

Immunization Update (Part 2): HPV, RSV, Measles

1. HPV immunization program changes

There have been recent changes to the human papillomavirus (HPV) immunization program in BC, including **expanded eligibility, dose and schedule**. HPV vaccination, along with surveillance and screening strategies, are core public health measures for the prevention of HPV-associated cancers.



In-depth HPV [Q&A](#) [here](#)

As of July 31, 2025, the HPV vaccine is indicated and publicly funded for (changes in bold):

- **9-26 years** of age (inclusive) (previously 9-18 years of age)
- **27-45 years** of age (inclusive) **cis-gender males, Two-Spirit, transgender, or non-binary people** who self-identify as belonging to the gay, bisexual, and other men who have sex with men community (gbMSM)
- 27-45 years of age (inclusive) **living with HIV**
- Who received **post-colposcopy treatment** for cervical dysplasia on or after July 31, 2025

Those not eligible for publicly funded HPV vaccine may also benefit from vaccination. They can purchase it at most pharmacies and travel clinics.

Doses and Schedule (changes in bold):

- Immunocompetent individuals **9-20 years** of age (inclusive): **1 dose given as 0.5 mL IM** (previously only those 9-15 years of age)
- Immunocompetent individuals **21-45 years** of age (inclusive): **2 doses given as 0.5 mL IM** at 0 and 6 months – previously 3 doses
- Immunocompromised individuals 9-45 years of age (inclusive): 3 doses given as 0.5 mL IM at 0, 2, and 6 months
- Individuals 9-45 years of age (inclusive) **living with HIV: 3 doses** given as 0.5 mL IM at 0, 2, and 6 months
- Individuals **post-colposcopy treatment: 3 doses** given as 0.5 mL at 0, 2, and 6 months



The [BC Immunization Manual, Part 4 – Biological Products, Human papillomavirus \(HPV\) vaccine, Gardasil®9](#) has specific details about the vaccine.



HealthLinkBC File #101b [Human papillomavirus \(HPV\) vaccine](#).

2. Respiratory Syncytial Virus (RSV) immunization:

**Nirsevimab**, a long-acting monoclonal RSV antibody, will be available for **eligible infants** starting on September 1, 2025. Nirsevimab is administered in a single dose to protect for an entire RSV season (~October-April).

Most eligible babies will be provided with a dose before discharge from hospital after birth (starting 1 September 2025). For those who have already been discharged home, Nirsevimab can be administered at a local pediatric outpatient clinic or at their local public health unit. The referral form will be available on Pathways.



[Expanded 2025-2026 eligibility criteria for Nirsevimab](#)

**First RSV season (i.e. born after 31 March, 2025) criteria:**

- Prematurity
- infants born 28<sup>0</sup> to 34<sup>6</sup> weeks gestation
- infants born <28 weeks and discharged from hospital after 31 March 2025
- infants with chronic conditions involving the heart, lungs, gastrointestinal tract, nervous system, immunological compromise or with underlying genetic or metabolic disorders.
- Infants < 6 months of age who live in remote communities, with limited access to health services, isolated indigenous communities or congregate settings such as supportive housing.

**Second RSV season** (i.e. <2 years old at the time of dosing) criteria include severe chronic lung disease, hemodynamically significant congenital cardiac disease, severe congenital anomalies, neuromuscular disease, cystic fibrosis with respiratory involvement and/or growth delay and Down Syndrome.

**Maternal RSV vaccination**

- Nirsevimab is currently the first-line recommended immunization option to prevent severe RSV disease in high-risk infants.
- If the infant is not eligible for Nirsevimab, or if the pregnant person prefers, maternal RSV vaccination (RSVpreF/Abrysvo™) can be offered between **32<sup>0</sup> and 36<sup>6</sup>** weeks gestational age.
- **RSVpreF will protect the infant for their first 6 months of life** when RSVpreF received at 32-36 weeks gestation, and at least 14 days passed between vaccination and birth
- While RSVpreF (~\$300) is not publicly funded for most individuals in BC, some may be covered by extended health benefits or FNHA reimbursement. It is available at select pharmacies.



HealthLinkBC File #127  
[Respiratory syncytial virus \(RSV\) vaccine](#)

3. Measles Update

Measles cases have recently been confirmed in every regional health authority in BC, including Island Health. **Measles infection has occurred almost exclusively in unvaccinated or under vaccinated individuals.** Measles vaccination is very effective (85-95% after 1 dose, ~100% after 2 doses) and immunity is long-lasting. Individuals born in or after 1970 (1957 for current healthcare workers) are eligible for 2 doses of the vaccine. There is good evidence that the population born before 1970 is immune to measles.



[MHO newsletter from June 2025 with measles update](#)