

In the summer of 2021, parts of the country saw high numbers of respiratory syncytial virus (RSV) infections in children that usually occur in the late fall, winter and early spring. During the winter months of 2020-2021, RSV infections dramatically declined due to the public health measures adopted to prevent the spread of COVID-19. The recent atypical rise in RSV activity may represent a delayed onset of the 2020-2021 season.

The increased cases and hospitalizations of children with RSV infections this summer has prompted the American Academy of Pediatrics (AAP) to strongly recommend that clinicians consider using palivizumab (humanized monoclonal antibody) for high-risk infants in areas experiencing high rates of RSV circulation consistent with a typical fall-winter season. During the fall-winter season each year about 58,000 children under the age of 5 years are hospitalized due to RSV, and 100 to 500 die from the virus.

The Maternal and Child Health Bureau (MCHB) encourages their grantees to work with their state and local partners to ensure that primary care and emergency medicine providers: 1) are cognizant of RSV activity in their communities and whether it is approaching levels seen during a typical fall-winter season; and 2) are aware of the AAP's interim guidance and can make sure that eligible infants in their care receive palivizumab treatments.

To determine whether their community is experiencing an RSV spike, pediatric providers can reference and monitor the [CDC's National Respiratory and Enteric Virus Surveillance System](#), and they may also consult local infectious disease and pulmonology specialists and

public health officials.

**The [AAP's interim guidance](#) on the administration of palivizumab during this delayed season can be summarized as follows:**

- The AAP strongly supports consideration for use of palivizumab to reduce the risk of RSV hospitalizations in high-risk infants and children in areas where RSV activity is consistent with a typical fall-winter season.
- Groups of infants and children considered high-risk include preterm infants, especially those born at less than 29 weeks' gestation, infants with chronic lung disease of prematurity, infants with certain types of hemodynamically significant congenital heart disease, infants and young children with certain immunodeficiency states, and infants with pulmonary abnormalities or neurological and neuromuscular conditions that impair ability to clear secretions from the upper airway.
- The need for palivizumab administration to eligible infants during this atypical interseason should be reassessed at least monthly.

### ASK Essential Questions

- What are the RSV rates in my area?
- Does my child's condition put them at higher risk for RSV?
- Are palivizumab treatments appropriate for my child?