

ConsumerRx[®]

Synagis[®] for RSV

What is RSV?

Respiratory Syncytial Virus (RSV) is a virus that commonly causes respiratory infections in children. By two or three years old almost all children have been infected by the virus. Symptoms are usually mild except in premature babies and infants with certain health conditions.

Is there a season for RSV?

Like the flu, the RSV season usually begins between October and December and ends from March to May. However, the RSV season varies throughout the country due to climate differences.

Who gets RSV?

Anyone can get RSV, but premature infants, infants with underlying heart or lung problems and the elderly are at risk for serious complications from this virus. People not at risk have mild cold symptoms from the virus and can just treat their symptoms.

How can you tell if you or your child has RSV?

RSV mimics the common cold and in most people passes in three to eight days. Cough, runny nose, low grade fever, sore throat, difficulty breathing and headaches are common.

Can RSV be prevented?

Parents can reduce the risk of an RSV infection by practicing good handwashing, washing blankets and toys regularly, limiting exposure to environmental pollutants, not smoking around your child and avoiding crowds during RSV season.

What is Synagis?

Synagis is an injection that needs to be given monthly during the typical flu season. It is given in a series of five injections at a doctor's office and costs a total of about \$5,000. Synagis can make RSV infections less severe in some premature infants. It is not a vaccine, only provides short term protection and does not benefit everyone. Synagis will not treat an RSV infection if someone already has one.

Who benefits from Synagis?

Premature infants, babies with heart problems and babies with lung problems may benefit from Synagis. Since their immune systems are not as strong as babies born full-term and healthy, they are at a higher risk of severe complications such as hospitalizations or long-lasting respiratory complications from RSV.

How well does Synagis work?

In some babies, Synagis prevented one hospitalization for every 17 babies treated. Although Synagis can prevent hospitalizations in these infants, studies show that its use did not decrease the number of deaths or the need for mechanical ventilation in infants who did require a hospital stay.

Who does not benefit from Synagis?

Children who are born full term (more than 35 weeks gestation) without heart or lung. These children are rarely hospitalized for the infection and usually do not have complications.

Is Synagis overused?

Synagis is overused because it is being marketed for all premature infants, regardless of risk factors. The American Academy of Pediatrics recognizes the high cost of Synagis and has defined which patients will get the best benefit from RSV.

What are the risk factors for being hospitalized from RSV?

Certain factors can increase the risk of complications from an RSV infection:

- Premature birth (less than 35 weeks) with at least two of the following risk factors:
 - Structural problems with the lungs or heart.
 - Certain severe diseases.
 - Environmental pollutants such as cigarette smoke or smoke from a wood stove can make babies lungs more prone to RSV infections.
- Or less than 32 weeks without additional risk factors.

Certain factors can also increase the risk of exposure to the RSV virus:

- Exposure to lots of children on a daily basis in childcare.
- School-aged siblings.

THE BOTTOM LINE

Synagis can help certain high risk babies avoid complications from the RSV virus. For children not at high risk, the cost (\$1000 per injection) does outweigh the benefits. Talk to your doctor about your child's risk.

Note: Since many medication options are available, our physicians and pharmacists developed this to provide you with information about the available alternatives, as well as potential advantages and lack of advantages of the various products. This medication summary was developed based upon an evaluation of information from the US Food and Drug Administration (FDA), scientific studies, and input from practicing doctors.

