

Guidelines for Prophylaxis for RSV Infections in High-Risk Infants in Hawaii

(Developed by Consensus Committee August 10, 2017)

1. All children less than 2 years old at the beginning of the season (born on or after September 1, 2015) with Chronic Lung Disease requiring treatment/medical management during the anticipated season.
2. All infants less than 1 year chronological age (born on or after September 1, 2016) with hemodynamically significant congenital heart disease and/or persistent pulmonary hypertension should be considered for prophylaxis.
3. All infants born prematurely at 28 weeks gestation or earlier and younger than 1 year chronological age at the beginning of the season (born on or after September 1, 2016).
4. All infants born prematurely between 29 and 31 weeks gestation and are younger than 1 year chronological age at the beginning of the season (born on or after September 1, 2016), who require supplemental oxygen and/or positive pressure support for more than 28 days after birth.
5. All infants younger than 1 year chronological age at the beginning of the season (born on or after September 1, 2016), with pulmonary abnormalities or neuromuscular diseases that impair the ability to clear secretions from the upper airways may be considered for prophylaxis.
6. All children less than 2 years old at the beginning of the season (born on or after September 1, 2015), who are significantly immunocompromised during the anticipated season may be considered for prophylaxis.
7. All children after cardiopulmonary bypass, with indication for use of Synagis ® should be considered for additional prophylaxis after discharge. Further, children with cardiac disease who are undergoing cardiopulmonary bypass during the season and are currently receiving prophylaxis should receive an additional dose of prophylaxis within a few days after bypass because of an average drop of protective antibody levels by 58%. They should continue to receive subsequent prophylaxis until the end of the season.

Season

RSV infections occur all year round in our community. However, based on available epidemiological data for the previous year, incidences are significantly higher from September through March. For infants eligible for immunoprophylaxis, the beginning of the season will be September 1, 2017, and immunoprophylaxis should be continued to provide immunity through the end of March 2018.

Prophylaxis

1. Prophylaxis for infants identified by criteria reflected under patient population should be started between September 1, 2017, and September 30, 2017.
2. Prophylaxis should be continued to provide immunity until the end of March 2018, or until a total of five doses have been administered, whichever is earlier.
3. Every effort should be made to provide the doses every 30 days, to maintain effective immunity (range 28-35 days).

These recommendations are meant to be guidelines. Additional factors that need to be considered include:

1. Education for the family. Although prophylaxis is not 100% effective, it may lead to decreased severity of illness. Consideration should be given to obtaining an informed consent prior to drug

administration.

2. Family education with respect to:
 - a. Use of good hand-washing practices and cough hygiene
 - b. Breastfeeding
 - c. Avoiding exposure to smoke and dust especially passive smoke inhalation in the presence of smokers in the family
 - d. Avoiding contact with ill persons especially those with respiratory symptoms
 - e. Avoiding unnecessary exposure to crowds

The Committee welcomes comments from community pediatricians and other healthcare providers regarding RSV infections in their practices and the impact of these guidelines. Communication with the Committee may be directed to any Committee member listed below; this feedback is important, since these guidelines are evolving with significant changes made regarding duration of treatment, especially towards the end of the season.

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Footnote Regarding Recommendations:

1. Chronic lung disease is defined as oxygen supplementation for at least the first 28 days of life.
2. The gestational ages referred to in the document above reflect completed GA (0 and 6 days. e.g. 28 weeks above means anyone between 28+0 and 28+6).