Delayed Onset and Diminished Rotavirus Activity----United States, November 2007-May 2008

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Rotavirus Seasonality

- Consistent prior to 2007-2008 season in the US
- Followed a distinct winter-spring pattern
 - Median start mid-November (week 46)
 - Median peak mid-March (week 12)
 - Median end mid-June (week 24)



Vaccine Coverage

- Vaccine coverage increased from last year
- By March 2008, data from 8 sentinel sites suggest that
 - --mean of 56.0% of infants aged 3 months received 1 dose
 - --mean of 33.7% of infants aged 13 months received 3 doses

Objective

Characterize the unusual rotavirus season in the US from November 2007-May 2008

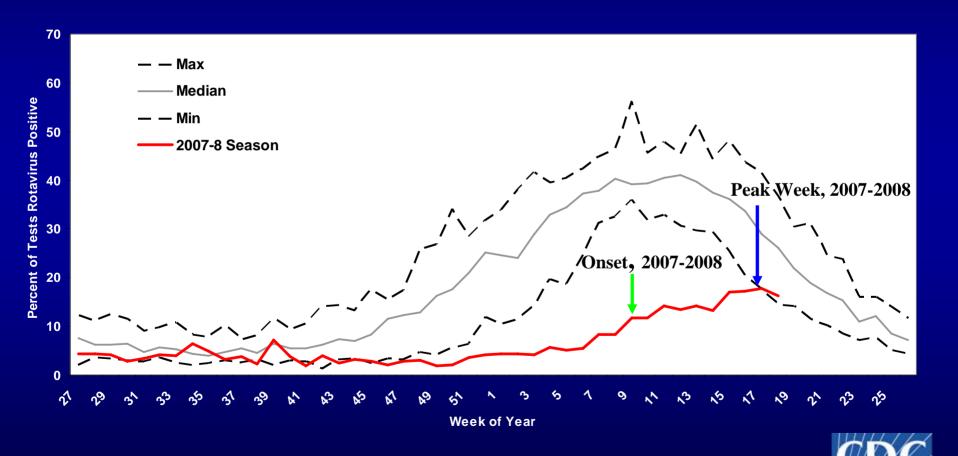


National Respiratory and Enteric Virus Surveillance System (NREVSS)

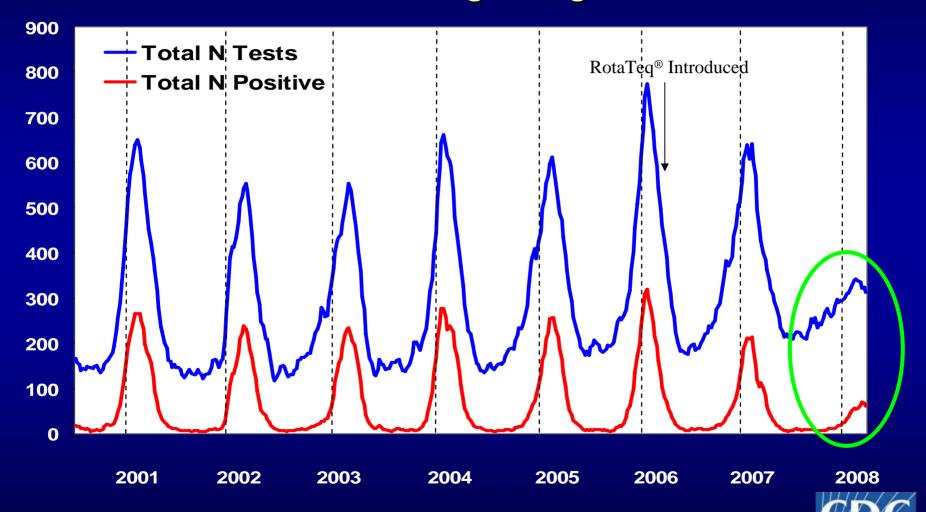
- Passive lab surveillance
- Real-time data for several viruses
- Weekly reporting by virus and test type:
 - # specimens tested
 - # positive
- Since 1991, a median of 66 labs reported rotavirus annually



Proportion of rotavirus positive tests from NREVSS labs, 1991-2006, compared with 2007-2008, by week of year



Number of positive and total rotavirus tests from 32 continuously reporting NREVSS labs, 2000-2008, 3 week moving average

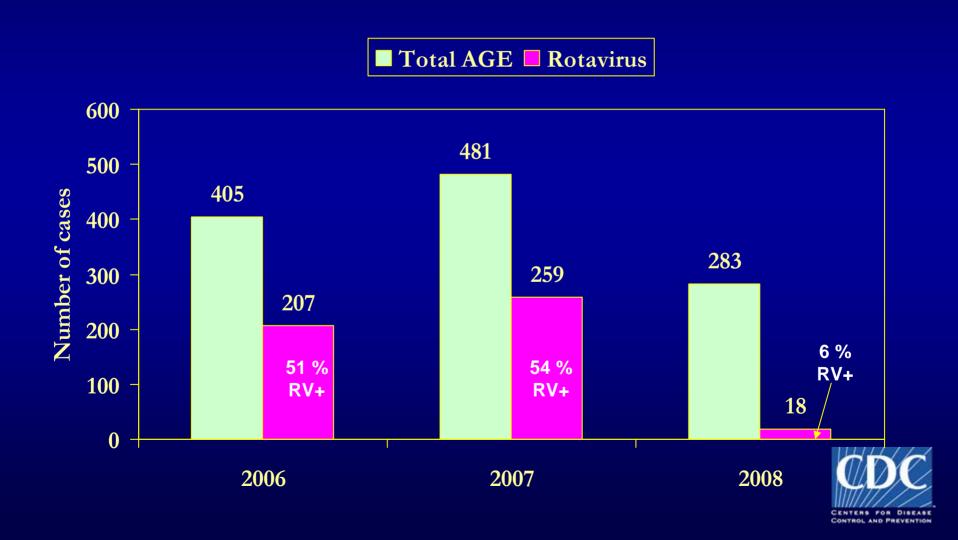


New Vaccine Surveillance Network (NVSN)

- Prospective surveillance for acute gastroenteritis (AGE) among children
 43 years since 2006
- Inpatient, ED, outpatient clinic data
- Fecal specimens tested for rotavirus
- Epidemiologic and clinical data collected



Total AGE and Rotavirus AGE cases in NVSN, January-April, 2006-2008



Limitations

- 2007-2008 season still ongoing
- Delays in reporting
- Rotavirus testing not routine
- May not be representative of the US



Concluding Remarks

- 2007-2008 rotavirus season delayed by 2-4 months
- Proportion of positive tests lower than any of the previous 15 years
- Hospitalizations, ED visits, and outpatient clinic visits all observed reductions in rotavirus cases from the previous 2 years

Concluding Remarks (2)

- Changes coincide with increasing rotavirus vaccine coverage
- Changes appear to be greater than expected based on direct protective effects of vaccination alone
- Ongoing surveillance and epidemiologic studies are needed



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