

Graham, Laverne

From: Verstraeten, Thomas
 Sent: Friday, December 17, 1999 4:40 PM
 To: 'Robert Davis'
 Cc: Destefano, Frank
 Subject: ~~It just won't go away~~

Hi,

Attach please find four tables with RRs and three SAS programs:

Sumstat_alldia_sort (created by TH_anal_nonbob_expl3.txt) has the RRs after PH models adjusted for gender, site and birthyear for all diagnoses included.

Sumstat_alldia_sort2 has the RR for the conditions that came out to be relevant from the first list.

Sumstat_alldia_strat (created by TH_anal_bob_str) has the same after stratification for site, year and month of birth, adjusting for gender and leaving out the kids that got HepB immunoglobulines. It differs very little from the previous, except for the coordination disorders.

Sumstat_bob (created by TH_anal_bob_expl3.txt) has the RRs for the categories of diagnoses, adjusted, not stratified (I did it for one and got basically the same result).

In the lists you'll also see the sample size for each category and the referent category, some of which are quite small when making 4 categories, reason for using 3 slightly different categories with similar results (Hg3cat1 vs. hg4cat1 and hg3cat3 vs. hg4cat3).

I added another exposure variable (addcat) in one list that looks at the increase of mercury each month for the first three months, divided by the average bodyweight in the first, second and third month and takes the maximum value of this. This does not show much, to which I would conclude that, except for epilepsy, all the harm is done in the first month.

As these neurologic developmental conditions are very much related (odds of having one when also having the other go from 20 to 100!), I added the first five (called mix) and checked what happened to the RRs. (You get some sort of average.) I will explore the possibility of some sort of factor analysis to replace the conditions by one variable.

As you'll see some of the RRs increase over the categories and I haven't yet found an alternative explanation... Please let me know if you can think of one. Frank proposes we discuss this on a call after NewYear.

Also attached my EIS abstract to get your input.

Happy holidays!

Thomas Verstraeten, M.D.
 Epidemic Intelligence Service Officer
 Vaccine Safety and Development Branch
 National Immunization Program
 Centers for Disease Control and Prevention
 1600, Clifton Road, NE
 Atlanta, GA 30333 MS-E61
 Tel. (404) 639-8327
 Fax (404) 639-8834
 e-mail tbv2@cdc.gov

06/06/2001