Kaiser Permanente **Research**

Kaiser Permanente Southern California Center for Vaccine Safety and Effectiveness Research



About the Center for Vaccine Safety and Effectiveness Research

The Kaiser Permanente Southern California Center for Vaccine Safety and Effectiveness Research engages in innovative research with real-world implications.

Investigators leverage the rich resources of Kaiser Permanente's integrated health system to conduct a wide range of studies, from the incidence and outcomes of vaccine-preventable disease to the safety and effectiveness of widely used vaccines.

Through partnerships with clinicians, academics, federal funders, and industry sponsors, researchers ask and answer health questions that benefit the organization's members and the public at large.

Advancing Science, Enhancing Lives

Table of Contents

4	The Kaiser Permanente Southern California Difference
6	Regional Overview
8	Research in Kaiser Permanente Southern California
10	Vaccine Research Capacity
12	Research Topics
14	Research Team
17	Support Staff
18	Publications

The Kaiser Permanente Southern California Difference

The Center for Vaccine Safety and Effectiveness Research efficiently conducts high-quality research involving large, diverse populations, providing timely evidence to decisionmakers and the public.



Integrated care delivery

Kaiser Permanente's unique integrated care delivery system is a model for the future. The delivery system connects care and health services across a variety of settings, spanning outpatient and inpatient care, and includes ancillary services such as pharmacies and laboratories. This model offers the ability to completely capture the total health care information about each member, unlike feefor-service models.

evaluate long-term implications of immunization.

Large, diverse, and stable population Kaiser Permanente is one of the nation's largest notfor-profit health plans. Southern California is the organization's largest region, with 3.6 million members who broadly represent the diversity of age, sex, and race/ ethnicity in the California population. This population is highly stable, facilitating longitudinal research. The large, diverse, and stable population permits the rapid accrual of a representative sample size and offers the ability to



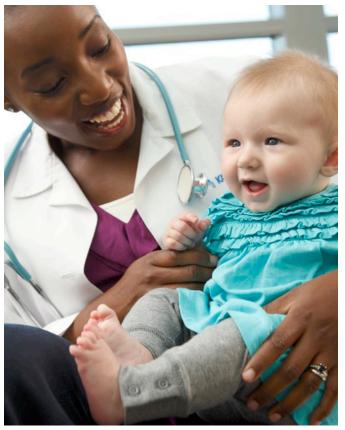
Electronic health record

Kaiser Permanente HealthConnect[®] is the largest and most advanced civilian electronic health record system available in the United States. This electronic health record system has earned "Meaningful Use" certification. In addition to supporting patient care, this robust system facilitates research, providing access to electronic medical records for the Center for Vaccine Safety and Effectiveness Research team. Details of care are available at the fingertips of researchers in real-time.



Focus on prevention

Immunizations are an important part of Kaiser Permanente's overall focus on preventive care. The organization is one of the top rated health maintenance organizations for meeting national standards of care, which include measures of childhood and adult immunization. Kaiser Permanente Southern California thus provides an excellent real-world setting to understand the safety and effectiveness of vaccines.



Scientific expertise

The Center for Vaccine Safety and Effectiveness Research team includes investigators with expertise in vaccine safety and effectiveness, epidemiology, pharmacoepidemiology, biostatistics, infectious diseases, and clinical care. Combining this diverse scientific expertise with a resource-rich environment creates an unparalleled opportunity to advance knowledge about widely used vaccines.



Regional Overview

As an integrated health care system, Kaiser Permanente Southern California provides an ideal environment for population-based epidemiologic, clinical, and health services research. The health plan's population includes more than 3.6 million Southern California residents who represent 200 different ethnicities and speak more than 120 different languages. Facilities include hospitals and medical offices, all linked by an information infrastructure that supports both clinical practice and business needs. Health information from this infrastructure can be leveraged for research purposes.

More than 90 percent of members remain in the health plan after one year; more than three-quarters remain after three years. As compared with the 2010 California census, membership was strikingly similar in terms of age, sex, and race.

Kaiser Permanente Southern California at a Glance

Medical Centers (Hospitals)	14
Medical Offices	209
Physicians	6,000
Nurses	20,000
Total Staff	61,000
Births per year	35,000



Map of Kaiser Permanente Southern California region with hospitals (diamonds), medical office buildings (circles) and other facilities (triangles).

Demographic characteristics of the Kaiser Permanente Southern California membership on January 1, 2014, compared with the California census population.

	Membership Number	Membership %	2010 CA Census %
Total population	3,633,210	100.0	100.0
Sex:			
Male	1,758,014	48.4	50.1
Female	1,875,196	51.6	49.9
Age:			
Under 5 years	198,338	5.5	7.4
5 to 9 years	226,419	6.2	6.7
10 to 14 years	247,228	6.8	7.0
15 to 19 years	274,356	7.6	7.3
20 to 24 years	272,669	7.5	7.2
25 to 34 years	462,737	12.7	14.5
35 to 44 years	474,588	13.1	14.1
45 to 54 years	509,980	14.0	14.1
55 to 59 years	250,822	6.9	5.7
60 to 64 years	212,868	5.9	4.7
65 to 74 years	310,010	8.5	5.9
75 to 84 years	144,678	4.0	3.7
85 years and over	48,517	1.3	1.6
Race:			
One race	3,562,161	98.0	96.2
White	2,159,528	59.4	62.7
Black or African American	398,859	11.0	6.1
American Indian & Alaska Native	24,258	0.7	0.8
Asian/Pacific Islander	471,941	13.0	12.9
Other race	507,574	14.0	13.8
Two or more races	71,049	2.0	3.8
Hispanic or Latino (of any race)	1,497,079	41.2	37.0

Research in Kaiser Permanente Southern California

The Center for Vaccine Safety and Effectiveness Research is part of the Department of Research & Evaluation, based in Pasadena, California. The department leads and collaborates on research projects with clinicians and with partners from government, academia, and industry.

The Department of Research & Evaluation employs more than 260 people, including research scientists, biostatisticians, programmers, research support staff, research finance staff, information technology specialists, and administrative support staff. The computing infrastructure consists of a local area network and a high-performance computing environment.

Research files

The medical record number serves as a unique identifier linking all medical encounters for each member. Care received in the outpatient, inpatient, and emergency settings is documented in the electronic medical record and captured in research databases. Care received outside the Kaiser Permanente Southern California system is captured through claims. The files are updated near real-time.





The following are examples of files that can be used for research:

- **Membership**: Includes demographic information such as name, sex, date of birth, race/ethnicity, address, and phone number.
- **Diagnosis**: Includes International Classification of Diseases, 9th revision (ICD-9) codes.
- **Procedure**: Includes ICD-9, Current Procedural Terminology (CPT), and Systematized Nomenclature of Medicine (SNOMED) codes.
- **Immunization**: Includes vaccine name, date of vaccination, route of administration, facility where vaccine was administered, dose, manufacturer, and lot number.
- Laboratory: Includes laboratory orders and results.
- **Pharmacy**: Includes National Drug Codes (NDC) and Generic Product Identifier (GPI) codes. More than 95 percent of members have a drug benefit with minimal copayments.
- **Mortality**: Includes deaths from hospital and membership databases, as well as from state and national death files. Also includes cause of death.
- **Birth**: Includes pregnancy related information such as gestational age, birth weight, and Apgar scores.
- **Registries**: Includes cancer and HIV registries containing information such as patient demographics, utilization, disease history, and risk factors.





Vaccine Research Capacity

The research team has expertise and experience in performing a vast array of vaccine research studies, ranging from epidemiologic studies of vaccine preventable diseases to Phase IV post-licensure studies.

The organization's unique infrastructure allows the team to

- Identify subjects with particular exposures or diagnoses through electronic medical records.
- Ascertain outcomes through health care utilization files.
- Validate diagnoses through medical record review.
- Estimate incidence rates based on identification of persons with new disease onset and the person-time denominator from the membership files.
- Evaluate the natural history and clinical course of disease through passive follow-up of cohorts that are assembled retrospectively or prospectively based on disease incidence or exposure.
- Minimize recall bias by utilizing information captured in the medical records prior to disease onset rather than relying on patient recall.
- Follow cohorts actively with a prospective assessment of outcomes (e.g., patient-reported outcomes, satisfaction, quality of life, etc.) by taking advantage of current patient contact information.
- Identify and screen potential subjects according to pre-specified eligibility criteria, minimizing effort in the field.
- Evaluate participation bias using background information for persons agreeing to participate in a study as well as those who do not.



The Center's capabilities span the entire process, from the inception of a project through dissemination of findings. Capabilities include

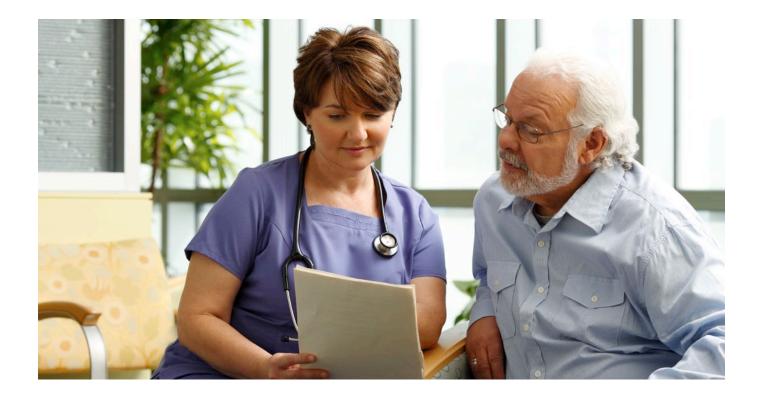
- Determining the appropriate study design and analytic approach to answer the research question of interest.
- Developing study protocols independently or collaboratively.
- Expediting Institutional Review Board (IRB) and Health Insurance Portability and Accountability Act (HIPAA) processes while ensuring human subjects protection.
- Developing standard documents to ensure quality and consistency.
 - Project Management Plan.
 - Vaccine Management Plan.
 - Risk Management Plan.
 - Data Management Plan.
 - Case Identification Algorithms.
 - Case review/Adjudication Standard
 Operating Procedure.
 - Statistical/Data Analysis Plan.
 - Scientific Review Committee Standard Operating Procedure.
- Assembling large cohorts of subjects rapidly.
- Studying special populations such as people who are immunocompromised or women who are pregnant.
- Distributing and tracking vaccines (including nonformulary vaccines) provided as part of post-licensure studies.
- Developing case identification algorithms using diagnosis codes, laboratory tests, and medications to identify outcomes of interest (e.g., autoimmune, rheumatologic, endocrine, neurologic, etc.).

- Conducting medical record review using the electronic health record system, Kaiser Permanente HealthConnect.
- Managing case review and adjudication processes, including assembling committees of physician specialists.
- Employing secure electronic data collection methods.
- Collecting patient-reported information through mailed questionnaires, phone surveys, and in-person interviews.
- Collecting clinical specimens for research.
- Performing analyses involving pre-specified outcomes of interest or general safety analyses.
- Coordinating an independent Scientific Review Committee.
- Preparing interim and final reports for regulatory agencies.
- Presenting results at scientific meetings and to national advisory groups.
- Publishing results in peer-reviewed journals.
- Coordinating kick-off meetings, site visits, and monitoring visits.
- Coordinating regular conference calls, including scheduling meetings, and preparing agendas and minutes summarizing discussion, decisions, and action items.
- Working with international collaborators.
- Providing strong project management support, including managing resources, communicating proactively, reporting on progress, and tracking timelines.
- Ensuring all deliverables are high quality and completed according to the scope of work, within budget, and on time.

Research Topics

The research team partners with clinicians, public health officials, universities, and vaccine manufacturers to conduct important research on the following topics:

- Safety of newly licensed vaccines or new recommendations for existing vaccines.
- Effectiveness of vaccines in a real-world setting.
- Vaccines in special populations such as pregnant women, the immunocompromised, and the elderly.
- Epidemiology of vaccine-preventable diseases.
- Vaccine coverage, uptake, and compliance with recommendations.
- Methodologies for assessing vaccine safety and effectiveness.



Selected Research Projects by Sponsor Type

Centers for Disease Control and Prevention (CDC)

- Vaccine Safety Datalink (VSD) Project.
 - Survey to determine the accuracy of Kaiser
 Permanente Southern California administrative
 data on influenza immunization.
 - Evaluation of the safety of Zostavax in the Vaccine Safety Datalink.
 - Rapid cycle analysis of PCV13 vaccine safety.
 - Tdap safety in off-label users age 65 years and older.
 - Safety of varicella and zoster vaccinations in patients on immunosuppressant drugs.
 - Secular trends in diagnostic code density in the Vaccine Safety Datalink.
 - Vaccine-associated febrile convulsions.
- Measuring effectiveness of two doses of varicella vaccine in Los Angeles County.
- Herpes zoster vaccine effectiveness for preventing postherpetic neuralgia in adults 60 years and older in a health maintenance organization.
- California Influenza Surveillance Program.
- Evaluation of the effectiveness of Tdap vaccination strategies at preventing infant pertussis.
- Long-term herpes zoster vaccine effectiveness in a health maintenance organization.

National Institute of Allergy and Infectious Diseases (NIAID)

• Zoster vaccine and risk factors of zoster and postherpetic neuralgia.

Food and Drug Administration (FDA)

• Genetic risk factors for idiopathic thrombocytopenic purpura following MMR vaccination in children.

Kaiser Permanente Southern California

- Agreement between medical record and parent report for evaluation of childhood febrile seizures.
- Impact of MMRV combination vaccine on childhood vaccination compliance.
- Factors associated with uptake of MMRV versus MMR+V.
- Occurrence of varicella breakthrough and herpes zoster after receiving one dose of varicella vaccination: A retrospective cohort study.
- Occurrence of herpes zoster among elderly population 60 or more years of age: A comparison between vaccinated and unvaccinated population.
- Trends in two-dose varicella vaccination coverage rate and correlates for uptake of two-dose vaccination in children in a large medical care organization.
- Uptake and correlates for initiation and completion of HPV4 vaccine among males.

Industry

- Large-scale observational post-licensure study of the short-term safety of ProQuad.
- A post-licensure surveillance program for the safety of Gardasil in a managed care organization setting.
- Uptake of Gardasil.
- A Phase IV study to assess the safety of Menveo vaccine being used by HMO subjects aged 11-21 years of age.
- Post-licensure observational safety surveillance study of quadrivalent meningococcal ACWY conjugate vaccine (Menveo) in children 2-10 years of age.
- An intervention study of reminder letter for Gardasil regimen completion.
- An in-depth interview study of immunization providers in a large managed care organization to understand practice patterns, barriers and facilitators for administering the 3-dose HPV vaccine series.
- Impact of Tier 6 in Medicare Part D on zoster vaccination uptake.

Research Team

Senior Investigators







Steven Jacobsen, MD, PhD

Dr. Jacobsen is the senior director of research for Kaiser Permanente's Department of Research & Evaluation. He has been the Kaiser Permanente Southern California site principal investigator for the Vaccine Safety Datalink since 2007. He led two major post-licensure safety studies of measles, mumps, rubella, and varicella (MMRV) and human papillomavirus (HPV) vaccines. He has served on the editorial board of the *American Journal of Epidemiology* since 1997, and *Vaccine* since 2011. Dr. Jacobsen received his medical degree from the Medical College of Wisconsin and his doctorate in epidemiology from the University of Illinois at Chicago.

Hung Fu Tseng, PhD

Dr. Tseng is a senior research scientist at Kaiser Permanente Southern California. He is the principal investigator of the Phase IV post-licensure safety study of meningococcal vaccine. He led three Vaccine Safety Datalink studies: safety of the herpes zoster vaccine, safety of the pneumococcal conjugate vaccine (PCV13) for children, and safety of the tetanus-diphtheria-pertussis (Tdap) vaccine in the elderly. He leads several other studies, including one NIH-funded R01 study and several CDC-funded studies. He has presented his findings to national advisory panels, and is a Fellow of the American College of Epidemiology and an Adjunct Research Professor at University of Southern California. Dr. Tseng received his doctorate in epidemiology from the University of California, Los Angeles.

Craig Cheetham, PharmD, MS

Dr. Cheetham practiced hospital-based clinical pharmacy for nearly 20 years before becoming a researcher at Kaiser Permanente Southern California. Dr. Cheetham has expertise in algorithms to identify pregnant women, and has been an investigator on FDA- and industry-funded studies of the safety of drugs and vaccines in pregnant women. He led a Vaccine Safety Datalink study on the safety of varicella-containing vaccines among immunosuppressant users. Dr. Cheetham received his doctorate in pharmacology and a master's degree in pharmaceutical economics from the University of Southern California.







Chun Chao, PhD

Dr. Chao is a cancer epidemiologist at Kaiser Permanente Southern California. She has led studies examining the trend and pattern of HPV vaccine uptake, as well as correlates for HPV vaccine initiation and series completion. She was the lead author for the publication of the autoimmune safety surveillance of HPV vaccine. Dr. Chao is currently evaluating multilevel factors within HPV vaccine and cervical cancer research including patient-level factors (e.g., adherence to the recommended HPV vaccine series and screening), provider-level factors (e.g., in-depth interviews of immunization providers), and system-level factors (e.g., patient reminder interventions). Dr. Chao received her doctorate in epidemiology from the University of California, Los Angeles.

Stephan Michael Marcy, MD

Dr. Marcy is an adjunct researcher at Kaiser Permanente Southern California and a Clinical Professor of Pediatrics at the University of Southern California and University of California at Los Angeles School of Medicine. He has served on numerous local, national, and international committees, including the American Academy of Pediatrics Committee on Infectious Diseases (Red Book Committee), the CDC Advisory Committee on Immunization Practice (ACIP), and the Brighton Collaboration, defining adverse events associated with immunization. He has been named to the list of Best Doctors and Best Pediatricians in America for many years. Dr. Marcy received his medical degree from the University of Pennsylvania.

Bradley Ackerson, MD

Dr. Ackerson is an infectious disease pediatrician at Kaiser Permanente Southern California. He has helped develop and conduct vaccine safety studies including a Phase III trial of the PCV13 vaccine and three large post-licensure safety studies. As an Assistant Clinical Professor of Pediatrics and Pediatric Infectious Diseases at Harbor-UCLA Medical Center, he teaches medical students, residents, and pediatric infectious disease fellows. Dr. Ackerson received his medical degree from the University of California, San Diego.



Bruno Lewin, MD

Dr. Lewin is a family medicine physician, director of the Travel Advisory Service at Kaiser Permanente Los Angeles, and the chairman of the Regional Immunization Practice Committee for Kaiser Permanente Southern California. As chairman, he coordinates appropriate use of vaccination and implementation of new immunization recommendations within Kaiser Permanente Southern California. Dr. Lewin received his medical degree from the University of California, Los Angeles.

Junior Investigators



Rulin Hechter, MD, PhD

Dr. Hechter is an infectious disease epidemiologist. She is the Principal Investigator of a CDC- funded study to examine syphilis treatment response among patients co-infected with HIV. She serves as a co-investigator at the Kaiser Permanente Southern California site of the Vaccine Safety Datalink (VSD). She led a VSD data quality study on secular trends in diagnosis density. She has led studies examining uptake and correlates for initiation and completion of HPV4 vaccine among males, coverage of zoster vaccine in the elderly, and hepatitis B screening and vaccination among highrisk populations. She has published a number of papers on vaccine uptake and effectiveness in peerreviewed journals. She is experienced with multicenter studies, and has expertise in analytic methods for traditional cohort studies as well as implementation studies. Dr. Hechter received her medical degree from Suzhou Medical College in China and her doctorate in epidemiology from the University of California, Los Angeles.



Sara Tartof, PhD

Dr. Tartof is a molecular and infectious disease epidemiologist, with particular expertise and experience in vaccine-preventable diseases including pertussis, meningitis, and herpes zoster. She has extensive knowledge of principles of design and execution of epidemiologic studies. She has conducted and led outbreak and other field investigations domestically and internationally, and has analyzed data derived from surveillance systems and immunization registries. Additional areas of expertise include hospital infections, antibiotic stewardship, and hepatitis C. Dr. Tartof received her doctorate in epidemiology from the University of California, Berkeley. The Department of Research & Evaluation has a pool of more than 60 programmers and biostatisticians and more than 60 project managers and research associates. This work unit model facilitates the ability to obtain wellqualified and trained study staff in a timely manner.

Biostatistics and Programming Support

Programmers extract and manage data, provide quality control, and generate reports. They have extensive experience extracting data from clinical care systems for research.

Biostatisticians consult on study design, calculate sample size, determine appropriate analytic methods, conduct analyses, and interpret results. The department's doctoral and master's level biostatisticians have expertise in traditional epidemiologic study designs such as cohort and case-control studies, as well as designs often used for vaccine safety research including self-controlled case series (SCCS), casecentered approach, and rapid cycle analysis (RCA).

Research Support

Project managers provide overall study coordination support, make sure studies comply with IRB and HIPAA requirements, manage resources and budgets, and ensure timely completion of deliverables. Our master'slevel project managers have extensive experience managing large vaccine post-licensure studies.

Research associates perform medical record abstraction and validation, and collect patient data through mailed questionnaires, phone surveys, and in-person interviews. Our research associates have performed thousands of medical record abstractions and patient interviews to collect information on vaccine exposures and outcomes of interest.

Findings from the Center's studies guide national immunization policy decisions and provide the public with the best available information regarding the risks and benefits of immunization.

For example, the team's finding of a two-fold increased risk of febrile seizure following the administration of the MMRV vaccine compared with the separate administration of MMR and varicella vaccines contributed to a new recommendation by the Advisory Committee on Immunization Practices to administer the vaccines separately rather than in combination for the first dose.



*Authors from Kaiser Permanente Southern California are in boldface.

Safety

Jones T, Jacobsen SJ. Childhood febrile seizures: overview and implications. Int J Med Sci. 2007 Apr 7;4(2):110-4.

Thompson WW, Price C, Goodson B, Shay DK, Benson P, Hinrichsen VL, Lewis E, Eriksen E, Ray P, **Marcy SM**, Dunn J, Jackson LA, Lieu TA, Black S, Stewart G, Weintraub ES, Davis RL, DeStefano F; Vaccine Safety Datalink Team. Early thimerosal exposure and neuropsychological outcomes at 7 to 10 years. New England Journal of Medicine 2007;357(13):1281–1292.

France EK, Glanz JM, Xu S, Hambidge S, Yamasaki K, Black SB, **Marcy M**, Mullooly J, Jackson L, Nordin J, Belongia E, Hohman K, Chen RT, Davis R. Risk of immune thrombocytopenic purpura after measles-mumps-rubella immunization in children. Pediatrics 2008;121(3):e687–e692.

Zangwill KM, Eriksen E, Lee M, Lee J, **Marcy SM**, Friedland LR, Weston W, Howe B, Ward JI. A population-based, postlicensure evaluation of the safety of a combination diphtheria, tetanus, acellular pertussis, hepatitis B, and inactivated poliovirus vaccine in a large managed care organization. Pediatrics. 2008 Dec;122(6):e1179-85.

Donahue JG, Kieke BA, Yih WK, Berger NR, McCauley JS, Baggs J, Zangwill KM, Baxter R, Eriksen EM, Glanz JM, Hambidge SJ, Klein NP, Lewis EM, **Marcy SM**, Naleway AL, Nordin JD, Ray P, Belongia EA; Vaccine Safety DataLink Team. Varicella vaccination and ischemic stroke in children: is there an association? Pediatrics. 2009 Feb;123(2):e228-34.

Jacobsen SJ, Ackerson BK, Sy LS, Tran TN, Jones TL, Yao JF, Xie F, Cheetham TC, Saddier P. Observational safety study of febrile convulsion following first dose MMRV vaccination in a managed care setting. Vaccine. 2009 Jul 23;27(34):4656-61.

Greene SK, Kulldorff M, Lewis EM, Li R, Yin R, Weintraub ES, Fireman BH, Lieu TA, Nordin JD, Glanz JM, Baxter R, **Jacobsen SJ**, Broder KR, Lee GM. Near real-time surveillance for influenza vaccine safety: Proof-of-concept in the Vaccine Safety Datalink project. Am J Epidemiol 2010;171(2):177-188.

Price CS, Thompson WW, Goodson B, Weintraub ES, Croen LA, Hinrichsen VL, **Marcy M**, Robertson A, Eriksen E, Lewis E, Bernal P, Shay D, Davis RL, DeStefano F. Prenatal and infant exposure to thimerosal from vaccines and immunoglobulins and risk of autism. Pediatrics. 2010 Oct;126(4):656-64.

Lee GM, Greene SK, Weintraub ES, Baggs J, Kulldorff M, Fireman BH, Baxter R, **Jacobsen SJ**, Irving S, Daley MF, Yin R, Naleway A, Nordin JD, Li L, McCarthy N, Vellozzi C, DeStefano F, Lieu TA, on behalf of the Vaccine Safety Datalink Project. H1N1 and Seasonal Influenza Vaccine Safety in the Vaccine Safety Datalink Project. Am J Prev Med 2011;41(2):121–128. Baggs J, Gee J, Lewis E, Fowler G, Benson P, Lieu T, Naleway A,
Klein NP, Baxter R, Belongia E, Glanz J, Hambidge SJ, Jacobsen
SJ, Jackson L, Nordin J, Weintraub E. The Vaccine Safety
Datalink: a model for monitoring immunization safety. Pediatrics.
2011 May;127 Suppl 1:S45-53.

Greene SK, Rett M, Weintraub ES, Li L, Yin R, Amato AA, Ho DT, Sheikh SI, Fireman BH, Daley MF, Belongia EA, **Jacobsen SJ**, Baxter R, Lieu TA, Kulldorff M, Vellozzi C, Lee GM. Risk of confirmed Guillain-Barré Syndrome following receipt of monovalent inactivated influenza A (H1N1) and seasonal influenza vaccines in the Vaccine Safety Datalink Project, 2009-2010. Am J Epidemiol 2012:175(11):1100-9.

Hambidge SJ, Ross C, Glanz J, McClure D, Daley MF, Xu S, Shoup JA, Narwaney K, Baggs J, Weintraub E; **Vaccine Safety Datalink Team**. Trivalent inactivated influenza vaccine is not associated with sickle cell crises in children. Pediatrics. 2012 Jan;129(1):e54-9.

Chao C, Klein NP, Velicer CM, Sy LS, Slezak JM, Takhar H, Ackerson B, Cheetham TC, Hansen J, Deosaransingh K, Emery M, Liaw KL, Jacobsen SJ. Surveillance of autoimmune conditions following routine use of quadrivalent human papillomavirus vaccine. J Intern Med. 2012 Feb;271(2):193-203.

Tse A, **Tseng HF**, Greene SK, Vellozzi C, Lee GM; VSD Rapid Cycle Analysis Influenza Working Group. Signal identification and evaluation for risk of febrile seizures in children following trivalent inactivated influenza vaccine in the Vaccine Safety Datalink Project, 2010-2011. Vaccine. 2012 Mar 2;30(11):2024-31.

Tseng HF, Liu A, Sy L, Marcy SM, Fireman B, Weintraub E, Baggs J, Weinmann S, Baxter R, Nordin J, Daley MF, Jackson L, Jacobsen SJ; Vaccine Safety Datalink (VSD) Team. Safety of zoster vaccine in adults from a large managed-care cohort: a Vaccine Safety Datalink study. J Intern Med. 2012 May;271(5):510-20.

Poland GA, **Jacobsen SJ**. Influenza vaccine, Guillain-Barré syndrome, and chasing zero. Vaccine. 2012 Aug 31;30(40):5801-3.

Chao C, Jacobsen SJ. Evaluation of autoimmune safety signal in observational vaccine safety studies. Hum Vaccin Immunother. 2012 Sep 1;8(9).

Klein NP, Hansen J, **Chao C**, Velicer C, Emery M, **Slezak J**, Lewis N, Deosaransingh K, **Sy L**, **Ackerson B**, **Cheetham TC**, Liaw KL, **Takhar H**, **Jacobsen SJ**. Safety of quadrivalent human papillomavirus vaccine administered routinely to females. Arch Pediatr Adolesc Med. 2012 Dec;166(12):1140-8.

Irving SA, Kieke BA, Donahue JG, Mascola MA, Baggs J, DeStefano F, **Cheetham TC**, Jackson LA, Naleway AL, Glanz JM, Nordin JD, Belongia EA; Vaccine Safety Datalink. Trivalent inactivated influenza vaccine and spontaneous abortion. Obstet Gynecol. 2013 Jan;121(1):159-65. Nelson JC, Yu O, Dominguez-Islas CP, Cook AJ, Peterson D, Greene SK, Yih WK, Daley MF, **Jacobsen SJ**, Klein NP, Weintraub ES, Broder KR, Jackson LA. Adapting group sequential methods to observational postlicensure vaccine safety surveillance: results of a pentavalent combination DTaP-IPV-Hib vaccine safety study. Am J Epidemiol. 2013 Jan 15;177(2):131-41.

Jackson LA, Peterson D, Nelson JC, **Marcy SM**, Naleway AL, Nordin JD, Donahue JG, Hambidge SJ, Balsbaugh C, Baxter R, Marsh T, Madziwa L, Weintraub E. Vaccination site and risk of local reactions in children 1 through 6 years of age. Pediatrics. 2013 Feb;131(2):283-9.

Tseng HF, Sy LS, Qian L, Marcy SM, Jackson LA, Glanz J, Nordin J, Baxter R, Naleway A, Donahue J, Weintraub E, Jacobsen SJ; Vaccine Safety Datalink (VSD) Team. Safety of a tetanus-diphtheria-acellular pertussis vaccine when used off-label in an elderly population. Clin Infect Dis. 2013 Feb;56(3):315-21.

Greene SK, Li L, Shay DK, Fry AM, Lee GM, **Jacobsen SJ**, Baxter R, Irving SA, Jackson ML, Naleway AL, Nordin JD, Narwaney KJ, Lieu TA. Risk of adverse events following oseltamivir treatment in influenza outpatients, Vaccine Safety Datalink Project, 2007-2010. Pharmacoepidemiol Drug Saf. 2013 Apr;22(4):335-44.

Salmon DA, Proschan M, Forshee R, Gargiullo P, Bleser W, Burwen DR, Cunningham F, Garman P, Greene SK, Lee GM, Vellozzi C, Yih WK, Gellin B, Lurie N; **H1N1 GBS Meta-Analysis Working Group**. Association between Guillain-Barré syndrome and influenza A (H1N1) 2009 monovalent inactivated vaccines in the USA: a meta-analysis. Lancet. 2013 Apr 27;381(9876):1461-8.

Tseng HF, Sy LS, Liu IL, Qian L, Marcy SM, Weintraub E, Yih K, Baxter R, Glanz JM, Donahue J, Naleway A, Nordin J, Jacobsen SJ. Postlicensure surveillance for pre-specified adverse events following the 13-valent pneumococcal conjugate vaccine in children. Vaccine. 2013 May 24;31(22):2578-83.

Greene SK, Rett MD, Vellozzi C, Li L, Kulldorff M, **Marcy SM**, Daley MF, Belongia EA, Baxter R, Fireman BH, Jackson ML, Omer SB, Nordin JD, Jin R, Weintraub ES, Vijayadeva V, Lee GM. Guillain-Barré Syndrome, Influenza Vaccination, and Antecedent Respiratory and Gastrointestinal Infections: A Case-Centered Analysis in the Vaccine Safety Datalink, 2009-2011. PLoS One. 2013 Jun 26;8(6):e67185.

Nordin JD, Parker ED, Vazquez-Benitez G, Kharbanda EO, Naleway A, **Marcy SM**, Molitor B, Kuckler L, Baggs J. Safety of the yellow Fever vaccine: a retrospective study. J Travel Med. 2013 Nov-Dec;20(6):368-73.

Rowhani-Rahbar A, Fireman B, Lewis E, Nordin J, Naleway A, Jacobsen SJ, Jackson LA, Tse A, Belongia EA, Hambidge SJ, Weintraub E, Baxter R, Klein NP. Effect of age on the risk of Fever and seizures following immunization with measles-containing vaccines in children. JAMA Pediatr. 2013 Dec;167(12):1111-7. Weintraub ES, Baggs J, Duffy J, Vellozzi C, Belongia EA, Irving S, Klein NP, Glanz JM, **Jacobsen SJ**, Naleway A, Jackson LA, DeStefano F. Risk of intussusception after monovalent rotavirus vaccination. N Engl J Med. 2014 Feb 6;370(6):513-9.

Tseng HF, Schmid DS, Harpaz R, Larussa P, Jensen NJ, Rivailler P, Radford K, Folster J, **Jacobsen SJ**. Herpes zoster caused by vaccinestrain varicella zoster virus in an immunocompetent recipient of zoster vaccine. Clin Infect Dis. 2014 Apr;58(8):1125-8.

Kawai AT, Li L, Kulldorff M, Vellozzi C, Weintraub E, Baxter R, Belongia EA, Daley MF, **Jacobsen SJ**, Naleway A, Nordin JD, Lee GM. Absence of associations between influenza vaccines and increased risks of seizures, Guillain-Barré syndrome, encephalitis, or anaphylaxis in the 2012-2013 season. Pharmacoepidemiol Drug Saf. 2014 May;23(5):548-53.

Daley MF, Yih WK, Glanz JM, Hambidge SJ, Narwaney KJ, Yin R, Li L, Nelson JC, Nordin JD, Klein NP, **Jacobsen SJ**, Weintraub E. Safety of diphtheria, tetanus, acellular pertussis and inactivated poliovirus (DTaP-IPV) vaccine. Vaccine. 2014 Mar 31.

Effectiveness

Tseng HF, Slezak J, Quinn VP, Sy LS, Van Den Eeden SK, Jacobsen SJ. Pneumococcal vaccination and risk of acute myocardial infarction and stroke in men. JAMA. 2010 May 5;303(17):1699-706.

Tseng HF, Smith N, Harpaz R, Bialek SR, **Sy LS**, **Jacobsen SJ**. Herpes zoster vaccine in older adults and the risk of subsequent herpes zoster disease. JAMA. 2011 Jan 12;305(2):160-6.

Tseng HF, Smith N, Sy LS, Jacobsen SJ. Evaluation of the incidence of herpes zoster after concomitant administration of zoster vaccine and polysaccharide pneumococcal vaccine. Vaccine. 2011 May 9;29(20):3628-32.

Tseng HF, Chi M, Smith N, Marcy SM, Sy LS, Jacobsen SJ. Herpes zoster vaccine and the incidence of recurrent herpes zoster in an immunocompetent elderly population. J Infect Dis. 2012 Jul 15;206(2):190-6.

Hechter RC, Chao C, Jacobsen SJ, Slezak JM, Quinn VP, Van Den Eeden SK, Tseng HF. Clinical effectiveness of pneumococcal polysaccharide vaccine in men: California Men's Health Study. Vaccine. 2012 Aug 17;30(38):5625-30.

Glanz JM, Narwaney KJ, Newcomer SR, Daley MF, Hambidge SJ, Rowhani-Rahbar A, Lee GM, Nelson JC, Naleway AL, Nordin JD, **Lugg MM**, Weintraub ES. Association between undervaccination with diphtheria, tetanus toxoids, and acellular pertussis (DTaP) vaccine and risk of pertussis infection in children 3 to 36 months of age. JAMA Pediatr. 2013 Nov;167(11):1060-4.

Coverage

Batra JS, Eriksen EM, Zangwill KM, Lee M, **Marcy SM**, Ward JI; Vaccine Safety Datalink. Evaluation of vaccine coverage for low birth weight infants during the first year of life in a large managed care population. Pediatrics. 2009 Mar;123(3):951-8.

Chao C, **Slezak JM**, **Coleman KJ**, **Jacobsen SJ**. Papanicolaou screening behavior in mothers and human papillomavirus vaccine uptake in adolescent girls. Am J Public Health. 2009 Jun:99(6):1137-42.

Chao C, Velicer C, **Slezak JM**, **Jacobsen SJ**. Correlates for completion of 3-dose regimen of HPV vaccine in female members of a managed care organization. Mayo Clin Proc. 2009 Oct;84(10):864-70.

Nelson JC, Bittner RCL, Bounds L, Zhao S, Baggs J, Donahue JG, Hambidge SJ, **Jacobsen SJ**, Klein NP, Naleway AL, Zangwill KM, Jackson LA. Compliance with multiple-dose vaccine schedules among older children, adolescents, and adults: results from a Vaccine Safety Datalink Study. Am J Public Health 2009 Oct:99 Suppl 2:S389-97.

Chao C, Velicer C, **Slezak JM**, **Jacobsen SJ**. Correlates for human papillomavirus vaccination of adolescent girls and young women in a managed care organization. Am J Epidemiol. 2010 Feb 1;171(3):357-67.

Hechter RC, Chao C, Li Q, Jacobsen SJ, Tseng HF. Seconddose varicella vaccination coverage in children and adolescents in a managed care organization in California, 2006-2009. Pediatr Infect Dis J. 2011 Aug;30(8):705-7.

Hechter RC, Chao C, Li Q, Jacobsen SJ, Tseng HF. Correlates for Second-dose Varicella Vaccination in School-age Children in a Managed Care Organization in California. Pediatr Infect Dis J. 2012 Jul;31(7):752-5.

Ackerson BK, Sy LS, Yao JF, Cheetham CT, Jacobsen SJ. Impact of MMRV Combination Vaccine on Childhood Vaccination Compliance. Am J Manag Care. 2012 Dec;18(12):e440-e445.

Glanz JM, Newcomer SR, Narwaney KJ, Hambidge SJ, Daley MF, Wagner NM, McClure DL, Xu S, Rowhani-Rahbar A, Lee GM, Nelson JC, Donahue JG, Naleway AL, Nordin JD, **Lugg MM**, Weintraub ES. A population-based cohort study of undervaccination in 8 managed care organizations across the United States. JAMA Pediatr. 2013 Mar 1;167(3):274-81.

Hechter RC, Chao C, Sy LS, Ackerson BK, Slezak JM, Sidell MA, Jacobsen SJ. Quadrivalent human papillomavirus vaccine uptake in adolescent boys and maternal utilization of preventive care and history of sexually transmitted infections. Am J Public Health. 2013 Sep;103(9):e63-8.

Hechter RC, Tartof SY, Jacobsen SJ, Smith N, Tseng HF. Trends and disparity in zoster vaccine uptake in a managed care population. Vaccine. 2013 Sep 23;31(41):4564-8.

Naleway AL, Kurosky S, Henninger ML, Gold R, Nordin JD, Kharbanda EO, Irving S, **Craig Cheetham T**, Nakasato C, Glanz JM, Hambidge SJ, Davis RL, Klein NP, McCarthy NL, Weintraub E. Vaccinations given during pregnancy, 2002-2009: a descriptive study. Am J Prev Med. 2014 Feb;46(2):150-7.

Hechter RC, Jacobsen SJ, Luo Y, Nomura JH, Towner WJ, Tartof SY, Tseng HF. Hepatitis B Testing and Vaccination Among Adults With Sexually Transmitted Infections in a Large Managed Care Organization. Clin Infect Dis. 2014 Mar 17.

Methodology

Bonhoeffer J, Bentsi-Enchill A, Chen RT, Fisher MC, Gold MS, Hartman K, Heininger U, Hoet B, Jefferson T, Khuri-Bulos N, Kohl KS, **Marcy SM**, Nalin D, Pless R, Sanabria-Rojas H, Sleeman K, Wise R; Brighton Collaboration Methods Working Group. Guidelines for collection, analysis and presentation of vaccine safety data in pre- and post-licensure clinical studies. Vaccine. 2009 Apr 6;27(16):2282-8.

Bonhoeffer J, Bentsi-Enchill A, Chen RT, Fisher MC, Gold MS, Hartman K, Heininger U, Hoet B, Jefferson T, Khuri-Bulos N, Kohl K, **Marcy SM**, Nalin D, Pless R, Sanabria-Rojas H, Sleeman K, Wise R; Brighton Collaboration Methods Working Group. Guidelines for collection, analysis and presentation of vaccine safety data in surveillance systems. Vaccine. 2009 Apr 6;27(16):2289-97.

Sy LS, **Liu IL**, **Solano Z**, **Cheetham TC**, **Lugg MM**, Greene SK, Weintraub ES, **Jacobsen SJ**. Accuracy of influenza vaccination status in a computer-based immunization tracking system of a managed care organization. Vaccine. 2010 July 19; 28(32):5254-5259.

McCarthy NL, Gee J, Weintraub E, Donahue JG, Nordin JD, Daley MF, Naleway A, Henninger M, Baxter R, Crane B, Aukes L, Wagner N, **Fisher S**, **Jacobsen SJ**, **Sy L**, Baggs J. Monitoring vaccine safety using the Vaccine Safety Datalink: utilizing immunization registries for pandemic influenza. Vaccine. 2011 Jul 12;29(31):4891-6.

Jacobsen SJ, Poland GA. Methods in vaccine effectiveness and safety studies: a critical need for vaccine confidence. Vaccine. 2011 Dec 6;29(52):9573-4.

Nelson JC, Cook AJ, Yu O, Dominguez C, Zhao S, Greene SK, Fireman BH, **Jacobsen SJ**, Weintraub ES, Jackson LA. Challenges in the design and analysis of sequentially monitored postmarket safety surveillance evaluations using electronic observational health care data. Pharmacoepidemiol Drug Saf. 2012 Jan;21 Suppl 1:62-71. Jacobsen SJ, Sy LS, Ackerson BK, Chao CR, Slezak JM, Cheetham TC, Takhar HS, Velicer CM, Hansen J, Klein NP. An unmasking phenomenon in an observational post-licensure safety study of adolescent girls and young women. Vaccine. 2012 Jun 29;30(31):4585-7.

Qian L, Tseng HF, Sy LS, Jacobsen SJ. Confounder adjustment in vaccine safety studies: comparing three offset terms for case-centered approach. Vaccine. 2013 Jan 2;31(2):431-5.

Hechter RC, Qian L, Sy LS, Greene SK, Weintraub ES, Naleway AL, Rowhani-Rahbar A, Donahue JG, Daley MF, Vazquez-Benitez G, Lugg MM, Jacobsen SJ. Secular trends in diagnostic code density in electronic healthcare data from health care systems in the Vaccine Safety Datalink project. Vaccine. 2013 Feb 4;31(7):1080-5.

Naleway AL, Gold R, Kurosky S, Riedlinger K, Henninger ML, Nordin JD, Kharbanda EO, Irving S, **Cheetham TC**, McCarthy NL. Identifying pregnancy episodes, outcomes, and mother-infant pairs in the Vaccine Safety Datalink. Vaccine. 2013 Jun 12;31(27):2898-903.

Ackerson BK, Sy LS, Yao JF, Craig Cheetham T, Espinosa-Rydman AM, Jones TL, Jacobsen SJ. Agreement between medical record and parent report for evaluation of childhood febrile seizures. Vaccine. 2013 Jun 12;31(27):2904-9.

Jackson ML, Yu O, Nelson JC, Naleway A, Belongia EA, Baxter R, Narwaney K, **Jacobsen SJ**, Shay DK, Jackson LA. Further evidence for bias in observational studies of influenza vaccine effectiveness: the 2009 influenza A(H1N1) pandemic. Am J Epidemiol. 2013 Oct 15;178(8):1327-36.

Xu S, Newcomer S, Nelson J, **Qian L**, McClure D, Pan Y, Zeng C, Glanz J. Signal detection of adverse events with imperfect confirmation rates in vaccine safety studies using self-controlled case series design. Biom J. 2014 May;56(3):513-25.

Epidemiology

Tseng HF, Smith N, Marcy SM, Sy LS, Jacobsen SJ. Incidence of herpes zoster among children vaccinated with varicella vaccine in a prepaid health care plan in the United States, 2002-2008. Pediatr Infect Dis J. 2009 Dec;28(12):1069-72.

Tseng HF, Smith N, Marcy SM, Sy LS, Chao CR, Jacobsen SJ. Risk factors of herpes zoster among children immunized with varicella vaccine: results from a nested case-control study. Pediatr Infect Dis J. 2010 Mar; 29(3):205-8.

Zangwill KM, Yeh SH, Wong EJ, **Marcy SM**, Eriksen E, Huff KR, Lee M, Lewis EM, Black SB, Ward JI. Paralytic syndromes in children: epidemiology and relationship to vaccination. Pediatr Neurol. 2010 Mar;42(3):206-12.

Shui IM, Rett MD, Weintraub E, **Marcy M**, Amato AA, Sheikh SI, Ho D, Lee GM, Yih WK; Vaccine Safety Datalink Research Team. Guillain-Barré syndrome incidence in a large United States cohort (2000-2009). Neuroepidemiology. 2012;39(2):109-15.

Greene SK, Shay DK, Yin R, McCarthy NL, Baxter R, Jackson ML, Jacobsen SJ, Nordin JD, Irving SA, Naleway AL, Glanz JM, Lieu TA. Patterns in influenza antiviral medication use before and during the 2009 H1N1 pandemic, Vaccine Safety Datalink Project, 2000-2010. Influenza Other Respi Viruses. 2012 Nov;6(6):e143-e151.

McCarthy NL, Weintraub E, Vellozzi C, Duffy J, Gee J, Donahue JG, Jackson ML, Lee GM, Glanz J, Baxter R, **Lugg MM**, Naleway A, Omer SB, Nakasato C, Vazquez-Benitez G, DeStefano F. Mortality rates and cause-of-death patterns in a vaccinated population. Am J Prev Med. 2013 Jul;45(1):91-7.

Ackerson BK, Li BH, Sy LS, Cheetham TC, Jacobsen SJ. Association of the use of MMRV in infants by pediatric infectious disease specialists with that of other affiliated providers. Vaccine. 2014 Apr 1;32(16):1863-8.

Tartof SY, Tseng HF, Liu AL, Qian L, Sy LS, Hechter RC, Michael Marcy S, Jacobsen SJ. Exploring the risk factors for vaccineassociated and non-vaccine associated febrile seizures in a large pediatric cohort. Vaccine. 2014 May 7;32(22):2574-81.



For more information

Contact Hung Fu Tseng, PhD, at hung-fu.x.tseng@kp.org for more information about the Center for Vaccine Safety and Effectiveness Research.

To learn more about research at Kaiser Permanente Southern California, visit www.kp-scalresearch.org.



Produced by SCPMG & Stakeholder Communications in collaboration with the Department of Research & Evaluation, May 28, 2014