



National Immunisation Program

A joint Australian, State and Territory Government Initiative

National Immunisation Program

Respiratory syncytial virus (RSV) Frequently Asked Questions

What is RSV?

Respiratory syncytial virus (RSV) is a common virus that affects the upper and lower respiratory system. It can cause a range of severe respiratory illnesses such as bronchiolitis in children and pneumonia.

How do I catch RSV?

RSV is spread through droplets from an infected person's cough or sneeze. The droplets can be inhaled by others or land on surfaces where the virus can live for several hours.

Symptoms of RSV disease include:

- runny nose
- cough
- fever
- wheezing or finding it hard to breathe.

How common is RSV?

RSV is a very common illness, but it can be serious and cause severe complications. Almost all infants and children will catch RSV at least once within their first 2 years of life. RSV is a leading cause of hospitalisation in infants under 6 months of age, even in those that are usually healthy.

RSV is also a cause of respiratory disease and hospitalisation in:

- older people
- Aboriginal and Torres Strait Islander adults
- people with conditions that increase their risk of severe RSV disease.

RSV vaccines and immunisation products are the best way to protect against RSV disease and serious complications.

What is the difference between an RSV vaccine and an RSV monoclonal antibody?

There are 2 ways you can protect against RSV, either an RSV vaccine or an RSV monoclonal antibody.

The RSV vaccine and the RSV monoclonal antibody contain different ingredients and work in different ways to offer protection against serious illness caused by RSV.

RSV vaccines contain 'antigens' that 'teach' the body's immune system to make its own antibodies against RSV. When a pregnant woman receives an RSV vaccine, their immune system makes antibodies which pass through the placenta to their baby. This provides the infant with protection from birth and during their first few months of life.

RSV monoclonal antibodies contain ready-made antibodies. These are given to infants and children to help fight off a potential RSV infection and prevent severe RSV disease.

Both the vaccine and the monoclonal antibody are administered through an injection.

Who should get an RSV vaccine?

It is recommended that the following people receive an RSV vaccination:

- All women at 28 to 36 weeks of pregnancy to protect their baby against serious illness from RSV
- Adults aged 75 and over - people aged 60 to 74 can consider RSV vaccination
- Aboriginal and Torres Strait Islander people aged 60 and over
- People aged 60 and over with medical conditions that increase their risk of severe RSV disease.

Who should receive monoclonal antibody?

The Australian Technical Advisory Group on Immunisation recommends that the following infants and children receive an RSV monoclonal antibody:

- Infants aged <8 months
 - whose mothers did not receive a maternal RSV vaccine, or
 - born less than 2 weeks after their mother had an RSV vaccine, or
 - with conditions or circumstances that increase their risk of severe RSV disease.
- Older infants and young children ≥8 to 24 months who have conditions that increase their risk of severe RSV disease. This group are recommended to receive the monoclonal antibody before their second RSV season.

RSV monoclonal antibodies are not recommended for infants during their first 6 months of life if:

- their mother received the RSV vaccine at the recommended time during pregnancy.
- they do not have a risk condition for severe RSV disease.

Why should I or my child get an RSV vaccine or monoclonal antibody?

Immunisation is the best protection against serious illness caused by RSV. When women have an RSV vaccine in pregnancy, they pass antibodies to their baby through the placenta. This helps to protect their newborn baby from birth and in their first few months of life against RSV and serious complications.

For babies who are not protected by pregnancy vaccination, an infant RSV monoclonal antibody is recommended at birth to protect them from RSV. For more information, refer to your [state or territory immunisation health service](#).

When is the RSV vaccine available through the National Immunisation Program?

The maternal RSV vaccine became available through the National Immunisation Program as of 3 February 2025.

Who can get a free RSV vaccine under the National Immunisation Program?

Eligible women at 28 to 36 weeks of pregnancy will be able to access the maternal RSV vaccine for free through the National Immunisation Program. To be able to access free National Immunisation Program vaccines you must hold, or be eligible for, a Medicare card.

No other groups are eligible for free RSV vaccines through the National Immunisation Program at this time.

Can I get my baby an RSV monoclonal antibody through the National Immunisation Program?

No, the RSV monoclonal antibody for infants and young children is available through state and territory RSV infant protection programs in 2025. For more information, refer to your [state or territory immunisation health service](#).

Will RSV vaccines for older people, Aboriginal and Torres Strait Islander adults or people with medical risk conditions be available under the National Immunisation Program or state and territory programs?

Currently, only the maternal RSV vaccine recommended for women at 28 to 36 weeks pregnancy is funded through the National Immunisation Program.

If you are not eligible for a free vaccine through the National Immunisation Program, you can purchase RSV vaccines on the private market. The cost of privately purchased vaccines cannot be reimbursed through the National Immunisation Program. Talk to your trusted health professional about whether an RSV vaccine is recommended for you, how much it will cost and if you need a script.

Will my state or territory have RSV programs for other groups?

State and territory governments have infant RSV protection programs in 2025. No other groups are eligible for free RSV vaccines or monoclonal antibodies through state or territory vaccination programs at this time. For more information or advice, refer to your [state or territory immunisation health service](#).

How many RSV vaccine or monoclonal antibody doses do I or my baby need?

A single dose of the maternal RSV vaccine is recommended for women at 28 to 36 weeks pregnancy.

Infants aged <8 months are recommended to receive a single dose of an RSV monoclonal antibody before their first RSV season if their mother did not receive a maternal vaccine. Older infants and young children aged ≥8 to 24 months with medical conditions or circumstances that increase their risk of severe RSV disease may also be recommended to receive an RSV monoclonal antibody.

Aboriginal and Torres Strait Islander adults, older people, and people with medical risk conditions should talk with their trusted health professional about RSV vaccine recommendations.

How and where can I get the free maternal RSV vaccine or monoclonal antibody?

During your pregnancy you can book an appointment for your recommended RSV, influenza and whooping cough vaccines at a range of health services including:

- maternal health specialists or general practices
- local council immunisation clinics (available in some states and territories)
- community health centres
- Aboriginal health services
- some pharmacies.

Not all of these health services will have free National Immunisation Program vaccines. Check with your preferred health service to find out if they are available and when you can book your vaccination appointment.

The infant RSV monoclonal antibody is available through your state or territory RSV infant protection programs. Check with your health department to find out where and how to book an appointment.

There are currently no free RSV vaccines through the National Immunisation Program or states and territories for other groups. You should speak to your trusted health professional about recommendations for vaccination if you:

- are Aboriginal and Torres Strait Islander aged 60 and over
- are aged 60 and over
- have a medical condition that increases your risk of severe RSV disease.

Talk to your health professional to find out if you should get a vaccine, how much it will cost and whether you need a script. You cannot be reimbursed for the cost of privately purchased vaccines.

Do both my baby and I need to get an RSV vaccine or monoclonal antibody?

A maternal RSV vaccine is recommended for women at 28 to 36 weeks pregnancy and is available to eligible women for free through the National Immunisation Program.

Infants are recommended to receive an RSV monoclonal antibody if:

- their mother did not receive an RSV vaccine, or
- they were born less than 2 weeks after their mother was vaccinated, or
- they have a medical condition or circumstance that increases their risk of severe RSV disease.

There may be some older infants or young children aged ≥ 8 to 24 months with risk conditions may be recommended to receive the RSV monoclonal antibody. You should speak with your trusted health professional for more information.

Do we still need to get the RSV vaccine or monoclonal antibody if I or my child has already had RSV?

Yes, RSV vaccines or monoclonal antibodies may still be recommended even if you or your infant has had RSV. Speak with your trusted health professional to see if it is recommended for either of you and if you or your baby are eligible.

Do I or my baby need to get the RSV vaccine or monoclonal antibody in every pregnancy or every year?

Currently, only 1 dose of a maternal RSV vaccine or infant monoclonal antibody is recommended. However, advice on repeat vaccinations or boosters will be provided in the future as more information becomes available.

Some states and territories may offer additional doses of RSV monoclonal antibodies for infants. You should contact your state or territory health department for more information.

Are RSV vaccines and monoclonal antibodies safe?

Clinical trials of RSV vaccines and monoclonal antibodies have found them to be both safe and effective for pregnant women and children.

Research shows that maternal vaccination is very effective and reduces the risk of severe RSV illness in infants under 6 months of age by around 70%.

Are there any side effects from RSV vaccines and monoclonal antibodies?

Common side effects from RSV vaccines and monoclonal antibodies include mild pain, redness or swelling where the injection was given, fatigue and headaches. These side effects usually last for a few days and go away without any need for treatment.

Serious side effects, such as a severe allergic reaction, are rare.

Is it safe to have an RSV vaccine or monoclonal antibody at the same time as other vaccines?

Yes, you can safely receive an RSV vaccine at the same visit as the recommended maternal influenza and whooping cough vaccines. You can also get the RSV vaccine at the same time as a COVID-19 vaccine after an assessment by your health professional.

Your child can safely receive an RSV monoclonal antibody at the same time as their routine childhood vaccines.

I already paid for an RSV vaccine or monoclonal antibody and now I am eligible for a free one. Can I get my money back?

No, you cannot be reimbursed if you paid for an RSV vaccine or monoclonal antibody and are now eligible to receive it for free through the National Immunisation Program or state or territory program.

Where can I get more information about RSV vaccines and monoclonal antibody?

To find out more about RSV and immunisation, go to:

- the Department of Health and Aged Care at health.gov.au/immunisation
- National Centre for Immunisation Research and Surveillance at ncirs.org.au
- your state or territory health department website or trusted health professional.

State and territory health department contact numbers:			
ACT	02 5124 9800	SA	1300 232 272
NSW	1300 066 055	TAS	1800 671 738
NT	08 8922 8044	VIC	immunisation@health.vic.gov.au
WA	08 9321 1312	QLD	Contact your local Public Health Unit



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Department of Health,
Disability and Ageing



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