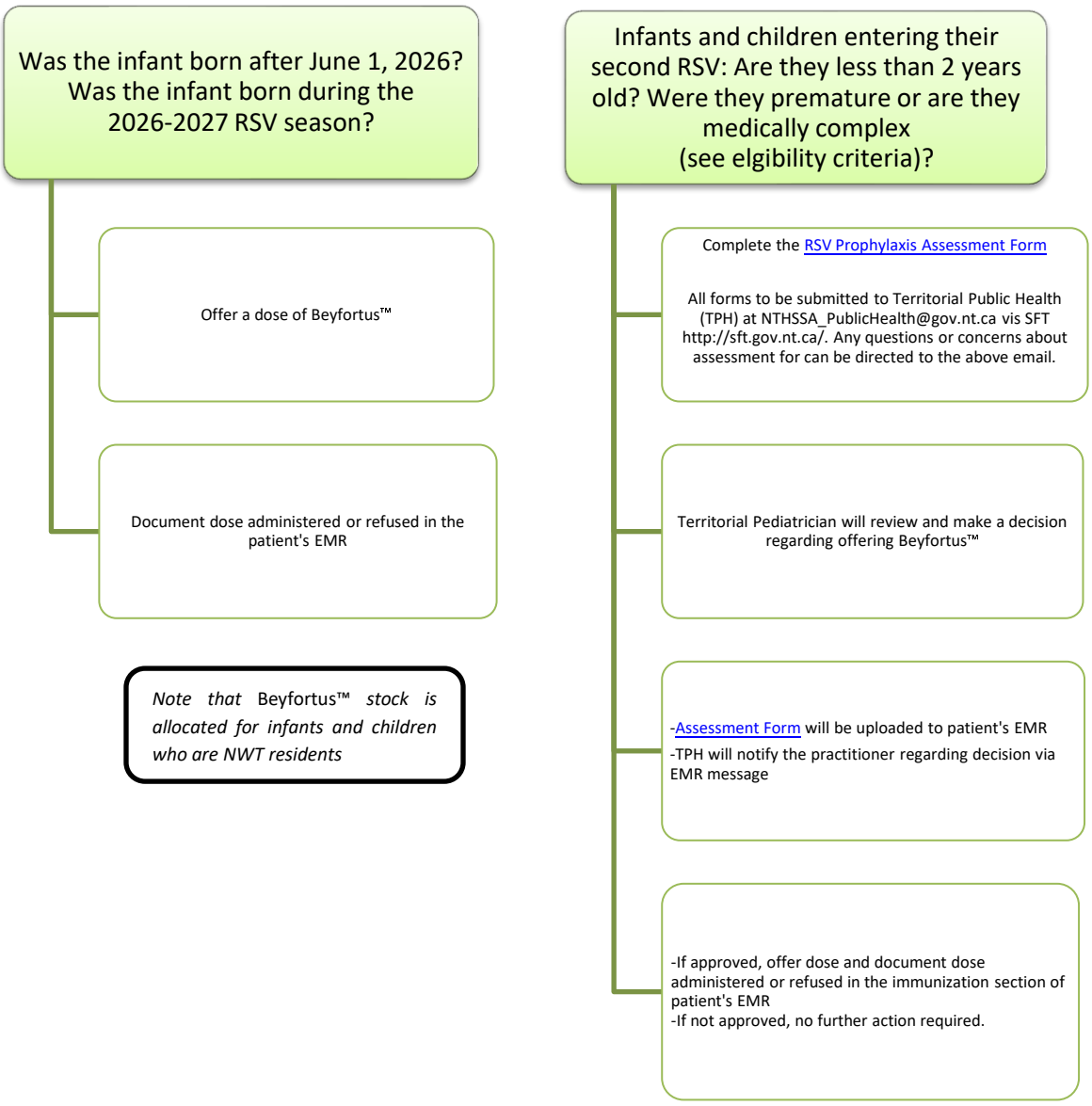
- RSV Vaccines in Pregnancy
- RSV: What you need to know
- Preventing RSV in infants: What you need to know
- Preventing RSV in infants: Know your product options

Government of the Northwest Territories (GNWT): https://www.hss.gov.nt.ca/en/services/respiratory-syncytial-virus-rsv

- Pamphlet: https://www.hss.gov.nt.ca/en/content/rsv-pamphlet
- Poster: https://www.hss.gov.nt.ca/en/content/rsv-poster
- Video: https://youtu.be/JXA6f4W-_KI
- RSV Immunization Vaccine Information Sheet
- NWT residents can also call 811 for non-urgent health advice from a registered nurse 24/7.

To access the above GNWT websites and resources in French, click the Français button at the top of the page, or visit this link: https://www.hss.gov.nt.ca/fr/services/virus-respiratoire-syncytial-vrs

Seasonal RSV Prophylaxis Process



- Once RSV season has been declared, Beyfortus™ should be offered where the infant is delivered. Eligible infants born before the start of the RSV season, will need to be offered Beyfortus™ at their local public health unit or health centre. If the infant does not receive a dose of Beyfortus™ at the place of delivery, the product can be offered at the local public health unit or health centre.

Resources

NACI Updated guidance to protect infants and children from RSV released April 2026: HP40-402-2026-eng.pdf

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

NWT CD Manual: RSV Chapter: https://www.hss.gov.nt.ca/professionals/en/services/nwt-communicable-disease-manual/respiratory-syncytial-virus-rsv

Public Health Agency of Canada: RSV For Health Professionals: https://www.canada.ca/en/public-health/services/diseases/respiratory-syncytial-virus-rsv/health-professionals.html

References

Government of Canada (GC). (2026). Respiratory syncytial virus (RSV) vaccines: Canadian Immunization Guide. Respiratory syncytial virus (RSV): For health professionals - Canada.ca

Government of Canada (GC). (2026). Updated guidance to protect infants and children from RSV disease: use of monoclonal antibodies (nirsevimab and clesrovimab) and the RSVpreF vaccine. HP40-402-2026-eng.pdf

Government of Canada (GC). (2026). Update guidance on RSV vaccines for older adults and for adults at high risk of severe RSV disease. Updated guidance on respiratory syncytial virus (RSV) vaccines for older adults and for adults at high risk of severe RSV disease

Pfizer Canada. (2023). Abrysvo product monograph. 00073900.PDF

Sanofi Pasteur (SP). 2024. Beyfortus™ Product Monograph. https://pdf.hres.ca/dpd_pm/00075966.PDF