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Protecting the Frontline of Aging:
Why Universal RSV Prevention for Adults is the Right Fiscal Defense for Ontario

Ontario Budget 2026 Consultations

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About the Society for Intelligence Management

The Society for Intelligence Management (SIM) is an independent association that promotes evidenced based knowledge translation, education and training, communication, and decision making. Its mandate is to ensure that the flow of information is accurate, reliable, and contributes to informed decision-making in a rapidly evolving world. To learn more about SIM, visit https://intelsociety.org/

About the RSV Awareness Consortium

The RSV Awareness Consortium is a collaborative of health advocates, including non-governmental organizations, dedicated to spreading evidence-based knowledge. Our goal is to drive meaningful change across Canada by investing in both individual and societal health literacy, encouraging critical thinking and empowering people to make informed, independent decisions.

Our mission is to prevent RSV through proactive education, targeted outreach, and strong community support. We are committed to delivering accurate, unbiased information that helps individuals take charge of their health. To learn more about the consortium, visit https://rsvawareness.ca/

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The Issue

Respiratory syncytial virus (RSV) is now recognized as a major cause of pneumonia and exacerbations of chronic heart and lung disease in adults over 70[1]. Many hospitalized adults over 50 with RSV have at least one chronic medical condition, which can lead to acute complications, such as cardiovascular events including heart attack, arrhythmia, or stroke – triggered by the systemic inflammation caused by the virus[2].

The cost-effective choice for Ontario is a strategic expansion of the provincial RSV prevention program to cover a broader population, moving away from high-risk barrier eligibility and taking a multi-pillar approach where a range of effective products offer Ontarians choice in protection.

Background: The Threat of RSV

Respiratory syncytial virus (RSV) is a common and highly contagious respiratory virus that infects the lungs and breathing passages. While the pediatric burden of RSV is well-documented, the virus creates a critical and often under-recognized health crisis for older adults. Individuals aged 65 to 84 currently represent approximately 20% of weekly RSV detections, a rate that climbs significantly for those with underlying heart or lung conditions[3]. For this population, RSV is not merely a cold but a severe respiratory threat that frequently causes pneumonia or exacerbates chronic illnesses, leading to hospital stays.

In Ontario, RSV represents a profound and often under-recognized burden on both adult health and the provincial treasury. While frequently dismissed as a pediatric concern, RSV in older adults often acts as a tipping point with hospitalization rates rising for those aged 80 and older. In the current RSV season, adults aged 65 to 74 represent an average bed occupancy of 35.40[4]. While adults aged 75 years and over occupy an average of 79.40 hospital beds in the Ontario healthcare system[5].

While the most severe outcomes of RSV are concentrated in the latter age group, a significant and growing burden is emerging among Ontario's adults aged 50–69 years. In this cohort, RSV acts as a primary driver of workplace absenteeism. This individual burden is magnified by Ontario's demographic reality. Adults aged 65 and older is projected to grow by 3.0% annually over the next five years, nearly triple the growth rate of the general population[6]. Without universal prevention, the sheer volume of medically complex respiratory cases will outpace health services capacity, making universal prevention not just a policy preference, but the only viable fiscal defense to preserve Ontario's healthcare system.

Beyond the healthcare systems crisis, previously independent community-dwelling older adults experience functional decline post-RSV infection that requires formal homecare supports, directly undermining the province's *Aging at Home* strategy and placing a permanent, compounding strain on Ontario's long-term care and homecare systems[7].

Current Status

A single senior's health system cost in Ontario can exceed $60,000 in the year following hospitalization'[8].

During the current RSV season, Ontario has recorded 1,301 hospitalizations across all age groups. Among older adults, RSV outbreaks occur predominantly in long-term care and supportive living facilities, where the virus spreads rapidly among highly vulnerable residents. Recognizing the associated clinical burden

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and health system costs, Ontario has expanded its provincial immunization program to support a more proactive, prevention-focused approach.

The province now provides a free, single-dose RSV vaccine to adults aged 75 years and older, as well as to adults aged 60–74 who are residents of long-term care or retirement homes, patients receiving dialysis, transplant recipients, Indigenous adults, and adults experiencing homelessness. This expansion represents a shift away from reactive, high-cost emergency care toward a more sustainable model of disease prevention.

Key Considerations for Action

The cost-effective choice for Ontario is the strategic expansion of the provincial RSV prevention program to cover a broader population, moving away from high-risk eligibility. This includes expanding ***Ontario's Senior RSV Prevention Program to cover younger (60 years and older) healthy adults and those with chronic diseases living in the community.***

The Evidence

For older adults, real-world data from 2024–2026 suggests that RSV vaccines maintain high effectiveness against the most severe clinical outcomes. Observational studies from the US Centres for Disease Control and Prevention (CDC) indicate that these vaccines are between 75% and 83% effective at preventing RSV-related hospitalizations in adults aged 60 and older[9]. In high-risk cohorts, such as adults over 75, effectiveness against critical illness and ICU admission reached 92% to 95%[10]. This level of protection exceeds the historical real-world effectiveness of seasonal influenza vaccines in comparable age groups, which typically ranges from 40% to 60%. By averting potential hospitalizations, RSV immunization can mitigate the clinical and economic burden on the provincial healthcare system.

Conclusion

The transition from reactive management to proactive prevention represents a critical evolution in Ontario's public health response to respiratory syncytial virus (RSV). However, the full population-level benefits of RSV prevention will only be realized through broader and more consistent eligibility. Expanded prevention is associated with fewer severe RSV cases requiring hospitalization or intensive care, reduced downstream complications among older adults, and a shift in health system spending away from high-cost acute care toward lower-cost, community-based prevention. Importantly, strengthened prevention capacity improves system resilience during peak respiratory virus season, helping preserve hospital and ICU capacity for other urgent care needs.

Sustained investment in RSV prevention reflects a strategic use of healthcare resources—prioritizing early intervention to reduce avoidable hospitalizations, stabilize seasonal demand, and support the delivery of care in community settings rather than hospital beds.

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