



Rotavirus vaccine and intussusception

INFORMATION FOR PARENTS FEBRUARY 2011

Is there a link between rotavirus vaccine and intussusception?

Recent studies in Australia and overseas suggest that there is a small increase in the risk of intussusception among babies in the first one to seven days after receiving the first dose of rotavirus vaccine. Studies are continuing to check this and to determine whether the increased risk extends past the first week or occurs after other doses.

What is intussusception?

Intussusception is when one portion of the bowel slides into the next, much like the pieces of a telescope. When this occurs, it creates a blockage in the bowel. In most cases in babies the cause is unknown and there is no link to rotavirus vaccine.

How common is it?

Intussusception is rare. In Australia, about 200 babies aged less than 12 months get the condition each year. It occurs most often in babies between 5 and 10 months of age and is more common in boys. The increased risk following rotavirus vaccine would mean an additional 6 babies a year getting intussusception in Australia.

continued overleaf

How do the benefits of rotavirus vaccination compare with the risk of intussusception?

Before rotavirus vaccine became available in Australia, almost every child was infected by rotavirus by the age of 5 years. About 10,000 young children were in hospital with rotavirus gastroenteritis each year and up to one young child a year died from complications. Rotavirus vaccination started in 2007 and now more than 7,000 hospital admissions for rotavirus are prevented each year. Those who do go into hospital are less ill. This compares with 200 babies being in hospital for intussusception each year, of which about 6 may be related to having received rotavirus vaccine.

How do I know if my baby has intussusception?

If your baby had intussusception, he or she would have pain like a severe colic with bouts of crying. The difference between this and usual crying episodes is that your baby would probably look pale (rather than flushed) in the face and may draw up his or her legs. At first, your baby may stop crying and may seem fine until the next bout, a short time later. Later, crying may become more persistent, often with vomiting. Sometimes there is blood in the bowel motion.

How serious is intussusception?

Most babies recover completely with no further problems. Intussusception can recur in up to 10% of cases, sometimes within a few days and usually within the next 6 months. Complications can occur if treatment is delayed. If there is damage to the bowel an operation to remove part of the bowel may be needed. Rarely, the bowel wall may rupture and cause infection inside the abdomen, which can be treated with antibiotics. No deaths have occurred from intussusception in Australia in the past 15 years.

continued overleaf

Does rotavirus vaccine continue to be recommended for babies?

Yes. The overall benefits of preventing gastroenteritis from rotavirus are much greater than the small risk of intussusception. Both rotavirus vaccines used in Australia continue to be registered by the Therapeutic Goods Administration (TGA). The Australian Technical Advisory Group on Immunisation (ATAGI) recommends that these vaccines should continue to be used in the National Immunisation Program.

Is it important to have the rotavirus vaccine on time?

Yes, it is important to be vaccinated on time. There is an upper age limit for when each dose of rotavirus vaccine can be given. It is possible that the risk of intussusception may be increased if the vaccine is delayed past the scheduled time.

My baby has had intussusception. Should my baby have rotavirus vaccine?

No. Rotavirus vaccine should not be given to a baby who has had intussusception because there may be an increased risk of the condition recurring.

When should I seek medical attention if I am worried about intussusception?

Many young babies have long crying episodes but if your baby also looks pale or develops vomiting you should take him or her to your GP or to the hospital.

How is intussusception diagnosed and treated?

Intussusception can be detected by examining the abdomen or an ultrasound (such as you would have had during pregnancy). The best test is a special enema study, where liquid and/or air is put into the back passage using a catheter. This test is usually done in a hospital. The test is often successful in unblocking the bowel and the baby can usually go home after a short period of observation.

continued overleaf

In about 30% of cases, an operation is needed to unblock the bowel. After surgery, babies will need to stay in hospital for a few days and be given intravenous fluids until able to feed normally.

If my child has intussusception after rotavirus vaccine, can I report it?

All immunisation providers and doctors treating children with intussusception are asked to report cases occurring after rotavirus vaccination to the TGA through the normal reporting arrangements in each State and Territory. Parents can report through their doctor or directly to the TGA. Reports can be made by phoning the Adverse Medicine Events Line on 1300 134 237. Information about other ways to make a report is on the TGA website at <http://www.tga.gov.au/problem/ade-consumers.htm>

Where can I get more information?

More information regarding rotavirus and intussusception is on the Immunise Australia Website www.immunise.health.gov.au/internet/immunise/publishing.nsf/Content/immunise-rotavirus or through the Immunise Australia Information Line on 1800 671 811 (between 8:30am – 5pm Eastern Australian Time).