

Age at First Measles-Mumps-Rubella Vaccination in Children with Autism and School-Matched Control Subjects

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#### Potential Conflicts of Interest

- Full-time employee with Merck & Co from 1996-1998
  - Marketing Department
  - Merck has never provided financial support for any scientific study that I have been involved in
  - Merck employees have never coauthored a scientific study with me
- CDC employee from 1998-Present
  - Influenza Impact and Effectiveness Studies
    - Wyeth-Lederle provided vaccine for one double-blinded randomized placebo-controlled vaccine effectiveness study
       Quidel Corporation provided influenza rapid tests for an ongoing influenza impact study
  - Pneumoccocal Effectiveness Studies
- I do not own any pharmaceutical stocks

#### CDC Collaborators

- National Immunization Program
  - Frank DeStefano, MD, MPH
- National Center for Birth Defects and Developmental Disabilities
  - Tanya Karapurkar, MPH
  - Marshalyn Yeargin-Allsopp, MD
  - Coleen Boyle, PhD

#### Background

- Observations which may suggest a potential association between MMR vaccination and
  - 1. Prevalence of autism has increased at same time that coverage for MMR vaccinations has increased among young children
  - 2. Timing of initial recognition of autism symptoms occurs about the same time as recommended age for first MMR vaccination
  - 3. Wakefield et al., (1998) Case Series

## Background Institute of Medicine Review (2001)

- IOM rejected causal relationship at the population level between MMR vaccination and Autism Spectrum Disorder (ASD)
  - Consistent body of evidence showing no association
  - Fragmentary biologic models
  - No well defined animal models
  - Original case series was uninformative regarding causality
- IOM strongly encouraged additional studies to examine possible associations between MMR vaccination and ASD subgroups

#### Study Objectives

#### **Primary Objective**

- Evaluate association between ASD and age of receipt of MMR vaccine
  - Data collection started in 1998

#### **Study Objectives**

#### Secondary Objective

- Compare MMR vaccination histories among ASD subgroups and matched controls
  - Developed in response to IOM (2001) report
  - Data collection in schools was near completion for this study by the time the report was published

#### Methods - Study Population

- Metropolitan Atlanta Developmental Disabilities Surveillance Program (MADDSP)
  - Population based surveillance program started in 1991
  - Population area included approximately 300,000 children aged 3-10 years in the five county Metropolitan Atlanta area

#### Methods - Study Population

- MADDSP Cont.
  - Multiple source ascertainment of several developmental disabilities
    - Mental retardation
    - Cerebral palsy
    - Hearing loss
    - Visual impairment
  - ASD was added to list of conditions in 1996

# Methods Study Design

- Case-Control Study Design
  - Cases: 624 children with ASD
  - Controls: 1,824 children without known DDs

# Methods Selection of Cases

- Cases: 624 children with ASD
  - Children born between 1986 and 1993
  - Identified through MADDSP with evaluations available up through 1996
  - Abstraction of records by trained abstractors
  - DSM-IV criteria used to classify children
  - ASD classification determined by ASD experts
  - Inclusion in study sample required one of following:
    - Valid MMR vaccination date from school immunization form
    - DTP vaccination by age 2 from school immunization form
    - Immunization exemption form

# Methods Defining ASD Subgroups

- Pre-existing conditions <1 Year of Age
  - Any known birth defect
  - Other co-occurring developmental disabilities
  - Major perinatal or postnatal insult that could have contributed to developmental delay
    - CNS Infections
    - Traumatic Brain Injuries

#### Methods **Defining ASD Subgroups**

- Developmental Delay <1 Year of Age
  - Lack of speech at appropriate ages
    - Cooing
    - Babbling
  - Socially unresponsive in 1st year of life
    - Cuddling
    - Appropriate eye contact
    - Responding to parents voices

### Methods **Defining ASD Subgroups**

- Regression and/or Plateau
  - Children with an indication of loss of age appropriate developmental skills (regression)
  - Children with appropriate skills that failed to progress (plateau)

#### Methods Summary of ASD Subgroups

Clinical Characteristics	N	Percent
Mental retardation (MADDSP case def)	378	61%
Pre-existing conditions	235	38%
Regression and/or Plateau	80	13%

 $\bullet$  ASD subgroups were not mutually exclusive  $\bullet$  MR definition was IQ <70

# ■ Controls: 1,824 children without known DD

Methods

Selection of Matched Controls

- Controls selected at 3:1 ratio
- Controls selected from regular education programs
- Matched based on age, sex, and school of attendance at the time of abstraction \*
- Inclusion in study sample required one of following:
  - Valid MMR vaccination date from school immunization form
  - DTP vaccination by age 2 from school immunization form
  - Immunization exemption form
- \* Controls for case children in special education schools were selected from the public school the case child would attend as a regular education student

#### Methods GA State Birth Certificate Sample

- Matched cases and controls to GA State Birth Certificates to assess effects of potential confounders
  - Maternal Age
  - Maternal Education
  - Child Birth Weight
  - Multiplicity (Singleton versus other)
  - Parity (1st born versus other)
- Results in similar follow-up time for both cases and controls

#### Methods Demographic Subgroups

- Demographic Factors From Total Sample
  - Age
  - Gender
- Data from Birth Certificates
  - Race
  - Birth Weight
  - Maternal Age
  - Maternal Education

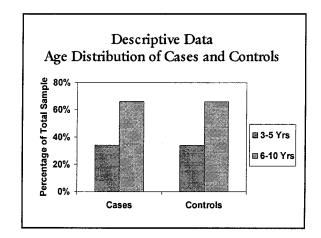
#### Methods Specific Hypotheses

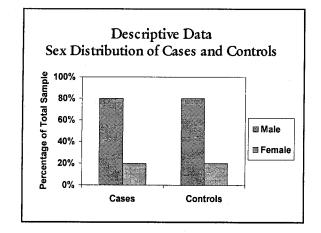
- Assessed whether variation in age at first MMR vaccination was different for cases and controls
- Also assessed 3 specific age cut-offs:
  - 1) <18 months evaluation of whether vaccination by the recommended age for MMR vaccination
  - <24 months evaluation of whether vaccination by the typical time of first parental concern
  - <36 months evaluation of whether vaccination prior to timeframe required by DSM-IV for symptom onset for aurism

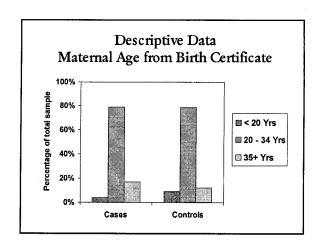
#### Methods Analytic Approach

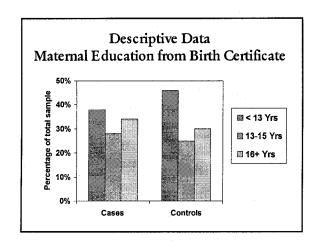
- We used conditional logistic regression analysis stratified by matched case-control sets
- Analyses with Total Sample
  - Unadjusted analyses
  - Subjects did not require a GA State birth certificate
- Analyses with GA State Birth Certificate Sample
  - Unadjusted analyses (not reported in manuscript)
  - Adjusted analyses for confounding with data available from the birth certificate

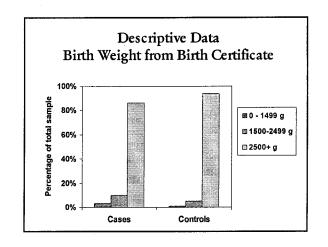
# Descriptive Data

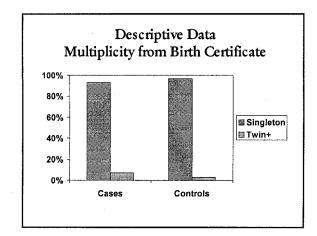


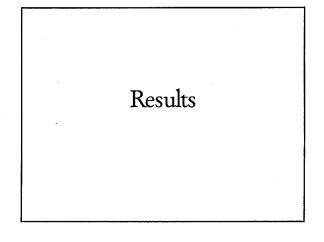


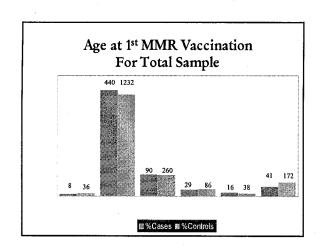












Demographic Case Subgroup Analyses For Total Sample					
Case Groups	Cases	<18 Mos	<24 Mos	<36 Mos	
All Cases	624	1.12 (0.91-1.38)	1.21 (0.93-1.57)	1.49 (1.04-2.14)	
Boys	500	1.22 (0.97-1.54)	1.29 (0.96-1.73)	1.67 (1.10-2.53)	
Girls	124	0.83 (0.52-1.30)	0.96 (0.55-1.68)	1.06 (0.51-2.20)	
Aged 3-5 Yrs	214	1.08 (0.73-1.60)	1.66 (0.95-2.92)	2.34 (0.99-5.54)	
Aged 6-10 Yrs	410	1.14 (0.90-1.46)	1.10 (0.82-1.49)	1.33 (0.89-1.98)	

#### Demographic Case Subgroup Analyses For GA Birth Certificate Sample

Case Subgroup	Cases	<18 Mos	<24 Mos	<36 Mos	
All Cases	311	0.93	0.99	1.23	
		(0.66-1.30)	(0.63-1.55)	(0.64-2.36)	
Boys	243 0.94		1.01	1.64	
		(0.65-1.38)	(0.61-1.67)	(0.77-3.49)	
Girls	68	0.79	0.84	0.24	
		(0.33-1.86)	(0.26-2.77)	(0.04-1.47)	
Aged 3-5 Yrs	112	0.77	1.67	2.63	
		(0.39-1.50)	(0.60-4.67)	(0.51-13.5)	
Aged 6-10 Yrs	199	0.98	0.87	1.09	
		(0.65-1.47)	(0.51-1.46)	(0.52-2.30)	

### Clinical Case Subgroup Analyses For Total Sample

Case Subgroup	Cases	<18 Mos	<24 Mos	<36 Mos	
No pre-exist	390	1.07	1.44	1.51	
_	•	(0.83-1.39)	(0.82-1.59)	(0.96-2.37)	
Regression	80	1.37	1.30	1.45	
		(0.78-2.41)	(0.64-2.66)	(0.54-3.93)	
With MR	376	1.06	1.09	1.21	
	ļ	(0.82-1.38)	(0.79-1.51)	(0.79-1.84)	
Without MR	248	1.23	1.46	2.45	
	1	(0.87-1.73)	(0.93-2.30)	(1.20-5.00)	

#### Clinical Case Subgroup Analyses For Birth Certificate Sample

Case Subgroup	Cases	< 18 Mos	<24 Mos	<36 Mos
No pre-exist	187	1.05	1.02	1.82
		(0.68-1.61)	(0.56-1.86)	(0.77-4.31)
Regression	31	0.83	0.41	0.69
		(0.23-3.09)	(0.07-2.29)	(0.14-3.30)
With MR	179	1.13	0.96	0.82
		(0.72-1.79)	(0.54-1.71)	(0.38-1.79)
Without MR	132	0.68	1.02	3.55
		(0.40-1.16)	(0.47-2.22)	(0.74-17.1)

### Other Demographic Subgroup Analyses For Birth Certificate Sample

Subgroup	Category	Cases	<18 Mo	<24 Mo	<36 Mo
Race	White/Oth	218	0.87	0.77	0.89
	Black	137	0.83	0.98	1.68
Maternal Age	<35 Yrs	295	0.90	0.91	1.23
	35 + Yrs	60	0.53	0.59	2.64
Maternal Ed	<16 Yrs	235	0.94	0.94	1.18
	16+ Yrs	120	0.60	0.61	2.76
Birth Weight	<2500 g	49	0.50	0.48	1.41
	≥2500 g	306	0.91	0.93	1.26

\* No statistically significant associations for any subgroups in this table

#### **Summary of Study Findings**

- The variation in age of 1<sup>st</sup> MMR vaccination between children with autism and matched controls was similar
- No significant associations were found between vaccination at <18 or <24 months and risk for autism or for any autism subgroups including regression.

# **Summary of Study Findings**

- Cases were more likely than controls to be vaccinated before 36 months of age.
- Profile for Elevated or Significant ORs:
  - Children aged 3-5 years
  - Boys
  - Children without MR
  - Children of Older Mothers
  - Children of Better Educated Mothers

#### Discussion

- Why 36 months and not 18 or 24 months?
  - In 1991, the Individuals with Disabilities Education Act (IDEA) mandated the provision of special education programs for children with autism beginning at 36 months
  - For school-based IDEA programs, GA required MMR vaccination
  - 98% of the autistic children aged 3-5 years were enrolled in preschool special education programs
  - Case children were identified primarily through these programs

#### Study Strengths

- Large population-based sample of children
- Clinical information reviewed by autism experts
- Most children received first MMR vaccination prior to publicity regarding possible association between MMR and autism
- Access to confounding variables from birth certificates
- Evaluation of ASD subgroups

#### **Study Limitations**

- Incomplete information available for determining age of onset for ASD
- Very small unexposed group
  - Most children received MMR vaccine by 36 months
  - Denmark Study had 20% of children unexposed
- MMR immunization records
  - Obtained from school records and could not be confirmed
- Not available on all cases
- Confounders were only available for the GA State birth certificate sample
- Study was not initially designed to assess ASD subgroups

#### **Study Conclusions**

- Similar patterns of age at 1st MMR vaccination among cases and controls
- Similar proportions of cases and controls vaccinated according to ACIP schedule (i.e., <18 months)</li>
- Similar proportions of cases and controls vaccinated by typical age of onset for autism (i.e. <24 months)
- Children with autism were more likely to be vaccinated before 36 months of aged compared to matched controls

The End