

FOURTEENTH INTERNATIONAL
ROTAVIRUS SYMPOSIUM

MARCH 14–16 **2023** BALI INDONESIA

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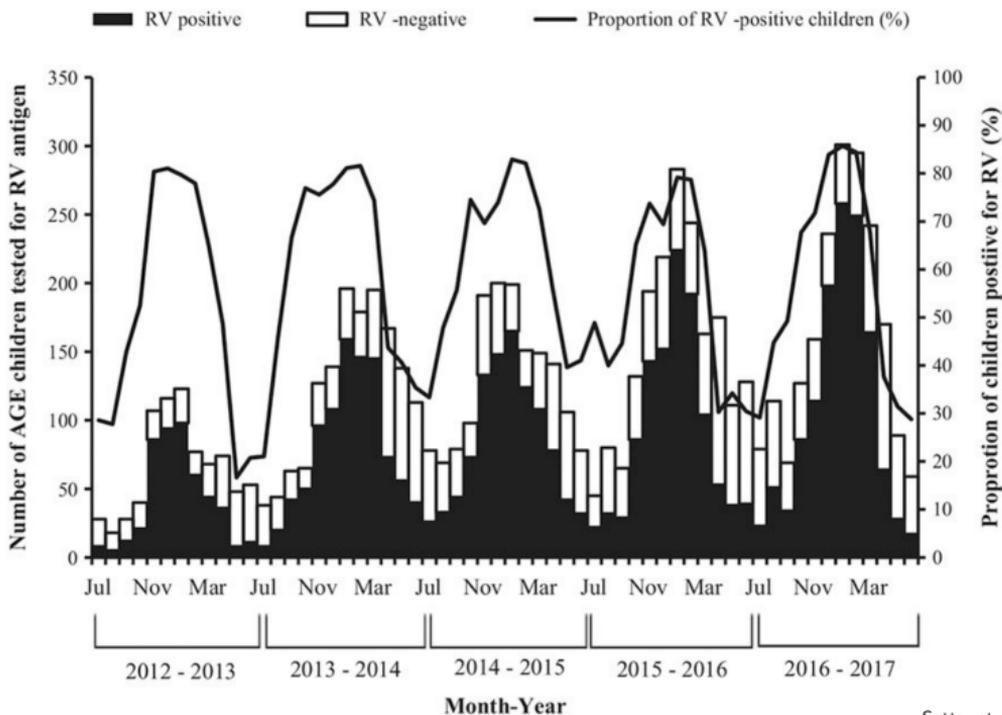
Rotavirus Epidemiology and the Potential Impact of Vaccination in Dhaka, Bangladesh

Ernest O. Asare, Mohammad A. Al-Mamun, Monira Sarmin,
A. S. G. Faruque, Tahmeed Ahmed, Virginia E. Pitzer

Yale School of Public Health



Rotavirus burden in Bangladesh on 8 sentinel sites



Satter et al. 2018

Rotavirus was detected in **64%** (4832/7562) of children <5 years of age admitted with AGE
57% of patients with rotavirus infection were aged <12 months of age
Peak detection rates of **>80%** between November and February

Disparity in the levels of urbanization within Dhaka may influence spatial variation in rotavirus



| Time | 1990-1995 | 1996-2000 | 2001-2005 | 2006-2010 | 2011-2015 |
|-------|-----------|-----------|-----------|-----------|-----------|
| 07:00 | 12 | 35 | 15 | 07 | |
| 08:00 | 17 | 17 | 17 | 17 | |
| 09:00 | 37 | 17 | 42 | 27 | |
| 10:00 | 27 | 37 | 22 | 23 | |
| 11:00 | 75 | 37 | 33 | 23 | |
| 12:00 | 42 | 37 | 71 | 33 | |
| 13:00 | 64 | 49 | 52 | 46 | |
| 14:00 | 75 | 67 | 51 | 48 | |
| 15:00 | 94 | 80 | 104 | 101 | |
| 16:00 | 113 | 86 | 141 | 118 | |
| 17:00 | 152 | 83 | 160 | 138 | |
| 18:00 | 147 | 100 | 157 | | |
| 19:00 | 162 | 153 | 165 | | |
| 20:00 | 182 | 147 | 184 | | |
| 21:00 | 178 | 140 | 200 | | |
| 22:00 | 215 | 150 | 210 | | |
| 23:00 | 225 | 165 | 230 | | |
| 24:00 | 226 | 182 | 242 | | |
| 25:00 | 246 | 175 | 257 | | |
| 26:00 | 252 | 211 | 261 | | |
| 27:00 | 261 | 221 | 271 | | |

The data comes from systematic stool samples of diarrheal patients presenting to **iccd,r b hospital in Dhaka**:

Every **25th (4%)** patient sampled between 1990 and 1995 and **50th (2%)** afterwards

Disparity in the levels of urbanization within Dhaka may influence spatial variation in rotavirus



| TIME | NO. OF PATIENTS | NO. OF PATIENTS WITH ROTAVIRUS | PERCENTAGE OF PATIENTS WITH ROTAVIRUS |
|-------------|-----------------|--------------------------------|---------------------------------------|
| 07:00-08:00 | 12 | 35 | 15 |
| 08:00-09:00 | 19 | 17 | 17 |
| 09:00-10:00 | 37 | 13 | 27 |
| 10:00-11:00 | 29 | 30 | 24 |
| 11:00-12:00 | 35 | 38 | 23 |
| 12:00-13:00 | 42 | 35 | 23 |
| 13:00-14:00 | 34 | 30 | 21 |
| 14:00-15:00 | 64 | 49 | 22 |
| 15:00-16:00 | 75 | 67 | 28 |
| 16:00-17:00 | 98 | 80 | 104 |
| 17:00-18:00 | 113 | 80 | 141 |
| 18:00-19:00 | 152 | 83 | 160 |
| 19:00-20:00 | 147 | 100 | 156 |
| 20:00-21:00 | 147 | 127 | 169 |
| 21:00-22:00 | 178 | 140 | 200 |
| 22:00-23:00 | 215 | 150 | 216 |
| 23:00-00:00 | 225 | 165 | 230 |
| 00:00-01:00 | 226 | 182 | 242 |
| 01:00-02:00 | 246 | 175 | 257 |
| 02:00-03:00 | 252 | 211 | 261 |
| 03:00-04:00 | 261 | 221 | 271 |

The data comes from systematic stool samples of diarrheal patients presenting to **iccd, b hospital in Dhaka**:

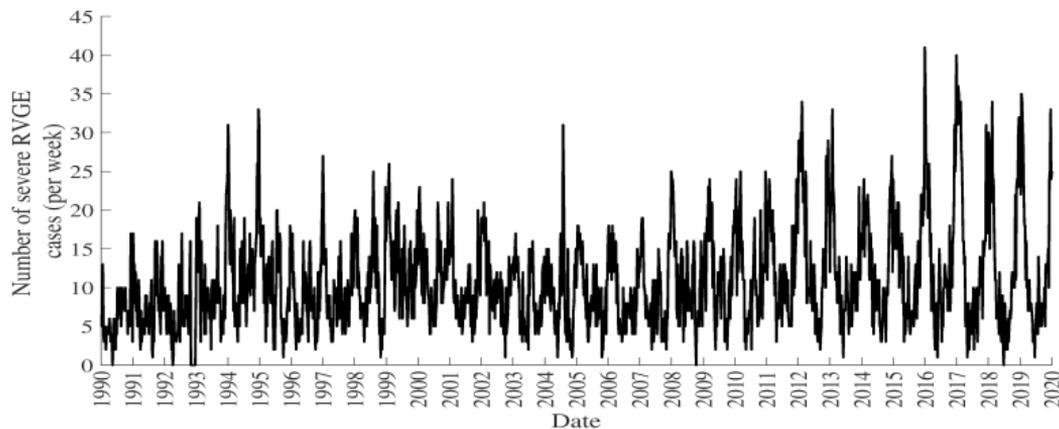
Every **25th (4%)** patient sampled between 1990 and 1995 and **50th (2%)** afterwards

To use mathematical modeling to:

quantify the potential impact of rotavirus vaccines in Dhaka

identify the optimal dosing schedule that would maximize vaccine benefits in Dhaka

Data overview - weekly cases and age distribution

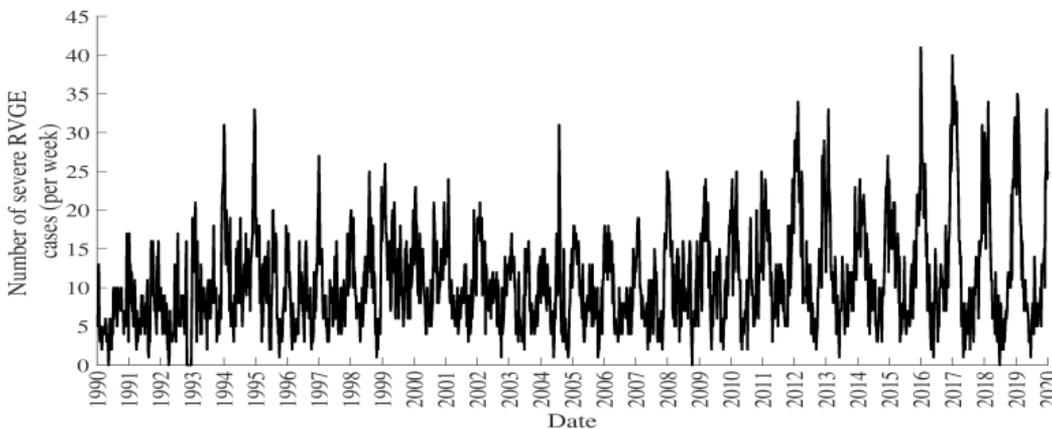


Year-round transmission
with **seasonal peaks**

Confirmed cases per week
can be more than **40**

Annual average of more
than **500** confirmed cases

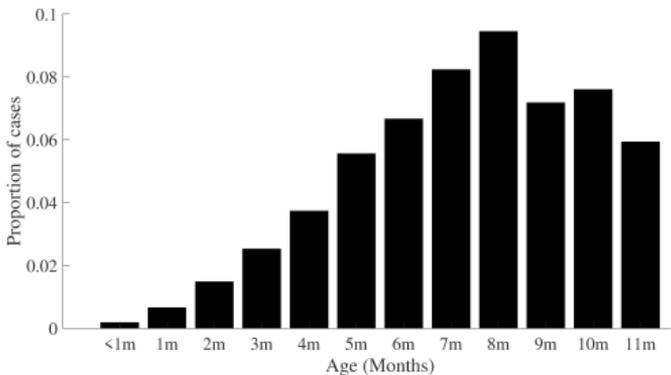
Data overview - weekly cases and age distribution



Year-round transmission with **seasonal peaks**

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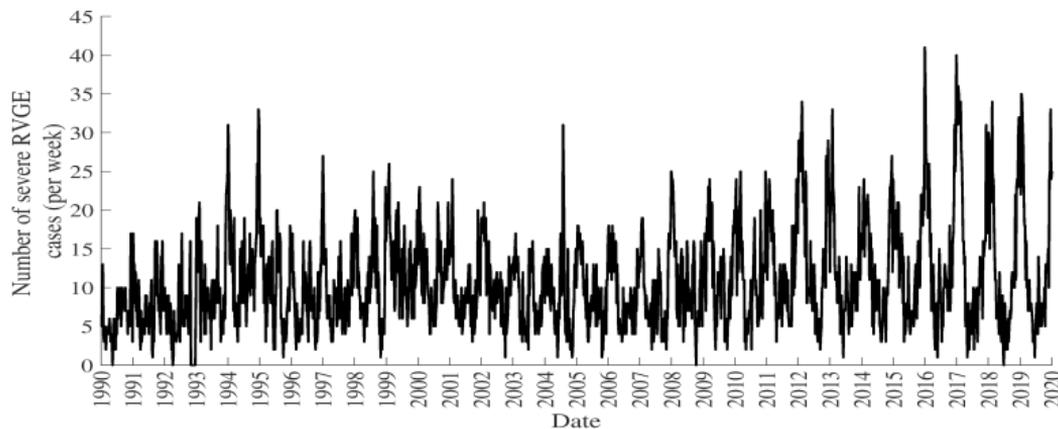
Annual average of more than **500** confirmed cases



51% of the cases in infants aged **5-11 months**

3% of cases in infants **<3 months**

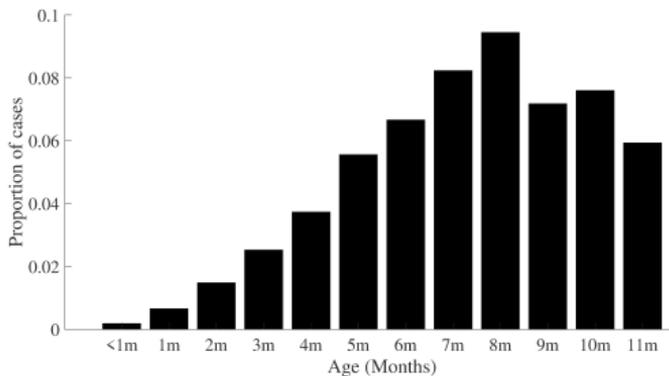
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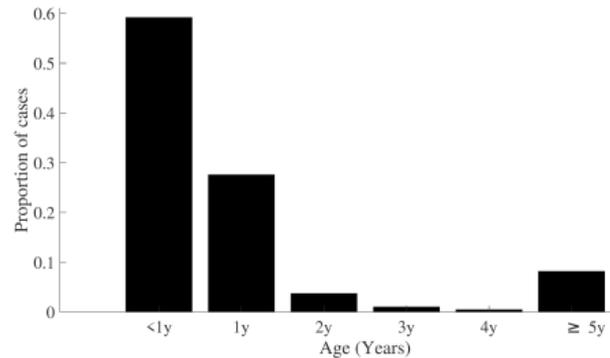
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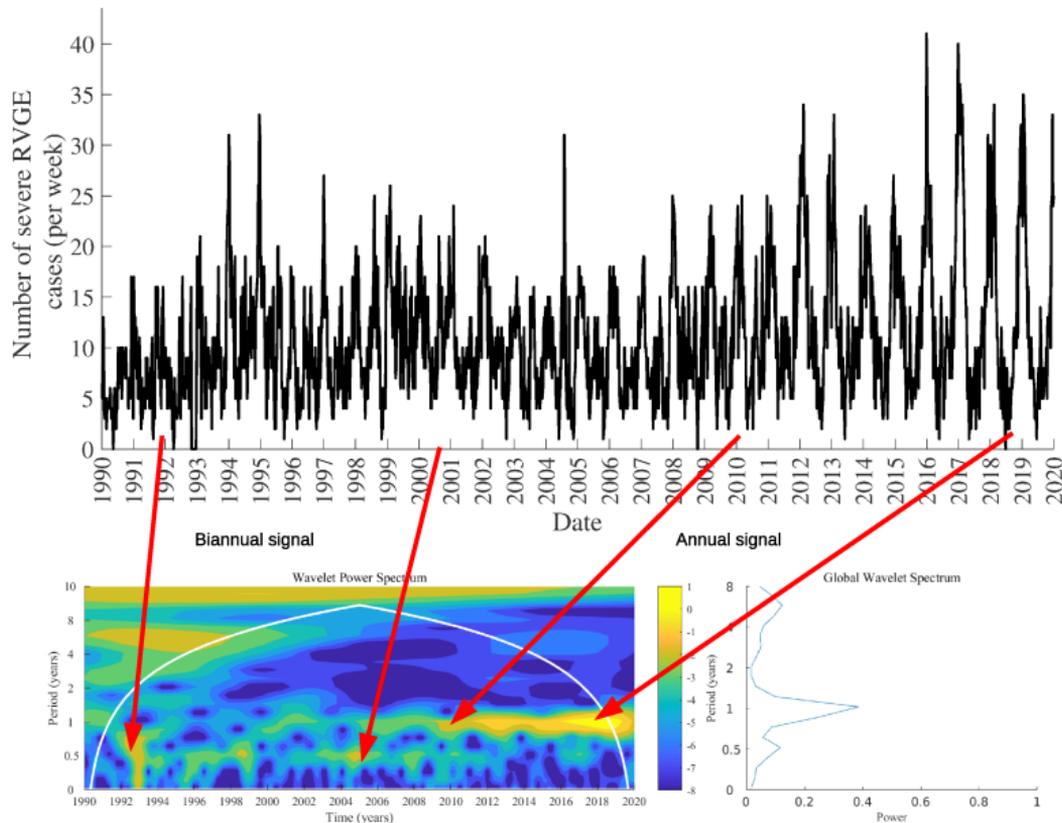
3% of cases in infants **<3 months**



60% of cases in **<1Y** age group

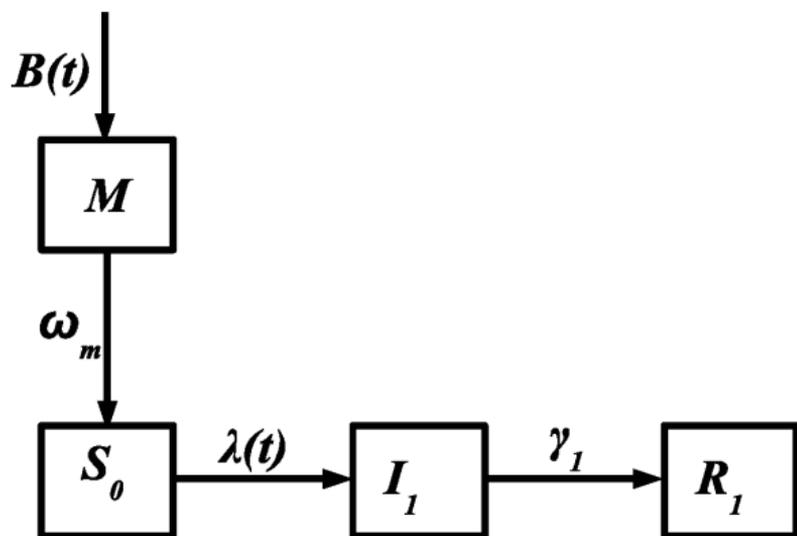
28% of cases in **1Y** age group

Data overview - observed shift from biannual to annual patterns - Dhaka

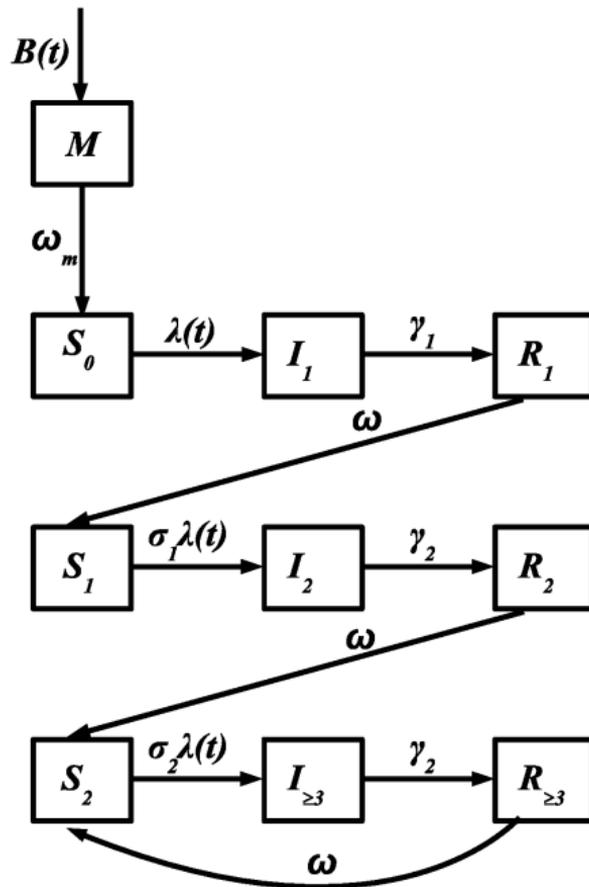


The **intensity of the biannual signal is decreasing** over time

The **intensity of the annual signal is increasing** over time

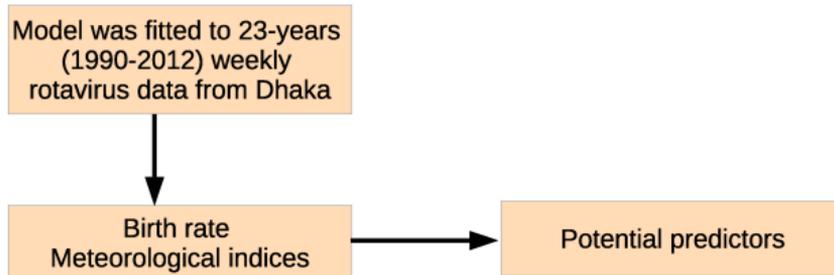


M – Maternal
S – Susceptible
I – Infective
R – Recovered

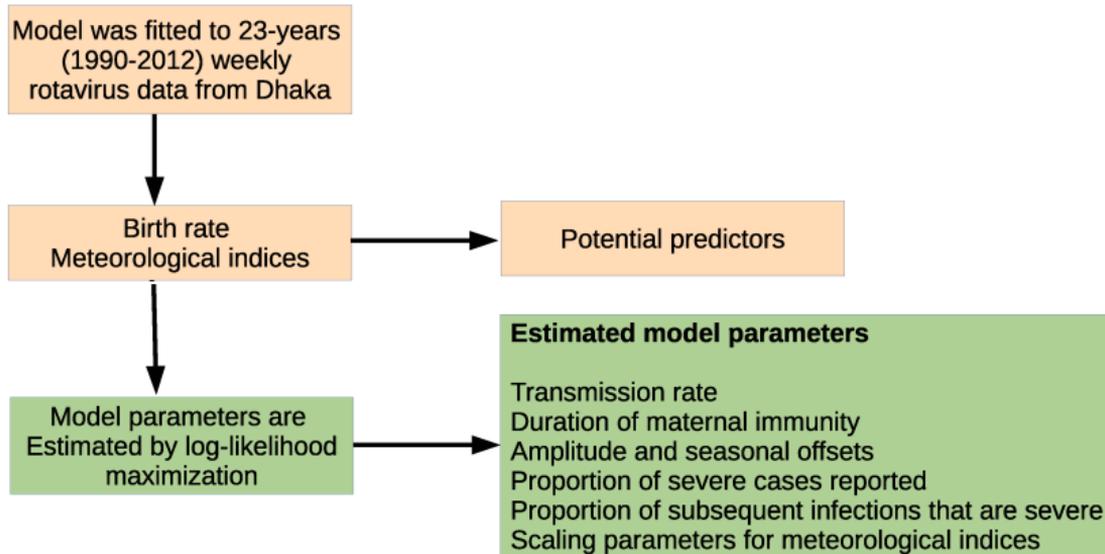


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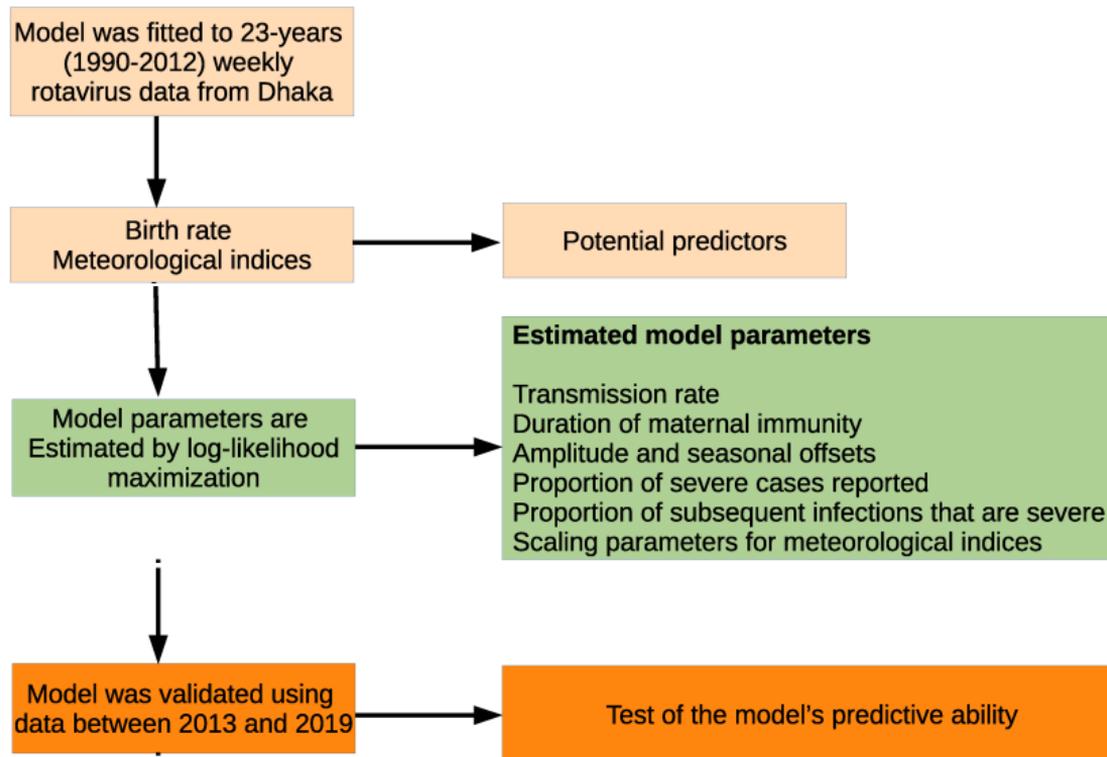
Model fitting procedure



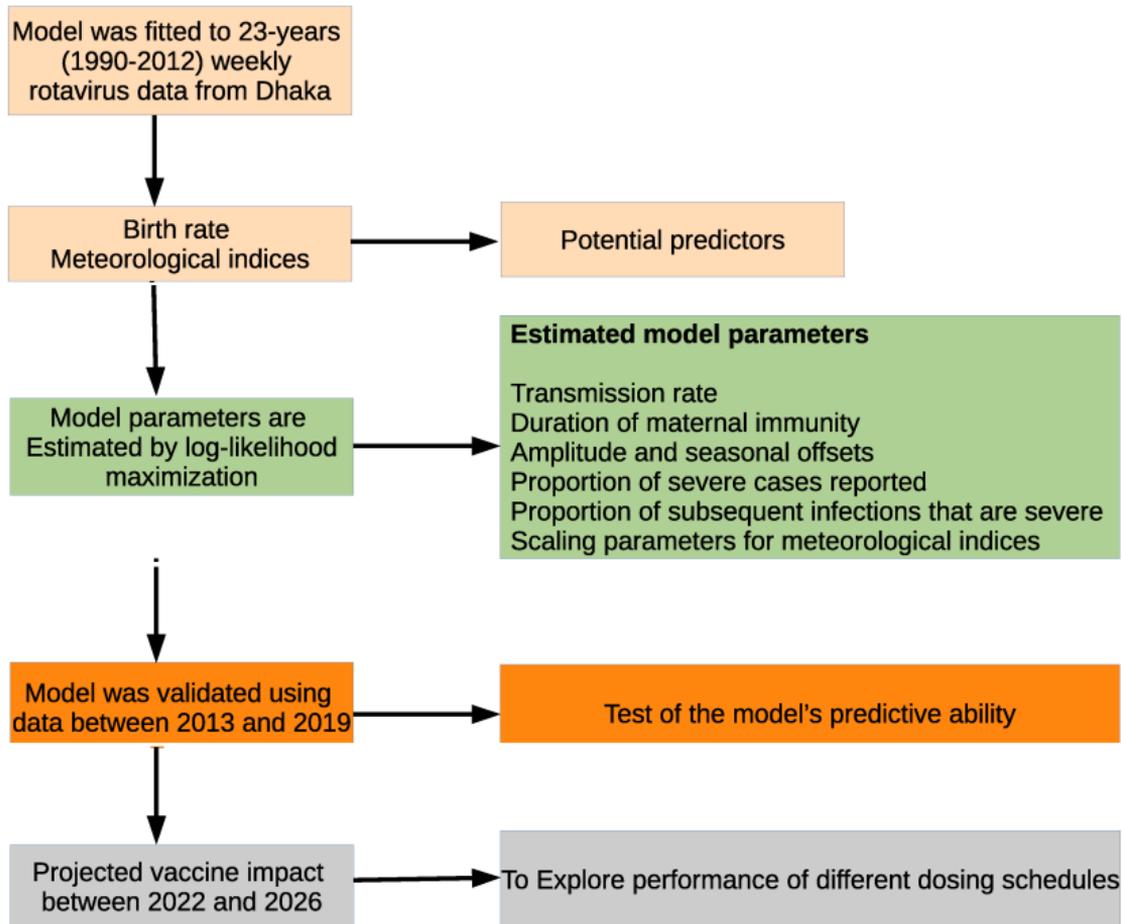
Model fitting procedure



Model fitting procedure



Model fitting procedure



Dosing schedules

| Schedule(weeks) | No. of doses | Age for vaccine (months) |
|-----------------|--------------|--------------------------|
| 6/10 | 2 | 2, 3 |
| 10/14 | 2 | 3, 4 |
| 6/10/14 | 3 | 2, 3, 4 |
| 6/10/40 | 3 | 2, 3, 9 |
| 1/6/10 | 3 | 0, 2, 3 |
| 1/10/14 | 3 | 0, 3, 4 |

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Model parameters describing vaccine effectiveness

- Vaccine response rate (S_C) → 50 - 90%

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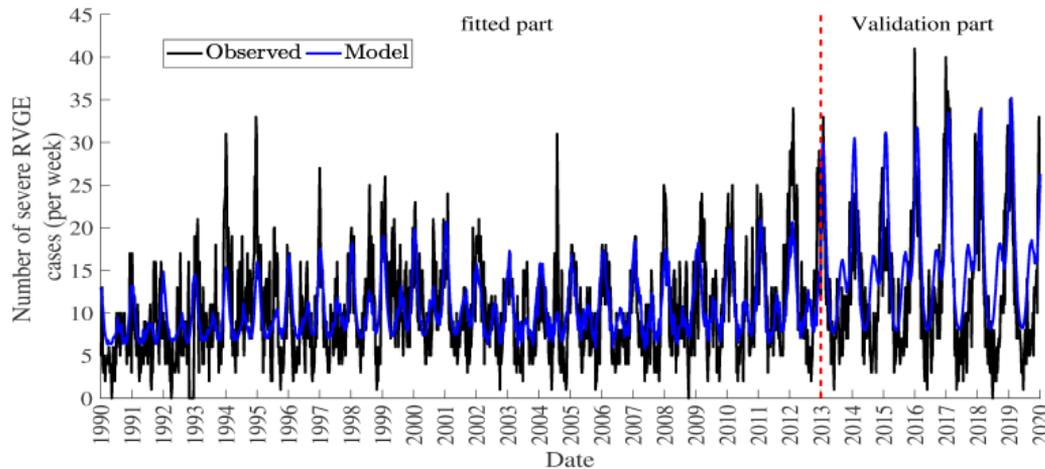
- Vaccine response rate (S_C) → 50 - 90%
- Vaccine induced immunity duration (ω_v) → 3 - 60 months

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|-----------------|--------------|--------------------------|
| 6/10 | 2 | 2, 3 |
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| 6/10/14 | 3 | 2, 3, 4 |
| 6/10/40 | 3 | 2, 3, 9 |
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Model parameters describing vaccine effectiveness

- Vaccine response rate (S_C) → 50 - 90%
- Vaccine induced immunity duration (ω_v) → 3 - 60 months
- Vaccination coverage → fixed at 90%

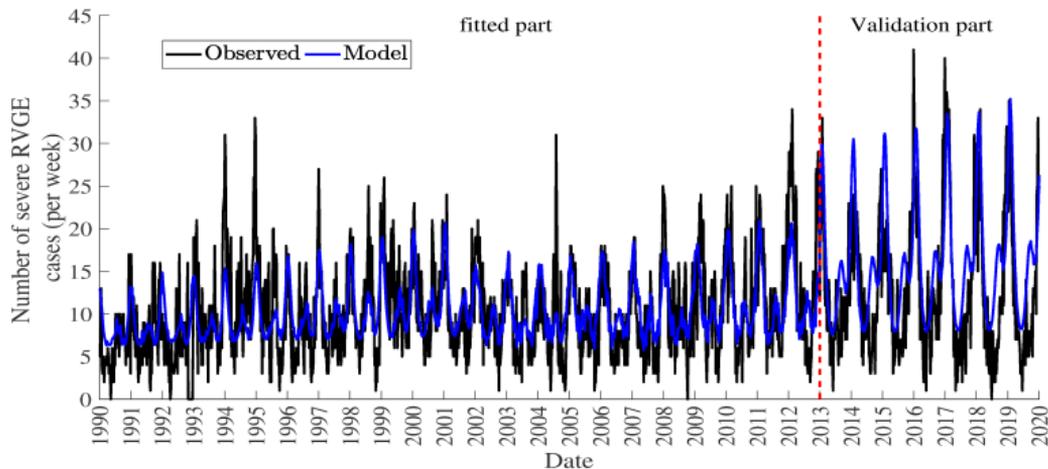
Results - pre-vaccination model validation for Dhaka



Model was able to predict
peak timing, duration and
intensity of winter epidemics

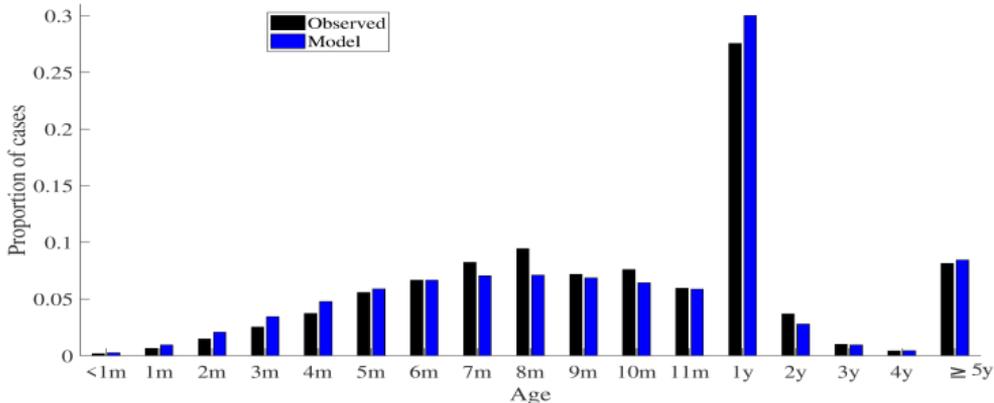
Model was able to reproduce
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Results - pre-vaccination model validation for Dhaka



Model was able to predict **peak timing, duration and intensity of winter epidemics**

Model was able to reproduce the shift from **biannual** to **annual** epidemics

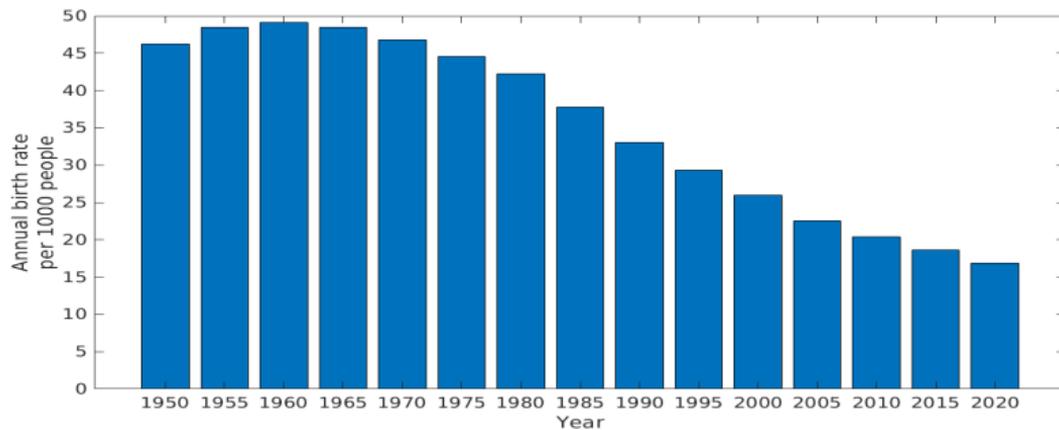


Model reasonably predicted **the observed trend in age distribution**

Good agreement with the proportion of cases in all **age groups above 1 year**

Over- or under-estimated proportion in some age group

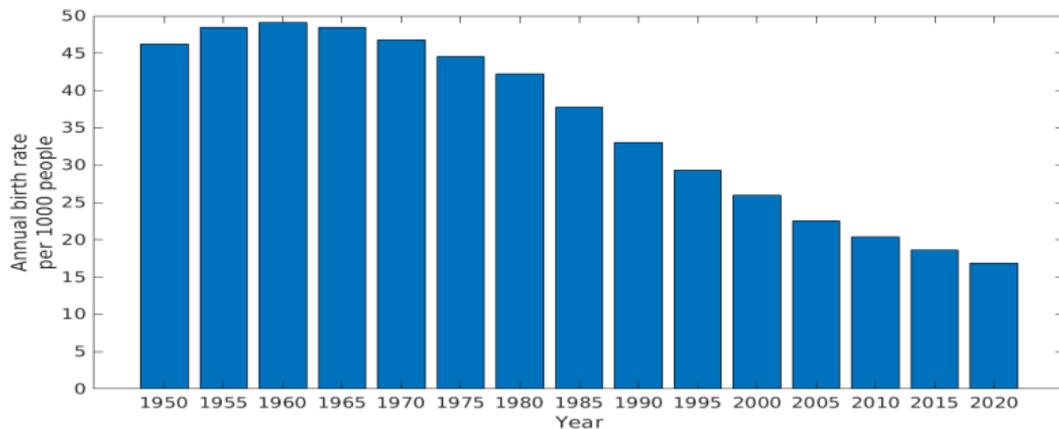
Results - what is the key driver of the observed pre-vaccination seasonal shift?



Consistent declining in
birth rate

A drop from 35 in 1990 to
18 in 2020

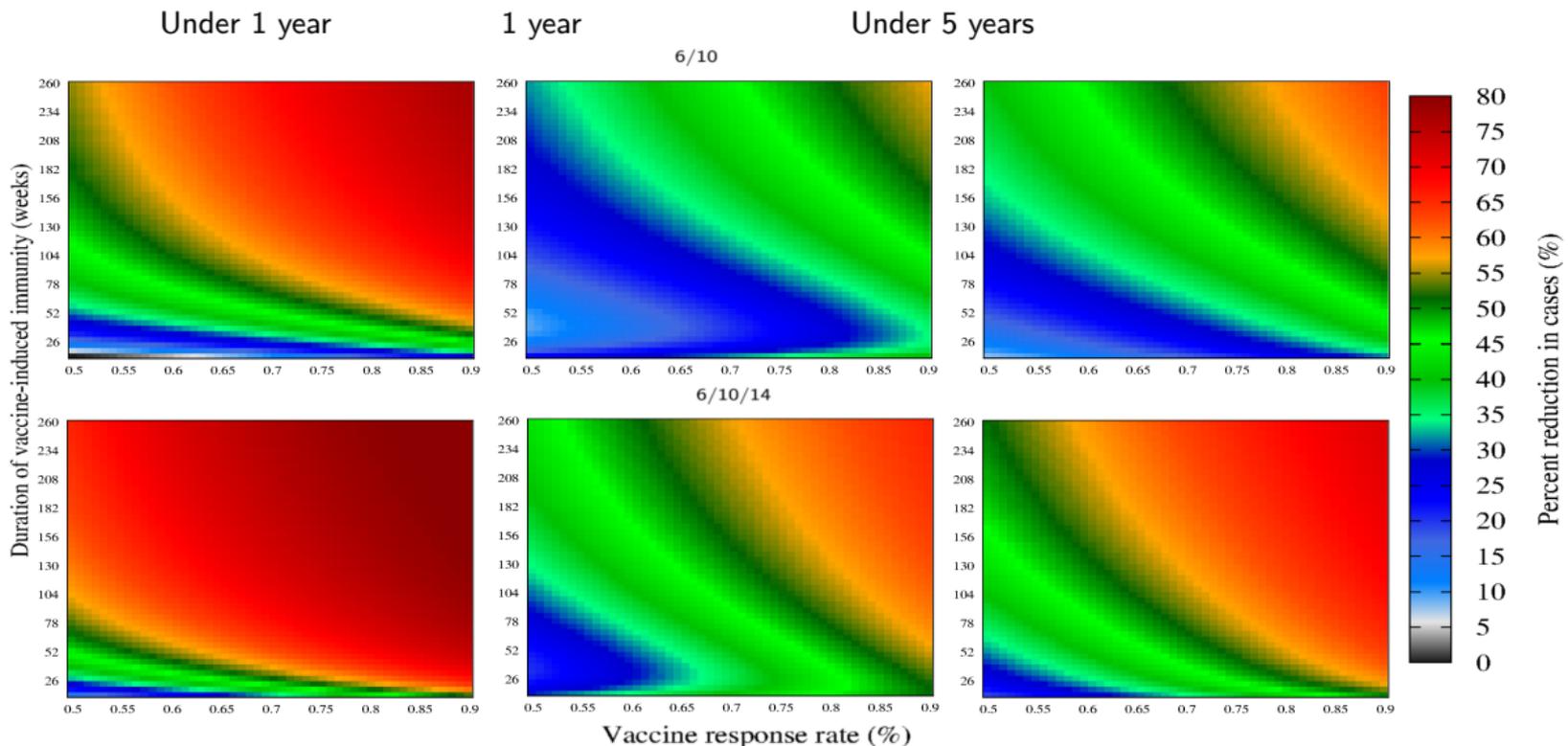
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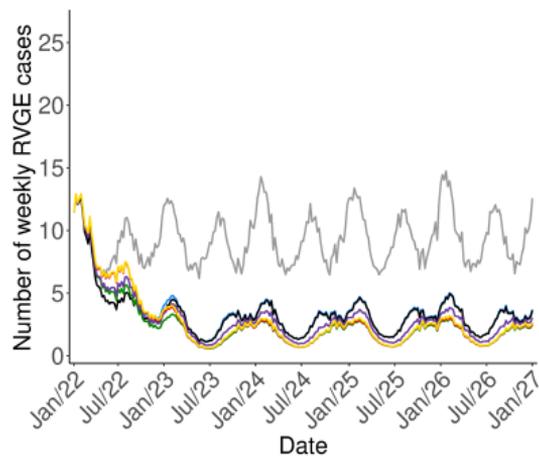


Vaccine response rate and duration of vaccine-induced immunity are important factors influencing vaccine performance

Results - Projected vaccine impact

— Novacc 6/10 10/14 6/10/14 6/10/40 1/6/10 1/10/14

[a] Under 1 year

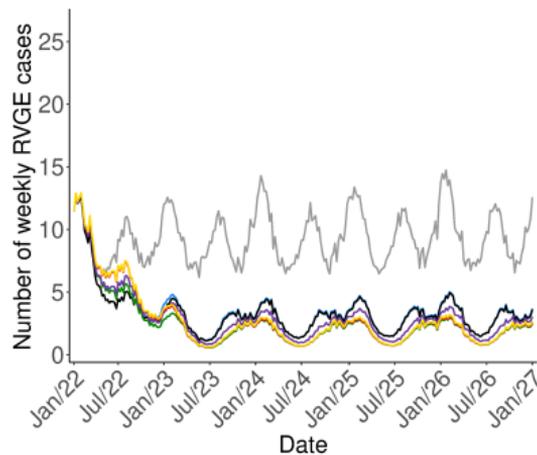


Clear indication of vaccine induced protection

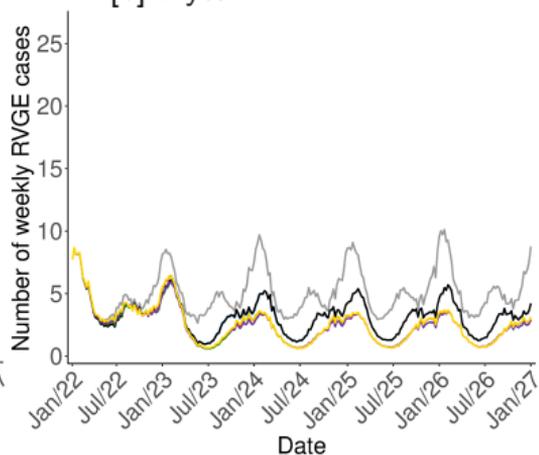
Results - Projected vaccine impact

— Novacc 6/10 10/14 6/10/14 6/10/40 1/6/10 1/10/14

[a] Under 1 year



[b] 1 year



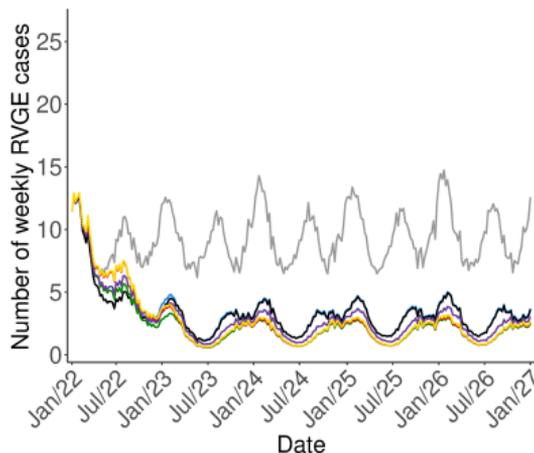
Clear indication of vaccine induced protection

Lower vaccine protection

Results - Projected vaccine impact

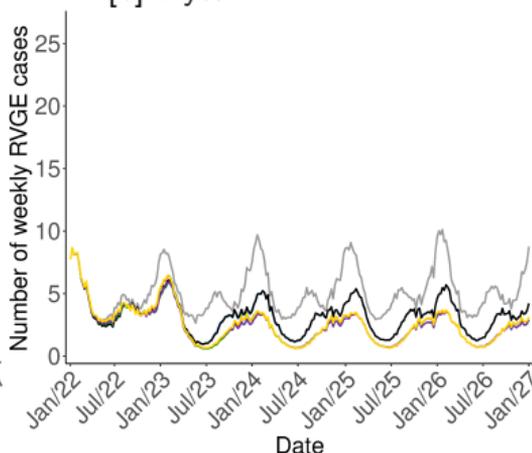
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[a] Under 1 year



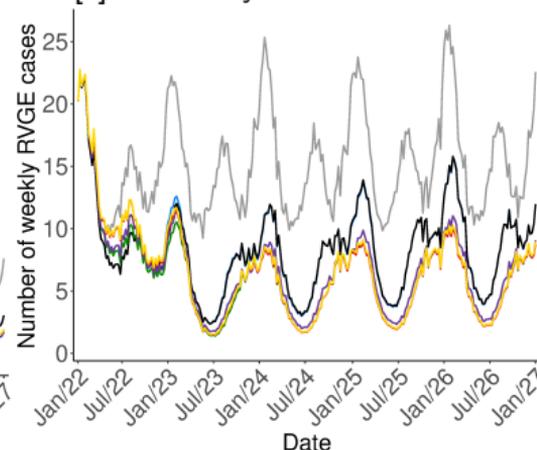
Clear indication of vaccine induced protection

[b] 1 year



Lower vaccine protection

[c] Under 5 years



6/10/40 lies between **infant** and **neonatal** schedules

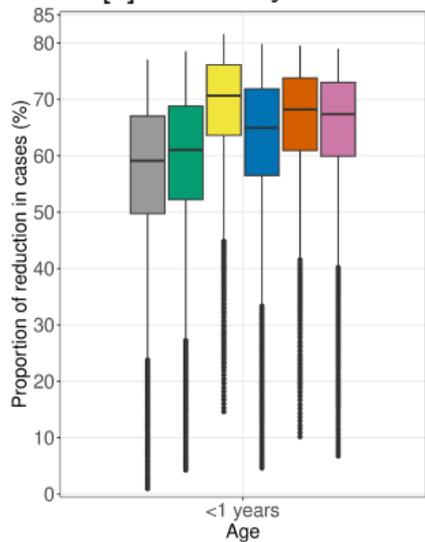
Moderate to substantial variations in vaccine impact among different dosing schedules

Differences exist among dosing schedules with the same number of doses

Results - overall reductions over 5-year period

schedule 6/10 10/14 6/10/14 6/10/40 1/6/10 1/10/14

[a] Under 1 year

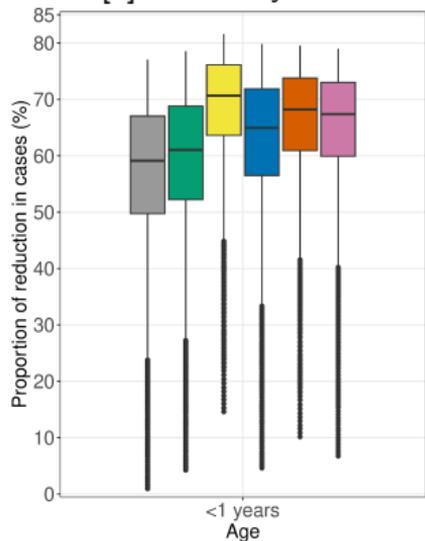


Median reductions range from
59% to 71%

Results - overall reductions over 5-year period

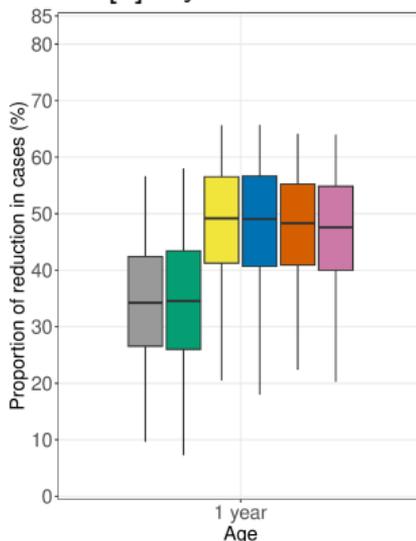
schedule 6/10 10/14 6/10/14 6/10/40 1/6/10 1/10/14

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Median reductions range from
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[b] 1 year

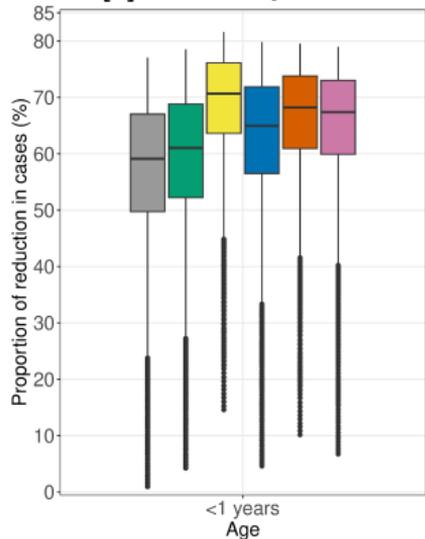


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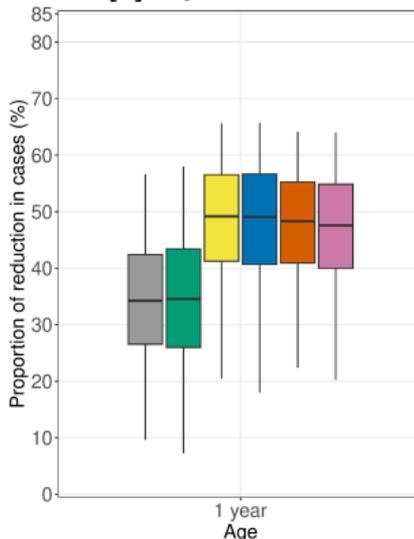
schedule  6/10  10/14  6/10/14  6/10/40  1/6/10  1/10/14

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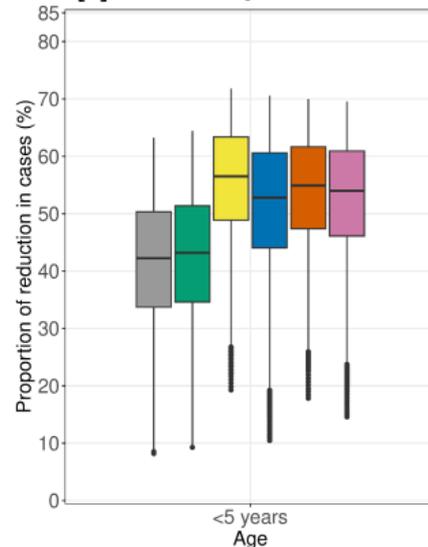
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[c] Under 5 years

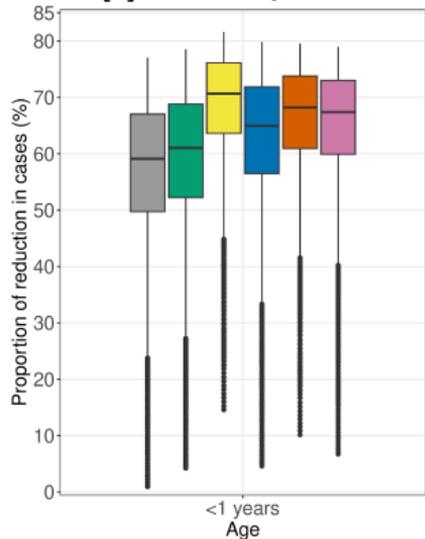


Median reductions range from
42% to 57%

Results - overall reductions over 5-year period

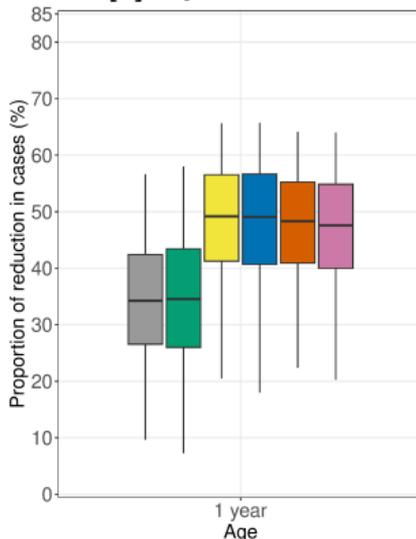
schedule  6/10  10/14  6/10/14  6/10/40  1/6/10  1/10/14

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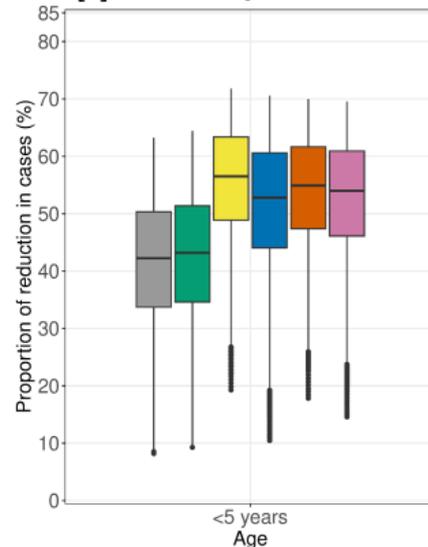
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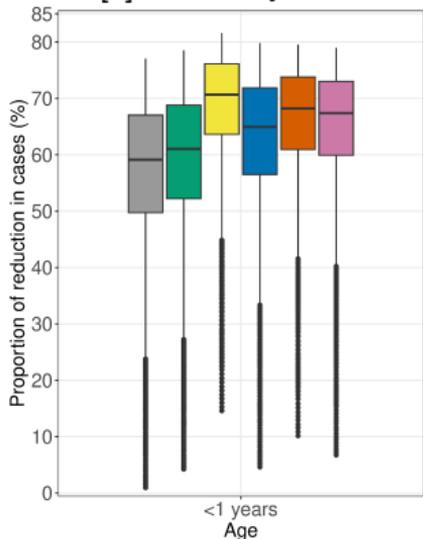
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1/6/10 and **6/10/14** are the optimal dosing schedules

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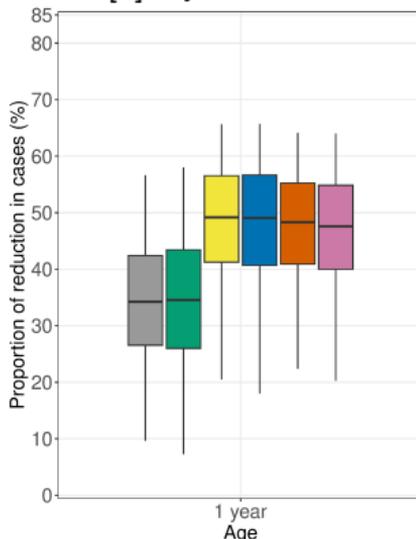
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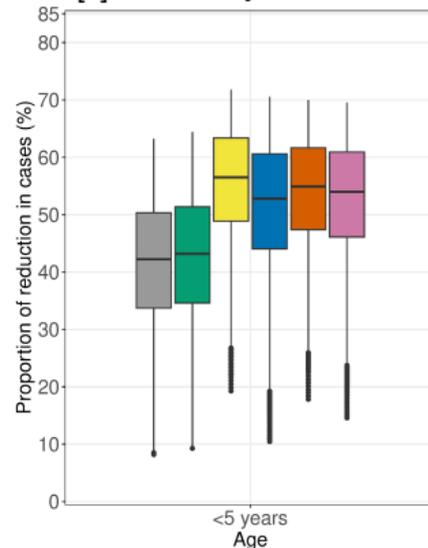
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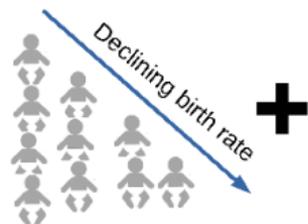
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1/6/10 and **6/10/14** are the optimal dosing schedules

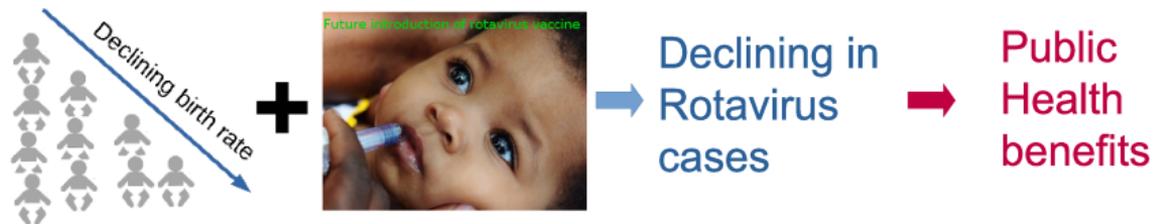
6/10 and **10/14** results in lower reduction in rotavirus incidence



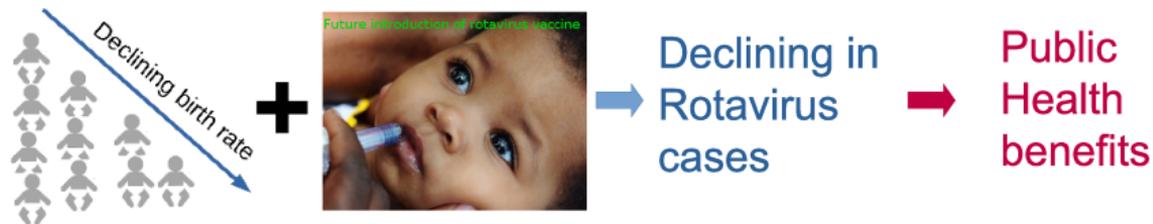
Declining in
Rotavirus
cases



Public
Health
benefits

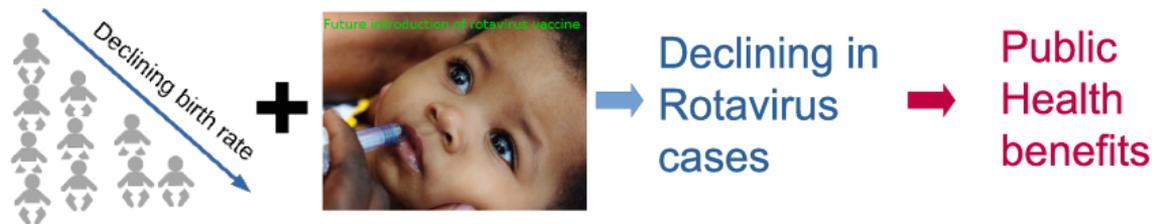


The **6/10/14** and **1/6/10** provided the best and comparable reductions in cases



The **6/10/14** and **1/6/10** provided the best and comparable reductions in cases

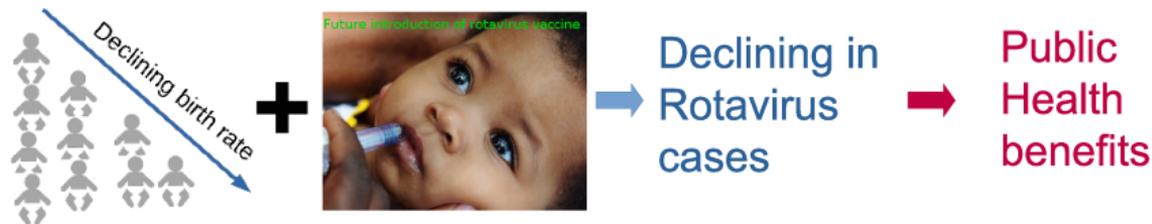
The commonly used **6/10** and **10/14** schedules in LMICs may not be optimal for Dhaka



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The commonly used **6/10** and **10/14** schedules in LMICs may not be optimal for Dhaka

Future cost-effectiveness analysis among these schedules could help identify the optimal schedule for Dhaka



The **6/10/14** and **1/6/10** provided the best and comparable reductions in cases

The commonly used **6/10** and **10/14** schedules in LMICs may not be optimal for Dhaka

Future cost-effectiveness analysis among these schedules could help identify the optimal schedule for Dhaka

The model can be useful to support policy-makers considering rotavirus vaccine introduction or switching to a different vaccine

We thank our collaborators Monira Sarmin, A. S. G. Faruque and Tahmeed Ahmed at the International Centre for Diarrhoeal Disease Research, Bangladesh (ICDDR,B)

This study is supported by NIH grant (NIH/NIAID R01AI112970) to Virginia Pitzer

Thank you

Rainfall-related indices

- 1 Weekly Degree of Wetness (dow)

$$dow = \frac{(\# \text{ of wetdays in a week}) \times (\text{total rainfall in a week})}{7}$$

- 2 Simple water balance model (wpre) - predicts presence of surface water

Temperature-related indices

- 3 Diurnal Temperature Range (dtr)

$$dtr = T_{max} - T_{min}$$

The force of infection at time t is given by:

Model 0

$$\lambda(t) = \beta_o \left(1 + \underbrace{b_1 \cos \left(\frac{2\pi t - \phi_1}{52.18} \right)}_{\text{annual}} + \underbrace{b_2 \cos \left(\frac{2\pi t - \phi_2}{26.09} \right)}_{\text{biannual}} \right) \sum_{i=1}^{\geq 3} \rho_i I_i(t)$$

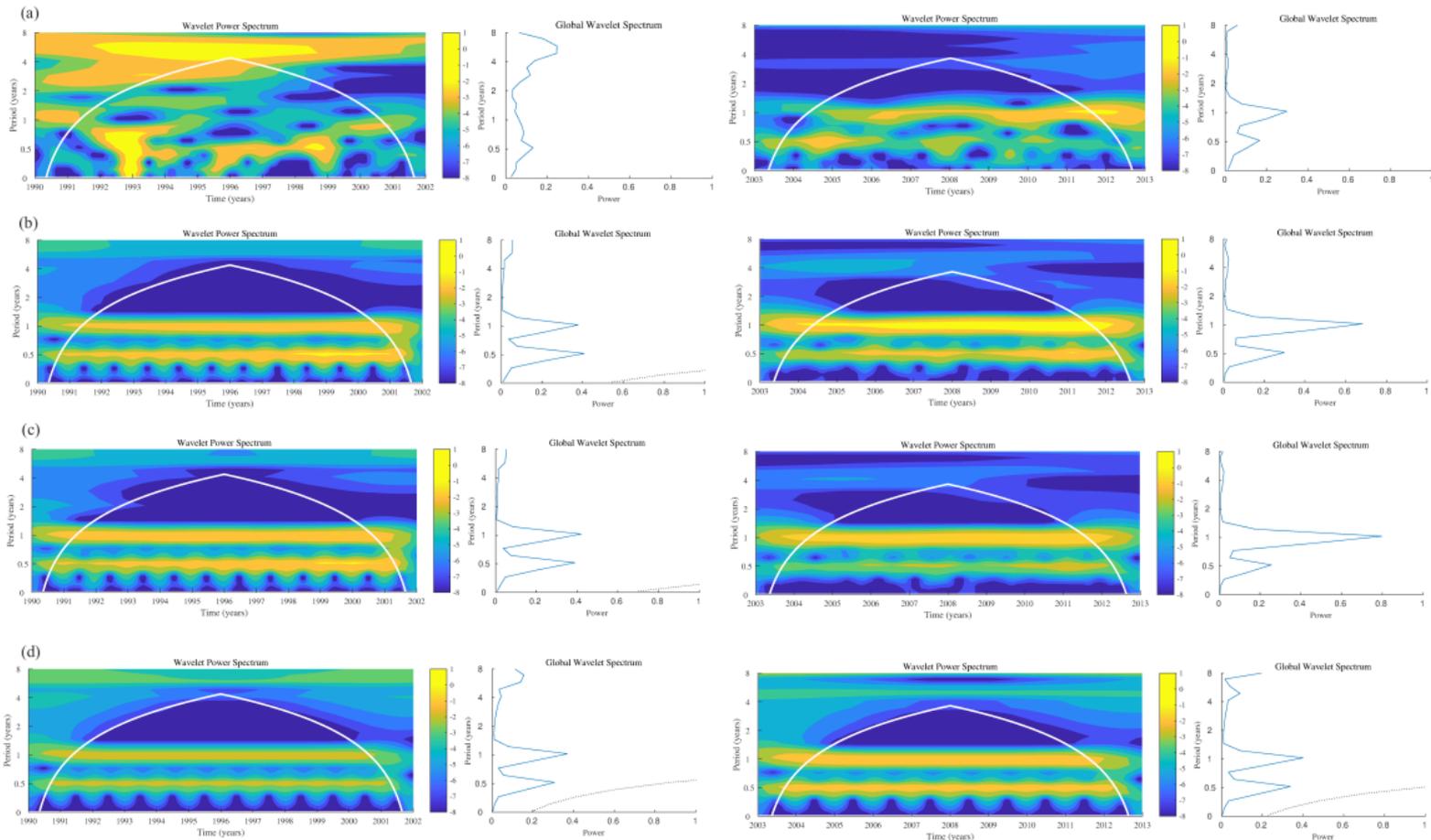
Model A

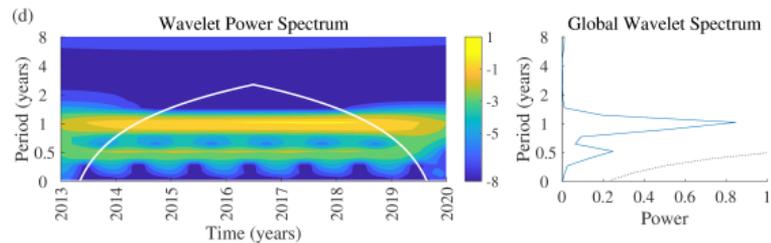
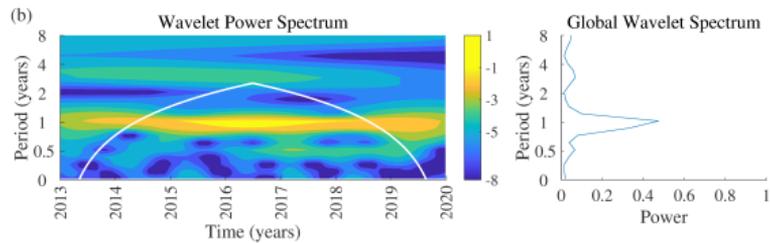
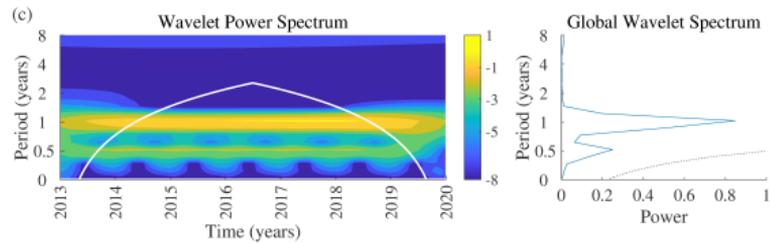
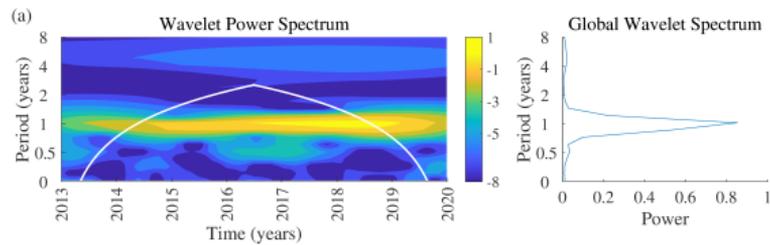
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Model B

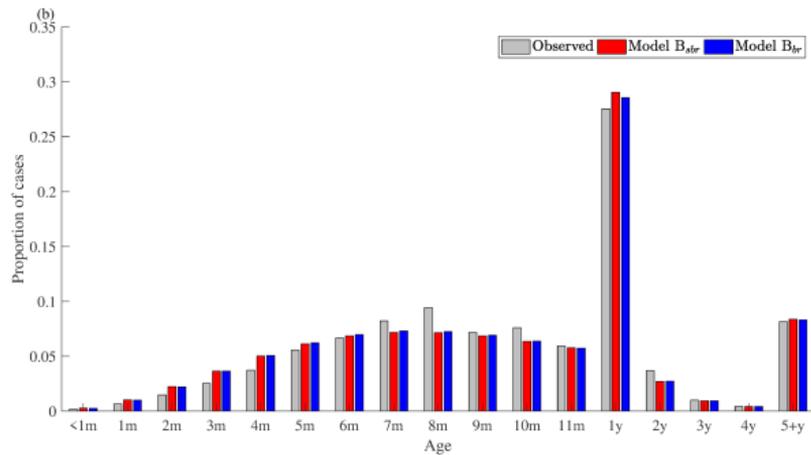
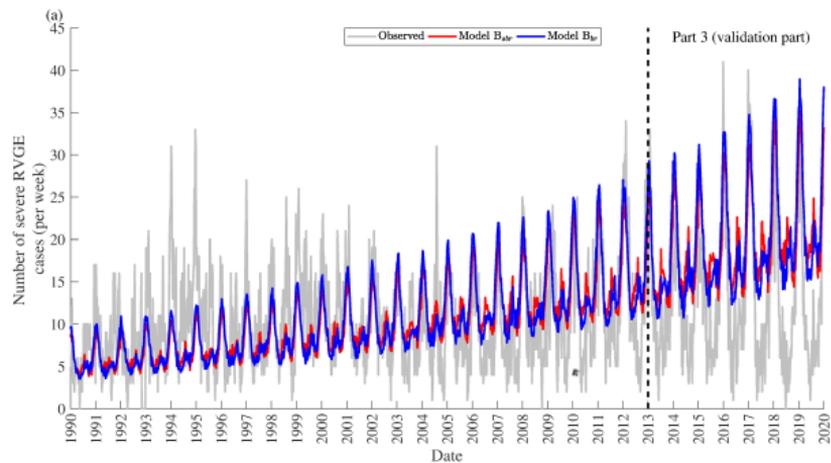
$$\lambda(t) = \beta_o \left(1 + \underbrace{b_1 \cos \left(\frac{2\pi t - \phi_1}{52.18} \right)}_{\text{annual}} + \underbrace{b_2 \cos \left(\frac{2\pi t - \phi_2}{26.09} \right)}_{\text{biannual}} + \underbrace{\text{dtr}_s(\text{dtr})}_{\text{Dtr}} + \underbrace{\text{wpre}_s(\text{wpre})}_{\text{Wpre}} \right) \sum_{i=1}^{\geq 3} \rho_i I_i(t)$$

Impact of birth rate and meteorological indices





Prediction with fixed birth rate

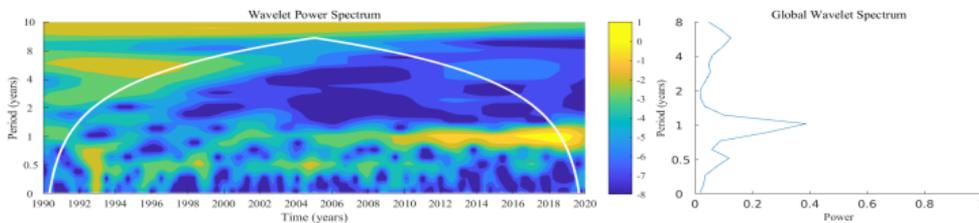


| Model | | Complete | Part 1 | Part 2 |
|---------|-----|-----------|-----------|-----------|
| Model 0 | sbr | 34110.640 | 18149.423 | 15748.394 |
| | br | 34158.287 | 18231.593 | 15701.277 |
| Model A | sbr | 34064.660 | 18137.479 | 15633.230 |
| | br | 34125.598 | 18218.051 | 15637.811 |
| Model B | sbr | 34036.499 | 18134.433 | 15630.233 |
| | br | 34113.684 | 18216.716 | 15636.716 |

sbr are models incorporating seasonal variation in the crude birth rate

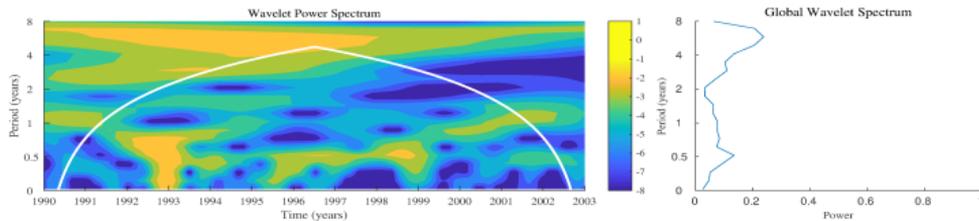
br are models without seasonal variation in the crude birth rate

Based on AIC, the model with **Model B_{sbr}** best fit the data



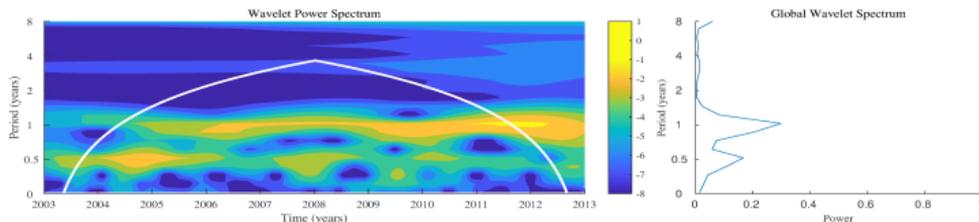
Complete (1990 - 2019)

Biannual at the beginning
Annual at the end



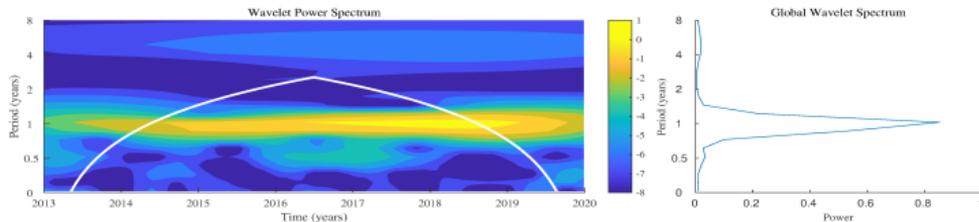
Part 1 (1990 - 2002)

The intensity of the **biannual signal** is decreasing over time



Part 2 (2003 - 2012)

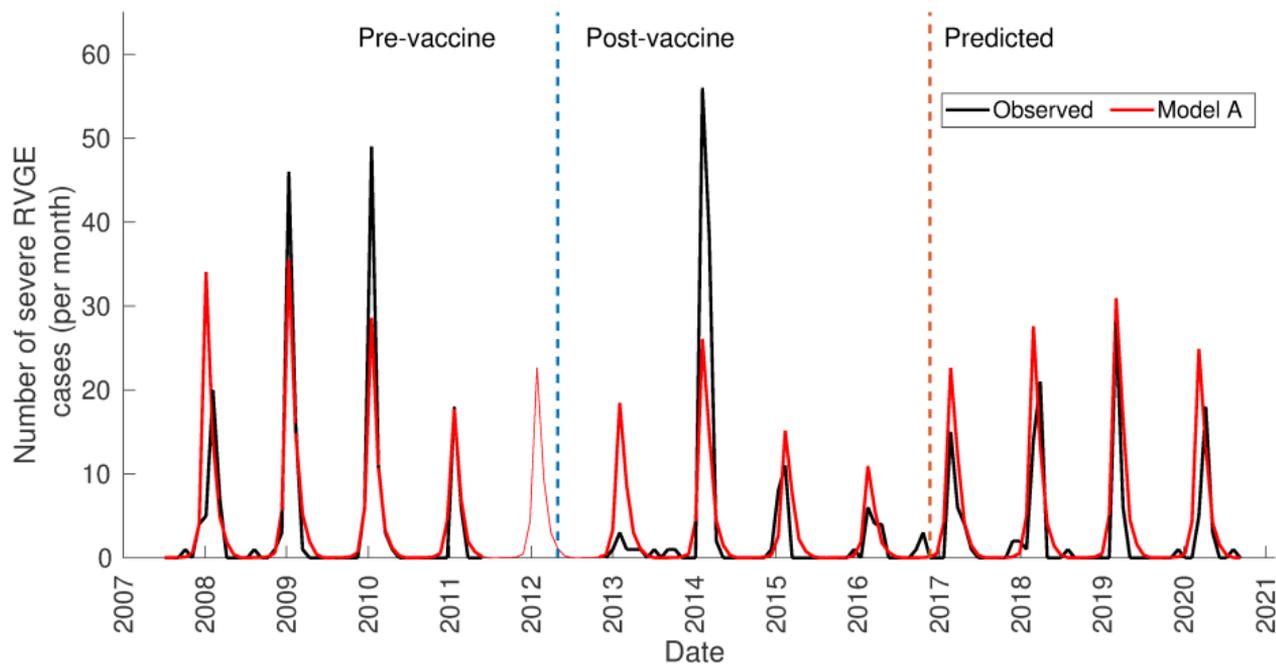
The intensity of the **annual signal** is increasing over time



Part 3 (2013 - 2019)

Rotavirus exhibits **strong annual cycle**

Results - post-vaccination model validation for Navrongo, Ghana



Satisfactory agreement between model and observed post-vaccination cases

$$\frac{dw_{\text{pond}}}{dt} = \frac{2}{\rho h_{\text{ref}}} \left(\frac{w_{\text{ref}}}{w_{\text{pond}}} \right)^{\rho/2} ((Q(w_{\text{max}} - w_{\text{pond}}) + Pw_{\text{pond}})(1 - f) - w_{\text{pond}}(E + fl_{\text{max}}))$$

where w_{pond} is the daily fractional flood water coverage, ρ is the geometrical shape factor, w_{max} is the maximum flood water coverage, h_{ref} is the reference flood water depth, w_{ref} is the reference flood water coverage, Q is the runoff, P is the rainfall, l_{max} is the maximum infiltration and $f = \frac{w_{\text{pond}}}{w_{\text{max}}}$. The daily fractional flood water coverage is aggregated into weekly time series to use in the model