

Pediatricians scramble for RSV shots amid shortage

December 5 2023, by Angela Roberts, The Baltimore Sun



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A steady stream of sick babies and worried parents started flowing into Dr. Monique Soileau-Burke's exam room in late October.

Many were infected with [respiratory syncytial virus](#), better known as RSV, a common contagion that spreads in colder months and infects the lungs and can be dangerous for the very young and for [older adults](#).

While RSV has gotten off to a slower start this fall than last year, when hospitalizations from the virus in Maryland spiked by 200 in just one month, overwhelming health care centers and leaving parents frantic, the virus is still spreading faster and infecting more children than it did in a typical winter before the pandemic.

Soileau-Burke, a pediatrician in Columbia, said her practice already has had multiple infants hospitalized because of the virus. Parents come to her office exhausted from trying to stay up all night with their babies, feeding them and carefully watching their little chests rise and fall.

"The problem is, we now have the ability that it shouldn't be this bad at all," said Soileau-Burke, who is also president of the Maryland Chapter of the American Academy of Pediatrics.

Soileau-Burke and other pediatricians breathed a sigh of relief over the summer, when the U.S. Food and Drug Administration approved an RSV immunization for children under eight months of age who are entering their first respiratory virus season. But the [drug](#), nirsevimab—marketed as Beyfortus and available in 50 milligram and 100 milligram doses—is in short supply across the country.

According to a spokesperson for Sanofi, the French pharmaceutical company that developed Beyfortus with help from AstraZeneca, that's because demand far exceeded what was anticipated for the long-acting monoclonal antibody drug.

With such dwindling supply, the company announced it would no longer be accepting new orders for the 100 milligram dose, which is used to

immunize children over 11 pounds. The 50 milligram dose, meant for children under 11 pounds, is facing less of a shortage.

But earlier this month, the CDC announced it would distribute more than 77,000 additional doses of the 100 milligram version of the drug through the private market and a federal program that inoculates underserved children, including those who are uninsured or on Medicaid.

Still, pediatricians in Maryland said they are rationing drug doses and are only giving them to infants who are most in need of protection, as the Centers for Disease Control and Prevention recommended in October.

The Beyfortus shortage reminds Soileau-Burke of the infant formula shortage that developed last year, terrifying parents who worried about how they would be able to feed their children when their stock ran out. It's too common in this country for problems facing children to not get the attention they deserve, she said.

"We need to really do some investigating as to why these things keep happening to kids," Soileau-Burke said.

While RSV usually causes mild, cold-like symptoms, it can be deadly for infants and seniors. It kills between 100 and 300 children younger than 5 years old and between 6,000 and 10,000 adults 65 years and older every year, according to CDC data.

It's even more deadly for infants born premature, said Dr. Michelle Chudow, an attending pediatrician at Mt. Washington Pediatric Hospital. These babies, who are born with lungs that haven't finished developing and are more at risk of swelling and holding onto fluid, may have to be put on a ventilator or admitted to an [intensive care unit](#) if they catch the virus, she said.

"We don't want them to have gotten through everything that they've done to make it out of the hospital as a [premature baby](#) and then get RSV at home," Chudow said. "The more we can do to protect them while they're here, the better for them in the long run."

As in previous years, another antibody product is available to protect medically vulnerable babies from RSV—a drug called palivizumab, which is marketed as Synagis. This drug, however, must be given to babies once a month during the respiratory season, unlike Beyfortus, which delivers antibodies that last for five months.

It's also more expensive, at \$2,000 a pop, compared to Beyfortus' \$500 price tag.

At the start of the respiratory season, Dr. Theresa Nguyen, chair of the pediatrics department at the Greater Baltimore Medical Center, said she was hopeful the Towson-based hospital could give newborns a Beyfortus shot before they go home that would protect them for the rest of the respiratory season.

"Those hopes are dying quickly," Nguyen said.

So far, the hospital has only gotten "dribbles" of the drug, she said.

Nguyen anticipates that, by the time the respiratory season ends, GBMC's outpatient practice, GBMC Pediatric Group, will have received fewer than 50 doses of Beyfortus—a quantity that will include few 100 milligram doses. The hospital has received fewer than 10 doses of the drug, and an additional 10 doses are on back order, she said.

Without enough doses to immunize every infant who qualifies for the drug, Nguyen and other pediatricians are urging pregnant people to get vaccinated against the virus when they're between 32 and 36 weeks

pregnant. In doing so, they'll pass passive antibodies on to their babies, who won't need to get immunized when they're born, Nguyen said.

"It is available at all pharmacies," Nguyen said. "All you have to do is get your obstetrician to write you a prescription for the RSV vaccine."

An RSV vaccine also is available to people who are 60 or older.

If parents aren't able to get their babies immunized against RSV, Nguyen advised them to avoid exposing their children under six months of age to anyone who is sick. She also asked people to protect their friends, coworkers and family members by wearing a mask when they're sick.

As a neonatologist at the University of Maryland Children's Hospital, Dr. Natalie Davis cares for some of the sickest and most medically vulnerable infants. For that reason, she suspects that the hospital has received more doses of the shot than others in the area. However, she said, it still doesn't have as many doses as she and her colleagues would like.

In future years, she said she hopes there will be more doses available because of this season's high demand. She's also relieved to still be able to use the Synagis to keep her tiny patients safe.

"At least our babies are not left without any protection," said Davis, who is also an associate professor at the University of Maryland School of Medicine. "It's just the [drug] that has more pros than cons is the one that's limited."

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Citation: Pediatricians scramble for RSV shots amid shortage (2023, December 5) retrieved 14 May 2024 from <https://medicalxpress.com/news/2023-12-pediatricians-scramble-rsv-shots->

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