

From the Vaccine Safety Datalink (VSD) Maternal Tdap vaccination and structural birth defects in offspring

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Background

- Tetanus, diphtheria, and acellular pertussis (Tdap) vaccine has been routinely recommended for unvaccinated pregnant women
 - 2010 California
 - 2011 United States
- Fall 2012 ACIP Tdap to be administered during every pregnancy, with preference between 27–36 weeks gestation
- Many countries have implemented maternal Tdap immunization programs



Objectives

- To evaluate risks for structural birth defects following maternal Tdap vaccination within the Vaccine Safety Datalink (VSD)
 - Any birth defect
 - Major structural defects
 - Microcephaly



Receipt of Tdap during pregnancy by trimester, live births between 2007 and 2013, within VSD







Inclusions

- Pregnant women
 - Continuous insurance enrollment from 6 months prior to last menstrual period (LMP) through 6 weeks postpartum
 - At least 1 outpatient visit during pregnancy
- Infants
 - Birth weight and gestational age available
 - If surviving to 12 months of age
 - Insurance enrollment for 4 months
 - At least 1 outpatient visit by 1 year of age
 - For infant deaths during first year, insurance and utilization criteria not applied



^{1.} International Classification of Diseases, Ninth Revision, Clinical Modification

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^{2.} Toxoplasma, Other, Rubella, Cytomegalovirus, Herpes



Maternal Tdap

- Tdap administrations identified using claims/EHR data (standardized VSD files)
- Exposure windows:
 - 1. <14 weeks gestation
 - 2. 27–36 weeks gestation¹
 - 3. Any week during pregnancy

1. Analyses of vaccinations occurring from 27-36 weeks gestation were restricted to years when Tdap was routinely recommended in California (2010-2013) and the U.S. (2012-2013)







Statistical analyses

- Compared baseline characteristics between vaccinated and unvaccinated women
- Logistic regression to estimate propensity scores
 - Maternal demographics (Age, race/ethnicity, poverty, VSD site, and delivery year)
 - Healthcare utilization (Kotelchuck Index, hospitalization before 20 weeks gestation)
 - Maternal comorbidity (Hypertension, smoking, and heart, pulmonary, or renal disease)





- 3,321 women vaccinated before 14 weeks gestation
- 20,568 women vaccinated between 27–36 weeks gestation

Ba	seline characteristics	
	Tdap during pregnancy	Unexposed
	N=41,654	N=282,809
Maternal Age		
<18 years	0.7%	1.3%
18-24	11.9%	12.9%
25-34	63.5%	61.9%
≥35 years	24.0%	23.9%
Race/ethnicity		
Black	6.3%	7.2%
Asian	17.4%	16.1%
Hispanic	32.4%	29.1%
White	35.1%	39.0%
Other	8.7%	8.6%

Baseline characteristics, continued					
	Tdap during pregnancy	Unexposed			
	N=41,654	N=282,809			
Prenatal care index Adequate/Plus Intermediate Inadequate	80.0% 17.7% 2.3%	72.3% 22.7% 5.0%			
Care in 1st trimester	96.3%	93.8%			
Received another vaccine during pregnancy	64.1%	40.9%			
Smoking	8.9%				
Hypertension	1.8%	2.1%			

	Any structural birth defect following maternal Tdap			
	Tdap N (%)	Unexposed N (%)	Prevalence Difference ¹ (95% CI)	Prevalence Ratio ² (95% CI)
Tdap before 14 weeks gestation	208 (6.3)	17,422 (6.2)	-0.51 (-1.32, 0.30)	0.94 (0.82, 1.07)
Tdap between 27-36 weeks gestation	1,435 (7.0)	8,367 (7.0)	0.14 (-0.25, 0.53)	1.02 (0.96, 1.08)
Tdap any time in pregnancy	2,816 (6.8)	17,422 (6.2)	-0.13 (-0.41, 0.15)	0.98 (0.94, 1.03)
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	Major structural birth defects following maternal Tdap			
	Tdap N (%)	Unexposed N (%)	Prevalence Difference ¹ (95% CI)	Prevalence Ratio ² (95% CI)
Tdap before 14 weeks gestation	59 (1.8)	4,521 (1.6)	0.17 (-0.29, 0.62)	1.10 (0.85, 1.42)
Tdap between 27-36 weeks gestation	356 (1.7)	1,920 (1.6)	0.15 (-0.04, 0.35)	1.09 (0.97, 1.23)
Tdap any time in pregnancy	717 (1.7)	4,449 (1.6)	0.10 (-0.04, 0.25)	1.06 (0.98, 1.16)

1. Prevalence difference per 100 live births; Adjusted by propensity score

2. Prevalence ratio adjusted by propensity score

Microcephaly following maternal Tdap				
	Tdap N (per 10,000 live births)	Unexposed N (per 10,000 live births)	Prevalence Difference ¹ (95% CI)	Prevalence Ratio ² (95% CI)
Tdap before 14 weeks gestation	4 (12)	348 (12)	-1 (-12, 9)	0.96 (0.36, 2.58)
Tdap between 27-36 weeks gestation	21 (10)	146 (12)	-1, (-5, 4)	1.01 (0.63, 1.61)
Tdap any time in pregnancy	38 (9)	346 (12)	-1 (-4, 2)	0.86 (0.60, 1.24)

Prevalence difference per 10,000 live births; Adjusted by propensity score
 Prevalence ratio adjusted by propensity score



Limitations

- Birth defects identified through diagnostic codes using outcome specific algorithms rather than clinical exam or direct review of charts
- Potential for missing diagnoses due to lapses in insurance coverage
- Limited to live births unable to study stillbirths, elective terminations, spontaneous abortions



Summary

- Maternal Tdap vaccination during pregnancy was NOT associated with increased risk for birth defects, including microcephaly, among live birth offspring
- Results support safety of maternal Tdap vaccination, for the infant outcomes evaluated



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Additional slides

Structural birth defect algorithm development

- Specific defects based on National Birth Defects Prevention Study (NBDPS) and European Surveillance of Congenital Anomalies (EUROCAT) registries and expert consultation
- Iterative process to optimize algorithms
 - Compared prevalence rates within VSD to those in other surveillance systems
 - Evaluated prevalence rates by year and by site
 - Limited chart reviews of potential cases from one
 VSD site to refine algorithms

Specific Diagnoses (ICD-9-CM Codes) Algorithm Organ System Encephalocele, Cranial Meningocele, Encephalomyelocele (742.0); Spina 1 inpatient diagnosis or 2 outpatient diagnoses or 1 outpatient diagnosis and Central Nervous Bifida (741.0x, 741.9x); Microcephalus (742.1) death in first year System 2 outpatient diagnoses or 1 outpatient diagnosis and death in first year Holoprosencephaly(742.2) Anophthalmia, Microphthalmia (743.00, 743.10-743.12); 2 outpatient diagnosis or 1 outpatient diagnosis and death in first year Eye Cataracts and Other Lens Defects. (743.30-743.36 743.2x) Anotia, Microtia (744.01, 744.23) 2 outpatient diagnoses or 1 diagnosis and death in first year Ear Severe Cardiac Defects: Single Ventricle, Tricuspid Atresia, Ebstein's Anomaly, 2 inpatient diagnoses or 1 inpatient and 1 outpatient diagnosis or 1 Cardiac Hypoplastic Left Heart, Hypoplastic Right Heart, Common Truncus, diagnosis and death in first year Transposition, Atrioventricular Septal Defects, Tetralogy of Fallot, Aortic Valve Atresia/Stenosis, Coarctation, Total Anomalous Pulmonary Venous Return, Anomalous Coronary Artery (745.0, 745.1x, 745.2-745.3, 745.6x, 745.7, 746.00, 746.01, 746.1-746.3,746.7,746.85,747.1x, 747.22, 747.41) 2 diagnoses (inpatient or outpatient) or 1 diagnosis and death in first year Other Cardiac Defects: Septal Defects, Heterotaxy, PAPVR (745.4, 745.8, 745.9, 747.42, 759.3) Choanal Atresia (748.0) 2 outpatient diagnoses or 1 outpatient diagnosis and death in first year Orofacial Cleft Lip / Cleft Palate (749.1, 749.10-749.14, 749.2, 749.20-749.25, 749.0, 1 inpatient diagnosis or 2 outpatient diagnoses or 1 outpatient diagnoses /Respiratory and death in first year 749.00-749.04) Biliary Atresia (751.61); Intestinal Atresia/Stenosis (751.1, 751.2) 1 inpatient diagnosis or 2 outpatient diagnoses or 1 outpatient diagnosis Gastrointestinal and death in first year Esophageal Atresia +/- Tracheoesophageal Fistula (750.3) 2 outpatient diagnoses or 1 inpatient and 1 outpatient diagnosis or 1 inpatient or outpatient diagnosis and death in first year Pyloric Stenosis(750.5) 1 inpatient diagnosis or 1 outpatient diagnosis and death in first year Exstrophy, Bladder (753.5) 1 inpatient diagnosis by 3 months of age and 1 outpatient diagnosis by one year or 1 inpatient diagnosis and death in the first year Genitourinary/Renal Hypospadias-2nd or 3rd Degree (752.61); Renal Dysplasia (753.15) 2 outpatient diagnoses or 1 outpatient diagnosis and death in first year; hypospadias limited to males Renal Agenesis/Hypoplasia(753.0) 1 inpatient diagnosis and 1 outpatient diagnosis or 1 diagnosis and death in first year Congenital Hydronephrosis (753.2x); Posterior Urethral Valve and/or Prune 2 outpatient diagnoses or 1 diagnosis and death in first year; posterior Belly (753.60, 756.72) urethral valves limited to boys Gastroschisis or Omphalocele (756.72, 756.73, 756.79); Diaphragmatic Hernia 1 inpatient diagnosis by 3 months of age or 1 diagnosis and death in first Musculoskeletal (756.6) year Limb Deficiency (755.2-755.9) 1 inpatient or 2 outpatient diagnoses) and 1 diagnosis within 3 months or 1 inpatient or outpatient diagnosis and death in first year 1 inpatient diagnosis or 2 outpatient diagnoses or 1 diagnosis and death in Sacral Agenesis (756.13)

first year

Table 3. Final algorithms for selected major structural defects for use in Vaccine Safety Datalink studies of maternal vaccine safety

Table 4. Prevalence estimates for selected major structural defects in the Vaccine Safety Datalink and other surveillance systems.

Specific Diagnoses (ICD-9 codes)	Rates in the VSD	Rates in Selected U.	S. State-Based	Rates in EUROCAT per
	per 10,000 Live	Surveillance Program	ns* per 10,000	10,000 Live Births**
	Births (2004-2013)	Live Births (20	007-2011)	(2004-2012)
Encephalocele, Cranial Meningocele, Encephalomyelocele (742.0)	0.64	1.0 (Colorado)	1.0 (Iowa)	0.23-0.44
Spina Bifida (741.0x, 741.9x);	1.89	3.8 (Colorado)	4.3 (Iowa)	1.68-2.0
Microcephalus (742.1)	12.9	NA		2.12-2.96
Holoprosencephaly (742.2)	3.29	1.1 (Colorado)	1.7 (Iowa)	0.23-0.40
Anophthalmia, Microphthalmia (743.00, 743.10-743.12);	0.82	1.8 (Colorado)	2.2 (Iowa)	0.61-0.96
Cataracts and Other Lens Defects (743.30-743.36 743.2x)	3.76	1.9 (Colorado)	2.7 (Iowa)	1.3-1.7
Anotia, Microtia (744.01, 744.23)	2.5	2.9 (Colorado)	2.4 (Iowa)	0.20-0.45
Severe Cardiac Defects: Single Ventricle, Tricuspid Atresia, Ebstein's Anomaly, Hypoplastic Left Heart, Hypoplastic Right Heart, Common Truncus,	16.9	33.3*** (Colorado)	34.9*** (Iowa)	16.6-20.0
Valve Atresia/Stenosis, Coarctation, Total Anomalous Pulmonary Venous Return, Anomalous Coronary Artery (745.0, 745.1x, 745.2-745.3, 745.6x,745.7, 746.00, 746.01, 746.1-746.3, 746.7, 746.85, 747.1x, 747.22, 747.41)				
Choanal Atresia (748.0)	0.52	2.3 (Colorado)	1.6 (Iowa)	0.6-1.0
Cleft Lip and/or Cleft Palate (749.1, 749.10-749.14, 749.2, 749.20-749.25, 749.0, 749.00-749.04)	14.5	21.0 (Colorado)	16.9 (Iowa)	12.1-14.7
Biliary Atresia (751.61)	1.16	1.1 (Colorado)	0.5 (Iowa)	NA
Intestinal Atresia/Stenosis (751.1, 751.2)	7.75	11.2 (Colorado)	8.4 (Iowa)	4.1-4.9
Esophageal Atresia +/- Tracheoesphoageal Fistula (750.3)	1.39	3.9 (Colorado)	2.6 (Iowa)	1.9-2.6
Exstrophy, Bladder (753.5)	0.26	0.4 (Colorado)	0.2 (Iowa)	0.3-0.8
Hypospadias- 2nd or 3rd Degree (752.61)	59.2****	114.9**** (Colorado)	56.0**** (Iowa)	16.2-19.9
Renal Dysplasia (753.15)	0.74	NA		2.2-2.8
Renal Agenesis/Hypoplasia (753.0)	1.63	5.5 (Colorado)	6.1 (Iowa)	0.2-0.4
Congenital Hydronephrosis (753.2x)	39.7	NA		9.0-10.9
Posterior Urethral Valve and/or Prune Belly (753.60, 756.72)	0.51	2.7 (Colorado)	1.2 (Iowa)	0.4-1.0
Gastroschisis or Omphalocele (756.72, 756.73, 756.79)	5.12	6.6 (Colorado)	8.6 (Iowa)	3.5-3.9
Diaphragmatic Hernia (756.6)	1.67	3.1 (Colorado)	2.8 (Iowa)	1.8-2.1
Limb Deficiency (755.2-755.9)	1.53	4.1 (Colorado)	6.2 (Iowa)	3.2-4.3
Sacral Agenesis (756.13)	0.22	NA		NA
*U.Sbased surveillance programs is from the Iowa Registry for Congenital and Inherited Disorders and Colorado Responds to Children with Special Health Care Needs, 2007- 2011. Birth Defects Research (Part A) 100: S1-S170 (2014); **EUROCAT prevalence rates are ranges for 2004-2012: ***Data not available for anomalous coronary artery. ****Hypospadias prevalence is per 10,000 male live births				

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Exposure groups, by timing of maternal Tdap

Exposed	Years	VSD sites
Tdap before 14 weeks gestation	2007-2013	All sites
Tdap at 27-36 weeks gestation ¹	2010-2013	California sites
	2012-2013	Other sites
Tdap at any time in pregnancy	2007-2013	All sites

Comparison: Tdap unexposed pregnant women

1. Given differences in vaccine recommendations by year across sites, analysis of 27-36 weeks gestation were limited to 2010-2013 for California VSD sites and 2012-2012 other participating VSD sites

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