

### Autism Spectrum Disorder Diagnoses among Insured US Children with Congenital Cytomegalovirus

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## Learning objectives

- Review the existing literature regarding ASD and cCMV, and why CNS involvement may mediate the relationship between the two.
- Discuss the implications of a possible association between cCMV and ASD, and results of this study.
- Consider the limitations of using administrative claims data to examine this relationship and discuss the need for future research using universal screening cohorts.





# Background

- Congenital cytomegalovirus (cCMV) can result in severe outcomes for some infants
- Neurodevelopmental delays and disabilities

### Autism spectrum disorder

- US Prevalence: 20-30 per 1000 children
- Challenges in social communication, restricted and repetitive behavior or interests
- Risk factors include preterm birth, low birth weight, and central nervous system injury/anomaly



### Congenital infections and fetal injury



Krstanović F, Britt WJ, Jonjić S, Brizić I. Cytomegalovirus Infection and Inflammation in Developing Brain. Viruses. 2021 Jun; 13(6):1078.

# Congenital CMV and autism

- Many case reports
- Several studies showing increased incidence of ASD in cCMV
  - Biased or small sample sizes
- More common among symptomatic (vs. asymptomatic)
- Causal pathway remains unknown







### Objectives

Assess the risk of ASD diagnosis in children with or without cCMV diagnosis, both overall and stratified by other conditions associated with a higher risk of ASD (e.g., preterm birth, low birth weight, and CNS anomaly/injury)





# Methods

### Data source

- Administrative claims data
- CMS Medicaid data
  - Nationwide data from all US states
  - Inpatient, outpatient and enrollment data
  - Longitudinal data to track patients over time
  - Robust sample size, especially for infants
  - Date of birth available to calculate infant age in days



### Medicaid Datasets and Tables

**2014-2020** CMS The Transformed Medicaid Statistical Information System (T-MSIS) Analytic Files (TAF) Medicaid databases

Annual Demographics and Eligibility (DE) File

- Patient ID
- State
- DOB
- Sex
- Race/ethnicity
- Monthly Medicaid Enrollment Days
- Monthly CHIP Enrollment Days
- Death

Other Services (OT) Claims File

- Patient ID
- Diagnostic codes
- Service dates

Inpatient Hospital (IP) Claims File

- Patient ID
- Diagnostic codes
- Service and admission dates
- Patient discharge status

### Study Population

Children enrolled in Medicaid continuously since birth through ≥4 to <7 years





### Study definitions

**Congenital CMV (cCMV)**: diagnostic code of cCMV infection or CMV disease within 45 days of birth (IP/OP)

Autism Spectrum Disorder (ASD): ≥2 visits occurring at age 1 or older with a diagnostic code for autism separated by ≥6 days (IP or OP)

**Preterm birth:** diagnostic code for prematurity (IP)

Low birth weight: diagnostic code for LBW (IP)

**CNS anomaly/injury**: diagnostic code for brain anomaly, microcephaly within 45 days (IP only), cerebral palsy, epilepsy, chorioretinitis (IP or OP)

**Hearing loss:** ≥3 visits with a diagnostic code for hearing loss.

Abbreviations, IP, inpatient; OP, outpatient



## Analysis

#### Prevalence and 95% CI

• By sex, region, birth outcomes, CNS anomaly/injury, and hearing loss

#### Directed acyclic graph

- Visualize potential relationship between cCMV and ASD and other variables
- Identified potential confounders

#### Kaplan-Meier curve

• Compared the risk of having a diagnosis of ASD among children with and without cCMV over time

#### Cox proportional hazard regression model

- Compared HR for ASD in children with and without cCMV, overall, adjusted for sex and region
- Stratified by variables in potential causal pathway, including birth outcomes and CNS anomaly/injury



# Results

Study flowchart of children enrolled in Medicaid from birth to  $\geq$ 4 to <7 years with and without diagnostic codes for congenital cytomegalovirus (cCMV) infection and autism spectrum disorder (ASD)



#### Directed acyclic graph of cCMV and ASD

 Legend
Exposure
Outcome
Ancestor of exposure
Ancestor of outcome
Ancestor of exposure and outcome
Other variable
Causal path
Biaising path
Other path



#### Administrative prevalence of cCMV and ASD among US children enrolled in Medicaid by sex, region and clinical characteristics, CMS Medicaid, 2014–2020

		Congenital CMV		Autism Spectrum Disorder	
	Total number		Administrative Prevalence per 10,000 (95%		Administrative Prevalence per
Characteristics	of children	n (%)	CI)	n (%)	1,000 (95% CI)
Total	2,989,659	1,044 (100)	3.5 (3.3-3.7)	74,872 (100)	25.0 (24.9-25.2)
Sex					
Female	1,460,253 (49)	477 (46)	3.3 (3.0-3.6)	17,924 (24)	12.3 (12.1-12.5)
Male	1,529,383 (51)	567 (54)	3.7 (3.4-4.0)	56,948 (76)	37.2 (36.9-37.5)
Region					
Northeast	295,765 (10)	105 (10)	3.6 (2.9-4.3)	,34  ( 5)	38.3 (37.6-39.1)
North Central	599,916 (20)	234 (22)	3.9 (3.4-4.4)	13,109 (18)	21.9 (21.5-22.2)
South	I,495,492 (50)	564 (54)	3.8 (3.5-4.I)	36,488 (49)	24.4 (24.1-24.7)
West	579,747 (19)	139 (13)	2.4 (2.0-2.8)	13,688 (18)	23.6 (23.2-24.0)

Table 1. Administrative prevalence of cCMV and ASD among US children enrolled in Medicaid by sex, region and clinical characteristics, CMS Medicaid, 2014–2020

		Congenital CMV		Autism Spectrum Disorder	
Characteristics	Total number of children	n (%)	Administrative Prevalence per	n (%)	Administrative Prevalence per 1.000 (95% CI)
Birth outcomes					
Preterm and LBW	131,975 (4)	369 (35)	28.0 (25.2-31.0)	4,893 (7)	37.1 (36.1-38.1)
LBW only	51,568 (2)	175 (17)	33.9 (29.3-39.4)	I,502 (2)	29.1 (27.7-30.6)
Preterm only	122,218 (4)	103 (10)	8.4 (6.9-10.2)	3,874 (5)	31.7 (30.7-32.7)
Neither preterm					
nor LBW	2,683,898 (90)	397 (38)	1.5 (1.3-1.6)	64,603 (86)	24   (23 9-24 3)
Any CNS					
anomaly/injury*					
Yes	87,430 (3)	511 (49)	58.4 (53.6-63.7)	8,150 (11)	93.2 (91.2-95.3)
No	2,902,229 (97)	533 (51)		66,722 (89)	230(228-232)

\*CNS anomaly/injury includes brain anomaly, microcephaly within 45 days (IP only), cerebral palsy, epilepsy, chorioretinitis

Kaplan-Meier curve of autism spectrum disorder diagnosis probability among children with or without cCMV diagnosis codes, Medicaid, 2014-2020



Association between cCMV and ASD, stratified by selected	Model	Hazard Ratio (95% CI)
characteristics, CMS	All Infants	2.61 (2.03-3.28)
Medicaid, 2014–2020	Adjusted for sex and region <sup>a</sup>	2.53 (1.97-3.19)
	Adjusted for race and ethnicity <sup>a</sup>	2.73 (2.00-3.62)
Abbreviations, cCMV, congenital cytomegalovirus; ASD, Autism Spectrum Disorder; LBW, low birth weight; CNS,	Adjusted for sex, region, race, and ethnicity <sup>a</sup>	2.65 (1.94-3.51)

<sup>a</sup> Only persons with complete case information were included in the adjusted analyses. For the analysis adjusted by sex and region, only 2,989,633 out of 2,989,659 cases were included in the analysis. For both the analysis adjusted by race and ethnicity, and adjusted by sex, region, race and ethnicity, only 2,271,750 cases were included in the analysis.

central nervous system.

<sup>b</sup> Stratified analysis is based on unadjusted data.

<sup>c</sup> CNS anomaly/injury includes cerebral palsy, epilepsy, brain anomaly, microcephaly, or chorioretinitis.

Association between cCMV and ASD, stratified by selected characteristics, CMS Medicaid, 2014–2020

Abbreviations, cCMV, congenital cytomegalovirus; ASD, Autism Spectrum Disorder; LBW, low birth weight; CNS, central nervous system.

<sup>a</sup> Only persons with complete case information were included in the adjusted analyses. For the analysis adjusted by sex and region, only 2,989,633 out of 2,989,659 cases were included in the analysis. For both the analysis adjusted by race and ethnicity, and adjusted by sex, region, race and ethnicity, only 2,271,750 cases were included in the analysis.

<sup>b</sup> Stratified analysis is based on unadjusted data.

<sup>c</sup> CNS anomaly/injury includes cerebral palsy, epilepsy, brain anomaly, microcephaly, or chorioretinitis.

Hazard Ratio
(95% CI)
2.61 (2.03-3.28)
2.53 (1.97-3.19)
2.73 (2.00-3.62)
2.65 (1.94-3.51)
2.17 (1.47-3.06)
I.98 (0.99-3.48)
2.19 (0.94-4.24)
2.23 (1.40-3.31)
0.98 (0.73-1.29)
1.66 (1.02-2.47)



### Discussion

# Summary (1)

- Children with cCMV diagnosis were 2.6 times as likely to have an ASD diagnosis compared to children without cCMV
- No association between cCMV and ASD among children who had any CNS anomaly/injury code
- Likelihood of an ASD diagnosis among children with cCMV was 1.7 times higher than for children without cCMV among children <u>without CNS</u> anomaly/injury codes

### Summary (2)

- Some, but not all, of the association of cCMV with ASD may be accounted for by the increased occurrence of CNS involvement among children with symptomatic cCMV
- With some US states implementing screening, it will be important to monitor for neurodevelopmental outcomes, including ASD.
- Future research investigating prevalence and risk factors for ASD among cohorts with universal cCMV screening may help elucidate observations from this study.

### Limitations

- Administrative data include errors in diagnostic and procedural coding
- Unable to validate with medical record review and no lab test results
- Administrative data only captures diagnosed conditions and may be biases in diagnosed cCMV and ASD cases
- Race/ethnicity groups could be potentially misidentified in the Medicaid administrative enrollment records and information is unproportionally missing in certain states

### Thank You

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Table I.Administrative prevalence of cCMV and ASD among US children enrolled in Medicaid by sex, region and clinical characteristics, CMS Medicaid, 2014–2020

		Congenital CMV		Autism Spectrum Disorder	
			Administrative		Administrative
	Total number of		Prevalence per		Prevalence per
Characteristics	children	n (%)	10,000 (95% CI)	n (%)	I,000 (95% CI)
Brain anomaly					
Yes	37,488 (1)	367 (35)	97.9 (89.6-107.1)	3,289 (4)	87.7 (84.8-90.8)
No	2,952,171 (99)	677 (65)	2.3 (1.8-2.1)	71,583 (96)	24.2 (24.1-24.4)
Microcephaly					
Yes	2,846 (0.1)	88 (8)	309.2 (250.9-381.1)	98 (0.1)	34.4 (28.2-42.0)
No	2,986,813 (99.9)	956 (92)	3.2 (3.0-3.4)	74,774 (99.9)	25.0 (24.9-25.2)
Cerebral palsy					
Yes	13,086 (0)	222 (21)	169.6 (148.7-193.5)	1,416 ((2)	108.2 (102.7-114.0)
No	2,976,573 (100)	822 (79)	2.8 (2.6-3.0)	73,456 (98)	24.7 (24.5-24.9)
Epilepsy					
Yes	51,615 (2)	205 (20)	39.7 (34.6-45.5)	5,181 (7)	100.4 (97.7-103.1)
No	2,938,044 (98)	839 (80)	2.9 (2.7-3.1)	69,691 (93)	23.7 (23.5-23.9)
Chorioretinitis					
Yes	744 (0)	74 (7)	994.6 (792.0-1249.1)	56 (0)	75.3 (57.9-97.8)
No	2,988,915 (100)	970 (93)	3.2 (3.0-3.5)	74,816 (100)	25.0 (24.9-25.2)

### Table I.Administrative prevalence of cCMV and ASD among US children enrolled in Medicaid by sex, region and clinical characteristics, CMS Medicaid, 2014–2020

		Congenital CMV		Autism Spectrum Disorder	
			Administrative		Administrative
	Total number of		Prevalence per		Prevalence per
Characteristics	children	n (%)	10.000 (95% CI)	n (%)	1,000 (95% CI)
Hearing loss					
Yes	23,686 (1)	367 (35)	154.9 (139.9-171.6)	2,819 (4)	9.0 (  4.7- 23.5)
No	2,965,973 (99)	677 (65)	2.3 (2.1-2.5)	72,053 (96)	24.3 (24.1-24.5)