



WA RSV Infant Immunisation Program: What expecting and new parents need to know

The WA Government is funding immunisation against Respiratory Syncytial Virus (RSV) for all babies born in WA between 1 May and September 2024. This fact sheet provides important information about RSV illness in infants and the RSV immunisation medicine.

What is RSV?

RSV is a highly contagious virus that infects the upper airway and lungs. More than half of all infants will become infected in their first year of life. While most children will recover from their illness within several weeks, RSV infection can be life-threatening for some infants. It's impossible to predict which infants will become severely ill because most children hospitalised with RSV were previously healthy.

How common is RSV infection among infants?

RSV is the most common cause of infant hospitalisation in WA. Every year, one in every 30 infants are hospitalised in WA with pneumonia (infection of the lungs) or bronchiolitis (inflammation of the small airways in the lungs) during the winter illness season.

What is nirsevimab?

Nirsevimab (brand name Beyfortus®) is a medicine containing antibodies that can prevent severe RSV disease in infants and young children. Antibodies are proteins used by the body to fight off harmful germs. The preventive antibodies in nirsevimab can provide an infant with protection against RSV almost immediately.

Similar antibody medicines have previously been given to very high-risk infants in Australia.

Is nirsevimab considered a vaccine?

No, it is an immunisation medicine. A vaccine is a substance that triggers a person's immune system to make protective antibodies against a specific germ. In contrast, nirsevimab provides pre-made protective antibodies directly to the recipient. Immunisation medicines containing protective antibodies against other serious diseases have been available for many years (e.g. tetanus, hepatitis and rabies).

How does nirsevimab work?

When a baby is exposed to the RSV virus, the antibody in nirsevimab attaches tightly to the virus's surface, preventing it from reproducing and greatly reducing its ability to cause illness.

Why should I immunise my baby with nirsevimab?

Nirsevimab can prevent severe lung disease caused by RSV. In medical studies, nirsevimab was shown to be 80 per cent effective in preventing RSV-associated hospitalisation among infants entering their first RSV season and 90 per cent effective at preventing an admission to an intensive care unit (ICU).

Have other countries used nirsevimab to protect young infants from RSV?

Yes, more than a million doses of nirsevimab were distributed in the United States last year. In addition, Switzerland, the Netherlands, France, Spain, Luxembourg and Belgium all launched national nirsevimab infant immunisation programs in 2023. Real world data supports nirsevimab as being highly effective at preventing infants from being hospitalised with RSV.

Is nirsevimab safe?

Yes, most infants who receive nirsevimab have no side effects. The most common reported side effects are soreness, redness or swelling at the immunisation site, like other routine immunisations. Other mild side effects include fever and rash. The reactions are almost always minor and temporary.

As with all medicines, very rare side effects such as severe allergic reactions can occur. Immunisation providers are equipped to manage a rare but potentially serious allergic reaction, should one occur.

When is the best time to immunise your baby against RSV?

Babies born during the winter RSV season (usually May to September) are often infected shortly after leaving the hospital. Therefore, the best time to immunise your baby against RSV is before they are discharged from the hospital or birthing centre. If your baby was not immunised against RSV before leaving the hospital, or if you had a home birth, they can still get protected through participating general practices (GPs), community health immunisation centres, or Aboriginal Medical Services.

How is nirsevimab administered?

The RSV immunisation is given by injection in the infant's outer thigh.

How long does the protection against RSV infection last?

One dose of nirsevimab protects infants for at least 5 months, which is the length of an average RSV season.

Can nirsevimab be received at the same time as other medications and childhood vaccines?

Yes. Nirsevimab can be received at the same time as other vaccines and medicines, including the hepatitis B vaccine and the vitamin K injection.

What if my baby missed out on getting the RSV immunisation at birth, can they still get protected?

Yes. You should consult with child health nurse or GP who can assist in getting your newborn nirsevimab after they have been discharged. The program runs until 30 September 2024. For further information about eligibility, visit healthywa.wa.gov.au/rsvimmunisation

How can I learn more?

- Ask your health care provider
- Visit Immunisation Foundation of Australia (ifa.org.au).

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