

Rotavirus Vaccines: Progress & Challenges



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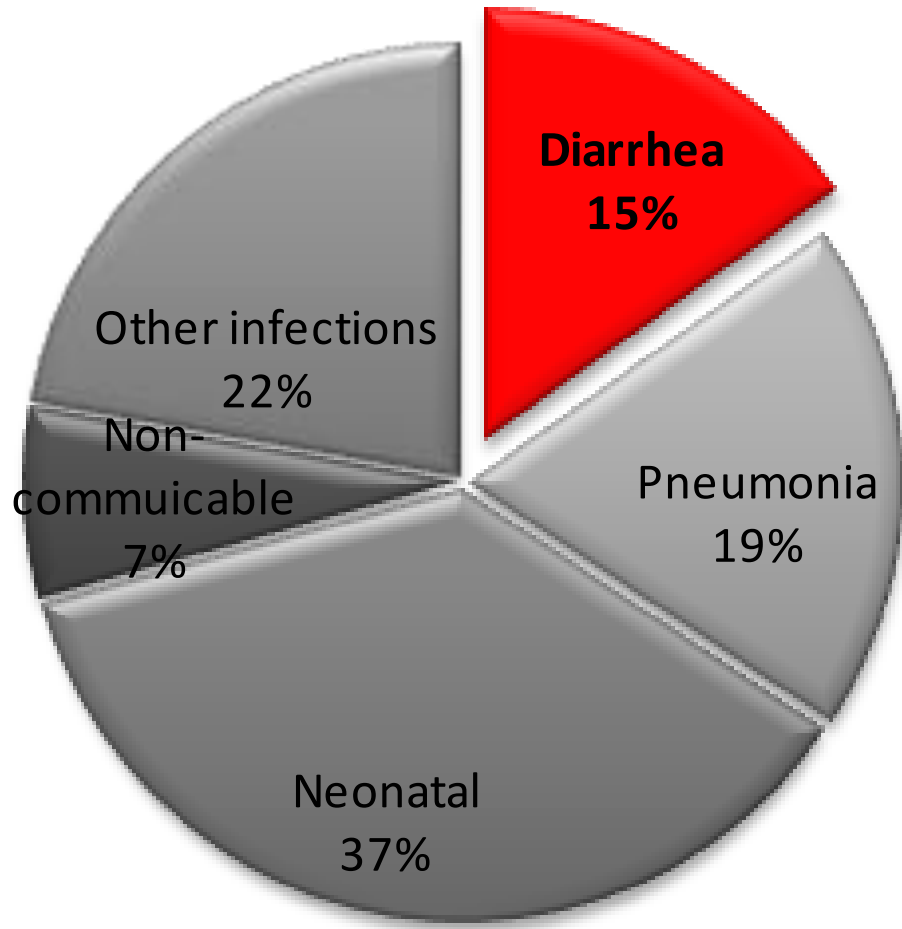
Outline

- Burden of rotavirus
- Withdrawn Rotashield vaccine
- Current vaccines – RotaTeq and Rotarix
- Remaining issues & challenges

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- Withdrawn Rotashield vaccine
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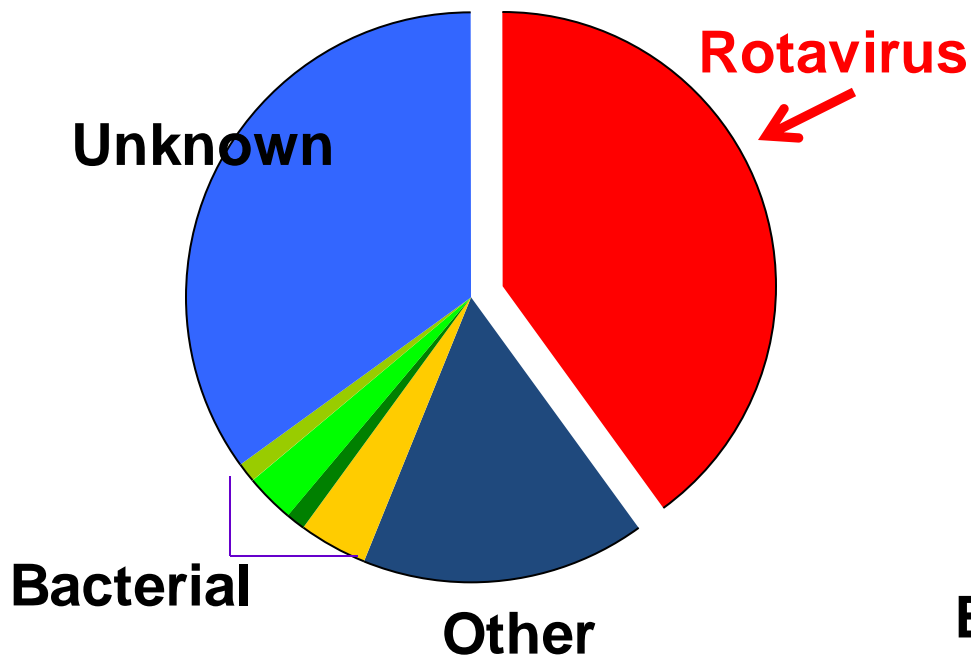
Diarrhea is a Leading Cause of Child Mortality Worldwide



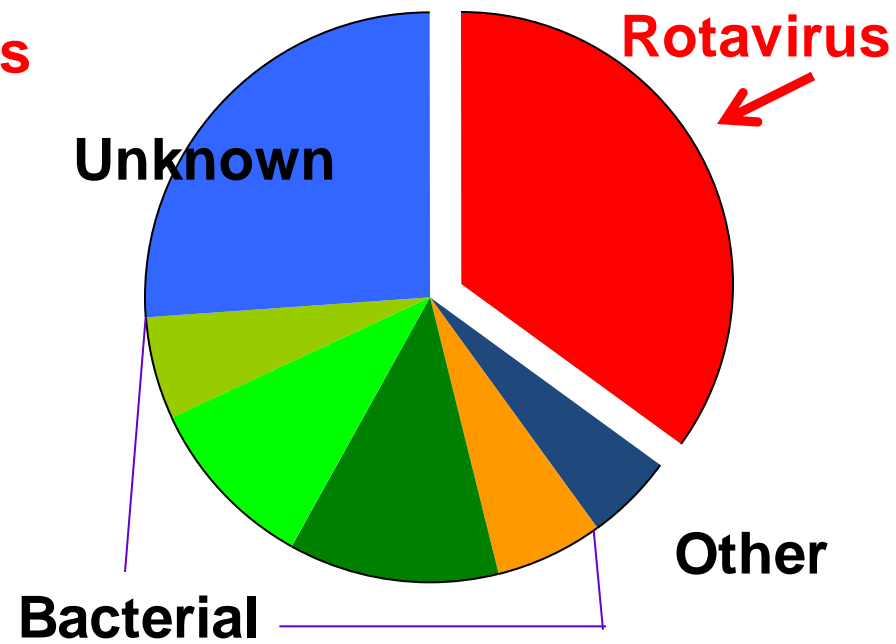
~ 700,000 deaths/year

Rotavirus is the Leading Cause Of Severe Diarrhea in Children <5 Years Globally

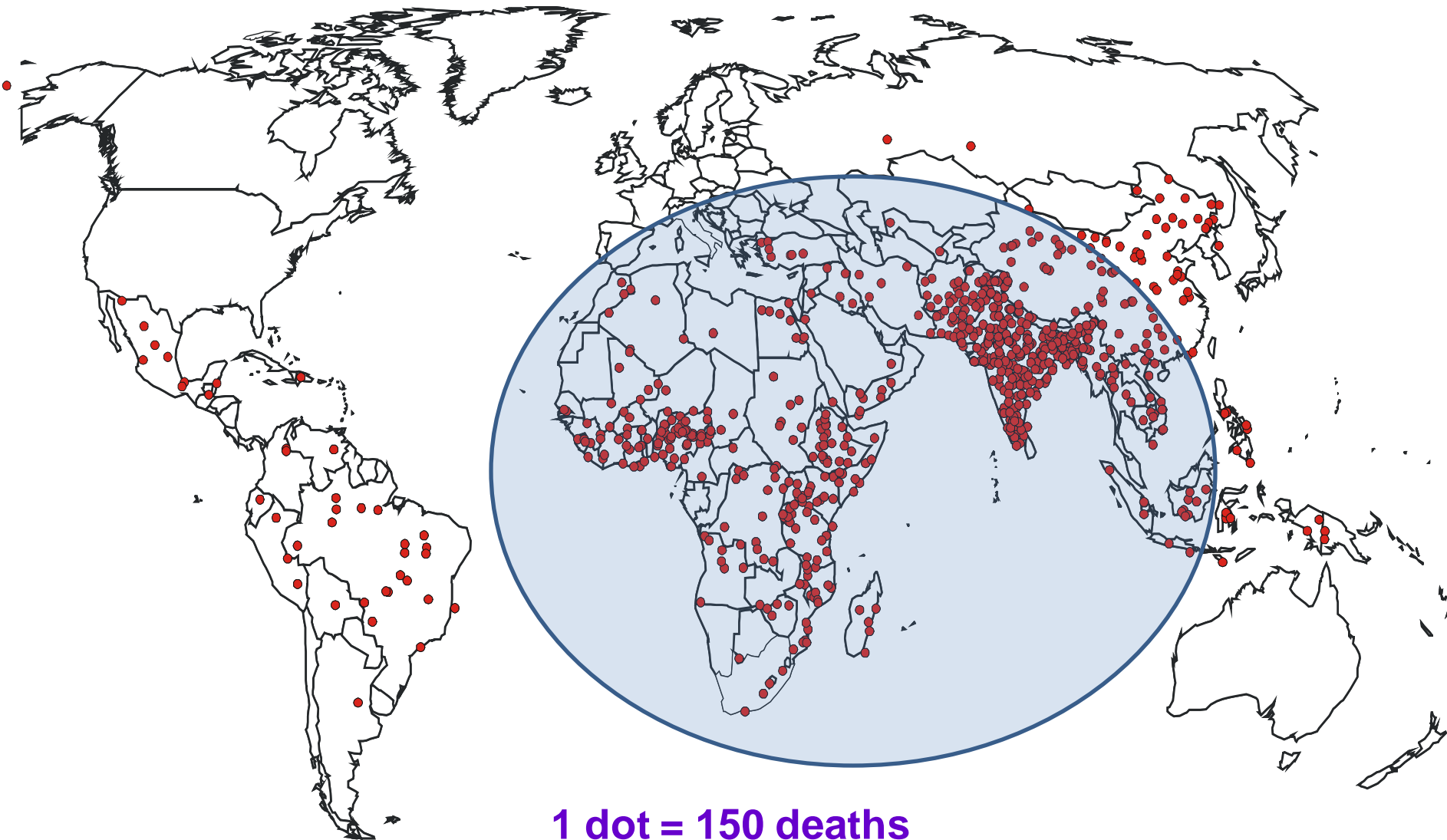
Developed Countries



Developing Countries



Rotavirus is a Major Cause of Child Mortality Worldwide -- ~200,000-250,000 Annual Deaths



Outline

- Burden of rotavirus disease
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Rotashield Implemented in 1998 in US

INFECTION DISEASES IN CHILDREN
THE JOURNAL OF THE AMERICAN SOCIETY OF CLINICAL INFECTIOUS DISEASES
Circulation: 28,000
February 1997
Rotavirus vaccine shown to be cost effective

NEWS VS. HISTORY
Honor due to Kapikian
Question: Which Washington area figure is better known for his role in the development of the rotavirus vaccine? The answer is: Walter Levinsky, Kenneth Starr or Albert Kapikian? You decide. Which of these people is likely to have a more profound effect on the world?
Kapikian's role in the development of the rotavirus vaccine is well known. He is the man who first identified the virus in 1968. He is also the man who led the team that developed the vaccine. He is the man who is credited with saving the lives of millions of children.
Winston-Salem Journal
September 8, 1995

The Virginian-Pilot
New vaccine may tame common childhood virus

The New York Times
F.D.A. Approves Vaccine for Childhood Diarrhea
By THE ASSOCIATED PRESS
Washington — The Food and Drug Administration Monday approved the first vaccine against a leading cause of childhood diarrhea, a virus that hospitalizes 55,000 American children a year and kills one million in other countries.

New Vaccine Passes Test For Disease In Children

HEALTHCARE REVIEW
Southern New England Edition (Massachusetts, Connecticut & Rhode Island)
Circulation: 52,000
Date: February/March 1997
Rotavirus: Affecting children and healthcare costs across the globe

Vaccine offers way to prevent child diarrhea

Pediatric News
Circulation: 28,416
Date: November 1996
Rotavirus Vaccine Cuts Diarrhea Hospitalizations

CDC



A Setback – Rotashield Withdrawn Within 1 Year Because of Association with Intussusception

CDC
CENTERS FOR DISEASE CONTROL AND PREVENTION

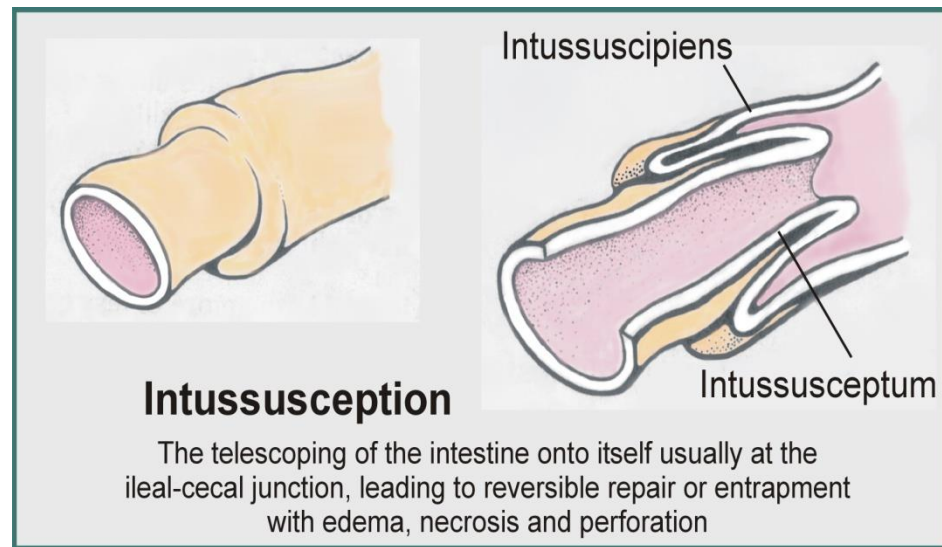
July 16, 1999 / Vol. 48 / No. 27

MMWRTM
MORBIDITY AND MORTALITY
WEEKLY REPORT

577	Intussusception Among Recipients of Rotavirus Vaccine — United States, 1998–1999
582	Outbreak of <i>Salmonella</i> Serotype Muenchen Infections Associated with Unpasteurized Orange Juice — United States and Canada, June 1999
585	Progress Toward Measles Elimination — Southern Africa, 1996–1998
590	Recommendations of the Advisory Committee on Immunization Practices: Revised Recommendations for Routine Poliomyelitis Vaccination

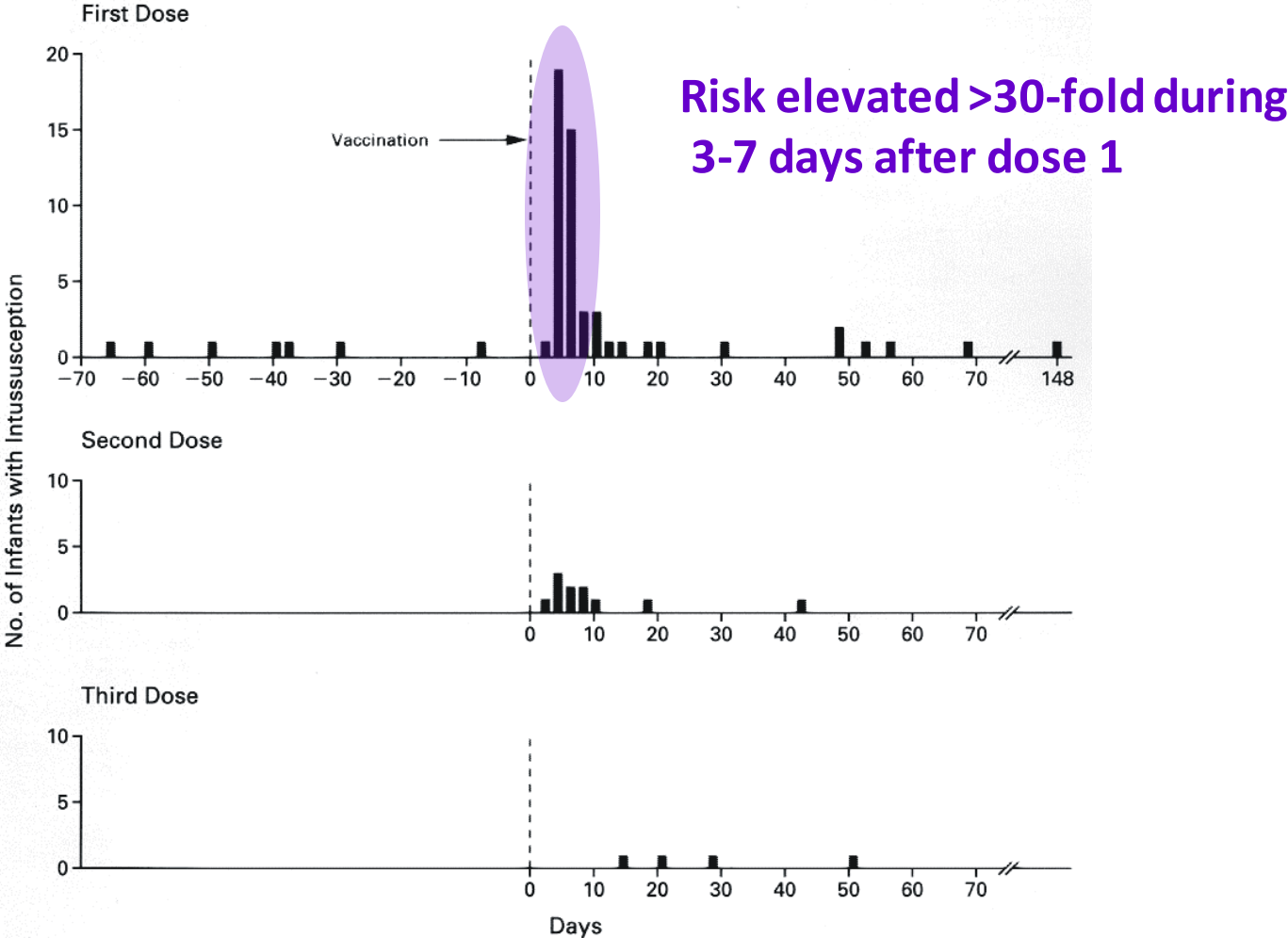
Intussusception Among Recipients of Rotavirus Vaccine — United States, 1998–1999

On August 31, 1998, a tetravalent rhesus-based rotavirus vaccine (RotaShield[®], Wyeth Laboratories, Inc., Marietta, Pennsylvania) (RRV-TV) was licensed in the United States for vaccination of infants. The Advisory Committee on Immunization Practices (ACIP), the American Academy of Pediatrics, and the American Academy of Family Physicians have recommended routine use of RRV-TV for vaccination of healthy infants (1,2). During September 1, 1998–July 7, 1999, 15 cases of intussusception (a bowel obstruction in which one segment of bowel becomes enfolded within another segment) among infants who had received RRV-TV were reported to the Vaccine Adverse Event Reporting System (VAERS). This report summarizes the clinical and epidemiologic features of these cases and preliminary data from ongoing studies of intussusception and rotavirus vaccine.



1 intussusception per 10,000 vaccinated infants

Intussusception Risk Greatest in First Week After Dose 1 of Rotashield



Murphy et al. NEJM 2001; 344:564-72.



The \$100 million question

**Will other oral rotavirus vaccines
also cause intussusception?**

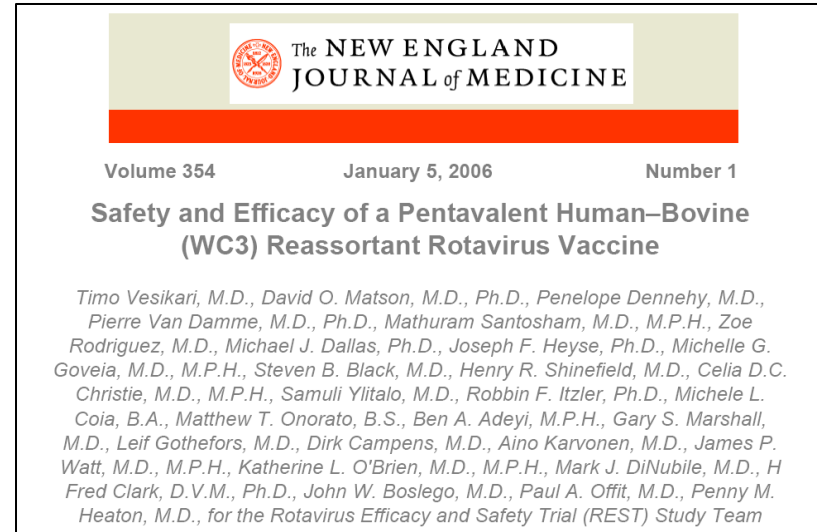
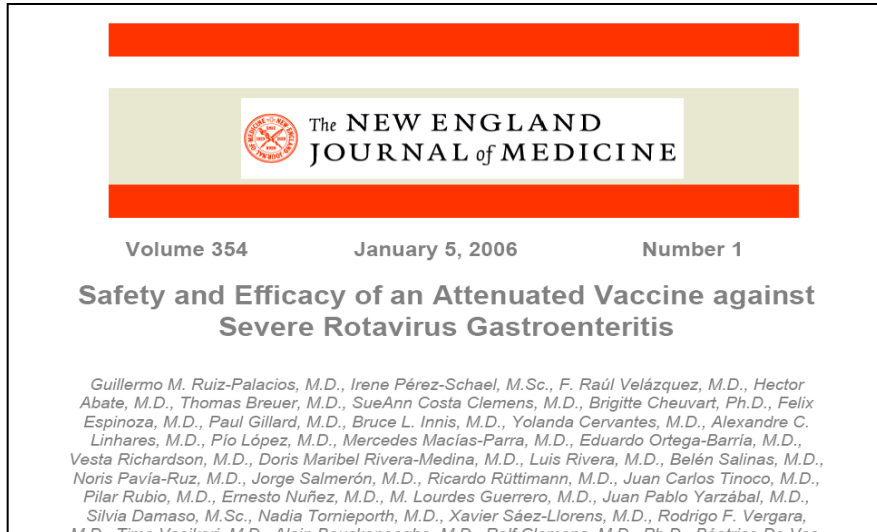
Will Other Oral Rotavirus Vaccines Also Cause Intussusception?

- Unique features of the rhesus strain in Rotashield®
 - High replication and shedding (>80%)
 - Fever in >30% and some vomiting/diarrhea
- No apparent link between intussusception and natural rotavirus infection
- *Not possible to confirm absence of risk without large and expensive trials (~US \$1 billion)*

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- **Current vaccines – RotaTeq and Rotarix**
- Remaining issues

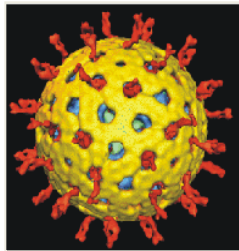
Two Oral Rotavirus Vaccines Licensed in 2006



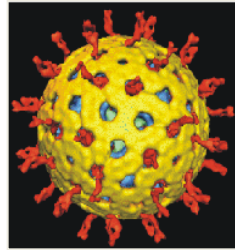
- Trials of 60-70,000 infants each
- No increased risk of intussusception
- Efficacy of 85%-98% against severe disease

RotaTeq (Merck & Co.)

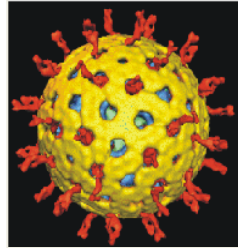
Bovine rotavirus with single human rotavirus gene substitution



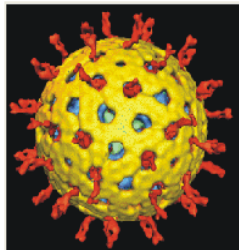
G1



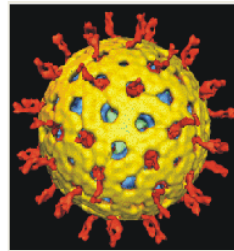
G3



P[8]



G2



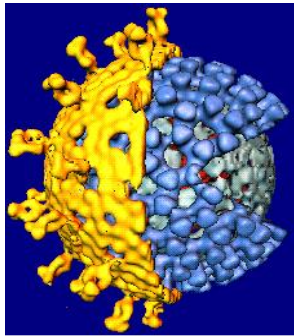
G4



3 doses

Rotarix (GSK)

Human rotavirus



G1P[8]



2 doses

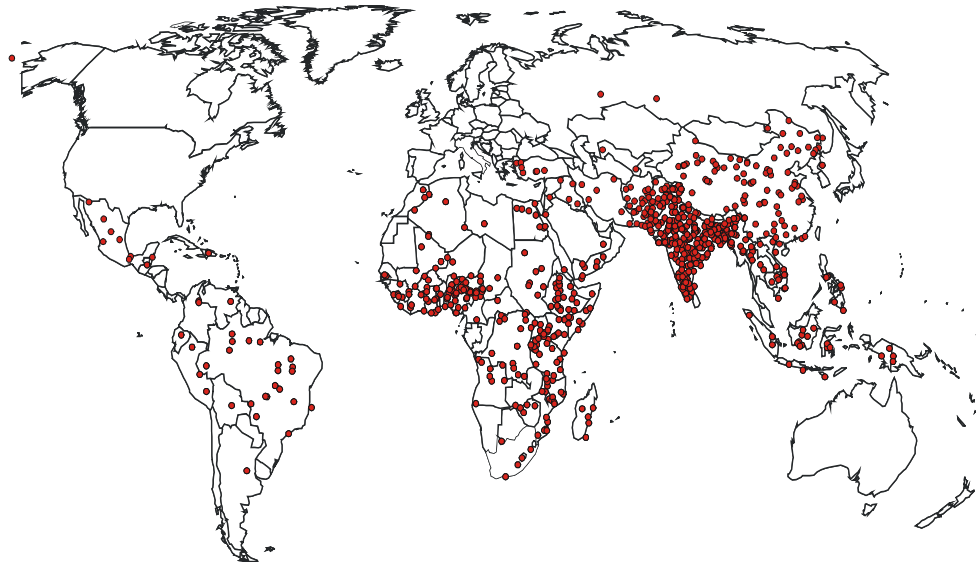
2009 – WHO Global Recommendation



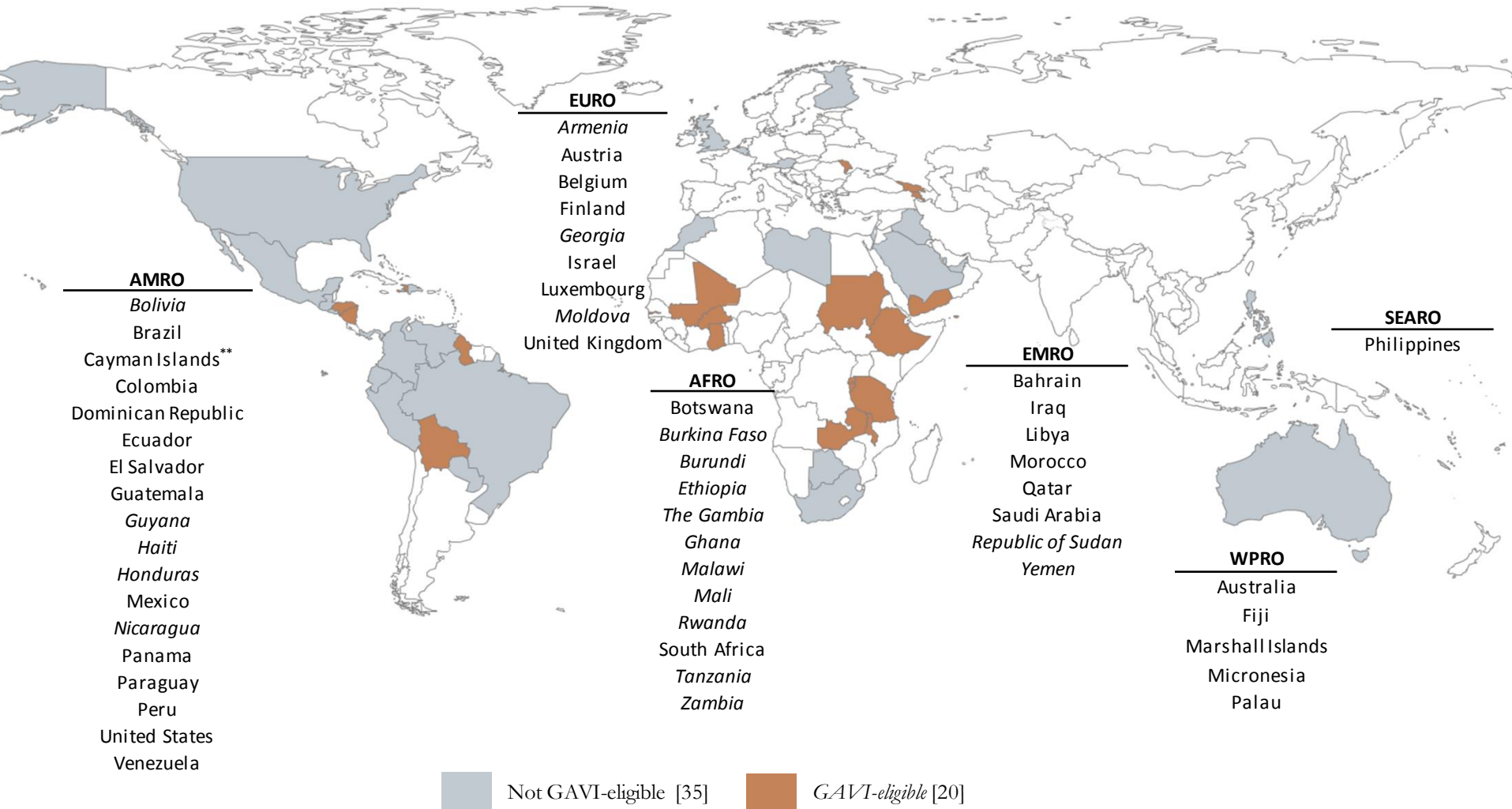
World Health
Organization



WHO Recommends Global Use of Rotavirus Vaccines
*Decision Could Help Protect Millions of Children in Africa and Asia
from Lethal Diarrheal Disease*



National RV introductions by WHO region: 55 countries*



*National introductions by WHO region as of 28 March 2014

**Not a WHO member state

RV= rotavirus vaccine

Rotavirus Vaccines in USA

- Feb 2006 – RotaTeq recommended
- June 2008 – Rotarix recommended



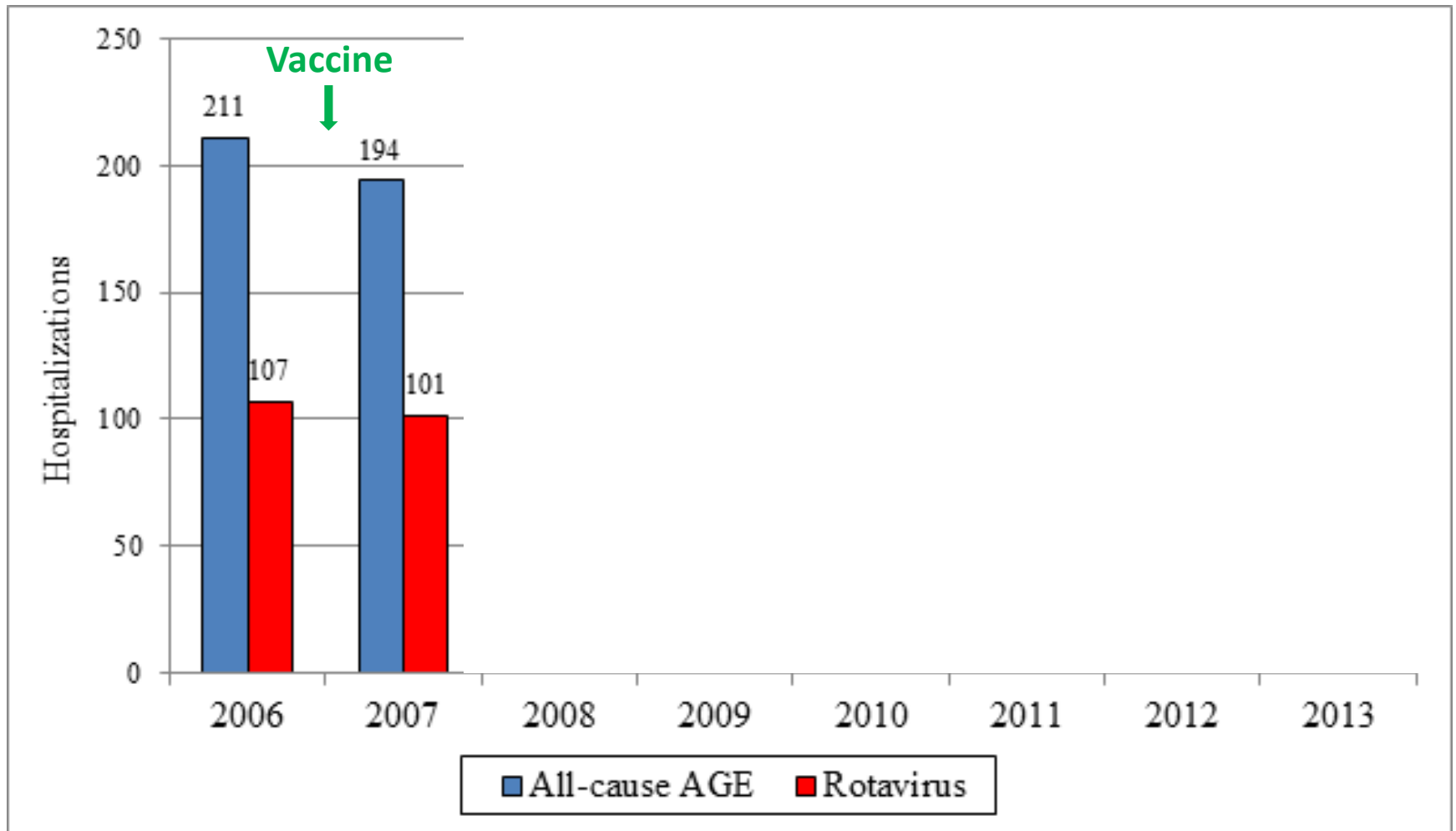
Active Rotavirus Surveillance

- Active surveillance in 3 US counties
- Enrollment of inpatients, emergency room patients, and outpatients with AGE
- Fecal specimens obtained and tested for rotavirus



University of Rochester
Cincinnati Children's
Hospital Medical Center
Vanderbilt University

Impact on All-Cause and Rotavirus-Specific Gastroenteritis Hospitalizations in USA



Age-Specific Rotavirus Hospitalization Rate Reduction and Vaccine Coverage, USA

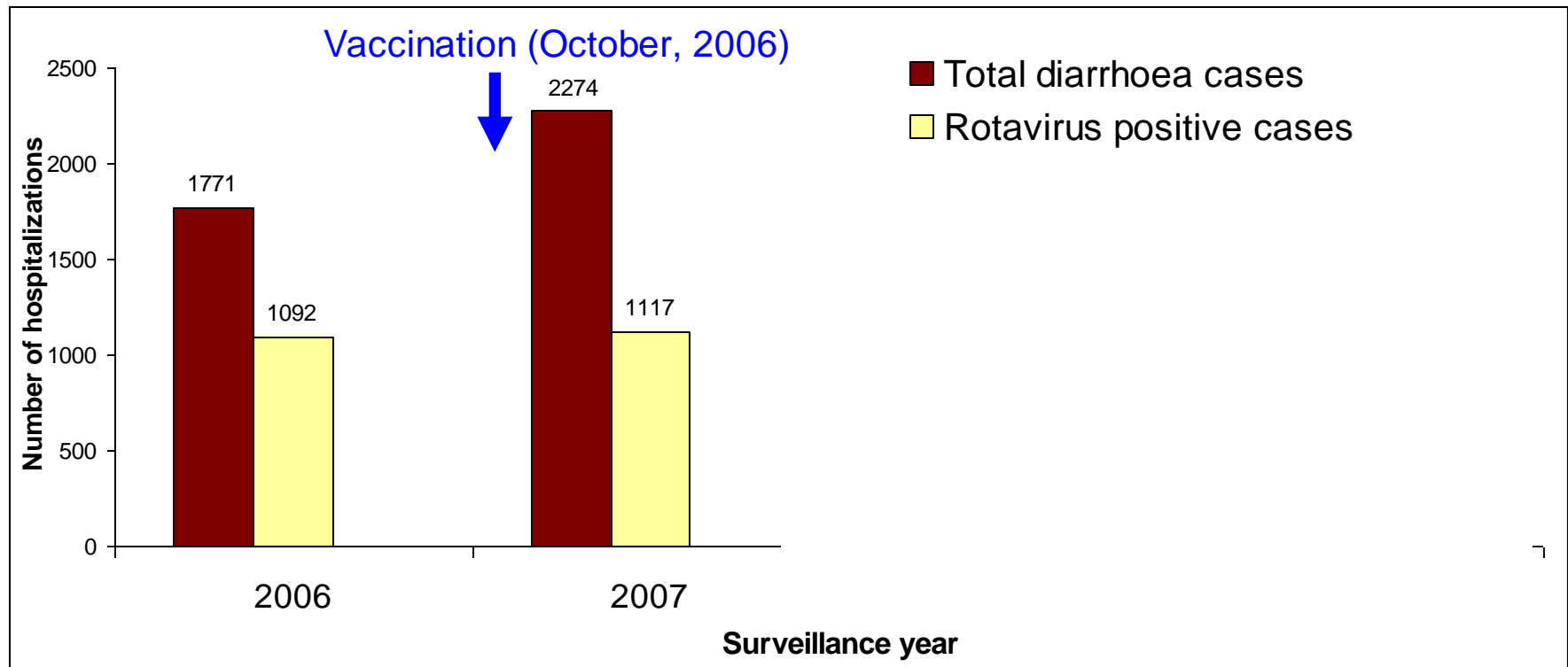
Age	Decline in rotavirus hospitalization rate (2008 vs. 2006)	Rotavirus vaccine coverage in 2008 (≥ 1 dose)
< 1 year	66%	56%
1 -< 2 years	95%	44%
2 -< 3 years	85%	<1%

This age cohort was ineligible to receive rotavirus vaccine

Herd immunity?

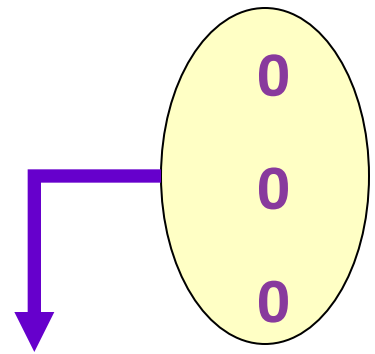
Impact on Rotavirus and All-Cause Gastroenteritis Hospitalizations in Children, El Salvador

70-80% reduction in rotavirus hospitalizations children < 5 years



Herd Protection: Reduction in Rotavirus among UNVACCINATED Age Groups in El Salvador

Age	Decline in rotavirus hospitalization rate (2008 vs. 2006)	Rotavirus vaccine coverage in 2008 (>=1 dose)
< 1 year	84% (80 to 88)	76%
1 year	86% (82 to 89)	84%
2 years	65% (50 to 75)	0
3 years	41% (-7 to 68)	0
4 years	68% (29 to 85)	0



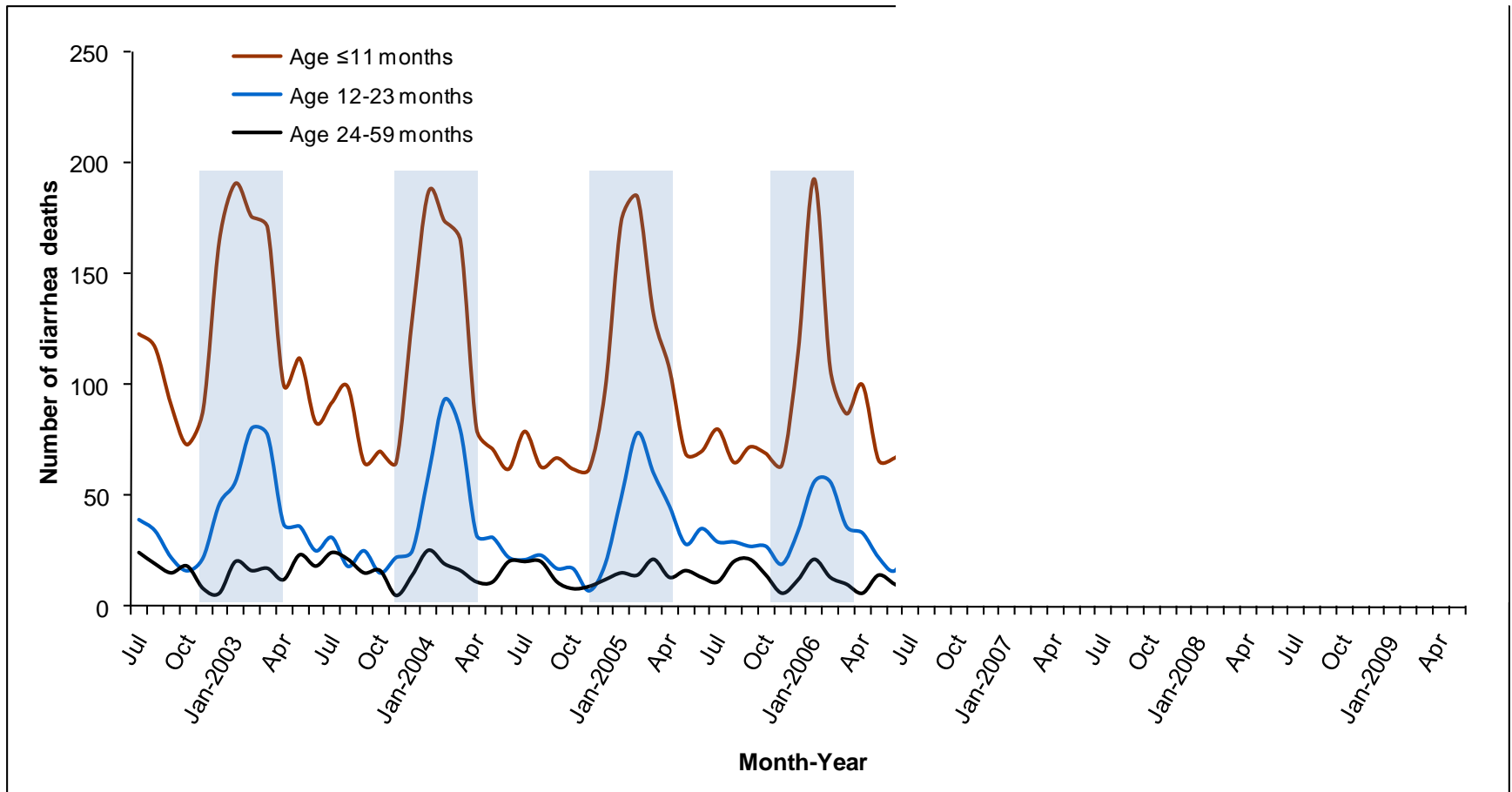
These age cohorts were ineligible to receive rotavirus vaccine

First evidence of impact of vaccine on diarrhea mortality in Mexico

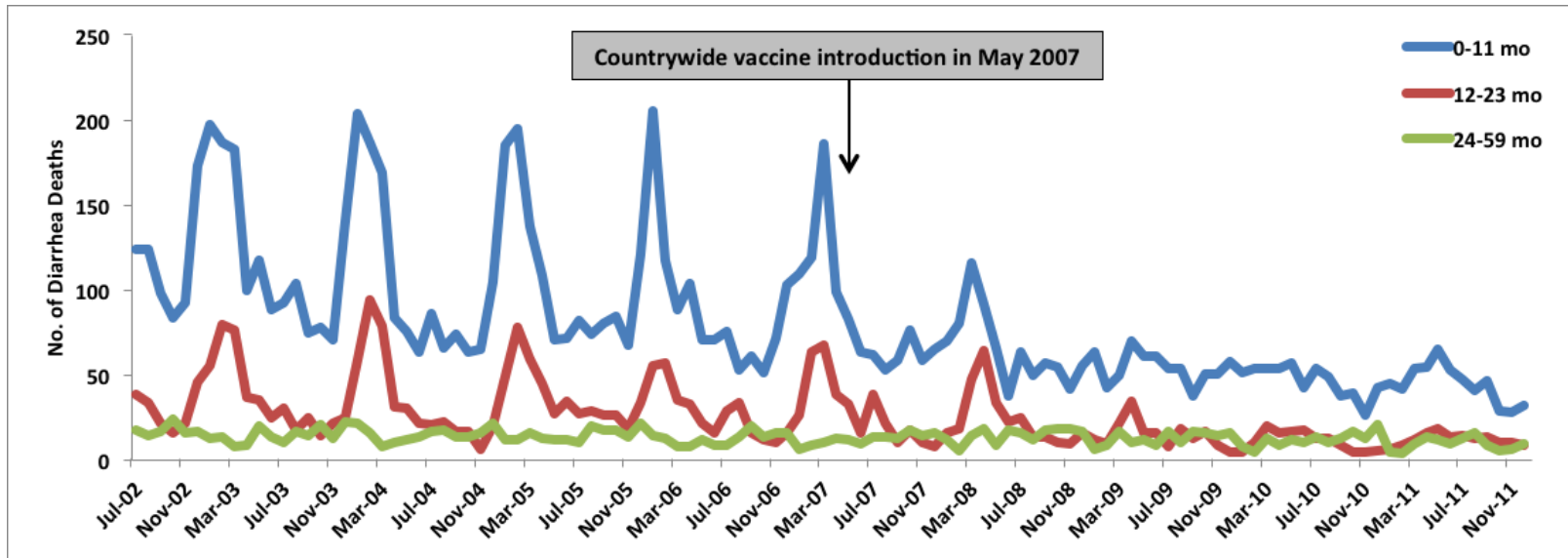


ORIGINAL ARTICLE

Effect of Rotavirus Vaccination on Death from Childhood Diarrhea in Mexico



Mortality decline sustained for four years post vaccine implementation in Mexico



Rotavirus Vaccine Experience to Date



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- **Remaining issues & challenges**

How well will live oral rotavirus vaccines work in the developing world?

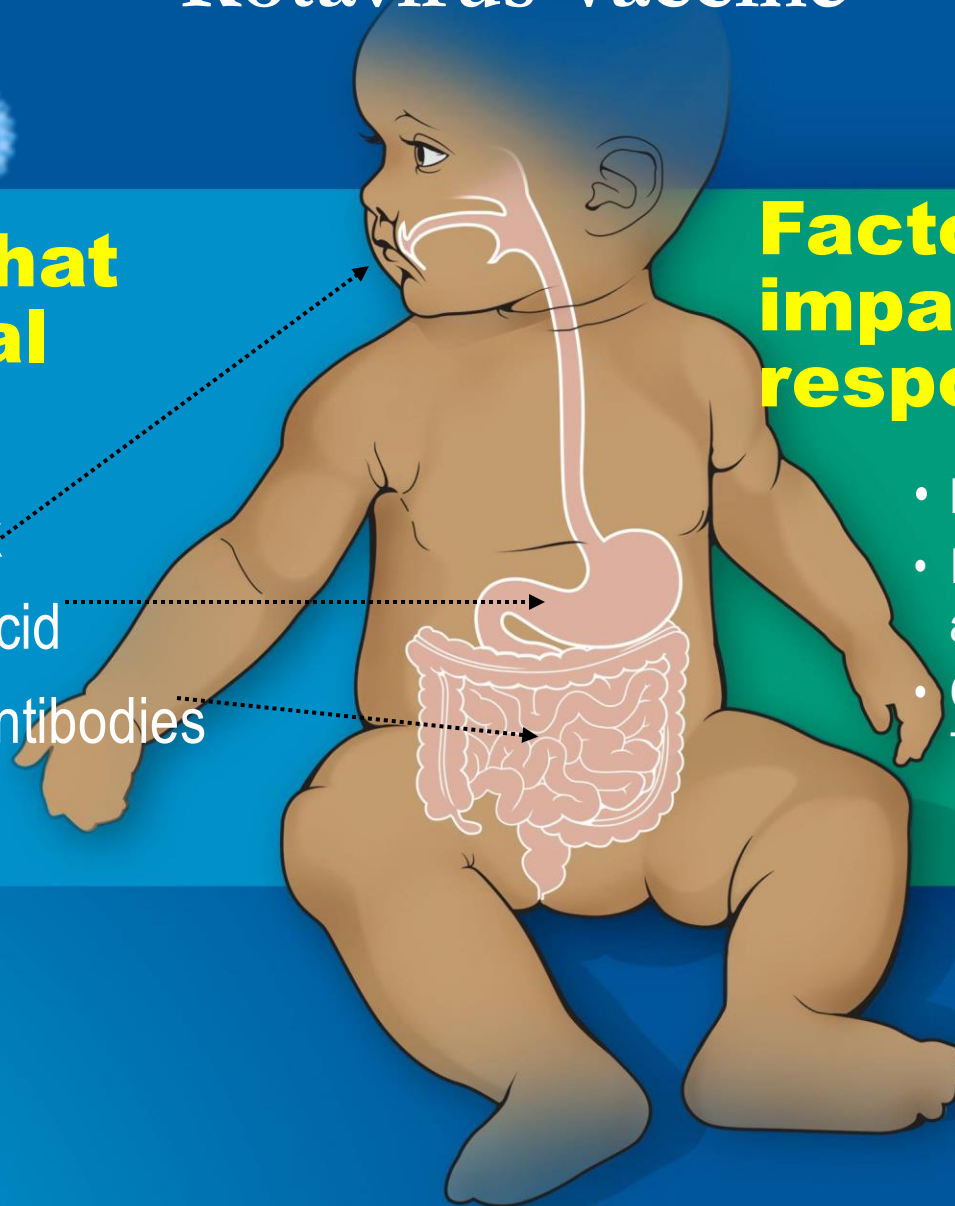
Hurdles to Immunization for a Live Oral Rotavirus Vaccine

Factors that lower viral titer

- Breast milk
- Stomach acid
- Maternal antibodies
- OPV

Factors that impair immune response

- Malnutrition - Zn, Vit A
- Interfering microbes- viruses and bacteria
- Other infections- HIV, malaria, TBC



The NEW ENGLAND JOURNAL of MEDICINE

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Effect of Human Rotavirus Vaccine on Severe Diarrhea in African Infants

Shabir A. Madhi, M.D., Nigel A. Cunliffe, M.B., Ch.B., Ph.D., Duncan Steele, Ph.D., Desirée Witte, M.D.,
Mari Kirsten, M.D., Cheryl Louw, M.D., Bagrey Ngwira, M.D., John C. Victor, Ph.D., M.P.H., Paul H. Gillard, M.D.,
Brigitte B. Cheuvart, Ph.D., Htay H. Han, M.B., B.S., and Kathleen M. Neuzil, M.D., M.P.H.



THE LANCET

Volume 376 ■ Number 9741 ■ Pages 606-614 and 615-623 ■ 06 August 2010

www.thelancet.com

Efficacy of pentavalent rotavirus vaccine against severe rotavirus gastroenteritis in infants in developing countries in sub-Saharan Africa: a randomised, double-blind, placebo-controlled trial

George E Armah, Samba O Sow, Robert F Breiman, Michael J Dallas, Milagritos D Tapia, Daniel R Feikin, Fred N Binka, A Duncan Steele, Kayla F Laserson, Nana A Ansah, Myron M Levine, Kristen Lewis, Michele L Coia, Margaret Attah-Poku, Joel Ojwando, Stephen B Rivers, John C Victor, Geoffrey Nyambane, Abraham Hodgson, Florian Schödel, Max Ciarlet, Kathleen M Neuzil



Efficacy of pentavalent rotavirus vaccine against severe rotavirus gastroenteritis in infants in developing countries in Asia: a randomised, double-blind, placebo-controlled trial

K Zaman, Dang Duc Anh, John C Victor, Sunheang Shin, Md Yunus, Michael J Dallas, Goutam Podder, Vu Dinh Thiem, Le Thi Phuong Mai, Stephen P Luby, Le Huu Tho, Michele L Coia, Kristen Lewis, Stephen B Rivers, David A Sack, Florian Schödel, A Duncan Steele, Kathleen M Neuzil, Max Ciarlet



Moderate Efficacy of Rotavirus Vaccines in Africa and Asia

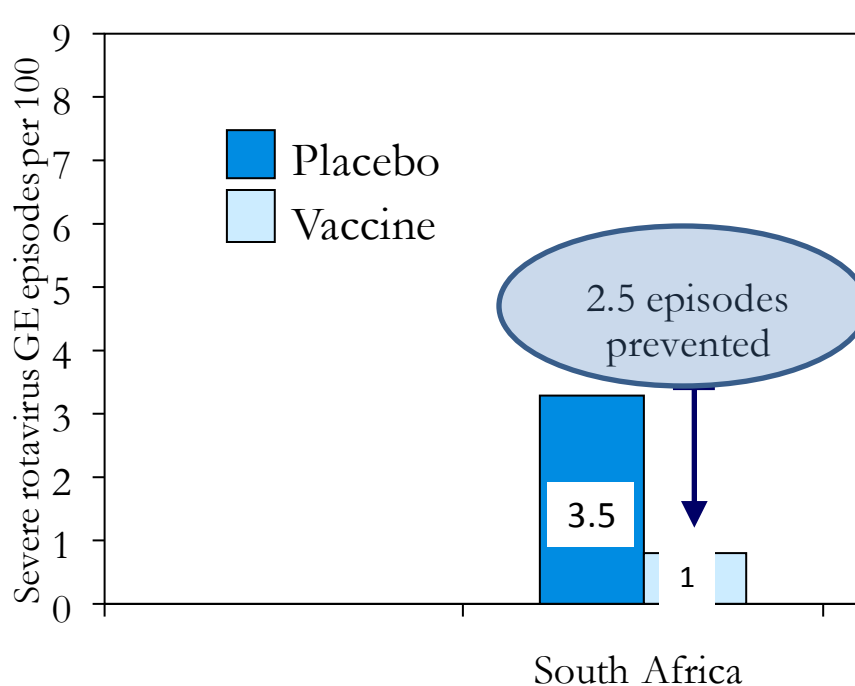
Vaccine	Region	Countries	Efficacy (95%CI)
RotaTeq	Africa	Ghana, Kenya, Mali	64% (40%-79%)
RotaTeq	Asia	Bangladesh, Vietnam	51% (13%-73%)
Rotarix	Africa	South Africa, Malawi	62% (44%-73%)

Armah et al. Lancet 2010
Zaman et al. Lancet 2010
Madhi et al NEJM 2010

What does 50% efficacy mean?

Would you rather have 99% of my salary or 1% of Bill Gates'?

Despite Lower Efficacy, RV1 Prevented More Severe Rotavirus AGE in Malawi Because of Higher Burden

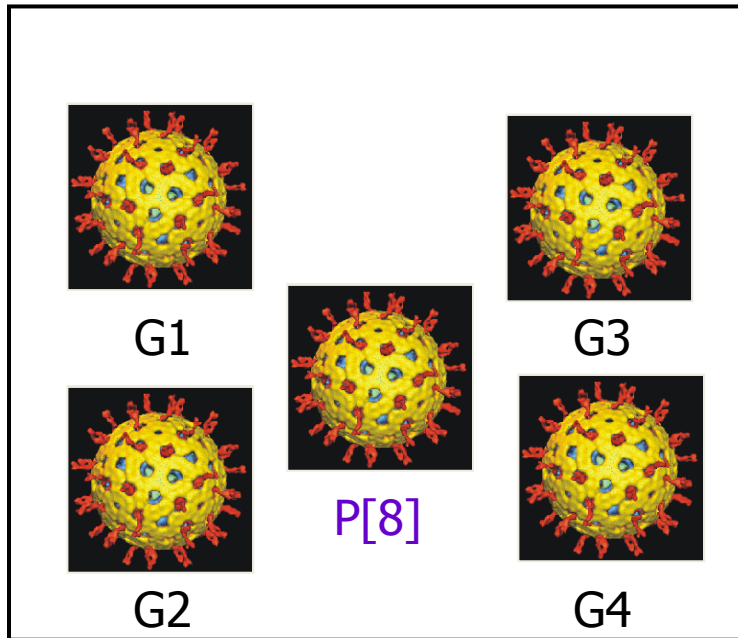


Efficacy 77%

**How well will vaccines protect
against range of strains?**

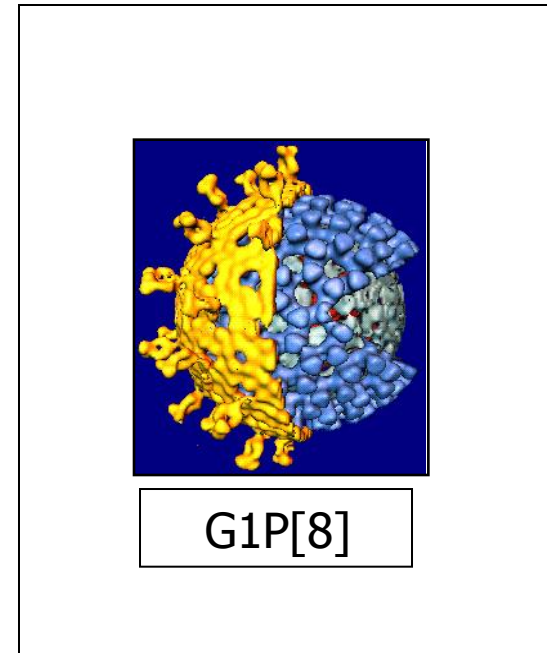
RotaTeq is Pentavalent & Rotarix is Monovalent

RotaTeq



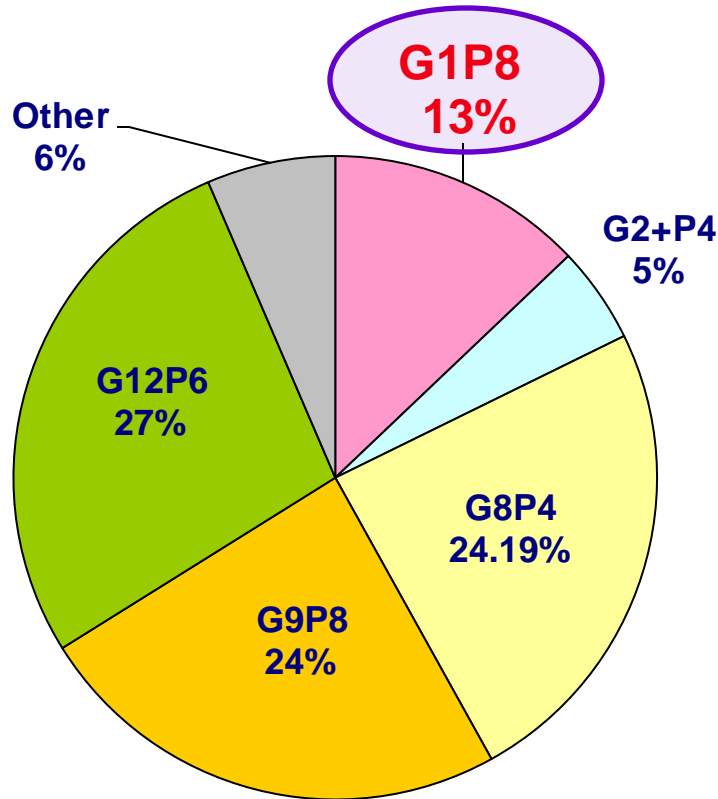
Five bovine-human
rotavirus strains

Rotarix

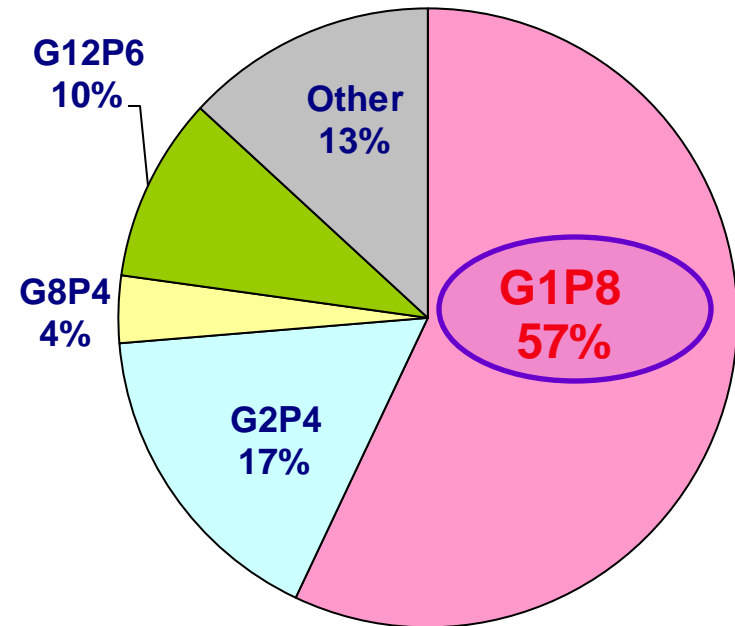


Single human
rotavirus strain

Great Strain Diversity in African Rotarix Trial

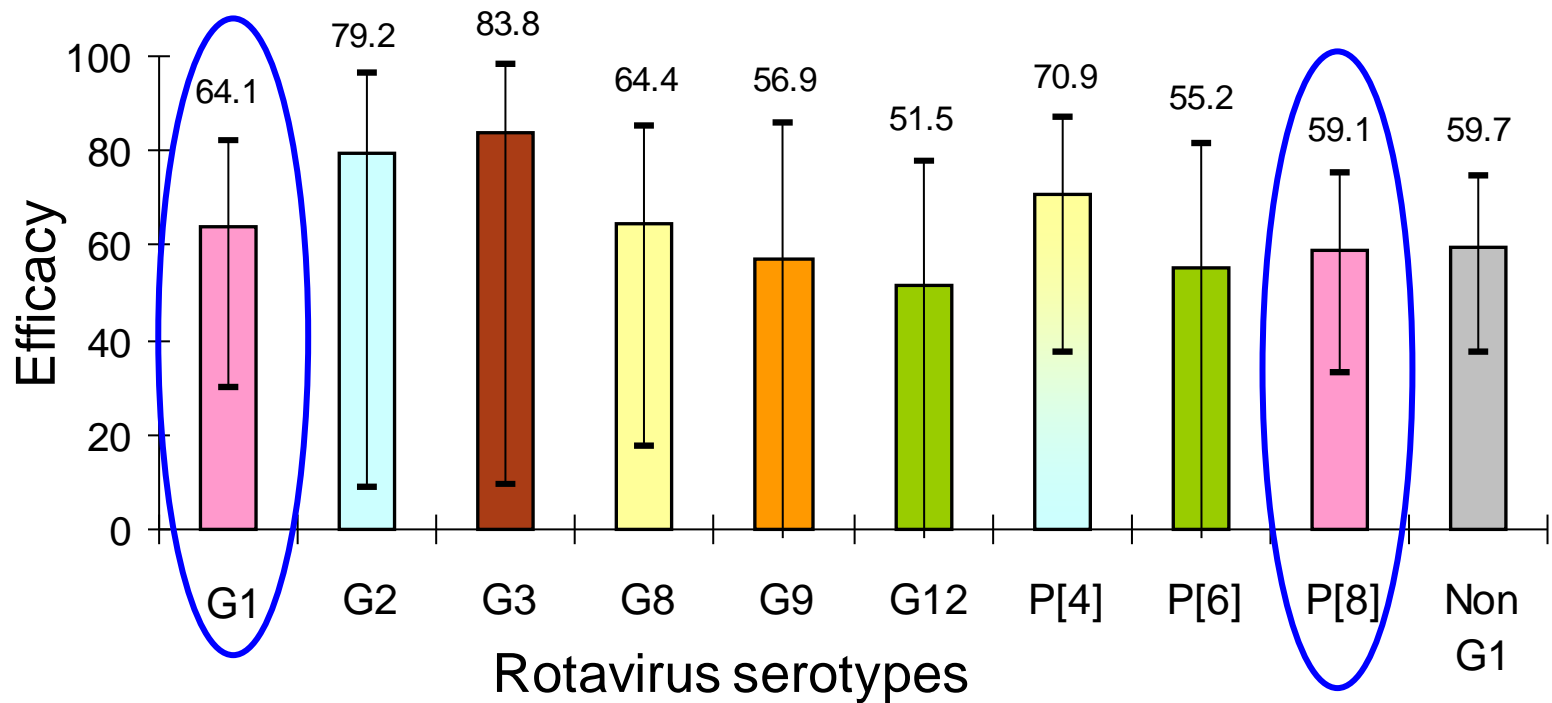


Malawi



South Africa

Rotarix (G1P8) Efficacy Similar Against Disease Caused by Vaccine & Non-Vaccine Strains



Increase in G2P4 Prevalence after Use of Rotarix (G1P8) in Brazil Raises Concern

Predominance of Rotavirus P[4]G2 in a Vaccinated Population, Brazil

**Gurgel et al, EID, 13(10), 2007*

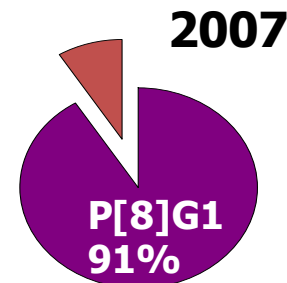
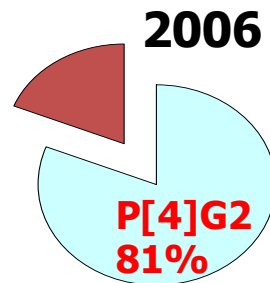
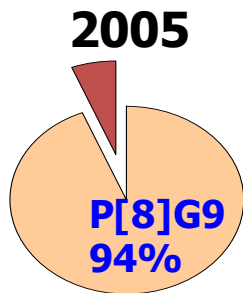


RAPID COMMUNICATION

Apparent extinction of non-G2 rotavirus strains from circulation in Recife, Brazil, after the introduction of rotavirus vaccine

**Nakagomi et al, Arch Vir 153(3); 2008*

Is increasing prevalence of G2P[4] in Brazil caused by vaccine pressure or is it just natural variation?



El Salvador
Rotarix, 2006
(**opposite of Brazil**)

High Rotarix (G1P8) Effectiveness against Non-Vaccine Strains in Several Countries

Country	Post-vaccine strains	Vaccine Effectiveness (95% CI)
Brazil	G2P[4]	85% (54, 95)

High Rotarix (G1P8) Effectiveness against Non-Vaccine Strains in Several Countries

Country	Post-vaccine strains	Vaccine Effectiveness (95% CI)
Brazil	G2P[4]	85% (54, 95)
Mexico	G9P[4]	94% (16, 100)

High Rotarix (G1P8) Effectiveness against Non-Vaccine Strains in Several Countries

Country	Post-vaccine strains	Vaccine Effectiveness (95% CI)
Brazil	G2P[4]	85% (54, 95)
Mexico	G9P[4]	94% (16, 100)
Bolivia	G9P[8]	84% (64, 92)
	G2P[4]	71% (19, 90)
	G3P[8]	92% (60, 98)
	G9P[6]	87% (-10, 98)

**Will new Rotavirus Vaccines
cause Intussusception?**

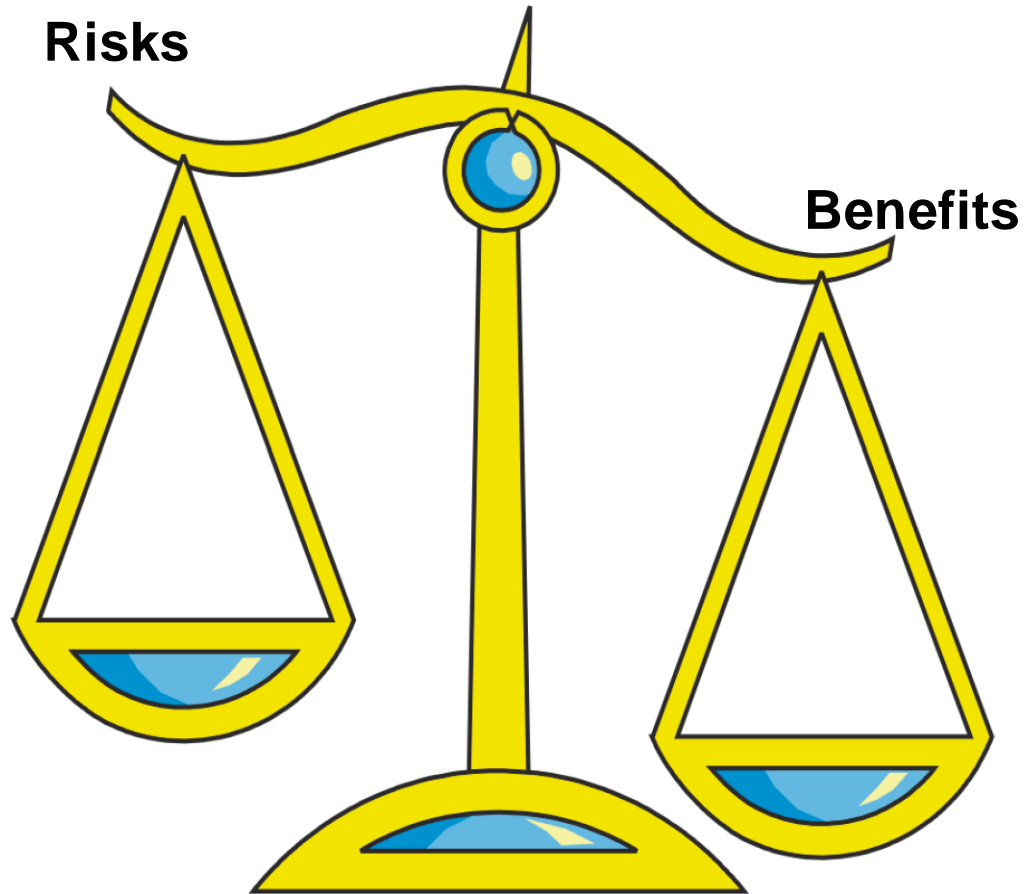
Why Continue to Monitor Intussusception?

- Pre-licensure trials large
 - but powered to exclude large (~10-fold) increase in risk within 30-42 days of any dose
- Further monitoring to evaluate lower risk in shorter time periods after vaccination

Post-Licensure Intussusception Data

- Low risk of intussusception in many countries
 - US, Australia, Brazil, Mexico
 - ~1-6 excess cases per 100,000 vaccinated
 - With both vaccines

How does risk compare with benefits?



Benefits vs. Risks of Vaccination

	Diarrhea Hospitalizations (Deaths) Prevented	Intussusception Cases (Deaths) Caused
Mexico	11,600 (663)	41 (2)
Brazil	69,600 (640)	55 (3)
Australia	7,000 (0)	6 (0)
US	53,000 (16)	48 (0)

*



2006-2013

***Incredible years for new rotavirus vaccines!...
And great promise for the future!!***

Many Opportunities Ahead -- Rotavirus Vaccines Implemented in Africa in 2012



GHANA



RWANDA



TANZANIA



MALAWI

Acknowledgements

PATH

PAHO/WHO

Ministries of Health

GAVI Alliance

BMGF

