



RV Diarrhea – Outlook of Doctors

In the recent past, a Pharma major launched vaccination for RVD & other companies are planning to follow suit

This paper is an attempt to understanding how doctors look at this disease & their perceptions about vaccination for the same

2009

AZ Research Partners

1. Executive Summary

Rotaviruses are the major agents causing diarrhea in young babies among developed and developing countries.

In India, more than 30% of the cases which get admitted due to diarrhea in hospitals are caused by RV. RVD is considered to be most common among babies in the age of 6 – 24 months.

With increased mortality cases, Pharmaceutical companies are planning to launch vaccination. In the recent past, one of the pharma majors had launched a vaccination and also advertised it heavily on TV.

This paper attempts at understanding how doctor community views the much publicized Rotavirus Diarrhea & need for vaccination for the same

Findings presented in this paper has been derived basis primary research among pediatricians and secondary sources in the sphere of RVD.

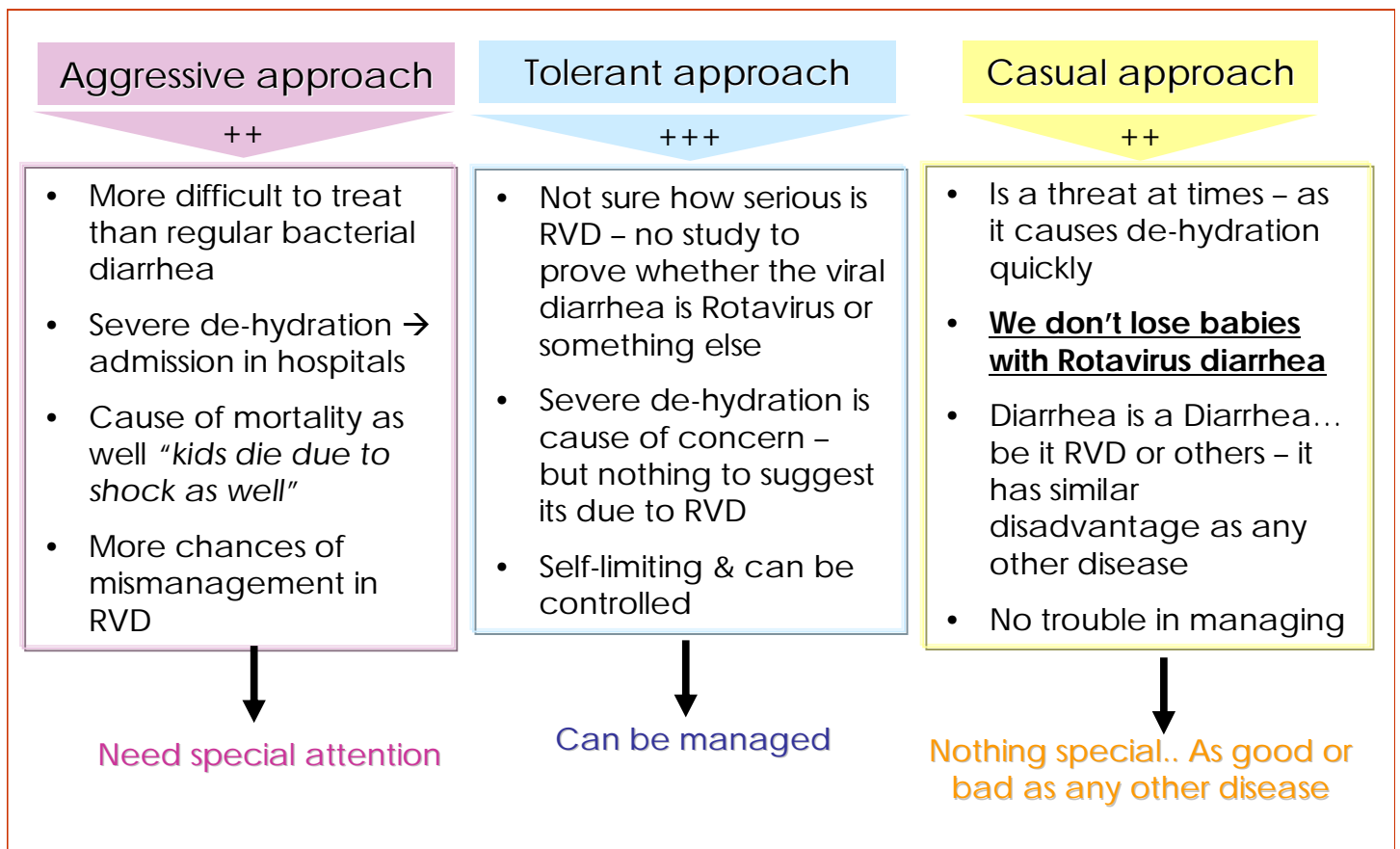
Doctors' outlook towards RVD & need for vaccination

1. Outlook towards RVD

Three different attitude towards 'Diarrhea' were identified which influenced their outlook and approach towards the same

- **Aggressive:** Consider Diarrhea as a "big concern"; *Believes Diarrhea affects child adversely - low immunity → contacting secondary infection & retards growth*
- **Tolerant:** Is a cause of concern... but not as big as it used to be; *Believes only severe form of diarrhea is cause of concern & in most cases is manageable... "self limiting disease" → hence subsides on its own*
- **Casual:** Is a common problem... & there are much bigger problems that need immediate attention than this; *Diarrhea is "hyped" up more than it should be... it's a common disease that is self-limiting and can be managed; 90% of time baby recovers without treatment by maintaining hygiene*

This outlook towards Diarrhea influences their view and approach towards RVD



2. RVD diagnosis

Doctors felt that RVD was more prominent among babies in the age group of 6 months to 2years & mostly among 'bottle-fed'

Key symptoms that they would look for are: Watery yellowish stool, Frequent passing of stools, Not associated with very high fever, Vomiting, Quick de-hydration.

However, very few doctors were able to differentiate between whether the diarrhea was caused by bacteria or was caused by virus.

"unfortunately frankly we don't use routine tests to prove this is RV diarrhea, There is latex agglutination method to detect rotavirus in stool sample. But that test we do not perform as a routine. So I don't think any doctor can swear and say that the diarrhea case that he is seeing is because of rotavirus diarrhea. It's a clinical diagnosis that its viral diarrhea and we know from the literature that the commonest virus is rotavirus. So we can presume or assume its rotavirus diarrhea"

Therefore, incidence of RVD is more "assumed" than "identified" by doctors in India currently

3. RVD – How critical is it to prevent?

The approach of doctors towards treatment is heavily influenced by their attitude / outlook towards RVD:

- **Aggressive:** Vaccination is the BEST method to prevent it along with maintenance of hygiene
- **Tolerant:** Hygiene is MUST, vaccination can be an OPTION
- **Casual:** Hygiene is MUST, Vaccination is NOT NECESSARY

Since majority of the doctors fall in the "Tolerant" set – they currently do not look at vaccination as a MUST for RVD, hence do not Rx to all

4. **Barriers for Vaccination – Among non-believers**

While due to increased exposure among mothers & constant advertising and promotion of RVD has resulted in mothers approaching doctors for vaccination to RVD, following key issues / concerns have acted as a barrier among doctors to be gung-ho about it

Since currently, most doctors (more so in non-metros) do not diagnose RVD and 'assume' it, there is a feeling among doctors that high cost drug is not really necessary. The feeling is more pronounced among doctors with 'casual' attitude towards RVD and followed by those who have a 'tolerant' attitude

Secondly and most importantly, RVD vaccine takes care of RV only and hence despite taking vaccination the baby can get diarrhea. While the doctor might know it is not for RV, due to same symptoms the 'mother' feels cheated that the baby is suffering from diarrhea despite a high costing vaccine, which in a way casts a wrong impression on the doctor. This is currently acting as a barrier for many doctors to prescribe vaccination.

This doctor feels also impacts their view on efficacy of the vaccine as currently RVD is more assumed than diagnosed.

Finally, the vaccination is not considered as 'VFM' or 'worth' by these doctors as the price is not corresponding to the benefits claimed

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