Notes

**Background**
As you will be aware, there will be a number of important changes to the Scottish immunisation programme in 2013-14.

A rotavirus immunisation programme will be introduced into the routine childhood immunisation programme from 1 July 2013 for infants aged 2 and 3 months.

Rotavirus is a very common and potentially serious infection of the gut in young babies.¹

**Rationale of resource**
This resource is designed to support registered healthcare practitioners involved in discussing vaccination with parents/guardians and providing them with evidence based information about vaccination against rotavirus and guidance on the administration of this new vaccine.
Key Message

Rotavirus is the most common cause of gastroenteritis in young children. Most children will experience at least one infection with rotavirus by the time they are five years old, with some requiring hospitalisation for dehydration.

• An oral vaccine against rotavirus is being introduced into the infant immunisation programme at the 2 and 3 month appointments
• Rotavirus vaccination should significantly reduce rotavirus gastroenteritis in young children

Notes
Aims of resource

- To support staff involved in discussing vaccination against rotavirus with parents/carers by providing evidence based information
- To raise awareness of rotavirus epidemiology and the benefits of rotavirus vaccination for young infants
- To provide guidance on the administration of this new oral vaccine, including how to administer the vaccine, contraindications, precautions and potential adverse reactions

Notes

The key roles of registered healthcare practitioners in relation to vaccination against rotavirus:

- To advise parents/carers that it is strongly recommended that their infant is vaccinated against rotavirus
- Explain what rotavirus infection is, its potential complications and that vaccination will provide protection to young infants against the main strains of rotavirus
- Explain which vaccine will be used, the contraindications and possible side effects to vaccination and the evidence for this new vaccination programme
- To safely administer this new oral vaccine to young infants
- To ensure vaccination is administered according to the schedule
- To ensure any adverse events are managed and reported appropriately
- To ensure vaccination is recorded appropriately, along with other infant immunisations.
Learning outcomes

After completing this resource registered healthcare practitioners will be able to:

• Describe the aetiology and epidemiology of rotavirus
• Have an understanding of how rotavirus is transmitted and the potential complications of infection in infants
• Discuss the importance of vaccination against rotavirus
• Have a knowledge of the contraindications for rotavirus vaccination
• Safely administer the vaccine
• Have an understanding of potential adverse reactions and how to report these
• Be aware of sources of additional information

Notes
Contents

• What is rotavirus?
• Why vaccinate against rotavirus?
• Vaccination against rotavirus – the use of Rotarix®
• The role of registered healthcare practitioners
• Resources
What is rotavirus?

Notes
What is rotavirus?

- Rotavirus is a virus that causes gastroenteritis in particular in infants and young children
- Estimated that all children will become infected with rotavirus at least once by the time they are five years old
- Estimated that rotavirus causes around half of all gastroenteritis in children aged under five years

Notes

Rotavirus is a leading cause of gastroenteritis in infants and children throughout the world.

Gastroenteritis can have a number of possible causes, including norovirus infection or food poisoning. However, rotavirus is the leading cause in children.

It is a ubiquitous virus, virtually all children, rich or poor, living in the industrialised or developing world will become infected with rotavirus at least once by the time they are five years old. Individuals can have repeat infections, but the repeat infections tend to be less severe than the original infection.²

Rotavirus is so named because of its wheel like appearance under the electron microscope – the name rotavirus being derived from the Latin *rota*, meaning wheel.

There are a number of different strains of rotavirus. The vaccine protects against the most common circulating strains.
What is rotavirus?

**Incubation period**
The incubation period is approximately 2 days.

**Infectious period**
Shedding of the virus in faeces may begin before the onset of major symptoms and may continue for several days after symptoms have resolved.

Notes

The incubation period for rotavirus is approximately 2 days.

Rotavirus is very infectious as the shedding of the virus in faeces may begin before the onset of major symptoms and may continue for several days after symptoms have resolved.\(^1,4\)
Clinical presentation of rotavirus

Rotavirus gastroenteritis usually begins with the symptoms of:
- Diarrhoea
- Vomiting

The child may also have:
- A fever (high temperature) of 38°C or above
- Abdominal pain

The symptoms of vomiting usually pass within one to two days. In most children, vomiting will not last longer than three days.

The symptoms of diarrhoea usually pass within five to seven days. Most children’s diarrhoea symptoms will not last longer than two weeks.

Notes

Rotaviruses affect one of the main functions of the intestines – the absorption of water from digested food into the body. This is why one of the common symptoms is diarrhoea.

More information on the clinical presentation is available at NHS Inform.
Complications of rotavirus

Gastroenteritis can cause dehydration:

- This can be more serious than the rotavirus infection itself – and can require hospitalisation for intravenous rehydration
- 1200 children are estimated to be admitted to hospital each year with rotavirus in Scotland

Notes

The combination of the symptoms of vomiting, diarrhoea and fever can lead to dehydration, requiring admission to hospital for intravenous rehydration.

Almost all babies will get rotavirus within the first five years of life and about one in every five will need medical attention and about one in ten of these will be admitted to hospital with illnesses caused by the infection.

Estimated that about 1200 children under 5 in Scotland are admitted to hospital each year with rotavirus.

Although deaths from rotavirus in the UK are rare and are difficult to quantify accurately, there are likely to be approximately three to four a year in the UK.6
Transmission of rotavirus

Rotavirus is highly infectious:

- As few as 10-100 virus particles may cause disease
- Transmission mainly via the faecal-oral route
- If a child leaves tiny samples of infected faeces on surfaces or utensils for example after not washing their hands properly after going to the toilet, they can be picked up by another child
- Small droplets of infected faeces can also be carried in the air, which children can breathe in

Notes

Infants with rotavirus gastroenteritis can shed 100 billion infectious particles per gram of faeces but the infectious dose for humans may be as low as 10 infectious particles. Thus, rotavirus is a very infectious pathogen.

Studies have also shown that in addition to being stable in most environmental conditions, rotavirus is also relatively resistant to most commonly used soaps and disinfectants. This allows the virus to persist in the environment and retain the potential to cause infection for significant periods of time.
Why vaccinate infants against rotavirus?

Notes
Why vaccinate against rotavirus?

Epidemiology of rotavirus in Scotland

- Only a very small proportion of cases are confirmed by laboratory testing
- These cases are just the tip of the iceberg

Notes

This graph shows that each year in Scotland between about 1280 and 1800 people are laboratory confirmed with rotavirus.

Most cases of rotavirus do not require a stool sample to be submitted for testing, so these laboratory confirmed cases are just the tip of the iceberg. In 2012, 1283 laboratory confirmed cases of rotavirus were reported in Scotland.

A study of infectious intestinal disease\(^9\) has estimated that for every case of rotavirus that is laboratory confirmed another 43 (confidence interval range 30-62) occur in the community.
Why vaccinate against rotavirus?

Epidemiology of rotavirus in Scotland - who is most at risk?

This graph shows the age of the laboratory confirmed cases of rotavirus in 2012, most (95%) of these occurred in children under 5 years of age, and about two thirds of these were children less than 2 years old.

The highest incidence was in children aged one year, with an incidence of 835 laboratory confirmed cases for every 100,000 children aged one year, but these are just the tip of the iceberg, as most cases won’t be laboratory confirmed.

As discussed previously people of any age can be infected with rotavirus but most infections occur in children between one month and four years of age. Children under one year and in particular if they are younger than six months are at increased risk of dehydration.

Infection in newborns is common but tends to be either mild or asymptomatic because of protection from circulating maternal antibodies.10,11
Notes

Rotavirus infection in the UK is seasonal, occurring mostly in winter and early spring (January to March), although there are also a small number of cases during the summer months.
Why vaccinate against rotavirus?

Recommendation from JCVI for rotavirus vaccine

The Joint Committee on Vaccination and Immunisation (JCVI) is the UK’s independent panel of immunisation experts:

- JCVI recommends that rotavirus vaccination should be given to infants at two and three months of age i.e. two doses
- Rotavirus vaccination should significantly reduce rotavirus gastroenteritis in young children

Notes

The JCVI (Joint Committee on Vaccination and Immunisation) is the advisory body for all immunisation policy. In 2009 JCVI considered the evidence on the burden of rotavirus infection and work on the cost effectiveness of rotavirus vaccination. The JCVI based on the available evidence advised that the licensed rotavirus vaccines would have a significant impact on reducing gastroenteritis in young children, and that the UK health departments should introduce the vaccines if they could be procured at a cost effective price. This advice was reiterated in 2011 following consideration of a further cost effectiveness study.

In November 2012, Scottish Government announced that the vaccine had been procured at a price which meant the programme would be cost effective and the programme would start in 2013. It has now been confirmed that the programme will start in July this year.
Why vaccinate against rotavirus?

Effectiveness of the vaccine

- Very effective at protecting against the most common strains of rotavirus
- Very effective in protecting against severe rotavirus infection requiring hospitalisation

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<thead>
<tr>
<th></th>
<th>1st year of life</th>
<th>2nd year of life</th>
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<tr>
<td><strong>Rotarix®</strong></td>
<td>Rotarix®N=2572</td>
<td>Rotarix®N=2554</td>
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<tr>
<td><strong>Placebo</strong></td>
<td>Placebo N=1302</td>
<td>Placebo N=1294</td>
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<tr>
<td>Vaccine efficacy (%) against rotavirus gastro-enteritis required medical attention [95% CI]</td>
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<tr>
<td>Circulating rotavirus strains</td>
<td>91.8 [84.9; 96.3]</td>
<td>76.2 [63.0; 85.0]</td>
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<tr>
<td>Vaccine efficacy (%) against hospitalisation due to rotavirus gastro-enteritis required medical attention [95% CI]</td>
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<tr>
<td>Circulating rotavirus strains</td>
<td>100 [81.8; 100]</td>
<td>92.2 [65.6; 99.1]</td>
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</tbody>
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Table courtesy of GSK

Notes

The Rotarix® rotavirus vaccine has been shown to be very effective in protecting against the most common strains of rotavirus and severe rotavirus infection (infection resulting in hospitalisation). Rotavirus vaccine will not prevent diarrhoea or vomiting caused by other pathogens.

The vaccine is over 85% effective at protecting against severe rotavirus gastroenteritis in the first two years of life (More details of the vaccine efficacy from the clinical trails are available in the Rotarix® SPC[14]).

Rotavirus vaccines, including the Rotarix® vaccine which will be used in Scotland and the rest of the UK, are already used to routinely vaccinate children in the USA and many other countries. In the USA, studies have shown that rotavirus-related hospital admissions for young children have been cut by more than two thirds since rotavirus vaccination was introduced.15

A study has estimated that vaccinating a birth cohort of infants in England and Wales may prevent around 90,000 infections and 10,000 hospitalisations and around two deaths due to rotavirus in that cohort over the first five years of life.16 It may also provide some additional protection to the wider population through herd immunity.17
Vaccination against rotavirus
The use of Rotarix®

Notes
Vaccination against rotavirus - use of Rotarix®

Rotarix®
- From 1 July 2013 Rotarix® will be used for rotavirus immunisation programme
- Generic name: Rotavirus vaccine, live
- Marketed by GlaxoSmithKline
- Licensed from 6 weeks to 24 weeks
- Oral suspension in a prefilled oral applicator
- Container dimensions 42x24x133mm

Notes

Rotarix® is a live attenuated vaccine (a weakened form of virus which cannot cause disease but which protects against rotavirus).

This is an oral vaccine and must not be injected.

The packaging is similar in size to many currently used childhood vaccines.

The vaccine was procured following a tendering exercise undertaken by the Department of Health of behalf of UK nations and ensured the vaccine was available at a cost-effective price.
Vaccination against rotavirus - the use of Rotarix®

Rotarix® Composition

**Active ingredient**
- Human rotavirus RIX4414 strain
- Live attenuated
- Not less than $10^6.0$ CCID$_{50}$

**Excipients**
- Sucrose
- Di-sodium Adipate
- Dulbecco’s Modified Eagle Medium
- Sterile water

Notes

The live attenuated virus in Rotarix® is Human rotavirus RIX4414 strain which is produced on vero cells (monkey cell line). The virus was initially isolated from the stool of a 15 month old child and then attenuated by serial cell culture passage.¹⁸

Each dose contains not less than $10^6$ Cell Culture Infectious Dose$_{50}$ (the amount of virus required to produce an effect in 50% of inoculated tissue culture cells).

There are relatively few excipients. Disodium Adipate is an acidity regulator and Dulbecco’s Modified Eagle Medium is a cell culture medium.

Rotarix® does not contain any antibiotic traces, formaldehyde or preservatives such as thiomersal.

The plunger stopper and protective tip cap are both rubber butyl, which should not affect latex sensitive individuals.
Vaccination against rotavirus - the use of Rotarix®

Rotarix® presentation

- Prefilled oral applicator
- Oral suspension
- Each dose contains 1.5ml of clear colourless liquid

Notes

Rotarix® is presented as a prefilled oral applicator containing 1.5ml of oral suspension.

The oral applicator is ready to use. No reconstitution or dilution is required.

The oral suspension should be a clear colourless liquid, free of visible particles. Before administration the vaccine should be visually inspected for particulate matter and/or abnormal physical appearance. In the event of either being observed the vaccine should be discarded.
Vaccination against rotavirus - the use of Rotarix®

Storage of Rotarix®
Rotarix® must be stored in accordance with manufacturer’s instructions
- Cold chain must be maintained
- Store between +2°C and +8°C
- Store in original packaging
- Protect from light

Notes
Rotarix® must be stored in accordance with the manufacturer’s instructions. As with most vaccines Rotarix® should be stored between +2°C and +8°C.

The vaccine should be stored in the original packaging. This makes it easy to identify in the vaccine fridge, provides some protection against fluctuation of temperature and will protect from light.

Vaccines are expensive and it is important to minimise wastage through inappropriate storage.
Vaccination against rotavirus - the use of Rotarix®

Rotarix® dosage and schedule

2 dose schedule:

• First dose of 1.5ml at 8 weeks (two months) of age
• Second dose of 1.5ml at least four weeks after the first (i.e. 12 week appointment)
• It is preferable that the full course of two doses is completed before 16 weeks of age. Rotarix® must be given no later than 24 weeks (i.e. 23 weeks and 6 days)
• The first dose must be given before 15 weeks of age. If infant does not have first dose before 15 weeks then do not give Rotarix®
• If the course is interrupted it should be resumed but not repeated, provided that the second dose can be given before 24 weeks
• If infant spits out/regurgitates most of dose, a replacement dose may be given at same visit

Notes

• Objective is to provide 2 doses of rotavirus vaccine to infants before 24 weeks (i.e. 23 weeks and 6 days) of age to protect against rotavirus infection.
• The course is two doses with an interval of at least 4 weeks between doses. 19
• The routine programme will offer a first dose at the 8 week (2 month) visit when an infant receives their first primary immunisations. The second dose should be given at least four weeks after the first dose, ideally at the second visit for their primary immunisations due when they are 12 weeks (3 months) old.
• Both doses of Rotarix® must be given by 24 weeks of age (i.e. 23 weeks and 6 days) but ideally before 16 weeks of age.
• Vaccination should not be initiated after 15 weeks of age (i.e. 14 weeks and 6 days) (this is in line with recommendations from WHO).
• As they get older, some infants (about 120 per 100,000) develop intussusception. The background risk of intussusception increases to peak at around 5 months of age. Research from some countries suggests that Rotarix® may be associated with a very small increased risk of intussusception within seven days of vaccination, possibly two cases per 100,000 first doses given. The benefits of vaccination in preventing the consequences of rotavirus infection outweigh this small potential risk in young children. Because of the potential risk, and to reduce the likelihood of a temporal association with rotavirus vaccine, the first dose of vaccine should not be given after 15 weeks of age (i.e. 14 weeks and 6 days).
• Infants who receive the first dose before week 15 should have their second dose four weeks later, and before 24 weeks (i.e. 23 weeks and 6 days).

Infants may receive their first dose of primary immunisations from 6 weeks of age in exceptional circumstances e.g. pre-travel but it is not routinely recommended to offer infants vaccine before 2 months of age. Rotarix® is licensed from 6 weeks of age.
Vaccination against rotavirus - the use of Rotarix®

Administration of Rotarix®

- Rotarix® is different from the other infant vaccines, as it is a **LIVE ORAL** vaccine and must not be injected
- Rotarix® can be administered at the same time as other childhood vaccines

Notes

Rotavirus vaccine can be given at the same time as the other vaccines administered as part of the routine childhood immunisation programme, including BCG, and so should ideally be given at the scheduled two month and three month vaccination visits. However, rotavirus vaccine can be given at any time before or after the routine infant immunisations and at any time before or after BCG vaccine. The recommendation for administering live vaccines either at the same time or after an interval of four weeks only applies to injectable live viral vaccines and, therefore, not to BCG or to the oral rotavirus vaccines.

It is suggested to give Rotarix® to the infant at the beginning of their immunisation visit, before administration of intramuscular vaccines which may unsettle the infant.
Vaccination against rotavirus – the use of Rotarix®

Administration of Rotarix®

Notes

- Remove the protective tip cap from the oral applicator
- The child should be seated in a reclining position
- Administer orally i.e. into the child’s mouth, towards the inner cheek, the entire content of the oral applicator
- **Do not inject the content, this is an oral vaccine**
- If the infants spits out or regurgitates most of the vaccine, a single replacement dose may be given at the same vaccination visit
- There are no restrictions on infant’s feeding before or after vaccination
- Based on evidence generated in clinical trials, breast-feeding does not reduce the protection against rotavirus gastroenteritis afforded by Rotarix®. Therefore, breast-feeding may be continued during the vaccination schedule.14
Vaccination against rotavirus - the use of Rotarix®

Contraindications

- Confirmed anaphylactic reaction to a previous dose of rotavirus vaccine
- Confirmed anaphylactic reaction to any component of rotavirus vaccine
- Previous history intussusception
- Infants aged 24 weeks and zero days of age or older
- Infants presenting for their first dose of Rotarix® over 15 weeks of age

There are very few infants who cannot receive rotavirus vaccine

Notes

Although the vaccine is a live attenuated virus, with the exception of severe combined immune-deficiency (SCID), the benefit from vaccination may exceed any risk in other forms of immunosuppression. Therefore, there are very few infants who cannot receive rotavirus vaccine. Breast feeding and medications for gastro-oesophageal reflux are not contraindications for rotavirus vaccination. The rotavirus vaccine can also be administered before, at the same time as, or after administration of any blood product, including those containing antibody/immunoglobulin. Where there is doubt, appropriate advice should be sought from an immunisation coordinator or consultant in health protection rather than withholding vaccination.
Vaccination against rotavirus – the use of Rotarix®

Immunosuppression and HIV

- Should not be administered to infants known to have severe combined immunodeficiency disorder (SCID)
- For infants with other immuno-suppressive disorders rotavirus vaccination should be actively considered, if necessary in collaboration with the clinician dealing with the child’s underlying condition
- Rotarix® vaccination is advised in HIV infected infants. Additionally infants of unknown HIV status, but born to HIV positive mothers should be offered vaccination

Notes

Rotavirus vaccination should not be administered to infants known to have severe combined immunodeficiency disorder (SCID).

There is a lack of safety and efficacy data on the administration of rotavirus vaccine to infants with other immuno-suppressive disorders. Given the high risk of exposure to natural rotavirus, however, the benefits of administration is likely to outweigh any theoretical risks and therefore should be actively considered, if necessary in collaboration with the clinician dealing with the child’s underlying condition.

However, in a clinical study, 100 infants with HIV were administered Rotarix® lyophilised formulation or placebo. The safety profile was similar between Rotarix® and placebo recipients. Therefore vaccination is advised in HIV infected infants. Additionally infants with unknown HIV status, but born to HIV positive mothers should be offered vaccination.
Vaccination against rotavirus - the use of Rotarix®

Precautions

- Acute severe febrile illness
  - Defer until recovered
- Acute diarrhoea or vomiting
  - Defer until recovered

Minor illnesses without fever or systemic upset are not valid reasons to postpone immunisation.

Notes

Minor illnesses without fever or systemic upset are not valid reasons to postpone immunisation. If infant is acutely unwell the immunisation may be deferred until they have recovered – this is to avoid confusing the differential diagnosis of acute illness by wrongly attributing signs or symptoms as adverse effects of the vaccine.

In infants with acute diarrhoea or vomiting the vaccine should be postponed until they have recovered – this is to make sure the vaccine is not regurgitated or passed through GI tract too quickly which could reduce the effectiveness of the vaccine.
Vaccination against rotavirus - the use of Rotarix®

Precautions

• Potential transmission of live attenuated virus from infant
• Vaccination of the infant will offer protection to household contacts from wild-type rotavirus disease and outweigh any risk from transmission of vaccine virus to any immunocompromised close contacts
• Those in close contact with recently vaccinated infants should observe good personal hygiene

Notes

There is a potential for transmission of live attenuated virus in Rotarix® from the infant to severely immunocompromised contacts through faecal material for at least 14 days.\textsuperscript{19, 21} However, vaccination of the infant will offer protection to household contacts from wild-type rotavirus disease and outweigh any risk from transmission of vaccine virus to any immunocompromised close contacts.

Those in close contact with recently vaccinated infants should observe good personal hygiene e.g. washing their hands after changing a child’s nappy.

Administration of rotavirus vaccine to hospitalised infants, including preterm infants in neonatal units, is likely to carry a low risk for transmission of the vaccine virus if standard infection control precautions are maintained. Furthermore, the rotavirus vaccine is highly attenuated and does not revert to a high virulence strain. Therefore, provided that the infant is clinically stable, vaccination should not be delayed, particularly if the delay risks being too late to give the vaccine or giving the first dose of vaccine closer to the upper age limit of 15 weeks. Similarly, if a recently vaccinated child is hospitalised for any reason, no precautions other than routine standard infection control precautions need to be taken to prevent the spread of vaccine virus in the hospital setting.
Vaccination against rotavirus - the use of Rotarix®

Adverse reactions
The most common adverse reactions observed after Rotarix® are:
• Diarrhoea
• Irritability

Other reactions commonly reported are:
• Vomiting
• Abdominal pain
• Flatulence
• Skin inflammation
• Regurgitation of food
• Fever
• Loss of appetite

Notes
The full list of adverse reactions associated with Rotarix® is available in the marketing authorisation holder’s Summary of Product Characteristics’. Anaphylaxis is a very rare side effect of most vaccines and facilities for its recognition and management must be available.
Vaccination against rotavirus – the use of Rotarix®

Intussusception

- Intussusception is a naturally occurring condition of the intestines
- Research from some countries suggests that Rotarix® may be associated with a very small increased risk of intussusception
- Even with this small potential risk, the benefits of vaccination in preventing the consequences of rotavirus infection outweigh any possible side effects

Notes

Intussusception is a naturally-occurring condition, with a background annual incidence of around 120 cases per 100,000 children aged under one year.

Intussusception occurs when a section of the bowel folds in on itself, like a telescope closing, typically at the junction of the ileum and the colon. It can lead to disruption of the blood supply to the bowel and can lead to perforation and gangrene.

The main symptom of intussusception is severe abdominal pain that comes and goes. Each episode tends to last 2-3 minutes in between episodes the infant will look very pale, tired and floppy. After the 12 hours or so the pain becomes more constant and the infant will usually go off food and may vomit. Due to vomiting the infant may become dehydrated. The child may also have a high temperature and a swollen stomach. The child’s faeces may contain blood and mucus. Intussusception can be life threatening and requires prompt medical treatment.

Research from some countries suggests that Rotarix® may be associated with a very small increased risk of intussusception within seven days of vaccination, possibly 2 cases per 100,000 first doses given. The benefits of vaccination in preventing the consequences of rotavirus infection outweigh this small potential risk in young children. Because of the potential risk, and to reduce the likelihood of a temporal association with rotavirus vaccine, the first dose of vaccine should not be given after 15 weeks of age.

Parents should be advised that if the infant develops severe vomiting, abdominal pain and pass what looks like red current jelly in their stools they should contact their doctor immediately.
Vaccination against rotavirus - the use of Rotarix®

Reporting suspected adverse reactions

- Yellow card scheme
- Voluntary reporting system for suspected adverse reaction to medicines/vaccines
- Success depends on early, complete and accurate reporting
- Report even if uncertain about whether vaccine caused condition
- [http://mhra.gov.uk/yellowcard](http://mhra.gov.uk/yellowcard)
- See chapter 9 of Green book for details

Notes

As with all vaccine and other medicines registered healthcare practitioners and patients are encouraged to report suspected adverse reactions to the Commission on Human Medicines (CHM) using the yellow card reporting scheme.
Vaccination against rotavirus – the use of Rotarix®

Data management - Call and recall

- Infants will be called for their immunisation against rotavirus at the same time as for their other immunisations at two and three months, via SIRS (Scottish Immunisation & Recall System)

Notes

Infants will be called for their rotavirus vaccine at the same time as their other infant immunisations at 2 and 3 months of age, using the SIRS system (Scottish Immunisation & Recall system).

Vaccination will be recorded in the same way as the other infant immunisations.

Note:
If an infant attends late for their 2 and 3 months immunisations it is important to remember that both doses should be given by 24 weeks (i.e. 23 weeks and 6 days) of age but preferably before 16 weeks of age and infants who have not received a first dose by 15 weeks of age (i.e. 14 weeks and 6 days) should not be offered Rotarix®.

This does not apply to the other routine infant vaccinations which can be given if the infant presents late.
The registered healthcare practitioners’ key role

• To provide clear and concise information to parents/guardians regarding vaccination against rotavirus
• To safely administer this new oral vaccine to young infants according to the schedule

Notes
Resources

- Green Book
- Health Scotland information leaflet
- Patient group direction (national specimen)
  - http://www.hps.scot.nhs.uk
- NHS Education for Scotland training resources
- CMO letter

Notes
Vaccination against rotavirus – the use of Rotarix®
An update for registered healthcare practitioners

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Key Messages

• Rotavirus is the most common cause of gastroenteritis in young children. Most children will experience at least one infection with rotavirus by the time they are five years old, some requiring hospitalisation for dehydration.
• An oral vaccine against rotavirus is being introduced into the infant immunisation programme at the 2 and 3 month appointments.
• Rotavirus vaccination should significantly reduce rotavirus gastroenteritis in young children.

Notes
Rotavirus references


