



Immunisation against Respiratory Syncytial Virus bronchiolitis

Information for Parents

What is bronchiolitis?

Bronchiolitis is a viral infection that usually affects babies under the age of 2 years. The infection causes swelling (inflammation) of the small airways inside the lungs (bronchioles) causing them to narrow. Less air can pass through these narrow airways which can cause breathing difficulties.

While other viruses can cause bronchiolitis about 80% of cases of bronchiolitis are caused by a virus called Respiratory Syncytial Virus or RSV. RSV is very contagious meaning that the virus can be passed easily from one person to another. The virus can spread when carried in tiny drops of fluid from an infected person's nose or mouth. Some viruses can be carried in the air or on surfaces.

Most cases of RSV are mild with symptoms similar to the common cold, including a blocked or runny nose and/or cough. Usually the infection resolves without treatment. However, sometimes children develop a more serious chest infection and can have difficulty with breathing or feeding, noisy breathing (wheezing) or have brief pauses in their breathing (apnoea).

Is there a treatment for bronchiolitis?

No, there is no medication to kill the viruses that cause bronchiolitis. Treatment is supportive, meaning that doctors and nurses help to relieve the symptoms of bronchiolitis rather than treat the cause of the illness. Usually the infection clears without the need for supportive

treatment in around two weeks. Most children can be looked after at home in the same way you would care for a child with a cold. However, some higher-risk children, particularly premature infants or infants with heart or lung problems, may develop a more serious infection and require supportive treatment in hospital. This may include oxygen, nasal suction (to clear their nose and the back of their throat), continuous positive airway pressure (to keep their airways open), breathing support on a ventilator or nasogastric feeding (where liquid food is given via a thin tube through the nose directly to the stomach).

Helping to prevent bronchiolitis

There are simple steps that parents and other family members can take to reduce the chance of babies becoming infected with a virus.

- Regular hand washing with soap and water before touching your baby
- Catching sneezes and coughs in a tissue and throwing it away
- Staying away from others with a cough or a cold
- Wiping down surfaces regularly
- Avoid smoke or anyone smoking near your baby.

What is Synagis?

Synagis is a medicine containing an RSV-fighting antibody called Palivizumab (PAH – LIV – IZ – OO – MAB). Antibodies are used by the immune system as part of the defence against infection. Synagis may help to provide some protection against RSV infection in higher-risk babies and may reduce the severity of illness and need for hospital admission. Synagis has been shown to reduce the length of hospital stay and days of oxygen treatment.

How is Synagis given?

Synagis is given by injection into the upper thigh muscle. One dose can be given at the same time as other immunisations and vaccinations. In order to optimise protection against RSV, monthly injections are given (up to a maximum of 5) during RSV season, between October and

March. If your baby is being discharged from the neonatal unit throughout these months, he/she will receive their first dose in the two days before going home, if you consent to this. The remaining doses will be delivered at a special Synagis clinic at the Royal Hospital for Sick Children, Edinburgh or at the Children's Ward, St John's Hospital, Livingston.

Does Synagis have any side-effects?

The side effects of Synagis are usually mild and short-lived. The most common side-effects include:

- Rash
- Fever
- Pain, redness or swelling at the injection site
- A short pause in breathing.

Who is eligible to receive Synagis?

The UK Government Joint Committee on Vaccination and Immunisation (JCVI) recommends Synagis immunisation for three main groups:

- Babies with significant lung disease
 - Preterm babies with chronic lung disease (defined as requiring oxygen or breathing support at 36 weeks corrected gestational age- the child's actual age minus the number of weeks preterm) are eligible in their first year
 - Preterm or term babies with any lung problem who require home oxygen or ventilation are eligible for their first 2 years
- Some babies with congenital heart disease
- Children born with severe immunodeficiency (a weakened or no immune system).

Does my baby need to have Synagis?

You have been given this information leaflet because your baby is eligible for Synagis immunisation. Whether or not your baby receives Synagis is your choice. Your baby may still become infected with RSV and need to be admitted to hospital even if they receive all the Synagis doses they are eligible for.

What happens next?

If you would like your baby to receive the Synagis immunisations, please tell your neonatal nurse or community team. You will receive a Synagis information pack. We will book your child's place in the RHSC Synagis clinic or at the Children's Ward in St John's Hospital and you will receive details of your appointments throughout the winter, directly from these teams.

Further information

If you have any more questions about Synagis RSV immunisation, please speak to the doctor looking after your baby. More information can also be found at <https://www.nhs.uk/conditions/bronchiolitis/>.

Useful contact information

Neonatal secretary	0131 242 2567
Neonatal community team	0131 242 2587
St John's Children's Ward	01506 524 398
RHSC Synagis clinic	0131 536 0928

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&

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