Guidelines for Palivizumab Prophylaxis for RSV Infections in High-Risk Infants in Hawaii
(RSV Consensus Committee 2021-2022)

1. All children less than two years old at the beginning of the season (born on or after September 1, 2019) 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 chronological age (born on or after September 1, 2020) 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 September 1, 2020).

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 September 1, 2020), 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 September 1, 2020) 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 September 1, 2019) 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.

Season

RSV infections occur all year round in our community. However, based on available epidemiological data from the previous years, incidences are significantly higher from late summer through the beginning of spring. Therefore, for infants eligible for immunoprophylaxis, the season will begin on September 1, 2021, and immunoprophylaxis should continue to provide immunity through March 31, 2022.

Outpatient Prophylaxis

1. Prophylaxis for infants identified by criteria reflected under the patient population should begin between September 1, 2021, and March 31, 2022.

2. Prophylaxis should be continued to provide immunity until the end of March 2022, 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).

Inpatient Prophylaxis

Due to an increase in RSV activity as the interseasonal change in RSV epidemiology in 2021. The Committee
recommends that eligible infants receive palivizumab as soon as it becomes available before September 1, 2021.

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 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 exposure to crowds and practicing social distancing

The Committee welcomes comments from community pediatricians and other healthcare providers regarding RSV infections in their practices and the impact of these guidelines. This feedback is essential since these guidelines evolve based on RSV activity in our community. The communication may be directed to any Committee members listed below. Thank you all for what you do to protect our vulnerable patients.

Best Regards,

Pattaraporn (Pat) Chun, MD
Attending Neonatologist
Director, NICU Medical and Neurodevelopmental Clinic
Kapi'olani Medical Center for Women & Children
1319 Punahou Street, Honolulu, HI 96826
Email: pattaraporn.chun@hphmg.org

**Committee Members**
Vernon Azuma, MD
Venkataraman Balaraman, MBBS
Mark Burnett, MD
Rupert Chang, MD
Pattaraporn Chun, MD
Marta Derieg, MD
Edward Fong, MD
Christine Gould, TAMC
Michael Hamilton, MD
Matthew Ho, MD
Jessica Kosut, MD
Sheree Kuo, MD
Douglas Kwock, MD
Milissa Jones, MD
Andrew Perry, MD
James Sim, MD
Curtis Toma, MD
Erica Toth, TAMC Pharmacist
Brian Wilson, MD
Darrett Choy, MD
Robert Wotring II, MD
Brian Wu, MD
Lisa Yoshikawa, MD