

AMERICAN ACADEMY OF PEDIATRICS

Committee on Infectious Diseases

Possible Association of Intussusception With Rotavirus Vaccination

ABBREVIATIONS. RRV-TV, tetravalent rotavirus vaccine; VAERS, Vaccine Adverse Event Reporting System; CDC, Centers for Disease Control and Prevention; AAP, American Academy of Pediatrics.

New information indicates there may be an increased risk of intussusception during the first few weeks after receipt of the licensed tetravalent rotavirus vaccine (RRV-TV), RotaShield. Currently available data are very limited and are based on passive reporting to the Vaccine Adverse Event Reporting System (VAERS), a postlicensure study of adverse events at Northern California Kaiser, and active case finding in two states. Results thus should be considered preliminary. To date, the Centers for Disease Control and Prevention (CDC) has received reports of 23 cases of intussusception after receipt of doses 1, 2, or 3 of RRV-TV. The number of children who have received RRV-TV is unknown; however, the observed rate of intussusception among vaccine recipients during the first 3 weeks after immunization appears to be greater than expected, with the highest rate during the first week after vaccination. These initial data suggest that intussusception occurs at a younger age in vaccine recipients than in unvaccinated children.

The results of an ongoing case-control study of intussusception after rotavirus vaccination, conducted by the CDC, are anticipated to be available in a few months. At that time, a reevaluation of the health risks and costs of rotavirus vaccination versus the health risks and costs of natural rotavirus infection will be performed. Because the seasonal risk of natural rotavirus infection in the United States will be very low during the next few months, the Amer-

ican Academy of Pediatrics (AAP) is making the following interim recommendations:

1. Clinicians temporarily should suspend administration of rotavirus vaccine to unimmunized and partially immunized children, pending collection and evaluation of additional information.
2. Parents or guardians of children who have received RRV-TV within a period of approximately 3 weeks should be advised to promptly contact their physician if signs or symptoms compatible with intussusception develop.
3. All cases of intussusception that occur after administration of RRV-TV should be reported to VAERS (800-822-7967; www.fda.gov/cber/vaers/report.htm).

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The recommendations in this statement do not indicate an exclusive course of treatment or serve as a standard of medical care. Variations, taking into account individual circumstances, may be appropriate.

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