

A modified self-controlled case series (SCCS) method for event-dependent exposures and high event-related mortality, with application to COVID-19 vaccine safety

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COI Disclosure information

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I have no financial relationship to disclose



- It is an alternative to the traditional study designs cohort and case control studies
 - What is the risk of aseptic meningitis in the period 1-14 days after MMR vaccination?
 - Absolute risk
 - Given that an MMR-vaccinated child was diagnosed with aseptic meningitis in the second year of life, how much more likely is it that this diagnosis arose 1-14 days after vaccination rather than at some other time?
 - Relative risk



It is used to investigate the association between exposures such as vaccines or other drugs and an adverse event

Only cases are required, no controls

Automatically controls all fixed multiplicative confounders



- It is a conditional cohort method: exposures are regarded as fixed, event times as random
- Follow-up is not censored at event time
- Estimation is self-matched, within-individuals, all fixed confounders factor out
- Events studied can be either independent recurrent, or rare non-recurrent







Data required

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	case	sta	end	am	mmr		
	1	366	730	384	516		
	2	444	730	517	495		
	3	366	730	407	487		
	4	366	730	407	384		
	5	366	730	380	NA		
	6	366	730	584	NA		
	7	366	730	495	477		
	8	366	730	458	434		
	9	366	730	503	469		
	10	366	445	407	382		
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How does it work?

- Fix an observation period, over which events are ascertained; individuals with events are cases.
- Obtain exposure histories over this period.
- Subdivide the observation periods into exposure and age groups.



The case series likelihood

number of events

$$l(\alpha, \beta) = \sum_{ijk}^{ijk} log \left[\frac{\exp(\alpha_j + \beta_k) e_{ijk}}{\sum_{rs} \exp(\alpha_r + \beta_s) e_{irs}} \right]$$

- Parameters of interest: exp(β_k), relative incidences
- Individual effects factor out, hence self-control
- Use Poisson regression to fit model

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Assumptions of SCCS

- Events arise independently within individuals
- Occurrence of an event does not affect the subsequent period of observation
- Occurrence of an event does not influence the timing of subsequent exposures
- Exposures do not influence the ascertainment of events



- There is an extension of the standard SCCS
- Exposures after an event are disregarded and considered as missing
- Model is estimated using unbiased estimation equations
- Risk periods must be known and non-indefinite



Covid-19 Vaccination and Haemorrhagic stroke

- Relative incidence of stroke after vaccination with the Pfizer-BioNTech Vaccine
- 2894 events occurring between December 15, 2020 and March 20, 2021
- 894 of them received at least one vaccine dose
 - 407 had received both doses
 - Median interval between doses was 23 days





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- A dip in the number of events just before each vaccination
- Shows individuals who have had a haemorrhagic stroke are likely to delay or avoid vaccination
- Delaying or cancelling vaccination tend to inflate relative incidence
- A bias by a short delay can be correct within standard SCCS by include preexposure period



Pre-exposure risk periods



Pre-exposure risk periods

- Relative risk post vaccination changes with the length of pre-vaccine risk period
- Hence a method for event dependent exposures should be used



- 927 of the 2894 cases died after the event during relatively brief observation period
- Others died later
- The median time from event to death was 4 days, for those who died within the observation period





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Risk period (days)	Events	RI	95 % CI
Control period	134	1.00	
0 to 4 days	495	8.44	(5.76, 12.4)
5 to 9 days	169	3.44	(2.38, 4.96)
10 to 14 days	84	2.06	(1.43, 2.96)
15 to 19 days	45	1.31	(0.89, 1.94)



- Haemorrhagic stroke induces high short-term mortality up to 14 days after the event
- Deaths censor the observation period
- A model to address this has been developed
- But here exposures are also influenced by event



- When all the deaths are related to event
- Event dependent exposure method can be used
- Use the planned end observation period not date of death
- Deaths due to the event of interest have no impact in the estimation process of the method



- In practice
 - Set all end of observations as planned if event carry high mortality but not known for certain individuals
 - If the is not known to be associated with high mortality, observation periods should end at the earliest of death and planned end of observation
 - If it is known which deaths are caused by event and which are not use appropriate end of observation period



			Model 1		Model 2	
Risk j	period (days)	Events	RI	95 % CI	RI	95% CI
Contr	ol period	2657	1.00		1.00	
Dose 1:						
	Day 0	4	0.31	(0.11, 0.86)	0.31	(0.11, 0.86)
	Days 1 to 14	166	1.09	(0.87, 1.36)	1.10	(0.88, 1.36)
Dose 2:						
	Day 0	3	0.49	(0.16, 1.58)	0.50	(0.16, 1.61)
	Days 1 to 14	64	0.93	(0.66, 1.33)	0.94	(0.66, 1.34)
Both doses:						
	Day 0	7	0.38	(0.18, 0.82)	0.38	(0.18, 0.83)
	Days 1 to 14	230	1.07	(0.86, 1.33)	1.07	(0.86, 1.33)







Simulation study

Propor	tion p	ho=1	ho=2	ho=3	ho=4
p = 0					
	Bias	-0.0021 (0.0028)	- 0.0010 (0.0028)	0.0023 (0.0028)	0.0020 (0.0028)
	MSE	0.0079 (0.0004)	0.0076 (0.0003)	0.0077 (0.0003)	0.0076 (0.0004)
p = 0.1	-				
	Bias	- 0.0045 (0.0030)	- 0.0148 (0.0028)	- 0.0219 (0.0027)	- 0.0268 (0.0028)
	MSE	0.0089 (0.0004)	0.0081 (0.0004)	0.0077 (0.0004)	0.0086 (0.0004)
p = 0.2	2				
	Bias	- 0.0072 (0.0030)	- 0.0244 (0.0028)	- 0.0302 (0.0028)	- 0.0496 (0.0028)
	MSE	0.0088 (0.0004)	0.0085 (0.0004)	0.0085 (0.0004)	0.0102 (0.0004)
p = 0.3	5				
	Bias	- 0.0076 (0.0031)	- 0.0285 (0.0028)	- 0.0526 (0.0029)	- 0.0651 (0.0030)
	MSE	0.0096 (0.0004)	0.0085 (0.0004)	0.0110 (0.0005)	0.0133 (0.0005)



Simulation study







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