

## POSITION PAPER OVERVIEW

# ENSURING EQUAL ACCESS TO RESPIRATORY SYNCYTIAL VIRUS (RSV) PROPHYLAXIS

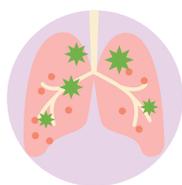
FOR PRETERM INFANTS BORN 32-35 WEEKS GESTATIONAL AGE

## SUMMARY OF A NEW COST ANALYSIS



“Our daughter was born at 35 weeks, at 8 weeks old, she got RSV and ended up in the hospital on oxygen for 8 days. She sustained damage to her lungs from the infection and has been on daily puffers since she was 10 months old. She is now four. ~ parent

The Canadian Premature Babies Foundation (CPBF) has developed a position paper in collaboration with RSV experts. This work is based on the analysis of the cost-effectiveness of palivizumab for the prevention of severe respiratory syncytial virus (RSV) infection in Canadian infants born moderate-to-late preterm<sup>1</sup>. As a result of the research, CPBF generated a **call to action** to end inconsistencies in the use of palivizumab in Canada.



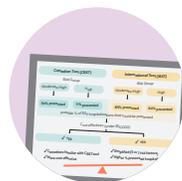
### WHAT IS RSV?

RSV is a virus that infects the airways and lungs and typically causes a mild influenza-like illness in babies and infants. It is a leading cause of hospitalization in young children; premature infants are particularly vulnerable to severe disease.<sup>2</sup>



### HOW DO YOU DECREASE THE RISK OF RSV?

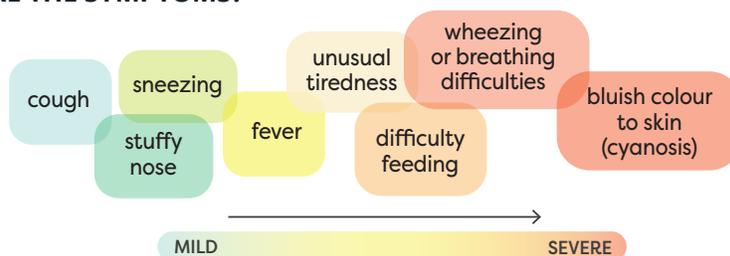
Currently, the only option to reduce RSV infection is good hygiene. However, for high-risk infants, including those born before 35 completed weeks' gestation (wGA), palivizumab is available - a virus fighting antibody that strengthens the infant's defences against RSV. Access to palivizumab across Canada is particularly variable for children born at moderate-to-late preterm (32-35 wGA), mainly due to cost considerations. This has created inequity in care depending on where an infant is born.



### WHAT IS THE NEW COST-ANALYSIS?

A new cost-analysis of palivizumab has recently been published. The results indicate that the benefits of palivizumab justify the cost when its use is guided by a risk scoring tool.<sup>1</sup> These tools help to target those infants at greatest risk of severe RSV disease.

### WHAT ARE THE SYMPTOMS?



# CALL TO ACTION



To end these inconsistencies and equitably provide all preterm infants born 32-35 wGA with the same level of care, CPBF supports the following position statements:

## 1. Standardize the availability of Palivizumab

Palivizumab should be made available to all moderate and high-risk infants born between 32-35 weeks' gestational age (wGA) in Canada

Moderate and high-risk infants should be identified using a validated risk scoring tool (RST), either the Canadian RST or International RST. The choice of

an RST should be decided by the individual provinces/territories and should take into consideration simplicity, ease of adoption by

healthcare providers, and familiarity, and should be incorporated into local health care budgets.

## 2. Present RSV information individually with education

RSV education should be accurate, reliable and consistent. All parents should be educated by a health care professional, not just provided pamphlets. Special attention should be taken to educate families with infants at risk of severe RSV

What is RSV and how the risk of severe disease can be reduced by preventive measures (e.g. by hand washing).

What is palivizumab, which children should receive it and why, how it is given, and the importance of following the monthly schedule.

Tools that inform family and friends about the risks for RSV for infants born preterm, resources that are reliable and Canada-specific.

## 3. Provide year-round healthcare professional education

All healthcare professionals across Canada involved in the treatment and management of babies and young children, should receive regular year-round education on RSV

Use a range of materials available from well-founded resources such as the Canadian Premature Babies Foundation, to provide them with the

skills to converse with and educate a diverse population of families. Families of infants who do not qualify should be directed to reliable

community resources to answer questions and access additional support.

**CPBF REINFORCES THE IMPORTANCE OF ENSURING PROFESSIONAL EDUCATION FOR HEALTHCARE PROFESSIONALS TO ENABLE RECOMMENDATIONS 2 & 3.**

To read the **Position Paper** please follow this link: [www.cpbf-fbpc.org/position-paper](http://www.cpbf-fbpc.org/position-paper)



Visit us online at [canadianpreemies.org](http://canadianpreemies.org) for more resources and programs focused on preterm babies and their families.

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