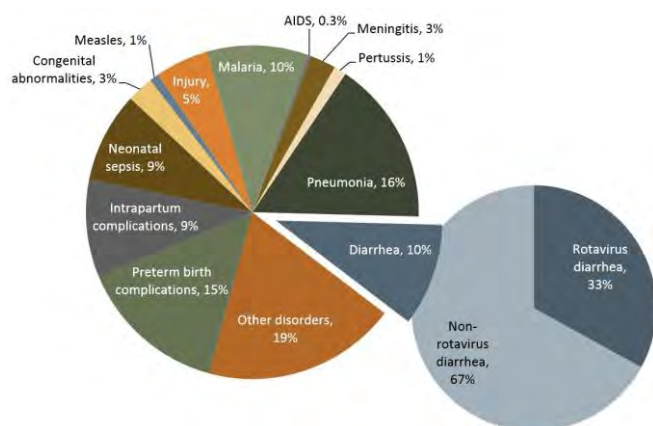


Rotavirus disease and vaccines in Mauritania

Diarrhea is a leading killer of children in Mauritania, causing approximately ten percent of deaths in children less than five years of age.¹ Rotavirus, the most common cause of severe and fatal diarrhea in young children worldwide, took the lives of approximately 780 Mauritanian children under five in 2008.^{2,3} It is estimated that one third of all under-five diarrheal disease hospitalizations in Mauritania are caused by rotavirus.³ Studies in Africa show that rotavirus vaccines are safe and effective against severe rotavirus disease and are cost-effective.⁴⁻⁶

In late 2014, Mauritania will introduce rotavirus vaccines into its national immunization program with support from Gavi, the Vaccine Alliance. The burden of rotavirus disease in Mauritanian children, coupled with the power of rotavirus vaccines to prevent childhood deaths and hospitalizations, underscores the potential for Mauritania's introduction of rotavirus vaccines to save children's lives.

Causes of death in Mauritanian children <5 years, 2013^{1,3}



ROTAVIRUS IS THE LEADING CAUSE OF SEVERE AND FATAL DIARRHEA IN AFRICAN CHILDREN <5 YEARS OLD

Globally, nearly 600,000 young children die from severe, dehydrating diarrhea every year.¹ Rotavirus accounts for approximately one third of these deaths and millions of hospitalizations.^{3,7} While every child is at risk of rotavirus infection, more than 50 percent of global rotavirus deaths occur in Africa.^{2,3} The vast majority of countries with the highest child death rates from rotavirus are in sub-Saharan Africa.^{2,3}

Mauritania Facts

Total population (2013)⁸:	3,889,880
Population children <5 (2012)⁹:	575,000
Total live births (2012)⁹:	130,900
Mortality rate children <5 (2013)¹⁰:	90/1,000 live births
Total number <5 deaths (2013)¹:	11,524
Number of <5 deaths due to diarrhea (2013)¹:	1,146
Number of <5 deaths due to diarrhea (2008)¹¹:	7,614
Number of <5 deaths due to rotavirus (2008)²:	780

ROTAVIRUS TREATMENT AND PREVENTION STRATEGIES

Rotavirus is highly contagious and spreads easily from person to person through contaminated hands and objects. It cannot be treated with antibiotics or other drugs. Mild rotavirus infections can be treated effectively in the same manner as other forms of diarrhea, by providing fluids and salts (oral rehydration therapy). However, children with severe rotavirus diarrhea can become dehydrated and often need intravenous fluids or they risk dying. In developing countries, this type of urgent health care is often inaccessible or unavailable, making rotavirus prevention through vaccination critical to saving children's lives.

Vaccination is the best way to prevent severe rotavirus disease and the deadly, dehydrating diarrhea that it can cause. Improvements in water quality, hygiene, and sanitation stop bacteria and parasites that cause other forms of diarrhea but do not prevent the spread of rotavirus. Lifesaving rotavirus vaccines should be introduced as part of a comprehensive approach to control diarrhea, along with other interventions including oral rehydration therapy, exclusive breastfeeding, zinc treatment, and improvements in water and sanitation.

TWO SAFE AND EFFECTIVE ROTAVIRUS VACCINES ARE SAVING LIVES TODAY

There are currently two orally administered rotavirus vaccines available: Rotarix[®], manufactured by GlaxoSmithKline, and RotaTeq[®], manufactured by Merck & Co., Inc. Both vaccines have been shown to be safe and effective in large-scale clinical trials in Africa, Asia, Europe, Latin America, and the US. Clinical trials in Africa

(South Africa, Ghana, Kenya, Malawi, and Mali) found that rotavirus vaccines reduced severe rotavirus disease by more than 60 percent during the first year of life, when children are at greatest risk of severe rotavirus disease.^{4,5}

In June 2009, based in part on results from clinical trials in Africa demonstrating that rotavirus vaccines significantly reduced rotavirus disease in high-mortality settings, the WHO Strategic Advisory Group of Experts recommended that rotavirus vaccines be included in all countries' national immunization programs.¹² As of November 1, 2014, more than 65 countries have introduced rotavirus vaccines in their national immunization programs, including more than 20 in Africa.¹³ A majority of the introductions in Africa have been in Gavi-eligible countries, and five additional Gavi-eligible African countries other than Mauritania have been approved for future rotavirus vaccine support.¹⁴

Rotavirus vaccines are saving lives and improving health in countries where children have access to them. Swift and significant declines in hospitalizations and deaths due to rotavirus and all-cause diarrhea have been observed in many countries with rotavirus vaccines in their national immunization programs.¹⁵ Rotavirus vaccines may protect unvaccinated children and adults by reducing spread of rotavirus (an effect called herd immunity).¹⁵

OPERATIONALIZING GAPPD APPROACH IN MAURITANIA

The integrated Global Action Plan for the Prevention and Control of Pneumonia and Diarrhea (GAPPD) is a plan to combat diarrhea and pneumonia together through protection, prevention, and treatment strategies.¹⁶ GAPPD advocates for the introduction of rotavirus and pneumococcal vaccines as part of a comprehensive strategy to control diarrhea and pneumonia. Mauritania introduced pneumococcal vaccines with Gavi support in 2013. With the addition of rotavirus vaccines, Mauritania is taking another step toward operationalizing the GAPPD approach and will be equipped with the tools to prevent deadly rotavirus diarrhea in young children.

ROTA VIRUS VACCINES ARE COST-EFFECTIVE AND A WISE INVESTMENT

Rotavirus vaccines are cost-effective, and in Gavi-eligible countries, where 95 percent of deaths due to rotavirus occur, more than 2.4 million child deaths can be prevented by 2030

by accelerating access to lifesaving rotavirus vaccines.⁶ If used in all Gavi-eligible countries, rotavirus vaccines could prevent an estimated 180,000 deaths and avert 6 million clinic and hospital visits each year, thereby saving US\$68 million annually in treatment costs.⁶

Rotavirus vaccines are an essential, lifesaving intervention in comprehensive diarrhea control. Accelerating access to rotavirus vaccines will not only save the lives of Mauritanian children but also lessen the heavy economic and health burden of rotavirus disease, contributing to poverty reduction and economic growth.

For more information on rotavirus disease and vaccines please visit <http://rotavirus.org>.

REFERENCES

- ¹Liu L, Oza S, Hogan D, et al. Global, regional, and national causes of child mortality in 2000-13, with projections to inform post-2015 priorities: an updated systematic analysis. *The Lancet*. 2014; e-pub ahead of print.
- ²World Health Organization. 2008 rotavirus deaths, under 5 years of age, as of 31 January 2012 [spreadsheet]. Available at: http://www.who.int/immunization/monitoring_surveillance/burden/estimates/rotavirus/en/index.html. Accessed Oct 20, 2014.
- ³Tate JE, Burton AH, Boschi-Pinto C, et al. 2008 estimate of worldwide rotavirus-associated mortality in children younger than 5 years before the introduction of universal rotavirus vaccination programmes: a systematic review and meta-analysis. *The Lancet Infectious Diseases*. 2012;12(2):136-141.
- ⁴Madhi SA, Cunliffe NA, Steele D, et al. Effect of human rotavirus vaccine on severe diarrhoea in African infants. *New England Journal of Medicine*. 2010;362(4):289-298.
- ⁵Armah GE, Sow SO, Breiman RF, et al. Efficacy of pentavalent rotavirus vaccine against severe rotavirus gastroenteritis in infants in developing countries in sub-Saharan Africa: a randomised, double-blind, placebo-controlled trial. *The Lancet*. 2010;376(9741):606-614.
- ⁶Atherly DE, Lewis KDC, Tate J, Parashar UD, Rheingans, RD. Projected health and economic impact of rotavirus vaccination in GAVI-eligible countries: 2011-2030. *Vaccine*. 2012;30(15):A7-A14.
- ⁷Parashar UD, Hummelman EG, Bresee JS, Miller MA, Glass RI. Global illness and deaths caused by rotavirus disease in children. *Emerging Infectious Diseases*. 2003;9:565-572.
- ⁸Population, total page. World Bank website. Available at: <http://data.worldbank.org/indicator/SP.POP.TOTL>. Accessed Oct 20, 2014.
- ⁹Mauritania Statistics page. UNICEF website. Available at: http://www.unicef.org/infobycountry/mauritania_statistics.html. Accessed Oct 20, 2014.
- ¹⁰UNICEF. Levels and Trends in Child Mortality Report 2014: Estimates Developed by the UN Inter-agency Group for Child Mortality Estimation. Sept 16, 2014. Available at: <http://data.unicef.org/resources/childmortality2014>. Accessed Oct 20, 2014.
- ¹¹Black RE, Cousens S, Johnson HL, et al. Global, regional, and national causes of child mortality in 2008: a systematic analysis. *The Lancet*. 2010;375:1969-1987.
- ¹²World Health Organization. Meeting of the immunization Strategic Advisory Group of Experts, April 2009—conclusions and recommendations. *Weekly Epidemiological Record*. 2009;84(23):220-236.
- ¹³Page on Country introductions of rotavirus vaccines. PATH website. Available at: <http://sites.path.org/rotavirusvaccine/country-introduction-maps-and-spreadsheet/>. Accessed Oct 20, 2014.
- ¹⁴Countries approved for support. Gavi website. Available at: <http://www.gavi.org/results/countries-approved-for-support>. Accessed Oct 20, 2014.
- ¹⁵Page on Rotavirus vaccine impact data. PATH website. Available at: <http://sites.path.org/rotavirusvaccine/rotavirus-vaccine-impact-tables/>. Accessed Oct 20, 2014.
- ¹⁶WHO and UNICEF. The Integrated Global Action Plan for the Prevention and Control of Pneumonia and Diarrhea (GAPPD). 2013. Available at: <http://defeatdd.org/global-action-plan>. Accessed Oct 20, 2014.



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