



Key points

- The National Immunisation Program (NIP) provides the free maternal RSV vaccine Abrysvo® to eligible women at 28 to 36 weeks of pregnancy.
- States and territories are offering the infant Beyfortus™ (nirsevimab) RSV monoclonal antibody. This product is covered through state and territory RSV infant protection programs. Questions about access should be directed to state and territory health departments.
- All people aged 60 and over, Aboriginal and Torres Strait Islander people aged 60 and over, and people aged 50 to 59 with medical risk conditions may consider privately purchasing RSV vaccines. However, these cannot be reimbursed through the NIP.
- RSV vaccines and the RSV monoclonal antibody can be safely administered with other recommended vaccines or COVID-19 vaccines based on an individual benefit-risk assessment.

About Respiratory syncytial virus (RSV)

Respiratory syncytial virus (RSV) is a common virus that causes upper and lower respiratory tract infection.

While it may be a mild disease for some, it can cause serious illness and hospitalisation in otherwise healthy children and adults. Effects can range from colds to severe conditions such as bronchiolitis in children and pneumonia.

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.

Who should receive an RSV vaccine

Pregnant women

A single dose of Abrysvo® is recommended at 28 to 36 weeks of pregnancy and is funded through the NIP for eligible women. Abrysvo® can be administered at any time of year provided it is at an appropriate point in the pregnancy.

Arexvy® must not be administered to pregnant women. Abrysvo® is the only RSV vaccine approved for use in pregnant women.

Abrysvo® can be safely co-administered with other recommended maternal vaccines or COVID-19 vaccines based on an individual benefit-risk assessment.

The maternal RSV vaccine given during pregnancy is primarily to protect infants. Women who are breastfeeding but not pregnant are not

recommended to receive RSV vaccination.

While there are no safety concerns, there is no evidence that protection is passed to the infant through breastfeeding.

Advice on repeat vaccination during subsequent pregnancies will be provided in future as more data becomes available.

Who should receive a RSV monoclonal antibody

Infants and children

Abrysvo® and Arexvy® must not be administered to infants and children.

Infants <8 months are recommended to receive a single dose of Beyfortus™ (nirsevimab) monoclonal antibody if:

- the mother did not receive an RSV vaccine during pregnancy, or
- they were born within 2 weeks after the mother receiving an RSV vaccine, or
- they have a condition or circumstance that increases their risk of severe RSV disease.

Administration of nirsevimab is likely to be most effective when given shortly after birth for infants born just before or during the RSV season.

Children ≥8 to 24 months who have certain risk conditions for severe RSV disease are recommended to receive nirsevimab before their second RSV season.

At this time, nirsevimab is not recommended for infants during the first 6 months of life if:

- the mother received an RSV vaccine at an appropriate time during pregnancy, and
- the infant does not have a risk condition for severe RSV disease.

Questions about the RSV monoclonal antibody and RSV infant protection program eligibility should be directed to state and territory health departments.

Infants and children can safely receive nirsevimab on its own or at the same appointment as other routine childhood vaccinations.

All people aged 60 and over including Aboriginal and Torres Strait Islander people and medically at-risk people 50-59 years

RSV vaccines for all people aged 60 and over including Aboriginal and Torres Strait Islander people and those 50 to 59 years with medical risk factors can receive an RSV vaccine, however, these vaccines are not funded through the NIP.

RSV vaccines can be purchased through the private market but cannot be claimed or reimbursed through the NIP.

RSV vaccine and RSV monoclonal antibody safety

Clinical trials of RSV vaccines and the RSV monoclonal antibody have found them to be both safe and effective.

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

Contraindications

The only contraindications to RSV vaccines and the RSV monoclonal antibody are anaphylaxis after:

- a previous dose of the same vaccine or monoclonal antibody
- any component of an RSV vaccine or monoclonal antibody.

Adverse events or administration errors

You must notify all adverse events and vaccine or monoclonal antibody administration errors through the reporting mechanisms in your state or territory.

Ensure you are administering the correct product for your patient. Private stock incorrectly given instead of NIP or state or territory stock cannot be claimed or reimbursed. Consider storing vaccines for different cohorts on separate shelves to prevent errors.

RSV vaccines and RSV monoclonal antibody by age group or cohort

Age group or cohort	Product		
	Abrysvo® 0.5mL (Pfizer)	Arexvy® 0.5mL (GSK)	Beyfortus™ (nirsevimab) 0.5/1.0 mL (Sanofi)
Women at 28 to 36 weeks pregnancy	NIP funded	DO NOT USE	DO NOT USE
Infants & children ≤24 months	DO NOT USE	DO NOT USE	State & territory funded
People 50-59 years with medical risk factors	DO NOT USE	Available privately based on clinical decision	DO NOT USE
All people ≥60 years including Aboriginal and Torres Strait Islander people	Available privately based on clinical decision	Available privately based on clinical decision	DO NOT USE

Australian Immunisation Register

Check the Australian Immunisation Register (AIR) before administering an RSV vaccine or RSV monoclonal antibody. You should report all RSV maternal and infant immunisations to the AIR to ensure complete and accurate records. For more information, go to servicesaustralia.gov.au/hpair.

Keep up to date

Read the advice in this factsheet in conjunction with the Australian Immunisation Handbook at immunisationhandbook.health.gov.au

Subscribe to the NIP update email update service. Search 'NIP updates' on health.gov.au.

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