



MINISTRY OF HEALTH

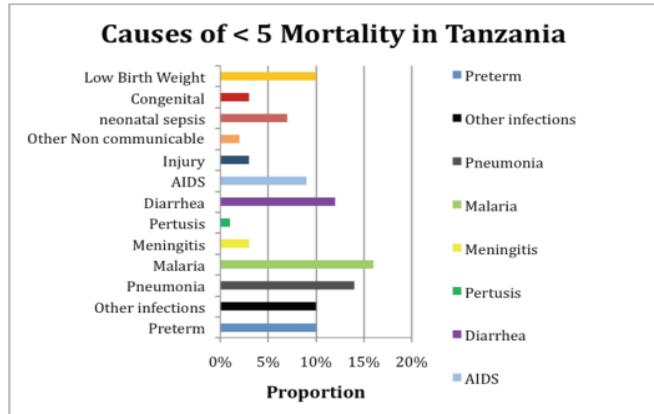
Introduction of the Rotavirus Vaccine in Tanzania

Fact Sheet

The Problem

Rotavirus is a diarrheal disease caused by a virus called rotavirus which infects the gastro-intestinal track. It is the most common cause of severe diarrheal disease in infants and young children worldwide contributing to 41% of the total diarrhea cases.

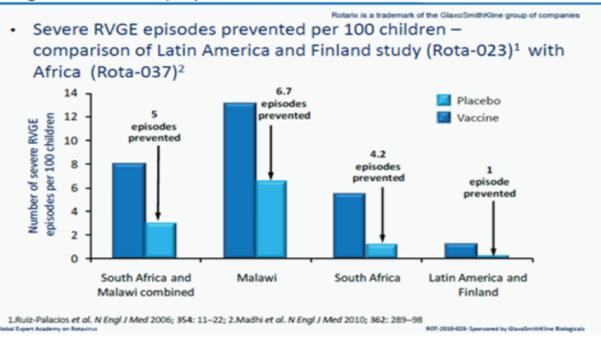
Rotavirus: a leading cause of death in children around the world



In Tanzania diarrhea ranks number three to overall cause of child mortality. Data from the three sentinel surveillance sites indicate that 38% of specimens were positive for rotavirus infection which is responsible of 30% – 50% of all hospitalised children with diarrhoea in Tanzania.

The Response

Rotarix™ impact on RV mortality in Africa is greater than in other regions due to inequity of disease burden in terms of death rates



RVGE: Severe Rotavirus Gastroenteritis Episodes

In recognising the urgency and importance of addressing what are largely preventable deaths, the Government of the United Republic of Tanzania prioritised the introduction of a rotavirus vaccine, in the country's comprehensive multi-year plan (2010-2015).

Rotavirus vaccines protect against severe rotavirus diarrhea but it will not prevent diarrhea or vomiting caused by other germs. The Rotarix vaccine has been identified as the chosen formulation and is to be launched in Tanzania in early 2013.

Rotavirus vaccines are “highly cost effective”

Key findings from global cost-effectiveness analysis showed routine rotavirus vaccination programs would prevent 0.9 – 2.8 million rotavirus associated deaths, 4.5 – 13.3 million estimated cases of hospitalization and 41-107 million cases of outpatient clinic visits among children under the age of 5 years in the poorest parts of the world. \$88 per disability-adjusted life-years (DALY) saved, \$3,015 per death averted. Cost effectiveness is greatest in countries with highest child mortality rates like Tanzania.

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Milestones and Expected Outcomes

The programme will work towards attaining a number targets and objectives. Among them are the following to be realised within the first three years of the vaccine's introduction:

- Introduce the rotavirus vaccine to 100% of councils nationwide.
- Achieve 93% immunisation coverage of children receiving two rotavirus doses
- To provide local evidence on the burden of rotavirus diarrhoea in <5 children and impact of the new vaccine introduced by 2015

What support is needed?

- **Political commitment.** Demonstrated through increased resource allocation by government for immunisation programmes, this includes support from development partners and stakeholders to address the inadequate resources for immunisation programs in the country.

The goal is for the Immunisation and Vaccine Development Programme (IVDP) to account for 8% of total health expenditure by 2015.

- **Community mobilisation and awareness raising.** Influencers and opinion leaders need to be informed of the scale of the problem, and the importance of vaccination with the Rotavirus vaccine as part of the solution. It is their role to then pass on this information, and encourage community members to ensure that eligible children within their care are immunised.

△ *The Rotavirus vaccine is safe and effective at preventing severe rotavirus diarrhea*

△ *The Rotavirus vaccine will be offered as part of the routine immunisation schedule at 6 and 10 weeks or any time when the child first visit the vaccination clinic with an interval of four weeks between the two doses.*

△ *The Rotavirus vaccine can be accessed free of charge in all health facilities*