



RSV IMMUNOPROPHYLAXIS PROGRAM APPLICATION FORM 2023-2024

The Yukon RSV Immunoprophylaxis Program only covers high risk children who meet the risk criteria established by the Program. No child older than 2 years of age at the start of the season is eligible. **For 2023-2024, the start of RSV season is considered to be October 23, 2023.**

Please COMPLETE THIS FORM, save it and submit it to immunizationprogram@yukon.ca as an attachment. 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):		
Male 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:		Facility:	
Phone:	Fax:	Email:	

SECTION 3 – PRIMARY CARE PHYSICIAN INFORMATION *(if different than above)*

First and Last Name:		Facility:	
Phone:	Fax:	Email:	

SECTION 3 - PRODUCT DELIVERY INFORMATION

Name of healthcare facility for palivizumab administration:	(Yukon Immunization Program Use Only) Number of vials to be shipped now: Number of vials required for the season:
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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 (O₂ or CPAP for > 28d) AND ≤ 1 yr at season start AND on continuous O₂ ≤ 16w pre-season
- GA at birth < 29w + 0 days AND discharged home ≤ 8w pre-season
- GA at birth 29w + 0d to 34w + 6d AND discharged home ≤ 4w pre-season AND risk factors score ≥ 42 points*
- Home respiratory support (Home O₂, CPAP, tracheostomy) AND ≤ 2yrs at season start
- Hemodynamically significant CHD, cardiomyopathy AND ≤ 1 yr at season start
- Severe immunodeficiency (stem cell tx, AML, ALL, relapsed ALL, brain tumour protocol) AND ≤ 2yrs at season start

Section 6 – INDICATIONS REQUIRING ADJUDICATION

- Progressive neuromuscular disease with inability to clear secretions AND ≤ 2yrs at season start
- **Severe immunodeficiency (e.g., SCID, other) AND ≤ 2yrs at season start
- Awaiting cardiac transplant or <6mos since transplanted AND ≤ 2yrs at season start
- **Significant cardiopulmonary disability (pulmonary hypertension, pulmonary malformations, severe BPD, symptomatic CF, cardiac palliation, other) AND ≤ 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):	
Will attend daycare regularly during first 3 months after discharge	22 pts
Discharged home 5-16 weeks of season	20 pts
Discharged home in weeks 1-4 or weeks 17-20 of season	10 pts
Gestational age at birth 29 weeks + 0 days to 30 weeks + 6 days	10 pts
Other child < 5 years living at home (not including multiples of applicant)	14 pts
6 or more people at home (including applicant and multiples of applicant)	12 pts
Remote community (Yukon is considered remote)	10 pts
Girl not receiving breastmilk, or Boy (any)	8 pts
SGA (BW less than 10th percentile)	8 pts
2 or more smokers living at home	8 pts
TOTAL:	

Summarize clinical course to date with current/proposed Rx below or on separate sheet. Include any relevant treatment documents with this application.



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AUTHORIZATION FOR ADMINISTRATION OF PALIVIZUMAB AND FOLLOW-UP

The benefits and risks of this medication have been explained to parent/guardian and information provided on reducing the risk of respiratory infections. Parent/ guardian CONSENTS DECLINES child receiving Palivizumab as per the Yukon RSV immunoprophylaxis program guidelines and to contact for follow-up.

Application form details and contact information are confirmed, and patient meets pre-approval criteria for funded prophylaxis. **If consent not obtained above, or adjudication required, a separate authorization for treatment and follow up must be submitted following approval. (Telephone consent is ok).**

Signature of Health-Care Provider: Date:

Printed Name: Contact Number: