







Sunah Song MS¹, Brigid Wilson PhD^{2,3}, Taissa Bej MS³, Richard E. Banks BS³, Janet M. Briggs RN, MSN, NP³, Robin L. P. Jump MD, PhD^{2,3} and Federico Perez, MD, MS^{2,3} ¹Cleveland Institute for Computational Biology and ²Division of Infectious Diseases and HIV Medicine, Department of Medicine, School of Medicine, Case Western Reserve University, Cleveland, Ohio. ³Geriatric Research Education and Clinical Center (GRECC), VA Northeast Ohio Healthcare System, Cleveland, Ohio.

Background

- Community acquired pneumonia (CAP) remains a major cause of morbidity and mortality in adults.
- Risk factors for CAP are often grouped into moderate- (e.g., diabetes mellitus, chronic liver, lung, or heart disease) and high-risk (e.g., immunosuppressive) conditions
- The designation of having a moderate- or high-risk condition influences preventative strategies, notably pneumococcal vaccination

Objective

• To assess the incidence of CAP among people with > 1 moderate risk condition

Methods

- We used the national Veterans Health Administration (VHA) databases merged with claims summaries from the Centers for Medicare and Medicaid Services to identify patients (\geq 18 years old) receiving clinical care in the VHA without clinical Medicare claims in 2016-2017
- Inclusion criteria for CAP cases:
 - diagnostic code for pneumonia
 - chest X-ray or chest CT within 14 days
 - antibiotics within 7 days of an outpatient diagnosis of pneumonia or within 2 days of hospitalization
- Exclusion criteria for CAP cases:
 - healthcare exposure or immunosuppressive medications or antibiotics in the prior 90 days

Incidence of Community Acquired Pneumonia by Age & Comorbid Conditions in the Veterans Health Administration

Table 1. Incidence of Community Acquired Pneumonia, Stratified by Age				Table 2. Prevalence of Moderate- and High- Risk Co-morbid Conditions, Stratified by Age			
Age	# CAP Cases	Patient Years	CAP cases /100K person years (95% CI)	Age -	Number of Moderate-Risk Conditions		≥1 High-Risk
					One	Two or more	Condition(s)
18-34	1,296	912,628	142 (134-150)	18-34	20 %	6 %	3 %
35-49	2,947	1,431,371	206 (199-213)	35-49	26 %	10 %	8 %
50-64	11,271	2,485,670	453 (445-462)	50-64	26 %	20 %	16 %
65-74	13,399	2,127,881	630 (619-640)	65-74	26 %	19 %	26 %
75-84	5,300	671,048	790 (769-811)	75-84	23 %	12 %	35 %
85+	3,201	302,533	1058 (1022-1095)	85+	19 %	6 %	41 %

Figure 1. Incidence of Community-Acquired Pneumonia, **Stratified by Age & Burden of Risk Factors**





Results

• We identified 37,414 CAP cases in 7.9 million person-years at risk and observed similar annual rates in 2016 and 2017 (471 and 473 cases/100,000 personyears, respectively) (Table 1) • The prevalence of high-risk conditions and incidence of CAP increased with age • The prevalence of people with ≥ 2 moderate-risk condition peaked for ages 50-64 and 65-74 years (Table 2) • The incidence of CAP among those with

≥2 moderate-risk conditions exceeded that of patients with ≥ 1 high-risk conditions across all age strata (Figure 1)

Conclusions

 Age-adjusted analysis revealed that the greatest burden of CAP occurs in patients with ≥2 moderate-risk conditions, even compared to those with a high-risk condition

 Additional preventative health measures directed at individuals older than 50 years with ≥2 moderate-risk conditions may help to reduce the burden of CAP and limit its morbidity and mortality

Funding and Acknowledgement

• This work was supported in part by funds from Pfizer (FP, RJ) and by funds and facilities provided by the Cleveland Geriatric Research Education and Clinical Center (GRECC) and the Veterans Affairs (VA) Northeast Ohio Healthcare System. The findings and conclusions presented here are those of the authors, who are responsible for its content, and do not necessarily represent the views of the VA or of the United States Government. • A part of this work is supported via a collaboration with the Cleveland Institute for Computational Biology.

Corresponding Author: <u>Federico.Perez@va.gov</u>