

A quarterly newsletter edited by Centers for Disease Control and Prevention, Atlanta, GA, USA

Upcoming Meetings

7th International Rotavirus Symposium, Lisbon, Portugal, June 12-13, 2006

5th Workshop of the Members of the Asian Rotavirus Surveillance Network, Pattaya, Thailand, July 18-19, 2006

Vaccinology 2006: Focus on Rotavirus and Poliovirus in Asia meeting of the Asian Pacific Pediatric Association, Pattaya, Thailand, July 20-21, 2006

In Upcoming Issues...

- Update – Global reference rotavirus laboratories

Links to Partners

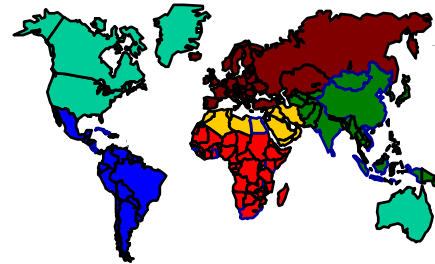
www.cdc.gov – U.S. Centers for Disease Control and Prevention

www.who.int/en/ - World Health Organization

www.rotavirusvaccine.org – PATH's rotavirus vaccine program

www.ivi.org – International Vaccine Institute

www.cdcfoundation.org – CDC Foundation



Welcome

Welcome to the third edition of Rotavirus Surveillance News. The newsletter is a product of the Rotavirus Vaccine Program, a collaboration between the World Health Organization (WHO), the Program for Appropriate Technology in Health (PATH), and the U.S. Centers for Disease Control and Prevention (CDC) that is funded by the Global Alliance for Vaccines and Immunizations (GAVI). The Disease Burden and Surveillance Program, based at CDC, was

established to support surveillance activities and studies that would help define the disease and economic burden of rotavirus disease in countries and regions around the world. We intend for this quarterly newsletter to provide you with timely, helpful updates on the latest news related to rotavirus surveillance activities worldwide. Each issue will focus on one region or a type of activity, as well as provide updates on recent meetings, publications, and other

news of interest. In this edition, Dr. Nadia Tebeb of the Eastern Mediterranean Region Office of WHO (EMRO) provides an update of the Rotavirus Surveillance Network in this region which has recently begun to generate interesting data.

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Update – EMRO Surveillance Network

Diarrheal diseases are the second most frequent cause of death among children, after acute respiratory infections, in the EMRO Region. WHO has estimated that diarrheal diseases cause around 286,000 deaths annually in EMRO; the vast majority of these deaths are among children under 5 years of age.

Globally among children under 5 years of age, rotavirus may account for 30-40% of hospitalizations and deaths due to diarrhea, or 6% of all childhood deaths. As the

incidence of rotavirus diarrhea does not differ dramatically between developing and developed countries, it is unlikely that environmental improvements will have a major impact on prevention of disease. Since promising rotavirus vaccines are in the pipeline, EMRO is establishing a regional network for surveillance of rotavirus gastroenteritis in order to generate reliable data on the burden of the disease and genotype distribution in the different countries. Such data are

necessary to support evidence-based decision-making on the introduction of rotavirus vaccines and suitability of a particular vaccine with regard to the circulating genotypes.

Progress so far

An intercountry workshop on surveillance of rotavirus gastroenteritis was first conducted in September 2004 to brief the national program officers on the progress in production of rotavirus vaccines and on suitable approaches for rotavirus gastroenteritis surveillance.

(Continued on page 2)

Figure 1

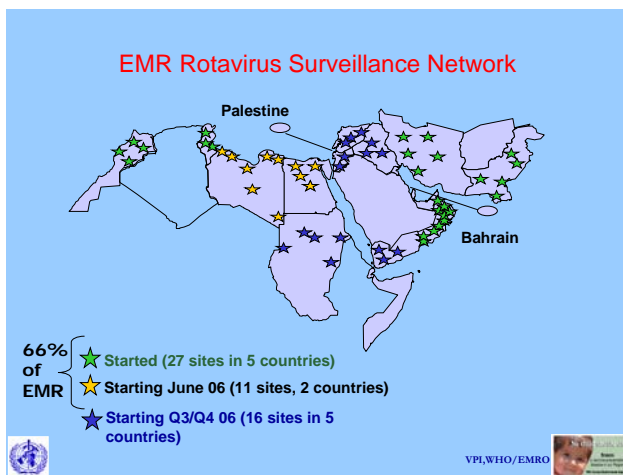


Table 1

	Reporting Period	No. of specimens collected	No. tested	No. (%) positive specimens
Iran	Mar-Apr 2006	158	138	74 (53.6)
Pakistan	April 2006	186	186	69 (37.1)
Oman	Jan 2005-Mar 2006	395	395	239 (60.5)
Tunisia	Jan-Apr 2006	42	42	17 (40.5)
Total EMR		781	761	399 (52.4)

(Continued from page 1) Following this, a Regional working group for rotavirus surveillance was formulated to manage the network with membership of WHO (Headquarters and EMRO), the CDC, US Naval Medical Research Unit (NAMRU)-3, PATH, Merck and Co, Inc. and Glaxo-SmithKline as partners.

Oman began surveillance immediately after the intercountry workshop. In 2005, protocols were accepted from 5 other countries, namely, Egypt, Iran, Morocco, Pakistan and Tunisia. These countries, which together constitute around 66% of the population of the EMRO Region, have proposed surveillance in a total of 29 sites.

A combined regional protocol was cleared by the Ethical Review Committee (ERC/HQ), and supplies, reagents, equipment, and standard operating procedures (SOPs) were provided to all countries. A regional workshop was convened to train the focal points from these countries on the SOPs of the network prior to initiating the field work at the national level. Four countries--Iran, Pakistan, Tunisia and Oman--have started surveillance. Egypt and Morocco are expected to start

surveillance in May 2006. Libya was recently enrolled in the network. A training workshop is planned in Libya in the last week of May, following which surveillance will be initiated. Although surveillance has only just begun, the initial data highlight the important role of rotavirus in the etiology of severe acute gastroenteritis among children in the study countries (Table 1). EMRO plans to support 17 sites in 5 more countries during the second half of 2006. These countries include Sudan, Yemen, Syria, Jordan and Iraq (Figure 1).

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What's New?

- RotaTaq™ (Merck & Co., Inc.) licensed in the USA by the FDA and recommended for routine use by the Advisory Committee on Immunization Practices (ACIP) in February 2006.
- Rotarix™ (Glaxo-SmithKline) approved and licensed in Europe by the European Medicines Agency (EMA) in February 2006.
- More than 30 other countries have licensed Rotarix™.
- Brazil and Panama have begun routine immunization with Rotarix™ nationwide.

Questions or comments?

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