

Phase 2 trials in New Zealand<sup>12</sup> and Indonesia<sup>9</sup> have shown RV3.BB to be safe, to be as effective as currently deployed vaccines, and to be at least as effective when given from birth as when given from 6 weeks. Surveillance after natural neonatal RV3 infection suggests that one birth dose could be enough.<sup>7</sup> If it is shown to be adequately protective, easier access to children and lower costs of vaccine production and distribution will improve vaccination coverage—and the fear of intussusception will be lessened.

The challenge is to find a mechanism through which to do an ethically appropriate clinical trial of one dose given at birth, of the RV3.BB vaccine and any other suitable candidate vaccines.

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I am named as a co-inventor on an RV3.BB rotavirus vaccine patent. I thank Ruth Bishop, Julie Bines, and members of the RV3 Rotavirus Vaccine Program, who have contributed to the idea that a single dose of RV3.BB rotavirus vaccine given at birth might be sufficient.

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#### Corrections

Burki T. David Cooper. *Lancet Infect Dis* 2018; **18**: 505—Prof Cooper's mother Annie was born in Leeds, UK; her parents were from Lithuania. The correction has been made to the online version as of May 25, 2018.

Mackenzie GA, Hill PC, Sahito SM, et al. Impact of the introduction of pneumococcal conjugate vaccination on pneumonia in The Gambia: population-based surveillance and case-control studies. *Lancet Infect Dis* 2017; [https://doi.org/10.1016/S1473-3099\(17\)30321-3](https://doi.org/10.1016/S1473-3099(17)30321-3)—The open access license for this Article has been corrected to CC BY 4.0. This correction been made to the online version as of June 20, 2018.



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