

Letters to the Editor

Where Are We with RSV and COVID-19?

“Covid 19 and RSV are both surging this summer in certain parts of the country in the pediatric age groups. A friend said that they are now giving Synagis to eligible neonatal patients at their hospital since RSV has appeared in their area.”

Dear Dr. Goldstein:

Covid 19 and RSV are both surging this summer in certain parts of the country in the pediatric age groups. A friend said that they are now giving Synagis to eligible neonatal patients at their hospital since RSV has appeared in their area.

What should we do nationally: should we wait for a surge of RSV in our own areas before starting Synagis in neonates being discharged, or should we start Synagis now nationwide so that patients who have gone home already when the RSV cases increase will be protected?

Best regards,

Gail L. Levine, M.D.

glevine18@gmail.com

"Kindness builds the world" Psalms 89:3

"We do the right thing because it's the right thing, not because of what we get out of it." Kyra Sedgwick

'Tis the gift to be simple, 'tis the gift to be free,

'Tis the gift to come down where we ought to be,

And when we find ourselves in the place just right,

'Twill be in the valley of love and delight.

When true simplicity is gained,

To bow and to bend we shan't be ashamed.

To turn, turn will be our delight,

Till by turning, turning we come 'round right.

Shaker song, 1848, Joseph Brackett

Dear Dr. Levine,

We have seen a dramatic shift in the usual pattern of winter pathogens due to proactive masking. Although COVID-19 was not definitively controlled by masking, the introduction of effective immunizations resulted in a broad reduction in masking policies. As a secondary effect, winter pathogens, including RSV, communicated mainly by droplet formation, could once again spread widely. Although earlier models, based on the reduction of RSV immune protection, suggested that 2022-2023 would be a significantly worse year for RSV and Influenza, these predictions were based on a single-year disruption in normal contagion patterns. (1-3) With a resurgence of COVID-19 secondary to the appearance of the Delta variant, masking policies are once again being enforced. The effect of this new vigilance on RSV rates cannot be estimated. (4, 5)

“Although earlier models, based on the reduction of RSV immune protection, suggested that 2022-2023 would be a significantly worse year for RSV and Influenza, these predictions were based on a single-year disruption in normal contagion patterns. With a resurgence of COVID-19 secondary to the appearance of the Delta variant, masking policies are once again being enforced. The effect of this new vigilance on RSV rates cannot be estimated.”

However, there are currently broad upticks in the RSV positive rate across the Southeast United States. (6) Other areas, including Southern California, are seeing positivity rates approach that normally herald the winter season. In specific, certain demographics are approaching 10% (personal communication). Our pattern currently mirrors that usually experienced in the Southern hemisphere.

Regardless of the epidemiology, our most at-risk babies remain at risk. The American Academy of Pediatrics recently released guidance on RSV prophylaxis addressing the shift of seasonality. (6) It would appear reasonable to consider initiation of prophylaxis in patients with an FDA indication as positivity rates rise past 2-3% in a given geographical area rather than waiting for Fall-Winter season. (7-9)

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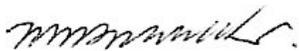
Erratum (Neonatology Today July 2021)

Neonatology Today is not aware of any erratum affecting the July, 2021 edition.

Corrections can be sent directly to LomaLindaPublishingCompany@gmail.com. The most recent edition of *Neonatology Today* including any previously identified erratum may be downloaded from www.neonatologytoday.net.

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Sincerely,



Mitchell Goldstein, MD

Editor in Chief



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c/o Mitchell Goldstein, MD

11175 Campus Street, Suite #11121

Loma Linda, CA 92354

Tel: +1 (302) 313-9984

LomaLindaPublishingCompany@gmail.com

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