



## Letter to the Editor

### New pentavalent rotavirus vaccine shows little efficacy against diarrhea



Rotavirus vaccine is recommended as a means of reducing diarrheal morbidity and deaths in developing countries [1]. The original efficacy studies with the presently licensed vaccines were done in the USA and Europe. Efficacy against severe rotavirus infection was around 90% (95% confidence interval (CI): 85.1–94.1) and against all-cause severe gastroenteritis it was about 50% (CI: 39.8–57.8) [2]. Efficacy was less in Africa and Asia. In Africa it was 61% (CI: 44.0–73.2) against severe rotavirus diarrhoea and 30% (CI: 15.0–42.6) against all-cause severe diarrhoea [3].

The journal Vaccine has now published the results of a Phase-III randomized-control-trial of a newly developed pentavalent rotavirus vaccine (BRV-PV). Vaccine efficacy against rotavirus diarrhoea (39.5% efficacy against severe rotavirus gastroenteritis (SRVGE) in the per protocol analysis) is emphasized in the report. However, the incidence of 'all-cause severe gastroenteritis' was not reduced by vaccination – vaccine efficacy was reported as 4.6% (CI: –5.1–13.4) [4].

From the standpoint of the scientific record, additionally highlighting the clinically relevant aspect of their findings – namely efficacy against all-cause diarrheal morbidity, would enable decision makers to make choices about the vaccine, considering costs and benefits.

The same vaccine was studied in Niger. An efficacy of 66.7% against severe rotavirus gastroenteritis was reported in the per protocol population [5]. However severe gastroenteritis due to any etiology was not significantly lower among the vaccinated (difference in rate 1.97 cases per 100 person years confidence interval (CI: –1.28–5.22) [6]. The authors did post-hoc analysis of efficacy against 'very severe diarrhoea' (which they defined as Vesikari score of 15 or more) and reported a difference in rate of 3.08 per 100 person years (CI: 1.79 to 4.36) among the vaccinated.

As efficacy against 'very severe diarrhea' has not been studied previously, comparable data for other rotavirus vaccines is not available.

### References

- [1] Rotavirus vaccines. WHO position paper -January 2013. *Wkly Epidemiol Rec* 2013;88(5):49–64.
- [2] Vesikari T, Karvonen A, Prymula R, Schuster V, Tejedor JC, Cohen R, et al. Efficacy of human rotavirus vaccine against rotavirus gastroenteritis during the first 2 years of life in European infants: randomised, double-blind T controlled study. *Lancet* 2007;370:1757–63.
- [3] Madhi SA, Cunliffe NA, Steele D, Witte D, Kirsten M, Louw C, et al. Effect of human rotavirus vaccine on severe diarrhea in African infants. *N Engl J Med* 2010 Jan 28;362(4):289–98.
- [4] Kulkarni PS, Desai S, Tewari T, Kawade A, Goyal N, Garg BS, et al. Flores J; SII BRV-PV author group. A randomized Phase III clinical trial to assess the efficacy of a bovine-human reassortant pentavalent rotavirus vaccine in Indian infants. *Vaccine* 2017;35:6228–37.
- [5] Isanaka S, Guindo O, Langendorf C, Matar Seck A, Plikaytis BD, Sayinzoga-Makombe N, et al. Efficacy of a low-cost, heat-stable oral rotavirus vaccine in Niger. *N Engl J Med* 2017;376:1121–30.
- [6] Kaur J, Puliye J. Heat-stable oral rotavirus vaccine. *N Engl J Med* 2017;377:302.

Lalit Kumar\*

Jacob Puliye

Department of Pediatrics, St Stephens Hospital, Delhi 110054, India

\* Corresponding author.

E-mail address: [drlalitnarwat@gmail.com](mailto:drlalitnarwat@gmail.com) (L. Kumar)

Available online 13 June 2018