

NATIONAL PERINATAL ASSOCIATION ISSUES

2015 EVIDENCE-BASED RESPIRATORY SYNCYTIAL VIRUS PREVENTION GUIDELINES FOR U.S. CHILDREN

Binghamton, NY — November 25, 2014 — New evidence-based guidelines for the prevention of Respiratory Syncytial Virus (RSV) for high-risk infants in the U.S. have been published by the National Perinatal Association. The guidelines appeared in the November 2014 issue of *Neonatology Today*, and are an important resource for healthcare providers and parents of at-risk infants in the midst of the annual RSV season, which occurs every fall through spring. The “National Perinatal Association 2015 Respiratory Syncytial Virus (RSV) Prevention Guidelines,” were developed in collaboration with a number of leading experts in this field, including Ram Yogev, a former member of the American Academy of Pediatrics, Committee on Infectious Disease. The guidelines are based on the most recent research available in accordance with the FDA indication for palivizumab, a monoclonal antibody that has been shown to significantly decrease the severity of RSV in premature, at-risk infants.

Mitchell Goldstein, M.D., lead author of “National Perinatal Association 2015 Respiratory Syncytial Virus (RSV) Prevention Guidelines,” said, “We know that RSV is the leading cause of hospitalization for all children less than 12 months of age in the United States. In hopes of decreasing this troubling statistic, these new guidelines support RSV prevention in neonatal patients, emphasize proper dosing of medication for infants at risk for RSV, discourage off-label use of medication, and support the practice of continuing to ensure access to treatment for appropriate neonatal and pediatric patients.”

RSV is a virus that causes mild, cold-like symptoms in adults, children and most full-term infants. In premature and “at-risk” infants, RSV can cause severe disease and remains a very serious health concern. Many develop respiratory distress requiring supplemental oxygen, and must be admitted to the hospital¹. RSV causes approximately 90,000 hospitalizations and 4,500 deaths per year in children age five and under in the United States as well as close to 200,000 deaths annually world wide^{2,3,4}. Premature at-risk infants who develop RSV are much more likely to develop wheezing, which can seriously impair their activity later in life.

¹ www.nationalperinatal.org/rsvguidelinechanges. Accessed 11.14.14

² Hashmi NA, Cosgrove JF, MacMahon P. Prophylaxis in RSV infection (Palivizumab)—is it worthwhile? *Irish medical journal* 2000;93:284. Level III (C)

³ Loveless R, Demers B, Linn WS. Approaching the RSV season with a nursing plan of action. *Pediatric nursing* 1995;21;suppl 1-4. Level II-2 (A)

⁴ Nair H, Nokes DJ, Gessner BD, et al. Global burden of acute lower respiratory infections due to respiratory syncytial virus in young children: a systematic review and meta-analysis. *Lancet* 2010;375:1545-55. Level II-2(A)

“We know from numerous evidence-based studies and FDA-issued treatment guidelines that certain populations benefit from RSV-prevention measures,” said Raylene Phillips, MD, President Elect, National Perinatal Association. “As a multidisciplinary organization, the National Perinatal Association seeks to include the perspectives of professionals and parents. The guidelines were developed with input from neonatologists, pediatricians, pulmonologists, pediatric critical care and infectious disease specialists and have received the endorsement of parent and professional organizations that have experience and expertise with RSV disease.”

The RSV prevention guidelines issued by the National Perinatal Association documents that prevention of RSV is the best approach for at-risk groups. Hospitalization is decreased by 55% for infants treated with palivizumab who were born prematurely at less than 36 weeks gestation who have chronic lung disease or bronchopulmonary dysplasia, and is decreased by 80%, for those born between 32-35 weeks’ gestation. For this vulnerable population, prevention is the best medicine.

The full set of NPA guidelines can be accessed at: www.nationalperinatal.org/rsv

About National Perinatal Association

The National Perinatal Association (NPA) gives voice to the needs of pregnant women, infants, their families and their healthcare providers by bringing together stakeholders that collectively can have the greatest positive impact on perinatal care in the United States.

NPA’s diverse membership is comprised of healthcare providers, parents & caregivers, educators and service providers, all driven by their desire to give voice to and support babies and families at risk across the country.

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