

5 May 2025

## Advocacy for Funding Nirsevimab to Prevent RSV in Infants

**Tēnā koutou,**

We are writing on behalf of the Paediatric Society of New Zealand's Respiratory and Sleep Network, Newborn Network, and General Paediatric Network to advocate for the urgent funding of **nirsevimab (Beyfortus)** for the prevention of respiratory syncytial virus (RSV) in infants across Aotearoa.

### The Burden of RSV in Aotearoa

RSV is a leading cause of hospitalisation among infants in New Zealand, particularly affecting Māori and Pacific populations and those in rural communities. The current preventive measure, palivizumab, requires monthly injections and is limited to high-risk infants, posing logistical challenges and inequities in access.

### Efficacy and Advantages of Nirsevimab

Recent studies have demonstrated that nirsevimab significantly reduces RSV-related hospitalisations. The [HARMONIE trial](#) showed an 83.2% efficacy in preventing hospitalisations due to RSV-associated lower respiratory tract infections in infants. Unlike palivizumab, nirsevimab offers season-long protection with a single dose, simplifying administration and improving adherence.

### International Adoption

Nirsevimab has been approved for use in the European Union, United Kingdom, Canada, and the United States. In Australia, it is currently available through [state-managed programs](#) in New South Wales, Queensland, and Western Australia.

### Equity and Accessibility

Nirsevimab's ease of administration—delivered as a single dose—reduces the need for multiple healthcare visits. This makes it particularly well suited to rural outreach and integration within Hauora Māori, Pacific, and community-based models of care. By improving access for whānau and reducing logistical barriers, it enhances the ability of providers to deliver timely and equitable protection for pēpi who are most at risk of severe RSV illness.

“Tamariki in Aotearoa flourish in health and wellness”

Its implementation also aligns with Te Tiriti o Waitangi and the Ministry of Health's Pae Ora (Healthy Futures) strategy, supporting the right to health for all tamariki, regardless of where they live. By enabling more proactive, accessible, and culturally safe care, especially for Māori, Pacific, and rural communities, nirsevimab offers an opportunity to meaningfully advance child health equity in Aotearoa.

### **Clinical Endorsement**

"Nirsevimab is a highly effective, one-off preventive treatment that significantly reduces RSV hospitalisations. It's better for tamariki and their whānau, and it eases pressure on an already stretched health system." — Dr. David Graham, Co-Chair, General Paediatric Network

### **Our Recommendation**

We urge Pharmac and the Ministry of Health to:

1. **Prioritise the assessment and funding** of nirsevimab for infants entering their first RSV season.
2. **Collaborate with clinical networks** to develop implementation strategies ensuring equitable access, particularly for high-risk populations.

We are committed to working with you to facilitate the introduction of this critical preventive measure.

**Ngā mihi nui,**

**Dr Owen Sinclair**

President, Paediatric Society of New Zealand

**Dr. David McNamara**

Co-Chair, Respiratory and Sleep Network

**Dr. David Graham**

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**Emily Sorby**

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**Nicola Austin**, Associate Professor

Chair, Newborn Network

On behalf of Te Kāhui Mātai Arotamariki o Aotearoa | Paediatric Society of New Zealand

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