סמינר בית ספר לבריאות הציבור
יוקימ ביבום ד’, 2017 בישוע 00-20:00
באולם מרבאום, האוניברסיטה לבריאות ע”ש סאקלר

מרצה
ד”ר אייל לשים

נושא המרצה:

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<tr>
<th>הנושא</th>
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<td>אומץ קיימ מחўמק אמואבע והא חד מידי ראב מבי שולוים מחוור בלני מילויי עמודי סגנון קיימ מחוור</td>
<td>מתי מנסטר 19:00</td>
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<td>תיאור ההיארואת גורמי הוסקן לונקורידיסים, תור שימר דגש על מושלתי איברים סולידים</td>
<td>יאני מרגלית 19:30</td>
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בברכה,
ד”ר ער קוגל, חוג לאפידמיולוגיה ורפואה מונעת
צטריך במניין

ifata@mail.tau.ac.il
לmidi מוספ יניק לופון לבב, מנהל אלוף דויד
טלפון 03-6408572

Dr. Eyal Leshem  
Sheba-Academic Medical Center Hospital  
sackler faculty of medicine tel-aviv university

Measuring the impact of public health interventions allows to assess their effectiveness, improve their performance and advocate for continued allocation of resources.

In this seminar I will demonstrate the use of healthcare utilization data to assess the impact and effectiveness of rotavirus vaccines in the US.

Use of 2 vaccines and increasing coverage rates allowed measurement of several aspects of vaccine impact and effectiveness.

The attendees will learn how longitudinal surveillance data can be used to assess vaccine impact.

OBJECTIVES:
To examine reductions in diarrhea-associated health care utilization after rotavirus vaccine implementation and to assess direct and indirect effectiveness of vaccination.

METHODS:
Retrospective cohort analysis of claims data of commercially insured US children aged <5 years. We examined annual pentavalent (RV5) and monovalent (RV1) rotavirus vaccine coverage. We compared rates of diarrhea-associated health care utilization in prevaccine (2001-2006) versus postvaccine introduction (2007-2011) years, compared rates of diarrhea-associated health care utilization in vaccinated versus unvaccinated children and compared rates in unvaccinated children in postvaccine versus prevaccine years.

RESULTS:
Among children aged <5 years, RV5 and RV1 rotavirus vaccine coverage rates reached 58% and 5%, respectively, by December 31, 2010. Compared with the average rate of rotavirus-coded hospitalizations in 2001-2006, rates were reduced by 75% in 2007-2008, 60% in 2008-2009, 94% in 2009-2010, and 80% in 2010-2011. Compared with unvaccinated children, in 2010-2011, the rate of rotavirus-coded hospitalization was reduced by 92% among RV5 recipients and 96% among RV1 recipients. Rotavirus-coded hospitalization rate reductions among RV5 recipients versus unvaccinated children ranged from 87% among <1-year-olds to 81% among 4-year-olds. Compared with prevaccine rates in 2001-2006, rotavirus-coded hospitalization rates among unvaccinated children decreased by 50% in 2007-2008, 77% in 2009-2010, and 25% in 2010-2011.

CONCLUSIONS:
Implementation of rotavirus vaccines has substantially reduced diarrhea health care utilization in US children. Both rotavirus vaccines conferred high protection against rotavirus hospitalizations; RV5 conferred durable protection through the fourth year of life. Vaccination also conferred indirect benefits to unvaccinated children.