<table>
<thead>
<tr>
<th>Reference</th>
<th>Evidence level (I-VII)</th>
<th>Key findings, outcomes or recommendations</th>
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</thead>
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| American Academy of Pediatrics 2014, *Updated Guidance for Palivizumab Prophylaxis Among Infants and Young Children at Increased Risk of Hospitalization for Respiratory Syncytial Virus Infection* accessed 16/07/18 [http://pediatrics.aappublications.org/content/pediatrics/134/2/415.full.pdf](http://pediatrics.aappublications.org/content/pediatrics/134/2/415.full.pdf) | VII | • Policy statement are evidenced based and reviewed every 3 years. Evidence is obtained from a systematic review of all recent and older peer reviewed literature relating to RSV disease in infants.  
• outlines the recommended high risk infant criteria  
• Outlines recommended time intervals and length of RSV treatment. 15mg/kg per dose during RSV season up to a maximum of 5 doses |
• provides evidence from 2 randomised control trials that Palivizumab reduced the rate of hospitalisation due to RSV infection in the identified cohort of infants  
• Provides guideline for a dosage of 15 mg/kg given Intramuscularly in the anterolateral thigh 4weekly  
• Identifies the splitting the palivizumab dose into 2 (or more) injections if the volume is >1ml |
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| Elia, S (2016) *Immunisation Service – RSV Immunoglobulin Report – November 2016* The Royal Children’s Hospital Melbourne | VII  | - Provides results including data of number of inpatients and outpatients who received Palivizumab during the 2016 season  
- Provides data of RSV admissions to RCH in 2016 RSV season  
- Provides data on cost saving on vial sharing of Palivizumab vials |
- Outlines indications of high risk infants  
- Identifies that Palivizumab has been shown to decrease hospitalisation of children at risk of RSV disease from approximately 10% to approximately 5%  
- Provides guideline for a dosage of 15 mg/kg given Intramuscularly in the anterolateral thigh 4weekly |