Government of **Western Australia**
Department of **Health**

Respiratory Syncytial Virus (RSV) infant immunisation program

Quick reference guide

This guidance is intended for use in outpatient settings administering nirsevimab (Beyfortus®).

Eligibility – Nirsevimab should be offered as a **catch-up program** to the following 3 cohorts:

1. all infants born from 1 October 2023 to 30 April 2024
2. all Aboriginal children born from 1 October 2022 to 30 September 2024
3. children with specific medical risk conditions who are entering their second RSV season (i.e. born from 1 Oct 22 to 30 Sep 23). The list of qualifying medical risk conditions is available on the 'Eligibility' tab of the WA RSV immunisation website at www.health.wa.gov.au/rsvimmunisation and on the reverse of this guide.

   In addition, any infant born between 1 May and 30 September 2024 who did not receive nirsevimab prior to hospital discharge should be immunised in the outpatient setting.

Timing – Children in the **catch-up** cohorts should receive nirsevimab during April and May 2024.

Dose – For babies aged < 8 months and weighing < 5 kg the dose is 50 mg (purple plunger).

For babies aged < 8 months and weighing ≥ 5 kg the dose is 100 mg (light blue plunger).

For eligible children aged ≥8 months the dose is 200 mg (2 x 100 mg doses) regardless of their weight.

Effectiveness – In clinical trials and real-world use, nirsevimab has been shown to be approximately 80 per cent effective at preventing infants from being hospitalised due to RSV.

Contraindications – Nirsevimab is contraindicated in persons with a history of serious hypersensitivity reactions, including anaphylaxis, to nirsevimab or to any of its components.

Side effects – Although infrequent, the most common side effects after nirsevimab are pain, redness, or swelling where the injection is given, and rash. Serious hypersensitivity reactions are rare but have been reported following nirsevimab. Clinics administering nirsevimab should be able to recognise and treat serious allergic reactions, including anaphylaxis.

Administration – Nirsevimab should be given as an intramuscular (IM) injection – usually in the outer part of the upper thigh.

Co-administration – Nirsevimab can be safely administered at the same time as routine childhood vaccinations, or at any time prior to, or after, administration of childhood vaccines.

Storage – Store at 2°C to 8°C (Refrigerate. Do not freeze). Nirsevimab may be kept at room temperature for a maximum of 8 hours.

Ordering – Additional doses of nirsevimab can be accessed via Onelink using existing processes for vaccines. Ordering limits apply; practices requiring amounts exceeding these limits should contact vaccineorders@health.wa.gov.au prior to placing an order.

Reporting to AIR – All nirsevimab (Beyfortus®) doses administered should be recorded in the Australian Immunisation Register (AIR) via your practice software or directly through PRODA.

Further information – This quick reference guide provides key information about the WA RSV immunisation program. Additional information (e.g. facts sheets, consent support materials) is available at www.health.wa.gov.au/rsvimmunisation. The full nirsevimab (Beyfortus®) product information can be accessed by scanning the QR code:

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At-risk children – quick reference guide

Children meeting both the **age AND medical** eligibility criteria listed below remain at increased risk of severe RSV disease entering their **second** RSV season and should be offered **200 mg** of nirsevimab (Beyfortus®) (administered during the same visit as 2 x 100 mg IM injections).

Age eligibility – children born between 1 October 2022 to 30 September 2023. These children will be between 8 to 19 months of age and now entering their second RSV season.

Medical eligibility

1. **Cardiac disease with hemodynamic impairment including:**
   - Cyanotic heart disease
   - Acyanotic heart disease such as ventricular septal defect (VSD) requiring heart failure treatment
   - Cardiomyopathy – congenital or acquired.
2. **Chronic respiratory conditions including:**
   - Chronic lung disease of prematurity/ bronchopulmonary dysplasia requiring medical support (chronic corticosteroid treatment, diuretic therapy, or supplemental oxygen) at any time in the 6 months before the start of second RSV season.
   - Need for respiratory support such as tracheostomy, non-invasive ventilation (BIPAP or CPAP).
3. **Premature infants:**
   - All born at ≤ 28 weeks gestation
   - >28 to ≤ 32 weeks gestation and under 12 months old at the beginning of RSV season.
4. **Neuromuscular disorders which impair respiratory function including:**
   - Spinal muscular atrophy (SMA)
   - Cerebral palsy
   - Metabolic disorders with neuro/muscular impairment.
5. **Immunocompromising conditions including:**
   - Primary immunodeficiencies such as severe combined immunodeficiency disease, congenital agammaglobulinemia
   - Post haematopoietic stem cell transplant
   - Post solid organ transplant
   - End stage organ disease (awaiting transplant)
   - Those on highly immunosuppressive therapy or completed in the last 6 months.
6. **Congenitally diagnosed genetic conditions which impair respiratory function including Trisomy 21**

Aboriginal children – all Aboriginal children in WA born from 1 October 2022 to 30 September 2024 are eligible to receive nirsevimab. The recommended dose is:

→ 50 mg if aged less than 8 months and weighing < 5 kg

→ 100 mg if aged less than 8 months and weighing ≥ 5 kg

→ 200 mg (2 x 100 mg doses) if aged 8 months or more, regardless of weight.

More information – including facts sheets, consent forms and an e-learning training module is available through the WA Department of Health website: www.health.wa.gov.au/rsvimmunisation

IMM-014694 APR'24