

## **Eligibility for Palivizumab**

01/09/2011

### **Following meeting at SWMNN attended by:**

Nicola Bengé, (Director of Health Improvement at NHS Birmingham East and North; Commissioner)  
Mary Passant  
Vishna Rasiah  
Alison Bedford Russell

The issues surrounding eligibility for palivizumab were discussed in some depth addressing the rationale for West Midlands clinicians wishing to amend the JCVI 2010 recommendations as laid out in:

### **Immunisation against infectious disease (the Green Book). Chapter 27a Respiratory syncytial virus**

In addition to the groups recommended for palivizumab, the following groups where “clinical judgement” is referred to on Page 8, have been discussed and considered:

“Where clinical judgement of other individual patient circumstances strongly suggests that prophylaxis would prevent serious RSV infection in infants who are at particular risk of complications from RSV, use of Synagis® could be considered during the RSV season.”

The decision following this meeting, which will be supported by commissioners as advised by Nicola Bengé, is that in addition to the groups recommended for immunization with palivizumab by the JCVI, the groups within “Clinical judgement” will encompass the following, which were originally agreed within the **Commissioning Policy (WM/24) “The use of Palivizumab to reduce the risk of Respiratory Syncytial Virus (RSV) in high risk infants”**:

### **HIGH RISK CATEGORIES**

Prophylaxis should be considered where a child falls into one or more of the following categories: High Risk Chronic Lung Disease, High Risk Congenital Heart Disease, and Immune Deficiency)

#### **1. High Risk Chronic Lung Disease (CLD)**

##### **a) CLD in preterm infants**

Defined as “preterm infants who continue to require oxygen at 36 weeks corrected age”

##### **b) CLD infants who are not pre-term but who are at higher risk**

Defined as use of home oxygen as a proxy for severe CLD in children with conditions including:

- pulmonary hypoplasia due to congenital diaphragmatic hernia

- other congenital lung abnormalities (sometimes also involving CHD)
- interstitial lung disease

**c) CLD infants with significant co-morbidities**

Preterm or term infants with CLD and with significant co-morbidities particularly if multiple organ systems are involved.

**2. High Risk Congenital Heart Disease (CHD)**

**Defined as:**

- d)** Haemodynamically significant acyanotic CHD including pulmonary hypertension
- e)** Cyanotic or acyanotic CHD PLUS significant co-morbidities particularly if multiple organ systems are involved

**3. Immune deficiency**

Children with immune deficiency should be considered for prophylaxis. This small group will predominantly be made up of infants with Severe Combined Immunodeficiency (SCID) . Infants should be assessed on a case by case basis.