8 October 2010

To: Medical Directors of NHS Trusts
   General Practitioners

Copy: Consultants in Communicable Disease Control
   Royal College of Paediatrics and Child Health
   Royal College of Physicians
   Faculty of Public Health

Gateway reference no: 14848

Dear Colleague

Respiratory Syncytial Virus prophylaxis – recommendations for the use of the passive immunisation, Synagis®

I am writing to inform you about new recommendations for the use of Synagis®, a passive immunisation to protect infants at risk of serious Respiratory Syncytial Virus (RSV) infection.

RSV is a common cause of respiratory tract infection occurring in the UK within the period from October to March each year with most infections occurring in a relatively short epidemic of about six weeks. RSV causes bronchiolitis in infants which is usually mild but can be severe in infants who are at increased risk of lower respiratory tract infection.

The Joint Committee on Vaccination and Immunisation (JCVI) recently completed an evaluation of the cost effective use of Palivizumab (the passive immunisation marketed in the UK by Abbott Laboratories Ltd as Synagis®). On the basis of this evaluation, JCVI recommended that Palivizumab should be given to certain groups of pre-term infants with particular medical conditions (acyanotic congenital heart disease and chronic lung disease) where the committee considered its use to be cost effective. JCVI also advised that Palivizumab should be considered for certain infants with severe combined immunodeficiency syndrome or on long term ventilation or where clinical judgement of individual patient circumstances strongly suggests that Palivizumab would prevent serious RSV infection in infants who are at particular risk of complications from RSV. The JCVI statement on RSV immunisation is at the following link: www.dh.gov.uk/ab/JCVI/DH_094744.

New guidance and recommendations on the use of Synagis® based on the recommendations and advice of JCVI are set out in a new chapter on RSV in Immunisation against infectious disease (the Green Book). The chapter is available at: www.dh.gov.uk/greenbook.

As the recommendations on the use of Synagis® are complex, an Excel tool has been produced to help guide decision making.
The tool is available at: www.dh.gov.uk/en/Publichealth/Immunisation/Keyvaccineinformation/DH_120246.

As the RSV season starts in October, I should be grateful if clinicians would review and implement these recommendations as quickly as possible. These new recommendations should ensure that this immunisation is targeted most effectively at those infants who need it.

I should be grateful if NHS Trusts could ensure that their paediatricians are aware of the above.

Yours sincerely

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