Oct. 27, 2025

Dear Toronto Board of Health,

HL28.3 - Toronto Public Health Update on Respiratory Syncytial Virus (RSV) Prevention

I am deputing today regarding TPH's proposal to ask the Ontario government to establish and fund a permanent RSV prevention program that relies on monoclonal antibodies (Beyfortus by Astra Zeneca/Sanofi) for infants and vaccines (Abrysvo by Pfizer) for pregnant mothers (at 32-36 weeks) and vaccines for older adults 75+ (Arexvy by GSK and Abrysvo by Pfizer).

My understanding of RSV is that:

- It has been around a long time.
- Nearly all are infected by 2 years of age, which gives us partial immunity
- It can be fatal, but most are fine.

Given that the risks of RSV are very low, any drug or vaccine to prevent RSV should be effective and very very safe.

However, I have found concerns with each of the proposed products.

Arexvy & Abrysvo for older adults:

- In 2023 FDA approved these for 60+, but in 2024 this was changed to 75+ and only 60+ at increased risk of severe RSV due to growing evidence of adverse events including Guillan Barre Syndrome (1 in 47,500). Surveillance data also revealed a safety signal for immune thrombocytopenic purpura. Ref: CDC Walks Back Recommendations for RSV Vaccines https://childrenshealthdefense.org/defender/cdc-walks-back-recommendations-rsv-vaccines/.

Abrysvo for pregnant mothers:

- In clinical trials, preterm births were higher in the vaccinated group, but not statistically significant. In 2023, 4 members of FDA Advisory Committee voted against approving it but FDA approved it anyway, but said post-market surveillance for preterm births is required and they limited injection to 32-36 weeks. Ref: Pregnant Women Who Took Pfizer's RSV Vaccine Were More Likely to Give Birth Prematurely https://childrenshealthdefense.org/defender/pregnant-women-pfizer-rsv-vaccine-premature-birth-bmj-study/ Now, the post-market data show indeed higher preterm births. Ref: April 2025 BMJ Open article by U of Ottawa researchers: Safety surveillance of respiratory syncytial virus (RSV) vaccine among pregnant individuals: a real-world pharmacovigilance study using the Vaccine Adverse Event Reporting System https://bmjopen.bmj.com/content/15/4/e087850.

- Interestingly GSK had a similar vaccine for pregnant women in development, almost identical, but it stopped development once a safety signal of 1 additional preterm birth per 54 births in vaccinated women was detected. Women enrolled in the Pfizer trial were not told of this risk nor the halt of the GSK trial! Ref: Concerns over informed consent for pregnant women in Pfizer's RSV vaccine trial https://www.bmj.com/content/383/bmj.p2620

In summary, the vaccine proposed for 75+ has potential for adverse effects such as GBS and so is not totally safe, and the vaccine proposed for pregnant women looks like it can cause preterm births so is not totally safe either. (I did not have time to look into the Beyfortus monoclonal antibodies unfortunately.)

There may be other adverse effects as well. Clinical trials are small, and short, so cannot predict less frequent nor long term effects. And post-market passive surveillance does not pick up everything. Also, we do not know the effects of taking multiple drugs/vaccines because these are not studied.

There can be other surprises too. For example, in France which was one of the first countries to start using Beyfortus (Sep. 2023), they are finding that its use is causing the RSV virus to evolve new strains that are resistant to Beyfortus already. Ref: Real-World Emergence of Nirsevimab Resistance in RSV-B Breakthrough Infections https://papers.ssrn.com/sol3/papers.cfm?abstract_id=5427106 https://childrenshealthdefense.org/defender/rsv-monoclonal-antibody-shot-linked-drug-resistant-rsv-strains-infants/ Now what?

Personally, I think we should also explore other ways to help reduce RSV hospitalizations. What about investing the money in prenatal health instead? Would vitamin D help older people? The majority of Canadians are Vitamin D insufficient.

The pharmaceutical industry is becoming a larger and larger part of our lives. PR Newswire projected in 2023 that the global RSV vaccine & antibody market would be worth $13.6B by 2030. Do we have the power to question and ask for alternatives?

If we do go ahead & offer these drugs/vaccines, however, we should at least give people informed consent. People should not be told just the one side, that RSV is risky, and that this drug/vaccine is perfectly safe. They should be told, the risk of RSV is this much, and the risk of the drug/vaccine is this much. That is the truth.

Regards,

Mariko Uda, Toronto resident