Department of Health & Social Care

NHS

COVID-19 Therapeutic Alert

CEM/CMO/2022/003 28 January 2022

This alert updates and replaces the previous alert CEM/CMO/2021/014 issued on 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 respiratory syncytial virus **(**RSV) and reducing the risk of serious illness, hospitalisation and death.

Palivizumab is currently part of the UK-wide immunisation schedule under the guidance of the Joint Committee on Vaccination and Immunisation (JCVI). JCVI recommends monthly administration of up to five intramuscular doses of palivizumab (at a dose of 15mg/kg) over the RSV season[1] to at-risk groups predisposed to complications from RSV infection. The at-risk groups include infants with severe chronic lung disease, congenital heart disease, multiple congenital anomalies, or children with certain immunodeficiencies.

In the context of the COVID-19 pandemic, and in response to the atypical seasonal presentation of RSV, a UK-wide rapid policy statement (RPS) on palivizumab immunisation against RSV was updated on 29 June 2021. This extended eligibility to an additional cohort of at-risk infants and allowed up to seven monthly doses.

A National Expert Group comprising relevant specialist clinicians, national clinical leads, the devolved administrations, JCVI, the Royal College of Paediatrics and Child Health, and the UK Health Security Agency (UKHSA) has reviewed the latest available data, noting a decline in RSV related hospitalisation and rates of infection, which are now below the seasonal norm. The unanimous recommendation of the National Expert Group is that provision of palivizumab passive immunisation to the existing and additional cohorts should be stopped at the end of January 2022.

Action

NHS acute trusts / health boards and primary care teams are asked to note:

Provision of palivizumab passive immunisation to at risk pre-term infants within the cohorts recommended by the Joint Committee on Vaccination and Immunisation

[1] Usually defined as the beginning of calendar week 40 (i.e. the beginning of October) to the end of calendar week 8 (i.e. the end of February) the following year

(JCVI) and the additional cohorts recommended under the previously published UK clinical policy statement should be stopped at the end of January 2022.

Distribution

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