Global Rotavirus Information and Surveillance Bulletin Reporting Period: January through December 2008

Volume 1: December 2009



Comments on this Bulletin are Welcome. Please Email Dr. Carsten Mantel (mantelc@who.int)

This is the first twice-yearly WHO Global Rotavirus Surveillance Bulletin to describe sentinel surveillance for rotavirus infection among hospitalized children under five years of age and to summarize collated surveillance data for 2008. This Bulletin is the culmination of years of effort by many partners to provide such routine and standardized information.

Rotavirus Disease Burden on Children and Rotavirus Vaccination

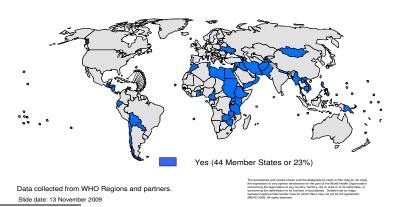
Diarrhoeal diseases account for 17% of the 10.4 million deaths among children <5 years of age globally. Among children aged <5 years, rotavirus infection is the leading cause of severe acute diarrhoeal disease, accounting for an estimated 527,000 deaths annually, and is a leading cause of hospitalizations for diarrhoea² reflecting a significant cost in health resources. Rotavirus was first isolated in 1973, and vaccine development has been a priority to prevent the large burden of disease. With the licensure of two new rotavirus vaccines in 2006, the global health community now has the tools to prevent a major contributor to childhood death and severe illness.

The WHO Rotavirus Surveillance Network

The main purpose of the WHO rotavirus surveillance system is to provide data to decision makers regarding the introduction of rotavirus vaccine and to monitor the impact of vaccination. The system focuses on hospitalized children and provides information on the proportion of hospitalized diarrhoea caused by rotavirus. Prior to 2008, rotavirus surveillance networks in the WHO regions of the Americas, Europe, Africa and Eastern Mediterranean were coordinated by the respective WHO Regional Offices with funding through the rotaADIP and technical support from the Centers for Disease Control and Prevention, Atlanta (CDC). Surveillance in Asia was conducted by the Asian Rotavirus Surveillance Network (ARSN) supported by CDC. In 2008, the coordination of the ARSN was transitioned to the WHO regional offices in the South-East Asia and Western Pacific Regions. Thus all the regional surveillance networks are now coordinated by WHO Regional Offices, using standard definitions, core dataset and laboratory methods, with financial support provided to Global Alliance for Vaccines and Immunisation (GAVI) eligible countries. In the coming years, global surveillance will continue to be strengthened as more countries join the WHO network. During 2008, 44 WHO Member States were part of the network (Figure 1.)

Rotavirus Surveillance

Figure 1. Countries Participating in the WHO Network, 2008



The global burden of disease: 2004 update. http://www.who.int/healthinfo/global_burden_disease/GBD_report_2004update_part2.pdf

³ WHO. Generic protocols. (i) hospital-based surveillance to estimate the burden of rotavirus gastroenteritis in children and (ii) a community-based survey on utilization of health care services for gastroenteritis in children, 2002, WHO/V&B/02.15, http://www.who.int/vaccines-documents/DocsPDF02/www698.pdf

The WHO Rotavirus Surveillance Network Continued

Each participating country has at least one "core sentinel" reporting site in a major hospital. Children <5 years of age admitted for treatment of acute gastroenteritis/diarrhoea are enrolled and have stool samples collected that are tested for rotaviruses, usually at a laboratory in the country. It is planned to establish at least one "enhanced population based site" per WHO region that will determine the population incidence of severe rotavirus diarrhoea.

Rotavirus Detection (refer to page 3 for detailed data)

During 2008, over 41,000 children <5 years of age were enrolled in the WHO rotavirus surveillance network. Among these children, the overall annual rotavirus detection in the six WHO regions ranged from 27% in the region of the Americas to 52% in the Western Pacific region. Some regions saw a seasonal variation in rotavirus disease, with a peak in the first quarter of 2008 in the American (AMR) and European regions; seasonal variability was less marked in the African and Eastern Mediterranean regions (Figure 2). Globally, five countries, all within AMR, participating in the surveillance network had introduced rotavirus vaccine prior to or during 2008 (Table 1). Within AMR, countries that had introduced vaccine for more than 2 years before data collection (i.e. in 2006) appeared to have the lowest rotavirus detection rates.

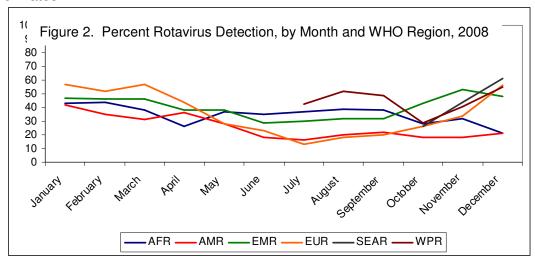


Table 1. Rotavirus Vaccine Use and Percent Rotavirus Detection, by Country, AMR, 2008

Country	Rotavirus Vaccine In Use?	Year of Vaccine Introduction	% Rotavirus Positive
El Salvador	Yes	2006	11
Nicaragua	Yes	2006	17
Panama	Yes	2006	8
Ecuador	Yes	2007	32
Bolivia	Yes	2008	48
Chile	No	-	27
Guatemala	No	-	33
Honduras	No	-	36
Paraguay	No	-	16

Spotlight on WHO Regional Offices

WHO Regional Offices coordinate planning and implementation of the rotavirus surveillance network with Ministries of Health and other public health partners in each country. Regional Offices develop and share feedback bulletins, conduct training, coordinate activities, support laboratories and monitor data quality.

WHO GLOBAL ROTAVIRUS SURVEILLANCE SYSTEM BULLETIN, REPORTING PERIOD: JANUARY-DECEMBER 2008 No. of acute Year of diarrhoea introduction of hospitalizations i lumber (No.) and percent (%+ive*) of total eligible acute diarrhoea cases (with CRF and stool specimen collected)** that tested positive for rotavirus among cases who had stool specimens tested the vaccine in Total No. of No. of total children <5 years the infant reporting eligible acute ligible for Country/ Site national sites liarrhoea case enrollment immunizatior that were 2008 Total schedule Total January February September enrolled % +ve No. No. No. % +ve No. No. % +ve No. % +ve No. % +ve % +ve No. % +ve No. % +ve % +ve Year No. No. No. 4,030 3,838 44 513 221 21 3,838 ameroon Ethiopia Ghana Kenya Inited Republic of Tanzania 1.039 Jganda Zimbabwe AMR 22,821 13,761 1,270 1,120 1,063 10,318 1,501 Bolivia (Plurinational State of) 2 213 1.830 1,082 Chile 1,831 1,082 Ecuador 3.011 4,159 1,935 1.853 El Salvador 1,190 uatemala 2,945 1.381 1.907 4,255 4,090 Honduras 1,638 2,788 1,637 Nicaragua 1,185 1,185 Panama Paraguay 949 29 EMR 14,640 1,038 1,084 1,062 1,123 11,446 Afghanistan 1,271 1,271 Egypt Iran (Islamic Republic of) 1,178 1,177 Jordan ibyan Arab Jamahiriya 1.028 orocco)man Pakistan 4,414 1.579 1,718 udan 1.844 Syrian Arab Republic Tunisia Yemen EUR^2 6,280 4,801 4.801 Azerbaijan 1,041 1.004 Georgia ND ND ND ND Republic of Moldova NDND ND Tajikistan 1.741 1.009 ND1.009 Ukraine 1,794 1,547 1.547 SEAR 87 44 163 61 Myanmar Nepal WPR³ 13,839 4,050 3,535 Cambodia ao People's Democratic Republic Aongolia Papua New Guinea Philippines 2,193 Viet Nam 12,158 2,228

34,262

Performance indicate

47,453

*Percent positive breakdown:

>= 40% of tested samples were positive for Rotavirus
>=20% and <40% of tested samples were positive for Rotavirus
>=10% and <20% of tested samples were positive for Rotavirus
<10% of tested samples were positive for Rotavirus

ND No data available

^{**}Suspect case of rotavirus = a child under 5 years of age admited for treatment of acute gastroenteritis/diarrheoa to a sentinel hospital conducting surveillance

The data used from this bulletin and on the website are in the public domain. While there should be no restrictions on the use of information, users are asked to acknowledge the source of the data at: www.who.int/nuvi.

WHO gratefully acknowledges the contribution of participating member states and their efforts to ensure high standards of completeness and accuracy, and their willingness to share data in the interests of collaboration on improving the health of children

^{1.} AFR: the number of children enrolled is used in calculations to approximate the number of children who were enrolled with samples that were tested

^{2.} Azerbaijan did not implement surveillance in December 2008. The Republic of Moldova implements rotavirus surveillance from June 2008.

^{3.} WPR: monthly data is available from July through December; however, totals are available for the entire year