Queensland Health

RSV Immunisation

Nirsevimab – Information for parents and carers

What is Respiratory Syncytial Virus (RSV)?

RSV is a common virus that can infect people of all ages. It can cause a range of respiratory illnesses – from mild colds to severe conditions like bronchiolitis (inflammation of the airways) or pneumonia (infection of the lungs).

RSV is the most common cause of hospitalisation in infants and young children in Queensland. Almost all children experience at least one RSV infection within the first two years of life.

RSV is highly infectious. While most people with RSV will recover within about a week, some people, particularly infants and young children, can become very unwell and require hospitalisation.

What is the Queensland Paediatric Respiratory Syncytial Virus Prevention (QPRSVP) Program?

The QPRSVP Program provides free RSV immunisation with the medicine nirsevimab to eligible Queensland infants and young children.

What is nirsevimab?

Nirsevimab (brand name Beyfortus®) is a medicine containing antibodies that prevents severe RSV disease in infants and young children. Antibodies play an important role in helping the body to fight off infection. These antibodies provide RSV protection almost immediately after they are given.

Is nirsevimab effective?

Yes. Nirsevimab is a highly effective medicine that has been used safely in several RSV prevention programs, including in the United States and Europe.

Nirsevimab is 80% effective in preventing infants from being admitted to hospital with RSV and up to 90% effective in preventing infants being admitted to an intensive care unit with RSV.

A dose of nirsevimab provides protection for at least 5 months. This ensures that infants and the most vulnerable young children are protected across the peak of the RSV season.

Nirsevimab is not a new immunisation technology. Palivizumab is also an RSV antibody medicine and has been used to protect high-risk infants in Australia for many years.

Is nirsevimab safe?

Yes. Side effects from nirsevimab are uncommon. Most infants 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. These reactions are almost always minor and temporary.

Nirsevimab has been determined by the Therapeutic Goods Administration (TGA) to be safe and effective. It was approved for use in Australia in November 2023.

As with all medicines, very rare side effects such as severe allergic reactions can occur. Services that provide immunisation are equipped to manage a rare but potentially serious allergic reaction, should one occur. Parents and carers can call 13HEALTH (13 43 25 84) for non-urgent advice on managing side effects. In an emergency always call 000.

Who is eligible to receive nirsevimab?

The following infants and young children will be eligible for free RSV immunisation with nirsevimab:

- All infants born on or from 1 February 2024
    - This will be offered at birth or prior to discharge from hospital. Infants born on or after the program start date who were not immunised at birth, can still access RSV immunisation in the community until they turn 8 months of age.
- Aboriginal and Torres Strait Islander infants less than 8 months of age.
- Infants with certain complex medical conditions less than 8 months of age.
- Infants with certain complex medical conditions 8 to less than 20 months of age, until 31 October 2024.

Your child's immunisation provider will be able to assist in determining eligibility under this program.

Children with minor illnesses, such as a cold, can safely receive nirsevimab.

Infants and children with bleeding disorders, such as haemophilia, can still receive nirsevimab. As with all injections given into a muscle, parents of a child with a bleeding disorder should notify their child's healthcare provider so additional precautions can be taken as needed.

Who should not be given nirsevimab?

Infants and young children who have a moderate or severe acute illness, should usually wait until they recover before receiving nirsevimab.

Infants and young children with a history of serious allergic reactions to nirsevimab or any of its components should not be given nirsevimab. You can discuss this with your immunisation provider.

How is nirsevimab given and can it be given with other vaccines?

Nirsevimab is given in the same way as most vaccines. This is by intramuscular injection, usually in the thigh. Depending on your child's weight and age, they may require either one or two separate injections of nirsevimab at the same time to be fully protected. Your immunisation provider will inform you of what your child needs.

Nirsevimab can be safely given at the same time as other immunisations/vaccines and injections that are routinely recommended.

How is the safety of immunisation monitored in Queensland?

Queensland Health closely monitors and reports to the TGA all adverse events following immunisation that are reported. If your child experiences any unexpected side effects after receiving an immunisation, you should discuss this with your child's immunisation provider, or GP who can report on your behalf.

How will nirsevimab be recorded?

Nirsevimab will be recorded in the same way as other immunisations on the Australian Immunisation Register (AIR). Parents and carers can access their child's AIR statement online at MyGov (www.my.gov.au).

Looking for more information or have questions?

You can ask your child's immunisation provider for more information.

For more information on RSV immunisation in Queensland, including detailed eligibility criteria is available by scanning the QR code below or visiting https://www.health.qld.gov.au/clinical-practice/guidelines-procedures/diseases-infection/immunisation/paediatric-rsv-prevention-program

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