



# Nirsevimab – What parents need to know

## Consumer information sheet

### What is Respiratory Syncytial Virus (RSV)?

RSV is a common respiratory virus that usually causes mild, cold-like symptoms but can also cause more serious illness.

Symptoms of RSV infection may include runny nose, decrease in appetite, coughing, sneezing, fever or wheezing.

RSV is easily spread, and most children will get an RSV infection by the time they are 2-years-old. While the majority will recover within a week or two, RSV infection can be dangerous for infants and young children, causing difficulty breathing, low oxygen levels and dehydration.

In Australia, RSV infection is the most common cause of infant hospitalisation because it can often progress to pneumonia (infection of the lungs) or bronchiolitis (inflammation of the small airways in the lungs) in very young children. Every year in Western Australia (WA), one in 30 infants is hospitalised with RSV during the winter illness season.

### What is nirsevimab?

Nirsevimab (Beyfortus®) is a medicine containing antibodies that can prevent severe RSV disease in infants and young children. Antibodies are proteins used by the body to fight off harmful germs. Traditional vaccines stimulate the body to make antibodies which can provide protection against a specific disease. This process can take several weeks and may require multiple doses of vaccine to ensure there are enough antibodies produced to achieve protection. In contrast, the nirsevimab medicine contains pre-made RSV preventive antibodies that can provide direct protection to the infant almost immediately after they are administered.

### Why should you immunise your baby with nirsevimab?

The antibody in nirsevimab can prevent severe lung disease caused by RSV. Medical studies show nirsevimab to be about 80 per cent effective at preventing RSV-associated hospitalisation among infants entering their first RSV season and 90 per cent effective at preventing an admission to an intensive care unit (ICU).

### Who is eligible for nirsevimab?

The below 4 cohorts are eligible for nirsevimab immunisation under this program.

From 1 April 2024 to 30 September 2024, nirsevimab will be offered:

- as a catch-up program for babies born from 1 October 2023 to 30 April 2024
- to all Aboriginal children born from 1 October 2022 to 30 September 2024
- to some medically at-risk children in their second RSV season born from 1 October 2022 to 30 September 2023 (your child's doctor will advise you if your child should receive a dose).

In addition:

- at birth to all babies born between 1 May and 30 September 2024

### When is the best time to immunise your baby against RSV?

One dose of nirsevimab protects babies for at least 5 months, which is the length of an average RSV season. Babies born during the RSV season (typically from May to September in WA) should receive a single dose of nirsevimab before leaving the birthing hospital.

## Can nirsevimab be given at the same time as other childhood vaccines?

The RSV preventive antibodies in nirsevimab can be given at the same time as vaccines routinely recommended for infants and young children.

## Where will this immunisation be recorded?

Once your child receives the nirsevimab immunisation, it will be recorded on the Australian Immunisation Register (AIR). You can access your child's AIR statement at MyGov ([www.my.gov.au](http://www.my.gov.au)), by logging into your Medicare online account. (If you do not have a myGov account, you will need to create one first and link it to Medicare).

## What is the risk of having a reaction to nirsevimab?

In clinical trials, most infants who received nirsevimab had no side effects. Although uncommon, the most frequently reported adverse reactions were redness, swelling or tenderness where the injection was given, mild fever and rash. Almost all reactions are minor and usually go away within a few days. You can call Healthdirect on 1800 022 222 (24 hours) for non-urgent advice on managing side effects if needed.

Despite the low rate of side effects observed in studies of nirsevimab, it is important to understand, as with any medicine, that there is a very remote chance a severe allergic reaction might occur after administration of the medicine. Clinics that administer immunisations are prepared to manage very rare but potentially serious allergic reactions should one occur. Parents should also be mindful that an allergic reaction could start after your child has left the hospital or clinic.

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If you see signs of a severe allergic reaction (for example, hives, swelling of the face and throat, difficulty breathing, a fast heartbeat, dizziness, or weakness), call triple zero (000) and get your child to the nearest hospital.

## Does WA Health monitor immunisation safety?

Yes. The WA Vaccine Safety Surveillance (WAVSS) system is the centralised service in WA for reporting any adverse events following immunisation, including nirsevimab. If your child experiences any concerning side effects after an immunisation, please report it:

- at [www.safevac.org.au/Home/Info/WA](http://www.safevac.org.au/Home/Info/WA) or
- by calling WAVSS on (08) 6456 0208 (8:30am to 4:30pm Monday to Friday)

## What should I let my child's health care provider know before the injection?

Tell your health care provider if your child:

- has ever had a serious allergic reaction to a previous dose of medicine containing antibodies
- has a bleeding disorder
- is currently experiencing a moderate or severe illness.

Children experiencing a minor illness, such as a cold, can safely receive the RSV immunisation. Children who are moderately or severely ill should usually wait until they recover. Your health care provider can give you more information about what is best for your child.

## How can I learn more?

- ask your health care provider
- visit [www.healthywa.wa.gov.au/rsv](http://www.healthywa.wa.gov.au/rsv)

