

BLASTFAX

2008-2009 RSV Recommendations

We have been contacted by the Georgia Division of Public Health that their surveillance has already identified 4-5 cases of RSV at both Scottish Rite and Eggleston Children's Hospitals here in Atlanta. Indications are for an early October RSV season in Georgia. Below are the RSV recommendations – please share them among your clinical colleagues.

In Georgia, Respiratory Syncytial Virus (RSV) season usually begins in late October or early November and the season typically lasts through the following April. Cases occur during other months, but not in high numbers. Currently, palivizumab is the only FDA approved medication for reducing the risk of acquiring RSV disease. Palivizumab is administered to children at high-risk of RSV complications.

Based on statewide RSV surveillance data, the optimal time to begin the administration of palivizumab is early October. In general, a total of 5-6 doses are sufficient to provide protection throughout the RSV season. Once therapy with palivizumab is initiated, administration should continue on a monthly basis until six doses are given or the RSV season ends. The length of active RSV season can vary and additional doses may be recommended. Infants starting palivizumab therapy in February or March should receive their last dose by the middle of April. Please visit the Georgia Division of Public Health at <http://health.state.ga.us/epi/rsv/tracking.asp> to view surveillance data.

Summarized below are the national American Academy of Pediatrics recommendations for the use of palivizumab (for additional information refer to pages 562-565 of the 2006 *Red Book*):

- ◆ Children < 2 years of age with hemodynamically significant Congenital Heart Disease (CHD).
- ◆ Children < 2 years of age with Chronic Lung Disease (CLD or BPD) who have required medical therapy (supplemental oxygen, bronchodilator, diuretic or corticosteroid therapy) for CLD within 6 months of the start of the RSV season..
- ◆ Children with severe immunodeficiencies may benefit from prophylaxis.
- ◆ Infants ≤ 28 weeks gestation who are less than one year of age at the time of the initial injection.
- ◆ Infants 29-32 weeks gestation who are less than 6 months of age at the time of the initial injection.
- ◆ Infants born between 32 and 35 weeks of gestation and who are less than 6 months of age at the time of the initial injection should have at least two of the following risk factors before being considered for immunoprophylaxis with palivizumab:
 - attend child care (CDC definition: being with 2 or more children for >4 hours/week)
 - school-aged siblings
 - exposure to environmental air pollutants (not including parental smoking)
 - congenital abnormalities of the airways
 - severe neuromuscular disease

Hospitalized infants determined to be at risk of severe RSV disease should receive palivizumab 48 to 72 hours before discharge home from the hospital during the respiratory virus season. Children with CHD/CLD do not need to have been born prematurely in order to receive palivizumab. The recommended dose of palivizumab is 15 mg/kg IM given monthly throughout the RSV season.

Medicaid CMO policy: Page 2 of this blastfax contains a chart with Synagis information that has been recently revised.

Please remember that Synagis doses administered may be entered into GRITS. This will help physicians know the extent to which Synagis has been administered to specific patients.

It is the Chapter's policy that a physician has the right to determine the services that will be provided in the office setting. If you are not providing Synagis in your office, the Chapter feels it will be the responsibility of the CMOs to establish a back up venue to ensure patients receive the necessary treatments. The guidelines to refer a patient for Synagis Therapy are attached in the Medicaid CMO Policy Summary. If you have followed the policies established by DCH and the CMOs and continue to have issues, you are encouraged to report this to the Chapter Office by contacting the Chapter directly at 404-321-7445.

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