PROCEDURE
6.1 Treatment

6.1.1 Upper Respiratory Tract RSV
6.1.1.1 Most patients do not require treatment except allogeneic and autologous stem cell transplant patients in whom the infection occurs before engraftment of granulocytes or in those ≤ 1 month post-transplant or with a lymphocyte count < 0.3 x10^9 per L.

6.1.2 Lower Respiratory Tract RSV (pneumonia, e.g. infiltrate on CXR)
6.1.2.1 All allogeneic and autologous stem cell transplant patients with lower respiratory tract disease with hypoxia requiring supplemental oxygen or other symptoms requiring hospitalization will be treated.
6.1.2.2 Allogeneic stem cell transplant patients on immune suppression and/or with active graft-vs-host disease will be treated.
6.1.2.3 Autologous stem cell transplant patients within one month of transplant will be treated.
6.1.2.4 Autologous stem cell transplant patients beyond one month of transplant and allogeneic stem cell transplant patients on no immune suppression and without active graft-vs-host disease will be observed or initially treated with IVIG only, per practitioner discretion.

6.1.3. Treatment Protocol
6.1.3.1 Oral ribavirin ≥ 75 kg: 800 mg twice daily; <75 kg: 600 mg twice daily for 10 days. For patients with renal insufficiency, reduce dose to 400 mg twice daily and consult with ID pharmacy.
6.1.3.2 For patients who do not demonstrate clinical improvement or those who develop an adverse reaction (i.e. hemolytic anemia) or intolerance to oral ribavirin, switch to aerosolized ribavirin 6 g over 6-8 hours once daily for ten days.
6.1.3.3 A shorter course of therapy (5-10 days) of ribavirin may be considered in autologous stem cell transplant patients more than one month from transplant who are demonstrating marked clinical improvement.
6.1.3.4 IVIG 500 mg/kg IV three times weekly for two weeks.
6.1.3.5 Droplet Isolation Precautions until at least 7 days from symptom onset AND until symptoms resolve AND repeat PCR is negative.