## The transmission dynamics of Norovirus in England: a genotype-specific modelling study

Juan F Vesga<sup>1</sup>, Amy Douglas<sup>2</sup>, Cristina Celma<sup>2</sup>, Edward S. Knock<sup>3</sup>, Marc Baguelin<sup>3,4</sup>, W. John Edmunds<sup>4</sup>

<sup>1</sup> Modelling & Economics Unit, UK Health Security Agency, London, UK; <sup>2</sup> Gastrointestinal Infections, Food Safety and One Health Division, UK Health Security Agency, London, United Kingdom; <sup>3</sup> MRC Centre for Global Infectious Disease Analysis, School of Public Health, Imperial College London, London, UK; <sup>4</sup> Centre for Mathematical Modelling of Infectious Disease Epidemiology, London School of Hygiene & Tropical Medicine, London, UK

## Background

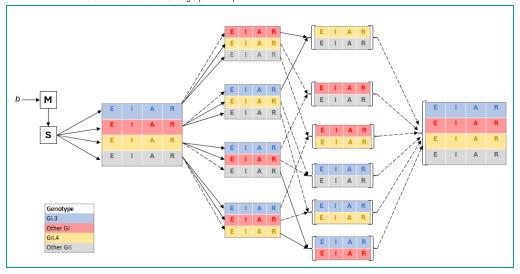
- Seasonal acute gastroenteritis virus, mostly active in winter
- In the UK it causes ~3.7 million infections a year<sup>1</sup>
- Severe cases affect older people and infants
- Costing the NHS over £100 million annually<sup>2</sup>
- Currently no vaccines are available
- Aims
- Understand transmission dynamics of Norovirus in England and Wales
- Assess the impact of introducing a new vaccine formulation, and the optimal roll-out and targets
- Methods
- Age-structured, multi-strain, stochastic compartmental transmission model
- Calibrated to
  - weekly surveillance time series (UKHSA)
  - Genogroup specific community incidence estimates
  - GII4. Seroprevalence in Children
- Model selection to assess alternative mechanisms of immunity

Target	Pre- clinical	Phase I	Phase IIA	Phase IIB	Phase III
Bivalent GI.1 GII.4			NVSI		Hillevax
GI.1 GI.3 GII.4 GII.17			Anhui		
Monovalent GI.1 or GII.4			Vaxart		
Trivalent GI.1 GII.3 GII.4					<u>Moderna</u>

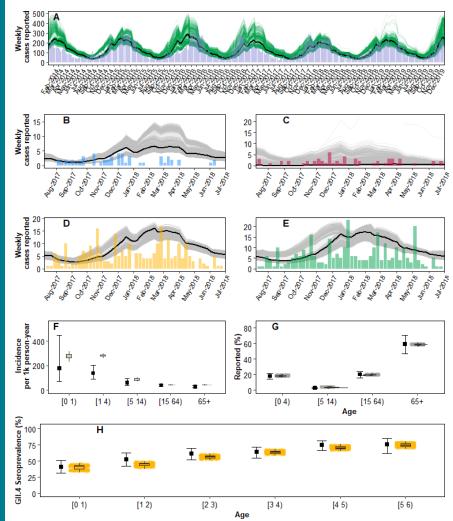
NVSI National Vaccine and Serum Institute, China - Recombinant polysaccharide conjugate; Anhui Zhife i Biologic Pharmacy Ltd, China Recombinant polysaccharide conjugate; Vaxart, USA – Viral vector vaccine

Moderna USA (UK Trial) - mRNA

- 39 sites across the UK
- 2,500 participants in the UK between October 2024 and early 2025
- Part of the Moderna-UK Strategic partnership

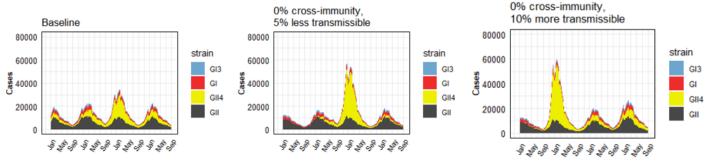


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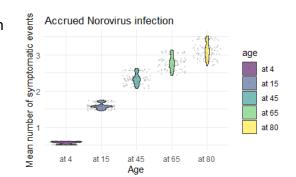
Model selection favors a calibration with a model involving 2 immunity parameters

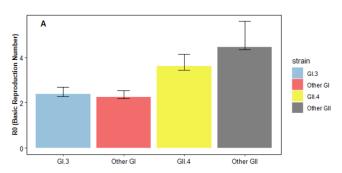
- Maternal antibodies have an estimated mean protection of 239 days
- Waning immunity after a first symptomatic episode lasts a mean of 16 years
- Genogroup specific cross-protection estimates (e.g., protection against G.II4 after a single episode of other GII strains) indicates low cross-protection between GI strains (5%, and negligible protection within the GII group (1%).



Emergence of a novel GII.4 variant will cause a large season of Noro cases, and the peak is determined by the potential relative transmissibility.

On average in the Uk an individual will have ~3 symptomatic events over a lifetime





 $R0 \sim 3-4$  for GII genogroups and  $\sim 2.2$  for GI