

# Norovirus

Highly Infectious and Seemingly Ubiquitous...  
But Soon To Be Vaccine-Preventable?

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Georgia Emerging Infections Program

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# Outline

- Clinical features, virology, immunity and host susceptibility
- The disease burden and epidemiology
- Vaccines



## Norovirus Affects More Than 100

News Nov 18, 2014

### Norovirus leading cause of gastroenteritis

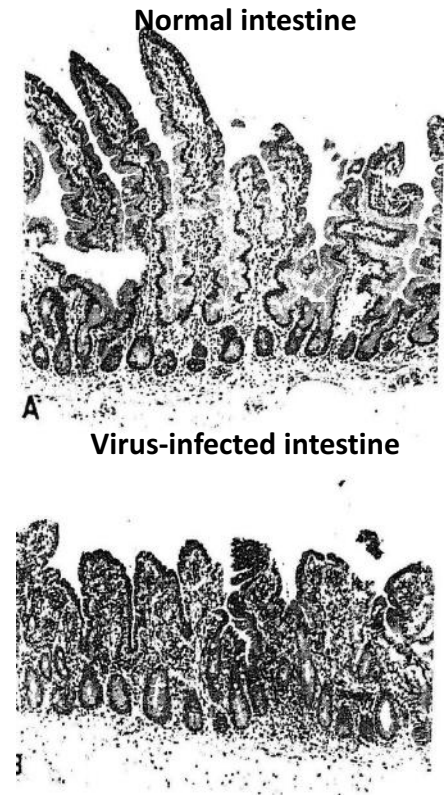
- in low- to high-income settings
- #1 cause of diarrheal disease in community
- #1 cause of foodborne disease in U.S.
- Key health care-associated infection

*Emory University Hospital. Photo by Jason Oh.*

By Sonam Vashi  
Executive Editor  
and  
Dustin Slade  
News Editor

# Key features: clinical

- Short incubation period
  - 24-48 hours
- Acute-onset vomiting and/or diarrhea
  - Watery, non-bloody stools
  - Abdominal cramps, nausea, low-grade fever
- Most recover after 12-72 hours
  - ~10% seek medical attention; some require hospitalization and fluid therapy
  - Severe illness and death in elderly and those with underlying conditions
- 30% of infections are asymptomatic

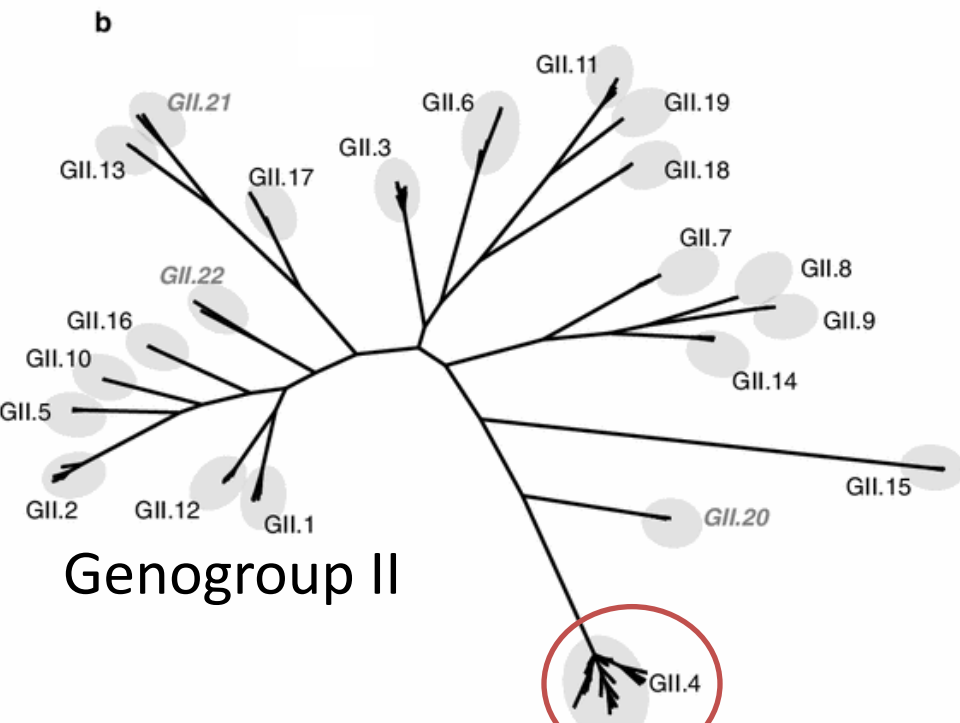
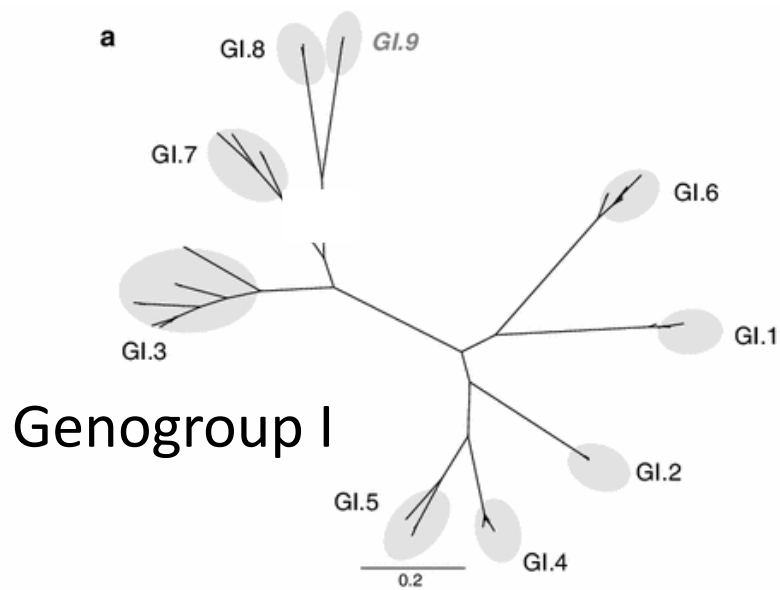


# Viral Shedding

- Primarily in stool, but also vomitus
- Occurs for at least 2-3 weeks
- Peaks 4 days after exposure
  - $10^5$ - $10^{11}$  viral copies/gram feces
  - May persist after resolution of symptoms
- Infectious dose: 18-2,800 viral particles
- Infectivity of prolonged viral shedding and role in transmission is unknown

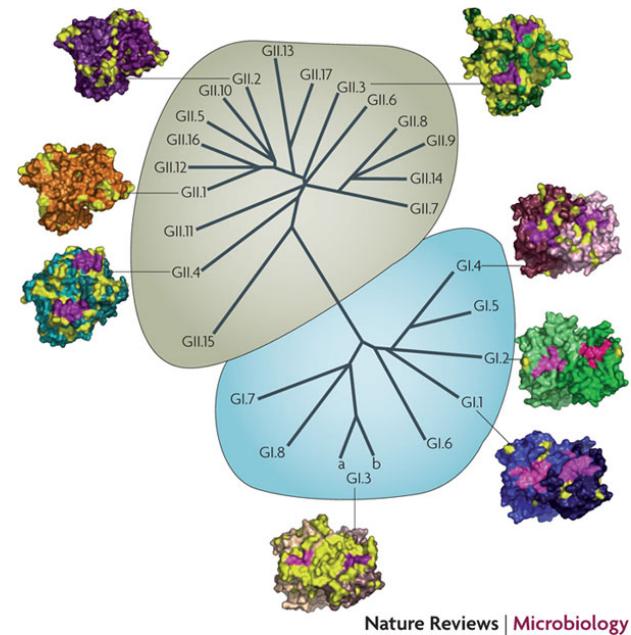
# Basic Virology

- Single stranded RNA virus
- Highly diverse
  - 2 genogroups mainly cause disease in humans
    - 30 genotypes
- GII.4 viruses cause >75% of disease
  - May cause more severe disease



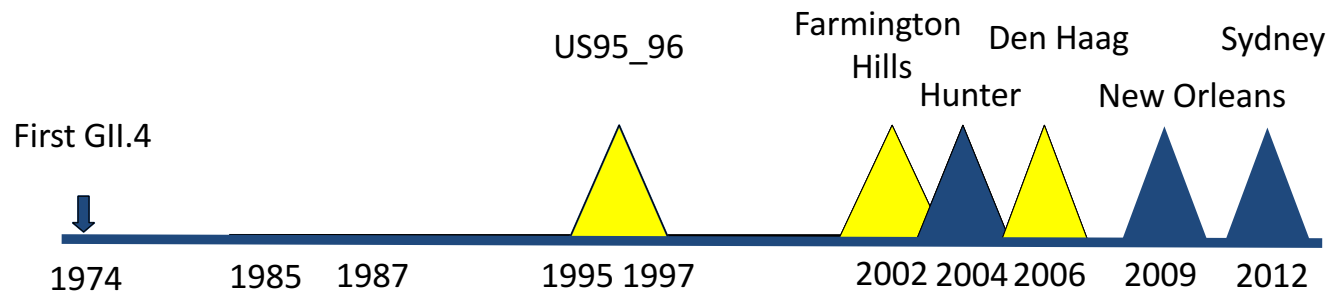
# Noroviruses are highly diverse and rapidly evolving

- GII.4 noroviruses undergo genetic shifts every 2-3 years.
- New emerging strains will replace previous strains.



Eric F. Donaldson, Lisa C. Lindesmith, Anna D. LoBue & Ralph S. Baric. 2010. Viral shape-shifting: norovirus evasion of the human immune system . Nature Reviews Microbiology 8, 231-241.

# Epochal evolution: new GII.4 variants emerge every 2-4 years



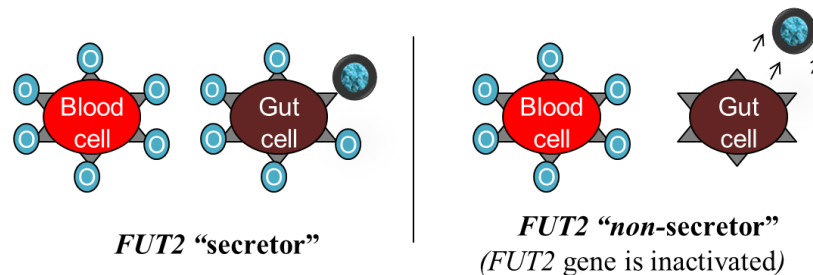


# What we know about immunity and genetic susceptibility

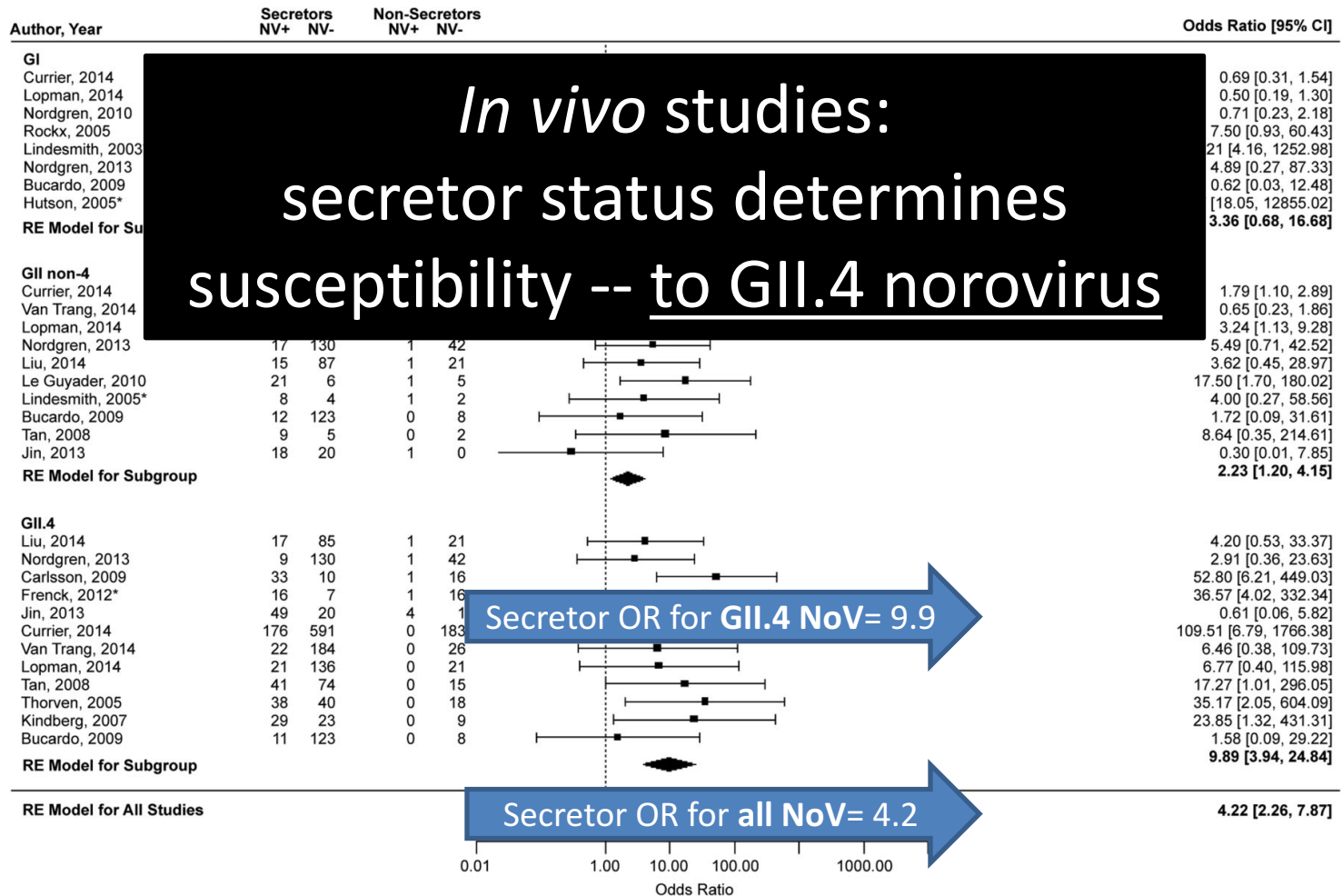
- Human volunteer studies demonstrated short-term immunity
  - <6months -2 years
  - modeling studies suggest may be longer
- Little persistent cross-protective immunity
- Genetic susceptibility

# Role of FUT2 “secretor” gene

- Histo-blood group antigens (HBGAs) are expressed by the alpha fucosyltransferase-2 (*FUT2*) gene
- HBGAs are a binding interface on the surface of mucosal epithelial cells
- If *FUT2* is inactivated, ‘secretors’ are at risk. *In vitro* studies suggest that
- ~20% of European descendants are non-secretors:



# Interaction of viral molecular epidemiology and human genetics



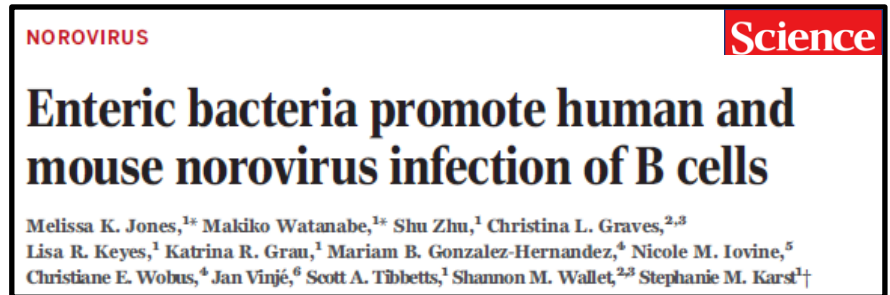
*In vivo* studies:  
secretor status determines  
susceptibility -- to GII.4 norovirus

Secretor OR for GII.4 NoV= 9.9

Secretor OR for all NoV= 4.2

# Progress in cell culture

- No small animal model
- Cell culture
  - Human B cells
    - Jones et al., 2014 Science
  - Human Intestinal enteroids
    - Ettayebi et al., 2016 Science



# Outline

- Clinical features, virology, immunity and host susceptibility
- The disease burden and epidemiology

# Global Burden of Norovirus

- WHO Foodborne Disease Burden Epidemiology Reference Group (FERG)
- Global and regional age-stratified estimates of illnesses, deaths, and DALYs
- Norovirus ranking as foodborne hazard:
  - #1 cause of foodborne illness
  - #4 cause of foodborne deaths
  - #5 cause of foodborne DALYs
- Total norovirus burden annually:
  - 685 million cases; 200 million in children <5
  - 212,489 deaths; 54,214 in children <5
  - 85% of illnesses and 99% of deaths occur in developing countries
  - \$60 billion in direct health system costs and productivity losses

# Challenges in estimating [global] burden of norovirus

Diagnostics:  
availability

Diagnostics:  
interpretation

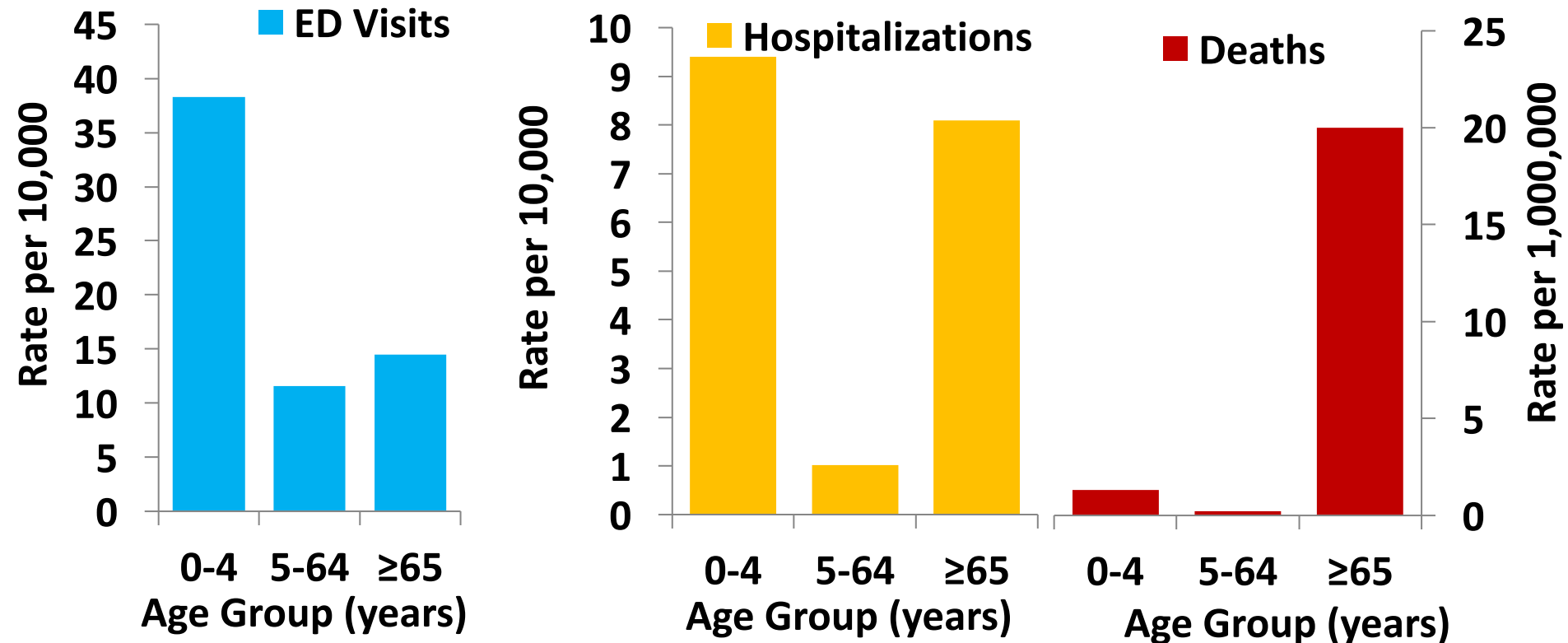
Not coded for in  
ICD-data

Sub-clinical  
cases

Little surveillance

Few community  
studies

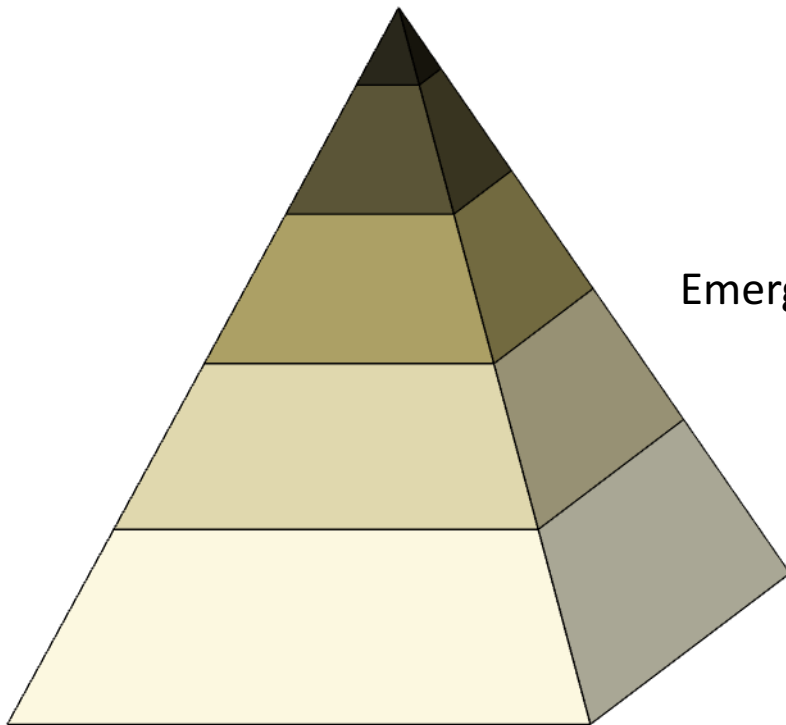
# Age Specific Clinical Outcomes of Norovirus in the United States



Hall, Curns, McDonald, Parashar, Lopman, 2012 CID  
Lopman, Hall, Curns, Parashar, 2011 CID  
Gastañaduy, Hall, Curns, Parashar, Lopman, 2013 JID



# Norovirus disease burden in the United States



	Annual estimate	Lifetime risk
Deaths	800	1 in ~6,000
Hospitalizations	71,000	1 in ~60
Emergency department visits	400,000	1 in ~9
Outpatient visits	1.8 million	1 in ~2
Cases	19 to 21 million	5 times

Hall, Lopman, Payne, Patel, Gastañaduy, Vinjé, Parashar, 2013 EID

Hall, Curns, McDonald, Parashar, Lopman, 2012 CID

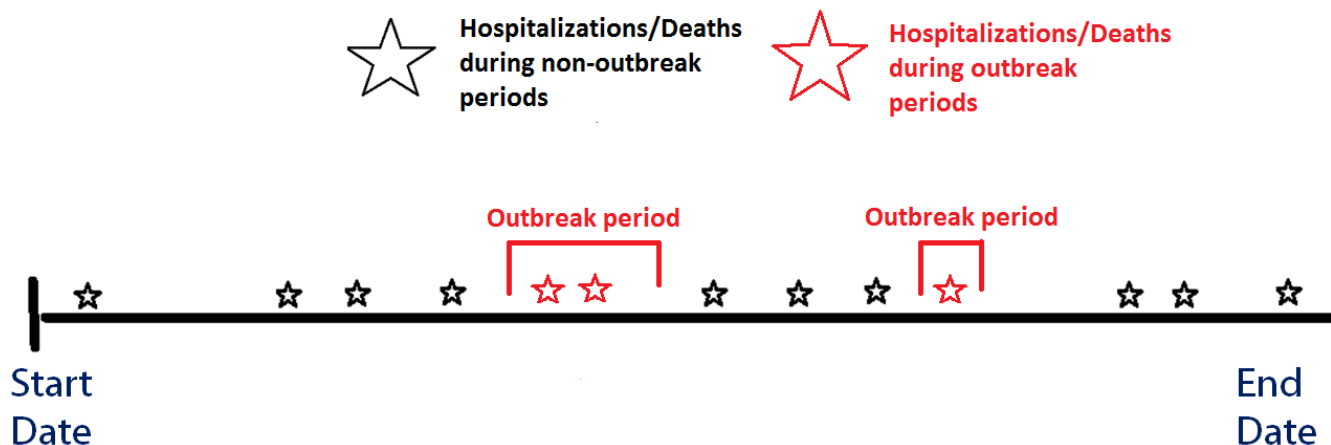
Lopman, Hall, Curns, Parashar, 2011 CID

Gastañaduy, Hall, Curns, Parashar, Lopman, 2013 JID

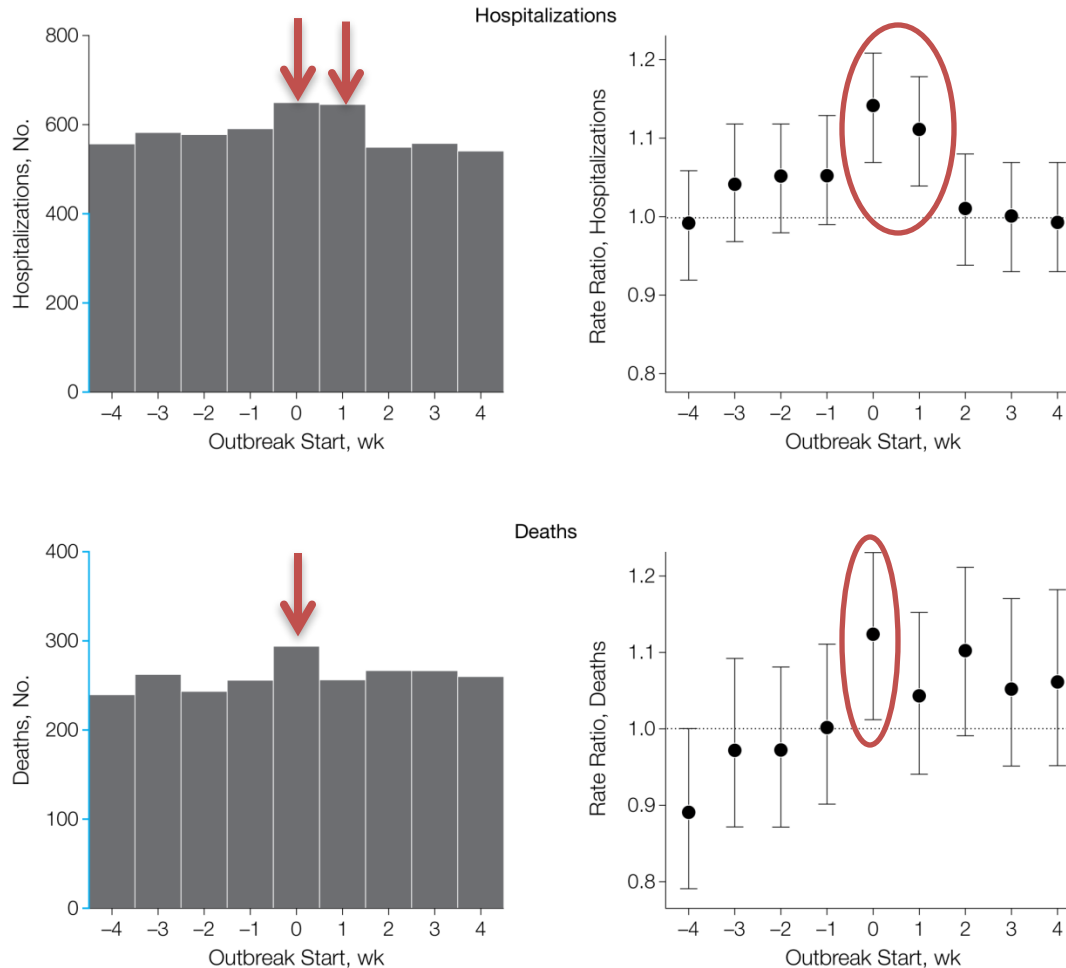
Scallan et al, 2010 EID

# Is norovirus a *cause* of death?

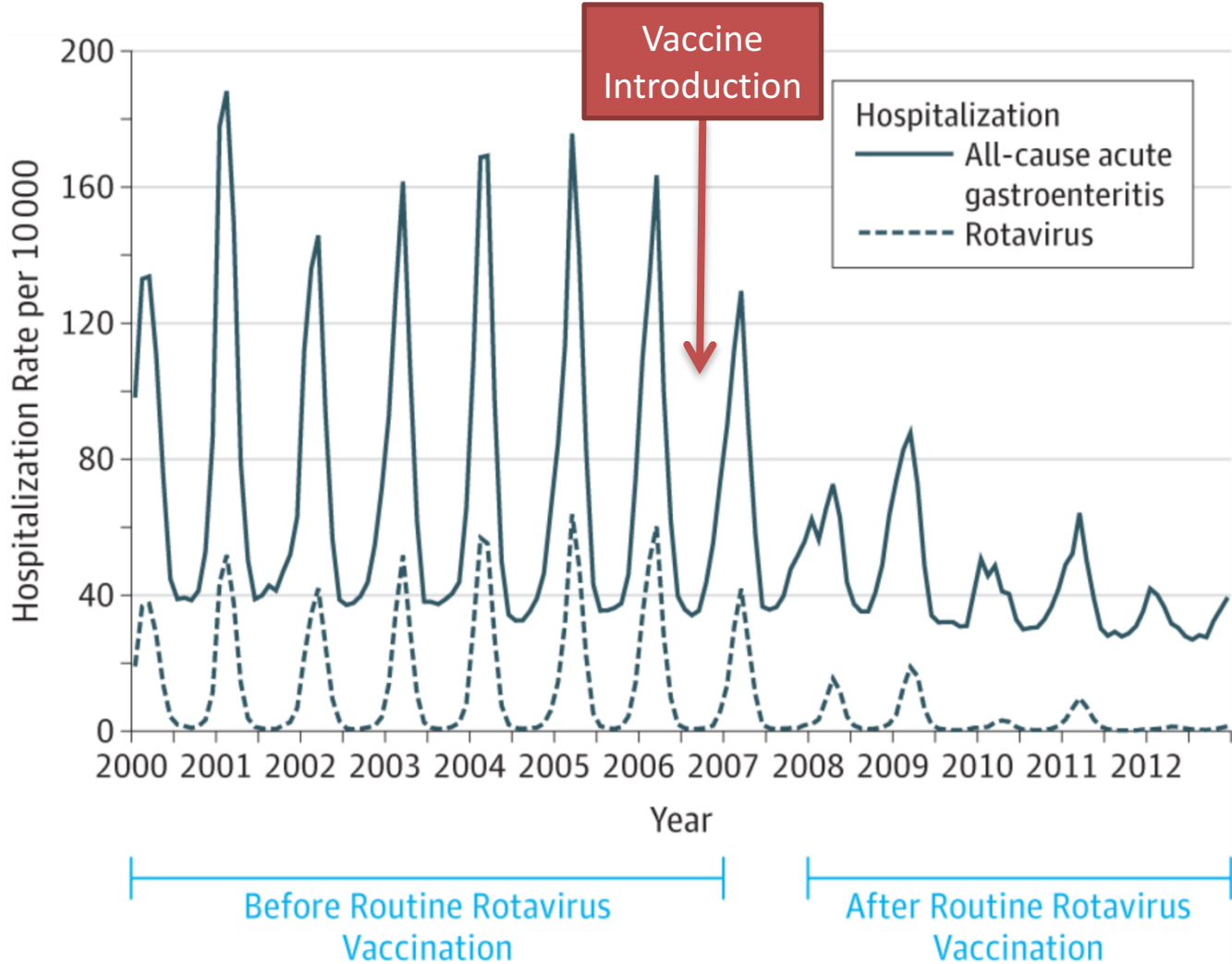
- Retrospective cohort
- All nursing homes in Oregon, Pennsylvania, and Wisconsin
  - that reported at least one norovirus outbreak
  - between January 1, 2009–December 31, 2010
- 307 Nursing homes
  - 407 outbreaks



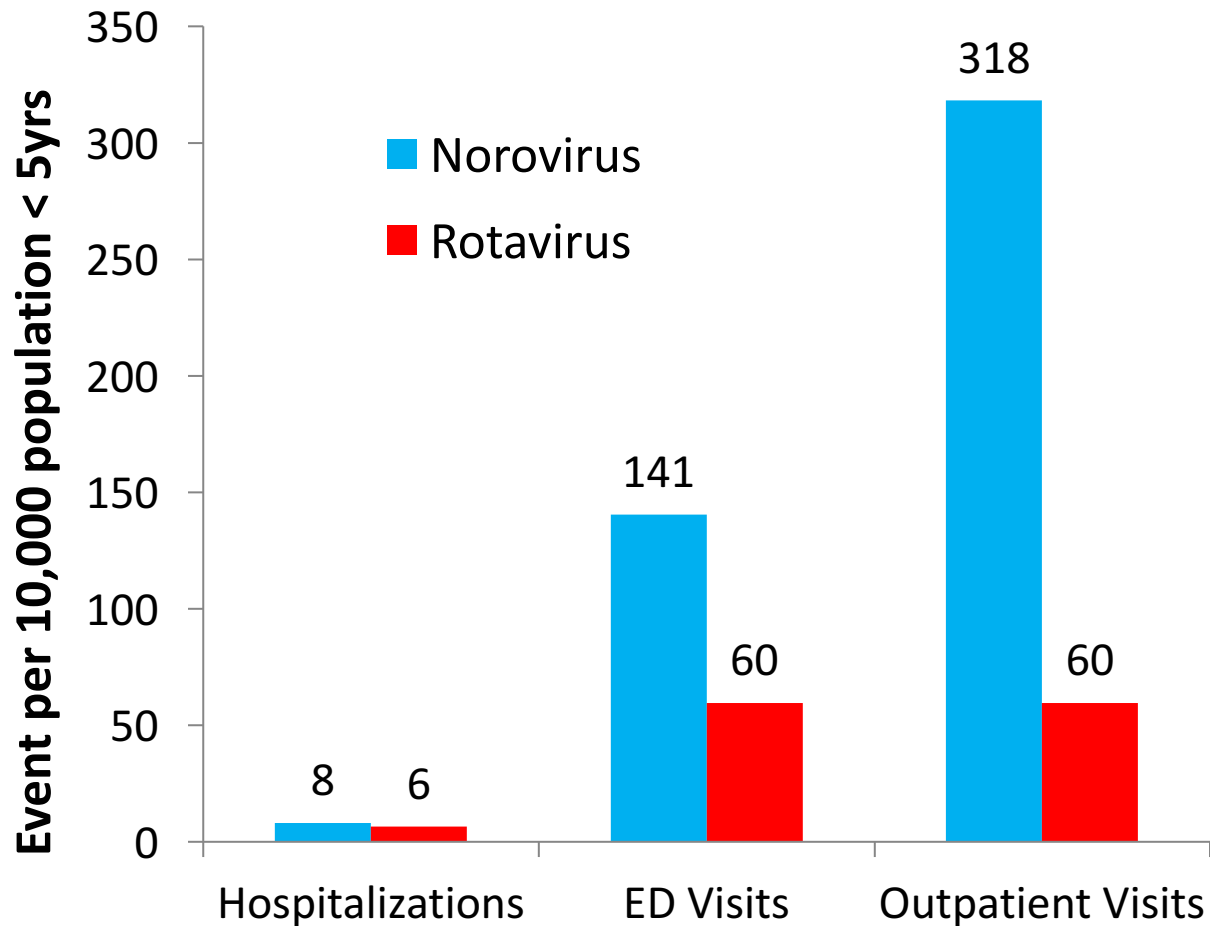
# Is norovirus a *cause* of death?



# Decline in rotavirus and AGE hospitalizations following vaccine introduction in US



# Norovirus and Rotavirus Hospitalization, ED and outpatient rates 0 – 4 year olds 2009 to 2010





# U.S. Norovirus Outbreak Surveillance

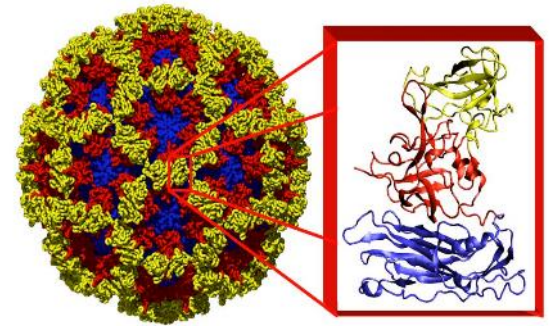
- **NORS**

- Epidemiologic surveillance for all enteric disease outbreaks
- Data on setting, transmission mode, exposures, demographics, outcomes



- **CaliciNet**

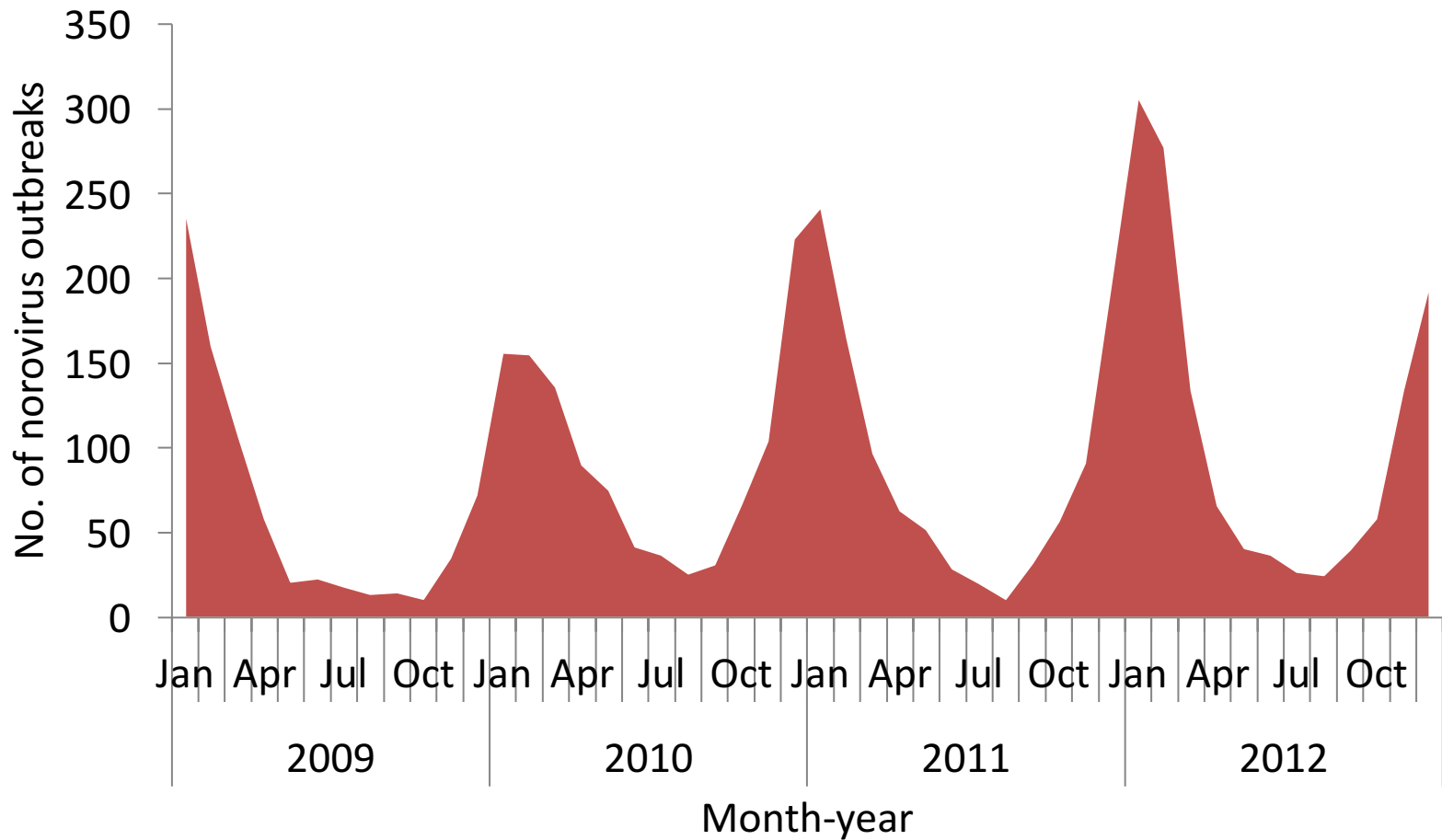
- Laboratory surveillance using molecular genotyping of outbreak-associated specimens
- Data on genotypes to identify new strains and potentially link outbreaks



*National Norovirus Outbreak Network*

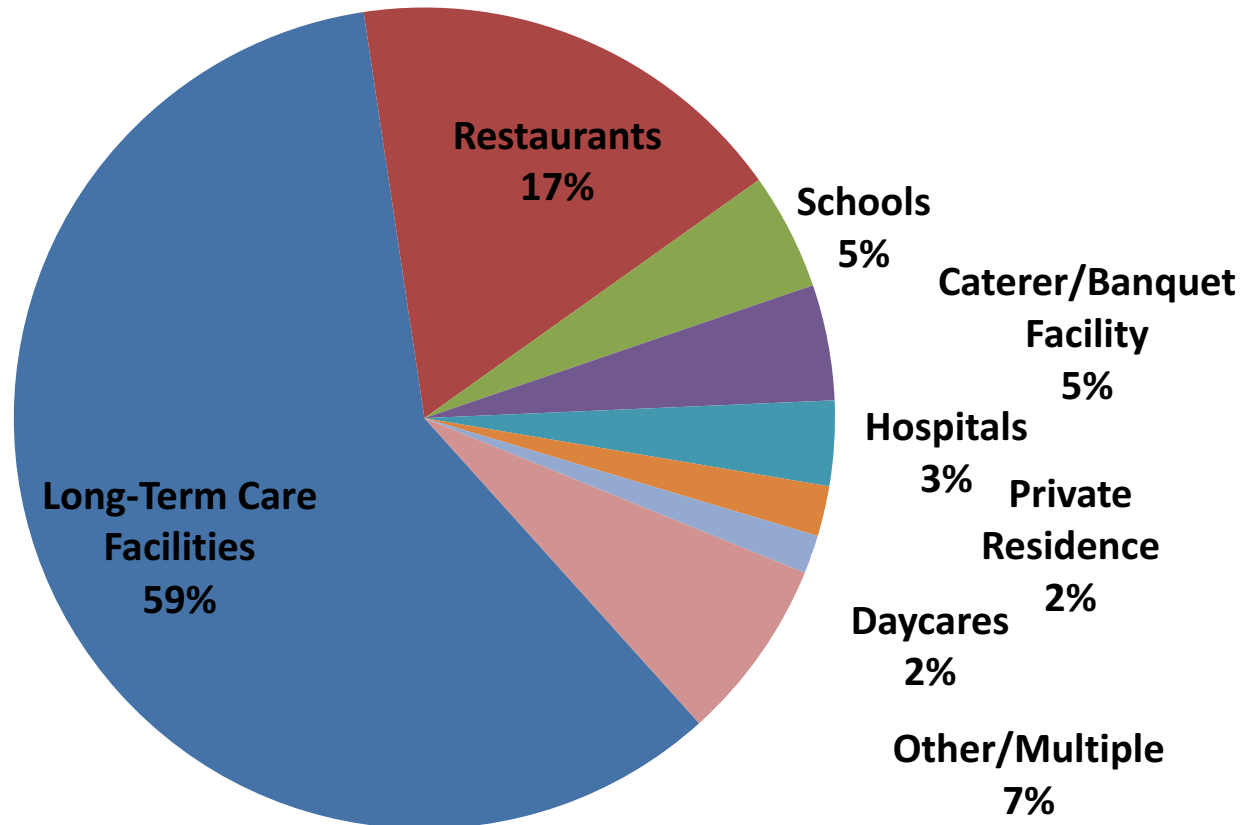


# Norovirus Outbreaks by Month, NORs, 2009-2012 (N=4,318)



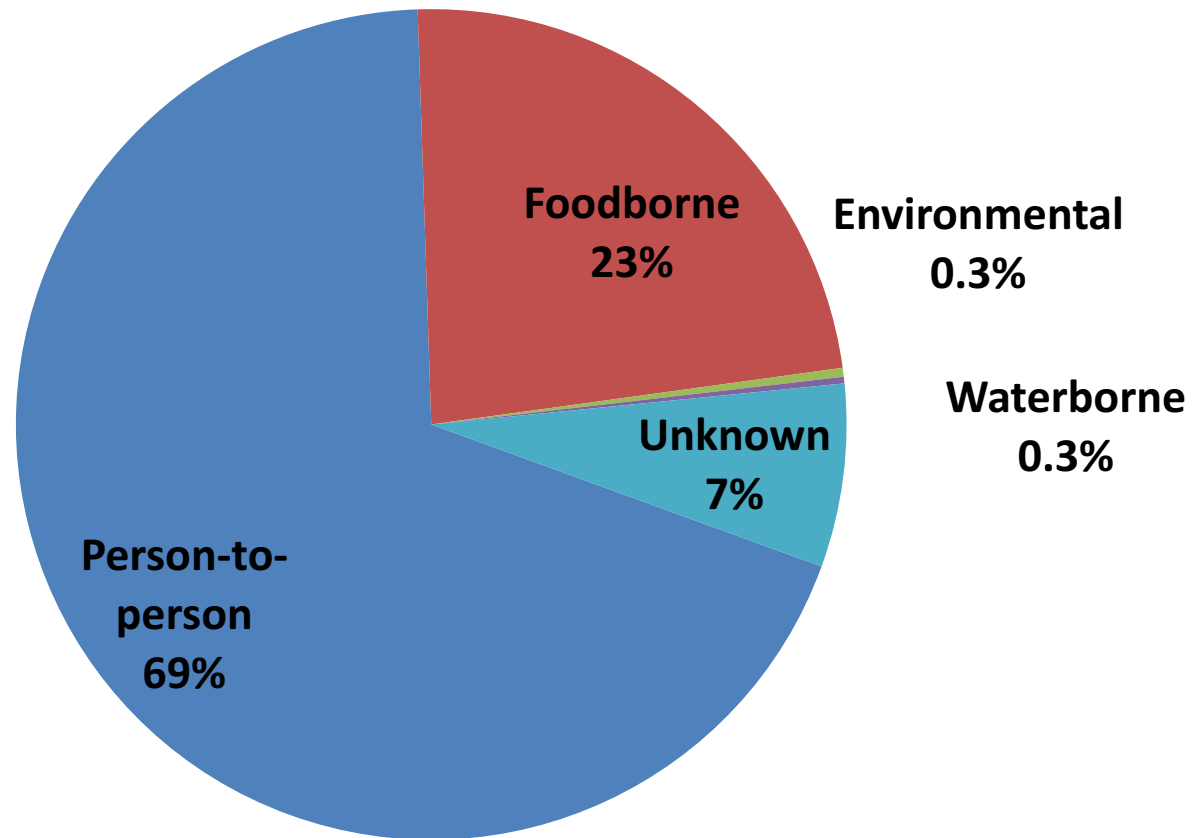


# Setting of Norovirus Outbreaks, NORS, 2009-2012 (N=3,243)



**Note: Does not include 44 (1%) norovirus outbreaks meeting VSP posting criteria**

# Transmission Mode of Norovirus Outbreaks, NORIS, 2009-2012 (N=4,318)



# Outline

- A rough guide to norovirus epidemiology and virology
- US burden of disease
- Global burden and why its so hard to estimate
- **Vaccines**

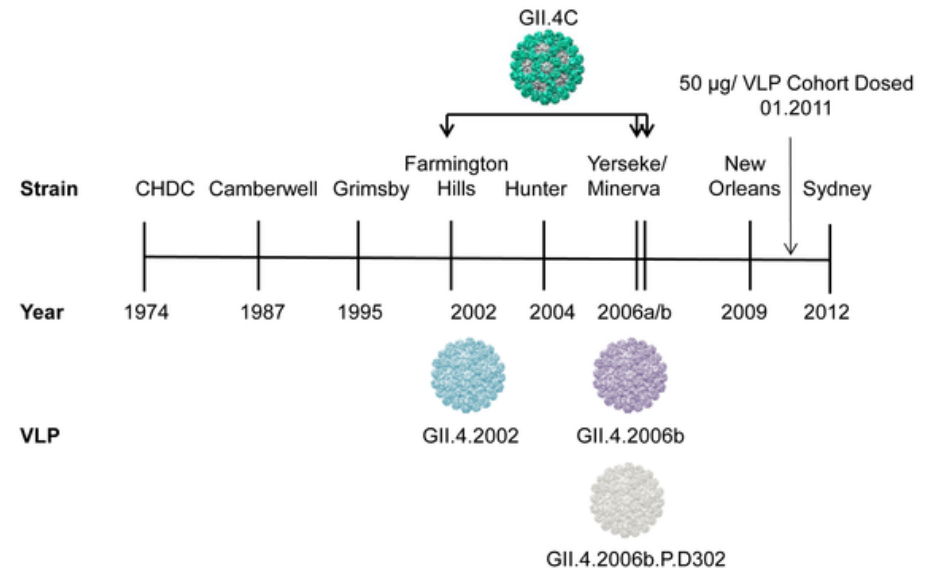
# Norovirus vaccines showing promise

- A number of products being developed
  - virus-like particles (VLPs)
- The products with human efficacy data are being developed by Takeda Pharmaceuticals.
- Intranasal and intramuscular formulations tested in challenge studies
  - 47% (95% CI, 15%–67%) VE against norovirus gastroenteritis



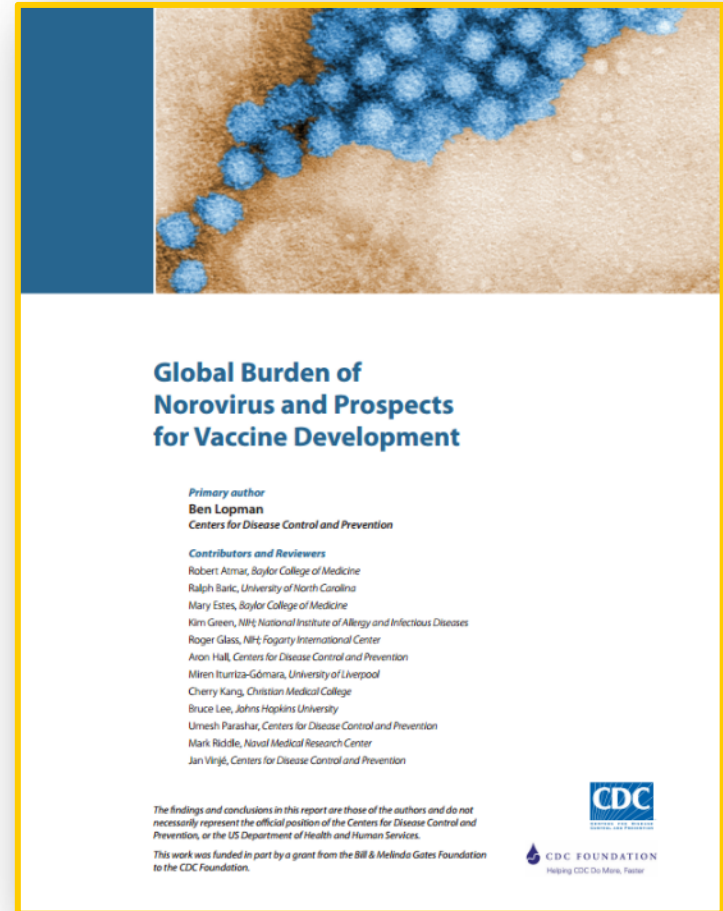
# Takeda Bivalent Norovirus VLP Vaccine

- GI.1
- GII.4 consensus
- Adjuvants
  - Alum
    - Aluminum hydroxide  $\text{Al}(\text{OH})_3$
  - MPL
    - 3-O-desacyl-4' monophosphoryl lipid A



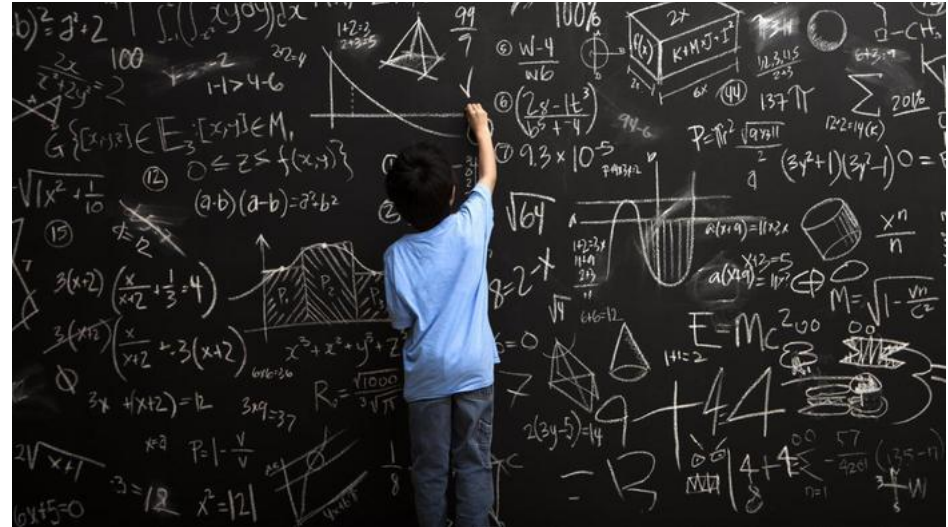
# Challenges for a norovirus vaccine

1. Role of prior infection history?
2. Duration of protection?
3. Protection against multiple genotypes?
4. Need to be updated to keep up with viral evolution?
5. Need for different vaccine formulation for certain groups?
6. Variation in human genetic susceptibility?



# Mathematical models can :

- Quantify the key parameters that will govern vaccine impact
  - Which groups transmit disease
- Address public health-policy questions
  - Which age group(s) should be vaccinated?



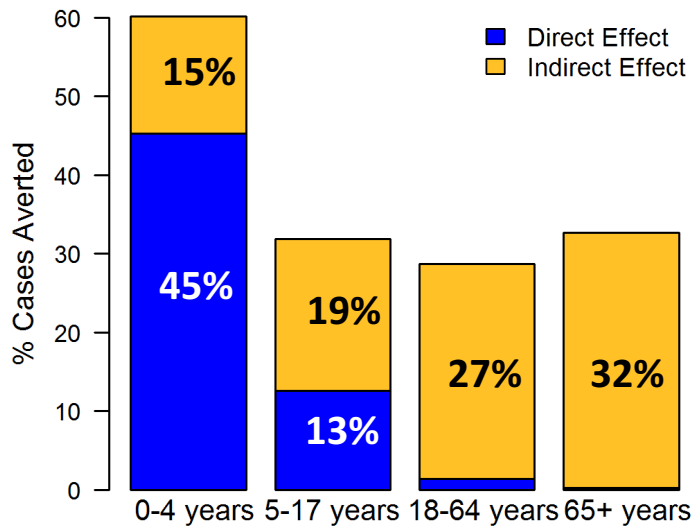
Overall goal:  
To identify optimal strategies for vaccination

Which age group should be vaccinated  
to maximize public health impact?

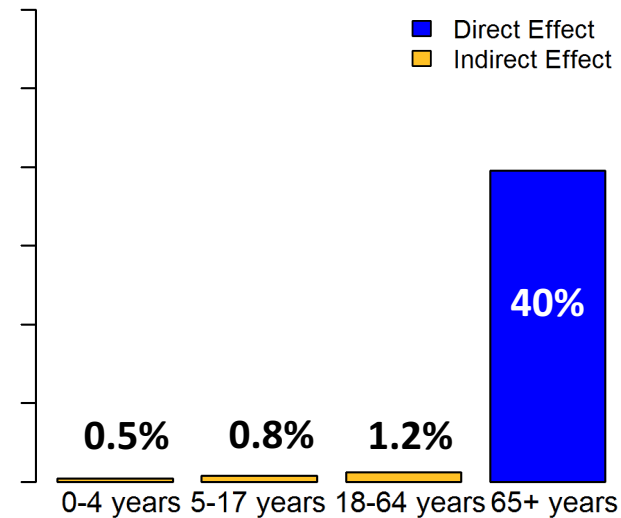


# Vaccine Impact

**Pediatric Immunization**  
50% VE; 90% Coverage



**Elderly Immunization**  
50% VE; 65% Coverage



Steele, Remais, Gambhir, Glasser, Handel, Parashar, Lopman. *Epidemics*, 2016

# Conclusions

- Noroviruses cause a tremendous burden in the US and globally
  - multiple ages affected
  - ~70,000 deaths
  - \$60 Billion economic loss
- Norovirus vaccines are moving through the development pipeline
- Need for surveillance to monitor for emergence of new strains and their epidemiologic impacts

# Acknowledgements and support

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Yale University



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