

2023 – 2024 Guidelines for Palivizumab Prophylaxis for RSV Infections in High-Risk Infants in Hawaii

(RSV Prevention Committee)

RSV Season

RSV infections occur year round in our community. However, our recent epidemiological data show that incidences are significantly higher from late summer through the end of winter. Therefore, for infants eligible for immunoprophylaxis, this season will begin on **August 1, 2023, and continue through February 29, 2024.**

1. Prophylaxis for infants identified by the criteria listed below should begin between August 1, 2023, and February 29, 2024.
2. Prophylaxis should be continued to provide immunity until the end of February 2024 or until a total of five doses have been administered, whichever is earlier.
3. May consider an extension of prophylaxis beyond the end of February 2024 should the community RSV positivity be greater than 10% at the end of the season.
4. Every effort should be made to provide the doses every 30 days to maintain effective immunity (range 28-35 days).

Eligibility

1. All children less than two years old at the beginning of the season (born on or after August 1, 2021) with Chronic Lung Disease (defined as oxygen supplementation for at least the first 28 days of life), requiring treatment/medical management (i.e., chronic corticosteroid therapy, diuretic therapy, or supplemental oxygen) during the anticipated season.
2. All infants less than one year of chronological age (born on or after August 1, 2022) with hemodynamically significant congenital heart disease and/or persistent pulmonary hypertension should be considered for prophylaxis.
3. All infants born prematurely before 29 weeks, 0 days gestation, and younger than one year chronological age at the beginning of the season (born on or after August 1, 2022).
4. All infants born prematurely between 29 weeks, 0 days gestation, and 31 weeks, 6 days gestation, AND are younger than one year chronological age at the beginning of the season (born on or after August 1, 2022), who require supplemental oxygen (>21% oxygen), and/or positive pressure support for more than 28 days after birth.
5. All infants younger than one year chronological age at the beginning of the season (born on or after August 1, 2022) 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 two years old at the beginning of the season (born on or after August 1, 2021) who are significantly immunocompromised during the anticipated season may be considered for prophylaxis.
7. All children after cardiopulmonary bypass, with the indication for the use of Palivizumab (Synagis®), should be considered for additional prophylaxis after discharge. Further, children with cardiac disease undergoing cardiopulmonary bypass during the season and 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 also continue to receive subsequent prophylaxis until the end of the season.

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

- Education for the family.
: Although prophylaxis is not 100% effective, it may lead to decreased severity of illness. Consideration should be given to obtaining informed consent before drug administration.
- Family education with respect to:
 - a. Use of good hand-washing practices and cough hygiene.
 - b. Breastfeeding.
 - c. Avoid exposure to smoke and dust, especially passive smoke inhalation in the presence of smokers in the family.
 - d. Avoid contact with ill persons, especially those with respiratory symptoms.
 - e. Avoid exposure to crowds and practice social distancing.

Thank you for all you do to care for patients in the community, hospitals, or other healthcare settings. Your experiences and feedback on RSV infection in your practice are valuable and significantly impact these guidelines. Please share your thoughts and suggestions with any committee members listed below. Again, we greatly appreciate your partnership and support in protecting our most vulnerable patients.

Best Regards,

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