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## Palivizumab in preventing respiratory syncytial virus outbreaks in neonatal intensive care

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**Background:** Respiratory syncytial virus (RSV) causes frequent nosocomial outbreaks in general pediatric wards but is less commonly reported in neonatal intensive care units. We investigated an outbreak of RSV infection in the neonatal unit at Maternity Hospital and call for a review of the guidelines of palivizumab prophylaxis is suggested.

**Methods:** Chart review was performed after an RSV outbreak which occurred in our unit in February 2012. A case of RSV was defined as an infant with a nasopharyngeal aspirate positive for RSV by PCR technique. Management of the infected infants and their outcome were also recorded.

**Results:** During the outbreak, 12 preterm infants turned RSV positive (mean age at infection, 38 days; mean birth weight, 1457 g; and mean gestational age, 31 weeks). Six infected infants became very sick and required intubation with mechanical ventilation. There was no significant difference in birth weight or gestational age between those who were intubated and the non-intubated infants. The RSV-positive patients were isolated, and infection control measures were implemented. Palivizumab was administered to all patients and their contacts and no new cases were subsequently identified. All infants survived.

**Conclusion:** The current guidelines which recommend palivizumab prophylaxis to preterm infants after discharge during winter season seem to be insufficient to prevent outbreaks in NCUs. Palivizumab combined with infection control measures appears to prevent the spread of RSV in the neonatal setting. More studies are needed to investigate whether the use of palivizumab prophylaxis should start at NCUs in order to reduce RSV outbreaks.

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