

RSV Monoclonal Antibody Administration Reporting Form for Health Care Providers



Purpose: This form is to be used by health care providers to report whether a dose of RSV monoclonal antibody (RSV mAb) was administered between Oct 1 – Mar 31 to an eligible infant and facilitate entry of an administered dose of RSV mAb into Manitoba's Immunization Registry in PHIMS. For more information about the eligibility, please visit: <https://www.gov.mb.ca/health/publichealth/cdc/vaccineeligibility.html#RSV>

Did the infant's birthing parent receive the RSV vaccine during pregnancy?

- ☐ **Yes** – RSV mAb is generally not recommended unless the infant is at high risk or was born less than 14 days after the parent's vaccination. In those cases, consult the Paediatric High-Risk RSV Immunoprophylaxis Program.
- ☐ **No** – RSV mAb is recommended.

Note: There are no known safety concerns with giving RSV mAb to an infant whose parent received the RSV vaccine during pregnancy; however, using both is not routinely recommended, and generally only considered if the infant is at high risk or born less than 14 days after maternal vaccination.

Administration of RSV mAb

- ☐ **Yes – RSV mAb dose administered.** Please complete all fields on form.
- 1) Fax completed form to Manitoba Health: **204-945-6482 AND**
 - 2) **For Birthing Facilities:** Fax a copy of this form along with the Postpartum Referral Form and/or Infant Referral Form to Regional Public Health through the usual communication channel **AND** include the form in the discharge summary (received by the infant's care provider and First Nation nursing station or health centre) **AND**
 - 3) Give a copy of this form to the infant's legal guardian
- ☐ **No – RSV mAb not administered.** Please fill out only **Infant Demographic Information** section.
- 1) **For Birthing Facilities:** Fax a copy of this form along with the Postpartum Referral Form and/or Infant Referral Form to Regional Public Health through the usual communication channel **AND** include the form in the discharge summary (received by the infant's care provider and First Nation nursing station or health centre) **AND**
 - 2) Give a copy of this form to the infant's legal guardian

Infant Demographic Information

Last Name		First Name	
Date of Birth (yyyy/mm/dd)		Birth Site	
Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> X	MB Health Reg # (6 digit)	
Mother/Birthing Parent's Last Name		Mother/Birthing Parent's First Name	
Home Address			
Postal Code		Phone Number	

Immunization Information	
Ensure all information is entered into each row legibly (all fields are mandatory)	
Immunizing Agent (Product Name)	
Date Given (yyyy/mm/dd)	
Lot Number	
Dosage	
Site of Administration	
Route	
Provider Name	
Provider Phone Number	
Name of Location (service delivery location)	
City/Town/Community	