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**URGENT MESSAGE TO:**

1. Directors of Pharmacy
2. Medical Directors NHS Boards

28 January 2022

Dear Healthcare Professional,

**COVID THERAPEUTIC ALERT – PALIVIZUMAB PASSIVE IMMUNISATION AGAINST RESPIRATORY SYNCYTIAL VIRUS (RSV) IN AT RISK PRE-TERM INFANTS**

Please see the attached CMO letter about an update to the UK rapid policy statement published in June 2021 which extended the eligibility criteria for passive immunisation with palivizumab to a further group of at-risk infants for dissemination to relevant healthcare professionals for onward transmission as detailed below:-

Could all Directors of Pharmacy please forward this alert to:-

- Community Pharmacists
- Hospital Pharmacists
- Primary Care Pharmacists

Please could Medical Directors arrange to forward this alert on to:-

- General Practitioners
- Accident & Emergency Departments
- Nurses
- Consultants in Communicable Diseases
- Directors of Public Health
- Relevant Clinics
- Chief Executives of NHS Board

Thank you for your co-operation.

Yours sincerely

**IRENE FAZAKERLEY**  
**Medicines Policy Team**





# COVID-19 Therapeutic Alert

CEM/CMO/2022/003

28 January 2022

This alert updates and replaces the previous alert CEM/CMO/2021/014 issued on 29 June 2021.

## **Palivizumab passive immunisation against respiratory syncytial virus (RSV) in at risk pre-term infants**

### Summary

Palivizumab is a humanised monoclonal antibody. It offers a form of passive immunisation, effectively providing short-term protection against respiratory syncytial virus (RSV) and reducing the risk of serious illness, hospitalisation and death.

Palivizumab is currently part of the UK-wide immunisation schedule under the guidance of the Joint Committee on Vaccination and Immunisation (JCVI). JCVI recommends monthly administration of up to five intramuscular doses of palivizumab (at a dose of 15mg/kg) over the RSV season<sup>1</sup> to at-risk groups predisposed to complications from RSV infection. The at-risk groups include infants with severe chronic lung disease, congenital heart disease, multiple congenital anomalies, or children with certain immunodeficiencies.

In the context of the COVID-19 pandemic, and in response to the atypical seasonal presentation of RSV, a UK-wide [rapid policy statement](#) (RPS) on palivizumab immunisation against RSV was updated on 29 June 2021. This extended eligibility to an additional cohort of at-risk infants and allowed up to seven monthly doses.

A National Expert Group comprising relevant specialist clinicians, national clinical leads, the devolved administrations, JCVI, the Royal College of Paediatrics and Child Health, and the UK Health Security Agency (UKHSA) has reviewed the latest available data, noting a decline in RSV related hospitalisation and rates of infection, which are now below the seasonal norm. The unanimous recommendation of the National Expert Group is that provision of palivizumab passive immunisation to the existing and additional cohorts should be stopped at the end of January 2022.

### Action

NHS acute trusts / health boards and primary care teams are asked to note:

## **Provision of palivizumab passive immunisation to at risk pre-term infants within the cohorts recommended by the Joint Committee on Vaccination and Immunisation**

<sup>1</sup> Usually defined as the beginning of calendar week 40 (i.e. the beginning of October) to the end of calendar week 8 (i.e. the end of February) the following year

**(JCVI) and the additional cohorts recommended under the previously published [UK clinical policy statement](#) should be stopped at the end of January 2022.**

## Distribution

NHS Trusts (NHS boards in Scotland and Wales)  
Ambulance Service Providers  
Primary Care Teams including NHS 111 Service Providers  
Regional Medical Directors  
Regional Chief Pharmacists  
Lead/Senior Pharmacists and Regional Procurement Pharmacy Leads  
Trust/Hospital Medical Directors to circulate to medical and nursing staff managing front line clinical services and paediatric critical care teams



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