

Rotavirus

(Notifiable)

Description: A viral gastroenteritis and worldwide the commonest cause of childhood diarrhoea.

Annual Numbers: Not accurately quantified but about 20% of children under 5 will be infected with rotavirus each year. Between 1,500 and 2,300 cases of rotavirus are notified each year in Ireland.

Seasonal Distribution: There is a strong seasonal pattern of incidence with most cases being seen between March and May in Ireland.

Causative Agent: Rotavirus is an RNA virus and is the commonest cause of severe diarrhoea among infants and young children. Groups A, B, and C produce mostly human disease (mainly group A in Ireland). There are vaccines against rotavirus licensed in Ireland but these are not provided for under the National Routine Childhood Immunisation Schedule.

Reservoir: the human GI tract.

Transmission: Usually person-to-person via the faecal oral route and by environmental contamination. Foodborne outbreaks have occasionally been described.

Outbreak Potential: Rotavirus has high outbreak potential when transmitted person to person, particularly so in a healthcare setting.

Incubation period: generally 2-3 days.

Infectivity: transmission generally continues for the period of diarrhoea.

Epidemiology

Infants and young children in crèches and children's hospitals are most often infected. Susceptibility is greatest between 6 and 24 months of age. Usually by three years of age most people have been infected and have acquired immunity to the virus. The virus is also occasionally seen in the elderly living in long-term care facilities.

Exposure-prone groups: residents in institutions, those in a hospital setting.

Clinical Features

Vomiting, watery diarrhoea, and fever. Can cause dehydration in the young and elderly. Illness lasts from 3 to 8 days. Outbreaks occur readily (nosocomial in hospitals and in nursing homes for the elderly). Crèche outbreaks are occasionally seen.

Clinical Management of Cases

Enteric precautions.
Consider isolation if institutionalised.

The case should be notified to the local Department of Public Health. It is important to determine if the case/parent is aware of similar cases suggesting the possibility of an outbreak. Determine if case is in a risk category.

Public Health Management of Cases

In institutional or hospital setting, determine if linked cases.

Food Hygiene Implications: None.

Public Health Management of Contacts: Clinical surveillance.

Exclusions: Until 48hr after first normal stool.

Microbiological Clearance: None

Notifiable: to the local [Medical Officer of Health](#).