044253228

HOUSE JOINT RESOLUTION NO. 156

Offered January 14, 2004

Prefiled January 14, 2004

Requesting the State Health Department and the Virginia Academy of Pediatrics to adopt the recommendations issued by the American Academy of Pediatrics concerning the use of Synagis (palivizumab) for the treatment of respiratory syncytial virus (RSV). Report.

Patrons—Baskerville and Watts

Referred to Committee on Rules

WHEREAS, respiratory syncytial virus (RSV) is the most common respiratory virus affecting infants and young children; and

WHEREAS, respiratory syncytial virus is the leading cause of hospitalization and viral deaths in infants under one year of age, and results each year in more than 125,000 hospitalizations of children under age five, with approximately one to two percent of those hospitalized dying from the complications of RSV; and

WHEREAS, premature infants and children born with chronic lung disease or congenital heart disease have an elevated risk of severe and even life-threatening RSV disease; and

WHEREAS, minority babies are especially vulnerable to RSV because of the higher rates of premature and low birthweight births, which result in higher rates of infant mortality; and

WHEREAS, a devastating disease in premature infants and high-risk children, RSV can result in serious symptoms such as compromised breathing, coughing, wheezing, and lung blockage, which require expensive medical care, emergency room visits, costly hospitalizations, prolonged neonatal or pediatric intensive care unit stays, breathing assistance through ventilators, and may even cause death; and

WHEREAS, the United States Food and Drug Administration has approved the use of Synagis (palivizumab) for the prevention of serious lower respiratory tract disease caused by RSV in pediatric patients and other children at high risk of RSV disease; and

WHEREAS, Synagis (palivizumab) has been proven safe and effective in protecting high-risk infants from RSV and has reduced costly RSV hospitalizations by up to 55 percent among high-risk pediatric patients; and

WHEREAS, the U.S. Centers for Disease Control and Prevention indicates that low birthweight is the strongest predictor of bronchiolitis death and has suggested that the use of Synagis would reduce bronchiolitis mortality among low birthweight infants; and

WHEREAS, RSV outbreaks occur each year on a fairly predicable schedule, typically beginning in early fall and lasting through the spring; and

WHEREAS, the American Academy of Pediatrics' guidelines recommend that RSV prevention with palivizumab should be initiated before the start of and through the end of the entire RSV season, in accordance with local RSV virology and hospitalization data; and

WHEREAS, the American Academy of Pediatrics recommends that prophylaxis with palivizumab be considered in the following high risk groups:

"1. Infants and children younger than two years of age at the start of the local RSV season with chronic lung disease (CLD/BPD) and hemodynamically significant congenital heart disease (CHD); and

2. Premature infants born at 28 weeks of gestational age or earlier if born 12 months or less before the start of the local RSV season; and

3. Premature infants born between 29 and 32 weeks of gestational age if born 6 months or less before the start of the local RSV season; and

4. Premature infants born between 32 and 35 weeks of gestational age who are born 6 months or less before the start of the local RSV season and have two or more risk factors such as school-aged siblings, child care attendance, exposure to environmental air pollutants, congenital abnormalities of the airways, or severe neuromuscular disease"; now, therefore, be it

RESOLVED by the House of Delegates, the Senate concurring, That the State Health Department and the Virginia Academy of Pediatrics be requested to adopt the recommendations issued by the American Academy of Pediatrics concerning the use of Synagis (palivizumab) for the treatment of respiratory syncytial virus (RSV).

The State Health Department and the Virginia Academy of Pediatrics shall submit to the Division of Legislative Automated Systems an executive summary and report of its progress in meeting the request of this resolution no later than the first day of the 2005 Regular Session of the General Assembly. The

executive summary and report shall be submitted as provided in the procedures of the Division of Legislative Automated Systems for the processing of legislative documents and reports and shall be posted on the General Assembly's website.