Synagis (palivizumab) for RSV prophylaxis in NICU graduates

Monthly injections of palivizumab (Synagis), a monoclonal antibody preparation against the RSV virus, have been shown to decrease the incidence of severe RSV disease by 55% in high-risk populations.

In the NICU, all eligible patients should receive their FIRST dose of Synagis® prior to discharge.
- Infants transferred from the NICU to the floor will be given their first dose of Synagis® prior to discharge if the patient meets NICU criteria.

Infants Eligible for a Maximum of 5 Doses (1st dose only at VCH)
1. Infants born at < 29 weeks (28 weeks, 6 days or less) who are younger than 12 months at the start of RSV season
2. Infants born at < 32 weeks (31 weeks, 6 days or less) with Chronic Lung Disease (CLD) who are younger than 12 months at the start of RSV season
   - CLD defined as > 21% oxygen ≥ 28 days after birth
   - During the second year of life, palivizumab prophylaxis may be considered only for infants who satisfy this definition of CLD of prematurity AND continue to require medical support (chronic corticosteroid therapy, diuretic therapy, or supplemental oxygen) during the 6 month period prior to the 2nd RSV season.
3. Infants with congenital abnormalities of the airway or neuromuscular disease
   - May be considered for prophylaxis in the first year of life
4. Children < 24 months with hemodynamically significant CHD
   - May be considered for prophylaxis in the first year of life
   - Those groups with CHD that are NOT high risk for RSV and who should NOT receive prophylaxis include
     i. Infants and children with hemodynamically insignificant heart disease (ASD, small VSD, pulmonic stenosis, mild coarctation, and PDA)
     ii. Infants with lesions adequately corrected by surgery, unless continues to require medication for congestive heart failure
     iii. Infants with mild cardiomyopathy who are not receiving medical therapy for the condition
     iv. Children in the second year of life

Administration of Synagis
- Synagis is given in 15 mg/kg doses IM q 4 weeks.
- Administration begins with the onset of RSV season and concludes at the end of RSV season. AAP Red Book now recommends beginning treatment on 1 November and limiting number of doses to 5 maximum.
- The first dose of Synagis should be administered in the NICU prior to discharge home with coordination by the NICU case managers.
- Synagis is packaged in 100mg vials, which must be used once opened within 6 hours.
Discharge planning

- Prior to discharge, parents should be educated about RSV, its potential severity, and their child’s indications for Synagis. The parents must sign a discharge form stating that they understand the physician’s instructions regarding monthly Synagis injections during RSV season.
- Recommendations for RSV prophylaxis should also be included in every patient’s discharge summary year-round, whether the patient is being back-transported or going home, to facilitate effective communication with the patient’s pediatrician and improve compliance with the prophylactic regimen.

Approved at the Clinical Division Meeting 9/24/01. Revisited at the Collaborative Pathways meeting 5/22/02, 12/01/02 and again 10/29/2009

References


Meissner HC. Study: palivizumab safe for children with CHD. *AAP News* 2002; 21 (6): 271
