

Review of Post Authorization Safety Data for Janssen COVID-19 Vaccine

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My comments are an informal communication and represent my own best judgment. These comments do not bind or obligate FDA.

Overview



- Passive Surveillance Safety Data from Vaccine Adverse Event Reporting System (VAERS)
 - Existing Safety Concerns
 - Potential Emerging Safety Concerns
- Summary of FDA Active Surveillance

Janssen COVID-19 Vaccine



- February 27, 2021, the US Food and Drug Administration (FDA) issued an Emergency Use Authorization (EUA) for Janssen/Johnson & Johnson COVID-19 vaccine,
- The Janssen COVID-19 Vaccine uses a replication-incompetent human adenoviral type 26 vector platform (Ad26.COV2.S)
- 14,688,615 doses of vaccine administered in U.S. (as of October 7, 2021)

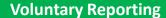
Adverse Event Reporting under EUA



Vaccine Recipients

Vaccination Providers

Vaccine EUA Sponsor



- Spontaneous reports
- Solicited reports from v-safe program

Mandatory Reporting

- Vaccination administration errors (providers only)
- Serious adverse events (SAEs)
- Multisystem Inflammatory Syndrome
- Cases of COVID-19 that result in hospitalization or death

Monthly Periodic Safety Reports

- Analysis of aggregate AE data
- Newly identified safety concerns



- Review of all Adverse Events of Special Interest (AESI)
- Data Abstraction

VAERS





- Screening of all incoming SAEs
- Literature review
- Data Mining
- Potential safety signals will be further evaluated

Vaccine Adverse Event Reporting System



- Passive surveillance of vaccines
- Nation's early warning system for vaccine safety
- VAERS accepts all reports regardless of the plausibility of the vaccine causing the event or the clinical seriousness of the event

<u>Strengths</u>

- Rapidly detects potential safety problems
- Potential detection of rare adverse events
- Open-ended for hypothesis generation
- Geographic diversity
- Capability to monitor production lots

Limitations

- Missing and/or inaccurate data
- Reported diagnoses are not verified
- Under-reporting
- Reporting bias (stimulated reporting)
- Absence of unvaccinated control group
- Inability to assess causation
- Not likely to detect long latency events

Summary of Existing Safety Concerns - Thrombosis with Thrombocytopenia Syndrome



- Post authorization surveillance in VAERS identified reports of cerebral venous sinus thrombosis (CVST) and thrombosis with thrombocytopenia syndrome (TTS) after Janssen COVID-19 Vaccine*
- On 4/13/21, use of the vaccine in the US was paused because of concerns about a potential association with the vaccine.
- On 4/23/21, the Fact Sheets were updated to include a Warning about TTS and the pause was lifted
- As of 10/5/21, 47 cases of TTS have been confirmed after Janssen COVID-19 Vaccine
- Evaluation of this safety issue is ongoing

^{*}See I, Su JR, Lale A, Woo EJ, Guh AY, Shimabukuro TT, Streiff MB, Rao AK, Wheeler AP, Beavers SF, Durbin AP. US case reports of cerebral venous sinus thrombosis with thrombocytopenia after Ad26. COV2. S vaccination, March 2 to April 21, 2021. JAMA. 2021 Apr 30

Summary of Existing Safety Concerns - Guillain-Barré Syndrome (GBS)



- Post-authorization surveillance in VAERS identified 130 reports of GBS after Janssen vaccine as of 7/24/2021
 - Observed reports > expected across multiple age groups, without respect to Brighton Collaboration criteria
 - Reporting rate for GBS is higher for Janssen than for mRNA vaccines
- Estimated observed-to-expected rate ratio was 4.18*
- On 7/12/21, EUA Fact Sheets were updated to include new information about GBS

^{*} Woo EJ, Mba-Jonas A, Dimova RB, Alimchandani M, Zinderman CE, Nair N. Association of Receipt of the Ad26.COV2.S COVID-19 Vaccine With Presumptive Guillain-Barré Syndrome, February-July 2021. JAMA.

Summary of Potential Emerging Safety Concerns – Myocarditis and Pericarditis



- Post authorization surveillance of VAERS has identified a potential emerging safety concern regarding myocarditis and pericarditis
- As of 8/27/21, 93 reports of myocarditis/pericarditis in VAERS following the Janssen COVID-19 Vaccine (non-adjudicated)
- Based on preliminary review, the estimated observed-to-expected values were elevated for all adults 18 and older, with significant elevations in both sexes, various age strata, different risk windows, and different background rates with reporting rate ratio of 4.14 (3.20, 5.27)
- There were five death reports, all in people 30 or older and three in women
- Evaluation of myocarditis and pericarditis is ongoing

Summary of Potential Emerging Safety Concerns – Thromboembolic Events (TEE)



- Post authorization surveillance of VAERS has identified a potential emerging safety concern regarding TEE
- As described in the Fact Sheets, section 6.1 Clinical Trials Experience, numerical imbalances, with more events in vaccine than placebo recipients, were observed for TEE (deep vein thrombosis; pulmonary embolism; transverse sinus thrombosis with thrombocytopenia).
- As of 10/4/2021, 2,792 reports of TEE in VAERS following the Janssen COVID-19 Vaccine (non-adjudicated)
- Evaluation of TEE is ongoing

Summary of Potential Emerging Safety Concerns – Immune Thrombocytopenia (ITP)



- Post authorization surveillance of VAERS has identified a potential emerging safety concern regarding ITP
- As of 10/4/2021, 185 reports of ITP in VAERS following the Janssen COVID-19 Vaccine (non-adjudicated)
- FDA preliminary analysis found the number observed exceeded the number expected with reporting rate ratio of 1.37 (1.18, 1.58)
- Evaluation of ITP reports is ongoing





Adverse Event of Special Interest (AESI)	Risk Window	Number of AESI post-vaccination (Number of Janssen Vaccine Doses)			Signal in Testing		
		CMS* (406,451)	Optum (197,553)	HCI (224,609)	CMS*	Optum	HCI
Guillan-Barre Syndrome	1-42	N<11	N<11	N<11	No	No	No
Unusual site thromboses** with thrombocytopenia	1-28	N<11	N<11	N<11	No	No	No
Common site thromboses*** with thrombocytopenia	1-28	139	N<11	N<11	No	No	No
Deep vein thrombosis	1-28	397	39	31	No	No	No
Pulmonary embolism	1-28	296	32	28	No	No	No
Myocarditis/Pericarditis	1-42	39	N<11	11	No	No	No
Immune thrombocytopenia	1-42	57	11	N<11	No	No	No

Data cutoff: Optum: 9/18; Health Core (HCI): 7/10, Medicare FFS (CMS): 9/11

Risk Window: An interval during which occurrence of the AESI will be included in the analyses

^{*}CMS – 65 years and older

^{**}cerebral and abdominal

^{***}acute myocardial infraction, deep vein thrombosis, pulmonary embolism, hemorrhagic stroke, non-hemorrhagic stroke

Summary of Post-authorization Safety Data following the Janssen Vaccine



- FDA and CDC continue to follow cases of GBS, and TTS reported to VAERS following Janssen COVID-19 vaccination
 - Information regarding these adverse events are currently communicated in EUA Fact Sheets
- FDA and CDC continue to assess cases of myocarditis, pericarditis, ITP, TEE reported to VAERS following Janssen COVID-19 vaccination
 - Preliminary analysis of unadjudicated cases in VAERS reveal an increased observed to expected ratio of myocarditis/pericarditis, and ITP
- FDA Near Real-Time Surveillance of 16 potential outcomes does not reveal safety signals for these adverse events at this time



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- Acumen
- Optum
- Healthcore
- Centers for Disease Control and Prevention





Backup Slides

Description of Commercial Claims Data Sources in BEST Initiative



	Optum	HealthCore (HCI)			
Overall description	Health insurance enrollment, demographic, and longitudinal health information for commercially insured and Medicare Advantage enrollees	Health insurance enrollment, demographic, medic claims, pharmacy claims and laboratory results from the HealthCore Integrated Research Environment (HIRE), which contains longitudina health information for Anthem insured and Medicare Advantage enrolled individuals			
Health plans	Optum affiliated health plans	Anthem			
Time period	December 2017-Present	2010-Present			
Average Number of Annual Enrollees	~14.5 million	20-25 million			
Data lag	~ 2 months for IP at 90% completeness	The data lag is 3 months for complete data and is 1-3 months for pharmacy dispensings and early settled outpatient claims			
Limitations	Claims data was sourced before the adjudication process (which allowed for data to be analyzed more quickly – data is available for claims with dates of service through 9/18)	Data is currently only available for claims with dates of service through 7/10 for the RCA and through 8/5 for the descriptive analysis of booster vaccinations			

FDA BEST Initiative: Booster Vaccinations

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Brand and Dose	CMS (Data through 9/4)		Optum (Data through 9/18)		HCI (Data through 8/5)	
	Number of Vaccinations	Percentage of Total Booster Vaccinations*	Number of Vaccinations	Percentage of Total Booster Vaccinations*	Number of Vaccinations	Percentage of Number of Vaccinations*
Total Booster Vaccinations	82,129	100	67,698	100	6,603	100
Dose 2 following Janssen	2,242	2.6	5,163	7.6	963	14.6
Janssen	1,051	1.2	1,275	1.9	179	2.7
Moderna	603	0.7	1,546	2.3	409	6.2
Pfizer	588	0.7	2,342	3.5	375	5.7
Dose 3 following Moderna Dose 2	44,014	51.7	28,514	42.1	3,255	49.3
Janssen	274	0.3	115	0.2	37	0.6
Moderna	42,085	49.4	27,130	40.1	2,876	43.6
Pfizer	1,655	1.9	1,269	1.9	342	5.2
Dose 3 following Pfizer Dose 2	38,873	45.7	34,021	50.3	2,385	36.1
Janssen	330	0.4	138	0.2	37	0.6
Moderna	1,619	1.9	1,435	2.1	769	11.6
Pfizer	36,924	43.4	32,448	47.9	1,579	23.9

^{*}Strata percentages may not sum to 100% due to rounding