# Results of COVID-19 Vaccine Effectiveness Studies: An Ongoing Systematic Review

## **Weekly Summary Tables**

**Updated February 10, 2022** 

#### Prepared by:

International Vaccine Access Center,
Johns Hopkins Bloomberg School of Public Health

and

**World Health Organization** 





For comments or questions, please contact: Anurima Baidya at abaidya1@jhmi.edu or Karoline Walter at kwalte21@jhmi.edu.





### **TABLE OF CONTENTS**

1.	Summary of Study Results for Post-Authorization COVID-19 Vaccine Effectiveness	3
1.1	Inclusion criteria for VE studies	52
1.2	VE Studies that do not meet criteria	52
2.	Summary of Study Results for Post-Authorization COVID-19 Booster Dose Vaccine Effectiveness	76
3.	Duration of Protection Studies	87
4.	Summary of Study Results for Post-Authorization COVID-19 Vaccine Effectiveness Against Transmission§	136
5.	Review Papers and Meta-analyses	139





#### 1. Summary of Study Results for Post-Authorization COVID-19 Vaccine Effectiveness#

(Studies prior to June 1, 2021 and detailed methods available on VIEW-hub Resources page: <a href="https://view-hub.org/resources">https://view-hub.org/resources</a>)

<b>N4.</b> 181	Reference (date)  Butt et al* (February 9, 2022)	Country USA	Design Test-negative case control	Population 4,229 cases and controls on haemodialysis	Dominant Variants Delta^	History of COVID	Vaccine Product BNT162b2 mRNA-1273	Outcome Measure  Documented infection	1st Dose VE % (95%CI) 60.6 (25.5-79.2) 37.2 (27.1-69.0)	Days post 1st dose <sup>±</sup>	2 <sup>nd</sup> Dose VE % (95% CI) 68.9 (61.9-74.7) 66.7 (58.9-73.0)	Days post 2nd dose	Max Duration of follow up after fully vaccinated ~31 weeks
180	Cerqueira-Silva et al* (February	Brazil	Test-negative case control	7,747,121 individuals	Gamma and Delta^	Excluded	CoronaVac	Documented infection  Severe disease	_	_	55 (54.3-55.7) 34.7 (33.1-36.3) 82.1 (81.4-82.8)	14-30 >180 14-30	~30 weeks
	9,2022)							Hospitalization			72.6 (71.0-74.2) 82.1 (81.4-82.8) 72.4 (70.7-73.9)	>180 14-30 >180	
								Death			82.7 (81.7-83.6) 74.8 (72.2-77.2)	14-30 >180	-
179	Chemaitelly et al (February 8,2022)	Qatar	Test-negative case control	133,417 individuals	Omicron specifically^	Included	BNT162b2	Symptomatic disease	26.1 (5.8-42)	14+	61.9 (49.9-71.1) 16.5 (3.1-28.1)	1 <sup>st</sup> month ≥12	~54 weeks
	6,2022)							Severe, critical or fatal disease	46.8 (-1.6-89.2)		73.7 (46.8-87.0) 80.7 (71.3-87.0)	months 1-6 months ≥7	-
							mRNA-1273	Symptomatic disease	-1.6 (-56.8-34.1)	_	44.8 (16.0-63.8)	months 1-3 months	
											-9.3 (-16.32.8)	≥7 months	
								Severe, critical or fatal disease	100		76.9 (19.2-93.4) 64.0 (39.1-78.7)	1-6 months ≥7	-
178	Lauring et al	USA	Test-negative	5582 COVID-	Omicron	Excluded	BNT162b2 &	Hospitalization	_	14+	65 (51-75)	months 14+	~3 weeks
	(February 7,2022)		case control	19 cases and 5962 test negative and syndrome	specifically^ Delta specifically^		mRNA-1273 BNT162b2 & mRNA-1273				85 (83-87) 90 (85-93)	≤150 >150	~27 weeks
				negative controls	Alpha	-	BNT162b2 mRNA-1273 BNT162b2	-			82 (80-84) 88 (86-90) 82 (77-86)	14+-	~44 weeks
					specifically^ Alpha, Delta, Omicron^		mRNA-1273 BNT162b2 & mRNA-1273		77 (71-81)		90 (85-93)	-	





<b>N4.</b> 177	Reference (date) Suryatma et al	<b>Country</b> Indonesia	<b>Design</b> Test-negative	Population 14,168 adults	Dominant Variants Non-VOC,	History of COVID	Vaccine Product CoronaVac	Outcome Measure Documented infection	1 <sup>st</sup> Dose VE % (95%CI) 10.5 (-12-28.6)	Days post 1st dose <sup>±</sup>	2 <sup>nd</sup> Dose VE % (95% CI) 66.7 (58.1-73.5)	Days post 2nd dose	Max Duration of follow up after fully vaccinated ~24 weeks
	(February 4,2022)		case control	aged ≥18	Alpha <sup>††</sup>			Hospitalization Death	34.1 (16.4-48.1) 58.6 (28.3-76.1)		71.1 (62.9-77.6) 87.4 (65.1-95.4)		
176	Sritipsukho et al* (February 3,2022)	Thailand	Test-negative case control	1,118 cases and 2,235 controls	Delta^	Excluded	AZD1222 CoronaVac CoronaVac+ AZD1222	Documented infection	49 (36-58) -15 (-45-15)	21+	83 (70-90) 60 (49-69) 74 (43-88)	14+	~13 weeks
175	Roberts et al (January 31,2022)	USA	Test-negative case control	74,060 adults	Non-VOC, Alpha, Delta <sup>††</sup>	Included	BNT162b2	Documented infection (Overall) Documented infection (Jan-March) Documented infection (Oct-Dec) Severe disease (Overall) Severe disease (Jan-March) Severe disease (Oct-Dec) Documented infection (Overall) Documented infection (Jan-March) Documented infection (Oct-Dec) Severe disease (Overall) Severe disease (Overall) Severe disease (Jan-March) Severe disease (Jan-March) Severe disease (Jan-March)			83 (81-84) 60 (58-62) 80 (74-85) 80.5 (74-86) 75 (64-81) 60 (55-62) 88 (80-91) 75 (70-80) 90 (49-99) 90 (50-99) 69 (22-88) 78 (70-82) 88 (85-90) 65 (62-68) 89 (73-95) 89 (74-93) 82 (69-91) 68 (64-69) 85 (75-90) 72 (65-78) 70 (0-93) 91 (5-99) 80 (72-88)	<3 mos. ≥3 mos. >≥3 mos. <3 mos. >≥3 mos. <3 mos. >≥3 mos. <3 mos. ≥3 mos. <3 mos. >≥3 mos. <3 mos. >≥3 mos. <3 mos. >≥3 mos. <3 mos. >≥3 mos. <3 mos. >>3 mos. >>3 mos. >>3 mos.	~48 weeks
174	Lytras et al (January 29,2022)	Greece	Retrospective cohort	9100 COVID-19 intubations and 14755 COVID-19 deaths in Greece aged ≥15 years	Non-VOC, Alpha, Delta^	Included	BNT162b2	Intubation (age 15-59)  Intubation (age 60-79)  Intubation (age 80+)  Death (age 15-59)			98.1 (97.5-98.6) 95.5 (94.3-96.5) 96.7 (95.9-97.4) 92 (91.0-92.9) 94.2 (92.0-95.7) 85.9 (83.5-88.0) 96.5 (94.8-97.6)	14+ 6 months 14+ 6 months 14+ 6 months 14+ 6 months 14+	~ 48 weeks





												Days	Max Duration of follow
										Days		post	up after
	Reference				Dominant	History of	Vaccine		1st Dose VE	post 1st	2 <sup>nd</sup> Dose VE	2nd	fully
N4.	(date)	Country	Design	Population	Variants	COVID	Product	Outcome Measure	% (95%CI)	dose⁺	% (95% CI)	dose	vaccinated
											93.8 (91.0–95.7)	6	
												months	
								Death			94.1 (92.7–95.2)	14+	
								(age 60-79)			89.4 (87.9–90.8)	6	
												months	
								Death			91 (88.4–93.0)	14+	
								(age 80+)			84 (82.2–85.6)	6	
							mRNA-1273	Intubation			98.9 (97.3–99.5)	months 14+	
							IIIKINA-1275	(age 60-79)			98.4 (95.5–99.5)	6	
								(age 00 75)			36.4 (33.3 33.3)	months	
								Intubation			97.9 (90.2–99.5)	14+	
								(age 80+)			96.7 (87.9–99.1)	14+	
								Death			98.4 (95.5–99.5)	6	
								(age 60-79)				months	
											96.2 (93.6–97.7)	14+	
								Death			96.7 (87.9–99.1)	6	
								(age 80+)				months	
											92 (80–96.8)	14+	
							AZD1222	Intubation			97.2 (95.3–98.3)	6	
								(age 60-79)			05 4 (04 3 07 6)	months 14+	
								Intubation			95.4 (91.2–97.6) 97.8 (91.7–99.4)	6	
								(age 80+)			97.6 (91.7–99.4)	months	
								(age oo )			92.4 (72.7–97.9)	14+	
								Death			95.4 (91.2–97.6)	6	
								(age 60-79)			,	months	
											89.8 (85.2–93.0)	14+	
								Death			92.6 (84.2–96.5)	6	
								(age 80+)				months	
											83.4 (69.6–90.9)	14+	
							Ad26.COV2.S	Intubation			85.0 (73.9–91.4)	14+	
								(age 15-59)			70.6./65.3.00.63	14.	
								Intubation (age 60-79)			79.6 (65.2–88.0)	14+	
								Intubation			85.0 (62.3–94.0)	14+	
								(age 80+)			03.0 (02.3-34.0)	14'	
								Death			81.7 (57.5–92.1)	14+	
								(age 15-59)			(= = = = = /		
								Death			69.1 (43.2-83.2)	14+	
								(age 60-79)					



N4.	Reference (date)	Country	Design	Population	Dominant Variants	History of COVID	Vaccine Product	Outcome Measure Death (age 80+)	1 <sup>st</sup> Dose VE % (95%CI)	Days post 1st dose <sup>±</sup>	2 <sup>nd</sup> Dose VE % (95% CI) 61.9 (43.2–74.4) 80.6 (59.7–90.7)	Days post 2nd dose 14+ 6 months	Max Duration of follow up after fully vaccinated
173	Tenforde et al* (January 28, 2022)	USA	Test-negative case control	2952 hospitalized adults (18+ y)	Delta^	Included	BNT162b2 or mRNA-1273	Hospitalization: Immunocompromised Hospitalization: Non- immunocompromised	_		69 (57-78) 82 (77-86)	14+ up to <7 days pose dose 3	~47 weeks
172	Belayachi et al (January 27, 2021)	Morocco	Test-negative case control	25,768 Moroccan patients	Non-VOC, Alpha, Delta <sup>††</sup>	Included	BBIBP-CorV	Severe hospitalisation	51 (40-60)	14+	73 (71-76) 88 (84-91) 64 (59-69)	1-273 1-30 150+	~39 weeks
171#	Willet et al (January 26,2021) Spensley et al* (January 26, 2022)	Scotland	Prospective cohort	6166 Omicron cases and 4911 Delta cases  1121 end stage kidney disease patients	Omicron specifically^  Delta specifically^  Omicron specifically^	Included	BNT162b2 mRNA-1273 AZD1222 BNT162b2 mRNA-1273 AZD1222 BNT162b2	Documented infection  Documented infection	_	-  -	26.0 (13.9-36.4) 23.7 (4.4-39.4) 11.4 (-18.8-34.6) 83.5 (78.6-87.3) 87.8 (79.8-92.7) 78.9 (66.6-86.7) 17 (-62-57)	14+	~11 weeks ~52.5 weeks
				receiving in- center haemodialysis			AZD1222				-4 (-97-43)		
169	Botton et al* (January 24, 2022)	France	Retrospective cohort	4,053,569 elderly adults (aged 75+)	Non-VOC, Alpha <sup>††</sup>	Unknown	BNT162b2 & mRNA-1273	Hospitalization	34 (28-40)	14+	86 (83-89)	7+	~7 weeks
168	Bedston et al (January 21, 2022)	UK	Prospective cohort	93,292 HCWs	Alpha^	Excluded	BNT162b2	Documented infection	52 (45-58) 39 (24-50)	3-6 weeks 7+ weeks	86 (74-91) 45 (39-51)	2-5 weeks 26+ weeks	~37 weeks
167	Thompson et al (January 21,2022)	USA	Test-negative case control	222,772 ED encounters and 87,904 hospitalization	Omicron^ Delta^	Unknown	BNT162b2 & mRNA-1273	ED or UC encounters  Hospitalisation  ED or UC encounters  Hospitalisation	_	-	52 (46-58) 38 (32-43) 81 (65-90) 57 (39-70) 86 (85-87) 76 (75-77) 90 (89-90) 81(80-82)	14-179 ≥180 14-179 ≥180 14-179 ≥180 14-179 ≥180	~32 weeks





<b>N4.</b> 166	Reference (date) Amodio et al (January 13,2021)	<b>Country</b> Italy	<b>Design</b> Retrospective cohort	Population 3,966,976 adults aged≥ 18 years	Dominant Variants Alpha, Delta††	History of COVID Excluded	Vaccine Product BNT162b2 & mRNA-1273	Outcome Measure Documented infection  Severe disease  Death or intubation	1 <sup>st</sup> Dose VE % (95%CI) —	Days post 1st dose <sup>2</sup>	2 <sup>nd</sup> Dose VE % (95% CI) 81.3 (80.3-82.3) 57.8 (55.4-60.2) 96.1 (94.5-97.7) 90.3 (86.2-94.4) 93.4 (91.2-95.6)	Days post 2nd dose 2 months 8 months 2 months 8 months 2	Max Duration of follow up after fully vaccinated ~37 weeks
								beath of intubation			83.7 (75.1-92.3)	months 8 months	
165#	Tartof et al (January 18, 2022)	USA	Test-negative case control	8694 hospital admissions, and 11,719 ED	Omicron specifically^	Excluded	BNT162b2	ED admission  Hospitalisation	_	_	60 (43-72) 41 (32-50) 70 (41-84)	<3 mos. ≥6 mos. <3 mos.	~44 weeks
				admissions in Southern California	Delta specifically^			ED admission			68 (56–76) 80 (69–87) 63 (57–69)	≥6 mos. <3 mos. ≥6 mos.	
								Hospitalisation			88 (71–95) 74 (65–80)	<3 mos. ≥6 mos.	-
164	Young-Xu et al (January 18,2022)	USA	Matched test-negative case control	14,868 veterans 18 or older as cases	Omicron specifically^	Excluded	BNT162b2 & mRNA-1273	Documented infection	_	_	25 (20-30)	14+	~~48 weeks
				and 54,347 veterans as controls	Delta specifically^ Delta and			Documented infection  Death			41 (37-44) 76 (62-85)	-	
163	Suah et al (January 16,2022)	Malaysia	Retrospective cohort	227,071 individuals aged ≥15	Omicron^ Delta^	Excluded	BNT162b2	Documented infection: Vaccinated April to June Documented infection:	_	_	79.1 (75.8-81.9) 90.8 (89.4-92)	26 weeks	~26 weeks
							CoronaVac	Vaccinated July to August Documented infection:			30 (18.4-39.9)	weeks	
								Vaccinated April to June Documented infection:			74.4 (70.4-77.8)	weeks	
								Vaccinated July to August				weeks	



<b>N4.</b> 162	Reference (date)  Gazit et al* (November 24, 2021)	Country Israel	Design Retrospective cohort	Population 4024 adult household members of SARS-CoV-2 index cases	Dominant Variants Alpha^	History of COVID Excluded	Vaccine Product BNT162b2	Outcome Measure  Documented infection	1 <sup>st</sup> Dose VE % (95%CI)	Days post 1st dose <sup>±</sup> -	2 <sup>nd</sup> Dose VE % (95% CI) 80.3 (73.5-85.4) 94 (90-96)	Days post 2nd dose 7+	Max Duration of follow up after fully vaccinated ~7.5 weeks
161	Olson et al* (January	USA	Case control	445 case patients and	Deita	Unknown	BN116202	Hospitalization ICU admission	97 (86-100)	<del>-  14+</del>	98 (93-99)	14+	18 weeks
	12,2022)		Test-negative	777 control				Hospitalization	98 (88-100)		95 (91-97)		
			case control	patients aged				ICU admission	-		98 (94-100)		
				12-18 years							, ,		
160	Chiew et al (January 8,	Singapore	Retrospective cohort	307,587 adolescents	Delta^	Unknown	BNT162b2	Documented infection	56 (49-63)	14+ including	59 (55-63) 78 (70-84)	14+ 14-30	~20 weeks ~2 weeks
	2022)		COHOIT	aged 12-18						<14 days	, ,		
	,			- 6						post dose	54 (45-62)	120+	~20 weeks
								Symptomatic infection	61 (53-69)	2	62 (57-66)	14+	
											80 (70-86)	14-30	~2 weeks
											53 (5-77)	120+	~20 weeks
159#	Tseng et al	USA	Test negative	75,630 Kaiser	Omicron	Included	mRNA-1273	Documented infection	20 (8.9-29.8)	14+	15.5 (12.2-18.7)	14+	~47 weeks
	(January 21,		case control	Damasanaha									
	2022)		case control	Permanente Southern	specifically^						42.8 (33.8-50.7)	14-90	~11 weeks
	2022)		case control	Southern California	specifically						42.8 (33.8-50.7) 8.6 (3.3-13.6)	14-90 >270	~11 weeks ~47 weeks
	2022) [update from January 8		case control	Southern	specifically			Hospitalization	-	_	, ,		
	2022) [update from		case control	Southern California members aged	Delta			Hospitalization  Documented infection			8.6 (3.3-13.6)	>270	
	2022) [update from January 8		case control	Southern California members aged							8.6 (3.3-13.6) 74.8 (2.4-93.5)	>270	
	2022) [update from January 8		case control	Southern California members aged	Delta						8.6 (3.3-13.6) 74.8 (2.4-93.5) 60.7 (56.6-64.3)	>270 14+ 14+	~47 weeks
	2022) [update from January 8		case control	Southern California members aged	Delta						8.6 (3.3-13.6) 74.8 (2.4-93.5) 60.7 (56.6-64.3) 79.8 (67.4-87.5)	>270 14+ 14+ 14-90	~47 weeks
158	2022) [update from January 8	USA	Test-negative	Southern California members aged	Delta	Included	BNT162b2	Documented infection	55.6(38.8-67.8)		8.6 (3.3-13.6) 74.8 (2.4-93.5) 60.7 (56.6-64.3) 79.8 (67.4-87.5) 57.5(50.4-63.6)	>270 14+ 14+ 14-90 >270	~47 weeks
158	[update from January 8 preprint]  Zambrano et al (January	USA		Southern California members aged 18+	Delta specifically^	Included	BNT162b2	Documented infection  Hospitalization	55.6(38.8-67.8) 68.9 (0-99.4)		8.6 (3.3-13.6) 74.8 (2.4-93.5) 60.7 (56.6-64.3) 79.8 (67.4-87.5) 57.5(50.4-63.6) 98.5 (92-99.7)	>270 14+ 14+ 14-90 >270 14+	~47 weeks ~11 weeks ~47 weeks
158	2022) [update from January 8 preprint]  Zambrano et al	USA	Test-negative	Southern California members aged 18+ 102 MIS-C case-patients and 181	Delta specifically^	Included  Excluded	BNT162b2	Documented infection  Hospitalization	55.6(38.8-67.8) 68.9 (0-99.4)		8.6 (3.3-13.6)  74.8 (2.4-93.5)  60.7 (56.6-64.3)  79.8 (67.4-87.5)  57.5(50.4-63.6)  98.5 (92-99.7)  86 (70-93)	>270 14+ 14+ 14-90 >270 14+ 14+	~47 weeks ~11 weeks ~47 weeks
158	[update from January 8 preprint]  Zambrano et al (January	USA	Test-negative	102 MIS-C case-patients and 181 hospitalized controls aged	Delta specifically^		BNT162b2	Documented infection  Hospitalization	55.6(38.8-67.8) 68.9 (0-99.4)		8.6 (3.3-13.6)  74.8 (2.4-93.5)  60.7 (56.6-64.3)  79.8 (67.4-87.5)  57.5(50.4-63.6)  98.5 (92-99.7)  86 (70-93)  91 (78-97)	>270 14+ 14+ 14-90 >270 14+ 14+	~47 weeks ~11 weeks ~47 weeks
158	[update from January 8 preprint]  Zambrano et al (January	USA	Test-negative	102 MIS-C case-patients and 181 hospitalized	Delta specifically^		BNT162b2	Documented infection  Hospitalization	55.6(38.8-67.8) 68.9 (0-99.4)	>7 days	8.6 (3.3-13.6)  74.8 (2.4-93.5)  60.7 (56.6-64.3)  79.8 (67.4-87.5)  57.5(50.4-63.6)  98.5 (92-99.7)  86 (70-93)  91 (78-97)	>270 14+ 14+ 14-90 >270 14+ 14+	~47 weeks ~11 weeks ~47 weeks
	2022) [update from January 8 preprint]  Zambrano et al (January 7,2022)		Test-negative case control	102 MIS-C case-patients and 181 hospitalized controls aged 12-18 years	Delta specifically^	Excluded		Documented infection  Hospitalization  MIS-C	55.6(38.8-67.8) 68.9 (0-99.4)		8.6 (3.3-13.6)  74.8 (2.4-93.5)  60.7 (56.6-64.3)  79.8 (67.4-87.5)  57.5(50.4-63.6)  98.5 (92-99.7)  86 (70-93)  91 (78-97)  90 (75-96)	>270 14+ 14+ 14-90 >270 14+ 14+ 28+	~47 weeks ~11 weeks ~47 weeks ~47 weeks
	2022) [update from January 8 preprint]  Zambrano et al (January 7,2022)  Prunas et al		Test-negative case control  Matched	102 MIS-C case-patients and 181 hospitalized controls aged 12-18 years 11,822 cases and 226,201 controls aged	Delta specifically^	Excluded		Documented infection  Hospitalization  MIS-C	55.6(38.8-67.8) 68.9 (0-99.4)	>7 days including <14 days	8.6 (3.3-13.6)  74.8 (2.4-93.5)  60.7 (56.6-64.3)  79.8 (67.4-87.5)  57.5(50.4-63.6)  98.5 (92-99.7)  86 (70-93)  91 (78-97)  90 (75-96)	>270 14+ 14+ 14-90 >270 14+ 14+ 28+	~47 weeks ~11 weeks ~47 weeks ~47 weeks
	2022) [update from January 8 preprint]  Zambrano et al (January 7,2022)  Prunas et al (January		Test-negative case control  Matched	102 MIS-C case-patients and 181 hospitalized controls aged 12-18 years 11,822 cases and 226,201	Delta specifically^	Excluded		Documented infection  Hospitalization  MIS-C  Documented infection  Symptomatic disease	55.6(38.8-67.8)  68.9 (0-99.4)   52 (49-55)  56 (52-60)	>7 days including <14 days post dose	8.6 (3.3-13.6)  74.8 (2.4-93.5)  60.7 (56.6-64.3)  79.8 (67.4-87.5)  57.5(50.4-63.6)  98.5 (92-99.7)  86 (70-93)  91 (78-97)  90 (75-96)  85 (84-86)  58 (52-64)  90 (89-91)  65 (58-71)	>270 14+ 14-90 >270 14+ 14+ 28+ 14-89 150-180 14-89 150-180	~47 weeks ~11 weeks ~47 weeks ~47 weeks
	2022) [update from January 8 preprint]  Zambrano et al (January 7,2022)  Prunas et al (January		Test-negative case control  Matched	102 MIS-C case-patients and 181 hospitalized controls aged 12-18 years 11,822 cases and 226,201 controls aged	Delta specifically^	Excluded		Documented infection  Hospitalization  MIS-C  Documented infection	55.6(38.8-67.8)  68.9 (0-99.4)  —  52 (49-55)	>7 days including <14 days	8.6 (3.3-13.6)  74.8 (2.4-93.5)  60.7 (56.6-64.3)  79.8 (67.4-87.5)  57.5(50.4-63.6)  98.5 (92-99.7)  86 (70-93)  91 (78-97)  90 (75-96)  85 (84-86)  58 (52-64)  90 (89-91)	>270 14+ 14-90 >270 14+ 14+ 28+ 14-89 150-180 14-89	~47 weeks ~11 weeks ~47 weeks ~47 weeks





N4.	Reference (date)	Country	Design	Population	Dominant Variants	History of COVID	Vaccine Product	Outcome Measure	1 <sup>st</sup> Dose VE % (95%CI)	Days post 1st dose <sup>±</sup>	2 <sup>nd</sup> Dose VE % (95% CI)	Days post 2nd dose	Max Duration of follow up after fully vaccinated
156	Petráš et al* (December 22, 2021)	Czech Republic	Retrospective cohort	11,016 staff of three hospitals in Prague	Alpha, Delta <sup>††</sup>	Excluded	BNT162b2	Documented infection: Overall Symptomatic disease:	47.7 (19.2-66.2) 76.4 (46-89.7)	>14	88.3 (83.2-91.8) 91.7 (85.7-95.2)	>14	~30 weeks
					Alpha <sup>††</sup>			Overall Documented infection: February 2021	_		96.2 (91.6-98.7)		4 weeks
					Delta <sup>††</sup>			Documented infection: June-Aug 2021	-		65 (<0-96.6)		~30 weeks
155	Cerqueira-Silva et al (December 27,	Brazil	Test negative case control	22,566 cases and 68,426 test-negative	Non-VOC, Gamma, Delta^	All participants had	CoronaVac	Symptomatic reinfection	18.8 (10.7-26.1)	14+	39.4 (36.1-42.6)	14+	~37 weeks
	2021)			individuals	20.00	confirmed					40.5 (36.4-44.3)	14-90	~11 weeks
				aged 18+ with prior SARS-		prior infection					38 (33.1-42.5)	>90	~37 weeks
				CoV-2				Hospitalization or	35.3 (7.9-54.5)		81.3 (75.3-85.8)	14+	_
				infection				death			86.6 (79.8-90.3)	14-90	~11 weeks
											74.4 (63.3-82.2)	>90	~37 weeks
							AZD1222	Symptomatic	34.2 (30.1-38.1)		56 (51.4-60.2)	14+	
								reinfection			55.5 (50.5-60.1)	14-90	~11 weeks
											56.8 (46.6-65.1)	>90	~37 weeks
								Hospitalization or	56.9 (45.2-66.1)		89.9 (83.5-93.8)	14+	
								death			86.6 (77.6-92.0)	14-90	~11 weeks
											95.1 (84.8-98.4)	>90	~37 weeks
							BNT162b2	Symptomatic	45 (39.7-49.9)		64.8 (54.9-72.4)	14+	
								reinfection			64.2 (54.2-72)	14-90	~11 weeks
											100 (CI omitted)	>90	~37 weeks
								Hospitalization or	61.8 (40.8-75.3)		89.7 (54.3-97.7)	14+	
								death			88.8 (50-97.5)	14-90	~11 weeks
											100 (CI omitted)	>90	~37 weeks
							Ad26.COV2.S	Symptomatic	44 (31.5-54.2)	14+	-	-	
								reinfection	46.1 (32.7-56.7)	14-90	1		~11 weeks
									30.6 (-12.4-57.1)	>90	]		~37 weeks
									57.7 (-2.6-82.5)	14+			





N4.	Reference (date)	Country	Design	Population	Dominant Variants	History of COVID	Vaccine Product	Outcome Measure Hospitalization or death	1st Dose VE % (95%CI) 60.2 (-10.8-85.7) 41 (-240.9-89.9)	Days post 1st dose <sup>±</sup> 14-90 >90	2 <sup>nd</sup> Dose VE % (95% CI)	Days post 2nd dose	Max Duration of follow up after fully vaccinated ~11 weeks ~37 weeks
154#	Buchan et al	Canada	Test negative	16,087	Omicron	Excluded	Any mRNA	Symptomatic disease	-	-	36 (24–45)	7-59	~34 weeks
	(January 28,2022)		case control	Omicron- positive cases,	specifically^		vaccine	Company to the same			2 (-17-17)	240+	_
	28,2022)			4261 Delta-				Severe outcomes			55 (-106-90) 86(-12-98)	7-59 240+	-
	[Updated			positive cases,	Delta^		Any mRNA	Symptomatic disease			89 (86-92)	7-59	-
	version of			and 114,087	20.00		vaccine	o,promatic discase			80 (74-84)	240+	-
	previous			test-negative				Severe outcomes	=		94(84-98)	7-59	
	January 1 <sup>st</sup> preprint			controls aged ≥18 years							95(85-99)	240+	
153	Chung et al	USA	Test negative	3,384	Non-VOC,	Included	BNT162b2	Symptomatic disease	-	-	66(56-73)	14+	~34 weeks
	(January 1,2022)		case control	individuals aged ≥12 years	Alpha, Delta <sup>^</sup>		mRNA-1273	-			81(73-86)	1	
152	Lutrick et al (December	USA	Prospective cohort	243 individuals aged 12-17	Delta^	Excluded	BNT162b2	Documented infection	_	-	92(79-97)	14+	~17 weeks
151#	31,2021)  Collie et al*	South Africa	Test negative	years 211,610 PCR	Omicron	Included	BNT162b2	Hospitalization	_	_	69 (48-81)	14+	~24 weeks
1.)1#	(December 29,	South Africa	case control	tests of	specifically^	included	BIV110202	Tiospitalization	_	-	09 (48-81)	14+	24 WEEKS
	2021)			individuals In Gauteng Province	Delta^						93 (90-94)		~19 weeks
150	Mendola et al*	Italy	Retrospective	2,478 HCWs	Alpha <sup>††</sup>	Excluded	BNT162b2	Documented infection	-	-	89 (78-95)	8-98	~12 weeks
	(23 December, 2021)		cohort	18+ years at a public hospital									
149	Alali et al* (December 7, 2021)	Kuwait	Retrospective cohort	3,246 HCWs 20+ years at a secondary	Alpha <sup>††</sup>	Excluded	BNT162b2	Symptomatic disease	91.4 (65.1-97.9)	14+ (up to dose 2)	-	_	-
				hospital			AZD1222		75.4 (67.2-81.6))	28+ (up to dose 2)	94.5 (89.4 – 97.2)	14+	~20 weeks
148	Ostropolets et	USA	Retrospective	179,666	Non-VOC,	Excluded	BNT162b2	Documented infection	-		94 (91-95)	14+	52 weeks
	al (December		cohort	patients of	Alpha,			Hospitalization			95 (92-97)	1	
	25, 2021)			Columbia University	Delta <sup>††</sup>		mRNA-1273	Documented infection	4		97 (94-98)	4	
				Medical Center			Ad26.COV2.S	Hospitalization  Documented infection	81 (50-94)	14+	96 (92-99)	_	4
							AU20.CUV2.3	Hospitalization	92 (58-100)	- 14+		-	
147	Amir et al (December 21, 2021)	Israel	Quasi- experimental	348,468 individuals aged 16-18	Delta^	Excluded	BNT162b2	Documented infection: 12-14 years	_	-	92 (91.1-92.8)	14-60	~6.5 weeks





<b>N4.</b>	Reference (date)	<b>Country</b> Scotland	<b>Design</b> Retrospective	Population and 361,050 individuals aged 12-14 2,534,527	Dominant Variants	History of COVID	Vaccine Product	Outcome Measure Documented infection: 16-18 years Hospitalization or	1 <sup>st</sup> Dose VE % (95%CI) 49.3 (43.3-54.6)	Days post 1st dose <sup>±</sup>	2 <sup>nd</sup> Dose VE % (95% CI) 89.8 (80-93.8) 83.7 (79.7-87.0)	Days post 2nd dose	Max Duration of follow up after fully vaccinated
	<u>al</u> * (December 20, 2021)		cohort	adults (aged 18+)				death			53.6 (48.4-58.3)	140-153	-
145	Kissling et al (December 23,2021)	Croatia, France, Ireland, Netherlands, Portugal, Romania, Spain, and the UK	Test negative case control	2,725 cases and 11,557 controls aged 30+	Delta^	Included	mRNA-1273 AZD1222 Ad26.COV2.S	Symptomatic disease (30-59 years)  Symptomatic disease (60+ years)  Symptomatic disease (30-59 years)		_	87 (83–89) 65 (56–71) 65 (37-80) 64 (44-77) 98 (93–100) 90 (76–96) 72 (52–83) 65 (48–76) 50 (36–62) 52 (33–66)	14-29 90+ 30-59 90+ 14-29 60-89 14-29 60-89 30-59 60-89	~30 weeks
144#	Hansen et al (December 23,2021)	Denmark	Retrospective cohort	41,684 Danish residents aged ≥12 years	Omicron specifically^  Delta specifically^	Excluded	BNT162b2  mRNA-1273  BNT162b2  mRNA-1273	Documented infection	-	-	55.2 (23.5-73.7) -76.5 (-95.3, - 59.5) 36.7 (-69.9-76.4) -39.3 (-61.6, -20) 86.7 (84.6-88.6) 53.8 (52.9-54.6) 88.2 (83.1-91.8) 65.0 (63.6-66.3)	15-44 105-164 15-44 105-164 15-44 105-164 15-44	21 weeks
143	loannou et al (December 21,2021)	USA	Target trial emulation study	4,199,742 individuals	Non-VOC and Alpha ††	Excluded	BNT162b2 & mRNA-1273	Documented infection (March 31st 2021) Documented infection (June 30tht 2021) Death (March 31st 2021) Death (June 30tht 2021)	31 (26-35) 55 (42-64)	14+	65 (63–68) 69 (67–70) 89 (84–92) 86 (82–89)	7+	~28 weeks
142	Lewis et al (December 21,2021)	USA	Test negative case control	3,619 adults	Alpha and Delta <sup>††</sup>	Included	BNT162b2 & mRNA-1273	Hospitalization with no underlying conditions Hospitalization with one underlying conditions Hospitalization with 2 underlying conditions	-	-	96 (93-98) 93 (89-95) 87 (92-91)	14+	~30 weeks





<b>N4.</b>	Reference (date)	Country	<b>Design</b> Retrospective	Population 3,133,075	Dominant Variants	History of COVID	Vaccine Product BNT162b2	Outcome Measure Hospitalization with 3+ underlying conditions Documented infection	1 <sup>st</sup> Dose VE % (95%CI)	Days post 1st dose <sup>±</sup>	2 <sup>nd</sup> Dose VE % (95% CI) 83 (72-88) 85 (83-86)	Days post 2nd dose	Max Duration of follow up after fully vaccinated
	(December 21,2021)		matched cohort	adults ≥ 18 years	Alpha and Delta <sup>††</sup>			Hospitalization			49 (46-51) 90 (86-92) 88 (85-90)	217+ 7-36 217+	-
140#	Bekker et al (December 20,2021)	South Africa	Retrospective matched cohort	477,234 HCWs	Beta, Delta, Kappa^ Beta^ Delta^	Included	Ad26.COV2.S	Hospitalization ICU/CCU admission Death Hospitalization ICU/CCU admission Death Hospitalization ICU/CCU admission Death Hospitalization ICU/CCU admission Death	67 (62-71) 75 (69-82) 83 (75-89) 62 (42-76) 49 (8-77) 86 (57-100) 67 (62-71) 78 (71-88) 82 (74-89)	28+	_	-	16 weeks
139	Abu-Raddad et al* (January 21, 2022)  Published version of December 16,2021	Qatar	Test negative case control	107,099 test- positive cases and 658,564 test-negative controls	Beta and Delta^	Excluded	mRNA-1273	Documented infection Symptomatic disease Asymptomatic disease Hospitalization and	60.3 (57-63.3) 78.3 (75.2-81.1) 54.6 (47.7-60.6) 82.1 (73.1-88.1)	14+	85.3 (83.5-86.9) -29.5 (-84-8.8) 94.4 (92.8-95.6) 20 (-29-59.3) 79.9 (75.5-83.4) -28.4 (-129.3- 28.1) 97.2 (92.4-99)	30+ 240+ 30+ 240+ 30+ 240+ 30+	~35 weeks
138	McLean et al (December 16,2021)	USA	Prospective cohort	1,518 individuals aged ≥12 years	Non-VOC, Alpha and Delta <sup>††</sup> Delta specifically^	Included  Excluded  Excluded	BNT162b2 mRNA-1273 BNT162b2 mRNA-1273 BNT162b2 mRNA-1273 BNT162b2 mRNA-1273	death  Symptomatic and asymptomatic infections  Symptomatic infections  Symptomatic and asymptomatic infections  Symptomatic and asymptomatic and asymptomatic and asymptomatic and asymptomatic	-	-	61 (-225.5-95.3) 50 (21-69) 65 (37-81) 54 (26-71) 65 (38-81) 51 (22-70) 66 (38-82) 52 (20-71) 59 (24-78)	180+	~52 weeks
137	Castillo- Arregoces et al (December 16,2021)	Colombia	Retrospective matched cohort	2,828,294 individuals aged 60+	Mu^	Excluded	BNT162b2	infections Hospitalization without death Post-hospitalization death Death		14+	83 (78.4-86.6) 94.8 (93.3 – 96) 88.3 (84.1-91.4)	14+	32 weeks



N4.	Reference (date)	Country	Design	Population	Dominant Variants	History of COVID	Vaccine Product AZD1222	Outcome Measure Hospitalization without death Post-hospitalization	1 <sup>st</sup> Dose VE % (95%CI)	Days post 1st dose <sup>2</sup>	2 <sup>nd</sup> Dose VE % (95% CI) 90.8 (85.5-94.2) 97.5 (95.8-98.5)	Days post 2nd dose	Max Duration of follow up after fully vaccinated
							Ad26.COV2.S	death Death Hospitalization without	60.9 (36.8-75.8)		93.9 (89.3-96.6)	  - 	
								death Post-hospitalization death Death	85.8 (77.1-91.2) 95.5 (82.0- 98.9)		_	-	
							CoronaVac	Hospitalization without death Post-hospitalization death	33.3 (02.0 33.3)		47.3 (41.9-52.3) 72.1 (70.1-73.9)	-	
136	Young-Xu et al* (December 15, 2021)	USA	Test negative case control	71,190 male veterans aged 65+ in the	Non-VOC and Alpha †† (pre-Delta)^	Excluded	BNT162b2 & mRNA-1273	Death  Documented infection	_	_	64.9 (61.2-68.9) 94.5 (90.7-96.7) 87.9 (85.9-89.5)	14-43 74-103	4 weeks
	Updated analysis of reference #45			Veterans Health Administration	Alpha, Delta <sup>††</sup> (rising Delta)^ Delta^						92.1 (87.2-95.1) 67.3 (63.2-70.9) 62.0 (45.6-73.5)	14-43 134-163 14-43	4 weeks 20 weeks 4 weeks
											24.8 (18.8-30.4)	224-253	32 weeks
135	Florea et al (December 15, 2021)	USA	Prospective cohort	927,004 matched pairs of adult (18+)	Non-VOC, Alpha, Delta <sup>††</sup>	Included	mRNA-1273	Documented infection	-	-	82.8 (82.2-83.3) 88.0 (86.8-89.1) 75.5 (70.4-79.7)	14+ 14-60 180-240	~35 weeks ~6.5 weeks ~35 weeks
	Updated interim analysis of reference #86			Kaiser Permanente members in Southern				Hospitalization			96.1 (95.5-96.6) 95.9 (93.5-97.4) 94.5 (90.9-96.7)	14+ 14-60 180-240	~6.5 weeks ~35 weeks
	rejerence #80			California	Delta^			Death in hospital  Documented infection	-	-	97.2 (94.8-98.4) 86.5 (84.8-88.0)	14+	~15 weeks
134	Machado et al (December 14,2021)	Portugal	Retrospective cohort	1,884,932 adults aged 65+	Alpha and Delta^	Excluded	BNT162b2 and mRNA-1273	Symptomatic infection in 65-79 years old Symptomatic infection in 80+ years old Hospitalization in 65-79 years old	-	-	79 (76-83) 39 (29-48) 72 (61-79) 34 (29-48) 95 (90-97) 93 (86-96)	14-41 98+ 14-41 124+ 14-41 70+	~29 weeks





	Reference		Paring	Secretaria:	Dominant	History of	Vaccine		1st Dose VE	Days post 1st	2 <sup>nd</sup> Dose VE	Days post 2nd	Max Duration of follow up after fully
N4	. (date)	Country	Design	Population	Variants	COVID	Product	Outcome Measure	% (95%CI)	dose <sup>±</sup>	% (95% CI)	dose	vaccinated
								Hospitalization in 80+			83 (68-91)	14-41	4
								years old			63 (37-78) 95 (88-98)	124+ 14-41	4
								Death in 65-79 years old					
								Death in 80+ years old			93 (87-96) 87 (71-93)	70+ 14-41	
								Death in 80+ years old			75 (64-82)	124+	
							AZD1222	Symptomatic infection			95 (90-97)	14-41	
							AZD1ZZZ	in 65-79 years old			93 (86-96)	70+	-
								Hospitalization in 65-79			89 (52-94)	14+	
								years old			89 (32-94)	14+	
								Death in 65-79 years old			95 (90-97)		
13	Berec et al	Czech	Retrospective	6,287,356	Alpha and	Included	BNT162b2	Documented infection	_	_	87 (86-87)	0-2	~35 weeks
	(December	Republic	cohort	individuals ≥	Delta^						. (22 2.)	mos.	
	12,2021)	.,		12 years							53 (52-54)	7-8	1
	,			,							, ,	mos.	
								Hospitalization			90 (89-91)	0-2	
												mos.	
											75 (73-76)	7-8	
												mos.	
								Death			92 (90-93)	0-2	
											()	mos.	_
											83 (81-86)	7-8	
							mRNA-1273	Documented infection			90 (89-91)	mos. 0-2	4
							MKNA-12/3	Documented infection			90 (89-91)	mos.	
											65 (63-67)	7-8	-
											03 (03-07)	mos.	
								Hospitalization			94 (92-96)	0-2	
											( /	mos.	
											81 (78-84)	7-8	
												mos.	
								Death			96 (91-98)	0-2	
												mos.	]
											88 (82-92)	7-8	
											22 (22 27)	mos.	<b>.</b>
							AZD1222	Documented infection			83 (80-85)	0-2	
											FF (FA FC)	mos.	-
											55 (54-56)	5-6	
								1				mos.	





N4.	Reference (date)	Country	Design	Population	Dominant Variants	History of COVID	Vaccine Product	Outcome Measure Hospitalization	1 <sup>st</sup> Dose VE % (95%CI)	Days post 1st dose <sup>±</sup>	2 <sup>nd</sup> Dose VE % (95% CI) 87 (81-91) 70 (68-72)	Days post 2nd dose 0-2 mos.	Max Duration of follow up after fully vaccinated
								Death			93 (77-98) 82 (78-85)	mos. 0-2 mos. 5-6	
							Ad26.COV2.S	Documented infection			68 (66-70)	mos. 0-2 mos.	_
								Hospitalization	_		67 (65-69) 68 (60-75)	5-6 mos.	-
											67 (62-72)	months 5-6 mos.	-
								Death			68 (42-82)	2 months	
											68 (53-78)	5-6 mos.	
132	Powell et al (December	England	Test-negative case control	543,017 children aged	Delta^	Excluded	BNT162b2	Symptomatic infection in 12–15-year-old	75.4(73.9-76.9) 46.8(14.9-66.7)	14+ 56-63	_	14-84	~47 weeks
	11,2021)			12-17 years				Symptomatic infection	75.9(74.3-77.4)	14+	94.6 (92.8-95.9)	1	
								in 16–17-year-old	37.4(30.8-43.3)	84+		1	
								Symptomatic infection	63(62.2-63.8)	14+	88.7 (88.5-88.8)		
								in 18–39-year-old	39.5(37.9-41)	84+	044 (02 6 04 5)	1	
								Symptomatic infection in 40–64-year-old	54.5(49.7-58.8) 53(50.2-55.6)	14+ 84+	84.1 (83.6-84.5)		
								Hospitalization in 16– 17-year-old	84.5(64.6-93.2)	14+	_		
131	Bajema et al* (December	USA	Test-negative case control	755 cases and 1,141 controls	Non-VOC, Alpha,	Excluded	BNT162b2	Hospitalization	-	-	86 (77.6-91.3) 75.1 (64.6-82.4)	14-119 120+	~36 weeks
	10,2021)		case control	1,141 (01111015	Delta <sup>††</sup>		mRNA-1273	-			89.6 (80.1-94.5)	14-119	1
					Delta		1111(IVA-12/3				86.1 (77.7-91.3)	120+	†
	Updated analysis of reference #94												
130#	<u>UKHSA</u> (January 27	England	Test-negative case control	760,647 Omicron cases,	Omicron specifically^	Excluded	BNT162b2	Symptomatic Infection	_	28+	65.8 (64.4-67.2)	2-4 weeks	~32 weeks
	2022)			236,023 Delta cases, and test							9.4 (7.8-11.1)	25+ weeks	





N4.	Reference (date)	Country	Design	Population	Dominant Variants	History of COVID	Vaccine Product	Outcome Measure	1 <sup>st</sup> Dose VE % (95%CI)	Days post 1st dose <sup>±</sup>	2 <sup>nd</sup> Dose VE % (95% CI)	Days post 2nd dose	Max Duration of follow up after fully vaccinated
		·	ŭ	negative			AZD1222		-		49.8 (40.7-57.5)	2-4	
	[Update to Jan 14, 2022 briefing]			controls aged 18+							-1 (-2.4-0.3)	weeks 25+ weeks	
	7 5.						mRNA-1273	•			76 (72-79)	2-4 weeks	
											13 (3-22)	25+ weeks	
					Delta specifically^		BNT162b2		_		90.9 (89.6-92)	2-4 weeks	
											62.7 (61.6-63.7)	25+ weeks	
							AZD1222		_		82.8 (74.5-88.4)	2-4 weeks	
											43.5 (42.4-44.5)	25+ weeks	
							mRNA-1273				94.5 (90.5-96.9)	2-4 weeks	
											80.4 (67.3-88.2)	25+ weeks	
					Omicron specifically^		BNT162b2				73.6 (40.7-88.3)	2-4 weeks	
											34.9 (17.7-48.4)	25+ weeks	
							AZD1222				55.8 (34.1-70.3)	20-24 weeks	
											32.7 (19.7-43.6)	25+ weeks	
					Delta specifically^		BNT162b2				94.1 (81.6-98.1)	2-4 weeks	
											95.3 (93.9-96.5)	25+ weeks	
							AZD1222				92.9 (91.3-94.2)	20-24 weeks	
											90.6 (89.3-91.8)	25+ weeks	
129	Yassi et al (December 6,	Canada	Retrospective cohort	21,242 HCWs in Vancouver,	Non-VOC, Alpha,	Unknown	BNT162b2 & mRNA-1273	Documented infection	_	_	74.1 (62.5-82.1)	7+	~40.5 weeks
	2021)		Test-negative case control	ВС	Delta††				_		82.8 (74.0-88.6)		





<b>N4.</b> 128	Reference (date) Muhsen et al*	<b>Country</b> Israel	<b>Design</b> Prospective	Population 9162 HCWs	Dominant Variants Alpha^	History of COVID Excluded	Vaccine Product BNT162b2	Outcome Measure Documented infection	1 <sup>st</sup> Dose VE % (95%CI)	Days post 1st dose <sup>±</sup>	2 <sup>nd</sup> Dose VE % (95% CI) 89 (83-93)	Days post 2nd dose >14	Max Duration of follow up after fully vaccinated ~11 weeks
	(October 28, 2021)		cohort	(aged 16-65 y) working in long-term care facilities									
127	Wu et al* (December 2, 2021)	USA	Retrospective cohort	29,152 matched pairs of cancer patients in the Veterans Affairs health system	Non-VOC, Alpha <sup>††</sup>	Excluded	BNT162b2 & mRNA-1273	Documented infection	45 (8-66)	14+	58 (39-73)	14+	15 weeks
126	Vokó et al*	Hungary	Retrospective	3.7 million	Alpha^	Included	BNT162b2	Documented infection	41.0 (39.5-42.4)	0+ (up to	84.0 (83.3-84.7)	14+	~19 weeks
	(November 24, 2021)		cohort	Hungarian residents aged				Death	64.3 (61.8-66.6)	<7 days post dose	90.3 (88.9-91.5)		
	2021)			16+			Sinopharm	Documented infection	34.0 (31.8-36.1)	2)	72.8 (71.2-74.4)		~10.5 weeks
				201				Death	39.4 (34.1-44.3)		86.0 (83.7-87.9)		
							Sputnik V	Documented infection	48.7 (47.1-50.2)		88.1 (86.5-84.9)		~11 weeks
								Death	78.0 (74.3-81.2)		97.8 (95.5-98.9)		
							AZD1222	Documented infection	49.2 (47.7-50.6)		73.7 (71.1-76.0)		~11.5 weeks
								Death	71.3 (67.9-74.4)		85.8 (73.5-92.4)		
							mRNA-1273	Documented infection	60.8 (58.6-63.0)		88.2 (85.8-90.3)		~15 weeks
								Death	68.7 (62.5-73.8)		93.8 (90.3-96.1)		
125	Hall et al (December 1, 2021)	United Kingdom	Prospective cohort	35,768 HCWs (18+ years) undergoing routine	Non-VOC, Alpha, Delta^	Included	BNT162b2	Documented infection	57 (41-69)	21-27	Dose interval <6 weeks: 85 (71-92) Dose interval <6	14-73 >193	~8 weeks 36 weeks
				asymptomatic testing							weeks: 58 (40-71)		
									58 (42-70)	>55	Dose interval 6+ weeks: 81 (68- 89)	14-73	~8 weeks
											Dose interval 6+ weeks: 43 (17-61)	>193	33 weeks
							AZD1222	Documented infection	42 (-92-83)	21-27	49 (16-69)	14-73	~8 weeks
									29 (-43-65)	>55	51 (18-71)	>133	~23 weeks
124	Thiruvengadam et al (November 25,2021)	India	Test-negative case control	2766 cases and 2377 controls	Delta^	Excluded	AZD1222	Documented infection	46.2 (31.6-57.7)	21+	63.1 (51.5-72.1)	14+	~10 weeks





N4.	Reference (date)	Country	Design	Population	Dominant Variants	History of COVID	Vaccine Product	Outcome Measure	1 <sup>st</sup> Dose VE % (95%CI)	Days post 1st dose <sup>±</sup>	2 <sup>nd</sup> Dose VE % (95% CI)	Days post 2nd dose	Max Duration of follow up after fully vaccinated
123	Desai et al	India		1068 matched	Delta^	Included	BBV152	Symptomatic disease	-1 (-51 – 33)	21+	50 (33-62)	14+	~4 weeks
123	(November	iliula	Test-negative case control	case-control	Della	included	DDV132	Symptomatic disease	-1 (-31 - 33)	21+	46 (22-62)	28+	4 weeks
	23,2021)*		case control	HCW pairs							57 (21-76)	42+	-
	23)2322)			l low pans		Excluded					47 (29-61)	14+	-
122	Paixao et al	Brazil	Test-negative	19,838	Gamma and	Excluded	CoronaVac	Symptomatic disease	5.0 (-18.2–23.7)	14+	41.0 (27.0-52.2)	14+	~28.5 weeks
	(November 12,2021)	Di delli	case control	pregnant women	Delta <sup>††</sup>	Excidued	Coronavac	Symptomatic discuse	3.0 ( 13.2 23.7)		11.0 (27.0 32.2)		20.5 Weeks
121	Ng et al*	Singapore	Retrospective	1204	Delta index	Unknown	BNT162b2 &	Documented infection	_		61.6 (37.5-80.4)	15+	~16.5 weeks
	(November 1,		cohort	household	cases,		mRNA-1273	Symptomatic infection	1		67.9 (41.3-87.8)		
	2021)			contacts of	specifically			Severe disease	1		100 (CI omitted,		
				301 index							no events among		
				cases							vaccinated)		
120	Al Hosani et al	United Arab	Retrospective	176,640	Non-VOC	Included	BBIBP-CorV	Hospitalization	-35 (-45– -26)	14+	74 (72-76)	14+	~34 weeks
	(October	Emirates	cohort	individuals	and Alpha^			ICU admissions	0 (-17–15)		91 (88-93)		
	27,2021)			aged 15+				Deaths	12 (-95–61)		96 (69-99)		
119	Poukka et al*	Finland	Retrospective	427,905 HCWs	Non-VOC,	Excluded	BNT162b2	Documented infection	40 (33-46)	42+	83 (80-85)	14-90	~11 weeks
	(January 31,		cohort	aged 16-69	Alpha,						55 (45-64)	181+	~29.5 weeks
	2022)			years	Delta^			Hospitalization	82 (68-90)		99 (97-100)	14-90	~11 weeks
											98 (89-100)	181+	~38 weeks
	[Published						mRNA-1273	Documented infection	61 (45-72)		84 (68-92)	14-90	~11 weeks
	version of								()		69 (-124-96)	91-180	~24 weeks
	November 8,							Hospitalization	89 (22-98)		100 (CI omitted)	14-90	~11 weeks
	2021]										100 (CI omitted)	181+	~34 weeks
							Heterologous	Documented infection	_	_	100 (CI omitted)	14-90	~11 weeks
							mRNA	111-1	_		100 (Cl omitted)	181+	~29.5 weeks
								Hospitalization			100 (Cl omitted)	14-90	~11 weeks
							AZD1222	Documented infection	22 (-3-42)	42+	100 (CI omitted) 89 (73-95)	181+ 14-90	~38 weeks ~11 weeks
							AZDIZZZ	Documented infection	22 (-3-42)	427	63 (-166-95)	91-180	~24 weeks
								Hospitalization	88 (10-98)	42+	100 (CI omitted)	14-90	~11 weeks
								Tiospitalization	88 (10-38)	421	100 (CI omitted)	181+	~25 weeks
							Hotorologous	Documented infection	_		` '	14-90	~11 weeks
							Heterologous AZD1222 +	Documented infection	1		80 (72-86) 62 (30-79)	91-180	~24 weeks
							mRNA	Hospitalization	1		100 (CI omitted)	14-90	~11 weeks
								1103pitalization			100 (Cl omitted)	181+	~25 weeks
					Non-VOC,	1	BNT162b2 &	Documented infection	38 (23-50)	42+	77 (71-82)	14-90	~11 weeks
					Alpha^		mRNA-1273	Documented infection	33 (23 30)	72'	55 (34-69)	91-180	~24 weeks
							(homologous	Hospitalization	90 (27-99)	$\dashv$	95 (64-99)	14-90	~11 weeks
							or		-5 (2. 55)		100 (CI omitted)	91-180	~24 weeks
							heterologous)						
						1	AZD1222	Documented infection	15 (-15-37)	42+	100 (CI omitted)	14-90	~11 weeks





N4.	Reference (date)	Country	Design	Population	Dominant Variants	History of COVID	Vaccine Product	Outcome Measure	1 <sup>st</sup> Dose VE % (95%CI)	Days post 1st dose <sup>±</sup>	2 <sup>nd</sup> Dose VE % (95% CI)	Days post 2nd dose	Max Duration of follow up after fully vaccinated
											100 (CI omitted)	91-180	~24 weeks
								Hospitalization	100 (-inf-100)	42+	100 (CI omitted)	14-90	~11 weeks
							Heterologous	Documented infection	_	_	100 (CI omitted)	14-90	~11 weeks
							AZD1222 + mRNA				100 (CI omitted)	91-180	~24 weeks
					D-II-A			Hospitalization	45 (27 54)	42.	100 (CI omitted)	14-90	~11 weeks
					Delta^		BNT162b2 & mRNA-1273	Documented infection	45 (37-51)	42+	85 (81-88)	14-90	~11 weeks
							(homologous	Hespitalization	83 (68-91)	1	56 (46-65) 100 (97-100)	181+ 14-90	~29.5 weeks ~11 weeks
							or	Hospitalization	93 (08-31)		98 (88-100)	181+	~38 weeks
							heterologous)				98 (88-100)	101+	38 weeks
							AZD1222	Documented infection	49 (-16-77)		88 (71-95)	14-90	~11 weeks
									, ,		62 (-177-95)	91-180	~24 weeks
								Hospitalization	42 (-330-92)		100 (CI omitted)	14-90	~11 weeks
											100 (CI omitted))	181+	~25 weeks
							Heterologous	Documented infection		-	80 (72-86)	14-90	~11 weeks
							AZD1222 +				63 (33-80)	91-180	~24 weeks
							mRNA	Hospitalization			100 (CI omitted)	14-90	~11 weeks
											100 (CI omitted)	181+	~25 weeks
118	Embi et al* (December 30,	USA	Test-negative case control	20,101 immunocompr	Non-VOC,†† Alpha,††	Included	BNT162b2	Hospitalization: immunocompromised	_		71 (65-76)	14+	~33 weeks
	2021)			omised and 69,116 immunocompe	Delta^			Hospitalization: immunocompetent			88 (86-89)		
	[Updated version of Embi			tent adults (18+) in nine			mRNA-1273	Hospitalization:			81 (76-85)		
	et al November 5, 2021]			states				Hospitalization: immunocompetent			93 (92-94)		
					Non-VOC, Alpha <sup>††</sup>		BNT162b2 & mRNA-1273	Hospitalization: immunocompromised			76 (69-81)		
								Hospitalization: immunocompetent			91 (90-93)		
					Delta^			Hospitalization: immunocompromised			79 (74-83)		
								Hospitalization: immunocompetent			90 (89-91)		
117	Sheikh et al*	Scotland	Retrospective	1,563,818	Alpha and	Unknown	BNT162b2	Death in 40-59 years	100 (CI omitted)	14+ up to	95 (79-99)	14+	~25 weeks
	(October		cohort	adults	Delta^			Death in ≥ 60 years	75 (26-91)	13 days	87 (77-93)		
	20,2021)						AZD1222	Death in 40-59 years	96 (85-99)	post dose	88 (76-93)		
								Death in ≥ 60 years	97 (86-99)	2	90 (84-94)		
					Delta		BNT162b2	Death	92 (66-98)	4	90 (83-94)		
					specifically^		AZD1222	ĺ	96 (89-99)		91 (86-94)		



N4.	Reference (date)	Country	Design	Population	Dominant Variants	History of COVID	Vaccine Product	Outcome Measure	1 <sup>st</sup> Dose VE % (95%CI)	Days post 1st dose <sup>±</sup>	2 <sup>nd</sup> Dose VE % (95% CI)	Days post 2nd dose	Max Duration of follow up after fully vaccinated
116	Reis et al*	Israel	Retrospective	94,354	Delta^	Excluded	BNT162b2	Documented infection	59 (52-65)	14-20	90 (88-92)	7-21	~12 weeks
	(October		cohort	vaccinated					66 (59-72)	21-27			
	20,2021)			adolescents				Symptomatic disease	57 (39-71)	14-20	93 (88-97)		
				aged 12-18 matched with 94,354 controls					82 (73-91)	21-27			
115	Nordström et al*	Sweden	Retrospective cohort	541,071 vaccinated	Delta^	Excluded	BNT162b2	Symptomatic disease	_	_	78 (78-79)	14+	~11 weeks
	(October 18,		COHOIT	individuals and			mRNA-1273				87 (84-88)		
	2021)			180,716 unvaccinated			AZD1222	_			50 (41-58)		
				matched			AZD1222/ BNT162b2				67 (59-73)		
				individuals			AZD1222/	1			79 (62-88)	1	
							mRNA-1273						
114	Skowronski et al	Canada	Test-negative	380,532	Non-VOC,	Excluded	BNT162b2	Documented infection	_		90 (90-90)	14+	~37 weeks
	(October		case control	specimens in	Alpha,						90 (89-90)	28-55	
	26,2021)			British	Delta,						81 (78-83)	168+	
				Columbia	Gamma^			Hospitalization			98 (97-98)	14+	
				including 27,439 cases							98 (98-99)	28-55	
				(estimates also			DAIA 4070		4		98 (94-99)	168+	
				available for			mRNA-1273	Documented infection			91 (90-91) 94 (93- 94)	14+ 28-55	
				Quebec, but							71 (65-75)	28-55 168+	
				not included				Hospitalization	-		97 (96-98)	14+	
				here)				Tiospitalization			99 (96-100)	28-55	
											96 (83-99)	168+	
							AZD1222	Documented infection			71 (69-74)	14+	
											74 (67-79)	28-55	
											69 (64-72)	84+	
								Hospitalization			94 (90-96)	14+	
											88 (62-96)	28-55	
											95 (89-98)	84+	
							Heterologous	Documented infection			91 (90- 92)	14+	
							mRNA				93(91-94)	28-55	
									4		93(80-97)	112-139	
								Hospitalization			98 (96-99)	14+	
											97 (92-100)	28-55 84-111	
	1	1	1		1	Ī	ĺ			1	97 (94-99)	84-111	1



												Days	Max Duration of follow
										Days		post	up after
	Reference				Dominant	History of	Vaccine		1st Dose VE	post 1st	2 <sup>nd</sup> Dose VE	2nd	fully
N4.	(date)	Country	Design	Population	Variants	COVID	Product	Outcome Measure	% (95%CI)	dose <sup>±</sup>	% (95% CI)	dose	vaccinated
							Heterologous	Documented infection			90 (89-91)	14+	
							AZD1222 +				91 (89-92)	28-55	
							mRNA				92 (44-99)	112-139	
								Hospitalization			99 (98-100)	14+	
											99 (91-100)	28-55	
					Delta		BNT162b2	Documented infection			91 (91-92)	14+	
					specifically^						92 (92-93)	28-55	
											80 (76, 84)	196+	
								Hospitalization			98 (97-98)	14+	
											99 (98-99)	28-55	
											98 (91-99)	168+	
							mRNA-1273	Documented infection			92 (91-93)	14+	
											94 (93- 95)	28-55	
								Hospitalization			80 (73-85) 97 (96- 98)	168+ 14+	
								поѕрітангатіоп			99 (96-100)	28-55	
											84 (63-93)	112-139	
							AZD1222	Documented infection			70 (66-73)	14+	
							ALDIZZZ	Documented infection			68 (60-75)	28-55	
											65 (57-72)	84+	
								Hospitalization			92 (86-95)	14+	
											84 (51-95)	28-55	
											92 (81-97)	84+	
							Heterologous	Documented infection			98 (97-99)	14+	
							mRNA				93 (91-94)	28-55	
											88 (82-91)	196+	
								Hospitalization			98 (97-99)	14+	
											96 (88-99)	28-55	
											98 (85-100)	168+	
							Heterologous	Documented infection			91 (89-92)	14+	
							AZD1222 +				90 (88-92)	28-55	
							mRNA				85 (77-90)	84-111	
								Hospitalization			99 (97-100)	14+	
					Alaba		DNIT4 COL O	December 11 ft 11			99 (90-100)	44.	
					Alpha		BNT162b2	Documented infection			96 (93-98)	14+	
					specifically^			Hospitalization			96 (83-99)	-	
							mRNA-1273	Documented infection			95 (85-98)	-	
							AZD1222	Hospitalization  Documented infection			74 (29-90)	-	
							WEDIZZZ	Hospitalization			/+ (23-3U)	1	
								Documented infection			96 (93-98)	+	



	Reference				Dominant	History of	Vaccine		1 <sup>st</sup> Dose VE	Days post 1st	2 <sup>nd</sup> Dose VE	Days post 2nd	Max Duration of follow up after fully
N4.	(date)	Country	Design	Population	Variants	COVID	Product	Outcome Measure	% (95%CI)	dose⁺	% (95% CI)	dose	vaccinated
							Heterologous	Hospitalization			97 (87-99)		
							mRNA						
							Heterologous	Documented infection			74 (29-90)		
							AZD1222 +	Hospitalization			_		
					<u> </u>		mRNA BNT162b2	Documented infection			02 (00 05)		
					Gamma specifically^		BIN I 16202	Hospitalization			93 (89-95) 95 (83-99)		
					Specifically		mRNA-1273	Documented infection			95 (83-99)	_	
							AZD1222	Documented infection			90 (61, 98)	_	
							Heterologous	Documented infection			94 (75, 99)	1	
							mRNA	Documented infection			94 (75, 99)		
							Heterologous	Documented infection			96 (70, 99)	1	
							AZD1222 +	Documented infection			30 (70, 33)		
							mRNA						
113	Lin et al	USA	Retrospective	10,600,823	Alpha and	Unknown	BNT162b2	Symptomatic disease	_	_	94.5 (94.1-94.9)	2	~33 weeks
	(October		cohort	cases	Delta^			, .			, ,	months	
	26,2021)			registered in							66.6 (65.2-67.8)	7	
				North Carolina								months	
								Hospitalization			96.4 (95.1-97.4)	2	
												months	
											88.7 (86.9-90.3)	7	
											()	months	1
								Death			98 (95.5-99.1)	2 months	
											90.5 (87-93.1)	7	~32 weeks
											90.5 (67-95.1)	months	32 Weeks
							mRNA-1273	Symptomatic disease			95.9 (95.5-96.2)	2	-
								Symptomatic discuse			33.3 (33.3 30.2)	months	
											80.3 (79.3-81.2)	7	1
											, ,	months	
								Hospitalization			97.2 (96.1-98)	2	
												months	
											94.1 (92.7-95.2)	7	
												months	1
								Death			98.6 (97.3-99.3)	3	
											05.5 (00.5.55.5)	months	
											95.5 (93.4-96.9)	7	~29 weeks
1							Ad26.COV2.S	Cumptomotic discass			74.9 (72.5.70.0)	months	-
1							AdZb.CUVZ.S	Symptomatic disease			74.8 (72.5-76.9)	1 month	
											59.4 (57.2-61.5)	5	1
1											33.4 (37.2-01.3)	months	
	1	1	1	I	1	l	1	1	l	1	1		1





N4.	Reference (date)	Country	Design	Population	Dominant Variants	History of COVID	Vaccine Product	Outcome Measure Hospitalization Death	1 <sup>st</sup> Dose VE % (95%CI)	Days post 1st dose <sup>2</sup>	2 <sup>nd</sup> Dose VE % (95% CI) 85.8 (74.9-91.9) 85.9 (49.3-96.1)	Days post 2nd dose 2 months 3 months	Max Duration of follow up after fully vaccinated
112	Nordstrom et al* (February 4,2022)  [Published version of October 25 preprint]	Sweden	Retrospective cohort	842,974 pairs of vaccinated and unvaccinated Swedish individuals	Delta^	Excluded	BNT162b2  mRNA-1273  AZD1222  AZD1222 and any mRNA vaccine	Symptomatic disease	_	-	92 (92-93) 23 (-2 - 41) 96 (94-97) 59 (18-79) 68 (52-79) -19 (-97 - 28) 89 (79-94) 66 (41-80)	15-30 210+ 15-30 180+ 15-30 120+ 15-30 120+	~30 weeks
111	Ranzani et al (October 20,2021)	Brazil	Test-negative case control	7,434 individuals residing in a favela in Rio De Janeiro	Gamma and Delta^	Excluded	AZD1222	Symptomatic disease	45.2(16.2-64.1) 58.6(28.0-76.2) 36.7(7.9-56.4)	28-41 days 42-55 days >56 days	_	_	
110	<u>Chin et</u> <u>al</u> *(October 20, 2021)	USA	Retrospective cohort	827 propensity matched incarcerated men	Delta^	Included  Previously infected only	mRNA-1273	Asymptomatic disease Documented infection Symptomatic disease Documented infection	29.8(-44.2- 65.8)	>21 days	56.6 (42.0-67.5) 84.2 (56.4-94.3) 80.5 (52.8-92.0)	14+	~27 weeks
109	Irizarry et al(November 17, 2021)  [Updated version of Robles-Fontan et al (October 20,2021)]	Puerto Rico	Retrospective cohort	87,704 PCR confirmed infections for individuals 12 years or older	Non-VOC, Alpha, Beta and Delta^^	Excluded Unknown	BNT162b2	Documented infection Hospitalization (45- 74y) Hospitalization (75- 84y) Hospitalization (85+y) Death (45-74y) Death (75-84y) Death (85+y) Hospitalization (45- 74y) Hospitalization (75- 84y) Hospitalization (85+y) Death (45-74y) Death (45-74y) Death (45-74y) Death (75-84y) Death (85+y)			49.5 (31.5-62.7) 92 (90.8-93) 93.3 (91.3-95) 97.1 (95.8-98) 86 (81-89) 87 (80-92) 95.2 (91.5-97) 82 (78-85) 91.5 (89-94) 97.2 (96-98) 69 (52-79) 87 (79-92) 96.2 (93.9-98)	14+	~20 weeks





	Reference				Dominant	History of	Vaccine		1 <sup>st</sup> Dose VE	Days post 1st	2 <sup>nd</sup> Dose VE	Days post 2nd	Max Duration of follow up after fully
N4.	(date)	Country	Design	Population	Variants	COVID	Product	Outcome Measure	% (95%CI)	dose⁺	% (95% CI)	dose	vaccinated
							Ad26.COV2.S  BNT162b2	Hospitalization (45- 74y) Hospitalization (75- 84y) Hospitalization (85+y) Death (45-74y) Death (75-84y) Death (85+y) Documented infection <sup>XX</sup> Hospitalisation			96.1 (95-97)  98 (96.7-99)  99.2 (98.6-99.5)  93.8 (90-96)  96.6 (91.7-98)  99.3 (98.6-99.6)  87 (85-89)  57(53-60)  92(85-95)  80(73-85)	14+ 144+ 14+ 144+	
								Death			97(86-100) 86(75-92)	14+ 144+	_
							mRNA-1273	Documented			90(88-91)	14+	~18 weeks
								infection <sup>xx</sup>			73(70-76)	144+	
								Hospitalisation			95(89-97)	14+	
								Death			90(84-94) 99(89-100)	144+	-
								Death			93(81-97)	14+	_
							Ad26.COV2.S	Documented			62(54-68)	144+	~22 weeks
							Au20.00 V2.5	infection <sup>XX</sup>			36(30-42)	144+	ZZ WCCK3
								Hospitalisation			81(60-91)	14+	
								,			67(53-76)	144+	
								Death			78(16-94)	14+	
											72(49-85)	144+	
							BNT162b2	Documented infection <sup>xx</sup>			56 (53-59)	at day 137	~20 weeks
							mRNA-1273				71 (68-74)	at day 139	~18 weeks
							Ad26.COV2.S				27 (17-37)	at day 158	~22 weeks
108	Olson et al* (October 19,	USA	Test-negative case control	179 case patients and	Delta^	Unknown	BNT162b2	Hospitalization (12- 15y)	_	_	91 (74-97)	14+	~12 weeks
	2021)			285 controls aged 12-18 years				Hospitalization (16- 18y)			94 (78-99)		
107	Arregoces et al	Colombia	Matched-	3,346,826	Mu^	Excluded	BNT162b2	Hospitalization	_	14+	90.3 (87.1-92.7)	14+	~9 weeks
	(October 19, 2021)		pair cohort study	adults aged				Post-hospitalization death			98.5 (97.8-98.9)		



	Reference	Country	Design	Dogulation	Dominant	History of	Vaccine	Outcome Messure	1st Dose VE	Days post 1st	2 <sup>nd</sup> Dose VE	Days post 2nd	Max Duration of follow up after fully
N4.	(date)	Country	Design	Population	Variants	COVID	Product	Outcome Measure	% (95%CI)	dose⁺	% (95% CI)	dose	vaccinated
				60+ in				Death without prior			89.2 (85.6-91.9)		
				Colombia			C	hospitalization	-		67.2 (63.7-70.4)		~11 weeks
							CoronaVac	Hospitalization Post-hospitalization	-		77.1 (75.5-78.6)		11 weeks
								death			77.1 (73.3-76.0)		
								Death without prior	-		69.8 (66.7-72.6)		
								hospitalization			03.8 (00.7-72.0)		
							AZD1222	Hospitalization			75.4 (48.2-88.3)		~7 weeks
								Post-hospitalization			96.3 (88.4-98.8)		
								death					
								Death without prior			88.7 (64.8-96.4)		
								hospitalization					
							Ad26.COV2.S	Hospitalization	80(19.9-95.0)		_		~4 weeks
								Death without prior	75(0.0-93.8)		_		
								hospitalization					
106	Ranzani et al (October 18,	Brazil	Test-negative case control	11,817 adults In Mato-	Gamma^	Excluded	Ad26.COV2.S	Symptomatic disease	50.9 (35.5-63.0)	28+	_	_	~10 weeks
	2021)			Grosso do Sul				Hospitalization	72.9 (35.1-91.1)				
								ICU Admission	92.5 (54.9-99.6)				
								Death	90.5 (31.5-99.6)				
105	Liu et al	USA	Test-negative	10,283	Non-VOC,	Excluded	BNT162b2 &	Overall: Documented	_	-	58.9 (52-64.8)	14+	~35 weeks
	(October 7, 2021)		case control	matched adult residents (18+)	then Alpha, then Delta <sup>††</sup>		mRNA-1273	infection Immunocompromised:	_	<del> </del>	56.8 (44.7-66.2)	1	
	2021)			of New York	then bella			Documented infection	_		30.8 (44.7-00.2)		
				City				Documented infection					
104	Bruxvoort et	USA	Test-negative	8,153 cases	Delta	Excluded	mRNA-1273	Documented infection	77.0 (60.7-86.5)	14+	86.7 (84.3-88.7)	14+	~25 weeks
	al*(December		case control	and matched	specifically^				_	_	94.1 (90.5-96.3)	14-60	~6.5 weeks
	<u>15,2021)</u>			controls							80.0 (70.2-86.6)	151-180	~23.5 weeks
				among				Hospitalization	_	_	97.5 (92.7-99.2)	14+	~25 weeks
	[Update to October 1, 2021			Kaiser Permanente	Non-Delta			Documented infection	_	_	98.6 (97.3-99.3)	14-60	~6.5 weeks
	preprint]			patients (aged 18+) in	specifically^						88.7 (73.2-95.2)	121-150	~19.5 weeks
				Southern California	Alpha specifically^			Documented infection	90.1 (82.9-94.2)	14+	98.4 (96.9-99.1)	14+	~25 weeks
				Calliorilla	Gamma	1		Documented infection	74.2 (43.8-88.1)	14+	95.5 (90.9-97.8)	14+	1
					specifically^								
103	Martinez-Baz et	Spain	Prospective	30,240 close	Non-VOC,	Excluded	BNT162b2	Documented infection	57 (52-61)	14+	69 (66-72)	14+	~31 weeks
1	al (September	- Spann	cohort	contacts of	Alpha and	Zacidaca	2.1110202	2 coamenca inicolon	57 (51-61)	<90	70 (67-73)	<90	~11 weeks
	30,2021)				Delta^				_	1_	63 (58-68)	≥ 90	~18 weeks
		1	1	1	1	1	l .	1	l	1	\/		





	Reference				Dominant	History of	Vaccine		1st Dose VE	Days post 1st	2 <sup>nd</sup> Dose VE	Days post 2nd	Max Duration of follow up after fully
N4.	(date)	Country	Design	Population	Variants	COVID	Product	Outcome Measure	% (95%CI)	dose*	% (95% CI)	dose	vaccinated
				12,263 index				Symptomatic disease	66 (60-71)	14+	72 (69-75)	14+	~31 weeks
				cases				Hospitalization	86 (69-94)		93 (88-96)		
							mRNA-1273	Documented infection	66 (56-73)	14+	82 (78-86)	14+	~28 weeks
									65 (56-73)	<90		_	~11 weeks
									_		67 (50-78)	≥ 90	~15 weeks
								Symptomatic disease	71 (61-79)	14+	85 (80-89)	14+	~28 weeks
								Hospitalization	73 (-10–93)		98 (82-100)		
							AZD1222	Documented infection	41 (34-48)	14+	54 (48-60)	14+	~16 weeks
									40 (31-47)	<90	54 (47-60)	<90	~11 weeks
									52 (37-64)	≥ 90	_	≥ 90	~3 weeks
								Symptomatic disease	46 (37-54)	14+	56 (48-63)	14+	16 weeks
								Hospitalization	78 (54-89)		95 (79-99)		
							Ad26.COV2.S	Documented infection	50 (42-57)	14+	_		~23 weeks
									52 (44-59)	<90			~11 weeks
									28 (-8–53)	≥ 90	_		~10 weeks
								Symptomatic disease	54 (45-62)	14+			~23 weeks
								Hospitalization	74 (43-88)				
							1 dose of	Documented infection	_		86 (70-93)	14+	~21 weeks
							AZD1222+ 1				85 (69-93)	<90	~11 weeks
							dose of	Symptomatic disease	_		91 (71-97)	14+	~21 weeks
							BNT162b2	Hospitalization			95 (79-99)		
					Alpha^		BNT162b2	Documented infection	54 (37-67)	14+	71 (61-78)	14+	~31 weeks
					specifically		mRNA-1273		60 (14-81)		86 (56-95)		~28 weeks
							AZD1222	4	37 (21-50)		38 (-42–73)	_	16 weeks
							Ad26.COV2.S		77 (27-93)				~23 weeks
					Delta^		BNT162b2	Documented infection	63 (51-73)	14+	67 (59-74)	14+	~31 weeks
					specifically		mRNA-1273 AZD1222	4	72 (51-84)	4	77 (64-85)	-	~28 weeks
									53 (26-70)		55 (39-67)		16 weeks
							Ad26.COV2.S 1 dose of		42 (18-59)		06 (45 07)		~23 weeks ~21 weeks
							AZD1222+ 1 dose of BNT162b2				86 (45-97)		121 weeks
102#	Eyre et al*	England	Retrospective	146,243	Alpha^	Included	BNT162b2	Documented infection	15 (12-18)	0+ up to	85 (79-89)	14+	~20.5 weeks
	(January 5, 2022)		cohort	household contacts of	specifically		AZD1222		6 (2-9)	13 days post dose	60 (41-73)	_	~8 weeks
	file data to C			108,498 index cases	Delta^ specifically	Included	BNT162b2	Documented infection	33 (31-35)	2	81 (77-84)		~29 weeks
	[Update to Sept 29, 2021 preprint]				,		AZD1222		31 (28-34)		58 (55-62)		~16 weeks





<b>N4.</b> 101	Reference (date)  Glatman- Freedman et al (September 27, 2021)	<b>Country</b> Israel	<b>Design</b> Retrospective cohort	Population Adolescents aged 12-15 y	Dominant Variants Delta^	History of COVID Excluded	Vaccine Product BNT162b2	Outcome Measure  Documented infection	1 <sup>st</sup> Dose VE % (95%CI) —	Days post 1st dose <sup>±</sup>	2 <sup>nd</sup> Dose VE % (95% CI) 91.5 (88.2-93.9)	Days post 2nd dose 8-28	Max Duration of follow up after fully vaccinated 2 weeks
100	Meyer et al (September 23,2021)	Germany	Retrospective cohort	252 residents and staff of a nursing home Non- household close contacts	Alpha^	Unknown	BNT162b2	Documented infection Symptomatic disease Hospitalization	_		45 (0-69) 68 (36-84) 88 (37-98)	7+	~11 weeks
99	Pilishvili et al* (September 22,2021)	USA	Test-negative case control	1482 HCPs as cases and 3449 HCPs as control	Alpha <sup>††</sup>	Excluded	BNT162b2 & mRNA-1273	Symptomatic disease  Symptomatic disease - immunocompromising condition	39.1 (-45.0-74.4)	14+ through Dose 2 or	88.9 (84.7-92.0) 96.3 (92.5-98.2) 80.7 (61.0-90.4)	14+ 15-28 85-98	~14 weeks
							BNT162b2	Symptomatic disease - pregnancy  Symptomatic disease	77.1 (32.2- 92.2) 77.6 (70.9-82.7)	later (at least 1 dose)	88.8 (84.6-91.8)	— 7+	
							mRNA-1273		88.9 (78.7-94.2)	<7 post 2 <sup>nd</sup> dose	96.3 (91.3-98.4)		
98#	Skowronski et al* (January 27, 2022)	Canada	Test-negative case control	11,861 test- positive cases and 99,544 test-negative	Alpha, Gamma, Delta^	Excluded	BNT162b2	Documented infection  Hospitalization	70 (68-72) 55 (48-61) 65 (57-71) 81 (75-85)	21+ 14-20 98+ 21+	_	_	_
	[Published version of September 22,2021			controls among adults 50-69 years in British			mRNA-1273	Documented infection  Hospitalization	75 (71-78) 67 (57-75) 54 (38-66) 85 (76-91)	21+ 14-20 98+ 21+			
	preprint]			Columbia			mRNA-1273 or BNT162b2	Hospitalization	74 (60-83) 65 (47-77)	14-20 98+			
							AZD1222	Documented infection	60 (54-65) 25 (10-37) 62 (36-77)	21+ 14-20 98+			
								Hospitalization	93 (85-97) 67 (30-84) 74 (-4-94)	21+ 14-20 84+			
					Alpha specifically^		BNT162b2 mRNA-1273	Documented infection Hospitalization Documented infection	77 (73-80) 85 (72-92) 84 (77-89)	21+			



N4.	Reference (date)	Country	Design	Population	Dominant Variants	History of COVID	Vaccine Product	Outcome Measure	1 <sup>st</sup> Dose VE % (95%CI)	Days post 1st dose <sup>±</sup>	2 <sup>nd</sup> Dose VE % (95% CI)	Days post 2nd dose	Max Duration of follow up after fully vaccinated
144.	(uate)	Country	Design	ropulation	variants	COVID	Fioduct	Hospitalization	78 (44-91)	uose	76 (3376 CI)	uose	vaccinateu
							AZD1222	Documented infection	69 (61-75)				
					Gamma		BNT162b2	Documented infection	77 (72-81)	_			
					specifically^		DIVITOLDE	Hospitalization	89 (79-94)	-			
					- i		mRNA-1273	Documented infection	85 (76-90)				
								Hospitalization	96 (71-99)				
							AZD1222	Documented infection	67 (58-74)				
								Hospitalization	93 (78-98)				
					Delta		BNT162b2	Documented infection	58 (52-63)				
					specifically^			Hospitalization	73 (60-82)				
							mRNA-1273	Documented infection	70 (64-76)				
								Hospitalization	86 (72-93)				
							AZD1222	Documented infection	41 (15-59)				
								Hospitalization	61 (-8-86)				
					Non-VOC		BNT162b2	Documented infection	88 (75-95)				
					specifically^		mRNA-1273		78 (31-93)				
							AZD1222		93 (70-98)				
97	Self et al*	USA	Test-negative	1,682 case-	Alpha and	Excluded	BNT162b2	Hospitalization	_		88 (85-91)	14+	~20 weeks
	(September		case control	patients and	Delta <sup>††</sup>						91 (88–93)	14-120	
	17,2021)			2,007 control-							77 (67–84)	>120	
				patients ≥18 years without			mRNA-1273				93 (91-95)	14+	
				immunocompr							93 (90–95)	14-120	4
				omising			A -126 COV /2 C		74 (56, 04)	11.	92 (87–96)	>120	
				conditions			Ad26.COV2.S		71 (56–81)	14+	_	_	
									68 (49–80)	>28			
96	Glatman-	Israel	Retrospective	All Israeli	Alpha^	Excluded	BNT162b2	Documented infection	54.3 (50.6-57.8)	14-20	97.3 (96.7-97.8)	22-28	2 weeks
	Freedman et al*		longitudinal	residents aged				Symptomatic disease	58.3 (54.7-61.6)		97.9 (97.4-98.3)		
	(September 16,		cohort	16+				Hospitalization	74.5 (69.1-79.0)		99.0 (98.4-99.3)		
	2021)							Severe/critical disease	77.3 (71.2-82.1)		99.2 (98.6-99.5)		
								Death	71.7 (64.1-77.7)		98.6 (97.0-99.3)	1	
95#	Andrews et al*	England	Test-negative	1,706,743	Alpha	Excluded	BNT162b2	Symptomatic disease	45.9 (44.2-47.6)	28+	94.9 (93.6-95.9)	14-63	~33.5 weeks
	(January		case control	symptomatic	specifically^		-		_		94.8 (88.4-97.7)	70+	~33.5 weeks
	12,2022)			cases and				Hospitalization	85.2 (81.6-88.1)	28+	97.7 (90.8-99.4)	14-63	~33.5 weeks
				3,763,690 test-				Death	73.1 (65-79.3)	28+	96.6 (94.496.5)	14+	~33.5 weeks
	[Update to			negative control			AZD1222	Symptomatic disease	45.1 (43.4-46.7)	28+	82.1 (79.4-84.5)	14+	~20.5 weeks
	September 14,							1	_				~8 weeks
				natients							1 82.4 (/9.6-84./)	1 14-63	i o weeks
	2021 preprint]			patients among adults					_		82.4 (79.6-84.7) 76.2 (49.8-88.7)	14-63 70+	~20.5 weeks





N4.	Reference (date)	Country	Design	Population	Dominant Variants	History of COVID	Vaccine Product	Outcome Measure	1 <sup>st</sup> Dose VE % (95%CI)	Days post 1st dose <sup>±</sup>	2 <sup>nd</sup> Dose VE % (95% CI) 100 (CI omitted, no deaths among vaccinated)	Days post 2nd dose	Max Duration of follow up after fully vaccinated ~20.5 weeks
								Death	79.1 (68.8-86)	28+	100 (CI omitted, no deaths among vaccinated)	14+	~20.5 weeks
							mRNA-1273	Symptomatic disease	58.1 (11.7-80.1)	28+		_	_
					Delta		BNT162b2	Symptomatic disease	51.2 (50.7-51.7)	28+	83.3 (83.1-83.5)	14+	~33.5 weeks
					specifically^				_		89.8 (89.6-90)	14-63	~8 weeks
									_		69.7 (68.7-70.5)	140+	~33.5 weeks
								Hospitalization	91.1 (89.7-92.3)	28+	96.6 (96.2-96.9)	14+	~33.5 weeks
									_		98.4 (97.9-98.8)	14-63	~8 weeks
									_		92.7 (90.3-94.6)	140+	~33.5 weeks
								Death	88.6 (78.8-93.9)	28+	95.6 (94.4-96.6)	14+	~33.5 weeks
									_		98.2 (95.9-99.2)	14-63	~8 weeks
									_		90.4 (85.1-93.8)	140+	~33.5 weeks
							AZD1222	Symptomatic disease	45.1 (43.4-46.7)	28+	64.2 (63.9-64.5)	14+	~20.5 weeks
									_		66.7 (66.3-67)	14-63	~8 weeks
									_		47.3 (45-49.6)	140+	~20.5 weeks
								Hospitalization	80.7 (78-83)	28+	92.5 (92-93)	14+	~20.5 weeks
									_		95.2 (94.6-95.6)	14-63	~8 weeks
									_		77 (70.3-82.3)	140+	~20.5 weeks
								Death	86.9 (77.5-92.4)	28+	93.2(91.7-94.5)	14+	~20.5 weeks
									_		94.1 (91.8-95.8)	14-63	~8 weeks
									_		78.7 (52.7-90.4)	140+	~20.5 weeks
							mRNA-1273	Symptomatic disease	64.9 (64-65.7)	28+	94.8 (94.4-95.2)	14+	~7 weeks
									_		93.8(93.4-94.1)	14-63	•
									_		85.6(83.8-87.2)	70-104	•
								Hospitalization	93.7 (89.9-96)	28+	100 (CI omitted, no events among vaccinated)	14-63	~7 weeks
94	Bajema et al	USA	Test-negative	388 case-	Alpha,	Excluded	BNT162b2 &	Hospitalization	_		86.1 (76.5-91.8)	<104	~13 weeks
	(September		case control	patients and	Delta, Non-		mRNA-1273					days	
	10,2021)			787	VOC††			Hospitalization			87.2 (78.2-92.5)	≥104	~28.5 weeks
				controls from 5 Veterans			DNT16252	Hasnitalization	-		02 4 (74 0 00 4)	days	~20 F
				3 veterans			BNT162b2	Hospitalization	-		83.4 (74.0-89.4)	14+	~28.5 weeks
							mRNA-1273	Hospitalization			91.6 (83.5-95.7)		~26.5 weeks





	Reference	Country	Davier	Domilation	Dominant	History of COVID	Vaccine Product	Outroma Marria	1st Dose VE	Days post 1st	2 <sup>nd</sup> Dose VE	Days post 2nd	Max Duration of follow up after fully
N4.	(date)	Country	Design	Population Affair Medicals	Variants Alpha^	COVID	BNT162b2 &	Outcome Measure February-June:	% (95%CI)	dose <sup>±</sup>	<b>% (95% CI)</b> 84.1 (74.1-90.2)	dose	vaccinated ~23 weeks
				Centers	Aiphan		mRNA-1273	Hospitalization			84.1 (74.1-90.2)		23 weeks
				Centers	Delta^		IIIKIVA-1273	July-August:			89.3 (80.1-94.3)	1	~28.5 weeks
					Delta			Hospitalization			03.3 (00.1 3 1.3)		20.5 Weeks
93	Polinski et al	USA	Retrospective	501,947	Alpha <sup>††</sup>	Excluded	Ad26.COV2.S	Documented infection	79 (77-80)	14+	_	_	~14 weeks
	(September 12,		Cohort	individuals ≥18	•			Hospitalization	81 (79-84)				
	2021)			years				Immunocompromised:	64 (57-70)				
								Documented infection	- ( /				
								Immunocompromised:	68 (54-77)				
								Hospitalization					
					Delta^			June-July: Documented infection	78 (73-82)				
								June-July:	85 (73-91)				
								Hospitalization					
92	Grannis et al	USA	Test-negative	32,867 events	Delta^	Included	BNT162b2	Hospitalization	_		80 (73-85)	14+	4 weeks
	(September			from 187				Emergency/Urgent			77 (74–80)		
	10,2021)			hospitals and				care visit					
				221 emergency			mRNA-1273	Hospitalization			95 (92-97)		
				departments/u				Emergency/Urgent			92 (89-93)		
				rgent care				care visit					_
				visits			Ad26.COV2.S	Hospitalization	60 (31-77)	14+	_	_	
								Emergency/Urgent	65 (56-72)				
0.1	5 . 14			10.051			DAUTA COL O 0	care visit	74 (00 04)	24.27	06 (00 100)	7.56	
91	Dagan et al*	Israel	Prospective	10,861 vaccinated	Alpha^	Excluded	BNT162b2 & mRNA-1273	Documented infection	71 (33-94)	21-27	96 (89-100)	7-56	~11 weeks
	(September 7,2021)		Cohort	pregnant			IIIKINA-12/3	Symptomatic infection	76 (30-100)		97 (91-100)		
				females matched with 10,861 controls				Hospitalization	_		89 (43-100)		
90	Thompson et	USA	Test-negative	58,904 adults	Non-VOC,	Excluded	BNT162b2	Hospitalization	33 (18-46)	14+	87 (85-90)	14+	~22 weeks
	<u>al*</u> (September 8, 2021)		case control	aged 50+ with Covid-like	Alpha^††			Emergency department or urgent care visit	58 (46-68)		89 (85-91)		
				illness who			mRNA-1273	Hospitalization	68 (59-75)		91 (89-93)		20 weeks
				were hospitalized or				Emergency department or urgent care visit	73 (64-79)		92 (89-94)		
				visited			Ad26.COV2.S	Hospitalization	68 (50-79)		_		14 weeks
				emergency/ urgent care facilities				Emergency department or urgent care visit	73 (59-82)				
				racilities			BNT162b2 & mRNA-1273	Hospitalization, patients with ≥ 1	56 (47-64)	14+	90 (88-92)	14+	~22 weeks





N4.	Reference (date)	Country	Design	Population	Dominant Variants	History of COVID	Vaccine Product	Outcome Measure chronic respiratory condition	1 <sup>st</sup> Dose VE % (95%CI)	Days post 1st dose <sup>±</sup>	2 <sup>nd</sup> Dose VE % (95% CI)	Days post 2nd dose	Max Duration of follow up after fully vaccinated
								Hospitalization, patients with ≥ 1 chronic non-respiratory condition	54 (45-61)		88 (86-90)		
								Hospitalization, overall	_		88 (84-92)	14-27	~2 weeks
											86 (74-93)	112+	~22 weeks
								Emergency department or urgent care visit	_		92 (88-95)	14-27	~2 weeks
											86 (74-93)	112+	~22 weeks
89	lliaki et al* (October 18, 2021) [Update to September 6 preprint]	USA	Retrospective Cohort	4,317 HCWs	Alpha††	Excluded	BNT162b2 & mRNA-1273	Documented infection	80.2(57.5-90.8)	14+	95.2(80.0-98.8)	14+	~10 weeks
88	Tande et al* (September 6,2021)	USA – Mayo Clinic, Minnesota	Retrospective Cohort	Asymptomatic screening of 46,008 patients: pre-	Non-VOC^††	Included	BNT162b2 & mRNA-1273	Asymptomatic infection (January-March)	44 (-6-71)	20+ up to <14 post 2 <sup>nd</sup> dose	91 (72-98)	14+	~10 weeks
				surgical, pre- op PCR tests	Alpha^††			Asymptomatic infection (April-May)	46 (53-83)		71 (53-83)		~19 weeks
					Delta^††			Asymptomatic infection (June-August)	63 (44-76)		63 (44-76)		~32 weeks
87	Barlow et al (September	USA	Test-negative case control	500 matched pairs aged 15	Delta^	Excluded	BNT162b2 and mRNA-1273	Documented infection	_	14+	74(65-82)	14+	~4 weeks
	3,2021)			years and above			Ad26.COV2.S		51(-2 – 76)		_		
86	Bruxvoort et al* (November 24, 2021) [Update to September 2,2021 Preprint]	USA	Matched prospective cohort	352,878 vaccinated 352,878 unvaccinated individuals	Delta and Alpha^	Included	mRNA-1273	Documented infection Asymptomatic infection Symptomatic infection Hospitalization Death	_	_	87.4 (85.6-89.1) 72.7 (57.6-82.4) 88.3 (86.5-89.9) 95.8 (92.5-97.6) 97.9 (84.5-99.7)	14+	~20 weeks
85		Italy	Retrospective cohort	9839 staff and HCWs	Delta and Alpha^	Excluded	BNT162b2 and mRNA-1273	Documented infection Symptomatic infection	85.5(75.9-91.3) 81.7(62.7-91)		84.8 (73.2-91.4) 87.1 (69.3-94.6)	14+	~16 weeks





N4.	Reference (date) Giansante et al* (September 2, 2021)	Country	Design	Population Only 7190 HCWs	Dominant Variants	History of COVID	Vaccine Product	Outcome Measure  Documented infection  Symptomatic infection	1st Dose VE % (95%CI) 87.8 (76.5-93.7) 83.1 (60.0-92.9)	Days post 1st dose <sup>±</sup> 14+ up to <7 post 2nd dose	2 <sup>nd</sup> Dose VE % (95% CI) 84.4 (69.7-92.0) 86.5 (62.9-95.1)	Days post 2nd dose	Max Duration of follow up after fully vaccinated
84	Katz et al* (December	Israel	Prospective cohort	1,250 HCWs from six Israeli	Alpha^	Included	BNT162b2	Documented infection	_		94.5(82.5-98.2)	14+	~18 weeks
	[Published version of September 2 pre-print]			hospitals				Symptomatic infection			97 (72-99.7)	7+	
83	Nunes et al* (September 23,	Portugal	Retrospective cohort	1,880,351 older adults	Alpha^ (Feb-Mar)	Excluded	BNT162b2 and mRNA-1273	Hospitalization, 65-79 y	78 (61-87)	14+ up to <14 post	94 (88-97)	14+	~14.5 weeks
	(September 23, 2021)		Conort	(65+) in	then Delta^		IIINNA-12/3	Death, 65-79 y	77 (56-88)	2 <sup>nd</sup> dose	96 (92-98)		
				Portugal	(May-			Hospitalization, 80+ y	55 (36-69)	+	82 (72-89)	14+	~22.5 weeks
					onward)			Death, 80+ y	56 (35-70)	-	81 (74-87)	14+	
82#	Chemaitelly et	Qatar	Test-negative	142,300 cases	Alpha^ then	Included	BNT162b2	Documented infection	36.8 (33.2-40.2)	14+	73.2 (71.3-75.0)	28-63	7 weeks
	al*	-	case control	and 848,240	Beta^ (Jan-				,		22.3 (-1.7-40.7)	175+	~32 weeks
	(October 6,			controls	Jun), then			Symptomatic infection	47.9 (43.6-51.9)		72.5 (69.6-75.1)	28-63	7 weeks
	2021)			among residents of	Delta^ (Jul-			.,			27.8 (-1.4-48.7)	175+	~32 weeks
	[Update to Aug			Qatar (12+)	Sep)			Asymptomatic	22.2 (12.1-31.2)		66.9 (61.9-71.3)	28-63	7 weeks
	27 preprint]			Qutui (121)				infection			-33.3 (-181.8- 36.9)	175+	~32 weeks
	Note: See							Severe, critical, or fatal	66.1 (56.8-73.5)		96.8 (93.9-98.3)	28-63	7 weeks
	Duration of							disease			55.6 (-44.3-86.3)	175+	~32 weeks
	Protection Table				Alpha		BNT162b2	Documented infection	47.9 (15.5-67.9)	14+	88.6 (79.2-93.7)	28-63	7 weeks
	for further context				specifically^						80.0 (-71.2-97.7)	147+	~32 weeks
	Context				Beta	1	BNT162b2	Documented infection	25.8 (-2.0-46.1)	7	63.9 (52.6-72.5)	28-63	7 weeks
					specifically^				, ,		40.0 (-151.1- 85.7)	147+	~32 weeks
					Delta	1	BNT162b2	Documented infection	63.4 (42.6-76.6)	7	73.3 (63.6-80.4)	28-63	7 weeks
					specifically^						17.9 (-12.9-40.3)	147+	~32 weeks
81	Goldberg et al (October 27, 2021)	Israel	Retrospective cohort	9,395,923 adults (16+) in Israel	Delta^	Excluded	BNT162b2	Documented infection, 16-39 y fully vaccinated May 2021 (~2 mos prior)	_		80 (75-84)	55-98	13 weeks



N4.	Reference (date)	Country	Design	Population	Dominant Variants	History of COVID	Vaccine Product	Outcome Measure	1 <sup>st</sup> Dose VE % (95%CI)	Days post 1st dose <sup>±</sup>	2 <sup>nd</sup> Dose VE % (95% CI)	Days post 2nd dose	Max Duration of follow up after fully vaccinated
114.	[Update to Aug	Country	Design	Population	variants	COVID	Product	Documented infection,	76 (93/6CI)	uose	55 (50-60)	168-203	28 weeks
	25 preprint]  Note: See Duration of Protection Table for further							16-39 y fully vaccinated Jan 2021 (~6 mos prior)  Documented infection, 40-59 y fully vaccinated May 2021 (~2 mos prior)			83 (75-88)	55-98	13 weeks
	context							Documented infection, 40-59 y fully vaccinated Jan 2021 (~6 mos prior)			57 (53-61)	168-203	28 weeks
								Documented infection, 60+ y fully vaccinated May 2021 (~2 mos prior)			82 (70-89)	55-98	13 weeks
								Documented infection, 60+ y fully vaccinated Jan 2021 (~6 mos prior)			57 (52-62)	168-203	28 weeks
								Severe disease, 40-59 y fully vaccinated Mar 2021 (~4 mos prior)			98(94-99)	109-159	22 weeks
								Severe disease, 40-59 y fully vaccinated Jan 2021 (~6 mos prior)			93 (86-97)	168-203	28 weeks
								Severe disease, 60+ y fully vaccinated Mar 2021 (~4 mos prior)			92 (87-95)	109-159	22 weeks
								Severe disease, 60+ y fully vaccinated Jan 2021 (~6 mos prior)			85(81-88)	168-203	28 weeks
80#	Tartof et al*	USA	Retrospective	3,436,957	Epsilon (Jan-	Included	BNT162b2	Documented infection	58 (54-61)	14+	73 (72-74)	7+	~29 weeks
	(October 16,		cohort	members (12+)	Mar), Alpha						88 (86-89)	7-36	~3 weeks
	2021)			of Kaiser Permanente	(Apr-May), Delta (Jun-						47 (43-51)	157+	~29 weeks
	[Update to Aug			Southern	Jul)^			Hospitalization	54 (43-63)	1	90 (89-92)	7+	~29 weeks
	23 preprint]			California							87 (82-91)	7-36	~3 weeks
				healthcare							88 (82-92)	157+	~29 weeks
				system				Documented infection	74 (55-85)		75 (71-78)	7+	~29 weeks





N4.	Reference (date)	Country	Design	Population	Dominant Variants	History of COVID	Vaccine Product	Outcome Measure	1 <sup>st</sup> Dose VE % (95%CI)	Days post 1st dose <sup>2</sup>	2 <sup>nd</sup> Dose VE % (95% CI)	Days post 2nd dose	Max Duration of follow up after fully vaccinated
					Delta						93 (85-97)	7-36	~3 weeks
					specifically^			Haaritaliaatiaa	79 (-49-97)		53 (39-65)	127+ 7+	~29 weeks ~29 weeks
					Non-Delta	-		Hospitalization	79 (-49-97)		93 (84-96) 91 (88-92)	7+	~29 weeks
					variants			Documented infection	74 (04-81)		, ,		
					specifically^						97 (95-99) 67 (45-80)	7-36 127+	~3 weeks ~29 weeks
								Hospitalization	75 (21-92)		95 (90-98)	12/+	~29 weeks
79	Prasad et al	USA	Retrospective	3,104 surgery	Non-VOC††	Included	BNT162b2 or	Post-operative	75 (21-52)		91 (56-99)	14+	~8 weeks
79	(August 19,2021)	USA	cohort	patients and 7,438 propensity- matched controls	Non-vocii	included	mRNA-1273	documented infection			91 (30-99)	14+	o weeks
78	Pouwels et al*	UK	Prospective	384,543	Alpha^	Included	BNT162b2	Documented infection	59 (52-65)	21+	78 (68-84)	14+	~28 weeks
	(October 14, 2021)		cohort	individuals aged 18 years	(December - May)			Ct<30	70 (65-74)		94 (91-96)	1	
	2021)			or older	ividy)		AZD1222	Documented infection	63 (55-69)		79 (56-90)	1	
	[Update to Aug							Ct<30	74 (69-79)		86 (71-93)	1	
	18 preprint]			358,983	Delta^	-	BNT162b2	Documented infection	57 (50-63)		80 (77-83)	+	
				individuals	(May -			Ct<30	62(56-68)		84 (82-86)	1	
					August)		AZD1222	Documented infection	46(35-55)		67 (62-71)	+	
								Ct<30	50(41-59)		70 (65-73)	+	
77	Tenforde et al*	USA	Test-negative	4513	Alpha and	Included	BNT162b2	Hospitalization, all	_		81 (77-84)	14+	~30 weeks
//	(November 4,	USA	case control	hospitalized	Delta^	included	BINTIOZUZ	HOSPITALIZATION, all	_		85 (82-88)	14-120	~15 weeks
	2021)			adults (18+)							64 (51-73)	120+	~30 weeks
							mRNA-1273	Hospitalization, all			89 (86-92)	14+	~28 weeks
	[Update to Aug										91 (87-93)	14-120	~15 weeks
	18 MMWR)								_		85 (77-91)	120+	~28 weeks
							BNT162b2 or	Hospitalization,			90 (87-91)	14+	~30 weeks
							mRNA-1273	Immunocompetent Hospitalization,	1		51 (31-65)	+	
								Immunocompromised			JI (JI-0J)		
					Alpha	1	BNT162b2 or	Hospitalization, all	1		90 (84-94)	1	
					specifically^		mRNA-1273					_	
					Delta specifically^			Hospitalization, all			86 (79-90)		
76		USA	Retrospective	60,707	Non-VOC <sup>^</sup>	Excluded	BNT162b2 or	Documented infection,	74 (64-82)	14+	97 (88-99)	14+	~5 weeks
			cohort	incarcerated			mRNA-1273	all	, ,		, ,		



NA	Reference (date)	Country	Docion	Donulation	Dominant	History of COVID	Vaccine Product	Outcome Measure	1st Dose VE	Days post 1st dose <sup>±</sup>	2 <sup>nd</sup> Dose VE	Days post 2nd	Max Duration of follow up after fully vaccinated
N4.	Chin et al*	Country	Design	Population	Variants	COVID	Product	Outcome Measure	<b>% (95%CI)</b> 74 (62-82)	aose-	<b>% (95% CI)</b> 92 (74-98)	dose	vaccinated
	(January 27, 2022)			people in California prisons				Documented infection, cohort at moderate/high risk for severe COVID-19					
	[Published version of August 18, 2021 preprint]						mRNA-1273	Documented infection, all	71 (58-80)		96 (67-99)		
75	Nanduri et al	USA	Retrospective	10,428,783	Non-VOC	Unknown	BNT162b2	Documented infection	_	_	74.2 (69–78.7)	14+	~16 weeks
	(August 18,2021)		cohort	residents of skilled nursing facilities	and Alpha†† (Pre-Delta circulation)		mRNA-1273				74.7(66.2-81.1)	-	
					Alpha††		BNT162b2	Documented infection			66.5 (58.3-73.1)	1	~22 weeks
					(Delta circulating but not dominant) ^		mRNA-1273				70.4 (60.1-78.0)	-	
					Delta^		BNT162b2	Documented infection			52.4 (48–56.4)	1	~28 weeks
							mRNA-1273	-			50.6 (45–55.7)	=	
74#	Tang et al* (November 2,	Qatar	Test-negative case control	Cases with confirmed	Delta specifically^	Included	BNT162b2	Documented infection	42.8 (18.2-60.1)	14+	50.6 (45.4-55.3)	14+	~25 weeks
	2021) [Update to Aug			Delta (~2800 per analysis) or Beta infection			mRNA-1273	-	73.2 (57.3-83.2)		72.0 (66.1-76.9)		
	11 preprint]			and matched controls			BNT162b2	Severe, critical, or fatal disease	84.5 (-25.2-98.1)		94.1 (85.9-97.6)	=	
				(~11,200) among residents of			mRNA-1273	-	87.5 (23.4-95.8)		96.1 (71.4-99.5)		
				Qatar of all ages			BNT162b2	Symptomatic COVID-19	56.2 (30.6-72.4)		44.4 (37.0-50.9)		
							mRNA-1273		82.5 (65.2-91.2)		73.9 (65.9-79.9)		
							BNT162b2	Asymptomatic COVID- 19	46.7 (-56.2-81.8)		46.0 (32.3-56.9)		
							mRNA-1273		61.8 (-9.6-86.7)		53.6 (33.4-67.6)		
					Beta specifically^		BNT162b2	Documented infection	18.9 (-1.8-35.4)		74.3 (70.3-77.7)		





N4.	Reference (date)	Country	Design	Population	Dominant Variants	History of COVID	Vaccine Product	Outcome Measure	1 <sup>st</sup> Dose VE % (95%CI)	Days post 1st dose <sup>±</sup>	2 <sup>nd</sup> Dose VE % (95% CI)	Days post 2nd dose	Max Duration of follow up after fully vaccinated
							mRNA-1273		66.3 (55.8-74.2)		80.8 (69.0-88.2)		
							BNT162b2	Severe, critical, or fatal disease	74.8 (-7.6-94.1)		92.7 (81.5-97.1)		
							mRNA-1273		72.5 (7.7-91.8)		100.0 (CI omitted due to zero events among vaccinated)		
73	Chemaitelly et	Qatar	Retrospective	782 kidney	Alpha and	Excluded	BNT162b2 and	Documented infection	_	_	46.6 (0.0-73.7)	14+	~17 weeks
, ,	al (August 9,	Qu'tu.	cohort	transplant	Beta^	27.0.000	mRNA-1273				66.0 (21.3-85.3)	42+	
	2021)			recipients							73.9 (33-89.9)	56+	
	,							Severe infection			72.3 (0.0-90.9)	14+	
											85.0 (35.7-96.5)	42+	
											83.8 (31.3-96.2)	56+	
72	Puranik et al	USA	Retrospective	77,607 adults	Alpha and	Excluded	BNT162b2	Documented infection	16 (-20-42)	1-7	76 (69-81)	14+	~ 26 weeks
	(August 9, 2021)		cohort		Delta ^			Hospitalization	75 (-30-97.4)		85 (73-93)		
								ICU admission	100 (-430-100)		87 (46-98.6)		
							mRNA-1273	Documented infection	-10 (-50-24)		86 (81-90.6)		
								Hospitalization	25 (-150-79)		91.6 (81-97)		
								ICU admission	100 (-430-100)		93.3 (57-99.8)		
71	de Gier et al*	Netherlands	Retrospective	184,672	Alpha^	Unknown	AZD1222	Documented infection	2 (-11-14)	14+	87 (77-93)	7+	~15 weeks
	(August 5, 2021)		cohort	household and				among household			()		
				other close			BNT162b2	contacts (adj. for	-18 (-43-2)		65 (60-70)		
				contacts (aged				vaccination status of	( )				
				18+) of			mRNA-1273	index case)	33 (-27-64)		91 (79-97)		
				113,582 index			Ad26.COV2.S	1	12 (-71-54)		_		
				cases (aged 18+)			7.020.00 72.3		12 ( 71 3 1)				
70	Lefèvre et al	France	Retrospective	378 LTCF	Beta	Included	BNT162b2	Documented infection	55 (13-76)	14+ up to	49 (14-69)	7+	~16 weeks
70	(July 31,2021)	Trance	cohort	residents	specifically^	included	DIVITOZDZ	Hospitalization and	86 (32-97)	6 days	86 (67-94)	' '	10 WEEKS
	(50.7 52)25227		00.10.10	100.000.110	specimean,			death	00 (32 37)	after 2 <sup>nd</sup>	00 (07 54)		
								death		dose			
69	Alali et al	Kuwait	Retrospective	3,246 HCWs	Alpha^	Excluded	BNT162b2	Documented infection	91.4 (65.1-97.9)	14+	94.5 (89.4-97.2)	7+	~18 weeks
	(July 29,2021)		cohort		· ·		AZD1222	Documented infection	75.4 (67.2-81.6)	28+	_ ` ′		
68	Gram et al	Denmark	Retrospective	5,542,079	Alpha^	Excluded	Heterologous:	Documented infection	39 (23-52)	14-20	88 (83-92)	14+	~20 weeks
	(December 17,		cohort	adults			AZD1222 (1st		-47 (-208-30)	105+			
	2021)						dose)	Hospitalization	93 (80-98)	14+	not calculated		]
							BNT162b2 or				due to no events		
	[Published						mRNA-				in vaccinated		
	version of July						1273(2 <sup>nd</sup> dose)				group		
	28 pre-print]												



N4.	Reference (date)	Country	Design	Population	Dominant Variants	History of COVID	Vaccine Product	Outcome Measure	1 <sup>st</sup> Dose VE % (95%CI)	Days post 1st dose <sup>±</sup>	2 <sup>nd</sup> Dose VE % (95% CI)	Days post 2nd dose	Max Duration of follow up after fully vaccinated
67	Amirthalingam et al (December 10,2021) [Published version of July	UK	Test-negative case control	750 participants aged 50-89 years	Alpha^	Excluded	BNT162b2	Documented infection, 80 y+	42 (31-52)	28+	77 (56-88) 90 (83-94)	14+, dose interval 19-29 days 14+,	~16 weeks
	28 pre-print]											dose interval 65-84 days	
								Documented infection, 65-79 y	53 (48-58)		77 (66-85)	14+, dose interval 19-29 days	
											89 (86-92)	14+, dose interval 65-84 days	
								Documented infection, 50-64 y	51 (47-55)		88 (67-96)	14+, dose interval 19-29 days	
											92 (91-94)	14+, dose interval 65-84 days	
							AZD1222	Documented infection, 80 y+	42 (29-53)		96(68-99)	14+, dose interval 45-64	
											82 (68-89)	days 14+, dose interval 65-84	
								Documented infection, 65-79 y	52 (46-56)		73 (25-90)	days 14+, dose	





N4.	Reference (date)	Country	Design	Population	Dominant Variants	History of COVID	Vaccine Product	Outcome Measure	1 <sup>st</sup> Dose VE % (95%CI)	Days post 1st dose <sup>±</sup>	2 <sup>nd</sup> Dose VE % (95% CI)	Days post 2nd dose interval 30-44	Max Duration of follow up after fully vaccinated
											74 (69-79)	days  14+, dose interval 65-84 days:	
								Documented infection, 50-64 y	42 (39-46)		55 (34-69)	14+, dose interval 30-44 days	
											77 (74-79)	14+, dose interval 65-84 days	
66	Kissling et al (July 22,2021)	UK, France, Ireland, Netherlands, Portugal,	Test-negative	592 cases and 4,372 controls aged 65+	Alpha^	Excluded	BNT162b2	Symptomatic COVID-19	61(39-75)	14+	87(74-93)	14+	~16 weeks
		Scotland, Spain, Sweden					AZD1222	Symptomatic COVID-19	68(39-83)		_		
65#	Carazo et al*	Canada	Test-negative	5316 cases and	Non-VOC and Alpha^	Excluded	BNT162b2	Documented infection	70.3 (68.1-72.4)	14+	85.5 (80.4-89.3)	7+	~20 weeks
	(August 30, 2021) [Update to July		case control	53,160 test negative controls	anu Aipna			Symptomatic COVID-19	72.8 (70.5-74.9)		92.2 (87.8-95.1)		
	22 preprint]			among HCWs			mRNA-1273	Documented infection	68.7 (59.5-75.9)	14+	84.1 (34.9-96.1)	7+	
								Symptomatic COVID-19	80.9 (74.3-85.8)		_		
							BNT162b2 and mRNA-1273	Hospitalization	97.2 (92.3-99.0)	14+	_	7+	
					Alpha specifically^	Excluded	BNT162b2 and mRNA-1273	Documented infection	60.0 (53.6-65.5)	14+	92.6 (87.1-95.8)	7+	
					Non-VOC specifically^	Excluded	BNT162b2 and mRNA-1273	Documented infection	77.0 (72.6-80.7)		86.5 (56.8-95.8)		
64	Hitchings et al	Brazil	Test-negative	30,680	Gamma^	Included	AZD1222	Symptomatic COVID-19	33.4 (26.4-39.7)	28+	77.9 (69.2-84.2)	14+	~9.5 weeks
	(October 28, 2021)		case control	matched pairs of adults aged		(except in previous 90		Hospitalization	55.1 (46.6-62.2)		87.6 (78.2-92.9)		
						days)		Death	61.8 (48.9-71.4)		93.6 (81.9-97.7)		





N4.	Reference (date) [Update to July 22 preprint]	Country	Design	Population 60+ in Sao Paolo, Brazil	Dominant Variants	History of COVID	Vaccine Product	Outcome Measure	1 <sup>st</sup> Dose VE % (95%CI)	Days post 1st dose <sup>±</sup>	2 <sup>nd</sup> Dose VE % (95% CI)	Days post 2nd dose	Max Duration of follow up after fully vaccinated
63	Kim et al* (September 8, 2021) [Update to July 22 preprint]	USA	Test-negative case control	812 US adults aged 16+ with COVID-19-like illness	Non-VOC and Alpha <sup>††</sup>	Unknown	BNT162b2 and mRNA-1273	Symptomatic COVID-19	75 (55-87)	14+ up to 14 days post 2 <sup>nd</sup> dose	91 (83-95)	14+	~18.5 weeks
62#	Lopez Bernal et al* (July 21, 2021)	UK	Test-negative case control	19,109 cases and 171,834 test negative	Alpha specifically^	Excluded	BNT162b2 AZD1222	Symptomatic COVID-19 Symptomatic COVID-19	47.5 (41.6–52.8) 48.7 (45.2–51.9)	21+	93.7 (91.6–95.3) 74.5 (68.4–79.4)	14+	~17 weeks
	(64.7 22) 2022)			controls aged	Delta specifically^		BNT162b2	Symptomatic COVID-19	35.6 (22.7–46.4)		88.0 (85.3–90.1)		
							AZD1222	Symptomatic COVID-19	30.0 (24.3–35.3)		67.0 (61.3–71.8)		
61	Butt et al* (July 20, 2021)	USA	Test-negative case control	54,360 propensity-	Original and Alpha ††	Excluded	BNT162b2 and mRNA-1273	Documented infection	85.0 (84.2-85.8)	0+	97.1 (96.6-97.5)	7+	~6.5 weeks
				matched pairs of veterans			BNT162b2	Documented infection	84.0 (82.7-85.1)		96.2 (95.5-96.9)		
				or veterans			mRNA-1273	Documented infection	85.7 (84.6-86.8)		98.2 (97.5-98.6)		
60	Layan, Maylis et al (July 16,2021)	Israel	Prospective cohort	687 household contacts (HHCs) of 215 index cases from 210 households	Original and Alpha <sup>¶</sup>	Included	BNT162b2	Documented infection among HHCs vaccinated and not isolated (relative to HHCs not vaccinated and not isolated)	_	-	81 (60-93)	7+	~12 weeks
59	Balicer et al*	Israel	Prospective	21722	Original and	Excluded	BNT162b2	Documented infection	67 (40-84)	14-20	96 (89-100)	7-56	~18 weeks
	(September 7,2021)		Cohort	pregnant women	Alpha^			Cumptomatic COVID 10	71 (33-94) 66 (32-86)	21-27‡ 14-20	97 (91-100)	4	
	[Update to July			WOITIEII				Symptomatic COVID-19	76 (30-100)	21-27‡	3/ (31-100)		
	12 preprint]							Hospitalization			89 (43-100)	1	
58	Butt et al* (October 7, 2021)	Qatar	Retrospective cohort	814pregnant women	Alpha and Beta^	Excluded	BNT162b2	Documented infection	_	_	87.7 (43.5-97.3)	14+	~17 weeks
	[Update to June 22 preprint]						mRNA-1273				100.0 (0-100.0)		





<b>N4.</b> 57	Reference (date) Prunas et al (July 16, 2021)	<b>Country</b> Israel	<b>Design</b> Retrospective cohort	Population 253,564 Israeli individuals from 65,264 households with at least 1 infected individual and at least 2 members	Dominant Variants Original and Alpha <sup>¶</sup>	History of COVID Unknown	Vaccine Product BNT162b2	Outcome Measure  Documented infection among household contacts	1st Dose VE % (95%CI) —	Days post 1st dose <sup>±</sup>	2 <sup>nd</sup> Dose VE % (95% CI) 80.5 (78.9-82.1)	Days post 2nd dose	Max Duration of follow up after fully vaccinated ~8.5 weeks
56	Whitaker et al* (January 2, 2022)	UK	Prospective cohort	5,591,142 patients reporting to	Alpha^	Included	BNT162b2	Symptomatic COVID- 19: Ages 16-64 Symptomatic COVID-	64.1 (50.1-74.1) 57.7 (49.7-64.3)	28-90	48.6 (-61.5-83.7) 84.7 (77.7-89.5)	14-69	~8 weeks
	File data to to to			718 English				19: Ages 65+	37.7 (43.7-04.3)		04.7 (77.7-05.5)		
	[Update to July 9,2021 preprint]			general practices				Immunosuppressed	24.3 (-5.9-46.0)		59.6 (-35.5-86.3)	=	
							AZD1222	Symptomatic COVID- 19: Ages 16-64	65.3 (56.2-72.5)		67.9 (-1.1-89.8)		
								Symptomatic COVID- 19: Ages 65+	59.8 (49.2-68.2)		81.7 (59.6-91.7)		
								Immunosuppressed	22.5 (-15.2-47.9)		60.0 (-63.6-90.2)	1	
55	John et al (July 13,2021)	USA	Retrospective cohort	40,074 patients with	Original and Alpha <sup>††</sup>	Excluded	BNT162b2 and mRNA-1273	Documented infection	64.8 (10.9-86.1)	28+ (including	78.6 (25.5-93.8)	7+	~10 weeks
				cirrhosis within	7.1.0			Hospitalization	100 (99.3-100)	some	100.0 (99-100)		
				Veterans Health Administration , propensity matched				COVID-19 related death	100 (99.3-100)	with dose 2)	100.0 (99-100)		
54	Bertollini et al (July 13, 2021)	Qatar	Prospective cohort	10,092 matched pairs of Qatari adults arriving at an international airport.	Original, Alpha and Beta <sup>^</sup>	Included	BNT162b2 and mRNA-1273	Documented infection	_		78 (72-83)	14+	~4 weeks
53	Goldshtein et al* (July 12,2021)	Israel	Retrospective cohort	15060 pregnant Israeli women	Original and Alpha¶	Excluded	BNT162b2	Documented infection	54 (33-69)	11-27, including some with dose 2	-		~5 weeks





N4.	Reference (date)	Country	Design	Population	Dominant Variants	History of COVID	Vaccine Product	Outcome Measure	1 <sup>st</sup> Dose VE % <b>(95%CI)</b> 78 (57-89)	Days post 1st dose <sup>±</sup> 28+, includes some with dose 2	2 <sup>nd</sup> Dose VE % (95% CI)	Days post 2nd dose	Max Duration of follow up after fully vaccinated
52#	Chemaitelly et al* (July 9, 2021)	Qatar	Test-negative case-control	25,034 matched pairs of adults	Alpha specifically <sup>^</sup>	Unknown	mRNA-1273	Documented infection	88.2 (83.8-91.4)	14+ days	100.0 (CI omitted since there were no events among vaccinated persons)	14+	13 weeks
				52,442 matched pairs of adults	Beta specifically^	Unknown	mRNA-1273	Documented infection	68.2(64.3-71.7)		96.0 (90.9-98.2)		
				4,497 matched pairs of adults	Alpha and Beta^	Unknown	mRNA-1273	Severe, critical or fatal disease	83.7(74.1-89.7)		89.5 (18.8-98.7)		
								Symptomatic infection	66.0(60.6-70.7)		98.6 (92.0-100)		
								Asymptomatic infection	47.3(37.6-55.5)		92.5 (84.8-96.9)		
			Retrospective cohort	2520 vaccinated and	Alpha specifically^	Excluded	mRNA-1273	Documented infection	_		100.0 (82.5-100.)	14+	13 weeks
				73,853 unvaccinated, antibody- negative controls	Beta specifically	Excluded	mRNA-1273	Documented infection	-		87.8 (73.4-95.5)		
51#	Tenforde et al* (August 6, 2021) [Update to July 8 preprint]	USA	Test-negative case-control	hospitalized adults from 18 hospitals	Original and Alpha <sup>^</sup>	Included	BNT162b2/ mRNA-1273	Hospitalization	75.4(60.4-84.7)	14+ up to 14 days post 2 <sup>nd</sup> dose	86.6 (79.0-91.4)	14+	~2 weeks
							BNT162b2		-		84.7 (74.1-91.0)		
							mRNA-1273		_		88.9 (78.7-94.)		
					Alpha^	Included	BNT162b2/ mRNA-1273	-	_		92.1 (82.3-96.5)		
50	Jara et al	Chile	Prospective	10,187,720	Alpha and	Excluded	CoronaVac	Documented infection	15.5 (14.2-16.8)	14+ days	65.9 (65.2-66.6)	14+	8 weeks
	(July 7,2021)		cohort	adults	Gamma^			Hospitalization	37.4 (34.9-39.9)		87.5 (86.7-88.2)		
								ICU admission	44.7 (40.8-48.3)		90.3 (89.1-91.4)		
			<u> </u>					Death	45.7 (40.9-50.2)		86.3 (84.5-87.9)		





N4.	Reference (date)	Country	Design	Population	Dominant Variants	History of COVID	Vaccine Product	Outcome Measure	1 <sup>st</sup> Dose VE % (95%CI)	Days post 1st dose <sup>±</sup>	2 <sup>nd</sup> Dose VE % (95% CI)	Days post 2nd dose	Max Duration of follow up after fully vaccinated
49#	Nasreen et al*	Canada	Test-negative	682,071	Non-VOC	Excluded	BNT162b2	Symptomatic infection	63 (56-68)	14+	92 (87-95)	14+	~28 weeks
	(February 7,2022)		Case Control	symptomatic community-	specifically^	Unknown		Hospitalization or death	77 (67-84)		97 (88-99)		
	10 11:1			dwelling			mRNA-1273	Symptomatic infection	63 (47-74)		98 (83-100)		~25 weeks
	[Published version of			individuals (age 16+) in				Hospitalization or	66 (43-80)		100 (no Cl	1	
	September 30			Ontario				death			provided)	-	
	preprint]						AZD1222	Symptomatic infection	67 (44-81)		100 (no Cl		~3 weeks
								Hospitalization or	92 (45-99)		provided) 100 (no Cl	-	
								death	32 (43-33)		provided)		
					Alpha	-	BNT162b2	Symptomatic infection	67 (65-68)		88 (86-90)		~28 weeks
					specifically^			Hospitalization or	82 (81-84)		96 (94-97)		
								death					
							mRNA-1273	Symptomatic infection	82 (80-84)		92 (87-95)		~25 weeks
								Hospitalization or	80 (76-84)		95 (92-97)		
								death					
							AZD1222	Symptomatic infection	63 (59-66)		87 (47-97)		~3 weeks
								Hospitalization or death	87 (83-90)		92 (41-99)		
					Beta		BNT162b2	Symptomatic infection	50 (15-70))		86 (0-98)		~28 weeks
					specifically^			Hospitalization or death	64 (31-82)		92 (39-99)		
							mRNA-1273	Symptomatic infection	_		100 (no CI provided)		~25 weeks
								Hospitalization or	59 (-77-90)		100 (no Cl		
								death			provided)		
							AZD1222	Symptomatic infection	84 (-13-98)		100 (no Cl		~3 weeks
								Handle Post Control	64 / 64 04)		provided)	4	
								Hospitalization or death	61 (-64-91)		_		
					Gamma	-	BNT162b2	Symptomatic infection	63 (54-70)		90 (76-96)		~28 weeks
					specifically^		DIVITOZBZ	Hospitalization or	80 (70-87)		94 (59-99)	1	20 Weeks
					Specicay			death	00 (70 07)		31(33 33)		
							mRNA-1273	Symptomatic infection	89 (76-95)		100 (no CI provided)		~25 weeks
								Hospitalization or	88 (63-96)		100 (no Cl	1	
								death			provided)	]	
							AZD1222	Symptomatic infection	41 (12-60)		100 (no Cl provided)		~3 weeks
								Hospitalization or	76 (40-90)		100 (no Cl	1	
								death	. 3 ( 10 30)		provided)		





N4.	Reference (date)	Country	Design	Population	Dominant Variants	History of COVID	Vaccine Product	Outcome Measure	1 <sup>st</sup> Dose VE % (95%CI)	Days post 1st dose <sup>±</sup>	2 <sup>nd</sup> Dose VE % (95% CI)	Days post 2nd dose	Max Duration of follow up after fully vaccinated
					Delta		BNT162b2	Symptomatic infection	57 (53-61)		92 (89-94))	_	~28 weeks
					specifically^			Hospitalization or	81 (76-85)		98 (96-99)		
								death	()		2. (22.27)	_	
							mRNA-1273	Symptomatic infection	70 (64-76)		94 (90-97)	_	~25 weeks
								Hospitalization or	90 (82-94)		98 (93-100)		
							AZD1222	death Symptomatic infection	68 (57-76)		88 (68-96)	_	~3 weeks
								Hospitalization or death	91 (82-96)		90 (67-97)		
48	Baum et al*	Finland	Prospective	Two study	Original and	Excluded	BNT162b2 &	Documented infection	45 (36-53)	21+ days	75 (65-82)	7+	16 weeks
	(June 28,2021) [Update to June		cohort	cohorts: 901,092 Finnish elderly	Alpha^		mRNA-1273 (elderly cohort)	Hospitalization	63 (49-74)		93 (70-98)		
	28 preprint]			aged 70 years			BNT162b2 &	Documented infection	40 (26-51)		77 (65-85)		
				and 774,526 chronically ill aged 16-69			mRNA-1273 (Chronically ill cohort)	Hospitalization	82 (56-93)		90 (29-99)		
				years			AZD1222	Documented infection	42 (32-50)		_		
							(chronically ill cohort)	Hospitalization	62 (42-75)		_		
47	Saciuk et al*(December	Israel	Retrospective cohort	1.6 million members of	Original and Alpha <sup>¶</sup>	Excluded	BNT162b2	Documented infection	_		93.0 (92.6-93.4)	7+	14 weeks
	30,2021) [Update to June			Maccabi HealthCare	7			Hospitalization	_		93.4 (91.9-94.7)	7+	
	27, 2021 preprint]			HMO ≥16				Death	_		91.1 (86.5-94.1)	7+	
46	Pawlowski et al.* (Jun 17,	USA – Mayo Clinic	Retrospective Cohort	68,266 – propensity	Original & Alpha <sup>¥</sup>	Excluded	BNT162b2	Documented Infection	61.0 (50.8-69.2)	≥14	88.0 (84.2-91.0)	≥14	~17 weeks (120 days)
	2021)	· · · · · · ·	00.10.1	matched on,	Alpna			Hospitalization	_		88.3 (72.6-95.9)	≥14	(120 00)
	[Update to Feb. 18, 2021			zip, # of PCRs, demographics				ICU Admission	_		100.0 (18.7-100)	≥14	
	preprint]						mRNA-1273	Documented Infection	66.6 (51.9-77.3)	≥14	92.3 (82.4-97.3)	≥14	
								Hospitalization	_		90.6 (76.5-97.1)	≥14	1
								ICU Admission	_		100.0 (17.9-100)	≥14	
45	Young-Xu et al (October	USA	Test negative case control	77014 veterans aged	Original and Alpha ††	Excluded	BNT162b2 & mRNA-1273	Documented infection	58 (54-62)	7+	94 (92-95)	7+	~8 weeks
	<u>6,2021)*</u>			65+ within				Hospitalization	40 (27-50)		89 (81-93)		





N4.	Reference (date)	Country	Design	Population	Dominant Variants	History of COVID	Vaccine Product	Outcome Measure	1 <sup>st</sup> Dose VE % (95%CI)	Days post 1st dose <sup>±</sup>	2 <sup>nd</sup> Dose VE % (95% CI)	Days post 2nd dose	Max Duration of follow up after fully vaccinated
	[Update to Jul			Veterans				Death	55 (21- 74)		98.5 (86.6-99.8)		
	14 preprint]			Health Administration				Asymptomatic infection	58.0 (41.7-69.7)		69.7 (47.7-82.5)		
								Hospitalization	53.0 (25.7-70.3)		88.4 (74.9-94.7)		
								Deaths	55.6 (26.6-73.2)		97.0 (91.7-98.9)		
44	Azamgarhi et al (June 17, 2021)* [Update to Azamgarhi et al below]	UK-London	Retrospective cohort	2235 HCWs working at one hospital	Original and Alpha <sup>£</sup>	Excluded	BNT162b2	Documented infection	70.0 (6.0-91.0)	>14	_		
43#	Stowe et al	UK	TND Case-	Patients	Alpha	Included	BNT162b2	Hospitalization	83 (62-93)	21+ to	95 (78-99)	14+	~20 weeks
	(June 14, 2021)		control	seeking	specifically^		AZD1222		76 (61-85)	<13 days	86 (53-96)		(but most
				emergency	Delta		BNT162b2		94 (46-99)	post dose	_ ' /		much less)
				care services with subsequent hospitalization	specifically^		AZD1222		71 (51-83)	2	92 (75-97)		
42#	Sheikh et al	Scotland	TND	Scottish	Alpha^	Unknown	BNT162b2	Documented infection	38 (29-45)	28+	92 (90-93)	14+	~20 weeks
	(June 14, 2021)			population		Unknown	AZD1222	Documented infection	37 (32-42)	28+	73 (66–78)	14+	(but most
					Delta^	Unknown	BNT162b2	Documented infection	30 (17-41)	28+	79 (75–82)	14+	much less)
						Unknown	AZD1222	Documented infection	18 (9-25)	28+	60 (53–66)	14+	
41	Flacco, Maria et	Italy	Retrospective	245,226	Original and	Excluded	BNT162b2	Documented infection	55 (40-66)	14+	98 (97-99)	14+	~14 weeks
	<u>al*</u>		cohort	individuals	Alpha <sup>††</sup>			Hospitalization	_		99 (96-100)	14+	
	(June 10, 2021)							Death	_		98 (87-100)	14+	
							mRNA-1273	Documented infection	93 (74-98)	14+	_		
							AZD1222	Documented infection	95 (92-97)	21+	_		
40	Skowronski et al* (July 9,	Canada	TND	≥70-year olds living in	Alpha specifically^	Included	BNT162b2 & mRNA-1273	Documented infection	67 (57-75)	21+	_		~6 weeks
	2021) [Update to June			community	Gamma specifically^				61 (45- 72)	21+			
	9 preprint]				Non-VOC specifically^				72 (58-81)	21+			
					Original,		BNT162b2		64(57-71)	21+			
					Alpha, Gamma and Non-VOC^		mRNA-1273		71(56-81)	21+			
39	Emborg et al. (June 2, 2021)	Denmark	Cohort	46,101 long- term care	original & Alpha <sup>¶¶</sup>	Excluded	BNT162b2	Documented infection	7 (-1-15)	>14	82 (79-84)	>7	10 weeks
				facility (LTCF)				COVID-Hospitalization	35 (18-49)	>14	93 (89-96)	>7	
				residents,				COVID-Mortality	7 (-15-25)	>14	94 (90-96)	>7	



	Reference	G	Date		Dominant	History of	Vaccine		1st Dose VE	Days post 1st	2 <sup>nd</sup> Dose VE	Days post 2nd	Max Duration of follow up after fully
N4.	(date)	Country	Design	Population	Variants	COVID	Product	Outcome Measure	% (95%CI)	dose <sup>±</sup>	% (95% CI)	dose	vaccinated
	[Update of Houston-Melms below]			61,805 individuals 65 years and older living at home but requiring practical help and personal care (65PHC), 98,533 individuals ≥85 years of age (+85), 425,799 health-care workers (HCWs), and 231,858 individuals with comorbidities that predispose for severe COVID- 19 disease (SCD)									
38	Thompson et	USA	Cohort	3975 health	Original	Excluded	BNT162b2	Documented infection	80 (60-90)	≥14 days	93 (78-98)	≥14	13 weeks
	al* [updated on June 30,2021]			care personnel, first responders, and other						post dose 1 to 13 days post dose 2			
				essential and frontline workers in 8 locations in US			mRNA-1273	Documented infection	83 (40-95)	≥14 days post dose 1 to 13 days post dose 2	82 (20-96)	≥14	
37	Salo et al (July 10, 2021)	Finland	Retrospective cohort	HCW and their unvaccinated	Alpha <sup>††</sup>	Excluded	BNT162b2 & mRNA-1273	Documented infection in HCW	26.8 (7.5-42.1)	2 weeks	_		*10 weeks since dose 1
	[Update to May 30 preprint]			spouses				Documented infection in HCW	69 (59.2-76.3)	10 weeks (includes 2 dose recipient s)	_		



N4.	Reference (date)	Country	Design	Population	Dominant Variants	History of COVID	Vaccine Product	Outcome Measure	1 <sup>st</sup> Dose VE % (95%CI)	Days post 1st dose <sup>±</sup>	2 <sup>nd</sup> Dose VE % (95% CI)	Days post 2nd dose	Max Duration of follow up after fully vaccinated
36	Khan et al	USA	Retrospective	14,697 IBD	Unknown	Included	BNT162b2 &	Documented infection	-1 (-50-32)	14+ up to	69 (44-83)	7+	
	(May 31, 2021)		cohort	patients in VA			mRNA-1273			7 days			
				hospitals				Hospitalization/death	9 (-114-61)	post dose 2	49 (-36-81)	7+	
35	Martinez-Bas et	Spain	Prospective	20,961 close	Alpha	Excluded	BNT162b2	Documented infection	21 (3-36%)	14+	65 (56-73)	14+	12 weeks
	al*		Cohort	contacts of				Symptomatic infection	30 (10-45)		82 (73-88)		
	(May 27, 2021)			confirmed				Hospitalization	65 (25-83)		94 (60-99)		
				cases			AZD1222	Documented infection	44 (31-54)		_	_	n/a
								Symptomatic infection	50 (37-61)				
								Hospitalization	92 (46-99)				
34#	Chung et al* (Aug 20, 2021)	Canada	Test negative design case	Adults (16+) in Ontario:	Non-VOC^	Excluded	BNT162b2	Symptomatic infection	59 (55-62)	14+	91 (88-93)	7+	15 weeks
	[Update to July 26 preprint]		control	53,270 cases 270.763				Hospitalization and Death	69 (59-77)		96 (82-99)	0+	
	20 preprintj			controls			mRNA-1273	Symptomatic infection	72 (63-80)		94 (86-97)	7+	_
								Hospitalization and Death	73 (42-87)		96 (74-100)	0+	
					Alpha		BNT162b2 &	Symptomatic infection	61 (56-66)		90 (85-94)	7+	1
					specifically^		mRNA-1273	Hospitalization and Death	59 (39-73)		94 (59-99)	0+	
					Beta or Gamma		BNT162b2 & mRNA-1273	Symptomatic infection	43 (22-59)		88 (61-96)	7+	
					specifically^		BNT162b2 & mRNA-1273	Hospitalization and Death	56(-9-82)		100	0+	
33	PHE	UK	Test-negative	≥65 years	Alpha	Excluded	BNT162b2	Symptomatic infection	54 (50-58)	28+	90 (82-95)	≥14	
	(May 20, 2021)		case control				AZD1222	Symptomatic infection	53 (49-57)	28+	89 (78-94)	≥14	
32#	Ranzani et al.* (Aug 20, 2021)	Brazil	Test-negative case control	22,177 70+ year olds in	Gamma^	Included	Coronavac	Symptomatic infection	12.5 (3.7-20.6)	≥14	46.8 (38.7-53.8)	≥14	~10.5 weeks
	[update to Jul 21 preprint]			Sao Paulo				Hospitalization	16.9 (5.7-26.8)		55.5 (46.5-62.9)	=	
								Death	31.2 (17.6-42.5)	_	61.2 (48.9-70.5)		
31	Ismail et al.	UK	Screening	13,907 ≥70	Alpha	Included	AZD1222	Hospitalization in 70-79	84 (74-89)	28+	_		
	(May 12, 2021)		method					Hospitalization I n 80+	73 (60-81)	28+	_		
							BNT162b2	Hospitalization in 70-79	81 (73-87)	28+	_		
								Hospitalization in 80+	81 (76-85)	28+	93 (89-95)	≥14	
30	Pilishvili et al.* (May 14, 2021)	US	Test-negative case control	HCP at 33 U.S. sites across 25 U.S. states	Unknown	Excluded	BNT162b2 & mRNA-1273	Symptomatic infection	82 (74-87)	≥14 days post dose 1 to 6	94 (87-97)	≥7	





N4.	Reference (date)	Country	Design	Population	Dominant Variants	History of COVID	Vaccine Product	Outcome Measure	1 <sup>st</sup> Dose VE % (95%CI)	Days post 1st dose <sup>±</sup> days post dose 2	2 <sup>nd</sup> Dose VE % (95% CI)	Days post 2nd dose	Max Duration of follow up after fully vaccinated
29	Lopez-Bernal et al.*	UK	Test-negative case control	156,930 UK population	Alpha^	Included	BNT162b2 AZD1222	Over 80 years: Symptomatic infection	_		79 (68-86)	≥7	
	(May 13, 2021) [Update to Mar 1 preprint]			over age 70				Over 70 years: Symptomatic infection	61 (51-69)	28-34 days post dose 1 including some with dose 2	_		
								Over 70 years: Symptomatic infection	60 (41-73)	28-34 days post dose 1 including some with dose 2	-		
28	Angel et al.*	Israel	Retrospective	6710 HCWs at	Alpha <sup>¶</sup>	Excluded	BNT162b2	Symptomatic	89 (83-94)	>7 days	97 (94-99)	>7 days	
	(May 6, 2021)		cohort	a single tertiary care center in				Asymptomatic	36 (-51-69)	post dose 1 to 7 days post dose 2	86 (69-97)	-	
27#	Abu-Raddad et al.* (July 8,	Qatar	Test-negative case-control	Qatari adults	Alpha specifically^	Unknown	BNT162b2	CC Alpha documented infection	65.5 (58.2-71.5)	15-21 days	90 (86-92)	≥14	
	2021)				opeoou,			CC Alpha severe/fatal infection	72 (32-90)		100 (82-100)		
					Beta specifically^			CC Beta documented infection	46.5 (38.7-53.3)		75 (71-79)		
								CC Beta severe/fatal infection	56.5 (0-82.8)		100 (74-100)		
			Retrospective cohort	Qatari adults	Alpha specifically^	Unknown	BNT162b2	Cohort documented infection Alpha	_		87 (82-91)		
					Beta specifically^			Cohort documented infection Beta	_		72 (66-77)		
26	Haas et al. *	Israel	Retrospective	Israeli	Alpha^	Excluded	BNT162b2	Documented infection	_		95.3 (94.9-95.7)	≥7	
	(May 5, 2021) [Update to Mar		cohort	population ≥16 years				Asymptomatic infection			91.5 (90.7-92.2)	days	
	24 preprint]							Symptomatic infection			97.0 (96.7-97.2)		
								Hospitalization			97.2 (96.8-97.5)		





N4.	Reference (date)	Country	Design	Population	Dominant Variants	History of COVID	Vaccine Product	Outcome Measure Severe/ critical hospitalization Death	1 <sup>st</sup> Dose VE % (95%CI)	Days post 1st dose <sup>±</sup>	2 <sup>nd</sup> Dose VE % (95% CI) 97.5 (97.1-97.8) 96.7 (96.0-97.3)	Days post 2nd dose	Max Duration of follow up after fully vaccinated
25	Corchado- Garcia et al.* (November 2, 2021) [Update to April 30 preprint]	USA	Retrospective cohort	97,787 adults in the Mayo Clinic Network	Alpha and Delta^	Excluded	Ad26.COV2.S	Documented infection	74.2 (64.9-81.6)	≥15	_		
24	Fabiani et al.*	Italy	Retrospective	9,878 HCWs	Unknown	Excluded	BNT162b2	Documented infection	84 (40-96)	14-21	95 (62-99)	≥7 days	
	(Apr 29, 2021)		cohort					Symptomatic infection	83 (15-97)		94 (51-99)		
23	Gras-Valenti et al.*(Apr 29, 2021)	Spain	Case-control	268 HCWs	Original & Alpha <sup>¥¥</sup>	Included	BNT162b2	Documented infection	53 (1-77)	>12	_		
22	Tenforde et al.* (Apr 28, 2021)	USA	Test-negative case-control	Hospitalized adults ≥65 years	Original and Alpha <sup>¥</sup>	Unknown	BNT162b2 & mRNA-1273	Hospitalization	64 (28-82)	≥14 days post dose 1 to 14 days post dose 2	94 (49-99)	≥14 days	
21	Goldberg et al.	Israel	Prospective	5,600,000+	Original and	Included	BNT162b2	Documented infection	58 (57-59)	>14 days	93 (93-93)	≥7 days	
	(Apr 24, 2021)		cohort	individuals ≥16	Alpha^			Hospitalization	69 (68-71)	post dose	94 (94-95)	1	
				years				Severe disease	66 (63-69)	1 to <7 days post	94 (94-95)	1	
								Death	63 (58-67)	dose 2	94 (93-95)	-	
20	Pritchard et al.*	UK	Prospective	373,402	Alpha &	Excluded	BNT162b2	Documented infection	66 (60-71)	≥21	80 (74-85)	≥0 days	
	(Jun 9, 2021)		cohort	individuals ≥16	Original <sup>^</sup>			Symptomatic disease	78 (72-83)		95 (91-98)	1,-	
	[Update to Apr			years			AZD1222	Documented infection	61 (54-68)		79 (65-88)	1	
	23 preprint]							Symptomatic disease	71 (62-78)		92 (78-97)	-	
19	Vasileiou et al.* (Apr 23, 2021) [Update to Feb 21 preprint]	UK – Scotland	Prospective Cohort (Person-time)	Scotland population: 5.4 million	Original & Alpha <sup>£</sup>	Excluded	BNT162b2 AZD1222	Hospitalization  Hospitalization	91 (85-94) 88 (75-94)	28-34	_		
18	Hall et al.* (Apr 23, 2021) [Update to Feb 21 preprint]	UK – SIREN study	Prospective Cohort (Person-time)	23,324 healthcare workers	Alpha^	Excluded	BNT162b2	Documented infection	72 (58-86)	≥21	86 (76-97)	≥7	





N4.	Reference (date)	Country	Design	Population	Dominant Variants	History of COVID	Vaccine Product	Outcome Measure	1 <sup>st</sup> Dose VE % (95%CI)	Days post 1st dose <sup>2</sup>	2 <sup>nd</sup> Dose VE % (95% CI)	Days post 2nd dose	Max Duration of follow up after fully vaccinated
17	Mason et al.*	UK - England	Case-control	170,226 80-83-	Alpha^	Excluded	BNT162b2	Documented infection	55 (40-66)	21-27	70 (55- 80)	35-41	
	(October 18, 2021)			year-olds				Hospitalization	50 (19-69)	21-27	75 (52-87)	35-41	
	[Update to Apr 22 preprint]							Emergency visit	58 (31–74)		79(60-90)		
16	Bjork et al.* (September 29, 2021) [Update to Apr 21 preprint]	Sweden	Retrospective cohort	805,741 Swedish adults aged 18-64 years	Original & Alpha^	Unknown	BNT162b2	Documented infection	42 (14-63)	≥14	86 (72-94)	≥7	4 weeks
15	Glampson et	UK	Retrospective	2,183,939	Alpha^	Included	BNT162b2	Documented infection	78 (73-82)	22-28	_		
	al.* (Sep 17, 2021) [Update to Jul 15 preprint]		cohort	adults ≥16 in Northwest London			AZD1222	Documented infection	74 (65-81)	22-28			
14	Andrejko et al.* (Jul 20, 2021) [update to May 25 preprint]	USA	Test-negative case control	1023 California adults ≥18 years	B.1.427/ B.1.429 & Alpha^	Excluded	BNT162b2 & mRNA-1273	Documented infection	66.9 (28.784.6)	≥15	87.4 (77.2-93.1)	≥15 ≥15 ≥15	~14 weeks
								Asymptomatic infection	_		68.3 (27.9-85.7)		]
								Symptomatic infection	_		91.3 (79.3-96.3)		
								Hospitalization	_		100		
							BNT162b2	Documented infection	_		87.0 (68.6-94.6)		
							mRNA-1273	Documented infection	_		86.2 (68.4-93.9)	≥15	
13	Regev-Yochay et al.*	Israel	Prospective cohort	3578 HCWs in one Israeli	Alpha <sup>¶</sup>	Included	BNT162b2	Asymptomatic infection	_		65 (45-79)	≥11	
	( July 7,2021) [Update to April 9 preprint]			health system				Asymptomatic infection presumed infectious (Ct< 30)			70 (43-84)	≥11	
								Symptomatic infection			90 (84-94)	≥11	
								Symptomatic infection presumed infectious (CT<30)			88 (80-94)	≥11	
12	Bouton et al. (Mar 30, 2021)	USA – MA	Prospective Cohort	10,950 healthcare workers in Boston	Original <sup>^</sup>	included	BNT162b2 & mRNA-1273	Documented infection	82 (68-90) >14 days po starting day 0	st dose 1 inclu	ding some with dose	2	





<b>N4.</b>	Reference (date) Thompson et al.* (Mar 29, 2021)	<b>Country</b> USA	<b>Design</b> Prospective cohort	Population 3,950 healthcare workers in eight US sites	Dominant Variants Original <sup>¥</sup>	History of COVID Excluded	Vaccine Product BNT162b2 & mRNA1273	Outcome Measure  Documented infection	1st Dose VE % (95%CI) 80 (59-90)	Days post 1st dose <sup>±</sup> ≥14	2 <sup>nd</sup> Dose VE % (95% CI) 90 (68-97)	Days post 2nd dose ≥14	Max Duration of follow up after fully vaccinated
10	Shrotri et al.* (Jun 23, 2021) [Update to Mar	UK	Prospective cohort	10,412 care home residents aged	Original and Alpha^	Stratified	BNT162b2	Documented infection	65 (29-83)	35-48	_		
	26 preprint]			≥65 years from 310 LTCFs in England			AZD1222	Documented infection	68 (34-85)	35-48			
9	Public Health England –	UK - England	Test Negative Case-Control	Adults in England over	Alpha^	Unknown	BNT162b2	Symptomatic infection	58 (49-65)	≥28	_		
	March (Mar 17, 2021)			70 years			AZD1222	Symptomatic infection	58 (38-72)	≥35			
			Retrospective Cohort	Adults in England over		Included	BNT162b2	Hospitalization <sup>1</sup>	42 (32-51)	≥14	_		
				80 years				Death <sup>1</sup>	54 (41-64)	≥14			
							AZD1222	Hospitalization <sup>1</sup>	35 (4-56)	14-21			
8	Yelin et al. (Mar 17, 2021)	Israel – Maccabi	Retrospective Cohort	1.79 million enrollees,	Alpha^	Excluded	BNT162b2	Documented infection	91 (89-93) ≥35 days post dose 1 most with dose 2				
		System		adults <90 years				Symptomatic infection	n 99 (95-99) ≥35 days post dose 1 most with dose 2				
7	Britton et al.* (Mar 15, 2021)	USA – CT	Retrospective Cohort	463 residents of two skilled	Original <sup>¥</sup>	Stratified	BNT162b2	Include Hx of COVID: Documented infection	63 (33-79) ≥14 days pos through day 7	3-79) ≥14 days post dose 1 including some with dose 2 gh day 7			
				nursing facilities experiencing outbreaks				Exclude Hx of COVID: Documented infection	60 (30-77) ≥14 days post dose 1 including some with dose 2 through day 7				
6	Tande et al.* (Mar 10, 2021)	USA – Mayo Clinic	Retrospective Cohort	Asymptomatic screening of 39,156 patients: pre- surgical, pre- op PCR tests	original <sup>¥</sup>	Included	BNT162b2 & mRNA-1273	Asymptomatic infection  Asymptomatic	79 (63-88) 79 (62-89)	>10 days post dose 1, including some with dose 2 >10	80 (56-91) 80 (56-91)	>0	
5	Mousten-Helms	Denmark	Retrospective	Long term care	original &	Excluded	BNT162b2	infection LTCF Resident:	21 (-11-44)	>14	64 (14-84)	>7	
	et al.		Cohort	facilities in	Alpha <sup>¶¶</sup>			Documented Infection	( ,		- (= : - : )	-	





N4.	Reference (date) (Mar 9, 2021)	Country	Design	Population Denmark -	Dominant Variants	History of COVID	Vaccine Product	Outcome Measure	1 <sup>st</sup> Dose VE % <b>(95%CI)</b> 17 (4-28)	Days post 1st dose <sup>±</sup> >14	<b>2</b> <sup>nd</sup> <b>Dose VE</b> <b>% (95% CI)</b> 90 (82-95)	Days post 2nd dose	Max Duration of follow up after fully vaccinated
	(IVIAI 9, 2021)			39,040 residents, 331,039 staff				Documented Infection	17 (4-28)	>14	90 (82-95)	21	
4	Hyams et al.* (November 1,	UK – University of	Test Negative Case-Control	466 tests: <u>&gt;</u> 80 years	Alpha <sup>£</sup>	Included	BNT162b2	Hospitalization	79 (47-93)	>14	_		
	2021) [Update to Mar 3 preprint]	Bristol		hospitalized with respiratory symptoms			AZD1222	Hospitalization	80 (36-95)	>14			
3	Dagan et al.* (Feb. 24, 2021)	Israel – Clalit Health System	Retrospective Cohort	596,618 – matched on demographics, residence, clinical characteristics	original & Alpha^	Excluded	BNT162b2	Documented infection	46 (40-51)	14-21	92 (88-95)	>7	
2	Public Health	UK - England	Screening	43,294 cases,	Alpha^	Included	BNT162b2	Symptomatic infection	57 (50-63)	14-21	94 (87-98)	>7	
	England – Feb. (Feb. 22, 2021)		Method	with England as source				Hospitalization	74 (56-86)	14-21	87 (55-100)	>7	
	(1eb. 22, 2021)		population				Severe disease	62 (39-80)	14-21	92 (75-100)	>7		
								Over 80 years: Symptomatic infection	57 (48-63)	>28	88 (84-90)	7	
1	Amit et al.* (Feb 18, 2021)	Israel	Prospective Cohort	9,109 healthcare	original & Alpha¶	Excluded	BNT162b2	Documented infection Symptomatic infection	75 (72-84) ≥15 days post dose 1 including some with dose 2 through day 7				
				workers					85 (71-92) ≥15 days pos through day 7	85 (71-92) ≥15 days post dose 1 including some with dose 2 through day 7			

Purple text indicates new or updated study.

Product Manufacturers: BNT162b2 (Pfizer), mRNA-1273 (Moderna), AZD1222 (Astra-Zeneca), Ad26.COV2.S (Janssen), Coronavac

‡Unclear if 1st dose VE estimates includes any individuals who received a second dose.

<sup>&</sup>lt;sup>±</sup>Unless noted otherwise, days post 1<sup>st</sup> dose are prior to receiving dose 2.

<sup>\*</sup>Manuscripts with an asterisk (\*) are peer-reviewed publications.

<sup>^</sup>Indicates predominant variant identified by study authors. If no ^ then variants identified through secondary source when possible. Please see additional footnotes.

The rise of SARS-CoV-2 variant Alpha in Israel intensifies the role of surveillance and vaccination in elderly | medRxiv

<sup>\*</sup>CDC Says More Virulent British Strain Of Coronavirus Now Dominant In U.S.: Coronavirus Updates: NPR

<sup>&</sup>lt;sup>£</sup>Coronavirus (COVID-19) Infection Survey, UK - Office for National Statistics

<sup>\*\*</sup>Denmark logs more contagious COVID variant in 45% of positive tests | Reuters

<sup>\*\*</sup>COVID variant first detected in UK now dominant strain in Spain

ffReporte-circulacion-variantes-al-9.04.21-PUBLICADO-FINAL.pdf (minsal.cl)

<sup>\*\*</sup>Based on https://outbreak.info/location-reports

Vhttps://www.gov.uk/government/publications/covid-19-variants-genomically-confirmed-case-numbers/variants-distribution-of-cases-data





#Manuscripts that are cited in the WHO COVID-19 Weekly Epidemiological Updates (see Special Focus Update on SARS-CoV-2 Variants of Interest and Variants of Concern, Table 3, included in every other Weekly Epidemiological Update): https://www.who.int/emergencies/diseases/novel-coronavirus-2019/situation-reports.

\*\*XVE estimate presented with 99% CIs.

## 1.1 Inclusion criteria for VE studies

Note: All VE studies now must meet these criteria to be in the VE table:

- Published or preprint studies (not press release, presentations, media)
- Must have confidence intervals around VE, except in instances where it is not possible to calculate
- Needs to include persons with & without infection or disease and with and without vaccination (ie a proper comparison group). This excludes case only studies (e.g., impact studies, risk of progression to severe disease (i.e. PHE)).
- No modeled comparison group nor comparison to historical cohort
- •The study design should account for confounding and/or VE estimate should be adjusted or state adjustment made no difference
- Outcomes must be lab confirmed, not syndromic
- At least 90% of participants must have documented vaccination status rather than relying on recall
- •VE must be for one vaccine, not for >1 vaccine combined (with exception for studies accessing Pfizer + Moderna vaccines and studies of heterologous schedules, but all participants included in a VE estimate should receive same brands of vaccines in the same order
- No significant bias that likely affects results
- Cannot include day 0-12 in unvaccinated definition
- Cannot compare to early post vaccination to calculate VE (e.g. day 0-12 vs day 12-21)

## 1.2 VE Studies that do not meet criteria are listed below in case of interest:

- 1. Hunter P and Brainard J. Estimating the effectiveness of the Pfizer COVID-19 BNT162b2 vaccine after a single dose. A reanalysis of a study of 'real-world' vaccination outcomes from Israel. *medRxiv*. Published online 2021:2021.02.01.21250957. doi: 10.1101/2021.02.01.21250957
- 2. Institut National de Santé Publique du Québec. Preliminary Data on Vaccine Effectiveness and Supplementary Opinion on the Strategy for Vaccination Against COVID-19 in Quebec in a Context of Shortage. Gouvernement du Québec. 2021:Publication No 3111. Available at: https://www.inspq.qc.ca/sites/default/files/publications/3111-vaccine-effectiveness-strategy-vaccination-shortage-covid19.pdf.
- 3. Weekes M, Jones NK, Rivett L, et al. Single-dose BNT162b2 vaccine protects against asymptomatic SARS-CoV-2 infection. *Authorea*. Published online Feb 24, 2021. doi: 10.22541/au.161420511.12987747/v1
- 4. Aran D. Estimating real-world COVID-19 vaccine effectiveness in Israel using aggregated counts. Published online Mar 4, 2021. Available at: https://github.com/dviraran/covid\_analyses/blob/master/Aran\_letter.pdf.
- 5. Shah ASV, Gribben C, Bishop J, et al. Effect of vaccination on transmission of COVID-19: an observational study in healthcare workers and their households. *medRxiv*. Published online 2021:2021.03.11.21253275. doi: 10.1101/2021.03.11.21253275
- 6. Jameson AP, Sebastian T, Jacques LR. Coronavirus disease 2019 (COVID-19) vaccination in healthcare workers: An early real-world experience. *Infect Control Hosp Epidemiol*.:1-2. doi:10.1017/ice.2021.171





- 7. Vahidy FS, Pischel L, Tano ME, et al. Real World Effectiveness of COVID-19 mRNA Vaccines against Hospitalizations and Deaths in the United States. *medRxiv*. Published online 2021:2021.04.21.21255873 doi: 10.1101/2021.04.21.21255873
- 8. Swift MD, Breeher LE, Tande AJ, et al. Effectiveness of Messenger RNA Coronavirus Disease 2019 (COVID-19) Vaccines Against Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2) Infection in a Cohort of Healthcare Personnel. *Clin Inf Dis.* Published online Apr 26, 2021:2021;ciab361. doi: 10.1093/cid/ciab361
- 9. Zaqout A, Daghfal J, Alaqad I, et al. The initial impact of a national BNT162b2 mRNA COVID-19 vaccine rollout. *medRxiv*. Published online 2021:2021.04.26.21256087 doi: 10.1101/2021.04.26.21256087
- Cavanaugh AM, Fortier S, Lewis P, et al. COVID-19 Outbreak Associated with a SARS-CoV-2 R.1 Lineage Variant in a Skilled Nursing Facility After Vaccination Program – Kentucky, March 2021. MMWR Morb Mortal Wkly Rep. 2021;70:639-643. doi: 10.15585/mmwr.mm7017e2
- 11. Menni C, Klaser K, May A, et al. Vaccine side-effects and SARS-CoV-2 infection after vaccination in users of the COVID Symptom Study app in the UK: a prospective observational study. *Lancet Infect Dis.* 2021; 21; 939-49. Published online April 27, 2021. doi: 10.1016/S1473-3099(21)00224-3.
- 12. Tang L, Hijano DR, Gaur AH, et al. Asymptomatic and Symptomatic SARS-CoV-2 Infections After BNT162b2 Vaccination in a Routinely Screened Workforce. *JAMA*. Published online May 6, 2021:2021;325(24):2500-2502. doi: 10.1001/jama.2021.6564
- 13. Chodick G, Tene L, Rotem Ran S, et al. The Effectiveness of the Two-Dose BNT162b2 Vaccine: Analysis of Real-World Data. *Clin Infect Dis.* Published online May 17, 2021:2021;ciab438. doi: 10.1093/cid/ciab438
- 14. Lopez Bernal J, Andrews N, Gower C, et al. Effectiveness of BNT162b2 mRNA vaccine and ChAdOx1 adenovirus vector vaccine on mortality following COVID-19. *medRxiv*. Published online 2021:2021.05.14.21257600 doi: 10.1101/2021.05.14.21257218
- 15. Bianchi FB, Germinario CA, Migliore G, et al. BNT162b2 mRNA COVID-19 Vaccine Effectiveness in the Prevention of SARS-CoV-2 Infection: A Preliminary Report. *J Infect Dis.* Published online May 19, 2021:2021;jiab262. doi: 10.1093/infdis/jiab262
- 16. Walsh J, Skally M, Traynor L, et al. Impact of first dose of BNT162b2 vaccine on COVID-19 infection among healthcare workers in an Irish hospital. *Ir J Med Sci*. Published online May 2021:1-2. doi:10.1007/s11845-021-02658-4
- 17. Bailly B, Guilpain L, Bouiller K, et al. BNT162b2 mRNA vaccination did not prevent an outbreak of SARS COV-2 variant 501Y.V2 in an elderly nursing home but reduced transmission and disease severity [published online ahead of print, 2021 May 16]. *Clin Infect Dis*. 2021;ciab446. doi:10.1093/cid/ciab446
- 18. Monge S, Olmedo C, Alejos B, et al. Direct and indirect effectiveness of mRNA vaccination against SARS-CoV-2 infection in long-term care facilities in Spain. *Emerg Infect Dis.* 2021;27(10):2595-2603. doi: https://doi.org/10.3201/eid2710.211184
- 19. Yassi A, Grant JM, Lockhart K, et al. Infection control, occupational and public health measures including mRNA-based vaccination against SARS-CoV-2 infections to protect healthcare workers from variants of concern: a 14-month observational study using surveillance data. *PLoS ONE*. 2021;16(7):e0254920. doi:10.1371/journal.pone.0254920
- 20. Kumar S, Saxena S, Atri M, Chamola SK. Effectiveness of the Covid-19 vaccine in preventing infection in dental practitioners: results of a cross-sectional questionnaire-based survey. *medRxiv*. Published online 2021 June 3. https://doi.org/10.1101/2021.05.28.21257967





- 21. Shrestha NK, Nowacki AS, Burke PC, Terpeluk P, Gordon SM. Effectiveness of mRNA COVID-19 Vaccines among Employees in an American Healthcare System. *medRxiv*. Published online 2021:2021.06.02.21258231. doi:10.1101/2021.06.02.21258231
- 22. Riley S, Wang H, Eales O, et al. *REACT-1 Round 12 Report: Resurgence of SARS-CoV-2 Infections in England Associated with Increased Frequency of the Delta Variant.*; 2021. https://spiral.imperial.ac.uk/bitstream/10044/1/89629/2/react1\_r12\_preprint.pdf
- 23. Ben-Dov IZ, Oster Y, Tzukert K, et al. The 5-months impact of tozinameran (BNT162b2) mRNA vaccine on kidney transplant and chronic dialysis patients. *medRxiv*. Published online June 16, 2021:2021.06.12.21258813. doi:10.1101/2021.06.12.21258813
- 24. Victor PJ, Mathews KP, Paul H, Murugesan M, Mammen JJ. Protective Effect of COVID-19 Vaccine Among Health Care Workers During the Second Wave of the Pandemic in India. *Mayo Clin Proc*. Published online 2021.
- 25. Chodick G, Tene L, Patalon T, et al. Assessment of Effectiveness of 1 Dose of BNT162b2 Vaccine for SARS-CoV-2 Infection 13 to 24 Days After Immunization. *JAMA Netw Open*. Published online Jun 7, 2021:2021;4(6):e2115985. doi: 10.1001/jamanetworkopen.2021.15985
- 26. Bahl A, Johnson S, Maine G, et al. Vaccination reduces need for emergency care in breakthrough COVID-19 infections: A multicenter cohort study. *medRxiv*. Published online 2021:2021.06.09.21258617. doi:10.1101/2021.06.09.21258617
- Zacay G, Shasha D, Bareket R, et al. BNT162b2 Vaccine Effectiveness in Preventing Asymptomatic Infection with SARS-CoV-2 Virus: A Nationwide Historical Cohort Study. *Open Forum Infect Dis.* Published online June 9, 2021:2021;8(6). doi: 10.1093/ofid/ofab262
- 28. Ross C, Spector O, Tsadok MA, Weiss Y, Barnea R. BNT162b2 mRNA vaccinations in Israel: understanding the impact and improving the vaccination policies by redefining the immunized population. *medRxiv*. Published online 2021:2021.06.08.21258471. doi:10.1101/2021.06.08.21258471
- 29. Malinis M, Cohen E, Azar MM. Effectiveness of SARS-CoV-2 vaccination in fully-vaccinated solid organ transplant recipients. *Am J Transplant*. Published online June 2021. doi:10.1111/ajt.16713
- 30. Ramakrishnan, M., & Subbarayan, P. Impact of vaccination in reducing Hospital expenses, Mortality and Average length of stay among COVID 19 patients. A retrospective cohort study from India. *medRxiv*, Published online 2021: 2021.06.18.21258798. doi:10.1101/2021.06.18.21258798
- 31. Sansone E, Sala E, Tiraboschi M, et al. Effectiveness of BNT162b2 vaccine against SARS-CoV-2 among healthcare workers. *Med Lav*. Published online 15 June 2021. doi: 10.23749/mdl.v112i3.11747.
- Mazagatos C, Monge S, Olmedo C, et al. Effectiveness of mRNA COVID-19 vaccines in preventing SARS-CoV-2 infections and COVID-19 hospitalizations and deaths in elderly long-term care facility residents, Spain, weeks 53 2020 to 13 2021. *Euro Surveill*. 2021;26(24):pii=2100452. doi: 10.2807/1560-7917.ES.2021.26.24.2100452.
- 33. Tanislav C, Ansari TE, Meyer M, et al. Effect of SARS-CoV-2 vaccination among health care workers in a geriatric care unit after a B.1.1.7-variant outbreak [published online ahead of print, 2021 Jun 19]. *Public Health.* 2021. doi: 10.1016/j.puhe.2021.06.003
- 34. Jaiswal A, Subbaraj V, Wesley J, et al. COVID-19 vaccine effectiveness in preventing deaths among high-risk groups in Tamil Nadu, India. *Indian J Med Res*. Accessed online ahead of print 23 June 2021. doi: 10.4103/ijmr.ijmr 1671 21.





- 35. Harris RJ, Hall JA, Zaidi A, et al. Effect of Vaccination on Household Transmission of SARS-CoV-2 in England. *N Engl J Med.* Published online Jun 23, 2021. doi: 10.1056/NEJMc2107717
- Hitchings MDT, Ranzani OT, Torres MSS et al. Effectiveness of CoronaVac among healthcare workers in the setting of high SARS-CoV-2 Gamma variant transmission in Manaus, Brazil: A test-negative case-control study. *medRxiv*, Published online 2021 June 24. doi: https://doi.org/10.1101/2021.04.07.21255081
- 37. Knobel P, Serra C, Grau S, et al. COVID-19 mRNA vaccine effectiveness in asymptomatic healthcare workers [published online ahead of print, 2021 Jun 24]. *Infect Control Hosp Epidemiol*. 2021;1-7. doi:10.1017/ice.2021.287
- 38. Kale P, Bihari C, Patel N, et al. Clinicogenomic analysis of breakthrough infections by SARS CoV2 variants after ChAdOx1 nCoV-19 vaccination in healthcare workers. *medRxiv*, Published online 2021:2021.06.28.21259546. doi: 10.1101/2021.06.28.21259546
- 39. Mateo-Urdiales A, Alegiani SS, Fabiani M, et al. Risk of SARS-CoV-2 infection and subsequent hospital admission and death at different time intervals since first dose of COVID-19 vaccine administration, Italy, 27 December 2020 to mid-April 2021. *Euro Surveill*. 2021;26(25):pii=2100507. doi: 10.2807/1560-7917.ES.2021.26.25.2100507
- 40. Paris C, Perrin S, Hamonic S, et al. Effectivness of mRNA-BNT162b2, mRNA-1273, and ChAdOx1 nCoV-19 vaccines against COVID-19 in health care workers: an observational study using surveillance data. *Clin Microbiol Infect*. Published online Jun 29, 2021. doi: 10.1016/j.cmi.2021.06.043
- 41. Kojima N, Roshani A, Brobeck M, et al. Incidence of Severe Acute Respiratory Syndrome Coronavirus-2 infection among previously infected or vaccinated employees. *medRxiv*, Published online 2021:2021.07.03.21259976. doi: 10.1101/2021.07.03.21259976
- 42. Lumley SF, Rodger G, Constantinides B, et al. An observational cohort study on the incidence of SARS-CoV-2 infection and B.1.1.7 variant infection in healthcare workers by antibody and vaccination status. *Clin Inf Dis.* Published online Jul 12, 2021:2021;ciab608. doi: 10.1093/cid/ciab608
- 43. Rovida F, Cassaniti I, Paolucci S, et al. SARS-CoV-2 vaccine breakthrough infections are asymptomatic or mildly symptomatic and are infrequently transmitted. *medRxiv*, Published online 2021.06.29.21259500. doi:10.1101/2021.06.29.21259500
- 44. Williams C, Al-Bargash D, Macalintal C, et al. COVID-19 Outbreak Associated with a SARS-CoV-2 P.1 Lineage in a Long-Term Care Home after Implementation of a Vaccination Program Ontario, April-May 2021. *Clin Inf Dis.* Published online Jul 8, 2021:2021;ciab617. doi: 10.1093/cid/ciab617
- 45. Charmet T, Schaeffer L, Grant R, et al. Impact of original, B.1.1.7, and B.1.351/P.1 SARS-CoV-2 lineages on vaccine effectiveness of two doses of COVID-19 mRNA vaccines: Results from a nationwide case-control study in France [published online ahead of print, 2021 Jul 13]. Lancet Regional Health—Eur. 2021;8:100171. doi: 10.1016/j.lanepe.2021.100171
- 46. Bermingham CR, Morgan J, Ayoubkhani D, et al. Estimating the effectiveness of the first dose of COVID-19 vaccine against mortality in England: a quasi-experimental study. *medRxiv*, Published online 2021.07.12.21260385. doi:10.1101/2021.07.12.21260385
- 47. Alencar CH, de Goes Cavalcanti LP, de Almeida MM, et al. High Effectiveness of SARS-CoV-2 Vaccines in Reducing COVID-19-Related Deaths in over 75-Year-Olds, Ceará State, Brazil. *Trop Med Infect Dis.* 2021;6(3):129. doi: 10.3390/tropicalmed6030129





- 48. Waldman SE, Adams JY, Albertson TE, et al. Real-world impact of vaccination on COVID-19 incidence in health care personnel at an academic medical center. *Infect Control Hosp Epidemiol*. Published online Jul 21, 2021;2021;1-21. doi: 10.1017/ice.2021.336
- 49. Vignier N, Bérot V, Bonnave N, et al. Breakthrough infections of SARS-CoV-2 gamma variant in fully vaccinated gold miners, French Guiana, 2021 [published online ahead of print, 2021 Jul 21]. *Emerg Infect Dis*. 2021;27(10). doi: 10.3201/eid2710.211427
- 50. Pramod S, Govindan D, Ramasubramani P, et al. Effectiveness of Covishield vaccine in preventing Covid-19 A test-negative case-control study. *medRxiv*, Published online 2021.07.19.21260693. doi:10.1101/2021.07.19.21260693
- Rubin D, Eisen M, Collins S, et al. SARS-CoV-2 Infection in Public School District Employees Following a District-Wide Vaccination Program Philadelphia County, Pennsylvania, March 21-April 23, 2021. *MMWR Morb Mortal Wkly Rep.* Published online 2021 Jul 23. doi: 10.15585/mmwr.mm7030e1
- 52. Mor O, Zuckerman NS, Hazan I, et al. BNT162b2 Vaccination efficacy is marginally affected by the SARS-CoV-2 B.1.351 variant in fully vaccinated individuals. *medRxiv*, Published online 2021.07.20.21260833. doi:10.1101/2021.07.20.21260833
- Thiruvengadam, R et al. Cellular Immune Responses are Preserved and May Contribute to Chadox1 ChAdOx1 nCoV-19 Vaccine Effectiveness Against Infection Due to SARS-CoV-2 B·1·617·2 Delta Variant Despite Reduced Virus Neutralisation. SSRN, Published online 2021 Jul 16. https://ssrn.com/abstract=3884946.
- 54. Murillo-Zamora E, Trujilo X, Huerta M, et al. Effectiveness of BNT162b2 COVID-19 vaccine in preventing severe symptomatic infection among healthcare workers. *Medicina*. 2021;57(8):746. doi: https://doi.org/10.3390/medicina57080746
- Blanco, S et al. Evaluation of the Gam-COVID-Vac and Vaccine-Induced Neutralizing Response Against SARS-CoV-2 Lineage P.1 (Manaus) Variant in an Argentinean Cohort. *SSRN*, Published online 2021 Jul 27. https://papers.ssrn.com/sol3/papers.cfm?abstract\_id=3893461.
- Aslam, S, Adler, E, Mekeel, K, Little, SJ. Clinical effectiveness of COVID-19 vaccination in solid organ transplant recipients. *Transpl Infect Dis.* Published online 2021 Jul 29. doi: 10.1111/tid.13705.
- 57. Cserep G, Morrow D, Latchford K, Jesset R, Dosa A, Kirmizis D. The effect of a single dose of BNT162b2 vaccine on the incidence of severe COVID-19 infection in patients on chronic hemodialysis: a single-centre study [published online ahead of print, 2021 Jul 29]. Clin Exp Nephrol. 2021;1-5. doi:10.1007/s10157-021-02118-4
- 58. Hetemäki livo, et al. An outbreak caused by the SARS-CoV-2 Delta variant (B.1.617.2) in a secondary care hospital in Finland, May 2021. *Euro Surveill*. Published online 2021 Jul 28. doi: https://doi.org/10.2807/1560-7917.ES.2021.26.30.2100636
- 59. Ghosh S, Shankar S, Chatterjee K, et al. COVIDSHIELD (AZD1222) VaccINe effectiveness among healthcare and frontline Workers of Indian Armed Forces: Interim results of VIN-WIN cohort study. *Med J Armed Forces India*. 2021;77(2):S264-S270. doi: 10.1016/j.mjafi.2021.06.032
- 60. Muthukrishnan J, Vardhan V, Mangalesh S, et al. Vaccination status and COVID-19 related mortality: A hospital based cross sectional study. *Med J Armed Forces India*. 2021;77(2):S278-S282. doi: 10.1016/j.mjafi.2021.06.034
- 61. Sakre M, Agrawal S, Ravi R, et al. COVID 19 vaccination: Saviour or unfounded reliance? A cross sectional study among the air warriors. *Med J Armed Forces India*. 2021;77(2):S502-S504. doi: 10.1016/j.mjafi.2021.06.017





- 62. Bobdey S, Kaushik SK, Sahu R, et al. Effectiveness of ChAdOx1 nCOV-19 Vaccine: Experience of a tertiary care institute. *Med J Armed Forces India*. 2021;77(2):S271-S277. doi: 10.1016/j.mjafi.2021.06.006
- Vaishya R, Sibal A, Malani A, Prasad KH. SARS-CoV-2 infection after COVID-19 immunization in healthcare workers: A retrospective, pilot study. *Indian J Med Res.* Published online 2021 Aug 3. doi: 10.4103/ijmr.ijmr 1485 21
- 64. Bhattacharya A, Ranjan P, Ghosh T, et al. Evaluation of the dose-effect association between the number of doses and duration since the last dose of COVID-19 vaccine, and its efficacy in preventing the disease and reducing disease severity: A single centre, cross-sectional analytical study from India [published online ahead of print, 2021 Jul 30]. *Diabetes Metab Syndr*. 2021;15(5). doi: 10.1016/j.eimc.2021.06.021
- 65. Lakhia RT, Trivedi JR. The CT Scan Lung Severity Score and Vaccination Status in COVID-19 patients in India: Perspective of an Independent Radiology Practice. *medRxiv*, Published online 2021 Aug 3. doi:10.1101/2021.07.15.21260597
- 66. Elliott P, Haw D, Wang H, et al. Exponential growth, high prevalence of SARS-CoV-2 and vaccine effectiveness associated with Delta variant. *Science.*, Published online 2021 Nov 2. doi: 10.1126/science.abl9551
- 67. Mizrahi B, Lotan R, Kalkstein N, et al. Correlation of SARS-CoV-2 Breakthrough Infections to Time-from-vaccine; Preliminary Study. *Nature Communications*, Published online 2021 November 4. doi: https://doi.org/10.1038/s41467-021-26672-3
- 68. Riemersma K, Grogan E, Kita-Yarbro A, et al. Vaccinated and unvaccinated individuals have similar viral loads in communities with a high prevalence of the SARS-CoV-2 delta variant. *medRxiv*, Published online 2021 July 31. doi: 10.1101/2021.07.31.21261387.
- 69. Wickert D P, Almand E A, Baldovich K J, et al. Estimates of Single Dose and Full Dose BNT162b2 Vaccine Effectiveness among USAF Academy cadets, 1 Mar 1 May 2021. *medRxiv*, Published online 2021 July 31. doi: 10.1101/2021.07.28.21261138.
- 70. Chia P Y, Ong S W X, Chiew C J, et al. Virological and serological kinetics of SARS-CoV-2 Delta variant vaccine-breakthrough infections: a multi-center cohort study. *Clin Microbiol Infect*. Published online 2021 November 22. doi: https://doi.org/10.1016/j.cmi.2021.11.010
- 71. Keegan L, Truelove SA, Lessler J, et al. Progress of the Delta variant and erosion of vaccine effectiveness, a warning from Utah. medRxiv, Published online 2021 August 09. doi: 10.1101/2021.08.09.21261554
- Ye P, Fry L, Liu L,COVID outbreak after the 1st dose of COVID vaccine among the nursing home residents: What happened? *Geriatric Nursing.* Published online 2021 June 25. doi: 10.1016/j.gerinurse.2021.06.022
- 73. Tregoning, J.S., Flight, K.E., Higham, S.L. *et al.* Progress of the COVID-19 vaccine effort: viruses, vaccines and variants versus efficacy, effectiveness and escape. *Nat Rev Immunol*. Published online 2021 August 09. doi: 10.1038/s41577-021-00592-1.
- 74. Starrfelt J, Danielsen A.S, et al. High vaccine effectiveness against COVID-19 infection and severe disease among residents and staff of long-term care facilities in Norway, November June 2021. *medRxiv*. Published online 2021 August 09. doi: doi.org/10.1101/2021.08.08.21261357
- 75. Herlihy R, Bamberg W, Burakoff A, et al. Rapid Increase in Circulation of the SARS-CoV-2 B.1.617.2 (Delta) Variant Mesa County, Colorado, April–June 2021. MMWR Morb Mortal Wkly Rep. ePub: 6 August 2021. doi: 10.15585/mmwr.mm7032e2





- 76. Brown CM, Vostok J, Johnson H, et al. Outbreak of SARS-CoV-2 Infections, Including COVID-19 Vaccine Breakthrough Infections, Associated with Large Public Gatherings Barnstable County, Massachusetts, July 2021. MMWR Morb Mortal Wkly Rep 2021;70:1059-1062. doi: 10.15585/mmwr.mm7031e2external icon
- 77. North C, Barczak A et al. Determining the Incidence of Asymptomatic SARS-CoV-2 among Early Recipients of COVID-19 Vaccines: A Prospective Cohort Study of Healthcare Workers before, during and after Vaccination [DISCOVER-COVID-19], *Clinical Infectious Diseases*, Published online 2021 August 07. doi: 10.1093/cid/ciab643
- 78. Israel A, Merzon E, Schaffer AA, et al. Elapsed time since BNT 162b2 vaccine and risk of SARS-CoV-2 infection in a large cohort. *medRxiv*, Published online 2021 August 05. doi: 10.1101/2021.08.03.21261496
- 79. Issac A, Kochuparambil JJ, Elizabeth L. SARS-CoV-2 Breakthrough Infections among the Healthcare Workers Post-Vaccination with ChAdOx1 nCoV-19 Vaccine in the South Indian State of Kerala. *medRxiv*, Published online 2021 August 08. doi: 10.1101/2021.08.07.21261587
- 80. Marco A, Teixido N, Guerrero RA, et al. Outbreak of SARS-CoV-2 in a prison: Low effectiveness of a single dose of the adenovirus vector ChAdOx1 vaccine in recently vaccinated inmates. *medRxiv*, Published online 2021 August 05. doi: 10.1101/2021.08.03.21258337
- 81. Bitan DT, Kridin K, Cohen AD, Weinstein O. COVID-19 hospitalization, mortality, vaccination, and postvaccination trends among people with schizophrenia in Israel: a longitudinal cohort study. *Lancet Psychiatry*. Published online 2021 Aug 5. doi: 10.1016/S2215-0366(21)00256-X
- Public Health England. SARS-CoV-2 variants of concern and variants under investigation in England: Technical briefing 20. Published online 2021 Aug 6. Available from:

  https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\_data/file/1009243/Technical\_Briefing\_20.pdf
- 83. Pezzotti P, Fabiani M et al. Impact of vaccination on the risk of SARS-CoV-2 infection and hospitalization and death in Italy(27.12.2020-14.07.2021). *Ministere della Salute*. Published online 2021 July 27. Available from: https://www.epicentro.iss.it/vaccini/covid-19-report-valutazione-vaccinazione.
- 84. Moline HL, Whitaker M, Deng L, et al. Effectiveness of COVID-19 Vaccines in Preventing Hospitalization Among Adults Aged ≥65 Years COVID-NET, 13 States, February—April 2021. MMWR Morb Mortal Wkly Rep. 2021;70:1088-1093. doi: http://dx.doi.org/10.15585/mmwr.mm7032e3.
- 85. Kang M, Yi Y, Limei S, et al. Effectiveness of Inactivated COVID-19 Vaccines Against COVID-19 Pneumonia and Severe Illness Caused by the B.1.617.2 (Delta) Variant: Evidence from an Outbreak in Guangdong, China. SSRN. Published online 2021 Aug 5. Available from: https://papers.ssrn.com/sol3/papers.cfm?abstract\_id=3895639.
- 86. Elavarasi A, Sagiraju HKR, Garg RK, et al. Clinical features, demography and predictors of outcomes of SARS-CoV-2 infection in a tertiary care hospital in India-A cohort study. *Lung India*, 2022;39(1):16-26. doi: 10.4103/lungindia.lungindia 493 21





- 87. Singer SR, Angulo FJ, Swerdlow DL et al. Effectiveness of BNT162b2 mRNA COVID-19 vaccine against SARS-CoV-2 variant Beta (B.1.351) among persons identified through contact tracing in Israel: A prospective cohort study. *EClinicalMedicine*. Published online 2021 Nov 28. doi: https://doi.org/10.1016/j.eclinm.2021.101190
- 88. Kang M, Xin H, Yuan J, et al. Transmission dynamics and epidemiological characteristics of Delta variant infections in China. *medRxiv*, Published online 2021 August 13. doi: 10.1101/2021.08.12.21261991.
- 89. Cavanaugh AM, Spicer KB, Thoroughman D, Glick C, Winter K. Reduced Risk of Reinfection with SARS-CoV-2 After COVID-19 Vaccination Kentucky, May–June 2021. *MMWR Morb Mortal Wkly Rep.* 2021;70:1081-1083. doi: http://dx.doi.org/10.15585/mmwr.mm7032e1
- 90. Li XN, Huang Y, Wang W, et al. Efficacy of inactivated SARS-CoV-2 vaccines against the Delta variant infection in Guangzhou: A test-negative case-control real-world study [published online ahead of print, 2021 Aug 14]. *Emerg Microbes Infect*. 2021;1-32. doi:10.1080/22221751.2021.1969291.
- 91. Cabezas C, Coma E, Mora-Fernandez N, et al. Associations of BNT162b2 vaccination with SARS-CoV-2 infection and hospital admission and death with covid-19 in nursing homes and healthcare workers in Catalonia: prospective cohort study. *BMJ.* 2021;374:n1868. doi: 10.1136/bmj.n1868
- 92. Rosenberg ES, Holtgrave DR, Dorabawila V, et al. New COVID-19 Cases and Hospitalizations Among Adults, by Vaccination Status New York, May 3-July 25, 2021. *MMWR Morb Mortal Wkly Rep.* Published online 2021 Sep 17. doi: <a href="http://dx.doi.org/10.15585/mmwr.mm7037a7">http://dx.doi.org/10.15585/mmwr.mm7037a7</a>
- 93. Baltas I, Boshier FAT, Williams CA, et al. Post-vaccination COVID-19: A case-control study and genomic anlysis of 119 breakthrough infections in partially vaccinated individuals. *Clin Infect Dis*. Published online 2021 Aug 19;ciab714. doi: 10.1093/cid/ciab714
- 94. Braeye T, Cornelissen L, Catteau L, et al. Vaccine effectiveness against infection and onwards transmission of COVID-19: Analysis of Belgian contact tracing data, January-June 2021, Vaccine, 2021. Published online Aug 19, 2021. doi: https://doi.org/10.1016/j.vaccine.2021.08.060.
- 95. Theiler RN, Wick M, Mehta R, et al. Pregnancy and birth outcomes after SARS-CoV-2 vaccination in pregnancy. *Am J Obstet Gynecol.*Published online 2021 Aug 20. doi: 10.1016/j.ajogmf.2021.100467
- 96. Gomes D, Beyerlein A, Katz K, et al. Is the BioNTech-Pfizer COVID-19 vaccination effective in elderly populations? Results from population data from Bavaria, Germany. *PLOS One*. Published online 2021 November 5. doi: 10.1371/journal.pone.0259370
- 97. Kislaya I, Rodrigues EF, Borges V, et al. Delta variant and mRNA Covid-19 vaccines effectiveness: higher odds of vaccine infection breakthroughs. *medRxiv*. Published online 2021 August 22. doi: 10.1101/2021.08.14.21262020
- 98. Cerqueira-Silva T, Oliveira VA, Pescarini J, et al. Influence of age on the effectiveness and duration of protection in Vaxzevria and CoronaVac vaccines. *medRxiv*. Published online 2021 August 27. doi: 10.1101/2021.08.21.21261501
- 99. Servillita V, Morris MK, Sotomayor-Gonzalez A, et al. Predominance of antibody-resistant SARS-CoV-2 variants in vaccine breakthrough cases from the San Francisco Bay Area, California. *medRxiv*. Published online 2021 August 25. doi: 10.1101/2021.08.19.21262139





- 100. Barchuk A, Cherkashin M, Bulina A. Vaccine Effectiveness against Referral to hospital and Severe Lung Injury Associated with COVID-19: A Population-Based Case-Control Study in St. Petersburg, Russia. *medRxiv*. Published online 2021 August 26. doi: 10.1101/2021.08.18.21262065
- 101. Fowlkes, A., Gaglani, M., Groover, K., Thiese, M. S., Tyner, H., & Ellingson, K. (2021). Effectiveness of COVID-19 Vaccines in Preventing SARS-CoV-2 Infection Among Frontline Workers Before and During B.1.617.2 (Delta) Variant Predominance Eight U.S. Locations, December 2020—August 2021. MMWR. Morbidity and Mortality Weekly Report, 70(34). https://doi.org/10.15585/mmwr.mm7034e4
- 102. Ujjainiya R, Tyagi A, Sardana V, et al. High failure rate of ChAdOx1-nCoV19 immunization against asymptomatic infection in healthcare workers during a Delta variant surge: a case for continued use of masks post-vaccination. *medRxiv*. Published online 2021 August 28. doi: 10.1101/2021.02.28.21252621
- 103. Sagiraju HKR, Elavarasi A, Gupta N, et al. The effectiveness of SARS-CoV-2 vaccination in preventing severe illness and death real-world data from a cohort of patients hospitalized with COVID-19. *medRxiv*. Published online 2021 August 29. doi: 10.1101/2021.08.26.21262705
- 104. Seppälä Elina, Veneti Lamprini, Starrfelt Jostein, Danielsen Anders Skyrud, Bragstad Karoline, Hungnes Olav, Taxt Arne Michael, Watle Sara Viksmoen, Meijerink Hinta. Vaccine effectiveness against infection with the Delta (B.1.617.2) variant, Norway, April to August 2021. *Euro Surveill*. Published 2021 September 2. doi: https://doi.org/10.2807/1560-7917.ES.2021.26.35.2100793
- 105. Keehner J, Binkin N, Laurent L. Resurgence of SARS-CoV-2 Infection in a Highly Vaccinated Health System Workforce. *N Engl J Med.* Published online Sep 1, 2021. doi: 10.1056/NEJMc2112981.
- Tareq AM, Emran TB, Dhama K, et al. Impact of SARS-CoV-2 delta variant (B.1.617.2) in surging second wave of COVID-19 and efficacy of vaccines in tackling the ongoing pandemic. *Hum Vaccin Immunother*. Published online September 2, 2021. doi: 10.1080/21645515.2021.1963601
- 107. Veneti L, Salamanca BV, Seppala E, et al. No difference in risk of hospitalization between reported cases of the SARS-CoV-2 Delta variant and Alpha variant in Norway. *Int J Infect Dis*. Published online 2021 December 10. doi: 10.1016/j.ijid.2021.12.321
- 108. Kertes J, Gez SB, Saciuk Y, et al. Effectiveness of the mRNA BNT162b2 vaccine six months after vaccination: findings from a large Israeli HMO. *medRxiv*. Published online 2021 September 7. doi: 10.1101/2021.09.01.21262957
- 109. Puranik A, Lenehan PJ, O'Horo JC, et al. Durability analysis of the highly effective BNT162b2 vaccine against COVID-19. *medRxiv*. Published online 2021 September 7. doi: 10.1101/2021.09.04.21263115
- 110. Murugesan M, Mathews P, Paul H, et al. Protective Effect Conferred by Prior Infection and Vaccination on COVID-19 in a Healthcare Worker Cohort in South India. SSRN, Published online 2021 Aug 31. https://papers.ssrn.com/sol3/papers.cfm?abstract\_id=3914633.
- 111. González S, Olszevicki S, Salazar M, et al. Effectiveness of the first component of Gam-COVID-Vac (Sputnik V) on reduction of SARS-CoV-2 confirmed infections, hospitalisations and mortality in patients aged 60-79: a retrospective cohort study in Argentina. *EClinicalMedicine*. 2021;40. doi:10.1016/j.eclinm.2021.101126
- 112. Villela DAM, de Noronha TG, Bastos LS, et al. Effectiveness of mass vaccination in Brazil against severe COVID-19 cases. *medRxiv*. Published online 2021 September 15. doi: 10.1101/2021.09.10.21263084





- 113. McKeigue PM, McAllister D, Hutchinson SJ, et al. Efficacy of vaccination against severe COVID-19 in relation to Delta variant and time since second dose: the REACT-SCOT case-control study. medRxiv. Published online 2021 September 15. doi: 10.1101/2021.09.12.21263448
- 114. McKeigue PM, McAllister D, Robertson C, et al. Efficacy of two doses of COVID-19 vaccine against severe COVID-19 in those with risk conditions and residual risk to the clinically extremely vulnerable: the REACT-SCOT case-control study. *medRxiv*. Published online 2021 September 16. doi: 10.1101/2021.09.13.21262360
- de Gier B, Kooijman M, Kemmeren J, et al. COVID-19 vaccine effectiveness against hospitalizations and ICU admissions in the Netherlands, April-August 2021. *medRxiv*. Published online 2021 September 17. doi: 10.1101/2021.09.15.21263613
- Blaiszik, B., Graziani, C., Olds, J. L., & Foster, et al. The Delta Variant Had Negligible Impact on COVID-19 Vaccine Effectiveness in the USA. *medRxiv*. Published online 2021 September 22. doi: https://doi.org/10.1101/2021.09.18.21263783
- 117. Baden LR, Sahly HME, Essink B,et al. Covid-19 in the Phase 3 Trial of mRNA-1273 During the Delta-variant Surge. *medRxiv*. Published online 2021 September 22. doi: https://doi.org/10.1101/2021.09.17.21263624
- 118. Ruban, A. charle. pon, Mohamed, A., & Kalyanaraman, S. Effectiveness of vaccination in preventing severe SARS CoV-2 infection in South India-a hospital based cross sectional study. *medRxiv*. Published online September 23, 2021. doi: https://doi.org/10.1101/2021.09.17.21263670
- 119. McEvoy CM, Lee A, Misra PS, et al. Real-world effectiveness of 2-dose SARS-CoV-2 vaccination in kidney transplant recipients. *medRxiv*. Published online September 23, 2021. doi: https://doi.org/10.1101/2021.09.21.21263457
- 120. Bleicher A, Kadour-Peero E, Sagi-Dain L, et al. Early exploration of COVID-19 vaccination safety and effectiveness during pregnancy: interim descriptive data from a prospective observational study. *Vaccine*. Published online September 25, 2021. doi: https://doi.org/10.1016/j.vaccine.2021.09.043
- 121. Manley HJ, Aweh GN, Hsu CM, et al. SARS-CoV-2 vaccine effectiveness and breakthrough infections in maintenance dialysis patients. *medRxiv*. Published online September 29, 2021. doi: https://doi.org/10.1101/2021.09.24.21264081
- 122. Chen X, Wang W, Chen X, et al. Prediction of long-term kinetics of vaccine-elicited neutralizing antibody and time-varying vaccine-specific efficacy against the SARS-CoV-2 Delta variant by clinical endpoint. *medRxiv*. Published online September 27, 2021. doi: https://doi.org/10.1101/2021.09.23.21263715
- de Leo S. Effectiveness of the mRNA BNT162b2 vaccine against SARS-CoV-2 severe infections in the Israeli over 60 population: a temporal analysis done by using the national surveillance data. *medRxiv*. Published online September 28, 2021. doi: https://doi.org/10.1101/2021.09.27.21264130
- 124. Arifin WN, Musa KI, Hanis TM, et al. A brief analysis of the COVID-19 death data in Malaysia. *medRxiv*. Published online September 29, 2021. doi: https://doi.org/10.1101/2021.09.28.21264234
- 125. Young-Xu Y, Smith J, Korves C. SARS-Cov-2 Infection versus Vaccine-Induced Immunity among Veterans. Infectious Diseases (except HIV/AIDS); 2021. doi:10.1101/2021.09.27.21264194





- Hollinghurst J, Hollinghurst R, North L, et al. COVID-19 risk factors amongst 14,876 care home residents: An observational longitudinal analysis including daily community positive test rates of COVID-19, hospital stays, and vaccination status in Wales (UK) between 1<sup>st</sup> September 2020 and 1<sup>st</sup> May 2021. *medRxiv*. Published online October 3, 2021. doi: https://doi.org/10.1101/2021.09.30.21264338
- 127. Wang L, Wang Q, Davis PB, et al. Increased risk for COVID-19 breakthrough infection in fully vaccinated patients with substance use disorders in the United States between December 2020 and August 2021. *World Psych*. Published online October 5, 2021. doi: 10.1002/wps.20921
- 128. Vaishya R, Sibal A, Malani A, et al. Symptomatic post-vaccination SARS-CoV-2 infections in healthcare workers A multicenter cohort study. *Diabetes Metab Syndr*. 2021;15(6):102306. doi: https://doi.org/10.1016/j.dsx.2021.102306
- 129. Rosenberg ES, Dorabawila V, Easton D, et al. COVID-19 vaccine effectiveness in New York State. *NEJM*. Published online December 1, 2021. doi: 10.1056/NEJMoa2116063
- 130. Dolzhikova, I., Gushchin, V., et al(2021). One-shot immunization with Sputnik Light (the first component of Sputnik V vaccine) is effective against SARS-CoV-2 Delta variant: efficacy data on the use of the vaccine in civil circulation in Moscow. *MedRxiv*, Published online October 14 2021. doi: https://doi.org/10.1101/2021.10.08.21264715
- 131. Uschner, D., Bott, M., Santacatterina, M et al. (2021). Breakthrough SARS-CoV-2 Infections after Vaccination in North Carolina. *MedRxiv*, Published online October 13, 2021. doi: https://doi.org/10.1101/2021.10.10.21264812
- 132. Singh C, Naik BN, Pandey S, et al. Effectiveness of COVID-19 vaccine in preventing infection and disease severity: A case control study from an Eastern State of India. *Epidemiol Infect*. Published online October 11, 2021. doi: https://doi.org/10.1017/S0950268821002247
- de Gier B, S, Backer JA, et al. Vaccine effectiveness against SARS-CoV-2 transmission to household contacts during dominance of Delta variant (B.1.617.2), August-September 2021, the Netherlands. *medRxiv*. Published online October 14, 2021. doi: https://doi.org/10.1101/2021.10.14.21264959
- 134. Cohn BA, Cirillo PM, Murphy CC, et al. SARS-CoV-2 vaccine protection and deaths among US veterans during 2021. *Science*. Published online November 4, 2021. doi: https://doi.org/10.1101/2021.10.13.21264966
- Pattni K, Hungerford D, Adams S, et al. Effectiveness of the BNT162b2 (Pfizer-BioNTech) and the ChAdOx1 nCoV-19 (Oxford-AstraZeneca) vaccines for reducing susceptibility to infection with the Delta variant (B.1.617.2) of SARS-CoV-2. *medRxiv*. Published online October 14, 2021. doi: https://doi.org/10.1126/science.abm0620.
- 136. Di Fusco M, Moran MM, Cane A, et al. Evaluation of COVID-19 vaccine breakthrough infections among immunocompromised patients fully vaccinated with BNT162b2. *medRxiv*, Published online October 16, 2021. doi: https://doi.org/10.1101/2021.10.12.21264707
- Hulme WJ, Williamson EJ, Green ACA, et al. Comparative effectiveness of ChAdOx1 versus BNT162b2 COVID-19 vaccines in Health and Social Care workers in England: a cohort study using OpenSAFELY. *medRxiv*, Published online October 18, 2021. doi: https://doi.org/10.1101/2021.10.13.21264937





- 138. Laing ED, Weiss CD, Samuels EC, et al. Durability of antibody responses and frequency of clinical and subclinical SARS-CoV-2 infection six months after BNT162b2 COVID-19 vaccination in healthcare workers. *medRxiv*. Published online October 18, 2021. doi: https://doi.org/10.1101/2021.10.16.21265087
- 139. Moshe Mittelman, Ori Magen, Noam Barda, Noa Dagan, Howard S Oster, Avi Leader, Ran Balicer; Effectiveness of the BNT162b2mRNA Covid-19 Vaccine in Patients with Hematological Neoplasms. *Blood* 2021. Published online October 18, 2021. doi: https://doi.org/10.1182/blood.2021013768
- 140. Rosa-Diez, G., Papaginovic Leiva, M. M., Lombi, F., et al. (2021). Safety and Effectiveness of COVID-19 SPUTNIK V Vaccine in Dialysis Patients. *MedRxiv*, 2021. Published online October 25, 2021. Doi: https://doi.org/10.1101/2021.10.21.21265349
- 141. Kurita, J., Sugawara, T., & Ohkusa, Y. (2021). Vaccine Effectiveness for the COVID-19 in Japan. *MedRxiv*, 2021. Published online 22 October 2021. Doi: https://doi.org/10.1101/2021.06.20.21259209
- 142. Brunelli S, Sibbel S, Karpinski S, et al. Comparative Effectiveness of mRNA-Based BNT162b2 Vaccine versus Adenovirus Vector-Based Ad26.COV2.S Vaccine for Prevention of COVID-19 among Dialysis Patients. *Journal of the American Society of Nephrology*. Published online 2022 February 8. doi:10.1681/asn.2021101395.
- 143. Chadeau-Hyam, M., Wang, H., Eales, O., et al. (2021). REACT-1 study round 14: High and increasing prevalence of SARS-CoV-2 infection among school-aged children during September 2021 and vaccine effectiveness against infection in England. *MedRxiv*, 2021.Published online October 22,2021. https://doi.org/10.1101/2021.10.14.21264965
- 144. McKeigue, P. M., McAllister, D. A., Hutchinson, S. J., Robertson, C., Stockton, D., Colhoun, H. M., & Cell, for the P. H. S. C.-19 E. and R. (2021). Efficacy of vaccination against severe COVID-19 in relation to Delta variant and time since second dose: the REACT-SCOT case-control study. *MedRxiv*, 2021.Published online October 23, 2021. https://doi.org/10.1101/2021.09.12.21263448
- 145. Sajal De, Dibakar Sahu, Diksha Mahilang et al. Effectiveness of partial COVID-19 vaccination on the outcome of hospitalized COVID-19 patients during the second pandemic In India, 25 October 2021, PREPRINT (Version 1) available at Research Square [https://doi.org/10.21203/rs.3.rs-964720/v1]
- Taquet, M., Dercon, Q., & Harrison, P. J. (2021). Six-month sequelae of post-vaccination SARS-CoV-2 infection: a retrospective cohort study of 10,024 breakthrough infections. *MedRxiv*, 2021. Published online October 28, 2021. doi: https://doi.org/10.1101/2021.10.26.21265508
- 147. Bozio CH, Grannis SJ, Naleway AL, et al. Laboratory-confirmed COVID-19 among adults hospitalized with COVID-19-Like Illness with infection-induced or mRNA vaccine-induced SARS-CoV-2 immunity—Nine states, January-September 2021. *MMWR Morb Mortal Wkly Rep.* 2021;70(44):1539-1544. doi: http://dx.doi.org/10.15585/mmwr.mm7044e1
- 148. Ben-Tov A, Banon T, Chodick G, et al. BNT162b2 messenger RNA COVID-19 vaccine effectiveness in patients with inflammatory bowel disease: Preliminary rea-world data during mass vaccination campaign. *Gastroenterology.* 2021;161(5):1715-1717. doi: https://doi.org/10.1053/j.gastro.2021.06.076
- Abu-Raddad L, Chemaitelly H, Ayoub HH, et al. Association of prior SARS-CoV-2 infection with risk of breakthrough infection following mRNA vaccination in Qatar. *JAMA*. Published online November 1, 2021. doi:10.1001/jama.2021.19623





- 150. Mhawish H, Mady A, Alaklobi F, et al. Comparison of severity of immunized versus non-immunized COVID-19 patients admitted to ICU: A prospective observational study. *Ann Med Surg*. Published online October 15, 2021. doi: https://doi.org/10.1016/j.amsu.2021.102951
- 151. Macchia A, Ferrante D, Angeleri P, et al. Evaluation of a COVID-19 Vaccine Campaign and SARS-CoV-2 Infection and Mortality Among Adults Aged 60 Years and Older in a Middle-Income Country. *JAMA Netw Open*. 2021;4(10):e2130800. doi:10.1001/jamanetworkopen.2021.30800
- 152. Elliott P, Haw D, Wang H, et al. Exponential growth, high prevalence of SARS-CoV-2, and vaccine effectiveness associated with the Delta variant. *Science*. 2021 Nov 2;eabl9551. doi: 10.1126/science.abl9551.
- Acharya S, Mahindra G, Nirala P, et al. Protection offered by COVID-19 vaccines in reducing SARS-CoV-2 infection frequency; severity and mortality, among Indian Healthcare Workers: Multi-center, pan-Fortis study. *Research Square*. Published online 2021 November 8. doi: 10.21203/rs.3.rs-1055978/v1
- 154. Gardner BJ & Kilpatrick AM. Third doses of COVID-19 vaccines reduce infection and transmission of SARS-CoV-2 and could prevent future surges in some populations: a modeling study. *medRxiv*. Published online 2021 November 4. doi: 10.1101/2021.10.25.21265500
- 155. Bergwerk M, Gonen T, Lustig Y, et al. Covid-19 breakthrough infections in vaccinated health care workers. *NEJM*. 2021;385:1474-1484. doi: 10.1056/NEJMoa2109072
- 156. Singanayagam A, Hakki S, Dunning J, et al. Community transmission and viral load kinetics of the SARS-CoV-2 delta (B.1.617.2) variant in vaccinated and unvaccinated individuals in the UK: a prospective, longitudinal, cohort study. *The Lancet Infectious Diseases*. Published online 2021 October 28. doi:10.1016/s1473-3099(21)00648-4
- 157. Rosero-Bixby L. Vaccine effectiveness of Pfizer-BioNTech and Oxford-AstraZeneca to prevent severe COVID-19 in Costa Rica by September and October 2021: A nationwide, observational study of hospitalisations prevalence. *medRxiv*. Published online 2021 November 9. doi:10.1101/2021.11.08.21266087.
- 158. Niessen AF, Knol MJ, Hahne SJ, Bonten MJ, Bruijning-Verhagen PP. Vaccine effectiveness against COVID-19 related hospital admission in the Netherlands: a test-negative case-control study. *medRxiv* Published online 2021 November 10. doi:10.1101/2021.11.09.21266060.
- 159. Cohen K, Islam N, Jarvis MS, et al. Comparative Efficacy over time of the mRNA-1273 (Moderna) vaccine and the BNT162b2 (Pfizer-BioNTech) vaccine. *Research Square*. Published online 2021 November 12. doi: https://doi.org/10.21203/rs.3.rs-1071804/v1.
- 160. Robilotti EV, Whiting K, Lucca A, et al. Clinical and genomic characterization of SARS CoV-2 infections in mRNA vaccinated health care personnel in New York City. *Clin Infect Dis*. Published online 2021 October 13. doi: https://doi.org/10.1093/cid/ciab886
- 161. Maltezou HC, Panagopoulos P, Sourri F, et al. COVID-19 vaccination significantly reduces morbidity and absenteeism among healthcare personnel: A prospective multicenter study. *Vaccine*. Published online 2021 October 30. doi: https://doi.org/10.1016/j.vaccine.2021.10.054





- 162. Starrfelt J, Buanes EA, Juvet LK, et al. Age and product dependent vaccine effectiveness against SARS-CoV-2 infection and hospitalisation among adults in Norway: a national cohort study, January-September 2021. *medRxiv*. Published online 2021 November 12. doi: 10.1101/2021.11.12.21266222
- National Centre for Immunisation Research and Surveillance (NCIRS). IN FOCUS Report: Vaccination among COVID-19 cases in the NSW Delta outbreak, Reporting period: 16 June to 7 October 2021. NSW Ministry of Health. Published online 2021 November. Available at: https://www.health.nsw.gov.au/Infectious/covid-19/Documents/in-focus/covid-19-vaccination-case-surveillance-051121.pdf
- Texas Department of State Health Services. COVID-19 cases and deaths by vaccination status. Texas Health and Human Services. Published online 2021 November 8. Available at: https://www.dshs.texas.gov/immunize/covid19/data/Cases-and-Deaths-by-Vaccination-Status-11082021.pdf
- Narayan P, Kumar S, Mohan M, et al. Uptake and impact of vaccination against COVID-19 among healthcare workers evidence from a multicentre study. *Am J Infect Control*. Published online 2021 November 11. doi: https://doi.org/10.1016/j.ajic.2021.10.036
- 166. Bianchi FP, Tafuri S, Migliore G, et al. BNT162b2 mRNA COVID-19 vaccine effectiveness in the prevention of SARS-CoV-2 infection and symptomatic disease in five-month follow-up: A retrospective study. *Vaccines*. 2021 9(10):1143. doi: https://doi.org/10.3390/vaccines9101143
- Bhatnagar T, Chaudhari S, Manickam P, et al. Effectiveness of BBV152/Covaxin and AZD1222/Covishield Vaccines Against Severe COVID-19 and B.1.617.2/Delta Variant in India, 2021: A Multi-Centric Hospital-Based Case-Control Study. SSRN, Published 2021 November 11. doi: http://dx.doi.org/10.2139/ssrn.3955739
- 168. Abu-Raddad LJ, Chemaitelly H, Ayoub HH, et al. Protection offered by mRNA-1273 versus BNT162b2 vaccines against SARS-CoV-2 infection and severe COVID-19 in Qatar. 2021. *medRxiv*. Published online 2021 November 13. doi:10.1101/2021.11.12.21266250.
- 169. Lan F-Y, Sidossis A, Iliaki E, et al. Continued Effectiveness of COVID-19 Vaccination among Urban Healthcare Workers during Delta Variant Predominance. *medRxiv*. Published online 2021 November 16. doi:10.1101/2021.11.15.21265753.
- 170. Prieto-Alhambra D, Hermosilla E, Coma E, et al. Comparative effectiveness and safety of homologous two-dose ChAdOx1 versus heterologous vaccination with ChAdOx1 and BNT162b2: a cohort analysis. *Research Square*. Published online 2021 November 18. doi: 10.21203/rs.3.rs-1074858/v1
- 171. Pascucci D, Nurchis MC, Sapienza M, et al. Evaluation of the Effectiveness and Safety of the BNT162b2 COVID-19 Vaccine in the Vaccination Campaign among the Health Workers of Fondazione Policlinico Universitario Agostino Gemelli IRCCS. International Journal of Environmental Research and Public Health. 2021; 18(21):11098. https://doi.org/10.3390/ijerph182111098.
- Naleway AL, Groom HC, Crawford PM, et al. Incidence of SARS-CoV-2 infection, emergency department visits, and hospitalizations because of COVID-19 among persons aged ≥12 years, by COVID-19 vaccination status Oregon and Washington, July 4-September 25, 2021. MMWR Morb Mortal Wkly. 2021;70:1608-1612. http://dx.doi.org/10.15585/mmwr.mm7046a4.





- 173. Dashkevich AM, Vysotskaya VS, Hlinskaya IN, et al. COVID-19 in the Republic of Belarus: pandemic features and the interim safety and efficacy assessment of the Gam-COVID-Vac vaccine. *medRxiv*. Published online 2021 November 16. doi: 10.1101/2021.11.15.21265526.
- 174. Iskander J, Frost J, Russell S, et al. Effectiveness of vaccination against reported SARS-CoV-2 infection in United States Coast Guard personnel between May and August 2021: A time-series analysis. *medRxiv*. Published online 2021 November 21. doi: 10.1101/2021.11.19.21266537.
- 175. Clifford S, Waight P, Hackman J, et al. Effectiveness of BNT162b2 and ChAdOx1 against SARS-Cov-2 household transmission: a prospective cohort study in England. *medRxiv*. Published online 2021 November 24. doi: 10.1101/2021.11.24.21266401.
- 176. Lippi G & Mattiuzzi C. Primary COVID-19 vaccine cycle and booster doses efficacy: analysis of Italian nationwide vaccination campaign.

  \*Research Square\*\*. Published online November 30, 2021. doi: 10.21203/rs.3.rs-1116534/v1
- 177. Grant R, Charmet T, Schaeffer L, et al. Impact of SARS-CoV-2 Delta variant on incubation, transmission settings and vaccine effectiveness: Results from a nationwide case-control study in France. *The Lancet Regional Health Europe.* 2021; 00; 100278. Published online November 25, 2021. doi: 10.1016/j.lanepe.2021.100278.
- 178. Kläser K, Molteni E, Graham M, et al. COVID-19 due to the B.1.617.2 (Delta) variant compared to B.1.1.7 (Alpha) variant of SARS-CoV-2: two prospective observational cohort studies. *medRxiv*. Published online 2021 November 26. doi: 10.1101/2021.11.24.21266748v1.
- 179. Dickerman BA, Gerlovin H, Madenci AL, et al. Comparative Effectiveness of BNT162b2 and mRNA-1273 Vaccines in U.S. Veterans. *N Engl J Med.* Published online 2021 December 1. doi: 10.1056/NEJMoa2115463.
- 180. Borges MC, Palacios R, Brango HA, et al. Projeto S: A stepped-wedge randomized trial to assess CoronaVac effectiveness in Serrana, Brazil. SSRN. Published online 2021 November 29. doi: http://dx.doi.org/10.2139/ssrn.3973422
- 181. Reischig T, Kacer M, Vlas T, et al. Insufficient response to mRNA SARS-CoV-2 vaccine and high incidence of severe COVID-19 in kidney transplant recipients during pandemic. *Am J Transplant*. Published online 2021 December 3. doi: 10.1111/ajt.16902
- 182. Goldberg Y, Mandel M, Bar-On YM, et al. Protection and waning of natural and hybrid COVID-19 immunity. *medRxiv*. Published online 2021 December 5. doi: 10.1101/2021.12.04.21267114.
- 183. Coburn SB, Humes E, Lang R, et al. COVID-19 infections post-vaccination by HIV status in the United States. *medRxiv*. Published online 2021 December 6. doi: 10.1101/2021.12.02.21267182
- 184. Björk J, Bonander C, Moghaddassi M, et al.. Surveillance of COVID-19 vaccine effectiveness a real-time case-control study in southern Sweden. *medRxiv*. Published online 2021 December 9. doi:10.1101/2021.12.09.21267515.
- 185. Volkov O. Predicted Symptomatic Effectiveness of Pfizer-BioNTech BNT162b2 Vaccine Against Omicron Variant of SARS-CoV-2. *medRxiv*. Published online 2021 December 11. doi:10.1101/2021.12.09.21267556.
- 186. Kshirsagar M, Mukherjee S, Nasir M, Becker N, Lavista Ferres JM, Richardson B. Risk of hospitalization and mortality after breakthrough SARS-CoV-2 infection by vaccine type and previous SARS-CoV-2 infection utilizing medical claims data. *medRxiv*. Published online 2021 December 09. doi:10.1101/2021.12.08.21267483.





- 187. Naranbhai V, Garcia-Beltran WF, Chang CC, et al. Comparative immunogenicity and effectiveness of mRNA-1273, BNT162b2 and Ad26.COV2.S COVID-19 vaccines. *The Journal of Infectious Diseases*. Published online 2021 December 09. doi:10.1093/infdis/jiab593.
- 188. Levin-Rector A, Firestein L, Mcgibbon E, et al.. Reduced Odds of SARS-CoV-2 Reinfection after Vaccination among New York City Adults, June–August 2021. *medRxiv*. Published online 2021 December 11. doi:10.1101/2021.12.09.21267203.
- 189. Garjani A, Patel S, Bharkhada D, et al. Impact of mass vaccination on SARS-CoV-2 infections among multiple sclerosis patients taking immunomodulatory disease-modifying therapies in England. *Mult Scler Relat Disord*. 2021 Dec 5;57:103458. doi: 10.1016/i.msard.2021.103458.
- 190. Xie, J., Feng, et al. Comparative effectiveness of the BNT162b2 vs ChAdOx1 vaccine against Covid-19. medRxiv. Published online 2021 December 21. Doi: https://doi.org/10.1101/2021.12.18.21268039
- 191. Varrelman, T. J., Rader, B., Astley, C. M., & Brownstein, J. S. (2021). Syndromic Surveillance-Based Estimates of Vaccine Efficacy Against COVID-Like Illness from Emerging Omicron and COVID-19 Variants. *MedRxiv*, Published online 2021 December 18. doi: https://doi.org/10.1101/2021.12.17.21267995
- 192. Demongeot, J., Griette, Q., Magal, P., & Webb, G. F. (2021). Vaccine efficacy for COVID-19 outbreak in New York City. *MedRxiv*, Published online 2021 December 22. doi: https://doi.org/10.1101/2021.12.18.21268024
- 193. Manley, H. J., Aweh, G. N., Hsu, C. M., Weiner, D. E., Miskulin, D., Harford, A. M., Johnson, D., & Lacson, E. K. (2021). SARS-CoV-2 vaccine effectiveness and breakthrough infections in maintenance dialysis patients. *MedRxiv*, Published online 2021 December 21. doi: https://doi.org/10.1101/2021.12.20.21268124
- 194. Eggink, D., Andeweg, S. P., Vennema, H., (2021). Increased risk of infection with SARS-CoV-2 Omicron compared to Delta in vaccinated and previously infected individuals, the Netherlands, 22 November to 19 December 2021. *Eurosurveillance* Published online 2022 January 27. doi:10.2807/1560-7917.es.2022.27.4.2101196.
- 195. Chadeau-Hyam, M., Eales, O., Bodinier. REACT-1 round 15 final report: Increased breakthrough SARS-CoV-2 infections among adults who had received two doses of vaccine, but booster doses and first doses in children are providing important protection. *MedRxiv*. Published online 2021 December 16.doi: https://doi.org/10.1101/2021.12.14.21267806
- 196. Chico-Sánchez P, Gras-Valenti P, Algado-Sellés N, et al. Efectividad de la vacuna BNT162b2 para prevenir la COVID-19 en personal sanitarioEffectiveness of BNT162b2 vaccine to preventing COVID-19 in healthcare personnel. *Gac Sanit*. Published online 2021 November 26.doi: https://doi.org/10.1016/j.gaceta.2021.11.003.
- 197. Ferguson N, Ghani A, Cori A, et al. Report 49: Growth, population distribution and immune escape of Omicron in England. Imperial College London (16-12-2021). Published online 2021 December 16. doi: https://doi.org/10.25561/93038.
- 198. Ngyen L B L, Bauer R, Lesieur Z, et al. Vaccine effectiveness against COVID-19 hospitalization in adults in France: A test negative case control study. Infect Dis Now. Published online 2021 December 14. doi. https://doi.org/10.1016/j.idnow.2021.12.002.
- 199. Elliott P, Bodinier B, Eales O, et al. Rapid increase in Omicron infections in England during December 2021: REACT-1 study. *MedRxiv*. Published online 2021 December 24. doi: https://doi.org/10.1101/2021.12.22.21268252.





- 200. Nguyen V G, Yavlinsky A, Beale S, et al. Comparative effectiveness of ChAdOx1 versus BNT162b2 vaccines against SARS-CoV-2 infections in England and Wales: A cohort analysis using trial emulation in the Virus Watch community data. *MedRxiv*. Published online 2021 December 23. doi: https://doi.org/10.1101/2021.12.21.21268214.
- 201. Drawz P E, DeSilva M, Bodurtha P, et al. Effectiveness of BNT162b2 and mRNA-1273 Second Doses and Boosters for SARS-CoV-2 infection and SARS-CoV-2 Related Hospitalizations: A Statewide Report from the Minnesota Electronic Health Record Consortium.

  MedRxiv. Published online 2022 January 10. doi: https://doi.org/10.1101/2021.12.23.21267853
- Tabak Y P, Sun X, Brennan T, et al. Incidence and Estimated Vaccine Effectiveness Against Symptomatic SARS-CoV-2 Infection Among Persons Tested in US Retail Locations, May 1 to August 7, 2021. *JAMA Netw Open*. 2021;4(12):e2143346. doi:10.1001/jamanetworkopen.2021.43346.
- 203. Lev-Tzion R, Focht G, Lujan R, et al. COVID-19 vaccine is effective in inflammatory bowel disease patients and is not associated with disease exacerbation. *Clin Gastroenterol Hepatol*. Published online 2021 December 16. doi: https://doi.org/10.1016/j.cgh.2021.12.026
- 204. Coggiola M, Clemente G, Frammartino R, et al. SARS-CoV-2 infection: efficacy of extensive vaccination of the healthcare workforce in a large Italian hospital. *Med Lav.* 2021;112(6):465-76. doi: https://doi.org/10.23749/mdl.v112i6.12124
- 205. Yamamoto S, Maeda K, Matsuda K, et al. COVID-19 breakthrough infection and post-vaccination neutralizing antibody among healthcare workers in a referral hospital in Tokyo: a case-control matching study. *Clin Infect Dis.* Published online 2021 December 24. doi: https://doi.org/10.1093/cid/ciab1048
- 206. Pletz MW, Trommer S, Kolanos S, et al. Group vaccination five days before a COVID-19 outbreak in a long-term care facility. *Vaccines*. 2021;9(12):1450. doi: https://doi.org/10.3390/vaccines9121450
- 207. Hitchings MDT, Ranzani OT, Lind ML, et al. Change in COVID-19 risk over time following vaccination with CoronaVac: A test-negative case-control study. *medRxiv*. Published online 2021 December 24. doi: https://doi.org/10.1101/2021.12.23.21268335
- 208. Suah, J L, Tok P S K, Ong S M, et al. PICK-ing Malaysia's Epidemic Apart: Effectiveness of a Diverse COVID-19 Vaccine Portfolio. *Vaccines* 2021, 9, 1381. https://doi.org/10.3390/vaccines9121381.
- Tuite A, Nelson L, Fisman D. Timing of Breakthrough Infection Risk After Vaccination Against SARS-CoV-2. *medRxiv*. Published online 2022 January 05. doi: https://doi.org/10.1101/2022.01.04.22268773.
- 210. Mattiuzzi C & Lippi G. COVID-19 vaccination is highly effective to prevent SARS-CoV-2 circulation. *Research Square*. Published online 2022 January 5. doi: https://doi.org/10.21203/rs.3.rs-1227382/v1
- 211. Premikha M, Chiew CJ, Wei WE, et al. Comparative effectiveness of mRNA and inactivated whole virus vaccines against COVID-19 infection and severe disease in Singapore. SSRN. Published online 2022 January 5. doi: http://dx.doi.org/10.2139/ssrn.3995282
- 212. Kuodi P, Gorelik Y, Zayyad H, et al. Association between vaccination status and reported incidence of post-acute COVID-19 symptoms in Israel: a cross-sectional study of patients infected between March 2020 and November 2021. *medRxiv*. Published online 2022 January 6. doi: https://doi.org/10.1101/2022.01.05.22268800





- 213. Simon MA, Luginbuhl RD, Parker R. Reduced incidence of long-COVID symptoms related to administration of COVID-19 vaccines both before COVID-19 diagnosis and up to 12 weeks after. *medRxiv*. Published online 2021 November 18. doi: https://doi.org/10.1101/2021.11.17.21263608
- 214. Wisnivesky JP, Govindarajulu U, Bagiella E et al. Association of vaccination with the persistence of post-COVID symptoms. *SSRN*. Published online 2021 October 5. doi: http://dx.doi.org/10.2139/ssrn.3936501
- 215. Choe YJ, Yi S, Hwang I et al. Safety and effectiveness of BNT162b2 mRNA Covid-19 vaccine in adolescents. *Vaccine*. Published online 2021 December 24. doi: https://doi.org/10.1016/j.vaccine.2021.12.044
- 216. Shmuelian Z, Warszawer Y, Or O, et al. BNT162b2 post-exposure-prophylaxis against COVID-19. *medRxiv*. Published online 2022 January 8. doi: https://doi.org/10.1101/2022.01.07.22268869
- 217. Lippi G, Mattiuzzi C, Henry BM. Real-world analysis of age-dependent efficacy of COVID-19 vaccination. *Research Square*. Published online 2022 January 12. doi: 10.21203/rs.3.rs-1248612/v1
- 218. Aslam S, Liu J, Sigler R, et al. COVID-19 vaccination is protective of clinical disease in solid organ recipients. Transpl Infect Dis. Published online 2022 January 5. doi: https://doi.org/10.1111/tid.13788
- 219. Callaghan C, Mumford L, Curtis RMK, et al. Effectiveness of the Pfizer-BioNTech BNT162b2 and Oxford-AstraZeneca ChAdOx1-S vaccines against SARS-CoV-2 in solid organ and islet transplant recipients. *Transplantation*. Published online 2022 January 4. doi: 10.1097/TP.0000000000004059
- 220. Mielke N, Johnson S, Bahl A. Fully vaccinated and boosted patients requiring hospitalization for COVID-19: an observational cohort analysis. *medRxiv*. Published online 2022 January 5. doi: https://doi.org/10.1101/2022.01.05.22268626
- 221. Reynolds MW, Secora A, Joules A, et al. Evaluating real-world COVID-19 vaccine effectiveness using a test-negative case-control design. *medRxiv*. Published online 2022 January 6. doi: https://doi.org/10.1101/2022.01.06.22268726
- 222. Zheutlin A, Ott M, Sun R, et al. Durability of protection against COVID-19 breakthrough infections and severe disease by vaccines in the United States. *medRxiv*. Published online 2022 January 6. doi: https://doi.org/10.1101/2022.01.05.22268646
- 223. Gaio V, Silva A, Amaral P, et al. COVID-19 vaccine effectiveness among healthcare workers in Portugal: results from a hospital-based cohort study, December 2020 to November 2021. *medRxiv*. Published online 2022 January 7. doi: https://doi.org.10.1101/2022.01.07.22268889
- 224. Ioannou G, Locke E, Green P, et al. Comparison of Moderna versus Pfizer-Biontech COVID-19 vaccine outcomes: A target-trial emulation study in the US Veterans Affairs Healthcare System. *SSRN*. Published online 2022 January 7. doi: http://dx.doi.org/10.2139/ssrn.4003207
- 225. Rifai A, Wahono CS, Pratama MZ, et al. Association between the effectiveness and immunogenicity of inactivated SARS-CoV-2 vaccine (CoronaVac) with the presence of hypertension among health care workers. *Clin Exp Hypertens*. 2022 Jan 7;1-7. doi: 10.1080/10641963.2021.2022687





- 226. Bosetti, P., Tran Kiem, C. et al. Impact of booster vaccination on the control of COVID-19 Delta wave in the context of waning immunity: application to France in the winter 2021/22. *Eurosurveillance*. Published online 2022 January 6. doi: https://doi.org/10.2807/1560-7917.es.2022.27.1.2101125
- 227. Grgič Vitek, M., Klavs, I,et al.Vaccine effectiveness against severe acute respiratory infections (SARI) COVID-19 hospitalisations estimated from real-world surveillance data, Slovenia, October 2021. *Eurosurveillance*. Published online 2022 January 6. doi: https://doi.org/10.2807/1560-7917.es.2022.27.1.2101110
- 228. Lyngse FP, Molbak K, Denwood M, et al. Effect of vaccination on household transmission of SARS-CoV-2 Delta VOC. *medrxiv*. Published online 2022 January 6. doi: https://doi.org/10.1101/2022.01.06.22268841
- 229. Bell S, Campbell J, Lambourg E, et al. The Impact of Vaccination on Incidence and Outcomes of SARS-CoV-2 Infection in Patients with Kidney Failure in Scotland. *Journal of the American Society of Nephrology*. Published online 2022 February 2. doi:10.1681/asn.2022010046.
- 230. Malhotra S, Mani K, Lodha R, et al. SARS-CoV-2 Reinfection Rate and Estimated Effectiveness of the Inactivated Whole Virion Vaccine BBV152 Against Reinfection Among Health Care Workers in New Delhi, India. *JAMA Netw Open*. Published online 2022 January 7. doi:10.1001/jamanetworkopen.2021.42210.
- 231. Mazus, Alexey and Gushchin, Vladimir A. and Tsyganova, Elena V. and Ogarkova, Darya A. and Adgamov, Ruslan R. and Shcheblyakov, Dmitry V. and Glukhoedova, Nataliia V. and Zhilenkova, Aleksandra and Kolotii, Alexey G. and Zaitsev, Roman D. and Logunov, Denis Y. and Gintsburg, Alexander L., Sputnik V Protection from COVID-19 of HIV-Infected Individuals Under Art. Published online 2021 October 25. Available at SSRN: https://ssrn.com/abstract=3949413 or http://dx.doi.org/10.2139/ssrn.3949413.
- New York State Department of Health. Pediatric COVID-19 update: January 7, 2022. Published online 2022 January 7. https://health.ny.gov/press/releases/2022/docs/pediatric\_covid-19\_hospitalization\_report.pdf.
- 233. León TM, Dorabawila V, Nelson L, et al. COVID-19 Cases and Hospitalizations by COVID-19 Vaccination Status and Previous COVID-19 Diagnosis California and New York, May—November 2021. *MMWR Morb Mortal Wkly Rep*. Published online 2022 January 19. DOI: http://dx.doi.org/10.15585/mmwr.mm7104e1external icon
- 234. Amodia E, Vella G et al. Effectiveness of mRNA COVID-19 Vaccination Against SARS-CoV-2 Infection and COVID-19 Disease in Sicily Over an Eight-Month Period. SSRN. Published online 2022 January 13. doi: <a href="https://dx.doi.org/10.2139/ssrn.4001786">http://dx.doi.org/10.2139/ssrn.4001786</a>
- John, B.V., Deng, Y., Schwartz, K.B., Taddei, T.H., Kaplan, D.E., Martin, P., Chao, H.-H. and Dahman, B. (2022), Post-Vaccination COVID-19 Infection is Associated with Reduced Mortality in Patients With Cirrhosis. *Hepatology*. Published online 2022 January 12. doi: <a href="https://doi.org/10.1002/hep.32337">https://doi.org/10.1002/hep.32337</a>
- 236. Sultan I, Tbakhi A, Abuatta O et al. Distinct Vaccine Efficacy Rates Among Health Care Workers During a COVID-19 Outbreak in Jordan. *medRxiv.* Published online 2022 January 16. doi: https://doi.org/10.1101/2022.01.15.22269356
- 237. Brunner-Ziegler, S., Spath, T., Kornek, G., König, F., Parschalk, B., Schnetzinger, M., Straßl, R. P., Savic, R., Foit, A., Resch, H., & Thalhammer, F. (2022). Postvaccination infections among staff of a tertiary care hospital after vaccination with severe acute





- respiratory syndrome coronavirus 2 vector and mRNA-based vaccines. *Clinical Microbiology and Infection*. Published online 2021 December 13. doi: https://doi.org/10.1016/j.cmi.2021.11.023
- 238. Stock, S.J., Carruthers, J., Calvert, C. *et al.* SARS-CoV-2 infection and COVID-19 vaccination rates in pregnant women in Scotland. *Nat Med.* Published online 2022 January 13. doi: https://doi.org/10.1038/s41591-021-01666-2
- 239. Naleway, AL, Grant, L, Caban-Martinez, AJ, et al. Incidence of SARS-CoV-2 infection among COVID-19 vaccinated and unvaccinated healthcare personnel, first responders, and other essential and frontline workers: Eight US locations, January–September 2021. *Influenza Other Respi Viruses*. Published online 2022 January 13 doi:10.1111/irv.12956
- 240. Puranik A, Lenehan PJ, Silvert E, et al. Comparative effectiveness of mRNA-1273 and BNT162b2 against symptomatic SARS-CoV-2 infection. *Med (N Y)*. Published online 2022 January 14. doi:10.1016/j.medj.2021.12.002
- 241. Keegan LT, Truelove S, Lessler J. Analysis of Vaccine Effectiveness Against COVID-19 and the Emergence of Delta and Other Variants of Concern in Utah. *JAMA Netw Open*. Published online 2021 December 23. doi:10.1001/jamanetworkopen.2021.40906
- 242. Kislaya I, Rodrigues EF, Borges V, Gomes JP, Sousa C, Almeida JP, et al. Comparative effectiveness of coronavirus vaccine in preventing breakthrough infections among vaccinated persons infected with Delta and Alpha variants. *Emerg Infect Dis*. Published online 2021 December 07.doi: https://doi.org/10.3201/eid2802.211789
- 243. Serrano-Coll, H., Miller, H., Guzmán, C. et al. Effectiveness of the CoronaVac® vaccine in a region of the Colombian Amazon, was herd immunity achieved? *Trop Dis Travel Med Vaccines*. Published online 2022 January 15 https://doi.org/10.1186/s40794-021-00159-x
- 244. UK Health Security Agency (UKHSA). SARS-CoV-2 variants of concern and variants under investigation in England: Technical briefing 34. "Update on the SARS-CoV-2 Immunity and Reinfection Evaluation in healthcare workers (SIREN) study." Published online 2022 January 14. Available from: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\_data/file/1048395/technical-briefing-34-14-january-2022.pdf.
- 245. Lewnard J A, Hong V X, Patel M M, et al. Clinical outcomes among patients infected with Omicron (B.1.1.529) SARS-CoV-2 variant in southern California. *medRxiv*. Published online 2022 January 11. doi: https://doi.org/10.1101/2022.01.11.22269045.
- 246. Hussey H, Davies M, Heekes A, et al. Assessing the clinical severity of the Omicron variant in the Western Cape Province, South Africa, using the diagnostic PCR proxy marker of RdRp target delay to distinguish between Omicron and Delta infections a survival analysis. *medRxiv*. Published online 14 January 2022. doi: <a href="https://doi.org/10.1101/2022.01.13.22269211">https://doi.org/10.1101/2022.01.13.22269211</a>.
- Nguyen, M., Paul, E., Mills, P. K., & Paul, S.. (2022). Risk of COVID-19 Reinfection and Vaccine Breakthrough Infection, Madera County, California, *MedRxiv*. Published online 2022 January 23. doi: https://doi.org/10.1101/2022.01.22.22269105
- 248. Wang L, Davis PB, Kaelber DC, Volkow ND, Xu R. Comparison of mRNA-1273 and BNT162b2 Vaccines on Breakthrough SARS-CoV-2 Infections, Hospitalizations, and Death During the Delta-Predominant Period. *JAMA*. Published online January 20, 2022. doi:10.1001/jama.2022.0210





- 249. Hu Z, Tao B, Li Z, et al.. Effectiveness of inactivated COVID-19 vaccines against severe illness in B.1.617.2 (Delta) variant-infected patients in Jiangsu, China. *International Journal of Infectious Diseases*. Published online 2022 January 13. doi:10.1016/i.ijid.2022.01.030.
- 250. Abu-Raddad LJ, Chemaitelly H, Bertollini R. Effectiveness of mRNA-1273 and BNT162b2 Vaccines in Qatar. *New England Journal of Medicine*. Published online 2022 January 20. doi:10.1056/nejmc2117933.
- 251. Chadeau-Hyam M, Wang H, Eales O, et al. SARS-CoV-2 infection and vaccine effectiveness in England (REACT-1): a series of cross-sectional random community surveys. *The Lancet Respiratory Medicine*. Published online 2022 January 24. doi:10.1016/s2213-2600(21)00542-7.
- 252. Rahman S, Rahman MM, Miah M, et al. COVID-19 reinfections among naturally infected and vaccinated individuals. *Scientific Reports*. Published online 2022 January 26. doi:10.1038/s41598-022-05325-5.
- 253. Quach C, Blanchard AC, Lamarche J, Audy N, Lamarre V. Should healthcare workers with SARS-CoV-2 household exposures work? A Cohort Study. *MedRxiv*. Published online 2022 January 24 doi:10.1101/2022.01.23.22269719.
- 254. Cocchio S, Zabeo F, Facchin G, et al. The Effectiveness of a Diverse COVID-19 Vaccine Portfolio and Its Impact on the Persistence of Positivity and Length of Hospital Stays: The Veneto Region's Experience. *Vaccines*. 2022;10(1):107. doi:10.3390/vaccines10010107.
- 255. Smoliga, James M., Comparison of Estimated Relative Risk for Symptomatic Infection of Alpha, Delta, and Omicron Variants of SARS-CoV-2 Following Two-Dose versus Three-Dose (Booster) Vaccine Series. Published online January 19, 2022. Available at SSRN: <a href="https://ssrn.com/abstract=4012890">https://ssrn.com/abstract=4012890</a> or <a href="https://dx.doi.org/10.2139/ssrn.4012890">https://dx.doi.org/10.2139/ssrn.4012890</a>
- 256. Peralta-Santos A, Rodrigues EF, Moreno J, et al. Omicron (BA.1) SARS-CoV-2 variant is associated with reduced risk of hospitalization and length of stay compared with Delta (B.1.617.2). *MedRxiv*. Published online 2022 January 25. doi:10.1101/2022.01.20.22269406.
- 257. Rodrigues EF, Moreno J, Leite PP, et al. B.1.617.2 SARS-CoV-2 (Delta) variant is associated with increased risk of hospitalization and death compared with B.1.1.7 SARS-CoV-2 (Alpha) variant. *MedRxiv*. Published online 2022 January 23. doi:10.1101/2022.01.21.22268602.
- 258. Goldhaber-Fiebert JD, Prince L, Chin ET, et al. Waning of Vaccine-Conferred Protection against SARS-CoV-2 Infection: Matched Case-Control Test-Negative Design Study in Two High-Risk Populations. *MedRxiv*. Published online 2022 January 23. doi:10.1101/2022.01.21.22269664.
- 259. Malhotra S, Mani K, Lodha R, et al. Effectiveness of BBV152 vaccine against SARS-CoV-2 infections, hospitalizations, and deaths among healthcare workers in the setting of high delta variant transmission in New Delhi, India. *MedRxiv*. Published online 2022 January 24. doi:10.1101/2022.01.22.22269701.
- 260. Murata GH, Murata AE, Campbell HM, Mao JT. ESTIMATING THE EFFECT OF VACCINATION ON THE CASE-FATALITY RATE FOR COVID-19. MedRxiv. Published online 2022 Juanuary 23. doi:10.1101/2022.01.22.22269689.
- 261. Barchuk A, Bulina A, Cherkashin M, et al. COVID-19 vaccines effectiveness against symptomatic SARS-CoV-2 Delta variant infection: a population-based case-control study in St. Petersburg, Russia. MedRxiv. Published online 2022 January 24. doi:10.1101/2022.01.24.22269714.





- 262. Mirahmadizadeh A, Heiran A, Lankarani KB, et al. "Effectiveness of COVID-19 Vaccines in preventing Infectiousness, Hospitalization and Mortality: A Historical Cohort Study Using Iranian Registration Data During Vaccination program". MedRxiv. Published online 2022 January. doi:10.1101/2022.01.18.22269330.
- Agbarya A, Sarel I, Ziv-Baran T, et al. Efficacy of the mRNA-Based BNT162b2 COVID-19 Vaccine in Patients with Solid Malignancies Treated with Anti-Neoplastic Drugs. *Cancers*. Published online 2021 August 20. doi:10.3390/cancers13164191.
- 264. Bliznashki S. A Cross-Country Analysis of the Effectiveness of COVID-19 Vaccines in Reducing Mortality Rates within the EU. MedRxiv. Published online 2022 January 23. doi:10.1101/2022.01.23.22269604.
- 265. Farah Z, Haddad N, Abou El-Naja H, Saleh M, Mrad P, Ghosn N. Effectiveness of Pfizer-BioNTech Vaccine Against COVID-19 Associated Hospitalizations among Lebanese Adults ≥75 years- Lebanon, April-May 2021. MedRxiv. Published online 2022 January 24. doi:10.1101/2022.01.19.22269514.
- 266. Accorsi EK, Britton A, Fleming-Dutra KE, et al. Association Between 3 Doses of mRNA COVID-19 Vaccine and Symptomatic Infection Caused by the SARS-CoV-2 Omicron and Delta Variants. *JAMA*. Published online January 21, 2022. doi:10.1001/jama.2022.0470
- 267. Johnson AG, Amin AB, Ali AR, et al. COVID-19 Incidence and Death Rates Among Unvaccinated and Fully Vaccinated Adults with and Without Booster Doses During Periods of Delta and Omicron Variant Emergence 25 U.S. Jurisdictions, April 4–December 25, 2021. MMWR Morb Mortal Wkly Rep Published online 2022 January 21. DOI: http://dx.doi.org/10.15585/mmwr.mm7104e2.
- 268. Maeda H, Saito N, Igarishi A, et al Effectiveness of mRNA COVID-19 vaccines against symptomatic SARS-CoV-2 infections during the Delta variant epidemic in Japan: Vaccine Effectiveness Real-time Surveillance for SARS-CoV-2 (VERSUS). MedRxiv. Published online 2022 January 23. https://doi.org/10.1101/2022.01.17.22269394.
- 269. UK Office for National Health Statistics. Self-reported long COVID after two doses of a coronavirus (COVID-19) vaccine in the UK: 26
  January 2022. Published online 2022 January 26.
  https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/conditionsanddiseases/bulletins/selfreportedlongcovidaftertwodosesofacoronaviruscovid19vaccineintheuk/26january2022.
- 270. Corrao G, Franchi M, Cereda D, et al. Persistence of protection against SARS-CoV-2 clinical outcomes up to 9 months since vaccine completion: a retrospective observational analysis in Lombardy, Italy. *Lancet Infect Dis.* Published online 2022 January 27. doi: https://doi.org/10.1016/S1473-3099(21)00813-6
- 271. Veneti L, Bøås H, Bråthen Kristoffersen A, et al. Reduced risk of hospitalisation among reported COVID-19 cases infected with the SARS-CoV-2 Omicron BA.1 variant compared with the Delta variant, Norway, December 2021 to January 2022. *Eurosurveillance*. Published online 2022 January 27. doi:10.2807/1560-7917.es.2022.27.4.2200077.
- 272. Kislaya, I., PERALTA SANTOS, A., Borges, V et al.Comparative complete scheme and booster effectiveness of COVID-19 vaccines in preventing SARS-CoV-2 infections with SARS-CoV-2 Omicron (BA.1) and Delta (B.1.617.2) variants. *MedRxiv*, Published online 2022 January 31. doi: https://doi.org/10.1101/2022.01.31.22270200
- 273. Lyngse FP, Kirkeby CT, Denwood M, et al. Transmission of SARS-CoV-2 Omicron VOC subvariants BA.1 and BA.2: Evidence from Danish Households. *MedRxiv*. Published online 2022 January 30. doi:10.1101/2022.01.28.22270044.





- 274. Vieillard-Baron A, Flicoteaux R, Salmona M, et al. EPIDEMIOLOGICAL CHARACTERISTICS AND SEVERITY OF OMICRON VARIANT CASES IN THE APHP CRITICAL CARE UNITS. *MedRxiv*. Published online 2022 January 28. doi:10.1101/2022.01.25.22269839.
- 275. Chavan M, Gayatri S, Patil S, et al. 'Anatomy of SARS-CoV-2 outbreak of 'vaccinated': An observational case-control study of Covid-19 breakthrough infections in medical college students at Rural Medical College, India. *MedRxiv*. Published online 2022 January 28. doi:10.1101/2022.01.27.22269902.
- 276. John BV, Deng Y, Khakoo NS, Taddei TH, Kaplan DE, Dahman B. Coronavirus Disease 2019 Vaccination Is Associated With Reduced Severe Acute Respiratory Syndrome Coronavirus 2 Infection and Death in Liver Transplant Recipients. *Gastroenterology*. Published online 2022 February 01. doi:10.1053/j.gastro.2021.11.001.
- 277. Nikonov E.L., Boychenko Yu.Ya., Kuznetsova A.V. The effectiveness of the use of the Gam-COVID-Vac vaccine in the Khabarovsk Territory from October 2020 to June 2021 according to registers. Preventive medicine. doi: https://doi.org/10.17116/profmed20212411162
- 278. Nguyen M, Paul E, Mills PK, Paul S. Risk of COVID-19 Reinfection and Vaccine Breakthrough Infection, Madera County, California, 2021. *MedRxiv*. Published online 2022 January 23. doi:10.1101/2022.01.22.22269105.
- 279. Alsaffar W A, Alwesaibi A A, Alhaddad M J, et al. The Effectiveness of COVID-19 Vaccines in Improving the Outcomes of Hospitalized COVID-19 Patients. *Cureus*, Published online 2022 January 22. doi: 10.7759/cureus.21485
- 280. Sevinc SA, Metin S, Basi NB, Ling J, Cinar AS, Oba S. Effectiveness of Inactivated SARS-CoV-2 Vaccine (CoronaVac) on Survival at Intensive Care Unit: A Cross-sectional Study. *Epidemiology and Infection*. Published online 2022 February 9. doi:10.1017/s0950268822000267.
- 281. Jalali N, Brustad HK, Frigessi A, et al.. Increased household transmission and immune escape of the SARS-CoV-2 Omicron variant compared to the Delta variant: evidence from Norwegian contact tracing and vaccination data. *medRxiv*. Published online 2022 February 8 . doi:10.1101/2022.02.07.22270437.
- Bouwmans P, Messchendorp AL, Sanders JS, et al. Long-term efficacy and safety of SARS-CoV-2 vaccination in patients with chronic kidney disease, on dialysis or after kidney transplantation: a national prospective observational cohort study. *BMC Nephrology*. Published online 2022 February 5 doi:10.1186/s12882-022-02680-3.
- 283. Corrao G, Franchi M, Rea F, et al. Protective action of natural and induced immunization against the occurrence of delta or alpha variants of SARS-CoV-2 infection: a test-negative case-control study. *BMC Medicine*. Published online 2022 February 8. doi:10.1186/s12916-022-02262-y.
- 284. Nunes MC, Sibanda S, Baillie VL, Kwatra G, Aguas R, Madhi SA. SARS-CoV-2 Omicron symptomatic infections in previously infected or vaccinated South African healthcare workers. *medRxiv*. Published online 2022 February 6 . doi:10.1101/2022.02.04.22270480.
- 285. Nguyen VG, Yavlinsky A, Beale S, et al. Comparative effectiveness of different primary vaccination courses on mRNA based booster vaccines against SARs-COV-2 infections: A time-varying cohort analysis using trial emulation in the Virus Watch community cohort. *medRxiv*. Published online 2022 February 6 doi:10.1101/2022.02.04.22270479.





- 286. Kahn F, Bonander C, Moghaddassi M, et al. Risk of severe COVID-19 from the Delta and Omicron variants in relation to vaccination status, sex, age and comorbidities surveillance results from southern Sweden. *medRxiv*. Published online 2022 February 4. doi:10.1101/2022.02.03.22270389.
- 287. Andeweg SP, De Gier B, Eggink D, et al. Protection of COVID-19 vaccination and previous infection against Omicron BA.1 and Delta SARS-CoV-2 infections, the Netherlands, 22 November 2021-19 January 2022. *medRxiv*. Published online 2022 February 8 doi:10.1101/2022.02.06.22270457.
- Nyberg T, Ferguson NM, et al. Comparative Analysis of the Risks of Hospitalisation and Death Associated with SARS-CoV-2 Omicron (B.1.1.529) and Delta (B.1.617.2) Variants in England. SSRN. Published online 2022 February 4. doi: https://papers.ssrn.com/sol3/papers.cfm?abstract\_id=4025932
- 289. Risk M, Shen C, Hayek S S, et al. Comparative Effectiveness of COVID-19 Vaccines against the Delta Variant. *Clin Inf Dis.* Published online 2022 February 7. doi: 10.1093/cid/ciac106.
- 290. Passaretti C, Priem J S, Agner T, et al. Reducing the rates of household transmission: The impact of COVID-19 vaccination in healthcare workers with a known household exposure. *Vaccine*. Published online 2022 January 19. doi: 10.1016/j.vaccine.2022.01.020.
- 291. Mayr F, Talisa VB, Shaikh O, et al. Effectiveness of Homologous or Heterologous Covid-19 Boosters in Veterans. *New England Journal of Medicine*. Published online 2022 February 9. doi: 10.1056/NEJMc2200415.
- 292. Fabiani M, Puopolo M, Morciano C, et al. Effectiveness of mRNA vaccines and waning of protection against SARS-CoV-2 infection and severe covid-19 during predominant circulation of the delta variant in Italy: retrospective cohort study. BMJ. Published online 2022 February 10. doi: 10.1136/bmj-2021-069052.





## 2. Summary of Study Results for Post-Authorization COVID-19 Booster Dose Vaccine Effectiveness

#	Reference (date)	Country	Design	Population	Dominant Variants	History of COVID	Vaccine Product	Outcome Measure	Reference group	Booster Dose VE % (95%CI)	Days post Booster dose	Max Duration of follow up after fully vaccinated
39	Cerqueira-Silva	Brazil	Test-negative	7,747,121	Gamma and	Excluded	CoronaVac primary	Documented	Unvaccinated	80.2(77-82.9)	7-13	~5 weeks
	et al		case control	individuals	Delta^		dose + BNT162b2	infection		82.6(76.9-86.9)	>30	
	(February						booster	Severe disease		91(88.5-93.5)	7-13	
	9,2022)									96.8(94.1-98.3)	>30	
								Hospitalisation		91.2(88.3-93.4)	7-13	
										96.7(93.9-98.2)	>30	
								Death		92.2(87.4-95.2)	7-13	
										97.1(90.5-99.1)	>30	
38	<u>Chemaitelly et</u>	Qatar	Test-negative	133,417	Omicron	Included	BNT162b2	Symptomatic	Unvaccinated	15.8(0.9-28.4)	1 week	~15 weeks
	<u>al</u> (February		case control	individuals	specifically^			infections		37.6(28.8-45.4)	≥12 weeks	
	8,2022)							Severe, critical or		90.6(77.8-96.0)	1-6	
	3,2322)							fatal disease		30.0(77.8-30.0)	weeks	
								Tatal discuse		90.8(81.5-95.5)	¥¥CCR3	•
										30.0(01.3 33.3)	weeks	
							mRNA-1273	Symptomatic		3.6(-31- 29.1)	1 week	
								infections		38.6(19.4-53.1)	≥6	
										30.0(151.1 30.11)	weeks	
								Severe, critical or		80.8(-51.9- 97.6)	1-6	
								fatal disease		, , , , ,	weeks	
										100	≥7	
											weeks	
37	Lauring et al (February 7,2022)	USA	Test-negative case control	5582 COVID- 19 cases and 5962 test negative and	Omicron specifically^	Excluded	BNT162b2, mRNA- 1273 primary series+ BNT162b2 and mRNA-1273	Hospitalization(ove rall)	Unvaccinated	86(77-91)	7+	~3 weeks
				syndrome negative	Delta specifically^		booster	Hospitalization (overall)		94(92-95)		~25 weeks
				controls	specifically			Hospitalization (immune- compromised)		87(78-92)		
36	Sritipsukho et al (February	Thailand	Test-negative case control	1,118 cases and 2,235 controls	Delta^	Excluded	CoronaVac primary dose + AZD1222 booster	Documented infection	Unvaccinated	86(74-93)	7+	~6 weeks
	3,2022)						CoronaVac primary dose + BNT162b2 booster			98(87-100)		~8 weeks
35	Bar-On et al	Israel	Retrospective	1,138,681	Omicron^	Excluded	BNT162b2	Documented	Complete	50 (50-53)	12+	2 weeks
	(February 1,		cohort	persons aged			(four doses)	infections	vaccination	48(45-50)	3-7 days	
	2022)			over 60 years					with three		post	
									doses at		dose 4	



#	Reference (date)	Country	Design	Population	Dominant Variants	History of COVID	Vaccine Product	Outcome Measure	Reference group	Booster Dose VE % (95%CI)	Days post Booster dose	Max Duration of follow up after fully vaccinated
								Severe illness	least 4 months prior	77 (59-87) 75(55-87)	12+ 3-7 days post dose 4	
34	Roberts et al (January 31,2022)	USA	Test-negative case control	74,060 adults	Non-VOC, Alpha, Delta <sup>††</sup>	Included	BNT162b2, mRNA- 1273 primary series+ BNT162b2 and mRNA-1273 booster	Documented infection Severe	Complete vaccination with two doses of primary mRNA series at least 6 months prior	94(89.5-96.6)	14+	~20 weeks
33	Lytras et al (January 29,2022)	Greece	Retrospective cohort	9100 COVID- 19 intubations and 14755 COVID-19 deaths in Greece	Non-VOC, Alpha, Delta^	Included	BNT162b2	Intubation (15-79y) Intubation (80+ y) Death (15-79y) Death (80+y)	Unvaccinated	98.2 (97.2–98.9 97.5 (95.5–98.6) 98.3 (96.8–99.1) 98.4 (97.4–99.0)	14+	~12 weeks
32	Willet et al (Janaury 26,2022)	Scotland	Test-negative case control	6166 Omicron cases and 4911 Delta cases	Omicron specifically^ Delta specifically^	Included	BNT162b2 mRNA-1273 BNT162b2 mRNA-1273	Documented infection	Unvaccinated	43.2(38.1-47.8) 46.3(41.30-51.03) 85.9(84.2-87.4) 86.5(84.8-88.0)	14+	~11 weeks
31	McConeghy et al (January 28,2022)	USA	Nested trial	200 Nursing homes  127 VA Community living centers	Delta <sup>††</sup>	Excluded	BNT162b2, mRNA- 1273 primary series+ BNT162b2 and mRNA-1273 booster	Documented infection Hospitalization Death Combined death or hospitalization Documented infection Hospitalization Combined death or hospitalization	Complete vaccination with two doses of primary mRNA series at least 6 months prior	50.4(29.4-64.7) 47.7(-377.7-88.9) 97.2(88.1-100) 82(55.5-94) 58.2(32.3-77.8) 36.6(-35.4-77.3) 45.8(-15.5-79.1)	≤42	~12 weeks
30	Tenforde et al* (January 28, 2022)	USA	Test-negative case control	2952 hospitalized adults (18+ y)	Delta^	Included	BNT162b2 or mRNA- 1273	Hospitalization: Immunocompromi sed Hospitalization: non- immunocompromi sed	Unvaccinated	88 (81-93) 97 (95-99)	7+	~16 weeks





#	Reference (date)	Country	Design	Population	Dominant Variants	History of COVID	Vaccine Product	Outcome Measure	Reference group	Booster Dose VE % (95%CI)	Days post Booster dose	Max Duration of follow up after fully vaccinated
29	Spensley et al (January 26, 2022)	UK	Prospective cohort	1121 end stage kidney disease	Omicron specifically^	Included	BNT162b2 primary + BNT162b2 booster	Documented infection	Unvaccinated	66 (36-81)	14+	~15 weeks
	. ,			patients receiving			AZD1222 + BNT162b2 booster			47 (2-70)		
				in-center haemo- dialysis patients			BNT162b2 or AZD1222 primary + BNT162b2 booster	Hospitalization		60 (-163-90)		
28	Abu-Raddad et al (January	Qatar	Matched retrospective	2,476,113 individuals in	Omicron specifically^	Excluded	BNT162b2	Documented infection	Complete vaccination	47.7 (46-49.3)	7+	~10 weeks
	24,2021)		cohort	Qatar				Symptomatic	with two	50.1 (47.3-52.8)		
								infection	doses of	50.3 (47.5-53.0)	14+	
							mRNA-1273	Documented infection	BNT162b2 at least 6-8	54 (50.7-57.2)	7+	
								Symptomatic	months prior	50.8 (43.4-57.3)	7+	
								infection		50.1 (41.4-57.6)	14+	
					Delta specifically^		BNT162b2	Symptomatic infection		86.1(67.3-94.1)	14+	
27	Thompson et al	USA	Test-negative case control	222,772 ED encounters	Omicron specifically^	Excluded	BNT162b2 or mRNA- 1273	ED or UC encounters	Unvaccinated	94 (93-95)	14+	~18 weeks
	(January			and 87,904				Hospitalisation		90 (80-94)		
	21,2022)			hospitalizatio n	Delta specifically^			ED or UC encounters		94 (93-94)		
								Hospitalisation		94 (93-95)		
26	Tartof et al	USA	Test-negative	3730 hospital	Omicron	Excluded	BNT162b2	ED admission	Unvaccinated	78 (73–82)	<3 mos.	~20 weeks
	(January 18, 2022)		case control	admissions and ED	specifically^			The section to the section of		48 (14-69)	≥ 3 mos.	
	2022)			admissions in				Hospitalization		89 (83–92) 90 (57–98)	<3 mos. ≥ 3 mos.	-
				Southern	Delta			ED admission		88 (85–91)	<3 mos.	
				California	specifically^			LD ddiffission		81 (58–91)	≥ 3 mos.	
					,			Hospitalization		95(91-97)	<3 mos.	-
								·		65 (16-85)	≥ 3 mos.	
25	Young-Xu et al (January	USA	Matched test-negative	14,868 veterans 18	Omicron specifically^	Excluded	Any mRNA vaccine	Documented infection	Unvaccinated	62 (59-65)	14+	~20 weeks
	18,2021)		case control	or older as cases and	Delta specifically^			Documented infection		77 (75-79)		
				54,347	Delta and			Hospitalization		91 (85-94)		
				veterans as controls	Omicron^			Death		96 (91-98)		
24	Jara et al	Chile	Prospective	11,174,257	Delta and	Excluded	CoronaVac primary	Documented	Unvaccinated	78.8 (76·8–80.6)	14+	~11 weeks
	(January		cohort	Chilean	Gamma^		series + CoronaVac	infection			4	
	13,2022)			residents			booster	Hospitalization		86.3 (83.7-88.5)		



#	Reference (date)	Country	Design	Population	Dominant Variants	History of COVID	Vaccine Product	Outcome Measure	Reference group	Booster Dose VE % (95%CI)	Days post Booster dose	Max Duration of follow up after fully vaccinated
		-		aged ≥ 16				ICU admission	<u> </u>	92.2 (88.7-94.6)		
				years				Death		86.7 (80.5-91.0)		
							CoronaVac primary	Documented		96.3 (96·1–96·5)		
							series + BNT162b2	infection				
							booster	Hospitalization		96.1 (95.3-96.9)		
								ICU admission		96.2 (94.6-97.3)		
								Death		96.8 (93.9-98.3)		
							CoronaVac primary	Documented		93.2 (92.9-93.6)		
							series + AZD1222	infection				
							booster	Hospitalization		97.7 (97.3-98)		
								ICU admission		98.9 (98.5-99.2)		
								Death		98.1 (97.3-98.6)		
23	Waxman et al (January 11, 2022)	Israel	Retrospective cohort	2,412,755 members of Clalit Health Services aged 16+	Delta^	Excluded	BNT162b2	Hospitalization	Complete vaccination with two doses of BNT162b2 at least 5 months prior	89 (87-91)	7+	~15.5 weeks
22	Spitzer et al*	Israel	Prospective	1928	Delta^	Excluded	BNT162b2	Documented	Complete	93 (80-98)	7+	~4 weeks
	(January 10,		cohort	healthcare				infection	vaccination			
	2022)			workers at a				Symptomatic	with two	93 (75-98)		
				tertiary				infection	doses of		_	
				medical				Asymptomatic	BNT162b2 at	92 (52-99)		
				center in Tel Aviv				infection	least 1 month prior			
21	Tseng et al	USA	Test negative	1,36,345	Omicron	Included	mRNA-1273	Documented	Unvaccinated	63.6 (57.4-68.9)	14+	7 weeks
2.1	(January 21,	USA	case control	Kaiser	specifically^	included	IIII(IVA-1275	infection: All	Onvaccinated	03.0 (37.4-08.3)	141	7 WEEKS
	2022)		cuse control	Permanente	specifically			Documented		11.5 (0-66.5)	-	
	2022)			Southern				infection:		11.5 (0 00.5)		
				California				Immunocompromi				
				members				sed (includes those				
				aged 18+				who received a 3 <sup>rd</sup>				
								primary dose or a				
								booster)				
					Delta			Documented		95.7 (94.2-96.9)		
					specifically^			infection: All				
								Documented		72.2 (12.2-91.2)		
								infection:				
								Immunocompromi				
								sed (includes those				
								who received a 3 <sup>rd</sup>				
								primary dose or a				
								booster)				





#	Reference (date)	Country	Design	Population	Dominant Variants	History of COVID	Vaccine Product	Outcome Measure Hospitalization: All (includes some	Reference group	Booster Dose VE % (95%CI) 100 (CI omitted, no events among	Days post Booster dose	Max Duration of follow up after fully vaccinated
20	Tan et al	Singanara	Retrospective	703,209	Delta††	Excluded	BNT162b2 primary	who received a 3 <sup>rd</sup> primary dose)  Documented	Complete	vaccinated) 73 (71-74)	12+	~6 weeks
20	(January 5,2022)	Singapore	cohort	individuals aged 60 years	Deita	Excluded	series + BNT162b2 booster	infection Symptomatic	vaccination with two	72 (71-74)	12+	o weeks
	3,2022)			and above			booster	disease Severe disease	doses of BNT162b2	95 (92-97)	=	
							BNT162b2 primary series+ mRNA-1273	Documented infection	primary series at least	82 (77-86)	=	
							booster	Symptomatic disease	5 months prior	82 (76-87)	-	
								Severe disease		92 (44-99)	1	
							mRNA-1273 primary series + mRNA-1273	Documented infection		86 (81-90)		
							booster	Symptomatic disease		85 (79-89)		
							mRNA-1273 primary series+ BNT162b2	Documented infection		90 (73-96)		
							booster	Symptomatic disease		90 (69-97)		
19	Buchan et al (January	Canada	Test negative case control	16,087 Omicron-	Omicron specifically^	Excluded	mRNA primary + BNT162b2 booster	Symptomatic disease	Unvaccinated	60 (55-65)	7+	~9 weeks
	28,2022)			positive cases, 4,261			mRNA primary + mRNA-1273 booster			65 (55-72)		
	[Update to January 1 pre-			Delta-positive cases, and			mRNA primary + BNT162b2 booster	Severe disease		95 (87-98)		
	print]			114,087 test- negative			mRNA primary + mRNA-1273 booster			93 (74-98)		
				controls	Delta specifically^		mRNA primary + BNT162b2 booster	Symptomatic disease	Unvaccinated	97 (96-98)		
							mRNA primary + mRNA-1273 booster			97 (95-98)		
							mRNA primary + BNT162b2 booster	Severe disease		99 (98-99)		
							mRNA primary + mRNA-1273 booster			100 (98-100)		
18	Gray et al	South Africa	Test-negative	69,092 HCWs	Omicron^	Excluded	Ad26.COV.2	Hospitalization	Unvaccinated	63 (31-81)	0-13	~13 weeks
	(December 29,2021)		case control							84 (67-92) 85 (54-95)	14-27 1-2	
	-,,									03 (34 33)	months	



# 17	Reference (date) Lustig et al (December 21, 2021)	<b>Country</b> Israel	<b>Design</b> Prospective cohort	Population 12,413 HCW in a large tertiary care center	Dominant Variants Delta^	History of COVID Excluded	Vaccine Product BNT162b2	Outcome Measure Documented infection	Reference group Complete vaccination with two doses of primary series at least 5 months prior	Booster Dose VE % (95%CI) 85.6 (79.2-90.1)	Days post Booster dose	Max Duration of follow up after fully vaccinated ~7 weeks
16	Amir et al (December 21, 2021)	Israel	Quasi- experimental	348,468 individuals aged 16-18 (booster group) and 361,050 individuals aged 12-14 recently fully vaccinated	Delta^	Excluded	BNT162b2	Documented infection	Individuals aged 12-14 recently vaccinated (<60 days) with 2 doses Unvaccinated individuals aged 16-18	73.4 (67.1-78.9) 96.2 (94.8-97.2)	14+	~4 weeks
15	Hansen et al (December 23,2021)	Denmark	Retrospective cohort	41,684 Danish residents aged ≥12 years (booster analysis among 60+ years only)	Omicron specifically^ Delta specifically^	Excluded	BNT162b2  BNT162b2  mRNA-1273	Documented infection	Complete vaccination with two doses of primary series at least 140 days prior, for 60+ year olds	81.2 (79.2-82.9) 82.8 (58.8-92.9)	1-30	~4 weeks
14	Sheikh et al (December 22,2021)	Scotland	Test-negative case control	162,946 RT- PCR positive tests in Scotland	Omicron specifically^ Delta specifically^	Included	BNT162b2, mRNA- 1273, AZD1222 primary series+ BNT162b2 and mRNA-1273 booster	Symptomatic disease (16-49) Symptomatic disease (50+) Symptomatic disease (16-49) Symptomatic disease (50+)		62 (54-68) 56 (51-60) 54 (46-62) 57 (52-62) 84 (80-87) 83 (81-84) 77 (74-80) 88 (86-89)	7+ 14+ 7+ 14+ 7+ 14+ 7+ 14+	~7 weeks
13	Tartof et al (December 21,2021)	USA	Retrospective matched cohort	3,133,075 individuals ≥ 18 years	Delta specifically^	Included	BNT162b2	Documented infection Hospitalization Documented infection Hospitalization	Unvaccinated  Complete vaccination with two doses of	88 (86-89) 97 (95-98) 75 (71-78) 70 (48-83)	14+	~12 weeks





#	Reference (date)	Country	Design	Population	Dominant Variants	History of COVID	Vaccine Product	Outcome Measure	Reference group primary series at least 6	Booster Dose VE % (95%CI)	Days post Booster dose	Max Duration of follow up after fully vaccinated
12	Berec et al (December 12,2021)	Czech Republic	Retrospective cohort	6,287,356 individuals	Delta^	Included	BNT162b2 primary series + BNT162b2 booster mRNA-1273 primary series+ BNT162b2 booster AZD1222 primary series + BNT162b2 booster BNT162b2 primary series+ mRNA-1273 booster mRNA-1273 primary series + mRNA-1273 booster AZD1222 primary series+ mRNA-1273 booster	Documented infection	months prior  Complete vaccination with two doses of primary series at least 6-8 months prior	92 (91-92) 94 (91-96) 82 (68-90) 92 (88-95) 94 (91-95) 91 (63-98)	7+	~8 weeks
11	UKHSA/Andre ws et al (January 14, 2022) [Update to Dec 31, 2021 briefing]	England	Test-negative case control	760,647 Omicron cases, 236,023 Delta cases, and test negative controls aged 18+	Omicron specifically^	Included	BNT162b2 primary series + BNT162b2 booster  BNT162b2 primary series + BNT162b2 booster  BNT162b2 primary series + mRNA-1273 booster  AZD1222 primary series + BNT162b2 booster  AZD1222 primary series + mRNA-1273 booster  mRNA-1273 primary series + BNT162b2 booster  mRNA-1273 primary series + BNT162b2 booster  mRNA-1273 primary series + mRNA-1273 primary series + mRNA-1273 primary series + mRNA-1273 booster	Symptomatic disease	Unvaccinated	68.7 (67.9-69.5) 50.1 (49-51.2) 74.7 (73.7-75.7) 65.3 (63.1-67.4) 62.7 (62-63.4) 44.1 (42.2-45.9) 70.3 (69.5-71) 61.6 (60-63.1) 67 (63-70)	2-4 weeks 10+ weeks 2-4 weeks 5-9 weeks 2-4 weeks 10+ weeks 2-4 weeks 5-9 weeks 2-4 weeks 2-4 weeks	~14 weeks





#	Reference (date)	Country	Design	Population	Dominant Variants	History of COVID	Vaccine Product	Outcome Measure	Reference group	Booster Dose VE % (95%CI)	Days post Booster dose	Max Duration of follow up after fully vaccinated
					Delta specifically^		BNT162b2 primary series + BNT162b2 booster			95.2 (94.9-95.5) 90.2 (89.6-90.8)	2-4 weeks 10+	
							BNT162b2 primary series + mRNA-1273			96.8 (96.2-97.3)	weeks 2-4 weeks	
							booster  AZD1222 primary			94.7 (92.7-96.2) 95.4 (95.2-95.7)	5-9 weeks 2-4	
							series + BNT162b2 booster			88.5 (87-89.7)	weeks 10+ wee ks	
							AZD1222 primary series + mRNA-1273 booster			97.1 (96.8-97.4)	2-4 weeks 5-9	
							mRNA-1273 primary series +BNT162b2			97.3 (91.5-99.1)	weeks 2-4 weeks	
							booster mRNA-1273 primary series +mRNA-1273 booster			95.8 (88.8-98.4)	2-4 weeks	
10	Arbel et al (December	Israel	Prospective cohort	843,208 individuals	Delta^	Excluded	BNT162b2 primary series + BNT162b2	Death  Documented	Receipt of 2 doses at least 5	90 (86-93) 83 (82-94)	7-54	~8 weeks
	8,2021)*						booster	infection	months prior	83 (82-94)		
9	Goldberg et al (December 5, 2021)	Israel	Retrospective cohort	5.7 million Israeli individuals	Delta^	Excluded	BNT162b2 primary series + BNT162b2 booster	16-39: Documented infection	Receipt of 2 doses at least 5	91 (90.1-91,3)	12+	~8 weeks
								40-59: Documented infection	months prior	89 (88.3-89.3)		
								60+: Documented infection		82.2 (81.5-82.8)	-	
8	Sharma et al (November 30,	USA	Matched retrospective	129,130 matched	Delta <sup>††</sup>	Included	BNT162b2 primary series + BNT162b2	Documented infection	Receipt of 2 doses at	45.7 (37.9-52.5)	0+	~7 weeks
	2021)		cohort	pairs of veterans who			booster	Hospitalization	least 180 days prior	44.8 (26.6-58.4)		
				received a			mRNA-1273 primary series + mRNA-1273	Documented infection	aays prior	46.6 (36.4-55.3)		
				at least 6 months prior			booster	Hospitalization		50.0 (26.2-66.1)		





#	Reference (date)	Country	Design	Population	Dominant Variants	History of COVID	Vaccine Product	Outcome Measure	Reference group	Booster Dose VE % (95%CI)	Days post Booster dose	Max Duration of follow up after fully vaccinated
7	Andrews et al (December 17, 2021) [Update to November 15, 2021 Preprint]	England	Test-negative case control	462,591 adults aged 50+ years in England	Delta <sup>††</sup>	Included (if >90 days prior)	BNT162b2 primary series + BNT162b2 booster AZD1222 primary series + BNT162b2 booster BNT162b2 primary series + BNT162b2 booster AZD1222 primary series + BNT162b2	Symptomatic disease	Complete vaccination with two doses of primary series at least 140 days prior Unvaccinate d individuals	84.5 (83.7-85.3) 89.1 (88.3-89.9) 94.3 (93.9-94.6) 93.8 (93.3-94.3)	14+	~7.5 weeks
6	Barda et al*(October 29, 2021)	Israel	Retrospective cohort	1158269 Israeli individuals	Delta^	Excluded	booster BNT162b2 primary series + BNT162b2 booster	Documented infection Symptomatic disease Hospitalization Severe disease Death	Complete vaccination with two doses at least 5 months ago	88 (87-90) 91 (89-92) 93 (88-97) 92 (82-97) 81 (59-97)	7+	~7 weeks
5	Saciuk et al* (November 2, 2021)	Israel	Retrospective cohort	947,131 persons fully vaccinated at least 6 months prior (Jan-Feb 2021) among active members of the Maccabi HMO	Delta^	Excluded	BNT162b2 primary series + BNT162b2 booster	Documented infection	Complete vaccination with two doses at least 5 months prior	89.1 (87.5-90.5)	7+	10 weeks
4	Hardt et al (January 31,2022)	North and South America, Africa, Asia and Europe	Randomized- placebo control trial	14,492 participants in the per- protocol analysis	Non-VOC, Alpha, Delta  Alpha^ Mu^	Unknown	Ad26.COV2.S primary series + Ad26.COV2.S booster dose	Documented infection Asymptomatic infection Moderate Symptomatic infection Moderate and severe/critical infection Documented infection	Complete vaccination one dose	51.1 (29.5-66.5) 34.2 (-6.4–59.8) 70.7 (45.5-85.2) 75.2 (54.6-87.3) 94.2 (62.9-99.9) 63.1 (-27.9–91.6)	7+	~8 weeks





#	Reference (date)	Country	Design	Population	Dominant Variants	History of COVID	Vaccine Product	Outcome Measure	Reference group	Booster Dose VE % (95%CI)	Days post Booster dose	Max Duration of follow up after fully vaccinated
3	Bar-On et al * (December 8, 2021)	Israel	Retrospective cohort	4,629,865 Israeli residents	Delta^	Excluded	BNT162b2 primary series + BNT162b2 booster	16-29 y: Documented infection	Complete vaccination with two	94.2 (93.6-94.9)	12+	~3.5 weeks
	[Published version of October 7 pre-			(16+) who had been fully				30-39 y: Documented infection	doses at least 5 months prior	88.6 (87.8-89.5)		~4.5 weeks
	print]			vaccinated at least 5 months prior				40-49 y: Documented infection		89.7 (89.1-90.4)		5 weeks
								50-59 y: Documented infection		91.8 (91.2-92.4)		6 weeks
								60+ y: Documented infection		91.9 (91.6-92.2)		8 weeks
								40-59: Severe disease		95.4 (90.6-97.8)	-	6 weeks
								60+: Severe disease		94.5 (93.4-95.3)		8 weeks
								60+: Death		93.2 (89.4-95.7)		
2	Patalon et al* (November 30, 2021)	Israel	Test-negative case control	306,710 Israeli adults ≥ 40 years	Delta^	Excluded	BNT162b2 primary series + BNT162b2 booster	Documented infection	Complete vaccination with two	85 (83-86)	14-20	~7 weeks
	[Update to August 31			with either 2 or 3 doses			booster		doses at least 5	86 (85-87)	28-65	
	preprint]		Matched case-control					Documented infection	months prior	87 (85-88)	14-20	
										83 (82-85)	28-65	
								Hospitalization		92 (87-95) 97 (95-98)	14-20 28-65	-
1	Bar-On et al* (October	Israel	Retrospective cohort	1,144,690	Delta^	Excluded	BNT162b2 primary series + BNT162b2	Documented infection	Complete vaccination	92 (90- 93)	12+	~3 weeks
	7,2021) [Update to August 31 Preprint]						booster	Severe disease	with two doses at least 5 months prior	94 (91-96)		

<sup>\*</sup>Bar-On et al presented adjusted risk difference instead of VE

## a. Booster studies that do not meet criteria are listed below in case of interest





- 1. Bomze D, Sprecher E, Gamzu R. Effect of a nationwide booster vaccine rollout in Israel on SARS-CoV-2 infection and severe illness in young adults. *Travel Med Infect Dis.* Published online 2021 October 30. doi: https://doi.org/10.1016/j.tmaid.2021.102195
- 2. Lippi G & Mattiuzzi C. Primary COVID-19 vaccine cycle and booster doses efficacy: analysis of Italian nationwide vaccination campaign. *Research Square*. Published online November 30, 2021. doi: 10.21203/rs.3.rs-1116534/v1
- 3. Mattiuzzi, C., & Lippi, G. Efficacy of COVID-19 vaccine booster doses in older people. *ResearchSquare*. Published online 2021 December 20. doi: https://doi.org/10.21203/rs.3.rs-1185254/v1
- 4. Robles-Fontán, M. M., & Irizarry, R. A. (2021). Effectiveness of different booster regimens for preventing infection and adverse outcomes in Puerto Rico. *MedRxiv*, Published online 2021 December 21. https://doi.org/10.1101/2021.12.19.21268070
- 5. Chadeau-Hyam M, Eales O, Bodinier B, et al. REACT-1 round 15 final report: Increased breakthrough SARS-CoV-2 infections among adults who had received two doses of vaccine, but booster doses and first doses in children are providing important protection.

  \*MedRxiv\*, Published online 2021 December 16. https://www.medrxiv.org/content/10.1101/2021.12.14.21267806v1.
- 6. Lippi G & Mattiuzzi C. Real-world analysis of age-dependent efficacy of COVID-19 vaccination. *Research Square*. Published online 12 January, 2022. doi: https://doi.org/10.21203/rs.3.rs-1248612/v1.
- 7. Lewnard J A, Hong V X, Patel M M, et al. Clinical outcomes among patients infected with Omicron (B.1.1.529) SARS-CoV-2 variant in southern California. medRxiv. Published online 2022 January 11. doi: https://doi.org/10.1101/2022.01.11.22269045.





## 3. Duration of Protection Studies

These are studies that assess duration of protection criteria as outlined above along with those studies that do not meet aforementioned criteria that are relevant to evaluating duration of protection. Some of these studies are also in the above table but duplicated here for ease.

We would like to highlight

- It is currently challenging to disentangle any apparent reduction in VE over time due to waning immunity from reduction due to immune escape by the Delta variant.
- Countries have implemented different dose intervals and vaccination strategies that can make comparisons across studies challenging.
- Persons who are vaccinated early in a program are different than those who are vaccinated later. For example, many who were vaccinated early were those at highest risk, and this could confound the results. Some of the older individuals also might have some degree of immunosenescence.

#	Reference (date)	Country	Population	Dominant	Vaccine product	Study Period	Descriptive Findings
106	Fabiani et al (February 10, 2022)	Italy	16+ years	Variants Alpha, Delta	Comirnaty mRNA-1273	December 27, 2020- November 7, 2021	Cohort study of people who received at least one dose of vaccine at some point before Sept 27.  Used of day 0-<14 days post dose 1 as proxy for unvaccinated group. Provide stratification by age and risk group in paper.  SARS-CoV-2 Infection delta phase  SARS-CoV-2 Infection delta phase  SARS-CoV-2 Infection delta phase  Time after 2nd dose of vaccine (weeks)  Severe covid-19: alpha phase  Time after 2nd dose of vaccine (weeks)  Severe covid-19: alpha phase  Time after 2nd dose of vaccine (weeks)  Time after 2nd dose of vaccine (weeks)
105	Butt et al (February 9, 2022)	USA	Veterans on chronic hemodialysis	preDelta→ Delta	Comirnaty mRNA-1273	January 26-August 31, 2021	TND study linking adminsitrative databases. (Month=month since complete vaccination). VE against infection.





								Test positive		Test negative			
							Month	<u> </u>	Unungainated (N)		Linuxesinated (N)	VE (95% CI)	
							1	247	Unvaccinated (N) 822	112	Unvaccinated (N) 573	49.1 (38.2, 58.1)	
							2	247	822	107	573	49.1 (36.2, 56.1)	
							3	246	822	85	573	23.2 (7.3, 36.4)	
							4	246	822	70	573	45.3 (33.2, 55.2)	
							5	242	822	74	573	36.8 (23.0, 48.2)	
							6	216	822	69	573	34.1 (19.0, 46.4)	
							7	246	822	54	573	42.9 (29.5, 53.8)	
							8	49	822	4	573	87.6 (76.0, 93.6)	
104	Risk et al (February 7,	USA	18+	preDelta→ Delta	Comirnaty mRNA-1273	April 1-October 20, 2021			d on electronic t based on labo				s and 19% of code, though reported
	2022)			2 2.33					showed no diff				area, and again appropria
	2022/							Effectiveness		C. C. OC But		5% CI) p-value	
								V-2 Infection					
							BNT162b						
							0-6 m		-		0.13 (0.	1-0.16) <0.001	
							6+ mc	onths	<b>⊢●</b> ──			21-0.38) <0.001	
							post-delta						
							0-6 m		H■H			32-0.42) <0.001	
							6+ mc		-		0.78 (0.6	67-0.91) 0.002	
							pre-delta				·····		
							0-6 m		<b>1</b> ■1		0.09 (0.0	06-0.13) <0.001	
							6+ mc	onths	<b>⊢●</b> ──		0.14 (0.0	08-0.24) <0.001	
							post-delta						
							0-6 m				,	17-0.33) <0.001	
							6+ mc	ntris		1	0.45 (0.3	33-0.61) <0.001	
									0 0.5	1 1.5	2		
102	Community City	D. co. 11	Consistency to the	Carrier Ballia	6	1	TND	al alta Lita a se	destate en en en en en en	lataliana.			
103	<u>Cerqueria-Silva</u>	Brazil	General population	Gamma, Delta	Coronavac	January 18-		, -	idministrative of		tiveness of CoronaVac vac		
	et al (February 9,				followed by Comirnaty	November 11, 2021	SARS-CoV-2	infection, by length of	ac vaccine against confirme f time (in days) since two- ester dose, stratified by age	hospitalization	tiveness of Corona vac vac n or death, by length of tim on or BNT162b2 booster o	ne (in days) since two-	
	2022)				booster		group			group			
	2022)				booster		Period after vaccine (days)		60-79 ≥80	vaccine (days)	Overall 18-59 6	60-79 ≥80	
							Second dose 0-13		32.2% 28.3%		65.5% 79.6% 6	4.5% 51.4%	
							14-30	(36.9-38.8) (42.4- 55.0% 56.5%	44.7) (30.1-34.2) (23.4-32.9 55.1% 50.3%		(64.2-66.6) (77.6-81.4) ( 82.1% 91.4% 8		
							31-60	(54.3-55.7) (55.6-	57.5) (53.7-56.5) (46.8-53.6 511% 47.0%	)	(81.4-82.8) (90.3-92.4) ( 82.6% 89.9% 8		
								(51.1-52.4) (52.1-5	3.8) (49.7-52.4) (43.7-50.1)		(82.1-83.2) (88.9-90.9) ( 80.5% 87.2% 7	80.6-82.2) (64.0-68.9)	
							61-90	(46.8-48.3) (47.9-4	45.3% 41.0% 49.9) (43.6-46.9) (37.3-44.4	)	(79.8-81.0) (86.0-88.3) (	76.6-78.6) (60.4-65.8)	
							91-120		39.8% 31.8% (32.2) (37.8-41.8) (27.3-36.1)		78.9% 89.0% 7 (78.3-79.6) (87.8-90.0) (	74.3-76.7) (54.7-61.1)	
							121-150	41.8% 50.6% (40.8-42.8) (49.3-	36.3% 22.1% 51.9) (33.8-38.7) (16.5-27.3)		77.0% 86.7% 7 (76.1-77.8) (85.2-88.0) (	73.5-76.3) (48.0-55.8)	
							151-180	38.0% 44.0%	35.3% 15.1% 45.6) (32.2-38.2) (8.3-21.5)	151-180	75.0% 81.9% 7 (73.9-76.0) (79.8-83.8) (	4.7% 47.9% 72.9-76.4) (42.9-52.4)	
							>180	34.7 % 34.1%	34.5% 10.1% 35.9) (29.9-38.7) (1.1-18.3)	>180	72.6% 74.8% 7 (71.0-74.2) (72.1-77.2) (	2.6% 41.4%	
							Booster (BNT)	62b2)		Booster (BNT16	2b2)		
							0-6		35.7% 11.5% 47.8) (25.2-44.8) (-12.4-30.	3)	80.6% 89.1% 7 (76.4-84.0) (76.6-94.9) (	73.5-84.2) (31.3-61.9)	
							7-13		75.9% 59.6% 88.0) (69.6-80.8) (44.9-70.4		91.4% 95.8% 8 (88.5-93.5) (82.9-99.0) (		
							14-30	92.7% 93.5%	93.4% 82.0% 95.5) (90.3-95.5) (75.0-87.0	14-30	97.3% 97.9% 9 (96.1-98.1) (85.0-99.7) (	7.1% 89.5%	
							>30	82.6% 61.8%	81.2% 66.4%	>30	96.8% 100% (*) 9 (94.1-98.3) (	2.0% 89.3%	
								(76.9-86.9) (27.2-7	79.9) (67.6-89.1) (49.6-77.5)		(94.1-98.3) ( estimated owing to zero/few events in the		

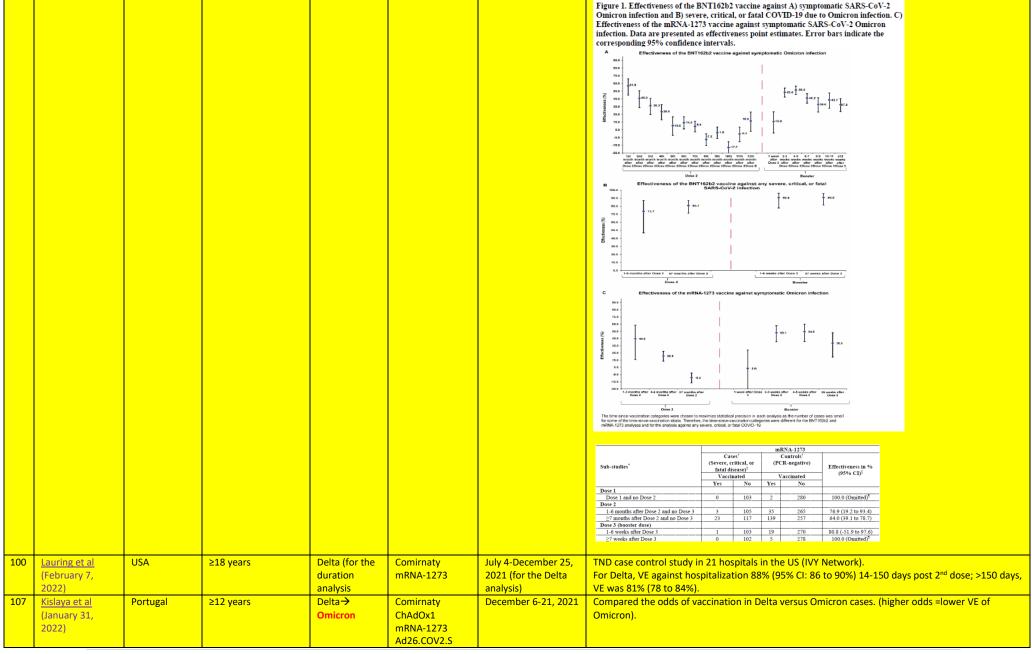




102	Andeweg et al	Netherlands	General population	Omicron	Comirnaty	November 22, 2021-	Extended Data Table 4   Vaccine effectiveness against death due to COVID-19 using RT-PCR, by length of time (in days) since two-dose vaccination or BNT162b2 booster dose  Period post vaccine (days)
102	(February 8, 2022)	Netherlands	General population	Delta	Comirnaty ChAdOx1 mRNA-1273 Ad26.COV2.S	January 19, 2022	and/or vaccination.  Primary vaccination  Primary vaccination  Booster  Final state primary vaccination, then primary vaccination  Previous infection, booster  Final state primary vaccination, then primary vaccination  Previous infection, booster  Final state primary vaccination, then primary vaccination  Previous infection, booster  Final state primary vaccination, then primary vaccination  Previous infection, booster  Final state primary vaccination, booster  Final state primary vaccination  Previous infection, booster  Final state primary vaccination, booster vaccination, or combinations of previous infection and vaccination, compared with naïve status (I1-OR) * 100), by time since last event in persons aged 18 and older.
101	Chemaitelly et al (February 8, 2022)	Qatar	General population	Omicron	Comirnaty mRNA-1273	December 23, 2021- February 2, 2022	Matched TND study based on linking adminsitrative databases.











							Complete primary vaccination 113-168 days Complete primary vaccination 113-168 days Complete primary vaccination 169+ days 1.9(1.6 to 2.3)
106	Corrao et al (January 27, 2022)	Italy	≥12 years	Alpha→Delta	Comirnaty ChAdOx1 mRNA-1273 Ad26.COV2.S	January 17-October 20, 2021	Cohort study    Figure 1: Influence of time since complete construction in the most of SAS-CAV 2 influence and some complete construction in the most of SAS-CAV 2 influence and some complete construction in the most of SAS-CAV 2 influence and some complete construction in the most of SAS-CAV 2 influence and some complete construction in the most of SAS-CAV 2 influence and some complete construction in the most of SAS-CAV 2 influence and some complete construction in the most of SAS-CAV 2 influence and some complete construction in the most of SAS-CAV 2 influence and some complete construction in the most of SAS-CAV 2 influence and some complete construction in the most of SAS-CAV 2 influence and some complete construction in the most of SAS-CAV 2 influence and some complete construction in the most of SAS-CAV 2 influence and some complete construction in the most of SAS-CAV 2 influence and some complete construction in the most of SAS-CAV 2 influence and some complete construction in the most of SAS-CAV 2 influence and some complete construction in the most of SAS-CAV 2 influence and some complete construction in the most of SAS-CAV 2 influence and some complete construction in the source complete c





105	Roberts et al (January 31, 2022)	USA	Adults	Multiple	Comirnaty mRNA-1273 (for duration)	January 1-December 31, 2021	TND study evaluating VE against infection (top) and hospitaliation/death (bottom). Note that this is a combination of primary and booster dose VE in quarter 4.  **Vectorisation**  Any  **Any  **Any
							B VE for Severity  Vecination  Timing  Any  Any  Any  Any  Any  Any  Any  A
104	Belayachi et al (January 27, 2022)	Morocco	≥18 year olds	Unknown → de Ita	BBIBP-CorV	February 1-October 1, 20221	TND linking adminsitrative databases to evaluate VE against severe disease. As a function of time after vaccination of second dose vaccination, vaccine effectiveness among persons who had received the second dose 1–30 days earlier was 88% (95% CI, 84-91), 87% (95% CI: 83-90) among those who had received it 31–90 days earlier, 75% (95% CI: 67-80) among those who had received it 91–120 days earlier, 61% (95% CI: 54-67) among those who had received it 121–150 days earlier, 64% (95% CI: 59-69) among those who had received it ≥150 days earlier.  Note they attempted to stratify by age (>/< 60 years) showing a trend towards a lower VE gainst severe/critical disease in those over 60 but confidence intervals were overlapping.
103	Lytras et al (January 29, 2022)	Greece	≥15 year olds	Alpha→ Delta	Comirnaty ChAdOx1 mRNA-1273 Ad26.COV2.S	January-December 2021	Cohort study linking administrative databases evaluating VE against intubation and death. VE provided for 6 months





							Vaccine		VE (%)		VE (%)
							3-dose BNT162b2 (age 15-79)		98.2 (97.2-98.9)	4	98.3 (96.8–99.1)
							3-dose BNT162b2 (age 80+)		97.5 (95.5–98.6)	4	98.4 (97.4-99.0)
							2-dose BNT162b2 (age 15-59)		98.1 (97.5–98.6)	=	96.5 (94.8–97.6)
							2-dose BNT162b2 (age 60-79)	•	96.7 (95.9–97.4)	•	94.1 (92.7-95.2)
							2-dose BNT162b2 (age so+)	•	94.2 (92.0-95.7)	•	91.0 (88.4–93.0)
							2-dose BNT162b2 (age 15-59, at 6 months)		95.5 (94.3-96.5)	-	93.8 (91.0-95.7)
							2-dose BNT162b2 (age 60-79, at 6 months)		92.0 (91.0-92.9)	- 1	89.4 (87.9-90.8)
							2-dose BNT162b2 (age 80+, at 6 months)	-	85.9 (83.5-88.0)	-	84.0 (82.2-85.6)
							2-dose mRNA-1273 (age 60-79)		98.9 (97.3-99.5)	-	98.4 (95.5–99.5)
							2-dose mRNA-1273 (age 80+)	-	97.9 (90.2-99.5)	-	96.7 (87.9–99.1)
							2-dose mRNA-1273 (age 60-79, at 6 months)		95.1 (93.0-96.5)	-	96.2 (93.6-97.7)
							2-dose mRNA-1273 (age 80+, at 6 months)		90.6 (67.0-97.3)		92.0 (80.0-96.8)
							2-dose ChAdOx1 nCoV-19 (age 60-79)	•	97.2 (95.3-98.3)		95.4 (91.2–97.6)
							2-dose ChAdOx1 nCoV-19 (age so+)	-	97.8 (91.7-99.4)		92.6 (84.2-96.5)
							2-dose ChAdOx1 nCoV-19 (age 60-79, at 6 months)		90.3 (87.4-92.5)	-	89.8 (85.2-93.0)
							2-dose ChAdOx1 nCoV-19 (age 80+, at 6 months)		92.4 (72.7-97.9)		83.4 (69.6–90.9)
							1-dose Ad26.COV2.S (age 15-59)	<b></b>	85.0 (73.9-91.4)	— <b>-</b>	81.7 (57.5-92.1)
							1-dose Ad26.COV2.S (age 60-79)		79.6 (65.2–88.0)	<b></b>	69.1 (43.2–83.2)
							1-dose Ad26.COV2.S (age 80+)		85.0 (62.3-94.0)	<b></b> -	61.9 (43.2-74.4)
							1-dose Ad26.COV2.5 (age 80+, at 6 months)		91.7 (75.5-97.2)	<b></b> !	80.6 (59.7–90.7)
							1-dose BNT162b2 (age 80+)		56.0 (37.7-69.0)		68.7 (54.9–78.3)
								20 40 60 80 1	00	20 40 60 80 10	00
								VE (%) against		VE (%) against	
								Intubation		death	
102	Goldhaber-	USA	Prison population	Delta	Comirnaty	June 1-November 5,	Matched TND among cas	oc ovaluating	duration	forotoction	against infection of early vs late fully
102		USA		Della	•			_		•	
	<u>Fiebert et al</u>		and staff		mRNA-1273	2021	(primary series) vaccinate	ed persons. Ar	mong staff,	odds of infed	ction increased 25% (Odds Ratio
	(January 23,						[OR], 1.25; 95% Confiden	ce Interval [CI	[], 1.13 - 1.	40) in each 2	8-day period post-vaccination;
	2022)						among residents the odd	ds increased h	v 21% (OR	1 21· 95%CI	1.08 – 1.36) (Figure 1). Compared
	2022)										,, , , ,
										-	of infection were over fourfold
							greater ≥181 days since f	ull vaccination	າ for staff (ເ	OR, 4.36; 95%	6CI 1.92 – 9.89) and nearly threefold
							greater for residents (OR	. 2.89: 95%CI	1.40 – 5.98	)	
101	Bedston et al	Wales	Healthcare Workers	Alpha→Delta	Comirnaty	December 7, 2020-					7% (aHR 0.33, 95 %CI 0.24–0.44).
101		vvales	Treattricate Workers	Aiplia 7 Della	Committaly	· · · · · · · · · · · · · · · · · · ·					
1	(January 20,					September 30, 2021	This increased in weeks 2	!–5 to 86% (aF	IR 0.14, 95	%CI 0.09-0.2	21), and decreased to 77% over
1	2022)						weeks 6-13. After this. va	accine effectiv	eness decr	eased from 6	50% to 53% between weeks 14–25,
1	/						and from week 26 vaccin				•
100	Accorsi et al	USA	≥18 year olds	Delta <del>→</del>	Comirnaty	December 10-	TND study in ICATT (free	testing sites t	hroughout	US) against s	ymptomatic disease. Note OR can be
	(January 21,			Omicron	mRNA-1273	January 1, 2022	converted to VE by the fo	rmulate VE=1	L-OR		
	The second second					. , , .					
	2022)										





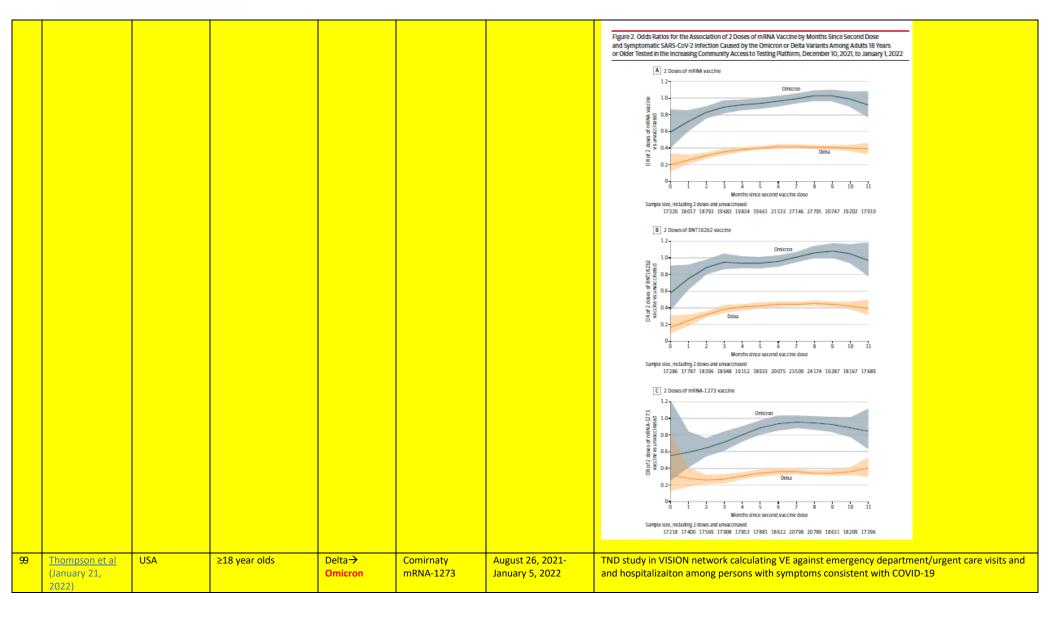






							TABLE 2. mRNA COVID-19 vaccine effectiveness* against laboratory- encounters and hospitalizations among adults aged ≥18 years, by VISION Network, 10 states, August 2021–January 2022	confirmed COVID-19-as number and timing o	sociated <sup>†</sup> emergency departmer f vaccine doses <sup>5</sup> and vaccine pro	t and urgent care duct received —		
							Encounter/Predominant variant period/Vaccination status	S/ Total	ARS-CoV-2 positive test result, no. (%)	VE, %* (95% CI)		
							ED or UC encounters Delta predominant Unvaccinated (Ref)	98,087	36,542 (37.2)			
							Any mRNA vaccine 2 doses (14–179 days earlier) 2 doses (≥180 days earlier) 3 doses	39,629 52,506 14,523	3,269 (8.2) 6,893 (13.1) 469 (3.2)	86 (85–87) 76 (75–77) 94 (93–94)		
							Omicron predominant Unvaccinated (Ref) Any mRNA vaccine	6,996	3,398 (48.6)	_		
							2 doses (14–179 days earlier) 2 doses (≥180 days earlier) 3 doses Hospitalizations	1,746 5,409 3,876	591 (33.9) 2,037 (37.7) 520 (13.4)	52 (46-58) 38 (32-43) 82 (79-84)		
							Delta predominant Unvaccinated (Ref) Any mRNA vaccine	37,400	14,272 (38.2)	-		
							2 doses (14–179 days earlier) 2 doses (2180 days earlier) 3 doses Omicron predominant	14,645 26,190 8,092	895 (6.1) 2,563 (9.8) 209 (2.6)	90 (89-90) 81 (80-82) 94 (93-95)		
							Unvaccinated (Ref) Any mRNA vaccine 2 doses (14–179 days earlier)	460 115	174 (37.8) 14 (12.2)	 81 (65-90)		
							2 doses (≥180 days earlier) 3 doses	488 514	86 (17.6) 24 (4.7)	57 (39–70) 90 (80–94)		
98	Tartof et al	USA	≥18 year olds	Delta→	Comirnaty	December 1, 2021-	TND study of persons admitted to	the emerge	ncy room or hos	pital with s	ymptoms consi	istent with
	(January 19, 2022)		enrolled in Kaiser insurance	Omicron		January 11, 2022	COVID-19.					
								Delta \	/E (95% CI) (n=1509)	Omicron VI (n=1543)	E (95% CI)	
								ED ( (n=i		n ED only (n=1193)	Hospitalization (n=350)	
							Primary Series 7 days -< 3 months post dose 2	80 (6	9-87) 88 (71-95)	60 (43-72)	70 (41-84)	
							3-5 months	71 (6		38 (21-51)	67 (44-80)	
							≥6 months post dose 2 Booster series	63 (5	7-69) 74 (65-80)	41 (32-50)	68 (56-76)	
							14 days-< 3 months post dose 3	88 (8	5-91) 95 (91-97)	78 (73-82)	89 (83-92)	
							≥3 months post dose 3	81 (5	8-91) 65 (16-85)	48 (14-69)	90 (57-98)	
97	Amodio et al	Italy	≥18 year olds	Alpha→Delta	Comirnaty	January 1-September	Cohort study of 3.9 millions adults	•				_
	(January 19,				mRNA-1273	30, 2021	trends for vaccine effectiveness, m		• •		•	•
	2022)						significant for all the three evaluat		•		•	
							infection; -2·27% per month, p=0·0 COVID-19 intubation/death, respe		severe COVID-15	r; 2·26% pe	r monui, p=0·0;	zo against

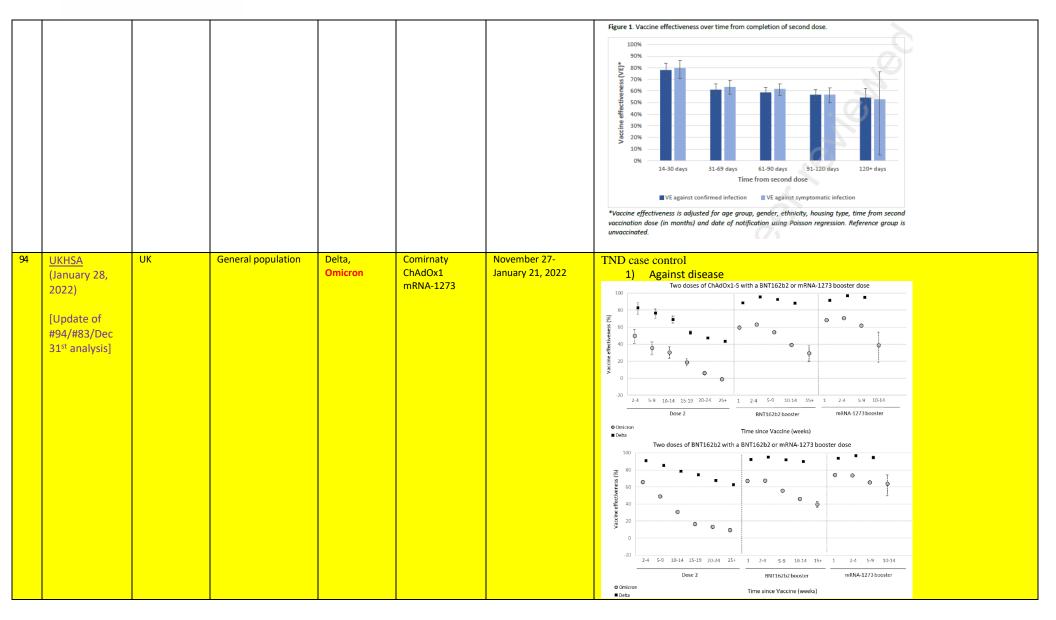




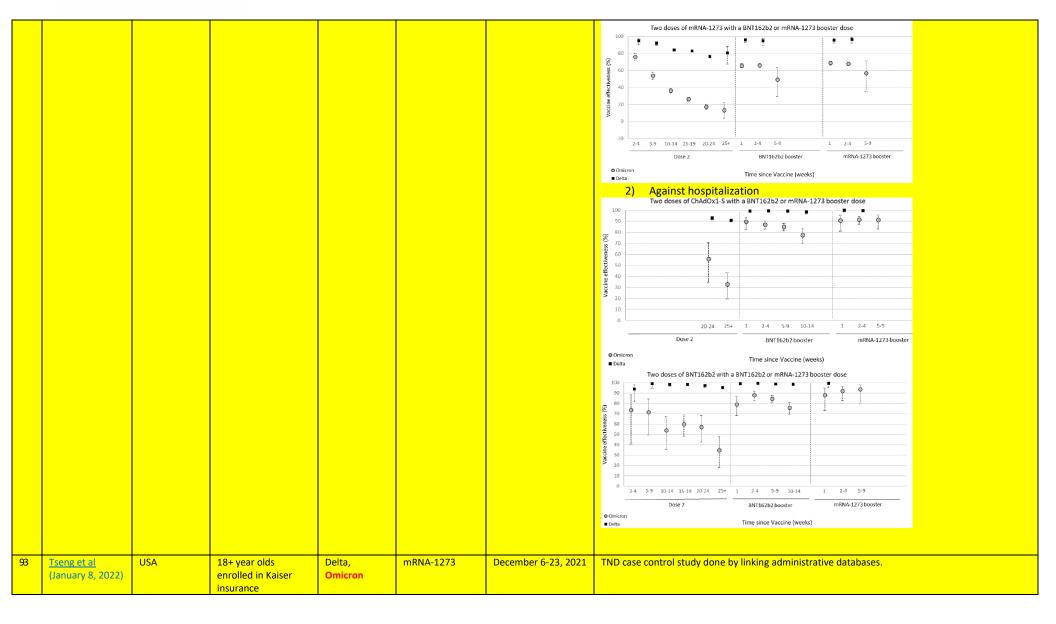
							Figure 4: Vaccine effectiveness estimates after adjustment for age and sex according to the different assessed outcomes and follow-up periods.  A. Vaccine effectiveness against SARS-CoV-2 infection  Information growth of the control of the periods of the period
96	Suah et al (January 16, 2022)	Malaysia	General population	Delta	Comirnaty CoronaVac	September 1-30, 2021	Compared early (April-June) vs late (July-August) vaccinated persons (comparing to unvaccinated based on census data). For BNT162b2, crude vaccine effectiveness against COVID-19 infections declined from 90.8% (95% CI 89.4, 92.0) in the late group to 79.1% (95% CI 75.8, 81.9) in the late group. Vaccine effectiveness for BNT162b2 against ICU admission and deaths were comparable between the two different periods. For CoronaVac, crude vaccine effectiveness waned against COVID-19 infections from 74.4% in the late group (95% CI 209 70.4, 77.8) to 30.0% (95% CI 18.4, 39.9) in the early group. It also declined significantly against ICU admission, dropping from 56.1% (95% CI 51.4, 60.2) to 29.9% (95% CI 13.9, 43.0) (adjusted). For deaths, however, CoronaVac's effectiveness did not wane after three to five months of full vaccination. Waning more prominent in 60+.
95	Chiew et al (January 8, 2022)	Singapore	12-18 year olds	Delta	Comirnaty	June 1-November 20, 2021	Cohort study evaluating VE against infection and disease.















								Delta VE (95% CI)	Omicron VE (95% CI)	
							VE against Infection			
							2 dose (14+)	60.7 (56.5-64.5)	0 (0-3.1)	
							14-90 days	82.8 (69.6-90.3)	30.4 (5-49)	
							91-180 days	63.6 (51.8-72.5)	15.2 (0-30.7)	
							181-270 days	61.4 (56.8-65.5)	0 (0-1.2)	
							>270 days	52.9 (43.7-60.5)	0 (0-1.7)	
							3 dose	95.2 (93.4-96.4)	62.5 (56.2-67.9)	
							3 <sup>rd</sup> dose on or after 10/21	95.7 (94.2-96.9)	63.6 (57.4-68.9)	
							3 <sup>rd</sup> dose prior to 10/21	90.7 (81.4-95.3)	39.1 (3.8-61.5)	
							1 assa p.1.5. to 1.5, 2,	(0.1.1 00.0)	(0.0 0.0)	
							3 dose (immunocompetent)	95.7 (94.2-96.8)	63.6 (57.4-68.9)	
							3 <sup>rd</sup> dose on or after 10/21	95.9 (94.4-97.0)	64.1 (57.9-69.4)	
							3 <sup>rd</sup> dose prior to 10/21	93.1 (83.9-97)	49.0 (12.6-70.2)	
92	<u>UKHSA</u>	UK	65+ year olds	Delta,	Comirnaty	November 27-	TND study among 65+.			
32	(January 7, 2022)	O.K	os year olas	Omicron	mRNA-1273	December 31, 2021	Two doses of ChAdOx1-S with a BNT16	2b2 or mRNA-1273 booster do	ose	
	(50.100.1) 77 20227				ChAdOx1	200020. 31, 1011	100		-	
					CHAGOXI		80			
							£ 60	) I 9	- <del> </del>	
							§ 40 T T T	9 1	<u></u>	
							20	Y		
							9 0			
							1500 -20			
							2 -40			
							.50			
							10-14 15-19 20-24 25+ 1	2-4 5-9 10+ 1 2-4	5-9	
							Dose 2 Bi	NT162b2 booster mRNA-127	3 booster	
							O Omicron     ■ Delta     Time since Vac	cine (weeks)		
							b)			
							Two doses of BNT162b2 with a BNT162l	h2 or mRNA-1273 hooster dos		
							100	• • · · ·		
							80 1 1 1 1	• •	Ī	
							R 60 1 1 1 1 1	ğ 1 9	i i	
							\$9 40	· ·	I	
							and the second s	•		
							i i i i i i i i i i i i i i i i i i i			
							ф ф			
							\$ -20			
							-40			
							-60 2-4 5-9 10-14 15-19 20-24 25+ 1	2-4 5-9 10+ 1 2-4	5-9	
								162b2 booster mRNA-1273		
							Omicron		booste.	
							■ Delta Time since Vaccine	(weeks)		
01	Carity Vital and	Clavaria	40	Dalla	Carrierate	0.1-12024	Calculated a six a day in the	and a balance and the	Carlly and all of	
91	Grgič Vitek et al	Slovenia	18+ year olds	Delta	Comirnaty	October 2021	Cohort study using administrativ	e databases specif	rically evaluated VE ag	gainst SARI nospitalization.
	(January 6, 2022)				mRNA-1273		Note results are unadjusted.			
					<u> </u>		_			
-				•			•			





							Ful Vaccine
							Age group (years)  ** 95% CI  Vaccinated \$\delta \text{ months ago}  18-49 97 90-99  \$\delta 65 93 88-96  Vaccinated \$4-5 months ago  18-49 NA NA  \$\delta 65 90 79-95  \$\delta 65 85 81-88  Vaccinated \$\delta 6 \text{ months ago}  18-49 \$\delta 70-95  \$\delta 65 85 81-88  Vaccinated \$\delta 6 \text{ months ago}  18-49 23 0-69  \$\delta 65 43 30-54
90	Zheutlin et al (January 6, 2022)	USA	18+ year olds who had been fully vaccinated	Alpha, Delta, nonVOC	Comirnaty mRNA-1273 Ad26.COV2.S	January 1-September 7, 2021	Matched case control using an administrative dataset among vaccinated persons, comparing the odds of infection, hospitalization, and ICU admission at 28 day intervals post dose 2 relative to the 1st month after full vaccination. Note outcomes defined by COVID-19 ICD10 codes or SARS-CoV-2 PCR testing.  Figure 2. Odds ratios (OR) and 95% CT assessing durability of baseline vaccine protection against COVID-19 breakthrough infections, hospitalizations, and ICU admissions.  a) Ad26.COV2.S  Ad26.COV2.S Infection  Month 1  (Reference)  Month 1  Ad26.COV2.S Infection  Month 1  Inference of the protection of
89	Lyngse et al (January 6, 2022)	Denmark	General population	Delta	Comirnaty ChAdOx1 mRNA-1273	June 21-October 26, 2021	HH transmission study. The VE against susceptibility and VE against transmission decreased from 71% (95%CI: 69-72) and 57% (95%CI: 53-61), respectively, to 32% (95%CI: 16-45) and 29% (95%CI:





							14-41), respectively, between time points corresponding to 0-1 months and 7-8 months after
88	Prunas et al (January 5, 2022)	Israel	12-16 year olds enrolled in Maccabi health services	Delta	Comirnaty	June 15-December 8, 2021	Matched case control evaluating association between time since vaccination and infection (red) and disease (blue).
87	Fisman et al (January 5, 2022)	Canada	5+ year olds	Alpha, Beta, Gamma, Delta, nonVOCs	Comirnaty ChAdOx1 mRNA-1273 (homologous and heterologous)	December 2020- October 2021	Case-Cohort study looking at VE against infection combined across the different platforms over time since vaccination as well as evaluated impact of dosing intervals.  0.375 0.375 0.25 0.125 0.125 0.059 0
86	Buchan et al (January 28, 2022) [updated from January 1, 2022 version]	Canada	18+ year olds	Delta, Omicron	Comirnaty ChAdOx1 mRNA-1273 (vaccinated persons had at least 1 dose of an mrna vaccine)	December 6- December 26, 2021	Figure St. Vaccine effectiveness against infection by Omicron or Delta among adults aged 218 years by vaccine schedule and time since latest dose  A Receipt of any combination of 2 mRNA vaccines for the 2-dose primary series  B. Receipt of 2 doses of BNT162b2 for the 2-dose primary series  B. Receipt of 3 doses of BNT162b2 for the 2-dose primary series  Days since second dose
85	Cerqueria-Silva et al (December 27, 2021)	Brazil	18+ year olds with prior infection 90+	Gamma, Delta	Coronavac, Comirnaty ChAdOx1	January 18, 2021, - November 11, 2021.	Matched TND study linking adminsitrative databases. VE against symptomatic disease on top; severe disease on bottom.

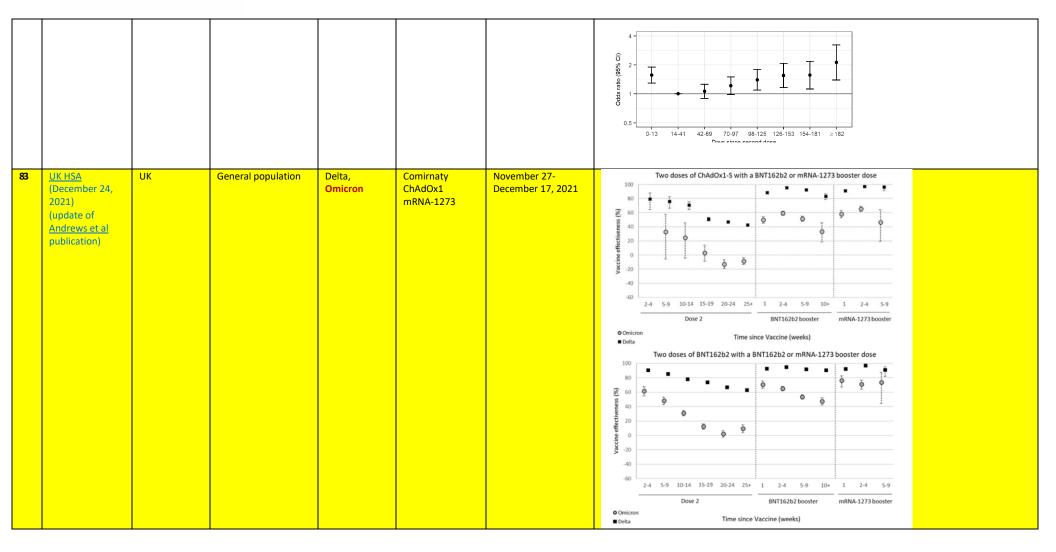




			days prior to testing		Ad26.COV2.S						
					Au26.CUV2.3			14-90 days	>90 days	p-	
			in study period				BNT162b2	64.2%	100%	value	
								(54.2 - 72.0)	(*)	0.277	
							ChAdOx1	55.5% (50.5-60.1)	56.8% (46.6-65.1)	0.544	
							CoronaVac	40.5%	38.0%	0.500	
								(36.4-44.3)	(33.1-42.5)	0.760	
							Ad26.COV2.S	46.1% (32.7-56.7)	30.6% (-12.4-57.1)	0.420	
							-	(32.7 30.7)	(12.4 37.1)		
							Table A4. Vaccine	e effectiveness ≥	14 days after s	eries comp	
									ccine waning		
								14-90 days	r series comple >90 days	p-value	
							BNT162b2	88.8%	100%	0.765	
								(50.0-97.5) 86.6%	(*) 95.1%		
							ChAdOx1	(77.6-92.0)	(84.8-98.4)	0.007	
							CoronaVac	86.6%	74.4%	0.012	
								(79.8 <b>-</b> 90.3) 60.2%	(63.3-82.2) 41.0%		
							Ad26.COV2.S		(-240.9-89.9)	0.978	
84	Hitchings et al	Brazil	18+ year olds living in	Gamma, Delta	Coronavac	January 17-	TND based on	linking adm	ninsitrative	datahase	s among persons with 2 doses of coronavac (ref
J.	(December 24,	J. G.E.II	Sao Paulo	Jannia, Dena	2310114440	September 30, 2021	period day 14-				, a persons with 2 doses of corollarde (ref
			3a0 Faulo			3eptember 30, 2021					
	2021)						OR for sympto	matic disea	ise.		
							8 -		- I	TI T	
							2	IX IX	ı ∓ I İ	f   1	
							±4 ••		1 1	8-39	
							0.5			-1	
							0.12				
							8 -			vI	
							2 - 1			ı İ ı	
							**	<u> </u>	I I	1 0	
							o.5 -			1	
							% 60 0.12 -				Priority status
							6) 0.12 - ge				Non-HCW
							€				▲ HCW
							8 - 8 -				
							2- 1			T 65	
								1 1	1 1	79	
							0.5				
							0.12				
											1
							8 -				
									ļ ļ .	. [	
							2- 1	1	<u> †</u> † :	8	
							0.5	1 1		•	
							0.5				
							0.12 -				
							0-13 14-4	1 42-69 70-97	98-125 126-153 154	181 ≥182	
								Days since se	econd dose		
							OR against hos	pitalization	or death		











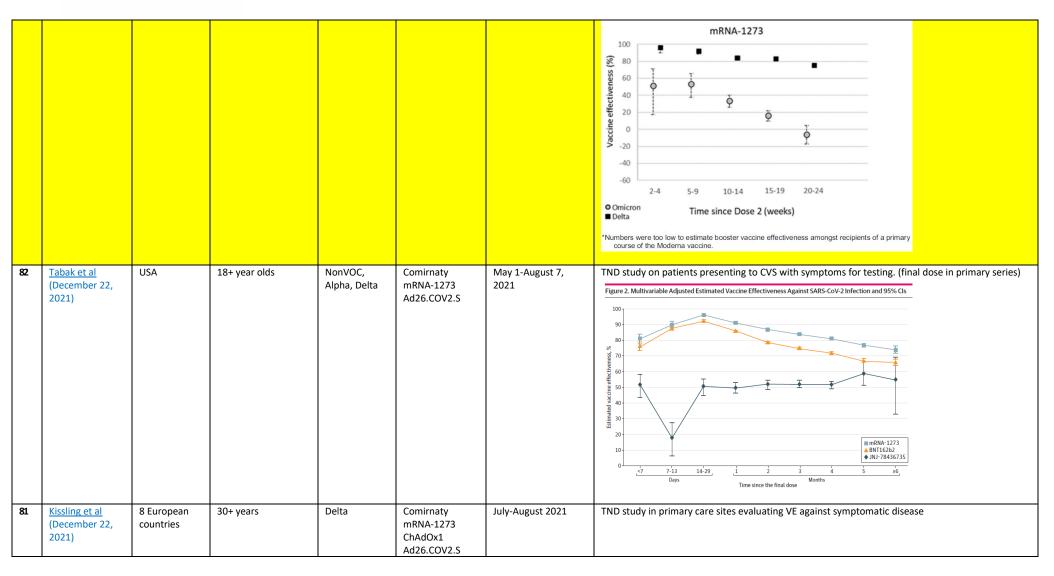


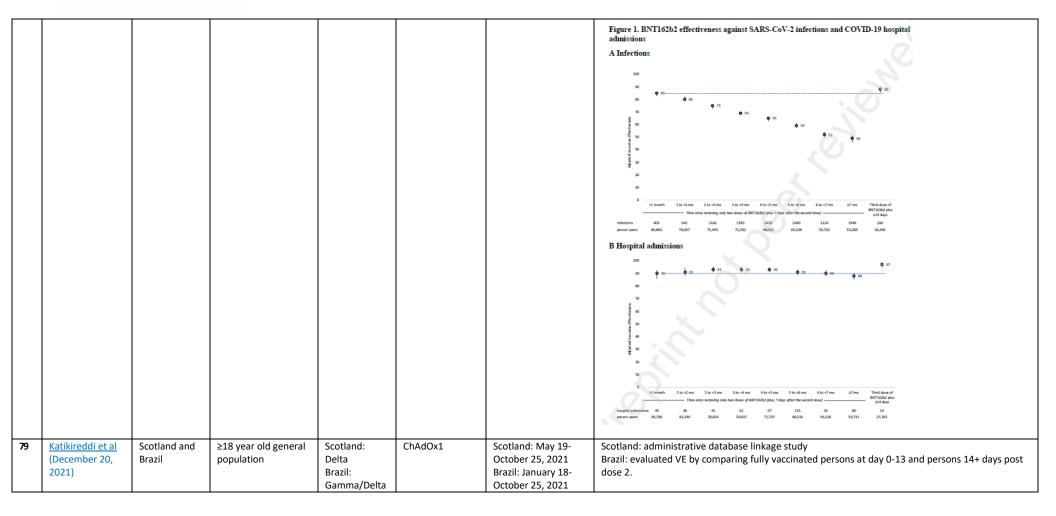




							Table 3: Effectiveness of comp and community I-MOVE-COVID product, Europe, July-August	D-19 and ECDC VE stud		
							Analysis by time since vaccin			
							Brand, age group and time	Cases / controls	Crude VE (95% CI)*	Adjusted VE (95% CI) <sup>b</sup>
							since vaccination			
							Comirnaty, age 30–59 years			1
							Unvaccinated	1045/1684		
							Vaccinated 14–29 days	123/1287	87 (84–89)	87 (83–89)
							Vaccinated 30–59 days	261/1584	75 (71–79)	76 (72–81)
							Vaccinated 60–89 days	60/335	70 (59–78)	72 (61–80)
							Vaccinated ≥90 days	151/647	66 (58–72)	65 (56–71)
							Comirnaty, age 60+ years <sup>c</sup>	,	. ,	. ,
							Unvaccinated	74/161		
							Vaccinated 14–29 days	2/30	-	-
							Vaccinated 30–59 days	32/425	67 (42-81)	65 (37–80)
							Vaccinated 60–89 days	146/951	65 (49–76)	66 (48–78)
							Vaccinated ≥90 days	192/1159	66 (51–76)	64 (44–77)
							Vaxzevria, age 30–59			
							years <sup>d</sup>			
Ì							Unvaccinated	990/1655		
							Vaccinated 14–29 days	21/107	71 (52-83)	72 (52-83)
							Vaccinated 30–59 days	79/320	67 (56–75)	67 (57–75)
							Vaccinated 60–89 days	42/162	64 (47–76)	65 (48–76)
							Vaccinated ≥90 days	9/50	-	-
				1			Spikevax, age 30–59 years			
							Unvaccinated	1033/1672		
							Vaccinated 14–29 days	2/180	98 (92-100)	98 (93-100)
							Vaccinated 30–59 days	19/285	91 (85–94)	91 (85 <del>-9</del> 5)
I							Vaccinated 60–89 days			
Ì							Vaccinated ≥90 days	6/98	89 (75–96)	90 (76–96)
							Janssen, age 30–59 years <sup>1</sup>	11/33	-	-
							Unvaccinated			
				1			Vaccinated 14–29 days	919/1578		
							Vaccinated 30–59 days	19/61	-	-
							Vaccinated 60–89 days	123/338	46 (32–57)	50 (36–62)
							Vaccinated ≥90 days	70/205	45 (26–60)	52 (33–66)
							1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	5/17	-	-
	Tartof et al (December 21, 2021)	USA	3 million 18+ Kaiser permanente members	NonVOC, alpha, Delta,	Comirnaty	December 14, 2020- December 5, 2021	Cohort study looking a stratification by age g though immunocomp significant.	roup and imm	unocompromised	status, with sim







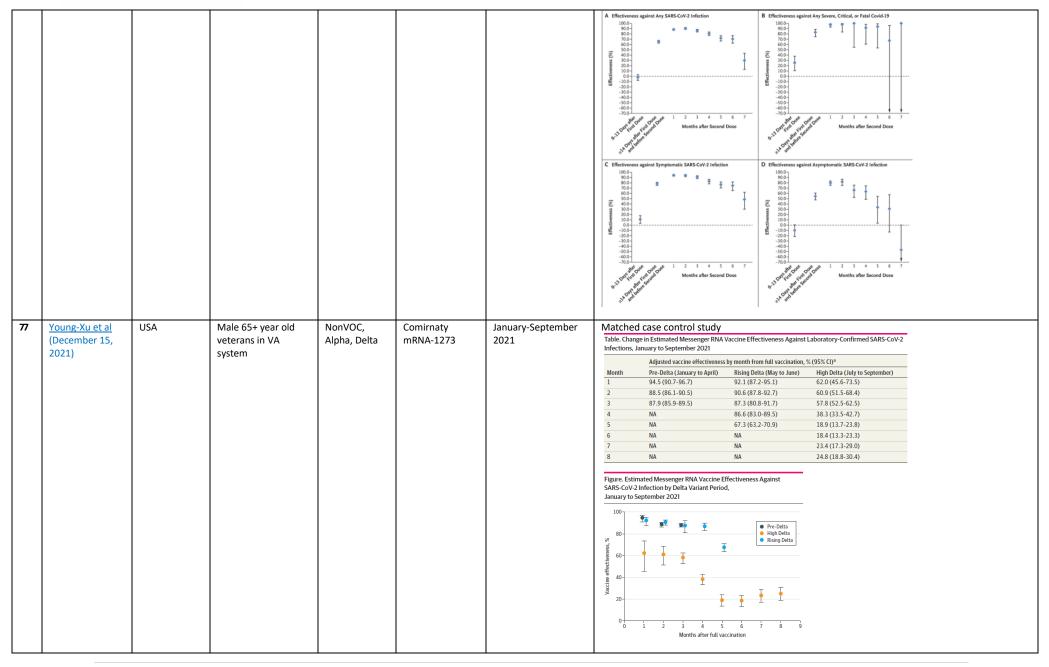




								Scotland			Brazil		
								Person-years	Number of events	Vaccine effectiveness* (95% CI)	Person-years	Number of events	Vaccine effectiveness* (95% CI)
							Unvaccinated	336942	2245	0% (ref)			
							0–2 weeks after first dose	6860	39	-15·4% (-60·6 to 17·0)	1849099	21736	0% (ref)
							Partially vaccinated†	94761	420	49·3% (43·3 to 54·6)	11701310	37802	57-9% (56-9 to 58-9)
							0–1 week after second dose	47252	78	77-7% (71-9 to 82-3)	1601585	2688	73-2% (71-9 to 74-5)
							2–3 weeks after second dose	55318	85	83.7% (79.7 to 87.0)	1492259	1095	86-4% (85-4 to 87-3)
							4–5 weeks after second dose	65698	106	86-6% (83-6 to 89-0)	1338063	1019	83-5% (82-3 to 84-7)
							6–7 weeks after second dose	71120	134	86-8% (84-2 to 88-9)	1117 983	1019	77-9% (76-1 to 79-5)
							8–9 weeks after second dose	73540	245	79.0% (75.9 to 81.7)	862 976	863	75-6% (73-4 to 77-6)
							10–11 weeks after second dose	73212	280	79-6% (76-8 to 82-1)	651213	751	69-3% (66-3 to 72-1)
							12–13 weeks after second dose	71773	337	77-4% (74-6 to 80-0)	445 924	646	60-8% (56-6 to 64-6)
							14–15 weeks after second dose	68114	356	75.9% (72.9 to 78.6)	264128	472	59-7% (54-6 to 64-2)
							16–17 weeks after second dose	63 974	402	70-5% (67-0 to 73-7)	169692	397	50-5% (43-4 to 56-6)
							18–19 weeks after second dose	58608	508	63.7% (59.6 to 67.4)	132 459	275	42-2% (32-4 to 50-6)
							20–21 weeks after second dose	45716	598	53-6% (48-4 to 58-3)	-	-	-
							deprivation, comorbidities, number of from the analysis. In Brazil, vaccine eff and temporal trend. †Partially vaccina Table 2: Vaccine effectiveness esti vaccination in Scotland and Brazi	fectiveness was ad ated: ≥2 weeks afte imates for ChAd	djusted for age, sex, er the first dose and	deprivation, macroregion of re I before the second dose.	sidence, primary re	sason for vaccinat	tion, interval between doses,
								Scotland			Brazil		
								Total samples	Positive sample	es Vaccine effectiveness* (95% CI)	Total samples	Positive samp	oles Vaccine effectiveness* (95% CI)
							Unvaccinated	26130	13 698	0% (ref)	9852053	4920001	0% (ref)
							0–1 week after first dose	911	374	20-9% (8-2 to 31-9)	286 322	151328	-9-6% (-10-5 to -8-8)
							Partially vaccinated†	15714	7176		1143 423	398717	37-6% (37-3 to 37-9)
							0–1 week after second dose	5027	2025	50-2% (46-7 to 53-5)	112391	30550	51-3% (50-6 to 52-0)
							2-3 weeks after second dose	7141	2429	67-9% (65-9 to 69-8)	95671	7963	69-8% (69-3 to 70-4)
							4–5 weeks after second dose	8947	3387	67-3% (65-3 to 69-1)	79298	15568	68-4% (67-8 to 68-9)
							6–7 weeks after second dose	10622	4346	63-8% (61-7 to 65-7)	60301	12 401	66-8% (66-1 to 67-5)
							8-9 weeks after second dose	11258	4633	63·3% (61·3 to 65·3)	44351	9424	65-4% (64-6 to 66-2)
							10–11 weeks after second dose	14 043	6319	59-3% (57-2 to 61-4)	32832	7103	63-2% (62-2 to 64-2)
							12-13 weeks after second dose	17300	7966	55-3% (53-0 to 57-5)	22 454	5177	58-8% (57-4 to 60-1)
							14–15 weeks after second dose	17421	7670	52-9% (50-4 to 55-2)	15305	3435	59-8% (58-2 to 61-4)
							16–17 weeks after second dose	15 442	6554	48-7% (45-9 to 51-4)	10822	2529	58-7% (56-7 to 60-5)
							18-19 weeks after second dose		6248	44·6% (41·5 to 47·6)	7458	1852	57-7% (55-4 to 60-0)
							20–21 weeks after second dose	10596	4718	39·1% (35·4 to 42·6)		-	-
							"In Scotland, vaccine effectiveness w board, interval between doses, and to immunosuppression, cardiac disease, appendix 2 (pp 11–15). Partially vac	emporal trend. In E , pregnancy, puerp	Brazil, vaccine effect peral period, chronic	tiveness was adjusted for age, s c kidney disease, and temporal t	ex, deprivation, mad	croregion of resid	dence, diabetes, obesity,
							Table 3: Vaccine effectiveness est vaccination in Scotland and Braz				2 symptomatic in	fection by leng	th of time since two-dose
78	Abu-Raddad et al (December 16, 2021	Qatar	General population	Alpha→Beta →Delta	mRNA-1273	January 1 and December 5, 2021	TND study linkin	g admir	nsitrativ	e databases.			
	Updated January 26,2022)												







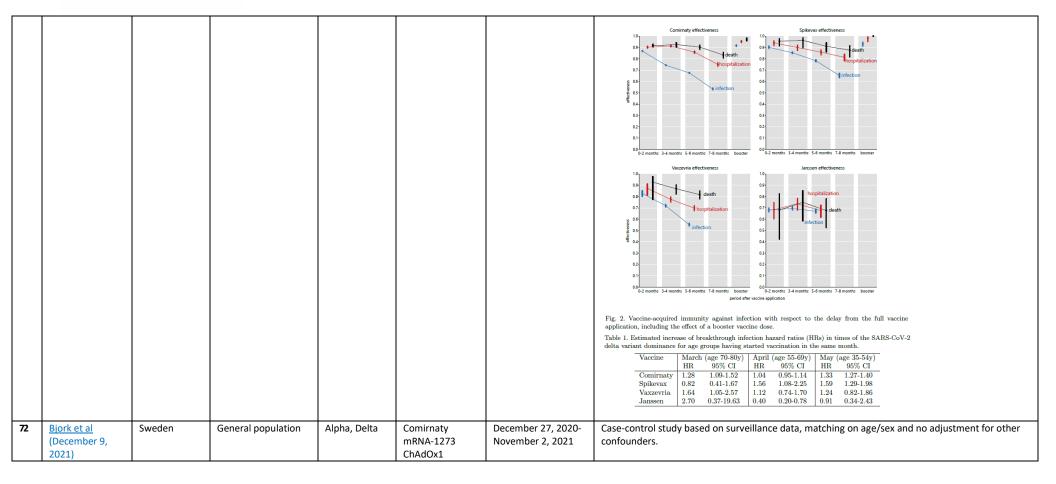




<b>7</b> 6	Machado et al (December 14,	Portugal	Non-institutionalized 65-<110 year olds	Alpha, Delta	Comirnaty mRNA-1273	February 2 (80+) or March 30 (65-79) -	Cohort study linking administrative databases.    timing post   disease   hospitalization   deaths		
	2021)				ChAdOx1	August 2021	dose 2 dosease nospitalization deaths  dose 2 65-79 years 80-<110 years 65-79 years 80-<110 years 65-79 years 80-<110 years 65-79 years 80-<110 years 65-79 years 80-<110 years 65-79 years 80-<110 years 65-79 years 80-<110 years 65-79 years 80-<110 years 65-79 years 80-<110 years 65-79 years 80-<110 years 65-79 years 80-<110 years 65-79 years 80-<110 years 65-79 years 80-<110 years 65-79 years 80-<110 years 65-79 years 80-<110 years 65-79 years 80-<110 years 65-79 years 80-<110 years 65-79 years 80-<110 years 65-79 years 80-<110 years 65-79 years 80-<110 years 65-79 years 80-<110 years 65-79 years 80-<110 years 65-79 years 80-<110 years 65-79 years 80-<110 years 65-79 years 80-<110 years 65-79 years 80-<110 years 65-79 years 80-<110 years 65-79 years 80-<110 years 65-79 years 80-<110 years 65-79 years 80-<110 years 65-79 years 80-<110 years 65-79 years 80-<110 years 65-79 years 80-<110 years 65-79 years 80-<110 years 65-79 years 80-<110 years 65-79 years 80-<110 years 65-79 years 80-<110 years 65-79 years 80-<110 years 65-79 years 80-<110 years 65-79 years 80-<110 years 65-79 years 80-<110 years 65-79 years 80-<110 years 65-79 years 80-<110 years 65-79 years 80-<110 years 65-79 years 80-<110 years 65-79 years 80-<110 years 65-79 years 80-<110 years 65-79 years 80-<110 years 65-79 years 80-<110 years 65-79 years 80-<110 years 65-79 years 80-<110 years 65-79 years 80-<110 years 65-79 years 80-<110 years 65-79 years 80-<110 years 65-79 years 80-<110 years 65-79 years 80-<110 years 65-79 years 80-<110 years 65-79 years 80-<110 years 65-79 years 80-<110 years 65-79 years 80-<110 years 65-79 years 80-<110 years 65-79 years 80-<110 years 65-79 years 80-<110 years 65-79 years 80-<110 years 65-79 years 80-<110 years 65-79 years 80-<110 years 65-79 years 80-<110 years 65-79 years 80-		
							14-41 days 79 (76-83) 72 (61-79) 95 (90-97) 83 (68-91) 95 (88-98) 87 (71-93)		
							42-69 days 68 (64-71) 64 (53-72) 97 (94-98) 81 (66-90) 97 (92-98) 88 (78-94)		
							70+ days 93 (86-96) 93 (87-96) 86 (76-94)		
							70-97 days 59 (53-64) 53 (43-62) 74 (60-84) 86 (78-91)		
							98+ days 39 (29-48)		
							98-123 days 50 (40-59) 74 (58-83) 80 (71-86)		
							124+days 34 (29-48) 63 (37-78) 75 (64-82)		
							AZ disease		
							timing post in 65-79		
							dose 2 year olds		
							14-41 days 48 (42-54)		
							42-69 33 (23-42)		
							70+ 34 (10-52)		
75	Florea et al	USA	≥18 year olds Kaiser	NonVOC,	mRNA-1273	December 18, 2020-	Cohort study		
,,		03/1			11111117-12/J				
	(December 14,		Permanente insured	Alpha, Delta		September 30, 2021	100 - 95.9 = 94.8 = 94.5		
	2021)		patients						
							±88.0 ±84.5		
							80		
							Vaccine Effectiveness (95% C).  40 - 40 - 40 - 40 - 40 - 40 - 40 - 40		
							1		
							66)		
							<u>8</u> 60 –		
							<u> </u>		
							AN,		
							□ 30 40 -		
							일		
							© 20 –		
							8 20 7		
							VE in preventing SARS-CoV-2 infection  VE in preventing COVID-19 hospitalization		
							0 – VE in preventing COVID-19 hospitalization		
							0-<2 months 2-<4 months 4-<6 months 6-<8 months		
							Months of Follow-up		
73	Berec et al	Czech	General population	Alpha, Delta	Comirnaty	December 27, 2020-	Cohort study of population of Czech Republic using adminsitrative databases, evaluating		
	(December 12,	Republic		p,	mRNA-1273	November 21, 2021	of protection of primary and ve of boosted mRNA.		
	The second secon	Republic				14076111061 21, 2021	or protection or primary and we or boosted minima.		
	2021)				ChAdOx1				
					Ad26.COV2.S	1			

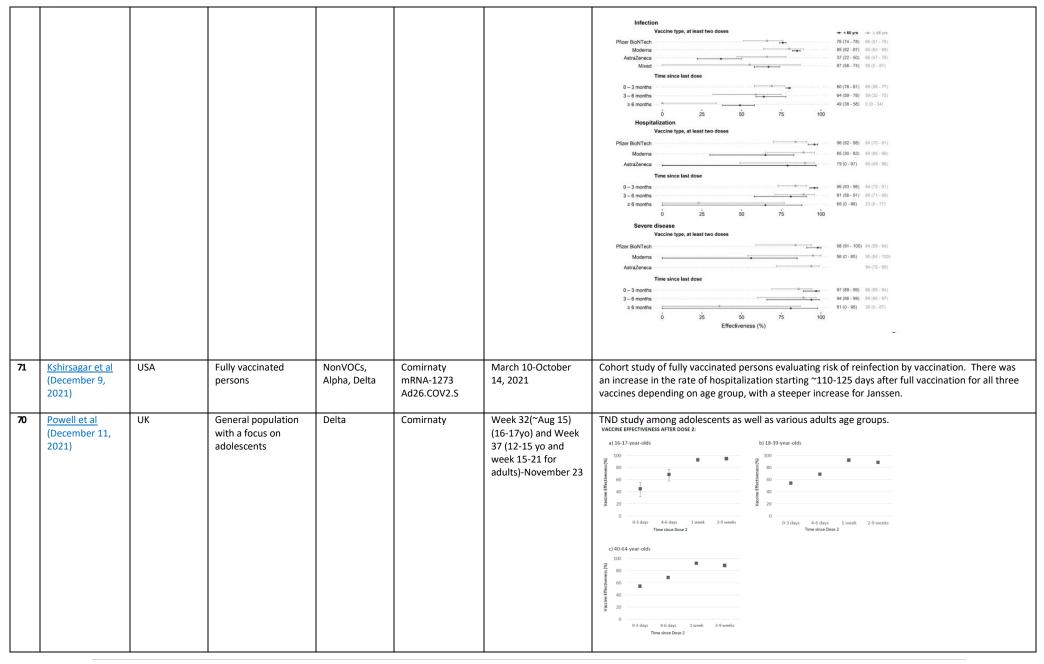












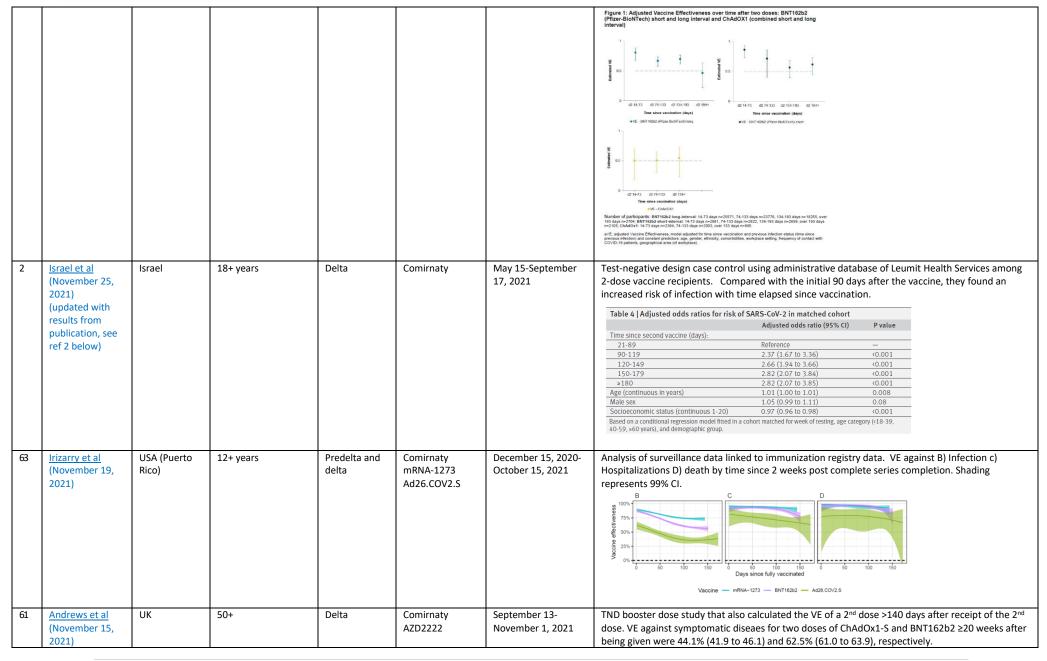




69	Bajema et al	USA	Veterans	nonVOCs,	Comirnaty	February 1–	TND among 1,896 U.S. veterans. Adjusted VE against hospitalization 14–119 days following 2 <sup>nd</sup>
	(December 9,			Alpha, Delta	mRNA-1273	September 30,	dose of Moderna vaccine dose was 89.6% (95% CI = 80.1%–94.5%) and after the 2nd Pfizer-
	2021)					2021	BioNTech dose was 86.0% (95% CI = 77.6%–91.3%); at ≥120 days VE was 86.1% (95% CI = 77.7%–
							91.3%) for Moderna and 75.1% (95% CI = 64.6%–82.4%) for Pfizer-BioNTech.
67	Goldberg et al (December 5, 2021)	Israel	General population	Delta	Comirnaty	August 1-September 31, 2021	Analysis of surveillance data comparing the following groups: Recovered: Previously infected individuals 90 or more days after confirmed infection who had never been vaccinated; Recovered then Vaccinated: Previously infected individuals who later were 7 or more days after receiving a single vaccine dose; Vaccinated then Recovered: Individuals who had been vaccinated with one or two doses and were later infected; Vaccinated: Individuals seven days or more after receiving the second dose, and who had not been infected before the start of the study period; Booster: Individuals who received a third (booster) dose 12 or more days previously and had not been infected before the start of the study period.  **Recovered 4-8 months** Recovered 4-8 months** Recovered 4-8 months** Recovered 4-8 months** Vaccinated 0-2 months** Vaccinated 0-3 months** Vaccinated 0-4 months** Vaccinated 0-5 months** Vaccinated 0-5 months** Vaccinated 0-5 months** Vaccinated 0-5 months** Vaccinated 0-6 months** Vaccinated 0-7 months** Vaccinated 0-8 mont
64	Hall et al (December 1,	UK	18+ year HCWs	Alpha→Delta	Comirnaty AZD2222	December 7, 2020- September 21, 2021	Cohort study of HCWs looking a VE against infection over time in those with and without prior infection. Pfizer long interval is doses separated by ≥6 weeks; short interval by <6 weeks
	2021)					30ptc///2021	and the state of t
1	2021)	I			1		











59	Tenforde et al (November 4, 2021)	USA	Hospitalized patients	Mix, alpha, and delta	Comirnaty mRNA-1273	March 11-August 15, 2021	Case-control study among hospitalized patients. When the mRNA-1273 and BNT162b2 vaccines were compared, estimated vaccine effectiveness was similar within 120 days of vaccination. In contrast, beyond 120 days, the results corresponded to an estimated effectiveness of 85% for the mRNA-1273 and 64% for the BNT162b2 vaccine to prevent COVID-19 hospitalizations.    Vaccinated case   Vaccinat					
58	Poukka et al (November 4, 2021)	Finland	16-69 year old HCWs	Mix and delta	Comirnaty mRNA-1273 AZD2222 heterologous	December 27,2020- August 26 (infection) October 26 (hospitalization), 2021	HCW cohort study based on registries. No difference seen between delta and pre-delta periods.  VE against infection  100% 90% 90% 90% 100% 14-90 91-180 DAYS SINCE THE SECOND DOSE mRNA vaccine  VE against hospitalization  100% 90% 90% 100% 100% 100% 100% 100%					
56	Skowronski et al (October 26, 2021)	Canada	General population	Alpha, Gamma, Delta	AZD1222 Comirnaty mRNA-1273 And heterologous schedules of the above	May 30-Oct 2, 2021	TND study in BC and Quebec. In both provinces, two-dose mRNA VE ≥95% against hospitalization was maintained through the seventh month post-vaccination. Two-dose mRNA VE against any infections peaked above 90% at 2−3 weeks post-vaccination, but remained about 80% or more through the eighth month. Given greater sample size, findings are most robust for BNT162b2 with similar pattern for mRNA-1273 and mixed mRNA or ChAdOx1/mRNA recipients, recognizing limited follow-up beyond the fourth or fifth month. For homologous two-dose ChAdOx1 recipients, VE ≥70% was also maintained for at least the fourth month post-vaccination. There was no indication					

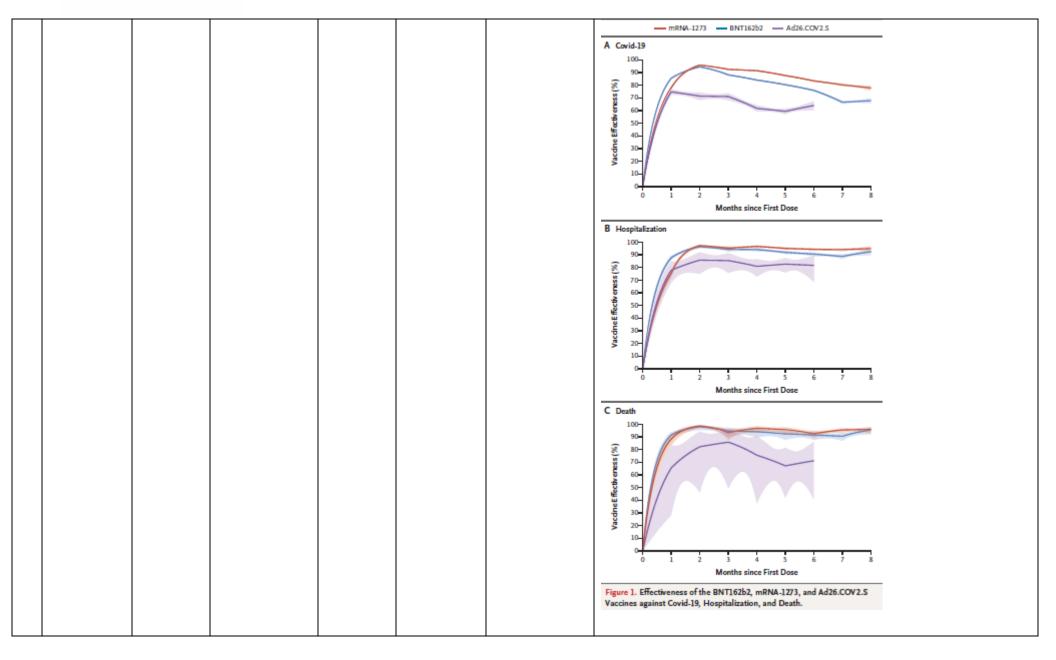




							of greater decline in two-dose protection against Delta. Among adults ≥70-years-old, mRNA VE was ≥80% against infection and ≥90% against hospitalization to at least the fifth month.  Figure 3. Adjusted two-dose vaccine effectiveness against infection and hospitalization, by time since vaccination, mRNA and ChAdOx1 vaccines.  A Any two mRNA vaccines  A Any two mRNA vaccines
55	Lin et al (October 26, 2021) [updated with final publication on January 12, 2022}	USA	General population	multiple	Comirnaty mRNA-1273 Ad26.COV2.S	December 13, 2020- Sept 8, 2021	Administrative database cohort study in North Carolina. For Pfizer two-dose,VE peaks at 94.5% (95% CI, 94.1 to 94.9) at 2 months (post the first dose). VE starts to decline after 2 months and drops to 66.6% (95% CI, 65.2 to 67.8) at 7 months. For Moderna two-dose,VE peaks at 95.9% (95% CI, 95.5 to 96.2) at 2 months. Effectiveness started to decline after 2 months and was maintained at 80.3% (95% CI, 79.3 to 81.2) at 7 months. For the Janssen one-dose regimen, vaccine effectiveness ramps to a peak level of 74.8% (95% CI, 72.5 to 76.9) at 1 month. Effectiveness started to decline after 1 month and decreased to 59.4% (95% CI, 57.2 to 61.5) at 5 months.







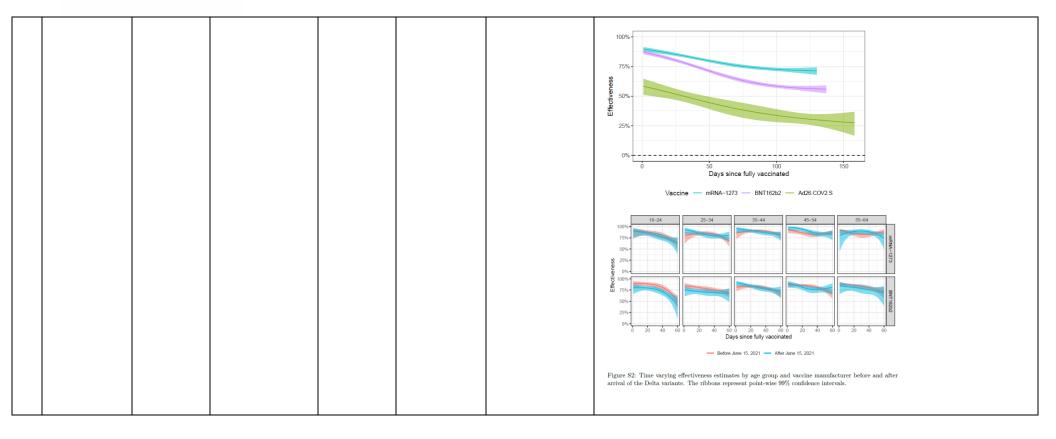




54	Nordstrom et al (October 25, 2021) [Updated February 4, 2022]	Sweden	General population	Alpha, Delta,	AZD1222 Comirnaty mRNA-1273 And AZD1222-> mRNA-1273	January 12-October 4, 2021	National cohort study based on database linkage. Vaccine effectiveness of BNT162b2 against infection waned progressively from 92% (95% CI, 92-93, P<0-001) at day 15-30 to 47% (95% CI, 39-55, P<0-001) at day 121-180, and from day 211 and onwards no effectiveness could be detected (23%; 95% CI, -2-41, P=0-07). The effectiveness waned slightly slower for mRNA-1273, being estimated to 59% (95% CI, 18-79) from day 181 and onwards. In contrast, effectiveness of ChAdOx1 nCoV-19 was generally lower and waned faster, with no effectiveness detected from day 121 and onwards (-19%, 95% CI, -97-28), whereas effectiveness from heterologous ChAdOx1 nCoV-19 / mRNA was maintained from 121 days and onwards (66%; 95% CI, 41-80). Overall, vaccine effectiveness was lower and waned faster among men and older individuals. For the outcome severe Covid-19, effectiveness waned from 89% (95% CI, 82-93, P<0-001) at day 15-30 to 42% (95% CI, -35-75, P=0-21) from day 181 and onwards, with sensitivity analyses showing notable waning among men, older frail individuals, and individuals with comorbidities.
52	Hulme et al (October 18, 2021)	UK	HCW	Alpha, delta	Comirnaty AZD1222	January 4-June 13	Comparative VE Cohort study of HCWs based on linking databases who were vaccinated with AZD1222 or Comirnaty between January 4-February 28, 2021 who were followed for 20 weeks.  Figure 2: Comparative effectiveness: For each outcome based on the fully adjusted model, the marginal cumulative incidence for ChAUCH and INTEGRAL their difference, and the honerard ratio are shown. Models that assumed piecewise-constant honerards gave similar effect estimates (supplementary Figure S2). The models with less extensive confounder adjustment gave very similar estimates (supplementary Figure S1) suggesting that recipients of each vaccine were similar after accounting for differences in vaccine allocation over space and time (as did all models).  20
51	Robles-Fontan et al (October 18, 2021)	USA (Puerto Rico)	General population	Multiple, with delta time frame analysis	Comirnaty mRNA-1273 Ad26.COV2.S	December 15,2020- October 1, 2021	Cohort study of Puerto Rican population.

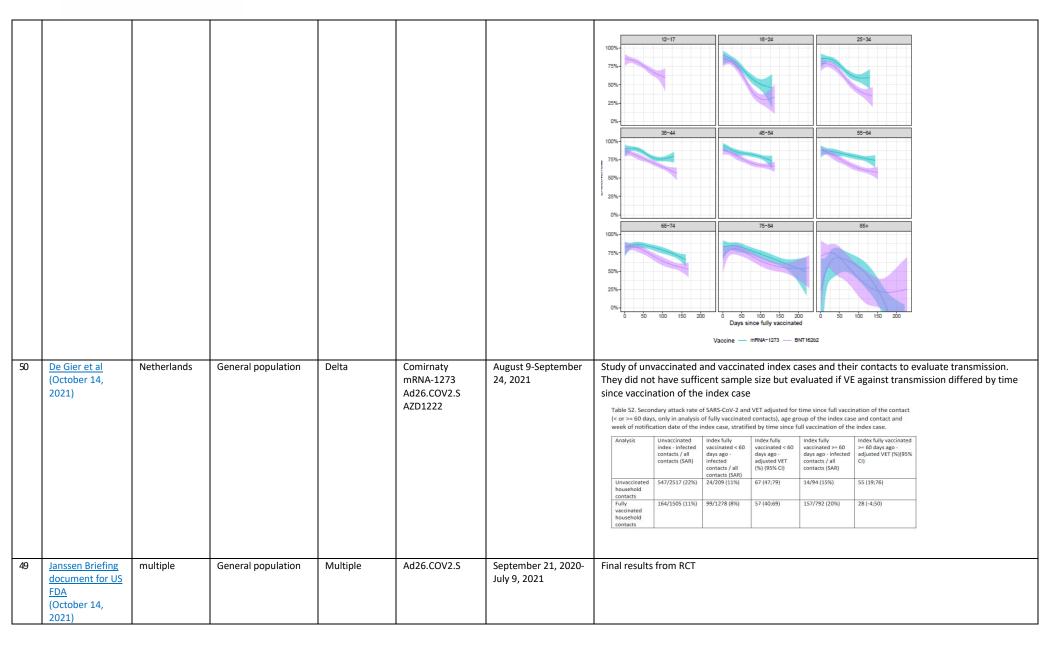






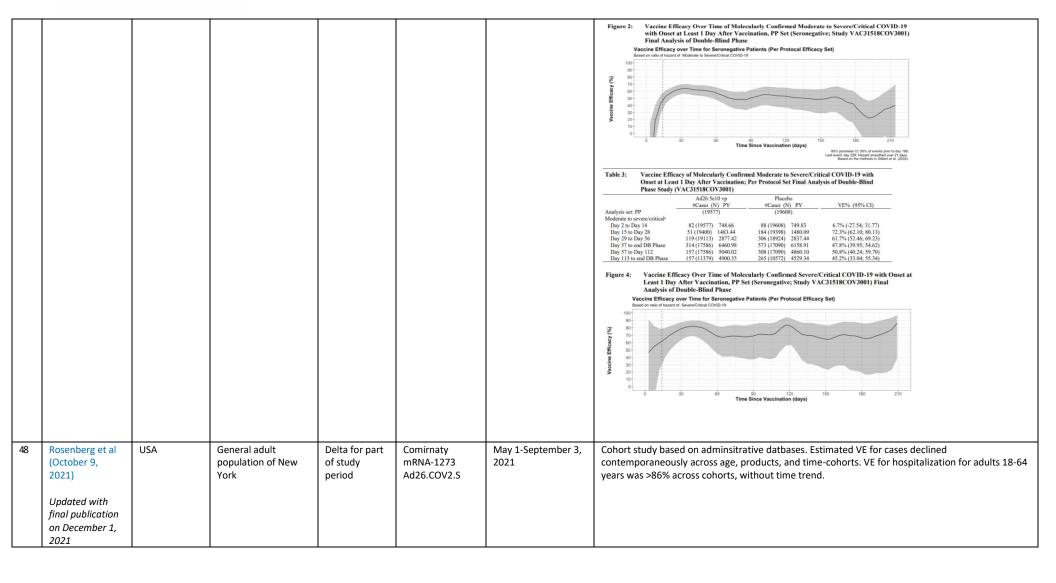






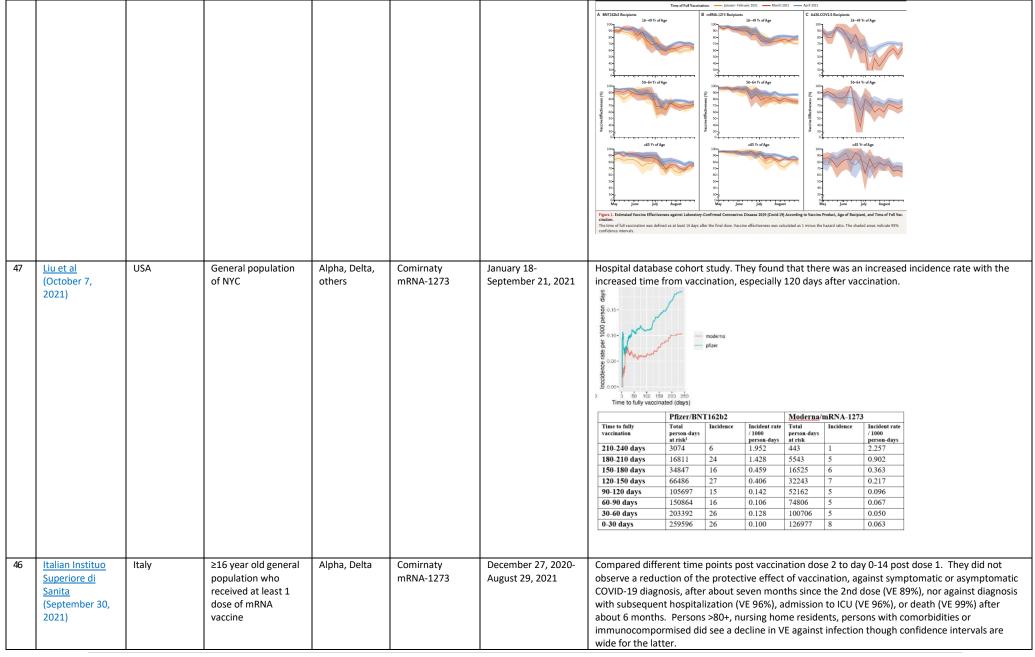






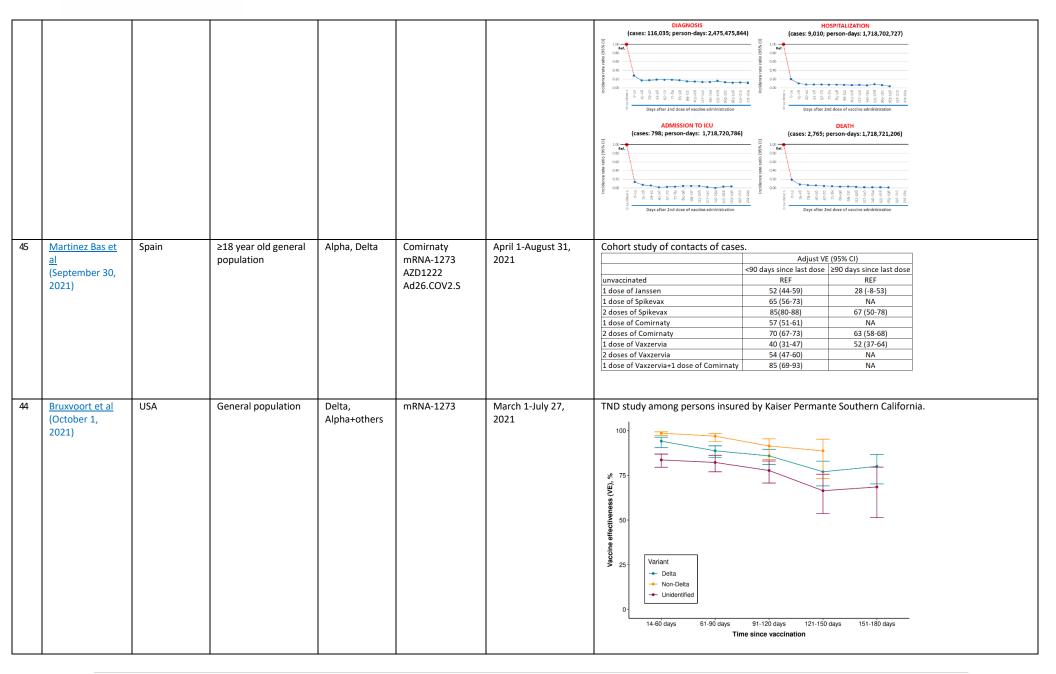




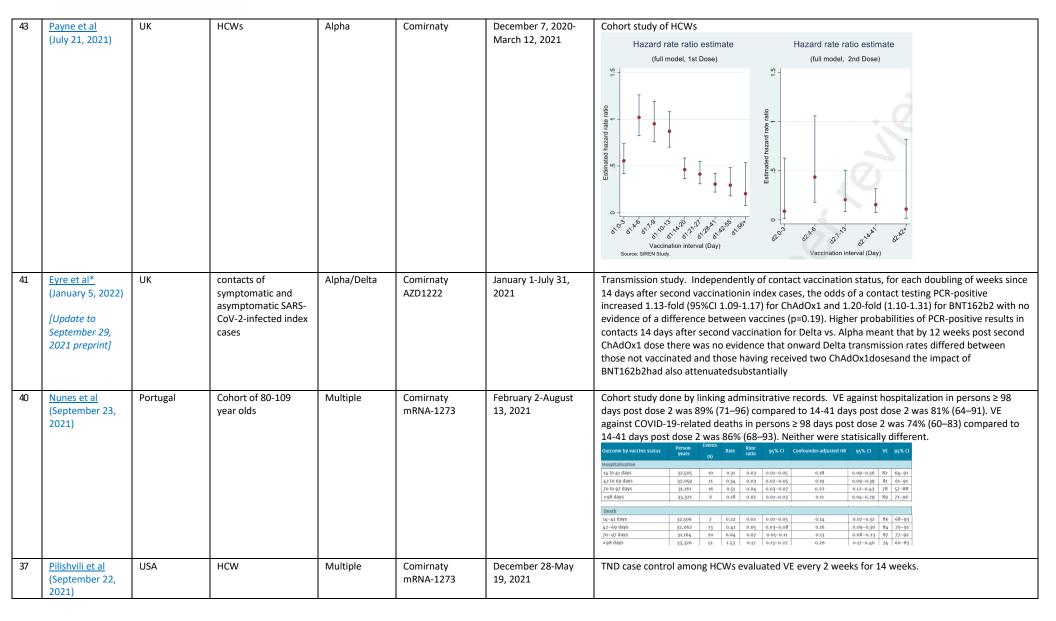
















							100 90 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1						
36	El Sahly et al (September 22,	USA	RCT participants	Multiple	mRNA-1273	July 27, 2020-March 26, 2021	No. of Controls 541 213 156 137 99 139 88  Findings from the double blinded placebo controlled RCT. VE against disease was similar at 2 weeks-<2 months (91.8%), 2 months-<4 months (94%), and ≥4 months (92.4%) post dose 2						
35	2021)  Baden et al (September 22, 2021)	USA	≥18-year-old RCT participants	Delta	mRNA-1273	July 1-August 27, 2021	RCT participants were followed after unblinding. Initial vaccine recipients (mRNA-1273e) were vaccinated between 7/27/20-12/16/20 while those vaccinated after unblinding (mRNA-1273p) were vaccianted between 12/29/20-4/30/21. Median follow-up times from the first dose were 13 months in the mRNA-1273e (including double-blind and open-label phases) and 7.9 months in the mRNA-1273p (only open-label phase) groups. While there was a significant difference in disease incidence rates between the groups, there was no difference in severe disease incidence rates though numbers are small.						
							mRNA-1273e   mRNA-1273p*   mRNA-1273p vs   N=14746   N=11431   mRNA-1273e						
							Covid-19 Cases Person- Rate/1000 Cases Person- n yr Person-yr n yr Person-yr n yr Person-yr n N yr Person-yr n N yr Person-yr n N yr Person-yr n N yr Person-yr N N N N N N N N N N N N N N N N N N N						
							All cases 162 2102 77.1 88 1796 49.0 36.4 (17.1-51.5) ≥18-<65 136 1558 87.3 68 1289 52.8 39.6 (18.6-55.5)						
							yr 26 5yr 26 544 47.8 20 507 39.5 17.4 (-53.9-56.3)						
							Severe 13 2102 6.2 6 1796 3.3 46.0 (-52.4-83.2) ≥18.<65 7 4.659 4.5 4 1290 3.4 20.0 (.474.7.95.2)						
							210-405 7 1558 4.5 4 1289 3.1 30.9 (-171.7-85.2) yr ≥65 yr 6 544 11.0 2 507 3.9 64.2 (-100.2-96.5)						
34	Hagan et al (September 21, 2021)	USA	Incarcerated persons	Delta	Comirnaty mRNA-1273 Ad26.COV2.S	July 11-August 14, 2021	Outbreak investigation in a prison found that the attack rate among fully vaccinated persons was significantly higher in those vaccinated 4-6 months ago (89%) compared to those vaccinated 2 weeks-2 months ago (61%). This was combined for 3 vaccines used in the population.						
33	Thomas et al (September 15, 2021)	Multiple	≥12-year-old RCT participants	Multiple	Comirnaty	July 27, 2020-March 13, 2021	Findings from the double blinded placebo controlled RCT. VE against disease was 96.2% (93.3-98.1) at 7 days-<2 months, 90.1% (86.6-92.9) at 2 months-<4 months, and 83.7% (74.7-89.9) at ≥4 months post dose 2.						

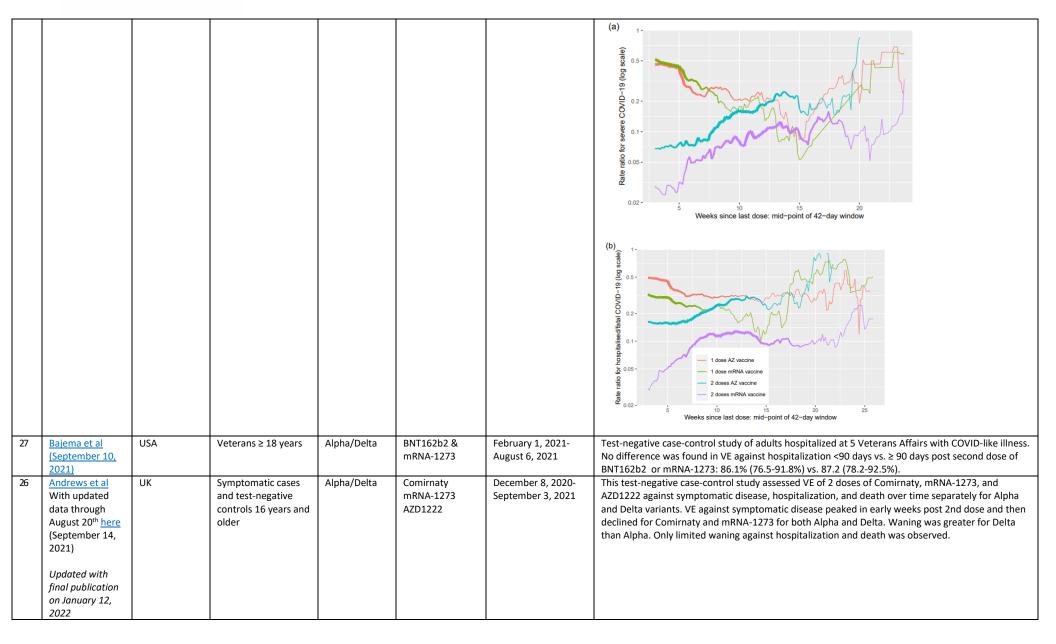




							Efficacy End Point    No. of   Survellance   No. at   No. of   No. at   No. at   No. of   No. at   No. at   No. of   No. at	----	---	-------------	--	---	--	---	--
32	Pfizer (September 17, 2021)	Multiple	≥16-year-old RCT participants	Delta	Comirnaty	July 1-August 31, 2021	RCT participants were evaluated for duration of protection against symptomatic disease, with the original placebo recipients receiving the vaccine after unblinding. The mean time from Dose 2 of Comirnaty to 01 July 2021 was approximately 5 months for the crossover group and 10 months for the original group. There was a 26.3% (7.4%- 41.4%) relative vaccine efficacy for the group vaccinated later (crossover group) compared to the group vaccinated earlier (original group), with a difference in incidence rates of -18.6 per 1000 person-years of follow-up.								
31	de Gier et al (September 17, 2021)	Netherlands	Hospitalized patients	Delta (just for duration of protection)	Comirnaty mRNA-1273 Ad26.COV2.S AZD1222	July 4-August 29, 2021 (just for duration of protection)	Incidence rate ratios were calculated based on national coverage and vaccination status of hospitalized cases. All 4 vaccines were combined in calculating the VE by time since vacciantion, and VE was only calculated during the delta dominant period when 99% of sequenced isolates were delta. No drop in VE against hospitalization nor in VE against ICU admission was seen between those vaccinated up to 20 weeks since full vacciantion among 15-49, 50-69, ≥70 year olds.								
30	Self et al (September 17, 2021)	USA	≥18 years who were hospitalized at 21 U.S. hospitals across 18 states	Alpha, Delta, Non-VOC	Comirnaty mRNA-1273 Ad26.COV2.S	March 11–August 15, 2021	This case-control study found that the for mRNA-1273 vaccine, there was no difference in VE against hospitalization among those were 14-120 days post full vaccination and those who were >120 days post full vaccination. For Comirnaty, VE against hopsitalization was 91% (88-93) for those 14-120 days post full vaccination while it was 77% (67-84) for those >120 das post full vaccination. Ad26.COV2.S did not have enough data to stratify by more than 28 days post full vaccination.								
29	Polinski et al (September 12, 2021)	USA	≥18 years of age	Alpha/Delta	Ad26.COV2.S	March 1, 2021-July 31, 2021	Retrospective cohort study used insurance claims data linked to health data sources to evaluate VE of Ad26.COV2.S against COVID-19 diagnosis and hospitalization among vaccinated individuals and matched unvaccinated individuals (matched on age, sex, comorbid-risk, calendar date, location and other risk factors for COVID-19 severity). VE was stable over time up to 152 days after vaccination.								
28	McKeigue et al (September 15, 2021)	Scotland	Population of Scotland	Alpha/Delta	Comirnaty mRNA-1273 AZD1222	December 1, 2020- August 19, 2021	Matched case-control study (REACT-SCOT) assessed rate ratios over time comparing rate of severe COVID-19 and the rate of hospitalization or death among those fully vaccinated with Comirnaty, mRNA-1273, and AZD1222 to unvaccinated persons. Rate ratios increased (effectiveness decreased) in first 2 months after second dose for all vaccines but then flattened out through 20-25 weeks post second dose:								











							Variant ⊚ Alpha ■ Delta
							A Symptomatic Disease  ChAdOx1-S  BNT162b2  90- 80- 90- 90- 90- 90- 90- 90- 90- 90- 90- 9
							B Hospitalization  ChAdOx1.5  Solution  ChAdOx1.5  Solution  ChAdOx1.5  Solution  ChAdOx1.5  Solution  Sol
							C Death  ChAdOx1-S  100
25	Dagan et al	Israel	Pregnant women	Alpha/Delta	Comirnaty	December 20, 2020-	Waning was also greater for those 65+ years compared to 40-64 year-olds and in those in a clinical risk group and clinically extremely vulnerable group. Data for mRNA-1273 was only available thorugh 10-14 weeks post 2nd dose for symptomatic disease and shows high VE (85.6%) at 10-14 weeks.  Cohort study of pregnant women that showed no drop in VE through 56 days post dose 2
	(September 9,	isiaci	Tregnant women	/ lipita/ Betta	Committee	June 3, 2021	construction of pregnant women that showed no drop in ve amough so days post dose 2
24	Z021) Thompson et al (September 9, 2021)	USA	≥50 years of age	Multiple including alpha/delta	Comirnaty mRNA-1273 Ad26.COV2.S	January 1-June 22, 2021	Test negative case control study that found that VE against hospitalization remained >80% through at least 112 days post the dose 2 for Comirnaty and mRNA-1273. For Ad26.COV2.S, VE stayed high at time point ≥56 days after vaccination.  VE against ER/urgent care visit is >80% through at least 112 days post dose 2 for Comirnaty and mRNA-1273. For Ad26.COV2.S, VE stayed high at time point ≥56 days after vaccination.  VE against hospitalization (for all 3 vaccines combined)  Fully vaccinated — 2 doses  14-27 Days after dose 2  2,754 48 (1.7) → 88 (84 to 92)  28-41 Days after dose 2  2,783 41 (1.5) → 92 (88 to 94)  42-55 Days after dose 2  2,093 41 (1.6) → 90 (87 to 93)  56-69 Days after dose 2  7,0-83 Days after dose 2  7,0-83 Days after dose 2  9-11 Days after dose 2  9-11 Days after dose 2  9-11 Days after dose 2  3 (2.4) → 86 (74 to 93)  VE against emergency room visits/urgent care visits (for all 3 vaccines combined)





22		LIGA.			Sanitari		Fully vaccinated — 2 do: 14–27 Days after dose 28–41 Days after dose 42–55 Days after dose 56–69 Days after dose 70–83 Days after dose 84–97 Days after dose 98–111 Days after dose	e 2 1,19 e 2 1,17 e 2 1,06 e 2 1,06 e 2 92 e 2 66 e 2 48 sse 2 33 s 2 22	00 20 (1.7) 77 18 (1.7) 44 28 (3.0) 67 24 (3.6) 67 13 (2.7) 11 (5.0) -25.0 0.0	H→1 92 (88 to 95)  H→1 95 (92 to 97)  H→1 88 (81 to 92)  H→1 86 (78 to 91)  H→1 86 (77 to 92)  H→1 86 (77 to 92)  L→1 86 (77 to 93)		
23	Puranik et al (September 7,	USA	Persons ≥14 days post dose 2 ("full	Multiple including	Comirnaty	January 1-August 8, 2021	Adjusted OR st	tart showing w	vaning at day 60 afte			
	2021)		vaccination") who received first dose	alpha/delta				Level/Category	Symptomatic Infection [N = 974 positive events			
			after January 1				Time Relative to Full vaccination	Day 0	1 (Reference)	_		
							Day 30		2.19 (0.89, 5.36)	_		
							_	Day 60 Day 90	3.65 (1.78, 7.46)	_		
							_	Day 90  Day 120	5.58 (2.72, 11.46)	_		
							_	Day 150	7.25 (3.47, 15.18)	_		
22	Kertes et al	Israel	Fully vaccinated	Delta	Comirnaty	June 9-July 18, 2021	Study of Macc		10.33 (5.03, 21.24) ts who were 7 days	post dose 2 by June 9 and had no history of prior		
	(September 7, 2021)		population							ry-February had odds of infection of 1.61 (1.45- lay of testing positive for SARS-CoV-2.		
19	Keehner et al (September 1, 2021)	USA	~19,000 employees of University of California San Diego Health	Delta	BNT162b2 mRNA-1273	July -August 26, 2021	Cohort study of January or Feb attack rate waduring the per	of HCWs show bruary had an a as 3.7 per 1000 fiod from Marc	ed that among symp attack rate of 6.7 pe persons (95% CI, 2.	ptomatic cases occurring in July, HCW vaccinated in er 1000 persons (95% CI, 5.9 to 7.8), whereas the .5 to 5.7) among those who completed vaccination nong unvaccinated persons, the July attack rate was		
18	Nunes et al (August 29, 2021)	Portugal	1.5 million ≥65 year olds (duration of protection on only those 80+)	Alpha → delta	BNT162b2 mRNA-1273	?February-August 13, 2021	at day 14-41 a 14-41 and 74 ( such as hospita 6% of the 80+	ind 89% (71-96 (60-83) at day alization/mort cohort remair	5) at day 98+. For CC 98+. Noted limitation cality have not been	ose 80+, VE against hospitalization was 82 (64-91) DVID related mortality, it was 86% (68-93) at day ons are that data delays could mean that outcomes recorded for more recent cases. Additionally, only uring the study period, making these unvaccinated ccinated.		
17	Cerqueria-Silva et al (August 27, 2021)	Brazil	75.9 million vaccinated in Brazil	Gamma	CoronaVac AZD1222	January 18-July 24, 2021	This was a retrospective cohort study that calculated VE, as well as evaluated the daily hospitalization incidence per 100,000 vaccinees. For CoronaVac, there was low hospitalization incidence up to 84 days in vaccinees up to 79 years old. 80-89 and ≥90 age groups lowest incidence 28 days post dose 2 but then increased but were still lower than 1 dose recipients					
							### OF THE PROPERTY OF THE PRO					
16	<u>Chemaitelly et</u> <u>al*</u>	Qatar		Alpha→Beta →Delta	BNT162b2	January 1-August 15, 2021			tudy evaluating VE b	by time since vaccination stratified by age, VOC, oction over time since vaccination with no		

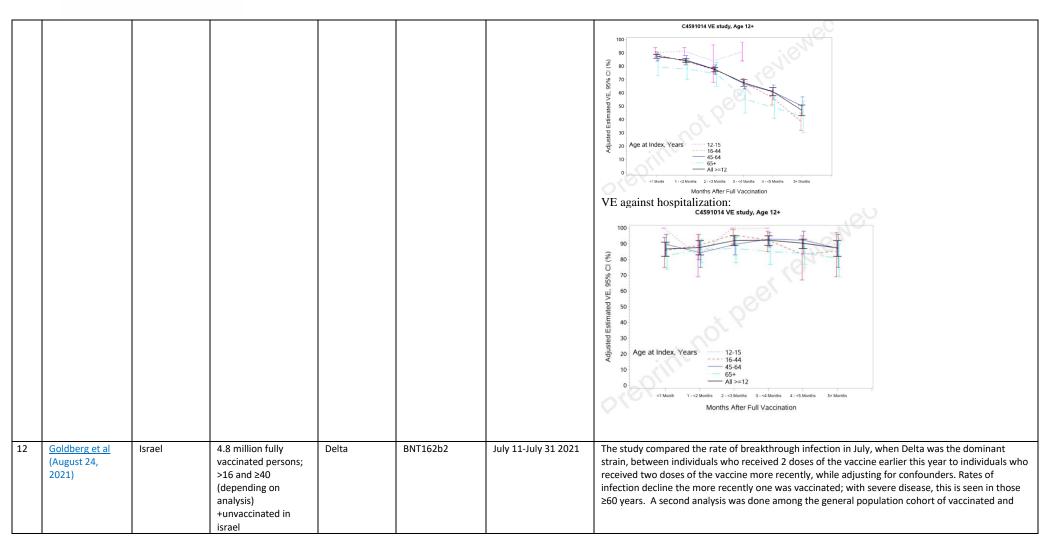




	(October 6, 2021) [Update to Aug 27 preprint]						difference by those older/younger than 60. VE against severe disease is preserved (until sample size is insufficient).  A Effectiveness against Any SARS-CoV-2 Infection  100  40.77.5 18.77.2 14.09 1 1 2 3 4 5 6 27  First Dose First Dose Second Dose  B Effectiveness against Any Severe, Critical, or Fatal Case of Covid-19  100  100  100  100  100  100  100
13	Tartof et al* (October 16, 2021) [Update to Aug 23 preprint]	USA	3.4 million Kaiser Permanante Southern California members ≥12 years	Delta for latter months of study	BNT162b2	December 14, 2020- August 8, 2021	Retrospective cohort study. VE against infection for the fully vaccinated decreased with increasing time since vaccination, declining from 88% (86–89) during the first month after full vaccination to 47% (43–51) after ≥5 months. Individuals ≥65 years of age had lower overall effectiveness against infections but declined at a similar rate (VE at <1 month after being fully vaccinated: 80% [73–85]; VE at ≥5 months: 43% [30–54]). Among fully vaccinated persons of all ages, protection against COVID-19-related hospitalization did not wane over time, with overall adjusted VE estimates of 87% (82–91) at <1 month after being fully vaccinated, and 88% (82–92) at ≥5 months after full vaccination. At <1 month, VE against Delta: 93% [85–97] and VE against other variants: 97% [95–99]). At ≥4 months, VE against Delta infections: 53% [39–65] and VE against other variants: 67% [45–80]. VE against infection:







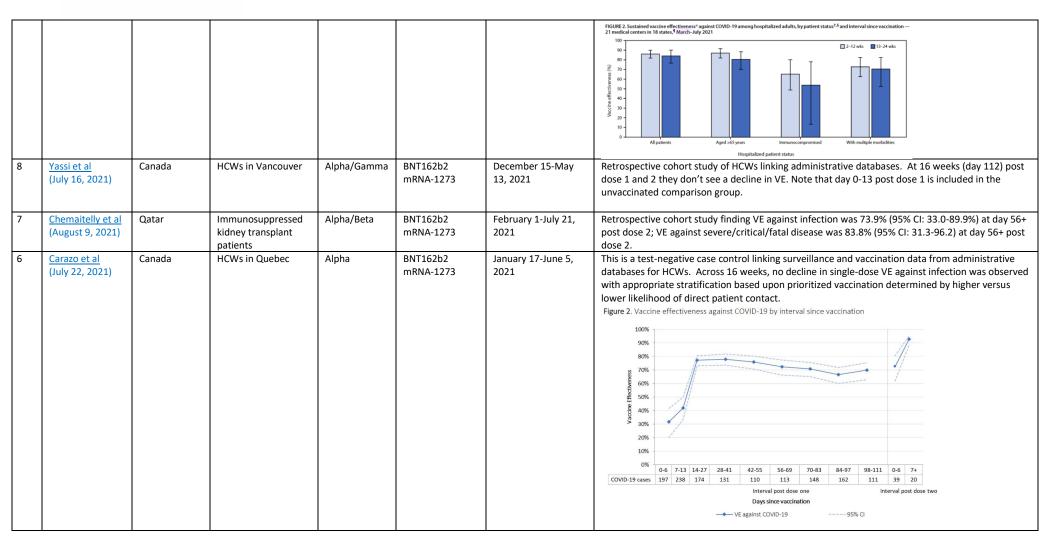




							unvaccinated to calculate VE by age group and month of vaccination.
							OUTCOME = Positive SARS-CoV-2 PCR test  Age JanB FebA FebB MarA MarB Apr May
							16-39 50% [45, 55] 47% [42, 52] 58% [55, 62] 62% [59, 64] 68% [65, 70] 74% [71, 77] 73% [67, 78]
							40-59 58% [54, 62] 61% [58, 65] 63% [59, 66] 67% [63, 70] 74% [70, 77] 78% [73, 82] 80% [71, 86]
							60+ 57% [52, 62] 63% [57, 67] 65% [57, 71] 73% [66, 78] 72% [64, 77] 73% [63, 81] 75% [58, 85]
							OUTCOME = Severe COVID-19
							Age Jan Feb Mar 40-59 94% [87, 97] 98% [95, 99] 98% [94, 99]
							60+ 86% [82, 90] 88% [84, 91] 91% [85, 95]
10	Pouwels et al* (October 14, 2021)  [Update to Aug 18 preprint]	UK	General adult population	Alpha, Delta	BNT162b2 AZD1222	December 1, 2020- August 1, 2020	COVID-19 infection survey is a household longitudinal survey with testing. During the delta dominant period, in those 18 to 64 years, VE of BNT162b2 against new PCR-positives reduced by 22% (95% CI 6% to 41%) for every 30 days from second vaccination. Reductions were numerically smaller for ChAdOx1 (change -7% per 30 days, 95% CI -18% to +2%) but there was no formal evidence of heterogeneity (p=0.14).  Overall  BNT162b2 ChAdOx1  Days since 14 days after 2nd dose
9	Tenforde et al (August 18, 2021)	USA	Hospitalized patients	Alpha > Delta	BNT162b2 mRNA-1273	March 11-July 14, 2021	Test-negative design case control study of hospitalized patients. VE against COVID-19— associated hospitalization was 86% (95% CI = 82%–90%) 2–12 weeks and 84% (95% CI = 77%–90%) 13–24 weeks from receipt of the $2^{nd}$ dose, with no significant change between these periods (p = 0.854). There was no difference in VE by timing since vaccine among those $\geq$ /< 65 years, immunocompromised versus not and among those with $\geq$ /< 3 chronic conditions.

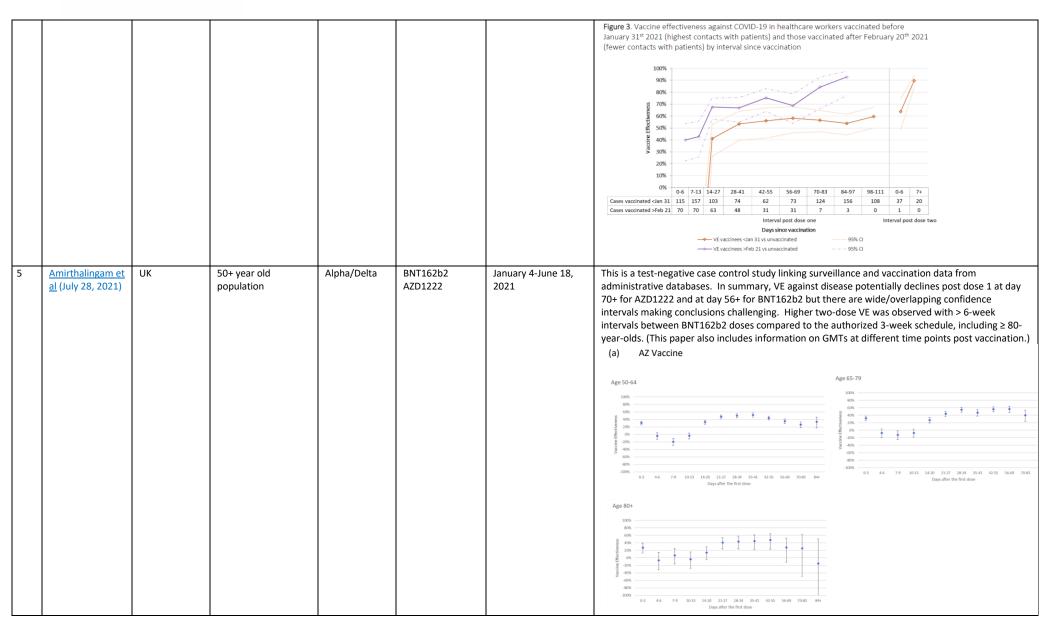






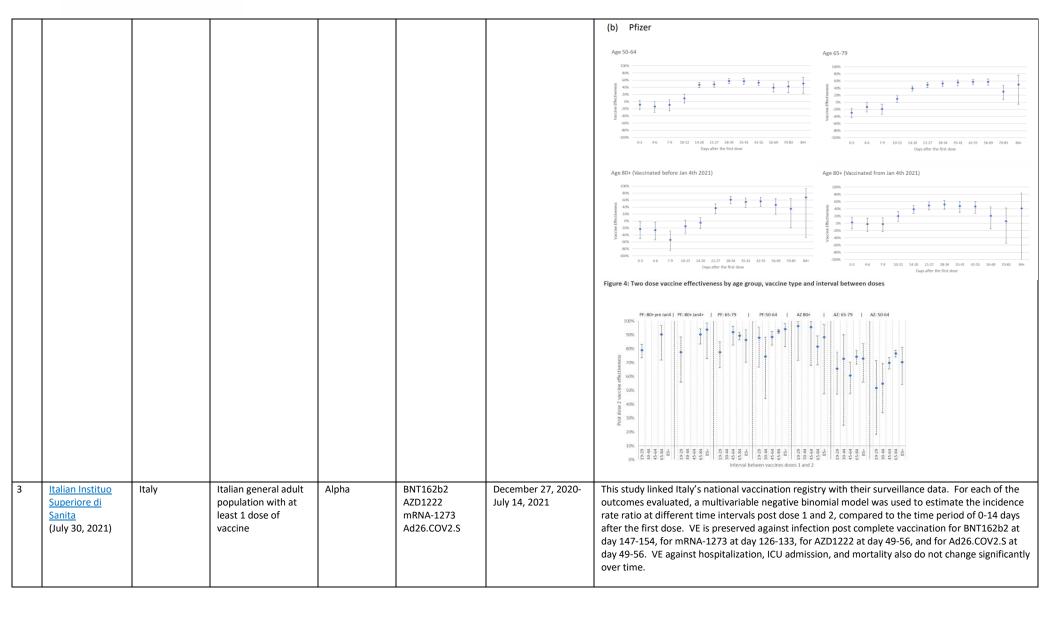






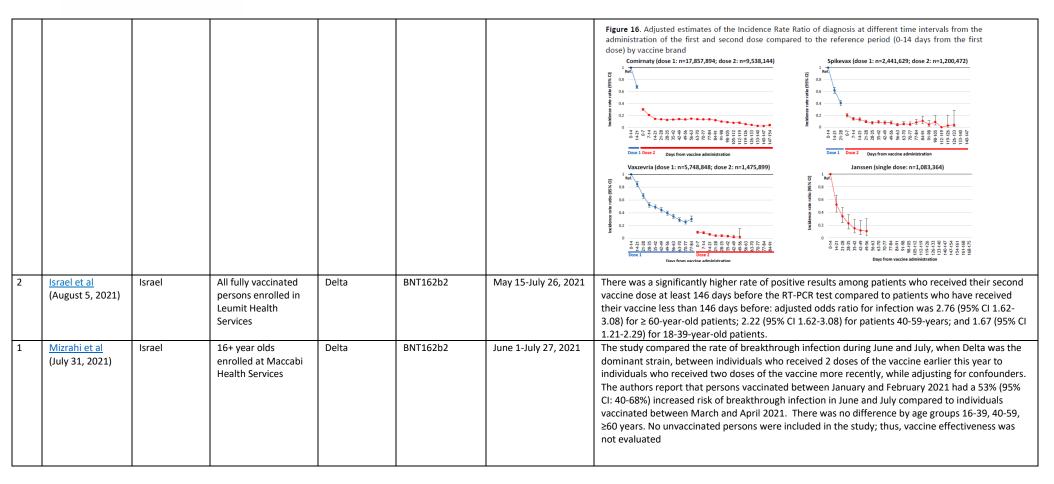












## Other data of interest:

- https://www.gov.il/BlobFolder/reports/vpb-12082021/he/files\_publications\_corona\_vpb-12082021-01.pdf
- Salo et al HH transmission study in Finland, showing VE 10 weeks after 1 dose of an mRNA vaccine but is a mix of 1 and 2 dose recipients.
- Pfizer's press announcement of 4 month efficacy in adolescents <a href="https://www.pfizer.com/news/press-release/press-release-detail/follow-data-phase-3-trial-pfizer-biontech-covid-19-vaccine">https://www.pfizer.com/news/press-release/press-release-detail/follow-data-phase-3-trial-pfizer-biontech-covid-19-vaccine</a>

Note as of January 7, 2022 version, only true duration of protection analyses are included. Please look at the <u>update</u> from December 30, 2021 if you wish to see full list of previously included studies with other data such as Kaplan-Meier curves. Missing reference numbers in table above indicate studies that have been removed.





## 4. Summary of Study Results for Post-Authorization COVID-19 Vaccine Effectiveness Against Transmission§

#	Reference (date)	Country	Design	Population	Dominant Variants (Alpha=B.1.1.7 Beta=B.1351 Gamma=P.1 Delta=B.1617.2	History of COVID	Vaccine Product	Outcome Measure	1st Dose VE % (95%CI)	Days post 1st dose	2nd Dose VE % (95% CI)	Days post 2nd dose	Max Duration of follow up after fully vaccinated
14	Lyngse et al (January 6, 2022)	Denmark	Retrospective cohort	24,693 primary cases and their 53,584 household	Delta^	Excluded	BNT162b2, mRNA-1273, AZD1222, Ad26.COV2.S	Transmission to fully vaccinated household member	_	_	28 (20-35)	7+ (BNT162b2), 14+ (mRNA- 1273 or after 1 dose of Ad26.COV2.S),	~40 weeks
				members				Transmission to unvaccinated household member			36 (32-40)	15+ (AZD1222) 7+	
13	Lyngse et al (December 27, 2021)	Denmark	Retrospective cohort	11,937 primary cases and their household members	Omicron and Delta <sup>^</sup>	Included	BNT162b2, mRNA-1273, AZD1222, Ad26.COV2.S	Transmission to household members (booster vs. fully vaccinated cases)	_	_	46 (29-60)		~7 weeks
12	Clifford et al (November 24,2021)	UK	Prospective cohort	195 index cases and their 278 contacts	Alpha specifically ^ Delta specifically^	Unknown	BNT162b2 AZD1222 BNT162b2 AZD1222	Transmission to contacts	26 (-11- 54) -7 (-60-29) 9 (-16- 49) 14 (-11-52)	21+	57 (5- 85) 35 (-26-74) 31 (-3- 61) 42 (14- 69)	7+	~31 weeks
11	Ng et al* (November 1, 2021)	Singapore	Retrospective cohort	301 index cases and 1204 household contacts	Delta index cases, specifically	Unknown	BNT162b2 & mRNA-1273	Documented infection of household contacts	38 (-69-78)	0+, including within 14 days of dose 2	27 (-40-62)	15+	~16.5 weeks
10	Singanayagam et al*(October 28,2021)	England	Prospective cohort	233 contacts (arising from 163 index notifications) and 19 index cases	Delta^	Included	BNT162b2 and AZD1222	Documented infection	_	_	34 (-15–60)	7+	~10.5 weeks
9	de Gier et al* (October 14, 2021)	Netherlands	Retrospective cohort	4921 index cases and 7771 household	Delta^	Unknown	BNT162b2, AZD1222, mRNA- 1273, & Ad26.COV2.S	Transmission to unvaccinated household contacts	38 (-2-62)	14+	63 (46-75)	14+ (or 28+ after a single dose of Ad26.COV2.S)	~32 weeks
				contacts (aged 12+)				Transmission to fully vaccinated household contacts	46 (22-63)		40 (20-54)		
8	Eyre et al* (January 5, 2022)	England	Retrospective cohort	108,498 index cases and 146,243	Alpha^ specifically	Included	BNT162b2 AZD1222	Transmission to contacts	12 (9-15) 10 (6-14)	0+ up to 13 days post dose 2	68 (52-79) 52 (22-70)	14+	~20.5 weeks ~8 weeks





#	Reference (date)	Country	Design	Population	Dominant Variants (Alpha=B.1.1.7 Beta=B.1351 Gamma=P.1 Delta=B.1617.2	History of COVID	Vaccine Product	Outcome Measure	1st Dose VE % (95%CI)	Days post 1st dose	2nd Dose VE % (95% CI)	Days post 2nd dose	Max Duration of follow up after fully vaccinated
	[Update to			contacts of all ages	Delta^ specifically		BNT162b2		17 (14-19)		50 (35-61)		~29 weeks
	Sept 29, 2021 preprint]				,		AZD1222		5 (1-9)		24 (18-30)		~16 weeks
7	Meyer et al (September 23,2021)	Germany	Retrospective cohort	Households of 14 SARS-CoV- 2 positive nursing home staff (5 vaccinated, 9 unvaccinated)	Alpha^	Unknown	BNT162b2	Documented infection of household members	_	_	67.2 (no Cl available)	7+	~11 weeks
6	Braeye et al* (August 19,2021)	Belgium	Retrospective cohort	131,283 index cases and 301,741 high risk contacts	Alpha^	Included	BNT162b2 mRNA-1273	Transmission	_	_	62 (57-67) 52 (33-69)	14+	~20 weeks
5	de Gier et al* (August 5,	Netherlands	Retrospective cohort	113,582 index cases (aged	Alpha^	Unknown	AZD1222	Transmission to any household	15 (4-26)	14+‡	58 (-12-84)	7+	~15 weeks
	2021)			18+) and 253,168			BNT162b2	contacts (adjusted for	26 (12-37)	-	70 (61-77)		
				household and other			mRNA-1273	contact vaccination	51 (8-74)		88 (50-97)		
			close contacts (all ages)			Ad26.COV2.S	status)	77 (6-94)		_			
4	Layan, Gilboa et al (July 16,2021)	Israel	Prospective cohort	215 index cases and 687 household contacts from 210 Israeli households	Original and Alpha¶	Included	BNT162b2	Transmission to HHC by vaccinated vs. unvaccinated cases	-		78(30-94)	7+	~12 weeks
3	Prunas et al	Israel	Retrospective cohort		Original and Alpha¶	Unknown	BNT162b2	Infectiousness given Infection	_	_	41.3 (9.5-73.0)	10+	





#	Reference (date)	Country	Design	Population	Dominant Variants (Alpha=B.1.1.7 Beta=B.1351 Gamma=P.1 Delta=B.1617.2	History of COVID	Vaccine Product	Outcome Measure	1st Dose VE % (95%CI)	Days post 1st dose	2nd Dose VE % (95% CI)	Days post 2nd dose	Max Duration of follow up after fully vaccinated
	(December 20, 2021) [Update to July 16 preprint]			253,564 Israeli individuals from 65,264 households with at least 1 infected individual and at least 2 members				Transmission			88.5 (82.3-94.8)		
2	Harris et al* (June 23, 2021) [Update to Apr 28 preprint]	UK	Retrospective cohort, case- control	970,128 household contacts of index case (unvaccinated, vaccinated with AZD1222 or BNT162b)	Alpha <sup>£</sup>	Unknown	AZD1222 BNT162b2	Documented infection	48(38-57) 46(38-53	>21 days after dose 1, including some with dose 2	_		
1	Salo et al (July 10, 2021) [Update to May 30 preprint]	Finland	Retrospective cohort	HCW and their unvaccinated spouses	Alpha††	Excluded	BNT162b2 & mRNA-1273	Documented infection in HCW's unvaccinated spouses Documented infection in HCW's unvaccinated spouses	8.7 (-28.9- 35.4) 42.9 (22.3- 58.1)	2 weeks  10 weeks (combo of 1+2 dose recipients)	_		*10 weeks since dose 1

§Study results captured during literature search of vaccine effectiveness studies. Note this is not an exhaustive list of transmission studies.

Purple text indicates new or updated study.

Product Manufacturers: BNT162b2 (Pfizer), mRNA-1273 (Moderna), AZD1222 (Astra-Zeneca), Ad26.COV2.S (Janssen), Coronavac

<sup>&</sup>lt;sup>±</sup>Unless noted otherwise, days post 1<sup>st</sup> dose are prior to receiving dose 2.

<sup>‡</sup>Unclear if 1st dose VE estimates includes any individuals who received a second dose.

<sup>\*</sup>Manuscripts with an asterisk (\*) are peer-reviewed publications.

<sup>^</sup>Indicates predominant variant identified by study authors. If no ^ then variants identified through secondary source when possible. Please see additional footnotes.

The rise of SARS-CoV-2 variant Alpha in Israel intensifies the role of surveillance and vaccination in elderly | medRxiv

<sup>&</sup>lt;sup>£</sup>Coronavirus (COVID-19) Infection Survey, UK - Office for National Statistics

<sup>††</sup>Based on https://outbreak.info/location-reports





## 5. Review Papers and Meta-analyses

- 1. Real-world effectiveness of BNT162b2 mRNA vaccine: a meta-analysis of large observational studies
- 2. Efficacy estimates for various COVID-19 vaccines: What we know from the literature and reports
- 3. Efficacy and effectiveness of COVID-19 vaccines against SARS-CoV-2 infection: interim results of a living systematic review, 1 January to 14 May 2021
- 4. Progress of the COVID-19 vaccine effort: viruses, vaccines and variants versus efficacy, effectiveness and escape
- 5. Accelerated COVID-19 vaccine development: milestones, lessons, and prospects
- 6. SARS-CoV-2 (Covid-19) vaccines structure, mechanisms and effectiveness: A review
- 7. A systematic review of COVID-19 vaccine efficacy and effectiveness against SARS-CoV-2 infection and disease
- 8. SARS-CoV-2 new variants: Characteristic features and impact on the efficacy of different vaccines
- 9. Effectiveness of COVID-19 vaccines against SARS-CoV-2 variants of concern: a systematic review and meta-analysis
- 10. Efficacy and effectiveness of SARS-CoV-2 vaccine: A systematic review and a meta-analysis
- 11. COVID-19 Living Evidence Synthesis #6: What is the efficacy and effectiveness of available COVID-19 vaccines for variants of concern?
- 12. Efficacy of COVID-19 vaccines in immunocompromised patients: A systematic review and meta-analysis
- 13. Comparative immunogenicity and effectiveness of mRNA-1273, BNT162b2 and AD26.COV2.S COVID-19 vaccines
- 14. Postvaccination SARS-CoV-2 infection among healthcare workers: A systematic review and meta-analysis
- 15. Effectiveness of COVID-19 vaccines against SARS-CoV-2 infection with the Delta (B.1.617.2) variant: second interim results of a living systematic review and meta-analysis. 1 January to 25 August 2021
- 16. Effectiveness of COVID-19 vaccines and their challenges (Review)
- 17. Effectiveness of COVID-19 vaccines and post-vaccination SARS-CoV 2 infection, hospitalization, and mortality: A systematic review and meta-analysis of observational studies
- 18. SARS-CoV-2 variants and effectiveness of vaccines: A review of current evidence
- 19. Effectiveness and safety of SARS-CoV-2 vaccine in real-world studies: a systematic review and meta-analysis
- 20. SARS-CoV-2 variants of concern
- 21. <u>Duration of Effectiveness of Vaccines Against SARS-CoV-2 Infection and COVID-19 Disease: Results of a Systematic Review and Meta-Regression</u>
- 22. Real-world effectiveness of COVID-19 vaccines: a literature review and meta-analysis
- 23. Vaccine versus Variants (3Vs): Are the COVID-19 vaccines effective against the variants? A systematic review
- 24. Effectiveness of COVID-19 vaccines against delta variant (B.1.617.2): A meta-analysis
- 25. <u>Diverse vaccine platforms safeguarding against SARS-CoV-2 and its variants</u>





- 26. Vaccines provide disproportional protection to the increased hospitalisation risk posed by the Delta variant of SARS-CoV2: a meta-analysis
- 27. COVID-19 phase 4 vaccine candidates, effectiveness on SARS-CoV-2 variants, neutralizing antibody, rare side effects, traditional and nano-based vaccine platforms: a review
- 28. Effectiveness of the WHO-authorized COVID-19 vaccines: A rapid review of global reports till 30 June 2021
- 29. COVID-19 vaccine effectiveness among immunocompromised populations: a targeted literature review of real-world studies
- 30. Effectiveness of COVID-19 vaccines against Delta (B.1.617.2) variant: A systematic review and meta-analysis of clinical studies
- 31. The effectiveness of mRNA-1273 vaccine against COVID-19 caused by Delta variant: A systematic review and meta-analysis
- 32. Household secondary attack rates of SARS-CoV-2 by variant and vaccination status: an updated systematic review and meta-analysis
- 33. Systematic review and meta-analysis of COVID-19 vaccines safety, tolerability, and efficacy among HIV-infected patients
- 34. A systematic review of methodological approaches for evaluating real-world effectiveness of COVID-19 vaccines: Advising resource-constrained settings
- 35. Immunological and clinical efficacy of COVID-19 vaccines in immunocompromised populations: A systematic review
- 36. Waning effectiveness of SARS-CoV-2 mRNA vaccines in older adults: A rapid review
- 37. Short-term effectiveness of COVID-19 vaccines in immunocompromised patients: A systematic literature review and meta-analysis
- 38. The Burden of COVID-19 in Children and Its Prevention by Vaccination: A Joint Statement of the Israeli Pediatric Association and the Israeli Society for Pediatric Infectious Diseases
- 39. Effectiveness of vaccination against SARS-CoV-2 infection in the Pre-Delta era: A systematic review and meta-analysis
- 40. Update on COVID-19 vaccination in pediatric solid organ transplant recipients
- 41. Comparing COVID-19 vaccines for their characteristics, efficacy and effectiveness against SARS-CoV-2 and variants of concern: a narrative review
- 42. Efficacy of mRNA, adenoviral vector, and perfusion protein COVID-19 vaccines
- 43. Immunological and clinical efficacy of COVID-19 vaccines in immunocompromised populations: a systematic review
- 44. Implication of the emergence of the delta (B.1.617.2) variants on vaccine effectiveness
- 45. The effectiveness of mRNA-1273 vaccine against COVID-19 caused by Delta variant: A systematic review and meta-analysis
- 46. A review of the safety and efficacy of current COVID-19 vaccines
- 47. Emerging COVID-19 variants and their impact on SARS-CoV-2 diagnosis, therapeutics and vaccines

## Please direct any questions about content to:

- Anurima Baidya (abaidya1@jh.edu)
- Karoline Walter (kwalte21@jhmi.edu)