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Short Communication Open Access

Usage of Rotarix® in Neonatal Units across the United Kingdom

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Short Communication

Following advice and recommendations by the Joint Committee on Vaccination and Immunisation (JCVI), and in line with standing commitments on patient rights under the NHS constitution on implementing such recommendations, a series of changes to England's national immunisation programme took place from July 2013 including the introduction of Rotavirus vaccine (Rotarix® by GlaxoSmithKline Biologicals s.a.) into the routine childhood UK schedule for babies from 2 months of age [1].

We conducted an online survey to gather information about the usage of Rotarix in neonatal units through the neonatal network managers across the UK, who then cascaded it to the neonatal clinical leads in their networks.

We received 42 responses (23.7%) out of 177 neonatal units in England and Wales.

All neonatal units started giving the Rotavirus vaccine since the change to the routine vaccine schedule. This is an excellent compliance with recommendations of the Department of Health [1].

Six units (14.2%) give the vaccine on discharge, whereas the rest administer the vaccine to babies that qualify while they were inpatients.

It is recognised that excretion of the vaccine virus in the stools is known to occur after vaccination with peak excretion around the day 7 [2].

None of the neonatal units have an outbreak of rotavirus infection since the vaccine was introduced.

Of the units that give the vaccine to their inpatient babies, 30.5% have specific precautionary measures in place, for example, they practice strict barrier nursing for 2 weeks after vaccine administration.

These results should allay one of the concerns of clinicians because they feel that virus excretion could spread the infection to other babies on their units and lead to beds closure.

Sixteen units (38%) offered information leaflet about Rotarix to the parents/carers. The provision of such information is good practice and is useful in re-enforcing the information that clinicians have given. These leaflets are available on

www.orderline.dh.gov.uk or phoning: 0300 123 1002 Minicom: 0300 123 1003 (8 am to 6 pm, Monday to Friday) (Figure 1).

Contrary to anxieties voiced by neonatologists, no outbreak of rotavirus has occurred in newborn units since the introduction of the vaccine. The concern from nurses and doctors that the immature immunological system of preterm babies could make them become susceptible to the acquisition of infection from Rotarix has not been borne out. The information in the Summary of Product Characteristic does not allude to such safety concerns even in asymptomatic or mildly symptomatic HIV positive infants [2].

Since the vaccine was introduced nationwide, the numbers of laboratory confirmed cases of rotavirus infection has reduced by 70% compared to 10-season average [3].

The response obtained from our survey is reassuring. We advocate and encourage our colleagues to administer the vaccine to babies that qualify, so that the burden and morbidity associated with the acquisition of wild virus can be reduced in this group of babies who are at high risk of contracting infections.

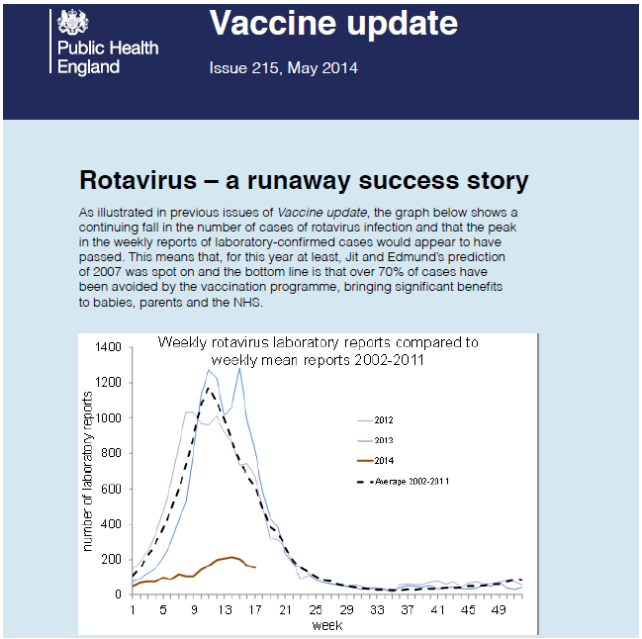

Figure 1: Vaccine update

Special thanks the neonatal network managers and members of the British Association of Perinatal Medicine for their help.

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