### Updated guidance and previous recommendations on RSV prophylaxis²⁴

<table>
<thead>
<tr>
<th>Group at Risk</th>
<th>Age Limits/Criteria</th>
<th>Dose Limits</th>
<th>Previous Guideline Recommendations</th>
</tr>
</thead>
</table>
| Pre-term infants, no other risk factors | • GA <29 weeks  
• Chronologic age <12 months at season onset³ | 5 doses per season | • Pre-term infants with no other risk factors and:  
  o GA <29 weeks + chronological age <12 months at season onset  
  o GA ≥29 weeks and <32 weeks + chronological age <6 months at season onset  
  Pre-term infants (GA ≥32 weeks and <36 weeks + chronologic age <6 months at season onset) and ≥1 of following risk factors:  
    o Attends childcare/daycare  
    o Lives in household with ≥1 child aged <5 years |
| Pre-term infants and children with chronic lung disease | • GA <32 weeks  
• Requires >21% oxygen for ≥28 days post-birth  
• Chronologic age <12 months at season onset or  
• Chronologic age <24 months and:  
  o Meets above criteria for chronic lung disease of prematurity and  
  o Requires medical support (chronic corticosteroids, diuretics, or supplemental oxygen) during 6 months prior to second season onset | 5 doses per season | • Chronologic age <24 months at season onset with chronic lung disease of prematurity (ill-defined) and requires medical support during 6 months prior to season onset |

### Key Message 1:
Palivizumab is a humanized murine monoclonal antibody indicated to prevent lower respiratory tract disease associated with respiratory syncytial virus (RSV) in certain high risk patients.¹ In July 2014, the American Academy of Pediatrics released updated guidance regarding the eligibility of infants and children for such prophylaxis.² This guidance focused on the following populations and included criteria for each:

- Pre-term infants with no other risk factors born prior to 29 weeks gestation
- Pre-term infants and children with chronic lung disease
- Infants with congenital heart disease
- Infants with pulmonary or neuromuscular abnormalities
- Immunocompromised infants and children
Who should receive palivizumab for RSV prophylaxis?\(^2,3\)

**Eligible for RSV prophylaxis (continued)**

<table>
<thead>
<tr>
<th>Condition</th>
<th>Criteria</th>
<th>Doses per season</th>
</tr>
</thead>
</table>
| Infants with hemodynamically significant congenital heart disease | - Chronologic age <12 months at season onset  
- Most likely to benefit:  
  - Acyanotic heart disease, receiving medication to control congestive heart failure and requiring cardiac surgery  
  - Moderate-to-severe pulmonary hypertension  
- Cyanotic heart disease – may consult with cardiologist | 5 doses per season |
| Possibility for RSV prophylaxis          |                                                                         |                  |
| Infants with anatomic pulmonary abnormalities or neuromuscular disease | - Chronologic age <12 months at season onset  
- Abnormality or disease impairs clearance of secretions from upper respiratory tract | 5 doses per season |
| Immunocompromised infants and children   | - Chronologic age <24 months at season onset  
- Profoundly immunocompromised | 5 doses per season |

GA = gestational age; RSV = respiratory syncytial virus

*New York State Department of Health designates RSV season as October 16 – March 31

---

**Who should receive palivizumab for RSV prophylaxis?**

- **Age <12 months at season onset?**
  - Yes: Consider prophylaxis
  - No: Age <24 months at season onset?

  - Yes: Profoundly immunocompromised?
    - Yes: Not recommended
    - No: Consider prophylaxis

  - No: Hemodynamically significant congenital heart disease?
    - Yes: Consider prophylaxis
    - No: Consider prophylaxis

- **Pre-term?**
  - Yes: Gestational age <29 weeks?
    - Yes: Consider prophylaxis
    - No: Hemodynamically significant congenital heart disease?
      - Yes: Consider prophylaxis
      - No: Consider prophylaxis

  - No: Hemodynamically significant congenital heart disease?
    - Yes: Consider prophylaxis
    - No: Requires >21% \(O_2\) for ≥28 days post-birth?
      - Yes: Not recommended
      - No: Consider prophylaxis

- **Gestational age <32 weeks?**
  - Yes: Consider prophylaxis
  - No: Pulmonary or neuromuscular defect leading to impaired upper respiratory clearance?
    - Yes: Not recommended
    - No: Consider prophylaxis

**References:**

[www.aapredbook.org/site/resources/webinars.xhtml](http://www.aapredbook.org/site/resources/webinars.xhtml) • E-mail: PEP@nysdoh.suny.edu • Last reviewed Nov. 2014