

Health Update

Use of Palivizumab to Prevent Hospitalization from Severe RSV Infection During 2022-23 Season November 1, 2022

The American Academy of Pediatrics (AAP) released the below guidance related to the [use of palivizumab to prevent hospitalization from severe respiratory syncytial virus \(RSV\) infection during the 2022-2023 season](#).

Respiratory syncytial virus (RSV) causes annual epidemics of acute respiratory illnesses in children, ranging from mild upper respiratory tract infections to severe lower respiratory tract disease including bronchiolitis or pneumonia. Severe RSV disease occurs primarily in infants younger than 6 months during their first fall and winter season of life.

RSV activity in the United States usually begins in the late fall and extends through spring; peak activity typically occurs in early February, although there can be regional variation.² Following the institution of nonpharmacologic interventions (e.g., masking, social distancing) for the prevention of COVID-19 in March of 2020, the number of RSV infections in the United States decreased rapidly and dramatically.³ Interactions between SARS-CoV-2 and other respiratory viruses also may have altered RSV epidemiology. RSV activity in the United States remained very low through the traditional 2020-2021 fall-winter season but increased in the spring of 2021, with numbers of cases rising to a level similar to a fall-winter season throughout the different regions of the United States and continuing over the spring, summer, and fall.⁴ This interseasonal activity was a marked deviation from the typical RSV seasonal epidemiology and was not generally followed by a second wave of increased RSV circulation in the winter.⁴

Because of the change in RSV circulation, the AAP strongly supported consideration for use of palivizumab in eligible patients during the [interseasonal spread of RSV](#). This Updated Guidance: Use of Palivizumab Prophylaxis to Prevent Hospitalization From Severe Respiratory Syncytial Virus Infection During the 2022-2023 RSV Season recommendation applied to regions experiencing high rates of RSV circulation in the spring and summer of 2021.⁵

Currently, RSV activity in the United States remains [variable by region](#). The Centers for Disease Control and Prevention (CDC) monitors RSV activity in the United States in collaboration with state and county health departments and commercial and clinical laboratories. These data are available from the [National Respiratory and Enteric Virus Surveillance System](#) (NREVSS).⁴ Recommendations for determining the timing of the onset and offset of seasonal activity are published and vary depending on whether antigen detection or molecular testing is used for surveillance.^{2,6}

With the shift in seasonality noted in 2021 and the current regional variability in interseason RSV cases, the AAP continues to support the use of palivizumab in eligible infants in any region experiencing rates of RSV activity at any time in 2022 similar to a typical fall-winter season. The AAP recommends initiating the standard administration of palivizumab, which consists of 5 consecutive monthly doses. This regimen provides serum levels associated with protection for 6 months, the length of a typical RSV season. The AAP will continue to monitor the interseasonal trends and update this guidance as needed if the RSV season extends longer than 6 months.⁷

1. <https://publications.aap.org/pediatrics/article/134/2/415/33013/Updated-Guidance-Palivizumab-Prophylaxis-Among>
2. Rose EB, Wheatley A, Langley G, Gerber S, Haynes A. Respiratory syncytial virus seasonality—United States, 2014–2017. *MMWR Mortal Wkly Rep*. 2018;67(2):71–76
3. Centers for Disease Control and Prevention, Health Alert Network. Increased Interseasonal Respiratory Syncytial Virus (RSV) Activity in Parts of the Southern United States. June 10, 2021. Available at: <https://emergency.cdc.gov/han/2021/han00443.asp>
4. Centers for Disease Control and Prevention, The National Respiratory and Enteric Virus Surveillance System. Respiratory Syncytial Virus (RSV) Surveillance. Trends in the U.S. Available at: <https://www.cdc.gov/surveillance/nrevss/rsv/index.html>
5. American Academy of Pediatrics. Updated Guidance: Use of Palivizumab Prophylaxis to Prevent Hospitalization From Severe Respiratory Syncytial Virus Infection During the 2021-2022 RSV Season. American Academy of Pediatrics; August 2021. Available at: <https://www.aap.org/en/pages/2019-novel-coronavirus-covid-19-infections/clinical-guidance/interim-guidance-for-use-of-palivizumab-prophylaxis-to-prevent-hospitalization/interim-guidance-for-use-of-palivizumab-prophylaxis-to-prevent-hospitalization/>
6. Midgley CM, Haynes AK, Baumgardner JL, et al. Determining the seasonality of respiratory syncytial virus in the United States: the impact of increased molecular testing. *J Infect Dis*. 2017;216(3):345-355
7. American Academy of Pediatrics, Committee on Infectious Diseases. Policy statement: Updated guidance for palivizumab prophylaxis among infants and young children at increased risk of hospitalization for respiratory syncytial virus infection. *Pediatrics*. 2014;134(2):415-420. Reaffirmed February 2019. DOI: <https://doi.org/10.1542/peds.2014-1665>