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

Respiratory Syncytial Virus (RSV) Immunisation

Fact sheet – for WA providers

About RSV

RSV causes illness in people of all ages, but infants aged less than 6 months are at a higher risk of severe disease.

RSV infections are often mild with symptoms similar to a common cold. RSV is one of the most frequent causes of coughs, colds and earaches. However, patients with RSV may also deteriorate rapidly, resulting in bronchiolitis and pneumonia.

Hospital admission due to RSV is 8 times higher than admission from influenza among children aged younger than 1 year.

WA RSV immunisation programs

- **Option A – Abrysvo:** The maternal RSV vaccine (Abrysvo) is funded under the National Immunisation Program (NIP). Pregnant women are recommended to receive the RSV vaccine to protect infants from birth through to 6 months.
- **Option B – Beyfortus:** Beyfortus is a monoclonal antibody that provides immediate protective immunity agaisnt RSV infection. WA Health funds Beyfortus state-wide for eligible children between 1 April and 30 September. WA health funds Beyfortus to eligible children residing in the Kimberley and Pilbara regions year-round.

Both Abrysvo and Beyfortus can be accessed at participating birthing hospitals, GPs, Aboriginal medical services, and community health immunisation clinics. Community pharmacies will offer Abrysvo but not Beyfortus.

Abrysvo eligibility

Abrysvo is available to all pregnant women, from 28 weeks gestation at any time of the year.

Beyfortus eligibility

From 1 April to 30 September, Beyfortus is available to:

- all infants born to mothers who did not receive Abrysvo during pregnancy
- any infant born within 14 days of the mother's receipt of Abrysvo during pregnancy
- all medically at-risk infants regardless of mother's Abrysvo vaccination status
- any infant born to a mother who had a medical condition (e.g. immunosuppression) or treatment during pregnancy that substantially reduced the level of anti-RSV antibodies available for transplacental transfer to the newborn
- all Aboriginal or medically at-risk children entering their second RSV season irrespective of the mother's Abrysvo vaccination status.

In addition, from 1 April 2026, all infants born between 1 October 2025 and 31 March 2026 irrespective of the mother's Abrysvo vaccination status, should be offered Beyfortus to boost protection for the winter RSV season. This can be given anytime from 1 April to 30 June.

Note: If a mother has received Abrysvo, Beyfortus is not recommended for the infant, unless:

- the infant has a medical risk condition
- the mother is immunocompromised
- the infant was born less than 2 weeks after the mother's Abrysvo vaccination
- the infant was born between 1 October 2025 and 31 March 2025 (these infants are eligible to receive Beyfortus between 1 April and 30 June, prior to their first RSV season)

RSV immunisation effectiveness

Both Abrysvo and Beyfortus have been shown to significantly reduce the risk of RSV associated hospitalisation among infants. Passive infant immunisation with Beyfortus was associated with lower rates of RSV-related hospitalisation and severe outcomes compared with maternal vaccination using Abrysvo. This highlights the importance of ensuring eligible infants are given Beyfortus before leaving the hospital.

A clinical trial found that maternal Abrysvo vaccination reduced RSV associated hospitalisation in infants by 57 per cent over 6 months and was 70 per cent effective against severe medically attended RSV confirmed lower respiratory tract infection. A clinical trial of Beyfortus showed 77 per cent efficacy against both RSV hospitalisation and very severe medically attended RSV associated lower respiratory tract infection for up to 150 days after immunisation.

Administration and co-administration

Both Abrysvo and Beyfortus are given as intramuscular (IM) injections. Abrysvo is administered into the deltoid and Beyfortus is given to infants in the outer part of the upper thigh.

Abrysvo can be safely co-administered with other antenatal vaccines.

Beyfortus can be co-administered with other routine childhood vaccines, including the Hepatitis B vaccine birth dose.

Training requirements

Training information can be found at Immunisation education. A free online RSV education module is available, and completion of this module is mandatory for WA immunisation providers working under the Structured Administration Supply Arrangements (SASA).

Contraindications to receiving RSV immunisation

The only absolute contraindications to Abrysvo use are:

- anaphylaxis after a previous dose of the same RSV vaccine
- anaphylaxis after any component of an RSV vaccine.

Pregnant women who are less than 28 weeks gestation are not yet recommended to receive Abrysvo.

Arexvy is not registered for use in pregnant women. If Arexvy is inadvertently given to a pregnant woman, do not give Abrysvo.

The only absolute contraindications to Beyfortus use are:

- anaphylaxis after a previous dose of the same monoclonal antibody
- anaphylaxis after any component of a monoclonal antibody.

Infants receiving Beyfortus when sick

Immunisations should generally be deferred for individuals with a moderate or severe acute illness. This helps avoid diagnostic confusion that may arise between the underlying illness and possible side effects from the immunisation.

Possible side effects

Severe side effects after Abrysvo and Beyfortus are uncommon. The most common side effects for pregnant people who receive Abrysvo are injection site pain and fatigue. The most common side effects of Beyfortus include pain, redness, rash or swelling at the injection site. These are typically minor and will resolve within a few days.

How do I report suspected adverse events following immunisation (AEFI)?

The WA Department of Health conducts ongoing safety monitoring for all immunisations, including Abrysvo and Beyfortus. The WA Vaccine Safety Surveillance (WAVSS) system is the centralised service for reporting any significant adverse events following immunisation. If you suspect a serious side effect after immunisation, you can report:

- online at SAFEVAC or
- call WAVSS on (08) 6456 0208 (9 am to 5 pm Monday to Friday).

Reporting immunisations to the Australian Immunisation Register (AIR)

Under the Australian Immunisation Register Act 2015 (AIR Act), all vaccinations given under the National Immunisation Program (NIP) must be reported to the AIR. Reporting state-funded vaccinations to the AIR is a condition of holding a OneLink vaccine orders account.

WA providers can access a detailed How to Report to the AIR online guide.

How do I order Abrysvo and Beyfortus?

Providers will be contacted via the WA Department of Health Vaccine Ordering account email addresses when the immunisation products are available for ordering.

How do I store Abrysvo and Beyfortus?

The storage requirements are the same as other NIP vaccines. Refer to the National Vaccine Storage Guidelines: Strive for 5. Store at +2°C to +8°C. Do not freeze. Protect from light. More information can be found at Cold Chain Management.

More information

The WA Department of Health materials are updated as required, so check this webpage regularly for up-to-date recommendations and advice on the RSV Infant and Maternal Immunisation program .

- Subscribe to the Vaccine Updates e-newsletter
- RSV immunisation – provider website and resources (WA Health)
- RSV – statutory notification alert (WA Health)
- RSV Frequently Asked Questions (NCIRS)
- RSV immunisation – consumer website, fact sheet and FAQs (HealthyWA).

For further information about Abrysvo, the maternal RSV vaccination, visit Pfizfer Australia.

For further information about RSV disease, useful resources on the use of Beyfortus in practice and access to patient education materials, you can visit Sanofi Australia's RSV web page.

Scan the below QR code to view full product information.

Providers will need to enter their AHPRA number to access both Pfizer and Sanofi website content.

This document can be made available in alternative formats.

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