



CHAMPLAIN MATERNAL NEWBORN REGIONAL PROGRAM
PROGRAMME RÉGIONAL DES SOINS À LA MÈRE
ET AU NOUVEAU-NÉ DE CHAMPLAIN

RSV PREVENTION PROGRAM IMPLEMENTATION IN ONTARIO HEALTH EAST

SEPTEMBER 25TH, 2024



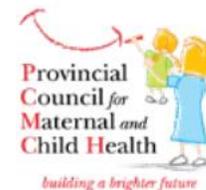
Land Acknowledgement

INTRODUCTION & OBJECTIVES

- Summarize everything you need to know along the continuum of perinatal and newborn care to support the successful implementation of the RSV prevention program in the region.
- Share existing resources to support implementation.
- Identify any additional opportunities for support.

Protecting Infants and High-Risk Children during RSV Season

FOR HEALTHCARE PROVIDERS



Respiratory Syncytial Virus (RSV) is one of the most common respiratory viruses in infants and young children.

RSV contributes to a significant burden of disease in infancy, in addition to having a considerable impact on the healthcare system during RSV season with emergency department visits, hospitalizations and intensive care unit admissions.

As of May 2024, Canada's National Advisory Committee on Immunization (NACI) recommended that provinces and territories build towards universal infant RSV immunization programs; Ontario is one of the first provinces to do so.



CALL TO ACTION: RSV IMMUNIZATION



14,000 Healthy Babies born outside of viral season

- Ensure they can access the immunization



12,000 Healthy Babies born during viral season

- Immunization at the time of birth



400 High Risk Babies throughout the year

- Highest priority to access the immunization

HERE IS WHAT WE ALREADY KNOW

- Ontario expanded the high-risk infant RSV prevention program for the 2024–25 season by expanding the program to all infants and high-risk children up to 24 months of age.
- This expansion includes the switch from the previous monoclonal antibody, Synagis® (palivizumab), to a new monoclonal antibody, Beyfortus® (nirsevimab).
- The Ministry of Health covers the full cost of Beyfortus.
- This is only provided just prior to and during the active RSV season to infants who meet the ministry's eligibility criteria.
- The active season is generally from November to April.
- Specific start date and end dates for the 2024-2025 season are based on epidemiology.

ELIGIBILITY CRITERIA

- Residents of ONTARIO.
- Born in 2024 before the 2024-2025 RSV season.
 - (The National Advisory Committee on Immunization specifically recommends that infants 8 months of age or less be immunized). ¹
- Born during the 2024-2025 RSV season. ¹
- Children up to 24 months who remain vulnerable from RSV disease through their 2nd season of RSV with... ¹

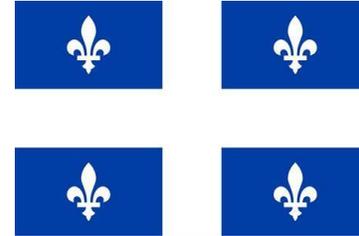
ELIGIBILITY CRITERIA (CONTINUED)

- Children up to 24 months who remain vulnerable from RSV disease through their 2nd season of RSV with: ¹
 - Chronic lung disease (CLD), including bronchopulmonary dysplasia, requiring ongoing assisted ventilation, oxygen therapy or chronic medical therapy in the 6 months prior to the start of RSV season
 - Hemodynamically significant congenital heart disease (CHD) requiring corrective surgery or are on cardiac medication for congestive heart failure or diagnosed with moderate to severe pulmonary hypertension
 - Severe immunodeficiency
 - Down Syndrome/Trisomy 21
 - Cystic fibrosis with respiratory involvement and/or growth delay
 - Neuromuscular disease impairing clearing of respiratory secretions
 - Severe congenital airway anomalies impairing the clearing of respiratory secretions ¹⁻²

VACCINATION IN PREGNANCY

- Ministry will also make the RSV vaccine Abrysvo™ available to pregnant residents of Ontario. ¹
- From 32 weeks to 36 weeks gestation and will deliver during RSV season. ¹
- NACI recommends Beyfortus® as the preferred product to protect infants due to its efficacy, duration of protections and good safety profile over vaccination pregnant individuals. ²
- Abrysvo™ is to be considered on a case-by-case basis. ²
- There is no expected additional benefit to using both Abrysvo™ and Beyfortus® for healthy infants.
 - However, if Abrysvo™ was received during pregnancy and the infant is at increased risk for severe RSV disease or is born less than 2 weeks Abrysvo™ was given, Beyfortus® should still be provided. ³
- Abrysvo™ may be given on the same day as tetanus, diphtheria, acellular pertussis (Tdap), COVID-19, and influenza vaccines. ⁴

RSV PREVENTION PROGRAM IN QUÉBEC



What about babies born in Ontario with a Québec address?



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ANTENATAL IMPLEMENTATION

ADMINISTRATION OF ABRYSSVO™

- Abrysvo™ Supply:
 - Currently available.
 - Through local public health unit's vaccine ordering process. ¹
- When to start this discussion:
 - Start the conversation about Abrysvo™ and Beyfortus® when discussing Tdap.
 - The preferred product is Beyfortus® for the infant.
 - Need informed consent.
 - Can be given with other vaccines.
 - Needs to be given between 32-36 weeks, when delivery is anticipated in RSV season. ²
 - Handouts, such as PCMCH pamphlets, can be given to families. ³

ADMINISTRATION OF ABRYSSVO™ (CONTINUED)

- Where can it be given?
 - Hospital or Clinic
 - Primary Care Provider
- Who can give Abrysvo™?
 - Physicians
 - Nurses
 - Nurse practitioners (NP)
 - Registered Nurses (RN)
 - Registered Practical Nurses (RPN)
 - Midwives
 - Pharmacy

ADMINISTRATION OF ABRYSSVO™ (CONTINUED)

Effective Communication With Health Care Providers

- Documentation:
 - Abrysvo™ was given and date of administration
 - Consent obtained
 - Update hospital record, EMR, discharge summary, OPR, BORN; where applicable.
- Reporting:
 - CAN Immunize
 - Personal Immunization Record
 - Local public health
 - Primary care provider
- Patient needs to know if they have received Abrysvo™ and when: will decide if the baby gets Beyfortus®.
 - Beyfortus® should be offered if the pregnant individual's RSV vaccination status is unknown. ¹

ADMINISTRATION OF ABRYSSVO™ (CONTINUED)



Ontario

Ministry of Health and Long-Term Care
Ontario Perinatal Record 3

Last Name		First Name	
Planned Birth Attendant			
Newborn Care Provider In Hospital		In Community	
Family Physician/Primary Care Provider		Allergies or Sensitivities (include reaction)	
G		Medications (include Rx/OTC, complementary/alternative/vitamins, include dosage)	
T		Final EDB	
P			
A			
L			
S			

Discussion Topics				
1 st Trimester	2 nd Trimester	3 rd Trimester		
<input type="checkbox"/> Nausea / Vomiting <input type="checkbox"/> Routine prenatal care /Emergency contact /On call providers <input type="checkbox"/> Safety: food, medication, environment, infections, pets <input type="checkbox"/> Healthy weight gain <input type="checkbox"/> Physical activity <input type="checkbox"/> Seatbelt use <input type="checkbox"/> Sexual activity <input type="checkbox"/> Comments	<input type="checkbox"/> Breastfeeding <input type="checkbox"/> Travel <input type="checkbox"/> Quality information sources <input type="checkbox"/> VBAC counseling	<input type="checkbox"/> Prenatal classes <input type="checkbox"/> Preterm labour <input type="checkbox"/> PROM <input type="checkbox"/> Bleeding <input type="checkbox"/> Fetal movement <input type="checkbox"/> Mental health <input type="checkbox"/> VBAC consent <input type="checkbox"/> Fetal movement <input type="checkbox"/> Birth plan: pain management, labour support <input type="checkbox"/> Type of birth, potential interventions, VBAC plan <input type="checkbox"/> Admission timing <input type="checkbox"/> Breastfeeding and support <input type="checkbox"/> Newborn care / Screening tests / Circumcision / Follow-up appt. <input type="checkbox"/> Discharge planning / Car seat safety <input type="checkbox"/> Work plan / Maternity leave <input type="checkbox"/> Mental health <input type="checkbox"/> Contraception <input type="checkbox"/> Postpartum care		
Approx 36 wks: Copy of OPR 2 (updated) & OPR 3 to hospital <input type="checkbox"/> and/or to pt/client <input type="checkbox"/>				
1. Name / Initials	2. Name / Initials	3. Name / Initials	4. Name / Initials	5. Name / Initials



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POSTNATAL IMPLEMENTATION

ADMINISTRATION OF BEYFORTUS®

Where and when will Beyfortus be administered?

The administration of Beyfortus will require multiple channels to reach eligible populations effectively, dependent on geographic location and access to healthcare. This will include:



Hospital administration of Beyfortus to newborns during the RSV season before discharge



Primary care provider or public health unit administration for out-of-season infants or those born outside the hospital system (e.g., home births)



Paediatric specialist, primary care provider, or outpatient hospital clinic administration for children up to two years of age who are at high risk for severe RSV disease during their second season

ADMINISTRATION OF BEYFORTUS® (CONTINUED)

- Beyfortus® should still be administered to the following infants whose gestational parent received Abrysvo™: ¹
 - Infants who are born less than 2 weeks after administration of Abrysvo™.
 - Infants who meet the medical criteria for increased risk from severe RSV disease.
- Beyfortus® should be offered if the pregnant individual's RSV vaccination status is unknown. ²
 - Consider asking for parent's vaccination status on admission.

ADMINISTRATION OF BEYFORTUS® IN HOSPITAL

- Beyfortus® Supply:
 - Expected mid October.
 - Through local public health unit's vaccine ordering process. ¹
- Pre-Printed Orders (PPO) or Medical Directive
- What is the families understanding of Beyfortus®?
 - To be given just prior to or during RSV season ¹
 - Is most effective for 6 months after it is given ¹
 - Can be given with other childhood vaccines ¹
 - Informed consent
 - Handouts, such as PCMCH pamphlets, can be given to families. ²

ADMINISTRATION OF BEYFORTUS® IN HOSPITAL (CONTINUED)

- When can it be given?
 - Prior to discharge from hospital, when born in RSV season.
- Special considerations:
 - Complete point of care assessment to consider administration with other scheduled care in hospital stay.
 - Consider Pharmacy hours of operation.
 - Preterm infants (< 29 weeks GA); administer Beyfortus® shortly before discharge or immediately after if Beyfortus® is not available prior to discharge. ¹
 - Ideally administer when PMA > 32 weeks. ²
 - Beyfortus® most effective for 6 months after it is given. ¹

ADMINISTRATION OF BEYFORTUS® IN HOSPITAL (CONTINUED)

- Who can give Beyfortus®?
 - Physicians
 - Nurses
 - Nurse Practitioners (NP)
 - Registered Nurses (RN)
 - Registered Practical Nurses (RPN)
 - Midwives must have a medical directive or direct order ¹
 - Pharmacy professionals can NOT give Beyfortus® ¹

ADMINISTRATION OF BEYFORTUS® IN HOSPITAL (CONTINUED)

Effective Communication With Health Care Providers

- Documentation:
 - Beyfortus® was given, dose and date of administration
 - Consent obtained
 - Update hospital record, EMR, discharge summary, BORN; where applicable.
- Reporting:
 - CAN Immunize
 - Personal Immunization Record
 - Local public health
 - Primary care provider
- Parent needs to know if their infant has received Beyfortus® and when, to avoid a second dose.
 - In event of an overdose the infant should be monitored for the occurrence of adverse reactions and provided with symptomatic treatment as appropriate. ¹

ADMINISTRATION OF BEYFORTUS® IN HOSPITAL (CONTINUED)

- Considerations for infants who are transferred to another centre:
 - Can Beyfortus® be given prior to transfer?
 - Will this delay transfer?
 - Are there clinical recommendations to protect from RSV before transfer?
 - How will Beyfortus® status be communicated to receiving hospital?
- Ensure BORN Information System encounter correctly captures Beyfortus® status.



BORN DOCUMENTATION



- BORN Information System (BIS) Data Elements
 - New data elements related to RSV protection will be integrated into the BIS in November 2024.
 - Prenatal vaccine (Abrysvo™) administration and date
 - Infant RSV antibody (Beyfortus®) administration and date
 - Reason infant antibody was not given
 - High-risk criteria

Data Implementation Suggestions

Postpartum data capture:

- Consider standard RSV protection orders/reminders in EMRs, checklists, and boards
- Collect RSV info for EVERY INFANT born at your org/in your practice

At Discharge:

- Include the following in infant discharge notes/packages:
 - ✓ Date Beyfortus was given,
 - ✓ Reason if not and high-risk eligibility.
 - ✓ Include any known dates of Abrysvo administration during pregnancy

ADMINISTRATION OF BEYFORTUS® - HOME BIRTH & BIRTHING CENTRE BIRTH

- Midwives must have a medical directive or direct order ¹.
 - **Consider partnership with public health, local hospital, or OBWC**
- What is the families understanding of Beyfortus®?
 - Informed consent
 - To be given just prior to or during RSV season ¹
 - Is most effective for 6 months after it is given ¹
- Documentation:
 - Beyfortus® was given, dose and date of administration
 - Consent obtained
- Reporting:
 - CAN Immunize  CANImmunize
 - Personal Immunization Record
 - Local public health
 - Primary care provider



Professionals:
CMNRP's
Self-Learning
Module



Parents and
Professionals:
YouTube
Video

Newborn Pain Reduction

EVIDENCE-BASED STRATEGIES



Breastfeeding

- Achieve an effective latch
- Ensure sustained sucking and swallowing
- Start breastfeeding approx. 5 minutes prior to procedure



Skin to Skin

- Diaper only; infant placed skin-to-skin on parent's chest
- Parent and infant fully relaxed
- Start skin-to-skin approx. 10-15 minutes prior to procedure



Sucrose

- Use syringe or vial to place sucrose on tip of tongue
- Combine with sucking
- Give small amount 1-2 minutes prior to procedure and throughout

Acknowledgements: Dr Denise Harrison, *Be Sweet to Babies*; Ottawa Neonatal Pain Interest Group; CHEO Media House.

Photos used with permission.

ADMINISTRATION OF BEYFORTUS® - ADDITIONAL ELIGIBILITY CRITERIA

- For the 2024/25 RSV season, Beyfortus®, is currently funded additionally for infants who are residents of Ontario; ¹
 - Born in 2024 prior to the RSV season.
 - Children up to 24 months of age who remain vulnerable from severe RSV disease through their second RSV season.
- How do families get the messages:
 - Discuss with families at every childhood visit for wellness check or routine vaccinations.
- Where can it be given?
 - Primary care provider
 - Local public health unit

ADMINISTRATION OF BEYFORTUS® - ADDITIONAL ELIGIBILITY CRITERIA (CONTINUED)

- When can it be given?
 - When Administration should be targeted shortly before the start of RSV season but can continue to be administered during the season. ¹
 - Beyfortus® can be administered on the same day or any time before or after routine childhood vaccines, including influenza. ²

ADMINISTRATION OF BEYFORTUS® - ADDITIONAL ELIGIBILITY CRITERIA (CONTINUED)

- Who can give Beyfortus®?
 - Physicians
 - Nurses
 - Nurse Practitioners (NP)
 - Registered Nurses (RN)
 - Registered Practical Nurses (RPN)
 - Midwives must have a medical directive or direct order ¹
 - Pharmacy professionals can NOT give Beyfortus® ¹

ADMINISTRATION OF BEYFORTUS® - ADDITIONAL ELIGIBILITY CRITERIA (CONTINUED)

- Documentation:
 - Beyfortus® was given, dose and date of administration
 - Consent obtained
- Reporting:
 - Can Immunize
 - Personal Immunization Record
 - Local public health
 - Primary care provider
- Special considerations:
 - Families need to know if their high-risk baby will need to receive Beyfortus® for a second season.

INFORMED REFUSAL

- Informed Refusal: ¹
 - Adequately informed, given all relevant information required to make the decision. ²
 - Review the difference between a vaccine and monoclonal antibody.
 - Inform about the risks associated with refusal of treatment. ³
 - Counsel on how to access later if initially opting out.
 - Consider booking a second appointment to revisit discussions. ³
 - Consider creating a refusal document.

What do my patients and families need to know?

Prenatal care providers can begin conversations with their patients early in pregnancy about RSV and immunization options to protect their infants. Key points to guide your discussions with expectant parents may include but are not limited to:

- ✓ **RSV Overview** (e.g., what is RSV, risks to infants and high-risk children, seasonality)
- ✓ **Immunization Options** (e.g., mAb or vaccine, Beyfortus as the recommended approach)
- ✓ **Beyfortus** (e.g., eligibility, timing, frequency, route, safety, efficacy)
- ✓ **Abrysvo** (e.g., eligibility, timing, frequency, route, safety, efficacy)
- ✓ **Prevention Strategies** (e.g., avoiding close contact with sick individuals)
- ✓ **Documentation** (e.g., keeping immunization records up-to-date)

PUBLIC HEALTH UNITS

Public Health Unit Locations

Eastern Ontario Health Unit	Immunization EOHU Public Health
Hastings and Prince Edward Counties Health Unit	Immunization Clinic - Hastings Prince Edward Public Health (hpepublichealth.ca)
Kingston, Frontenac, and Lennox & Addington Public Health	Respiratory syncytial virus (RSV) - KFL&A Public Health (kflaph.ca)
Leeds, Grenville & Lanark District Health Unit	Immunization - Leeds, Grenville and Lanark District Health Unit
Ottawa Public Health	Respiratory Illnesses and RSV - Ottawa Public Health
Renfrew County and District Health Unit	Respiratory Illnesses: Flu, RSV, COVID-19 Renfrew County and District Health Unit (rcdhu.com)

WEEKLY NEWS / NOUVELLES HEBDOMADAIRES

KEY MESSAGES

- Abrysvo™ is a vaccine available in pregnancy.
- Beyfortus® is preferred over Abrysvo™.
- Beyfortus® is a monoclonal antibody, not a vaccine, for infants (and high-risk children up to 24 months of age).
- Parents need to keep immunization records up-to-date; record if they have received Abrysvo™ or if their baby has received Beyfortus®.
- Beyfortus® should still be administered to the following infants whose gestational parent received Abrysvo™: ¹
 - Infants who are born less than 2 weeks after administration of Abrysvo™.
 - Infants who meet the medical criteria for increased risk from severe RSV disease.
- Beyfortus® is most effective for 6 months after it is given. ²
- Prevention strategies, such as avoiding close contact with sick individuals and hand hygiene. ³
- Handouts, such as PCMCH pamphlets, can be given to families. ³

RESOURCES FOR HEALTH CARE PROVIDERS

Association	Materials
Ministry of Health Ontario	Guidance for Health Care Providers – Beyfortus® (Nirsevimab) Guidance for Health Care Providers – Abrysvo
Provincial Council for Maternal and Child Health (PCMCH)	Fact Sheet for Providers English RSV Fact Sheet - For Providers (EN) Final (pcmch.on.ca) French RSV Fact Sheet - For Providers (FR) Final (pcmch.on.ca)
CPS	Practice Point: Working with vaccine-hesitant parents - an update
CPHA Health Digest	Vaccine Hesitancy
Immunize Canada	Respiratory syncytial virus (RSV)
19 to Zero	Vaccine Conversation Guide Healthcare Workers Channel

RESOURCES FOR HEALTH CARE PROVIDERS

Association	Materials
Centre for Effective Practice	RSV Prevention Program for infants in Ontario 2024-2025
OMA	RSV immunization program for Physicians : includes an overview of the program as well as information about how to bill for counselling and administration of the antibody/vaccine
SOGC	SOGC Statement on RSV Immunization to Prevent Infant RSV Infection Video: Give It Your Best Shot - making vaccine recommendations during pregnancy
Health Network for Uninsured Clients (HNUC)	Newborn OHIP eligibility for undocumented parents
Canadian Immunization Guide	Communicating effectively about immunization: Canadian Immunization Guide - Canada.ca

RESOURCES FOR FAMILIES

Association	Materials
Ministry of Health Ontario	Respiratory Syncytial Virus Information Beyfortus Fact Sheet Abrysvo Fact Sheet Immunity, Monoclonal Antibodies and Vaccination Fact Sheet
Provincial Council for Maternal and Child Health (PCMCH)	English RSV Fact Sheet - For Parents (EN) Final (pcmch.on.ca) French RSV Fact Sheet - For Parents (FR) Final (pcmch.on.ca)
Canadian Premature Babies Foundation	RSV Fact Sheet (Multi-Languages) CPBF (cpbf-fbpc.org) CBPF Survey Summary (cpbf-fbpc.org) Common Respiratory Illnesses Parent Booklet (cpbf-fbpc.org) Podcasts CPBF (cpbf-fbpc.org)
BORN	O'MAMA Website - information for families from pre-pregnancy to newborn care and includes immunization information. Immunization section

Questions?

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