Manitoba
Health, Seniors and Long-Term Care

Vaccine Clinic Resource for Immunizers ***Disclaimer:*** *This Quick Reference is not intended to replace other product specific vaccine references. The document is intended as a quick reference for frequently referred to information. Please refer to the product monograph and vaccine specific resources for all current and complete information*	
Title:	**Nirsevimab Passive Immunizing Agent (Human Monoclonal Antibody) Quick Reference Guide**
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Approver:	Final

Nirsevimab Passive Immunizing Agent (Human Monoclonal Antibody) Resources

Fact sheet
www.gov.mb.ca/health/publichealth/cdc/div/vaccines.html

Product Monograph
BEYFORTUS® (nirsevimab) Passive Immunizing Agent (Human Monoclonal Antibody):
https://pdf.hres.ca/dpd_pm/00070439.PDF

Eligibility Criteria
For the most up to date information on eligibility criteria refer to: https://www.gov.mb.ca/health/publichealth/cdc/vaccineeligibility.html

Canadian Immunization Guide:
For additional guidance on contraindications, precautions and special populations refer to the vaccine specific section:
https://www.canada.ca/en/public-health/services/publications/healthy-living/canadian-immunization-guide-part-4-active-vaccines/respiratory-syncytial-virus.html

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Nirsevimab Passive Immunizing Agent (Human Monoclonal Antibody)

Product	Storage and Handling	Eligibility Criteria	Recommendations for Use

BEYFORTUS® (Nirsevimab)
 	
Passive Immunizing Agent human IgG1κ monoclonal antibody
 	
Format:
Single dose pre-filled syringe (without needle)
50 mg/ 0.5 mL (purple plunger)
or
100 mg / 1 mL (light blue plunger)
 	
Preservative and latex free
 	
Potential allergen: none
Other ingredients: L-arginine hydrochloride, L-histidine, L-histidine hydrochloride, polysorbate 80, sucrose
	Storage:
	Refrigerated (2°C - 8°C).
	
	Keep the pre-filled syringe in the outer carton in order to protect from light.
	
	Product may be kept at room temperature (20°C - 25°C) for a maximum of 8 hours. After removal from the refrigerator, must be used within 8 hours or discarded.
	The expiry date refers to the last day of that month.
	
	Do NOT freeze, shake or expose to heat.
	
	Handling: Reconstitution **NOT** required.
	
	Product is supplied as a sterile, preservative-free solution that is clear to opalescent, colourless to yellow solution.
		• All infants born between October 1,2025 and March 31,2026 are eligible to receive one dose of nirsevimab (Beyfortus®).
		• Infants and children with the following high-risk conditions may also be eligible in consultation with the *Manitoba High-Risk RSV Immunoprophylaxis Program.*
		  • Preterm infants born before 33 weeks gestational age between April 1 and September 30, 2025.
		  • Children with cardiac conditions < 2 years of age on October 1, 2025 (in consultation with pediatric cardiology)*.
		  • Children with chronic lung conditions, typically requiring supplemental oxygen treatment, and are < 2 years of age on October 1, 2025*.
		  • Other patients in consultation with the *Manitoba High-Risk RSV Immunoprophylaxis Program.*
			Regimen: 1 dose
			
			Dosage:
			• 0.5 ml (50 mg) for infants < 5 kg
			• 1ml (100 mg) for infants ≥5 kg to <10 kg
			• 2 ml (200 mg) in divided doses for infants ≥10 kg
			
			Route: IM. Preferred site vastus lateralis. Maximum 1 ml to each site
			
			Interval:
			• **Single dose**
			can be given concomitantly or at any time before or after childhood vaccines.
			
			Note: When administered concomitantly with injectable vaccines, they should be given with separate syringes and at different injection sites.
			
			Contraindications:**
			• Contraindicated in individuals with a history of severe hypersensitivity reactions, including anaphylaxis, to vaccine ingredients.

* Nirsevimab doses for infants/ children in the high-risk category are provided by the *Manitoba High-Risk RSV Immunoprophylaxis Program.* Special circumstances, such as infants undergoing cardiac surgery, may indicate a second dose. Infants/ children in RSV high risk categories receive a follow up dose in their second RSV season.

** There are no known safety concerns with giving nirsevimab to an infant whose parent received the RSV vaccine during pregnancy; however, using both is not routinely recommended unless the infant is at high risk or born less than 14 days after maternal vaccination.