INFANT & HIGH-RISK CHILDREN RSV PREVENTION PROGRAM EVALUATION

ONTARIO 2024–25

Respiratory syncytial virus (RSV) is a leading cause of hospitalization for infants less than one years old in Canada.[1]

For the 2024 – 25 season, Ontario's publicly funded Infant and High-risk Children RSV Prevention Program was expanded to include all infants and high-risk children up to 24 months of age. The expanded program offered a new monoclonal antibody, Beyfortus® (nirsevimab), which was administered in hospitals, primary care settings and immunization clinics.

To better understand experiences with program implementation, Public Health Ontario (PHO) conducted a process evaluation survey of public health units (PHUs) between April and May 2025.

HIGHLIGHTS

Response Rate

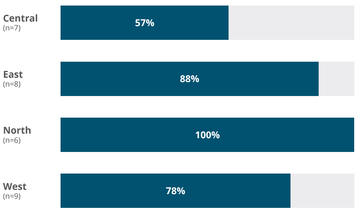
91%* of PHUs participated in the survey, supporting confidence in the evaluation results.

PHU Activities

Most PHUs reported supporting implementation by sharing program information, providing educational sessions and resources to local health care providers and hospitals, and assisting with inventory support, partner coordination, and communications with providers.

Most PHUs also administered nirsevimab. PHUs in northern Ontario were more commonly involved in immunization of eligible infants and children.

PHU Administration of Nirsevimab by Region*
Percentage of 'Yes' responses by region



*Some PHUs that recently merged responded to the survey separately.

Documentation

In Ontario, Panorama captured all PHU-administered nirsevimab. Panorama is complemented by other immunization data sources used by healthcare providers in other settings.

TOP CONCERNS

Reported to PHUs by Health Care Providers

1. Unclear eligibility criteria and dosing guidelines
2. Limited nirsevimab supply
3. Unfamiliarity with the new product

Reported to PHUs by Parents and Guardians

1. Hesitancy toward the new product
2. Uncertainty about how to access nirsevimab
3. Limited awareness of RSV risk in infants

KEY PROGRAM IMPLEMENTATION FACILITATORS

PHUs generally agreed that the Ministry of Health (MOH) was responsive to program questions and that its resources were useful, clear, and easily accessible.

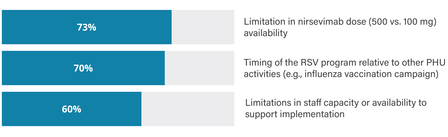
77% indicated that communications with the MOH facilitated program implementation.

43% found MOH-developed scientific resources and communications with the public were facilitators of program implementation.

43% of respondents indicated that financial support to PHUs provided by the MOH was a key facilitator of program implementation.

KEY PROGRAM IMPLEMENTATION BARRIERS

PHUs identified the following major barriers to program implementation:



Around half of PHUs indicated that the delivery of materials was not timely enough to facilitate program implementation.

Several respondents also noted that increased communication to the public could improve public awareness and uptake.

PHU FEEDBACK ON PROGRAM IMPROVEMENTS

- Ensure sufficient vaccine supply and streamline inventory management.
- Clearly communicate eligibility criteria to providers and the public.
- Confirm funding and share resources earlier in the season.
- Improve public awareness of RSV and the program.
- Provide additional guidance on roles of PHUs and partners, particularly where responsibilities overlap.

For more information contact:

Communicable Disease Control at communicable.diseasecontrol@oahpp.ca

References:
1. Rafferty E, Paulden M, Buchan SA, Robinson JL, Bettinger JA, Kumar M, Sverrson LW, MacDonald SE. Evaluating the individual healthcare costs and burden of disease associated with RSV across age groups. Pharmacoeconomics. 2022 Jun;40(6):633-645. Available from: https://doi:10.1007/s40273-022-01142-w

Public Health Ontario | Santé publique Ontario

Ontario