

INFANT RSV PROTECTION

Q2 BLOG 2026

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On June 9, 2026, Dr. Shelley Ross, co-chair of the Federation of Medical Women of Canada's Infant RSV Task Force, had the opportunity to present to the BC Select Standing Committee on Finance and Government Services.

This committee was receiving consultations for areas to be covered by the British Columbia government budget. The committee's recommendations will be sent to the government's finance committee who will decide how funds are allocated.

Her presentation provided the rationale for why a universal program to protect infants against RSV for the 2026-2027 season should be a priority in the upcoming budget allotment.

Following is the presentation given to the committee.

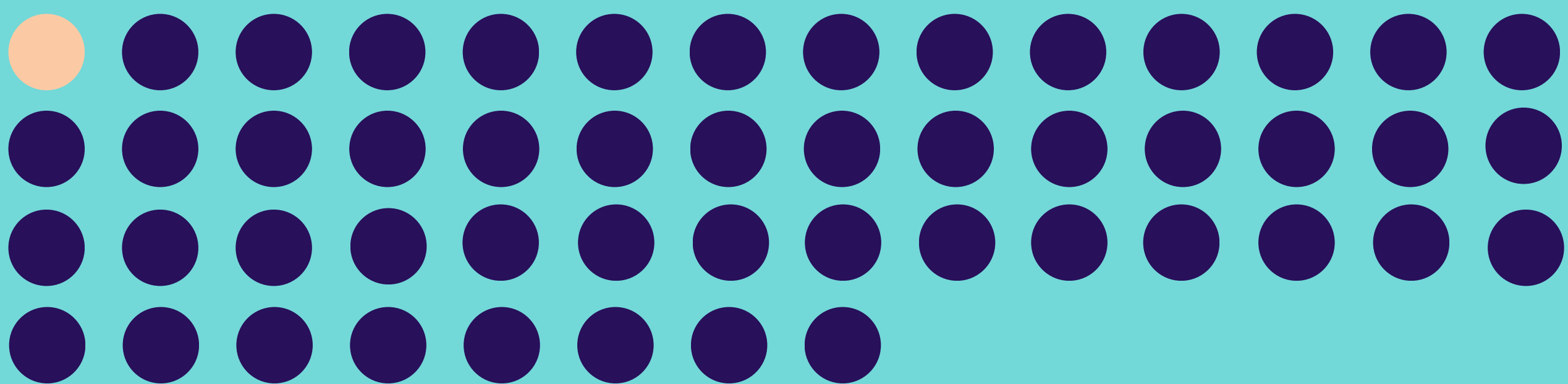




I'll never forget walking into the pediatric intensive care unit and seeing **a baby I had delivered two weeks earlier now blue and being intubated and requiring a ventilator due to RSV infection.** Not only was that baby deathly ill, but the parents were beside themselves with worry, thinking their baby was going to die in front of their eyes.

I am Dr. Shelley Ross, a family physician who has spent my entire career in Burnaby. I speak on behalf of the Federation of Medical Women of Canada known as FMWC, a national organization of women physicians who are viewed as the preeminent advocates of women's evolving health and well-being. I am a past president of the FMWC, a past president of the Medical Women's International Association (MWIA), and a past president of the Doctors of BC. I have always had a special interest in looking after pregnant women and their babies, having delivered over 10,000 babies during my career.

When, Health Canada approved new categories of immunizations to prevent RSV in infants, the need to protect them was dear to my heart. FMWC created an Infant RSV Task Force and I am the co-chair.



1 IN 50 INFANTS SICK WITH RSV REQUIRE HOSPITALIZATION IN THE FIRST YEAR OF LIFE.

RSV is a virus that attacks the respiratory tract, with 1 in 50 of all infants so sick with RSV as to require hospitalization in the first year of life.

There is no cure for RSV, so prevention is of utmost importance.

The misery doesn't end with the first RSV infection but can set the infant up for a lifetime of recurrent respiratory infections, asthma and reduced lung function.

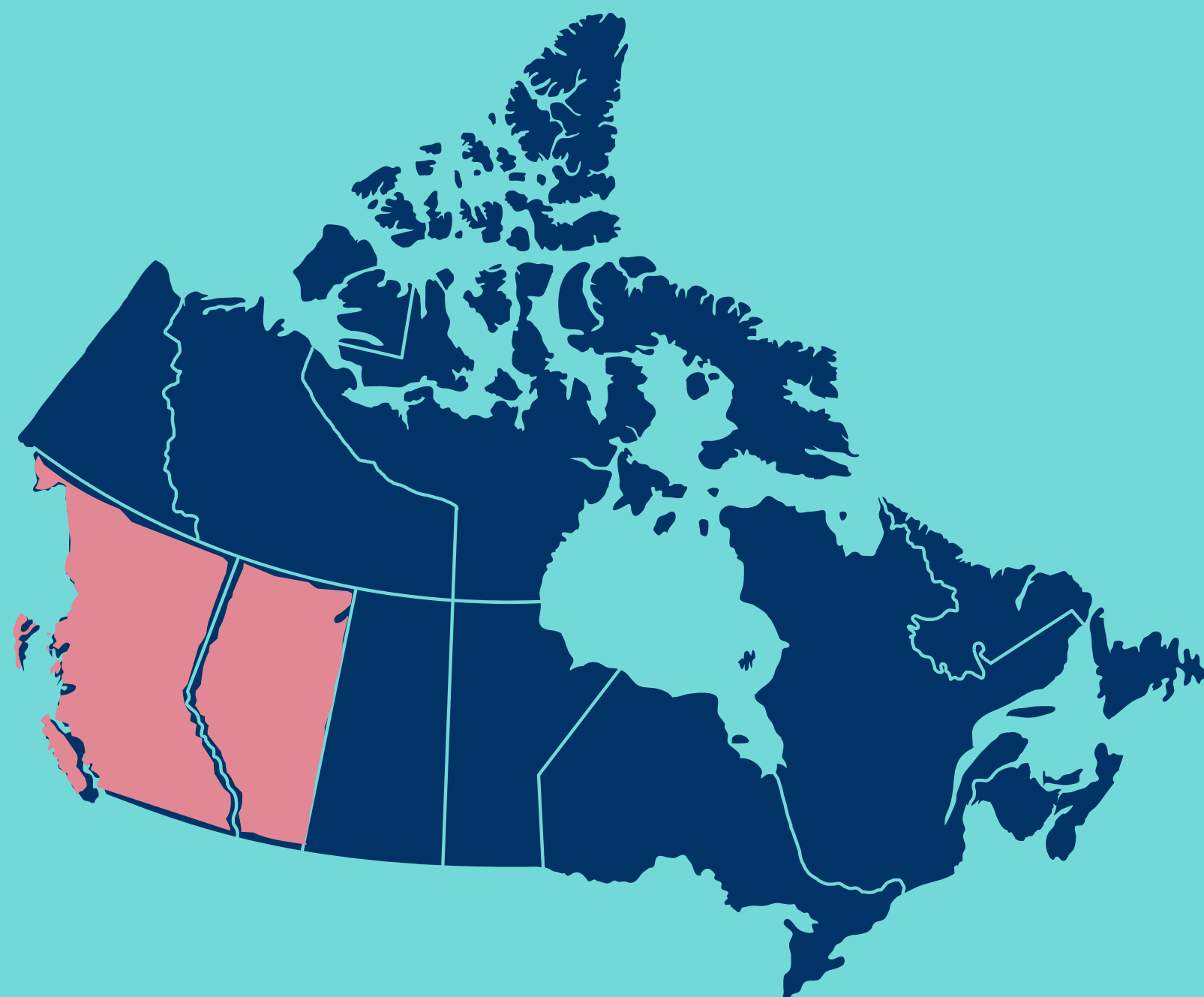
The risk of RSV infection is always there, but peaks during the fall to spring along with flu and covid so the health care system is routinely overwhelmed with visits to doctors, ERs and admissions to the pediatric ward and Pediatric Intensive Care Unit.

Evidence from Ontario and Quebec shows that immunization works:

- **89% reduction in hospitalization in Quebec**
- **73% of births achieved RSV protection in Ontario**

Worldwide, vaccines have been proven to safely prevent RSV infection in infants.

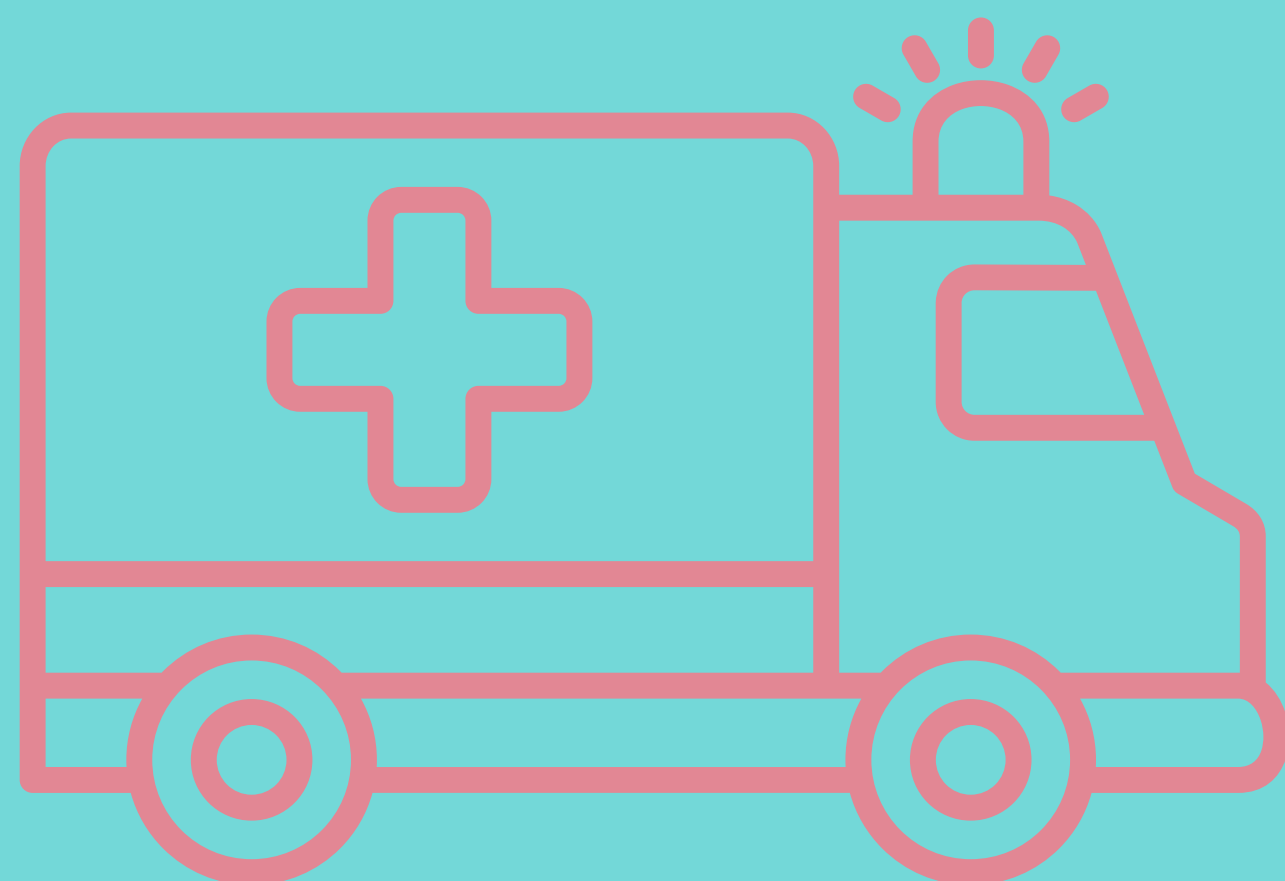
Every province and territory in Canada except BC and Alberta have a universal RSV immunization program to protect infants. The National Advisory Committee on Immunizations issued an updated statement in April 2026, recommending that all provinces should ensure a universal program. Currently BC only immunizes high risk infants, but **80 to 90% of RSV infections occur in previously healthy full-term infants that have no risk factors**. Getting RSV in rural BC is more likely and the resources to care for these infants are not there.



 NO UNIVERSAL INFANT RSV IMMUNIZATION PROGRAM

Transporting infants to urban centres adds another layer of risk, not to mention expense. Our Indigenous population is often rurally located with reduced access to care. Our rural population should not be subjected to such inequity.

With infant RSV, it is not only the infant who suffers, but the entire family is traumatized, and their work routine disrupted as they sit at the bedside of their sick infant.



For the sake of our infants and our health care system, we urge BC to act now to develop a universal program to protect all infants. **A high-risk-only approach is too narrow, inequitable and out of step with the true burden of disease.** All infants deserve to be protected and parents-to-be deserve accurate information so they can decide what is best for their baby. The decision to put in place a universal program for the 2026-2027 season has the potential to be life changing. Please do not let BC be an outlier when 11 of the provinces and territories already have a successful universal program in place.

Please look after our youngest population, who are the most vulnerable to RSV infection, to make sure that their future is not compromised by a disease that is preventable.



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