RSV Vaccine for Older Adults

What is RSV?

Respiratory Syncytial Virus (RSV) is a respiratory virus that infects the nose, throat, and lungs resulting in cold-like symptoms. It usually starts spreading in the fall and peaks in the winter months. RSV infection can happen at any age but is particularly severe in infants and older adults, often leading to significant lung infections requiring hospitalization especially in those with underlying health conditions such as asthma, chronic heart or lung disease, and those with weakened immune systems.

Why Get Vaccinated?

Evidence supports the use of one dose of RSV vaccine (Arexvy® or Abrysvo®) to help prevent RSV disease in adults 60 years of age and older.

Studies show multi-year protection. If an individual received a dose of RSV vaccine during the 2023-2024, 2024-2025 or 2025-2026 season, they do not need to receive another dose this season. Studies are ongoing to determine how long the vaccines provide protection.

Both vaccines are authorized by Health Canada and recommended by the National Advisory Committee on Immunization (NACI). Both Arexvy® and Abrysvo® have been shown to be safe and demonstrated high effectiveness in preventing severe disease from RSV.

Who Can Get the Vaccines?

The Ontario Ministry of Health is currently publicly funding the Older Adult RSV Prevention Program for Ontario residents who did not receive a dose in previous RSV seasons and who are:

- Individuals aged 75 and older
- Individuals aged 60–74 who are also:
    a. Residents of a long-term care home, Elder Care Lodge, or retirement home including similar settings e.g., co-located facilities
    b. Recipients of a hematopoietic stem cell transplant within the past two years or with ongoing immunosuppression
    c. Individuals on home oxygen or requiring chronic oxygen therapy, regardless of residence
    d. Patients in hospital receiving alternate level of care (ALC) including similar settings (e.g., complex continuing care, hospital transitional programs)
    e. Patients with glomerulonephritis (GN) who is moderately to severely immunocompromised
    f. Patients receiving hemodialysis or peritoneal dialysis
    g. Recipients of solid organ transplants
    h. Individuals experiencing homelessness
    i. Individuals who identify as First Nations, Inuit, or Métis (FNIM)

If you have had a previous RSV infection: There is no specific time that is recommended between RSV infection and RSV vaccination. However, all your symptoms should be gone before you receive the vaccine.

If you have had a transplant (solid-organ or stem cell): It is recommended that you wait 3-6 months post-transplant to receive an RSV vaccination. However, a minimum of 1-month post-transplant may be used after consulting with your regular health care provider.

Speak to a nurse in our clinic, prior to your vaccination, if any of the following apply to you:

- Had a severe allergic reaction to a component of the vaccine or it's container, or an immediate allergic reaction (eg. anaphylaxis) to a previous dose of vaccine.
- Had a solid-organ or stem cell transplant less than 3 months ago.

You may not be able to receive the vaccine in our clinic or may be required to discuss the vaccination with a Physician or Nurse Practitioner before you can be vaccinated in an Ottawa Public Health Immunization Clinic.

Note: If you have a fever or serious infection worse than a cold you should wait until fever-free and symptoms have been improving for at least 24 hours before getting vaccinated.

Are these vaccines safe?

Yes. Many people who receive an RSV vaccine have no side effects or adverse events. For those that do, side effects are usually mild and last a few days. The most common side effects from the RSV vaccine are redness, swelling, and soreness at the injection site, fatigue (feeling tired), fever, headache, nausea, diarrhea, and muscle or joint pain.

Severe allergic reactions (i.e. anaphylaxis), although rare, are a risk with the administration of any vaccine. It is recommended that you remain in a clinic setting for 15 minutes following immunization as this is the most common timeframe when anaphylaxis will occur.

Content adapted from Ontario Ministry of Health Older Adult High-Risk Respiratory Syncytial Virus (RSV) Vaccine Program Fact Sheet - Vaccine Recipients

Last updated: 2026-09-23

RSV Vaccine Screening & Consent Form

You must remain in the clinic area 15 minutes after the vaccination is given.

Last name: _____ First name: _____

Date of birth: _____yyyy / mm / dd_____ Age: _____

Complete address: number_____street_____city_____province___postal code

Telephone number: (____)_____

Answer the questions about your medical history. If you answer "yes", briefly describe.

1. Are you feeling sick? Any fever?	☐ No ☐ Yes: _____
2. Have you ever had the RSV vaccine before?	☐ No ☐ Yes[1] Date: _____
3. Have you ever had a reaction to a vaccine before?	☐ No ☐ Yes: _____
4. Have you received a stem cell or organ transplant in the last 3 months?	☐ No ☐ Yes[2]: _____
5. Do you have any allergies to foods or medications?	☐ No ☐ Yes: _____
6. Do you have an allergy to a component of the RSV vaccine being administered? (e.g. polysorbate 80 or Polyethylene Glycol (PEG) etc)?	☐ No ☐ Yes: _____
7. Do you have a bleeding disorder, or are you receiving longer-term anticoagulation?	☐ No ☐ Yes: _____
8. If yes to question 7, is it well managed?	☐ No ☐ Yes ☐ NA
9. Have you ever felt faint or fainted after receiving a vaccine or medical procedure, or do you have a fear of injections/needles	☐ No ☐ Yes: _____
10. Do you have a chronic medical condition affecting your immune system?	☐ No ☐ Yes: _____
11. If applicable, are you between 28-36 weeks pregnant?	☐ No ☐ Yes ☐ NA
12. If yes to question 11, have you spoken with your treating health care provider about getting this vaccine?	☐ No ☐ Yes ☐ NA

[1] If an individual has previously received a dose of RSV vaccine, they should not receive another dose this season as booster doses are not currently recommended.

[2] RSV vaccine should be administered at least 3-6 months post-transplant.

I have read the information about the RSV vaccine provided to me in the Ottawa Public Health RSV Vaccine Fact Sheet. I have had the chance to ask questions which were answered to my satisfaction. I understand the benefit and risks associated with this vaccine. I give consent to Ottawa Public Health to administer the RSV vaccine.

Signature: _____ Date: _____

Are you consenting on behalf of someone else? ☐ No ☐ Yes

If yes, Legal Guardian full name: _____ Relationship: _____

Legal Guardian phone number: (____)_____

For Clinic Use Only

I have used two client identifiers, and the client has no contraindications to receiving the RSV vaccine based on the review of all screening questions. I have also verified that this client is eligible for the vaccine that they are receiving.

Initials & Designation: _____

Vaccine	**Site**	**Lot Number and Expiry**
☐ AREXVY® (0.5mL/IM) ☐ ABRYSVO® (0.5mL/IM)	☐ Left Deltoid ☐ Right Deltoid ☐ Other:_____	Lot Number:_____ Expiry:_____
Date & Time of Administration: YYYY/MM/DD HH:MM		
Signature & Designation:		

Clinical notes (date and time):

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Signature & Designation_____

For Data Entry Use Only

☐ Data Entry in Panorama Complete Signature: _____ Date: _____