Ontario Infant and High-Risk Children RSV Prevention Program:

Supplementary Clinical Guidance for Health Care Providers

Last updated: October 19, 2026

Developed by: Members of the Provincial RSV Advisory Group

Bosco Paes[1], Charles Hui[2], Upton Allen[3], Fiona Guy[1], Michelle Gordon[4], Michael Derynck[5], Jennifer Russell[3], Teresa Bruni[6], Aaron Chiu[7] and Daniel Warshafsky[8].

With acknowledgements to: Brittany Groom[9] and Erin Fleischer[10].

[1]McMaster Children's Hospital, Hamilton Health Sciences, Hamilton, Ontario, [2]Children's Hospital of Eastern Ontario, Ottawa, Ontario, [3]The Hospital for Sick Children, Toronto, Ontario, [4]Orillia Soldier's Memorial Hospital, Orillia, Ontario, [5] Kingston Health Sciences Centre, Kingston, Ontario, [6] Thunder Bay Regional Health Sciences Centre, Thunder Bay, Ontario, [7]Health Sciences Centre, Winnipeg, Manitoba, [8]Office of Chief Medical Officer of Health, Public Health, Ontario, [9]Provincial Council for Maternal and Child Health, Ontario, [10]Children's Hospital, London Health Sciences Centre, London, Ontario

Disclaimer: This guidance was developed by the experts listed above to supplement, not replace, Ministry of Health guidance. It provides additional clinical context and is current as of the date listed.

Introduction

Respiratory Syncytial Virus (RSV) is one of the most common respiratory viruses in infants and young children and contributes to a significant burden of disease and substantial impact on the healthcare system during the RSV season through emergency department visits, hospitalizations, and intensive care unit admissions.

In May 2024, Canada's National Advisory Committee on Immunization (NACI) recommended that provinces and territories work toward universal infant RSV immunization programs. Ontario was among the first to implement such a program, launching its inaugural universal season in 2024/2025.

In 2024, Ontario's Ministry of Health (MOH) transitioned from a high-risk infant RSV prophylaxis program using palivizumab (Synagis®) to a publicly funded universal prevention program for infants and high-risk children using nirsevimab (Beyfortus®). Like Synagis, Beyfortus is a monoclonal antibody (mAb) product authorized by Health Canada to help protect infants and young children from lower respiratory tract infections caused by RSV through passive immunization that offers immediate protection. The RSVpreF maternal vaccine (Abrysvo™) is another product available in Ontario for infant protection. NACI and the Society of Obstetricians and Gynaecologists of Canada (SOGC) recommend administration between 28 to 36 weeks of gestation, in advance of and during the RSV season. NACI and SOGC recognize that both nirsevimab (Beyfortus) and RSVpreF (Abrysvo) are effective strategies and provide similar protection against severe RSV in infants.

Ontario's program publicly funds Abrysvo for pregnant individuals and Beyfortus for eligible infants and high-risk children under two years of age at the start of the RSV season. Both products are effective options for protecting infants from severe RSV disease. Randomized controlled trials and real-world evidence have demonstrated that both products have good safety profiles and offer similar protection against hospitalization for RSV-related lower respiratory tract disease and admission to intensive care. Routine administration of both products is not recommended, except in specific circumstances.

Purpose

This **Supplementary Clinical Guidance for Health Care Providers** is designed to answer frequently asked questions and support best practices in the implementation of Ontario's Infant and High-Risk Children RSV Prevention Program, complementing the Ontario MOH guidance.

Information about Ontario's publicly funded RSV prevention program is available online. Refer to the Infant and High-Risk Children Respiratory Syncytial Virus (RSV) Prevention Program Factsheet for Health Care Providers, available on the provincial webpage, for information on:

- RSV immunizing agents available in Ontario
- Eligibility criteria under the publicly funded program
- Product preparation and administration practices, including schedule and dosing

- Co-administration with vaccine products
- Contraindications and precautions
- Reporting of side effects and adverse events following immunization (AEFIs)
- Ordering process to access the publicly funded supply

Frequently Asked Questions

Sections:

1. **Additional Program Eligibility and Accessibility Considerations**
2. **Timing of the RSV Season and the Infant RSV Program**
3. **Considerations for Children with Complex Medical Conditions**
4. **Other Program and Vaccine Administration Considerations**

Section 1: Additional Program Eligibility and Accessibility Considerations

Who is eligible for RSV prophylaxis with Beyfortus?

Refer to the MOH Infant and High-risk Children RSV Prevention Program Factsheet for HCPs for eligibility under the publicly funded program. To be eligible for the program, the infant or child must be a resident of Ontario and meet the program's listed clinical criteria.

Prior to the start of each prophylaxis season, the MOH updates the program's eligibility requirements. Of note, immigrants to Ontario are eligible for prophylaxis if they are resident in Ontario at the start of the RSV season even if they do not have a health card/Ontario Health Insurance Plan (OHIP). This eligibility may also extend to high-risk children who have been transferred from other countries to one of Ontario's hospitals and are receiving prolonged treatment over several months and may have multiple exposures to RSV while in hospital during the season.

Do premature infants born between November 1, 2025, and March 31, 2026, qualify for prophylaxis in the 2026-2027 RSV season, if they are discharged home after April 1st?

These infants are not eligible for prophylaxis unless they have hemodynamically significant congenital heart disease (HS-CHD), bronchopulmonary dysplasia (BPD) or chronic lung disease or other comorbidities. However, if an infant has experienced a very complicated neonatal course with multiple medical problems, the decision to administer Beyfortus remains under the discretion of the responsible pediatric specialist.

Should premature infants who are over the age of 8 months receive RSV prophylaxis?

According to NACI "a dose of the RSV monoclonal antibody nirsevimab is recommended for all infants less than 8 months of age, entering, or born during, their first RSV season." However, infants over 8 months of age who are diagnosed with BPD, chronic lung disease, HS-CHD, or another medical condition that places them at high risk for severe RSV illness are recommended to receive RSV prophylaxis.

Should healthy premature infants aged 8-24 months receive prophylaxis?

Healthy premature infants are at low risk for RSV infection during the second RSV season which spans 8-24 months of age. Only those with serious underlying medical conditions or a complicated and protracted neonatal course should receive Beyfortus during this time frame.

Which infants with complex medical disorders aged 8-24 months are eligible for Beyfortus?

In the past under the Synagis program, complex medical disorders were adjudicated by the Advisory Board to the MOH who determined need for RSV prophylaxis. Currently, the decision for prophylaxis rests with healthcare providers (HCPs) (i.e., pediatric specialists experienced in RSV prophylaxis) who can best determine the severity of a child's existing conditions that merit prophylaxis.

High-Risk Criteria

Children up to 24 months of age who remain vulnerable to severe RSV disease may include, but are not limited to, those with:

- HS-CHD as per definition listed below
- BPD/CLD as per definition listed below
- Down syndrome/Trisomy 21 (both healthy infants/children and those with comorbidities)
- Severe immunodeficiency: children with both primary (e.g., severe combined immunodeficiency, Wiskott-Aldrich syndrome, interleukin receptor deficiencies) and secondary (acquired) immunodeficiencies including but not limited to: cytotoxic chemotherapy, bone marrow/stem cell/solid organ transplant, HIV infection
- Cystic fibrosis with recurrent pulmonary exacerbations requiring hospitalization, deteriorating pulmonary function and/or severe growth delay <10th percentile
- Neuromuscular disease: This group includes infants with conditions that impair clearing of secretions such as general hypotonia and those with hypotonia associated with hypoxic-ischemic encephalopathy, syndromes (Prader-Willi), chromosomal disorders and migration and demyelinating conditions and Infants with specific primary myopathies such as spinal muscular atrophy, muscle disorders (e.g., myotonic dystrophy, centronuclear and nemaline myopathy), mitochondrial and glycogen storage myopathies, brain malformations or arthrogryposis
- Sickle cell disease
- Gastrointestinal problems including severe intestinal failure, short bowel syndrome, motility disorders, and congenital diarrheas.
- Severe congenital airway anomalies impairing the clearing of respiratory secretions. These include:
    1) upper airway anatomical anomalies involving the nasal passage (e.g., choanal atresia or severe stenosis), laryngo-tracheo-bronchomalacia, and primary vocal cord paralysis, extending to the subglottic region, and
    2) lower airway abnormalities extending from the subglottic area to pulmonary airway malformations (e.g., aplasia, congenital pulmonary airway malformation [CPAM], pulmonary sequestration, lung cysts, lobar emphysema). Additionally,

many children who have chronic upper airway obstruction, airway anomalies and underlying complex medical disorders, may require a tracheostomy to facilitate airway clearance of secretions and prevent aspiration. This surgical procedure poses an increased risk for RSV-related hospitalization, and these infants/children should be considered for prophylaxis.

Are children > 2 years eligible for prophylaxis with Beyfortus?

Despite not meeting eligibility under the publicly funded program, children over the age of 24 months who remain high-risk for severe RSV illness may benefit from prophylaxis with Beyfortus. The highest risk for RSV-related hospitalization pertains to children who are chronologically < 6 months of age and more specifically to those < 2 months. The incidence of hospitalization declines after 6 months. The safety and efficacy of Beyfortus in children > 2 years of age has not been established and neither has the effective dose to prevent disease been determined based on body weight. Children in the MEDLEY second RSV season clinical trial ranged in median weight from 9.7 (range: 6.1–15.7) kg and received 200 mg of Beyfortus for prophylaxis.

Clinically, children with the following medical conditions remain at risk for severe RSV disease beyond 2 years of age:

- Severe immunocompromise as defined above for children who are aged <2 years
- HS-CHD awaiting cardiac transplant
- BPD/CLD with ongoing pulmonary hypertension
- Down syndrome who have severe medical complications
- Severe myopathies

However, decisions to provide 200 mg Beyfortus prophylaxis for children up to 16 kg should be made on a case-by-case basis by a pediatric specialist involved in their care. As a guideline utilizing first season data, but not supported by pharmacokinetic evidence, children weighing 17-21 kg can receive 250 mg (2.5 mL) Beyfortus and those between 22-26 kg can be administered 300 mg (3.0 mL).

What dose of Beyfortus should be administered to a child who is <10 kg and aged 8-24 months?

Children 8 to 24 months of age, **regardless of body weight**, who remain at increased risk for severe RSV disease should receive 200 mg Beyfortus. Children with BPD/CLD and congenital heart disease in the second season MEDLEY trial had a median weight of 9.7 (range: 6.1–15.7) kg and received a standard dose of 200 mg of Beyfortus for prophylaxis. (Sources: Drugs.com, Domachowske et al.)

Who should communicate with caregivers of infants regarding Beyfortus eligibility and how should this be done?

Ideally, this should be done by the infants' regular clinician/healthcare practitioner or delegate. They can inform caregivers, that all infants who are born on or after April 1st and are aged less than eight months at the time of administration are eligible for RSV prophylaxis under the

publicly funded program. Recommendations regarding Beyfortus for infants aged 8-24 months should only be conveyed to parents after a clinician/healthcare practitioner has carefully reviewed the status of the child with pre-existing comorbidities and deems that the severity of the medical condition merits RSV prophylaxis. If the clinician is unsure about eligibility, it is advised that they seek a second opinion before providing information to caregivers.

How are out-of-province patients treated?

Every province and territory in Canada individually administers and funds their own RSV prophylaxis program (e.g., some programs are targeted, while others are universal). The eligibility criteria differ among provinces and territories.

International children are not eligible under the publicly funded program, unless in those cases of prolonged hospital stays during the RSV season. Of note, immigrants to Ontario are eligible for prophylaxis based on the criteria, if they are resident in Ontario at the start of or during the RSV season and **do not have** a health card/Ontario Health Insurance Plan. If an Ontario infant/child is travelling to another province/territory, or another country during RSV season, the infant should preferably be immunized prior to travel.

Are doses provided for Ontario infants travelling outside of Canada?

Funding of Beyfortus is only provided to Ontario infants while they are residing within Canada. Beyfortus is available in other countries but alternative funding, such as private payment, privately purchased doses will not be reimbursed by MOH.

What if an infant is ineligible for Ontario's RSV Prophylaxis Program?

The evidence-based eligibility criteria identify infants and young children at risk of hospitalization due to RSV. If an infant or child is ineligible for the RSV program, this means that experts believe that their risk of developing severe RSV is less when compared with eligible infants/young children. If parents or guardians and physicians still wish to proceed with RSV prophylaxis, Beyfortus can be purchased privately or may be available for coverage through a private insurance plan. Beyfortus is currently being covered by the following private insurers: Sun Life, Manulife, Medavie Blue Cross, Canada Life, GreenShield, ClaimSecure, and Desjardins. Approximately 39 percent of Canadians with access to a private insurance plan have a plan that would cover Beyfortus. Patients can either reach out to their insurance providers for confirmation or check with a pharmacy.

In Ontario, a prescription is required. Parents or guardians should contact their pharmacy to determine how long it would take to order the product. Patients may use their insurance coverage or pay out-of-pocket at the time of purchase of the product.

Is Beyfortus covered for patients under the Interim Federal Health (IFH) Program?

Beyfortus is not a listed standard benefit under the IFH program but may be considered on an exceptional basis in limited circumstances. Please contact IFH directly and refer to the following link for more information regarding coverage under the IFH program including medication coverage: Interim Federal Health Program: Summary of Coverage.

Section 2: Timing of the RSV Season and the Infant & High-Risk Children RSV Program

When does the RSV season begin?

The RSV season is generally from November 1 to March 31, peaking in December, with regional variation across Ontario and between years. The RSV season is influenced by local RSV activity and seasonal factors. Typically, the RSV season begins in November for southern, central, and eastern Ontario. Northern Ontario's season traditionally starts later by a month or more. However, the RSV season across the province overall or in any given regional area may be delayed as it relates to the actual local RSV activity.

When is the start date for RSV prophylaxis in Ontario?

Due to the seasonality of the RSV virus and to ensure optimal protection, Beyfortus and Abrysvo should be administered shortly before and during the active RSV season. Pending product availability, administration of either Beyfortus or Abrysvo for the infant program can begin in early October.

When is the end date for RSV prophylaxis in Ontario? Can Beyfortus be given after season end?

The end date of the RSV prophylaxis season is normally March 31st and is communicated in program materials developed by the MOH. For some areas of Northern Ontario, the RSV season typically may end near the end of April to early May. However, the provincial date may change as it did for the 2025-2026 season, based on RSV activity trends in various regions of Ontario and tracking through the Public Health Agency of Canada (PHAC) Respiratory Virus Detection Surveillance System reports. If seasonal epidemiology warrants a change, the ministry will provide notice of the revised infant prevention program end date.

Doses of Beyfortus should not be given after the RSV season has ended. If doses are required after the season end, requests will be considered on a case-by-case basis but only where the local RSV activity is ongoing. The requesting prescriber must communicate with their local public health unit and then they will distribute the product as appropriate.

In general, the RSV season is considered ongoing when there are **two or more local RSV related hospitalizations per week for two consecutive weeks** OR the first day of 2 consecutive weeks when at least two of 10–19 specimens tested each week are positive for RSV antigen or when at least 10% of ≥20 tests are reported to be RSV positive.

The 2025-2026 RSV season ended on April 17th, 2026. Can infants who received prophylaxis between April 1st and April 17th, qualify for prophylaxis at the start of the 2026-2027 RSV season?

Infants who received prophylaxis in April are eligible for prophylaxis at the start of the 2026-2027 RSV season if the child is aged < 8 months at the time of administration and the parents wish to have their child re-immunized following discussion with their healthcare provider.

Can publicly funded Beyfortus be administered out of season?
Beyfortus should not be administered to infants under the publicly funded program beyond the Ontario RSV season. Similarly, prophylaxis cannot be started before the season has officially commenced, even if the child is deemed by the prescriber to be at extremely high risk.

Can midwives administer Abrysvo and Beyfortus?
Under the Midwifery Act, 1992, S.O. 1991, c31., midwives are authorized to prescribe and administer both Abrysvo and Beyfortus.

Section 3: Considerations for Children with Complex Medical Conditions

How is hemodynamically significant congenital heart disease (HS-CHD) defined?
HS-CHD is defined as uncorrected or palliated cyanotic or acyanotic CHD associated with documented: Pulmonary hypertension (systolic pulmonary arterial pressure 40 mm Hg or resting mean pulmonary arterial pressure > 20 mm Hg) or a requirement for daily medication to manage congestive heart failure or severe failure to thrive based specifically on CHD status. The definition must be met for prophylaxis under the high-risk criteria for children both in the first season (less than 8 months of age) and those between 8-24 months of age, diagnosed with HS-CHD.

Does RSV prophylaxis with Beyfortus need to continue after cardiac surgery?
Refer to the Ontario MOH Infant and High-risk Children RSV Prevention Program Factsheet for HCPs section on children undergoing cardiac surgery with cardiopulmonary bypass (Table 2: Beyfortus Re-immunization Administration Guidelines for Children Undergoing Cardiac Surgery with Cardiopulmonary Bypass). RSV prophylaxis is not recommended after the post-surgery dose has been received.

What supporting documentation is required to confirm a diagnosis of pulmonary hypertension?
Only infants aged 8-24 months with moderate and severe pulmonary hypertension independently or specifically associated with bronchopulmonary dysplasia should be considered for RSV prophylaxis under the publicly funded program. An echocardiogram and consultation with a cardiologist are strongly recommended to confirm evidence of hypertension and guide prophylaxis with Beyfortus.

What is the definition of bronchopulmonary dysplasia/chronic lung disease (BPD/CLD)?
The following table defines BPD for a preterm infant < 32 completed weeks gestational age based on the mode of respiratory support and FiO_2 at 36 weeks postmenstrual age or discharge home, if earlier:

BPD Severity	Breathing in room air	NC < 1 L/min	NC 1-3L/min	NC > 3L/min, nCPAP, or NIPPV	Invasive PPV
No BPD	21%	21%	21%	-	-
Grade 1	-	22-70%	22-29%	21%	-
Grade 2	-	71-100%	30-100%	22-29%	21%
Grade 3	-	-	-	30-100%	22-100%

Abbreviations: bronchopulmonary dysplasia (BPD), fraction of inspired oxygen (FiO_2), nasal cannula (NC), nasal continuous positive airway pressure (nCPAP), nasal intermittent positive pressure ventilation (NIPPV), positive pressure ventilation (PPV)

For infants > 32 completed weeks gestational age with BPD/CLD the same criteria as above can be adopted with the proviso that the assessment occurs at > 28 days of age but < 56 days or at time of discharge.

If the definition of BPD/CLD is met in the first RSV season, infants aged 8-24 months should continue to receive prophylaxis, irrespective of clinical status or the Grade of BPD/CLD.

Section 4: Other Program and Vaccine Administration Considerations

Is clesrovimab available through the Ontario publicly funded RSV prevention program?
Clesrovimab (Enflonsia®) is a monoclonal antibody that was authorized by Health Canada in February 2026 for the prevention of RSV disease in infants. Enflonsia will not be available through the Ontario publicly funded RSV prevention program for the 2026-2027 season.

If a pregnant person has received Abrysvo vaccine correctly between 28-36 weeks gestation and > 14 days prior to delivery, should the newborn infant receive Beyfortus after birth?
The infant does not need RSV prophylaxis routinely after birth, unless the infant is considered high-risk for RSV infection based on the current MOH criteria (Refer to the Ontario MOH Infant and High-Risk Children Respiratory Syncytial Virus (RSV) Prevention Program Factsheet for Health Care Providers). However, if the pregnant person is not vaccinated at the recommended gestational age or if the vaccine is administered less than 14 days prior to delivery, the infant should receive Beyfortus after birth.

Is the Abrysvo vaccine safe and does it provide the same duration of protection as Beyfortus for the entire RSV season?
Randomized controlled trials and real-world evidence have demonstrated that both products have good safety profiles and offer similar protection against hospitalization for RSV-related lower respiratory tract disease and admission to intensive care. A pregnant person should discuss both options with their healthcare provider to determine the product that is best for their infant.

Should a child still get the "flu" shot if they received RSV prophylaxis?

Yes, the flu shot prevents influenza which is a different virus. Beyfortus does not offer any protection against influenza. Unless there are medical reasons not to vaccinate against influenza, every individual six months of age and older should receive a flu shot (please refer to Provincial Infectious Diseases Advisory Committee on Infection Prevention and Control (PIDAC-IPC) guidelines and the National Advisory Committee on Immunization (NACI). Flu shots are usually available in the late fall each year. Talk to your child's pediatrician or family doctor for more information. There is no contraindication to giving a flu shot and Beyfortus at the same visit.

Can a child have vaccines or drugs on the same day or in the same week that they receive Beyfortus?

Refer to the Ontario MOH Infant and High-Risk Children Respiratory Syncytial Virus (RSV) Prevention Program Factsheet for Health Care Providers on co-administration with vaccine products posted above.

Beyfortus is not a vaccine and therefore it does not interact with other vaccines (including live attenuated vaccines i.e., Measles/Mumps/Rubella, Varicella, Rotavirus) and can be safely administered concomitantly with routine childhood vaccines if the child is well and not febrile. Beyfortus can be administered any time before or after other immunization products.

Formal studies have not been conducted to evaluate potential interactions between Beyfortus and other drugs but there is no apparent increase in adverse effects when used simultaneously. Please refer to the drug product monograph for full prescribing information.

Note: Beyfortus should not be mixed with any other vaccine in the same syringe or vial. If Beyfortus is given at the same time as other injectable vaccines, each injection should be given with a separate syringe at a different injection site.

Should Beyfortus be administered after RSV infection?

Beyfortus is generally not necessary or recommended for an infant who has had a confirmed RSV infection during the current RSV season. The additional benefit of administering Beyfortus after recovery from RSV is unknown and expected to be low, and the risk of rehospitalization in the same season is very low (<1%). However, consideration may be given to severely immunocompromised infants (e.g., those with severe combined immunodeficiency and recent bone marrow transplantation) who may not mount an adequate immune response to the RSV infection.

No specific interval is recommended between RSV infection and receipt of Beyfortus.

Will public health units (PHUs) administer Beyfortus to all infants who qualify for prophylaxis in the 2026-2027 RSV season?

PHUs will offer Beyfortus to eligible infants during the 2026-2027 RSV season, but local delivery models may vary. Healthcare providers should advise parents and caregivers to contact their

local PHU for information on access and appointment scheduling. A list of PHUs and their contact information is available through Ontario's Public Health Unit Locator.

What is the definition of less than 8 months?
To be eligible under Ontario's publicly funded program, infants must be born AFTER the end of the previous RSV season (i.e., April 1 or later) AND less than 8 months of age at the time of administration. For example, an infant born on April 1 would be eligible to receive Beyfortus only until November 30 of that same year.

Who would qualify as the Most Responsible Healthcare Provider (MRP)?
The term MRP generally refers to the physician, or other regulated healthcare professional, who has overall responsibility for directing and coordinating the care and management of a patient at a specific point in time. This also includes registered midwives and nurse practitioners (NPs).

Is there a Physician Billing Code for RSV immunization?
New for the 2026-2027 season, a dedicated fee code (G849) is available for administration of all publicly funded RSV immunization products delivered through primary care. The fee code is valued at $8.80 per administration. Details are available on page J54 of the new Schedule of Benefits. **Providers are strongly encouraged to use this code to support accurate capture of RSV immunization administration data.**

Where can I get further information on the Ontario RSV Prophylaxis Program?
For questions related to local programming and publicly funded product access, delivery, etc., please contact your local public health unit. For questions on hospital order requests, and drug-related issues (ordering, shipment, storage, reconstitution, administration), please contact your hospital-based pharmacist. For product specific questions (storage and handling, reconstitution, stability, administration) you can also contact the Sanofi Medical Information Portal (Phone #: 1-888-621-1146).

For further information, questions, or clarifications on eligibility for Beyfortus and the program policies and processes, please contact the Vaccine Policy and Programs Branch by email at vacpro@ontario.ca.

Additional Resources

Provincial

- Ontario Ministry of Health RSV Prevention Program
- Public Health Ontario (PHO) Respiratory Virus Tool
- Provincial Council for Maternal and Child Health (PCMCH) Multilingual Fact Sheets for Healthcare Providers and Parents/Expectant Parents
- PCMCH & Indigenous Primary Healthcare Council (IPHCC) Multilingual Fact Sheet for Indigenous Parents, Caregivers and Families

- Centre for Effective Practice (CEP) RSV Prevention Program for infants in Ontario Primary Care Toolkit
- Ontario Medical Association (OMA) RSV Prevention Program Website
- Association of Ontario Midwives (AOM) RSV Website
- Ontario MD & OMD Educates EMR Identification of Infants and High-Risk Children Eligible for RSV Prevention Programs

National

- Public Health Agency of Canada (PHAC) RSV vaccines: Canadian Immunization Guide for Health Professionals
- National Advisory Committee on Immunization (NACI) Statement: Updated guidance to protect infants and children from respiratory syncytial virus (RSV) disease
- Public Health Agency of Canada (PHAC) Health Infobase RSV Canadian Respiratory Virus Surveillance Report
- Society of Obstetricians and Gynaecologists of Canada (SOGC) Statement on RSV Immunization to Prevent Infant RSV Infection
- Federation of Medical Women of Canada (FMWC) Maternal RSV Task Force RSV Protect Website
- Praxus Health RSV Information Hub