Rotavirus Vaccine in Neonates

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Rotavirus vaccination: Targeting neonates Background

- Infection in neonatal age is a natural way to acquire rotavirus in many areas of the world
- Subclinical infection in neonates protects against severe rotavirus disease in infancy (Bishop et al, NEJM 1983;309:72-6)
 (Bhan et al, JID 1993;168:282-7)

Scand J Infect Dis 22: 269-278, 1990

Evaluation of RIT 4237 Bovine Rotavirus Vaccine in Newborn Infants: Correlation of Vaccine Efficacy to Season of Birth in Relation to Rotavirus Epidemic Period

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A single dose of bovine rotavirus vaccine RIT 4237 at the age of 5-7 days

A randomised, placebo-controlled trial

October 1984 group N=244, follow-up 2.8 years

June 1985 group N=245, follow-up 2.0 years

Serological responses to bovine rotavirus vaccine in 5-7 day-old infants

	ELISA IgM	Neut	Both
Oct 84			and the second se
Vaccine	41 / 119 (35%)	35 / 115 (30%)	50 / 120 (42%)
Placebo	1 / 113 (1%)	0 / 113 (0)	1/113(1%)
Jun 85			
Vaccine	30 / 123 (24%)	38 / 95 (40%)	46 / 95 (48%)
Placebo	1 / 105 (1%)	0 / 105 (0)	1 / 105 (1%)

Scand J Infect Dis 1990;22:269-78

Rotavirus gastroenteritis during follow-up



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Protection against rotavirus gastroenteritis by severity (0-20 point score) Oct 84 Group



Protection against rotavirus gastroenteritis by severity (0-20 point score) Oct 85 Group



Protection against rotavirus gastroenteritis by severity, mean scores

Group	Vaccine	Placebo	
Oct 84	4.5	10.7	p<0.001
June 85	8.2	11.6	p=0.009
Both	6.2	11.2	p<0.001

Conclusions

1. A single dose of bovine rotavirus vaccine in neonatal age gives significant protection against severe rotavirus gastroenteritis

- 2. Vaccine efficacy is dependent on season
 - high efficacy when given shortly before RV season
 - low efficacy when time interval between dosing and RV season is long

Conclusions

3. Bovine rotavirus vaccine is less immunogenic in neonates than in older infants

4. Bovine rotavirus vaccine is safe in neonates

Rhesus rotavirus tetravalent (**RRV-TV**) vaccine in neonates

T. Vesikari, A. Karvonen, B.D. Forrest, A.Z. Kapikian

(unpublished)

Rationale

RRV-TV causes febrile reactions 3-5 days post vaccination

In Finnish infants, febrile reactions seen in 30 of infants age 3 months after first dose of RRV-TV (3 % high fever)

(Connection between reactogenicity (fever) and intussusception ? Not an issue in 1997when study was conducted)

Study design

Randomised, double blind trial Each infant was dosed at 0, 2, 4 and 6 months Bleedings at 5 months and 7 months of age

Dosing schedules Actual vaccine (months)

 PL - RV - RV - RV 2 - 4 - 6

 RV - PL - RV - RV 0 - 4 - 6

 RV - RV - RV - PL 0 - 2 - 4

Reactogenicity after RRV-TV (Fever on days 3 to 5 post-vaccination)

No. (%) with fever

Neonatal dose

0/62(0)

No neonatal dose 5 / 28 (18%) (First dose at 2 months)

p = 0.015

Rotavirus IgA seroconversion at 7 months

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RRV-TV Dosing No. (%) with seroconversion

2 - 4 - 60 - 4 - 60 - 2 - 4 28 / 28 (100%) 28 / 31 (90%) 28 / 31 (90%) **RRV-TV neutralizing antibody responses by 7 months of age**

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RRV-TV Dosing No. (%) with responses

2 - 4 - 60 - 4 - 60 - 2 - 4 26 / 28 (93%) 28 / 29 (97%) 26 / 31 (84%) Any evidence of serological response (=vaccine "take") after RRV-TV vaccination

Start at

Neonatal age

97 %

2 months of age

100 %

Conclusions

1. Administration of RRV-TV vaccine to neonates is safe, in terms of absence of febrile reactions

2. Immunogenicity of RRV-TV vaccine in neonates is lower than in older infants

3 Immunogenicity after 3 doses of RRV-TV at 0, 2, and 4 months of age is at least satisfactory **Neonatal rotavirus vaccination**

General points

Neonatal age may be the safest period to administer a live attenuated oral rotavirus vaccine

- low reactogenicity
- low rate of naturally occurring intussusception
- → low risk of vaccine associated intussusception

Neonatal rotavirus vaccination

General points

- Easy reach of target population even in developing countries (Administration of RV vaccine at the same time as BCG)
- 2. Even a single dose might have a significant clinical impact by preventing severe rotavirus gastroenteritis later in infancy