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| **RSV immunisation for infants and young children - nirsevimab** |
| Information for parents and carers |
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# What is respiratory syncytial virus (RSV)?

Respiratory syncytial virus, or RSV, is a common virus that can cause respiratory infections from mild colds to severe illnesses. It affects people of all ages, but especially infants and young children.

RSV is easily spread, and most children will get an RSV infection by the time they are 2 years old. In Australia, RSV infection is the most common cause of infant hospitalisation because it can often progress to pneumonia (infection of the lungs) or bronchiolitis (inflammation of the small airways in the lungs) in very young children.

Those at greatest risk for serious RSV disease include:

* infants under 6 months of age, especially those under 3 months
* infants and young children aged 2 years and under with certain medical risk conditions for severe RSV disease
* Aboriginal and Torres Strait Islander infants and young children aged 2 years and under.

# How can newborn babies get protected against RSV?

Newborn babies, the most at risk, can be protected from RSV through mothers being vaccinated during pregnancy. When the Abrysvo® RSV vaccine is given in pregnancy, the mother will create protective antibodies and pass these to their baby through the placenta. This helps to protect their newborn baby from birth and in its first few months of life. Immunisation in pregnancy reduces the risk of severe RSV illness in infants under 6 months of age by around 70%.

For infants whose mothers didn’t receive RSV vaccination in pregnancy or who have risk factors for severe disease, the RSV immunisation product nirsevimab is available in Victoria.

# What is nirsevimab?

Nirsevimab (Beyfortus™) is a monoclonal antibody given to provide protection against RSV infection. Monoclonal antibodies start working within a couple of days and provide direct protection to the infant almost immediately after they are given.

Nirsevimab can provide protection against RSV for at least 5 months, reducing the risk of RSV-associated hospitalisation by almost 80 per cent among infants entering their first RSV season.

# Who is eligible for nirsevimab?

In 2025, the Victorian Government will fund nirsevimab for:

* Babies born between 1 April 2025 to 30 September 2025 and catch up for infants born 1 October 2024 to 31 March 2025 (up to 8 months of age) whose mothers **did not** receive the RSV vaccine Abrysvo® during pregnancy and for infants with certain risk conditions.
* Children with certain risk conditions and Aboriginal and Torres Strait Islander children born after 1 October 2023 entering their second RSV season.

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

Maternal vaccination is the safest means of protecting infants and children against RSV.

If nirsevimab is required, the best time to immunise your newborn baby against RSV is before they are discharged from the maternity hospital or birthing centre. Catch up doses for infants and young children should be given at the start of the RSV season in April and May.

# What if my baby missed getting their birth dose?

You should consult with your maternal child health nurse or GP who can assist in getting your newborn immunised after they have been discharged.

# When will nirsevimab be available?

Nirsevimab will be available from 1 April 2025 to 30 September 2025 to align with the Victorian RSV season.

# How is nirsevimab administered?

A single dose of nirsevimab is given by injection into the muscle, usually in the infant’s outer part of the thigh.

# Can nirsevimab be given at the same time as other vaccines?

Yes. Nirsevimab can be given at the same time other vaccines and medicines routinely recommended for infants including birth dose hepatitis B and vitamin K injection.

# 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.

Parents/carers can report unexpected or rare side effects to [SAEFVIC](https://www.safevac.org.au/Home/Info/VIC) <https://www.safevac.org.au/Home/Info/VIC>.

# Where will this immunisation be recorded?

Once your child receives the nirsevimab immunisation, it will be recorded on the Australian Immunisation Register (AIR). You can access your child’s AIR statement at [MyGov](http://www.my.gov.au) <www.my.gov.au>, by logging into your [Medicare online account](https://www.servicesaustralia.gov.au/medicare-online-account) <https://www.servicesaustralia.gov.au/medicare-online-account>.

If you do not have a myGov account or a Medicare online account, you will need to [set them up](https://www.servicesaustralia.gov.au/how-to-set-up-your-medicare-online-account?context=22751) first, and link your Medicare online account to myGov <https://www.servicesaustralia.gov.au/how-to-set-up-your-medicare-online-account?context=22751>.

# How can I learn more?

To find out more about RSV and immunisation, ask your health care provider or visit [Better Health Channel | Respiratory Syncytial Virus (RSV)](https://www.betterhealth.vic.gov.au/respiratory-syncytial-virus-rsv) <https://www.betterhealth.vic.gov.au/respiratory-syncytial-virus-rsv>.

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