

TAG RECOMMENDATIONS FOR ROTAVIRUS

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1999 Recommendations

- Studies are needed to better define disease burden, define the epidemiology of rotavirus and critically analyze the economic aspects associated with the introduction of rotavirus vaccine.
- Countries should establish strong technical and scientific advisory committees that can advise governments concerning the introduction of rotavirus and other new vaccines. These advisory committees will help assure that only safe, cost-effective and appropriate vaccines are incorporated into national immunization programs.

2004 Recommendations

- PAHO should support the rotavirus accelerated studies and epidemiological surveillance that have been initiated in some countries of the Region. Those countries that have not begun studies should do so as soon as possible, following the WHO generic protocol for rotavirus surveillance.
- Methodology for economic studies such as cost-benefit and cost-effectiveness should be standardized to facilitate comparison between countries.
- A surveillance database should be created to enable comparison of results from different studies in the Region. The database would be similar to those that exist for polio, measles and rubella. Identification of the most frequent rotavirus genotypes and serotypes circulating in the Region will help to better define the most appropriate vaccine.
- PAHO should convene a meeting of Ministers of Health and Ministers of Finance of 10-12 countries in the 1st half of 2005 to discuss the economics of RV vaccine introduction.
- Final results on vaccine safety need to be thoroughly evaluated.

2006 Recommendations

- All countries of the Region should implement highly sensitive and standardized surveillance of rotavirus diarrhea in sentinel hospitals by the end of 2006 with the objective to characterize the epidemiological profile and burden of the disease in the Region, and obtain data allowing evidence-based decision-taking regarding vaccine introduction.
- All countries should send rotavirus diarrhea surveillance data to the PAHO regional surveillance system on a monthly basis so they can be consolidated at regional level and fed back to the member countries.
- A great proportion of hospitalized diarrheal cases do not meet the standard proposed case definition. PAHO should assist countries to better understand the standard case definition and promote wide distribution of the guidelines and training of health professionals in its use.
- Countries must assess their cold chain capacity at all levels, immunization schedules, and availability of human resources and consider training of health providers on the use of this vaccine as a prior step to its introduction.

2009 Recommendations

- Countries should improve or begin sentinel surveillance of rotavirus diarrhea, pneumonia, and bacterial meningitis in children aged <5 years, so that the impact of vaccine introduction can be adequately assessed and the prevalence of circulating strains and changes in the epidemiological profile of the disease monitored.
- All countries should systematically report their surveillance data for rotavirus diarrhea, pneumonia, and bacterial meningitis to facilitate the development of an epidemiological profile for the diseases in the Region, compare the profiles of different countries, geographical areas, and seasonality, and evaluate the epidemiological changes in these diseases that could occur with the introduction of the vaccine.
- Before introducing any new vaccine, countries should develop a plan of action, based on PAHO guidelines, that includes basic activities such as the evaluation of the cold chain at all levels, logistics, training, and strengthening of the ESAVI network.
- PAHO should continue to support the countries and encourage them to conduct special studies on the introduction of a new vaccine when necessary.
- Rotavirus and pneumococcus vaccines should be universally introduced in the immunization schedule, using vaccination regimens with evidence of efficacy in developing countries. Introducing those vaccines in priority areas (i.e., only in certain municipalities/towns or provinces) makes it more difficult to assess the impact of the intervention and might create logistical and programming problems for the EPI. Therefore, these vaccines should be introduced nationwide whenever feasible. If a country can only introduce them to priority groups, this should be done as a first step toward universal introduction.

2012 Recommendations

1. In the Region of the Americas, countries should continue making efforts to administer rotavirus vaccines on their routine immunization schedules, at the recommended ages, usually at 2 and 4 months or 2,4, and 6 months. This schedule favors the early immunization of children at greater risk of morbidity and mortality due to rotavirus diarrhea. However, in areas of difficult access and /or high diarrheal mortality, vaccine can be administered later, at any time of immunization contact and before 1 year of age.
2. TAG encourages countries that have not introduced rotavirus vaccine to reassess the burden of disease in order to consider the introduction of rotavirus immunization. This in light of the current evidence demonstrating the huge impact of rotavirus vaccine administered in the current schedule in reducing the morbidity and mortality from rotavirus diarrhea in the Region of the Americas.

2015 Recommendations

- TAG encourages all countries to introduce the rotavirus vaccine, in accordance with their epidemiological contexts, considering the current evidence demonstrating high vaccine effectiveness, cost-effectiveness and enormous impact in reducing morbidity and mortality from diarrhea in general and rotavirus diarrhea, specifically in the Americas.
- Countries should continue to assess the impact of RVA in order to adequately monitor the prevalence of circulating strains and changes in the epidemiological profile of the disease.