BC RSV Immunoprophylaxis Program

Guidelines by Comparison - Indications

Condition	BC 2014	AAP 2014	CPS 2015	BC 2018 (same as 2015/16/17)
Preterm infants without CLD born before 29w+0d GA	Up to 4 doses per season, if date of dischage after 01 Sep and GA at birth <29w	Recommended for infants born before 29w+0d gestation who are < 12 mos at start of RSV season.	Reasonable (but not essential) for infants born <30w+0d when <6 mos of age at start of RSV season,	Up to 4 doses per season, if date of discharge after 01 Sep and GA at birth <29w
Infants born after 29w+0d GA	Up to 3 doses per season, if date of dischage after 01 Oct AND have >41 points in the BC Risk Score	Not recommended for healthy infants born at 29w+0d GA or later.	PVZ should not be prescribed for infants after 30w+0d weeks.	Up to 3 doses per season, if date of dischage after 01 Oct AND have >41 points in the BC Risk Score
CLD - first year of life	CLD/BPD (defined as a need for oxygen or CPAP for more than 28 days) AND <12 mos at start of season AND on oxygen after 01 July	Recommended for CLD of prematurity defined as gestational age <32w+0d and a requirement for >21% O_2 for at least the first 28 days after birth.	CLD is defined as a need for oxygen at 36 weeks' GA who require ongoing diuretics, bronchodilators, steroids or supplemental oxygen. PVZ if <12 mos of age at start of RSV season.	Same as previous years. To be adjudicated if >12 mo age by 01 Nov
CLD - second year of life	CLD/BPD (defined as a need for oxygen or CPAP for more than 28 days) AND >12 mos at start of season AND on oxygen after 01 July	Only if continue to require medical support (chronic corticosteroid therapy, supplemental oxygen, diuretic therapy) during 6-mo pe- riod prior to start of second RSV season.	Only indicated in the second year in those still on or weaned off of supplemental oxygen in the past 3 mos.	To be adjudicated if >12 mo age by 01 Nov
Significant pulmonary disability	Significant pulmonary disability (pulmonary hypertension, pulmonary malformations, severe BPD, progressive neuromuscular disease) AND <24 mos by 01 Nov			To be adjudicated
Upper airway obstruction, or chronic pulmonary disease other than CLD	Funded only if severe and after adjudication by single expert, if age <12 mos		Should not routinely be offered PVZ.	To be adjudicated
<24 mos of age on home oxygen for severe pulmonary disease	Funded after adjudication by single expert, if age <12 mos		Consider prophylaxis	Up to 4 doses per season if continous home O_2/ventilation on or after 01 Nov 16 and DoB on or after 01 Nov 14
Hemodynamically significant CHD	PVZ if they are <24 mos of age at the start of RSV season AND have hemodynamically significant CHD on or after 01 Nov	May administer to <12 mos with acyanotic heart disease receiving medication to control congestive heart failure and will require cardiac surgical procedures; and infants with moderate to severe pulmonary hypertension. Infants with cyanotic heart defects in the first year of life, in consultation with a pediatric cardiologist.	PVZ if they are <12 mos of age at the start of RSV season. PVZ is not indicated during the second RSV season for infants with CHD	PVZ if <12 mos as of 01 Nov 16 AND hemodynamically significant CHD: i.e., acyanotic heart disease receiving medication to control CHF and requires cardiac surgical procedures; and infants with moderate to severe pulmonary hypertension. Infants with cyanotic heart defects in the first year of life, in consultation with a pediatric cardiologist.
CHD, special circumstances	Extra post operative dose after cardiac bypass.	Extra post operative dose after cardiac bypass. ECMO or transplant during RSV season AND <24 mos.		Extra post operative dose after cardiac bypass, ECMO or transplant during RSV season AND < 24 mos.

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CHD - Complex patients being carried over with single ventricle palliations and <24mo			PVZ if they are <12 mos of age at the start of RSV season. PVZ is not indicated during the second RSV season for infants with CHD	To be adjudicated
CHD clarification		PVZ not indicated: hemodynamically insignificant CHD(*), lesions adequately corrected by surgery unless requiring medication for CHF, mild cardiomyopathy not requiring medical therapy.		To be adjudicated if PVZ for any of these is requested
Cystic Fibrosis	If symptomatic and DoB after 01 Jan	Only if clinical evidence of CLD and/ or nutritional compromise in the first year of life. PVZ in second year only if severe lung disease or weight for length less than the 10th percentile.	Should not routinely be offered PVZ.	To be adjudicated
Trisomy 21	If hemodynamically significant CHD is not present, then approved only if date of discharge after 01 Oct and BC Risk Factor score	Only if with qualifying heart disease, CLD, airway clearance issues, or pre-maturity (<29 weeks, 0 days' gestation) is present.	Should not routinely be offered PVZ.	To be adjudicated
Neuromuscular disease and inability to clear secretions	By adjudication	Neuromuscular disease or congenital anomaly impairing ability to clear secretions from the upper airway because of ineffective cough may be considered for prophylaxis during the first year of life.		To be adjudicated
Solid organ or hematopoietic stem cell transplantation; and severely immunocompromised children <24 mos	Consider if <24 mos of age AND profoundly immunocompromised during the RSV season: AML, stem cell transplant, infant ALL, infant brain tumor intensive protocol, SCIDS, ICE protocol AND <24 mos	Consider if <24 mos of age AND profoundly immunocompromised during the RSV season.		To be adjudicated
Other immunocompromised children	PVZ should not routinely be offered to other diagnoses including most cancer patients		PVZ should not routinely be offered	To be adjudicated
Administration to multiple	Multiples of enrolled children approved for same number of doses	Not considered	Not in the CPS guideline	PVZ if <35w and qualifying twin discharged for first time
Breakthrough RSV infection.	Continuation of monthly PVZ is not recommended	Discontinue monthly PVZ	Continuation of monthly PVZ is not recommended	Continuation of PVZ not funded

* Hemodinamically insignificant CHD: secundum ASD, small VSD, pulmonic stenosis, uncomplicated aortic stenosis, mild coarctation of the aorta, and PDA

BC RSV Immunoprophylaxis Program

Guidelines by Comparison - Miscellaneous

Circumstance	BC 2014	AAP 2014	CPS 2015	BC 2018 (same as 2015/16/17)
Teaching for parents	Education advocated, but not formalized in Program documentation		Young infants (and their siblings) should not be in contact with individuals with respiratory tract infections whenever practical. A Cochrane review suggests that hand hygiene in the home decreases the spread of respiratory tract infections in children. Breastfeeding and avoidance of cigarette smoke are also presumed to decrease the incidence and/or severity of viral respiratory tract infections.	While PVZ is beneficial in reducing RSV risks, very important measures for relieving and lowering the risk of viral respiratory tract infections include the following: * Whenever possible, keep your child (and their siblings) away from people who have respiratory tract infections. * Frequent handwashing or use of alcohol hand sanitizer. * Breast milk. * Avoidance of cigarette smoke. * Discouraging daycare, especially <1yo
Maximum number of doses per season	4 doses, except for post pump after which an extra dose is given	Up to 5; last dose in March	Programs should administer a maximum of 3-5 doses, with 4 doses probably being sufficient in all risk groups if PVZ is started only when there is RSV activity in the community, especially if doses 2, 3, and 4 are given 38 days apart.	4 doses, except post pump after which an extra dose is given
When first dose	For eligible infants being discharged home for the first time during RSV season, start just before discharge.	48-72 hours prior to discharge	For eligible infants being discharged home for the first time during RSV season, start just before discharge.	For eligible infants being discharged home for the first time during RSV season, start just before discharge.
Greater than 5 doses	Not funded	Not considered	No evidence to support giving >5 doses in one RSV season	Not funded
Use to prevent nosocomial infection	Not funded	Not recommended	Expensive strategy that is not recommended.	Not funded
PVZ as RSV therapy	Not funded	Not effective; not approved	PVZ as RSV therapy is no indicated	Not funded
>24 mos	Not funded	Not considered	No evidence to support administration to any child >24mo age	Not funded
Use of Risk Score system	BC RSV Risk Score used for >29w without CLD	Not discussed	Not discussed	BC RSV Risk Score will remain in place
Cluster administration	PVZ wastage should be minimized by cluster administration to the largest number of patients possible			PVZ wastage should be minimized by cluster administration to the largest number of patients possible

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Guidelines by Comparison - Miscellaneous

Circumstance	BC 2014	AAP 2014	CPS 2015	BC 2018 (same as 2015/16/17)
Infants in remote communities who would require air transportation for hospitalization	10 pts per BC risk score; otherwise not a factor	RSV disease and costs associated with transport from remote locations may result in a broader use in special populations	If born before 36 + 0 weeks' GA and <6 mos of age at start of RSV season should be offered PVZ. Not clear if this should apply only to Inuit infants, to all Aboriginal infants or to all infants in remote communities. However, first priority should be to provide PVZ to infants with prematurity, CLD or CHD.	10 pts per BC risk score; otherwise not a factor
Program Review	Arms length program with no funding or participation by vendor.		A panel of experts should be convened in each province or territory to review annually the PVZ program guidelines and outcomes. People serving on these panels should not have COI, including research funding, participation in a speaker's bureau or financial links, with the pharmaceutical firm that makes PVZ.	No member of advisory committee or adjudicator panel to have a COI (real or perceived). Adjudication is conducted by a panel of 3. No adjudication of one's own patients.