



The Honourable Adriana LaGrange
Minister of Primary and Preventative Health Services
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April 1, 2026

Dear Minister LaGrange,

Each winter, hundreds of Alberta infants are hospitalized with a respiratory infection we now have the tools to prevent. On behalf of the Alberta Medical Association Section of Pediatrics, we are writing to urge the Government of Alberta to publicly fund Respiratory Syncytial Virus (RSV) immunoprophylaxis for Alberta's infants younger than six months at the start of the RSV season, as well as all infants born during the 2026-27 RSV season.

RSV is one of the most common respiratory viruses in infants and young children, infecting almost all children by age two. Although it often causes mild, cold-like symptoms, RSV infections can be serious. In infants, it can lead to pneumonia, bronchiolitis, hospitalization, and, in some cases, death. Infants who are not otherwise at increased risk account for the largest proportion of severe RSV disease each year ([RSV NACI Statement](#)).

Each RSV season places predictable, preventable strain on Alberta's pediatric emergency departments and inpatient units at the worst possible time. Nationally, infants under six months account for nearly half of RSV hospitalizations and nearly half of annual RSV healthcare costs. Broader infant RSV immunoprophylaxis would reduce one of the many viruses that apply intense demand on our pediatric health care system and free capacity for other urgent care where wait-times surge during the viral season.

Alberta's current approach, which limits eligibility to infants deemed high risk, does not reflect what we are seeing as clinicians or its impact on the health care system. It is often assumed that severe RSV is concentrated among premature or medically vulnerable infants. In fact, most infants with severe RSV are previously healthy and full-term.

The clinical case for broader protection is strong. Evidence from jurisdictions with broader infant RSV programs show substantial reductions in RSV-related hospitalizations and intensive care admissions. For example, in Quebec, a universal immunoprophylaxis program reduced infant RSV hospitalizations by 89% in the first season of implementation ([medRxiv article](#)). Alberta families deserve the same protection.

The practical case for expanding the program is also improving. In addition to nirsevimab (Beyfortus), Health Canada now lists clesrovimab (ENFLONSIA) as an approved product. Both provide effective, long-



acting, single-dose, passive protection for newborns and infants through their first RSV season. The availability of more than one product should help improve supply and strengthen affordability over time.

Our request is also consistent with Alberta's approach to protecting other populations at risk for serious RSV disease. Alberta publicly funds RSV prevention for adults 70 years and older, as well as certain adults 60 years and older. In that context, it is striking that infants, who bear the highest RSV hospitalization burden, still do not have universal access to RSV prevention.

Alberta has an opportunity to reduce preventable infant hospitalizations, ease winter pressure on the health system and protect Alberta families by publicly funding (RSV) immunoprophylaxis for infants younger than six months at the start of the RSV season and all infants born during the 2026-27 RSV season. We would welcome the opportunity to discuss this further with you and your office.

Sincerely,

Dr. Sam Wong, on behalf of the Alberta Medical Association Section of Pediatrics

Attachment: AMA Section of Pediatrics RSV Infographic