



PROCEDURE

Respiratory Syncytial Virus Immunisation Program - 2025

Scope (Staff):	Community Health
Scope (Area):	Child and Adolescent Community Health (CACH) Immunisation Services

Child Safe Organisation Statement of Commitment

CAHS commits to being a child safe organisation by applying the National Principles for Child Safe Organisations. This is a commitment to a strong culture supported by robust policies and procedures to reduce the likelihood of harm to children and young people.

This document should be read in conjunction with this [disclaimer](#)

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Aim

To ensure standardised immunisation practices in CACH for the 2025 Respiratory Syncytial Virus (RSV) Immunisation Program in accordance with the [Western Australian Immunisation Schedule](#) and the [Western Australian Aboriginal Immunisation Schedule](#).

Risk

- Sub-optimal immunisation places clients and the wider community at risk of disease and complications associated with RSV.

Key points

- This procedure must be read alongside [Immunisation – Childhood](#).
- Immunisations must be administered in line with [The Australian Immunisation Handbook](#).
- Nurses will comply with relevant policies and legislation in relation to the safe administration of vaccines as per the [Six Rights of Safe Medication Administration in Immunisation](#) and the [Structured Administration and Supply Arrangements for the Administration of Vaccines by Registered Nurses](#).
- Immunisations will be administered exclusively by Registered Nurses who have successfully completed the required training. Refer to [Education Requirements for Immunisation Provision](#) and the [CAHS – Community Health Practice Framework for Community Health Nurses](#).
- Vaccines must be stored and handled in accordance with the [National Vaccine Storage Guidelines ‘Strive for 5’](#) and [Medication Refrigerators and Freezers](#).
- Nurses will refer to the [Nursing and Midwifery Board AHPRA Decision-making framework](#) in relation to scope of practice and delegation of care to ensure that decision-making is consistent, safe, person-centred and evidence-based.
- Nurses must provide a culturally safe service delivery that demonstrates a welcoming environment and recognises the cultural beliefs and practices of all clients.
- Nurses must follow the organisation's overarching [Infection Prevention and Control Policies](#) and perform [Hand Hygiene](#) in accordance with WA Health guidelines at all appropriate stages of the procedure.
- Nurses must apply standard precautions if in contact (or likely to be in contact) with blood or body fluids, non-intact skin and/or mucous membranes.

Background

RSV is a prevalent and highly infectious virus that leads to upper and lower respiratory tract infections.¹ It is transmitted through small droplets released when an infected person talks, coughs or sneezes.² While it can cause mild to severe illnesses, most individuals recover within a few days. Certain groups, particularly babies and young children (including pre-term babies), Aboriginal and Torres Strait Islander people and people with chronic health conditions, are more susceptible to severe illness from RSV.¹ During autumn and winter, RSV frequently leads to hospitalisations among young infants.¹

OD 0435/13 – Within Western Australia, the term Aboriginal is used in preference to Aboriginal and Torres Strait Islander, in recognition that Aboriginal people are the original inhabitants of Western Australia. No disrespect is intended to our Torres Strait Islander colleagues and community.

RSV immunisation programs in Western Australian

Maternal RSV vaccination and eligibility

The maternal RSV vaccine (Abrysvo®) is funded under the [National Immunisation Program](#).³ It is recommended for eligible women at 28 to 36 weeks of pregnancy to safeguard their baby from birth through to six-months of age.³ In Western Australia, Abrysvo® was available from 3 February 2025.

Note: CACH Immunisation Services **do not** administer Abrysvo® to pregnant women at community health clinics. Abrysvo® is offered at participating maternity hospitals, general practices, Aboriginal medical services and community pharmacies.

Infant RSV vaccination and eligibility

The Western Australian Department of Health is delivering the infant [RSV Immunisation Program](#) from 1 April 2025 to 30 September 2025.³ During this time, [Beyfortus](#)™ is available for administration to:

- infants born between 1 October 2024 and 30 September 2025 whose mother **did not** receive Abrysvo® during pregnancy at least two weeks before delivery.
- Aboriginal infants and children born on or after 1 October 2023
- infants with specific high-risk medical conditions born on or after 1 October 2023 (regardless of their mother's RSV immunisation status).³

These immunisations are administered at CACH immunisation clinics, Aboriginal Health Team immunisation clinics, and opportunistically by nurses with current immunisation certificates working in the Refugee Health Team and Aboriginal Medical Clinics.

Please refer to the WA Department of Health's [RSV immunisation decision Flowchart](#).

Notes:

- Infants are not adequately protected if they are born within two weeks of the mother receiving Abrysvo® during pregnancy.⁴
- If a mother has received Abrysvo®, Beyfortus™ is **not recommended** for the infant unless the infant has a high-risk condition, the mother is immunocompromised, or there has been insufficient time (less than two weeks) between Abrysvo® administration and the infant's birth to ensure adequate antibody generation.³
- Infants who have had a recent RSV infection can still receive [Beyfortus](#)™ if they meet the eligibility criteria.

- For any questions or concerns regarding RSV immunisation for infants, consult with the Clinical Nurse (CN), Clinical Nurse Manager (CNM), or Clinical Nurse Consultant (CNC). If your concerns are urgent or remain unresolved, contact the [Perth Children's Hospital Infectious Diseases Department](#). If there is uncertainty about whether a client born between 1 October 2024 and 30 September 2025 with a medical condition qualifies for the RSV vaccine, contact the [Stan Perron Immunisation Centre](#) or the [Perth Children's Hospital Infectious Diseases Department](#).

About Beyfortus™ and contraindications

Beyfortus™ is a monoclonal antibody administered via intramuscular injection, typically into the anterolateral thigh.⁵ It can be safely co-administered with other vaccines. Refer to [The Australian Immunisation Handbook](#) for administration information. Beyfortus™ is available as a:

- 50 mg solution for injection in a prefilled syringe (each syringe containing 50 mg of nirsevimab in 0.5 mL [50 mg / 0.5 mL]) (see [Figure 1](#))
- 100 mg solution for injection in a prefilled syringe (each syringe containing 100 mg of nirsevimab in 1 mL [100 mg / mL]) (see [Figure 2](#)).⁶



Figure 1: Beyfortus™ 50 mg / 0.5 mL



Figure 2: Beyfortus™ 100 mg / mL

Beyfortus™ **must not be administered** to individuals with a history of severe hypersensitivity reactions (including anaphylaxis) to the active substance (nirsevimab) or any of the excipients (histidine, histidine hydrochloride monohydrate, arginine hydrochloride, sucrose, polysorbate 80 and water for injections).⁶

Beyfortus™ storage and cold chain maintenance

- Beyfortus™ must be stored at +2°C to +8°C (in a refrigerator, not a freezer).⁶
- 50 mg and 100 mg strengths must be stored in open-weave plastic containers (with a solid base), in their original packaging in medication/immunisation refrigerators. The containers must be clearly labelled.⁷
- Once removed from the refrigerator, Beyfortus™ can be kept at room temperature (below 25°C) for up to eight hours before it must be discarded.⁶ See [Cold chain management](#).
- Keep the prefilled syringe in the original packaging to protect it from light.⁶
- For more information, see the [National Vaccine Storage Guidelines 'Strive for 5'](#) and [Medication Refrigerators and Freezers](#).

Dosage

The recommended dosage of Beyfortus™ varies based on the client's body weight, whether it is the client's first or second RSV season, and if they are undergoing cardiac surgery with cardiopulmonary bypass.⁶

- For clients weighing **less than 5 kg** born between 1 October 2024 and 30 September 2025 (born during or entering their first RSV season): 50 mg (0.5 mL) given by intramuscular injection.⁶
- For clients weighing **5 kg or more** born between 1 October 2024 and 30 September 2025 (born during or entering their first RSV season): 100 mg (1 mL) given by intramuscular injection.⁶
- For **medically at-risk clients (MRC)** and **all Aboriginal clients** (up to 24-months of chronological age) entering their second RSV season: 200 mg, given as two intramuscular injections (2 × 1 mL of the 100 mg/mL formulation) at two different sites (preferably separate limbs, or separated by 2.5 cm) during the same visit.⁶
- For **clients undergoing cardiac surgery** with cardiopulmonary bypass, contact the [Perth Children's Hospital Specialist Immunisation Clinic](#) for advice.

Weight assessment

A weight assessment of the client is required to determine the dosage of Beyfortus™ to be administered.⁶ For instructions on the measurement, recording and interpreting weight, refer to [Weight assessment 0-2 years](#).

Note: If concerned about a client's growth, refer to [Growth – downward trajectory](#).

Equipment

- For immunisation equipment, refer to [Immunisation - Childhood](#).
- For equipment used to weigh a client prior to immunisation, see [Weight assessment 0-2 years](#).

Procedure – Beyfortus™ administration

Steps	Additional Information
1. Conduct pre-clinic checks <ul style="list-style-type: none"> • Refer to Immunisation – Childhood 	<ul style="list-style-type: none"> • If administering Beyfortus™ in an immunisation base, outreach clinic or a client's home, refer to Immunisation – Childhood for detailed instructions on confirming client bookings, preparing for the outreach clinic, and setting up the clinic.
2. Identify the client, obtain the client's vaccination history, and identify missed or overdue vaccines <ul style="list-style-type: none"> • Refer to Immunisation – Childhood 	<ul style="list-style-type: none"> • Before proceeding with vaccination, check whether the infant has previously received a dose of Beyfortus™. <ul style="list-style-type: none"> ○ Review the mother's AIR record to determine if a dose of Abrysvo® has been given, and if so, determine whether it was administered within two weeks of the infant's delivery. ○ Check the Personal Health Record for a triplicate copy of the consent form from the birth hospital. ○ Review the AIR. <ul style="list-style-type: none"> - A previously administered dose of Beyfortus™ might be recorded in

Steps	Additional Information
	<p>the AIR. However, locating the infant's record in the AIR may be difficult if the infant had not been named at the time of administration. See AIRM04INFO8- Check the accuracy of your encounter details before sending to the AIR.</p> <ul style="list-style-type: none"> ○ Check WinVacc.
<p>3. Perform pre-vaccination screening for indications and contraindications</p> <ul style="list-style-type: none"> • Refer to Immunisation – Childhood 	<ul style="list-style-type: none"> • Supportive medication is not required when administering Beyfortus™.
<p>4. Obtain valid consent</p> <ul style="list-style-type: none"> • Refer to Immunisation – Childhood 	<ul style="list-style-type: none"> • Provide the parent/guardian with a copy of 2025 WA RSV Infant and Maternal Immunisation Program – What parents and carers need to know.
<p>5. Obtain the client's weight and calculate the correct dose</p> <ul style="list-style-type: none"> • Use the child's previously recorded weight (from their Personal Health Record) or parent/guardian-reported weight for calculation of the dosage unless the client meets any of the criteria below: <ul style="list-style-type: none"> ○ there is no previous weight recorded in the Personal Health Record or the parent/guardian is unable to report the client's current weight ○ the weight was recorded more than five days prior to the immunisation ○ the most recently recorded client weight is 4.5 – 4.990 kg 	<ul style="list-style-type: none"> • To reduce the risk of a fall from the scale, ask the parent/carer to remain close to the client. • See Appendix 1 for information about identifying previously documented weights in the Personal Health Record. • Weight is used as a means of calculating the dosage of Beyfortus™. Nurses are not expected to assess the client's growth whilst being immunised unless: <ul style="list-style-type: none"> ○ the parent/guardian identifies a concern ○ the nurse has identified a concern using clinical judgement. • If there are growth concerns, refer to Growth – Downward trajectory.

Steps	Additional Information
<p>(these clients must be weighed to determine whether their weight has reached 5 kg)</p> <ul style="list-style-type: none"> ○ the client has recently been unwell ○ the parent/guardian identifies a discrepancy with the last recorded weight. <ul style="list-style-type: none"> - These clients should be weighed, and the results compared and then discussed with a Child Health Immunisation Champion (CHIC), CNM or CNC. ○ the last weight recorded is more than 6 kg but the nurse is concerned about the accuracy of the weight ○ a new weight is indicated in accordance with clinical judgement. <ul style="list-style-type: none"> ● If the client meets any of the above criteria, perform a weight assessment as per Weight assessment 0-2 years. ● If there are any weight concerns, record the following information on the notes section in WinVacc: <ul style="list-style-type: none"> ○ concern identified and discussed with CHIC, CNM/CNC ○ example WinVacc notes: <ul style="list-style-type: none"> - <i>3/4/25 Child weighed at Central Immunisation Clinic due to no scales at home. Weight today 6.3 kg [nurse initials and title].</i> 	

Steps	Additional Information
<p>- 2/4/25 Child weighed due to recent illness. Loss of 300g. Discussed with CNM. Referral to Community Health Nurse being completed, entry by CNM into Child Development Information System. Mum advised to call healthdirect [nurse initials and title].</p>	
<p>6. Prepare the client for vaccination</p> <ul style="list-style-type: none"> Refer to Immunisation – Childhood 	<ul style="list-style-type: none"> Since Beyfortus™ syringes come pre-labelled, no additional labelling is necessary.
<p>7. Administer the vaccine(s)</p> <ul style="list-style-type: none"> Refer to Immunisation – Childhood 	<ul style="list-style-type: none"> Administer Beyfortus™ in line with The Australian Immunisation Handbook.
<p>8. Provide post-vaccination care and discuss the next vaccination date</p> <ul style="list-style-type: none"> Refer to Immunisation – Childhood 	
<p>9. Document the vaccination(s)</p> <ul style="list-style-type: none"> Refer to Immunisation – Childhood 	<ul style="list-style-type: none"> In addition to recording the Beyfortus™ administration date, document: <ul style="list-style-type: none"> how the client's weight was obtained (i.e. parent/guardian reported, last recorded in the Personal Health Record, client weighed prior to immunisation in the clinic) the dose administered when documenting a 2 x 100 mg dose, enter as a single dose.
<p>10. Clinic pack-down and return to base (for outreach clinics and immunisations in the home)</p> <ul style="list-style-type: none"> Refer to Immunisation – Childhood 	

Documentation

CACH Immunisation Services will maintain accurate, comprehensive and contemporaneous documentation of assessments, planning, decision making and evaluations according to CACH processes.

Compliance monitoring

Failure to comply with this policy document may constitute a breach of the WA Health Code of Conduct (Code). The Code is part of the [Integrity Policy Framework](#) issued pursuant to section 26 the [Health Services Act 2016](#) (WA) and is binding on all CAHS staff as per section 27 of the same Act. Compliance monitoring methods may include observation of clinical practice, clinical incident review, client health record documentation audit and/or attendance at identified training sessions.

References

1. Department of Health and Aged Care. Respiratory syncytial virus (RSV) 2025. Available from: <https://immunisationhandbook.health.gov.au/contents/vaccine-preventable-diseases/respiratory-syncytial-virus-rsv>.
2. healthdirect. Respiratory syncytial virus (RSV) 2025. Available from: <https://www.healthdirect.gov.au/respiratory-syncytial-virus-rsv>.
3. Department of Health (Western Australia). 2025 WA Respiratory Syncytial Virus (RSV) Infant and Maternal Immunisation Program 2025. Available from: https://www.health.wa.gov.au/articles/n_r/2025-wa-respiratory-syncytial-virus-rsv-infant-and-maternal-immunisation-program.
4. NSW Health. Clinical decision aid for nirsevimab (Beyfortus™) in infants and children up to 24 months of age who remain at risk of severe RSV disease 2025. Available from: <https://www.health.nsw.gov.au/immunisation/pages/rsv-aid-children.aspx>.
5. NSW Health. Infant RSV immunisation product (nirsevimab) fact sheet - Information for parents and carers 2025. Available from: <https://www.health.nsw.gov.au/immunisation/Pages/nirsevimab-parents-and-carers.aspx>.
6. Therapeutic Goods Administration. Australian production information for Beyfortus (nirsevimab) solution for injection 2024. Available from: <https://www.tga.gov.au/sites/default/files/2024-04/auspar-beyfortus-240412-pi.pdf>.
7. Health AGDo. National vaccine storage guidelines Strive for 5 (3rd edition) 2019. Available from: <https://www.health.gov.au/sites/default/files/documents/2020/04/national-vaccine-storage-guidelines-strive-for-5.pdf>.

Related internal policies, procedures and guidelines

The following documents can be accessed in the CACH Clinical Nursing Policy Manual [HealthPoint link](#) or CACH Clinical Nursing Policy [Internet link](#)

[Growth – downward trajectory](#)

[Immunisation – Childhood](#)

[Weight assessment 0-2 years](#)

The following documents can be accessed in the CAHS Policy Manual
Hand Hygiene
Infection Prevention and Control Policies
Medication Refrigerators and Freezers



Related external legislation, statewide mandatory policies, and guidelines
Education Requirements for Immunisation Provision
National Vaccine Storage Guidelines 'Strive for 5'
Structured Administration and Supply Arrangements for the Administration of Vaccines by Registered Nurses
The Australian Immunisation Handbook
Western Australian Aboriginal Immunisation Schedule
Western Australian Immunisation Schedule

Useful internal resources (including related forms)
CAHS – Community Health Practice Framework for Community Health Nurses
Child Growth (e-learning package)
Personal Health Record
Six Rights of Safe Medication Administration in Immunisation

Useful external resources (including related forms)
AIRM04INFO8- Check the accuracy of your encounter details before sending to the AIR
Australian Immunisation Register
Cold chain management
Health Education Services Australia

Immunisation Learning Courses
National Immunisation Program
Nursing and Midwifery Board AHPRA Decision-making framework
RSV Immunisation Program
Perth Children's Hospital Infectious Diseases Department
Perth Children's Hospital Specialist Immunisation Clinic
Stan Perron Immunisation Centre
WA Health online immunisation update and RSV module

This document can be made available in alternative formats on request.

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Appendix 1: Identifying previously documented weights in the Personal Health Record

Previous weights are usually documented in the [Personal Health Record](#) in the following locations:

My birth (page 45)

My birth

This information will be completed by the maternity staff

Birth information		
Baby's name		
Place of birth		
Date/time of birth		
Male or female		
Maternal information		
Mother's name		
Birth type	Vaginal, breech, vacuum extraction, forceps, caesarean, home birth, water birth	
Pregnancy and Birth complications	Maternal GBS status: antibiotics given in labour Yes/No	
Neonatal information		
Gestation		
Apgar	1 minute	5 minutes
Infant variations noted at birth		
Birth complications and treatment		
Birth weight	Birth length	Birth head circumference
Name	Date	
Signature	Designation	

Form CHS820 My birth

My 0-14 day check (page 54)

The nurse will record my health and development here:

Date	Age		
Weight	kg		
	Checked	Follow-up	Comments
Head and neck			
Mouth			
Eyes and vision			
Ears and hearing			
Abdomen			
Genitals			
Skin			
Development			
Safe sleeping			
Other			
Notes			
Actions			
Name of nurse		Date	
Signature			