

- For children born **after** January 1st, 2018, a **maximum of 5 doses** will be offered, according to the following schedule:

Time of birth	Number of dose(s) of Palivizumab and time of administration
January 1 st to 31 st , 2018	<u>5 doses:</u> #1 at birth #2 between 21 and 35 days after dose #1 #3 at the 2-month vaccination #4 between 21 and 35 days after dose #3 #5 at the 4-month vaccination
February 1 st to 28 th , 2018	<u>4 doses:</u> #1 at birth #2 between 21 and 35 days after dose #1 #3 at the 2-month vaccination #4 between 21 and 35 days after dose #3
March 1 st to 31 st , 2018	<u>3 doses:</u> #1 at birth #2 between 21 and 35 days after dose #1 #3 at the 2-month vaccination
April 1 st to 30 th , 2018	<u>2 doses:</u> #1 at birth #2 between 21 and 35 days after dose #1
May 1 st to 31 st , 2018	<u>1 dose:</u> #1 at birth

- The birth dose of a healthy full-term child should be administered within a short time after delivery to provide RSV protection as soon as possible (before possible contact with the virus).
- Give 1 dose per month between 21 to 35 days apart in relation to the visit schedule to reduce the number of parents' trips and increase the chances of compliance with the preventive treatment (minimum interval of 20 days)
- Serum IGG decreases more rapidly between dose # 1 and dose # 2 compared to other doses. It is therefore suggested that dose # 2 be administered in a shorter time frame within the minimum interval.
- The maximum number of doses to be administered per season is four (4) or (5) depending on the date of onset of child-specific prophylaxis and the end of the RSV season.
- For premature children or those with a particular medical condition, follow the recommended schedule of administration according to their individual prescription.

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