

# Health Insurance Claims–Immunization Information System (IIS) Data Linkage for Post-Vaccination Surveillance

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**Center for Biologics Evaluation and Research (CBER)**  
**U.S. Food and Drug Administration (FDA)**

# Disclosure Statement



I do not have any financial conflicts of interest to disclose.

# Outline

**CBER Active Surveillance Program**

**IIS-Claims Data Linkage**

**Regulatory and Public Health Impact**

**Barriers to Data Linkage**

**Conclusion**



# FDA CBER Active Surveillance Program



*Through multiple contracts and partnerships, CBER works with a diverse group of epidemiologists, clinicians and data scientists to conduct active surveillance studies.*



BEST: Biologics Effectiveness and Safety

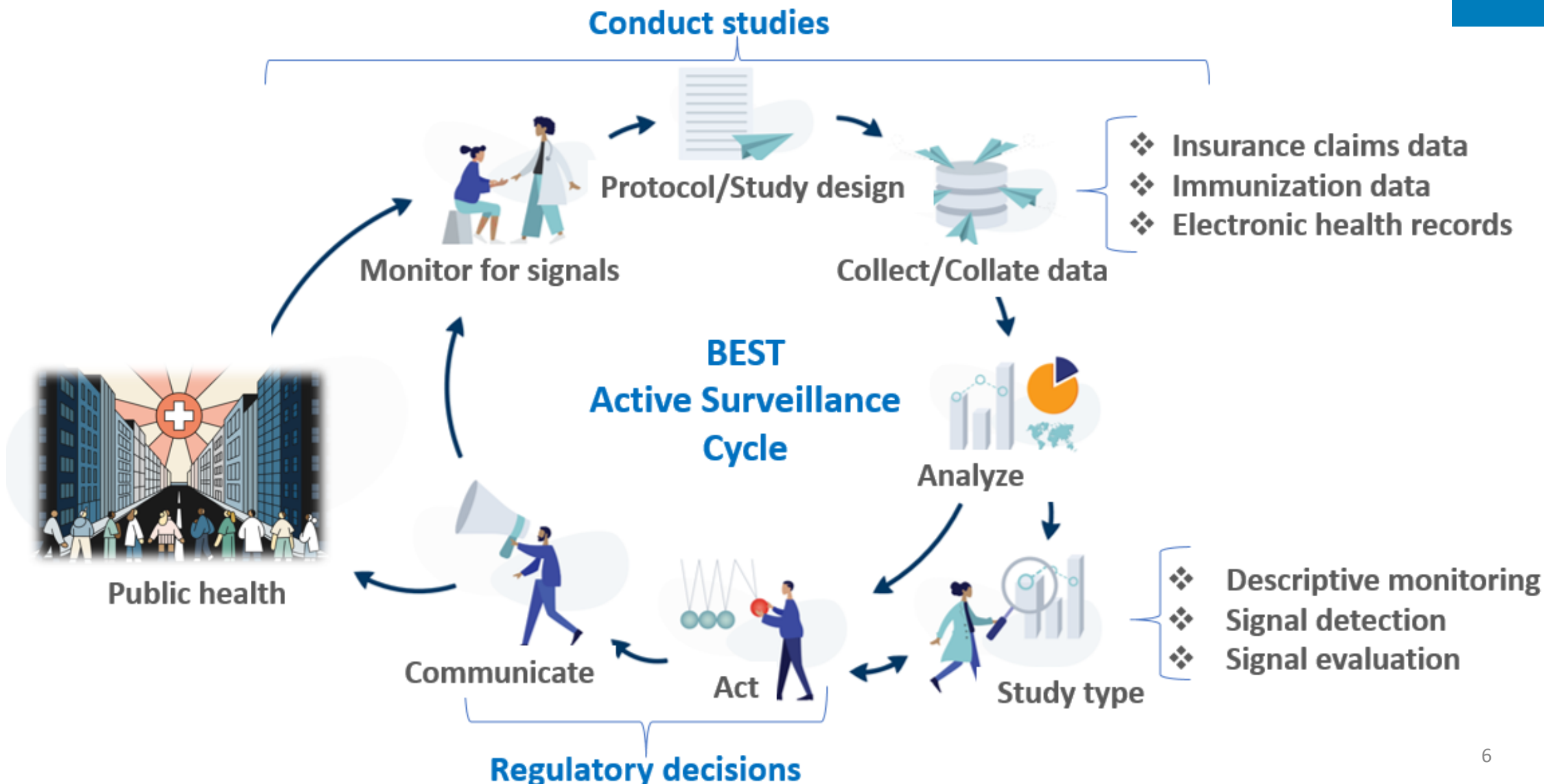
# FDA CBER Active Surveillance Data Sources



Data Source*	Database Type	No. Patients Covered (Millions)	Time Period Covered
MarketScan Commercial and Medicare Supplemental	Claims	254	1999 - 2019
MarketScan Medicaid	Claims	48	1999 - 2019
Blue Health Intelligence®	Claims	33.6	2012 - present
Optum	Claims	66	1993 - present
Carelon Research	Claims	70.6	2010 - present
CVS Health	Claims	41.6	2018 - present
OneFlorida Clinical Research Consortium – Medicaid	Claims	6.7	2012 - present
OneFlorida Clinical Research Consortium - EHR	EHR	5.6	2012 – present
Optum EHR	EHR	102	2007 - 2020
MedStar Health Research Institute	EHR	6	2009 - present
PEDSnet	EHR	6.2	2009 - present
IBM CED	Linked EHR Claims	5.4	2000 - present
Optum Integrated Claims – EHR	Linked EHR Claims	25	2007 - 2020
OneFlorida Clinical Research Consortium – Linked EHR Claims	Linked EHR Claims	1.5	2012 - present

\*Data lag varies for different databases from a few days to a few months.

# Active Surveillance cycle



# Outline

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# IIS-Claims Data Linkage



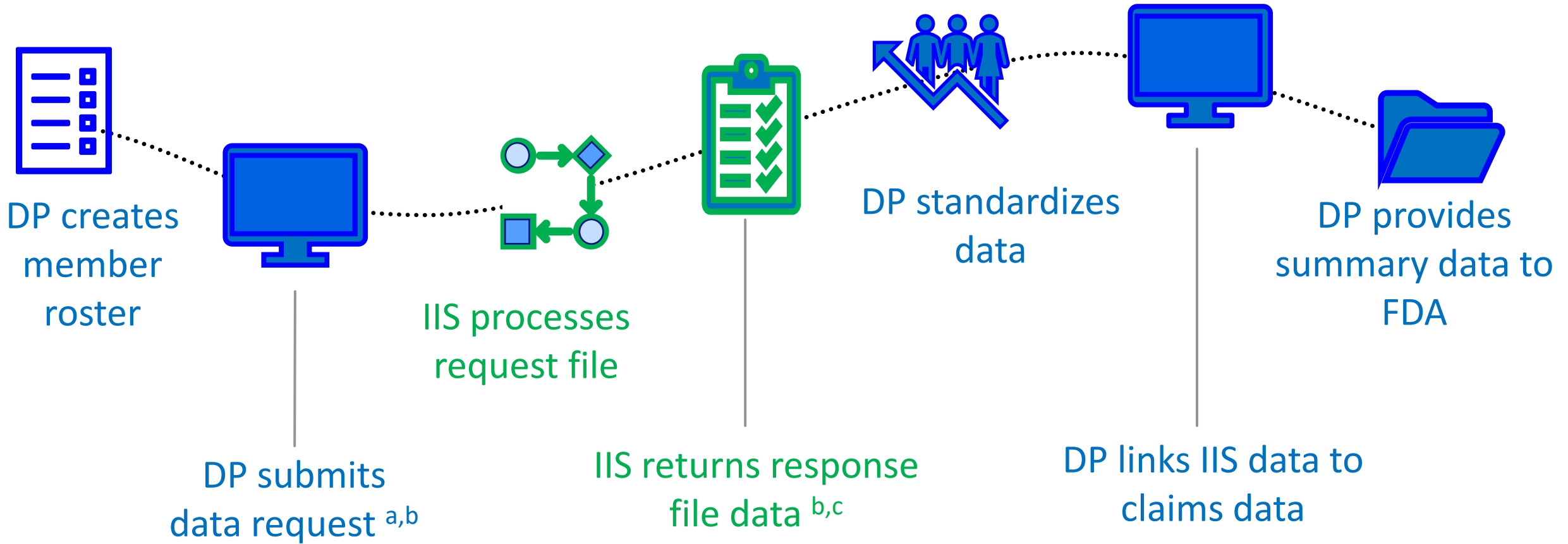
## FILE EXCHANGE METHODS

- ❖ Box Storage
- ❖ Health Level Seven International (HL7)
- ❖ Secure Email
- ❖ Secure File Transfer Protocol (SFTP)
- ❖ SOAP Web Service
- ❖ Secure Web Server

## GENERAL LINKAGE PROCESS

- ❖ BEST data partners (DPs) provide a set of PII from claims data to be used for file linkage
- ❖ Each IIS jurisdiction links individuals to immunization records through PII, using their preferred method
- ❖ IIS returns immunization data with unique ID for rematching. Some IIS return PII.

# Detailed Example of IIS-Claims Data Linkage



<sup>a</sup> Common fields included in request file specifications across IIS include member number, first name, middle name, last name, birth date, mother's first name, and mother's maiden last name.

<sup>b</sup> For IIS with HL7 connections, Query By Parameter (QBP) messages are submitted and the IIS returns Responses (RSP) with relevant members' immunization history.

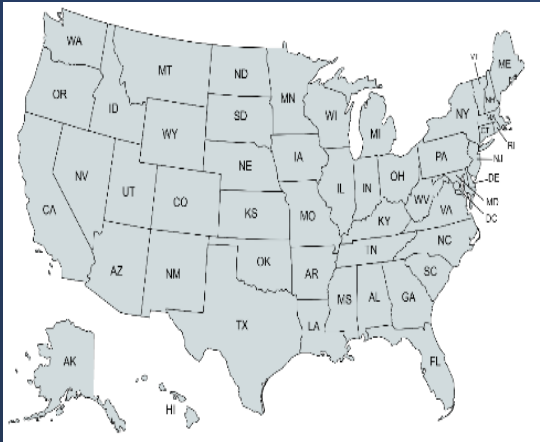
<sup>c</sup> Common fields included in response files include CPT code, CVX code, vaccine administration date, vaccine manufacturer, etc.

# IIS Partnership with FDA: Flow of Data

IIS

Data Partners

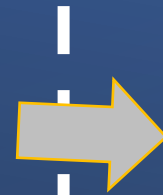
FDA/CBER  
BEST System



IIS share vaccination data on health plan members with **BEST** health plan data partners



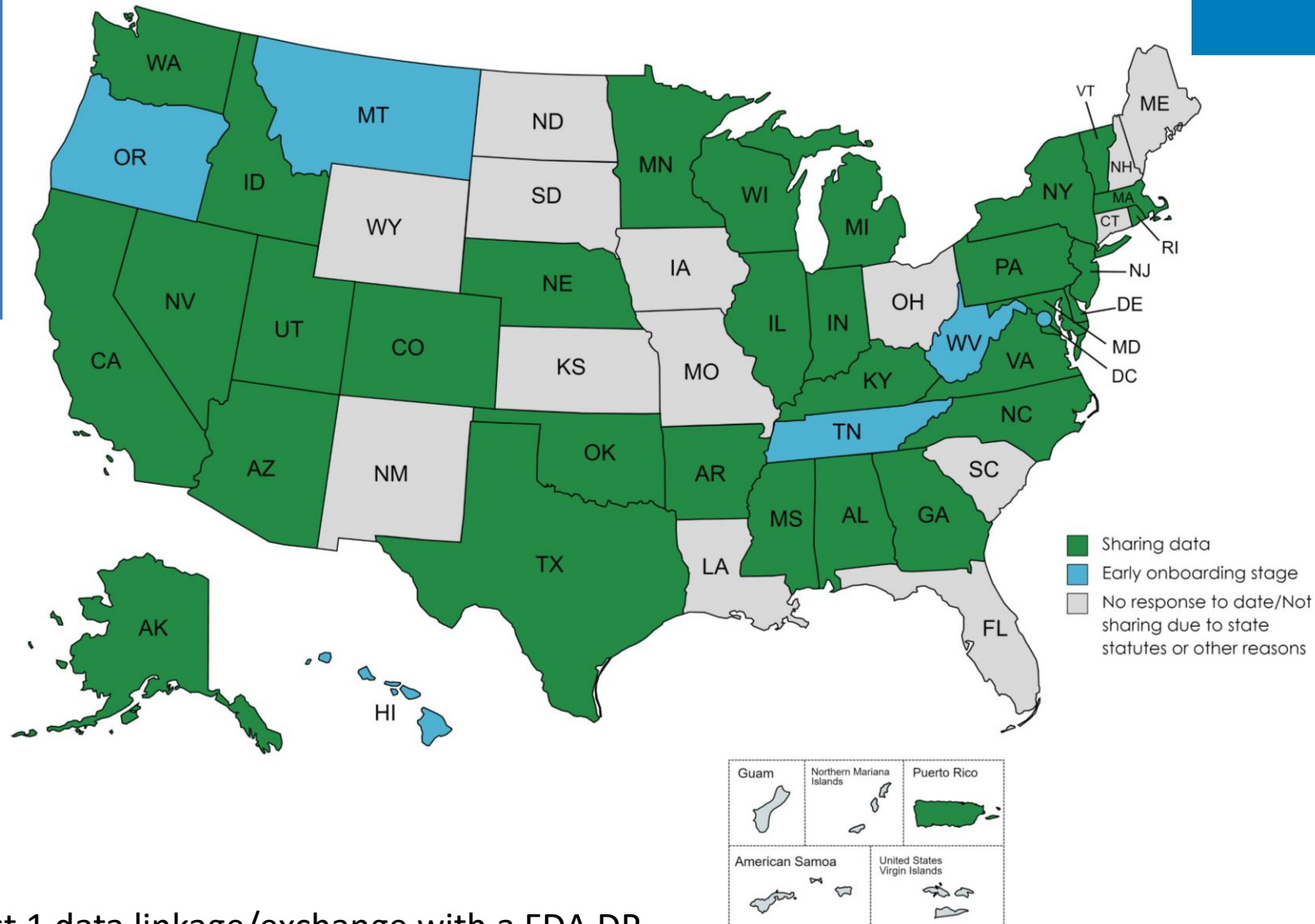
Data partners clean, validate, aggregate and analyze linked vaccination and claims data per FDA protocols



Data Partners provide aggregated summary data to **FDA/CBER**, to monitor vaccine safety and effectiveness.



# Status of CBER-BEST and Data Partners IIS Jurisdiction Outreach



Note: Sharing data means made at least 1 data linkage/exchange with a FDA DP

Last updated April, 2023

# IIS COVID-19 Data Linkage Feasibility Study (Single DP)

	Total study population (Age <64)	At least one dose		Completed series	
		Claims <sup>a</sup>	Combined IIS/Claims <sup>b</sup>	Claims <sup>a</sup>	Combined IIS/Claims <sup>b</sup>
		No. (%)	No. (%)	No. (%)	No. (%)
<b>Total (12/2020-12/2021)</b>	5,112,722	1,676,235 (32.8%)	2,458,231 (48.1%)	1,248,637 (24.4%)	2,143,556 (41.9%)
<b>Deidentified States</b>					
<b>State 1</b>	643,602	201,474 (31.3%)	316,177 (49.1%)	145,137 (22.6%)	287,198 (44.6%)
<b>State 2</b>	158,385	47,831 (30.2%)	76,820 (48.5%)	38,294 (24.2%)	68,478 (43.2%)
<b>State 3</b>	1,143,375	422,934 (37.0%)	520,249 (45.5%)	310,479 (27.2%)	404,913 (35.4%)
<b>State 4</b>	696,305	184,312 (26.5%)	265,936 (38.2%)	135,725 (19.5%)	228,643 (32.8%)
<b>State 5</b>	786,234	255,544 (32.5%)	401,634 (51.1%)	193,105 (24.6%)	366,046 (46.6%)
<b>State 6</b>	318,060	136,090 (42.8%)	167,745 (52.7%)	102,514 (32.2%)	144,224 (45.3%)
<b>State 7</b>	330,165	124,739 (37.8%)	191,327 (58.0%)	101,157 (30.6%)	180,397 (54.6%)
<b>State 8</b>	360,267	110,016 (30.5%)	179,787 (49.9%)	83,987 (23.3%)	159,617 (44.3%)
<b>State 9</b>	87,663	18,927 (21.6%)	40,901 (46.7%)	12,709 (14.5%)	36,876 (42.1%)
<b>State 10</b>	219,939	54,303 (24.7%)	105,376 (47.9%)	39,386 (17.9%)	95,468 (43.4%)
<b>State 11</b>	254,098	76,424 (30.1%)	133,781 (52.7%)	54,735 (21.5%)	122,816 (48.3%)
<b>Multiple states<sup>c</sup></b>	114,629	43,641 (38.1%)	58,498 (51.0%)	31,409 (27.4%)	48,880 (42.6%)

<sup>a</sup> Prior to hierarchical deduplication of vaccine records across IIS and claims.

<sup>b</sup> After hierarchical deduplication of vaccine records across IIS and claims.

<sup>c</sup> There were multiple states listed for a patient, among the eleven states of interest.

Abbreviations: No. = number

# IIS COVID-19 Data Linkage Feasibility Study (All DPs)

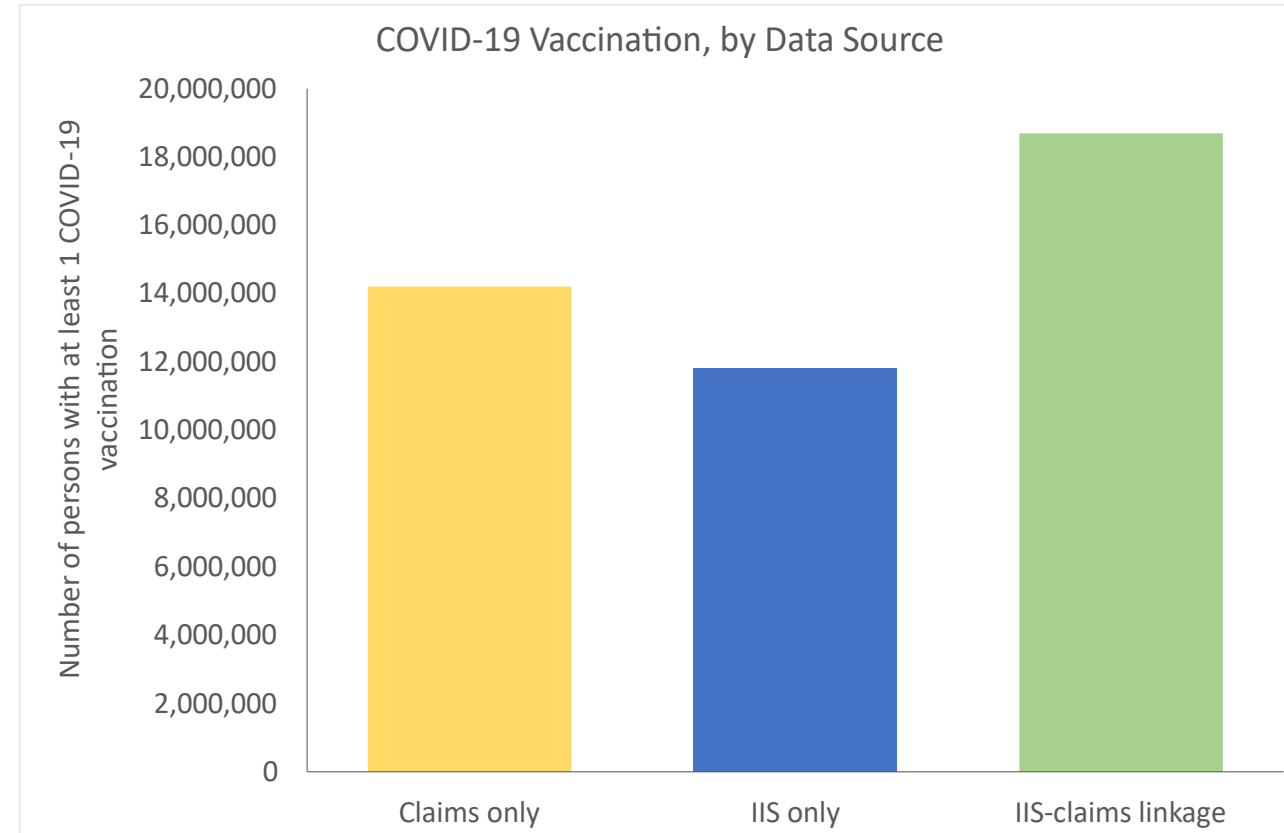


## Vaccinated rates

- Claims data alone: 13.5–46.4%
- IIS—claims linkage: 22.5–65.5%

Some linkages contributed to as much as 50% increase in immunization data.

Linkage to IIS decreases COVID-19 vaccine misclassification in studies that rely on claims.



NOTE: Data current as of September 30, 2022  
Vaccine totals represent at least 1 COVID-19 vaccination in IIS jurisdictions exchanging data with any BEST DP

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CBER Active Surveillance Program

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IIS-Claims Data Linkage

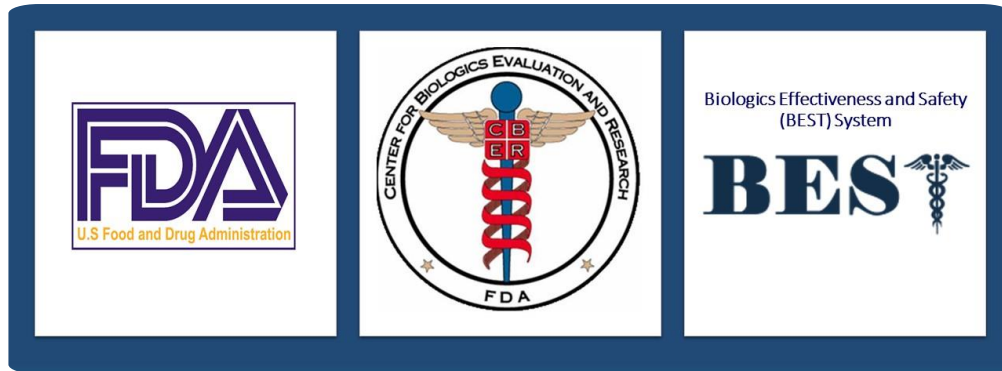
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**Regulatory and Public Health Impact**

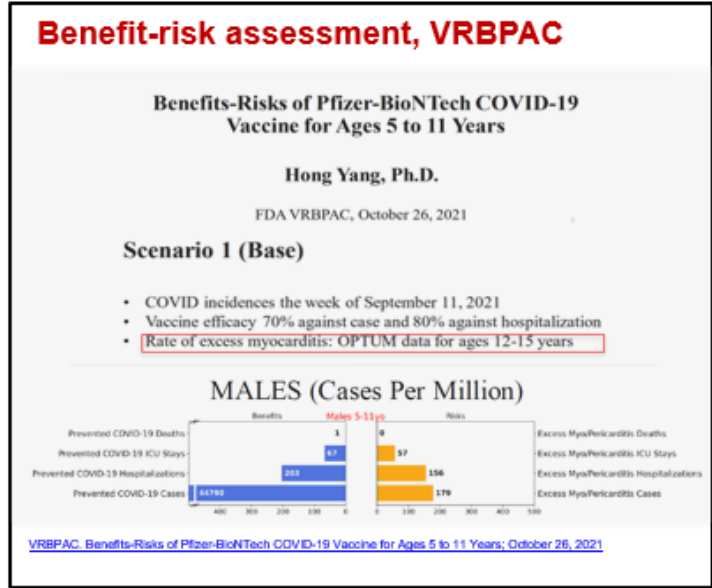
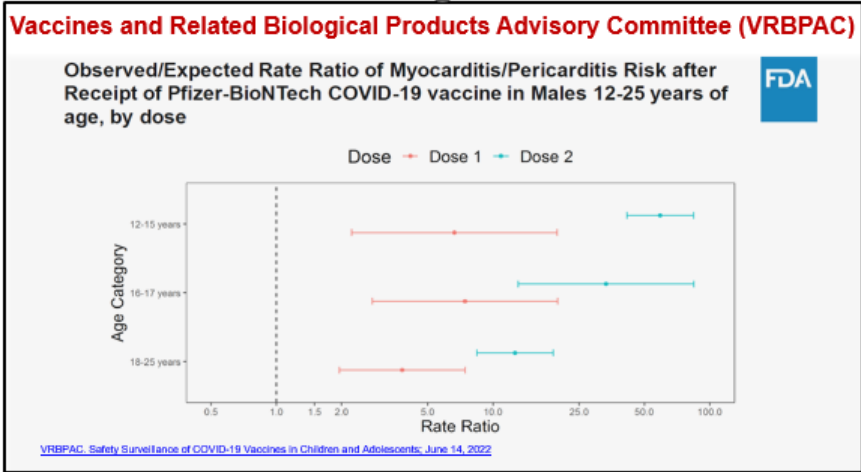
**Barriers to Data Linkage**

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**Conclusion**



# Regulatory and Public Health Impact



**Advisory Committee on Immunization Practices (ACIP)**

VaST assessment – Review of U.S. monitoring data for consideration of Moderna COVID-19 vaccine in 6–17-year-olds

System	Pfizer-BioNTech vaccine in children & adolescents aged 5–17 years
V-safe	• Patterns of reports for local and systemic reactions similar for all age groups
VAERS	• Reporting rates for myocarditis exceed background for males ages 5–11-, 12–15-, 16–17 (mainly for dose 2 and booster) and for females 12–15-, 16–17 (dose 2 only)
VSD	• Risk for myocarditis/pericarditis is elevated; greatest in age groups 16–17 and 12–15 years, generally higher after dose 2 vs dose 1 primary series and in males vs females • No statistical signals for children ages 5–11 years
BEST	• Risk appears greatest in age groups 16–17 and 12–15 years, generally higher after dose 2 than dose 1 • No statistical signals for children ages 5–11 years • Only statistical signals for 12–15- and 16–17-year-olds: myocarditis/pericarditis

VAERS, Vaccine Adverse Event Reporting System; VSD, Vaccine Safety Datalink; BEST, Biologics Effectiveness and Safety system

ACIP, COVID-19 Vaccine Safety Technical (VaST) Work Group, June 23, 2022

- BEST studies have contributed to EUA and approvals during numerous FDA advisory panels.

- BEST studies provided risk estimates for input in benefit–risk assessment for regulatory decision making.

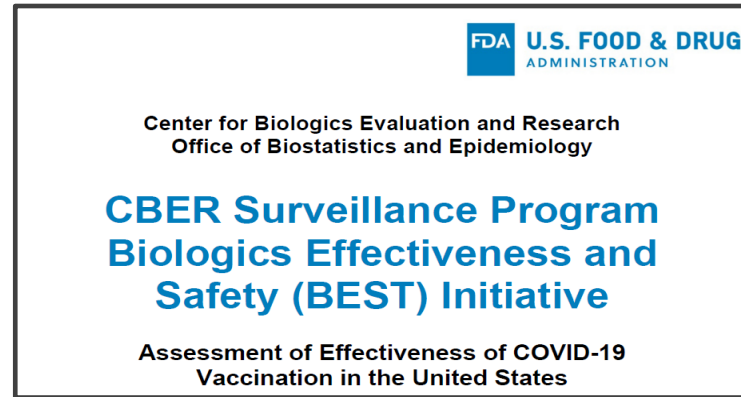
- As part of the both passive and active US surveillance system, BEST studies contribute to the advisory committee that determines the public health policies regarding vaccines in the US.

# Regulatory and Public Health Impact contd.



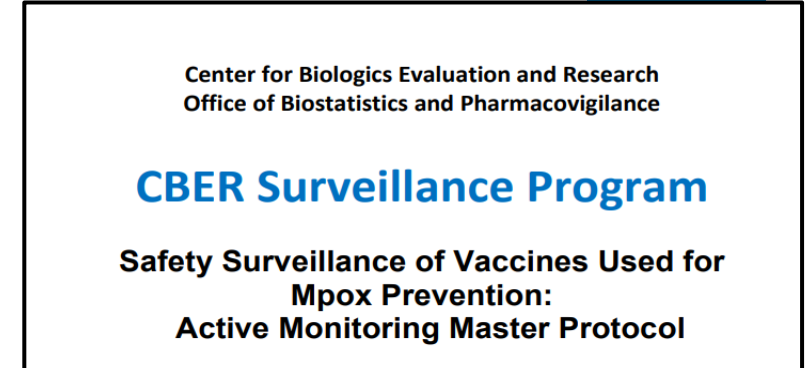
- IIS data are crucial to FDA safety assessment/surveillance, e.g. defining the risk of Myocarditis/pericarditis after mRNA vaccines in young males.

[Risk of myocarditis and pericarditis after the COVID-19 mRNA vaccination in the USA: a cohort study in claims databases - The Lancet](#)



- IIS data provide more power to detect any potential rare safety outcomes after vaccine receipt.
- IIS data are crucial for absolute vaccine effectiveness (VE) studies.

[Vaccines & Allergens – BEST Initiative](#)



- IIS data were essential to measure exposure for JYNNEOS and ACAM2000.
- Vaccinated in Claims Only ~10% Vaccinated in IIS ~90%
- IIS data were critical to give us the ability to do monitoring.

[Vaccines & Allergens – BEST Initiative](#)

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# Barriers to Data Linkage



- Within-state data sharing only
- No data sharing for public health purposes
- Share with insurance payors, but not government agencies
- No data sharing with health insurance payors
- No clear statute, but no data sharing



- Cost per person too high for routine data exchange



- Jurisdiction has few to no personnel to facilitate routine exchange
- Old or insufficient infrastructure for data exchange with insurance payors

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**Conclusion**



- ❑ BEST Initiative contributes to FDA CBER's mission to ensure biologic products safety and effectiveness through active surveillance.
- ❑ IIS data complements COVID-19 claims data adding up to 50% more immunization information for timely, evidence-based regulatory decision making.
- ❑ IIS mpox data captured nine times as many vaccine administrations as claims data.
- ❑ Continued and expanded IIS data linkage is needed for BEST to continue generating rapid and comprehensive response to the COVID-19 pandemic, mpox, seasonal influenza, and future outbreaks that require vaccine administration.

# BES Post-market Surveillance Activity

## Biologics Effectiveness and Safety (BEST) Initiative



### • ABOUT

- BACKGROUND
- COLLABORATORS
- PRIVACY & SECURITY

### • DATA & SURVEILLANCE ACTIVITIES

- DISTRIBUTED NETWORK AND COMMON DATA MODEL
- ARTIFICIAL INTELLIGENCE AND NATURAL LANGUAGE PROCESSING

### • COMMUNICATIONS & OUTREACH

- ENGAGING STAKEHOLDERS
- EVENTS
- PUBLICATIONS & PRESENTATIONS

# Study Team

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