

A Model for COVID-19 Vaccine Adverse Reaction

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Motivation

- The COVID-19 vaccines are crucial to ending the global pandemic that is causing surges of infections and deaths globally.
- However, the unprecedent rate at which it was developed and administered had raised doubts in the community regarding its safety.
- Data from the United States Vaccine Adverse Event Reporting System, VAERS, has the potential to help determine if the safety concerns of the vaccines are founded.
- This paper uses the combination of both structured and unstructured text data from VAERS to model the adverse reactions to COVID-19 vaccines.



VAERS Vaccine Adverse Event Reporting System www.vaers.hhs.gov

Vaccine Adverse Event Reporting System (VAERS)

- A passive surveillance system for adverse events reporting
- Doctors, vaccine manufacturers, patients, caregivers etc use this platform
- Used by CDC and FDA to guide vaccine recommendations and regulatory action
- The link between adverse event and vaccination is not established

Why use VAERS data?

- Data is available to the public
- Data is up to date
- Not all adverse events are likely to be captured during clinical trials
- Key patterns in reporting trends

For more information: Safety monitoring in the Vaccine Adverse Event Reporting System (VAERS) PMC 2015 November 04. Tom T. Shimabukuro, Michael Nguyen, David Martin and Frank DeStefano

Datasets

VAERSDATA

- 35 variables
- Patient's profile (age, state, sex, etc)
- Text narratives of Symptoms, Medical History, Allergies, Medications
- Patient's outcomes for the adverse event (died, extended stay in hospital, life threatening illness, disabled as a result of vaccination, etc)

For more information: VAERS data use guide

| | | | | VAX_DOSE_SERIE | | | | | | |
|----------------------|-----------|---------------|---------------|----------------|------------------------|--------|----------------------------------|---------------------|-----------------------|----------------------|
| SYMPTOM_TEXT | V_ADMINBY | VAERS_ID | VAERS_ID 2 | S | VAX_MANU | X_STAY | acute respiratory failure Binary | bell's palsy Binary | cardiac arrest Binary | cerebrovascular acci |
| | PHM | | | 1 | PFIZER\BIONTECH | 0 | 1 | 1 | 1 | |
| | PVT | | | 2 | MODERNA | 1 | | | | |
| 27.647 unique volum | UNK | 29,475 unique | 29,475 unique | | JANSSEN | | | | | |
| 27,047 unique values | OTH | values | values | | | | | | | |
| | PUB | | | | | | | | | |
| | 4 others | | | | | | 0 | 0 | 0 | |
| Pt contracted Co | SEN | 1414645 | 1414645 | 1 | PFIZER\BIONTECH | 0 | 0 | 0 | 0 | 1 |
| Pt contracted Co | SEN | 1414645 | 1414645 | 2 | PFIZER\BIONTECH | 0 | 0 | 0 | 0 | |
| Pt received his 2n | UNK | 1413776 | 1413776 | 2 | PFIZER\BIONTECH | 0 | 0 | 0 | 0 | |

Stroke; sitting on the floor totally disoriented; Cardiac arrest; This is a spontaneous report from a contactable consumer (patient's Daughter). A 101-year-old female patient received first dose BNT162B2 (PFIZER-BIONTECH COVID-19 VACCINE, Batch/Lot number was not reported), via an unspecified route of administration at the age of 101-year-old on 03Mar2021 at single dose for covid-19 immunisation. Medical history included glaucoma, blood pressure high, Mini stroke, her blindness was an infarct to her optic nerve, diagnosed allergies, compromised immune status, respiratory illness, genetic/chromosomal abnormalities, endocrine abnormalities, and obesity. Family history included Patient's sister got the vaccination and either 3 or 5 days later she passed away. There was none history of all previous immunization with the Pfizer vaccine considered as suspect. Concomitant medication included metoprolol taken for high blood pressure; levothyroxine; amlodipine taken for high blood pressure; sertraline to keep her spirits up because she is ol and blind; latanoprost (XALATAN); dorzolamide hydrochloride, timolol maleate (COSOPT); acetylsalicylic acid (BABY ASPIRIN); calcium (CALCIUM); vitamin C [ASCORBIC ACID]; tocopherol (VITAMIN E). Prior Vaccinations (within 4 weeks), there was no any other vaccinations within four weeks prior to the first administration date of the suspect vaccine(s). The patient received the Flu shot every year and patient also received the shingles shot and the pneumonia shot. Reporter stated patient had lunch and was sitting in the chair so it was probably somewhere between 12 and 3pm on 09Mar2021 when she had her stroke. Reporter states when she got back home patient was on the floor totally disoriented. Above events results in Emergency Room and patient was hospitalized from 10Mar2021 to 12 Mar2021. Reporter stated that patient died i her sleep so early in the morning probably between 3am and 6am on 06Jun2021. Reported cause of death was cardiac arrest. Reporter was calling about the Pfizer COVID vaccination. Reporter was calling on behalf of her mother. Reporter believed that her mother had a reaction to the first shot. Reporter stated that her mother had a stroke 6 days after receiving the first Pfizer COVID vaccination and has since passed away. Reporter thought this was a contributing factor. Reporter states that her mother was 101 years old but was an incredibly lucid and healthy individual. Reporter states that her mother used to be 5 foot 1 inch but she was probably 4 foot 11 inches at the time of this event (09Mar2021). Reporter states at the time of this event her mother probably weighed about 133 pounds. Reporter states that she came home on 09Mar2021 and found her mother on the floor. She took her mom to the hospital on 10Mar2021 and she was diagnosed with a stroke. Her mother was hospitalized 10Mar2021 through 12Mar2021. Reporter stated that her mother went to rehab after being discharged from the hospital. Stated that her mother never came back home. Reporter states that her mother lived with her. Reporter states she looked at her labs on 01Jun2021, her labs were always good. She stated that her mother also had a cat scan with contrast in 2021, no further details provided. Reporter states that she was not saying that this product caused her death but the timing was very suspicious. The patient underwent lab tests included Fasting blood glucose: 99 on 01Jun2021, cat scan with contrast with unknown results in 2021. The outcome of events was fatal. The patient died on 06Jun2021. An autopsy was not performed. Information on the lot/batch number has been requested.; Reported Cause(s) of Death: Stroke; sitting on the floor totally disoriented; Cardiac arrest

Sample of symptoms text

The data is quite dirty, a lot of useful information but in narrative text, expect spelling error, typos, excessively long or brief statements...

Datasets

VAERSVAX

- 8 variables
- Vaccine information (type, manufacturer, vaccine lot, etc)
- VAERS_ID (unique identification number of patient)

VAERSSYMPTOMS

- 11 variables
- Terms describing the symptoms of the adverse event
- There could be multiple rows for each VAERS_ID

| VAERS_ID | VAX_MANU | VAX_DOSE_SERIE | s | VAX_ROUTE | | VAX_SITE |
|----------|-----------------|----------------|-----|-----------|----------|----------|
| 1.55M | PFIZER\BIONTECH | 1 | IM | | LA | |
| | MODERNA | 2 | SYR | | RA | |
| | JANSSEN | | OT | | AR | |
| | | | UN | | UN | |
| | | | | | OT | |
| 917k | | | | | 5 others | |
| 916600 | MODERNA | 1 | IM | | LA | |
| 916601 | MODERNA | 1 | IM | | RA | |
| 916602 | PFIZER\BIONTECH | 1 | IM | | LA | |
| 916604 | MODERNA | 1 | IM | | LA | |
| 916606 | MODERNA | 1 | IM | | LA | |

Sample of VAERSVAX dataset

| VAERS_ID | SYMPTOM1 | SYMPTOM VERSION1 | SYMPTOM2 | SYMPTOM VERSION2 | |
|----------|-------------------------|---------------------|----------------------------------|---------------------|----------|
| 1.55M | Chills | 24 | Headache | 24 | Headach |
| | Arthralgia | | Fatigue | | Fatigue |
| | Dizziness | | Chills | | Pain |
| | Fatigue | | Dizziness | | Pyrexia |
| | Headache | | Pain | | Nausea |
| 917k | 6,312 others | 23.1 | 6,025 others | 23.1 | 5,591 of |
| 916603 | Dizziness | 23.1 | Fatigue | 23.1 | Mobil |
| 916604 | Injection site erythema | 23.1 | Injection site pruritus | 23.1 | Injecti |
| 916605 | Chills | 24 | Confusional state | 24 | Eye in |
| 916605 | Pyrexia | 24 | White blood cell count decreased | 24 | |
| 916606 | Pharyngeal swelling | 23.1 | | • | |
| 916607 | Abdominal pain | 23.1 | Chills | 23.1 | Sleep |
| 916608 | Diarrhoea | 23.1 | Nasal congestion | 23.1 | |

Sample of VAERSSYMPTOMS dataset

Overview of Processes



Severity Rating

Patient Outcomes

- Based on reporter's assessment of vaccine recipient
- 12 variables, mostly binary (Y), describes health status of patient and hospitalisation

Severity ratings were based on Patient Outcomes

```
Level 4 = DIED or DISABLE or BIRTH_DEFECT = 'Y'
Level 3 = non-level 4 and (ER_ED_VISIT or L_THREAT or X_STAY = 'Y')
Level 2 = non-level 3 and non-level 4 and (HOSPITAL or OFC_VISIT = 'Y')
Level 1 = non-level 2, 3 and 4
```



Text Explorer – data cleaning



Data contains many spelling errors and typos

Term and Phrase Lists



Text Explorer – data cleaning



Text Explorer – word cloud

Useful for stop word exclusion and seeing the effect of target variable on terms.



Text Explorer – Term Selection



Why use Generalised Regression model:

- Vectors in DTM are expected to be highly correlated and non-normally distributed
- Each row is a patient, all rows are independent of one another
- Variable selection



Lasso tend to select one term from a group of correlated factors while Elastic Net will select the group of terms

Binary weights for DTM made more sense than TF-IDF

Text Explorer – Term Selection

| ▷ 💌 Ge | neralized R | egression f | or Severity (| Weighting= | Binary, Mo | del=Elastio | : Net// | AICc) | × | | |
|--------|------------------|-------------|--------------------------|----------------------|----------------------|----------------------|---------|---------|--------|-------|-------|
| Summ | ary | | | | | | | | | | |
| Model | DTM Weighting | Response | Response Distribution | Estimation Method | Validation Method | Relevant Terms | AICc | BIC | Genera | lized | PASE |
| Moder | 1 Binary | Severity | Normal | Elastic Net | AICc | 72 | 79894 | 1 80512 | Koquur | 0.012 | 0.864 |
| | | | | | | | _ | | | | |
| Term | ı | | | | Coeff | icient 🕚 | Log | jWoi | rth | Cour | nt |
| cardi | ac arrest | | | | | 1.673 | ; | 1 | 8.263 | | 70 |
| covid | 1 - 19 pne | umonia | | | | 0.873 | ; | | 6.627 | | 98 |
| cereb | provascul | ar accide | ent | | | 0.795 | 5 | 1 | 6.322 | | 168 |
| deafr | ness unila | ateral | | | | 0.672 | 2 | - | 7.539 | | 92 |
| lumb | oar punct | ure | | | | 0.616 | 5 | - | 7.838 | | 87 |
| acute | e respirat | ory failur | re | | | 0.584 | ŧ. | | 2.682 | | 69 |
| bell's | s palsy | | | | | 0.570 |) | 2 | 2.681 | | 189 |
| pneu | imonia | | | | | 0. <mark>481</mark> | | - | 7.009 | | 226 |
| myoo | cardial inf | farction | | | | 0. <mark>4</mark> 01 | | | 2.829 | | 138 |
| inten | sive care | | | | | 0.399 |) | | 4.197 | | 185 |
| nerve | е | | | | | 0.391 | | | 4.095 | | 99 |

Top symptoms factors found by term selection

| Term | Coefficient ^ | ogWorth | Count |
|-------------------------|----------------------|---------|-------|
| dizziness hyperhidrosis | -0.3 <mark>65</mark> | 11.418 | 130 |
| chills fatigue headache | -0.301 | 7.669 | 91 |
| syncope | -0.294 | 19.158 | 780 |
| dizziness syncope | -0.291 | 4.337 | 109 |
| virus test | -0.279 | 1.573 | 77 |
| dizziness fall | -0.270 | 3.119 | 81 |
| headache pain | -0.262 | 5.857 | 130 |
| pallor | -0.260 | 7.781 | 271 |
| appendicitis | -0.240 | 1.549 | 78 |
| pain pyrexia | -0.221 | 4.648 | 142 |
| underdose | -0.215 | 3.858 | 85 |
| underdose | -0.215 | 3.858 | 85 |

Text Explorer – Save term vectors to table

| - |
|--------------------|
| e aram maar |
| r respirator |
| rmal paraes |
| vated pain |
| table for |
| oring the |
| der nausea |
| iess unresp |
| ema skin |
| al physical |
| nplete cour |
| e dehydro <u>c</u> |
| a dyspnoe |
| |

| Specifications | × |
|-------------------------------|-----------|
| pecifications for Terms and W | eights |
| Maximum Number of Terms | 500 |
| Minimum Term Frequency | 69 |
| Weighting | Binary ~ |
| OK Car | ncel Help |

| pyrexia Binary | headache Binary | dizziness Binary | fatique Binary | dyspnoea Binary | arthralgia Binary | pain in extremity Binary |
|----------------|-----------------|------------------|----------------|-----------------|-------------------|--------------------------|
| 1 | 1 | 1 | 1 | 1 | 1 | 1 |
| | | | | | | |
| 0 | 0 | 0 | 0 | 0 | 0 | a |
| 0 | 0 | 0 | 0 | 0 | 0 | C |
| 0 | 0 | 0 | 0 | 0 | 0 | C |
| 0 | 0 | 0 | 0 | 0 | 0 | C |
| 0 | 0 | 0 | 0 | 0 | 0 | C |
| 0 | 0 | 0 | 0 | 0 | 0 | C |
| 0 | 0 | 0 | 0 | 0 | 0 | (|
| - | | | • • | | 0 | C |
| Save | e the DT | M to th | ne data | a table a | and 🕒 | C |
| | | | | | 0 | C |
| extr | act the | require | d colu | mns of t | ton 🕒 | C |
| CAU | | require | | | | 0 |
| | | terr | nc | | 0 | 0 |
| | | terr | 115 | | 0 | 0 |
| | | | | | | |

Modelling – Validation column

| Image: Second state sta | nalyze Graph Tools Add-Ins View Windc | Image: 2021VAERS_JUNE - Make Validation Column by Severity - JMP Pro — — X File Edit Tables Rows Cols DOE Analyze Graph Tools Add-Ins View Window Help Image: Ima |
|---|--|--|
| ■ 2021VAEF ■ Tabulate Linked Subset ■ Text Expl Text Expl ■ Text Expl Text Expl ■ Text Expl Text Expl ■ Text Expl | nary aortic Binary card | Randomly partitions the rows into training, validation and test sets while attempting to evenly distribute across levels of the stratification variable(s). Use this option when you want a balanced representation of a column's levels in each of the training, validation and test sets. Stratification Columns: Severity |
| Text Expl Text Expl Text Expl Text Expl Neural Model Sc Generaliz Columns Quality and Process | Neural Partition Bootstrap Forest Boosted Tree K Nearest Neighbors | Adjusted Rates Row Counts Training Set 0.75 0.75 23505 Validation Set 0.25 0.25 7835 Test Set 0 0 0 Excluded Rows 0 Total Rows 31340 |
| AGE AGE 2 ALLERGIE BIRTH_DE Consumer Research DIED differential white blood cell Binary DISABLE | Naive Bayes Support Vector Machines Model Screening Model Comparison | ✓Options New Column Name Validation Validation Column Type Fixed Random Seed . |
| HISTORY HOSPITAL | Formula Depot | Go Cancel Help |

Validation

Training Validation

Training Training Training Training Training Training Validation Validation Training Training Training Training Validation Training

Modelling – Fit Model

| Select Columns | Pick Role Va | ariables | Personality: | Generalized Regression |
|--|--------------|---------------------------|---------------|------------------------|
| 🕶 87 Columns | Y | Severity | Distribution | |
| Enter column name | • | | Distribution. | Ordinal Logistic |
| PRIOR_VAX | ` | 1 | Help | Run |
| | Weight | optional numeric | | - Num |
| Regions | Freq | optional numeric | Recall | Keep dialog open |
| Severity | Validation | Lalidation | Remove | |
| L SEX | D | Contional | = | |
| STATE | ВУ | optional | | |
| SYMPTOM | Construct N | Andal Effects | | |
| SYMPTOM_TEXT | | | | |
| V_ADMINBY | Add | AGE 2 | | ^ |
| VAERS_ID | Cross | differential white blood | cell Binary | |
| VAERS_ID 2 | Cross | NUMDAYS 2 | | |
| VAX_DOSE_SERIES | Nest | Regions | | |
| VAX_MANU | | SEX | | |
| X_STAY | Macros | V_ADMINBY | | |
| acute respiratory failure Binary etc. (15/0) | Degree | 2 VAX_DOSE_SERIES | | |
| penicillin- Binary etc. (14/0) | Attributes | VAX_MANU | | |
| lasix Binary etc. (11/0) | Transform | acute respiratory failure | Binary | |
| chronic·kidney·diseas·Binary etc. (15/0) | | bell's palsy Binary | | ~ |

JMP Fit Model Generalised regression model with Lasso estimates has the smallest AICc and largest Rsquare values

| 1 💌 Ge | Generalized Regression for Severity2 | | | | | | | | | | | |
|--------------|--------------------------------------|--------------------|----------------------|-----------------------|-----------|-----------|------------------------|-----------------------------------|--|--|--|--|
| ⊿ Mo | Model Comparison | | | | | | | | | | | |
| Sho | Response w Distribution | Estimation Method | Validation Method | Nonzero Parameters | AICc | BIC | Generalized RSquare | Validation Generalized RSquare | | | | |
| ~ | Multinomial | Lasso | Validation Column | 251 | 46311.491 | 48330.358 | 0.3346117 | 0.3024193 | | | | |
| ~ | Multinomial | Double Lasso | Validation Column | 250 | 46303.369 | 48314.214 | 0.3348124 | 0.302395 | | | | |
| \checkmark | Multinomial | Elastic Net | Validation Column | 258 | 46312.591 | 48387.604 | 0.3350477 | 0.302048 | | | | |
| \checkmark | Multinomial | Ridge | Validation Column | 267 | 46371.141 | 48518.328 | 0.3337222 | 0.3005086 | | | | |
| \checkmark | Multinomial | Maximum Likelihood | Validation Column | 267 | 46299.815 | 48447.003 | 0.3360759 | 0.2981779 | | | | |

Maximum Likelihood model



Receiver Operating Characteristic on Validation Data

Lasso model



Effect Tests

| | | | Wald | Prob > | |
|---------------------------------|-------|----|-----------|-----------|-------------------|
| Source | Nparm | DF | ChiSquare | ChiSquare | |
| NSYMP 2 | 12 | 11 | 1607.2519 | <.0001* | Levels removed: 1 |
| NUMDAYS 2 | 18 | 16 | 1714.6293 | <.0001* | Levels removed: 2 |
| intensive care Binary | 3 | 3 | 950.82905 | <.0001* | |
| V_ADMINBY | 24 | 21 | 677.50105 | <.0001* | Levels removed: 3 |
| AGE 2 | 12 | 12 | 292.45944 | <.0001* | |
| cerebrovascular accident Binary | 3 | 3 | 110.64681 | <.0001* | |
| pulmonary embolism Binary | 3 | 3 | 90.417622 | <.0001* | |
| cardiac arrest Binary | 3 | 3 | 84.420657 | <.0001* | |
| deafness unilateral Binary | 3 | 3 | 76.936318 | <.0001* | |
| myocardial infarction Binary | 3 | 3 | 67.479073 | <.0001* | |
| SEX | 3 | 3 | 63.714765 | <.0001* | |
| bell's palsy Binary | 3 | 3 | 53.791218 | <.0001* | |
| VAX_MANU | 6 | 5 | 51.628245 | <.0001* | Levels removed: 1 |
| clavulan Binary | 3 | 2 | 37.66094 | <.0001* | Levels removed: 1 |
| lumbar puncture Binary | 3 | 3 | 37.725313 | <.0001* | |
| nerve Binary | 3 | 3 | 27.183425 | <.0001* | |
| chronic-kidney-diseas-Binary | 3 | 3 | 25.917356 | <.0001* | |
| Regions | 21 | 20 | 56.461763 | <.0001* | Levels removed: 1 |
| pneumonia Binary | 3 | 3 | 23.342908 | <.0001* | |
| gait inability Binary | 3 | 3 | 22.842835 | <.0001* | |
| penicillin-Binary | 3 | 3 | 20.265984 | 0.0001* | |
| cardiovascular diseas- Binary | 3 | 3 | 17.67727 | 0.0005* | |
| lung- diseas- Binary | 3 | 3 | 16.151242 | 0.0011* | |
| covid -19 pneumonia Binary | 3 | 3 | 16.038722 | 0.0011* | |
| pennicillin-Binary | 3 | 3 | 15.412066 | 0.0015* | |
| thrombocytopenia Binary | 3 | 3 | 15.154965 | 0.0017* | |
| emphysema Binary | 3 | 2 | 10.803767 | 0.0045* | Levels removed: 1 |
| failure Binary | 3 | 3 | 10.11761 | 0.0176* | |
| crestor Binary | 3 | 3 | 9.3365888 | 0.0251* | |
| miralax Binary | 3 | 3 | 8.4062086 | 0.0383* | |

Effects Test

- hypothesis tests of the null hypothesis that the variable has no effect on the response.
- Type III sum of squares for ANOVA
- Suitable for model reduction

Results

- Long list of significant variables
- Most variables ate symptoms related to cardiopulmonary illnesses.

Model Evaluation - Profiler





| | | | | | | | | | | 0.0021 | | |
|------------------|-------------------|---------|----------------|-------------|-----------------|-------------------|--------|-----------|-----------------|----------------|------------|--------|
| 0.0031 | 0.0029 | 0.0025 | 0.004 | 0.0059 | 0.0028 | 0.0044 | 0.0029 | 0.007 | 0.0064 | thrombocytopen | 0.0514 | 0.0013 |
| covid -19 | deafness | failure | gait inability | intensive | lumbar | myocardial | nerve | pneumonia | pulmonary | ia | penicillin | flagyl |
| pneumonia Binary | unilateral Binary | Binary | Binary | care Binary | puncture Binary | infarction Binary | Binary | Binary | embolism Binary | Binary | Binary | Binary |

Conclusion

- Several decisions were made in the grouping and classification of variables. Although these decision were made to the best of our understanding of the variables and to ensure a suitable sample size, an expert familiar with vaccine studies or clinical trials could be consulted on these decisions.
- Based on model building of structured and unstructured data based, we have identified key factors that varies with the severity a reaction to the COVID_19 vaccination. However, we note that the effect of these key factors on the response variable "Severity" is very small.
- The binary DTM was found to be most effective in representing the weights of terms in each document and the Generalised linear model with Lasso penalised regression technique produced the optimal model.