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

## **Weekly Summary Tables**

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#### 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**

<ol> <li>Summary of Study Results for Post-Authorization COVID-19 Vaccine Effectiveness</li> <li>Inclusion criteria for VE studies</li> <li>VE Studies that do not meet criteria are listed below in case of interest:</li> </ol>	3 61 61
<ol> <li>Summary of Study Results for Post-Authorization COVID-19 Booster Dose Vaccine Effectiveness</li> <li>Booster studies that do not meet criteria</li> </ol>	91 103
3. Duration of Protection Studies	105
4. Summary of Study Results for Primary Series COVID-19 Vaccine Effectiveness Against Transmission	162
5. Summary of Study Results for Booster Dose COVID-19 Vaccine Effectiveness Against Transmission	166
6. Review Papers and Meta-analyses	167





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

(Detailed methods available on VIEW-hub Resources page: <a href="https://view-hub.org/resources">https://view-hub.org/resources</a>)

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
198	Oliver et al* (March 9,2022)	Canada	Retrospective cohort	13,579 individuals in	Alpha^	Included	BNT162b2 & mRNA-1273	Documented infection Severe disease	41 (24-54) 46 (23-63)	14+	69 (58-78) 83 (70-90)	7+	~22 weeks
	(			hemodialysis				Hospitalization	40 (13-58)		82 (69-90)		
								Deaths	71 (40-86)	1	85 (59-95)		
197	Perry et al*	UK	Retrospective	1,262,689	Alpha,	Included	BNT162b2	Documented infection	19 (9-28)	14-20	50 (44-55)	>6	~26.5 weeks
	(March 3, 2022)		cohort	adults aged 50	Delta^				16 (8-24)	>27	1		
				or older in				Hospitalization	69 (43-83)	14-20	88 (81-93)		
				Wales					75 (56-85)	>27	1 ` ′		
							AZD1222	Documented infection	7 (-5-19)	14-20	25 (15-33)		~18 weeks
									17 (9-25)	>27			
								Hospitalization	48 (26-64)	14-20	81 (71-88)		
									72 (62-80)	>27			
196	Wright et al*	USA	Case control	9667 cases and	Alpha,††	Included	BNT162b2	Severe disease	_	_	87.9 (86.7-89)	14+	~40 weeks
	(February 25,			38,668	Delta^		mRNA-1273		_	_	92.9 (92-93.7)		
	2022)			controls (18 years or older)			Ad26.COV2.S		73 (68.8-76.6)	14+	_		
195	Klein et al	USA	Test-negative	39,217 ED	Omicron^	Unknown	BNT162b2	ED or UC encounters in	_	_	51 (30–65)	14-67	~33 weeks
	(March 1,2022)		case control	and UC				5-11 years					
				encounters				ED or UC encounters in			45 (30-57)	14-149	
				and 1,699				12-15 years			-2 (-25-17)	150+	
				hospitalization				ED or UC encounters in			34 (8-53)	14-149	
				s among persons aged				16-17 years			-3 (-30-18)	150+	
				5–17 years	Delta^	Unknown	BNT162b2	ED or UC encounters in	_	_	92 (89-94)	14-149	~33 weeks
				J 17 years				12-15 years	4		79 (68-86)	150+	1
								ED or UC encounters in			85 (81-89) 77 (67-84)	14-149 150+	-
					Omicron or			16-17 years				14-67	-
					Delta^			Hospitalizations in 5-11 years			74 (-35-95)	14-67	
								Hospitalizations 12-15			92 (79-97)	14-149	
								years			73 (43-88)	150+	
								Hospitalizations 16-17			94 (87-97)	14-149	
								years			88 (72-95)	150+	
194	<u>Šmíd et al</u>	Czech	Retrospective	8,173,828	Omicron^	Included	BNT162b2	Documented infection	31 (28-34)	14-74	49 (48-50)	14-74	~54 weeks
	(Febraury 25,	Republic	cohort	individuals					53 (46-59)	75+	11 (10-12)	135+	
	2022)							Hospitalisation	41 (-3-66)	14-74	46 (28-60)	14-74	
									4 (-287-76)	75+	34 (24-42)	135+	





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	Documented infection	49 (42-55)	14-74	48 (44-52)	14-74	
									60 (36-75)	75+	20 (17-22)	135+	
								Hospitalisation	56 (-78-89)	14-74	51 (-20-80)	14-74	
									-160 (-1743-64)	75+	31 (9-49)	135+	
							AZD1222	Documented infection			51 (23-69)	75-135	
											5 (1-9)	135+	
								Hospitalisation			-139 (-861-41)	75-135	
											13 (-8-30)	135+	
							Ad26.COV2.S	Documented infection			47 (45-49)	14-74	
											35 (33-38)	135+	
								Hospitalisation			28 (-22-57)	14-74	
											38 (8-58)	135+	
					Delta^	Included	BNT162b2	Documented infection	67 (65-69)	14-74	82 (81-83)	14-74	~54 weeks
									61 (51-69)	75+	54 (53-55)	135+	
								Hospitalisation	53 (40-63)	14-74	80 (72-85)	14-74	-
									61 (-20-87(	75+	81 (79-82)	135+	
							mRNA-1273	Documented infection	68 (61-74)	14-74	71 (65-76)	14-74	-
									67 (34-84)	75+	68 (66-69)	135+	
								Hospitalisation	49 (13-71)	14-74	100 (CI omitted)	14-74	
									100 (CI omitted)	75+	82 (78-85)	135+	-
							AZD1222	Documented infection	_	-	65 (57-72)	75-135	-
											45 (43-48)	135+	-
								Hospitalisation			80 (62-89)	75-135	-
							A 10.5 001/0.5				68 (64-71)	135+	-
							Ad26.COV2.S	Documented infection			60 (57-63)	14-74	
								Hannitaliantian			54 (50-57) 54 (39-65)	135+ 14-74	1
								Hospitalisation			61 (51-69)	135+	1
193	Cura-Bilbao et	Spain	Prospective	925,915	Non-VOC,	Excluded	BNT162b2	Documented infection	20.8 (11.6-29)	12+	70 (65.3-74.1)	7+	~16 weeks
155	al*	Spain	cohort	residents of	Alpha <sup>††</sup>	Lxcidded	mRNA-1273	Documented infection	52.8 (30.7-67.8)	14+	70 (05.3-74.1)	14+	10 WEEKS
	(February		COTION	Aragon, Spain	Alpha		AZD1222		40.3 (31.8-47.7)	21+	70.5 (52.2-61.5) 	141	
	2,2022)						ALDILLL		TO.3 (31.0-47.7)	21'			
192	Shen et al*	USA	Retrospective	5,536 immuno-	Non-VOC,	Excluded	BNT162b2	Documented infection	_	_	41 (9-62)	14+	~36 weeks
	(February 23,2022)		cohort	suppressed individuals	Alpha,†† Delta^		mRNA-1273	-			48 (18-67)	-	
	23,2022)			iiluiviuudis	Deita"		Ad26.COV2.S	-			48 (18-67) 66 (-30-91)	-	
191	Mallow et al*	USA	Test-negative	13,203		Unknown	BNT162b2	Emergency department		_	73.9 (66.3-79.8)	14+	~31 weeks
191	(February 9,	UJA	case control	emergency		GIRIOWII	DIVITOSDS	visit			73.3 (00.3-73.8)	147	21 MEEK2
	(February 9, 2022)		case control	department				VISIC					
	20221		1	черагипени	l .	l .		<u> </u>	<u> </u>	1		I	1





N4.	Reference (date)	Country	Design	Population patients (aged	Dominant Variants	History of COVID	Vaccine Product mRNA-1273	Outcome Measure	1 <sup>st</sup> Dose VE % (95%CI)	Days post 1st dose <sup>±</sup>	2 <sup>nd</sup> Dose VE % (95% CI) 78 (68.1-84.9)	Days post 2nd dose	Max Duration of follow up after fully vaccinated
				18+)	Alpha,†† Delta^						, ,		
190	Wu et al (January	China	Retrospective cohort	1,462 close contacts	Delta^	Excluded	BBIBP-CorV	Symptomatic disease	24.7(-98.8-71.4)	14+	50.5 (3.8-74.6) 39.3 (-20.4-69.4)	14+ ≤3	~24 weeks
	10,2022)										82 (-25.7-97.4)	mos. 4-6 mos.	-
								Pneumonia	16.3(-164.3-73.2)		54.7 (-3.4-80.2) 39.6 (-35.4-73.1)	14+ ≤3	
							Caranalyan	Severe disease	7.5(-655.6-88.7)		-	mos.	- -
							CoronaVac	Symptomatic disease	29.9(-44.3-66.0)		39.1 (-0.9-63.3) 45.5 (-5.9-71.9)	≤3 mos.	-
											29.8 (-41.1-65.1)	4-6 mos.	
								Pneumonia	52.6(-25.2-82.1)		64.9 (22.8-84.0) 73.8 (17.9-91.6)	14+ ≤3	
											47.4 (-44.3-80.8)	mos. 4-6 mos.	-
								Severe disease	59.7(-209.9-94.7)		_		1
189	Filon et al* (February 15,	Italy	Retrospective cohort	4251 HCWs	Non-VOC and Alpha <sup>††</sup>	Excluded	BNT162b2	Documented infection(March)	_	_	95 (92-98)	7+	~16 weeks
	2022)							Documented infection(April)			95 (92-98)		
								Documented infection(May)			80 (70-84)		
188	Gazit et al* (February 15, 2022)	Israel	Retrospective cohort	107,413 members	Alpha and Delta^	Included	BNT162b2 CoronaVac	Documented infection Symptomatic infection	82(80-85) 76(71-80)			14+	~40 weeks
187	Halasa et al (February 15, 2022)	USA	Test-negative case control	176 case- infants and 203 control- infants< 6 months hospitalized in 20 pediatric hospitals	Delta^	Included	BNT162b2 & mRNA-1273	Hospitalization in infants <6 month with maternal vaccination anytime during pregnancy up to 14 days before delivery Hospitalization in infants <6 months with	_	_	61 (31-78) 32 (-43-68)	14+	~26 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
								maternal vaccination in first 20 weeks of pregnancy Hospitalization in infants <6 months with maternal vaccination 21 weeks gestation up to 14 days before delivery			80 (55-91)	-	
186	Jara et al (February 15, 2022)	Chile	Prospective cohort	1,976,344 children aged 6-16 years	Delta^	Excluded	BNT162b2	Documented infection (6-16 years) Hospitalization (6-16 years) ICU admission (6-16 years) Documented infection (12-16 years) Hospitalization (12-16 years) ICU admission (12-16 years)		_	74.8 (74.1-75.5) 91.3 (88.1-93.6) 93.8 (85.7-97.3) 84.4 (83.7-85.0) 93.5 (90.4-95.6) 98.0 (89.9-99.6)	14+	~28 weeks
185	Ferdinands et al (February 11, 2022)	USA	Test-negative case control	241,204 ED/UC encounters and 93,408 hospitalization s	Omicron^  Delta^	Included	BNT162b2 & mRNA-1273	ED or UC encounters  Hospitalization  ED or UC encounters  Hospitalization	_	<del>-</del>	69 (62–75)  37 (34–40) 71 (51–83)  54 (48–59) 92 (91–94)  77 (76–78) 94 (92–96)  82 (82–83)	< 2 mos ≥5 mos ≥5 mos < 2 mos ≥5 mos	~25 weeks
184	Goldin et al* (February 8, 2022)	Israel	Retrospective cohort	43,596 residents of long-term care facilities (65+ years)	Non-VOC, Alpha <sup>††</sup>	Excluded	BNT162b2	Documented infection  Death	61.8 (58.2-65.1) 72.3 (66.9-76.8)	10+	81.2 (78.6-83.5) 85.3 (80.4-88.9)	7+ 7+	~16.5 weeks





<b>N4.</b> 183	Reference (date) Hayek et al* (January 27, 2022)	<b>Country</b> Israel	<b>Design</b> Retrospective cohort	Population 155,305 households with 400,733 children	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) 94.4(93.2-95.4)	Days post 2nd dose	Max Duration of follow up after fully vaccinated ~12 weeks
182	ECDC (January 20, 2022)	Belgium, Croatia, Czechia, France, Greece, Malta, Portugal and Spain	Test-negative case control	1893 hospitalised patients	Alpha^	Excluded	BNT162b2	Hospitalization	76(61-86)	14+	94(88-97)	14+	~28 weeks
181	Butt et al* (February 9, 2022)	USA	Test-negative case control	4,229 cases and controls on haemodialysis	Delta^	Excluded	BNT162b2 mRNA-1273	Documented infection	60.6 (25.5-79.2) 37.2 (27.1-69.0)	14+	68.9 (61.9-74.7) 66.7 (58.9-73.0)	14+	~31 weeks
180	Cerqueira-Silva et al* (February 9,2022)	Brazil	Test-negative case control	7,747,121 individuals	Gamma and Delta^	Excluded	CoronaVac	Documented infection  Severe disease  Hospitalization  Death		_	55 (54.3-55.7) 34.7 (33.1-36.3) 82.1 (81.4-82.8) 72.6 (71.0-74.2) 82.1 (81.4-82.8) 72.4 (70.7-73.9) 82.7 (81.7-83.6) 74.8 (72.2-77.2)	14-30 >180 14-30 >180 14-30 >180 14-30 >180	~30 weeks
179#	Chemaitelly et al (February 8,2022)	Qatar	Test-negative case control	133,417 individuals	Omicron specifically <sup>^</sup>	Included	BNT162b2	Symptomatic disease  Severe, critical or fatal disease	26.1 (5.8-42) 46.8 (-1.6-89.2)	14+	61.9 (49.9-71.1) 16.5 (3.1-28.1) 73.7 (46.8-87.0) 80.7 (71.3-87.0)	1st month ≥12 month s 1-6 month s ≥7 month	~54 weeks
							mRNA-1273	Symptomatic disease	-1.6 (-56.8-34.1)		44.8 (16.0-63.8)	1-3 month	





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
											-9.3 (-16.32.8)	≥7 month	
								Severe, critical or fatal disease	100		76.9 (19.2-93.4)	1-6 month	
											64.0 (39.1-78.7)	≥7 month s	
178	Lauring et al* (March 9, 2022)	USA	Test-negative case control	5582 COVID- 19 cases and	Omicron specifically^	Excluded	BNT162b2 & mRNA-1273	Hospitalization	_	14+	65 (51-75)	14+	~3 weeks
				5962 test	Delta		BNT162b2 &				85 (83-87)	≤150	~27 weeks
	[February			negative and	specifically^		mRNA-1273				90 (85-93)	>150	
	7,2022]			syndrome			BNT162b2				82 (80-84)	14+-	
				negative controls			mRNA-1273				88 (86-90)		
				controls	Alpha		BNT162b2				82 (77-86)		~44 weeks
					specifically^		mRNA-1273				90 (85-93)		
					Alpha,		BNT162b2 &		77 (71-81)		-		
					Delta, Omicron^		mRNA-1273						
177	Suryatma et al	Indonesia	Test-negative	14,168 adults	Non-VOC,	Excluded	CoronaVac	Documented infection	10.5 (-12-28.6)	14+	66.7 (58.1-73.5)	14+	~24 weeks
1//	(February	indonesia	case control	aged ≥18	Alpha††	Lxcidded	Coronavac	Hospitalization	34.1 (16.4-48.1)	141	71.1 (62.9-77.6)	14'	24 WEEKS
	4,2022)		case control	uged 110	Alpha			Death	58.6 (28.3-76.1)		87.4 (65.1-95.4)		
176	<u>Sritipsukho et</u>	Thailand	Test-negative	1,118 cases	Delta^	Excluded	AZD1222	Documented infection	49 (36-58)	21+	83 (70-90)	14+	~13 weeks
2.0	al*		case control	and 2,235	20.00	2/10/14404	CoronaVac	Doddinenced infection	-15 (-45-15)	1	60 (49-69)	1	10 11 00110
	(February			controls			CoronaVac+			1	74 (43-88)	1	
	3,2022)						AZD1222				, ,		
175	Roberts et al	USA	Test-negative	74,060	Non-VOC,	Included	BNT162b2	Documented infection	-	_	83 (81-84)	<3	~48 weeks
	(January		case control	adults	Alpha,			(Overall)				mos.	
	31,2022)				Delta††						60 (58-62)	≥3	
												mos.	-
								Documented infection			80 (74-85)	<3	
								(Jan-March)			00 5 (74 06)	mos.	
											80.5 (74-86)	≥3 mos	
								Documented infection			75 (64-81)	mos.	1
								(Oct-Dec)			/3 (04-81)	mos.	
								(OCI-DEC)			60 (55-62)	1110S. ≥3	<del> </del>
											00 (33-02)	mos.	
				1								mos.	1





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
								Severe disease (Overall)			88 (80-91)	<3	
								(Overall)			75 (70-80)	mos. ≥3	1
											75 (70 00)	mos.	
								Severe disease			90 (49-99)	<3	1
								(Jan-March)				mos.	1
											90 (50-99)	≥3 mos.	
								Severe disease	-		69 (22-88)	<3	1
								(Oct-Dec)			03 (22 00)	mos.	
											78 (70-82)	≥3	1
											/ )	mos.	4
							mRNA-1273	Documented infection (Overall)			88 (85-90)	<3 mos.	
								(Overall)			65 (62-68)	≥3	1
											(52 (52 55)	mos.	
								Documented infection			89 (73-95)	<3	]
								(Jan-March)			22 (24 22)	mos.	1
											89 (74-93)	≥3 mos.	
								Documented infection			82 (69-91)	<3	1
								(Oct-Dec)			, ,	mos.	
											68 (64-69)	≥3	
								Severe disease			05 (75 00)	mos.	1
								(Overall)			85 (75-90)	mos.	
								(Overall)			72 (65-78)	≥3	1
												mos.	]
								Severe disease			70 (0-95)	<3	
								(Jan-March)			70 (0-93)	mos. ≥3	1
											70 (0-93)	mos.	
								Severe disease	•		91 (5-99)	<3	1
								(Oct-Dec)				mos.	]
											80 (72-88)	≥3	
174	Lutras et al	Greece	Potrocpostino	9100 COVID-19	Non-VOC,	Included	BNT162b2	Intubation			98.1 (97.5-98.6)	mos. 14+	~ 48 weeks
1/4	<u>Lytras et al</u> (January	Greece	Retrospective cohort	intubations	Alpha,	included	DINITOSNS	(age 15-59)			95.5 (94.3–96.5)	6 mos	48 Weeks
	29,2022)			and 14755	Delta^			Intubation	1		96.7 (95.9–97.4)	14+	1
				COVID-19				(age 60-79)			92 (91.0–92.9)	6 mos	1





Greece aged 215 years   Death (age 15-59)   Death (age 60-79)   Death (age 80+)   Death (age 8	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
Death (age 60-79)    MRNA-1273   Intubation (age 60-79)   Intubation (a					deaths in				Intubation			94.2 (92.0–95.7)	14+	
Death (age 60-79)														
Death (age 60-79) (age 60-79) (age 60-79)  mRNA-1273 (age 60-79) (age 80+) (age 60-79) (age 80+) (age 60-79) (age 50-79) (age					≥15 years				Death (age 15-59)					
Gage 60-79    B84 (87.9-90.8)   6 mos   91 (88.4-93.0)   14   62 (82.2-85.5)   6 mos   91 (88.4-93.0)   14   84 (82.2-85.5)   6 mos   98.9 (97.3-99.5)   14+   84 (82.2-85.5)   6 mos   98.9 (97.3-99.5)   14+   14   14   14   14   14   14   1														
Death (age 80+)														
RRNA-1273   Intubation (age 60-79)   R4 (82.2-85.5)   6 mos (age 60-79)   R1 (age 80-1)   R1 (age 80-1)   R2 (age 80-1)   R3														
mRNA-1273														
(age 60-79)   (age 80+)   (age 80+)   (age 80+)   (age 80+)   (age 60-79)   (age 80+)   (age 60-79)   (age 80+)								DNA 1272						
Intubation (age 80+)   97.9 (90.2-99.5)   14+   96.7 (87.9-99.1)   14+   98.4 (95.5-99.5)   6 mos   96.2 (93.6-97.7)   14+   96.7 (87.9-99.1)   6 mos   96.2 (93.6-97.7)   14+   96.7 (87.9-9.8)   6 mos   96.2 (93.6-97.7)   14+   96.7 (87.9-96.8)   14+   96.7 (87.9-96.8)   14+   97.2 (95.3-98.3)   6 mos   97.2 (95.3-98.3)   14+   97.8 (91.7-97.4)   6 mos   97.8 (91.7-97.4)   6 mos   97.8 (91.7-97.4)   6 mos   97.8 (91.7-97.4)   14+   97.8 (91.2-97.6)   6 mos   97.8 (91.7-97.4)   14+   97.8 (91.2-97.6)   14+								MKNA-12/3					-	
(age 80+) Death (age 60-79) Death (age 60-79) Death (age 80+) Death (age 80+) Death (age 80+) Death (age 80+) Death (age 60-79) Intubation (age 60-79) Death (age 60-79) Intubation (age 80+) Death (age 60-79) Death (age 60-79) Death (age 60-79) Death (age 80+) Death (age 80-79) Intubation (age 80-79)														
Death (age 60-79)  Death (age 80+)  AZD1222 Intubation (age 80-79)  Death (age 80-79)  Intubation (age 80-79)  Death (age 60-79)  Death (age 80-79)  Intubation (ag														
(age 60-79) (age 80+)  AZD1222 Intubation (age 60-79) (age 80+)  Death (age 80+)  Death (age 80+)  Death (age 60-79)  Death (age 80+)  Death (age 80+)  Death (age 80+)  Ad26.COV2.5 Intubation (age 15-59)  Intubation (age 80-)  Death (age 80-)														
Death (age 80+)   96.7 (87.9–99.1) 6 mos   92 (80–96.8) 14+   97.2 (95.3–98.3) 6 mos   97.8 (91.7–97.6) 14+   97.8 (91.7–99.4) 6 mos   97.8 (91.7–99.4) 14+   97.8 (91.7–97.9) 14+   97.8 (91.2–97.6) 6 mos   97.8 (91.2–97.6) 1 6 mos   97.8 (91.2–97.9) 1 14+   97.8 (91.2–97.6)														
AZD1222   Intubation   (age 60-79)   Intubation   (age 80+)   97.2 (95.3-98.3)   6 mos   95.4 (91.2-97.6)   14+   97.2 (95.3-98.3)   6 mos   95.4 (91.2-97.6)   14+   97.8 (91.7-99.4)   6 mos   97.8 (91.7-99.4)   6 mos   97.8 (91.7-99.4)   6 mos   97.8 (91.7-99.4)   6 mos   97.8 (91.7-99.4)   14+   95.4 (91.2-97.6)   6 mos   99.6 (82-96.5)   6 mos   89.8 (85.2-93.0)   14+   95.4 (91.2-97.6)   6 mos   89.8 (85.2-93.0)   14+   97.6 (91.2-97.6)   6 mos   89.8 (85.2-93.0)   14+   85.0 (73.9-91.4)   14+   85.0 (73.9-91.4)   14+   85.0 (73.9-91.4)   14+   1														
AZD1222 Intubation (age 60-79) Intubation (age 80+) Death (age 80+) Death (age 80+) Ad26.COV2.S Intubation (age 80+) Intubation (age 80-9) Intubation (age														
Add   General Content of the conte								A7D1222						
Intubation (age 80+)  Death (age 60-79)  Death (age 80+)  Death (age 80+)  Death (age 80-79)  Death (age 80+)  Ad26.COV2.S  Intubation (age 15-59)  Intubation (age 80+)  Death (age 15-59)  Death (age 15-59)  Death (age 15-59)  Death (age 60-79)  Intubation (age 80+)  Death (age 15-59)  Death (age 15-59)  Death (age 60-79)								,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
(age 80+)														
Death (age 60-79) Death (age 80+)  Ad26.COV2.S Intubation (age 60-79) Intubation (age 60-79) Intubation (age 80+) Death (age 80+) Death (age 80+)  Intubation (age 60-79) Intubation (age 80+) Death (age 15-59) Death (age 15-59) Death (age 60-79) Death (age 60-79) Death (age 60-79) Death (age 60-79)														
(age 60-79)     89.8 (85.2–93.0)     14+       Death     92.6 (84.2–96.5)     6 mos       (age 80+)     83.4 (69.6–90.9)     14+       Ad26.COV2.S     Intubation     (age 15-59)       Intubation     79.6 (65.2–88.0)     14+       (age 60-79)     Intubation     85.0 (62.3–94.0)     14+       Intubation     40.0     14+     14+       (age 15-59)     14+     14+     14+     14+       (age 15-59)     14+     14+     14+     14+       (age 15-59)     14+     14+     14+     14+														
Death (age 80+)  Ad26.COV2.S Intubation (age 15-59) Intubation (age 80+)  Intubation (age 80+)  Intubation (age 80+)  Intubation (age 80+)  Death (age 15-59) Intubation (age 80+)  Death (age 15-59) Death (age 60-79)  Death (age 60-79)  Death (age 60-79)  Death (age 60-79)														
Ad26.COV2.S   Intubation   (age 15-59)   Intubation   (age 60-79)   Intubation   (age 60-79)   Intubation   (age 80+)   Death   (age 15-59)   Death   (age 60-79)   Intubation   (age													6 mos	
Ad26.COV2.S Intubation (age 15-59) Intubation (age 60-79) Intubation (age 80+) Death (age 15-59) Death (age 15-59) Death (age 60-79) Intubation (age 80-79) Death (age 15-59) Death (age 60-79)									(age 80+)				14+	
Intubation (age 60-79) Intubation (age 80+) Death (age 15-59) Death (age 60-79)  Death (age 60-79)  Death (age 60-79)  Death (age 60-79)								Ad26.COV2.S	Intubation			85.0 (73.9–91.4)	14+	
(age 60-79)									(age 15-59)					
Intubation (age 80+)   25.0 (62.3–94.0)   14+   25.0 (62.3–94.0)   14												79.6 (65.2–88.0)	14+	
(age 80+) Death (age 15-59) Death (age 60-79)  Death (age 60-79)														
Death (age 15-59) Death (age 60-79)  Death (age 60-79)  Death (age 60-79)												85.0 (62.3–94.0)	14+	
(age 15-59) Death (age 60-79)  (age 60-79)														
Death (age 60-79) 69.1 (43.2–83.2) 14+												81.7 (57.5–92.1)	14+	
(age 60-79)									, ,			50.1 (10.0.05.5)		
												69.1 (43.2–83.2)	14+	
												61 0 (42 2 74 4)	14.	
												61.9 (43.2–74.4)	14+	
(age 80+) 80.6 (59.7–90.7) 6 month									(age out)			00.0 (39.7–90.7)		
													l l	





<b>N4.</b> 173	Reference (date) Tenforde et al*	<b>Country</b> USA	Design Test-negative	Population 2952	Dominant Variants Delta^	History of COVID	Vaccine Product BNT16222 or	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) 69 (57-78)	Days post 2nd dose 14+ up	Max Duration of follow up after fully vaccinated ~47 weeks
	(January 28, 2022)		case control	hospitalized adults (18+ y)			mRNA-1273	Immunocompromised  Hospitalization: Non- immunocompromised			82 (77-86)	to <7 days pose dose 3	
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)	Scotland	Test-negative case control	6166 Omicron cases and 4911 Delta cases	Omicron specifically^ Delta specifically^	Included	BNT162b2 mRNA-1273 AZD1222 BNT162b2 mRNA-1273 AZD1222	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)	14+	~11 weeks
170	Spensley et al* (January 26, 2022)	UK	Prospective cohort	1121 end stage kidney disease patients receiving in- center haemodialysis	Omicron specifically^	Included	BNT162b2  AZD1222	Documented infection	_	_	17 (-62-57) -4 (-97-43)	14+	~52.5 weeks
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 14-179 ≥180	~32 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
166	Amodio et al (January 13,2021)	Italy	Retrospective cohort	3,966,976 adults aged≥ 18 years	Alpha, Delta <sup>††</sup>	Excluded	BNT162b2 & mRNA-1273	Documented infection	_	_	81.3 (80.3-82.3)	2 month s	~37 weeks
											57.8 (55.4-60.2)	8 month s	
								Severe disease			96.1 (94.5-97.7)	2 month s	
											90.3 (86.2-94.4)	8 month s	
								Death or intubation			93.4 (91.2-95.6)	2 month s	
											83.7 (75.1-92.3)	8 month s	
165#	Tartof et al (January 18,	USA	Test-negative case control	8694 hospital admissions,	Omicron specifically^	Excluded	BNT162b2	ED admission	_	_	60 (43–72)	<3 mos.	~44 weeks
	2022)			and 11,719 ED admissions in							41 (32-50)	≥6 mos.	
				Southern California				Hospitalisation			70 (41-84)	<3 mos.	
											68 (56–76)	≥6 mos.	
					Delta specifically^			ED admission			80 (69–87)	<3 mos.	
											63 (57–69)	≥6 mos.	
								Hospitalisation			88 (71–95)	<3 mos.	
											74 (65–80)	≥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
	20,2022		Cuse control	and 54,347	Delta specifically^			Documented infection			41 (37-44)		





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
				veterans as controls	Delta and Omicron^			Death			76 (62-85)		
163	Suah et al (January 16,2022)	Malaysia	Retrospective cohort	227,071 individuals aged ≥15	Delta^	Excluded	BNT162b2	Documented infection: Vaccinated April to June Documented infection:	_	_	79.1 (75.8-81.9) 90.8 (89.4-92)	9-26 weeks	~26 weeks
								Vaccinated July to August				weeks	
							CoronaVac	Documented infection: Vaccinated April to June			30 (18.4-39.9)	9-26 weeks	
								Documented infection: Vaccinated July to August			74.4 (70.4-77.8)	2-13 weeks	
162	Gazit et al* (November 24, 2021)	Israel	Retrospective cohort	4024 adult household members of SARS-CoV-2 index cases	Alpha^	Excluded	BNT162b2	Documented infection	-	-	80.3 (73.5-85.4)	7+	~7.5 weeks
161	Olson et al*	USA	Case control	445 case	Delta^	Unknown	BNT162b2	Hospitalization	97 (86-100)	14+	94 (90-96)	14+	~18 weeks
	(January			patients and				ICU admission	-		98 (93-99)		
	12,2022)		Test-negative	777 control patients aged				Hospitalization	98 (88-100)		95 (91-97)		
			case control	12-18 years				ICU admission	-		98 (94-100)		
160	Chiew et al	Singapore	Retrospective	307,587	Delta^	Unknown	BNT162b2	Documented infection	56 (49-63)	14+	59 (55-63)	14+	~20 weeks
	(January 8,		cohort	adolescents						including	78 (70-84)	14-30	~2 weeks
	2022)			aged 12-18						<14 days 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	26,683 cases	Omicron	Included	mRNA-1273	Documented infection	20.4 (9.5-30)	14+	13.9 (10.5-17.1)	14+	~47.5 weeks
	(February 18, 2022)		case control	and 109,662 controls	specifically^						44 (35.1-51.6)	14-90	~11 weeks
	[update from			among Kaiser Permanente							5.9 (0.4-11.0)	>270	~47.5 weeks
	January 21			Southern				Hospitalization	_		84.5 (23-96.9)	14+	
	preprint]			California				Documented infection	56.7 (40.7-68.4)		63.6 (59.9-66.9)	14+	





Test negative   Test negativ	N4.	Reference (date)	Country	Design	Population members aged 18+	Dominant Variants Delta	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) 80.2 (68.2-87.7)	Days post 2nd dose 14-90	Max Duration of follow up after fully vaccinated ~11 weeks
158   Zambrano et al (January 7,2022)					18+	specifically^						61.3 (55-66.7)		~47.5 weeks
Case control   Case									Hospitalization	71.2 (-68.7-97.4)		99 (93.3-99.9)	14+	
And 181	158		USA	_		Delta^	Included	BNT162b2	MIS-C	_	_	` ,		~23 weeks
Second   Part		•		case control			Evaluded						28+	
Case-control   Case		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			hospitalized controls aged		Excluded					90 (73-90)		
Security	157		Israel		· ·	Delta^	Excluded	BNT162b2	Documented infection	52 (49-55)	,	_ , _ ,		~25 weeks
Test negative case control   Test negative cohort   Test negative case control   Test negative case control   Test negative case control   Test negative case control   Test negative cohort   Test negative case control   Test negative control   Test negative case control   Test negative confinididuals aged 18+ with prior SARS-COV-2 infection   Test negative control   Test negative case control   Test negative control   Test negative case cont		•		Case-control	-							58 (52-64)		
Test negative case control   Test negative		3,2322,			_				Symptomatic disease	56 (52-60)	post dose	90 (89-91)		-
Test negative case control											2	65 (58-71)		]
Test negative (December 27, 2021)   Test negative (December 28,				Test negative					Documented infection	62 (60-64)		84 (82-85)		-
Petrás et al* (December 22, 2021)   Petrás et al* (December 23, 2021)   Petrás et al* (December 24, 2021)   Petrás et al* (December 25, 2021)   Petrás et al* (December 27,									2 damentea inicononi	02 (00 0.7				1
Cocember 22, 2021   Cohort	156	Dotráž ot al*	Czoch	Dotrochoctivo	11 016 stoff of	Alaba	Evaluded	DNIT16262	Desumented infections	47.7 (10.2.66.2)	>14	00 2 (02 2 01 0)		×20 wooks
Alpha <sup>††</sup>   Delta <sup>††</sup>   Delt	130						Excluded	BIN1 10202		47.7 (19.2-00.2)	>14	88.3 (83.2-91.8)	>14	30 weeks
Test negative case control   Test-negative individuals aged 18+ with prior SARS-COV-2 infection   Test-negative individuals aged 18+ with prior SARS-COV-2 infection   Test-negative infection   Test-		2021)			in Prague				Overall	76.4 (46-89.7)				
Test negative case control   Test negative case control   Test negative individuals aged 18+ with prior SARS-COV-2 infection   Test negative individuals aged 18+ with prior SARS-COV-2 infection   Test negative individuals aged 18+ with prior SARS-COV-2 infection   Test negative individuals aged 18+ with prior SARS-COV-2 infection   Test negative individuals aged 18+ with prior SARS-COV-2 infection   Test negative individuals aged 18+ with prior SARS-COV-2 infection   Test negative individuals aged 18+ with prior SARS-COV-2 infection   Test negative individuals aged 18+ with prior SARS-COV-2 infection   Test negative individuals aged 18+ with prior SARS-COV-2 infection   Test negative individuals aged 18+ with prior SARS-COV-2 infection   Test negative individuals aged 18+ with prior SARS-COV-2 infection   Test negative individuals aged 18+ with prior SARS-COV-2 infection   Test negative individuals aged 18+ with prior SARS-COV-2 infection   Test negative individuals aged 18+ with prior SARS-COV-2 infection   Test negative individuals aged 18+ with prior SARS-COV-2 infection   Test negative individuals aged 18+ with prior SARS-COV-2 infection   Test negative individuals aged 18+ with prior SARS-COV-2 infection   Test negative individuals aged 18+ with prior SARS-COV-2 infection   Test negative individuals aged 18+ with prior SARS-COV-2 infection   Test negative individuals aged 18+ with prior SARS-COV-2 infection   Test negative individuals aged 18+ with prior SARS-COV-2 infection   Test negative individuals aged 18+ with prior SARS-COV-2 infection   Test negative individuals aged 18+ with prior SARS-COV-2 infection   Test negative individuals aged 18+ with prior SARS-COV-2 infection   Test negative individuals aged 18+ with prior SARS-COV-2 infection   Test negative individuals aged 18+ with prior SARS-COV-2 infection   Test negative individuals aged 18+ with prior SARS-COV-2 infection   Test negative individuals aged 18+ with prior SARS-COV-2 infection   Test negative individuals aged 18+ with prior SARS-COV						Alpha <sup>††</sup>				_		96.2 (91.6-98.7)		4 weeks
Case control   Case						Delta <sup>††</sup>				_		65 (<0-96.6)		~30 weeks
2021)   individuals aged 18+ with prior SARS-COV-2 infection     Confirmed prior infection	155	et al	Brazil	_	and 68,426	Gamma,	participants	CoronaVac	, ,	18.8 (10.7-26.1)	14+	39.4 (36.1-42.6)	14+	~37 weeks
prior SARS- CoV-2 infection						Deitan						40.5 (36.4-44.3)	14-90	~11 weeks
CoV-2 infection Hospitalization or death 35.3 (7.9-54.5) 81.3 (75.3-85.8) 14+ 86.6 (79.8-90.3) 14-90 ~11 weeks 74.4 (63.3-82.2) >90 ~37 weeks							· ·					38 (33.1-42.5)	>90	~37 weeks
86.6 (79.8-90.3) 14-90 ~11 weeks  74.4 (63.3-82.2) >90 ~37 weeks							inection		Hospitalization or	35.3 (7.9-54.5)	=	81.3 (75.3-85.8)	14+	1
					infection				death			86.6 (79.8-90.3)	14-90	~11 weeks
												74.4 (63.3-82.2)	>90	~37 weeks
								AZD1222		34.2 (30.1-38.1)	$\dashv$	56 (51.4-60.2)	14+	-





N4.	Reference (date)	Country	Design	Population	Dominant Variants	History of COVID	Vaccine Product	Outcome Measure Symptomatic reinfection  Hospitalization or death	1st Dose VE % (95%CI) 56.9 (45.2-66.1)	Days post 1st dose <sup>±</sup>	2 <sup>nd</sup> Dose VE % (95% CI) 55.5 (50.5-60.1) 56.8 (46.6-65.1) 89.9 (83.5-93.8) 86.6 (77.6-92.0)	Days post 2nd dose 14-90 >90 14+	Max Duration of follow up after fully vaccinated ~11 weeks ~37 weeks
							BNT162b2	Symptomatic reinfection	45 (39.7-49.9)		95.1 (84.8-98.4) 64.8 (54.9-72.4) 64.2 (54.2-72)	>90 14+ 14-90	~37 weeks ~11 weeks
											100 (CI omitted)	>90	~37 weeks
								Hospitalization or death	61.8 (40.8-75.3)		89.7 (54.3-97.7) 88.8 (50-97.5)	14+ 14-90	~11 weeks
											100 (CI omitted)	>90	~37 weeks
							Ad26.COV2.S	Symptomatic reinfection	44 (31.5-54.2)	14+	_	-	
								remection	46.1 (32.7-56.7)	14-90			~11 weeks
								Hospitalization or	30.6 (-12.4-57.1) 57.7 (-2.6-82.5)	>90 14+			~37 weeks
								death	60.2 (-10.8-85.7)	14-90			~11 weeks
									41 (-240.9-89.9)	>90			~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	Severe outcomes			2 (-17-17) 55 (-106-90)	240+ 7-59	
	20,20227			4261 Delta-				Severe outcomes			86(-12-98)	240+	-
	[Updated			positive cases,	Delta^		Any mRNA	Symptomatic disease			89 (86-92)	7-59	
	version of previous			and 114,087 test-negative			vaccine				80 (74-84)	240+	-
	January 1 <sup>st</sup>			controls aged				Severe outcomes			94(84-98)	7-59	-
	preprint]			≥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)		
152	Lutrick et al (December 31,2021)	USA	Prospective cohort	243 individuals aged 12-17 years	Delta^	Excluded	BNT162b2	Documented infection	_	-	92(79-97)	14+	~17 weeks





N4.	Reference (date)	Country South Africa	Design Test negative	Population 211.610 PCR	Dominant Variants	History of COVID	Vaccine Product BNT162b2	Outcome Measure	1 <sup>st</sup> Dose VE % (95%CI)	Days post 1st dose <sup>±</sup>	2 <sup>nd</sup> Dose VE % (95% CI) 69 (48-81)	Days post 2nd dose	Max Duration of follow up after fully vaccinated
	(December 29, 2021)		case control	tests of individuals In Gauteng Province	specifically^ Delta^						93 (90-94)		~19 weeks
150	Mendola et al* (23 December, 2021)	Italy	Retrospective cohort	2,478 HCWs 18+ years at a public hospital	Alpha <sup>††</sup>	Excluded	BNT162b2	Documented infection	-	_	89 (78-95)	8-98	~12 weeks
149	Alali et al* (December 7, 2021)	Kuwait	Retrospective cohort	3,246 HCWs 20+ years at a secondary	Alpha††	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)		
	25, 2021)			Columbia	Delta <sup>††</sup>		mRNA-1273	Documented infection			97 (94-98)		
				University				Hospitalization			96 (92-99)		
				Medical Center			Ad26.COV2.S	Documented infection	81 (50-94)	14+	_	-	
								Hospitalization	92 (58-100)				
147	Amir et al (December 21, 2021)	Israel	Quasi- experimental	348,468 individuals aged 16-18 and 361,050	Delta^	Excluded	BNT162b2	Documented infection: 12-14 years	_	_	92 (91.1-92.8)	14-60	~6.5 weeks
				individuals aged 12-14				Documented infection: 16-18 years			89.8 (80-93.8)		
146	Katikireddi et	Scotland	Retrospective	2,534,527	Delta^	Excluded	AZD1222	Hospitalization or	49.3 (43.3-54.6)	14+	83.7 (79.7-87.0)	14-27	~20 weeks
	<u>al</u> * (December 20, 2021)		cohort	adults (aged 18+)				death			53.6 (48.4-58.3)	140- 153	
145	Kissling et al	Croatia,	Test negative	2,725 cases	Delta^	Included	BNT162b2	Symptomatic disease	_	_	87 (83–89)	14-29	~30 weeks
	(December	France,	case control	and 11,557				(30-59 years)			65 (56–71)	90+	
	23,2021)	Ireland,		controls aged				Symptomatic disease			65 (37-80)	30-59	
		Netherlands,		30+				(60+ years)			64 (44-77)	90+	
		Portugal, Romania,					mRNA-1273	Symptomatic disease			98 (93–100)	14-29	
		Spain, and						(30-59 years)			90 (76–96)	60-89	
		the UK					AZD1222				72 (52–83)	14-29	
		anc or						1			65 (48–76)	60-89	
							Ad26.COV2.S				50 (36–62)	30–59	
											52 (33–66)	60-89	





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#	Hansen et al	Denmark	Retrospective	41,684 Danish	Omicron	Excluded	BNT162b2	Documented infection	-	-	55.2 (23.5-73.7)	15-44	21 weeks
	(December 23,2021)		cohort	residents aged ≥12 years	specifically^						-76.5 (-95.3, -	105-	
	23,2021)			212 years			mRNA-1273	-			59.5) 36.7 (-69.9-76.4)	164 15-44	-
							IIIKNA-12/3				-39.3 (-61.6, -20)	105-	-
											-39.5 (-01.0, -20)	164	
					Delta		BNT162b2				86.7 (84.6-88.6)	15-44	-
					specifically^		DIVITOZDZ				53.8 (52.9-54.6)	105-	-
					Specifically						33.0 (32.3 34.0)	164	
							mRNA-1273				88.2 (83.1–91.8)	15-44	
											65.0 (63.6- 66.3)	105-	
											,	164	
143	loannou et al	USA	Target trial	4,199,742	Non-VOC	Excluded	BNT162b2 &	Documented infection	31 (26-35)	14+	65 (63–68)	7+	~28 weeks
	(December		emulation	individuals	and Alpha ††		mRNA-1273	(March 31st 2021)					
	21,2021)		study					Documented infection			69 (67–70)		
								(June 30th <sup>t</sup> 2021)	()				
								Death	55 (42–64)		89 (84–92)		
								(March 31st 2021) Death			96 (93, 90)	1	
								(June 30th <sup>t</sup> 2021)			86 (82–89)		
142	Lewis et al	USA	Test negative	3,619 adults	Alpha and	Included	BNT162b2 &	Hospitalization with no	_	<u> </u>	96 (93-98)	14+	~30 weeks
1.2	(December	05/1	case control	3,013 dddit3	Delta††	meiaaca	mRNA-1273	underlying conditions			30 (33 30)	1	30 Weeks
	21,2021)							Hospitalization with			93 (89-95)		
								one underlying			` ′		
								conditions					
								Hospitalization with 2			87 (92-91)		
								underlying conditions					
								Hospitalization with 3+			83 (72-88)		
141	Tartof et al*	USA	Dotrog:ti	3,133,075	Non-VOC,	Included	BNT162b2	underlying conditions		1_	85 (83-86)	7-36	~48 weeks
141	(February 14,	USA	Retrospective matched	3,133,075 adults ≥ 18	Non-VOC, Alpha and	included	DIN I TO SDS	Documented infection	_	-	49 (46-51)	7-36 217+	48 weeks
	2021)		cohort	years	Delta††			Hospitalization			90 (86-92)	7-36	1
	2021		3011011	years	Deita			HOSPITALIZATION			88 (85-90)	217+	1
	El la data d										00 (03-30)	21/+	
	[Updated version of												
	previous												
	December 21st												
	preprint]												
140#	1 -1 -1	South Africa		477,234 HCWs		Included	Ad26.COV2.S	Hospitalization	67 (62-71)	28+	_	_	16 weeks





N4.	Reference (date) Bekker et al	Country	<b>Design</b> Retrospective	Population	Dominant Variants Beta, Delta,	History of COVID	Vaccine Product	Outcome Measure ICU/CCU admission	1 <sup>st</sup> Dose VE % <b>(95%CI)</b> 75 (69-82)	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
	(December		matched		Kappa^			Death	83 (75-89)				
	20,2021)		cohort		Beta^			Hospitalization	62 (42-76)				
								ICU/CCU admission	49 (8-77)				
								Death	86 (57-100)				
					Delta^			Hospitalization	67 (62-71)				
								ICU/CCU admission	78 (71-88)				
								Death	82 (74-89)				
139	Abu-Raddad et	Qatar	Test negative	107,099 test-	Beta and	Excluded	mRNA-1273	Documented infection	60.3 (57-63.3)	14+	85.3 (83.5-86.9)	30+	~35 weeks
	<u>al*</u>		case control	positive cases	Delta^						-29.5 (-84-8.8)	240+	-
	(January 21,			and 658,564				Symptomatic disease	78.3 (75.2-81.1)		94.4 (92.8-95.6)	30+	-
	2022)			test-negative controls							20 (-29-59.3)	240+	
	Published			COILLIOIS				Asymptomatic disease	54.6 (47.7-60.6)		79.9 (75.5-83.4)	30+	
	version of										-28.4 (-129.3-	240+	
	December								00.4 (70.4.00.4)		28.1)	20	-
	16,2021							Hospitalization and	82.1 (73.1-88.1)		97.2 (92.4-99)	30+	-
138	-	USA	Draspastiva	1,518	Non-VOC,	Included	BNT162b2	death Symptomatic and		+_	61 (-225.5-95.3) 50 (21-69)	180+ 14+	~52 weeks
138	McLean et al*	USA	Prospective cohort	individuals	Alpha and	included	mRNA-1273	asymptomatic	_	_	65 (37-81)	14+	52 weeks
	(February 18,2022)		Conort	aged ≥12 years	Delta <sup>††</sup>			infections			, ,		
	•						BNT162b2	Symptomatic infections			54 (26-71)		
	Published						mRNA-1273				65 (38-81)		
	version of pre-					Excluded	BNT162b2	Symptomatic and			51 (22-70)		
	print from						mRNA-1273	asymptomatic infections			66 (38-82)		
	December 16,2021				Delta	Excluded	BNT162b2	Symptomatic and			52 (20-71)		
	10,2021				specifically^		mRNA-1273	asymptomatic infections			59 (24-78)		
137	Castillo- Arregoces et al	Colombia	Retrospective matched	2,828,294 individuals	Mu^	Excluded	BNT162b2	Hospitalization without death		14+	83 (78.4-86.6)	14+	32 weeks
	(December		cohort	aged 60+				Post-hospitalization	1		94.8 (93.3 – 96)	1	
	16,2021)			- aged 00 !				death			3 7.0 (33.3 30)		
	>//							Death	†		88.3 (84.1-91.4)	1	
							AZD1222	Hospitalization without	-		90.8 (85.5-94.2)	1	
								death				4	
								Post-hospitalization death			97.5 (95.8-98.5)		
								Death	1		93.9 (89.3-96.6)	1	





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
							Ad26.COV2.S	Hospitalization without death	60.9 (36.8-75.8)		_		
								Post-hospitalization death	85.8 (77.1-91.2)		_		
								Death	95.5 (82.0- 98.9)		_		
							CoronaVac	Hospitalization without death	,		47.3 (41.9-52.3)		
								Post-hospitalization death			72.1 (70.1-73.9)		
								Death			64.9 (61.2-68.9)		
136	Young-Xu et al* (December 15,	USA	Test negative case control	71,190 male veterans aged	Non-VOC and Alpha ††	Excluded	BNT162b2 & mRNA-1273	Documented infection	-	-	94.5 (90.7-96.7)	14-43	4 weeks
	2021)			65+ in the Veterans	(pre-Delta)^						87.9 (85.9-89.5)	74-103	12 weeks
	Updated			Health Administration	Alpha, Delta <sup>††</sup>						92.1 (87.2-95.1)	14-43	4 weeks
	analysis of reference #45				(rising Delta)^						67.3 (63.2-70.9)	134- 163	20 weeks
					Delta^						62.0 (45.6-73.5)	14-43	4 weeks
											24.8 (18.8-30.4)	224- 253	32 weeks
135	Florea et al	USA	Prospective	927,004	Non-VOC,	Included	mRNA-1273	Documented infection	-	-	82.8 (82.2-83.3)	14+	~35 weeks
	(December 15,		cohort	matched pairs	Alpha,						88.0 (86.8-89.1)	14-60	~6.5 weeks
	2021)			of adult (18+) Kaiser	Delta††						75.5 (70.4-79.7)	180- 240	~35 weeks
	Updated interim			Permanente members in				Hospitalization			96.1 (95.5-96.6)	14+	
	analysis of			Southern							95.9 (93.5-97.4)	14-60	~6.5 weeks
	reference #86			California							94.5 (90.9-96.7)	180-	~35 weeks
								Dooth in bossital			07.2 (04.0.00.4)	240	
					Delta^			Death in hospital  Documented infection	_	_	97.2 (94.8-98.4) 86.5 (84.8-88.0)	14+ 14+	~15 weeks
					Delta				=			147	
134	Machado et al	Portugal	Retrospective	1,884,932	Alpha and	Excluded	BNT162b2 and	Symptomatic infection	-	-	79 (76-83)	14-41	~29 weeks
	(December		cohort	adults aged	Delta^		mRNA-1273	in 65-79 years old			39 (29-48)	98+	
	14,2021)			65+				Symptomatic infection			72 (61-79)	14-41	
								in 80+ years old			34 (29-48)	124+	
								Hospitalization in 65-79			95 (90-97)	14-41	
								years old			93 (86-96)	70+	
									1	1	83 (68-91)	14-41	





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
								Hospitalization in 80+			63 (37-78)	124+	
								years old			2= (22 22)		
								Death in 65-79 years			95 (88-98)	14-41 70+	-
								old			93 (87-96) 87 (71-93)	14-41	-
								Death in 80+ years old				124+	-
							AZD1222	Symptomatic infection			75 (64-82) 95 (90-97)	14-41	-
							AZDIZZZ	in 65-79 years old			93 (86-96)	70+	-
								Hospitalization in 65-79			89 (52-94)	14+	1
								years old			09 (32-94)	14+	
								Death in 65-79 years old			95 (90-97)	_	
133	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^							mos.	
	12,2021)			12 years							53 (52-54)	7-8	
												mos.	
								Hospitalization			90 (89-91)	0-2	
												mos.	
											75 (73-76)	7-8	
											()	mos.	-
								Death			92 (90-93)	0-2	
											02 (04 06)	mos.	-
											83 (81-86)	7-8 mos.	
							mRNA-1273	Documented infection			90 (89-91)	0-2	1
							IIIKIVA-1273	Documented infection			30 (83-31)	mos.	
											65 (63-67)	7-8	1
											05 (05 07)	mos.	
								Hospitalization			94 (92-96)	0-2	
												mos.	
											81 (78-84)	7-8	1
												mos.	]
								Death			96 (91-98)	0-2	
												mos.	1
											88 (82-92)	7-8	
												mos.	1
							AZD1222	Documented infection			83 (80-85)	0-2	
												mos.	





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
				-							55 (54-56)	5-6	
											2= (2+ 2+)	mos.	1
								Hospitalization			87 (81-91)	0-2 mos.	
											70 (68-72)	5-6	1
											70 (00 72)	mos.	
								Death	-		93 (77-98)	0-2	1
												mos.	_
											82 (78-85)	5-6	
							A -126 601/2.6	December 11 feetier			CO (CC 70)	mos.	
							Ad26.COV2.S	Documented infection			68 (66-70)	0-2 mos.	
											67 (65-69)	5-6	1
											(11 11)	mos.	
								Hospitalization			68 (60-75)	2	1
												month	
											67 (62-72)	s 5-6	-
											07 (02-72)	mos.	
								Death	-		68 (42-82)	2	1
												month	
												S	
											68 (53-78)	5-6 mos.	
132	Powell et al	UK	Test-negative	617,259	Omicron	Excluded	BNT162b2	Symptomatic	49.6(43.9-54.8)	14-20	73(66.4-78.3)	14+	~33 weeks
	(February 18,		case control	eligible tests	specifically^			disease(12-15 years)	17.2(12.0-22.1)	84+	·		
	2022)			for 12-15-year-				Symptomatic	51.4(42.7-58.8)	14-20	71.3(69.3-73.1)	14-34	
	[Update to			olds and 225,670 for				disease(16-17 years)	12.5(6.9-17.8)	105+	22.6(14.5-29.9)	70+	
	December 11,			16-17-year-	Delta			Symptomatic	74.5(73.2-75.6)	14-20	87.2(73.7-93.8)	14+	
	2021 preprint]			olds	specifically^			disease(12-15 years)	53.1(41.6-62.4)	84+			
								Symptomatic	75.9(74.3-77.3)	14-20	93.1 (91.6-94.4)	14-34	
								disease(16-17 years)	30.9(25.4-36.0)	105+	83.7(72-90.5)	70+	
								Hospitalisation(12-15 years)	83.4(54-94)	28+	_	_	
								Hospitalisation(16-17 years)	76.3(61.1-85.6)	28+			
131		USA	Test-negative	755 cases and	Non-VOC,	Excluded	BNT162b2	Hospitalization	_	_	86 (77.6-91.3)	14-119	~36 weeks
			case control	1,141 controls	Alpha,						75.1 (64.6-82.4)	120+	]
					Delta <sup>††</sup>		mRNA-1273				89.6 (80.1-94.5)	14-119	





N4.	Reference (date) Bajema et al* (December 10,2021)	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) 86.1 (77.7-91.3)	Days post 2nd dose 120+	Max Duration of follow up after fully vaccinated
	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)		case control	236,023 Delta cases, and test	specifically						9.4 (7.8-11.1)	25+ weeks	-
	[Update to Jan 14, 2022			negative controls aged			AZD1222		-		49.8 (40.7-57.5)	2-4 weeks	
	briefing]			18+							-1 (-2.4-0.3)	25+ weeks	
	[March 2, 2022 publication by						mRNA-1273				76 (72-79)	2-4 weeks	
	Andrews et al with VE										13 (3-22)	25+ weeks	
	estimated till January 12,				Delta specifically^		BNT162b2		_		90.9 (89.6-92)	2-4 weeks	
	2022 can be accessed here]										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	Hospitalization			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	





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 specifically^		BNT162b2				94.1 (81.6-98.1)	2-4 weeks	
					opeoeay						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	BC	Delta††				_	_	82.8 (74.0-88.6)		
128	Muhsen et al* (October 28, 2021)	Israel	Prospective cohort	9162 HCWs (aged 16-65 y) working in long-term care facilities	Alpha^	Excluded	BNT162b2	Documented infection	_	_	89 (83-93)	>14	~11 weeks
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,		cohort	Hungarian				Death	64.3 (61.8-66.6)	<7 days	90.3 (88.9-91.5)		
	2021)			residents aged 16+			Sinopharm	Documented infection	34.0 (31.8-36.1)	post dose 2)	72.8 (71.2-74.4)		~10.5 weeks
				10+				Death	39.4 (34.1-44.3)	7 2)	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* (February 16, 2022)	United Kingdom	Prospective cohort	35,768 HCWs (18+ years) undergoing	Non-VOC, Alpha, Delta^	Excluded	BNT162b2	Documented infection	59 (42-71)	21-27	Dose interval <6 weeks: 89 (78-94)	14-73	~8 weeks
				routine							Dose interval <6 weeks:	194- 265	~36 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
	[Update to (December 1, 2021 preprint]			asymptomatic testing					63 (46-75)	56-280	53 (28-69)  Dose interval 6+ weeks: 85 (72- 92)	14-73	~8 weeks
											Dose interval 6+ weeks: 51 (22-69)	194- 239	~32 weeks
							AZD1222	Documented infection	63 (-80-92)	21-27	58 (23-77)	14-73	~8 weeks
									9 (-87-55)	56-249	72 (39-87)	134- 220	~29 weeks
124	The	L. die	T	2766	Dallan	e. d. d. d	A7D4222	December 1 infection	46.2 (24.6.57.7)	24.	(2.4/54.5.72.4)	44.	n/10
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
123	Desai et al	India	Test-negative	1068 matched	Delta^	Included	BBV152	Symptomatic disease	-1 (-51 - 33)	21+	50 (33-62)	14+	~4 weeks
	(November		case control	case-control							46 (22-62)	28+	
	23,2021)*			HCW pairs							57 (21-76)	42+	<u> </u>
122	Deime et el	Dun-il	Tast assetius	40.020	Camana	Excluded	C\/	Communication diseases	F 0 / 10 2 22 7\	14.	47 (29-61)	14+	~20 F
122	Paixao et al (November 12,2021)	Brazil	Test-negative case control	19,838 pregnant women	Gamma and Delta <sup>††</sup>	Excluded	CoronaVac	Symptomatic disease	5.0 (-18.2–23.7)	14+	41.0 (27.0-52.2)	14+	~28.5 weeks
121	Ng et al* (November 1, 2021)	Singapore	Retrospective cohort	household contacts of 301 index cases	Delta index cases, specifically	Unknown	BNT162b2 & mRNA-1273	Documented infection Symptomatic infection Severe disease	_	_	61.6 (37.5-80.4) 67.9 (41.3-87.8) 100 (CI omitted, no events among vaccinated)	15+	~16.5 weeks
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)		
110	27,2021)	Finland	Detrees	aged 15+	Nam VOC	Final code of	DAIT4 COLO	Deaths	12 (-95–61)	42.	96 (69-99)	14.00	011
119		Finland	Retrospective cohort	427,905 HCWs aged 16-69	Non-VOC, Alpha,	Excluded	BNT162b2	Documented infection	40 (33-46)	42+	83 (80-85) 55 (45-64)	14-90 181+	~11 weeks ~29.5 weeks
			COHOIT	years	Delta^			Hospitalization	82 (68-90)		99 (97-100)	14-90	~11 weeks
				/					52 (55 55)		98 (89-100)	181+	~38 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
	Poukka et al*						mRNA-1273	Documented infection	61 (45-72)		84 (68-92)	14-90	~11 weeks
	(January 31,										69 (-124-96)	91-180	~24 weeks
	2022)							Hospitalization	89 (22-98)		100 (CI omitted)	14-90	~11 weeks
											100 (CI omitted)	181+	~34 weeks
	[Published						Heterologous	Documented infection	-	-	100 (CI omitted)	14-90	~11 weeks
	version of						mRNA				100 (CI omitted)	181+	~29.5 weeks
	November 8,							Hospitalization			100 (CI omitted)	14-90	~11 weeks
	2021]						A7D4222	December 11 feeting	22 ( 2, 42)	12:	100 (CI omitted)	181+	~38 weeks
							AZD1222	Documented infection	22 (-3-42)	42+	89 (73-95)	14-90	~11 weeks
								Hamitalization	88 (10-98)	42+	63 (-166-95) 100 (CI omitted)	91-180 14-90	~24 weeks ~11 weeks
								Hospitalization	88 (10-98)	42+	100 (Cl omitted)	181+	~25 weeks
							Heterologous	Documented infection	_		80 (72-86)	14-90	~11 weeks
							AZD1222 +				62 (30-79)	91-180	~24 weeks
							mRNA	Hospitalization			100 (CI omitted)	14-90	~11 weeks
											100 (CI omitted)	181+	~25 weeks
					Non-VOC,		BNT162b2 &	Documented infection	38 (23-50)	42+	77 (71-82)	14-90	~11 weeks
					Alpha^		mRNA-1273				55 (34-69)	91-180	~24 weeks
							(homologous	Hospitalization	90 (27-99)		95 (64-99)	14-90	~11 weeks
							or heterologous)				100 (CI omitted)	91-180	~24 weeks
							AZD1222	Documented infection	15 (-15-37)	42+	100 (CI omitted)	14-90	~11 weeks
											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 +				100 (CI omitted)	91-180	~24 weeks
							mRNA	Hospitalization			100 (CI omitted)	14-90	~11 weeks
					Delta^		BNT162b2 &	Documented infection	45 (37-51)	42+	85 (81-88)	14-90	~11 weeks
							mRNA-1273		00 (60 01)	_	56 (46-65)	181+	~29.5 weeks
							(homologous or	Hospitalization	83 (68-91)		100 (97-100)	14-90	~11 weeks
							heterologous)				98 (88-100)	181+	~38 weeks
1							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	_	<del>-</del>	80 (72-86)	14-90	~11 weeks
1							AZD1222 +				63 (33-80)	91-180	~24 weeks
							mRNA	Hospitalization			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)	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: immunocompromised			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		96 (89-99)		91 (86-94)		
116	Reis et al* (October	Israel	Retrospective	94,354 vaccinated	Delta^	Excluded	BNT162b2	Documented infection	59 (52-65) 66 (59-72)	14-20 21-27	90 (88-92)	7-21	~12 weeks
	20,2021)		cohort	adolescents				Cumptomatic disease	57 (39-71)	14-20	93 (88-97)		
	20,2021)			aged 12-18				Symptomatic disease	82 (73-91)	21-27	93 (88-97)		
				matched with 94,354 controls					82 (73-91)	21-27			
115	Nordström et	Sweden	Retrospective	541,071	Delta^	Excluded	BNT162b2	Symptomatic disease	_	_	78 (78-79)	14+	~11 weeks
	al* (October 18,		cohort	vaccinated individuals and			mRNA-1273				87 (84-88)		
	2021)			180,716			AZD1222				50 (41-58)		
				unvaccinated matched			AZD1222/ BNT162b2				67 (59-73)		
				individuals			AZD1222/ mRNA-1273				79 (62-88)		





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#	Skowronski et al (October 26,2021)	Canada	Test-negative case control	380,532 specimens in British	Non-VOC, Alpha, Delta,	Excluded	BNT162b2	Documented infection	_	_	90 (90-90) 90 (89-90) 81 (78-83)	14+ 28-55 168+	~37 weeks
				Columbia including 27,439 cases	Gamma^			Hospitalization			98 (97-98) 98 (98-99) 98 (94-99)	14+ 28-55 168+	
				(estimates also available for Quebec, but			mRNA-1273	Documented infection			91 (90-91) 94 (93- 94) 71 (65-75)	14+ 28-55 168+	
				not included here)				Hospitalization			97 (96-98) 99 (96-100) 96 (83-99)	14+ 28-55 168+	
							AZD1222	Documented infection			71 (69-74) 74 (67-79) 69 (64-72)	14+ 28-55 84+	
								Hospitalization			94 (90-96) 88 (62-96) 95 (89-98)	14+ 28-55 84+	
							Heterologous mRNA	Documented infection			91 (90- 92) 93(91-94) 93(80-97)	14+ 28-55 112- 139	
								Hospitalization			98 (96-99) 97 (92-100) 97 (94-99)	14+ 28-55 84-111	
							Heterologous AZD1222 + mRNA	Documented infection			90 (89-91) 91 (89-92) 92 (44-99)	14+ 28-55 112-	
					Delta		BNT162b2	Hospitalization  Documented infection			99 (98-100) 99 (91-100) 91 (91-92)	139 14+ 28-55 14+	
					specifically^		DIN I 10202				92 (92-93) 80 (76, 84)	28-55 196+	
								Hospitalization			98 (97-98) 99 (98-99) 98 (91-99)	14+ 28-55 168+	





													Max
										_		Days	Duration of
										Days		post	follow up
	Reference		_		Dominant	History of	Vaccine		1 <sup>st</sup> Dose VE	post 1st	2 <sup>nd</sup> Dose VE	2nd	after fully
N4.	(date)	Country	Design	Population	Variants	COVID	Product	Outcome Measure	% (95%CI)	dose <sup>±</sup>	% (95% CI)	dose	vaccinated
							mRNA-1273	Documented infection			92 (91-93)	14+	
											94 (93- 95)	28-55	-
											80 (73-85)	168+	
								Hospitalization			97 (96- 98)	14+	
											99 (96-100)	28-55	
											84 (63-93)	112-	
												139	
							AZD1222	Documented infection			70 (66-73)	14+	-
											68 (60-75)	28-55	
											65 (57-72)	84+	
								Hospitalization			92 (86-95)	14+	-
											84 (51-95)	28-55	
							Hataalaaa	December 11 of out to			92 (81-97)	84+	
							Heterologous	Documented infection			98 (97-99)	14+	-
							mRNA				93 (91-94)	28-55	
								I I a a sitalization			88 (82-91)	196+ 14+	-
								Hospitalization			98 (97-99) 96 (88-99)	28-55	-
											98 (85-100)	168+	-
							Heterologous	Documented infection			91 (89-92)	14+	-
							AZD1222 +	Documented infection			90 (88-92)	28-55	-
							mRNA				85 (77-90)	84-111	
								Hospitalization			99 (97-100)	14+	-
								Tiospitalization			99 (90-100)	141	
					Alpha		BNT162b2	Documented infection			96 (93-98)	14+	-
					specifically^			Hospitalization			96 (83-99)	1	
					, ,		mRNA-1273	Documented infection			95 (85-98)	1	
								Hospitalization					
							AZD1222	Documented infection			74 (29-90)		
								Hospitalization					
							Heterologous	Documented infection			96 (93-98)		
							mRNA	Hospitalization			97 (87-99)		
							Heterologous	Documented infection			74 (29-90)	1	
							AZD1222 +	Hospitalization			_` _	1	
							mRNA					]	
					Gamma		BNT162b2	Documented infection			93 (89-95)	]	
					specifically^			Hospitalization			95 (83-99)	]	
							mRNA-1273	Documented infection			95 (85, 99)	]	
							AZD1222	Documented infection			90 (61, 98)		





N4.	Reference (date)	Country	Design	Population	Dominant Variants	History of COVID	Vaccine Product Heterologous mRNA Heterologous AZD1222 +	Outcome Measure Documented infection Documented infection	1 <sup>st</sup> Dose VE % (95%CI)	Days post 1st dose <sup>±</sup>	2 <sup>nd</sup> Dose VE % (95% CI) 94 (75, 99) 96 (70, 99)	Days post 2nd dose	Max Duration of follow up after fully vaccinated
113	Lin et al (October 26,2021)	USA	Retrospective cohort	10,600,823 cases registered in North Carolina	Alpha and Delta^	Unknown	mRNA BNT162b2	Symptomatic disease	_	_	94.5 (94.1-94.9) 66.6 (65.2-67.8)	2 month s 7 month s	~33 weeks
								Hospitalization			96.4 (95.1-97.4) 88.7 (86.9-90.3)	2 month s 7 month s	
								Death			98 (95.5-99.1)	2 month s	
											90.5 (87-93.1)	7 month s	~32 weeks
							mRNA-1273	Symptomatic disease			95.9 (95.5-96.2)	2 month s	
											80.3 (79.3-81.2)	7 month s	
								Hospitalization			97.2 (96.1-98)	2 month s	
											94.1 (92.7-95.2)	7 month s	
								Death			98.6 (97.3-99.3)	3 month 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) 95.5 (93.4-96.9)	Days post 2nd dose 7 month	Max Duration of follow up after fully vaccinated ~29 weeks
							Ad26.COV2.S	Symptomatic disease			74.8 (72.5-76.9) 59.4 (57.2-61.5)	s 1 month 5 month	
								Hospitalization			85.8 (74.9-91.9)	s 2 month s	
								Death			85.9 (49.3-96.1)	3 month	
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* [February 9, 2022)  [Update to (October 20,2021 preprint]	Brazil	Test-negative case control	10,077 individuals residing in a favela in Rio De Janeiro	Gamma and Delta^	Excluded	AZD1222	Documented infection Symptomatic disease Asymptomatic infection	31 (12.7-45.5) 31.6 (12-46.8) 26.6 (-53.8-65)	>21	59 (33.1-74.8) 65.1 (40.9-79.4)	14+	~31 weeks
110	Chin et al*(October 20, 2021)	USA	Retrospective cohort	827 propensity matched incarcerated men	Delta^	Previously infected only Excluded	mRNA-1273	Documented infection Symptomatic disease Documented infection  Documented infection	_	_	56.6 (42.0-67.5) 84.2 (56.4-94.3) 80.5 (52.8-92.0) 49.5 (31.5-62.7)	14+	~27 weeks
109		Puerto Rico	Retrospective cohort	87,704 PCR confirmed		Unknown	BNT162b2	Hospitalization (45- 74y)	_	_	92 (90.8-93)	14+	~20 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
	<u>Irizarry et</u>			infections for	Non-VOC,			Hospitalization (75-			93.3 (91.3-95)		
	<u>al(</u> November			individuals 12	Alpha, Beta			84y)					
	17, 2021)			years or older	and Delta^^			Hospitalization (85+y)			97.1 (95.8-98)		
								Death (45-74y)			86 (81-89)		
	[Updated							Death (75-84y)			87 (80-92)		
	version of							Death (85+y)			95.2 (91.5-97)		
	Robles-Fontan						mRNA-1273	Hospitalization (45- 74y)			82 (78-85)		
	et al (October							Hospitalization (75-			91.5 (89-94)		
	20,2021)]							84y)			31.3 (83-34)		
								Hospitalization (85+y)			97.2 (96-98)		
								Death (45-74y)			69 (52-79)		
								Death (75-84y)			87 (79-92)		
								Death (85+y)			96.2 (93.9-98)	1	
							Ad26.COV2.S	Hospitalization (45-			96.1 (95-97)		
								74y)			, ,		
								Hospitalization (75-			98 (96.7-99)		
								84y)					
								Hospitalization (85+y)			99.2 (98.6-99.5)		
								Death (45-74y)			93.8 (90-96)		
								Death (75-84y)			96.6 (91.7-98)		
								Death (85+y)			99.3 (98.6-99.6)		
							BNT162b2	Documented			87 (85-89)	14+	
								infection <sup>XX</sup>			57(53-60)	144+	
								Hospitalisation			92(85-95)	14+	-
											80(73-85)	144+	_
								Death			97(86-100)	14+	-
											86(75-92)	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)	144+	-
			1					Death			99(89-100) 93(81-97)	14+ 144+	<del> </del>
			1				4436 COV3 C	Dogumento d					~22 we slee
							Ad26.COV2.S	Documented infection <sup>xx</sup>			62(54-68)	14+ 144+	~22 weeks
											36(30-42) 81(60-91)	144+	-
								Hospitalisation			67(53-76)	14+	-
								Death			78(16-94)	144+	1
								Death			/0(10-94)	14+	





N4.	Reference (date)	Country	Design	Population	Dominant Variants	History of COVID	Vaccine Product BNT162b2	Outcome Measure  Documented	1 <sup>st</sup> Dose VE % (95%CI)	Days post 1st dose <sup>±</sup>	2 <sup>nd</sup> Dose VE % (95% CI) 72(49-85) 56 (53-59)	Days post 2nd dose 144+ at day	Max Duration of follow up after fully vaccinated
							mRNA-1273	infection <sup>xx</sup>			71 (68-74)	137 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 (October 19, 2021)	Colombia	Matched- pair cohort study	3,346,826 adults aged 60+ in Colombia	Mu^	Excluded	BNT162b2	Hospitalization Post-hospitalization death Death without prior hospitalization	_	14+	90.3 (87.1-92.7) 98.5 (97.8-98.9) 89.2 (85.6-91.9)	14+	~9 weeks
							CoronaVac	Hospitalization Post-hospitalization death Death without prior hospitalization			67.2 (63.7-70.4) 77.1 (75.5-78.6) 69.8 (66.7-72.6)	-	~11 weeks
							AZD1222	Hospitalization Post-hospitalization death Death without prior hospitalization			75.4 (48.2-88.3) 96.3 (88.4-98.8) 88.7 (64.8-96.4)	-	~7 weeks
							Ad26.COV2.S	Hospitalization Death without prior hospitalization	80(19.9-95.0) 75(0.0-93.8)			-	~4 weeks
106	Ranzani et al (October 18, 2021)	Brazil	Test-negative case control	11,817 adults In Mato- Grosso do Sul	Gamma^	Excluded	Ad26.COV2.S	Symptomatic disease Hospitalization ICU Admission Death	50.9 (35.5-63.0) 72.9 (35.1-91.1) 92.5 (54.9-99.6) 90.5 (31.5-99.6)	28+	_	_	~10 weeks
105		USA	Test-negative case control	10,283 matched adult		Excluded	BNT162b2 & mRNA-1273	Overall: Documented infection	_	_	58.9 (52-64.8)	14+	~35 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
	Liu et al (October 7, 2021)			residents (18+) of New York City	Non-VOC, then Alpha, then Delta <sup>††</sup>			Immunocompromised: Documented infection	_	_	56.8 (44.7-66.2)		
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^				_	I —	94.1 (90.5-96.3)	14-60	~6.5 weeks
	15,2021)			controls among							80.0 (70.2-86.6)	151- 180	~23.5 weeks
	[Update to			Kaiser				Hospitalization	_	<u> </u>	97.5 (92.7-99.2)	14+	~25 weeks
	October 1, 2021 preprint]			Permanente patients (aged	Non-Delta specifically^			Documented infection	_	_	98.6 (97.3-99.3)	14-60	~6.5 weeks
	r -r -3			18+) in Southern	,						88.7 (73.2-95.2)	121- 150	~19.5 weeks
				California	Alpha specifically^			Documented infection	90.1 (82.9-94.2)	14+	98.4 (96.9-99.1)	14+	~25 weeks
					Gamma specifically^			Documented infection	74.2 (43.8-88.1)	14+	95.5 (90.9-97.8)	14+	
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
	al (September		cohort	contacts of	Alpha and				57 (51-61)	<90	70 (67-73)	<90	~11 weeks
	30,2021)			12,263 index	Delta^				_	_	63 (58-68)	≥ 90	~18 weeks
				cases				Symptomatic disease	66 (60-71)	14+	72 (69-75)	14+	~31 weeks
								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	1		~11 weeks
									28 (-8–53)	≥ 90	1		~10 weeks
								Symptomatic disease	54 (45-62)	14+			~23 weeks
								Hospitalization	74 (43-88)				
								Documented infection	-		86 (70-93)	14+	~21 weeks





N4.	Reference (date)	Country	Design	Population	Dominant Variants	History of COVID	Vaccine Product  1 dose of AZD1222+ 1 dose of	Outcome Measure  Symptomatic disease Hospitalization	1 <sup>st</sup> Dose VE % (95%CI)	Days post 1st dose <sup>±</sup>	2 <sup>nd</sup> Dose VE % (95% CI) 85 (69-93) 91 (71-97) 95 (79-99)	Days post 2nd dose <90	Max Duration of follow up after fully vaccinated ~11 weeks ~21 weeks
					Alpha^ specifically		BNT162b2 BNT162b2 mRNA-1273 AZD1222 Ad26.COV2.S	Documented infection	54 (37-67) 60 (14-81) 37 (21-50) 77 (27-93)	14+	71 (61-78) 86 (56-95) 38 (-42-73)	14+	~31 weeks ~28 weeks 16 weeks ~23 weeks
					Delta^ specifically		BNT162b2 mRNA-1273 AZD1222 Ad26.COV2.S 1 dose of AZD1222+ 1 dose of BNT162b2	Documented infection	63 (51-73) 72 (51-84) 53 (26-70) 42 (18-59)	14+	67 (59-74) 77 (64-85) 55 (39-67) — 86 (45-97)	14+	~31 weeks ~28 weeks 16 weeks ~23 weeks ~21 weeks
102#	Eyre et al* (January 5, 2022)	England	Retrospective cohort	146,243 household contacts of	Alpha^ specifically	Included	BNT162b2 AZD1222	Documented infection	15 (12-18) 6 (2-9)	0+ up to 13 days post dose	85 (79-89) 60 (41-73)	14+	~20.5 weeks ~8 weeks
	[Update to Sept 29, 2021 preprint]			108,498 index cases	Delta^ specifically	Included	BNT162b2 AZD1222	Documented infection	33 (31-35) 31 (28-34)	2	81 (77-84) 58 (55-62)	-	~29 weeks ~16 weeks
101	Glatman- Freedman et al (September 27, 2021)	Israel	Retrospective cohort	Adolescents aged 12-15 y	Delta^	Excluded	BNT162b2	Documented infection	_	_	91.5 (88.2-93.9)	8-28	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





Skowronski et al* (January 27, 2022)   Skowronski et al* (January 27, 2022)   Freprint]   Test-negative case control samong adults So-69 years in British Columbia   Freprint    Freprin	N4.	Days Duration post follow u 2nd after full dose vaccinate	ion of w up fully
Skowronski et al* (January 27, 2022)   Skowronski et al		7+	
Case control   Positive cases and 99,544   test-negative controls among adults society of September 22,2021   preprint]   Preprint   Preprint			
Published   among adults   50-69 years in   British   Columbia   First   Fir	98#		
Columbia   Rospitalization   So (76-91)   21+			
Alpha   BNT162b2   Documented infection   77 (73-80)   21+			
Hospitalization   93 (85-97)   21+			
Alpha   BNT162b2   Documented infection   77 (73-80)   21+			
Hospitalization 78 (44-91)			
Gamma specifically^ BNT162b2 Documented infection 77 (72-81) Hospitalization 89 (79-94) mRNA-1273 Documented infection 85 (76-90)			
mRNA-1273 Documented infection 85 (76-90)			
AZD1222 Documented infection 67 (58-74)  Hospitalization 93 (78-98)			
Delta specifically^ BNT162b2 Documented infection 58 (52-63) 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)			





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
					Non-VOC specifically^		BNT162b2 mRNA-1273	Documented infection	88 (75-95) 78 (31-93)	_			
					- p		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			mRNA-1273				93 (91-95)	14+	
				years without							93 (90–95)	14-120	
				immunocompr omising					(	1	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, 2021)		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)		
95#	Andrews et al*	England	Test-negative	1,706,743	Alpha	Excluded	ed 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 3,763,690 test-				Hospitalization	85.2 (81.6-88.1)	28+	97.7 (90.8-99.4)	14-63	~33.5 weeks
				negative				Death	73.1 (65-79.3)	28+	96.6 (94.496.5)	14+	~33.5 weeks
	[Update to			control			AZD1222	Symptomatic disease	45.1 (43.4-46.7)	28+	82.1 (79.4-84.5)	14+	~20.5 weeks
	September 14, 2021 preprint			patients							82.4 (79.6-84.7)	14-63	~8 weeks
	2021 preprintj			among adults							76.2 (49.8-88.7)	70+	~20.5 weeks
				(16+)				Hospitalization	82.5 (78.7-85.7)	28+	95.1 (86.7-98.2)	14-63	~20.5 weeks
					+)				_		100 (CI omitted, no deaths among vaccinated)	70+	~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





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
									_		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 (September	USA	Test-negative case control	388 case- patients and	Alpha, Delta, Non-	Excluded	BNT162b2 & mRNA-1273	Hospitalization	_	_	86.1 (76.5-91.8)	<104 days	~13 weeks
	10,2021)			787 controls from	VOC††			Hospitalization			87.2 (78.2-92.5)	≥104 days	~28.5 weeks
				5 Veterans			BNT162b2	Hospitalization			83.4 (74.0-89.4)	14+	~28.5 weeks
				Affair Medicals			mRNA-1273	Hospitalization			91.6 (83.5-95.7)		~26.5 weeks
				Centers	Alpha^		BNT162b2 & mRNA-1273	February-June: Hospitalization			84.1 (74.1-90.2)		~23 weeks
					Delta^		IIINIVA-12/3	July-August:	-		89.3 (80.1-94.3)	1	~28.5 weeks
					Delta			Hospitalization			05.5 (00.1-54.5)		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)	1			
	2021)			years				Immunocompromised:	64 (57-70)	1			
								Documented infection	, ,				
								Immunocompromised:	68 (54-77)				
								Hospitalization					





N4.	Reference (date)	Country	Design	Population	Dominant Variants Delta^	History of COVID	Vaccine Product	Outcome Measure June-July: Documented infection June-July:	1 <sup>st</sup> Dose VE % (95%CI) 78 (73-82) 85 (73-91)	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
92	Grannis et al	USA	Test-negative	32,867 events	Delta^	Included	BNT162b2	Hospitalization Hospitalization		_	80 (73-85)	14+	4 weeks
92	(September 10,2021)	USA	rest-negative	from 187 hospitals and	Delta	incidded	BN110202	Emergency/Urgent care visit	_		77 (74–80)	14+	4 weeks
				221 emergency			mRNA-1273	Hospitalization			95 (92-97)	_	
				departments/u				Emergency/Urgent care visit			92 (89-93)		_
				visits			Ad26.COV2.S	Hospitalization  Emergency/Urgent care visit	60 (31-77) 65 (56-72)	14+	_	_	
91	Dagan et al*	Israel	Prospective	10,861	Alpha^	Excluded	BNT162b2 &	Documented infection	71 (33-94)	21-27	96 (89-100)	7-56	~11 weeks
	(September		Cohort	vaccinated			mRNA-1273	Symptomatic infection	76 (30-100)		97 (91-100)		
	7,2021)			pregnant 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 were			mRNA-1273	Hospitalization	68 (59-75)		91 (89-93)		20 weeks
				hospitalized or visited				Emergency department or urgent care visit	73 (64-79)		92 (89-94)		
				emergency/			Ad26.COV2.S	Hospitalization	68 (50-79)		_		14 weeks
				urgent care facilities				Emergency department or urgent care visit	, ,				
							BNT162b2 & mRNA-1273	Hospitalization, patients with ≥ 1 chronic respiratory condition	56 (47-64)	14+	90 (88-92)	14+	~22 weeks
								Hospitalization, patients with ≥ 1 chronic non-respiratory condition	54 (45-61)		88 (86-90)		
								Hospitalization, overall	_		88 (84-92)	14-27	~2 weeks





N4.	Reference (date)	Country	Design	Population	Dominant Variants	History of COVID	Vaccine Product	Outcome Measure  Emergency department or urgent care visit	1 <sup>st</sup> Dose VE % (95%CI)	Days post 1st dose <sup>±</sup>	2 <sup>nd</sup> Dose VE % (95% CI) 86 (74-93) 92 (88-95)	Days post 2nd dose 112+ 14-27	Max Duration of follow up after fully vaccinated ~22 weeks ~2 weeks
89	lliaki et al* (October 18, 2021) [Update to September 6 preprint]	USA	Retrospective Cohort	4,317 HCWs	Alpha <sup>††</sup>	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- surgical, pre- op PCR tests	Non-VOC^††  Alpha^††	Included	BNT162b2 & mRNA-1273	Asymptomatic infection (January-March)  Asymptomatic infection (April-May)	44 (-6-71) 46 (53-83)	20+ up to <14 post 2 <sup>nd</sup> dose	91 (72-98) 71 (53-83)	14+	~10 weeks
87	Barlow et al (September 3,2021)	USA	Test-negative case control	500 matched pairs aged 15 years and above	Delta^††	Excluded	BNT162b2 and mRNA-1273 Ad26.COV2.S	Asymptomatic infection (June-August)  Documented infection	63 (44-76) — 51(-2 – 76)	14+	63 (44-76) 74(65-82)	14+	~32 weeks ~4 weeks
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	Giansante et al* (September 2, 2021)	Italy	Retrospective cohort	9839 staff and HCWs Only 7190 HCWs	Delta and Alpha^	Excluded	BNT162b2 and mRNA-1273	Documented infection Symptomatic infection  Documented infection Symptomatic infection	85.5(75.9-91.3) 81.7(62.7-91) 87.8 (76.5-93.7) 83.1 (60.0-92.9)	14+ up to <7 post 2 <sup>nd</sup> dose	84.8 (73.2-91.4) 87.1 (69.3-94.6) 84.4 (69.7-92.0) 86.5 (62.9-95.1)	14+	~16 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
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
	10,2021) [Published			hospitals				Symptomatic infection			97 (72-99.7)	7+	
	version of September 2 pre-print]												
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
	2021)			(65+) in	then Delta^			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
	<u>al*</u>		case control	and 848,240	Beta^ (Jan-						22.3 (-1.7-40.7)	175+	~32 weeks
	(October 6, 2021)			controls among	Jun), then Delta^ (Jul-			Symptomatic infection	47.9 (43.6-51.9)		72.5 (69.6-75.1)	28-63	7 weeks
	2021)			residents of	Sep)						27.8 (-1.4-48.7)	175+	~32 weeks
	[Update to Aug			Qatar (12+)				Asymptomatic	22.2 (12.1-31.2)		66.9 (61.9-71.3)	28-63	7 weeks
	27 preprint]							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
	Correct				Beta		BNT162b2	Documented infection	25.8 (-2.0-46.1)		63.9 (52.6-72.5)	28-63	7 weeks
					specifically^						40.0 (-151.1- 85.7)	147+	~32 weeks
					Delta		BNT162b2	Documented infection	63.4 (42.6-76.6)		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
	[Update to Aug 25 preprint]							Documented infection, 16-39 y fully vaccinated Jan 2021 (~6 mos prior)			55 (50-60)	168- 203	28 weeks
	Note: See Duration of							Documented infection, 40-59 y fully vaccinated			83 (75-88)	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
	Protection Table for further							May 2021 (~2 mos prior)					
	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	, ,	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	Delta			Documented infection	74 (55-85)		75 (71-78)	7+	~29 weeks
					specifically^						93 (85-97)	7-36	~3 weeks
											53 (39-65)	127+	~29 weeks
								Hospitalization	79 (-49-97)		93 (84-96)	7+	~29 weeks





N4.	Reference (date)	Country	Design	Population	Dominant Variants Non-Delta	History of COVID	Vaccine Product	Outcome Measure Documented infection	1 <sup>st</sup> Dose VE % (95%CI) 74 (64-81)	Days post 1st dose <sup>±</sup>	2 <sup>nd</sup> Dose VE % (95% CI) 91 (88-92)	Days post 2nd dose	Max Duration of follow up after fully vaccinated ~29 weeks
					variants						97 (95-99)	7-36	~3 weeks
					specifically^						67 (45-80)	127+	~29 weeks
								Hospitalization	75 (21-92)		95 (90-98)		~29 weeks
79	Prasad et al (August 19,2021)	USA	Retrospective cohort	3,104 surgery patients and 7,438 propensity- matched controls	Non-VOC††	Included	BNT162b2 or mRNA-1273	Post-operative documented infection	_	_	91 (56-99)	14+	~8 weeks
78	Pouwels et al* (October 14,	UK	Prospective cohort	384,543 individuals	Alpha^ (December -	Included	BNT162b2	Documented infection	59 (52-65)	21+	78 (68-84)	14+	~28 weeks
	2021)		COHOIT	aged 18 years	May)			Ct<30	70 (65-74)		94 (91-96)	1	
				or older			AZD1222	Documented infection	63 (55-69)		79 (56-90)		
	[Update to Aug 18 preprint]							Ct<30	74 (69-79)		86 (71-93)	1	
	10 preprintj			358,983	Delta^		BNT162b2	Documented infection	57 (50-63)		80 (77-83)		
				individuals	(May - August)			Ct<30	62(56-68)		84 (82-86)		
					Augusti		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	_	<u> </u>	81 (77-84)	14+	~30 weeks
	(November 4, 2021)		case control	hospitalized adults (18+)	Delta^						85 (82-88) 64 (51-73)	14-120 120+	~15 weeks ~30 weeks
	2021)			addits (101)			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 mRNA-1273	Hospitalization, Immunocompetent			90 (87-91)	14+	~30 weeks
								Hospitalization,	_		51 (31-65)	1	
								Immunocompromised					
					Alpha specifically^		BNT162b2 or mRNA-1273	Hospitalization, all			90 (84-94)		
					Delta specifically^			Hospitalization, all			86 (79-90)		
76		USA	Retrospective cohort	60,707 incarcerated	Non-VOC^	Excluded	BNT162b2 or mRNA-1273	Documented infection, all	74 (64-82)	14+	97 (88-99)	14+	~5 weeks





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





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
					Beta specifically^		BNT162b2	Documented infection	18.9 (-1.8-35.4)		74.3 (70.3-77.7)		
							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,		cohort	transplant	Beta^		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* (August 5, 2021)	Netherlands	Retrospective cohort	184,672 household and	Alpha^	Unknown	AZD1222	Documented infection among household	2 (-11-14)	14+	87 (77-93)	7+	~15 weeks
				other close contacts (aged			BNT162b2	contacts (adj. for vaccination status of	-18 (-43-2)		65 (60-70)		
				18+) of 113,582 index			mRNA-1273	index case)	33 (-27-64)		91 (79-97)		
				cases (aged 18+)			Ad26.COV2.S		12 (-71-54)		_		
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
	(July 31,2021)		cohort	residents	specifically^			Hospitalization and death	86 (32-97)	6 days after 2 <sup>nd</sup> dose	86 (67-94)		
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		Documented infection	39 (23-52)	14-20	88 (83-92)	14+	~20 weeks
			cohort	adults					-47 (-208-30)	105+			





N4.	Reference (date) (December 17, 2021) [Published version of July	Country	Design	Population	Dominant Variants	History of COVID	Vaccine Product Heterologous: AZD1222 (1st dose) BNT162b2 or mRNA-	Outcome Measure Hospitalization	1 <sup>st</sup> Dose VE % <b>(95%CI)</b> 93 (80-98)	Days post 1st dose <sup>±</sup>	2 <sup>nd</sup> Dose VE % (95% CI) not calculated due to no events in vaccinated group	Days post 2nd dose	Max Duration of follow up after fully vaccinated
67	28 pre-print]  Amirthalingam et al (December 10,2021) [Published version of July 28 pre-print]	UK	Test-negative case control	750 participants aged 50-89 years	Alpha^	Excluded	1273(2 <sup>nd</sup> dose) BNT162b2	Documented infection, 80 y+	42 (31-52)	28+	77 (56-88)	14+, dose interva l 19-29 days 14+, dose interva l 65-84 days	~16 weeks
								Documented infection, 65-79 y	53 (48-58)		77 (66-85) 89 (86-92)	14+, dose interva l 19-29 days 14+, dose interva l 65-84 days	
								Documented infection, 50-64 y	51 (47-55)		88 (67-96) 92 (91-94)	14+, dose interva l 19-29 days 14+, dose interva l 65-84 days	
							AZD1222	Documented infection, 80 y+	42 (29-53)		96(68-99)	14+, dose interva	





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
												l 45-64 days	
											82 (68-89)	14+,	
											02 (00 00)	dose	
												interva	
												165-84	
								Documented infection,	52 (46-56)	_	73 (25-90)	days	
								65-79 y	52 (40-50)		73 (25-90)	14+, dose	
												interva	
												130-44	
											()	days	
											74 (69-79)	14+, dose	
												interva	
												I 65-84	
												days:	
								Documented infection,	42 (39-46)		55 (34-69)	14+,	
								50-64 y				dose interva	
												130-44	
												days	
											77 (74-79)	14+,	
												dose interva	
												l 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,					AZD1222	Symptomatic COVID-19	68(39-83)	-	_	1	
		Spain,							,,				
65#	Carazo et al*	Sweden Canada	Test-negative	5316 cases and	Non-VOC	Excluded	BNT162b2	Documented infection	70.3 (68.1-72.4)	14+	85.5 (80.4-89.3)	7+	~20 weeks
	(August 30,		case control	53,160 test	and Alpha^			Symptomatic COVID-19			92.2 (87.8-95.1)		
	2021)			negative				-,	1 = 10 (7 0.0 7 1.0)		22.2 (07.0 33.1)		
	[Update to July 22 preprint]			controls among HCWs			mRNA-1273	Documented infection	68.7 (59.5-75.9)	14+	84.1 (34.9-96.1)	7+	
L	22 preprintj			among nevs			IIINNA-12/3	Documented infection	00.7 (33.3-73.3)	147	04.1 (34.3-30.1)	/ <del>*</del>	





N4.	Reference (date)	Country	Design	Population	Dominant Variants	History of COVID	Vaccine Product	Outcome Measure Symptomatic COVID-19	1 <sup>st</sup> Dose VE % (95%CI) 80.9 (74.3-85.8)	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
							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)		
	[Update to July 22 preprint]			60+ in Sao Paolo, Brazil		days)		Death	61.8 (48.9-71.4)		93.6 (81.9-97.7)		
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	UK	Test-negative	19,109 cases	Alpha	Excluded	BNT162b2	Symptomatic COVID-19	47.5 (41.6–52.8)	21+	93.7 (91.6–95.3)	14+	~17 weeks
	<u>al*</u> (July 21, 2021)		case control	and 171,834 test negative	specifically^		AZD1222	Symptomatic COVID-19	48.7 (45.2–51.9)		74.5 (68.4–79.4)		
				controls aged 16+	Delta specifically^		BNT162b2	Symptomatic COVID-19			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	'		BNT162b2	Documented infection	84.0 (82.7-85.1)		96.2 (95.5-96.9)		
				of veterans			mRNA-1273	Documented infection	85.7 (84.6-86.8)		98.2 (97.5-98.6)		
60	Layan et al* (March 03, 2022) [Published version of July 16,2021 preprint]	Israel	Prospective cohort	215 index cases and 687 household contacts (HHCs) from 210 Israeli households	Original and Alpha <sup>¶</sup>	Included	BNT162b2	Documented infection among HHCs vaccinated and not isolated (relative to HHCs not vaccinated and not isolated)	_	_	79 (56-92)	7+	~12 weeks





<b>N4.</b>	Reference (date) Balicer et al*	<b>Country</b> Israel	<b>Design</b> Prospective	Population	Dominant Variants Original and	History of COVID	Vaccine Product BNT162b2	Outcome Measure  Documented infection	1 <sup>st</sup> Dose VE % <b>(95%CI)</b> 67 (40-84)	Days post 1st dose 14-20	2 <sup>nd</sup> Dose VE % (95% CI) 96 (89-100)	Days post 2nd dose	Max Duration of follow up after fully vaccinated ~18 weeks
59	(September 7,2021)	israei	Cohort	pregnant women	Alpha^	Excluded	BN110202	Symptomatic COVID-19	71 (33-94) 66 (32-86)	21-27‡ 14-20	97 (91-100)	7-30	18 weeks
	[Update to July								76 (30-100)	21-27‡		1	
58	12 preprint]	Ostan	Datus and ation	014	A los los social	Excluded	BNT162b2	Hospitalization	_		89 (43-100)	14.	~17 weeks
58	Butt et al* (October 7, 2021)	Qatar	Retrospective cohort	814pregnant women	Alpha and Beta^	Excluded	RN116202	Documented infection	_	_	87.7 (43.5-97.3)	14+	77 Weeks
	[Update to June 22 preprint]						mRNA-1273				100.0 (0-100.0)		
57	Prunas et al* (January 27,	Israel	Retrospective cohort	2,472,502 Israeli	Original and Alpha <sup>¶</sup> (pre-	Excluded	BNT162b2	Documented infection among household	62.7 (61.5-63.8)	10+, including	89.4 (88.7-90)	10-90	~11 weeks
	2022)			individuals from	Delta^)			contacts		<10 days post dose	58.3 (45.8-67.9)	90+	~26.5 weeks
	[Update to July			1,327,647	Delta^				72.1 (66.7-75.6)	2	72 (65.9-77)	10-90	~11 weeks
	16, 2021 preprint]			households							40.2 (37.6-42.6)	90+	~26.5 weeks
56	Whitaker et al* (January 2,	UK	Prospective cohort	5,591,142 patients	Alpha^	Included	BNT162b2	Symptomatic COVID- 19: Ages 16-64	64.1 (50.1-74.1)	28-90	48.6 (-61.5-83.7)	14-69	~8 weeks
	2022) [Update to July			reporting to 718 English general				Symptomatic COVID- 19: Ages 65+	57.7 (49.7-64.3)		84.7 (77.7-89.5)		
	9,2021 preprint]			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)		
								Symptomatic COVID- 19: Immunosuppressed	22.5 (-15.2-47.9)		60.0 (-63.6-90.2)		
55	John et al (July 13,2021)	USA	Retrospective cohort	40,074 patients with	Original and Alpha ††	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 Veterans	r -			Hospitalization	100 (99.3-100)	some with dose	100.0 (99-100)		
				Health Administration , propensity matched				COVID-19 related death	100 (99.3-100)	2)	100.0 (99-100)		





<b>N4.</b> 54	Reference (date) Bertollini et al (July 13, 2021)	<b>Country</b> Qatar	<b>Design</b> Prospective cohort	Population 10,092 matched pairs of Qatari adults arriving at an international airport.	Dominant Variants Original, Alpha and Beta <sup>^</sup>	History of COVID Included	Vaccine Product BNT162b2 and mRNA-1273	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) 78 (72-83)	Days post 2nd dose	Max Duration of follow up after fully vaccinated ~4 weeks
53	Goldshtein et al* (July 12,2021)	Israel	Retrospective cohort	15060 pregnant Israeli women	Original and Alpha <sup>¶</sup>	Excluded	BNT162b2	Documented infection	54 (33-69) 78 (57-89)	11-27, including some with dose 2 28+, includes some with dose 2 2 28+, 2 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	_		~5 weeks
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 Symptomatic infection	83.7(74.1-89.7) 66.0(60.6-70.7)		89.5 (18.8-98.7) 98.6 (92.0-100)		
								Asymptomatic infection infection	47.3(37.6-55.5)		92.5 (84.8-96.9)		
			Retrospective cohort	2520 vaccinated and 73,853 unvaccinated, antibody- negative controls	Alpha specifically^ Beta specifically	Excluded Excluded	mRNA-1273	Documented infection  Documented infection	_		100.0 (82.5-100.) 87.8 (73.4-95.5)	14+	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
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^	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 <sup>^</sup>			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)		
								Death	45.7 (40.9-50.2)		86.3 (84.5-87.9)		
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)		
				dwelling			mRNA-1273	Symptomatic infection	63 (47-74)		98 (83-100)		~25 weeks
	[Published			individuals				Hospitalization or	66 (43-80)		100 (no Cl		
	version of September 30			(age 16+) in Ontario				death			provided)		
	preprint]			Untario			AZD1222	Symptomatic infection	67 (44-81)		100 (no CI		~3 weeks
	preprintj										provided)		
								Hospitalization or	92 (45-99)		100 (no Cl		
								death			provided)		
					Alpha		BNT162b2	Symptomatic infection	67 (65-68)		88 (86-90)		~28 weeks
					specifically^			Hospitalization or death	82 (81-84)		96 (94-97)		
							mRNA-1273	Symptomatic infection	82 (80-84)		92 (87-95)		~25 weeks
								Hospitalization or death	80 (76-84)		95 (92-97)		
							AZD1222	Symptomatic infection	63 (59-66)		87 (47-97)	-	~3 weeks
								Hospitalization or death	87 (83-90)		92 (41-99)		
				1	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





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
								Hospitalization or death	59 (-77-90)		100 (no CI provided)		
							AZD1222	Symptomatic infection	84 (-13-98)		100 (no Cl provided)	-	~3 weeks
								Hospitalization or death	61 (-64-91)		_		
					Gamma		BNT162b2	Symptomatic infection	63 (54-70)		90 (76-96)	1	~28 weeks
					specifically^			Hospitalization or death	80 (70-87)		94 (59-99)		
							mRNA-1273	Symptomatic infection	89 (76-95)		100 (no CI provided)		~25 weeks
								Hospitalization or death	88 (63-96)		100 (no CI provided)		
							AZD1222	Symptomatic infection	41 (12-60)		100 (no CI provided)		~3 weeks
								Hospitalization or	76 (40-90)		100 (no Cl		
					Dalta		BNT162b2	death	57 (53-61)		provided)	_	w20alsa
					Delta specifically^		BN 116202	Symptomatic infection Hospitalization or	81 (76-85)		92 (89-94)) 98 (96-99)	_	~28 weeks
					Specifically			death	81 (70-85)		98 (90-99)		
							mRNA-1273	Symptomatic infection	70 (64-76)		94 (90-97)		~25 weeks
								Hospitalization or death	90 (82-94)		98 (93-100)		
							AZD1222	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
	(November 18,2021)		cohort	cohorts: 901,092 Finnish elderly	Alpha^		mRNA-1273 (elderly cohort)	Hospitalization	63 (49-74)		93 (70-98)		
	[Update to June			aged 70 years			BNT162b2 &	Documented infection	40 (26-51)		77 (65-85)		
	28 preprint]			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)		_	1	
				, 5			(chronically ill cohort)	Hospitalization	62 (42-75)		_		
47	Saciuk et al*	Israel				Excluded	BNT162b2	Documented infection	_		93.0 (92.6-93.4)	7+	14 weeks





N4.	Reference (date) (December 30,2021) [Update to June 27, 2021 preprint]	Country	<b>Design</b> Retrospective cohort	Population  1.6 million members of Maccabi HealthCare HMO ≥16	Dominant Variants Original and Alpha <sup>¶</sup>	History of COVID	Vaccine Product	Outcome Measure Hospitalization Death	1 <sup>st</sup> Dose VE % (95%CI) —	Days post 1st dose <sup>±</sup>	2 <sup>nd</sup> Dose VE % (95% CI) 93.4 (91.9-94.7) 91.1 (86.5-94.1)	Days post 2nd dose 7+	Max Duration of follow up after fully vaccinated
46	<u>Pawlowski et</u>	USA – Mayo		68,266 -	Original &	Excluded	BNT162b2	Documented Infection	61.0 (50.8-69.2)	≥14	88.0 (84.2-91.0)	≥14	~17 weeks
	<u>al.*</u> (June 17, 2021)	Clinic	Cohort	propensity matched on,	Alpha <sup>¥</sup>			Hospitalization	-		88.3 (72.6-95.9)	≥14	(120 days)
	[Update to Feb. 18, 2021			zip, # of PCRs, demographics				ICU Admission	_		100.0 (18.7-100)	≥14	-
	preprint]			acmograpmes			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	
								ICU Admission	_		100.0 (17.9-100)	≥14	
45	Young-Xu et al (October 6,	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>2021)*</u>			65+ within				Hospitalization	40 (27-50)		89 (81-93)		
	[Update to Jul 14 preprint]			Veterans Health				Death	55 (21- 74)		98.5 (86.6-99.8)	1	
	11 preprinty			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	96 (86-99)	1	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+	1
	(June 14, 2021)		1	population		Unknown	AZD1222	Documented infection	37 (32-42)	28+	73 (66–78)	14+	†





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^	Unknown	BNT162b2	Documented infection	30 (17-41)	28+	79 (75–82)	14+	~20 weeks
						Unknown	AZD1222	Documented infection	18 (9-25)	28+	60 (53–66)	14+	(but most much less)
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¶¶	Excluded	BNT162b2	Documented infection	7 (-1-15)	>14	82 (79-84)	>7	10 weeks
	[Update of			facility (LTCF)				COVID-Hospitalization	35 (18-49)	>14	93 (89-96)	>7	
	Houston-Melms below]			residents, 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				COVID-Mortality	7 (-15-25)	>14	94 (90-96)	>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
				with comorbidities that predispose for severe COVID- 19 disease (SCD)									
38	Thompson et al* [updated on June 30,2021]	USA	Cohort	3975 health care personnel, first responders, and other	Original	Excluded	BNT162b2	Documented infection	80 (60-90)	≥14 days post dose 1 to 13 days post dose 2	93 (78-98)	≥14	13 weeks
				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* (March 4, 2022)	Finland	Retrospective cohort	265,326 HCWs	Alpha <sup>††</sup>	Excluded	BNT162b2 & mRNA-1273	Documented infection	44.4 (30.4-55.6)	4 weeks	_	_	
	[Update to July 10, 2021 preprint]							Documented infection	63 (56.3-68.7)	12 weeks (includes 2 dose recipient s)	-	_	
36	Khan et al (May 31, 2021)	USA	Retrospective cohort	14,697 IBD patients in VA	Unknown	Included	BNT162b2 & mRNA-1273	Documented infection	-1 (-50-32)	14+ up to 7 days	69 (44-83)	7+	
				hospitals				Hospitalization/death	9 (-114-61)	post dose 2	49 (-36-81)	7+	
35	Martinez-Bas et al* (May 27, 2021)	Spain	Prospective Cohort	20,961 close contacts of confirmed	Alpha	Excluded	BNT162b2	Documented infection Symptomatic infection Hospitalization	21 (3-36%) 30 (10-45) 65 (25-83)	14+	65 (56-73) 82 (73-88) 94 (60-99)	14+	12 weeks
				cases			AZD1222	Documented infection Symptomatic infection Hospitalization	44 (31-54) 50 (37-61) 92 (46-99)		_	-	n/a
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+	
				controls			mRNA-1273	Symptomatic infection	72 (63-80)		94 (86-97)	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>	2 <sup>nd</sup> Dose VE % (95% CI)	Days post 2nd dose	Max Duration of follow up after fully vaccinated
								Hospitalization and Death	73 (42-87)		96 (74-100)	0+	
					Alpha		BNT162b2 &	Symptomatic infection	61 (56-66)		90 (85-94)	7+	
					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	<u>Ismail et al.</u> (May 12, 2021)	UK	Screening method	13,907 ≥70	Alpha	Included	AZD1222	Hospitalization in 70-79	84 (74-89)	28+	_		
								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	<u>Pilishvili et al.*</u> (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 days post dose 2	94 (87-97)	≥7	
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	_		





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 some	2 <sup>nd</sup> Dose VE % (95% CI)	Days post 2nd dose	Max Duration of follow up after fully vaccinated
										with dose 2			
28	Angel et al.* (May 6, 2021)	Israel	Retrospective cohort	6710 HCWs at a single	Alpha <sup>¶</sup>	Excluded	BNT162b2	Symptomatic	89 (83-94)	>7 days post dose	97 (94-99)	>7 days	
	(Way 0, 2021)		CONOTE	tertiary care center in				Asymptomatic	36 (-51-69)	1 to 7 days post dose 2	86 (69-97)	uays	
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)							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)		
								Severe/ critical hospitalization			97.5 (97.1-97.8)		
								Death			96.7 (96.0-97.3)		
25	Corchado- Garcia et al.* (November 2, 2021)	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	_		
	[Update to April 30 preprint]												
24	Fabiani et al.*	Italy	Retrospective	9,878 HCWs	Unknown	Excluded	BNT162b2	Documented infection	84 (40-96)	14-21	95 (62-99)	≥7	
	(Apr 29, 2021)		cohort					Symptomatic infection	83 (15-97)		94 (51-99)	days	





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
23	<u>Gras-Valenti et</u> <u>al</u> .*(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 cohort	5,600,000+ individuals ≥16	Original and Alpha^	Included	BNT162b2	Documented infection	58 (57-59)	>14 days post dose	93 (93-93)	≥7 days	
	(Apr 24, 2021)		Conort	years	Aiphan			Hospitalization	69 (68-71)	1 to <7	94 (94-95)	uays	
				,				Severe disease	66 (63-69)	days post	94 (94-95)		
								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	
	(Jun 9, 2021)		cohort	individuals ≥16	Original <sup>^</sup>			Symptomatic disease	78 (72-83)		95 (91-98)	days	
	[Update to Apr 23 preprint]			years			AZD1222	Documented infection	61 (54-68)		79 (65-88)		
	23 preprintj							Symptomatic disease	71 (62-78)		92 (78-97)		
19	Vasileiou et al.* (Apr 23, 2021)	UK – Scotland	Prospective Cohort	Scotland population: 5.4	Original & Alpha <sup>£</sup>	Excluded	BNT162b2	Hospitalization	91 (85-94)	28-34	_		
	[Update to Feb 21 preprint]		(Person-time)	million			AZD1222	Hospitalization	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	
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							Emergency visit	58 (31–74)		79(60-90)		
16	22 preprint]  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	22 propriity	UK			Alpha^	Included	BNT162b2	Documented infection	78 (73-82)	22-28	_		





N4.	Reference (date) Glampson et al.*	Country	Design Retrospective cohort	Population 2,183,939	Dominant Variants	History of COVID	Vaccine Product AZD1222	Outcome Measure Documented infection	1st Dose VE % (95%CI) 74 (65-81)	Days post 1st dose <sup>±</sup> 22-28	2 <sup>nd</sup> Dose VE % (95% CI)	Days post 2nd dose	Max Duration of follow up after fully vaccinated
	(Sep 17, 2021) [Update to Jul 15 preprint]			adults <u>&gt;</u> 16 in Northwest London									
14	Andrejko et al.* (Jul 20, 2021)	USA	Test-negative case control	1023 California adults ≥18	B.1.427/ B.1.429 &	Excluded	BNT162b2 & mRNA-1273	Documented infection	66.9 (28.784.6)	≥15	87.4 (77.2-93.1)	≥15	~14 weeks
	[update to May 25 preprint]			years	Alpha^			Asymptomatic infection	_		68.3 (27.9-85.7)	≥15	
								Symptomatic infection	_		91.3 (79.3-96.3)	≥15	
								Hospitalization	_		100	≥15	
							BNT162b2	Documented infection	_		87.0 (68.6-94.6)	≥15	
							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^	included	BNT162b2 & mRNA-1273	Documented infection	82 (68-90) >14 days post starting day 0			: 2	
11	Thompson et al.* (Mar 29, 2021)	USA	Prospective cohort	3,950 healthcare workers in eight US sites	Original <sup>¥</sup>	Excluded	BNT162b2 & mRNA1273	Documented infection	80 (59-90)	≥14	90 (68-97)	≥14	
10	Shrotri et al.* (Jun 23, 2021)	UK	Prospective cohort	10,412 care home	Original and Alpha^	Stratified	BNT162b2	Documented infection	65 (29-83)	35-48	_		





N4.	Reference (date) [Update to Mar	Country	Design	Population residents aged	Dominant Variants	History of COVID	Vaccine Product AZD1222	Outcome Measure  Documented infection	1 <sup>st</sup> Dose VE % (95%CI) 68 (34-85)	Days post 1st dose <sup>±</sup> 35-48	2 <sup>nd</sup> Dose VE % (95% CI)	Days post 2nd dose	Max Duration of follow up after fully vaccinated
	26 preprint]			≥65 years from 310 LTCFs in England					, ,				
9	Public Health England – March	UK - England	Test Negative Case-Control	Adults in England over 70 years	Alpha^	Unknown	BNT162b2 AZD1222	Symptomatic infection  Symptomatic infection	58 (49-65) 58 (38-72)	≥28 ≥35	_		
	(Mar 17, 2021)		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 pos				
		System		adults <90 years				Symptomatic infection	99 (95-99) ≥35 days pos				
7	Britton et al.* (Mar 15, 2021)	USA – CT	Retrospective Cohort	463 residents of two skilled nursing	Original <sup>¥</sup>	Stratified	BNT162b2	Include Hx of COVID: Documented infection Exclude Hx of COVID:	63 (33-79) ≥14 days pos through day 7 60 (30-77) ≥14 days pos		_		
				facilities experiencing outbreaks				Documented infection	through day 7	t dose 1 mcia	unig some with dose	: Z	
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	79 (63-88)	>10 days post dose 1, including some with dose 2	80 (56-91)	>0	
							BNT162b2	Asymptomatic infection	79 (62-89)	>10	80 (56-91)	>0	
5	Mousten-Helms et al.	Denmark	Retrospective Cohort	Long term care facilities in	original & Alpha <sup>¶¶</sup>	Excluded	BNT162b2	LTCF Resident: Documented Infection	21 (-11-44)	>14	64 (14-84)	>7	
	(Mar 9, 2021)			Denmark - 39,040 residents, 331,039 staff				LTCF Staff: Documented Infection	17 (4-28)	>14	90 (82-95)	>7	





<b>N4.</b>	Reference (date)	Country	<b>Design</b> Test Negative	Population 466 tests: ≥80	Dominant Variants	History of COVID	Vaccine Product BNT162b2	Outcome Measure Hospitalization	1 <sup>st</sup> Dose VE % (95%CI) 79 (47-93)	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
*	(November 1,	University of	Case-Control	years	Alpha <sup>£</sup>	included		·	, ,	>14	_		
	[Update to Mar 3 preprint]	Bristol		hospitalized with respiratory symptoms			AZD1222	Hospitalization	80 (36-95)	>14			
3	Dagan et al.*	Israel – Clalit	Retrospective	596,618 –	original &	Excluded	BNT162b2	Documented infection	46 (40-51)	14-21	92 (88-95)	>7	
	(Feb. 24, 2021)	Health System	Cohort	matched on demographics,	Alpha^			Symptomatic infection	57 (50-63)	14-21	94 (87-98)	>7	
		System		residence,				Hospitalization	74 (56-86)	14-21	87 (55-100)	>7	1
				clinical characteristics				Severe disease	62 (39-80)	14-21	92 (75-100)	>7	
2	Public Health England – Feb. (Feb. 22, 2021)	UK - England	Screening Method	43,294 cases, with England as source population	Alpha^	Included	BNT162b2	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 workers	original & Alpha¶	Excluded	BNT162b2	Documented infection Symptomatic infection	75 (72-84) ≥15 days post through day 7 85 (71-92) ≥15 days post 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

<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>4</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

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

<sup>#</sup>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.

XXVE 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
- 10. 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.
- 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
- 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, Baca A, Klausner JD. Incidence of Severe Acute Respiratory Syndrome Coronavirus-2 infection among previously infected or vaccinated employees. *International Journal of Infectious Diseases*. 2022. doi:10.1016/j.ijid.2022.02.015.
- 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. *Vaccine*. Published online 2022 February 9. doi: https://doi.org/10.1016/j.vaccine.2022.02.014
- 51. 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
- 53. 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
- 55. 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 Iivo, 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
- 63. 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: <a href="https://doi.org/10.1038/s41467-021-26672-3">https://doi.org/10.1038/s41467-021-26672-3</a>
- 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
- 72. 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: <a href="https://doi.org/10.1016/j.eclinm.2021.101190">https://doi.org/10.1016/j.eclinm.2021.101190</a>
- 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: http://dx.doi.org/10.15585/mmwr.mm7037a7
- 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.
- 106. 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
- 116. 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, Caitríona M. MB BCh, PhD1; Lee, Anna BHSc,2; Misra, Paraish S. MD2; Lebovic, Gerald PhD3; Wald, Ron MDCM, MPH2; Yuen, Darren A. MD, PhD1 Real-world Impact of 2-dose SARS-CoV-2 Vaccination in Kidney Transplant Recipients, Transplantation: February 25, 2022 doi: 10.1097/TP.00000000000004081
- doi: 10.1097/TP.0000000000000004081 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
- 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 1st September 2020 and 1st 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.





- 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
- 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
- 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
- 149. 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.
- 153. 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
- 163. 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
- 165. 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





- 167. 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
- 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.
- 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.
- 172. 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
- 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/j.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: <a href="http://dx.doi.org/10.15585/mmwr.mm7104e1external.com">http://dx.doi.org/10.15585/mmwr.mm7104e1external.com</a>
- 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="http://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: https://doi.org/10.1101/2022.01.13.22269211.
- 247. 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/j.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: https://ssrn.com/abstract=4012890 or http://dx.doi.org/10.2139/ssrn.4012890
- 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 March 6. doi: https://doi.org/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/selfreportedlon gcovidaftertwodosesofacoronaviruscovid19vaccineintheuk/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. *Research Square*. Published online 2022 February 18. doi: 10.21203/rs.3.rs-1370541/v1
- 282. 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. *Euro Surveill*. Published online 2022 March 3 . doi: https://doi.org/10.2807/1560-7917.ES.2022.27.9.2200121
- 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.
- 288. 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.
- 293. Mastrovito B, Naimi C, Kouam L, et al. Investigation of outbreak of cases infected with the SARS-CoV-2 B.1.640 variant in a fully vaccinated elderly population, Normandy, France, November to December 2021. *Euro Surveill*. Published online 2022 February 10. doi: https://doi.org/10.2807/1560-7917.ES.2022.27.6.2200078
- 294. Ponsford MJ, Evans K, Carne EM, et al. COVID-19 vaccine uptake and efficacy in a national immunodeficiency cohort. *J Clin Immunol*. Published online 2022 February 11. doi: https://doi.org/10.1007/s10875-022-01223-7
- 295. Ko YK, Murayama H, Yamasaki L, et al. Evaluating the age-specific effectiveness of COVID-19 vaccines against death and the impact of healthcare burden on age-specific case fatality risk in Tokyo, Japan. *SSRN*. Published online 2022 February 11. doi: http://dx.doi.org/10.2139/ssrn.4032463
- 296. Britton A, Fleming-Dutra KE, Shang N, et al. Association of COVID-19 vaccination with symptomatic SARS-CoV-2 infection by time since vaccination and Delta variant predominance. *JAMA*. Published online 2022 February 14. doi: 10.1001/jama.2022.2068
- 297. Wei J, Pouwels KB, Stoesser N, et al. Antibody responses and correlates of protection in the general population after two doses of the ChAdOx1 or BNT162b2 vaccines. *Nat Med.* Published online 2022 February 14. doi: https://doi.org/10.1038/s41591-022-01721-6
- 298. Marks KJ, Whitaker M, Anglin O, et al. Hospitalizations of children and adolescents with laboratory-confirmed COVID-19 COVID-NET, July 2021-January 2022. MMWR Morb Mortal Wkly Rep. 2022;71:271-278. doi: http://dx.doi.org/10.15585/mmwr.mm7107e4
- 299. Bayhan GI & Guner R. Effectiveness of CoronaVac in preventing COVID-19 in healthcare workers. *Hum Vaccin Immonother*. Published online 2022 February 16. doi: 10.1080/21645515.2021.2020017
- 300. Hammerman A, Sergienko R, Friger M, et al. Effectiveness of the BNT162b2 vaccine after recovery from Covid-19. *N Eng J Med.* Published online 2022 February 16. doi: 10.1056/NEJMoa2119497
- 301. Paredes MI, Lunn S, Famulare M, et al. Associations between SARS-CoV-2 variants and risk of COVID-19 hospitalization among confirmed cases in Washington State: a retrospective cohort study. *medrixiv*. Published online 2022 February 16. doi: https://doi.org/10.1101/2021.09.29.21264272
- Anta AF, Rufino J, Baquero C, et al. Using Survey Data to Estimate the Impact of the Omicron Variant on Vaccine Efficacy against COVID-19 Infection. *Research Square*. Published online 2022 February 15. doi: 10.21203/rs.3.rs-1356083/v1.
- 303. Liu, B, Sandrine S, et al. Effectiveness of COVID-19 Vaccination Against SARS-CoV-2 Omicron Variant in Two Outbreaks in Indoor Entertainment Settings in Australia. SSRN. Published online 2022 February 18. doi: <a href="http://dx.doi.org/10.2139/ssrn.4026084">http://dx.doi.org/10.2139/ssrn.4026084</a>





- 304. Pavan V. Thakkar, Kanecia O. Zimmerman, M et al. COVID-19 Incidence Among 6th-12th Grade Students by Vaccination Status. *Pediatrics* Published online 2022 February 22. doi: 10.1542/peds.2022-056230
- 305. Rane MS, Robertson M, Kulkarni S, Frogel D, Gainus C, Nash D. Effectiveness of Covid-19 vaccines against symptomatic and asymptomatic SARS-CoV-2 infections in an urgent care setting. *MedRxiv*. Published online 2022 February 22. doi:10.1101/2022.02.21.22271298.
- 306. Oster Y, Benenson S, Nir-Paz R, Buda I, Cohen MJ. The effect of a third BNT162b2 vaccine on breakthrough infections in health care workers: a cohort analysis. *Clinical Microbiology and Infection*. Published online 2022 February 07. doi:10.1016/j.cmi.2022.01.019.
- 307. Krisztina HJ, Ferenci T, Ferenczi A, Túri G, Röst G, Oroszi B. Real-time monitoring of the effectiveness of six COVID-19 vaccines in Hungary in 2021 using the screening method. *MedRxiv*. Published online 2022 February 19. doi:10.1101/2022.02.18.22271179.
- 308. Marrone G, Nicolay N, Bundle N, et al.. Risk reduction of severe outcomes in vaccinated COVID-19 cases: an analysis of surveillance data from Estonia, Ireland, Luxembourg and Slovakia, January to November 2021. *Eurosurveillance*. Published online 2022 February 17. doi:10.2807/1560-7917.es.2022.27.7.2200060.
- 309. Flacco M, Soldato G, et al. Risk of SARS-CoV-2 reinfection 18 months after primary infection: population-level observational study. *medRxiv*. Published online 2022 February 19. doi: <a href="https://doi.org/10.1101/2022.02.19.22271221">https://doi.org/10.1101/2022.02.19.22271221</a>
- 310. Grima AA, Murison KR, Simmons AE, Tuite AR, Fisman DN. Relative Virulence of SARS-CoV-2 Among Vaccinated and Unvaccinated Individuals Hospitalized with SARS-CoV-2. *MedRxiv*. Published online 2022 February 17. doi:10.1101/2022.02.15.22271016.
- 311. Egan C, Turtle L, Thorpe M, Harrison EM, Semple MG, Docherty AB. Hospital admission for symptomatic COVID -19 and impact of vaccination: analysis of linked data from the Coronavirus Clinical Information Network and the National Immunisation Management Service. *Anaesthesia*. Published online 2022. doi:10.1111/anae.15677
- Toker I, Toker A, et al. Vaccination status among patients with the need for emergency hospitalizations related to COVID-19. *The American Journal of emergency medicine*. Published online 2022 February 03. *doi:* https://doi.org/10.1016/j.ajem.2022.01.067
- 313. Abhilash KPP, Mathiyalagan P, Krishnaraj VRK, et al. Impact of prior vaccination with CovishieldTM and Covaxin® on mortality among symptomatic COVID-19 patients during the second wave of the pandemic in South India during April and May 2021: a cohort study. Vaccine. 2022. doi: <a href="https://doi.org/10.1016/j.vaccine.2022.02.023">https://doi.org/10.1016/j.vaccine.2022.02.023</a>.
- 314. Ge, J., Digitale, J. C., Pletcher, M. J., Lai, J. C., & Consortium, the N. (2022). Breakthrough SARS-CoV-2 Infection Outcomes in Vaccinated Patients with Chronic Liver Disease and Cirrhosis: A National COVID Cohort Collaborative Study. *MedRxiv*, Published online 2022 February 26. https://doi.org/10.1101/2022.02.25.22271490





- Tai, C. G., Maragakis, L. L., Connolly, S., DiFiori, J., Sims, L., Adams, E., Anderson, D. J., Merson, M. H., Ho, D. D., Grad, Y., & Mack, C. D. (2022). Booster protection against Omicron infection in a highly vaccinated cohort. *MedRxiv*, Published online 2022 February 26. https://doi.org/10.1101/2022.02.24.22271347
- 316. Perrella, A., Bisogno, M., D'Argenzio, Trama, U., Coscioni, E., Orlando, V., & group, C. C. (2022). SARS-CoV-2 Infection Breakthrough among the non-vaccinated and vaccinated: a Real World Evidence study based on Big Data. *MedRxiv*, Published online 2022 February 24. https://doi.org/10.1101/2022.02.22.21266830
- 317. Ayoubkhani, D., Bosworth, M. L., King, S., Pouwels, K. B., Glickman, M., Nafilyan, V., Zaccardi, F., Khunti, K., Alwan, N. A., & Walker, A. S. (2022). Risk of Long Covid in people infected with SARS-CoV-2 after two doses of a COVID-19 vaccine: community-based, matched cohort study. *MedRxiv*. Published online 2022 February 24.. https://doi.org/10.1101/2022.02.23.22271388
- Whittaker R, Kristofferson AB, Salamanca BV, et al.. Length of hospital stay and risk of intensive care admission and in-hospital death among COVID-19 patients in Norway: a register-based cohort study comparing patients fully vaccinated with an mRNA vaccine to unvaccinated patients. *Clinical Microbiology and Infection*. Published online 2022 January 24. doi:10.1016/j.cmi.2022.01.033.
- 319. Wienkes H, Vilen K, Lorentz A, et al. Transmission of and Infection With COVID-19 Among Vaccinated and Unvaccinated Attendees of an Indoor Wedding Reception in Minnesota. JAMA Netw Open. 2022;5(2):e220536. doi:10.1001/jamanetworkopen.2022.0536.
- 320. Baker JM, Nakayama JY, O'Hegarty M, et al. SARS-CoV-2 B.1.1.529 (Omicron) Variant Transmission Within Households Four U.S. Jurisdictions, November 2021–February 2022. MMWR Morb Mortal Wkly Rep 2022;71:341–346. DOI: http://dx.doi.org/10.15585/mmwr.mm7109e1.
- Ward I L, Bermingham C, Ayoubkhani D, et al. Risk of COVID-19 related deaths for SARS-CoV-2 Omicron (B.1.1.529) compared with Delta (B.1.617.2). *MedRxiv*, Published online 2022 February 25. https://doi.org/10.1101/2022.02.24.22271466.
- Belan M, Charmet T, Schaeffer L, et al. SARS-CoV-2 Exposures of Healthcare Workers from Primary Care, Long-Term Care Facilities and Hospitals: A Nationwide Matched Case-Control Study. *MedRxiv*, Published online 2022 February 27. https://doi.org/10.1101/2022.02.26.22271545.
- 323. Dorabawila V, Hoefer D, Bauer U E, et al. Effectiveness of the BNT162b2 vaccine among children 5-11 and 12-17 years in New York after the Emergence of the Omicron Variant. *MedRxiv*. Published online 2022 February 28. https://doi.org/10.1101/2022.02.25.22271454
- Botton J, Semenzato L, Jabagi M, et al. Effectiveness of Ad26.COV2.S Vaccine vs BNT162b2 Vaccine for COVID-19 Hospitalizations. JAMA Netw Open. 2022;5(3):e220868. doi:10.1001/jamanetworkopen.2022.0868.
- 325. Castillo, Milena Suarez, Khaoua H, Courtejoie N. Vaccine effectiveness and duration of protection against symptomatic and severe Covid-19 during the first year of vaccination in France. *medRxiv*. Published online 2022 March 3. https://doi.org/10.1101/2022.02.17.22270791





- 326. Mousa M, Albreiki M, Alshehhi F, et al. Similar effectiveness of the inactivated vaccine BBIBP-CorV (Sinopharm) and the mRNA vaccine BNT162b2 (Pfizer-BioNTech) against COVID-19 related hospitalizations during the Delta outbreak in the United Arab Emirates. *J Travel Med*. Published online 2022 March 4. https://doi.org/10.1093/jtm/taac036
- 327. Quattrocchi A, Tsioutis C, Demetriou A, et al. Effect of vaccination on SARS-CoV-2 reinfection risk: a case-control study in the Republic of Cyprus. *Public Health*. March 2022;204:84-86.
- Nygaard U, Mette H et al. Multisystem Inflammatory Syndrome in Children Following the SARS-CoV-2 Delta Variant in Denmark: Clinical Phenotype and Risk by Vaccination Status and Compared to the Pre-Delta COVID-19 Era. SSRN. Published online 2022 March 9. doi: https://ssrn.com/abstract=4031587
- 329. Syed M A, Qotba H A, Al Nuaimi A S. Effectiveness of COVID-19 vaccines in Qatar. *Journal of Infection*. Published online 2022 March 2. https://doi.org/10.1016/j.jinf.2022.02.034.
- 330. Sathiavageesan S, Sundaram V, Sundaram N, et al. Fulminant Onset COVID-Predictors and Outcome. *SSRN*. Published online 2022 Mar 1. http://dx.doi.org/10.2139/ssrn.4046674.





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

<b>#</b> 47	Reference (date)  Butt et al* (March 4, 2022)	<b>Country</b> USA	<b>Design</b> Retrospective cohort	Population 395,686 matched pairs of veterans	Dominant Variants Delta^	History of COVID Excluded	Vaccine Product BNT162b2	Outcome Measure Symptomatic disease Hospitalization	Reference group  Complete vaccination with two doses of BNT162b2 at least 4.5 months prior	Booster Dose VE % (95%CI) 84 (78-88) 77 (65-85)	Days post Booster dose	Max Duration of follow up after fully vaccinated 7 weeks
							mRNA-1273	Symptomatic disease Hospitalization	Complete vaccination with two doses of mRNA-1273 at least 4.5 months prior	87 (83-90) 94 (93-95)		
46	Norddahl et al (March 1, 2022)	Iceland	Retrospective cohort	227,461 adults (18-80 years)	Omicron specifically^ Delta specifically^	Excluded	BNT162b2 + BNT162b2 BNT162b2 + mRNA- 1273 BNT162b2 + BNT162b2 BNT162b2 + mRNA- 1273	Documented infection	Complete vaccination with two doses of BNT162b2 at least 6 months prior	47 (36-56) 50 (34-62) 52 (28-69) 73 (29-90)	0+	~5.5 weeks
45	Klein et al (March 1,2022)	USA	Test-negative case control	39,217 ED and UC encounters and 1,699 hospitalizatio ns among persons aged 5–17 years	Omicron or Delta^	Included	BNT162b2 primary + BNT162b2 booster	ED or UC encounters in children aged 16- 17 years ED or UC encounters in children aged 16- 17 years	Unvaccinated	81 (59-91) 86 (73-93)	7+	~4 weeks
44	Šmíd et al (Febraury 25, 2022)	Czech Republic	Retrospective cohort	8,173,828 individuals	Omicron^	Included	BNT162b2 mRNA-1273	Documented infection Hospitalization  Documented infection Hospitalization	Unvaccinated	58 (58-59) 24 (22-26) 86 (84-89) 79 (74-82) 61 (60-62) 33 (29-38) 89 (84-93) 84 (72-91)	14-74 75+ 14-74 75+ 14-74 75+ 14-74 75+	~24 weeks
					Delta^		BNT162b2	Documented infection		90 (90-91) 80 (78-83)	14-74 75+	





#	Reference (date)	Country	Design	Population	Dominant Variants	History of COVID	Vaccine Product	Outcome Measure Hospitalization	Reference group	Booster Dose VE % (95%CI) 98 (97-98) 96 (94-97)	Days post Booster dose 14-74 75+	Max Duration of follow up after fully vaccinated
							mRNA-1273	Documented infection  Hospitalization		93 (92-94) 91 (83-96) 98 (97-99) 98 (86-99.8)	14-74 75+ 14-74 75+	
43	Patalon et al (February 26,2022)	Israel	Test-negative case control	351,120 individuals	Omicron^	Excluded	BNT162b2 primary + BNT162b2 booster	Documented infection	Complete vaccination with two doses of BNT162b2 at least 5 months prior	59.4 (54.9-63.5) 16 (12.3-19.5)	51	~21 weeks
42	Monge et al (February 14, 2022)	Spain	Retrospective cohort	2,083,857 matched pairs among adults aged 40+	Omicron^	Excluded	BNT162b2 primary + BNT162b2 or mRNA- 1273 booster mRNA-1273 primary + BNT162b2 or mRNA-1273 booster AZD1222 primary + BNT162b2 or mRNA- 1273 booster Ad26.COV2.S primary + BNT162b2 or mRNA-1273 booster	Documented infection	Complete vaccination with two doses (or one dose for Ad26.COV2.5) ≥3 months prior	49.7 (48.3-51.1) 55.3 (52.3-58.2) 58.6 (55.5-61.6) 48 (42.5-53.7)	7-34	~3 weeks
41	Regev-Yochay (February 15, 2022)	Israel	Open-label, non- randomized clinical trial	1,050 HCWs	Omicron^	Excluded	BNT162b2 (4 doses)  BNT162b2 (3 doses) + mRNA-1273	Infection Symptomatic disease Infection Symptomatic	Complete vaccination with three doses of BNT162b2 at least 4 months prior	30 (-9 to 55) 43 (7 to 65) 11 (-43 to 43) 31 (-18 to 60)	8-29 8-29 8-23 8-23	~2 weeks
40	Ferdinands et al (February 11, 2022)	USA	Test-negative case control	241,204 ED/UC encounters and 93,408 hospitalizatio ns	Omicron^  Delta^	Included	BNT162b2, mRNA- 1273 primary series + BNT162b2 and mRNA-1273 booster	disease  ED/UC encounter  Hospitalization  ED/UC encounter  Hospitalization	Unvaccinated	87 (85–88) 31 (–50–68) 91 (88–93) 78 (67–85) 97 (96-97) 89 (64-97) 96 (95-97) 76 (14-93)	<2 mos ≥5 mos. <2 mos. ≥4 mos <2 mos. ≥4 mos <2 mos. ≥4 mos <2 mos. ≥4 mos	~25 weeks





<b>#</b> 49	Reference (date) Hayek et al* (January 27, 2022)	<b>Country</b> Israel	<b>Design</b> Retrospective cohort	Population 76,621 households with 181,307 children	Dominant Variants Delta^	History of COVID Excluded	Vaccine Product BNT162b2	Outcome Measure Documented infection	Reference group  Complete vaccination with two doses of primary mRNA series at least 5	Booster Dose VE % (95%CI) 86.3 (83.4-88.6)	Days post Booster dose 7+	Max Duration of follow up after fully vaccinated ~11 weeks
38	Cerqueira-Silva et al (February 9, 2022)	Brazil	Test-negative case control	7,747,121 individuals	Gamma and Delta^	Excluded	CoronaVac primary dose + BNT162b2 booster	Documented infection Severe disease Hospitalisation Death	months prior Unvaccinated	80.2 (77-82.9) 82.6 (76.9-86.9) 91 (88.5-93.5) 96.8 (94.1-98.3) 91.2 (88.3-93.4) 96.7 (93.9-98.2) 92.2 (87.4-95.2) 97.1 (90.5-99.1)	7-13 >30 7-13 >30 7-13 >30 7-13 >30 7-13	~5 weeks
					Delta^			Documented infection Death or hospitalizations	Complete vaccination with CoronaVac 2 <sup>nd</sup> dose >180 days	76.1 (73.7- 78.4) 84.5 (81.0- 87.4) 72.4 (65.5-77.9) 87.7 (80.5-92.3)	7-13 >30 7-13 >30 7-13	
37	Chemaitelly et al (February 8, 2022)	Qatar	Test-negative case control	133,417 individuals	Omicron specifically^	Included	BNT162b2	Symptomatic infections  Severe, critical or fatal disease	Unvaccinated	15.8 (0.9-28.4) 37.6 (28.8-45.4) 90.6 (77.8-96.0) 90.8 (81.5-95.5)	1 week ≥12 weeks 1-6 weeks ≥7 weeks	~15 weeks
							mRNA-1273	Symptomatic infections  Severe, critical or fatal disease		3.6 (-31- 29.1) 38.6 (19.4-53.1) 80.8 (-51.9- 97.6) 100	1 week ≥6 weeks 1-6 weeks ≥7	
36	Lauring et al* (March 9, 2022) [February 7,2022]	USA	Test-negative case control	5582 COVID- 19 cases and 5962 test negative and syndrome	Omicron specifically^ Delta specifically^	Excluded	BNT162b2, mRNA- 1273 primary series + BNT162b2 and mRNA-1273 booster	Hospitalization(ove rall)  Hospitalization (overall)	Unvaccinated	86 (77-91) 94 (92-95)	weeks 7+	~3 weeks





#	Reference (date)	Country	Design	Population negative controls	Dominant Variants	History of COVID	Vaccine Product	Outcome Measure Hospitalization (immune-	Reference group	Booster Dose VE % (95%CI) 87 (78-92)	Days post Booster dose	Max Duration of follow up after fully vaccinated
35	Sritipsukho et al (February 3,2022)	Thailand	Test-negative case control	1,118 cases and 2,235 controls	Delta^	Excluded	CoronaVac primary dose + AZD1222 booster CoronaVac primary dose + BNT162b2 booster	compromised)  Documented infection	Unvaccinated	86 (74-93) 98 (87-100)	7+	~6 weeks ~8 weeks
34	Bar-On et al (February 1, 2022)	Israel	Retrospective cohort	1,138,681 persons aged over 60 years	Omicron^	Excluded	BNT162b2 (four doses)	Documented infections  Severe illness	Complete vaccination with three doses at least 4 months prior	50 (50-53) 48(45-50) 77 (59-87) 75(55-87)	12+ 3-7 days post dose 4 12+ 3-7 days post dose 4	2 weeks
33	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	87.3(85-89.2) 94(89.5-96.6)	14+	~20 weeks
32	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
31	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
30	McConeghy et al (January 28,2022)	USA	Nested trial	200 Nursing homes	Delta <sup>††</sup>	Excluded	BNT162b2, mRNA- 1273 primary series + BNT162b2 and mRNA-1273 booster	Documented infection Hospitalization	Complete vaccination with two doses of primary mRNA	50.4 (29.4-64.7) 47.7 (-377.7- 88.9)	≤42	~12 weeks





#	Reference (date)	Country	Design	Population	Dominant Variants	History of COVID	Vaccine Product	Outcome Measure Death	Reference group	Booster Dose VE % (95%CI) 97.2 (88.1-100)	Days post Booster dose	Max Duration of follow up after fully vaccinated
				127 VA Community living centers				Combined death or hospitalization Documented infection Hospitalization Combined death or hospitalization	months prior	82 (55.5-94) 58.2 (32.3-77.8) 36.6 (-35.4-77.3) 45.8 (-15.5-79.1)		
29	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
28	Spensley et al (January 26, 2022)	UK	Prospective cohort	1121 end stage kidney disease patients receiving in-center haemo- dialysis patients	Omicron specifically^	Included	BNT162b2 primary + BNT162b2 booster AZD1222 + BNT162b2 booster	Documented infection	Unvaccinated	66 (36-81) 47 (2-70)	14+	~15 weeks
27	Abu-Raddad et al (January 24,2021)	Qatar	Matched retrospective cohort	2,476,113 individuals in Qatar	Omicron specifically <sup>A</sup>	Excluded	BNT162b2  mRNA-1273  BNT162b2	Documented infection Symptomatic infection Documented infection Symptomatic infection Symptomatic infection	Complete vaccination with two doses of BNT162b2 at least 6-8 months prior	47.7 (46-49.3) 50.1 (47.3-52.8) 50.3 (47.5-53.0) 54 (50.7-57.2) 50.8 (43.4-57.3) 50.1 (41.4-57.6)	7+ 14+ 7+ 14+ 14+	~10 weeks
26	Thompson et al (January 21,2022)	USA	Test-negative case control	222,772 ED encounters and 87,904 hospitalizatio n	Delta specifically^ Omicron specifically^ Delta specifically^	Excluded	BNT162b2 or mRNA- 1273	Symptomatic infection  ED or UC encounters  Hospitalisation  ED or UC encounters  Hospitalisation	Unvaccinated	86.1(67.3-94.1) 94 (93-95) 90 (80-94) 94 (93-94) 94 (93-95)	14+	~18 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
25	Tartof et al	USA	Test-negative	3730 hospital	Omicron	Excluded	BNT162b2	ED admission	Unvaccinated	78 (73–82)	<3 mos.	~20 weeks
	(January 18,		case control	admissions	specifically^					48 (14–69)	≥3 mos.	
	2022)			and ED				Hospitalization		89 (83-92)	<3 mos.	
				admissions in						90 (57–98)	≥ 3 mos.	
				Southern	Delta			ED admission		88 (85-91)	<3 mos.	
				California	specifically^					81 (58-91)	≥3 mos.	
								Hospitalization		95(91-97)	<3 mos.	
										65 (16-85)	≥3 mos.	
24	Young-Xu et al	USA	Matched	14,868	Omicron	Excluded	Any mRNA vaccine	Documented	Unvaccinated	62 (59-65)	14+	~20 weeks
	(January		test-negative	veterans 18	specifically^			infection				
	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	Omicron^			Death		96 (91-98)		
				controls								
23	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				
	13,2022)			residents			booster	Hospitalization		86.3 (83.7-88.5)		
				aged ≥ 16				ICU admission		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		004 (05 0 00 0)		
							booster	Hospitalization		96.1 (95.3-96.9)		
								ICU admission Death		96.2 (94.6-97.3)		
							Canada Marandina and	Documented		96.8 (93.9-98.3)		
							CoronaVac primary series + AZD1222	infection		93.2 (92.9-93.6)		
							booster	Hospitalization		97.7 (97.3-98)		
							booster	ICU admission		98.9 (98.5-99.2)		
								Death		98.1 (97.3-98.6)		
22	Waxman et al	Israel	Retrospective	2,412,755	Delta^	Excluded	BNT162b2	Hospitalization	Complete	89 (87-91)	7+	~15.5
	(January 11,	151461	cohort	members of	Deita	Excluded	DIVITOZBZ	1105pitalization	vaccination with	05 (07 51)	, ,	weeks
	2022)		0011011	Clalit Health					two doses of			cens
	,			Services aged					BNT162b2 at			
				16+					least 5 months			
L									prior			
21	Spitzer et al*	Israel	Prospective	1928	Delta^	Excluded	BNT162b2	Documented	Complete	93 (80-98)	7+	~4 weeks
	(January 10,		cohort	healthcare				infection	vaccination with			
	2022)			workers at a				Symptomatic	two doses of	93 (75-98)		
				tertiary				infection	BNT162b2 at			





#	Reference (date)	Country	Design	Population medical center in Tel Aviv	Dominant Variants	History of COVID	Vaccine Product	Outcome Measure Asymptomatic infection	Reference group least 1 month prior	Booster Dose VE % (95%CI) 92 (52-99)	Days post Booster dose	Max Duration of follow up after fully vaccinated
20	Tseng et al (February 18, 2022) [update from January 21 preprint]	USA	Test-negative case control	26,683 cases and 109,662 controls among Kaiser Permanente Southern California	Omicron specifically <sup>^</sup>	Included	mRNA-1273	Documented infection: All  Hospitalization: All  Documented infection: Immunocompromised	Unvaccinated	70 (68-71.9) 71.6 (69.7-73.4) 47.4 (40.5-53.5) 99.2 (76.3-100) 29.4 (0.3-50)	14+ 14-60 >60 14+ 14+	8 weeks ~6.5 weeks 8 weeks
				members aged 18+	Delta specifically^			Documented infection: All  Documented infection: Immunocompromised  Hospitalization: All		94.5 (92.9-95.7) 93.7 (92.2-94.9) 86 (78.1-91.1) 70.6 (31-87.5) 99.7 (96.5-100)	14+ 14-60 >60	8 weeks ~6.5 weeks 8 weeks
19	Tan et al* (February 11,2022) [Published	Singapore	Retrospective cohort	703,209 individuals aged 60 years and above	Delta <sup>††</sup>	Excluded	BNT162b2 primary series + BNT162b2 booster	Documented infection Symptomatic disease Severe disease	Complete vaccination with two doses of BNT162b2 primary series at	73 (71-74) 72 (71-74) 95 (92-97)	12+	~6 weeks
	version of January 5,2022 preprint]						BNT162b2 primary series + mRNA-1273 booster	Documented infection Symptomatic disease Severe disease	least 5 months prior	82 (77-86) 82 (76-87) 92 (44-99)		
							mRNA-1273 primary series + mRNA-1273 booster mRNA-1273 primary	Documented infection Symptomatic disease Documented		86 (81-90) 85 (79-89) 90 (73-96)		
4.0			T	16.007			series + BNT162b2 booster	infection Symptomatic disease		90 (69-97)	7.	
18	Buchan et al (January 28,2022)	Canada	Test negative case control	16,087 Omicron- positive cases, 4,261	Omicron specifically^	Excluded	mRNA primary + BNT162b2 booster mRNA primary + mRNA-1273 booster	Symptomatic disease	Unvaccinated	60 (55-65)	7+	~9 weeks





#	Reference (date)	Country	Design	Population Delta-positive	Dominant Variants	History of COVID	Vaccine Product  mRNA primary +	Outcome Measure Severe disease	Reference group	Booster Dose VE % (95%CI) 95 (87-98)	Days post Booster dose	Max Duration of follow up after fully vaccinated
	January 1 pre- print]			cases, and 114,087 test- negative			BNT162b2 booster 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)		
17		South Africa	Test-negative	69,092 HCWs	Omicron^	Excluded	Ad26.COV.2	Hospitalization	Unvaccinated	63 (31-81)	0-13	~13 weeks
	(December		case control							84 (67-92)	14-27	
	29,2021)									85 (54-95)	1-2	
16	Luckie et el	Israel	December	12,413 HCW	Delta^	Excluded	BNT162b2	Documented	Complete	85.6 (79.2-90.1)	months 10+	~7 weeks
10	Lustig et al (December 21, 2021)	isi dei	Prospective cohort	in a large tertiary care center	Delta	Excluded	BN110202	infection	vaccination with two doses of primary series at least 5 months prior	85.0 (79.2-90.1)	10+	7 weeks
15	Amir et al (December 21, 2021)	Israel	Quasi- experimental	348,468 individuals aged 16-18 (booster group) and 361,050	Delta^	Excluded	BNT162b2	Documented infection	Individuals aged 12-14 recently vaccinated (<60 days) with 2 doses	73.4 (67.1-78.9)	14+	~4 weeks
				individuals aged 12-14 recently fully vaccinated					Unvaccinated individuals aged 16-18	96.2 (94.8-97.2)		
14	Hansen et al (December	Denmark	Retrospective cohort	41,684 Danish	Omicron specifically^	Excluded	BNT162b2	Documented infection	Complete vaccination with	54.6 (30.4-70.4)	1-30	~4 weeks
	23,2021)		COHOIT	residents	Delta		BNT162b2	infection	two doses of	81.2 (79.2-82.9)		
	20,2021			aged ≥12	specifically^		mRNA-1273		primary series at	82.8 (58.8-92.9)		
				years					least 140 days	12.0 (00.0 02.0)		
				(booster					prior, for 60+			
				analysis					year olds			
				_								
				among 60+ years only)								





# 13	Reference (date) Tartof et al (February 14, 2021) [Updated from December 21st preprint]	<b>Country</b> USA	<b>Design</b> Retrospective matched cohort	Population 3,133,075 individuals ≥ 18 years	Dominant Variants Delta specifically^	History of COVID Included	Vaccine Product BNT162b2	Outcome Measure Documented infection Hospitalization Documented infection Hospitalization	Reference group Unvaccinated  Complete vaccination with two doses of primary series at least 6 months prior	Booster Dose VE % (95%CI) 88 (86-89) 97 (95-98) 75 (71-78) 70 (48-83)	Days post Booster dose 14+	Max Duration of follow up after fully vaccinated ~12 weeks
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 AZD1222 primary series+ mRNA-1273 booster	Documented infection	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 <sup>^</sup>	Included	BNT162b2 primary series + BNT162b2 booster  BNT162b2 primary series + mRNA-1273 booster  AZD1222 primary series + BNT162b2 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)	2-4 weeks 10+ weeks 2-4 weeks 5-9 weeks 2-4 weeks 10+ 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
	(uute)	Country	Design	1 opulation	variants	OI COVID	AZD1222 primary	Outcome Measure	Reference group	70.3 (69.5-71)	2-4	Vaccinated
							series + mRNA-1273			70.0 (03.0 72)	weeks	
							booster			61.6 (60-63.1)	5-9	
										, , ,	weeks	
							mRNA-1273 primary			67 (63-70)	2-4	
							series + BNT162b2			` '	weeks	
							booster					
							mRNA-1273 primary			68 (64-72)	2-4	
							series + mRNA-1273				weeks	
							booster					
					Delta		BNT162b2 primary			95.2 (94.9-95.5)	2-4	
					specifically^		series + BNT162b2				weeks	
							booster			90.2 (89.6-90.8)	10+	
											weeks	
							BNT162b2 primary			96.8 (96.2-97.3)	2-4	
							series + mRNA-1273			047 (027 06 2)	weeks	
							booster			94.7 (92.7-96.2)	5-9 weeks	
							AZD1222 primary			95.4 (95.2-95.7)	2-4	
							series + BNT162b2			95.4 (95.2-95.7)	weeks	
							booster			88.5 (87-89.7)	10+ wee	
							booster			00.5 (07 05.7)	ks	
							AZD1222 primary			97.1 (96.8-97.4)	2-4	
							series + mRNA-1273			(00.00.0)	weeks	
							booster			94.9 (93.6-95.9)	5-9	
										,	weeks	
							mRNA-1273 primary			97.3 (91.5-99.1)	2-4	
							series +BNT162b2				weeks	
							booster					
							mRNA-1273 primary			95.8 (88.8-98.4)	2-4	
							series + mRNA-1273				weeks	
							booster					
10	Arbel et al	Israel	Prospective	843,208	Delta^	Excluded	BNT162b2 primary	Death	Receipt of 2	90 (86-93)	7-54	~8 weeks
	(December		cohort	individuals			series + BNT162b2	Documented	doses at least 5	83 (82-94)	1	
	8,2021)*						booster	infection	months prior			
9	Goldberg et al	Israel	Retrospective	5.7 million	Delta^	Excluded	BNT162b2 primary	16-39:	Receipt of 2	91 (90.1-91,3)	12+	~8 weeks
	(December 5,		cohort	Israeli			series + BNT162b2	Documented	doses at least 5			
	2021)			individuals			booster	infection	months prior		L	





#	Reference (date)	Country	Design	Population	Dominant Variants	History of COVID	Vaccine Product	Outcome Measure 40-59: Documented	Reference group	Booster Dose VE % (95%CI) 89 (88.3-89.3)	Days post Booster dose	Max Duration of follow up after fully vaccinated
								infection 60+: Documented infection		82.2 (81.5-82.8)		
8	Sharma et al (November 30, 2021)	USA	Matched retrospective cohort	129,130 matched pairs of veterans who	Delta <sup>††</sup>	Included	BNT162b2 primary series + BNT162b2 booster	Documented infection Hospitalization	Receipt of 2 doses at least 180 days prior	45.7 (37.9-52.5) 44.8 (26.6-58.4)	0+	~7 weeks
				received a second dose at least 6 months prior			mRNA-1273 primary series + mRNA-1273 booster	Documented infection Hospitalization		46.6 (36.4-55.3) 50.0 (26.2-66.1)		
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 booster	Symptomatic disease	Complete vaccination with two doses of primary series at least 140 days prior Unvaccinated 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	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	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





#	Reference (date)	Country	Design	Population members of	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
				the Maccabi HMO								
4	Hardt et al (January	North and South	Randomized- placebo	14,492 participants	Non-VOC, Alpha, Delta	Unknown	Ad26.COV2.S primary series +	Documented infection	Complete vaccination one	51.1 (29.5-66.5)	7+	~8 weeks
	31,2022)	America, Africa, Asia	control trial	in the per- protocol			Ad26.COV2.S booster dose	Asymptomatic infection	dose	34.2 (-6.4–59.8)		
		and Europe		analysis				Moderate Symptomatic infection		70.7 (45.5-85.2)		
								Moderate and severe/critical infection		75.2 (54.6-87.3)		
					Alpha^ Mu^			Documented infection		94.2 (62.9-99.9) 63.1 (-27.9– 91.6)		
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 doses at	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	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 doses at	85 (83-86)	14-20	~7 weeks
				_ 10 / 2013			2000101		2.70 00323 01	86 (85-87)	28-65	





#	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
	[Update to			with either 2					least 5 months			
	August 31 preprint]		Matched case-control	or 3 doses				Documented infection	prior	87 (85-88)	14-20	
	preprint		case-control					infection		83 (82-85)	28-65	]
								Hospitalization		92 (87-95)	14-20	
										97 (95-98)	28-65	
1	Bar-On et al* (October	Israel	Retrospective cohort	1,144,690	Delta^	Excluded	BNT162b2 primary series + BNT162b2	Documented infection	Complete vaccination with	92 (90- 93)	12+	~3 weeks
	7,2021)						booster	Severe disease	two doses at	94 (91-96)		
	[Update to								least 5 months			
	August 31 Preprint]								prior			

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

## 2.1 Booster studies that do not meet criteria

- 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. Sheikh A, Kerr S, Woolhouse M, et al. Severity of Omicron variant of concern and vaccine effectiveness against symptomatic disease: national cohort with nested test negative design study in Scotland. *University of Edinburgh*. Published online 22 December 2021. https://www.research.ed.ac.uk/en/publications/severity-of-omicron-variant-of-concern-and-vaccine-effectiveness-.
- 7. 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.





- 8. 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.
- 9. McKeigue PM, Porter D, Hollick R, et al. Risk of severe COVID-19 in patients with inflammatory rheumatic diseases treated with immunosuppressive therapy in Scotland. *medRxiv*. Published online 2022 February 14. doi: https://doi.org/10.1101/2022.02.13.22270898.
- 10. Shen C, Risk M, Schiopu E, et al. Efficacy of COVID-19 vaccines in patients taking immunosuppressants. *Annals of the Rheumatic Diseases* Published Online First: 23 February 2022. doi: 10.1136/annrheumdis-2021-222045.
- 11. Wan J, Cazer C L, Clarkberg M E, et al. Boosters protect against SARS-CoV-2 infections in young adults during an Omicron-predominant period. *medRxiv*. Published online 2022 Mar 9. https://doi.org/10.1101/2022.03.08.22272056.





## 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
116	Syed et al (March 2, 2022)	Qatar	12+	Variants  Alpha, Beta/Gamma, Delta	Comirnaty mRNA-1273	December 16, 2020- October 31, 2021	Cohort study linking adminsitrative databases. VEs are unadjusted    100





115	Suarez Castillo et al (March 3, 2022)	France	50+ year olds	Alpha, Beta/Gamma, Delta	Comirnaty mRNA-1273 Ad26.COV2.S ChAdOx1	January 1-December 12, 2021	TND study/survival analysis by linking administrative databases.  Figure 2 • Covid-19 vaccine effectiveness against symptomatic infections and hospitalizations among persons aged 50 years or over, according to the time elapsed since the injection of each vaccine dose, data collected from January 1" to December 12, 2021  109 0.5 0.7 0.9 0.9 0.9 0.9 0.9 0.9 0.9 0.9 0.9 0.9
114	Klein et al (March 1, 2022)	USA	5-17 year olds	Omicron Delta	Comirnaty	April 2021-January 2022	TND study evaluating VE against emergency department/urgent care visits and hospitalizations.





Dir in Center suring Delta of Omicron predominance, by age group 5-11 ys   Unraccrinated piler)   E-599   2-63 (20.88)   —					Encounter type/Vaccination status	Total	SARS-CoV-2 test-positive, no. (%)	VE %* (95% CI)
S-11ys   Unaccinated (Ref)   5,599   2,652 (20.8)   C   2 does (R.4-7 days carrier)   552   124 (21.3)   46 (24-61)   12-13ys   2 does (R.4-7 days carrier)   552   124 (21.3)   46 (24-61)   12-13ys   2 does (R.4-14 days carrier)   4,547   24 6.6   82 (06-85)   2 does (R.4-14 days carrier)   4,547   24 6.6   82 (06-85)   2 does (R.4-14 days carrier)   4,547   24 6.6   82 (06-85)   2 does (R.4-14 days carrier)   10   3 (20)   NC   14-14 (17.2)   12 (20					ED or UC encounters during Delta	or Omicro	n predominance, i	by age group
2 closes (14-67 days earlier)   582   124 (21.3)   46 (24-61)     12-15 yrs   12 closes (24-10)   24 clo					-		-	
12-15-yrs								
Umaccinated (Ref) 1, 2,064 1,2,38 (p.6.8) — 2 doors (14-140 days centifier) 1,345 (p.5.4 (s.5.6) 8 (s.100-85) 2 doors (14-140 days centifier) 1,37 (p.7.4) 38 (p.8.4-8) 3,200 (p.10) days centifier) 1,37 (p.7.4) 38 (p.8.4-8) 1,300 (p.10) days centifier) 1,37 (p.7.4) 1,300 (p.7.4) 1,3	1					582	124 (21.3)	46 (24-61)
2 doors (14-196 days earlier) 4,347 2,54 (5,0 83 (80-85) 2 doors (150 days earlier) 1,517 376 (4,8) 83 (80-85) 2 doors (150 days earlier) 1,517 376 (4,8) 83 (80-85) 3 (30 (6) (27 days earlier) 1,517 376 (4,8) 83 (80-85) 3 (30 (6) (27 days earlier) 1,517 376 (4,8) 83 (80-85) 3 (30 (6) (27 days earlier) 1,517 3 (	1					12.064	3 228 (26 8)	_
3 doses jor Jages earliery   10   3 (20)   NC     16-17 yrs	1							
16-17yrs   Unraccontated (Reft)   7,421   2,068 (27.9)   7-80   2 doses (1-14-96 gays carlier)   7,261   29 (193 f.72)   76 (71-80)   2 doses (2-16) gays carlier)   7,271   29 (193 f.72)   76 (71-80)   3 doses (2-16) gays carlier)   7,271   29 (193 f.72)   76 (71-80)   3 doses (2-16) gays carlier)   64   11 (20.3)   86 (72-93)   17 (20.3)   17 (20.3)   18 (72-93)   18 (20.3)   19 (20.3	1							
Umaccinated (Ref) 7,421 2,068 (27.9) 76 (7—0) 2 closes (14-140 days earlier) 1,721 2,968 (27.9) 76 (7—0) 2 closes (24.90) as earlier) 1,721 2,39 (19.1) 46 (36-54) 3 closes (27 days earlier) 6 4 13 (20.0) 46 (72-9) 15 0 of Cencounters, by age group and predominant variant 5-11 yrs**  Omicron predominant** Omicron predominant** Umaccinated (Ref) 5,038 2,209 (40.6) — 2 closes (14-14 days earlier) 4,86 118 (24.3) 51 (20-65) 12-15 yrs 0 of 12 closes (14-14 days earlier) 4,86 118 (24.3) 51 (20-65) 12-15 yrs 0 of 12 closes (14-14 days earlier) 7,98 22 (4.0) 79 (68-86) 0 omicron predominant** Umaccinated (Ref) 9,633 1,798 (20.5) — 2 closes (14-14 days earlier) 7,98 22 (4.0) 79 (68-86) 0 omicron predominant** Umaccinated (Ref) 2,336 2,346 (36-30) 2,269-93 (30-55) 2,346 (36-30) 2,346 (36-30) 2,346 (36-30) 2,346 (36-30) 2,346 (36-30) 2,346 (36-30) 3,346 (	1					10	3 (30)	NC.
2 closes (14-160 days earlier) 2,692 193 (72 x 76 (71-80) 2 closes (15-100 days earlier) 1,721 329 (19.1) 46 (36-56) 3 closes (5-7 days earlier) 64 13 (0.03) 86 (77-93) ED or U. en contouries, by age group and predominant variant 5-11 yrs**  Omicron predominant** Umraccinated (Ref) 5,938 2,409 (0.66) — 2 closes (14-76 days earlier) 466 118 (24.3) 51 (30-65) 12-15 yrs  Petra predominant** Umraccinated (Ref) 9,6323 1,777 (0.55) — 0 closes (15-10 days earlier) 4,060 0 closes (15-10 days earlier) 9,6323 1,777 (0.55) — 0 closes (15-10 days earlier) 4,060 0 closes (15-10 days earlier) 9,8323 1,777 (0.55) — 0 closes (15-10 days earlier) 9,8323 1,777 (0.55) — 0 closes (15-10 days earlier) 4,060 0 closes (15-10 days earlier) 9,8323 1,777 (0.55) — 0 closes (15-10 days earlier) 9,8323 1,777 (0.55) — 0 closes (15-10 days earlier) 1,777 (17-80) 0 closes (15-1	1					7.421	2.068 (27.9)	_
3 doses (a7 days earlier)						2,692	193 (7.2)	
ED or UC encounters, by age group and predominant variant 5-1 yrs** Omitron predominant** Umacrinated (Ref) 5.938 2,409 (40.6) — 2 doses (14-67 days earlier) 4.96 118 (24.3) 51 (30-65) 12-15ys Detta predominant** Umacrinated (Ref) 9,633 1,978 (20.5) — 2 doses (14-10 days earlier) 4,660 80 (2.0) 92 (89-94) 0 doses (150 days earlier) 7,968-86) Omitron predominant** Umacrinated (Ref) 2,336 1224 (33.7) 7 (68-86) Omitron predominant** Umacrinated (Ref) 2,336 1254 (33.7) 17 (76-86) 10 16-17 yrs 10 17 (16-18) 18 18 18 18 18 18 18 18 18 18 18 18 18	- 1							
S-11 yrs**   Omicron personniant**   Unraccrinated (Ref)   5,938   2,409 (40.6)   —     2 doses (14-67 days earlier)   46   118 (24.3)   51 (30-65)     12-15 yrs   Delta predominant**   Unraccrinated (Ref)   9,633   1,978 (20.5)   —     2 doses (14-140 days earlier)   4,660   80 (2.0)   92 (89-94)     2 doses (14-140 days earlier)   798   22 (4.0)   79 (68-86)     Omicron predominant**   Unraccrinated (Ref)   2,336   1,234 (53.7)   —     2 doses (14-140 days earlier)   477 (42.69   45 (30-57)     3 doses (27 days earlier)   719   346 (48.1)   -2(-23-71)     16-17 yrs   Delta predominant**   Unraccrinated (Ref)   2,340   73 (30.0)   75 (23.0)     2 doses (14-140 days earlier)   3 (30.0)   73 (30.0)   75 (23.0)     3 doses (27 days earlier)   1,156   47 (4.1)   77 (67-86)     4 doses (14-140 days earlier)   2,340   73 (2.3)   85 (81-89)     3 doses (27 days earlier)   2,360   77 (15.6)   —     4 doses (14-140 days earlier)   2,361   77 (15.6)   —     5 doses (14-140 days earlier)   2,362   77 (15.6)   —     4 doses (14-140 days earlier)   2,362   77 (14-35-95)     5 doses (15) days earlier)   26 (2 59 (22.5)   —     4 doses (16-140 days earlier)   26 (2 59 (22.5)   —     5 doses (15) days earlier)   26 (2 59 (22.5)   —     5 doses (15) days earlier)   27 (2.8)   29 (79-97)     5 doses (16-16) days earlier)   182   7 (2.8)   29 (79-97)     6 doses (15) days earlier)   182   7 (2.8)   29 (79-97)     7 doses (16-140 days earlier)   182   7 (2.8)   29 (79-97)     8 doses (15) days earlier)   182   7 (2.8)   29 (79-97)     9 doses (16-140 days earlier)   19 (17)   34 (17)								
Omicron predominant*   Umaccinated (Ref.)   5,938   2,409 (40.6)   —   2 doses (14-67 days sarlier)   486   118 (24.3)   51 (20-65)   12-15 yrs   Detta predominant*   Umaccinated (Ref.)   9,613   1,978 (20.5)   —   2 doses (14-149 days sarlier)   9,613   1,978 (20.5)   —   2 doses (14-149 days sarlier)   9,613   1,978 (20.5)   —   2 doses (15) (20ys sarlier)   798   20 (2.0)   9 (29-94)   2 doses (15) (20ys sarlier)   798   20 (2.0)   9 (29-94)   2 doses (15) (20ys sarlier)   798   20 (2.0)   9 (29-94)   2 doses (15) (20ys sarlier)   10   2 (2.0)   10						p and pred	orninant variant	
Umaccinated (Ref.) 5,938 2,409 (40.6) — 2 doses (14-67 days carrier) 486 118 (24.3) 51 (30-65) 12-15 yrs  Petta predominant*† Umaccinated (Ref.) 9,633 1,098 (20.5) 92 (89-94) 2 doses (14-169 days carrier) 4,060 80 (20.5) 92 (89-94) 2 doses (150 days carrier) 798 32 (4.0) 79 (68-86) 70 (micron predominant*† Umaccinated (Ref.) 2,336 1,254 (33.7) 4 (36.9) 45 (30-57) 2 doses (15 0 days carrier) 10 34 (40.1) -2(-25-17) 3 doses (27 days carrier) 10 34 (40.1) -2(-25-17) 3 doses (27 days carrier) 10 34 (40.1) -2(-25-17) 4 (36.9) 45 (36-37) 10 (36.9) 45 (36-38) 10 (36.9) 10 (36.								
2 dosses (14-67 days earlier) 486 118 (24.3) 51 (30-65) 12-15 yrs Delta predominant** Umaccinated (left) 9,633 1,578 (20.5) — 2 dosses (14-169 days earlier) 4,060 80 (2.0) 92 (89-94) 2 dosses (14-169 days earlier) 798 32 (4.0) 79 (68-86) Omicron predominant** Umaccinated (left) 2,336 1,254 (53.7) — 2 dosses (14-169 days earlier) 472 174 (36.9) 45 (30-57) 2 dosses (14-169 days earlier) 719 34 (64.1) - 2(-2-57) 3 dosses (37 days earlier) 10 3 (30.0) NC 16-17 yrs Delta predominant** Umaccinated (left) 5,302 1,191 (22.5) — 2 dosses (14-169 days earlier) 2,340 78 (3.3) 85 (81-89) 2 dosses (14-169 days earlier) 2,340 78 (3.3) 85 (81-89) 3 dosses (37 days earlier) 1,156 37 (41.1) 77 (67-86) 3 dosses (37 days earlier) 2 0 () NC Omicron predominant** Umaccinated (left) 1,363 771 (56.6) — 2 dosses (14-169 days earlier) 263 114 (43.4) 43 (82-53) 2 dosses (5150 days earlier) 565 282 (48.9) -3 (-30-8) 1 dosses (37 days earlier) 565 282 (48.9) -3 (-30-8) 1 dosses (37 days earlier) 2 20 (17.1) 81 (99-97) 1 Hospitalizations during Delta or Omicron predominance, by age group 5-11 yrs Umaccinated (left) 262 59 (22.5) — 2 dosses (14-169 days earlier) 182 7 (3.8) 92 (79-97) 2 dosses (14-169 days earlier) 182 7 (3.8) 92 (79-97) 2 dosses (14-169 days earlier) 182 7 (3.8) 92 (79-97) 2 dosses (14-169 days earlier) 182 7 (3.8) 92 (79-97) 2 dosses (14-169 days earlier) 182 7 (3.8) 92 (79-97) 2 dosses (14-169 days earlier) 182 7 (3.8) 92 (79-97) 2 dosses (14-169 days earlier) 182 7 (3.8) 92 (79-97) 2 dosses (14-169 days earlier) 182 7 (3.8) 92 (79-97) 2 dosses (14-169 days earlier) 182 7 (3.8) 92 (79-97) 2 dosses (14-169 days earlier) 182 7 (3.8) 92 (79-97) 2 dosses (14-169 days earlier) 182 7 (3.8) 92 (79-97) 2 dosses (14-169 days earlier) 182 7 (3.8) 92 (79-97) 2 dosses (14-169 days earlier) 182 7 (3.8) 92 (79-97) 2 dosses (14-169 days earlier) 182 7 (3.8) 92 (79-97) 2 dosses (14-169 days earlier) 182 7 (3.8) 92 (79-97) 2 dosses (14-169 days earlier) 182 7 (3.8) 92 (79-97) 2 dosses (14-169 days earlier) 182 7 (3.8) 92 (79-97) 2 dosse					Unvaccinated (Ref)			_
Detta predominant† Umaccinated (Ref) 9,633 1,978 (20.5) — 2 dosses (14-149 days earlier) 4,660 80 (2.0) 92 (89-94) 2 dosses (150) days earlier) 798 32 (4.0) 79 (88-86) Omicron predominant† Umaccinated (Ref) 2,336 1,254 (53.7) — 2 dosses (14-149 days earlier) 472 174 (36.9) 45 (30-57) 2 dosses (150) days earlier) 719 346 (48.1) - 2(-25-17) 3 dosses (27 days earlier) 10 3 (30.0) NC 16-17yrs Detta predominant† Umaccinated (Ref) 5,302 1,191 (22.5) — 2 dosses (14-149 days earlier) 2,304 (76.1) 36 (81.9) — 2 dosses (14-149 days earlier) 2,304 78 (3.3) 85 (81-89) 2 dosses (150 days earlier) 1,156 47 (41.1) 77 (67-84) 3 dosses (27 days earlier) 2 0 (-) NC Omicron predominant† Umaccinated (Ref) 1,363 771 (56.6) — 2 dosses (14-149 days earlier) 263 114 (43.4) 34 (8-53) 2 dosses (150 days earlier) 565 282 (49) -3 (-30-18) 3 dosses (27 days earlier) 60 13 (21) (11) (19-91) Hospitalizations during Detta or Omicron predominance, by age group 5-11 yrs Umaccinated (Ref) 262 59 (22.5) — 2 dosses (14-67 days earlier) 23 (28.7) 74 (-35-95) 12-15yrs Umaccinated (Ref) 496 149 (30) — 2 dosses (14-149 days earlier) 182 7 (3.8) 92 (79-97) 2 dosses (14-149 days earlier) 182 7 (3.8) 92 (79-97) 2 dosses (14-149 days earlier) 182 7 (3.8) 92 (79-97) 2 dosses (14-149 days earlier) 182 7 (3.8) 92 (79-97) 2 dosses (14-149 days earlier) 182 7 (3.8) 92 (79-97) 2 dosses (14-149 days earlier) 182 7 (3.8) 92 (79-97) 2 dosses (14-149 days earlier) 182 7 (3.8) 92 (79-97) 2 dosses (14-149 days earlier) 182 7 (3.8) 92 (79-97) 2 dosses (14-149 days earlier) 182 7 (3.8) 92 (79-97) 2 dosses (15-149 days earlier) 182 7 (3.8) 92 (79-97) 2 dosses (15-149 days earlier) 182 7 (3.8) 92 (79-97) 2 dosses (15-149 days earlier) 182 7 (3.8) 92 (79-97) 2 dosses (15-149 days earlier) 182 7 (3.8) 92 (79-97) 2 dosses (15-149 days earlier) 182 7 (3.8) 92 (79-97) 2 dosses (15-149 days earlier) 182 7 (3.8) 92 (79-97) 2 dosses (15-149 days earlier) 182 7 (3.8) 92 (79-97)	1				2 doses (14–67 days earlier)	486	118 (24.3)	51 (30-65)
Umyaccinated (Ref) 9,633 1,978 (20.5) — 2 doses (14-149 days earlier) 4,66 80 (2.0) 92 (89-94) 2 doses (14-149 days earlier) 798 32 (4.0) 79 (68-86)   Omkron predominant*† Umyaccinated (Ref) 2,236 1,224 (53.7) — 2 doses (14-149 days earlier) 47 174 (6.6,7) — 2 doses (14-190 days earlier) 179 346 (48.1) — 2 (-25-17) 3 doses (27 days earlier) 179 346 (48.1) — 2 (-25-17) 3 doses (27 days earlier) 10 3 (30.0) NC 16-17 yrs    Pelta predominant*† Umyaccinated (Ref) 5,302 1,191 (22.5) — 2 doses (14-180 days earlier) 2,407 88 (33.9) 85 (81-809) 2 doses (150 days earlier) 1,156 47 (4.1) 77 (67-84) 3 doses (27 days earlier) 2 (30.5) (								
2 dosses (18-149 days earlier) 798 32 (4.0) 92 (89-94) 2 dosses (150 days earlier) 798 32 (4.0) 79 (68-86) Omicron predominant† Umaccrinated (fiet) 2,236 1,254 (53.7) — 2 dosse (14-189 days earlier) 472 174 (36.9) 45 (30-57) 3 dosses (37 days earlier) 10 3 (30.0) NC  16-17 yrs  Detta predominant† Umaccrinated (fiet) 5,302 1,191 (22.5) — 2 dosse (18-169 days earlier) 1,156 47 (4.1) 77 (67-86) 3 dosses (27 days earlier) 2,240 78 (3.3) 85 (81-89) 2 dosse (18-169 days earlier) 1,156 47 (4.1) 77 (67-86) 3 dosses (27 days earlier) 2 0 (	1					0.622	1 078 (20 5)	_
Omicron predominant†   Umvaccinated (Ref)   2,336   1,254 (53.7)   —     2 doses (14-149 days earlier)   472   174 (26.9)   45 (30-57)     2 doses (2-150 days earlier)   719   346 (48.1)   -2(-25-17)     3 doses (2-7 days earlier)   10   3(30.0)   NC     16-17 yrs     Delta predominant†   Umvaccinated (Ref)   5,302   1,191 (22.5)   —     2 doses (14-169 days earlier)   2,340   78 (3.3)   85 (81-89)     2 doses (2-150 days earlier)   1,156   47 (4.1)   77 (67-84)     3 doses (2-17 days earlier)   1,156   47 (4.1)   77 (67-84)     3 doses (2-17 days earlier)   2   0 (—)   NC     Omicron predominant†   Umvaccinated (Ref)   1,263   771 (56.6)   —     2 doses (14-169 days earlier)   263   114 (43.4)   34 (8-53)     3 doses (2-150 days earlier)   565   282 (49.9)   -3 (-30-18)     4 doses (2-150 days earlier)   565   282 (49.9)   -3 (-30-18)     5 -11 yrs   Umvaccinated (Ref)   262   59 (22.5)   —     2 doses (14-67 days earlier)   262   59 (22.5)   —     2 doses (14-67 days earlier)   263   59 (25.9)   74 (-35-95)     2 doses (14-67 days earlier)   182   7 (3.8)   92 (79-97)     2 doses (14-149 days earlier)   182   7 (3.8)   92 (79-97)     2 doses (14-149 days earlier)   182   7 (3.8)   92 (79-97)     2 doses (14-149 days earlier)   182   7 (3.8)   92 (79-97)     2 doses (14-149 days earlier)   182   7 (3.8)   92 (79-97)     2 doses (14-149 days earlier)   182   7 (3.8)   92 (79-97)     2 doses (14-149 days earlier)   182   7 (3.8)   92 (79-97)     2 doses (14-149 days earlier)   182   7 (3.8)   92 (79-97)     2 doses (14-149 days earlier)   182   7 (3.8)   92 (79-97)     3 doses (14-149 days earlier)   182   7 (3.8)   92 (79-97)     2 doses (14-149 days earlier)   182   7 (3.8)   92 (79-97)     3 doses (14-149 days earlier)   182   7 (3.8)   92 (79-97)     4 doses (14-149 days earlier)   182   7 (3.8)   92 (79-97)     5 doses (14-149 days earlier)   182   7 (3.8)   92 (79-97)     5 doses (14-149 days earlier)   182   7 (3.8)   92 (79-97)     6 doses (14-149 days earlier)   182   7 (3.8)   92 (79-97)     7 doses	1							
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3 doses (≥/ days earrier) 4 1 (25.0) NC								
					3 doses (≥7 days earner)	4	1 (25.0)	NL.





113	Smid et al	Czech	General population	Omicron	Comirnaty	December 7, 2021-	Cohort study created by linking administrative databases. (<2 months and >=2 months prior to
-10	(February 25,	Republic	of country	Delta	mRNA-1273	February 13, 2022	onset)
	2022)	перавне	or country	Denta	Ad26.COV2.S	1 Coldal y 13, 2022	Since y
					ChAdOx1		Protection against Delta and Omicron infection
					CHAGAI		1.0 <sub>1</sub>
							0.9-
							0.8
							¥   • • • • • • • • • • • • • • • • • •
							§ 0.7
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							용 0.4-
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							<u></u> <u> </u>
							0.1
							0.0 Inf6- Inf6+ Full2- Full2+ Booster2- Booster2+
							Fig. 2. Protection provided by vaccination or previous infection against infection by
							the Omicron and Delta variants of the SARS-CoV-2 virus. Inf6-, previous infection <6
							months ago; Inf6+, previous infection > 6 months ago; Full2-, complete vaccination < 2
							months ago; Full2+, complete vaccination >2 months ago; Booster2-, booster dose
							<2 months ago; Booster2+, booster dose >2 months ago. Shown are point estimates of protection with 95% CI.
							of protoston man 55 % of.
							Table 3. Vaccine effectiveness and protection provided by post-
							infection immunity against hospitalization, for the Omicron and Delta
							variants of the SARS-CoV-2 virus, 95% confidence intervals (CI) in
							parentheses.
							Effect on II Onlinear Dalla
							Effect ag. Hosp. Omicron Delta Full 2- 45% (29-57%) 75% (68-80%)
							Full 2-   45% (29-57%)   75% (68-80%) Full 2+ 29% (21-37%) 79% (78-81%)
							Booster 2- 87% (84-88%) 98% (97-98%)
							Booster 2+ 79% (75-83%) 97% (95-98%)
							Table 6. Vaccine effectiveness and protection provided by post-
							infection immunity against hospitalization with a need for oxygen
							therapy, for the Omicron and Delta variants of the SARS-CoV-2 virus,
							95% confidence intervals (CI) in parentheses.
							Effect ag. O <sub>2</sub> Omicron Delta
							Full 2- 57% (32-72%) 82% (76-87%)
							Full 2+ 32% (20-43%) 82% (80-83%)
							Booster 2- 90% (87-92%) 98% (98-98%)
							Booster 2+ 85% (80-88%) 97% (95-98%)





							Table 7. Vaccine effectiveness and protection provided by post- infection immunity against hospitalization with a need for intensive care, for the Omicron and Delta variants of the SARS-CoV-2 virus, 95% confidence intervals (CI) in parentheses.    Effect ag. ICU
112	Patalon et al (February 26, 2022)	Israel	16+ Maccabi insured patients	Omicron	Comirnaty	January 1-January 21, 2022	Matched TND study to evaluate relative VE against infection and hospitalization/death. All persons had received the primary series by August 1, 2021. Marginal effectiveness against infection of a booster dose given a month before the outcome period was at its peak at 59.4% (95% CI, 54.9%-63.5%). Effectiveness declined gradually with time from inoculation, reaching 16% (95% CI, 12.3%-19.5%) in those vaccinated 5 months prior to the outcome period compared to those not receiving the booster dose. As for the marginal effectiveness against severe disease, it seems that waning exists though to a much lesser degree, as effectiveness declines from 72.2% (95% CI, 37.8%-87.6%) 3 months after inoculation to 54.5% (95% CI, 13.4-76.1) five months after vaccination. However, numbers are small as also reflected by the confidence intervals.
111	Wright et al (February 25, 2022)	USA	18+ hospitalized	Pre Delta; Delta	Comirnaty mRNA-1273 Ad26.COV2.S	April 1-October 26, 2021	Case-control study of patients hospitalized in one large US network of hospitals.  100 90 80 70 90 40 90 40 90 Vaccine type Moderna Pfizer Janssen Jan





110	Liu et al	Australia	Persons exposed in	Omicron	Comirnaty	December 8, 2021-	Unadjusted VE in two outbreaks by time since 2 <sup>nd</sup> dose (combined for all vaccines)
	(February 18, 2022)		two outbreaks (1 at a night club, 1 at a medical school graduation event)		mRNA-1273 ChAdOx1	December 22, 2021	Timing Night club outbreak Graduation event outbreak <1 month -33.3 (-141.4-26.3) No cases 1-2 months -18.1 (-85.7-24.8) 87.5 (64-95.7) 2-3 months -5.9 (-67.5-33.1) 60 (38-74.2) 3+ months -36.2 (-114.3-13.4) 32 (22-40.6)
109	Wu et al (February 2022)	China	18+ year old contacts of cases	Delta	Coronavac BBIBP-CorV	July 31, 2021-? (prior to November 17, 2021)	Study done in the context of an outbreak. The adjusted VE of full vaccination against symptomatic COVID-19 was 52.32% (25.73-69.39) for ≤3-month intervals and 49.95% (1.2-74.64) for 4–6-month intervals; against COVID-19 pneumonia, VEs were 60.31 (31.31-77.07) for ≤3-month and 67.08% (9.33-88.05) for 4–6-month intervals.
108	Britton et al (February 14, 2022)	USA	12+ year olds	Pre-Delta and Delta	Comirnaty mRNA-1273 Ad26.COV2.S	March 13, April 15, or June 15 (based on age-based vaccine- eligibility October 17, 2021	TND study to evaluate VE against symptomatic disease based on data collected from pharmacies (note vaccination data based on recall and some portion of 2 dose recipients received 3 doses). In the paper, there is a stratification by age group.  Appendix and the paper is a stratification by age group.  In this paper, there is a stratification by age group.  In this paper, there is a stratification by age group.  In this paper, there is a stratification by age group.  In this paper, there is a stratification by age group.  In this paper, there is a stratification by age group.  In this paper, there is a stratification by age group.  In this paper, there is a stratification by age group.  In this paper, there is a stratification by age group.  In this paper, there is a stratification by age group.  In this paper, there is a stratification by age group.  In this paper, there is a stratification among those aged 2:09  In this paper, there is a stratification among those aged 2:09  In this paper, there is a stratification among those aged 2:09  In this paper, there is a stratification among those aged 2:09  In this paper, there is a stratification among those aged 2:09  In this paper, there is a stratification among those aged 2:09  In this paper, there is a stratification among those aged 2:09  In this paper, there is a stratification among those aged 2:09  In this paper, there is a stratification among those aged 2:09  In this paper, there is a stratification among those aged 2:09  In this paper, there is a stratification among those aged 2:09  In this paper, there is a stratification among those aged 2:09  In this paper, there is a stratification among those aged 2:09  In this paper, there is a stratification among those aged 2:09  In this paper, there is a stratification among those aged 2:09  In this paper, there is a stratification among those aged 2:09  In this paper, there is a stratification among those aged 2:09  In this paper, there is a stratification among those aged 2:09  In this paper, there is a strati
107	Ferdinands et al (February 11, 2022)	USA	18+ years	Delta, Omicron	Comirnaty mRNA-1273	August 26, 2021- January 22, 2022	TND study at 8 VISION network sites evaluating VE against emergency room/urgent care visits nad hospitalizations.

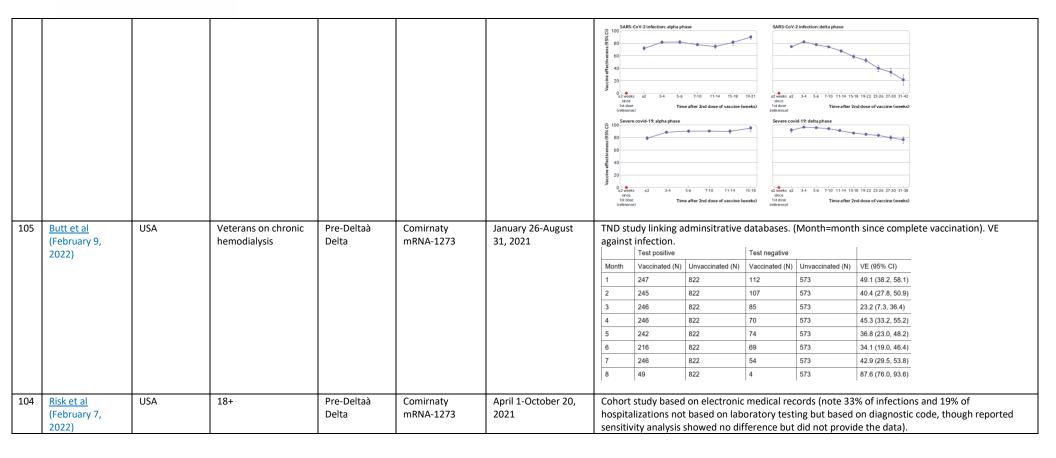




							TABLE 2. mRNA COVID-19 vaccine care encounters and hospitalization August 2021–January 2022**				
							Characteristic	Total	SARS-CoV-2 positive test result no. (%)	VE fully adjusted % (95% CI)*	Waning trend p value <sup>††</sup>
							ED/UC encounters Overall				
							Unvaccinated (Ref)	110,873	43,054 (39)	_	_
							Any mRNA vaccine, 2 doses	105,193 4,808	16,487 (16) 301 (6)	72 (72-73) 88 (87-90)	<0.001
							2-3 mos	10,644	1,312 (12)	80 (78-81)	
							4 mos ≥5 mos	10,175 79,566	1,230 (12) 13,644 (17)	79 (77–80) 69 (68–70)	
							Any mRNA vaccine, 3 doses	25,138	2,285 (9)	89 (89-90)	<0.001
							<2 mos 2–3 mos	15,614	920 (6)	92 (91–93) 86 (85–87)	
							4 mos	8,759 736	1,120 (13) 227 (31)	75 (70-79)	
							≥5 mos	29	18 (62)	50 (-7-77)	
							Delta-predominant period Unvaccinated (Ref)	86,074	29,063 (34)	_	_
							Any mRNA vaccine, 2 doses	85,371	8,136 (10)	80 (79-81)	<0.001
							<2 mos 2–3 mos	4,253 8,662	144 (3) 527 (6)	92 (91–94) 88 (86–89)	
							4 mos	8,941	721 (8)	85 (83-86)	
							≥5 mos Any mRNA vaccine, 3 doses	63,515 14,207	6,744 (11) 347 (2)	77 (76–78) 96 (95–96)	<0.001
							<2 mos	10,621	210 (2)	97 (96-97)	50001
							2–3 mos ≥4 mos	3,542 44	134 (4) 3 (7)	93 (92–94) 89 (64–97)	
							Omicron-predominant period			05(01.57)	
							Unvaccinated (Ref)	24,799	13,991 (56)	41 (38–43)	_
							Any mRNA vaccine, 2 doses <2 mos	19,822 555	8,351 (42) 157 (28)	69 (62-75)	<0.001
							2-3 mos 4 mos	1,982 1,234	785 (40) 509 (41)	50 (45-55) 48 (41-54)	
							≥5 mos	16,051	509 (41) 6,900 (43)	37 (34-40)	
							Any mRNA vaccine, 3 doses	10,931	1,938 (18)	83 (82-84)	<0.001
							<2 mos 2–3 mos	4,993 5,217	710 (14) 986 (19)	87 (85–88) 81 (79–82)	
							4 mos ≥5 mos	692	224 (32)	66 (59-71)	
							≥5 mos Hospitalizations	29	18 (62)	31 (-50-68)	
							Overall				
							Unvaccinated (Ref)	40,125	16,335 (41)	-	_
							Any mRNA vaccine, 2 doses <2 mos	42,326 1,662	4,294 (10) 71 (4)	82 (81–83) 93 (91–94)	<0.001
							2–3 mos 4 mos	3,084 3,279	223 (7) 234 (7)	88 (86-90) 89 (87-90)	
							≥5 mos	34,301	3,766 (11)	80 (79–81)	
							Any mRNA vaccine, 3 doses	10,957	471 (4)	93 (92-94)	<0.001
							<2 mos 2–3 mos	7,332 3,413	221 (3) 211 (6)	95 (94–95) 91 (89–92)	
							≥4 mos	212	39 (18)	81 (72-87)	
							Delta-predominant period Unvaccinated (Ref)	36,214	14,445 (40)	_	_
							Any mRNA vaccine, 2 doses	38,707	3,315 (9)	85 (84-85)	<0.001
							<2 mos 2–3 mos	1,574 2,790	49 (3) 154 (6)	94 (92-96) 91 (89-92)	
							4 mos	3,129	192 (6)	90 (89-92)	
							≥5 mos	31,214	2,920 (9) 195 (2)	82 (82-83)	
							Any mRNA vaccine, 3 doses <2 mos	8,124 6,071	118 (2)	95 (95–96) 96 (95–97)	<0.001
							2–3 mos ≥4 mos	2,030 23	74 (4) 3 (13)	93 (91–95) 76 (14–93)	
							Omicron-predominant period			70 (14-93)	
							Unvaccinated (Ref)	3,911	1,890 (48)	_	-
							Any mRNA vaccine, 2 doses <2 mos	3,619 88	979 (27) 22 (25)	55 (50-60) 71 (51-83)	0.01
							2–3 mos	294	69 (23)	65 (53-74)	
							4 mos ≥5 mos	150 3,087	42 (28) 846 (27)	58 (38-71) 54 (48-59)	
							Any mRNA vaccine, 3 doses	2,833	276 (10)	88 (86-90)	< 0.001
							<2 mos 2–3 mos	1,261 1,383	103 (8) 137 (10)	91 (88-93) 88 (85-90)	
							≥4 mos	189	36 (19)	78 (67–85)	
106	Fabiani et al	Italy	16+ years	Alpha, Delta	Comirnaty	December 27, 2020-	Cohort study of pe	ople who r	eceived at least on	e dose of v	accine at som
	(February 10,				mRNA-1273	November 7, 2021	Used of day 0-<14	days post of	lose 1 as proxy for	unvaccinat	ted group, Pro
	2022)						and risk group in p		= 00 p. 0 101		D. o ab. 110











							Vaccine	e Effectiveness		HR (95% CI) p-value
								CoV-2 Infection		
							BNT162			
							pre-delta			0.40 (0.4.0.40)
								months		0.13 (0.1-0.16) <0.001
								nonths +-		0.28 (0.21-0.38) <0.001
							post-del			0.00 (0.00 0.40)
								TIOTIUIS		0.36 (0.32-0.42) <0.001 0.78 (0.67-0.91) 0.002
							mRNA-1		-	0.76 (0.67-0.91) 0.002
							pre-delta			
								months ==		0.09 (0.06-0.13) < 0.001
								nonths +-		0.14 (0.08-0.24) <0.001
							post-del			0.14 (0.00-0.24)
								months +		0.22 (0.17-0.33) < 0.001
								nonths		0.45 (0.33-0.61) <0.001
								0 0.5	1	1.5 2
								0 0.5	'	
103	Cerqueria-Silva	Brazil	General population	Gamma, Delta	Coronavac	January 18-	TND st	tudy linking administrati		
	et al				followed by	November 11, 2021		ffectiveness of CoronaVac vaccine against co '-2 infection, by length of time (in days) since		able 4   Effectiveness of CoronaVac vaccine against COVID-19 ospitalization or death, by length of time (in days) since two-
	(February 9,				Comirnaty		dose vaccin	nation or BNT162b2 booster dose, stratified	y age d	ose vaccination or BNT162b2 booster dose, stratified by age
	2022)				booster		group Period after	Overall 18-59 60-79 ≥8		roup eriod after Overall 18-59 60-79 ≥80
							vaccine (day	ys)	V	accine (days)
							Second dose 0-13	e 37.9% 43.5% 32.2% 28.		econd dose 0-13 65.5% 79.6% 64.5% 51.4%
								(36.9-38.8) (42.4-44.7) (30.1-34.2) (23	4-32.9)	(64.2-66.6) (77.6-81.4) (62.8-66.1) (47.3-55.1)
							14-30	55.0% 56.5% 55.1% 50. (54.3-55.7) (55.6-57.5) (53.7-56.5) (46		4-30 82.1% 91.4% 81.6% 68.7% (81.4-82.8) (90.3-92.4) (80.6-82.5) (65.9-71.2)
							31-60	51.7% 52.9% 51.1% 47. (51.1-52.4) (52.1-53.8) (49.7-52.4) (43		11-60 82.6% 89.9% 81.4% 66.5% (82.1-83.2) (88.9-90.9) (80.6-82.2) (64.0-68.9)
							61-90	47.6% 48.9% 45.3% 41.0	% 6	1-90 80.5% 87.2% 77.6% 63.2%
							91-120	(46.8-48.3) (47.9-49.9) (43.6-46.9) (37 46.1% 52.3% 39.8% 31.8		(79.8-81.0) (86.0-88.3) (76.6-78.6) (60.4-65.8) 11-120 78.9% 89.0% 75.5% 58.0%
								(45.3-46.9) (51.3-53.2) (37.8-41.8) (27	3-36.1)	(78.3-79.6) (87.8-90.0) (74.3-76.7) (54.7-61.1)
							121-150	41.8% 50.6% 36.3% 22: (40.8-42.8) (49.3-51.9) (33.8-38.7) (16		21-150 77.0% 86.7% 74.9% 52.1% (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		51-180 75.0% 81.9% 74.7% 47.9% (73.9-76.0) (79.8-83.8) (72.9-76.4) (42.9-52.4)
							>180	(36.7-39.3) (42.3-45.6) (32.2-38.2) (8.3 34.7 % 34.1% 34.5% 10.1	% >	-180 72.6% 74.8% 72.6% 41.4%
								(33.1-36.3) (32.2-35.9) (29.9-38.7) (1.1		(71.0-74.2) (72.1-77.2) (69.5-75.3) (34.5-47.5) coster (BNT162b2)
							Booster (BN) 0-6	39.6% 40.3% 35.7% 11.5	% C	0-6 80.6% 89.1% 79.6% 48.8%
							7-13	(33.8-44.8) (31.6-47.8) (25.2-44.8) (-1 80.2% 84.6% 75.9% 59.	2.4-30.3)	(76.4-84.0) (76.6-94.9) (73.5-84.2) (31.3-61.9) -13 91.4% 95.8% 88.3% 78.0%
								(77.0-82.9) (80.2-88.0) (69.6-80.8) (44	9-70.4)	(88.5-93.5) (82.9-99.0) (83.1-91.8) (671-85.3)
							14-30	92.7% 93.5% 93.4% 82. (91.0-94.0) (90.7-95.5) (90.3-95.5) (75		4-30 97.3% 97.9% 97.1% 89.5% (96.1-98.1) (85.0-99.7) (94.7-98.5) (83.9-93.1)
							>30	82.6% 61.8% 81.2% 66. (76.9-86.9) (27.2-79.9) (67.6-89.1) (49	196 >	30 96.8% 100% (*) 92.0% 89.3% (94.1-98.3) (79.6-96.9) (78.6-94.7)
								(70.9-86.9) (27.2-79.9) (67.6-89.1) (49		he CI could not be estimated owing to zero/few events in the group.
				l			1			

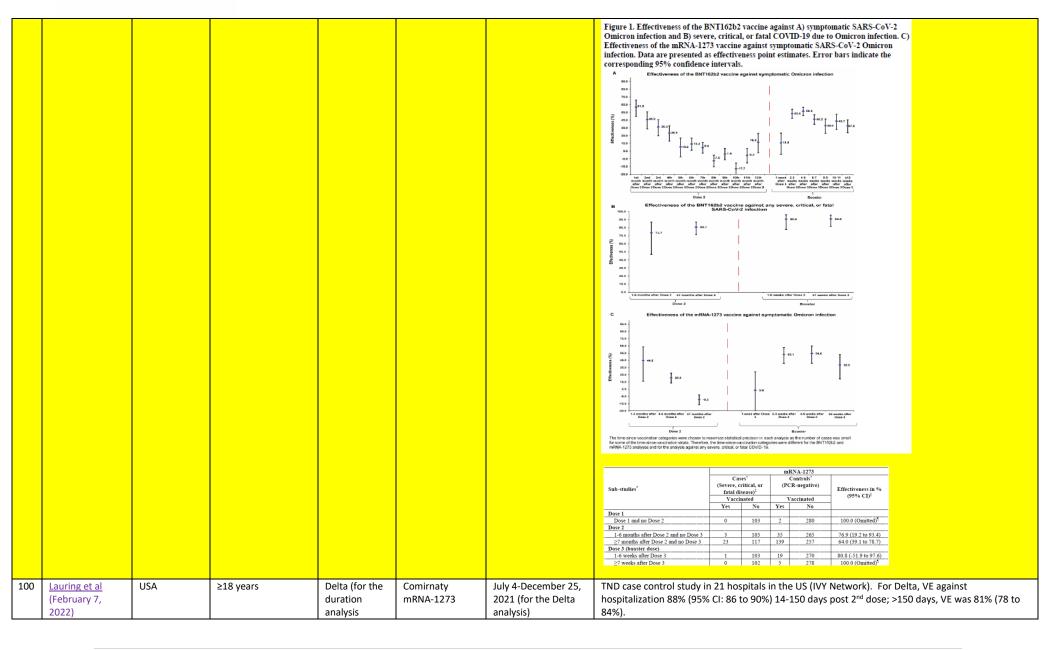




							Extended Data Table 4   Vaccine effectiveness against death due to COVID-19 using RT-PCR, by length of time (in days) since two-dose vaccination or BNT162b2 booster dose
							Period post vaccine (days) Overall 18-59 60-79 ≥80
							Second dose
							0-13 67.3% (65.6-68.9) 86.4% (82.5-89.4) 69.6% (67.6-71.6) 56.0% (51.6-60.0)
							14-30 82.7% (81.7-83.6) 91.4% (88.7-93.5) 84.5% (83.3-85.6) 72.7% (69.8-75.4)
							31-60 83.6% (82.8-84.3) 91.9% (89.7-93.6) 84.8% (83.8-85.7) 70.0% (67.2-72.5)
							61-90 81.4% (80.5-82.2) 92.2% (89.8-94.0) 82.5% (81.3-83.7) 67.2% (64.2-69.9)
							91-120 79.8% (78.7-80.8) 95.0% (93.1-96.4) 81.7% (80.3-83.0) 63.5% (59.9-66.7)
							121-150 78.3% (77.0-79.6) 93.7% (90.9-95.7) 82.0% (80.3-83.5) 58.7% (54.3-62.7)
							151-180 76.8% (75.1-78.4) 92.1% (88.2-94.7) 81.9% (79.7-83.8) 53.9% (48.3-58.9)
							>180 74.8% (72.2-77.2) 90.3% (85.5-93.5) 81.5% (77.6-84.7) 45.5% (37.1-52.8)
							Booster (BNT162b2)
							0-6 80,3% (73,1-85,6) 100% (*) 81,4% (71,3-87,9) 59,9% (39,3-73,5)
							7-13 92.2% (87.4-95.2) 100% (*) 92.3% (83.8-96.3) 80.7% (65.3-89.2) 14-30 98.3% (96.3-99.2) 81.9% (-31.6-97.5) 99.1% (93.6-99.9) 95.4% (88.7-98.1)
							>30 97.1% (90.5-99.1) 100% (*) 94.3% (58.3-99.2) 93.5% (73.2-98.4)
102	Andeweg et al	Netherlands	General population	Omicron	Comirnaty	November 22, 2021-	TND study linking administrative databases evaluating VE/risk reduction from prior infection
	(February 8,			Delta	ChAdOx1	January 19, 2022	and/or vaccination.
	2022)				mRNA-1273		Previous intection, Primary vaccination Booster unvaccinated Primary vaccination
					Ad26.COV2.S		100
							90 7 1 1 7 7 7 7
							70 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
							60 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
							40 1 1 1 1 1
							30 1 1 1 1 1 1 1 1 1
							10 1 1 1 1
							<b>8</b> 10 € 10 € 10 € 10 € 10 € 10 € 10 € 10
							ig 20
							20 20 First start primary vaccination, First infection, Previous infection, then primary vaccination booster
							E then infection then primary vaccination booster  \$ 100
							9, 100 9, 90 90 90 90 90 90 90 90 90 90 90 90 90 9
							60 1 7 7 7 1 1 1 7 7
							50 40 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
							30
							20 1 10
							0
							-10 -20
							Time since last event (days)
							Variant → Delta → Omicron BA.1
							Figure 1. Relative reduction in Delta and Omicron BA.1 infections atter previous infection, primary
							vaccination, booster vaccination, or combinations of previous infection and vaccination, compared
							with naïve status ((1-OR) * 100), by time since last event in persons aged 18 and older.
101	Chemaitelly et al	Qatar	General population	Omicron	Comirnaty	December 23, 2021-	Matched TND study based on linking adminsitrative databases.
	(February 8,				mRNA-1273	February 2, 2022	
	2022)						
	,						











	(updated March 9, 2022)						
107	Kislaya et al (January 31, 2022)	Portugal	≥12 years	Deltaà Omicron	Comirnaty ChAdOx1 mRNA-1273 Ad26.COV2.S	December 6-21, 2021	Compared the odds of vaccination in Delta versus Omicron cases. (higher odds =lower VE of Omicron).  Omicron: Delta aOR  Complete primary vaccination <113 days 2.3 (1.9 to 2.8)  Complete primary vaccination 113-168 days 2.0 (1.7 to 2.4)  Complete primary vaccination 169+ days 1.9 (1.6 to 2.3)
106	Corrao et al (January 27, 2022)	Italy	≥12 years	AlphaàDelta	Comirnaty ChAdOx1 mRNA-1273 Ad26.COV2.S	January 17-October 20, 2021	Cohort study    Figure 1: Influence of the residue completion (month)





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.  **Vecinitation**  **Avg***  **Posteristic**  **Po
104	Belayachi et al (January 27, 2022)	Morocco	≥18 year olds	Unknownàdel ta	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	Alphaà 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





					T		
1							Vaccine
							3-dose BNT16202 (age 15-79) 98.2 (97.2-98.9) 98.3 (96.8-99.1)
							3-dose BNT162b2 (age 80+) 97.5 (95.5–98.6) 98.4 (97.4–99.0)
							2-dose BNTI62b2 (age 15-59) 98.1 (97.5–98.6) 96.5 (94.8–97.6)
							2-dose BNTIc2b2 (age 60-79) 96.7 (95.9-97.4) 94.1 (92.7-95.2)
							2-dose BNT162b2 (age 80+) 94.2 (92.0-95.7) 9 91.0 (88.4-93.0)
							2-dose BNT162b2 (age 15-99, 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) 8 89.4 (87.9-90.8)
							2-dose BNT162b2 (age so+, at 6 months)
							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 (912-97.6)
							2-dose Chadoxt ncoV-19 (age 80+) 97.8 (91.7-99A) = 92.6 (84.2-96.5)
						1	2-dose Ch400x1 nCoV-19 (age 60-79, at 6 months)
1							2-0-0sc (ADMOXI (DOVI-16) (age 80+, 14 in months)
							1-dose Ad26.COV.25 (age 15-59)
							1-100s AGAS.COV.5 (age 0-79)
							1-005e Ad26.COV2.5 (age 80+)
							1-dose BNTIGZD2 (age 80+) 56.0 (37.7-69.0) — 68.7 (54.9-78.3)
							20 40 60 80 100 20 40 60 80 100
							VE (%) against VE (%) against Intuntion departs
							Intubation death
102	Goldhaber-	USA	Prison population	Delta	Comirnaty	June 1-November 5,	Matched TND among cases evaluating duration of protection against infection of early vs late fully
	Fiebert et al		and staff		mRNA-1273	2021	(primary series) vaccinated persons. Among staff, odds of infection increased 25% (Odds Ratio
			and stan		IIINNA-12/3	2021	" , , ,
	(January 23,						[OR], 1.25; 95% Confidence Interval [CI], 1.13 – 1.40) in each 28-day period post-vaccination;
	2022)						among residents, the odds increased by 21% (OR, 1.21; 95%CI 1.08 – 1.36) (Figure 1). Compared
	′					1	with individuals within 60 days of being fully vaccinated, odds of infection were over fourfold
							· · · · · · · · · · · · · · · · · · ·
							greater ≥181 days since full vaccination for staff (OR, 4.36; 95%CI 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	AlphaàDelta	Comirnaty	December 7, 2020-	Cohort study. 2 weeks after dose 2, VE against infection was 67% (aHR 0.33, 95 %CI 0.24–0.44).
101		· · · aics	Treatment Workers	, apridabella	Committee	•	, , , , , , , , , , , , , , , , , , , ,
	(January 20,					September 30, 2021	This increased in weeks 2–5 to 86% (aHR 0.14, 95 %Cl 0.09–0.21), and decreased to 77% over
	2022)					1	weeks 6–13. After this, vaccine effectiveness decreased from 60% to 53% between weeks 14–25,
1	′						and from week 26 vaccine effective was 45% (aHR 0.55, 95 %CI 0.49–0.61).
400	A consist of all	LICA	>40	Dalla)	Carrierate	December 10	
100	Accorsi et al	USA	≥18 year olds	Deltaà	Comirnaty	December 10-	TND study in ICATT (free testing sites throughout US) against symptomatic disease. Note OR can be
	(January 21,			Omicron	mRNA-1273	January 1, 2022	converted to VE by the formulate VE=1-OR
	2022)						
	2022)						





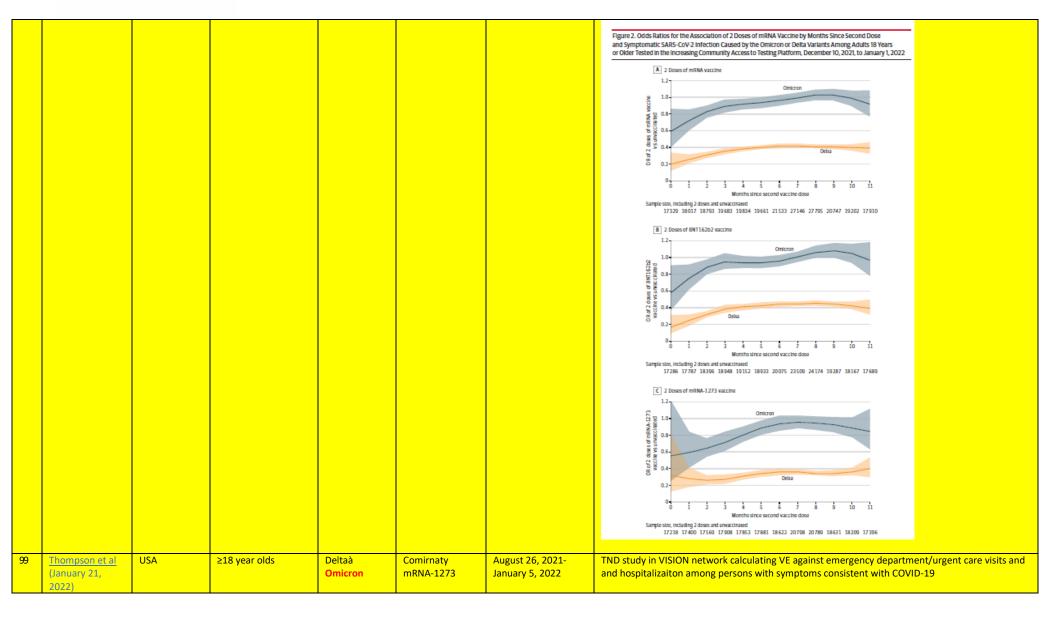






							TABLE 2. mBNA COVID-19 vaccine effectiveness* against laborator encounters and hospitalizations among adults aged 2 l8 years, VSSION Network, 10 states, August 2021-January 2022* Encounter/Predominant variant period/Vaccination status ED or UC encounters Delta predominant Any mBNA vaccine 2 doses (14 3 dogs seriler) 2 doses (14 3 dogs seriler) 3 doses Conscious (14 3 dogs seriler) 3 doses Any mBNA vaccine 2 doses (14 7 dogs seriler) 3 doses Hospitalizations Delta predominant College (14 7 dogs seriler) 3 doses	98,087 98,087 98,087 39,629 52,506 11,523 6,996 1,746 5,409 3,876 37,400 14,645 26,190 8,092 460 115 488 514	g of vaccine doses <sup>5</sup> and vt.  SARS-CoV-2 positive test resino. (%)  36,542 (37.2)  3,269 (9.2)  6,899 (13.1)  469 (9.2)  3,398 (48.6)  591 (33.9)  2,037 (37.7)  520 (13.4)  14,272 (38.2)  895 (6.1)  2,563 (8.8)  209 (2.6)  174 (37.8)  14 (12.2)  86 (17.6)  24 (4.7)	Letter product received —  WE,  %* (99% Cf)  B6 (85-87) 76 (75-77) 94 (93-94)  —  \$2 (46-58) \$3 8123-41) \$2 (79-84)  —  \$0 (89-90) \$1 (80-82) \$4 (93-95)  —  \$1 (65-50) \$7 (39-70) \$9 (80-94)		
98	Tartof et al (January 19, 2022)	USA	≥18 year olds enrolled in Kaiser insurance	Deltaà Omicron	Comirnaty	December 1, 2021- January 11, 2022	Primary Series 7 days -< 3 months post dose 2 3-5 months ≥6 months post dose 2 Booster series 14 days -< 3 months post dose 3 ≥3 months post dose 3	Del   (	ED only Hospi n=1100) Hospi (n) (69-87) 88 1 (61-79) 77 ( 2 (57-69) 74 ( 3 (85-91) 95		Hospitalization (n=350)  2) 70 (41-84)  67 (44-80)  68 (56-76)  2) 89 (83-92)	sistent with
97	Amodio et al (January 19, 2022)	Italy	≥18 year olds	AlphaàDelta	Comirnaty mRNA-1273	January 1-September 30, 2021	Cohort study of 3.9 millions adultrends for vaccine effectiveness, significant for all the three evaluinfection; -2·27% per month, p=COVID-19 intubation/death, resp	measured ated outco ·029 again	as monthly p mes (-4·76%	ercentage chan oer month, p<0	ges, were stati ·001 against SA	stically ARS-CoV-2

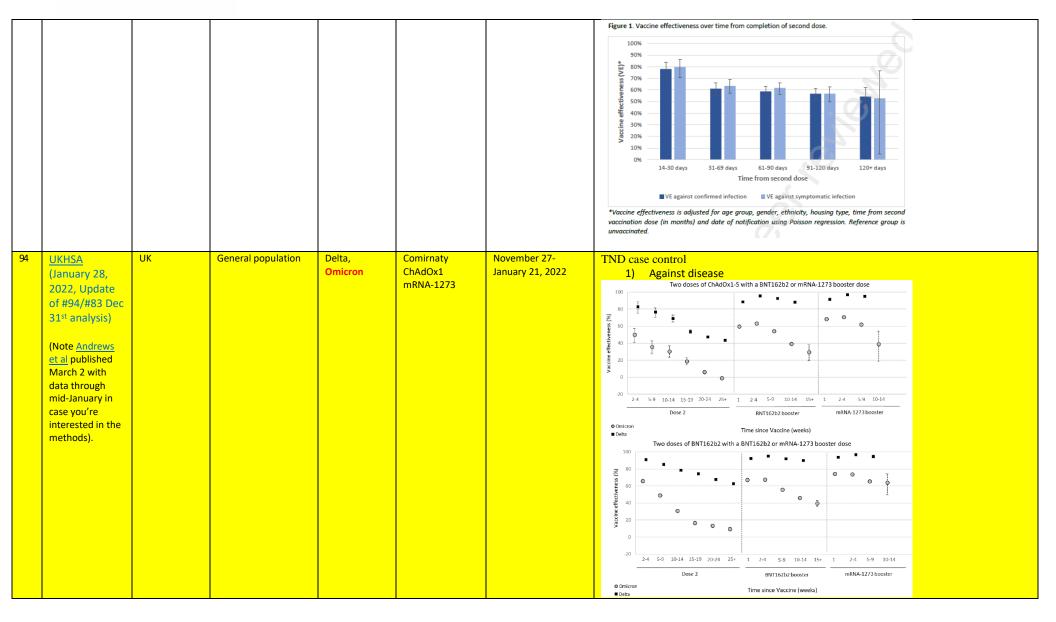




							Figure 4: Vaccine effectiveness estimates after adjustment for age and sex according to the different assessed outcomes and follow-up periods.  A. Vaccine effectiveness against SARS-CoV-2 infection
							Fellowage period Valoriated University of Americans (Manager of Americans) (Manager of Americans of Manager
							February-Deplamber (8) 1312 30881.6 101766 1407372.4
							0.0 25.0 50.0 75.0 100.0  Adjusted Vaccine effectiveness against severe COV/ID-19  Follow-up pariod Vaccinated Unvaccinated (months) Cases person-yrs Cases person-yrs self-YE (93% CI)
							February September (8) 12 38910.5 4651 148446.6
							August-Geptember (2) 25 12/283.1 1233 173286.4 ■ 96.1 [94.5, 97.7]  0.0 25.0 50.0 75.0 100.0  Adjusted Vaccine effectiveness  C. Vaccine effectiveness against COVID-19 death or intubation
							February September (8) 7 398102 2073 1494387.1
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.

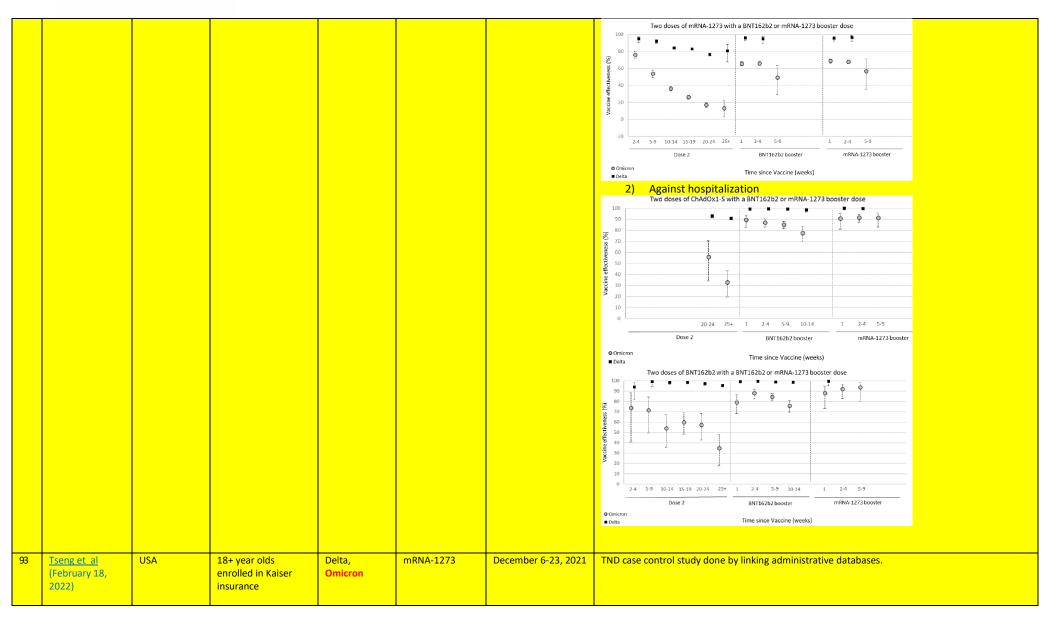
















	[update from						Delta VE (95% CI) Omicron VE (95% CI)
							VE against Infection
	January 21						
	preprint]						2 dose (14+) 60.7 (56.5-64.5) 0 (0-3.1) 14-90 days 82.8 (69.6-90.3) 30.4 (5-49)
							91-180 days 63.6 (51.8-72.5) 15.2 (0-30.7)
							181-270 days 61.4 (56.8-65.5) 0 (0-1.2)
							>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)
							3rd dose prior to 10/21 90.7 (81.4-95.3) 39.1 (3.8-61.5)
							3 dose (immunocompetent) 95.7 (94.2-96.8) 63.6 (57.4-68.9)
							3rd 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+.
	(January 7, 2022)			Omicron	mRNA-1273	December 31, 2021	Two doses of ChAdOx1-S with a BNT162b2 or mRNA-1273 booster dose
					ChAdOx1		100
							80
							1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
							5 30 -20
							-60 10-14 15-19 20-24 25+ 1 2-4 5-9 10+ 1 2-4 5-9
							Dose 2 RNT167b2 booster mRNA-1273 booster
							O Omicron     Time since Vaccine (weeks)  ■ Delta
							b)
							Two doses of BNT162b2 with a BNT162b2 or mRNA-1273 booster dose
							100 4 7 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6
							80 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
							8 60 T 1 7 7 T 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
							8 40 1 1 T
							<u> </u>
							\$ 0
							200 - 200
							-40
							-60 1 : : : : : : : : : : : : : : : : : :
							Dose 2 8NT162b2 booster mRNA-1273 booster
							Dose 2 BN I 162b2 booster mRNA-12/3 booster  © Omicron
							■ Delta Time since Vaccine (weeks)
91	Grgič Vitek et al	Slovenia	18+ year olds	Delta	Comirnaty	October 2021	Cohort study using administrative databases specifically evaluated VE against SARI hospital
ノエ		Sioverna	10 year olus	Della		Octobel 2021	
1							
Ì	(January 6, 2022)				mRNA-1273		Note results are unadjusted.





							Ful Vaccine effectiveness       % 95% CI       Vaccinated ≤ 3 months ago       18-49     97 90-99       50-64     94 91-97       ≥ 65     93 88-96       Vaccinated 4-5 months ago     18-49       18-49     NA NA       50-64     90 79-95       ≥ 65     85 81-88       Vaccinated ≥ 6 months ago       18-49     23 0-69       50-64     89 56-97       ≥ 65     43 30-54
9	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% CI 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  I 1 2 3 4 5 0 2 4 6  OR  b) BNT162b2  BNT162b2  BNT162b2 Infection  Hospitalization  ICU  I 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1

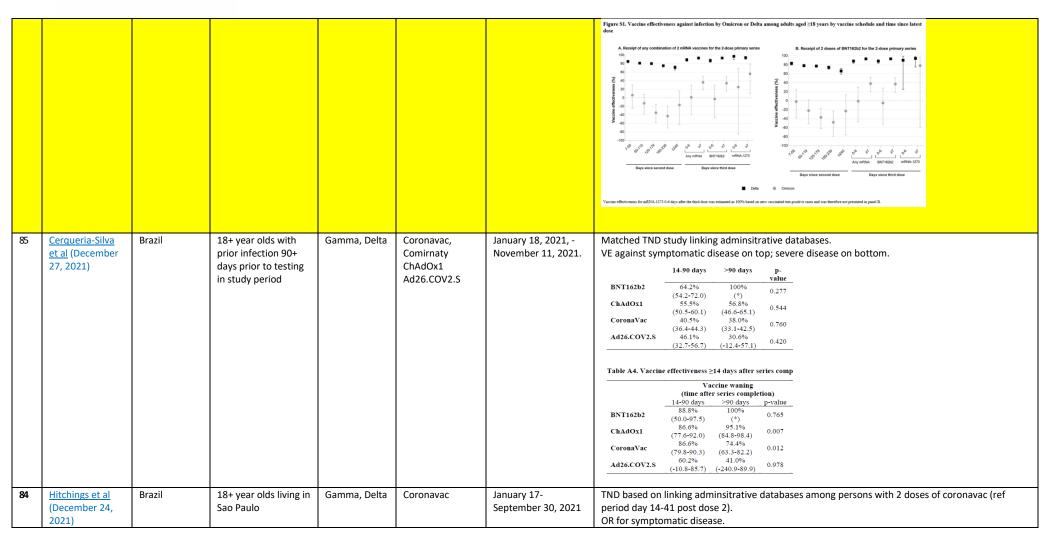




89	Lyngse et al (January 6, 2022)	Denmark	General population	Delta	Comirnaty ChAdOx1 mRNA-1273	June 21-October 26, 2021	HH transmission study. The VE against susceptibility and VE against transmission decreased from 71% (95%CI: 69-72) and 57% (95%CI: 53-61), respectively, to 32% (95%CI: 16-45) and 29% (95%CI: 14-41), respectively, between time points corresponding to 0-1 months and 7-8 months after vaccination
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  0.125  0 to 59 60 to 119 120 to 179 180 to 240  Days since dose 1  0 to 59 60 to 119 120 to 179 180 to 240  Days since dose 2
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	TND study linking administrative databases.

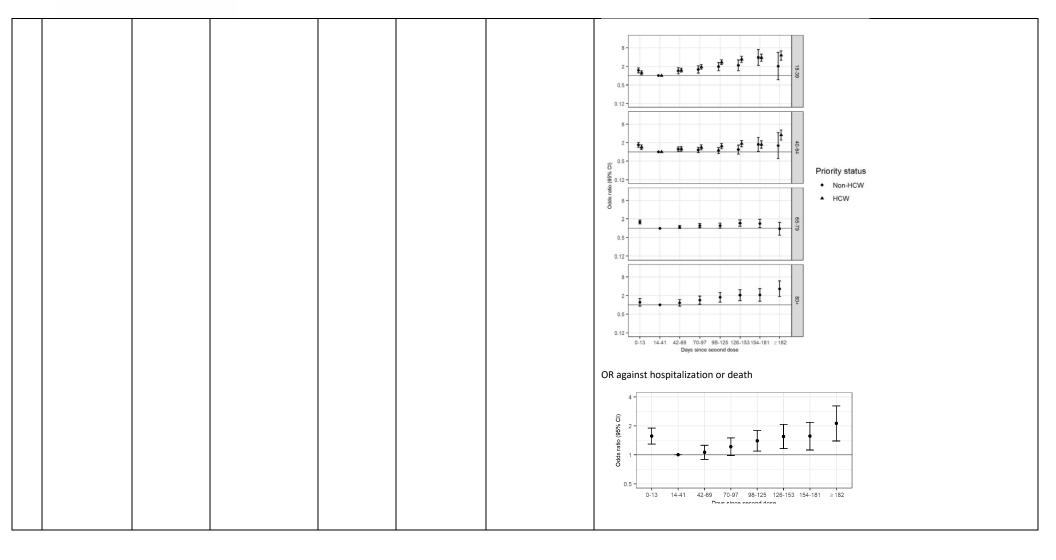
















83	<u>UK HSA</u>	UK	General population	Delta,	Comirnaty	November 27-	Two doses of ChAdOx1-S with a BNT162b2 or mRNA-1273 booster dose
33	(December 24,	JK	General population	Omicron	ChAdOx1	December 17, 2021	100
	2021)			Jilicion	mRNA-1273	December 17, 2021	80 1 1
	(update of				111NINA-1273		8 0 1 1 1
							3 40 T
	Andrews et al						9 dig 20
	publication)						9 I
							0 1 1 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
							9g -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
							Dose 2 BNT162b2 booster mRNA-1273 booster
							O Omicron  ■ Delta  Time since Vaccine (weeks)
							Two doses of BNT162b2 with a BNT162b2 or mRNA-1273 booster dose
							100
							80
							<b>2</b> 60 <b>0 0 0 0 0 0 0 0 0 0</b>
							\$2 40 9 1 1
							\$ 20 O
							g 0 0 0
							y 20 -20
							-40
							2-4 5-9 10-14 15-19 20-24 25+ 1 2-4 5-9 10+ 1 2-4 5-9
							Dose 2 BNT162b2 booster mRNA-1273 booster
							O Cmicron     ■ Delta     Time since Vaccine (weeks)
							mRNA-1273
							Z 0
							§ 80 T
							8 60 0
							§ 40 Y
							Q Q
							9 20 X
							Š -20
							-40
							-60 2-4 5-9 10-14 15-19 20-24
							Omicron ■ Delta  Time since Dose 2 (weeks)
							*Numbers were too low to estimate booster vaccine effectiveness amongst recipients of a primary course of the Moderna vaccine.
							course or the widderna vaccine.





82	Tabak et al (December 22, 2021)	USA	18+ year olds	NonVOC, Alpha, Delta	Comirnaty mRNA-1273 Ad26.COV2.S	May 1-August 7, 2021	TND study on patients presenting to CVS with symptoms for testing. (final dose in primary series)  Figure 2. Multivariable Adjusted Estimated Vaccine Effectiveness Against SARS-CoV-2 Infection and 95% CIs  100 100 100 100 100 100 100 100 100 1
81	Kissling et al (December 22, 2021)	8 European countries	30+ years	Delta	Comirnaty mRNA-1273 ChAdOx1 Ad26.COV2.S	July-August 2021	TND study in primary care sites evaluating VE against symptomatic disease

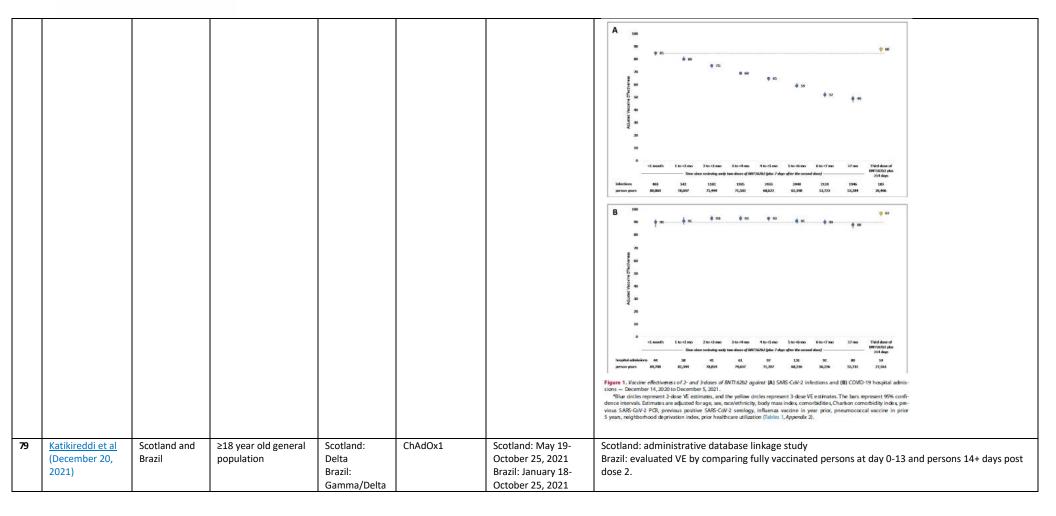




							Table 2: Effectiveness of sem	volete COVID-10 vaccina	tion among participants	in the primary care
							Table 3: Effectiveness of com- and community I-MOVE-COV product, Europe, July–August	ID-19 and ECDC VE stud		
							Analysis by time since vacci	ination		
							Brand, age group and time		Crude VE (95% CI)*	Adjusted VE (95% CI) <sup>b</sup>
							since vaccination			
							Comirnaty, age 30–59 years	S <sup>c</sup>		
							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			, ,
							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>			
							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	-	-
							Spikevax, age 30–59 years* Unvaccinated			
							Vaccinated 14–29 days	1033/1672		
							Vaccinated 14–29 days  Vaccinated 30–59 days	2/180	98 (92–100)	98 (93–100)
							vaccinated 50° 55 days	19/285	91 (85–94)	91 (85–95)
							Vaccinated 60–89 days	6/98	89 (75–96)	90 (76–96)
							Vaccinated ≥90 days	11/33	-	90 (70–90)
							Janssen, age 30-59 years	11/55		
l							Unvaccinated	919/1578		
							Vaccinated 14–29 days	19/61	-	-
Ì							Vaccinated 30–59 days	123/338	46 (32–57)	50 (36–62)
ļ							Vaccinated 60–89 days	70/205	45 (26–60)	52 (33–66)
							Vaccinated ≥90 days	5/17	-	-
									•	•
	Tartof et al (December 21, 2021)	USA	3 million Kaiser Permanente members, 18+ years	Non-VOC, Alpha, Delta,	Comirnaty	December 14, 2020- December 5, 2021	Cohort study looking stratification by age a though immunocom	group and immi	unocompromised	d status, with sim
	(updated						significant.			
	February 14, 2022)									







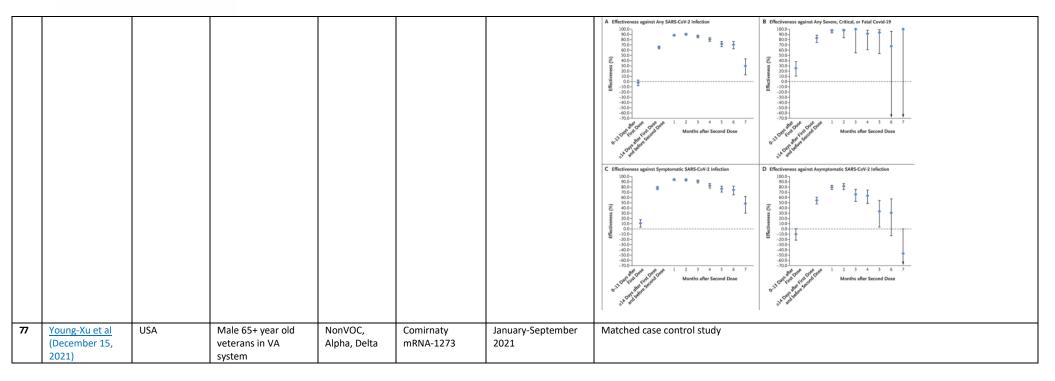




								Scotland			Brazil		
								Person-years	Number of events	Vaccine effectiveness* (95% CI)	Person-years	Number of events	Vaccine effectiveness* (95% CI)
							Unvaccinated	336942	2245	0% (ref)			
							0–2 weeks after first dose	6860	39	-15·4% (-60·6 to 17·0)	1849099	21736	0% (ref)
							Partially 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	65 698	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)	132433	2/3	42-2% (32-4 to 30-0)
							Scotland reference group: unvaccinat deprivation, comorbidities, number of from the analysis. In Brazil, vaccine et and temporal trend. †Partially vaccins. Table 2: Vaccine effectiveness est vaccination in Scotland and Braz	f previous tests, in fectiveness was ad ited: ≥2 weeks afte imates for ChAd	iterval between do justed for age, sex, or the first dose and	oses, and temporal trend; individ to deprivation, macroregion of re d before the second dose.	luals positive for SA sidence, primary re	ARS-CoV-2 before ason for vaccinati	Dec 8, 2020, were excluded ion, interval between doses,
							vaccination in scotland and braz	Scotland			Brazil		
								Total samples	Positive sampl	les Vaccine effectiveness* (95% CI)	Total samples	Positive sample	les 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)	286322	151328	-9-6% (-10-5 to -8-8)
							Partially vaccinated†	15714	7176	37-6% (34-6 to 40-5)	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		95671		
							4–5 weeks after second dose	8947	3387	67-9% (65-9 to 69-8)	79 298	7963 15568	69-8% (69-3 to 70-4)
								10622	4346	67-3% (65-3 to 69-1)		12 401	68-4% (67-8 to 68-9)
							6-7 weeks after second dose			63.8% (61.7 to 65.7)	60301		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)	32 832	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		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  "In Scotland, vaccine effectiveness w board, interval between doses, and t immunosuppression, cardiac disease appendix 2 (pp 11-15). PPartially vac Toble 3: Vaccine effectiveness est vaccination in Scotland and Brau	as adjusted for age emporal trend. In E pregnancy, puerp cinated: >2 weeks fimates for ChAd	Brazil, vaccine effecteral period, chronic after the first dose.	tiveness was adjusted for age, so ic kidney disease, and temporal t and before the second dose. painst confirmed SARS-CoV-2	ex, deprivation, ma rend. Descriptive ch	croregion of reside paracteristics for th	ence, diabetes, obesity, he sample are available in
78	Abu-Raddad et al (December 16, 2021	Qatar	General population	AlphaàBetaàD elta	mRNA-1273	January 1 and December 5, 2021	TND study linkin	g admir	nsitrativ	e databases.			
	Updated January 26,2022)												











								e in Estimated Messenger RNA	Vaccine Effectiveness Ag	ainst Laboratory-Conf	firmed SARS-CoV-2
							Infections, Ja	anuary to September 2021	horsest from full a	ii 0/ (050/ 51)3	
							Month	Adjusted vaccine effectiveness			luta Cantamban)
							Month 1	Pre-Delta (January to April) 94.5 (90.7-96.7)	Rising Delta (May to Jur 92.1 (87.2-95.1)	62.0 (45.6-73	ly to September)
							2	88.5 (86.1-90.5)	90.6 (87.8-92.7)	60.9 (51.5-68	
	1			1			3	87.9 (85.9-89.5)	87.3 (80.8-91.7)	57.8 (52.5-62	
					1		4	NA	86.6 (83.0-89.5)	38.3 (33.5-42	
					1		5	NA NA	67.3 (63.2-70.9)	18.9 (13.7-23	
							6	NA	NA	18.4 (13.3-23	
							7	NA	NA	23.4 (17.3-29	
							8	NA	NA	24.8 (18.8-30	
										2 110 (2010 00)	,
							SARS-CoV-2	ated Messenger RNA Vaccine Einfection by Delta Variant Periodeptember 2021	Pre-Delta High Delta Rising Delta	9	
76	Machado et al	Portugal	Non-institutionalized	Alpha, Delta	Comirnaty	February 2 (80+) or	Cohort s	tudy linking adminis	trative database	es.	
,,			65-<110 year olds		mRNA-1273	March 30 (65-79) -					
	(December 14,										
,,	The second secon				ChAdOx1	August 2021	timing pos	t disease	hospitalizatio	n (	deaths
,,	(December 14, 2021)				ChAdOx1	August 2021	timing pos dose 2	t disease 65-79 years 80-<110 year		10 years 65-79 years	s 80-<110 years
,,	The second secon				ChAdOx1	August 2021	dose 2 14-41 days	65-79 years 80-<110 year 79 (76-83) 72 (61-79)	rs 65-79 years 80-<1: 95 (90-97) 83 (68	10 years 65-79 years (-91) 95 (88-98)	80-<110 years 87 (71-93)
,,	The second secon				ChAdOx1	August 2021	dose 2 14-41 days 42-69 days	65-79 years 80-<110 year 79 (76-83) 72 (61-79)	rs 65-79 years 80-<1: 95 (90-97) 83 (68 97 (94-98) 81 (66	10 years 65-79 years (-91) 95 (88-98) (-90) 97 (92-98)	87 (71-93) 88 (78-94)
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75	2021)  Florea et al	USA	≥18 year olds Kaiser	NonVOC,	mRNA-1273	December 18, 2020-	dose 2 14-41 days 42-69 days 70+ days 98+ days 98-123 days 124+days timing pos dose 2 14-41 day	65-79 years 80-<110 year 79 (76-83) 72 (61-79) 68 (64-71) 64 (53-72) 59 (53-64) 53 (43-62) 39 (29-48) 50 (40-59) 34 (29-48) AZ disease tin 65-79 year olds 42 (42-54) 33 (23-42) 34 (10-52)	rs 65-79 years 80-<1: 95 (90-97) 83 (68 97 (94-98) 81 (66 93 (86-96) 74 (60	10 year 65-79 years 1-91) 95 (88-98) 1-90) 97 (92-98) 93 (87-96) 1-84)	s 80-<110 years 87 (71-93) 88 (78-94) 86 (78-91) 80 (71-86)
	2021)	USA		NonVOC, Alpha, Delta			dose 2 14-41 days 42-69 days 70+ days 70-97 days 98-123 days 124+days timing pos dose 2 14-41 day 42-69	65-79 years 80-<110 year 79 (76-83) 72 (61-79) 68 (64-71) 64 (53-72) 59 (53-64) 53 (43-62) 39 (29-48) 50 (40-59) 34 (29-48) AZ disease tin 65-79 year olds 42 (42-54) 33 (23-42) 34 (10-52)	rs 65-79 years 80-<1: 95 (90-97) 83 (68 97 (94-98) 81 (66 93 (86-96) 74 (60	10 year 65-79 years 1-91) 95 (88-98) 1-90) 97 (92-98) 93 (87-96) 1-84)	s 80-<110 years 87 (71-93) 88 (78-94) 86 (78-91) 80 (71-86)





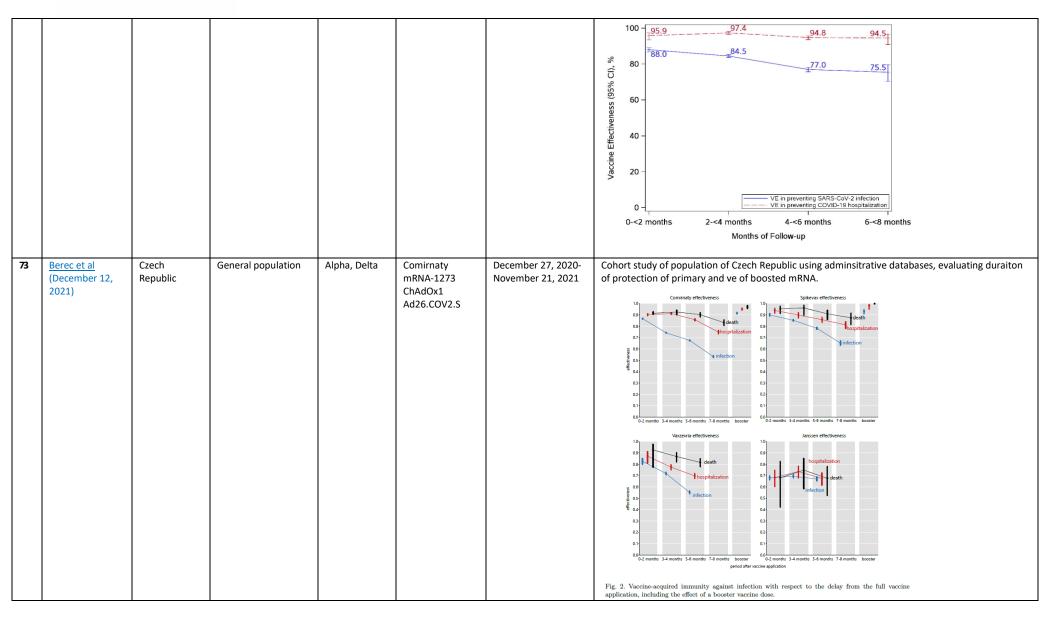


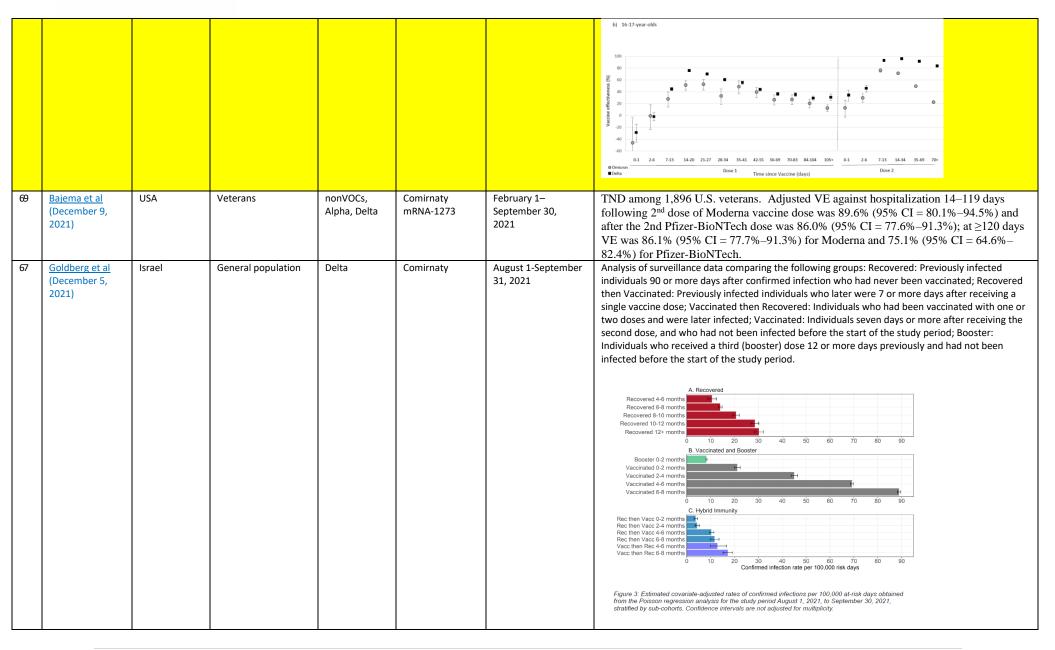




							Table 1. Estimated increase of breakthrough infection hazard ratios (HRs) in times of the SARS-CoV-2 delta variant dominance for age groups having started vaccination in the same month.    Vaccine
72	Bjork et al (December 9, 2021) (Updated March 2, 2022)	Sweden	General population	Alpha, Delta	Comirnaty mRNA-1273 ChAdOx1	March 8-November 7, 2021	Case-control study based on surveillance data, matching on age/sex and no adjustment for other confounders.  Infection  Vaccine type, at least two doses  Pfizer BioNTech  AstraZeneca  AstraZeneca  October Sciencifis  Case-control study based on surveillance data, matching on age/sex and no adjustment for other confounders.  Infection  Vaccine type, at least two doses  Pfizer BioNTech  AstraZeneca  Fine since last dose  O-3 months  O-3
71	Kshirsagar et al (December 9, 2021)	USA	Fully vaccinated persons	NonVOCs, Alpha, Delta	Comirnaty mRNA-1273 Ad26.COV2.S	March 10-October 14, 2021	Cohort study of fully vaccinated persons evaluating risk of reinfection by vaccination. There was an increase in the rate of hospitalization starting ~110-125 days after full vaccination for all three vaccines depending on age group, with a steeper increase for Janssen.
70	Powell et al (February 18, 2022) [Update to December 11, 2021 preprint]	UK	General population with a focus on adolescents	Delta, Omicron	Comirnaty	Week 32 (~Aug 15) (16-17yo) and Week 37 (12-15 yo)	TND study among adolescents against symptomatic disease











64	Hall et al* (February 16, 2022)  [Update to (December 1, 2021 preprint]	UK	18+ year HCWs	AlphaàDelta	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  A BNT162b2 Vaccine, Long Interval between Doses  B BNT162b2 Vaccine, Short Interval between Doses  Vaccination Status  B BNT162b2 Vaccine, Short Interval between Doses  C C C ChAdOx1 ncov-19 Vaccine  C C C C C C C C C C C C C C C C C C C
2	Israel et al (November 25, 2021)	Israel	18+ years	Delta	Comirnaty	May 15-September 17, 2021	Test-negative design case control using administrative database of Leumit Health Services among 2-dose vaccine recipients. Compared with the initial 90 days after the vaccine, they found an increased risk of infection with time elapsed since vaccination.

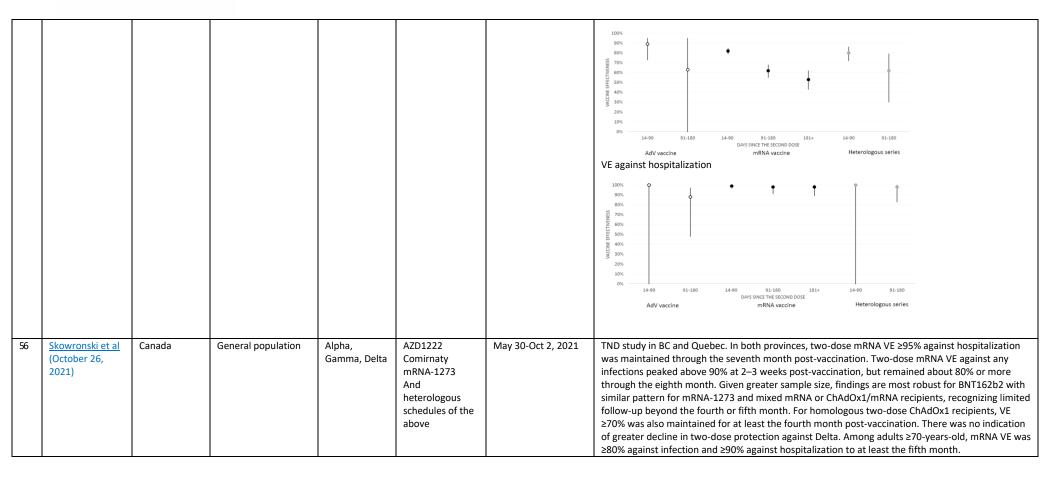




63	(updated with results from publication, see ref 2 below)	USA (Puerto	12+ years	Predelta and	Comirnaty	December 15, 2020-	Table 4   Adjusted odds ratios for risk of SARS-CoV-2 in matched cohort  Adjusted odds ratio (95% CI) P value  Time since second vaccine (days):  21-89 Reference — 90-119 2.37 (1.67 to 3.36) ⟨0.001  120-149 2.66 (1.94 to 3.66) ⟨0.001  150-179 2.82 (2.07 to 3.84) ⟨0.001  ≥180 2.82 (2.07 to 3.85) ⟨0.001  Age (continuous in years) 1.01 (1.00 to 1.01) 0.008  Male sex 1.05 (0.99 to 1.11) 0.08  Socioeconomic status (continuous 1-20) 0.97 (0.96 to 0.98) ⟨0.001  Based on a conditional regression model fitted in a cohort matched for week of testing, age category (18-39, 40-59, ≥60 years), and demographic group.  Analysis of surveillance data linked to immunization registry data. VE against B) Infection c)
65	(November 19, 2021)	Rico)	12+ years	delta	mRNA-1273 Ad26.COV2.S	October 15, 2021	Hospitalizations D) death by time since 2 weeks post complete series completion. Shading represents 99% CI.  **Tolian Substitution of the series of the series complete series complete series completed in the series of the seri
61	Andrews et al (November 15, 2021)	UK	50+	Delta	Comirnaty AZD2222	September 13- November 1, 2021	TND booster dose study that also calculated the VE of a 2 <sup>nd</sup> dose >140 days after receipt of the 2 <sup>nd</sup> dose. VE against symptomatic diseaes for two doses of ChAdOx1-S and BNT162b2 ≥20 weeks after being given were 44.1% (41.9 to 46.1) and 62.5% (61.0 to 63.9), respectively.
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.
58	Poukka et al	Finland	16-69 year old HCWs	Mix and delta	Comirnaty mRNA-1273	December 27,2020- August 26 (infection)	HCW cohort study based on registries. No difference seen between delta and pre-delta periods.  VE against infection

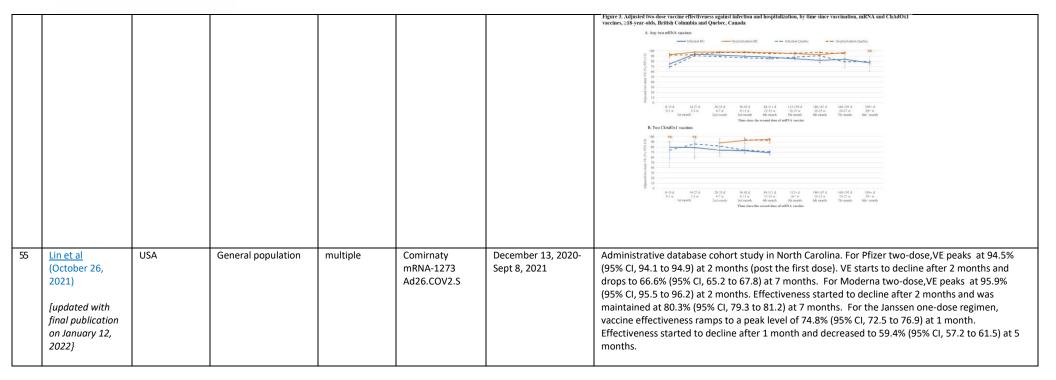






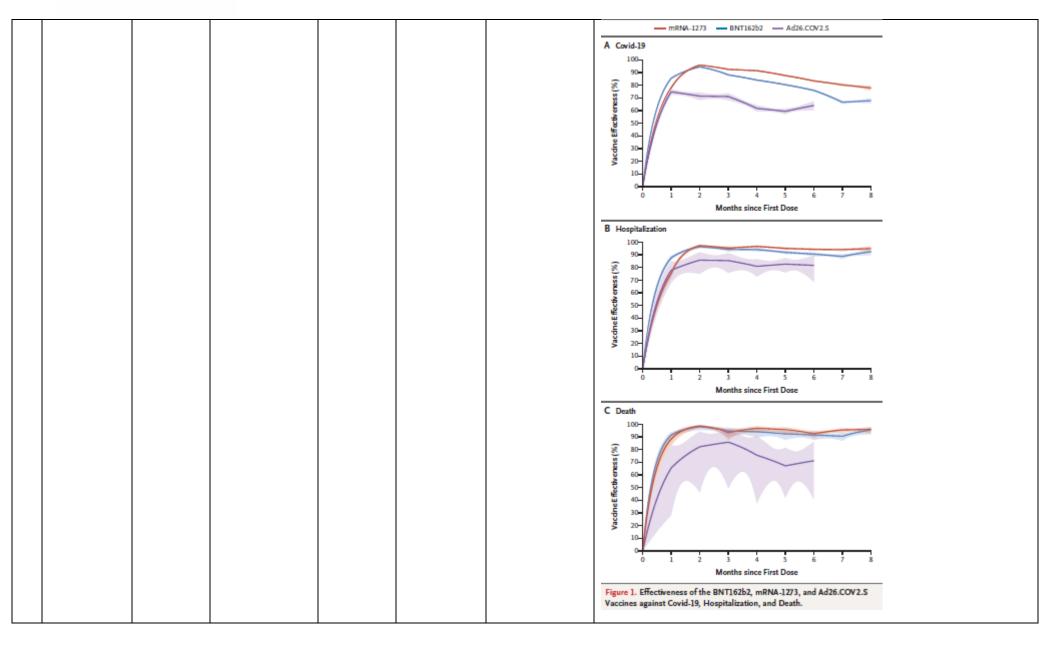
















54	Nordstrom et al (October 25, 2021) [Updated February 4, 2022}	Sweden	General population	Alpha, Delta,	AZD1222 Comirnaty mRNA-1273 And AZD1222à mRNA-1273	January 12-October 4, 2021	National cohort study based on database linkage. Vaccine effectiveness of BNT162b2 against infection waned progressively 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 INTERIORS2, their difference, and the hazard and an absorm. Models that assumed piecewise-constant hazards gave similar effect estimates (supplementary Figure S1). 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 tid all models).
51	Robles-Fontan et al	USA (Puerto Rico)	General population	Multiple, with delta time frame analysis	Comirnaty mRNA-1273 Ad26.COV2.S	December 15,2020- October 15, 2021	Cohort study of Puerto Rican population.

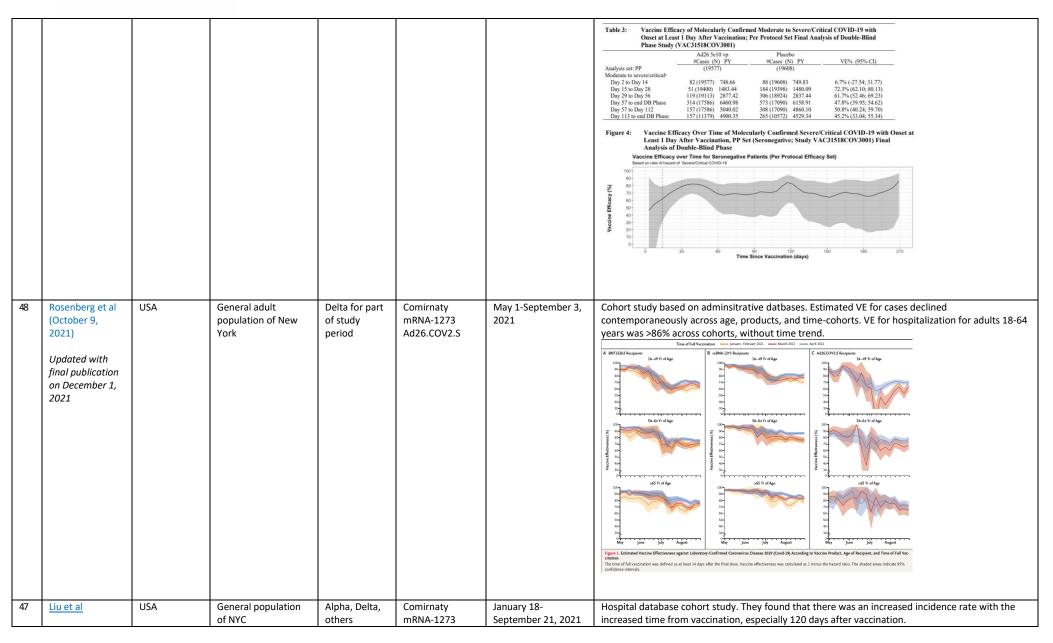




	(October 18,						Outcome	Vaccine	Effectiveness	on first day as fully v	accinated (CI)	Effectiveness after 144 days (CI),	
	2021)						Infection	mRNA-1273	90% (88-91%	)		72% (69-75%)	
	•						Infection	BNT162b2	87% (85-88%	)		54% (51-57%)	
							Infection	Ad26.COV2.S	64% (58-69%	)		36% (31-42%)	
	(updated March						Hospitalization	mRNA-1273	95% (89-97%	)		91% (84-95%)	
	2, 2022)						Hospitalization	BNT162b2	92% (86-95%	)		81% (74-86%)	
	2, 2022)						Hospitalization	Ad26.COV2.S	82% (61-91%	)		67% (54-77%)	
							Death	mRNA-1273	99% (89-1009	(6)		93% (81-97%)	
							Death	BNT162b2	97% (87-99%			86% (76-92%)	
							Death	Ad26.COV2.S	78% (14-94%	)		73% (49-86%)	
							Table 1: Waning ef	fectiveness against i	infection with 99%	point-wise confiden	ce intervals.		
50	De Gier et al	Netherlands	General population	Delta	Comirnaty	August 9-September	Study of un	vaccinated	and vaccina	ited index c	ases and the	ir contacts to evalu	uate transmission.
	(October 14,				mRNA-1273	24, 2021	They did no	ot have suffi	cent sample	e size but ev	aluated if VF	E against transmiss	ion differed by time
	2021)				Ad26.COV2.S	,	since vaccir		•				
	2021)						Silice vaccii	ומנוטוו טו נוונ	= inuex case				
					AZD1222		Table S2, Seco	ondary attack rate	of SARS-CoV-2 and	d VET adjusted for	time since full vacci	ination of the contact	
											oup of the index cas		
											ull vaccination of th		
							Analysis		1	1. 4. 4.0	1	Transfer of and I	
							Analysis	Unvaccinated index - infected	Index fully vaccinated < 60	Index fully vaccinated < 60	Index fully vaccinated >= 60	Index fully vaccinated >= 60 days ago -	
								contacts / all	days ago -	days ago -	days ago - infected	adjusted VET (%)(95%	
								contacts (SAR)	infected	adjusted VET	contacts / all	CI)	
									contacts / all contacts (SAR)	(%) (95% CI)	contacts (SAR)		
							Unvaccinated	547/2517 (22%)	24/209 (11%)	67 (47;79)	14/94 (15%)	55 (19:76)	
							household			20.403627		35,150,50	
							Fully	164/1505 (11%)	99/1278 (8%)	57 (40;69)	157/792 (20%)	28 (-4;50)	
							vaccinated household						
							contacts						
••	2	10.1					5: 1						
49	Janssen Briefing	multiple	General population	Multiple	Ad26.COV2.S	September 21, 2020-	Final result	s from RCT					
	document for US FDA					July 9, 2021	w F		1 Day After Vacouble-Blind Phase	cination, PP Set (S	Seronegative; Study	re/Critical COVID-19 VAC31518COV3001)	
	(October 14,						Based or	n ratio of hazard of Moderate	to Severe/Critical COVID-1	9			
	2021)						100-						
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							S 70-						
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									Time	onice vaccination (	95% points Last event: day Based	aise CI; 95% of events prior to day 189. y 229; Hazard smoothed over 21 days. t on the methods in Gilbert et al. (2002).	

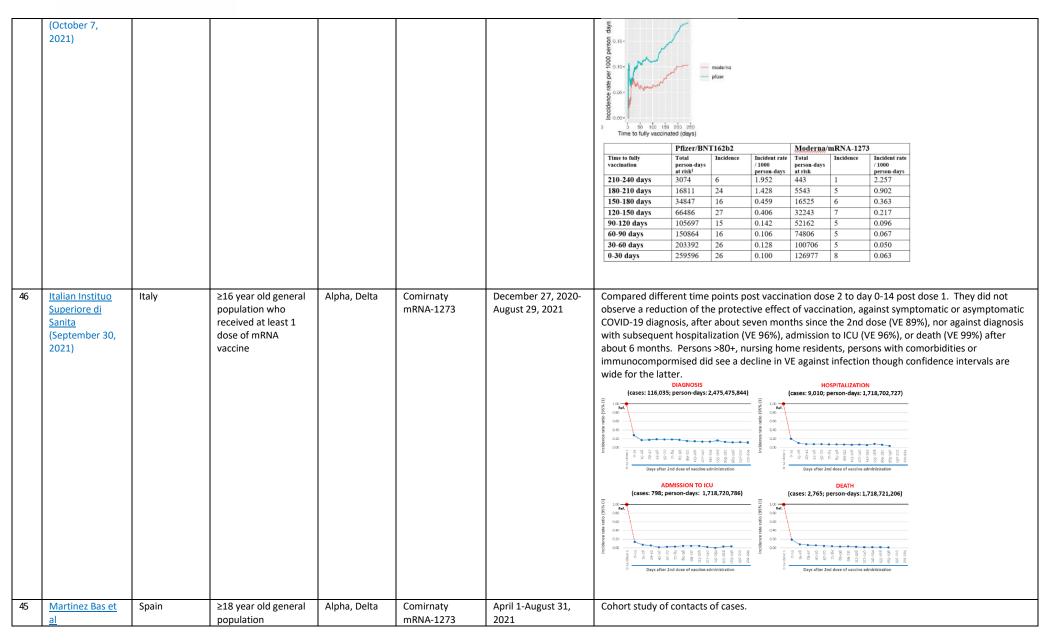












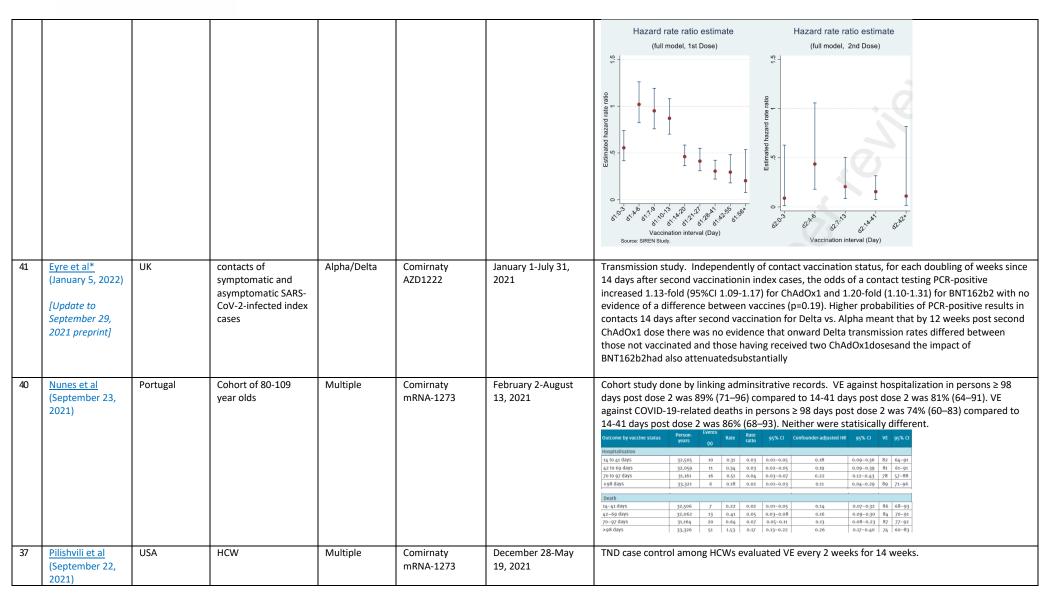




	(September 30, 2021)				AZD1222 Ad26.COV2.S		unvaccinated 1 dose of Janssen 1 dose of Spikevax 2 doses of Spikevax 1 dose of Comirnaty 2 doses of Comirnaty 1 dose of Vaxzervia 2 doses of Vaxzervia 1 dose of Vaxzervia+1 dose of Comirnaty	<90 days since last dose  REF  52 (44-59)  65 (56-73)  85(80-88)  57 (51-61)  70 (67-73)  40 (31-47)  54 (47-60)	E (95% CI)  ≥90 days since last dose  REF  28 (-8-53)  NA  67 (50-78)  NA  63 (58-68)  52 (37-64)  NA  NA	
44	Bruxvoort et al (October 1, 2021)	USA	General population	Delta, Alpha+others	mRNA-1273	March 1-July 27, 2021		91-120 days 121-150 me since vaccination		ia.
43	Payne et al (July 21, 2021)	UK	HCWs	Alpha	Comirnaty	December 7, 2020- March 12, 2021	Cohort study of HCWs			•











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36	El Sahly et al (September 22, 2021)	USA	RCT participants	Multiple	mRNA-1273	July 27, 2020-March 26, 2021	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	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					
							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)					
							≥65 yr 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 1558 4.5 4 1289 3.1 30.9 (-171.7-85.2)					
							265 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	Multiple	≥12-year-old RCT	Multiple	Comirnaty	July 27, 2020-March	Findings from the double blinded placebo controlled RCT. VE against disease was 96.2% (93.3-98.1)					
	(September 15, 2021)		participants			13, 2021	at 7 days-<2 months, 90.1% (86.6-92.9) at 2 months-<4 months, and 83.7% (74.7-89.9) at $\geq$ 4 months post dose 2.					

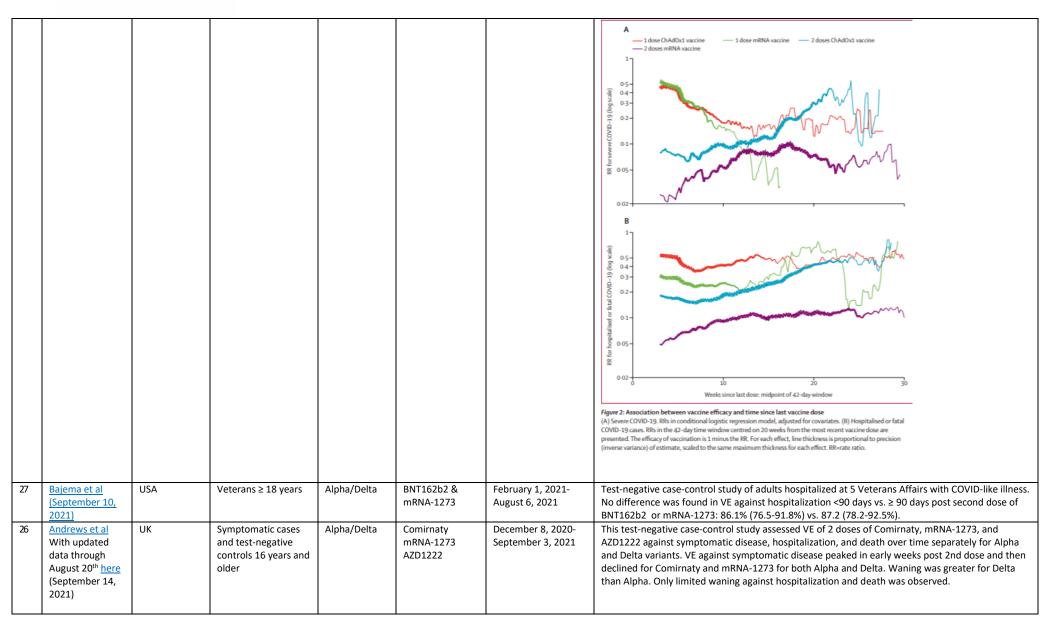




							Efficacy End Point    No. of Surveillance No. at No. of Surveillance No. of Surveillan
32	Pfizer (September 17, 2021)	Multiple	≥16-year-old RCT participants	Delta	Comirnaty	July 1-August 31, 2021	RCT participants were evaluated for duration of protection against symptomatic disease, with the original 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) (updated February 25, 2022)	Scotland	Population of Scotland	Alpha/Delta	Comirnaty mRNA-1273 AZD1222	December 1, 2020- September 8, 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 thoswe full vaccinated with Comirnaty, mRNA-1273, and AZD1222 to unvaccinated persons.











	Updated with						Variant ⊚ Alpha ■ Delta
	final publication						A Symptomatic Disease
	on January 12,						ChAdOx1.5 BNT162b2
	2022						\$\begin{array}{cccccccccccccccccccccccccccccccccccc
							Weeks since Dose 2
							B Hospitalization  ChAdOx1-S  100  S 90  8 80  70  60  50  40  40  30  70  70  70  70  70  70  70  70  7
							10- 1 2-9 10-14 15-19 ×20 1 2-9 10-14 15-19 ×20 Weeks since Dose 2
							C Death  ChAdOx1.5 BNT162b2
							100   0   100   0   100   0   0   0   0
							2-9 10-14 15-19 ×20 2-9 10-14 15-19 ×20  Weeks since Dose 2
							Figure 1. Vaccine Effectiveness against Symptomatic Covid-19 and Related Hospitalization and Death in England.
							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.
25	Dagan et al (September 9, 2021)	Israel	Pregnant women	Alpha/Delta	Comirnaty	December 20, 2020- June 3, 2021	Cohort study of pregnant women that showed no drop in VE through 56 days post dose 2
24	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)

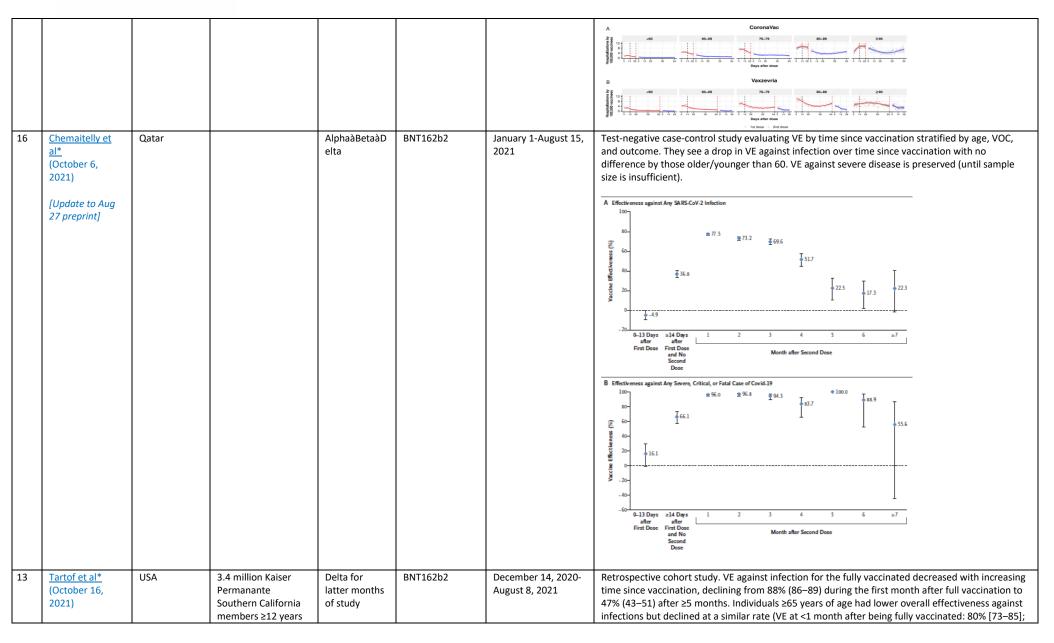




							Fully vaccinated — 2 14–27 Days after d 28–41 Days after d 42–55 Days after d 42–55 Days after d 70–83 Days after d 84–97 Days after d 98–111 Days after d 2112 Days after d 212 Days after d 24–27 Days after d 42–55 Days after d 42–55 Days after d 42–97 Days after d 84–97 Days after d 98–111 Days after d 112 Days after d 98–111 Days after d	lose 2	83 41 (1.5) 34 11 (1.6) 34 51 (2.1) 48 24 (1.2) 28 27 (1.8) 71 23 (2.4) 688 11 (1.9) visits/urgent care v  8 23 (1.9) 0 20 (1.7) 7 18 (1.7) 4 28 (3.0) 7 24 (3.6) 7 24 (3.6) 1 17 (5.1)	i→ 88 (84 to 92) i→ 92 (88 to 94) i→ 92 (88 to 94) i→ 86 (82 to 90) i→ 86 (82 to 90) i→ 86 (79 to 91) i→ 86 (79 to 91) i→ 48 (74 to 93) ivisits (for all 3 vaccines combined)  i→ 95 (92 to 97) i→ 88 (81 to 92) i→ 86 (78 to 91) i→ 92 (87 to 96) i→ 86 (77 to 92) i→ 86 (77 to 92) i→ 86 (74 to 93)
							ziiz Days alter dos	50.2	· ' '	25.0 50.0 75.0 100.0
23	Puranik et al	USA	Persons ≥14 days	Multiple	Comirnaty	January 1-August 8,			•	ion of protection against symptomatic disease.
	(September 7,		post dose 2 ("full	including		2021	1 1	•	vaning at day 60 aft	
	2021)		vaccination") who received first dose	alpha/delta			Covariate	Level/Category	Symptomatic Infection [N = 974 positive events	
			after January 1				Time Relative to Full	Day 0	1 (Reference)	
							vaccination	Day 30	2.19 (0.89, 5.36)	_
								Day 60	3.65 (1.78, 7.46)	_
								Day 90	5.58 (2.72, 11.46)	
								Day 120	7.25 (3.47, 15.18)	
								Day 150	10.33 (5.03, 21.24)	
22	Kertes et al (September 7, 2021)	Israel	Fully vaccinated population	Delta	Comirnaty	June 9-July 18, 2021	infection. For	und that those	vaccinated in Januar	post dose 2 by June 9 and had no history of prior ry-February had odds of infection of 1.61 (1.45-May of testing positive for SARS-CoV-2.
19	Keehner et al	USA	~19,000 employees	Delta	BNT162b2	July -August 26, 2021			· · ·	ptomatic cases occurring in July, HCW vaccinated in
	(September 1,		of University of		mRNA-1273			•	•	er 1000 persons (95% CI, 5.9 to 7.8), whereas the
	2021)		California San Diego Health					•	. , ,	.5 to 5.7) among those who completed vaccination nong unvaccinated persons, the July attack rate was
			Treater						Cl, 11.8 to 22.9).	iong anvacemated persons, the July attack rate was
18	Nunes et al (August 29,	Portugal	1.5 million ≥65 year olds	Alphaàdelta	BNT162b2 mRNA-1273	?February-August 13, 2021	Cohort study	using electron	ic databases. For th	ose 80+, VE against hospitalization was 82 (64-91) DVID related mortality, it was 86% (68-93) at day
	2021)		(duration of			2021	,	•	, ,	ons are that data delays could mean that outcomes
			protection on only				•	-	•	recorded for more recent cases. Additionally, only
			those 80+)						ned unvaccinated du ifferent from the va	uring the study period, making these unvaccinated ccinated.
17	Cerqueria-Silva	Brazil	75.9 million	Gamma	CoronaVac	January 18-July 24,				lated VE, as well as evaluated the daily
	et al		vaccinated in Brazil		AZD1222	2021	hospitalizatio	on incidence pe	r 100,000 vaccinees	. For CoronaVac, there was low hospitalization
	(August 27,						•			ears old. 80-89 and ≥90 age groups lowest
	2021)						incidence 28	days post dose	2 but then increase	ed but were still lower than 1 dose recipients
<u> </u>	l	I		1	1		I .			











12	[Update to Aug 23 preprint]  Goldberg et al	Israel	4.8 million fully	Delta	BNT162b2	July 11-July 31 2021	VE against infection:  Cassiona VE against Delta: study, Age 12*  VE against hospitalization:  Cassiona VE against Delta: study, Age 12*  VE against hospitalization:  Cassiona VE against Delta: study, Age 12*  Over against hospitalization:  Cassiona VE against hospitalization:  Cassiona VE against Delta: study, Age 12*  Over against infection:  Cassiona VE against hospitalization:  Cassiona VE against hospita
12	(August 24, 2021)	ISI d'El	vaccinated persons; >16 and ≥40 (depending on analysis) +unvaccinated in israel	Delta	51110202	301y 11-301y 31 2021	strain, between individuals who received 2 doses of the vaccine earlier this year to individuals who received two doses of the vaccine more recently, while adjusting for confounders. Rates of infection decline the more recently one was vaccinated; with severe disease, this is seen in those ≥60 years. A second analysis was done among the general population cohort of vaccinated and

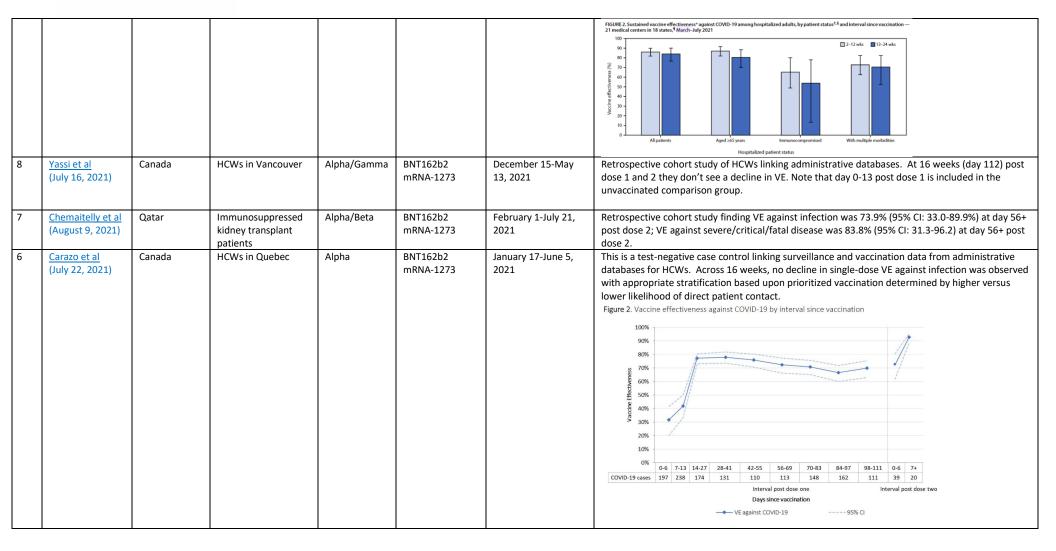




							unvaccinated to calculate VE by age group and month of vaccination.
							OUTCOME = Positive SARS-CoV-2 PCR test
							Age JanB FebA FebB MarA MarB Apr May
							16-39 50% [45, 55] 47% [42, 52] 58% [55, 62] 62% [59, 64] 68% [65, 70] 74% [71, 77] 73% [67, 78]
							40.59 58% [54, 62] 61% [58, 65] 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,	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
	2021)						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
	[Update to Aug						evidence of heterogeneity (p=0.14).
	18 preprint]						_ Overall
							BNT162b2  ChadOx1
							a c cit.
							N 0.8 -
							\$\rightarrow 0.6
							BNT162b2
							© 0.4 ChAdOx1
							Bujtset Jo spp0
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							8 0.0
							0 20 00 10
							Days since 14 days after 2nd dose
9	Tenforde et al	USA	Hospitalized patients	Alpha > Delta	BNT162b2	March 11-July 14,	Test-negative design case control study of hospitalized patients. VE against COVID-19– associated
	(August 18,				mRNA-1273	2021	hospitalization was 86% (95% CI = 82%–90%) 2–12 weeks and 84% (95% CI = 77%–90%) 13–24
	2021)						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.

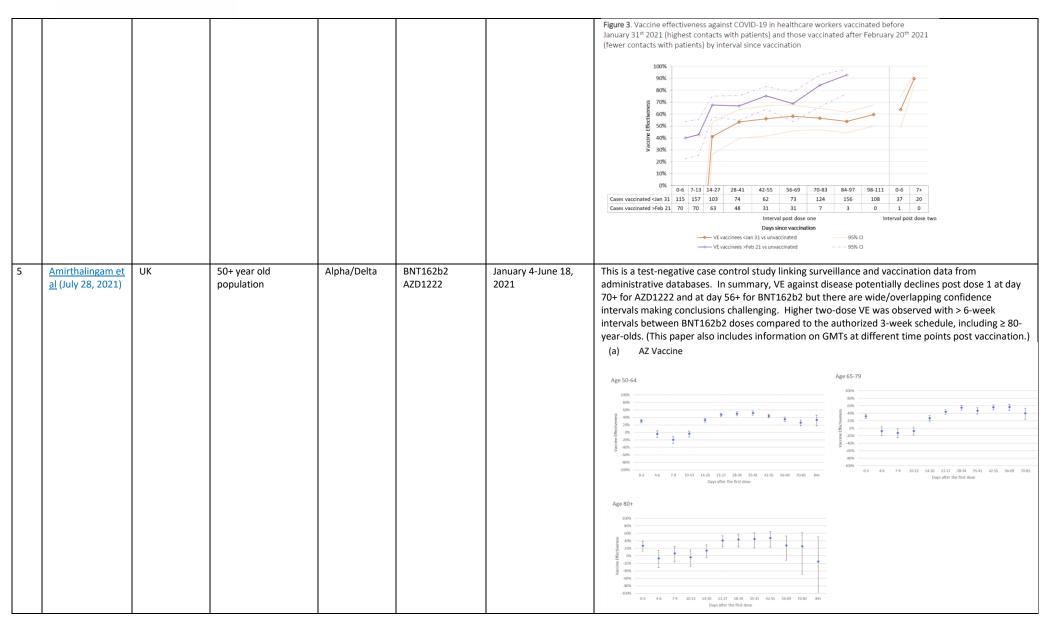






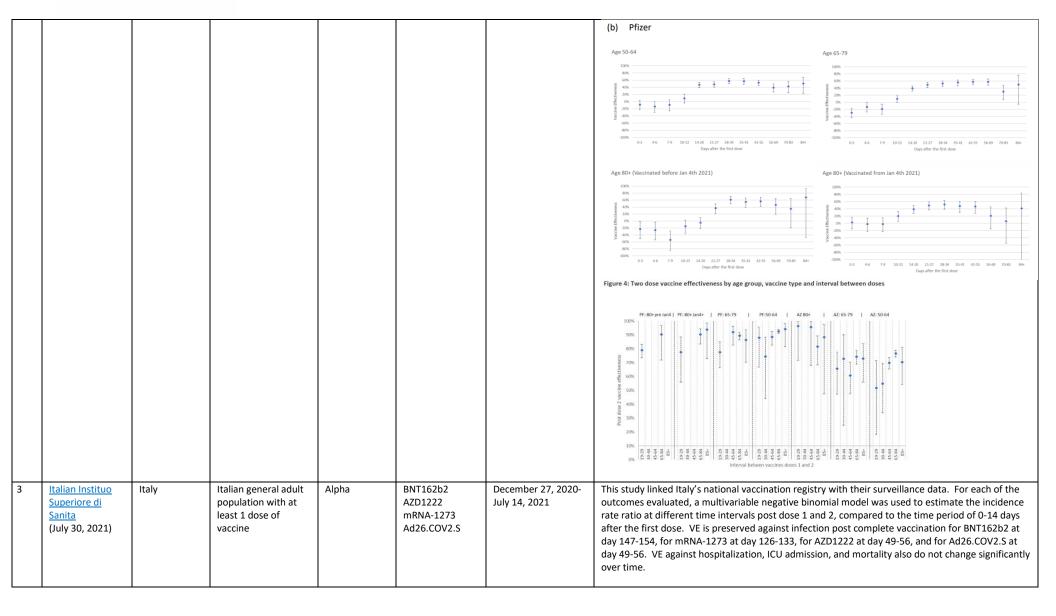






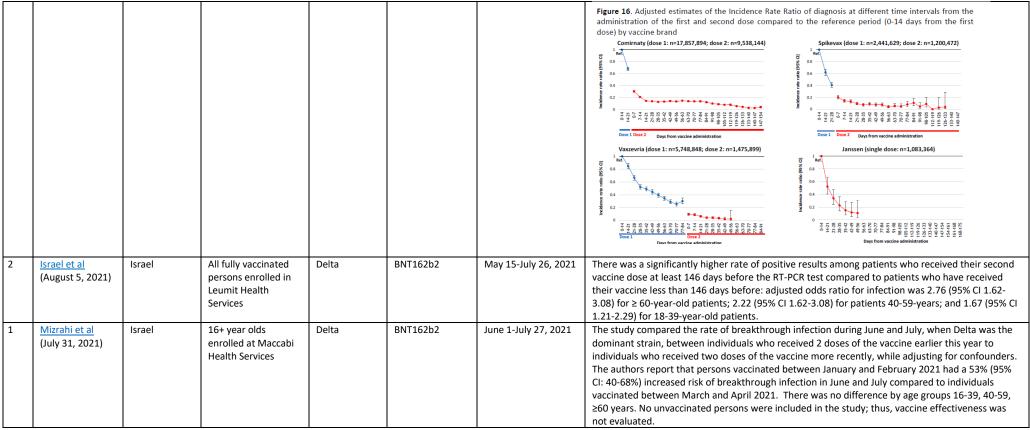












#### Other data of interest:

- 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-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 Primary Series 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
15	Jalaii et al (February 18, 2022)	Norway	Retrospective cohort	1122 primary cases and 2169 household contacts (aged 16+)	Omicron specifically^ Delta specifically^	Excluded	BNT162b2, mRNA-1273, heterologous AZD1222 + BNT162b2/ mRNA-1273	Transmission to household contacts	-1 (-58-36) 1 (-0.64-49)	0+ up t o<7 days post dose 2	-4 (-49-21) 37 (11-54)	7+	~51 weeks
14	Hayek et al*(January 27,2022)	Israel	Retrospective cohort	231,926 households with 582,050 children	Alpha^	Excluded	BNT162b2	Transmission to unvaccinated child from one vaccinated parent  Transmission to unvaccinated child from two vaccinated parents	_		26(14-36.2) 71.7(68.6-74.6)	7+	~36 weeks
13	Lyngse et al (January 6, 2022)	Denmark	Retrospective cohort	24,693 primary cases and their 53,584 household members	Delta^	Excluded	BNT162b2, mRNA-1273, AZD1222, Ad26.COV2.S	Transmission to fully vaccinated household member  Transmission to unvaccinated household member	_	_	28 (20-35) 36 (32-40)	7+ (BNT162b2), 14+ (mRNA- 1273 or after 1 dose of Ad26.COV2.S), 15+ (AZD1222)	~40 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





#	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
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*	England	Retrospective	108,498 index	Alpha^	Included	BNT162b2	Transmission to	12 (9-15)	0+ up to 13	68 (52-79)	14+	~20.5 weeks
	(January 5, 2022)		cohort	cases and 146,243	specifically		AZD1222	contacts	10 (6-14)	days post dose 2	52 (22-70)		~8 weeks
	2022)			contacts of all	Delta^		BNT162b2	1	17 (14-19)	4030 2	50 (35-61)	†	~29 weeks
	[Update to Sept 29, 2021 preprint]			ages	specifically		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 CI 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			mRNA-1273	contact	51 (8-74)		88 (50-97)		





#	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
				and other close contacts (all ages)			Ad26.COV2.S	vaccination status)	77 (6-94)		-		
4	Layan, Gilboa et al* (March 03, 2022) [Published version of July 16,2021 preprint]	Israel	Prospective cohort	215 index cases and 687 household contacts from 210 Israeli households	Original and Alpha <sup>¶</sup>	Included	BNT162b2	Transmission to HHC by vaccinated vs. unvaccinated cases	-		75(23-94)	7+	~12 weeks
3	Prunas et al*	Israel	Retrospective	2,472,502	Original and	Excluded	BNT162b2	Infectiousness	-15.9 (-27.9 to	10+,	23 (-11.3-46.7)	10-90	~11 weeks
	(January 27, 2022)		cohort	Israeli individuals	Alpha¶ (pre- Delta^)			given Infection	-5)	including <10 days post dose 2	6.9 (-124.8- 61.4)	90+	~26.5 weeks
	[Update to			from 1,327,647				Transmission	56.8 (52.2-	post dose z	91.8 (88.1-94.3)	10-90	~11 weeks
	July 16, 2021			households					60.9)		61.1 (5.2-84.1)	90+	~26.5 weeks
	preprint]				Delta^			Infectiousness given Infection	38.3 (-24.2- 69.3)		-27.9 (-248.9- 53.1)	10-90	~11 weeks
											-27.9 (-53.7 to - 6.5)	90+	~26.5 weeks
								Transmission	82.8 (64.8- 91.6)		65.6 (4.9-87.6)	10-90	~11 weeks
									31.0)		24.2 (9-36.9)	90+	~26.5 weeks
2	Harris et al* (June 23, 2021) [Update to	UK	Retrospective cohort, case-control	970,128 household contacts of index case	Alpha <sup>£</sup>	Unknown	AZD1222	Documented infection	48(38-57)	>21 days after dose 1, including some with	_		
	Apr 28 preprint]			(unvaccinated, vaccinated with AZD1222 or BNT162b)			BNT162b2		46(38-53	dose 2			
1	Salo et al* (March 4, 2022)	Finland	Retrospective cohort	265,326 HCW and their	Alpha <sup>††</sup>	Excluded	BNT162b2 & mRNA-1273	Documented infection in HCW's	16.7 (-11.9- 38)	4 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			298,100 unvaccinated				unvaccinated spouses					
	July 10, 2021 preprint]			spouses and children (3-18 years)				Documented infection in HCW's unvaccinated spouses	23 (6.2-36.9)	12 weeks (combo of 1+2 dose recipients)	_	_	
								Documented infection in unvaccinated children of HCWs	-16.3 (-65.8- 18.4)	2-5 weeks	_	_	
								Documented infection in unvaccinated children of HCWs	6.8 (-18.5- 26.7)	12 weeks (includes 2 dose recipients)	_	_	

§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>Unless noted otherwise, days post 1<sup>st</sup> dose are prior to receiving dose 2.

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

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

Andicates 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 <a href="https://outbreak.info/location-reports">https://outbreak.info/location-reports</a>





# 5. Summary of Study Results for Booster Dose COVID-19 Vaccine Effectiveness Against Transmission

#	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 vaccinate d
4	Jalali et al (February 18, 2022)	Norway	Retrospective cohort	1122 primary cases and 2169 household contacts (aged 16+)	Omicron specifically^ Delta specifically^	Excluded	BNT162b2, mRNA- 1273, heterologous AZD1222 + BNT162b2/mRNA- 1273 primary + BNT162b2 or mRNA- 1273 booster	Transmission to household contacts	Unvaccinated primary cases	1 (-49-32) 82 (30-99)	7+	~13.5 weeks
3	Allen et al (February 17,2022)	UK	Retrospective cohort	23,667 cases and 40,123 contacts  59,031 cases and 111,469 contacts	Omicron specifically^ Delta specifically^	Excluded	BNT162b2, mRNA- 1273, AZD1222, Ad26.COV2.S primary + BNT162b2 or mRNA-1273 booster	Transmission in contacts in household setting Transmission in contacts in non-household setting Transmission in contacts in household setting Transmission in contacts in household setting Transmission in contacts in non-household setting	Complete vaccination with two doses of primary series	24(6-39) 32(26-38) 49(34-61)	14+	~16 weeks
2	Hayek et al* (January 27,2022)	Israel	Retrospective cohort	231,926 households with 582,050 children	Delta^	Excluded	BNT162b2	Transmission to unvaccinated child from one boosted parent  Transmission to unvaccinated child from two boosted parents	Fully vaccinated primary cases	20.8(11.4-29.1) 58.1(53.1-62.6)	7+	~9.5 weeks
1	Lyngse et al (December 27, 2021)	Denmark	Retrospective cohort	11,937 primary cases and their household members	Omicron and Delta^	Included	BNT162b2, mRNA- 1273, AZD1222, Ad26.COV2.S	Transmission to household members	Fully vaccinated primary cases	46 (29-60)	7+	~7 weeks





#### 6. 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?
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- 53. Vaccination for SARS-CoV-2 in hematological patients.
- 54. Systematic review of the safety, immunogenicity, and effectiveness of COVID-19 vaccines in pregnant and lactating individuals and their infants
- 55. SARS-CoV-2 and coronavirus disease mitigation: Treatment options, vaccinations and variants
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- 57. Waning effectiveness of SARS-CoV-2 mRNA vaccines in older adults: a rapid review

### Please direct any questions about content to:

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