

Urban Study Uses Follow-Up Care to Prevent RSV

BY BRUCE K. DIXON
Chicago Bureau

INDIANAPOLIS — A group of Chicago pediatricians has developed a cost-effective model for protecting preterm infants in urban settings against respiratory syncytial virus.

"All of the challenges posed by respiratory syncytial virus prophylaxis are addressed by this model," said Dr. Hari B. Srinivasan of Sinai Children's Hospital in Chicago.

"When the babies are brought in for repeat immunizations and well baby care, we now give them Synagis [palivizumab] in the clinic," Dr. Srinivasan said in a poster session at the annual meeting of the Midwest Society for Pediatric Research. "That way there's no separate trip and no payment for home health."

The monoclonal antibody palivizumab is administered to these high-risk babies to protect them against respiratory syncytial virus (RSV). However, in an urban inner-city population, home health visits to administer the monthly injections are complicated by the fact that many families either do not have a phone or frequently change their residence, explained Dr. Srinivasan. And in some cases, there is significant delay involved in getting authorization from Medicaid health maintenance organizations to provide home visits.

"So we incorporated RSV prophylaxis for these babies as part of the regular health maintenance visits to the high-risk follow-up clinic," he said.

To prove the efficacy of this approach, the researchers reviewed the number of doses of palivizumab administered and the incidence and number of hospitalizations

for RSV-related illness in a cohort of infants during the RSV season from November 2004 to April 2005.

All infants discharged from the neonatal intensive care unit were followed up in a high-risk clinic offering comprehensive medical care, including health maintenance visits.

Palivizumab (15 mg/kg) was given as monthly injections to infants qualifying under the American Academy of Pediatrics guidelines. The first injection was

given prior to discharge from the neonatal intensive care unit.

A total of 72 infants qualified for palivizumab administration. The mean birth weight was 1,620 g, and the mean gestational age was 31 weeks. Sixty-four percent of infants got all the recommended doses, and 28% got 80% of the recommended doses, he said, adding that only 8% of the patients received fewer than 80% of the recommended doses.

During the study, there were two docu-

mented RSV infections; one infant was rehospitalized and required oxygen by nasal canula and albuterol nebulization only.

"This model of administration of palivizumab resulted in 91% of infants receiving greater than 80% of the recommended doses ... and is a viable alternate to the home health model to administer palivizumab in an inner city population," the researchers concluded.

"The model is ideal for urban, inner-city clinics," added Dr. Srinivasan. ■

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MONTREAL — The use of palivizumab prophylaxis significantly decreased the hospitalization rate for acute respiratory illness in infants with cystic fibrosis, Dr. Karin Giebels said at the International Congress on Pediatric Pulmonology.

Infants with cystic fibrosis are at increased risk for hospitalization for lower respiratory tract infections caused by respiratory syncytial virus (RSV), and may suffer long-term airway inflammation and damage as a result of an RSV infection.

Palivizumab (Synagis), a humanized monoclonal antibody, is indicated for the prevention of serious lower respiratory tract disease caused by RSV in high-risk pediatric patients, but has not been recommended by advisory panels in the United States and Canada as a prophylaxis in infants with cystic fibrosis, said Dr. Giebels, of Sainte-Justine Hospital in Montreal.

She presented data from a retrospective study of 63 infants who were born between 1999 and 2005 and diagnosed with cystic fibrosis before 18 months of age.

—Patrice Wendling

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