

b The rotavirus season, South Africa 2016

The 2016 rotavirus season officially began in week 28 (11 Jul) with rotavirus detected in 50-60% of the stool specimens submitted to NICD between 11 July and 14 Aug 2016 (Figure 1). Rotavirus detection rates above 20% were also noted in week 22 (30 May; 25%; 2/8) with rotavirus-positive specimens from the Eastern Cape site and week 24 (13 Jun; 33%; 4/12) with rotavirus-positive specimens from 4 sites (Eastern Cape, KwaZulu-Natal and Gauteng). The 2016 rotavirus season started much later than the 2015 (week 28 compared to week 20; 11 May).

It is well established that rotavirus diarrhoea will occur despite high vaccination coverage rates. Rotavirus vaccine is approximately 57% effective in preventing severe rotavirus diarrhoea, and 40% effective in children who have received a single dose of vaccine. It is estimated that 13 000-20 000

cases of severe diarrhoea in children under two years were prevented in the first two years after implementation of the vaccine. The rotavirus season appears to peak every 3-4 years, with the last peak in 2013. The periodicity of the rotavirus season may be related to an accumulation of susceptible children due to failure to vaccinate, partial vaccination and incomplete vaccine effectiveness.

Clinicians and parents should ensure that children are vaccinated against rotavirus. Health promotion activities to ensure public awareness of diarrhoea management, including oral rehydration solution during the rotavirus season, is essential.

Source: Centre for Enteric Diseases, NICD-NHLS; (nicolap@nicd.ac.za)

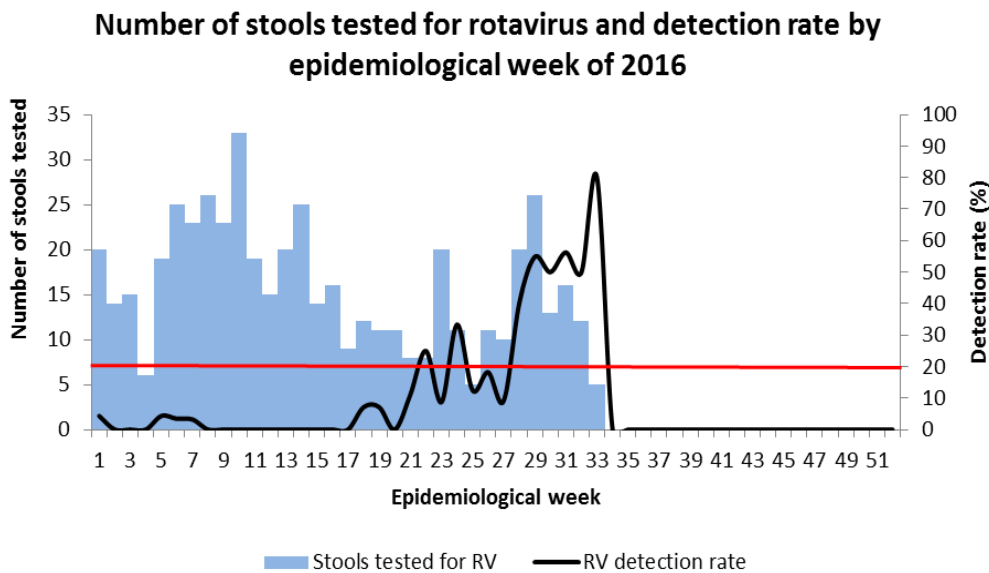


Figure 2. The rotavirus detection rate and the numbers of specimens tested by week for 10 rotavirus sentinel surveillance sites in South Africa.