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Title **Palivizumab Prophylaxis Against Respiratory Syncytial Virus**

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Aim

To examine the evidence for the cost and clinical effectiveness of palivizumab prophylaxis versus no prophylaxis against lower respiratory tract disease caused by respiratory syncytial virus (RSV) in pediatric patients at high risk for RSV.

Conclusions and results

Palivizumab was shown to reduce RSV-associated hospitalization compared to placebo in premature children, some of whom had bronchopulmonary dysplasia, and reduce RSV-associated hospitalization in children with hemodynamically significant congenital heart disease. A recent review states that the cost effectiveness of palivizumab is difficult to assess because of the lack of high-quality cost-benefit analyses. The CPS recommends that palivizumab be considered for children at highest risk, eg, those with bronchopulmonary dysplasia, and children born at ≤32 weeks gestation. Palivizumab is an expensive option, but it is shown to be effective in certain groups of infants and children.

Methods

A literature search encompassed key health technology assessment sources, including bibliographic databases and grey literature. Retrieval was limited to works in English or French on human population, and no date restrictions were applied. Studies investigating the clinical effectiveness of palivizumab were limited to systematic reviews, health technology assessments, and randomized controlled trials. Any type of cost analysis or economic evaluation was considered.

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