Respiratory syncytial virus and palivizumab prophylaxis in the COVID-19 era

Across Canada, both influenza and respiratory syncytial virus (RSV) have been almost completely absent during the 2020/21 winter.[1] Data from the Southern hemisphere showed the same phenomenon following the implementation of public health measures for coronavirus disease 2019 (COVID-19).[2] Despite the low incidence of RSV, programs across Canada have continued to promote the administration of palivizumab (PVZ) prophylaxis to eligible infants at a cost of about $1500 per dose. Canadian taxpayers are currently on track to spend nearly $50 million on a drug[3] unlikely to have any benefit this winter.

In 2017, Mitchell and Peiris[4] correctly pointed out that the social determinants of health need to be addressed when considering the effectiveness of PVZ prophylaxis for infants in the Artic with RSV.[5] If they have not already done so, all Canadian PVZ programs need to immediately stop prophylaxis. Prophylaxis guidelines should be reviewed, with a switch to a flexible response to RSV activity. Palivizumab is an antibody, so unlike a vaccine, it becomes effective within hours of injection. Its administration can surely wait until there is significant risk of community-acquired RSV.

What will happen when COVID-19 rules are lifted? Will it become a societal norm to wash hands, wear a mask in crowded places, use hand sanitizer and avoid school or work for upper respiratory tract infections? We do not yet know. In Australia, there have been recent summer spikes in RSV activity,[6] possibly related to a reduction in social distancing. Now that we have rediscovered a far more effective approach to infant hospital respiratory admissions, it would be foolish to assume that life will quickly return to normal. Prophylaxis programs for RSV will need to adjust to the new reality.

Richard S. Taylor MB BS
Neonatologist, Victoria General Hospital, Victoria, BC

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