Rotavirus vaccines WHO position paper: January 2013 – Recommendations

A B S T R A C T

This article presents the World Health Organizations (WHO) evidence and recommendations for the use of rotavirus vaccination from the WHO position paper on rotavirus vaccines – January 2013 recently published in the Weekly Epidemiological Record [1]. This position paper summarizes the WHO position on the inclusion of rotavirus vaccines in all national immunization programmes and recent developments in the field, in particular the potential of rotavirus vaccines to further reduce mortality by employing more flexible immunization schedules. The current document replaces the position paper on the use of rotavirus vaccines published in 2007 [2].

Footnotes to this paper provide a number of core references. In accordance with its mandate to provide guidance to Member States on health policy matters, WHO issues a series of regularly updated position papers on vaccines and combinations of vaccines against diseases that have an international public health impact. These papers are concerned primarily with the use of vaccines in large-scale immunization programmes; they summarize essential background information on diseases and vaccines, and conclude with WHO’s current position on the use of vaccines in the global context. This paper reflects the recommendations of WHO’s Strategic Advisory Group of Experts (SAGE) on immunization. These recommendations were discussed by SAGE at its April 2012 meeting. Evidence presented at the meeting can be accessed at http://www.who.int/immunization/sage/previous/en/index.html.

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the time of the DTP1, DTP2, and DTP3 contacts, with an interval of at least 4 weeks between doses. With both vaccines, prematurely born infants should follow the vaccination schedules recommended for their chronological age.

Rotavirus vaccinations can be administered simultaneously with other vaccines in the infant immunization programme.

Apart from a low risk of intussusception (about 1–2 per 100,000 infants vaccinated) the current rotavirus vaccines are considered safe and well tolerated.

Proper planning and training of staff to conduct pharmacovigilance should take place before the vaccine is introduced. Countries should develop a strategy to inform relevant health staff that although the benefits outweigh the risks, a small potential risk of intussusception after rotavirus vaccination remains. Countries should also ensure that caregivers are adequately counselled to recognize danger signs of dehydration or intussusception that should prompt immediate medical consultation.

Given the background rate of natural intussusception and the large number of children included in national immunization programmes, intussusception cases are expected to occur by chance alone following rotavirus vaccination. It is important to establish the baseline incidence of intussusception at sentinel sites and to use epidemiological studies, such as the self-controlled case series method, to assess the safety of rotavirus vaccines [5].

Severe allergic reaction (e.g. anaphylaxis) after a previous dose, and severe immunodeficiency including severe combined immunodeficiency, are contraindications for rotavirus vaccination. Precautions are necessary if there is a history of intussusception or intestinal malformations, chronic gastrointestinal disease, and severe acute illness. Vaccination should be postponed in case of ongoing acute gastroenteritis or fever with moderate to severe illness.

The epidemiological impact of rotavirus vaccination should be monitored. High-quality surveillance should be conducted in selected countries and defined populations, including high child mortality settings. However, lack of population-based surveillance should not be an impediment to the introduction of rotavirus vaccine.

References