

What is rotavirus and how serious is it?

Rotavirus is the most common cause of severe gastroenteritis in infants and young children in Australia.

The severity of the illness ranges from mild, watery diarrhoea of limited duration to severe, dehydrating diarrhoea with vomiting, fever and shock. Rotavirus infections are often more severe than other causes of diarrhoea, are more likely to be associated with dehydration and are more likely to require treatment in hospital.

Prior to the introduction of rotavirus vaccination in Australia, almost every child was infected by rotavirus by the age of 5 years, and there were approximately 10,000 hospitalisations due to rotavirus in children less than 5 years of age each year. In addition to hospitalised children, an estimated 115,000 children under 5 years of age visited a GP, and 22,000 children required an emergency department visit. On average, there was one childhood death from rotavirus each year.

Confirmation of rotavirus infection can only be made by laboratory testing of faecal specimens.

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How common is rotavirus in Australia?

Children can be infected with a rotavirus several times during their lives, and almost every child will suffer at least one infection by the age of 3 years. It is easily spread from one child to the next.

When is the vaccine given?

The vaccine is currently only recommended for children up to 6 months of age. The first dose of vaccine is recommended to be given with your child's 2 month old vaccines and it is most important that the vaccine is given close to this age. It is given orally (by the mouth).

How effective is the vaccine?

Vaccination is very good at preventing severe diarrhoea and vomiting caused by rotavirus. If vaccinated children get rotavirus, they generally have a milder form of the disease. The vaccine will not prevent diarrhoea and vomiting caused by other infectious agents.

The introduction of the rotavirus vaccine into the National Immunisation Program in 2007 has led to a more than 70% decline in annual rotavirus hospitalisations in the under 5 year age group. Positive laboratory tests for rotavirus, notifications of rotavirus gastroenteritis and emergency department visits for acute gastroenteritis in young children have also declined.

Are there side effects from receiving the vaccine?

Vaccine recipients may have slightly increased risk (1-3%) of developing diarrhoea or vomiting in the week after vaccine administration. Serious side effects are very rare. There is a slightly increased risk of intussusception (telescoping of the bowel causing a blockage) associated with the rotavirus vaccine; however this risk is outweighed by the benefits of vaccination. The risks of rotavirus infection are many times greater than the very small risk of immunisation.

Further information about rotavirus and intussusception for parents and guardians can be found at www.immunise.health.gov.au/internet/immunise/publishing.nsf/Content/immunise-rotavirus

What if my child has already had intussusception?

There may be an increased risk of recurrence if your baby has already had intussusception, so the vaccine should not be given.

What if my child has already had rotavirus?

Vaccination would still be recommended in most cases, as one rotavirus infection provides a child with only partial protection. Speak to your doctor or immunisation provider for further advice. There is no increased risk of side effects from the vaccine if your child has already had the disease or has previously been immunised.

Can my child get rotavirus after receiving the vaccine?

Even if a child is fully vaccinated there is a small chance they may still develop an infection due to rotavirus. However, if this happens, it usually results in a much milder illness than if your child had not been immunised.

Where can I get more Information?

Additional information is available from your immunisation provider, the Immunise Australia Program Infoline on 1800 671 811 or the Immunise Australia Program website at www.immunise.health.gov.au

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All information in this publication is correct as of February 2011

