

Palivizumab prophylaxis during respiratory syncytial virus outbreak in the neonatal intensive care unit: author's reply

Mehmet Yekta Öncel¹, Evrim Alyamaç Dizdar¹, Uğur Dilmen^{1,2}

¹Division of Neonatology, Zekai Tahir Burak Maternity Training Hospital, and ²Department of Pediatrics, Yıldırım Beyazıt University Faculty of Medicine, Ankara, Turkey. E-mail: dryekta@gmail.com

Reply,

We would like to thank Alan et al.¹ for sharing their experience regarding two outbreaks in their neonatal intensive care unit (NICU). The authors seek the answer to who should be included in the prophylaxis strategy during an outbreak. We agree that cover of palivizumab prophylaxis is a big challenge during a respiratory syncytial virus (RSV) outbreak in the NICU. Despite the lack of data, the higher morbidity and mortality rates with RSV infection in hospitalized patients increase its importance in the NICU care².

Although palivizumab is not recommended routinely, it has been used for the control of nosocomial RSV outbreaks in the NICUs previously³⁻⁵. In addition to standard infection control measures, administration of palivizumab successfully prevented uncontrolled RSV outbreaks in these reports. The patient characteristics included to prophylaxis showed differences in each report. Similar to the outbreaks that Alan et al.⁴ experienced in their NICU, we also reported a RSV outbreak in our NICU, which was identified at an early stage by rapid testing and effectively controlled by palivizumab prophylaxis to 37 preterm infants of <34 gestational weeks in addition to infection control measures⁵. Since palivizumab prophylaxis is not a standard of care found in guidelines, the interval of the gestational weeks to apply the prophylaxis remains controversial for medical staff. Currently, we believe that each

institution should have its own approach for palivizumab prophylaxis measurements in RSV outbreaks depending on both the distribution of hospitalized patients and the design of their NICU.

We think that current guideline recommendations are for outpatients and cannot be generalized for inpatients. Further studies are needed to determine the cost-effectiveness of palivizumab prophylaxis in patients with different gestational ages during the control of nosocomial RSV outbreaks.

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