

RESULTS: NATIONAL RSV SURVEY

Respiratory syncytial virus (RSV) is a common virus that spreads most often from November to April. It usually causes mild cold-like symptoms but is the leading cause of infant hospitalizations in Canada and worldwide. In 2023, Health Canada approved two new RSV immunization options for infants:

1. **Abrysvo™** – A vaccine given to pregnant individuals in their third trimester to protect newborns.
2. **Nirsevimab (Beyfortus™)** – A monoclonal antibody (mAb) given to infants during their first RSV season. An mAb is a lab-made protein that helps the body fight diseases by targeting specific harmful cells or substances.

We conducted a survey in Canada to find out parents' **knowledge, attitudes, beliefs, and intentions** about RSV and approaches to immunization.

Snapshot of the Participants*

1015

Total # of Respondents

33
(18-64)

Median Age

40%

Self-Identified in a Racialized Group

36%

Household Income ≥\$120K

41%

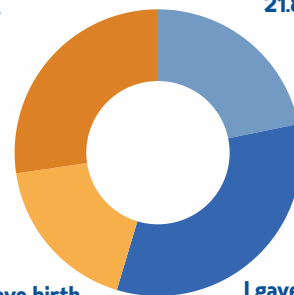
Post-Secondary Degree

25%

Child with High-Risk Medical Condition

My partner is pregnant
27.3%

I am pregnant
21.8%



My partner gave birth
18.0%

I gave birth
32.8%

KEY FINDINGS

Some Awareness of RSV, But Limited Knowledge of Immunization Approaches



Most parents had heard of RSV yet few understood how common RSV was in infants or how serious it can get.

7%

understood the term "monoclonal antibody".

68%

had never heard of nirsevimab (Beyfortus™) or palivizumab (Synagis™) - a mAb given to high risk children to help prevent serious lung disease caused by RSV.

Moderate to Strong Support for RSV Immunization Products Assuming Easily Accessible & Free of Charge

62%

supported the RSV vaccine in pregnancy.

59%

supported immunizing their baby with an RSV antibody.

Background and Life Circumstances Strongly Influence Immunization Choices



Older, university-educated, and higher-income parents were more likely to support RSV immunization.



Parents who recently had a child were more likely to support the vaccine than those expecting a baby.

Parents with a child diagnosed with a high-risk medical condition had **lower odds** of accepting RSV immunization than parents without a child with a high-risk condition.

Respondents who had received or planned to receive Tdap¹ or influenza vaccines were **2-4 x** more likely to choose RSV immunization.

Healthcare provider recommendations were the strongest social influence, rated very or extremely important by **60%** of respondents.

Respondents who had researched palivizumab or nirsevimab were **half as likely** to agree to immunize their baby.

KEY TAKEAWAYS

- Healthcare providers are key immunization decision influencers and need clear, evidence-based RSV education materials.
- Public health messaging should highlight product safety and effectiveness, as these are parents' top concerns.
- Greater effort is needed to improve parental knowledge of RSV, monoclonal antibodies, and available immunization options.
- Access and cost are important factors in parents immunization decisions—ensuring free, easy access will be essential for uptake.