Variation in clinical practice guidelines for use of palivizumab in preventing severe respiratory syncytial viral (RSV) disease in high-risk infants

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Abstract

Background: Uniformity and compliance with clinical practice guidelines (CPGs) for use of palivizumab in preventing severe RSV infection in Australian high-risk infants remain unclear. *Methods:* An online survey was conducted across the Australian and New Zealand Neonatal Network (ANZNN) to determine clinical practices around palivizumab. A literature search was also performed to identify and compare national and international guidelines. *Results:* Sixty-five of 422 ANZNN members completed the survey. Respondents included 61 senior medical staff of consultants/staff specialists (78%) and four nursing staff (6%). Infants most likely to be recommended palivizumab included preterm infants born <29 weeks gestational age (GA) (30%), children with chronic lung diseases (CLD) born <32 weeks GA (40%), and with hemodynamically significant heart disease (35%). Many respondents (53%) stated that CPGs for palivizumab were developed locally. Twenty guidelines (10 international and 10 domestic) were obtained in total; 16(80%) recommended palivizumab use in preterm infants, 16(80%) recommended use in infants with CLD, 17(85%) congenital heart disease (CHD) and six (30%) bronchopulmonary dysplasia (BPD). Eight (40%) guidelines provided specific recommendations for immunocompromised infants. Canada, Western Australia, and American Academy of Paediatrics provided recommendations for Indigenous children. Frequency and dosage of palivizumab was universal across all CPGs. None of the international guidelines obtained were from low- or middle-income countries. *Conclusions:* Standardisation of CPGs may improve clinical decision making around use of palivizumab in high-risk infants.

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