



Published in final edited form as:

Epidemiology. 2015 September ; 26(5): e60. doi:10.1097/EDE.0000000000000343.

“Crude vaccine effectiveness” is a misleading term in test-negative studies of influenza vaccine effectiveness

Sheena G. Sullivan^{1,2} and Benjamin J. Cowling³

¹WHO Collaborating Centre for Reference and Research on Influenza, Peter Doherty Institute for Infection and Immunity, 792 Elizabeth St, Melbourne VIC 3000, Australia

²Fielding School of Public Health, University of California, Los Angeles, USA

³WHO Collaborating Centre for Infectious Disease Epidemiology and Control, School of Public Health, Li KaShing Faculty of Medicine, The University of Hong Kong, Hong Kong Special Administrative Region, China

We have been reading with interest the recent reports of interim estimates of influenza vaccine effectiveness (VE) for the 2014/2015 northern hemisphere season.¹⁻⁴ The test-negative design has now become established as the standard observational design for timely assessment of influenza VE.⁵ Studies following this design often report both a crude and adjusted VE estimate. However, it is important to consider our ultimate goal in reporting VE estimates and whether an unadjusted estimate is useful. The term “vaccine effectiveness” implies a causal effect rather than a mere correlation, and estimation of a causal effect requires confounding to be addressed.⁶

In a typical test-negative study, which is similar to a case-control study, patients with influenza-like illness are enrolled in a clinical setting and tested for influenza. The crude odds ratio is obtained by dividing the odds of vaccination among influenza-positive patients by the odds of vaccination among influenza-negative patients. This measure indicates the *correlation* of vaccination with influenza, but may not be an accurate estimate of the *causal effect* of vaccination on the risk of influenza because that association may be confounded. Confounding variables are associated with, but not the result of, both the exposure and the outcome, conditional on all other variables.⁷ In observational studies, statistical adjustment of estimates (e.g. regression or stratification) is usually necessary to overcome confounding and ensure exchangeability between groups. This adjusted estimate will approximate the causal effect, such as the effectiveness of a vaccine. In observational studies of vaccine effectiveness, including the test-negative study, VE is commonly calculated as $1 - OR_{adj} \times 100\%$ ⁸.

Absent other biases, the difference between the crude odds ratio and the adjusted odds ratio should show the degree of bias caused by confounding. It can therefore be worthwhile to

Author for correspondence: Sheena Sullivan, Locked Bag 815, Carlton South VIC 3053, Australia, sheena.sullivan@influenzacentre.org, Tel: +61 3 9342 9317, Fax: +61 3 9342 9329.

Potential conflicts of interest

The authors report no other potential conflicts of interest.

present the crude odds ratio and the adjusted odds ratio. However, we propose here that it is improper to present a “crude VE”, since this value has no causal interpretation and should not be presented as an estimate of VE. Similarly, it should be unnecessary to use the word “adjusted” when reporting VE because adjustment should have been performed in order to present an estimate of a causal effect. We recognise that the differences in crude and adjusted odds ratios may be caused by other biases, including sparse data bias, measurement error or residual confounding. Nevertheless, when reporting an estimate with an implicit causal effect, it can be misleading to report a crude estimate.

Acknowledgments

Financial support

This work has received financial support from the Area of Excellence Scheme of the Hong Kong University Grants Committee (grant no. AoE/M-12/06) and the Harvard Center for Communicable Disease Dynamics from the National Institute of General Medical Sciences (grant no. U54 GM088558). The WHO Collaborating Centre for Reference and Research on Influenza is funded by the Australian Government Department of Health. The funding bodies were not involved in the collection, analysis, and interpretation of data, the writing of the article, or the decision to submit it for publication.

BJC has received research funding from MedImmune Inc. and Sanofi Pasteur, and consults for Crucell NV.

REFERENCES

1. Skowronski D, Chambers C, Sabaiduc S, De Serres G, Dickinson J, Winter A, Drews S, Fonseca K, Charest H, Gubbay J, Petric M, Krajden M, Kwindt T, Martineau C, Eshaghi A, Bastien N, Li Y. Interim estimates of 2014/15 vaccine effectiveness against influenza A(H3N2) from Canada's Sentinel Physician Surveillance Network, January 2015. *Euro Surveill.* 2015; 20(4)
2. Pebody R, Warburton F, Ellis J, Andrews N, Thompson C, von Wissmann B, Green H, Cottrell S, Johnston J, de Lusignan S, Moore C, Gunson R, Robertson C, McMenamin J, Zambon M. Low effectiveness of seasonal influenza vaccine in preventing laboratory-confirmed influenza in primary care in the United Kingdom: 2014/15 mid-season results. *Euro Surveill.* 2015; 20(5)
3. Flannery B, Clippard J, Zimmerman RK, Nowalk MP, Jackson ML, Jackson LA, Monto AS, Petrie JG, McLean HQ, Belongia EA, Gaglani M, Berman L, Foust A, Sessions W, Thaker SN, Spencer S, Fry AM. Early estimates of seasonal influenza vaccine effectiveness - United States, January 2015. *MMWR Morb Mortal Wkly Rep.* 2015; 64(1):10–15. [PubMed: 25590680]
4. McNeil S, Andrew M, Ye L, Haguinet F, Hatchette T, ElSherif M, LeBlanc J, Ambrose A, McGeer A, McElhaney J, Loeb M, MacKinnon-Cameron D, Sharma R, Dos Santos G, Shinde V. Investigators of the Serious Outcomes Surveillance Network of the Canadian Immunization Research N. Interim estimates of 2014/15 influenza vaccine effectiveness in preventing laboratory-confirmed influenza-related hospitalisation from the Serious Outcomes Surveillance Network of the Canadian Immunization Research Network, January 2015. *Euro Surveill.* 2015; 20(5)
5. Sullivan SG, Feng S, Cowling BJ. Potential of the test-negative design for measuring influenza vaccine effectiveness: a systematic review. *Expert Rev Vaccines.* 2014; 13(12):1571–1591. [PubMed: 25348015]
6. Greenland, S.; Rothman, KJ.; Lash, TL. Measures of Effect and Measures of Association. In: Rothman, KJ.; Greenland, S.; Lash, TL., editors. *Modern Epidemiology*. 3rd ed.. Philadelphia: Lippincott, Williams & Wilkins; 2008. p. 51-70.
7. Greenland S, Pearl J, Robins JM. Causal diagrams for epidemiologic research. *Epidemiology.* 1999; 10(1):37–48. [PubMed: 9888278]
8. Halloran, ME.; Longini, IM.; Struchiner, CJ. *Statistics for Biology and Health*. New York: Springer; 2010. Design and Analysis of Vaccine Studies.