Department of Health & Social Care

NHS

COVID-19 Therapeutic Alert

CEM/CMO/2021/014 29 June 2021

Palivizumab passive immunisation against respiratory syncytial virus (RSV) in at risk pre-term infants

Summary

Palivizumab is a humanised monoclonal antibody. It offers a form of passive immunisation, effectively providing short-term protection against RSV and reducing the risk of hospitalisation.

The updated UK rapid policy statement, which extends eligibility for palivizumab beyond the guidance issued by the Joint Committee on Vaccination and Immunisation (JCVI), specifically in the context of the COVID-19 pandemic, has now been updated to accommodate the atypical current seasonal pattern of infection and increase the maximum number of doses from five to seven.

Further Information

Preventative measures (hand-washing, masks, social distancing) taken during the COVID-19 pandemic have resulted in an almost complete elimination of common respiratory viruses affecting children, including respiratory syncytial virus (RSV). This means that the current UK cohort of children and adults who have not been exposed to RSV is considerably higher than normal.

Respiratory syncytial virus (RSV) is the most common childhood respiratory infection and most children will have had RSV by their second birthday. Very young children and vulnerable children (usually under 3 months of age) are at particular risk of paediatric critical care (PCC) admission because their airways are smaller and inflammation (bronchiolitis) can cause breathing difficulties. Approximately 25 children per year die of RSV and the typical autumn / winter rise in RSV infections (with a peak usually occurring around December) presents significant pressures on primary care, A&E, hospital admissions, critical care and elective surgical capacity. Infants identified as being at highest risk from RSV are eligible to receive the immunisation to minimise the risk of serious illness.

Based on surveillance data from Public Health England (PHE) there is now an increased number of cases of RSV in the community, and immunisation is therefore recommended to begin as early as possible. Advice from an expert working group of paediatric respiratory and infectious disease clinicians together with the Royal College of Paediatrics and Child Health (RCPCH) and the Joint Committee for Vaccination and Immunisation (JCVI), as well as learning from the southern hemisphere, suggests that case rates could

potentially rise by 20-50% above historic levels and may occur earlier in the year than is usually expected.

Five doses of palivizumab are usually required to cover the typical RSV season. Noting the atypical current seasonal pattern of infection, if the RSV season runs for longer than a typical season, **up to seven doses may be given**. An assessment of supply indicates a positive supply position able to support the planned immunisation programme. Infection rates will continue to be closely monitored and further guidance will be offered to clinical teams on any further amendments to the immunisation programme, if required.

Action

NHS acute trusts / health boards, ambulance service providers and primary care teams are asked to:

1) Cascade to front-line clinical teams the need to be particularly vigilant to an increase in children presenting with out-of-season respiratory symptoms

2) Commence immunisation of vulnerable infants with palivizumab (passive immunisation) as early as possible, in line with the published rapid policy statement and any further country-specific guidance

3) Follow National Institute for Health and Care Excellence (NICE) guidance on the recognition of serious illness in children and the Royal College of Paediatrics and Child Health (RCPCH) guidance on the management of children with bronchiolitis and lower respiratory tract infections during COVID-19

4) Work with commissioners and operational delivery networks to ensure robust surge plans are in place to manage potentially increased numbers of children requiring assessment, admission and paediatric critical care.

Distribution

- NHS Trusts (NHS boards in Scotland and Wales)
- Ambulance Service Providers
- Primary Care Teams including NHS 111 Service Providers
- Regional Medical Directors
- Regional Chief Pharmacists
- Lead/Senior Pharmacists and Regional Procurement Pharmacy Leads
- Trust/Hospital Medical Directors to circulate to medical and nursing staff managing front line clinical services and paediatric critical care teams