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FAO:
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By email

Dear Colleagues

Commissioning of Palivizumab (To Reduce the Risk of RSV in High Risk Infants) for the 2018 Vaccination Season

I am writing to advise you regarding NHS England's position on the commissioning of palivizumab for the 2018 vaccination season.

Respiratory Synctial Virus (RSV) humanised monoclonal antibody is used to protect babies who are at high risk from developing RSV infection. RSV is a clearly identified winter virus, usually occurring in the UK between October and March with most infections occurring in a relatively short epidemic of about six weeks. Therefore, the antibody is offered during the winter season and helps protect against serious RSV infection in high-risk babies.

Predisposing factors for RSV infection include prematurity, cardiopulmonary disease, and immunodeficiency, but may also include other factors such as tobacco exposure, day care attendance, over-crowding, lack of breastfeeding and admission to hospital during the RSV season.

Based on an analysis of the cost effective use of palivizumab prophylaxis, Synagis® is recommended in all children in the groups outlined below:

High Risk - Bronchopulmonary dysplasia (BPD) – (chronic lung disease)

a) Pre-term infants who have moderate or severe BPD. Moderate or severe BPD is defined as 'preterm infants with compatible x-ray changes who continue to receive supplemental oxygen or respiratory support at 36 weeks post-menstrual age'. Children who fall into the light and dark green shaded area of Table 1 should be offered prophylaxis.

b) Infants with respiratory diseases who are not necessarily pre-term but who remain on oxygen at the start of the RSV season are also considered to be at higher risk.

   This group of infants may include those with conditions such as:

   - Pulmonary hypoplasia due to congenital diaphragmatic hernia.
   - Other congenital lung abnormalities (sometimes also involving congenital heart disease or lung malformation).
   - Interstitial lung disease and including those receiving long term ventilation at the onset of the season.

High Risk - Congenital Heart Disease (CHD) defined as:

a) Preterm infants with haemodynamically significant, acyanotic CHD at the chronological ages at the start of the RSV season and gestational ages covered within the light green shaded area in Table 1.

b) Cyanotic or acyanotic CHD plus significant co-morbidities particularly if multiple organ systems are involved.

Children under the age of 24 months with Severe Combined Immunodeficiency Syndrome (SCID) – until immune reconstituted.

SCID is the most severe form of inherited deficiency of immunity. Affected infants are unable to mount either T-cell responses or produce antibody against infectious agents.

Children on Long Term Ventilation

Children on long term ventilation (LTV) are eligible if they are on air entrained LTV at the start of the season.

Table 1 – Cost effective use of palivizumab (shaded area).

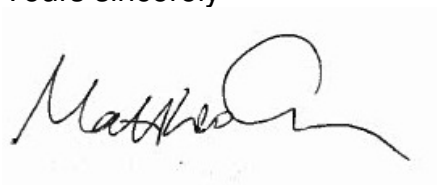
	Gestational age at birth (weeks+days)						
Chronological age (months)	≤24+0	24+1 to 26+0	26+1 to 28+0	28+1 to 30+0	30+1 to 32+0	32+1 to 34+0	≥34+1
<1.5	Light	Light	Light	Light	Light	Dark	
1.5 to <3	Light	Light	Light	Light	Dark		
3 to <6	Light	Light	Dark				
6 to <9	Dark						
≥9							

Palivizumab should be given as a maximum number of five doses as stipulated in the Green Book Chapter 27a. Doses administered above this rate will not be funded.

Trusts will be required to use the Blueteq software system to demonstrate compliance with the access criteria outlined above.

I would be grateful if you could cascade this information to relevant clinical teams within your organisation to support a consistent position nationally.

Yours sincerely



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Cc Provider Chief Executive
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