



HEALTH ALERT NETWORK BROADCAST

MESSAGE ID: 10282022 15:15

FROM: CO-CDPHE

SUBJECT: HAN Advisory - Increased Respiratory Syncytial Virus (RSV) infections and recommended use of Palivizumab

RECIPIENTS: Local Public Health Agencies / IPs / Clinical Labs / EDs / ID Physicians

RECIPIENT INSTRUCTIONS: Local Public Health Agencies - please forward to healthcare providers

## HEALTH ADVISORY | Increased Respiratory Syncytial Virus (RSV) infections and recommended use of Palivizumab | October 28, 2022

Health care providers: Please distribute widely in your office

This information is for the public health and health care community. Do not post this document on a public web or social media site.

### Key points

- Respiratory syncytial virus (RSV) infections are currently increasing in Colorado, particularly among infants to children below the age of two.
- Increases in RSV activity are currently putting a strain on Colorado's pediatric health care system.
- Providers should consider diagnoses of respiratory pathogens other than COVID-19, including RSV, in patients presenting with respiratory illness.
- According to [American Academy of Pediatrics \(AAP\) Interim Guidance](#) on the use of palivizumab (brand name: Synagis) prophylaxis, clinicians are reminded about the availability of palivizumab for eligible infants and young children in Colorado at this time.
- Providers should encourage parents and caregivers to keep young children with acute respiratory illnesses out of child care, even if they have tested negative for SARS-CoV-2. CDPHE advises that children or staff at child care centers who are ill with RSV or other acute respiratory illness remain home until they are fever free for 24 hours without the use of fever-reducing medications and other symptoms have been improving for 24 hours. This guidance, along with guidance around exclusion for COVID-19, can be found on the [CDPHE "How sick is too sick"](#) guidance document.
- Child care providers, educators, and staff of long-term care facilities should avoid working while acutely ill, even if they have tested negative for SARS-CoV-2.
- RSV-associated hospitalizations in the five-county metro area (Adams, Arapahoe, Denver, Douglas, and Jefferson Counties) should be reported to CDPHE within four days of diagnosis. RSV outbreaks in schools, childcare facilities, and residential care facilities are immediately reportable statewide.

## **Background information**

Respiratory syncytial virus, or RSV, is a common respiratory virus that usually causes mild, cold-like symptoms. Most people recover in seven to 14 days; however, RSV can be a serious health risk, especially for infants to children below the age of two and adults over 65 and those living in residential care facilities. RSV is the most common cause of bronchiolitis (inflammation of the small airways in the lung) and pneumonia (infection of the lungs) in children younger than one year of age in the United States. People infected with RSV typically develop symptoms within four to six days after being exposed. Symptoms of RSV infection, which may appear in stages, can include runny nose, decrease in appetite, coughing, sneezing, fever, and wheezing. In very young infants with RSV, the only symptoms may be irritability, decreased activity/feeding, and difficulty breathing.

In the United States, RSV infections generally occur during fall, winter, and spring months. However, the timing and severity of RSV circulation in a given community can vary from year-to-year. During pre-COVID-19 RSV seasons, cases started to increase sometime between mid-September to mid-November, with hospitalization rates peaking between late December to mid-February. Unusually, in the summer of 2021, RSV hospitalizations began to increase steadily in August and peaked in December 2021. We expect there to be co-infections with RSV, SARS-CoV-2, and/or influenza while all three are circulating during the respiratory disease season.

Currently, several regions of the United States are reporting significantly elevated levels of RSV circulation early in the season, a trend that is also being experienced in Colorado. So far during the 2022-23 RSV surveillance season, which officially began October 1, the rate of RSV hospitalizations in the five-county Denver metro area is increasing so rapidly that pediatric hospital bed capacity has become strained. Since Oct. 1, 292 RSV-associated hospitalizations were reported in the Emerging Infections Program catchment area (Adams, Arapahoe, Denver, Douglas, and Jefferson counties), 95% of which are pediatric cases. This is more than double what was seen during the same timeframe last year. Additionally, CDPHE has seen a sharp increase in reported RSV outbreaks occurring in childcare and school settings, with 42 confirmed outbreaks reported since Oct. 1, 2022. Among these outbreaks, more than half have had at least one person involved in the outbreak seek care at a hospital.

## **Palivizumab Prophylaxis**

Although there is no licensed vaccine to prevent RSV, a monoclonal antibody directed against the fusion protein of RSV called palivizumab (brand name: Synagis) may be considered for use as pre-exposure prophylaxis to decrease the risk of hospitalization in selected infants and young children at significantly

increased risk of severe RSV disease during the typical season according to an American Academy of Pediatrics (AAP) policy adopted in 2014. Those at increased risk of severe RSV include:

- All infants born before 29 weeks, 0 days' gestation who are younger than 12 months at the start of RSV season.
- Infants born before 32 weeks, 0 days' gestation who have chronic lung disease (CLD) of prematurity who are younger than 12 months at the start of RSV season (or who are younger than 24 months at the start of RSV season and have required medical support within 6 months of the start of RSV season).
- Infants who have hemodynamically significant congenital heart disease (CHD) who are younger than 12 months at the start of RSV season.

For a complete description of qualifying conditions, please see the [AAP Standard Guidance](#).

Given the current increase in RSV circulation, the AAP strongly supports consideration for use of palivizumab in patients who would be candidates per current eligibility recommendations. This recommendation applies to regions experiencing high rates of RSV circulation that are consistent with a typical fall-winter season, which currently includes Colorado. The AAP Interim Guidance can be found [here](#).

The [Colorado Department of Health Care Policy and Financing](#) (HCPF) started accepting prior authorizations for palivizumab (Synagis) administered at hospitals, provider offices, and patients' homes on Oct. 4, 2022. Prior authorizations backdated to Oct. 4, 2022 are allowed. For more information, see the [HCPF Special Provider Bulletin](#) regarding Synagis. Providers prescribing palivizumab must practice within clinical guidelines.

## Recommendations / guidance

- Providers should consider diagnoses of other respiratory pathogens, including RSV, especially if SARS-CoV-2 testing is negative. Additionally, a positive SARS-CoV-2 test should not be used to rule out co-infection with other respiratory pathogens such as RSV, nor should a positive RSV test be used to rule out co-infection with SARS-CoV-2.
- Providers should administer palivizumab (Synagis) prophylaxis to qualifying infants and young children in accordance with the AAP Interim Guidance.
- Providers should encourage parents and caregivers to keep all children with acute respiratory illnesses out of child care, early childhood educational settings, and school settings, even if they have tested negative for SARS-CoV-2. CDPHE advises that children or staff at child care centers who are ill with RSV or other acute respiratory illness remain home until they are fever free for 24 hours without the use of fever-reducing medications and other symptoms have been improving for 24

hours. This guidance, along with guidance around exclusion for COVID-19 can be found on the [CDPHE “How sick is too sick”](#) guidance document.

- Child care providers, educators, and staff of long-term care facilities should avoid working while acutely ill, even if they have tested negative for SARS-CoV-2.
- It is required to report RSV-associated hospitalizations among patients that reside in the five-county metro area (Adams, Arapahoe, Denver, Douglas, and Jefferson) to public health within four days of diagnosis. To report a case, go to <https://cdphe.colorado.gov/report-a-disease>.
- RSV outbreaks in schools, childcare facilities, and residential care facilities are immediately reportable statewide. Outbreak guidance documents, including definitions for RSV outbreaks and reporting instructions, may be found at <https://cdphe.colorado.gov/communicable-diseases/infectious-disease-guidelines-schools-childcare> and <https://cdphe.colorado.gov/infectious-disease-guidelines/infectious-disease-guidelines-for-health-care-settings>. For questions regarding RSV outbreak reporting, please contact [cdphe\\_flu\\_rsv@state.co.us](mailto:cdphe_flu_rsv@state.co.us).
- Additional information from the CDC may be forthcoming. CDC HANs may be accessed [here](#).

### More information:

CDPHE “How sick is too sick” school and child care guidance:

<https://drive.google.com/file/d/1RcdCmU4SYXwmVhJrA3Pyk0gP0MTDClkF/view?usp=sharing>

CDPHE Flu & RSV Report: <https://cdphe.colorado.gov/influenza>

Bug Watch (Children’s Hospital Colorado):

<https://www.childrenscolorado.org/globalassets/healthcare-professionals/bug-watch.pdf>

RSV Census Regional Trends: <https://www.cdc.gov/surveillance/nrevss/rsv/region.html>

CDC - RSV: <https://www.cdc.gov/rsv/index.html>

CDC RSV-NET Dashboard: <https://www.cdc.gov/rsv/research/rsv-net/dashboard.html>

AAP Standard Guidance for Palivizumab Prophylaxis:

<https://pediatrics.aappublications.org/content/134/2/415.full>

AAP Interim Guidance for use of Palivizumab Prophylaxis:

<https://www.aap.org/en/pages/2019-novel-coronavirus-covid-19-infections/clinical-guidance/interim-guidance-for-use-of-palivizumab-prophylaxis-to-prevent-hospitalization/>

Colorado Department of Health Care Policy and Financing statement on Synagis prior authorizations:

<https://hcpf.colorado.gov/par>

Colorado Department of Health Care Policy and Financing Special Provider Bulletin on Synagis:

[https://hcpf.colorado.gov/sites/hcpf/files/Bulletin\\_1022\\_B2200484.pdf](https://hcpf.colorado.gov/sites/hcpf/files/Bulletin_1022_B2200484.pdf)

**Keeping up to date**

CDC: Register for CDC HANs: <https://emergency.cdc.gov/han/>

CDC: Sign up for COCA calls and emails: <https://emergency.cdc.gov/coca/calls/index.asp>

CDPHE: Register for Colorado HANs: <https://cdphe.colorado.gov/health-alert-network>

ECHO Colorado and CDPHE: Sign up for monthly Colorado Updates in Public Health webinar:  
<https://echocolorado.org/echo/covid-19/>

**CDPHE Disease Reporting Line:** 303-692-2700 or 303-370-9395 (after hours)

**Disease Reporting Questions:** Contact [CDPHE\\_IDRP@state.co.us](mailto:CDPHE_IDRP@state.co.us)