NHS

South Central Priorities Committees
(Southampton, Hampshire, Isle of Wight and Portsmouth PCTs)

Policy Recommendation 92: **Palivizumab for the prevention of serious Respiratory Syncytial Virus (RSV) disease in at risk pre-term infants**

Date of issue: **November 2010**

The Priorities Committees have reviewed the evidence of clinical and cost effectiveness for Palivizumab for the prevention of RSV and in line with the Joint Committee on Vaccination and Immunisation (JCVI) statement published on 11th October 2010[1], RECOMMEND its use for

1. pre-term infants with chronic lung disease (CLD) who have the birth or gestational age at the start of the RSV season indicated in table 1 of the JCVI statement

2. pre-term infants with haemodynamically significant, acyanotic congenital heart disease (CHD) at the chronological ages at the start of the RSV season and gestational ages covered in table 2 of the JCVI statement

3. young children who have severe combined immunodeficiency syndrome (SCID), until immune reconstituted; and young Long Term Ventilated (LTV) children (as defined in paragraph 14 of the JCVI statement.).

The Priorities Committees recommend that the use of Palivizumab should be LOW PRIORITY for other indications due to lack of evidence of cost-effectiveness. These include:

1. Unselective use in the entire infant population included in the summary of product characteristics.
2. Children born at term
3. Pre-term infants without chronic lung disease (CLD) or congenital heart disease (CHD).
4. Very young, very pre-term infants with cyanotic CHD

For references and tables please see reverse of policy recommendation.

1 http://www.dh.gov.uk/ab/JCVI/DH_094744

NOTES:

1. *Exceptional circumstances may be considered where there is evidence of significant health impairment and there is also evidence of the intervention improving health status.*
2. *This policy will be reviewed in the light of new evidence or guidance from NICE.*

Background

- Respiratory syncytial virus (RSV) is the commonest cause of viral respiratory tract infections in infants under two years of age, effecting 25% to 50% of children in their first year of life, especially in the winter months
- Only about 1-3% of infants will need hospitalisation, but the risk of hospitalisation is higher in premature infants of those with an underlying chronic condition. Nearly 20% of children with CLD have been found to be admitted over two RSV seasons
- Palivizumab is a monoclonal antibody which provides passive immunity against RSV and reduces the severity of RSV infection. Its routine use in children with key risk factors has been considered by the Joint Committee on Vaccination and Immunisation..

Table 1 – Cost effective use of Palivizumab (shaded area) for pre-term infants with CLD by chronological age (months) at the start of the RSV season (beginning of October) and gestational age at birth (weeks). The definition of CLD is oxygen dependency for at least 28 days from birth. [2]

	Gestational age (weeks)						
Chronological age (months)	≤24	24-26	26-28	28-30	30-32	32-34	≥*35*
1.0 - 1.5							
1.5 - 3							
3 – 6							
6 – 9							
> 9							

Table 2 – Cost effective use of Palivizumab (shaded area) for pre-term infants with haemodynamically significant acyanotic CHD by chronological age (months) at the start of the RSV season (beginning of October) and gestational age at birth (weeks) [3]

	Gestational age (weeks)						
Chronological age (months)	≤24	24-26	26-28	28-30	30-32	32-34	≥*35*
< 1.5							
1.5 - 3							
3 – 6							
6 – 9							
> 9							

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