

RSV (Respiratory Syncytial Virus) Prophylaxis
SUMMARY OF AAP (American Academy of Pediatrics) GUIDANCE for Palivizumab Prophylaxis

Prophylaxis Recommendations		
Gestational Age (GA) Description	Infants Younger than 12 months at Start of RSV season	Second RSV Season
Less than 29 week, 0 days Up to 5 doses	RECOMMEND RSV Prophylaxis for up to 5 doses or the end of RSV season	NOT RECOMMENDED (unless other factors apply)
Less than 32 weeks, 0 days Up to 5 doses	Chronic lung disease (CLD) of prematurity <ul style="list-style-type: none"> • Required >21% oxygen for at least <u>THE FIRST 28 days after birth</u> 	Had diagnosis of CLD of prematurity and required >21% oxygen for at least <u>THE FIRST 28 days after birth</u> AND Continue to require medical support within the 6 months prior to the start of the RSV season (May, June, July, August, September, October) <ul style="list-style-type: none"> • supplemental oxygen • bronchodilatory therapy • diuretic therapy • chronic systemic corticosteroid therapy
Infants born within 12 months of onset of RSV season	Congenital heart disease (CHD) <ul style="list-style-type: none"> ○ Hemodynamically significant CHD ○ Acyanotic heart disease receiving medications to control CHF and will require cardiac surgical procedures ○ Moderate to severe pulmonary hypertension 	NOT RECOMMENDED
Disease State Recommendations		
Neuromuscular disease or congenital anomaly	May be considered for neuromuscular disease or congenital anomaly that impairs the ability to clear secretions because of ineffective cough.	NOT RECOMMENDED
Post Cardiac Bypass or Corporeal Membrane Oxygenation	One extra dose after cardiac bypass or corporeal membrane oxygenation for children under 24 months.	
Immunocompromised	May be considered (if profoundly immunocompromised) and under 24 months	
Cardiac transplant	May be considered if under 24 months	
Down Syndrome patients	Qualification based on other factors as outlined.	
Cystic fibrosis patients	May be considered with clinical evidence of CLD and/or nutritional compromise.	May be considered with manifestations of severe lung disease: <ul style="list-style-type: none"> • previous hospitalization for pulmonary exacerbation in first year of life • abnormalities on chest radiograph that persist when stable • weight for length <10th percentile
History of breakthrough RSV Hospitalization	DISCONTINUE Synagis due to the extremely low likelihood of a second RSV hospitalization in the same season.	
Prophylaxis NOT RECOMMENDED		
<ul style="list-style-type: none"> • Hemodynamically insignificant CHD For example: <ul style="list-style-type: none"> ○ Secundum atrial septal defect ○ Small ventricular septal defect ○ Pulmonic stenosis ○ Uncomplicated aortic stenosis ○ Mild coarctation of the aorta ○ Patent ductus arteriosus • Infants with lesions adequately corrected by surgery (unless they require medication for CHF) • Cardiomyopathy not receiving medications • For more than 5 doses 		

Reference: Online version of Updated Guidance for Palivizumab Prophylaxis Among Infants and Young Children at Increased Risk of Hospitalization for Respiratory Syncytial Virus Infection: Pediatrics 2014;134:415; originally published online July 28, 2014; DOI:10.1542/peds.2014-1665. <http://pediatrics.aappublications.org/content/134/2/415>