

Comorbidities increase In-Hospital Mortality in Dengue Patients in Brazil

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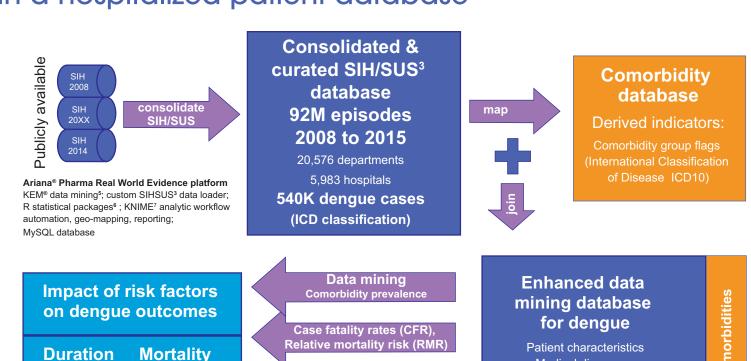
BACKGROUND

- Dengue represents an unmet medical and public health issue with more than half of the world's population at risk¹
- Dengue patients with comorbidities may be at higher risk of death; however, there are few large-scale studies²
- Data mining of hospital databases provides insights on the impact of the healthcare diseases on infrastructure³⁻⁴ and contributes to document the disease burden on public health
- Predictive factors for dengue mortality in high risk populations could aid in determining those that would benefit most from dengue preventative measures

MATERIALS & METHODS

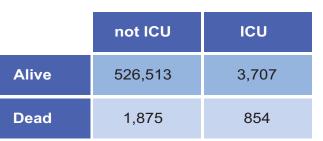
ICU (Intensive Care Unit)

Retrospective analysis of risk factors for dengue mortality in a hospitalized patient database



Modeling the relative impact of comorbidities on dengue patient outcome using risk factors

Measure of patient outcome (cases): ICU, death and duration of stay **3**0.0% 20.0%



Example of Modeling⁶:

- Risk factors analysis to estimate independent effect on patient Empirical risk scores determined and patient outcomes compared
- Risk scores are relative to reference cases= dengue, 9-45 year old, 2008, no comorbidities

Duration of stay for Dengue patients

Measure of risk of death: Log odds ratio

Tools:

10.0%

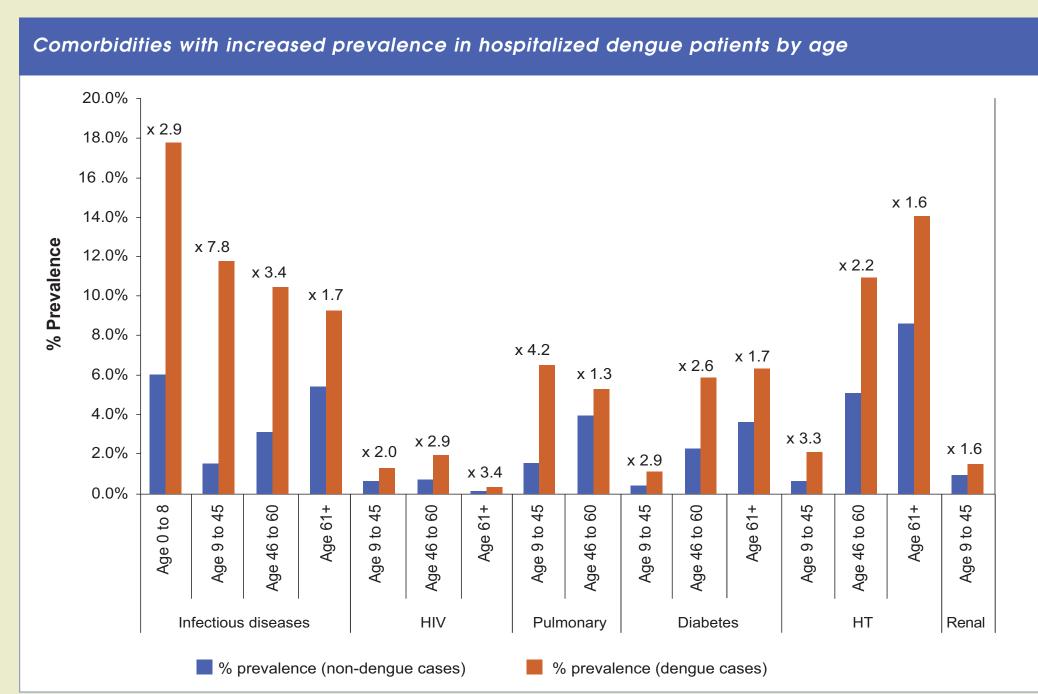
 Cox survival for Duration and Logistic regressions for Death and ICU admission after controlling by potential confounders (as age, year of inclusion).

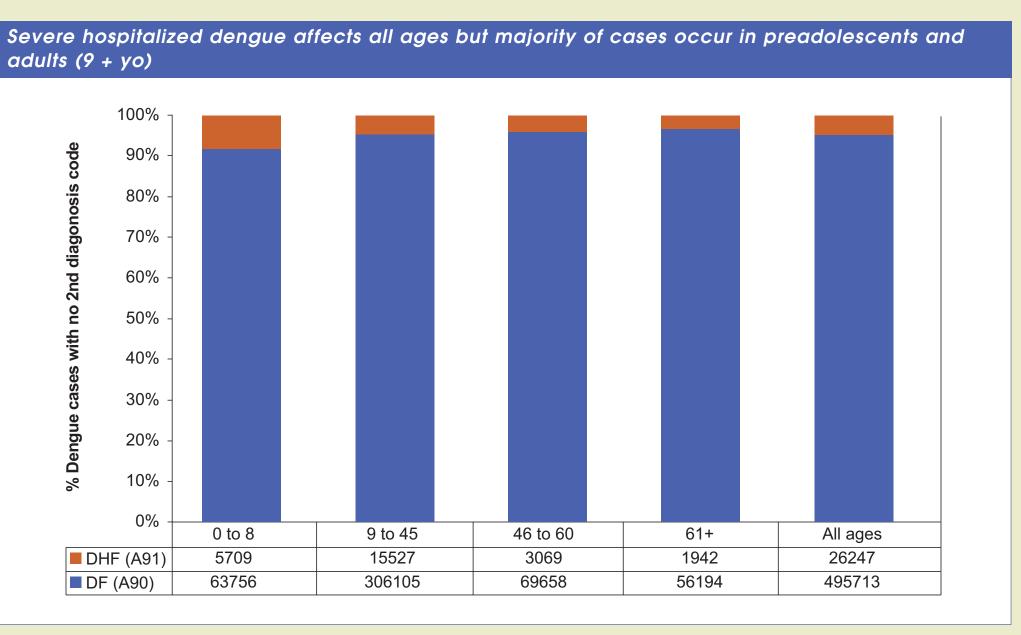
RESULTS

Prevalence of Risk factors

Medical diagnoses

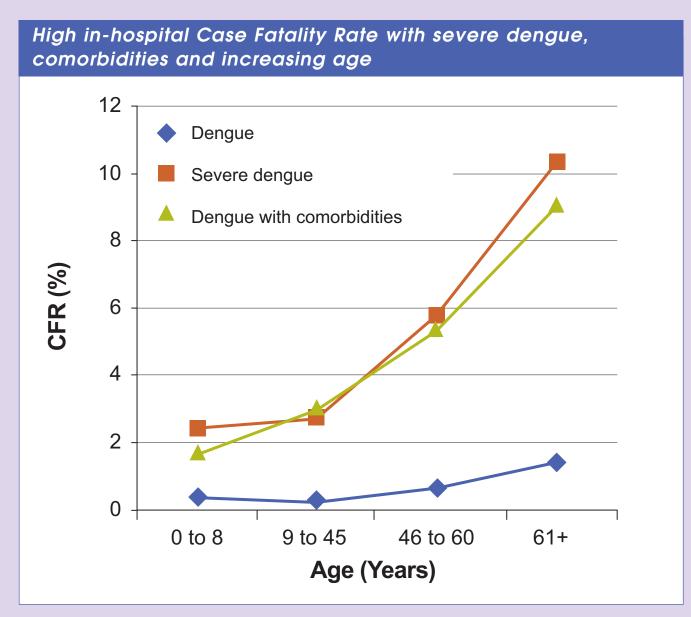
Department characteristics

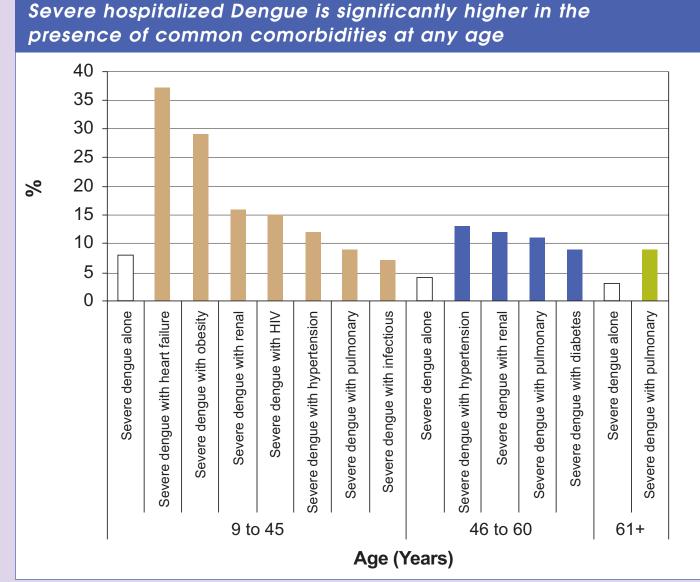


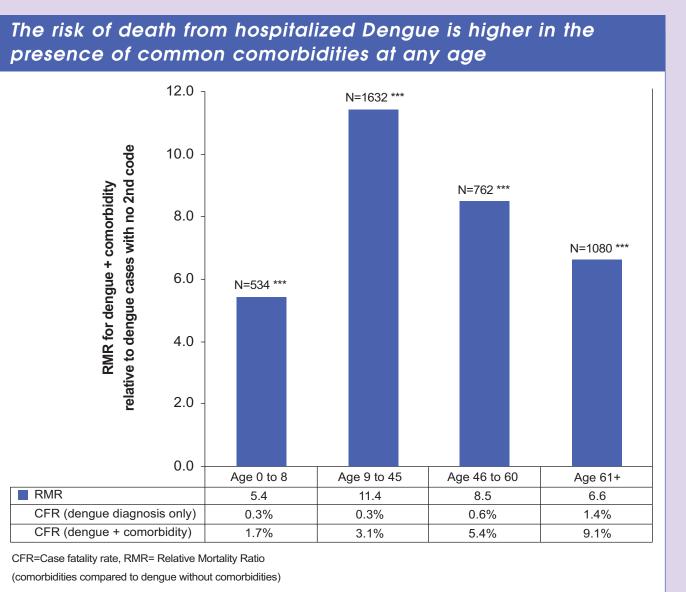


Of 26,247 severe dengue cases with no comorbidities, 15,527 (59%) were 9-45 years old

Mortality Rates







- 11 times higher in 9-45 year-olds
- Comorbidities increase hospitalized Dengue mortality at any age Age (yo) Comorbidity 95% CI P value 27 4-175 < 0.05 Renal disease/failure 0-8 4-18 < 0.001 Infectious disease Renal disease/failure 27 13-59 <0.001 14 Infectious disease 10-21 <0.001 9-45 13 8-23 <0.001 Pulmonary disease 12 3-48 < 0.05 Diabetes Ischaemic heart disease 4-158 21 12-35 <0.001 Pulmonary disease Infectious disease 16 10-25 <0.001 15 Renal disease/failure 6-38 < 0.001 < 0.05 Diabetes 2-14 Pulmonary disease 16 12-21 < 0.001 Infectious disease 10 7-14 < 0.001 61+ 4-17 Renal disease/failure <0.001 7 2-25 < 0.05 Ischaemic heart disease 1-4 Hypertension < 0.05 CFR=Case fatality rate RMR= Relative Mortality Ratio (comorbidities compared to dengue alone)
- Pulmonary disease, infectious diseases, renal disease/failure, diabetes (ischaemic heart disease 61+ y)

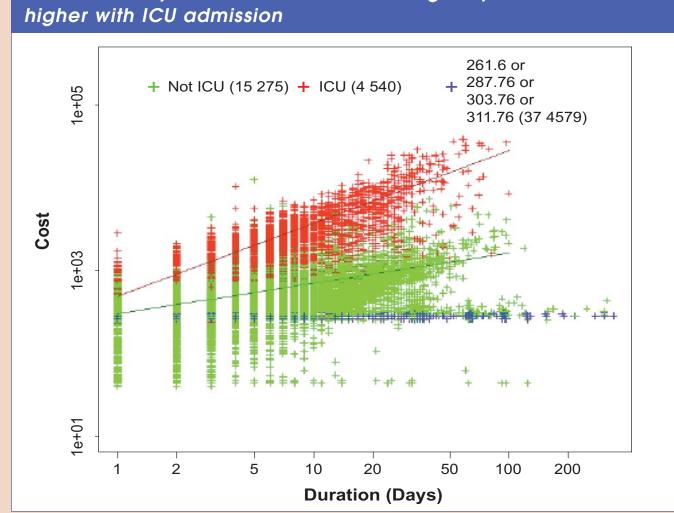
Modeling

- Risk of death from severe dengue was similar to IHD and pulmonary disease
- Duration of hospital stay, ICU admission and death were strongly correlated

Age, dengue severity, comorbidities are independent and cumulative risk factors for longer hospital duration, ICU admission and death RISK SCORES⁶ **Duration** Death **COMORBIDITIES** 43 – Pulmonary disease 41 36

Ischaemic heart disease (IHD)	28	49	36
Renal disease/failure	18	47	33
Diabetes	-1	20	6
Hypertension	2	15	8
Dyslipidaemia	-188	-111	-94
DENGUE SEVERITY			
dengue	0	0	0
Severe dengue (DHF)	47	52	41
	AGE		
0 to 8	-6	8	-2
9 to 45	0	0	0
46 to 60	20	4	14
61+	36	9	27

Cost is linearly correlated with increasing hospital duration and higher with ICU admission



Elderly patients with comorbidities stayed in hospital longer (5.5 vs 3.5 days), had higher ICU rates (6% vs 0.9%) and hospital costs (706 vs 336 BRL) compared to patients with dengue alone.

CONCLUSIONS

- In a large retrospective in-hospital database of ½ million dengue cases in Brazil, severe hospitalized dengue occurred at any age; however, the majority of cases were in pre-adolescents and adults.
- At any age, the risk of dying from hospitalized dengue was even higher with common comorbidities such as pulmonary disease, renal disease, diabetes, ischaemic heart disease, obesity and HIV.
- Comorbidities, older age, severe dengue were independent and cumulative risk factors for longer hospital duration, increased intensive care admission and in-hospital death.
- Ensuring access to dengue preventative measures in individuals 9 years and above including those with comorbidities could help these countries achieve the WHO objective of 50% reduction in mortality and 25% reduction in morbidity due to dengue by 2020

References

1. The Global Economic Burden of dengue: a systematic analysis. DS Shepard Lancet Infect Dis 2016:935-41

consolidation, data mining and analysis by Ariana Pharmaceuticals

- 2. Relevance of Non-communicable comorbidities for the development of the severe forms of dengue: A Systematic Literature Review. J. Toledo PLOS Negl Trop Dis 2016 4;10(1):e0004284
- 3. Sistema de Informações Hospitalares do SUS. http://sihd.datasus.gov.br/ 4. Big data analytics in healthcare: promise and potential. W. Raghupathi, V. Raghupathi. Health Inf Sci Syst. 2014; 2: 3 5. a) KEM® (Knowledge Extraction and Management) data mining platform, Ariana Pharmaceuticals S.A.; b) M Liquiere, J Sallantin, Structural
- Machine Learning With Galois Lattice and Graphs. ICML'98: 5th International Conference on Machine Learning. Madison, WI: 1998; 305-313 6. Biglm: bounded memory linear and generalized linear models. T Lumley 2013
- 7. KNIME, The {K}onstanz {I}nformation {M}iner. M. R. Berthold et al. Studies in Classification, Data Analysis, and Knowledge Organization.

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