

UPHP Criteria for Synagis

- 1) Synagis should be considered for infants and children younger than 24 months of age with Chronic Lung Disease (CLD) who have required medical therapy for their CLD within 6 months before the start of the Respiratory Syncytial Virus (RSV) season. Patients with more severe CLD may benefit from prophylaxis for **two RSV** seasons, especially if they require medical therapy (ex. O₂, bronchodilators, diuretics, etc.).
- 2) Infants born at 32 weeks gestation or earlier may benefit even if they do not have CLD. Consider prophylaxis up to 12 months of age in infants born at 28 weeks gestation or earlier. For infants born at 29-32 weeks gestation, consider prophylaxis up to 6 months of age.
- 3) Consider prophylaxis for infants born at 32-35 weeks gestation and less than 6 months of age at the beginning of RSV season, without CLD, if they have **two or more** of the following risk factors: severe neurologic disease, school-aged siblings, attending child care centers, exposure to environmental air pollutants (including cigarette smoke), and congenital abnormalities of the airways.
- 4) Children at or under 24 months of age with hemodynamically significant congenital heart disease will benefit from monthly Synagis (not RSV-IGIV). Decision regarding prophylaxis should be made on the basis of the degree of cardiac compromise. Children most likely to benefit include those who are on medication for congestive heart failure, have moderate to severe pulmonary hypertension, or have cyanotic congenital heart disease. Children NOT at increased risk and who should generally NOT receive Synagis include: those with hemodynamically insignificant disease such as secundum ASD, small VSD, PS, uncomplicated AS, mild coarctation of the aorta, PDA, corrected lesions (unless they require CHF medication), and infants with mild cardiomyopathy not requiring medication.
- 5) Specific recommendation for immunocompromised patients cannot be made. Children with severe immunodeficiencies or severe acquired immunodeficiency syndrome may benefit from prophylaxis. If they are receiving standard immune globulin intravenous (IGIV) monthly, consider substituting RSV-IGIV during the RSV season.

Other points to remember:

- Synagis does not substitute for RSV-IGIV in all cases. The recommendations for the use of RSV-IGIV are unchanged. *Refer to American Academy of Pediatrics 2003 policy statement for specific guideline.*
- Use of Synagis does not interfere with response to vaccines. Adjustments to vaccine schedule may need to be made if RSV-IGIV is used.
- Midwest Region RSV season, as defined by Centers for Disease Control and Prevention (CDC), is November through April.
- Consider prophylaxis for children born at 35 weeks or less gestation who are at or under 24 months of age with an anticipated cardiac surgery.
- Consider prophylaxis for children born at 35 weeks or less gestation who are at or under 24 months of age that may have considerable distance to or limited availability of hospital care for severe respiratory illness.