



RSV IMMUNOPROPHYLAXIS PROGRAM APPLICATION FORM 2022-2023

The Yukon RSV Immunoprophylaxis Program only covers high risk children who meet the risk criteria established by the Program. No child > 2 years of age at the start of the season is eligible. **For 2022-2023, the start of RSV season is considered to be October 25, 2022.**

Please COMPLETE THIS FORM, save it and submit it to immunizationprogram@yukon.ca as an attachment or alternatively fax it to (867)393-4357. If you have further questions regarding the RSV program, please contact immunizationprogram@yukon.ca or call 867-332-7361.

Section 1 – PATIENT INFORMATION

Last Name:		First Name:		YHCIP Number:			
Date of birth: (dd/mmm/yyyy)		Gest age at birth (w + d):		Date first discharged home: (dd/mmm/yyyy)		Age at time of request (mos):	
<input type="checkbox"/> Male <input type="checkbox"/> Female		Birth weight (g):		Birth weight percentile:		Current weight (g):	
Parent / Guardian's First & Last Name:				Second Parent / Guardian's First & Last Name:			
Parent / Guardian phone number:				City of residence:			

Section 2 – REQUESTING PHYSICIAN

First and Last Name:		Person completing form (name/number):			
Physician's Phone:		Physician's Fax:		Physician's Email:	

Section 3 - PRODUCT DELIVERY INFORMATION

Hospital Name/ Health Centre Name for initial dose:		Hospital Name/ Health Centre Name for subsequent doses:	
(Program Use Only): Number of 50 mg vials to be shipped now: Number of 100 mg vials to be shipped now:		(Program Use Only): Number of 50 mg vials required for the season: Number of 100mg vials required for the season:	

Note: Dose of palivizumab is 15 mg/kg, as per Product Monograph

Section 4 – APPROVAL YUKON IMMUNIZATION PROGRAM / CMOH

<input type="checkbox"/> Approved <input type="checkbox"/> Not Approved		Requisition Number (YIP use only): _____	
Immunization Program Manager Signature: _____		Date: _____	
Adjudicator Signature (if required): _____		Date: _____	



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Section 5 – PRE-APPROVED INDICATIONS

- Prem with BPD/CLD (oxygen or CPAP for more than 28d) AND Child is \leq 1 yr at season start AND on oxygen \leq 16w pre-season
- GA at birth below 29w + 0 days AND discharged home \leq 8w pre-season
- GA at birth 29w + 0d to 34w + 6d AND discharged home \leq 4w pre-season AND risk factors score \geq 42 points*
- Tracheostomy/continuous home oxygen/ventilation on or after season start AND \leq 2yrs at season start
- Multiple of approved child AND qualifying twin qualifies under prematurity
- Hemodynamically significant CHD AND \leq 1 yr at season start (clinical details/name of supporting cardiologist below)
- Down Syndrome AND \leq 2yrs at season start

Section 6 – INDICATIONS REQUIRING ADJUDICATION

- Progressive neuromuscular disease with inability to clear secretions AND \leq 2yrs at season start
- **Severe immunodeficiency (e.g., stem cell transplantation) AND \leq 2yrs at season start
- Awaiting cardiac transplant or $<$ 6 mo since transplanted AND \leq 2yrs at season start
- **Significant cardiopulmonary disability (pulmonary hypertension, pulmonary malformations, severe BPD, symptomatic CF, cardiac palliation, other) AND \leq 2yrs at season start

*The risk factors below will be important to facilitate adjudication in all borderline cases

** Summarize clinical course and level of disability in the space below or in separate sheet

Section 7 – CLINICAL INFORMATION REQUIRED (must be completed for ALL requests)

Risk factors present in this child at discharge (circle):

YES/ NO Will attend daycare regularly during first 3 months after discharge	22 pts
YES/ NO Discharged home 5-16 weeks of season	20 pts
YES/ NO Discharged home in weeks 1-4 or weeks 17-20 of season	10 pts
YES/ NO Gestational age at birth 29 weeks + 0 days to 30 weeks + 6 days	10 pts
YES/ NO Child younger $<$ 5 years living at home (not including multiples of applicant)	14 pts
YES/ NO 6 or more people at home (including applicant and multiples of applicant)	12 pts
YES/ NO Remote community (Yukon is considered remote)	10 pts
YES/ NO Girl not receiving breastmilk, or Boy (any)	8 pts
YES/ NO SGA (BW less than 10th percentile)	8 pts
YES/ NO 2 or more smokers living at home	8 pts

TOTAL:

Summarize clinical course to date with current/proposed Rx below or on separate sheet