

# Infant Pneumonia and Subsequent Risk of Chronic Respiratory Disorders

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## BACKGROUND

- Studies of sequelae of community-acquired pneumonia (CAP) in otherwise healthy infants are needed to identify if early CAP adversely affects lung growth/function leading to chronic lung disease<sup>1-9</sup>
- It has been hypothesized that early lung infection may lead to disruption of alveoli volume/lung growth or chronic inflammation resulting in recurrent or persistent symptoms
- Current evidence linking CAP in infancy (i.e., among children aged <2 years) with long-term consequences for the rapidly developing lung is primarily anecdotal and limited

## OBJECTIVE

- The objective of our study was to examine the impact of CAP in infancy on subsequent respiratory health

## METHODS

### Study Design and Data Source

- Retrospective matched-cohort design and data from the Optum<sup>®</sup> de-identified Electronic Health Record Dataset (2009-2018), a fully integrated US electronic health records repository, were employed

### Study Population

- Study population comprised children aged <2 years who were hospitalized for CAP ("CAP patients") and matched counterparts without evidence of pneumonia before age 2 years ("comparison patients"):
- CAP hospitalizations were identified based on acute-care inpatient facility records with:
  - 1<sup>o</sup> diagnosis of pneumonia (irrespective of 2<sup>o</sup> diagnoses); or
  - 1<sup>o</sup> diagnosis of bacteremia or respiratory failure and a 2<sup>o</sup> diagnosis of pneumonia; and
  - Evidence of chest x-ray on day of, day after, or during the 3-day period before hospital admission
- CAP patients and comparison patients were matched (fixed 1:5 ratio, without replacement) using estimated propensity scores and nearest-neighbor approach:
  - Propensity scores for CAP (vs. comparison) were estimated using multivariable logistic regression; independent variables included month and year of birth, sex, birth status, and vaccination history
- Patients with conditions that increase risk of CAP or complications (eg, extreme prematurity, immunodeficiency, congenital abnormality, respiratory disease [eg, bronchopulmonary dysplasia]) before age 2 years were excluded

### Study Outcomes

- Study outcomes were assessed from age 2 years to age 5 years, date of last healthcare activity, or end of study period, whichever occurred first:
  - Chronic respiratory disorders (asthma, bronchitis, hyperactive airway disease, recurrent pneumonia, recurrent otitis media, recurrent sinusitis, recurrent wheezing)
  - Recurrent pneumonia
  - Recurrent otitis media
  - Asthma, recurrent wheezing, or hyperactive airway disease

### Statistical Analyses

- Annual rates of study outcomes—and relative rates for CAP vs. comparison patients—were evaluated over 3-year follow-up period from age 2 to age 5 years
- Time to first evidence of study outcomes was evaluated using Cox proportional hazards models
- Analyses were conducted considering all patients as well as patients stratified by CAP etiology (bacterial, viral, unspecified) and age at initial CAP hospitalization (0 - <6, ≥6 - <12, ≥12 - <24 months)

## LIMITATIONS

- Algorithm for identifying CAP has not been formally evaluated against a "gold standard" and thus its accuracy is unknown
- Operational algorithms used to characterize comorbidity profiles undoubtedly resulted in misclassification of some patients
- CAP and comparison patients may be systematically different in terms of unobserved characteristics, which could bias study results
- Comparisons within patient subgroups may be underpowered in certain instances and should be interpreted with caution

## CONCLUSIONS

- Infant CAP foreshadows an increase in subsequent risk of chronic respiratory disorders
- Studies are needed to determine whether increased rate of chronic respiratory disorders reflects damage resulting from early CAP, or if early CAP is a marker for children who are at increased risk for respiratory disorders, or both

## REFERENCES

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## RESULTS

### Baseline Characteristics

- Among CAP patients (N=1,343):
  - % with only 1 CAP hospitalization before age 2 years: 97%
  - Mean age at first CAP hospitalization: 8.9 months
  - Etiology during first CAP hospitalization: bacterial, 20%; viral, 27%; unspecified, 53%
- CAP patients and matched comparison patients (N=6,715) were well-balanced on baseline characteristics and follow-up duration (Table 1)

### Study Outcomes

- Rates of chronic respiratory disorders from age 2-5 years were significantly higher among CAP (vs comparison) patients (Tables 2-3)
- Analyses across subgroups defined on CAP etiology demonstrated higher rates of outcomes among CAP patients across all strata
- Results within subgroups defined on age at first CAP hospitalization were comparable to those from base-case analyses:
  - Findings support hypothesis that damaged or persistent inflammation from CAP in infancy increases risk of chronic respiratory disorders after age 2 years

Table 1. Characteristics of CAP patients and matched counterparts at age 2 years

	CAP Patients				Comparison Patients (N=6,715)	Standardized Difference*
	All (N=1,343)	Bacterial (N=265)	Viral (N=360)	Unspecified (N=718)		
Age, Months (@ first CAP admission)						
Mean (SD)	8.9 (7.0)	9.8 (7.6)	7.2 (6.4)	9.3 (6.9)	--	--
Male, %	55.2	55.5	55.6	55.0	55.0	0.005
Birth Status, %						
Premature/Low Birth Weight	6.0	4.9	8.6	5.2	6.4	0.016
Full Term	92.9	93.2	90.6	93.9	92.7	0.007
Unspecified	1.1	1.9	0.8	1.0	0.9	0.019
No. of CAP Hospitalizations (before age 2 years), %						
1	96.6	98.1	95.6	96.5	--	--
2	3.4	1.9	4.4	3.3	--	--
≥3	0.1	0.0	0.0	0.1	--	--
Duration of Follow-Up, Mean (SD)	757 (356)	674 (356)	773 (348)	780 (355)	729 (362)	0.078

SD: standard deviation  
\*Standardized difference corresponds to comparison of CAP patients vs. all matched comparison patients

Table 2. Rates and relative rates of chronic respiratory disorders after age 2 years among CAP patients versus comparison patients

	No. of Patients	All Chronic Respiratory Disorders		Recurrent Pneumonia		Recurrent Otitis Media		Recurrent Wheezing, Asthma, or Hyperactive Airway Disease	
		Rate per 100 PYs	Relative Rate (95% CI)	Rate per 100 PYs	Relative Rate (95% CI)	Rate per 100 PYs	Relative Rate (95% CI)	Rate per 100 PYs	Relative Rate (95% CI)
All Patients									
CAP Patients	1,343	11.6	2.4 (2.2 - 2.7)	1.8	6.5 (4.2 - 10.1)	2.4	1.5 (1.2 - 1.9)	6.1	3.5 (2.9 - 4.3)
Bacterial	265	11.7	2.4 (1.9 - 3.0)	1.8	6.5 (2.6 - 11.8)	2.7	1.7 (0.8 - 2.6)	5.7	3.3 (2.2 - 4.6)
Viral	360	11.7	2.4 (2.0 - 2.9)	1.4	5.1 (2.4 - 9.6)	2.9	1.8 (1.1 - 2.6)	6.6	3.8 (2.7 - 5.0)
Unspecified	718	11.6	2.4 (2.1 - 2.8)	2.0	7.1 (4.4 - 11.6)	2.2	1.3 (0.9 - 1.8)	6.0	3.5 (2.8 - 4.3)
Comp. Patients	6,715	4.8	---	0.3	---	1.6	---	1.7	---
Age at Initial CAP Hospitalization									
0 to <6 Months									
CAP Patients	552	8.9	1.8 (1.4 - 2.1)	1.0	4.6 (1.9 - 10.7)	3.1	1.8 (1.2 - 2.6)	3.9	2.4 (1.7 - 3.4)
Bacterial	101	9.2	1.8 (1.1 - 2.7)	0.5	2.5 (0.0 - 9.7)	4.3	2.5 (1.0 - 4.5)	2.7	1.6 (0.4 - 3.3)
Viral	180	9.2	1.8 (1.3 - 2.5)	0.5	2.5 (0.0 - 8.3)	3.5	2.0 (1.0 - 3.3)	4.9	3.0 (1.6 - 4.8)
Unspecified	271	8.5	1.7 (1.3 - 2.2)	1.4	6.6 (2.3 - 16.2)	2.5	1.4 (0.7 - 2.3)	3.7	2.3 (1.4 - 3.4)
Comp. Patients	2,760	5.1	---	0.2	---	1.7	---	1.6	---
≥6 to <12 Months									
CAP Patients	308	11.7	2.6 (2.0 - 3.3)	1.6	5.8 (2.1 - 17.0)	1.7	1.1 (0.5 - 2.1)	5.5	2.9 (1.9 - 4.2)
Bacterial	46	8.0	1.8 (0.6 - 3.1)	0.0	0.0 (0.0 - 0.0)	1.1	0.7 (0.0 - 2.4)	2.3	1.2 (0.0 - 3.3)
Viral	87	12.9	2.8 (1.9 - 3.9)	3.1	11.4 (3.0 - 36.4)	1.6	1.0 (0.0 - 2.5)	6.7	3.5 (1.8 - 5.8)
Unspecified	175	12.0	2.6 (1.9 - 3.5)	1.1	4.2 (0.7 - 13.7)	2.0	1.3 (0.5 - 2.7)	5.7	3.0 (1.7 - 4.7)
Comp. Patients	1,540	4.5	---	0.3	---	1.5	---	1.9	---
≥12 to <24 Months									
CAP Patients	483	14.6	3.2 (2.7 - 3.7)	2.9	7.9 (4.5 - 14.3)	2.1	1.4 (0.8 - 2.1)	8.8	5.2 (4.0 - 6.8)
Bacterial	118	15.3	3.3 (2.4 - 4.4)	3.7	10.1 (3.3 - 22.1)	1.9	1.2 (0.2 - 2.7)	9.8	5.7 (3.5 - 8.4)
Viral	93	15.1	3.3 (2.2 - 4.2)	1.5	4.1 (0.0 - 10.4)	3.0	2.0 (0.6 - 3.8)	9.6	5.6 (3.2 - 8.6)
Unspecified	272	14.2	3.1 (2.5 - 3.7)	3.1	8.3 (4.3 - 16.0)	1.9	1.3 (0.6 - 2.2)	8.2	4.8 (3.5 - 6.7)
Comp. Patients	2,415	4.6	---	0.4	---	1.5	---	1.7	---

PY: person-year

Table 3. Adjusted hazard ratios for time to first evidence of chronic respiratory disorders after age 2 years among CAP patients versus comparison patients

	No. of Patients	All Chronic Respiratory Disorders		Recurrent Pneumonia		Recurrent Otitis Media		Recurrent Wheezing, Asthma, or Hyperactive Airway Disease	
		HR	95% CI	HR	95% CI	HR	95% CI	HR	95% CI
All Patients									
CAP Patients	1,343	2.8	2.4 - 3.2	6.7	4.4 - 10.3	1.6	1.2 - 2.1	3.8	3.1 - 4.6
Comp. Patients	6,715	--	--	--	--	--	--	--	--
Age at initial CAP hospitalization									
0 to <6 months									
CAP Patients	552	1.9	1.5 - 2.4	5.1	2.2 - 11.6	1.9	1.3 - 2.8	2.4	1.7 - 3.5
Comp. Patients	2,760	--	--	--	--	--	--	--	--
≥6 to <12 months									
CAP Patients									
Bacterial	101	1.9	1.1 - 3.0	2.9	0.4 - 22.7	2.3	1.1 - 4.7	1.7	0.7 - 4.2
Viral	180	2.0	1.4 - 2.9	2.9	0.6 - 13.0	2.1	1.2 - 3.7	3.1	1.8 - 5.1
Unspecified	271	1.9	1.4 - 2.5	7.1	2.8 - 17.7	1.6	0.9 - 2.7	2.3	1.4 - 3.7
Comp. Patients	2,760	--	--	--	--	--	--	--	--
≥12 to <24 months									
CAP Patients	308	2.9	2.2 - 3.9	6.9	2.7 - 17.9	1.1	0.6 - 2.2	2.9	1.9 - 4.5
Comp. Patients	1,540	--	--	--	--	--	--	--	--
Age at initial CAP hospitalization									
≥12 to <24 months									
CAP Patients									
Bacterial	46	1.8	0.9 - 4.0	0.0	0.0 - 0.0	0.7	0.1 - 5.2	1.3	0.3 - 5.3
Viral	87	3.2	2.0 - 4.9	15.8	5.3 - 47.4	0.9	0.3 - 3.0	3.6	1.9 - 6.7
Unspecified	175	3.0	2.1 - 4.3	4.4	1.3 - 15.2	1.4	0.6 - 3.1	3.0	1.8 - 5.0
Comp. Patients	1,540	--	--	--	--	--	--	--	--

CI: confidence interval; HR: hazard ratio; PY: patient-year