

USING LARGE PUBLIC HEALTH DATABASES: VACCINE EFFECTIVENESS

Ron Brookmeyer

Fielding School of Public Health

University of California, Los Angeles

BACKGROUND

- REAL WORLD VACCINE EFFECTIVENESS STUDIES
- USE PUBLIC HEALTH DATABASES
 - DATABASE (REGISTRY) OF VACCINATIONS
 - DATABASE (REGISTRY) OF CASES (DISEASE)
- LINK INDIVIDUALS IN DATABASES
 - (e.g., names, date of birth, address)
- COVID-19 EXAMPLES
 - Scobie et al (2021)
 - Rosenberg et al (2021)

OBJECTIVE

EVALUATE SOME SOURCES OF ERROR

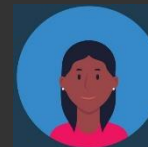
- ERRORS IN REPORTING CASES
- ERRORS IN REPORTING VACCINATIONS
- ERRORS IN LINKING INDIVIDUALS ACROSS DATABASES

R. Brookmeyer & DE Morrison, Estimating Vaccine Effectiveness By Linking Population-based Health Registries: Some Sources of Bias, *American Journal Of Epidemiology*, 2022.

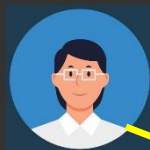
VACCINE REGISTRY



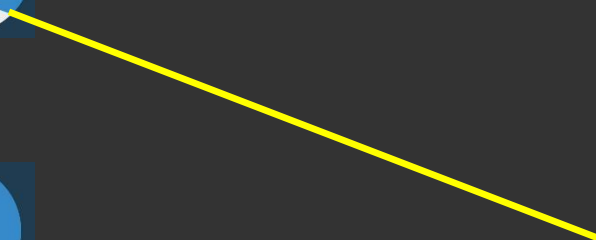
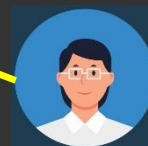
CASE REGISTRY



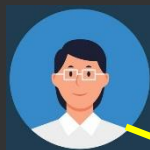
VACCINE REGISTRY



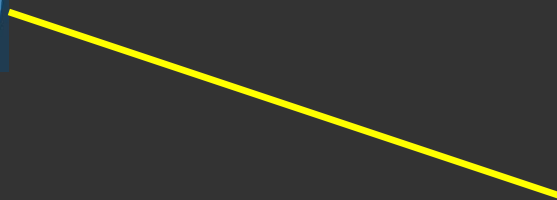
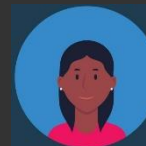
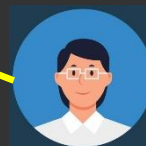
CASE REGISTRY



VACCINE REGISTRY



CASE REGISTRY



	Case	Non-Case	
Vaccinated	N_{VC}		N_V
Unvaccinated			
	N_C		N

	Case	Non-Case	
Vaccinated	N_{VC}		N_V
Unvaccinated			
	N_C		N

Population size of registry catchment area

	Case	Non-Case	
Vaccinated	N_{VC}	$N_{V\bar{C}} = N_V - N_{VC}$	N_V
Unvaccinated	$N_{\bar{V}C} = N_C - N_{VC}$	$N_{\bar{V}\bar{C}} = N - N_C - N_V + N_{VC}$	$N_{\bar{V}} = N - N_V$
	N_C	$N_{\bar{C}} = N - N_C$	N

	Case	Non-Case	
Vaccinated	N_{VC}	$N_{V\bar{C}} = N_V - N_{VC}$	N_V
Unvaccinated	$N_{\bar{V}C} = N_C - N_{VC}$	$N_{\bar{V}\bar{C}} = N - N_C - N_V + N_{VC}$	$N_{\bar{V}} = N - N_V$
	N_C	$N_{\bar{C}} = N - N_C$	N

$$\hat{R} = \frac{N_{VC}N_{\bar{V}}}{N_VN_{\bar{V}C}}$$

$$\widehat{VE} = (1 - \hat{R}) \times 100\%$$

ERRORS EVALUATED

- UNDERREPORTING TO REGISTRIES
NON-DIFFERENTIAL & INDEPENDENT:
 - reporting of C does not depend on V
 - reporting of V does not depend on C
- ERRORS IN LINKING
 - missed true matches
- ERRORS IN POPULATION SIZE (N)

METHODS

- ANALYSIS
- SIMULATION

RESULT WITH ONE SOURCE OF ERROR

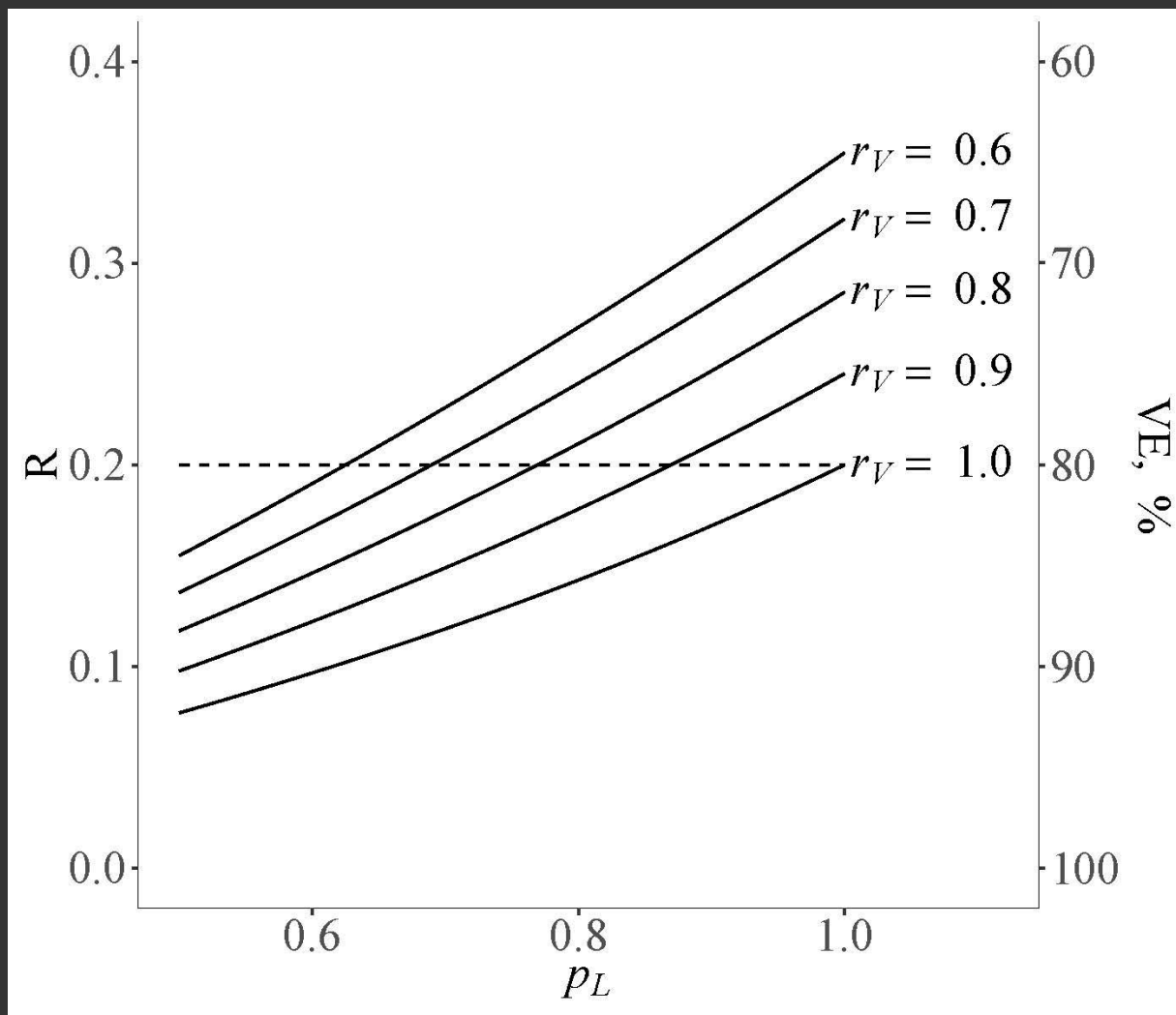
ERROR

DIRECTION OF BIAS in VE

- | | |
|---|-------------------------------------|
| • UNDERREPORT VACCINATIONS | VE BIASED TOWARD 0 |
| • UNDERREPORT CASES | NO BIAS IN VE |
| • LINKING ERROR:
MISSED TRUE MATCHES | OVERESTIMATE VE |
| • ERROR IN N
UNDERESTIMATE N
OVERESTIMATE N | OVERESTIMATE VE
UNDERESTIMATE VE |

MULTIPLE ERRORS: LINK ERROR & VACCINE UNDERREPORT

True VE=80%



ADJUST VE TO CORRECT FOR ERRORS

- **ADJUSTMENT FORMULA FOR VE**
- **STUDIES TO ESTIMATE MAGNITUDE OF ERRORS**
- **SENSITIVITY ANALYSES**

SIMULATION RESULTS

True matches missed	Vaccine Under-report	Error in N	True VE	Unadjusted VE	Adjusted VE
10%	10%	0	0%	25%	0%
10%	10%	-10%	0%	48%	0%
10%	10%	-10%	80%	86%	80%
10%	10%	+10%	80%	72%	80%
10%	10%	-20%	80%	92%	80%

Average over 1000 simulations. $N=11 \times 10^6$

CONCLUDING REMARKS

- **SUMMARY: SOURCES OF ERROR**
 - One error: Direction of bias is predictable.
 - Multiple errors: direction is either way.
 - Strong enough to make harmful vaccines appear effective
 - Adjust VE for biases.
 - Enables comparisons with clinical trials, countries
- **OTHER ERRORS**
 - “differential” registry underreporting
 - missed true matches & false matches
- **THE WAY FORWARD**
 - Improve public health databases**
 - Improve completeness & accuracy of databases
 - Improve data linking across databases
 - Studies to quantify errors to inform VE adjustment**