

Toronto Public Health Update on Respiratory Syncytial Virus (RSV) Prevention

Date: October 10, 2025

To: Board of Health

From: Medical Officer of Health

Wards: All

SUMMARY

Respiratory syncytial virus (RSV) poses a significant health burden in Toronto, particularly among infants and older adults. The 2024-25 season included increased severe RSV disease and hospitalizations in older adults. During the 2024-25 respiratory illness season, publicly funded RSV vaccines were available for some populations including specific groups of older adults at higher risk for severe disease as well as infants and high-risk children.

Previously, only those 60 years and older living in long-term care homes, Elder Care Lodges, as well as some retirement home residents, were eligible for the publicly funded RSV vaccination program. In fall 2024, the Province of Ontario's publicly funded vaccination program expanded to include all residents of retirement homes aged 60 and older, as part of broader efforts to protect older adults, who are more vulnerable to severe disease. For infants, in 2024, the Province of Ontario launched a universal program for all infants and high-risk children up to 24 months old using a newly licensed and available prophylaxis agent (Beyfortus®).

Toronto Public Health (TPH) distributed over 37,000 RSV infant doses to health care providers, with strong uptake in hospitals and primary care settings. Over 10,000 RSV vaccine doses were distributed for pregnant individuals and high-risk adults. TPH also led public awareness efforts, integrating RSV into its fall respiratory communications campaign, and collaborating with healthcare partners to promote access to RSV vaccines. Provincially, the 2024-25 season was one of Ontario's most severe RSV seasons in at least 15 years for RSV hospitalizations but was a moderate season for hospitalizations among infants and children, after the introduction of Beyfortus® for infants.

For the 2025-26 respiratory season, the Ontario government expanded eligibility for publicly funded RSV vaccines to all adults 75 years of age and older. In contrast to COVID-19 and influenza vaccines that are available at pharmacies and primary care

offices, the publicly funded RSV vaccine for all adults aged 75 and older is not available through pharmacies.

The RSV prevention program to protect infants is in its second year; Beyfortus® is available through hospitals, primary care offices and select public health units.

In response to the expanding RSV prevention program, TPH is launching new service models, such as breastfeeding clinic pilots, community vaccine clinics for older adults, and outreach with Toronto Paramedic Services to promote immunization among populations at risk for severe RSV disease and in high-risk settings. TPH is delivering communication to the public about RSV prevention and where to access RSV vaccines and prophylaxis.

Looking ahead, the availability of safe and effective RSV immunization and prophylaxis products presents an opportunity to reduce RSV disease burden in Toronto. TPH's efforts to increase RSV vaccination aligns with its 2024-28 Strategic Plan priorities, including strengthening health protection, promoting well-being across the lifespan, and advancing health equity through targeted, evidence-informed interventions.

RECOMMENDATIONS

The Medical Officer of Health recommends that:

1. The Board of Health request the Ministry of Health establish respiratory syncytial virus (RSV) prevention programs (e.g., vaccination, public communication) for older adults and infants as permanent, seasonal initiatives, and provide specific funding to public health units for activities to increase RSV prevention.
2. The Board of Health request the Ministry of Health and Ontario Health conduct evaluations of province-wide respiratory syncytial virus (RSV) prevention programs to measure their public health impact and publish the findings to inform future program improvements and support evidence-based decision-making.
3. The Board of Health request the Ministry of Health increase accessibility to respiratory syncytial virus (RSV) vaccine for eligible older adults through expanded availability, including through pharmacies.
4. The Board of Health request the Ministry of Health develop and implement population-wide communications campaigns to improve vaccine confidence, with the goal of increasing immunization coverage, including respiratory syncytial virus (RSV) vaccines and prophylaxis among eligible populations.

FINANCIAL IMPACT

There is no financial impact resulting from the adoption of the recommendations in this report.

The Chief Financial Officer and Treasurer has reviewed the report and agrees with the information as presented in the Financial Impact Section.

DECISION HISTORY

On October 21, 2024, the Board of Health adopted item HL17.2 - Toronto Public Health Preparations for the 2024-2025 Respiratory Virus Season and advocated to the Ministry of Health for ongoing funding support for Infection Prevention and Control (IPAC) hubs and for funding to promote and support the delivery of the RSV vaccine effectively and equitably. <https://secure.toronto.ca/council/agenda-item.do?item=2024.HL17.2>

On January 15, 2024, the Board of Health adopted item HL9.4 - Update on the 2023 to 2024 Respiratory Virus Season, which provided an update on the respiratory virus season. <https://secure.toronto.ca/council/agenda-item.do?item=2024.HL9.4>

On October 23, 2023, the Board of Health adopted item 2023.HL7.1 - Planning for the 2023 to 2024 Respiratory Virus Season, and advocated to the Ministry of Health for annual funding for IPAC hubs to prevent and mitigate impacts of outbreaks in congregate settings. <https://secure.toronto.ca/council/agenda-item.do?item=2023.HL7.1>

COMMENTS

1. RSV in Toronto: A Significant Public Health Burden

Respiratory syncytial virus (RSV) is a common respiratory virus that affects people of all ages. In Toronto, RSV typically circulates from fall through spring, peaking in the winter months. In this seasonal pattern, RSV contributes to sustained institutional outbreaks and pressure on the healthcare system year after year.

RSV accounts for a significant burden of disease in older adults, particularly those with certain chronic health conditions who can experience serious complications, including hospitalization, intensive care unit admission, and death. RSV outbreaks in institutional settings can be challenging to manage. Prolonged RSV outbreaks can occur due to the vulnerability of residents (decreased immune function in older adults and or presence of multiple comorbidities), close-contact environments and the lack of specific antiviral treatment for RSV that is available for other respiratory pathogens.

While most infections are mild, RSV can cause serious illness in infants and young children. RSV is the leading cause of bronchiolitis and pneumonia in infants. Although the risk of severe RSV disease is higher in infants with underlying health conditions, infants without medical conditions account for the largest proportion of infants with severe RSV disease each year.

The 2024-2025 RSV season in Ontario and Toronto was a severe season as indicated by hospital admissions and outbreaks in congregate settings. Despite the observed increase in RSV activity, pediatric RSV hospitalizations were similar to levels in the 2023-2024 season. This observation of similar pediatric hospitalization levels in a

severe season, coincided with expanded availability of RSV prophylaxis for the infant and high-risk children population.

2. Toronto Public Health's Response

a) RSV Prevention Programs

Toronto Public Health (TPH) plays a central role in Toronto's vaccination efforts, working in close collaboration with provincial and federal governments as part of a coordinated immunization system.

Older Adults

In 2023, Health Canada licensed two RSV vaccines (Arexvy and Abrysvo®) for adults aged 60 and older. Ontario launched its first publicly funded RSV vaccination program that fall, targeting older adults in living in long-term care homes, Elder Care Lodges, as well as some retirement home residents. Following updated guidance from the National Advisory Committee on Immunization, the provincial program expanded in 2025 to include all adults aged 75 and older.

TPH supported vaccine distribution across institutional and community settings. In 2024-25, over 10,000 RSV vaccine doses were distributed for use in pregnant individuals and high-risk adults and older adults in environments where RSV outbreaks are most severe.

Infants and Young Children

Prior to 2024, Ontario's RSV prevention program for infants relied on Synagis® for high-risk infants. In fall 2024, the Province of Ontario transitioned to Beyfortus®, a longer lasting and more effective monoclonal antibody. The provincial program expanded the high-risk infant RSV prevention program to include all infants under 12 months in their first RSV season and high-risk children up to 24 months in their second season. For the 2025-26 season, infants under 8 months and born April 1, 2025, or later and high-risk children up to 24 months in their second season are eligible for publicly funded Beyfortus®.

Additionally, pregnant individuals between 32-36 weeks gestation were offered the option to receive the RSV vaccine (Abrysvo®) to protect their newborns from birth to six months if they preferred vaccination in pregnancy over their infant receiving Beyfortus®.

TPH distributed over 37,000 infant doses in 2024-25, with strong uptake in hospitals and primary care settings. Data from Ontario's Better Outcomes and Registry Network system showed that nearly 70 per cent of Toronto newborns with known immunization status received Beyfortus® before discharge between November 2024 and March 2025. This is a significant achievement in the first year of the expanded infant RSV prevention program.

b) Surveillance, Health System Collaboration and Health Promotion

TPH plays a strategic role in RSV prevention and response that extends beyond support of health system partners in vaccine distribution and rollout. Through surveillance, communication, planning, and coordination, TPH enables system-wide vaccination readiness and equitable access.

TPH's response during the respiratory season is informed by respiratory virus trends related to morbidity and outbreak activity in Toronto. TPH routinely monitors and reports on institutional outbreak data, lab percent positivity, and wastewater surveillance trends. These indicators are summarized in the TPH weekly [Integrated Respiratory Diseases Dashboard](#).

To ensure the safety of vaccines, a surveillance system, [Adverse Events Following Immunization](#), monitors reported adverse events following immunization and unusual occurrences. All adverse events following immunization reported by clinicians and community members to TPH are investigated and documented in a provincial database. Public Health Ontario leads the provincial surveillance and provides the data to the Public Health Agency of Canada.

TPH collaborates with partners across the health system, including hospitals, primary care providers, community partners and Ontario Health Teams to disseminate information about RSV, support distribution of RSV immunization and prophylaxis products, and strengthen local responses to RSV. TPH promotes local trusted institutional resources such as SickKids' Immunization InfoLine and Scarborough Health Network's VaxFacts+ Clinic for individuals to ask health professionals questions about vaccines and their health. Partnerships enable coordinated planning, information sharing and access to prevention and care for eligible populations at higher risk of severe illness.

TPH plays a central role in promoting local awareness about RSV prevention and supporting equitable access to immunization and prophylaxis programs. In 2024-25, the TPH fall respiratory communications campaign expanded to include RSV, targeting older adults and families with infants. The campaign includes the importance of RSV protection for these populations and promotion of where the products can be accessed by the public.

In response to vaccine hesitancy, exacerbated by misinformation during the COVID-19 pandemic, for the 2025-26 season, TPH emphasizes evidence-informed messaging to combat misinformation and demonstrate the safety and effectiveness of immunization. These efforts demonstrate the role public health plays in shaping public awareness, building trust and supporting vaccine uptake.

3. Looking Ahead to the 2025-26 RSV Season

The expansion of RSV prevention programs marks a significant advancement in public health protection for Toronto's infants and older adults. With new, effective and safe immunization and prophylaxis products now available, TPH and its partners are positioned to reduce the burden of RSV in future years.

To reach eligible populations at higher risk of severe illness for this coming season and to optimize client services, TPH will offer multiple services at points of care, including:

- A pilot program at a TPH breastfeeding clinic offering Beyfortus® as well as influenza and COVID-19 vaccines to eligible children;
- Two community vaccine clinics targeting older adults aged 75 and older without access to a healthcare provider; and,
- A partnership with Toronto Paramedic Services to provide RSV, COVID-19 and influenza vaccinations to eligible homebound individuals.

Achieving high rates of RSV protection in both infants and older adults may significantly reduce hospitalizations. Ontario Health Toronto region is targeting a 70 percent uptake of RSV vaccine for community-dwelling adults 75 years and older to further reduce the impact of RSV.

These efforts reflect TPH's commitment to reducing RSV-related morbidity and mortality through targeted, community-based interventions as part of the provincial rollout of RSV prevention programs. TPH's collaboration, surveillance, and public engagement facilitate the population health benefits of RSV prevention and care.

4. Strategic Impact

The work of RSV prevention planning aligns with and advances TPH's Strategic Plan 2024-28, specifically:

Strategic Plan Priority 1: Strengthen health protection, disease prevention, and emergency preparedness and the following objectives:

- a) Prepare for and respond to outbreaks and public health emergencies informed by best evidence and lessons learned from previous responses;
- b) Enhance emergency preparedness and response infrastructure;
- c) Effectively communicate with the public about how they can protect their health.

Strategic Plan Priority 2: Promote health and well-being across the lifespan and the following objective:

- a) Reduce the burden of chronic and infectious diseases across the lifespan.

Strategic Plan Priority 4: Advocate to advance health equity and the following objectives:

- a) Assess and report on health inequities and population health needs;
- b) Collaborate with partners across multiple sectors to address local health needs;
- c) Share evidence, advocate, and collaborate to influence actions that impact population health.

CONTACT

Dr. Na-Koshie Lamptey, Deputy Medical Officer of Health, Director of Decision Support,
Surveillance and Immunization, 416-338-8402, Na-Koshie.Lamptey@toronto.ca

SIGNATURE

Dr. Michelle Murti
Medical Officer of Health