

Call to Action

RSV is a Serious Concern

A National Response is Urgently Needed



Cases of respiratory syncytial virus (RSV) infections are surging across the country as we enter the holiday season - a time when families will be gathering and when babies and young children will be especially vulnerable.

RSV began circulating unseasonably early this year, prompting special precautions for those younger than 6 months or with underlying medical conditions. Now a surge of infections - resulting in record levels of hospitalizations - reveals a greater risk. Some of our communities are **currently seeing populations with low immunity to the virus.**



The National Perinatal Association fully supports the American Academy of Pediatrics in its call to action and **urges the Biden Administration to launch an emergency response** to the predicted but unprecedented surge of RSV cases across the nation. (1)

The recent rise in RSV infections comes on the heels of the COVID-19 pandemic. We know that **RSV immunity is typically fleeting**, waning from season to season. Predictive analytics show that, because of necessary COVID-19 precautions, we have decreased exposure to other viruses including RSV. Infection patterns have been altered, secondary to effective isolation, masking, and decreased social contact in response to COVID-19. (2, 3)

With the gradual removal of COVID-19 restrictions, RSV infection rates have reached a crisis proportion in what already promises to be an especially challenging cold and flu season. (3) **Immunizations for all eligible infants and family members is key.** In addition to staying up-to-date with their **immunizations for pertussis, flu, and COVID-19, families should ask their providers if their infants and children are candidates for RSV prophylaxis.**

The National Perinatal Association also calls for better testing and data collection during this unprecedented cold, flu, and RSV season. Data collection in the Neonatal Intensive Care Unit (NICU), Pediatric Intensive Care Unit (PICU), and Emergency Department settings is especially important. Current data has been unreliable as many providers in these settings are testing symptomatic patients and contacts for COVID-19 but not for RSV or other viral infections. **RSV, influenza, rhinovirus, and metapneumovirus can cause significant morbidity and mortality.** Completing a full respiratory panel test will not only further define the risks for individual patients in these settings, it will also help inform care guidelines, public health policy, and unit policies going forward.



The National Perinatal Association reaffirms our position that RSV prophylaxis should be offered according to the evidence-based, Food and Drug Association Indication.

The Food and Drug Association (FDA) indication represents the best guide to effective prophylaxis. It has stood the test of time and addresses the need for prophylaxis that more fully protects the indicated populations. **Restrictive policies that exclude up to 75% of the indicated population are inappropriate and should not be utilized.** (4)



National Perinatal Association's RSV guidance provides support, insight, and corroboration - as well as further evidence-based support for the FDA indication. (5) **The exigency of the present increases in RSV-swamped emergency rooms, over-capacity pediatric wards, and neonatal intensive care units informs the need for increased vigilance and prophylaxis according to the NPA guidance along the lines of the full FDA indication.**

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References:

1. Jenco M. AAP updates interim guidance on preventing severe RSV, handling surge of patients. AAP News. 2022. Epub November 17, 2022.
2. Kuitunen I, Artama M, Makela L, Backman K, Heiskanen-Kosma T, Renko M. Effect of Social Distancing Due to the COVID-19 Pandemic on the Incidence of Viral Respiratory Tract Infections in Children in Finland During Early 2020. *Pediatr Infect Dis J.* 2020;39(12):e423-e7. Epub 2020/08/11. doi: 10.1097/INF.0000000000002845. PubMed PMID: 32773660.
3. Baker RE, Park SW, Yang W, Vecchi GA, Metcalf CJE, Grenfell BT. The impact of COVID-19 nonpharmaceutical interventions on the future dynamics of endemic infections. *Proc Natl Acad Sci U S A.* 2020;117(48):30547-53. Epub 2020/11/11. doi: 10.1073/pnas.2013182117. PubMed PMID: 33168723; PubMed Central PMCID: PMC7720203.
4. American Academy of Pediatrics Committee on Infectious D, American Academy of Pediatrics Bronchiolitis Guidelines C. Updated guidance for palivizumab prophylaxis among infants and young children at increased risk of hospitalization for respiratory syncytial virus infection. *Pediatrics.* 2014;134(2):e620-38. Epub 2014/07/30. doi: 10.1542/peds.2014-1666. PubMed PMID: 25070304.
5. Goldstein M, Phillips R, DeVincenzo JP, Krilov LR, Merritt TA, Yogev R, et al. National Perinatal Association 2018 Respiratory Syncytial Virus (RSV) Prevention Clinical Practice Guideline: An Evidence-Based Interdisciplinary Collaboration. *Neonatology Today.* 2017;12(10):14. doi: <https://doi.org/10.51362/neonatology.today/20171210114>.