



Adverse Event Reporting: VAERS and WONDER

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Objectives

- Define VAERS and the data available in VAERS
- Provide descriptive statistics of VAERS/ WONDER data
- Discuss publicly available vaccine adverse event data – WONDER
- Discuss the limitations of the publicly available data
- Provide examples of WONDER output





What is VAERS?

- Vaccine Adverse Event Reporting System
 - A national vaccine safety surveillance program
 - Administered by the FDA and the Centers for Disease Control and Prevention (CDC)
 - Collects and analyzes data from reports of adverse events following vaccination

Source:

http://www.fda.gov/BiologicsBloodVaccines/SafetyAvailability/ReportaProble m/VaccineAdverseEvents/QuestionsabouttheVaccineAdverseEventReporting SystemVAERS/default.htm





Vaccine Adverse Event Reporting System

- Reporting by paper or electronic versions of a standard form
- Contractor enters data and MedDRA codes
- 43,193 reports received in FY 2010
 - ~20% (9,846) serious
 - Serious AE reports are manually reviewed by medical officers to detect unexpected events
 - Nonserious reports assessed primarily through data mining





VAERS Strengths and Limitations

Strengths

- Open-ended for hypothesis generation
- Potential detection of new or rare adverse events
- Timeliness
- Geographic diversity
- Capability to monitor production lots

Limitations

- Missing and inaccurate data
- Under-reporting and/or stimulated reporting
- Absence of controls and denominators
- Inability to assess causation
- Low likelihood of detection for long latency events





Who can report to VAERS?

ANYONE

- Vaccine manufacturers (37% of reports)
- Health care providers (36%)
- State immunization programs (10%)
- Vaccine recipients (or their parents/guardians) (7%)
- Other sources (10%)

Source: Vaers.hhs.gov/about/faqs





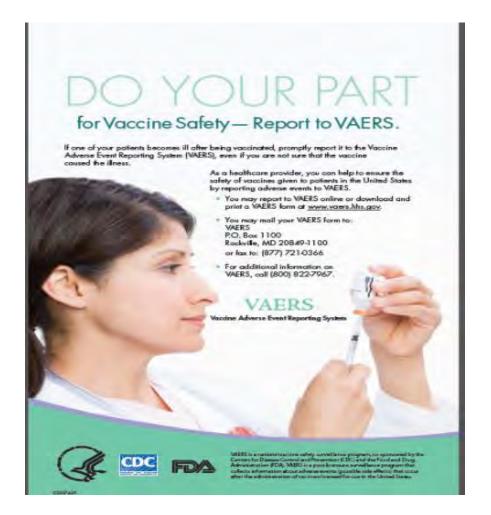
Reporting is Encouraged

"We encourage you to report any reaction following vaccination to VAERS, even if you cannot tell if the vaccine or another product caused it."

http://www.fda.gov/BiologicsBloodVaccines/SafetyAvailability/ReportaProblem /VaccineAdverseEvents/QuestionsabouttheVaccineAdverseEventReportingSy stemVAERS/default.htm







Source: http://www.cdc.gov/vaccinesafety/Activities/vaers_campaign.html





Outcomes that are Required to be Reported by Providers

- Any adverse event listed by the vaccine manufacturer as a contraindication to further doses of the vaccine.
- Any adverse event listed in the VAERS Table of Reportable Events Following Vaccination that occurs within the specified time period after vaccination.*
- Legally required under the National Childhood Vaccine Injury Act

*Table available at:

http://vaers.hhs.gov/resources/VAERS_Table_of_Reportable_Events_Following_Vaccina tion.pdf





Manufacturer Reporting Requirements

- Manufacturers shall:
 - Submit adverse event reports within 15 days to the FDA if serious and unexpected.
 - Submit other adverse event reports within 1 year
 - Periodic adverse experience report
 - Quarterly if product is <3 years old
- Serious adverse experience definition:
 - Death
 - A life-threatening adverse experience
 - Inpatient hospitalization or prolongation of existing hospitalization
 - Persistent or significant disability/incapacity
 - Congenital anomaly/birth defect
- Specified in the Code of Federal Regulations Title 21 Section 600.80

Important medical events that may not result in death, be life-threatening, or require hospitalization may be considered a serious adverse experience when, based upon appropriate medical judgment, they may jeopardize the patient or subject and may require medical or surgical intervention to prevent one of the outcomes listed in this definition



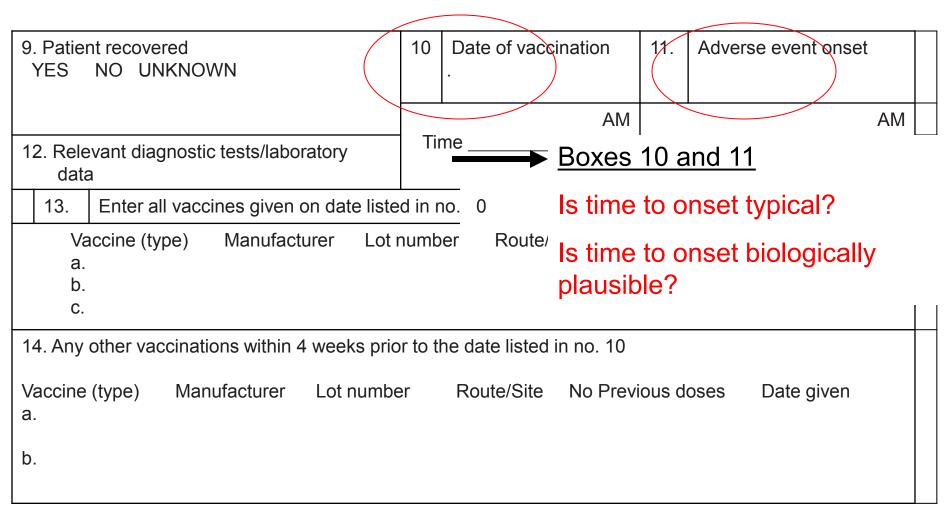


VACCINE ADVERSE EVENT REPORTING SYSTEM 24 Hour Toll-Free Information 1-800-822-7967 P.O. Box 1100, Rockville, MD 20849-1100 PATIENT IDENTITY KEPT CONFIDENTIAL				For CDC/FDA Use Only VAERS Number Date Received				
Patient Nam Last M.I. Address City Zip Telephone n	First	Resp Phys Facil City Zip	ine adminis oonsible ician lity Name/A phone no. (_	ddres	by (Name): s State	Relation Vaccing Patien Other Addres City	completed for to Patier the Provider t/Parent to to ss (<i>if different</i> to ne no. (Patient Manufacturer ent) State Zip
1. State	2. County where administered	3.	Date of birth	4.	Patient age	5. Sex M	-	6. Date form completed
7. Describe adverse events(s) (symptoms, signs, time course) and treatment, if any				8.	Check	ck all appropriate:		
Box 7 often provides the most complete information.				Patient died (date) Life threatening illness Required emergency room/doctor visit				
What? When? How was it treated?				Required hospitalization (days) Resulted in prolongation of hospitalization Resulted in permanent disability None of the above 11				





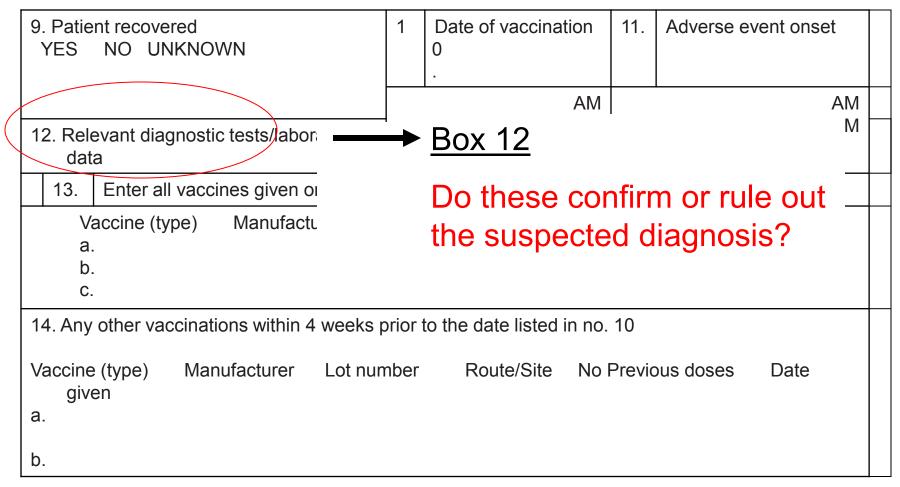
VAERS Form







VAERS Form – Important Info.







15. Vaccinated at: Private doctor's office/he Military clinic/hospital Public health clinic/hosp Other/unknown	16. Vaccine purch Private funds Military funds Public funds Other/unknown	Private funds Military funds Public funds		17. Other medications	
18. Illness at time of vac		19. Pre-existing physician-diagnosed allergies, birth defects, medical conditions (specify)			
20. Have you reported a	usly?	/? Only for childre			
No To health departn To doctor To manufacturer	→ <u>Boxes 18</u>			•-1-1	23. No. of brothers and sisters
21. Adverse even specify) Adve	or medical condition that could ^{imunization}				
Ever	<u>explain th</u>	<u>ne reported ev</u>	<u>ent?</u>	21	5. Date received
In patient			proj. report i		y mfr./imm.proj.
In brother or sister			26. 15 day report? Yes No	In	7. Report type iitial ollow-Up





What is WONDER?

- WONDER: "Wide-ranging On Line Data for Epidemiologic Research
- "An easy-to-use internet system that makes the information resources of the CDC available to public health professionals and the public at large"
- Provides access to a wide array of public health information
 - Vaccine adverse events
 - Birth and cancer statistics
 - Mortality statistics (including infants)
 - Population/census data





CDC WONDER WONDER Home FAQ Help Contact Us Search WONDER online databases utilize a rich ad-hoc query system for the analysis of public health data. Reports and other query systems are also available. Topics A-Z Index WONDER Systems WONDER Online Databases Reports and References AIDS Public Use Data Prevention Guidelines (archive) Births Scientific Data and Documentation Cancer Statistics Environment Other Query Systems Daily Air Temperatures Healthy People 2010 Mortality Underlying Cause of Death MMWR Morbidity Tables Detailed Mortality MMWR Mortality Tables Compressed Mortality Multiple cause of death (Detailed) Mortality) Infant Deaths (Linked Birth/Infant Death) Records) Online Tuberculosis Information System Population Bridged-Race Population (from NCHS) Population (from Census) Sexually Transmitted Disease Morbidity Vaccine Adverse Event Reporting Denotes numerical data available to guery or download





Difference between Public and Private Datasets

- No patient identifiers such as names, date of birth, address
- WONDER is updated monthly
- Follow-up is conducted on serious reports but follow up info is not entered into WONDER
- In order to protect confidentiality, results of very granular searches may not provide results and will be labeled "SUPPRESSED"







Searches Available in WONDER

- Symptom or diagnosis
- Vaccine product

wse or search to find items in the Symptoms Finder Tool, then le <i>Currently selected</i> box displays all current request items.) Finder Tool Help Advanced Finder Options	inginight the ite	
owse Search Details		
ymptoms		Currently selected:
All (All Symptoms) 10000002 (11-BETA-HYDROXYLASE DEFICIENCY) 10063263 (17-HYDROXYPROGESTERONE INCREASED) 10059972 (5-HYDROXYINDOLACETIC ACID IN URINE) 10049460 (ABASIA) 10061936 (ABDOMEN SCAN) 10061937 (ABDOMEN SCAN) NORMAL) 10000050 (ABDOMINAL ADHESIONS) 10059486 (ABDOMINAL CAVITY DRAINAGE) 10058808 (ABDOMINAL COMPARTMENT SYNDROME) 10000059 (ABDOMINAL DISCOMFORT)		*All* (All Symptoms)
10000060 (ABDOMINAL DISTENSION) 10053309 (ABDOMINAL EXPLORATION) 10060954 (ABDOMINAL HERNIA)		





Event Characteristic Searches in WONDER

 Search by onset, event, manufacturer, recovered, serious, or VAERS ID

4. Select event characteristics:		Send Help
Onset Interval Al Events 0 days 1 day 2 days 3 days 4 days 5 days	Manufacturers All Manufacturers ACAMBIS, INC. AVENTIS PASTEUR BAXTER HEALTHCARE CORP. BERNA BOTECH, LTD BSI BURROUGHS WELLCOME	VAERS ID Enter full or partial VAERS IDs, one per line, to include specific events,
Event Category At Events Death Life Threatening Permanent Disability Hospitalized Hospitalized, Prolonged Emergency Room Not Serious	Recovered Serious All Events All Events No Yes Unknown Missing	





Search by Location, Age, Gender, Dates

Select location, age, gender:		
State / Territory	Age	Gender
All Locations	All Ages	All Genders
The United States. Territories, and Unknown 💷	< 6 months	Female
Alabama	6-11 months	Male
Alaska	1-2 years	Unknown
Arizona	3-5 years	
Arkansas	6-17 years	
California	18-29 years 💌	

- Location: All, U.S., any state or states
- Age: Must select from age groups on menu
- Date of Vaccination
- Date reported



U.S. Food and Drug Administration Protecting and Promoting Public Health





Image 1: Used with permission; © Lydia Chiang, DermAtlas; http://www.DermAtlas.org Image 2: Used with permission; © Angel T. Brown, DermAtlas; http://www.DermAtlas.org



Example 1: MMR and ITP

Question: What is the time to onset reported for ITP following vaccination with MMR in children?

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Protecting and Promoting Public Health

Source: Public Health Image Library







Searches in WONDER: MMR and ITP

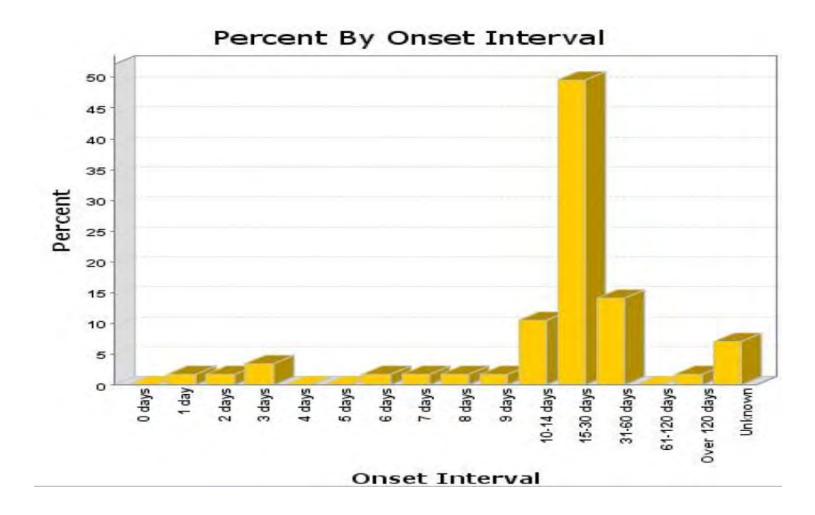
- Search strategy
 - Symptoms: Idiopathic Thrombocytopenic Purpura
 - Vaccine: MMR and MMRV
 - Locations: ALL
 - Age: <6 months, 6-11 months, 1-2 years, 3-5 years, 6-17 years
- Group results by:
 - Onset interval
- Display as:
 - Bar Chart 3D
 - Plot orientation vertical





Onset Interval for ITP following MMR, patients <18years

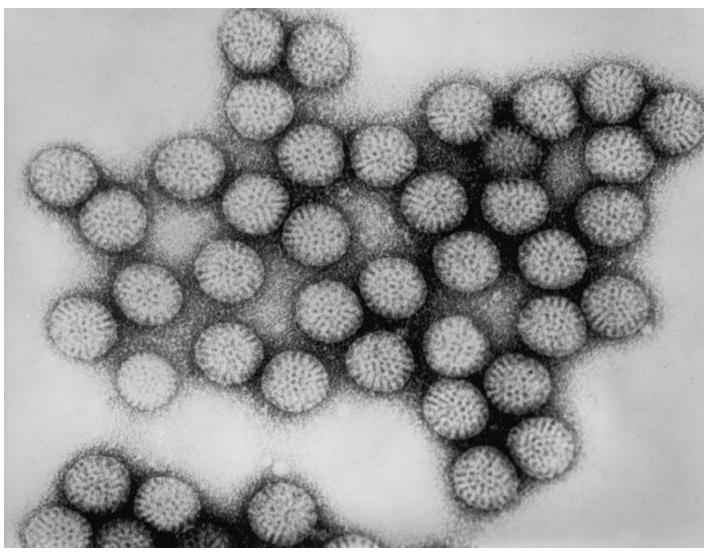
Source: CDC WONDER





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Source: Public Health Image Library





Question: What adverse events resulting in hospitalization have been reported following rotavirus vaccines given in 2011?

- Search Strategy
 - Vaccines: ROTH5, ROT, ROTH1
 - Event category: Hospitalized
 - Locations: All
 - Age: <6 months, 6-11 months
 - Date vaccinated: 2012
- Group results by:
 - Symptoms
- Display as:
 - Chart (converted to Excel)





Symptoms reported following Rotavirus vaccines, resulting in hospitalization, for 2011

Note: 9 most frequent results shown. "Percent" = # events reported/ # reports. Reports may have > 1 event (symptom) reported.

Symptoms	Events Reported	Percent
	2340	
VOMITING	90	27.69%
INTUSSUSCEPTION	88	27.08%
PYREXIA	55	16.92%
DIARRHOEA	43	13.23%
HAEMATOCHEZIA	38	11.69%
ΗΥΡΟΤΟΝΙΑ	37	11.38%
CONVULSION	35	10.77%
PALLOR	32	9.85%
CRYING	28	8.62%



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60 yr F with LE weakness

Source: Public Health Image Library







Question: What was the number of reported cases, by state, of GBS following H1N1 influenza vaccine?

- Search Strategy:
 - Symptoms: Guillain-Barre Syndrome
 - Vaccine: FLU(H1N1) (Influenza A (H1N1) 2009 monovalent)
 - Location: U.S., Territories, and Unknown
 - Date vaccinated: 2009, 2010
- Group results by:
 - State/territory
- Display as:
 - Map





Cases of GBS following H1N1 vaccine



 Note important limitation: This map displays the number of reported GBS cases for each state. WONDER can also display cases as a percentage of total cases reported. This **does not** account for population density. This **is not** a rate.
Map source: CDC WONDER





Review Questions

Which of the following is a strength of VAERS?

- A) Stimulated reporting
- B) Ability to detect rare events
- C) Availability of denominator data
- D) Ability to assess causation

Answer: B) Ability to detect rare events. Stimulated reporting, the lack of denominator data, and the inability to assess causation are limitations of VAERS





Manufacturer must submit an adverse event report within 15 days if:

- A) The event is serious and unexpected
- B) The event is rare
- C) The event is not described in the label
- D) The event resulted in a visit to a healthcare provider
- E) All of the above

Answer: A) Serious and unexpected. A rare event or an unlabeled event may not necessarily be a serious event.





Important differences between public and private vaccine adverse event data include all of the following EXCEPT:

- A) Public data is updated monthly
- B) Patient age is removed from the public data to protect confidentiality.
- C) Follow-up information is not added to the public data
- D) Names and addresses are removed from public data to protect confidentiality

Answer: B) Patient age is removed...Date of birth is removed but many reports do contain the patient's age.





Limitations of publicly available vaccine adverse event searches include:

- A) Limited age intervals
- B) Limited selection of symptoms
- C) Ability to select only by vaccine type and not brand
- D) Inability to obtain the narratives of individual cases

Answer: A) Limited age intervals. Time to onset intervals are also limited. Individual case narratives are available, as long as the search would not jeopardize patient confidentiality