

composed of the supportive therapy. For mild cases whose general status is good and can be fed orally, oral rehydration therapy will be sufficient. However, the cases with a bad general status, severe dehydration symptoms, unable to tolerate oral dehydration fluid or insufficient oral feeding and with a diarrhea volume of 10ml/kg/hour need intravenous fluid nutrition (3, 4). The viral acute gastroenteritis cases in our pediatric emergency observation room are not given routine antiemetic, zinc or prebiotic therapies except vital symptom tracking, oral feeding support and intravenous fluid nutrition. It is clear that prospective studies will help us to obtain more objective and definitive results regarding the subject.

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Burden of Rotavirus Gastroenteritis in the Pediatric Emergency Service

Dear Editor,

I read the article titled (1) "The Burden of Rotavirus Gastroenteritis Patients in the Pediatric Emergency Departments" by Oğuz et al. (1) with great interest. Rotaviruses (RV) are the leading reasons of serious gastroenteritis leading to diarrheas in infants and children under 5, especially causing hospitalizations and infants mortality; and it is estimated that there occur annually all over the world RV-related 111 million home-bound diarrhea attacks, 25 million hospital admissions and acute gastroenteritis requiring hospitalization (AGE) and the rate of 352,000-592,000 (on average 440,000) pediatric

mortality in children under 5 years old (2). In the study done by Oğuz et al. (1), qualitative rotavirus evaluation was implemented in the stool samples by the immunochromatographic card test. It was found that the specificity of the test was 98% and sensitivity 99%. 552 (18.1%) of the 3046 cases with gastroenteritis in the study were found to be rotavirus positive. It was also stated in the study that 46% of the patients were hospitalized and monitored in the emergency observation room or pediatric infectious diseases clinic, and 66.8% of the hospitalized cases were children under two. In a prospective and multi-centered study we carried out in Bursa, the epidemiologic and clinical characteristics of rotavirus gastroenteritis (RVAGE) in children aged 0-14 in the Bursa city center and their cost analyses were evaluated in perspective of inpatient and outpatient basis of the cases. In our study, rotavirus antigen was found by using monoclonal rotavirus antigen kit (BioMerieux, France). It was found that RVAGE constituted 21% of all outpatient gastroenteritis cases and 28.5% of all hospitalized AGEs (3). The sensitivity of the kit we used in our study was 96.1% and specificity 97.2%, and we are of the opinion that these values are comparable with the immunochromatographic tests that uses monoclonal antibodies. In Oğuz et al.'s (1) study, 51.4% of the cases were male and 89.9% were children under 5. In our study, 60% of the cases were male and 86% were under five. Our results had similarities with this study. Rotavirus infection is frequently common in winter in Turkey. In Oğuz et al.'s (1) study, 40.3% of the cases with rotavirus infection were common in the winter season. Similarly, in our study, 40.2% of cases were seen in the winter season. In Oğuz et al.'s (1) study, it was reported that 46.4% of the cases with rotavirus infection were followed up in the emergency department observation room; this particular result demonstrates the burden caused by the disease on the pediatric emergency departments. Protection against rotavirus infections through vaccination is possible. In our study in which we investigated the cost effectivity of monovalent and pentavalent rotavirus vaccines, the protection of the monovalent and pentavalent rotavirus vaccines against serious rotavirus gastroenteritis were respectively assumed to be 83.7% and 90% (4).

In this study, when vaccination program was implemented with coverage rate of 85%, it was found in this study that it was cost-effective and cost-saving (4).

In conclusion; rotavirus gastroenteritis is an infection that is common in childhood and usually has the risk of causing complication; and it enables protection against severe rotavirus gastroenteritis and complications through effective and reliable rotavirus vaccines.

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