

 **Rotavirus Vaccine Trials in Africa**
(*New Engl J Med* 2010 Jan 28; 362(4):
358-60)

Rotavirus infection, the leading cause of severe childhood diarrhea in both developed and developing countries, results in over half a million deaths each year. Currently, two rotavirus vaccines Rotarix and RotaTeq are licensed in many countries. Until recently, available efficacy data were from developed and developing countries with relatively low mortality rates among children younger than 5 years of age. In this issue of the *Journal*, efficacy trials conducted in Africa by Madhi and colleagues and a postmarketing study conducted in Mexico by Richardson and colleagues are described. Madhi and colleagues report a pooled efficacy of 61.2% in South Africa and Malawi; the country-specific efficacy was 76.9% and 49.4%, respectively. Despite the lower efficacy in Malawi, the vaccine prevented many more episodes of severe gastroenteritis due to rotavirus than in South Africa, because of the higher rates of severe gastroenteritis in Malawi. Another important finding of the study was a 30% decrease in the incidence of severe gastroenteritis from any cause. This decrease in severe gastroenteritis from any cause suggests that the available tests for detecting rotavirus are failing to detect some cases of rotavirus disease.

COMMENTS Despite this potential for rotavirus vaccines to substantially reduce the risk of death from diarrhea, there are considerable challenges to implementing their use in the poorest countries of the world. First, the storage requirements to avert cold-chain breaks of rotavirus vaccines are far greater than those of typical childhood vaccines, which will make

the logistics of vaccination programs in developing countries more difficult.

 **Delayed Surgery for Cataract** (*Ophthalmol* 2010 Jan-Feb; 17(1):25-33)

Childhood cataract is an important cause of avoidable blindness in children. This interventional case series from a community eye care center in Western India aimed to investigate the outcome of surgery in cataract with delayed presentation. Demographic, surgical, pre-operative and post-operative details were obtained from the patients records. Vision was tested 6 weeks after surgery. The predictors of good vision ($\geq 6/18$) were identified by regression analysis. If the interval between detection of cataract in children and their presentation for surgery was more than 18 months for developmental and 6 months for congenital cataract, the presentation was labeled as 'delayed.' Five hundred and twenty nine eyes of 437 children aged 2 months to 16 years were operated between 2004-2006. Preoperative vision was $< 3/60$ in 76.6% eyes with cataract. Of these, 242 eyes were with delayed presentation of cataract (83 congenital and 149 other). Of these, 102 had up to 5 years, 91 had 6-10 years and 49 had > 11 years delay in presentation. At 6 weeks following surgery, vision was $\geq 6/18$ in 38.7% of eyes with delayed presenting cataracts, as compared to 94/244 (38.5%) $\geq 6/18$ in those without.

COMMENT Even delayed surgery for a childhood cataract is useful.

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