

Nova Scotia Respiratory Syncytial Virus (RSV) Adult Immunization Program

Information for Health Care Professionals

September 10, 2025

BACKGROUND

1. What is RSV and why is it important?

RSV is an enveloped RNA virus that commonly causes respiratory infections. It circulates seasonally from late fall to early spring and can cause reinfections throughout life. In healthy individuals, RSV usually causes mild, self-limited upper respiratory infection symptoms, including cough, fatigue, headache, and rhinorrhea with or without fever. However, severe illness can occur, especially in infants, older adults, and those with cardiopulmonary comorbidities or weakened immune systems. Severe cases may require hospitalization or intensive care and can be fatal.

In older adults, risk increases with medical risk factors and advanced age, especially over 80 years. Those living in long-term care facilities are also at increased risk of severe disease.

ELIGIBILITY

2. What is the Nova Scotia RSV adult immunization program?

Nova Scotia will offer the adult RSV vaccine to protect against RSV infections to:

- Adults aged 75 years and older.
- Individuals aged 60 years and older living in long-term care (LTC) facilities, nursing homes, and residential care facilities (RCF) and hospital inpatients 60 years and older awaiting placement.

3. Can an eligible adult who had lab-confirmed RSV still receive the vaccine?

Yes. RSV immunization should be administered regardless of previous infection status. There is no defined interval to wait between infection and immunization, but an individual should recover from acute RSV illness before immunization. See [Contraindications and precautions: Canadian Immunization Guide](#) for guidance on the immunization of individuals with acute illness.

VACCINE INFORMATION

4. Which immunizations protect against RSV in older adults?

In Canada, there are three vaccines authorized to protect against RSV disease in older adults. There are two protein-based vaccines, RSVpreF3 (Arexvy) and RSVpreF (Abrysvo), and one mRNA vaccine, mRNA-1345 (mRESVIA). All three vaccines are authorized for use in adults aged 60 years and older. Some of the vaccines are also approved for use in broader age groups based on risk for RSV disease.

5. What is the RSV vaccine?

All three formulations of RSV vaccine approved for use in adults are active immunizations. RSVpreF3 (Arexvy) also contains an adjuvant (a substance that helps elicit an increased immune response to an antigen). RSV immunization protects older adults from RSV illness that requires medical care and reduces the risk of serious outcomes like hospitalization. Early data suggest that efficacy is maintained through at least two RSV seasons, though immune response to RSV vaccines wanes after the first dose. There is ongoing monitoring of the duration of protection.

6. What information on RSV vaccine safety, contraindications, and precautions is available?

Overall, RSV vaccines are well tolerated with a good safety profile in older adults. The most common adverse events in older adults are usually mild-to-moderate and include pain at the injection site, fatigue, headache, and muscle or joint pain. Early safety data suggest a potential increased rate of Guillain-Barré syndrome after vaccination with either RSVpreF (Abrysvo) or RSVpreF3 (Arexvy) in adults 60 years and older; however, current information is insufficient to determine the relationship. Safety monitoring is ongoing. RSV vaccines are contraindicated in individuals with a known hypersensitivity or history of severe allergic reaction to any component of the vaccines.

7. Can the adult RSV vaccine be given at the same time as other vaccines?

Yes, RSV vaccines can be administered at the same time as, or at any time before or after other vaccines. However, if possible, RSV vaccine should be given at least 6 weeks before or after non-seasonal vaccines (e.g., non-COVID-19, non-influenza vaccines), to avoid inadvertently attributing an adverse event from another vaccine to the RSV vaccine. This approach is precautionary at this time, given the need to build the evidence on RSV vaccine reactions and coadministration with other vaccines.

If co-administering, multiple injections should be given in separate injection sites, and immunization products should never be mixed in the same syringe.

8. What is the administration route, schedule, and dose?

Regardless of the product used, the adult RSV vaccine is a single lifetime dose of 0.5 mL administered by intramuscular injection. There are no recommendations for additional doses, and individuals do **not** need to receive a dose every season.

Follow instructions in the respective product monograph for storage and reconstitution.

PROGRAM CONSIDERATIONS

9. Which RSV vaccine is used in Nova Scotia?

Depending on the year, RSVpreF (Abrysvo) or RSVpreF3 (Arexvy) may be used in Nova Scotia's publicly funded vaccine program. Only vaccine supply ordered from Nova Scotia Health Biodepot should be used for the publicly funded program.

10. When should the adult RSV vaccine be administered?

While the vaccine will be available year-round, the optimal time to administer is shortly before the RSV season, which typically begins in late fall or early winter.

11. Where is the publicly funded adult RSV vaccine being offered?

During the initial months of the RSV program for older adults, pharmacies will offer the vaccine, Public Health will provide additional access points as needed, and hospitals and long-term care facilities will receive vaccine supply to immunize individuals under their care. Primary care providers will then be phased in to receive the vaccine at a slightly later date. This is to support logistics of the program rollout.

Public booking will be available through CANImmunize for vaccinations provided by platform users (primarily pharmacies and Public Health Mobile Unit).

12. Do I need to report administration of publicly funded adult RSV immunization to public health?

Public Health strongly encourages reporting immunizations, including the adult RSV vaccine. Reporting immunizations to Public Health assists with evaluating immunization programs, determining population-level immunity, ensuring completeness of individual records, and minimizing over-immunization.

13. How should adverse events following immunization (AEFIs) with RSV vaccine be reported?

All AEFIs should be reported to local Public Health in accordance with [It's the Law: Report Adverse Events Following Immunization \(AEFI\)](#).

14. How do I bill for administration of the RSV vaccine?

Physicians are to use MSI billing codes. The physician billing Health Service Code is 13.59L and the modifier is RO=RSVV. It is billed as a provincial immunization, and all provincial immunization rules apply.

Pharmacies book RSV vaccine appointments and document immunizations through ClinicFlow. This will provide the information required for pharmacy billing and there is no need to submit additional information.

15. Where can I go for more information?

- [Respiratory syncytial virus \(RSV\) vaccines: Canadian Immunization Guide](#)
- [Arexvy \(RSVpreF3\) product monograph](#)
- [Abrysvo \(RSVpreF\) product monograph](#)