# COVID-19 Living Evidence Synthesis #6

(Version 30:16 February 2022)

### **Question**

What is the efficacy and effectiveness of available COVID-19 vaccines for variants of concern?

## **Findings**

For vaccine effectiveness in variants of concern (VOC), we present a visual summary of evidence in Table 1 and Table 2 and details in Table 3.

Methods are presented in Box 1 and in the following appendices:

- 1) reference list
- 2) glossary
- 3) data-extraction template
- 4) process for assigning variant of concern to studies
- 5) research question and critical appraisal process
- 6) <u>detailed description of the narrative</u> summary statement.

Overall, 404 studies were appraised and 134 used to complete this summary. The reasons for excluding the remaining 270 studies are reported in the second section of Appendix 2.

Two new studies have been added since the previous edition of this living evidence synthesis, all of which are signaled by a last-updated date of 16 February 2022 (highlighted in yellow). The new studies included results for VOC Omicron (1), VOC Delta (1).



#### Box 1: Our approach

We retrieved candidate studies and updates to living evidence syntheses on vaccine effectiveness using the following mechanisms: 1) PubMed via COVID-19+ Evidence Alerts; 2) systematic scanning of pre-print servers; 3) updates to the COVID-END inventory of best evidence syntheses; and 4) cross-check with updates from the VESPa team. We included studies and updates to living evidence syntheses identified up to two days before the version release date. We did not include press releases unless a preprint was available. A full list of included and excluded studies is provided in **Appendix 1**. A glossary is provided in **Appendix 2**.

**Prioritized outcome measures:** Infection, severe disease (as defined by the study investigators), death, and transmission.

**Data extraction:** We prioritized variant-confirmed and vaccine-specific data over total study population data (variant assumed and/or vaccine unspecified). We extracted data from each study in duplicate using the template provided in **Appendix 3**. Relevance to VOC is determined directly, when reported by study authors, or indirectly where reasonable assumptions can be made about the variant prevalent in the jurisdiction at the time of the study as described in **Appendix 4**.

Critical appraisal: We assessed risk of bias, direction of effect, and certainty of evidence. Risk of bias: assessed in duplicate for individual studies using an adapted version of ROBINS-I. Direction of vaccine effect: "prevented" or "protects" was applied to mean estimates or range of mean estimates of effect that are greater than or equal to 50% (the lowest acceptable limit for vaccine effectiveness as determined by WHO). Certainty of evidence: assessed for the collection of studies for each vaccine according to variant of concern using a modified version of GRADE. Details of the research question for this synopsis and the critical appraisal process are provided in Appendix 5.

**Summaries:** We summarized the evidence by presenting narrative evidence profiles across studies, with or without pooling, as appropriate. A template for the summary statements used on page 1 under "Findings" and in Table 1 under each VOC is provided in **Appendix 6**.

We update this document every Wednesday and post it on the COVID-END website.

#### Highlights of changes this week

- The only new VOC Omicron study (that wasn't critical risk of bias) only provided rate ratios and therefore it only appears in the Appendix (ref <u>159</u>)
- New data on 2 doses of BNT162b2 [Pfizer] and mRNA-1273 [Moderna] against VOC Delta has been added to Table 2 (ref <u>158</u>)

#### **VOC Omicron**

We have low certainty evidence that 2 doses of **BNT162b2 [Pfizer]** prevented infection from VOC **Omicron** (6 to 55% - 2 Obs) up to 44 days after 2<sup>nd</sup> dose and provided no protection (-76.5% [95% CI, -95.3 to -59.5] – 1 Obs) up to 164 days after 2<sup>nd</sup> dose.

We have low certainty evidence that 2 doses of **BNT162b2 [Pfizer]** prevented symptomatic infection from VOC **Omicron** (88% [95% CI, 65.9 to 95.8] – 1 Obs) at 14 to 63 days after 2<sup>nd</sup> dose and limited protection (34.3% [95% CI, -5 to 58.7] – 1 Obs) up to 175 days after 2<sup>nd</sup> dose.

We have low certainty evidence that 2 doses of **mRNA-1273 [Moderna]** prevented infection from VOC **Omicron** (30 to 37% – 2 Obs) 14 to 90 days after 2<sup>nd</sup> dose and provided no protection (-39.3% [95% CI, -61.6 to -20] – 1 Obs) up to 164 days after 2<sup>nd</sup> dose.

We have low certainty evidence that 2 doses of **ChAdOx1 [AstraZeneca]** provided no protection from symptomatic infection by VOC **Omicron** (5.9% [95% CI, -29.7 to 31.7] -1 Obs) at 175 days after  $2^{nd}$  dose.

We have low certainty evidence that **3 doses** of **BNT162b2 [Pfizer]** prevented infection from VOC **Omicron** (34 to 55% - 2 Obs) 7 to 30 days after  $3^{rd}$  dose. We have low certainty evidence that **3 doses** of **BNT162b2 [Pfizer]** prevented symptomatic infection from VOC **Omicron** (75.5% [95% CI, 56.1 to 86.3] – 1 Obs) up to 14 days after  $3^{rd}$  dose

We have moderate certainty evidence that 2 doses of **ChAdOx1 [AstraZeneca] followed by BNT162b2 [Pfizer]** provided protection from symptomatic infection by VOC Omicron (93 to 94% - 2 Obs) at 14 days after last dose.

We have low certainty evidence that 2 doses of ChAdOx1 [Astra Zeneca] followed by an mRNA vaccine [Pfizer or Moderna] provided protection from symptomatic infection by VOC Omicron (71.4% [95% CI, 41.8 to 86] - 1 Obs) at 175 days after last dose.





# Table 1: Visual summary of evidence for COVID-19 vaccines for variants of concern (up to 30 days after 2 doses)

**Percentages** indicate <u>level of effectiveness</u> from 0% (no effect) to 100% (full protection): ranges of estimated means are provided when ≥ 1 study is available; estimated mean value is provided for single studies

Colour indicates Level of Certainty based on the evidence

### High certainty evidence Moderate certainty evidence Low certainty evidence

pooling of low to moderate risk of bias RCTs or pooling of observational studies with low risk of bias and consistent findings single RCT with low to moderate risk of bias or >one observational study with low to moderate risk of bias and at least partially consistent findings single RCT or observational study with serious risk of bias or multiple low to serious risk of bias observational studies with inconsistent findings

Outcome	Vaccine Effectiveness (2 doses unless otherwise stated) up to 30 days				
(and vaccine)	after last dose for each combination of vaccine, variant, and o				
	Alpha	Beta	Gamma	Delta	Omicron
Any Infection					
Pfizer	78 to 95%		93%	42 to 93%	
Moderna	86 to 100%	96%	95%	52 to 91%	
AstraZeneca	62 to 79%		90%	45 to 73%	
(AZ)					
Johnson &				3 to 71%*	
Johnson					
Novavax					
Sinovac			66%	74%	
AZ followed by	82 to 91%		96%	88%	
Pfizer or					
Moderna					
Symptomatic Info	ection (reported	when data on "a	any infection" is	limited)	
Pfizer		84 to 88%	84 to 88%	63 to 94%	
Moderna			88%	87%	
AstraZeneca		10%**	65%	61 to 92%	
Johnson &				51%*	
Johnson					
Novavax	86%	43%**			
Sinovac				59%	
Covaxin				50%	
AZ followed by				67 to 79%	
Pfizer or					
Moderna					
Transmission	Transmission				
Pfizer	70 to 82%			31 to 63%	
				(unvacc contact)	
				10 to 40%	

				(vacc contact)	
Moderna	88%			62 to 77%	
AstraZeneca	58 to 63%			36%	
Johnson &	77%*				
Johnson					
Novavax					
Sinovac					
AZ followed by				86%	
Pfizer or					
Moderna					
Severe Disease (r	may include dea	th for some stu	dies)		
Pfizer	92 to 100%			82 to 98%	
Moderna	96%	96%		93 to 100%	
AstraZeneca			76%		
Johnson &		82%*			
Johnson					
Novavax					
Sinovac				46 to 89%	
Sinopharm					
Sputnik V					
Death					
Pfizer	91 to 97%			90%	
Moderna					
AstraZeneca				91%*	
Johnson &					
Johnson					
Novavax					
Sinovac			86%	77%	
Sinopharm					
Sputnik V					

<sup>\*</sup>single dose

<sup>\*\*</sup>mean estimate of effect less than the lowest acceptable limit for vaccine effectiveness as determined by WHO

AZ, AstraZeneca; unvacc, unvaccinated; vacc, vaccinated

# Table 2: Visual summary of evidence for COVID-19 vaccines for variants of concern – Delta and Omicron [2 doses>30 days since last dose; 3 doses (anytime frame)]

**Percentages** indicate <u>level of effectiveness</u> from 0% (no effect) to 100% (full protection): ranges of estimated means are provided when ≥ 1 study is available; estimated mean value is provided for single studies

Colour indicates Level of Certainty based on the evidence

# High certainty evidence Moderate certainty evidence Low certainty evidence

pooling of low to moderate risk of bias RCTs or pooling of observational studies with low risk of bias and consistent findings single RCT with low to moderate risk of bias or >one observational study with low to moderate risk of bias and at least partially consistent findings

single RCT or observational study with serious risk of bias or multiple low to serious risk of bias observational studies with inconsistent findings

Outcome (vaccine)	Variant	Number of Doses	Time since Last Dose (days)	Vaccine Effectiveness
Infection - Omicron	n (2 doses)			
Pfizer			7 to 59	6 to 55%
	Omicron	2	164	-76.5% (-95.3 to -59.5)
Moderna			14 to 90	30 to 37%
			164	-39.3% (-61.6 to -20)
Infection - Delta (2	doses)			
Pfizer				53 to 85%
Moderna		2	120	81 to 88%
AstraZeneca				72% (66 to 77)
AZ followed by	Delta	1/1	120	86% (81 to 89)
mRNA vaccine				
Pfizer		2	150 to 180	57 to 84%
Moderna			150 to 180	65 to 88%
Johnson & Johnson		1	150	74% (70 to 76)
Sinovac		2	150	30% (18.4 to 39.9)
Pfizer		2	21 to 90	72.7 to 73.8%
Moderna			21 to 90	79.0 to 83.1%
Infection - Omicron	n (3 doses)			
Pfizer	Omicron	3	7 to 30	34 to 55%
Moderna				59 to 64%
Infection – Delta (3	doses)			
Pfizer		3	7 to 30	81 to 93%
Moderna	Delta			83 to 96%
AZ followed by		2/1	7	82% (68 to 90)
Pfizer				
Symptomatic Infect	tion – Omicron (2	doses)		
Pfizer	,		14 to 63	88% (65.9 to 95.8)
Pfizer	Omicron	2	175	34% (-5 to 58.7)
AstraZeneca				6% (-29.7 to 31.7)
Symptomatic Infect	ion – Delta (2 dos	ses)		

Pfizer		2	60 to 89	72% (61 to 80)
AstraZeneca				65% (48 to 76)
Johnson & Johnson		1		52% (33 to 66)
Moderna		2	70 to 98	90%
AstraZeneca		2	119	41 to 49%
AZ followed by	Delta	1/1	120	66% (41 to 80)
mRNA vaccine		,		
Moderna		2	121 to 180	71% (56 to 81)
Pfizer				47% (39 to 55)
Johnson & Johnson		1	150	64.3% (62.3 to 66.1)
Pfizer		2	210	70.1% (69 to 71)
Moderna				81.9% (81 to 82.7)
Symptomatic Infect	tion – Omicron (3	doses)		,
Pfizer	Omicron	3		75.5% (56.1 to 86.3)
AZ followed by		2/1	14	71.4% (41.8 to 86)
mRNA vaccine				
Symptomatic Infect	tion – Delta (3 dos	ses)		
Sinovac		3 doses	14	78.8% (76.8 to 80.6)
AZ followed by		2/1	14	93 to 94%
Pfizer				
Sinovac followed	Delta	2/1	14	96.5% (96.2 to 96.7)
by Pfizer				
Sinovac followed		2/1	14	93.2% (92.9 to 93.6)
by AZ				
Severe Disease – De	elta (2 doses)		,	
AstraZeneca			112 to 119	70.5% (67 to 73.7)
Moderna			120	91.5% (60.8 to 98.1)
Pfizer	_	2	150	57 to 86%
Moderna	Delta		150	85.2% (82.7 to 87.7)
Sinovac			150	30.2% (7.6 to 47.3)
Pfizer			21 to 90	68.3 to 71.7%
Moderna			21 to 90	74.5 to 93.4%
Sinovac followed		2/1	14	96.2% (94.6 to 97.3)
by Pfizer				
Sinovac followed		2/1	14	98.9% (98.5 to 99.2)
by AZ				
Death – Delta (2 do	ses)	T		
Johnson & Johnson		1	120	89.4% (52.3 to 97.6)
Pfizer		2	150	81 to 89%
Sinovac	D 1	2	150	75.7% (67 to 82.1)
Moderna	Delta	2	210	93.7% (90.2 to 95.9)
Sinovac followed		2/1	14	96.8% (93.9 to 98.3)
by Pfizer				
Sinovac followed		2/1	14	98.1% (97.3 to 98.6)
by AZ				

Table 3: Key findings about vaccine effectiveness (revised format 13 Dec 2021)

VOC	Vaccine	Findings
VOC Omicron (any time frame)	Vaccine Pfizer/ BioNTech Comirnaty [BNT162b2]	BNT162b2 (2 doses) provided protection against VOC Omicron for the following outcomes:  • 55.2% (95% CI, -25 to 30) from infection up to 44 days after 2 <sup>nd</sup> dose  • 6% (95% CI, -25 to 30) from infection 7 to 59 days after 2 <sup>nd</sup> dose  • -76.5% (95% CI, -95.3 to -59.5) from infection up to 164 days after 2 <sup>nd</sup> dose  • -76.5% (95% CI, -95.3 to -59.5) from infection up to 164 days after 2 <sup>nd</sup> dose  (2 Obs) [137][147]; last update 2022-01-18  BNT162b2 or mRNA-1273 (2 doses) provided protection against infection by VOC Omicron:  • 6% (95% CI, -25 to 30) 7 to 59 days after 2 <sup>nd</sup> dose  • 13% (95% CI, -38 to 8) 60 to 119 days after 2 <sup>nd</sup> dose  • -38% (95% CI, -61 to -18) 120 to 179 days after 2 <sup>nd</sup> dose  • -16% (95% CI, -62 to 17) ≥240 days after 2 <sup>nd</sup> dose  (1 Obs) [147]; last update 2022-01-18  BNT162b2 (2 doses) provided protection against VOC Omicron for the following outcomes:  • 88% (95% CI, 65.9 to 95.8) from symptomatic infection at 14 to 63 days after 2 <sup>nd</sup> dose  • 34.3% (95% CI, -5 to 58.7) from symptomatic infection at 175 days after 2 <sup>nd</sup> dose  (1 Obs) [136]; last update 2022-01-05  BNT162b2 (3 doses) provided protection against VOC Omicron for the following outcomes:  • 34 to 54.6% from infection at 7 to 30 days after 3 <sup>rd</sup> dose (RME)  (2 Obs) [137][147]; last update 2022-01-18  BNT162b2 (3 doses) provided protection against VOC Omicron for the following outcomes:
Omicron	Madama	(1 Obs) [136]; last update 2022-01-05
(any time frame)	Moderna Spikevax [mRNA- 1723]	mRNA-1273 (2 doses) provided protection against VOC Omicron for the following outcomes:  • 30.4% (95% CI, 5 to 49) from infection at 14 to 90 days after 2 <sup>nd</sup> dose  • 36.7% (95% CI, -69.9 to 76.4) from infection up to 44 days after 2 <sup>nd</sup> dose  • -39.3% (95% CI, -61.6 to -20) from infection up to 164 days after 2 <sup>nd</sup> dose  • 15.2% (95% CI, 0 to 30.7) from infection at 91 to 180 days after 2 <sup>nd</sup> dose  • 0% (95% CI, 0 to 1.2) from infection at 181 to 270 days after 2 <sup>nd</sup> dose  (2 Obs) [137][148]; last update 2022-01-18  mRNA-1273 (3 doses) provided protection against VOC Omicron for the following outcomes:  • 59 to 64% (95% CI, 16 to 80) from infection at 7 to 30 days after 3 <sup>rd</sup> dose  • (2 Obs) [147][148]; last update 2022-01-18

VOC	Vaccine	Findings
		(2 Obs) [147][148]; last update 2022-01-18
Omicron	AstraZeneca	ChAdOx1 (2 doses) provided limited protection against VOC Omicron for
	[ChAd0x1]	the following outcomes:
(any time	Vaxzevria	• 5.9% (95% CI, -29.7 to 31.7) from symptomatic infection at 175 days after
frame)	Serum	2 <sup>nd</sup> dose
,	Institute of	(1 Obs) [136]; last update 2022-01-05
	India	
	[Covishield]	
Omicron	AstraZeneca	ChAdOx1 (2 doses) followed by BNT162b2 provided protection against
	[ChAd0x1]	VOC Omicron for the following outcomes:
2 doses	Vaxzevria	• 71.4% (95% CI, 41.8 to 86) from symptomatic infection at 14 days after 3 <sup>rd</sup>
followed by	Serum	dose
mRNA	Institute of	(1 Obs) [136]; last update 2022-01-05
vaccine	India	
	[Covishield]	
(any time		
frame)		
Delta	Pfizer/	BNT162b2 provided protection against VOC Delta for the following
	BioNTech	outcome at least 14 to 21 days after 1 <sup>st</sup> dose:
(up to 30	Comirnaty	• 30 to 65% from infection (RME)
days)	[BNT162b2]	• 33 to 47.5% from symptomatic infection (RME)
		• 87 to 94% from hospitalization (RME)
		• 100% (95% CI, not reported) against severe, critical, or fatal disease
		BNT162b2 provided protection against VOC Delta for the following
		outcome at least 7 days after 2 <sup>nd</sup> dose:
		• 42 to 93% from infection (RME)
		• 63 to 94% from symptomatic infection (RME)
		• 82 to 98% from severe, critical, or fatal disease (RME)
		• 90% from death (RME)
		(25 Obs) [29][38][42][47][57][63][64][71][74][76][84][88][92][97][102][109][110]
		[111][118][119][121][123][133][138][156]; last update 2022-02-16
Delta	Moderna	mRNA-1273 provided protection against VOC Delta for the following
Deita	Spikevax	outcomes at least 14 days after 1 <sup>st</sup> dose:
(up to 30	[mRNA-	• 75 to 86.7% from infection (RME)
days)	1723]	• 72% (95% CI, 57 to 82) from symptomatic infection
auy o y	1,201	• 96% (95% CI, 72 to 99) from hospitalization
		• 93 to 100% from severe, critical, or fatal disease (RME)
		mRNA-1273 provided protection against VOC Delta for the following
		outcomes 14 days after 2 <sup>nd</sup> dose:
		• 52 to 91% from infection (RME)
		• 87% (95% CI, 84 to 88) from symptomatic infection
		• 93 to 100% from severe, critical, or fatal disease(RME)
		(18 Obs)
		[47][57][63][64][71][74][97][101][102][109][110][111][118][121][123][133][138][
D 1:	A . 77	140]; last update 2022-01-05
Delta	AstraZeneca	ChAdOx1 provided protection against VOC Delta for the following outcome
	[ChAd0x1]	at least 21 days after 1 <sup>st</sup> dose:
	Vaxzevria	• 18 to 46% from infection (RME)

VOC	Vaccine	Findings
(up to 30	Serum	• 33 to 58% from symptomatic infection (RME)
days)	Institute of	• 71% (95% CI, 51 to 83) from hospitalization
	India	ChAdOx1 provided protection against VOC Delta for the following outcome
	[Covishield]	at least 7 days after 2 <sup>nd</sup> dose:
		• 44.8 to 73% from infection (RME)
		• 61 to 92% from symptomatic infection (RME)
		• 92% (95% CI, 75 to 97) from hospitalization
		• 91% (95% CI, 83 to 94) from death
		(10 Obs) [29][38][42][47][71][92][118][119][123][131][141]; last update 2021-12-
		15
Delta	Johnson &	Ad26.COV2.S provided protection against VOC Delta for the following
	Johnson	outcomes ≥ 14 days after dose:
(up to 30	JAD26.COV	• 3% to 71% against infection (RME)
days)	2.S]	• 50.9% (95% CI, 35.5 to 63.0) from symptomatic infection
	_	• 92.5% (95% CI, 54.9 to 99.6) from ICU admission
		• 90.5% (95% CI, 31.5 to 99.6) from death
		(6 Obs) [97][109][110][111][117][133]; last update 2021-12-15
Delta	Sinovac	CoronaVac provided protection against VOC Delta for the following
	[CoronaVac]	outcome ≥ 14 days after 2 <sup>nd</sup> dose:
(up to 30		• 74.4% (95% CI, 70.4 to 77.8) from infection
days)		• 59% (95% CI, 16 to 81.6) from symptomatic infection
		• 46 to 89% from severe disease (RME)
		• 76.5% (95% CI, 72.9 to 79.6) from death
		(2 Obs) [91][156]; last update 2022-02-02
Delta	AstraZeneca	ChAdOx1 followed by BNT162b2 at least 14 days after 2 <sup>nd</sup> dose provided
	[ChAd0x1]	protection against VOC Delta for the following outcomes:
	Vaxzevria	• 67% (95% CI, 59 to 73) against symptomatic infection
	Serum	(1 Obs) [121]; last update 2021-12-01
1 dose	Institute of	
followed by an	India	ChAdOx1 followed by mRNA-1273 at least 14 days after 2 <sup>nd</sup> dose provided
mRNA	[Covishield]	protection against VOC Delta for the following outcomes:
vaccine		• 79% (95% CI, 62 to 88) against symptomatic infection
		(1 Obs) [121]; last update 2021-12-01
(up to 30		ChAdOx1 followed by either BNT162b2 or mRNA-1273 at least 14 days after
days)		2 <sup>nd</sup> dose provided protection against VOC Delta for the following outcomes:
		• 88% (95% CI, 85 to 89) against infection
		(1 Obs) [123]; last update 2021-12-01
		ChAdOx1 followed by BNT162b2 provided protection against infection by
		VOC Delta compared to ChAdOx1 (homologous):
		HR 0.61 (95% CI, 0.52 to 0.71) unreported number of days after 2nd dose
		(1 Obs) [128]; last update 2021-12-01
Delta	Pfizer/	BNT162b2 showed a higher risk of infection by VOC Delta in participants
	BioNTech	fully vaccinated (≥14 days after 2 <sup>nd</sup> dose) longer than or equal to 146 days ago
(>30 days)	Comirnaty	vs fully vaccinated less than 146 days ago [OR 2.06 (95% CI, 1.69 to 2.51)]
	[BNT162b2]	(1 Obs) [69]; last update 2021-08-25

VOC	Vaccine	Findings
		BNT162b2 provided protection against infection by VOC Delta for the following number of days after 2 <sup>nd</sup> dose:  • 72.7 to 73.8% from infection – at 21 days to 3 months
		• 86.7% (95% CI, 84.6 to 88.6) from infection up to 44 days
		• 53 to 85% from infection up to ≥120 days (RME)
		• 57 to 84% from infection up to 150 days (RME)
		(7 Obs) [76][84][123][137][152][156] [158]; last update 2022-02-16
		BNT162b2 provided protection against symptomatic infection by VOC Delta for the following number of days after 2 <sup>nd</sup> dose:
		• 76% (95% CI, 72 to 81) – at 30 to 59 days (age 30-59)
		• 72% (95% CI, 61 to 80) – at 60 to 89 days (age 30-59)
		<ul> <li>47% (95% CI, 39 to 55) – at 121 to 180 days</li> <li>70.1% (95% CI, 68.9 to 71.2) – at 7 months (210 days)</li> </ul>
		(4 Obs) [92][114][124][141]; last update 2022-01-05
		BNT162b2 provided protection against severe, critical, or fatal disease by VOC Delta for the following number of days after 2 <sup>nd</sup> dose:
		• 68.3 to 71.7% – at 21 days to 3 months
		• 92 to 94% - age 40 to 59 up to 150 days (RME)
		• 57 to 86% - age 60+ up to 150 days (RME) (4 Obs) [76][125][156] [158]; last update 2022-02-16
		(# Obs) [70][123][130] [136], <i>ust upaate</i> 2022-02-10
		BNT162b2 provided protection against death by VOC Delta for the following number of days after 2 <sup>nd</sup> dose:
		• 81 to 89% up to 150 days (RME)
		(3 Obs) [124][125][156]; last update 2022-02-02
		BNT162b2 provided protection against infection by VOC Delta at the
		following intervals between doses:
		• 92% (95% CI, 91 to 93) at 14 to 27 days after 2 <sup>nd</sup> dose (interval 7+ weeks)
		• 90% (95% CI, 88 to 91) at 4 months after 2 <sup>nd</sup> dose (interval 7+ weeks) (1 Obs) [123]; <i>last update 2021-11-17</i>
Delta	Moderna	mRNA-1273 provided protection against infection by VOC Delta the
	Spikevax	following number of days after 2 <sup>nd</sup> dose:
(>30 days)	[mRNA-	• 88 to 94% (RME) at 14 to 60 days
	1723]	• 82.8% (95% CI, 69.6 to 90.3) at 14 to 90 days
		• 63.6% (95% CI, 51.8 to 72.5) at 91 to 180 days
		• 79.0 to 83.1% at 21 days to 3 months
		<ul> <li>81 to 88% (RME) at 120 days</li> <li>65 to 88% (RME) at 151 to 180 days</li> </ul>
		• 61.4% (95% CI, 56.8 to 65.5) at 181 to 270 days
		• 52.9% (95% CI, 43.7 to 60.5) at >270 days
		(7 Obs) [101][123][137][143][152][157][158]; last update 2022-02-16
		mRNA-1273 provided protection against symptomatic infection by VOC
		Delta the following number of days after 2 <sup>nd</sup> dose:
		• 91% (95% CI, 85 to 95) – at 30 to 59 days (age 30-59)

VOC	Vaccine	Findings
		• 90% – at 70 to 98 days (RME)
		• 71% (95% CI, 56 to 81) – at 121 to 180 days
		• 81.9% (95% CI, 81 to 82.7) – at 7 months (210 days)
		(4 Obs) [92][114][124][141]; last update 2022-01-05
		mRNA-1273 provided protection against severe disease by VOC Delta the
		following number of days after 2 <sup>nd</sup> dose:
		• 74.5 to 93.4% at 21 days to 3 months
		• 97.8% (95% CI, 83.7 to 99.7) at 60 days
		• 91.5% (95% CI, 60.8 to 98.1) at 120 days
		• 85.2% (95% CI, 82.7 to 87.7) at 150 days
		(3 Obs)[143][157][158]; last update 2022-02-16
		mRNA-1273 provided protection against death by VOC Delta the following number of days after 2 <sup>nd</sup> dose:
		• 96% (95% CI, 91.9 to 98) at 60 days
		• 93.7% (95% CI, 90.2 to 95.9) at 210 days
		(1 Obs) [ <u>124</u> ]; last update 2022-02-02
		mRNA-1273 provided protection against infection by VOC Delta at the
		following intervals between doses:
		• 92% (95% CI, 90 to 94) at 14 to 27 days after 2 <sup>nd</sup> dose (interval 7+ weeks)
		• 91% (95% CI, 87 to 94) at 4 months after 2 <sup>nd</sup> dose (interval 7+ weeks)
		(1 Obs) [123]; last update 2021-11-17
Delta	AstraZeneca	ChAdOx1 provided protection against infection by VOC Delta the following
	[ChAd0x1]	number of days after 2 <sup>nd</sup> dose:
(>30 days)	Vaxzevria	• 72% (95% CI, 66 to 77) at 120 days
	Serum	(1 Obs) [ <u>123</u> ]; last update 2022-01-05
	Institute of	
	India	ChAdOx1 provided protection against symptomatic infection by VOC Delta
	[Covishield]	the following number of days after 2 <sup>nd</sup> dose:
		• 63 to 67% – at 30 to 59 days (RME)
		• 65% (95% CI, 48 to 76) – at 60 to 89 days
		• 41 to 49% – at 120 days (17 weeks) (RME)
		• 69.7% (95% CI, 68.7 to 70.5) – at 140 days
		(4 Obs) [92][114][141][142]; last update 2022-01-05
		ChAdOx1 provided protection against severe disease by VOC Delta the
		following number of days after 2 <sup>nd</sup> dose:
		• 79.0% (95% CI, 75.9 to 81.7) at 56 to 63 days
		• 70.5% (95% CI, 67 to 73.7) at 112 to 119
		(1 Obs)[ <u>142</u> ]; last update 2022-01-05
		ChAdOx1 provided protection against infection by VOC Delta at the
		following intervals between doses:
		• 85% (95% CI, 60 to 94) at 14 to 27 days after 2 <sup>nd</sup> dose (interval 7+ weeks)
		• 72% (95% CI, 66 to 77) at 84+ days after 2 <sup>nd</sup> dose (interval 7+ weeks)
		(1 Obs) [123]; last update 2021-11-17

VOC	Vaccine	Findings
Delta	Johnson &	Ad26.COV2.S provided protection against the following outcomes by VOC
	Johnson	Delta the following number of days after 2 <sup>nd</sup> dose:
(>30 days)	[AD26.COV	• 74% (95% CI, 70 to 76) from infection at ≥150 days
	2.S]	• 89.4% (95% CI, 52.3 to 97.6) from death at 120 days
		(2 Obs) [124][ <u>152</u> ]; last update 2022-02-02
		Ad26.COV2.S provided protection against symptomatic infection by VOC
		Delta the following number of days after dose:
		• 50% (95% CI, 36 to 62) – at 30 to 59 days
		• 52% (95% CI, 33 to 66) – at 60 to 89 days
		• 64.3% (95% CI, 62.3 to 66.1) – at 150 days
		(2 Obs) [124][141]; last update 2022-01-05
Delta	Sinovac	CoronaVac provided protection against the following outcomes by VOC
	[CoronaVac]	Delta:
(>30 days)		• 30% (95% CI, 18.4 to 39.9) from infection up to 150 days
		• 30.2% (95% CI, 7.6 to 47.3) from ICU admission up to 150 days
		• 75.7% (95% CI, 67.0 to 82.1) from death up to 150 days
		(1 Obs) [156]; last update 2022-02-02
Delta	AstraZeneca	ChAdOx1 followed by an mRNA provided protection against infection by
G1 1 10 1 //	[ChAd0x1]	VOC Delta the following number of days after 2 <sup>nd</sup> dose:
ChAdOx1 (1	Vaxzevria	• 86% (95% CI, 81 to 89) at 120 days
dose) followed	Serum	(1 Obs) [123]; last update 2021-11-17
by mRNA	Institute of	C1 A 1O 4 C II
vaccine	India	ChAdOx1 followed by an mRNA provided protection against symptomatic
	[Covishield]	infection by VOC Delta the following number of days after 2 <sup>nd</sup> dose:
		• 67% (95% CI, 59 to 73) at least 14 days (BNT162b2)
		• 79% (95% CI, 62 to 88) at least 14 days (mRNA-1273)
		• 66% (95% CI, 41 to 80) – > 120 days (17 weeks)
Dalta	DC/	(2 Obs) [114][121]; last update 2022-01-05
Delta	Pfizer/ BioNTech	BNT162b2 (3 doses) provided protection against the following outcomes compared to unvaccinated:
3 doses	Comirnaty	• 81 to 93% from infection up to 30 days after 3 <sup>rd</sup> dose (RME)
Juoses	[BNT162b2]	(3 Obs) [137][139][147]; last update 2022-01-18
(any time		(3 003) [137][137][177], with uponite 2022-01-10
frame)		BNT162b2 (3 doses) provided protection against symptomatic infection
		compared to unvaccinated:
		• 94% (95% CI, 93.4 to 94.6) – at least 14 days after 3 <sup>rd</sup> dose (age 50+)
		(1 Obs) [126]; last update 2021-12-15
		BNT162b2 (3 doses) provided protection against infection by VOC Delta
		compared to 2 doses:
		• 84.0% (95% CI, 79 to 88) at 14 to 20 days after 3 <sup>rd</sup> dose
		• 45.7% (95% CI, 37.9 to 53.5) median of 30 days after 3 <sup>rd</sup> dose
		(2 Obs) [93][132]; last update 2021-12-15
		BNT162b2 (3 doses) provided protection against the following outcomes by
		VOC Delta compared to 2 doses:
		• Rate ratio 11.3 to 12.3 from infection at least 12 days after 3 <sup>rd</sup> dose
		• Rate ratio 17.9 to 19.5 from severe illness at least 12 days after 3 <sup>rd</sup> dose

VOC	Vaccine	Findings
		<ul> <li>Rate ratio 14.7 (95% CI, 10 to 21.4) from death at least 12 days after 3<sup>rd</sup> dose</li> <li>90% (95% CI, 86 to 93) from death unclear number of days after 3<sup>rd</sup> dose</li> <li>(3 Obs)[100][134][135]; last update 2022-01-05</li> </ul>
Delta	Moderna	mRNA-1273 (3 doses) provided protection against infection by VOC Delta
3 doses	Spikevax [mRNA- 1723]	<ul> <li>compared to unvaccinated:</li> <li>83 to 95.7% up to 30 days after 3<sup>rd</sup> dose (RME)</li> <li>(4 Obs) [137][139][147][148]; last update 2022-01-18</li> </ul>
(any time frame)	(up to 30 days)	mRNA-1273 (3 doses) provided protection against infection by VOC Delta compared to 2 doses:
	• /	• 46.6% (95% CI, 36.4 to 55.3) median of 16 days after 3 <sup>rd</sup> dose (1 Obs) [132]; <i>last update 2021-12-15</i>
Delta	AstraZeneca [ChAd0x1]	ChAdOx1 (2 doses) followed by BNT162b2 provided protection against VOC Delta for the following outcomes:
2 doses followed by 1 dose of another	Vaxzevria Serum Institute of India	<ul> <li>82% (95% CI, 68 to 90) from infection at least 7 days after 3rd dose</li> <li>93.1 to 93.8% from symptomatic infection at least 14 days after 3rd dose (RME)</li> <li>(3 Obs) [126][136][139]; last update 2022-01-18</li> </ul>
vaccine (any time frame)	[Covishield]	ChAdOx1 (2 doses) followed by mRNA-1273 provided protection against VOC Delta for the following outcomes:  • 91% (95% CI, 63 to 98) from infection at least 7 days after 3rd dose
		(1 Obs) [ <u>139</u> ]; last update 2022-01-05
Delta 3 doses	Sinovac [CoronaVac]	CoronaVac (3 doses) provided protection against VOC Delta for the following outcome ≥ 14 days after 3 <sup>rd</sup> dose:  • 78.8% (95% CI, 76.8 to 80.6) from symptomatic infection
(any time frame)		(1 Obs) [154]; last update 2022-02-02
Delta	Sinovac [CoronaVac]	CoronaVac (2 doses) followed by BNT162b2 provided protection against VOC Delta for the following outcomes ≥14 days after 3 <sup>rd</sup> dose:
2 doses followed by 1 dose of another vaccine		<ul> <li>96.5% (95% CI, 96.2 to 96.7) from symptomatic infection</li> <li>96.2% (95% CI, 94.6 to 97.3) from ICU admission</li> <li>96.8% (95% CI, 93.9 to 98.3) from death</li> <li>(1 Obs) [155]; last update 2022-02-02</li> </ul>
(anytime frame)		CoronaVac (2 doses) followed by ChAdOx1 provided protection against VOC Delta for the following outcomes ≥14 days after 3 <sup>rd</sup> dose:  • 93.2% (95% CI, 92.9 to 93.6) from symptomatic infection  • 98.9% (95% CI, 98.5 to 99.2) from ICU admission  • 98.1% (95% CI, 97.3 to 98.6) from death  (1 Obs) [155]; last update 2022-02-02
Delta Transmission	Pfizer/ BioNTech Comirnaty [BNT162b2]	Fully vaccinated index cases by BNT162b showed VET to unvaccinated (hh contact):  • 31 to 63% (RME)

VOC	Vaccine	Findings
Household or		Fully vaccinated index cases by BNT162b showed VET to fully vaccinated
close contacts		household contacts:
of index case		• 10 to 40% (RME)
		Fully vaccinated index cases by BNT162b showed VET for hh contacts
		(unclear status):
		• 65% (95% CI, 52 to 74)
		Fully vaccinated hh contacts by BNT162b showed VES:
		• 46% (95% CI, 40 to 52) (vaccinated index case)
		• 61% (95% CI, 59 to 63) (unvaccinated index case)
		• 62 to 90% from infection (unclear status of index case) (RME)
		• 100% (95% CI, not reported) from severe disease
		(5 Obs) [105][107][108][129][149]; last update 2021-01-18
Delta	Moderna	Fully vaccinated household contacts by mRNA-1273 showed VES (unclear
75	Spikevax	status of index):
Transmission	[mRNA-	• 62 to 77% from infection (RME)
Household or close contacts	1723]	(2 Obs) [108][129]; last update 2021-12-01
of index case		
Delta	AstraZeneca	Fully vaccinated index cases by ChAdOx1 showed VET for household
Detta	[ChAd0x1]	contacts (unclear status):
Transmission	Vaxzevria	• 36% (95% CI, 28 to 43) from infection
Household or	Serum	Fully vaccinated household contacts by ChAdOx1 showed VES (unclear
close contacts	Institute of	status of index):
of index case	India	• 55 to 72% from infection (RME)
	[Covishield]	(2 Obs)[107][108]; last update 2021-11-03
Delta	ChAdOx1	Fully vaccinated household contacts by ChAdOx1 followed by mRNA
	followed by	showed VES (unclear status of index):
Transmission	mRNA	• 86% (95% CI, 45 to 97) from infection
Household or	vaccine	(1 Obs)[ <u>108</u> ]; last update 2021-11-03
close contacts		
of index case		
Gamma	Moderna	mRNA-1273 provided protection against VOC Gamma for the following
	Spikevax	outcomes 14 days after 1 <sup>st</sup> dose:
	[mRNA- 1723]	• 85% (95% CI, 71 to 92) from infection
	1/23]	• 77% (95% CI, 63 to 86) from symptomatic infection
		• 89% (95% CI, 73 to 95) from hospitalization mRNA-1273 provided protection against VOC Gamma (or Beta) for the
		following outcomes 35-41 days after 1 <sup>st</sup> dose:
		• 43% (95% CI, 22 to 59) from symptomatic infection
		mRNA-1273 provided protection against VOC Gamma for the following
		outcome ate least 7 days after 2 <sup>nd</sup> dose:
		• 95% from infection (RME)
		88% (95% CI, 61 to 96) from symptomatic infection
		(4 Obs – 5 refs) [23][47][101][122][123]; last update 2021-12-01
Gamma	AstraZeneca	ChAdOx1 provided protection against VOC Gamma for the following
	[ChAd0x1]	outcomes at least 14 days after 1 <sup>st</sup> dose:
	Vaxzevria	• 60% (95% CI, 48 to 69) from infection
		1 00,0 (20,0 01, 10 to 02) Holli illicotion

VOC	Vaccine	Findings		
	Serum	• 42 to 48% from symptomatic infection (RME)		
	Institute of	• 83% (95% CI, 66 to 92) from hospitalization		
	India	· · · · · · · · · · · · · · · · · · ·		
	[Covishield]	ChAdOx1 provided protection against VOC Gamma for the following		
		outcomes at least 14 days after 2 <sup>nd</sup> dose:		
		• 90% (95% CI, 61 to 98) from infection		
		• 65.4% (95% CI, 64.6 to 66.2) from symptomatic infection at 56 to 63 days		
		after 2 <sup>nd</sup> dose		
		• 58.7% (95% CI, 56.7 to 60.5) from symptomatic infection at 112 to 119		
		days after 2 <sup>nd</sup> dose		
		• 75.6% (95% CI, 73.4 to 77.6) from severe disease at 56 to 63 days after 2		
		dose		
		• 50.5% (95% CI, 43.4 to 56.6) from severe disease at 112 to 119 days after		
		2 <sup>nd</sup> dose		
		(5 Obs)[47][116][122][123][142]; last update 2022-01-05		
Gamma	Johnson &	Ad26.COV2-S provided protection against VOC Gamma for the following		
	Johnson	outcomes 28 days after dose:		
	[AD26.COV	• 50.9% (95% CI, 35.5 to 63.0) from symptomatic infection		
	2.S]	• 92.5% (95% CI, 54.9 to 99.6) from ICU admission		
		• 90.5% (95% CI, 31.5 to 99.6) from death		
		(1 Obs) [ <u>117</u> ], last update 2021-11-17		
Gamma	Sinovac	CoronaVac provided protection against VOC Gamma for the following		
	[CoronaVac]	outcome $\geq$ 14 days after 2 <sup>nd</sup> dose:		
		• 65.9% (95% CI, 65.2 to 66.6) from infection		
		CoronaVac provided protection against VOC Gamma for the following		
		outcome $\geq$ 14 days after 2 <sup>nd</sup> dose for people over age 70:		
		• 41.6% (95% CI, 26.9 to 63.3) from symptomatic infection		
		(2 Obs) [30] [49]; last update 2021-07-14		
Gamma	ChAdOx1	ChAdOx1 followed by either BNT162b2 or mRNA-1273 at least 14 days after		
	followed by	2 <sup>nd</sup> dose provided protection against VOC Gamma for the following		
	mRNA	outcomes:		
	vaccine	• 96% (95% CI, 70 to 99) against infection		
_		(1 Obs) [123]; last update 2021-11-17		
Beta	Moderna	mRNA-1273 provided protection against VOC Beta for the following		
	Spikevax	outcomes 14 days after 1 <sup>st</sup> dose:		
	[mRNA-	• 61.3% (95% CI, 56.5 to 65.5) from infection		
	1723]	• 77% (95% CI, 63 to 86) from symptomatic infection		
		• 89% (95% CI, 73 to 95) from hospitalization		
		• 81.6% (95% CI, 71.0 to 88.8) from severe, critical, or fatal disease		
		(combined with Alpha)		
		mRNA-1273 provided protection against VOC Beta for the following		
		outcomes 35-41 days after 1 <sup>st</sup> dose:		
		• 43% (95 CI, 22 to 59) from symptomatic infection		
		mRNA-1273 provided protection against VOC Beta for the following		
		outcome 7 days after 2 <sup>nd</sup> dose:		
		• 96.4% (95% CI, 91.9 to 98.7) from infection		
		88% (95% CI, 61 to 96) from symptomatic infection		

VOC Vaccine		Findings		
		• 95.7% (95% CI, 73.4 to 99.9) from severe, critical, or fatal disease		
		(combined with Alpha)		
		(2 Obs – 3 refs) [ <u>23</u> ][ <u>47</u> ][ <u>50</u> ]; last update 2021-07-14		
Beta	AstraZeneca	ChAdOx1 provided protection against VOC Beta for the following outcome		
	[ChAd0x1]	14 days after 1 <sup>st</sup> dose:		
	Vaxzevria	• 48% (95% CI, 28 to 63) from symptomatic infection		
	Serum	• 83% (95% CI, 66 to 92) from hospitalization		
	Institute of	ChAdOx1 provided protection against VOC Beta for the following outcome		
	India	after 2 doses:		
	[Covishield]	• 10.4% (95% CI, -76.8 to 54.8) from mild to moderate disease		
		(1 RCT, moderate quality; 1 Obs) [4][47]; last update 2021-07-07		
Beta	Novavax	NVX-CoV2373 provided protection against VOC Beta for the following		
	[NVX-	outcome after 7 days after 2 <sup>nd</sup> dose:		
	CoV2373	• Post-hoc: 43% (95% CI, -9.8 to 70.4) from symptomatic infection		
		(1 RCT, moderate quality), [17]; last update 2021-07-14		
Alpha	Moderna	mRNA-1273 provided protection against VOC Alpha for the following		
	Spikevax	outcomes 14-41 days after 1 <sup>st</sup> dose:		
	[mRNA-	• 58.9 to 88.1% from infection (RME)		
	1723]	• 60 to 61% from symptomatic infection (RME)		
		• 81.6% (95% CI, 71.0 to 88.8) from severe, critical, or fatal disease		
		(combined with Beta)		
		mRNA-1273 provided protection against VOC Alpha for the following		
		outcomes at least 7 days after 2 <sup>nd</sup> dose:		
		86 to 100% from infection (RME)		
		• 90 to 95.7% from symptomatic infection (RME)		
		• 95.7% (95% CI, 73.4 to 99.9) from severe, critical, or fatal disease		
		(combined with Beta)		
		(10 Obs – 11 refs) [8][23][31][34][37][47][50][60][74][101][102]; last update		
		2021-10-20		
Alpha	AstraZeneca	ChAdOx1 provided protection against VOC Alpha for the following outcome		
	[ChAd0x1]	14 days after 1 <sup>st</sup> dose:		
	Vaxzevria	• 64% (95% CI, 60 to 68) from symptomatic infection		
	Serum	• 85% (95% CI, 81 to 88) from hospitalization		
	Institute of	ChAdOx1 provided protection against VOC Alpha for the following outcome		
	India	21 to 28 days after 1 <sup>st</sup> dose:		
	[Covishield]	• 44 to 74% from infection (RME)		
		ChAdOx1 provided protection against confirmed VOC Alpha for the		
		following outcome at least 14 days after 2 doses:		
		• 62 to 79% from infection (RME)		
	1	(1 RCT, moderate quality; 5 Obs)[9][10][5][47][70][71][]; last update 2021-08-25		
Alpha	Novavax	NVX-CoV2373 provided protection against VOC Alpha for the following		
	[NVX-	outcome after 2 doses:		
	CoV2373	• 89.7% (95% CI, 80.2 to 94.6) from symptomatic infection.		
		No hospitalizations or deaths in vaccinated group		
		• Post hoc: 86.3% (95% CI, 71.3 to 93.5) from confirmed Alpha		
		symptomatic infection		
		(1 RCT, moderate quality), [19]; last update 2021-06-16		

VOC	Vaccine	Findings		
Alpha	ChAdOx1	ChAdOx1 followed by BNT162b2 or mRNA-1273 at least 14 days after 2 <sup>nd</sup>		
	followed by	dose provided protection against VOC Alpha for the following outcomes:		
	mRNA	• 88% (95% CI, 83 to 92) against infection		
	vaccine	(1 Obs) [70]; last search date 2021-08-25		
Alpha	Pfizer/	BNT162b2 reduced transmission of VOC Alpha (VET) from a vaccinated		
	BioNTech	index case (14 to 21 days after 1st dose) to household contacts compared to		
Transmission	Comirnaty	households of unvaccinated index cases:		
Household or	[BNT162b2]	• 30 to 49% from infection (RME)		
close contacts		BNT162b2 reduced transmission of VOC Alpha (VET) from a vaccinated		
of index case		HCW (10 weeks after 1 <sup>st</sup> dose) to household spouse:		
		• 42.9% (95% CI, 22.3 to 58.1) from infection		
		Fully vaccinated index cases showed VET for household contacts (unclear		
		status):		
		• 70 to 82% from infection (RME)		
		Fully vaccinated household contacts showed VES (unclear status of index):		
		• 65 to 94% from infection (RME)		
A1 1	36.1	(8 Obs) [6][14][33][40][48][104][107][108]; last update 2021-11-03		
Alpha	Moderna	mRNA-1273 reduced transmission of VOC Alpha (VET) from a vaccinated		
T	Spikevax	HCW (10 weeks after 1st dose) to household spouse:		
Transmission Household or	[mRNA-	• 42.9% (95% CI, 22.3 to 58.1) from infection		
close contacts	1723]	Fully vaccinated index cases by mRNA-1273 showed VET for household		
of index case		contacts (unclear status):		
of fildex case		88% (95% CI, 50 to 97) from infection  Fully vaccinated household contacts by mRNA 1273 showed VES (unclear		
		<u>Fully vaccinated household contacts by mRNA-1273</u> showed VES (unclear status of index):		
		status of index):		
		• 86 to 91% from infection (RME) (3 Obs)[33][104][108]; last update 2021-11-03		
Alpha	AstraZeneca	ChAdOx1 reduced transmission of VOC Alpha (VET) from a vaccinated		
Прпа	[ChAd0x1]	index case (14 to 21 days after 1 <sup>st</sup> dose) to household contacts compared to		
Transmission	Vaxzevria	households of unvaccinated index cases:		
Household or	Serum	• 30 to 47% from infection (RME)		
close contacts	Institute of	Fully vaccinated index cases by ChAdOx1 showed VET to household		
of index case	India	contacts (unclear status):		
	[Covishield]	• 58 to 63% from infection (RME)		
		Fully vaccinated household contacts by ChAdOx1 showed VES (unclear		
		status of index case):		
		• 38 to 87% from infection (RME)		
		(6 Obs) [6][14][40][104][107][108]; last update 2021-12-01		
Alpha	Johnson &	Fully vaccinated index cases by Ad26.COV2.S showed VET for household		
	Johnson	contacts (unclear status):		
Transmission	[AD26.COV	• 77% (95% CI, 6 to 94) from infection		
Household or	2.S]	Fully vaccinated household contacts by Ad26.COV2.S showed VES (unclear		
close contacts		status of index):		
of index case		• 12% (95% CI, -71 to 54) from infection		
		(1 Obs) [104]; last update 2021-11-03		

Studies Covering Tin	Studies Covering Time Frame for More than One VOC (insufficient data to divide them into separate VOC)			
Alpha to Delta	Pfizer/BioNTech Comirnaty [BNT162b2]	BNT162b2 provided protection against infection by VOC Alpha to Delta at least 7 days after 2 <sup>nd</sup> dose:  • 69.7% (95% CI, 68.6 to 70.8)  BNT162b2 or mRNA-1273 provided protection against VOC Alpha to Delta for the following outcomes ≥ 14 days after 2 <sup>nd</sup> dose:  • 57% (95% CI, 53 to 60) from infection at 144 days after 2nd dose  • 68% (95% CI, 64 to 71) from symptomatic infection at 42 to 69 days after 2 <sup>nd</sup> dose  • 39% (95% CI, 29 to 48) from symptomatic infection at 98 to 148 days after 2 <sup>nd</sup> dose  • 92% (95% CI, 85 to 96) from severe disease in people with no risk conditions  • 72% (95% CI, 51 to 84) from severe disease with very high risk conditions  • 95% (95% CI, 88 to 98) from death at 14 to 41 days after 2 <sup>nd</sup> dose  • 86 to 93% from death at 70 to 148 days after 2 <sup>nd</sup> dose(RME)  BNT162b2 showed OR 1.61 (95% CI, 1.45 to 1.79) for infection comparing fully vaccinated Jan to Feb (VOC_Alpha) vs fully vaccinated Mar to May (VOC Delta).		
Alpha to Delta	Pfizer/ BioNTech (3 doses)  Comirnaty [BNT162b2]	<ul> <li>(5 Obs) [95][96][127][144][145]; last update 2022-12-01</li> <li>BNT162b2 (3 doses) provided protection against VOC Alpha to Delta for the following outcomes compared to unvaccinated:</li> <li>88% (95% CI, 86 to 89) from infection at least 14 days after 3rd dose (age&gt;18)</li> <li>BNT162b2 (3 doses) provided protection against VOC Alpha to Delta for the following outcomes:</li> <li>75% (95% CI, 71 to 78) from infection at least 14 days after 3rd dose compared to 2 doses (given at least 6 months previously) (age&gt;18)</li> <li>(1 Obs) [146]; last update 2022-01-05</li> </ul>		
Alpha to Delta	Moderna Spikevax [mRNA-1723]	mRNA-1273 provided protection against infection by VOC Alpha to Delta at least 7 days after 2 <sup>nd</sup> dose:  • 78.2% (95% CI, 76.7 to 79.6)  mRNA-1273 or BNT162b2 provided protection against VOC Alpha to Delta for the following outcomes ≥ 14 days after 2 <sup>nd</sup> dose:  • 73% (95% CI, 70 to 76) from infection at 144 days after 2 <sup>nd</sup> dose  • 92% (95% CI, 85 to 96) from severe disease in people with no risk conditions  • 72% (95% CI, 51 to 84) from severe disease with very high risk conditions  • 93% (95% CI, 81 to 97) from death at 144 days after 2 <sup>nd</sup> dose  (3 Obs) [95][127][145]; last update 2022-01-05		
Alpha to Delta	AstraZeneca [ChAd0x1]	ChAdOx1 provided protection against infection by VOC Alpha to Delta at least 7 days after 2 <sup>nd</sup> dose:		

Studies Covering Tim VOC)	e Frame for More	than One VOC (insufficient data to divide them into separate
	Vaxzevria Serum Institute of India [Covishield]	<ul> <li>43.4% (95% CI, 4.4 to 66.5)</li> <li>ChAdOx1 provided protection against VOC Alpha to Delta for the following outcomes ≥ 14 days after 2<sup>nd</sup> dose:</li> <li>94% (95% CI, 90 to 96) from severe disease in people with no risk conditions</li> <li>63% (95% CI, 46 to 75) from severe disease with very high risk conditions</li> <li>33% (95% CI, 23 to 42) from symptomatic infection at 42 to 69 days after 2<sup>nd</sup> dose</li> <li>34% (95% CI, 10 to 52) from symptomatic infection at 70 to 140 days after 2<sup>nd</sup> dose</li> <li>95% (95% CI, 90 to 97) from death at least 14 days after 2<sup>nd</sup> dose</li> <li>(2 Obs) [95][127][144]; last update 2022-01-05</li> </ul>
Alpha to Delta	Johnson & Johnson [AD26.COV2.S]	Ad26.COV2.S provided protection against VOC Alpha to Delta for the following outcomes ≥ 14 days after 2 <sup>nd</sup> dose:  • 36% (95% CI, 30 to 42) from infection at 144 days after 2 <sup>nd</sup> dose  • 72% (95% CI, 49 to 85) from death at 144 days after 2 <sup>nd</sup> dose  (1 Obs) [145]; <i>last update 2022-01-05</i>
Alpha to Delta	Heterologous mRNA vaccines ChAdOx1 followed by mRNA vaccine	Heterologous mRNA vaccines provided protection against infection by VOC Alpha to Delta at least 7 days after the 2 <sup>nd</sup> dose:  • 84.7% (83.1 to 86.1)  ChAdOx1 followed by either BNT162b2 or mRNA-1273 provided protection against infection by VOC Alpha to Delta at least 7 days after 2 <sup>nd</sup> dose:  • 60.7% (95% CI, 57.5 to 63.6)  (1.Obe) [1.27]: last update 2021, 13.01
Alpha to Delta  Maintenance hemodialysis  (not updated after Nov 5, 2021)	Moderna Spikevax [mRNA-1723]	(1 Obs) [127]; last update 2021-12-01 mRNA-1273 or BNT162b showed OR of 8.89 (95% CI, 5.92 to 13.34) for unvaccinated vs fully vaccinated against infection (VOC Alpha) mRNA-1273 or BNT162b showed OR of 2.27 (95% CI, 1.72 to 3.00) for unvaccinated vs fully vaccinated against infection (VOC Delta) (1 Obs) [106]; last update 2021-11-03
Alpha or Beta Immunosuppressed, renal transplant (not updated after Nov 5, 2021)	Pfizer/ BioNTech  Comirnaty [BNT162b2]	BNT162b2 or mRNA-1273 provided protection against infection by VOC Alpha or Beta at the following number of days after 2 <sup>nd</sup> dose:  • 46.6% (95% CI, 0.0 to 73.7) ≥14 days  • 66.0% (95% CI, 21.3 to 85.3) ≥42 days  • 73.9% (95% CI, 33 to 98.9) ≥56 days  BNT162b2 or mRNA-1273 provided protection against severe, critical, or fatal disease by VOC Alpha or Beta at the following number of days after 2 <sup>nd</sup> dose:  • 72.3% (95% CI, 0.0 to 90.9) ≥14 days  • 85% (95% CI, 35.7 to 96.5) ≥42 days  • 83.8% (95% CI, 31.3 to 96.2) ≥56 days  (1 Obs) [90]; <i>last update 2021-09-22</i>

Studies Covering Tim	ne Frame for More	e than One VOC (insufficient data to divide them into separate		
VOC)		,		
Alpha or Beta	Moderna	mRNA-1273 or BNT162b2 provided protection against infection by		
,	Spikevax	VOC Alpha or Beta at the following number of days after 2 <sup>nd</sup> dose:		
Immunosuppressed,	[mRNA-1723]	• 46.6% (95% CI, 0.0 to 73.7) ≥14 days		
renal transplant		• 66.0% (95% CI, 21.3 to 85.3) ≥42 days		
(		• 73.9% (95% CI, 33 to 98.9) ≥56 days		
(not updated after		mRNA-1273 or BNT162b2 provided protection against severe,		
Nov 5, 2021)		critical, or fatal disease by VOC Alpha or Beta at the following		
		number of days after 2 <sup>nd</sup> dose:		
		• $72.3\%$ (95% CI, 0.0 to 90.9) $\geq$ 14 days		
		• 85% (95% CI, 35.7 to 96.5) ≥42 days		
		• 83.8% (95% CI, 31.3 to 96.2) ≥56 days		
		(1 Obs) [90]; last update 2021-09-22		
Alpha or Beta	Pfizer/	BNT162b2 (2 doses) after prior infection provided protection		
D 1 1 C 1	BioNTech	against VOC Alpha (or Beta) for the following outcomes:		
Previously infected	Comirnaty	• 85% (95% CI, 80 to 89) against re-infection compared to		
(+1-+-1-C+	[BNT162b2]	BNT162b2 without prior infection		
(not updated after		(1 Obs) [72]; last update 2021-08-25		
Nov 5, 2021) Alpha or Beta	Moderna	mRNA-1273 (2 doses) after prior infection did not offer additional		
Aiplia of Deta	Spikevax	protection against VOC Alpha (or Beta) for the following outcomes:		
Previously infected	[mRNA-1723]	• 15% (95% CI, -105 to 66) against re-infection compared to		
Tieviousiy infected		mRNA-1273 without prior infection		
(not updated after		(1 Obs) [72]; last update 2021-08-25		
Nov 5, 2021)		(1 Obs) [ <u>72]</u> , usi upune 2021-00-2)		
Beta to Delta	Pfizer/	BNT162b2 provided protection against infection by VOC Beta to		
	BioNTech	VOC Delta for the following number of days after the 2 <sup>nd</sup> dose:		
	Comirnaty	• 65.8% (95% CI, 63.8 to 67.7) at 5 to 9 weeks		
	[BNT162b2]	• 29.7% (95% CI, 21.7 to 36.9) at 15 to 19 weeks		
		• 0% (95% CI, 0 to 0) 20 to 24 weeks		
		BNT162b2 provided protection against hospitalization or death by		
		VOC Beta to VOC Delta for the following number of days after the		
		2 <sup>nd</sup> dose:		
		• 94.2% (95% CI, 91.0 to 96.5) at 5 to 9 weeks		
		• 86.4% (95% CI, 69.9 to 94.8) at 15 to 19 weeks		
		• 95.3% (95% CI, 70.5 to 99.9) at 20 to 24 weeks		
		(1 Obs) [ <u>98</u> ]; last update 2021-10-06		
Beta or Gamma	Pfizer/	BNT162b2 provided protection against VOC Beta or Gamma for		
	BioNTech	the following outcomes 14 to 42 days after 1st dose:		
HCW	Comirnaty	• 37.2% (95% CI, 16.6 to 52.7) from infection		
	[BNT162b2]	BNT162b2 provided protection against VOC Beta or Gamma for		
(not updated after		the following outcome 7 days after 2 <sup>nd</sup> dose:		
Nov 5, 2021)		• 79.2% (95% CI, 64.6 to 87.8) from infection		
		(1 Obs)[ <u>27</u> ]; last update 2021-06-01		
Beta or Gamma	Pfizer/	BNT162b2 reduced transmission of VOC Beta or Gamma from		
_	BioNTech	vaccinated HCW (VET) compared to unvaccinated community ≥14		
Transmission	Comirnaty	days after 1 <sup>st</sup> dose:		
	[BNT162b2]	• 54.7% (95% CI, 44.8 to 62.9) from infection		

Studies Covering Time Frame for More than One VOC (insufficient data to divide them into separate VOC)					
Vaccinated HCW vs					
unvaccinated	vaccinated HCW (VETompared to unvaccinated community ≥7				
community	nity days after 2 <sup>nd</sup> dose:				
	• 84.8% (95% CI, 75.2 to 90.7) from infection				
	(1 Obs) [27]; last update 2021-06-08				

<b>Special Populations</b>	(will not be updated a	after November 5, 2021)		
Delta	Pfizer/	BNT162b2 provided protection against VOC Delta for the		
	BioNTech	following outcomes at least 14 days after 1st dose:		
Adolescents	Comirnaty	• 59% (95% CI, 52 to 65) from infection		
	[BNT162b2]	BNT162b2 provided protection against VOC Delta for the		
(moved to		following outcomes at least 7 days after 2 <sup>nd</sup> dose:		
Pediatric/Adolescent		• 90 to 92% against infection (RME)		
LES)		(2 Obs) [112][120]; last update 2021-11-17		
Delta	Pfizer/	BNT162b2 provided protection against VOC Delta for the		
	BioNTech	following outcomes $\geq$ 14 days after 2 <sup>nd</sup> dose:		
HCW	Comirnaty	• 66% (95% CI, 26 to 84)		
	[BNT162b2]	(1 Obs) [ <u>81</u> ]; last update 2021-09-22		
Delta	AstraZeneca	ChAdOx1 provided protection against VOC Delta for the		
	[ChAd0x1]	following outcomes at least 14 days after 2nd dose:		
HCW	Vaxzevria	• 54 to 85% from infection (RME)		
	Serum Institute of	• 64% (95% CI, 38 to 78) from symptomatic infection		
	India	(2 Obs) [ <u>59</u> ][ <u>66</u> ]; last update 2021-10-06		
	[Covishield]			
Delta	Pfizer/	BNT162b2 (2 doses) provided protection against VOC Delta for		
<b>D</b>	BioNTech	the following outcomes compared to <u>natural immunity</u> <u>after prior</u>		
Previously	Comirnaty	infection:		
infected,	[BNT162b2]	• 66% (95% CI, 22 to 86) from infection		
(65+)	7.7.1	(1 Obs) [103]; last update 2021-10-20		
Delta	Moderna	mRNA-1273 (2 doses) provided protection against VOC Delta for		
D 1 1 C . 1	Spikevax	the following outcomes compared to <u>natural immunity</u> <u>after prior</u>		
Previously infected	[mRNA-1723]	infection:		
(65+)		• 68% (95% CI, 30 to 86) from infection		
		• 30% (-11 to 1) from death		
D. I.	36 1	(1 Obs) [103]; last update 2021-10-20		
Delta	Moderna	mRNA-1273 provided protection against VOC Delta for the		
D.::	Spikevax	following outcomes at least 14 days after 2 <sup>nd</sup> dose:		
Prison	[ DNIA 1702]	57% (95% CI, 42 to 67.5)		
C	[mRNA-1723]	(1 Obs) [113]; last update 2021-11-03		
Gamma	Sinovac [CoronaVac]	CoronaVac provided protection against VOC Gamma for the		
HCW	[CoronaVac]	following outcomes ≥14 days after 1 <sup>st</sup> dose:		
110 W		• 35.1% (95% CI, -6.6 to 60.5) from infection		
		• 49.6% (95% CI, 11.3 to 71.4) from symptomatic infection		
C	DC/	(1 Obs)[18]; last update 2021-05-07		
Gamma	Pfizer/	BNT162b2 (or mRNA-1273) provided protection against VOC		
ITC regidents	BioNTech	Gamma 14 days after 2 <sup>nd</sup> dose:		
LTC residents	Comirnaty	• 52.5% (95% CI, 26.9 to 69.1) against infection		
	[BNT162b2]	• 78.6% (95% CI, 47.9 to 91.2) against severe disease		

Special Populations	(will not be updated a	after November 5, 2021)		
		(1 Obs) [ <u>61</u> ]; last update 2021-08-11		
Gamma	Moderna	mRNA-1273 (or BNT162b2) provided protection against VOC		
	Spikevax	Gamma for the following outcomes 14 days after 2 <sup>nd</sup> dose:		
LTC residents	[mRNA-1723]	• 52.5% (95% CI, 26.9 to 69.1) against infection		
		• 78.6% (95% CI, 47.9 to 91.2) against severe disease		
		(1 Obs) [61]; last update 2021-08-11		
Gamma	Pfizer/	BNT162b2 provided protection against VOC Gamma for the		
	BioNTech	following outcomes $\geq$ 21 days after 1 <sup>st</sup> dose:		
Over 70 years	Comirnaty	• 61% (95% CI, 45 to 72) from infection		
·	[BNT162b2]	(1 Obs)[35]; last update 2021-07-07		
Gamma	Moderna	mRNA-1273 provided protection against VOC Gamma for the		
- CWIIII	Spikevax	following outcome ≥21 days after 1 <sup>st</sup> dose:		
Over 70 years	[mRNA-1723]	• 61% (95% CI, 45 to 72) from infection		
o ver ve yeure		(1 Obs) [35]; last update 2021-06-23		
Alpha	Pfizer/	BNT162b2 provided protection against VOC Alpha for the		
111piiu	BioNTech	following outcomes 14 to 21 days after 1 <sup>st</sup> dose:		
HCW	Comirnaty	• 64 to 84% from infection (RME)		
110 11	[BNT162b2]	BNT162b2 provided protection against VOC Alpha for the		
		following outcomes at least 7 days after 2 <sup>nd</sup> dose:		
		• 90 to 97% from infection (RME)		
		BNT162b2 provided protection against VOC Alpha for the		
		following outcome 7 days after 2 <sup>nd</sup> dose:		
		86% (95% CI, 69 to 93) from asymptomatic infection [25]		
		BNT162b2 provided protection against infection by VOC Alpha		
		for the following number of days after 2 <sup>nd</sup> dose:		
		85% (95% CI, 68 to 93) at 14 to 119 days		
		• 73% (95% CI, 49 to 86) ≥150 days		
A11	A - 4 11 - 77 - 11 - 1	(6 Obs)[11][34][45][46][56][81]; last update 2021-11-17		
Alpha	AstraZeneca	ChAdOx1 provided protection against VOC Alpha for the		
HCW	[ChAd0x1]	following outcomes at least 14 days after 1 <sup>st</sup> dose:		
пси	Vaxzevria Serum Institute of	• 64% (95% CI, 50 to 74) from infection		
	India	ChAdOx1provided protection against VOC Alpha for the		
		following outcomes at least 14 days after 2 <sup>nd</sup> dose:		
	[Covishield]	• 90% (95% CI, 62 to 98) from infection		
A11	DC/	(1 Obs) [46]; last update 2021-07-07		
Alpha	Pfizer/	BNT162b2 provided protection against VOC Alpha for the		
I TO	BioNTech	following outcomes 7 days after 2 <sup>nd</sup> dose:		
LTC residents	Comirnaty	• 53% (95% CI, 29 to 69) from infection		
	[BNT162b2]	• 89% (95% CI, 81 to 93) from death		
		(1 Obs)[32]; last update 2021-10-06		
Alpha	Pfizer/	BNT162b2 provided protection against VOC Alpha for the		
0 6	BioNTech	following outcomes 7 days after 2 <sup>nd</sup> dose:		
Over 65 years,	Comirnaty	• 86% (95% CI, 78 to 91) from infection		
requiring home	[BNT162b2]	• 97% (95% CI, 88 to 99) from death		
support		(1 Obs)[ <u>32</u> ]; last update 2021-07-07		
Alpha	Pfizer/	BNT162b2 provided protection against VOC Alpha for the		
	BioNTech	following outcomes at least 21 days after 1 <sup>st</sup> dose:		
Over 70 years	Comirnaty	• 41 to 67% from infection (RME)		

Special Populations (will not be updated after November 5, 2021)			
	[BNT162b2]	BNT162b2 provided protection against VOC Alpha for the	
		following outcomes at least 7 days after 2 <sup>nd</sup> dose:	
		• 75 to 90% from infection (RME)	
		(3 Obs)[ <u>28</u> ][ <u>35</u> ][ <u>51</u> ]; last update 2021-10-06	
Alpha	Moderna	mRNA-1273 provided protection against VOC Alpha for the	
	Spikevax	following outcome ≥21 days after 1 <sup>st</sup> dose:	
Over 70 years	[mRNA-1723]	• 67% (95% CI, 57 to 75) from infection	
		(1 Obs) [ <u>35</u> ]; last update 2021-06-23	
Alpha	AstraZeneca	ChAdOx1 provided protection against VOC Alpha for the	
	[ChAd0x1]	following outcomes at least 14 days after 2 <sup>nd</sup> dose:	
Over 80 years	Vaxzevria	88% (95% CI, 48 to 97) from symptomatic infection	
	Serum Institute of	(1 Obs) [79]; last update 2021-10-20	
	India		
	[Covishield]		
Alpha	Pfizer/	BNT162b2 provided protection against VOC Alpha for the	
	BioNTech	following outcomes at least 28 days after 1 <sup>st</sup> dose:	
Pregnant	Comirnaty	• 78% (95% CI, 57 to 89) from infection	
	[BNT162b2]	BNT162b2 provided protection against VOC Alpha for the	
		following outcomes 7 to 56 days after 2 <sup>nd</sup> dose:	
		• 86.1% (95% CI, 82.4 to 89.1) from infection	
		• 89% (95% CI, 43 to 100) from hospitalization	
		(2 Obs) [ <u>52</u> ][ <u>54</u> ]; last update 2021-07-28	
Epsilon	Pfizer/	BNT162b2 provided protection against VOC Epsilon for the	
	BioNTech	following outcome 15 days after 1 <sup>st</sup> dose:	
	Comirnaty	• 58.9% (95% CI, -9.7 to 84.5) from infection	
	[BNT162b2]	BNT162b2 provided protection against VOC Epsilon for the	
		following outcome 15 days after 2 <sup>nd</sup> dose:	
		• 85.7% (67.2 to 93.9) from infection	
		(2 Obs) [8][31]; last update 2021-06-08	
Epsilon	Moderna	mRNA-1273 provided protection against VOC Epsilon for the	
	Spikevax	following outcome 15 days after 1 <sup>st</sup> dose:	
	[mRNA-1723]	• 58.9% (95% CI, -9.7 to 84.5) from infection	
		mRNA-1273 provided protection against VOC Epsilon for the	
		following outcome 15 days after 2 <sup>nd</sup> dose:	
		• 85.7% (67.2 to 93.9) from infection	
Tinles to 110 Courses		(2 Obs) [8][31]; last update 2021-06-08	

Links to references are provided in Appendix 1

Pan American Health Organization/World Health Organization. Pharmacovigilance for COVID-19 Vaccines. <a href="https://covid-19pharmacovigilance.paho.org">https://covid-19pharmacovigilance.paho.org</a>

Iorio A, Little J, Linkins L, Abdelkader W, Bennett D, Lavis JN. COVID-19 living evidence synthesis #6 (version 6.30): What is the efficacy and effectiveness of available COVID-19 vaccines in general and specifically for variants of concern? Health Information Research Unit (HIRU); McMaster and Ottawa Knowledge Synthesis and Application Unit, 16 February 2022.

The COVID-19 Evidence Network to support Decision-making (COVID-END) is supported by an investment from the Government of Canada through the Canadian Institutes of Health Research (CIHR). To help Canadian decision-makers as they respond to unprecedented challenges related to the COVID-19 pandemic, COVID-END in Canada is preparing rapid evidence responses like this one. The opinions, results, and conclusions are those of the evidence-synthesis team that prepared the rapid response, and are independent of the Government of Canada and CIHR. No endorsement by the Government of Canada or CIHR is intended or should be inferred.

Appendix 1: Summary of Study Findings and Appraisals

	Section 1: included studies							
Ref	Author	Bottom line	ROBINS- I*	Design, Notes				
	*Note: ROBINS-I score risk of bias: Low risk of bias indicates high quality							
1	<u>Dagan</u>	BNT162b2 showed VE 46% (95% CI, 40 to 51) against infection 14 to 20 days after 1 <sup>st</sup> dose and VE 92% (95% CI, 88 to 95) 7 days after 2 <sup>nd</sup> dose.  BNT162b2 showed VE 92% (95% CI, 75 to 100) for severe disease at 7 days after 2 <sup>nd</sup> dose.	Moderate	Data-linkage study in Israel; .5 M matched participants (2 M excluded – also (possible overlap with Haas); time and setting for VOC Alpha (estimated 80%).				
2	Haas	BNT162b2 showed VE 95.3% (95% CI, 94.9 to 95.7) against infection; VE 97.5% (95% CI, 97.1 to 97.8) against severe or critical COVID-19-related hospitalization; VE 96.7% (95% CI, 96.0 to 97.3) against death 7 days after 2 <sup>nd</sup> dose.	Serious	Data-linkage study in Israel; >6.5 M matched participants (possible overlap with Dagan) Updated May 14 due to final publication; sample confirmed VOC Alpha (estimated 94%).				
3	*Delayed exclusion- only included infected	BNT162b2 showed lower relative VE (2.4:1) against Alpha. after 1 <sup>st</sup> dose; and lower VE (8:1) against Beta after 2 <sup>nd</sup> dose in a population with >90% of Alpha and <1% Beta	Moderate	Case-control study in Israel; small sample for Beta (no overlap CHS cohort); confirmed VOC Alpha and Beta.				
4	<u>Madhi</u>	ChAdOx1 nCoV-19 showed VE 10.4% (95% CI, -76.8 to 54.8) against mild to moderate disease 14 days after 2 <sup>nd</sup> dose.	Moderate quality (RCT)	RCT in South Africa; Underpowered for 20% efficacy (42 cases); VOC Beta.				
5	Emary	ChAdOx1nCoV-19 showed VE 61.7% (95% CI, 36.7 to 76.9) against infection by VOC Alpha ≥ 15 days after 2 <sup>nd</sup> dose.	Moderate quality (RCT)	RCT in UK; neutralization of Alpha 9 times lower; no sequencing for 45% of cases; 52 cases (19%) had VOC Alpha.				
6	Shah	ChAdOx1nCoV-19 or BNT162b2 reduced infection in unvaccinated household contacts of vaccinated HCW by about 30% (HR, 0.70, 95% CI, 0.63 to 0.78) ≥ 14 days after 1 <sup>st</sup> dose; ChAdOx1nCoV-19 or BNT162b2 reduced infection in HCW by about 55% (HR 0.45, 95% CI, 0.42 to 0.49) and hospitalization by 84% (HR 0.16, 95% CI, 0.09 to 0.27) ≥ 14 days after 1 <sup>st</sup> dose.	Moderate	Data-linkage study in Scotland - (25% of cases had received 2 doses); time and setting for VOC Alpha.				
7	Sadoff	Single dose Ad26.COV2.S showed VE 52.0% (95% CI, 30.3 to 67.4) at 14 days and VE 64.0% (95% CI, 41.2 to 78.7) at 28 days against	Moderate quality (RCT)	RCT; over 40,000 participants;				

8	Andrejko	moderate to severe disease and VE 81.7% (95% CI, 46.2 to 95.4) at 28 days against severe disease (VOC Beta in South Africa).  BNT162b2 or mRNA-1273 showed VE 58.9%	Serious	Argentina, Brazil, Chile, Colombia, Mexico, Peru, South Africa, and the United States; 86 of 91 cases sequenced for VOC Beta. Test-negative study in
	- Triarejao	(95% CI, -9.7 to 84.5) at 15 days after 1 <sup>st</sup> dose, and VE 85.7% (95% CI, 67.2 to 93.9) 15 days after 2 <sup>nd</sup> dose against infection.		California; 645 participants; 69% of population at time had VOC Alpha or Epsilon.
9	Glampson	ChAdOx1nCoV-19 showed VE 74% (95% CI, 65 to 81) against infection 28 days after 1 <sup>st</sup> dose.  BNT162b2 showed VE 78% (95% CI, 73 to 82) against infection 28 days after 1 <sup>st</sup> dose.	Serious	Retrospective cohort in UK; 2M participants; time and setting for VOC Alpha.
10	<u>Pritchard</u>	ChAdOx1nCoV-19 or BNT162b2 showed VE 66% (95% CI, 59 to 72%) 21 days after 1 <sup>st</sup> dose and 78% (95% CI, 68 to 85%) after 2 <sup>nd</sup> dose against infection.	Serious	Survey of randomly selected private households with longitudinal follow-up in UK; 370,000 participants; sample confirmed VOC Alpha.
11	Hall (SIREN)	BNT162b2 vaccine showed VE of 70% (95% CI, 55 to 85) 21 days after 1 <sup>st</sup> dose and 85% (95% CI, 74 to 96) 7 days after 2 <sup>nd</sup> dose against infection in HCW.	Moderate	Prospective cohort with standardized testing for HCW over all of England; 23,000 participants; time and setting for VOC Alpha
12	*Delayed exclusion – critical ROB	Similar effect sizes were seen for ChAdOx1 (aHR 0.32, 95% CI, 0.15 to 0.66) and BNT162b2 (aHR 0.35, 95% CI, 0.17 to 0.71) at 35-48 days after 1 <sup>st</sup> dose.	Critical	Prospective cohort in England: 9160 of 10412 frail LTC residents; routine screening; time and setting for VOC Alpha
13	*Delayed exclusion – did not report clinical outcomes of interest for this LES	BNT162b2 showed VE 71.4% (95% CI, 43.1 to 86.2) against hospitalization 14 days after 1 <sup>st</sup> dose; ChAdOx1nCoV-19 showed VE 80.4% (95% CI, 36.4 to 94.5) against hospitalization 14 days after 1 <sup>st</sup> dose for 80+.  When effectiveness analysis for BNT162b2 was restricted to the period covered by ChAdOx1nCoV-19, the estimate was 79.3% (95% CI, 47.0 to 92.5).		Test negative case-control study in Scotland. Single center; 466 participants, 80+; time and setting for VOC Alpha
14	<u>Harris</u>	BNT162b2 or ChAdOx1 reduced likelihood of VET by vaccinated HCW to household contacts by 40-50% 21 days after 1 <sup>st</sup> dose.	Serious	Data-linkage and case- control study in England; 338,887 participants; time and setting for VOC Alpha
15	Goldberg	Prior infection (in unvaccinated) has similar VE against infection [94.8%], and severe illness [96.4%] as two doses of BNT162b2.	Serious	Data-linkage study in Israel; 6,351,903 participants; likely overlaps with Dagan and

				Haas; time and setting for VOC Alpha
16	*Delayed exclusion – VOI instead of VOC	VE 66.2% (95% CI, 40.5% to 80.8%) against infection among LTC residents and 75.9% (95% CI, 32.5% to 91.4%) among HCW. VE 94.4% (95% CI, 73.9% to 98.8%) against hospitalization among residents; no HCW were hospitalized. Three residents died, two of whom were unvaccinated (VE 94.4%; 95% CI, 44.6% to 99.4%).	Critical	Outbreak analysis in LTC in Kentucky; small number of events; VOI R.1
17	Shinde	NVX-CoV2372 VE showed VE 50.4% (95% CI, 16.6 to 70.5) against symptomatic infection 7 days after 2 <sup>nd</sup> dose.	Moderate quality (RCT)	RCT in South Africa; 4387 participants; 38/41 cases VOC Beta
18	Hitchings	CoronaVac showed VE of 35.1% (95% CI, -6.6 to 60.5) against infection in HCW after 1st dose.	Serious	Case-control study in HCWs in Manaus; 53,176 participants; 75% prevalence of Gamma; 776 (28%) of 2797 PCR were used for the case-controls; rate of previous infection high in the population
19	<u>Heath</u>	NVX-CoV2373 showed VE 89.7% (95% CI, 80.2 to 94.6) against symptomatic infection after 2 <sup>nd</sup> dose. No hospitalizations or deaths in vaccinated group.	Moderate quality (RCT)	RCT; 15,187 participants in UK Post hoc: VE 86.3% (95% CI, 71.3 to 93.5) against Alpha variant; 10 cases in vaccinated participants; 66 infections confirmed Alpha; 11 infections no sequencing available
20	*Delayed exclusion – did not report clinical outcomes of interest for this LES	BNT162b2 showed VE 81% (95% CI, 76 to 85) against hospitalization 28 days after 1 <sup>st</sup> dose and 93% (95% CI, 89 to 95) 14 days after the 2 <sup>nd</sup> dose for people 80+.  ChAdOx1 showed VE 73% (95% CI, 60 to 81) against hospitalization 28 days after 1 <sup>st</sup> dose; sample size too small to report VE after 2 <sup>nd</sup> dose for people 80+.		Screening study in UK; 13,907 hospitalized patients; results for age 80+; time and setting for VOC Alpha
21	*Delayed exclusion – critical ROB	BNT162b2 showed VE 44% (95% CI, 32 to 53) after 1 <sup>st</sup> dose and 69% (95% CI, 31 to 86) after 2 <sup>nd</sup> dose against symptomatic infection in 70+.  Single dose ChAdOx1 showed VE 55% (95% CI, 41 to 66) against death.	Critical	Data-linkage study in England; 48,096 cases above age 70+; 12.7% BNT162b2 and 8.2% ChAdOx1; VE also reported for 80+ and LTC; time and setting for VOC Alpha

22	Chodick	BNT162b2 showed VE 90% (95% CI, 79 to 95)	Serious	Data-linkage study in Israel
		against infection and VE 94% (95% CI, 88 to 97) against death 7-27 days after 2 <sup>nd</sup> dose; 71% (95% CI, 37 to 87) in immunosuppressed.		(Maccabi Health Care Organization); 1,178,597 participants; time and
23	Chung	BNT162b2 or mRNA-1273 showed VE 61% (95% CI, 56 to 66) against symptomatic infection by VOC Alpha 14 days after 1 <sup>st</sup> dose and 90% (95% CI, 85 to 94) 7 days after 2 <sup>nd</sup> dose; 43% (95% CI, 22 to 59) against symptomatic infection by VOC Beta or Gamma 14 days after 1 <sup>st</sup> dose and 88% (95% CI, 61 to 96) 7 days after 2 <sup>nd</sup> dose.	Moderate	setting for VOC Alpha Test-negative study in Ontario 324,033 participants; screening for variants started 2 months into study period; results also reported for age>70 and according to vaccine (but not according to confirmed variant)
24	*Delayed exclusion – critical ROB	BNT162b2 showed VE 50% (95% CI, 34 to 73) against infection with VOC Beta >28 days after 2 doses.	Critical	Outbreak in a single LTC in France; 90 participants; all samples genome sequenced for VOC Beta; 2 deaths in vaccinated group
25	Angel	BNT162b2 showed VE 97% (95% CI, 94 to 99) against symptomatic infection and 86% (95% CI, 69 to 93) against asymptomatic infection ≥ 7 days after 2 doses in HCW.	Serious	Retrospective cohort at a single centre tertiary medical centre in Israel, 6,710 participants; testing strategy was different between vaccinated and unvaccinated; time and setting for VOC Alpha
26	*Delayed exclusion – critical ROB	BNT162b2 showed VE 61.9% (95% CI, 19.2 to 82) against infection 14 to 20 days after 1 <sup>st</sup> dose; 96% (95% CI, 82.2 to 99.1) ≥ 7 days after 2 <sup>nd</sup> dose in HCW.	Critical	Data-linkage, single centre medical centre in Italy, 2,034 participants; time and setting for VOC Alpha
27	Yassi	BNT162b2 (93%) or mRNA-1273 showed VE 37.2% (95% CI, 16.6 to 52.70) against infection by VOC Beta or Gamma 14 to 42 days after 1 <sup>st</sup> dose and 79.2% (95% CI, 64.6 to 87.8) 7 days after 2 <sup>nd</sup> dose in HCW.	Serious	Data-linkage, 25,558 Canadian HCW; evenly split between VOC Gamma and VOC Beta by end of study period
28	Bernal (1)	BNT162b2 showed VE 60% (95% CI, 40 to 73) against confirmed symptomatic infection by VOC Alpha at least 28 days after 1 <sup>st</sup> dose and 90% (95% CI, 84 to 94) at least 14 days after 2 <sup>nd</sup> dose for people 70+.	Serious	Test-negative in England, 156,930 participants; spike gene target failure as proxy for confirmed VOC Alpha
29	Bernal (3)	BNT162b2 showed VE 47.5% (95% CI, 41.6 to 52.8) at least 21 days after 1 <sup>st</sup> dose and VE 93.7% (95% CI, 91.6 to 95.3) at least 14 days after 2 <sup>nd</sup> dose against symptomatic infection by confirmed VOC Alpha.  ChadOx1showed VE 48.7% (95% CI, 45.2 to 51.9) at least 21 days after 1 <sup>st</sup> dose and VE 74.5%	Serious	Test-negative in England; 19,109 sequenced cases: 14,837 VOC Alpha and 4,272 VOC Delta.

		(95% CI, 68.4 to 79.4) at least 14 days after 2 <sup>nd</sup> dose against symptomatic infection by confirmed VOC Alpha.  BNT162b2 showed VE 35.6% (95% CI, 22.7 to 46.4) at least 21 days after 1 <sup>st</sup> dose and VE 88% (95% CI, 85.3 to 90.1) at least 14 days after 2 <sup>nd</sup> dose against symptomatic infection by confirmed VOC Delta.  ChAdOx1 showed VE 30% (95% CI, 24.3 to 35.3) at least 21 days after 1 <sup>st</sup> dose and VE 67% (95% CI, 61.3 to 71.8) at least 14 days after 2 <sup>nd</sup> dose against symptomatic infection by confirmed VOC Delta.		
30	Ranzani	CoronaVac reduced risk of symptomatic infection by VOC Gamma VE 41.6% (95% CI, 26.9 to 63.3) ≥ 14 days after 2 <sup>nd</sup> dose for people 70+.	Serious	Test-negative in Brazil; 44,055 participants; sequencing not performed; effectiveness declined with age; time and setting for VOC Gamma
31	Andrejko (2)	BNT162b2 and mRNA-1273 showed VE 86.8% (95% CI, 68.6 to 94.7) and VE 86.10% (95% CI, 69.1 to 93.9), respectively, against infection 15 days after 2 <sup>nd</sup> dose.	Serious	Test-negative in California; 1,023 participants; expansion of sample size and timeline since previous study by same authors; VOC Alpha, Epsilon
32	Emborg	BNT162b2 showed VE 53-86% against infection across high-risk groups, VE 75-87% against hospitalization across high-risk groups, VE 89% (95% CI, 81 to 93) against death in LTCF residents and VE 97% (95% CI, 88 to 99) against death in 65+ requiring personal care 7 days after 2 <sup>nd</sup> dose.	Serious	Data-linkage population study of high-risk groups in Denmark; 864,096 participants; sample confirmed VOC Alpha
33	Salo	BNT162b2 showed VE 42.9% (95% CI, 22.3 to 58.1) against infection in unvaccinated household members of vaccinated HCW 10 weeks after 1 <sup>st</sup> dose.	Moderate	Data-linkage for household contacts of HCW in Finland; 52,766 spouses of vaccinated HCW; time and setting for VOC Alpha
34	Shrestha	BNT162b2 or mRNA-1273 showed VE 97.1% (95% CI, 94.3 to 98.5) against infection ≥14 days after 2 <sup>nd</sup> dose (based on multivariable model).	Moderate	Retrospective cohort of employees of a health care system in Ohio; 46,866 participants (60%) vaccinated by end of study; time and setting for VOC Alpha
35	Skowronski	BNT162b2 (85%) or mRNA-1273 showed VE 67% (95% CI, 57 to 75) against infection by confirmed VOC Alpha ≥21 days after 1 <sup>st</sup> dose for 70+.	Serious	Test-negative in Canada; 16,993 specimens; out of 1,131 genetically sequenced: 45% VOC Alpha and 28% Gamma; results reported by

		BNT162b2 (85%) or mRNA-1273 showed VE 61% (95% CI, 45 to 72) against infection by confirmed VOC Gamma ≥21 days after 1 <sup>st</sup> dose for 70+.		vaccine but not according to confirmed variant
36	Abu-Raddad	BNT162b2 showed VE 89.5% (95% CI, 85.9 to 92.3) against infection, VE 100% (95% CI, 81.7 to 100) against any severe, critical, or fatal disease by VOC Alpha ≥ 14 days after 2 <sup>nd</sup> dose.  BNT162b2 showed VE 75% (95% CI, 70.5 to 78.9) against infection, VE 100% (95% CI, 73.7	Serious	Test-negative in Qatar; 17,293 cases; sequencing showed 50% VOC Beta and 45% VOC Alpha between February-March 2021
		to 100) against severe, critical, or fatal disease by VOC Beta $\geq$ 14 days after 1 <sup>st</sup> dose.		
37	Akhrass *Delayed exclusion - failure to report outcomes of interest for this LES	BNT162b2 or mRNA-1273 showed overall VE 60.4% (95% CI, 30 to 77.6) against symptomatic infection ≥ 14 days after 1 <sup>st</sup> dose; BNT162b2 or mRNA-1273 showed overall VE 95.7% (95% CI, 90 to 98.2) against symptomatic infection ≥ 14 days after 2 <sup>nd</sup> dose.	Critical	Retrospective cohort of HCW at a single centre in Kentucky, USA; 2,134 participants; time and setting for VOC Alpha
38	Sheikh	BNT162b2 showed VE 30% (95% CI, 17 to 41) against confirmed VOC Delta infection and VE 33% (95% CI, 15 to 47) against symptomatic infection at least 28 days after 1st dose; VE 79% (95% CI, 75 to 82) against infection and VE 83% (95% CI, 78 to 87) against symptomatic infection at least 14 days after 2nd dose.  ChAdOx1 showed VE 18% (95% CI, 9 to 25) against confirmed VOC Delta infection and VE 33% (95% CI, 23 to 41) against symptomatic infection at least 28 days after 1st dose; VE 60% (95% CI, 53 to 66) against infection and VE 61% (95% CI, 51 to 70%) against symptomatic infection at least 14 days after 2nd dose.	Serious	Test-negative in Scotland; 626,900 specimens; also compared hospitalization rates between S gene positive (VOC Delta) and S gene negative specimens within 14 days of positive test result (not summarized here)
39	Furer *Delayed exclusion – critical risk of bias	BNT162b2 reported no symptomatic infections in the vaccinated group (0/686) compared to 0.83% infections in the vaccinated general population control group.	Critical	Prospective cohort of adults with autoimmune inflammatory rheumatic diseases in Israel; 686 participants; time and setting for VOC Alpha
40	Martinez- Baz	BNT162b2 showed VE 65% (95% CI, 56 to 73) against infection and VE 94% (95% CI, 60 to 99) against hospitalization at least 14 days after 2 <sup>nd</sup> dose in close contacts of COVID+ index cases.  ChAdOx1 showed VE 44% (95% CI, 31 to 54) against infection and VE 92% (95% CI, 46 to 99) against hospitalization at least 14 days after 1 <sup>st</sup>	Serious	Prospective cohort of close contacts of COVID+ people in Spain; 20,961 participants; VOC Alpha confirmed for small sample; sample size for Moderna too small to report results separately

		dose in close contacts of index cases. Second dose results not reported.		
41	Chodick (2)	BNT162b2 showed VE 51.4% (95% CI, 16.3 to 71.8) against infection 13 to 24 days after 1 <sup>st</sup> dose.	Serious	Data-linkage study in Israel (Maccabi Health Care Services); 351,897 participants; time and setting for VOC Alpha
42	Stowe	BNT162b2 showed VE 94% (95% CI, 46 to 99) at least 21 days after 1 <sup>st</sup> dose and VE 96% (95% CI, 86 to 99) at least 14 days after 2 <sup>nd</sup> dose against hospitalization by confirmed VOC Delta.  ChAdOx1 showed VE 71% (95% CI, 51 to 83) at least 21 days after 1 <sup>st</sup> dose and VE 92% (95% CI, 75 to 97) 14 days after 2 <sup>nd</sup> dose against hospitalization by confirmed VOC Delta.	Serious	Same cohort as Bernal (3) with extended time frame for symptomatic infection and adding in data-linkage to hospitalization; 14,019 participants; sample confirmed VOC Delta
43	<u>Saciuk</u>	BNT162b2 showed VE 93% (95% CI, 92.6 to 93.4) against infection, VE 93.4% (95% CI, 91.9 to 94.7) against hospitalization and VE 91.1% (95% CI, 86.5 to 94.1) against death at least 7 days after 2 <sup>nd</sup> dose	Serious	Retrospective cohort of members of a health management organization in Israel; 1,650,885 participants; time and setting for VOC Alpha
44	*Delayed exclusion – critical risk of bias	BNT162b2 showed VE 61% (95% CI, 49 to 71) at least 14 days after 1 <sup>st</sup> dose and VE 89% (95% CI, 82 to 94) at least 7 days after 2 <sup>nd</sup> dose against infection	Serious	Retrospective cohort of a subpopulation of members of a health management organization in Israel who had undergone repeated PCR testing; 6,286 participants; time and setting for VOC Alpha
45	Azamgarhi	BNT162b2 showed VE 70% (95% CI, 6 to 91) against infection at least 14 days after 1 <sup>st</sup> dose	Serious	Single centre cohort study of HCW in UK; 2,260 participants; time and setting for VOC Alpha
46	Lumley	BNT162b2 (63%) or ChAdOx1showed VE 64% (95% CI, 50 to 74) 14 days after 1 <sup>st</sup> dose and VE 90% (95% CI, 62 to 98) 14 days after 2 <sup>nd</sup> dose against infection	Serious	Prospective cohort of HCWs in Oxfordshire, UK; 13,109 participants; confirmed VOC Alpha
47	Nasreen	BNT162b2 showed VE 89% (95% CI, 86 to 91) against symptomatic infection and VE 95% (95% CI, 92 to 97) against hospitalization at least 7 days after 2 <sup>nd</sup> dose (VOC Alpha); VE 84% (95% CI, 69 to 92) against symptomatic infection and VE 95% (95% CI, 81 to 99) against hospitalization at least 7 days after 2 <sup>nd</sup> dose (VOC Beta/Gamma); VE 87% (95% CI, 64 to 95) against symptomatic infection at least 7 days after 2 <sup>nd</sup> dose (VOC Delta).	Moderate	Test-negative study in Ontario 421,073 participants (same population as for Chung but extended to May 2021 and more detailed with respect to reporting of VOC); screening for VOC Alpha, Beta/Gamma and Delta varied during study period

		BNT162b2 showed VE 78% (95% CI, 65 to 86) against hospitalization at least 7 days after 2 <sup>nd</sup> dose (VOC Delta).  mRNA-1273 showed VE 92% (95% CI, 86 to 96) against symptomatic infection and VE 94% (95% CI, 89 to 97) against hospitalization at least 7 days after 2 <sup>nd</sup> dose (VOC Alpha).  mRNA-1273 showed VE 77% (95% CI, 63 to 86) against symptomatic infection and VE 89% (95% CI, 73 to 95) against hospitalization at least 14 days after 1 <sup>st</sup> dose (VOC Beta/Gamma); VE 72% (95% CI, 57 to 82) against symptomatic infection and VE 96% (95% CI, 72 to 99) against hospitalization at least 14 days after 1 <sup>st</sup> dose (VOC Delta).  ChAdOx1 showed VE 64% (95% CI, 60 to 68) against symptomatic infection and VE 85% (95% CI, 81 to 88) against hospitalization at least 14 days after 1 <sup>st</sup> dose (VOC Alpha); VE 48% (95%		
		CI, 28 to 63) against symptomatic infection and VE 83% (95% CI, 66 to 92) against hospitalization at least 14 days after 1 <sup>st</sup> dose (VOC Beta/Gamma); VE 67% (95% CI, 44 to 80) against symptomatic infection and VE 88% (95% CI, 60 to 96) against hospitalization at least 14 days after 1 <sup>st</sup> dose (VOC Delta).		
48	Gazit	BNT162b2 showed VE 80% (95% CI, 73 to 85) at least 7 days after 2 <sup>nd</sup> dose against infection in vaccinated household members of a confirmed COVID+ case.	Serious	Retrospective cohort of household members (household = 2 adults with no children) of a health management organization in Israel; 173,569 households; time and setting for VOC Alpha
49	<u>Jara</u>	CoronaVac showed VE 65.9% (95% CI, 65.2 to 66.6) against infection and VE 86.3% (95% CI, 84.5 to 87.9) against death at least 14 days after 2 <sup>nd</sup> dose.	Moderate	Prospective cohort in Chile; 10.2 million participants; time and setting for VOC Gamma
50	Chemaitelly	mRNA-1273 showed VE 88.1% (95% CI, 83.7 to 91.5) and VE 100% (95% CI, 91.8 to 100) against infection by confirmed VOC Alpha at least 14 days after 1 <sup>st</sup> and 2 <sup>nd</sup> dose, respectively.  mRNA-1273 showed VE 61.3% (95% CI, 56.5 to 65.5) and VE 96.4% (95% CI, 91.9 to 98.7) against infection by confirmed VOC Beta at least 14 days after 1 <sup>st</sup> and 2 <sup>nd</sup> dose, respectively.	Serious	Test-negative in Qatar; >75,000 participants; sample sequenced for VOC Alpha and VOC Beta

		mRNA-1273 showed VE 81.6% (95% CI, 71.0 to 88.8) and VE 95.7% (95% CI, 73.4 to 99.9) against severe, critical, or fatal disease at least 14 days after 1 <sup>st</sup> and 2 <sup>nd</sup> dose, respectively (combined VOC Alpha and Beta).		
51	Baum	BNT162b2 or mRNA-1273 showed VE 41% (95% CI, 25 to 54) against infection ≥ 21 days after 1 <sup>st</sup> dose; BNT162b2 or mRNA-1273 showed VE 75% (95% CI, 65 to 82) against infection ≥ 7 days after 2 <sup>nd</sup> dose in age 70+.  BNT162b2 or mRNA-1273 showed VE 41% (95% CI, 17 to 58) against infection ≥ 21 days after 1 <sup>st</sup> dose; BNT162b2 or mRNA-1273 showed VE 77% (95% CI, 65 to 85) against infection ≥ 7 days after 2 <sup>nd</sup> dose in chronically ill (age 16-69).  ChAdOx1 showed VE 24% (95% CI, -1 to 43) against infection ≥ 21 days after 1 <sup>st</sup> dose in chronically ill (age 16-69).	Serious	Data-linkage study in Finland; 901,092 participants age 70+ and 774,526 participants age 16 to 69 years with chronic illness; time and setting for VOC Alpha; results for mRNA vaccines not reported separately
52	Balicer	BNT162b2 showed VE 86.1% (95% CI, 82.4 to 89.1) against infection; VE 89% (95% CI, 43 to 100) against hospitalization 7 to 56 days after 2 <sup>nd</sup> dose.  Too few events to report VE for severe disease or death.	Serious	Data-linkage study of pregnant women over age 16 in Israel (same database as Dagan); 21,722 participants; time and setting for VOC Alpha.
53	Mateo- Urdiales	BNT162b2 (61%) or ChAdOx1 (31%) or mRNA-1273 (7%) or Ad26.COV <sub>2</sub> -S (0.6%) showed VE 78% (95% CI, 76 to 79) against infection 42 to 49 days after at least 1 <sup>st</sup> dose; VE 93% (95% CI, 89 to 96) against death 35 to 42 days after at least 1 <sup>st</sup> dose.	Serious	Data-linkage study in Italy; 13,721,506 participants; time and setting for VOC Alpha. Results not reported by vaccine and some participants (42%) who also received 2 <sup>nd</sup> dose were included in estimates.
54	Goldshtein	BNT162b2 showed VE 78% (95% CI, 57 to 89) against infection at least 28 days after 1 <sup>st</sup> dose.	Serious	Data-linkage study of pregnant women in Israel (same database as Gazit); 15,060 participants; time and setting for VOC Alpha.
55	Mason	BNT162b2 showed VE 55.2% (95% CI, 40.8 to 66.8) and VE 70.1% (95% CI, 55.1 to 80.1) against infection 21 to 27 days and 35 to 41 days after 1 <sup>st</sup> dose, respectively.	Moderate	Case-control study of age 80-83 vs 76-79 community- dwelling unvaccinated residents in England; time and setting for VOC Alpha
56	<u>Fabiani</u>	BNT162b2 showed VE 84.1% (95% CI, 39.7 to 95.8) and VE 85.4% (95% CI, -35.3 to 98.4) against infection 14 to 21 days and ≥21 days after 1 <sup>st</sup> dose, respectively in HCW.	Serious	Retrospective cohort of HCW in Italy; 6,423 participants; time and setting for VOC Alpha

		BNT162b2 showed VE 95.1% (95% CI, 62.4 to 99.4) against infection ≥7 days after 2 <sup>nd</sup> dose in HCW.		
57	Chia	BNT162b2 or mRNA-1273 showed VE 92.7% (95% CI, 65.7 to 98.4) against severe disease (defined as requiring supplemental oxygen) > 14 days after 2 <sup>nd</sup> dose.	Serious	Retrospective cohort of confirmed VOC Delta admitted to hospital (including asymptomatic) in Singapore; 218 participants; not reported by vaccine
58	Kaur *Delayed exclusion – critical ROB	Two doses of Covishield showed VE 87% (95% CI, 33 to 97) against severe disease when compared with one dose (timing of doses not reported).	Critical	Preliminary report of prospective cohort in India; 1500 participants; time and setting for VOC Delta
59	*Delayed exclusion – critical ROB	Covishield showed VE 49% (95% CI, 17 to 68) against infection 21 days after 1 <sup>st</sup> dose and VE 54% (95% CI, 27 to 71) against infection 14 days after 2 <sup>nd</sup> dose.  Covishield showed VE 58% (95% CI, 28 to 75) against symptomatic infection 21 days after 1 <sup>st</sup> dose and VE 64% (95% CI, 38 to 78) against symptomatic infection 14 days after 2 <sup>nd</sup> dose.	Critical	Test-negative study in a single hospital site in India; 360 matched pairs (203 symptomatic pairs); time and setting for VOC Delta
60	Carazo	BNT162b2 or mRNA-1273 showed VE 60% (95% CI, 53.6 to 65.5) against infection by confirmed VOC Alpha 14 days after 1st dose.  BNT162b2 or mRNA-1273 showed VE 92.6% (95% CI, 87.1 to 95.8) against infection by confirmed VOC Alpha 7 days after 2nd dose.	Serious	Test-negative study in Quebec, Canada; 58,476 participants; sample confirmed VOC Alpha; reported according to vaccine but not concurrently for VOC Alpha
61	Williams	BNT162b2 or mRNA-1273 showed VE 52.5% (95% CI, 26.9 to 69.1) against infection and VE 78.6% (95% CI, 47.9 to 91.2) against severe disease 14 days after 2 <sup>nd</sup> dose in residents at LTCF. Two deaths in vaccinated residents but were palliative prior to infection.  BNT162b2 or mRNA-1273 showed VE 66.2% (95% CI, 2.3 to 88.3) against infection 14 days after 2 <sup>nd</sup> dose in staff at LTCF. None of the staff developed severe disease.	Serious	Outbreak in a single LTCF in Ontario; 60 residents and 83 staff; sample confirmed VOC Gamma
62	*Delayed exclusion – critical ROB	ChAdOx1 showed VE 33.4% (95% CI, 26.4 to 39.7) against symptomatic infection and VE 50.9% (95% CI, 33.6 to 63.8) against ICU admission and VE 61.8% (95% CI, 48.9 to 71.4) against death at least 28 days after 1 <sup>st</sup> dose for 60+.  ChAdOx1 showed VE 77.9% (95% CI, 69.2 to 84.2) against symptomatic infection and VE	Critical	Test-negative study in Sao Paulo, Brazil; 61,164 participants over age 60; time and setting for VOC Gamma

	1	00.00/ (050/ 07.50.0 . 07.5)		T
		89.9% (95% CI, 70.9 to 96.5) against ICU		
		admission and VE 93.6% (95% CI, 81.9 to 97.7)		
		against death at least 14 days after 2 <sup>nd</sup> dose.		
63	<u>Tang</u>	BNT162b2 showed VE 65.5% (95% CI, 40.9 to	Serious	Test-negative study in
		79.9) against infection $\geq$ 14 days after 1 <sup>st</sup> dose;		Qatar; 1,140,337
		BNT162b2 showed VE 59.6% (95% CI, 50.7 to		participants; weekly random
		66.9) against infection $\geq$ 14 days after 2 <sup>nd</sup> dose.		sequencing of positive samples for VOC Delta
		BNT162b2 showed VE 100% (95% CI, not		1
		reported) against severe, critical or fatal disease ≥		
		14 days after 1st dose; BNT162b2 showed VE		
		97.3% (95% CI, 84.4 to 99.5) against severe,		
		critical or fatal disease $\geq$ 14 days after 2 <sup>nd</sup> dose.		
		mRNA-1273 showed VE 79.7% (95% CI, 60.8		
		to 89.5) against infection $\geq$ 14 days after 1 <sup>st</sup> dose;		
		mRNA-1273 showed VE 86.1% (95% CI, 78.0		
		to 91.3) against infection $\geq$ 14 days after 2 <sup>nd</sup>		
		dose.		
		mRNA-1273 showed VE 100% (95% CI, not		
		reported) against severe, critical or fatal disease ≥		
		14 days after 1 <sup>st</sup> dose; mRNA-1273 showed VE		
		100% (95% CI, not reported) against severe,		
	D '1	critical or fatal disease $\geq$ 14 days after 2 <sup>nd</sup> dose.	2 :	D 1: 1 1
64	<u>Puranik</u>	BNT162b2 showed VE 42% (95% CI, 13 to 62)	Serious	Data-linkage study
		against infection 14 days after 2 <sup>nd</sup> dose.		involving Mayo Clinic
		mDNIA 1272 showed VII 760/ /050/ CL 59 to		Health in USA; 25,859
		mRNA-1273 showed VE 76% (95% CI, 58 to 87) against infection 14 days after 2 <sup>nd</sup> dose.		matched triples from
		o / ) against infection 14 days after 2 dose.		Minnesota only; time and setting for Delta at end of
				study time frame so only
				last month of data (July
				2021) reported here
65	Elliot	BNT162b2 or ChAdOx1 showed VE 64% (95%	Critical	Surveillance study in
0.5	Linot	CI, 11 to 85) against infection unreported	Citicai	England; 121,872
	*Delayed	number of days after 2 <sup>nd</sup> dose (Round 12: 2021-		participants; time and
	exclusion –	05-20 to 2021-06-07).		setting for VOC Delta; only
	critical ROB			included data from aged 18
		BNT162b2 or ChAdOx1 showed VE 49% (95%		to 64 years due to lowest
		CI, 22 to 67) against infection unreported		risk for misclassification
		number of days after 2 <sup>nd</sup> dose (Round 13: 2021-		bias due to self-reported
		06-24 to 2021-07-12).		vaccination status
66	<u>Issac</u>	ChAdOx1 showed VE 85% (95% CI, 71 to 92)	Serious	Prospective cohort of HCW
		against infection 14 days after 2 <sup>nd</sup> dose.		at a single hospital in India;
				342 participants; time and
				setting for VOC Delta.
67	Marco	ChAdOx1 showed VE 23% (95% CI, not	Critical	Outbreak study of prison
	*Delayed	reported) against infection at least 21 days after		inmates in Barcelona; 217
	exclusion –	1 <sup>st</sup> dose.		participants (184 inmates);
	critical ROB			sequenced for VOC Alpha

1858 participants; sample sequenced for VOC Delta  Note: 1, 1.69 to gfully vaccinated fully vaccinated a health management organization in Israel who underwent testing; 33,993 participants; time and setting for VOC Delta
fully vaccinated d less than 146 days.  a health management organization in Israel who underwent testing; 33,993 participants; time and setting for VOC Delta
(0F0/ OT 00 F0)
(95% CI, 29 to 56) ys after 1 <sup>st</sup> dose. No ants.  Serious  Data-linkage study in Denmark; 5,542,079 participants; sequenced for VOC Alpha (includes heterologous vaccines)
fection ≥ 14 days
Serious  Survey of randomly selected private households with longitudinal follow-up in UK; 743,526 participants; also reported for 18-64 years; sample sequenced for VOC Alpha and VOC Delta  Serious  Survey of randomly selected private households with longitudinal follow-up in UK; 743,526 participants; also reported for 18-64 years; sample sequenced for VOC Alpha and VOC Delta  Serious  Survey of randomly selected private households with longitudinal follow-up in UK; 743,526 participants; also reported for 18-64 years; sample sequenced for VOC Alpha and VOC Delta  Serious  Survey of randomly selected private households with longitudinal follow-up in UK; 743,526 participants; also reported for 18-64 years; sample sequenced for VOC Alpha and VOC Delta  Serious  Survey of randomly selected private households with longitudinal follow-up in UK; 743,526 participants; also reported for 18-64 years; sample sequenced for VOC Alpha and VOC Delta  Serious  Survey of randomly selected private households with longitudinal follow-up in UK; 743,526 participants; also reported for 18-64 years; sample sequenced for VOC Alpha and VOC Delta  Serious  Survey of randomly selected private households with longitudinal follow-up in UK; 743,526 participants; also reported for 18-64 years; sample sequenced for VOC Alpha and VOC Delta
ys after 1 <sup>st</sup> dose
y ic

72	Carit (2)	DNIT162b2 showed OP 12 06 (050/	Madagata	Datus a patiers matched
73	Gazit (2)	BNT162b2 showed OR 13.06 (95% CI, 8.08 to 21.11) against infection and OR 27.02 (95% CI, 12.7 to 57.5) against symptomatic disease compared to prior infection.	Moderate	Retrospective matched cohorts of fully vaccinated in Israel; 778,658 participants; time and setting for VOC Delta
74	Rosenberg	BNT162b2 (51%), mRNA-1273 (40%) or Ad26.COV2.S (9%) showed VE 91.7% against infection ≥14 days after 2 <sup>nd</sup> dose (Week of May 3, 2021: VOC Alpha).  BNT162b2 (51%), mRNA-1273 (40%) or Ad26.COV2.S (9%) showed VE 79.8% against infection ≥14 days after 2 <sup>nd</sup> dose (Week of July 19, 2021: VOC Delta).	Serious	Surveillance report in New York, USA; >13 million participants; time and setting for VOC Delta (from 2% to 80% during study period)
75	*Delayed exclusion due to critical ROB	BNT162b2 ≥14 days after 2 <sup>nd</sup> dose, showed VE 99.9% (95% CI, 99.2 to 100) against ICU admission, and VE 99.5% (95% CI, 98.4 to 99.8) against death (VOC Alpha and Delta).  ChAdOx1 ≥14 days after 2 <sup>nd</sup> dose, showed VE 99.2% (95% CI, 97.6 to 99.7) against ICU admission, and VE 99.6% (95% CI, 97.2 to 100) against death (VOC Alpha and Delta).  BBIBP-CorV ≥14 days after 2 <sup>nd</sup> dose, showed VE 95.4% (95% CI, 94.6 to 96.2) against ICU admission, and VE 94.3% (95% CI, 93.1 to 95.4) against death (VOC Alpha and Delta).  Sputnik V ≥14 days after 2 <sup>nd</sup> dose, showed VE 100% (95% CI, 99.2 to 100) against ICU admission, and VE 99.5% (95% CI, 98.5 to 99.9) against death (VOC Alpha and Delta).	Critical	Retrospective cohort of fully vaccinated (>14 days after 2 <sup>nd</sup> dose) in Bahrain; 1,242,279 participants; time and setting for VOC Alpha (dominant before May 2021) and Delta (dominant after May 2021).
76	Goldberg (2)	BNT162b2 showed VE 50% (95% CI, 45 to 55) for those vaccinated in January 2021, and VE 73% (95% CI, 67 to 78) for those vaccinated in May 2021 against infection after the 2 <sup>nd</sup> dose (VOC Delta age 16 to 39).  BNT162b2 showed VE 58% (95% CI, 54 to 62) for those vaccinated in January 2021, and VE 80% (95% CI, 71 to 86) for those vaccinated in May 2021 against infection after the 2 <sup>nd</sup> dose (VOC Delta age 40 to 59).  BNT162b2 showed VE 57% (95% CI, 52 to 62) for those vaccinated in January 2021, and VE 75% (95% CI, 58 to 85) for those vaccinated in May 2021 against infection after the 2 <sup>nd</sup> dose (VOC Delta age 60+).	Serious	Data-linkage study of fully vaccinated in Israel; 4,785,245 participants; sequenced for VOC Delta (dominant after May 2021) (results over varying time periods since vaccination reported)

	Т		T	T
		BNT162b2 showed VE 94% (95% CI, 87 to 97) for those vaccinated in January 2021, and VE 98% (95% CI, 94 to 99) for those vaccinated in March 2021 against severe, critical, or fatal disease after the 2 <sup>nd</sup> dose (VOC Delta age 40 to 59).  BNT162b2 showed VE 86% (95% CI, 82 to 90) for those vaccinated in January 2021, and VE 91% (95% CI, 85 to 95) for those vaccinated in March 2021 against severe, critical, or fatal		
77	Herlihy  *Delayed exclusion – critical risk of bias	disease after the 2 <sup>nd</sup> dose (VOC Delta age 60+).  BNT162b2, mRNA-1273, or Ad26.COV2.S showed VE 78% (95% CI, 71 to 84) in Mesa County and VE 89% (95% CI, 88 to 91) in other Colorado counties against symptomatic infection an unreported number of days after 2 <sup>nd</sup> dose (VOC Delta).	Critical	Surveillance report in Mesa County-Colorado, USA; 37,439 cases participants; sample sequenced for VOC Delta (43% to 88% during study period)
78	Ghosh  *Delayed exclusion – critical risk of bias	ChAdOx1 showed unadjusted VE 75.2% (95% CI, 73.8 to 76.8) against infection ≥14 days after 1st dose, and unadjusted VE 54.6% (95% CI, 52.6 to 56.6) ≥14 days after 2nd dose against infection in HCW (VOC Alpha to Delta).	Critical	Retrospective cohort of Armed Forces HCW and frontline workers in India; 1,595,630 participants; time and setting for VOC Delta at end of study only.
79	Amirthaling	BNT162b2 showed VE 77% (95% CI, 56 to 88) against symptomatic infection when 2 <sup>nd</sup> dose given 19-29 days after 1 <sup>st</sup> dose, and VE 94% (95% CI, 73 to 99) against symptomatic infection when 2 <sup>nd</sup> dose given 85+ days after 1 <sup>st</sup> dose (VOC Alpha age 80+).  BNT162b2 showed VE 77% (95% CI, 66 to 85) against symptomatic infection when 2 <sup>nd</sup> dose given 19-29 days after 1 <sup>st</sup> dose, and VE 86% (95% CI, 70 to 94) against symptomatic infection when 2 <sup>nd</sup> dose given 85+ days after 1 <sup>st</sup> dose (VOC Alpha age 65 to 79).  ChAdOx1 showed VE 96% (95% CI, 72 to 100) against symptomatic infection when 2 <sup>nd</sup> dose given 19-29 days after 1 <sup>st</sup> dose, and VE 88% (95% CI, 48 to 97) against symptomatic infection when 2 <sup>nd</sup> dose given 85+ days after 1 <sup>st</sup> dose after 2 <sup>nd</sup> dose (VOC Alpha age 80+).  ChAdOx1 showed VE 66% (95% CI, 47 to 77) against symptomatic infection when 2 <sup>nd</sup> dose given 19-29 days after 1 <sup>st</sup> dose, and VE 73% (95% CI, 56 to 83) against symptomatic infection	Moderate	Test-negative study in England; 750 participants; time and setting for VOC Alpha (dominant before May 2021) and Delta (dominant after May 2021). (results over varying time periods since vaccination reported)

		when 2 <sup>nd</sup> dose given 85+ days after 1 <sup>st</sup> dose after 2 <sup>nd</sup> dose (VOC Alpha age 65 to 79).		
80	*Delayed exclusion – critical ROB	Unvaccinated participants had HR 2.84 (95% CI, 1.80 to 4.47) of severe disease compared to BNT162b2 ≥14 days after 2 <sup>nd</sup> dose.	Critical	Case-control study in Qatar; 456 matched cases; time and setting for VOC Alpha
81	Fowlkes Fowlkes	BNT162b2 (65%), mRNA-1273 (33%), or Ad26.COV2.S (2%) showed VE 91% (95% CI, 81 to 96) against infection ≥ 14 days after 2 <sup>nd</sup> dose (during time of VOC Alpha).  BNT162b2 (65%), mRNA-1273 (33%), or Ad26.COV2.S (2%) showed VE 66% (95% CI, 26 to 84) against infection ≥ 14 days after 2 <sup>nd</sup> dose (during time of VOC Delta).  BNT162b2 (65%), mRNA-1273 (33%), or Ad26.COV2.S (2%) showed VE 85% (95% CI, 68 to 93) against infection 14-119 days after full vaccination) and VE 73% (95% CI, 49 to 86) against infection ≥150 days after full vaccination (during time of VOC Alpha to Delta).	Moderate	Prospective cohort of HCW and other essential frontline workers in 6 states in the USA; 7,112 participants; updated report to cover VOC Delta period
82	Bhattachary  a  *Delayed exclusion due to critical ROB	Covaxin (94%) and Covishield showed VE 83% (95% CI, 73 to 89) against symptomatic infection ≥ 14 days after 2 <sup>nd</sup> dose.  Covaxin (94%) and Covishield showed VE 93% (95% CI, 64 to 99) against ICU admission or death ≥ 14 days after 2 <sup>nd</sup> dose.	Critical	Cross-sectional cohort of HCW and their families at a single site in India; 638 participants (55 inpatients); time and setting of VOC Delta
83	Nunes	BNT162b2 (45%) or mRNA-1273 (8%) showed VE 96% (95% CI, 92 to 98) against COVID-related death ≥14 days after 2 <sup>nd</sup> dose (age 65 to 79).  BNT162b2 (80%) or mRNA-1273 (2%) showed VE 81% (95% CI, 74 to 87) against COVID-related death ≥14 days after 2 <sup>nd</sup> dose (age ≥80).  BNT162b2 (80%) or mRNA-1273 (2%) showed VE 86% (95% CI, 68 to 93) against COVID-related death 14 to 41 days after 2 <sup>nd</sup> dose and VE 74% (95% CI, 60 to 83) against COVID-related death ≥ 98 days after 2 <sup>nd</sup> dose for HR 1.80 (0.77 to 4.25) (age ≥80).	Moderate	Data-linkage study of community-dwelling adults≥65 in Portugal; 2,050,950 participants; time and setting for VOC Alpha to VOC Delta
84	<u>Tartof</u>	BNT162b2 showed VE 75% (95% CI, 71 to 78) against infection 7 days after 2 <sup>nd</sup> dose (confirmed VOC Delta).	Moderate	Retrospective cohort of members of a health management organization in California; 3,436,957 participants; VOC Alpha to

		BNT162b2 showed VE 91% (95% CI, 88 to 92) against infection 7 days after 2 <sup>nd</sup> dose (confirmed non-VOC Delta).  BNT162b2 showed VE 93% (95% CI, 85 to 87) against infection 7 to 30 days after 2 <sup>nd</sup> dose and VE 53% (95% CI, 39 to 65) against infection ≥ 127+ days after 2 <sup>nd</sup> dose (confirmed VOC Delta).  BNT162b2 showed VE 97% (95% CI, 95 to 99) against infection 7 to 30 days after 2 <sup>nd</sup> dose and VE 67% (95% CI, 45 to 80) against infection ≥ 127+ days after 2 <sup>nd</sup> dose (confirmed non-VOC Delta).		VOC Delta (only 28% confirmed Delta) (results over varying time periods since vaccination reported)
85	Li (3)  *Delayed exclusion – critical ROB	CoronaVac (combined with other inactivated vaccines) showed VE 59% (95% CI, 16 to 81.6) against symptomatic infection and VE 100% against severe infection ≥14 days after 2 <sup>nd</sup> dose.	Critical	Test-negative study in Guangzhou, China; 366 participants; sample sequenced for VOC Delta
86	Scobie *Delayed exclusion – critical ROB	BNT162b2 or mRNA-1273 (92%), or Ad26.COV2.S showed VE 90% (95% CI not reported) against infection and VE 93% (95% CI not reported) against death ≥ 14 days after 2 <sup>nd</sup> dose (April to June: VOC Alpha).  BNT162b2, mRNA-1273, or Ad26.COV2.S showed VE 76% (95% CI not reported) against infection and VE 90% (95% CI not reported) against death ≥ 14 days after 2 <sup>nd</sup> dose (June to July: VOC Delta>50%).	Critical	Surveillance study in 13 states in the USA; 615,454; time and setting for VOC Alpha to VOC Delta
87	*Delayed exclusion due to critical ROB	ChAdOx1 showed VE 18% (95% CI, -10 to 38) against symptomatic infection; VE 37% (-24 to 68) against moderate to severe disease and VE 69% (95% CI, -160 to 97) against death ≥21 days after 1 <sup>st</sup> dose.  ChAdOx1 showed VE 28% (95% CI, 10 to 41) against symptomatic infection; VE 67% (44 to 81) against moderate to severe disease and VE 97% (95% CI, 43 to 99.8) against death ≥14 days after 2 <sup>nd</sup> dose.	Critical	Retrospective cohort study of HCW at a single hospital in New Delhi, India; 4276 participants; sample sequenced for VOC Delta
88	<u>Seppala</u>	BNT162b2 (74%) or ChAdOx1 (22%) or mRNA-1273 (10%) showed VE 84.4% (95% CI, 81.8 to 86.5) against infection ≥7 days after 2 <sup>nd</sup> dose (VOC Alpha).  BNT162b2 (74%) or ChAdOx1 (22%) or mRNA-1273 (10%) showed VE 64.6% (95% CI, 60.6 to 68.2) against infection ≥7 days after 2 <sup>nd</sup> dose (VOC Delta).	Serious	Population cohort in Norway; 4,204,859 participants; sequenced for VOC Alpha and VOC Delta

89	Polinski	Ad26.COV2.S showed VE* 67% (95% 60 to 73) against infection unknown number of days after dose (June to July: VOC Delta in high prevalence states). *unadjusted for substantial under-reporting of vaccination status	Serious	Data-linkage of members of a medical insurance group in USA; 1,914,670 participants; time and setting for VOC Alpha to Delta (only data for VOC Delta reported here)
90	Chemaitelly (2)	BNT162b2 or mRNA-1273 showed VE 46.6% (95% CI, 0.0 to 73.7) against infection ≥14 days after $2^{nd}$ dose, VE 66.0% (95% CI, 21.3 to 85.3) ≥42 days after $2^{nd}$ dose, and VE 73.9% (95% CI, 33 to 98.9) ≥56 days after $2^{nd}$ dose (VOC Alpha and Beta).  BNT162b2 or mRNA-1273 showed VE 72.3% (95% CI, 0.0 to 90.9) against severe, critical, or fatal disease ≥14 days after $2^{nd}$ dose, VE 85% (95% CI, 35.7 to 96.5) ≥42 days after $2^{nd}$ dose, and VE 83.8% (95% CI, 31.3 to 96.2) ≥56 days after $2^{nd}$ dose (VOC Alpha and Beta).	Serious	Retrospective cohort of immunosuppressed kidney transplant recipients in Qatar; 782 participants; time and setting for VOC Alpha and VOC Beta.
91	Hu	Inactivated vaccines (CoronaVac) showed VE 89% (95% CI, 55 to 98) against severe, critical, or fatal disease ≥14 days after 2 <sup>nd</sup> dose (VOC Delta).	Serious	Outbreak report of hospitalized cases in China; 476 participants; PCR population for VOC Delta.
92	Andrews	BNT162b2 showed VE 62.7% (61.7 to 63.8) against symptomatic infection 1 week after 2 <sup>nd</sup> dose and VE 47.3% (45.0 to 49.6) 20+ weeks after 2 <sup>nd</sup> dose (VOC Delta).  ChAdOx1showed VE 92.4% (92.1 to 92.7) against symptomatic infection 1 week after 2 <sup>nd</sup> dose and VE 69.7% (68.7 to 70.5) 20+ weeks after 2 <sup>nd</sup> dose (VOC Delta).  mRNA-1273 showed VE 95.2% (94.4 to 95.9) against symptomatic infection 1 week after 2 <sup>nd</sup> dose and VE 90.3% (67.2 to 97.1) 10 to 14 weeks after 2 <sup>nd</sup> dose (VOC Delta).	Moderate	Test-negative study in England; 1,475,391 participants; VOC Alpha to VOC Delta (only data for VOC Delta reported here)
93	Patalon	BNT162b2 (3 doses) showed relative VE 3% (95% CI, -5 to 10) against infection 0 to 6 days after 3 <sup>rd</sup> dose; relative VE 84.0% (95% CI, 79 to 88) 14 to 20 days after 3 <sup>rd</sup> dose compared to 2 doses.	Moderate	Test-negative study of fully vaccinated in Israel comparing (2 doses versus 3 doses); 182,076 participants; time and setting for VOC Delta
94	Kissling	BNT162b2 showed VE 87% (95% CI, 74 to 93) against symptomatic infection 14 days after 2 <sup>nd</sup> dose.	Serious	Test-negative study of adults >65 years in primary care setting in I-MOVE group (England, France, Ireland, the Netherlands, Portugal, Scotland, Spain and Sweden); 4,964

				participants; sample sequenced for VOC Alpha.
95	McKeigue	BNT162b2 or mRNA-1273 showed VE 92% (95% CI, 85 to 96) against severe disease in people with no risk conditions and VE 72% (95% CI, 51 to 84) against severe disease in people eligible for shielding at least 14 days after 2 <sup>nd</sup> dose.	Serious	Case-control study of people with clinical risk conditions in Scotland; 50,935 participants; time and setting for VOC Alpha to VOC Delta
		ChAdOx1 showed VE 94% (95% CI, 90 to 96) against severe disease in people with no risk conditions and VE 63% (95% CI, 46 to 75) against severe disease in people eligible for shielding $\geq$ 14 days after 2 <sup>nd</sup> dose.		
96	<u>Kertes</u>	BNT162b2 showed OR 1.61 (95% CI, 1.45 to 1.79) for infection comparing <u>fully vaccinated Jan to Feb</u> vs <u>fully vaccinated Mar to May</u> .	Serious	Data-linkage study of people fully vaccinated 6 months previously in Israel; 1,423,098 participants; time and setting for VOC Alpha to VOC Delta
97	Barlow	BNT162b2 or mRNA-1273 showed VE 74% (95% CI, 65 to 82) against infection ≥ 14 days after 2 <sup>nd</sup> dose.  Ad26.COV2.S showed VE 51% (95% CI, -2 to 76) against infection ≥ 14 days after 2 <sup>nd</sup> dose.	Serious	Test-negative study in Oregon; 1000 participants; time and setting for VOC Delta
98	Chemaitelly (3)	76) against infection ≥ 14 days after 2 <sup>nd</sup> dose.  BNT162b2 showed VE 65.8% (95% CI, 63.8 to 67.7) against infection 5 to 9 weeks after 2 <sup>nd</sup> dose;  VE 29.7% (95% CI, 21.7 to 36.9) against infection 15 to 19 weeks after 2 <sup>nd</sup> dose and VE 0% (95% CI, 0 to 0) against infection 20 to 24 weeks after 2 <sup>nd</sup> dose.  BNT162b2 showed VE 94.2% (95% CI, 91.0 to 96.5) against hospitalization or death 5 to 9 weeks after 2 <sup>nd</sup> dose; VE 86.4% (95% CI, 69.9 to 94.8) against hospitalization or death 15 to 19 weeks after 2 <sup>nd</sup> dose and VE 95.3% (95% CI, 70.5 to 99.9) against hospitalization or death 20 to 24 weeks after 2 <sup>nd</sup> dose.	Serious	Test-negative study in Qatar; 1,472,761 participants; time and setting for VOC Beta to VOC Delta (results over varying time periods since vaccination reported)
99	Thompson (3)	BNT162b2 or mRNA-1273 showed VE 90% (95% CI, 86 to 93) against ICU admission ≥14 days after 2 <sup>nd</sup> dose.  BNT162b2 showed VE 92% (95% CI, 88 to 94) against hospitalization at 28 to 41 days after 2 <sup>nd</sup> dose and VE 86% (95% CI, 74 to 93) ≥112 days after 2 <sup>nd</sup> dose.	Serious	Test-negative study of adults ≥50 years in the USA; 76,463 participants; time and setting for VOC Alpha (results over varying time periods since vaccination reported)
100	<u>Bar-On</u>	BNT162b2 (3 doses) showed adjusted rate ratio of 11.3 (95% CI, 10.4 to 12.3) against any	Serious	Data-linkage study of fully vaccinated (age>60) (2

		infection and adjusted rate ratio of 19.5 (95% CI, 12.9 to 29.5) against severe illness ≥12 days after 3 <sup>rd</sup> dose compared to 2 doses.		doses versus 3 doses) in Israel; 1,137,804 participants; time and setting for VOC Delta
101	Bruxvoort (2)	mRNA-1273 showed VE 98.4% (95% CI, 96.9 to 99.1) against infection ≥14 days after 2 <sup>nd</sup> dose (VOC Alpha).  mRNA-1273 showed VE 95.5% (95% CI, 90.9 to 97.8) against infection ≥14 days after 2 <sup>nd</sup> dose (VOC Gamma).  mRNA-1273 showed VE 86.7% (95% CI, 84.3 to 88.7) against infection ≥14 days after 2 <sup>nd</sup> dose (VOC Delta).  mRNA-1273 showed VE 94.1% (95% CI, 90.5 to 96.3) against infection 14 to 60 days after 2 <sup>nd</sup> dose (VOC Delta).  mRNA-1273 showed VE 80.0% (95% CI, 70.2 to 86.6) against infection 151 to 180 days after 2 <sup>nd</sup> dose (VOC Delta).	Serious	Test-negative study in Kaiser Permanente group in California; 48,918 participants; sequenced for VOC Alpha, VOC Delta, VOC Gamma and VOI Mu (results not included in this LES)  (results over varying time periods since vaccination reported)
102	Tande (2)	BNT162b2 or mRNA-1273 showed VE 91% (95% CI, 72 to 98) against infection ≥14 days after 2 <sup>nd</sup> dose (January to March – VOC Alpha).  BNT162b2 or mRNA-1273 showed VE 63% (95% CI, 44 to 76) against infection ≥14 days after 2 <sup>nd</sup> dose (June to August – VOC Delta).	Serious	Point prevalence screening study in Mayo Clinic, USA; 46,008 participants; time and setting for VOC Alpha to VOC Delta
103	Young-Xu (2)	Two doses of BNT162b2 reduced risk of infection by HR 66% (95% CI, 22 to 86) compared to previously infected adults age 65+ (June to August VOC Delta).  Two doses of mRNA-1273 reduced risk of infection by HR 68% (95% CI, 30 to 86) and death by HR 30% (95% CI, -11 to 1) compared to previously infected adults age 65+ (June to August VOC Delta).	Moderate	Retrospective cohort study of previously infected adults followed by Veterans Affairs in USA; 47,102 participants; time and setting for VOC Delta
104	de Gier (1)	Fully vaccinated index to unvaccinated (hh contact) showed VET 73% (95% CI: 65 to 79).  BNT162b (case) showed VET 70% (95% CI, 61 to 77) when fully vaccinated.  mRNA-1273 (case) showed VET 88% (95% CI, 50 to 97) when fully vaccinated.  ChAdOx1 (case) showed VET 58% (95% CI, -12 to 84) when fully vaccinated.	Serious	Retrospective cohort of household and close contacts in the Netherlands; 113,582 cases and 253,168 contacts; time and setting for VOC Alpha  (hh = household)

	T	T	T	T
		Ad26.COV2.S (case) showed VET 58% (95% CI, -12 to 84) when fully vaccinated.  BNT162b showed VE 65% (95% CI, 60 to 70) when hh contact was fully vaccinated.  mRNA-1273 showed VE 91% (95% CI, 79 to 97) when hh contact was fully vaccinated.  ChAdOx1 showed VE 87% (95% CI, 77 to 93) when hh contact was fully vaccinated.  Ad26.COV2.S showed VE 12% (95% CI, -71 to 54) when hh contact was fully vaccinated.		
105	de Gier (2)	Fully vaccinated index to unvaccinated (hh contact) showed VET 63% (95% CI: 46 to 75).  BNT162b (>50%) or mRNA-1273 or ChAdOx1 or Ad26.COV2.S (case) showed VET 40% (95% CI, 20 to 54) when both case and contacts are fully vaccinated.	Serious	Retrospective cohort of household and close contacts in the Netherlands; 4,921 cases and 7,771 contacts; time and setting for VOC Delta
106	Manley	mRNA-1273 (50%) or BNT162b (48%) or Ad26.COV2.S (2%) showed OR of 8.89 (95% CI, 5.92 to 13.34) for unvaccinated vs fully vaccinated against infection (VOC Alpha)  mRNA-1273 (50%) or BNT162b (48%) or Ad26.COV2.S (2%) showed OR of 2.27 (95% CI, 1.72 to 3.00) for unvaccinated vs fully vaccinated against infection (VOC Delta)	Serious	Retrospective cohort of maintenance dialysis patients in USA; 15,251 participants; time and setting for VOC Alpha to VOC Delta
107	Eyre	BNT162b2 (cases) showed VET 82% (95% CI, 71 to 88) against transmission after 2 <sup>nd</sup> dose. (VOC Alpha)  ChAdOx1 (cases) showed VET 63% (95% CI, 37 to 78) against transmission after 2 <sup>nd</sup> dose. (VOC Alpha)  BNT162b2 (contacts) showed VE 94% (95% CI, 90 to 96) against infection after 2 <sup>nd</sup> dose. (VOC Alpha)  ChAdOx1 (contacts) showed VE 71% (95% CI, 51 to 83) against infection after 2 <sup>nd</sup> dose. (VOC Alpha)  BNT162b2 (cases) showed VET 65% (95% CI, 52 to 74) against transmission after 2 <sup>nd</sup> dose. (VOC Delta)	Serious	Retrospective cohort of contacts in England; 99,597cases and 151,821 contacts; S-gene proxy for VOC Alpha and VOC Delta

		ChAdOx1 (cases) showed VET 36% (95% CI, 28 to 43) against transmission after 2 <sup>nd</sup> dose. (VOC Delta)		
		BNT162b2 (contacts) showed VE 90% (95% CI, 87 to 92) against infection after 2 <sup>nd</sup> dose. (VOC Delta)		
		ChAdOx1 (contacts) showed VE 72% (95% CI, 68 to 75) against infection after 2 <sup>nd</sup> dose. (VOC Delta).		
108	Martinez- Baz (2)	BNT162b2 (contacts) showed VE 71% (95% CI, 61 to 78) against infection after 2 <sup>nd</sup> dose (VOC Alpha)	Serious	Prospective cohort of close contacts in Spain; 12,263 cases and 30,240 contacts; sequenced for VOC Alpha
		mRNA-1273 (contacts) showed VE 86% (95% CI, 56 to 95) against infection after 2 <sup>nd</sup> dose (VOC Alpha)		to VOC Delta (includes heterologous vaccines)
		ChAdOx1 (contacts) showed VE 38% (95% CI, -42 to 73) against infection after 2 <sup>nd</sup> dose (VOC Alpha)		
		BNT162b2 (contacts) showed VE 67% (95% CI, 59 to 74) against infection after 2 <sup>nd</sup> dose (VOC Delta)		
		mRNA-1273 (contacts) showed VE 77% (95% CI, 64 to 85) against infection after 2 <sup>nd</sup> dose (VOC Delta)		
		ChAdOx1 (contacts) showed VE 55% (95% CI, 39 to 67) against infection after 2 <sup>nd</sup> dose (VOC Delta)		
		ChAdOx1 followed by BNT162b2 (contacts) showed VE 86% (95% CI, 45 to 97) against infection (VOC Delta)		
109	<u>Cohn</u>	BNT162b2 showed VE 49% (95% CI, 47 to 52) against infection at least 15 days after last dose (August: VOC Delta)	Serious	Data-linkage study of veterans in USA; 619,755 participants; time and setting for VOC Alpha to
		mRNA-1273 showed VE 64% (95% CI, 62 to 66) against infection at least 15 days after last dose (August: VOC Delta)		VOC Delta (only Delta reported here)
		Ad26.COV2.S showed VE 3% (95% CI, -0.1 to 12) against infection at least 15 days after last dose (August: VOC Delta)		

110	Rosenberg (2)	BNT162b2 showed VE 69% (95% CI, 67.4 to 70.6) against infection at least 15 days after last dose (August: VOC Delta; age 18-49)  mRNA-1273 showed VE 78.4% (95% CI, 75.9 to 79.6) against infection at least 15 days after last dose (August: VOC Delta; age 18-49)  Ad26.COV2.S showed VE 70.2% (95% CI, 67.4 to 73.0) against infection at least 15 days after last dose (August: VOC Delta; age 18-49)  BNT162b2 showed VE 77.8% (95% CI, 67.4 to 70.6) against infection at least 15 days after last dose (August: VOC Delta; age 65+)  mRNA-1273 showed VE 84.3% (95% CI, 82.8 to 85.7) against infection at least 15 days after last dose (August: VOC Delta; age 65+)  Ad26.COV2.S showed VE 70.8% (95% CI, 65.7 to 76.0) against infection at least 15 days after last dose (August: VOC Delta; age 65+)	Serious	Prospective study in New York; 8,834,604 participants; time and setting for VOC Alpha to VOC Delta (only Delta reported here). Also compared VE over time since vaccination (results not reported here)
111	Robles- Fontan	BNT162b2 showed VE 56% (95% CI, 53 to 59) against infection at least 15 days after 2 <sup>nd</sup> dose (October: VOC Delta)  mRNA-1273 showed VE 71% (95% CI, 68 to 74) against infection at least 15 days after 2 <sup>nd</sup> dose (October: VOC Delta)  Ad26.COV2.S showed VE 27% (95% CI, 17 to 37) against infection at least 15 days after last dose (October: VOC Delta)	Serious	Data-linkage study in Puerto Rico; 1,913,454 person-years; time and setting for VOC Alpha to VOC Delta (only results for Delta reported here)
112	Glatman- Freedman (2)	BNT162b2 showed VE 91.5% (95% CI, 88.2 to 93.9) against infection at least 8 days after 2 <sup>nd</sup> dose in adolescents age 12 to 15 years. There were no deaths in either group.	Serious	Population cohort in Israel of adolescents age 12 to 15 years; 2,034,591 vaccinated person-days and 13,623,714 unvaccinated person-days; time and setting for VOC Delta
113	Chin	mRNA-1273 showed VE 56.6% (95% CI, 42 to 67.5) against infection at least 14 days after 2 <sup>nd</sup> dose.	Serious	Outbreak report from a prison in California; 827 participants; sample sequenced for VOC Delta
114	Nordstrum	BNT162b2 showed VE 47% (95% CI, -39 to 55) against symptomatic infection 121 to 180 days after second dose.	Serious	Case-control study in Sweden; 1,684,958 participants; time and setting for VOC Alpha to VOC Delta (only Delta results reported here)

			T	
		mRNA-1273 showed VE 71% (95% CI, 56 to 81) against symptomatic infection 121 to 180 days after second dose.		(includes heterologous vaccines)
		ChAdOx1 showed VE 41% (95% CI, 29 to 51) against symptomatic infection to 120 days after second dose.		(results over varying time periods since vaccination reported)
		ChAdOx1 followed by mRNA vaccine showed VE 66% (95% CI, 41 to 80) against symptomatic infection >120 days after second dose.		
		BNT162b2 or mRNA-1273 or ChAdOx1 showed VE 42% (95% CI, -35 to 75) against severe disease (hospitalization or death) >180 days after second dose		
116	Ranzani (2)	ChAdOx1 showed VE 42.4% (95% CI, 24.6 to 56.0) against symptomatic infection 21 days after 1 <sup>st</sup> dose.	Low	Test-negative study in Brazil; 9,197 tests; time and setting for VOC Gamma to Delta
117	Ranzani(3)	Ad26.COV2.S showed VE 50.9% (95% CI, 35.5 to 63.0) against symptomatic infection, VE 92.5% (95% CI, 54.9 to 99.6) against ICU admission, and VE 90.5% (95% CI, 31.5 to 99.6) against death 28 days after dose.	Serious	Test-negative study in Brazil; 11,817 tests; time and setting for VOC Gamma to Delta
118	<u>Chadeau-</u> <u>Hyam</u>	BNT162b2 showed VE 71.3% (95% CI, 56.6 to 81.0) against infection unreported number of days after 2 <sup>nd</sup> dose (Round 13 and Round 14)  mRNA-1273 showed VE 75.1% (95% CI, 22.7 to 92.0) against infection unreported number of days after 2 <sup>nd</sup> dose (Round 13 and Round 14)	Serious	Surveillance study in England; 87,966 participants who consented to data-linkage for vaccine status; sequenced for VOC Delta
		ChAdOx1showed VE 44.8% (95% CI, 22.5 to 60.7) against infection unreported number of days after 2 <sup>nd</sup> dose (Round 13 and Round 14)		
119	Sheikh (2)	BNT162b2 showed VE 90% (95% CI, 86 to 94) against death at least 14 days after 2 <sup>nd</sup> dose (confirmed VOC Delta)	Serious	Retrospective cohort in Scotland; 114,706 participants; sequenced for VOC Delta
		ChAdOx1 showed VE 91% (95% CI, 83 to 94) against death at least 14 days after 2 <sup>nd</sup> dose (confirmed VOC Delta)		
120	<u>Reis</u>	BNT162b2 showed VE 59% (95% CI, 52 to 65) against infection 14 to 20 days after 1 <sup>st</sup> dose (age 12 to 18)	Moderate	Case-control study in Israel; 94,354 vaccinated matched to 94,354 unvaccinated adolescents age 12 to 18;
		BNT162b2 showed VE 90% (95% CI, 88 to 92) against infection 7 to 21 days after 2 <sup>nd</sup> dose (age 12 to 18)		time and setting for VOC Delta

			1	
121	Nordstrom (2)	BNT162b2 showed VE 78% (95% CI, 78 to 79) against symptomatic infection at least 14 days after 2 <sup>nd</sup> dose.	Serious	Retrospective cohort study in Sweden; 721,787 participants; time and setting for VOC Delta
		mRNA-1273 showed VE 87% (95% CI, 84 to 88) against symptomatic infection at least 14 days after 2 <sup>nd</sup> dose.		(includes heterologous vaccines)
		ChAdOx1 showed VE 50% (95% CI, 41 to 58) against symptomatic infection at least 14 days after 2 <sup>nd</sup> dose.		
		ChAdOx1 followed by BNT162b2 showed VE 67% (95% CI, 59 to 73) against symptomatic infection at least 14 days after 2 <sup>nd</sup> dose.		
		ChAdOx1 followed by mRNA-1273 showed VE 79% (95% CI, 62 to 88) against symptomatic infection at least 14 days after 2 <sup>nd</sup> dose.		
122	Skowronski (2)	BNT162b2 showed VE 79% (95% CI, 73 to 84) against infection at least 21 days after 1 <sup>st</sup> dose (VOC Gamma)	Serious	Test-negative study in Canada; 68,074 participants; sample sequenced for VOC Alpha, Gamma and Delta
		mRNA-1273 showed VE 85% (95% CI, 71 to 92) against infection at least 21 days after 1 <sup>st</sup> dose (VOC Gamma)		(only VOC Gamma reported here)
		ChAdOx1 showed VE 60% (95% CI, 48 to 69) against infection at least 21 days after 1 <sup>st</sup> dose (VOC Gamma)		
123	Skowronski (3)	Delta BNT162b2 showed VE 89% (95% CI, 88 to 89) against infection at least 14 days after 2 <sup>nd</sup> dose (Quebec- VOC Delta)	Serious	Test-negative study in Canada; 380,532 British Columbia and 854,915 Quebec participants; sequenced for VOC Alpha,
		mRNA-1273 showed VE 91% (95% CI, 90 to 92) against infection at least 14 days after 2 <sup>nd</sup> dose (Quebec- VOC Delta)		Gamma and Delta (selected data only reported here due to space constraints) (includes heterologous vaccines)  (results over varying time periods since vaccination
		ChAdOx1 showed VE 73% (95% CI, 69 to 78) against infection at least 14 days after 2 <sup>nd</sup> dose (Quebec- VOC Delta)		
		ChAdOx1 followed by mRNA vaccine showed VE 88% (95% CI, 85 to 89) against infection at least 14 days after 2 <sup>nd</sup> dose (Quebec- VOC Delta)		reported)
		Gamma BNT162b2 showed VE 93% (95% CI, 89 to 95) against infection at least 14 days after 2 <sup>nd</sup> dose (BC- VOC Gamma)		

mRNA-1273 showed VE 95% (95% CI, 85 to 99) against infection at least 14 days after 2<sup>nd</sup> dose (BC- VOC Gamma)

ChAdOx1 showed VE 90% (95% CI, 61 to 98) against infection at least 14 days after 2<sup>nd</sup> dose (BC- VOC Gamma)

ChAdOx1 followed by mRNA vaccine showed VE 96% (95% CI, 70 to 99) against infection at least 14 days after 2<sup>nd</sup> dose (BC- VOC Gamma)

#### Time since vaccination (Delta)

BNT162b2 showed VE 85% (95% CI, 84 to 86) against infection at 4 months after 2<sup>nd</sup> dose (Quebec – VOC Delta)

mRNA-1273 showed VE 88% (95% CI, 86 to 90) against infection at 4 months after 2<sup>nd</sup> dose (Quebec – VOC Delta)

ChAdOx1 showed VE 72% (95% CI, 66 to 77) against infection at 4 months after 2<sup>nd</sup> dose (Quebec – VOC Delta)

ChAdOx1 followed by mRNA vaccine showed VE 86% (95% CI, 81 to 89) against infection at 4 months after 2<sup>nd</sup> dose (Quebec – VOC Delta)

# Time since vaccination and interval between doses (VOC Alpha to Delta)

BNT162b2 showed VE 92% (95% CI, 91 to 93) at 14 to 27 days after 2<sup>nd</sup> dose (interval 7+ weeks) and VE 90% (95% CI, 88 to 91) at 4 months after 2<sup>nd</sup> dose (interval 7+ weeks) (Quebec)

mRNA-1273 showed VE 92% (95% CI, 90 to 94) at 14 to 27 days after 2<sup>nd</sup> dose (interval 7+ weeks) and VE 91% (95% CI, 87 to 94) at 112+ days after 2<sup>nd</sup> dose (interval 7+ weeks) (Quebec)

ChAdOx1 showed VE 85% (95% CI, 60 to 94) at 14 to 27 days after 2<sup>nd</sup> dose (interval 7+ weeks) and VE 72% (95% CI, 66 to 77) at 84 days after 2<sup>nd</sup> dose (interval 7+ weeks) (Quebec)

124	Lin	BNT162b2 showed VE 94.9% (94.5 to 95.2) against symptomatic infection and VE 95.9% (95% CI, 92.9 to 97.6) against death at 60 days months after 2 <sup>nd</sup> dose.  BNT162b showed VE 70.1% (95% CI, 68.9 to 71.2) against symptomatic infection and VE 88.4% (95% CI, 83 to 92.1) against death at 210 days after 2 <sup>nd</sup> dose)  mRNA-1273 showed VE 96% (95.6 to 96.4) against symptomatic infection at 60 days; VE 96% (95% CI, 91.9 to 98) against death at 90 days after 2 <sup>nd</sup> dose.  mRNA-1273 showed VE 81.9% (95% CI, 81 to 82.7) against symptomatic infection and VE 93.7% (95% CI, 90.2 to 95.9) against death at 210 days after 2 <sup>nd</sup> dose)  Ad26.COV2.S showed VE 79% (77.1 to 80.7) against symptomatic infection at 30 days and VE 64.3% (95% CI, 62.3 to 66.1) at 150 days months after 2 <sup>nd</sup> dose.  Ad26.COV2.S showed VE 89.4% (95% CI, 52.3 to 97.6) against death at 120 days after 2 <sup>nd</sup> dose)	Serious	Data-linkage study in North Carolina; 10,600,823 participants; time and setting for VOC Alpha to Delta  (results over varying time periods since vaccination reported)
125	<u>Barda</u>	BNT162b2 (3 doses) showed VE 92% (82 to 97) against severe disease and VE 81% (95% CI, 59 to 97) against death at least 7 days after 3 <sup>rd</sup> dose compared to 2 doses (given 5 months previously).	Serious	Data-linkage study of fully vaccinated (2 doses vs 3 doses) participants in Israel; 728,321 participants in each group; time and setting for VOC Delta
126	Andrews (2)	BNT162b2 (3 doses) showed VE 94% (95% CI, 93.4 to 94.6) against symptomatic infection at least 14 days after 3 <sup>rd</sup> dose in age>50 (compared to unvaccinated)  ChAdOx1 (2 doses followed by BNT162b2) showed VE 93.1% (95% CI, 91.7 to 94.3) against symptomatic infection at least 14 days after 3 <sup>rd</sup> dose in age>50 (compared to unvaccinated)	Moderate	Test-negative study of fully vaccinated participants (>140 days since 2 <sup>nd</sup> dose) over age 50 in England; 271,747 participants; sequencing for VOC Delta
127	Starrfelt (2)	BNT162b2 showed VE 69.7% (95% CI, 68.6 to 70.8) against infection at least 7 days after 2 <sup>nd</sup> dose (VOC Alpha to Delta)  mRNA-1273 showed VE 78.2% (95% CI, 76.7 to 79.6) against infection at least 7 days after 2 <sup>nd</sup> dose (VOC Alpha to Delta)	Moderate	Population cohort study in Norway; 4,293,544 participants; time and setting for VOC Alpha to VOC Delta (includes heterologous vaccines)

_				<u>,                                      </u>
		ChAdOx1 showed VE 43.4% (95% CI, 4.4 to 66.5) against infection at least 7 days after 2 <sup>nd</sup> dose (VOC Alpha to Delta)		
		Heterologous mRNA showed VE 84.7% (95% CI, 83.1 to 86.1) against infection at least 7 days after 2 <sup>nd</sup> dose (VOC Alpha to Delta)		
		ChAdOx1 followed by mRNA showed VE 60.7% (95% CI, 57.5 to 63.6) against infection at least 7 days after 2 <sup>nd</sup> dose (VOC Alpha to Delta)		
128	Preio- Alhambra	ChAdOx1 followed by BNT162b2 showed HR 0.61 (95% CI, 0.52 to 0.71) against infection vs ChAdOx1 (homologous) – unreported number of days after 2 <sup>nd</sup> dose	Serious	Retrospective cohort study in Spain; 28,650 participants aged 19 to 59 years; time and setting for VOC Delta (compared heterologous vaccines with homologous vaccines)
129	Ng	BNT162b2 or mRNA-1273 showed VE 61.6% (95% CI, 37.5 to 80.4) against transmission to fully vaccinated hh contacts and VE 100% (95% CI, not reported) against severe disease in fully vaccinated hh contacts	Serious	Retrospective cohort study of household contacts in Singapore; 753 contacts; index sequenced for VOC Delta
130	Desai	BBV152 showed VE 50% (95% CI, 33 to 62) against symptomatic infection at least 14 days after 2 <sup>nd</sup> dose	Serious	Test-negative study of HCW in India; 1,068 matched pairs; time and setting for VOC Delta
131	Thiruvengad am(pub)	ChAdOx1showed VE 46.2% (95% CI, 31.6 to 57.7) against infection at least 21 days after 1 <sup>st</sup> dose.	Serious	Test-negative study in India; 5,143 participants; sequencing for VOC Delta
		ChAdOx1showed VE 63.1% (95% CI, 51.5 to 72.1) against infection at least 14 days after 2 <sup>nd</sup> dose.		
132	Sharma	BNT162b2 showed VE 45.7% (95% CI, 37.9 to 52.5) against infection median of 30 days after 3 <sup>rd</sup> dose compared to 2 doses (given at least 180 days previously)	Serious	Case-control study of fully vaccinated (2 doses versus 3 doses) in veterans in USA; 129,130 pairs; time and setting for VOC Delta
		mRNA-1273 showed VE 46.6% (95% CI, 36.4 to 55.3) against infection median of 16 days after 3 <sup>rd</sup> dose compared to 2 doses (given at least 180 days previously)		
133	Cohn (2)	BNT162b2 showed VE 43% (95% CI, 42 to 45) against infection after unclear number of days after 2 <sup>nd</sup> dose (September 2021)	Serious	Retrospective cohort study of Veterans in the US; 780,225 Veterans; time and setting for VOC Delta (same population as Cohn

134	<u>Arbel</u>	mRNA-1273 showed VE 58% (95% CI, 57 to 59) after unclear number of days against infection after 2 <sup>nd</sup> dose (September 2021)  Ad26.COV2.S showed VE 13% (95% CI, 9 to 17) against infection after unclear number of days after dose (September 2021)  BNT162b2 (3 doses) showed VE 90% (95% CI, 86 to 93) against death at 7 to 54 days after 3 <sup>rd</sup> dose compared to 2 doses (given at least 5 months previously)	Moderate	Data-linkage study of fully vaccinated (>50 years) (2 doses versus 3 doses) in Israel; 843,208 participants; time and setting for VOC
135	Bar-On (2)	BNT162b2 (3 doses) showed adjusted rate ratio of 12.3 (95% CI, 11.8 to 12.8) against infection and adjusted rate ratio of 17.9 (95% CI, 15.1 to 21.2) against severe disease and adjusted rate ratio of 14.7 (95% CI, 10 to 21.4) against death at least 12 days after 3 <sup>rd</sup> dose compared to 2 doses (given at least 5 months previously) (age>60).  BNT162b2 (3 doses) showed adjusted rate ratio of 9.0 (95% CI, 8.4 to 9.7) against infection at least 12 days after 3 <sup>rd</sup> dose compared to 2 doses (given at least 5 months previously) (age 30-39).	Serious	Delta Data-linkage study of fully vaccinated (>16 years) (2 doses versus 3 doses) in Israel; 4,696,865 participants; time and setting for VOC Delta (same population as Bar-On but extended end of study and additional ages and outcomes)
136	Andrews (3)	BNT162b2 (2 doses) showed VE 88% (65.9 to 95.8) against symptomatic infection at 2-9 weeks after 2 <sup>nd</sup> dose (VOC Omicron)  BNT162b2 (2 doses) showed VE 34.3% (-5 to 58.7) against symptomatic infection at 25+ weeks after 2 <sup>nd</sup> dose (VOC Omicron)  BNT162b2 (3 doses) showed VE 75.5% (56.1 to 86.3) against symptomatic infection at least 2+ weeks after 3 <sup>rd</sup> dose (VOC Omicron)  ChAdOx1 (2 doses) showed VE 5.9% (-29.7 to 31.7) against symptomatic infection at 25+ weeks after 2 <sup>nd</sup> dose (VOC Omicron)  ChAdOx1 (2 doses followed by 1 dose of BNT162b2) showed VE 71.4% (41.8 to 86) against symptomatic infection at least 2 weeks after 3 <sup>rd</sup> (VOC Omicron)  BNT162b2 (2 doses) showed VE 88.2% (86.7 to 89.5) against symptomatic infection at least 2-9 weeks after 2 <sup>nd</sup> dose (VOC Delta)	Moderate	Test-negative study of fully vaccinated participants in England; 187,887 (581 Omicron) participants; sequencing for VOC Delta and Omicron

137	Hansen	BNT162b2 (2 doses) showed VE 63.5% (61.4 to 65.5) against symptomatic infection at 25+ weeks after 2 <sup>nd</sup> dose (VOC Delta)  BNT162b2 (3 doses) showed VE 92.6% (92 to 93.1) against symptomatic infection at least 2 weeks after 3 <sup>rd</sup> dose (VOC Delta)  ChAdOx1 (2 doses) showed VE 76.2% (63.7 to 84.4) against symptomatic infection at 2-9 weeks after 2 <sup>nd</sup> dose (VOC Delta)  ChAdOx1 (2 doses) showed VE 41.8% (39.4 to 44.1) against symptomatic infection at least 25+ weeks after 2 <sup>nd</sup> dose (VOC Delta)  ChAdOx1 (2 doses followed by 1 dose of BNT162b2) showed VE 93.8% (93.2 to 94.3) against symptomatic infection at least 2 weeks after 3 <sup>rd</sup> (VOC Delta)  BNT162b2 showed VE 55.2% (95% CI, 23.5 to 73.7) against infection up to 44 days after 2 <sup>nd</sup> dose (VOC Omicron)	Serious	Retrospective cohort study in Denmark; 5,767 identified Omicron cases;
		93.1) against symptomatic infection at least 2		
		84.4) against symptomatic infection at 2-9 weeks		
		44.1) against symptomatic infection at least 25+		
		BNT162b2) showed VE 93.8% (93.2 to 94.3) against symptomatic infection at least 2 weeks		
137	<u>Hansen</u>	73.7) against infection up to 44 days after 2 <sup>nd</sup>	Serious	in Denmark; 5,767
		BNT162b2 showed VE -76.5% (95% CI, -95.3 to -59.5) against infection up to 164 days after 2 <sup>nd</sup> dose (VOC Omicron)		and Omicron  (results over varying time
		BNT162b2 (3 doses) showed VE 54.6% (95% CI, 30.4 to 70.4) against infection up to 30 days after 3 <sup>rd</sup> dose (VOC Omicron)		periods since vaccination reported)
		mRNA-1273 showed VE 36.7% (95% CI, -69.9 to 76.4) against infection up to 44 days after 2 <sup>nd</sup> dose (VOC Omicron)		
		mRNA-1273 showed VE -39.3% (95% CI, -61.6 to -20) against infection up to 164 days after 2 <sup>nd</sup> dose (VOC Omicron)		
		BNT162b2 showed VE 86.7% (95% CI, 84.6 to 88.6) against infection up to 44 days after 2 <sup>nd</sup> dose (VOC Delta)		
		BNT162b2 showed VE 53.8% (95% CI, 52.9 to 54.6) against infection up to 164 days after 2 <sup>nd</sup> dose (VOC Delta)		
		BNT162b2 (3 doses) showed VE 81.2% (95% CI, 79.2 to 82.9) against infection up to 30 days after 3 <sup>rd</sup> dose (VOC Delta)		

				1
		mRNA-1273 showed VE 88.2% (95% CI, 83.1 to 91.8) against infection up to 44 days after 2 <sup>nd</sup> dose (VOC Delta)		
		mRNA-1273 showed VE 65.0% (95% CI, 63.6 to 66.3) against infection up to 164 days after 2 <sup>nd</sup> dose (VOC Delta)		
		mRNA-1273 (3 doses) showed VE 82.8% (95% CI, 58.8 to 92.9) against infection up to 30 days after 3 <sup>rd</sup> dose (VOC Delta)		
138	McLean	BNT162b2 showed VE 59% (95% CI, 24 to 78) against infection at least 14 days after 2 <sup>nd</sup> dose (VOC Delta - June to Dec 2021)  mRNA-1273 showed VE 52% (95% CI, 20 to 71) against infection at least 14 days after 2 <sup>nd</sup> dose (VOC Delta - June to Dec 2021)	Serious	Prospective cohort in Wisconsin, USA; 1,518 participants; time and setting for VOC Delta
139	Berec	BNT162b2 (3 doses) showed VE 92% (95% CI, 91 to 92) against infection at least 7 days after 3 <sup>rd</sup> dose.  mRNA-1273 (3 doses) showed VE 94% (95% CI, 91 to 95) against infection at least 7 days after 3 <sup>rd</sup> dose.	Serious	Population cohort in Czech Republic; 693,579 fully vaccinated participants; time and setting for VOC Delta (includes heterologous vaccines)
		ChAdOx1 (2 doses) followed by BNT162b2 showed VE 82% (95% CI, 68 to 90) against infection at least 7 days after 3 <sup>rd</sup> dose  ChAdOx1 (2 doses) followed by mRNA1273 showed VE 91% (95% CI, 63 to 98) against infection at least 7 days after 3 <sup>rd</sup> dose		
140	Florea	mRNA-1273 showed VE 86.5% (95% CI, 84.8 to 88.0) against infection at least 14 days after 2 <sup>nd</sup> dose	Serious	Prospective matched cohort study in California, USA; 1,854,008 participants; sequencing for VOC Delta
141	Kissling (2)	BNT162b2 showed VE 76% (95% CI, 72 to 81) against symptomatic infection at 30 -59 days after 2 <sup>nd</sup> dose; VE 72% (95% CI, 61 to 80) at 60-89 days after 2 <sup>nd</sup> dose and VE 65% (95% CI, 56 to 71) >90 days after 2 <sup>nd</sup> dose (age 30-59)  mRNA-1273 showed VE 91% (95% CI, 85 to 95) against symptomatic infection at 30 -59 days after 2 <sup>nd</sup> dose; VE 90% (95% CI, 76 to 96) at 60-89 days after 2 <sup>nd</sup> dose (age 30-59)	Serious	Test-negative study in 10 out of 14 I-MOVE countries; 14,282 participants; sample sequenced for VOC Delta (results over varying time periods since vaccination reported)

				T
142	Katikireddi	ChAdOx1 showed VE 67% (95% CI, 57 to 75) against symptomatic infection at 30 -59 days after 2 <sup>nd</sup> dose; VE 65% (95% CI, 48 to 76) at 60-89 days after 2 <sup>nd</sup> dose (age 30-59)  Ad26.COV2.S showed VE 50% (95% CI, 36 to 62) against symptomatic infection at 30 -59 days after dose; VE 52% (95% CI, 33 to 66) at 60-89 days after dose (age 30-59)  ChAdOx1 showed VE 63.3% (95% CI, 61.3 to 65.3) against symptomatic infection at 8 to 9 weeks after 2 <sup>nd</sup> dose; VE 48.7% (95% CI, 45.9 to 51.4) against symptomatic infection at 16 to 17 weeks after 2 <sup>nd</sup> dose (VOC Delta)  ChAdOx1 showed VE 79.0% (95% CI, 75.9 to 81.7) against severe disease (hospitalization or death) at 8 to 9 weeks after 2 <sup>nd</sup> dose; VE 70.5% (95% CI, 67.0 to 73.7) against severe disease 16 to 17 weeks after 2 <sup>nd</sup> dose (VOC Delta)  ChAdOx1 showed VE 65.4% (95% CI, 64.6 to 66.2) against symptomatic infection at 8 to 9 weeks after 2 <sup>nd</sup> dose; VE 58.7% (95% CI, 56.7 to 60.5) against symptomatic infection at 16 to 17 weeks after 2 <sup>nd</sup> dose (VOC Gamma)  ChAdOx1 showed VE 75.6% (95% CI, 73.4 to 77.6) against severe disease (hospitalization or	Serious	Retrospective cohort in Scotland and Brazil; 1,972,454 fully vaccinated participants in Scotland (Delta); 42,558,839 fully vaccinated participants in Brazil (Gamma); time and setting for VOC Delta and VOC Gamma  (results over varying time periods since vaccination reported)
		death) at 8 to 9 weeks after 2 <sup>nd</sup> dose; VE 50.5% (95% CI, 43.4 to 56.6) against severe disease 16		
		to 17 weeks after 2 <sup>nd</sup> dose (VOC Gamma)	_	
143	Abu-Raddad (4)	mRNA-1273 showed VE 90.6% (95% CI, 88.7 to 92.1) against infection at 60 days after 2 <sup>nd</sup> dose; VE 80.7% (95% CI, 77 to 83.8) against infection at 120 days after 2 <sup>nd</sup> dose  mRNA-1273 showed VE 97.8% (95% CI, 83.7 to 99.7) against severe disease (hospitalization or death) at 60 days after 2 <sup>nd</sup> dose; VE 91.5% (95% CI, 60.8 to 98.1) against infection at 120 days after 2 <sup>nd</sup> dose	Serious	Test-negative study in Qatar; 1,781,505 participants; time and setting for VOC Beta to VOC Delta (same setting and methodology as Chemaitelly 3)  (results over varying time periods since vaccination reported)
144	Machado	BNT162b2 (majority) or mRNA-1273 showed VE 68% (95% CI, 64 to 71) against symptomatic infection at 42-69 days after 2 <sup>nd</sup> dose; VE 39% (95% CI, 29 to 48) against symptomatic infection at 98-148 days after 2 <sup>nd</sup> dose	Moderate	Retrospective cohort study of community-dwelling adults≥65 in Portugal; 2,117,002 participants; time and setting for VOC Alpha to VOC Delta

		ChAdOx1 showed VE 33% (95% CI, 23 to 42) against symptomatic infection at 42-69 days after		(same population as Nunes)
		2 <sup>nd</sup> dose; VE 34% (95% CI, 10 to 52) against symptomatic infection at 70-140 days after 2 <sup>nd</sup> dose		(results over varying time periods since vaccination reported)
		BNT162b2 (majority) or mRNA-1273 showed VE 95% (95% CI, 88 to 98) against death at 14-41 days after 2 <sup>nd</sup> dose; VE 93% (95% CI, 87 to 96) against death at 70-148 days after 2 <sup>nd</sup> dose		reported)
		ChAdOx1 showed VE 95% (95% CI, 90 to 97) against death at least 14 days after 2 <sup>nd</sup> dose		
145	Irizarry	BNT162b2 showed VE 57% (95% CI, 53 to 60) against infection at 144 days after 2 <sup>nd</sup> dose; VE 86% (95% CI, 75 to 92) against death at 144 days after 2 <sup>nd</sup> dose  mRNA-1273 showed VE 73% (95% CI, 70 to 76) against infection at 144 days after 2 <sup>nd</sup> dose; VE 93% (95% CI, 81 to 97) against death at 144	Serious	Retrospective cohort study in Puerto Rico; 2,276,966 participants; time and setting for VOC Alpha to VOC Delta (same population as Robles-Fontan?)
		days after 2 <sup>nd</sup> dose  Ad26.COV2.S showed VE 36% (95% CI, 30 to 42) against infection at 144 days after 2 <sup>nd</sup> dose;  VE 72% (95% CI, 49 to 85) against death at 144 days after 2 <sup>nd</sup> dose		(results over varying time periods since vaccination reported)
146	Tartof (2)	BNT162b2 (3 doses) showed VE 88% (95% CI, 86 to 89) against infection at least 14 days after 3 <sup>rd</sup> dose compared to unvaccinated (age>18) BNT162b2 (3 doses) showed VE 75% (95% CI,	Moderate	Retrospective cohort study in California, USA; 3,133,075 participants; time and setting for VOC Alpha to VOC Delta
		71 to 78) against infection at least 14 days after 3 <sup>rd</sup> dose compared to 2 doses (given at least 6		
147	Buchan	months previously) (age>18)  BNT1652b2 or mRNA-1273 (2 doses) showed VE 6% (95% CI, -25 to 30) against infection at 7 to 59 days after 2 <sup>nd</sup> dose; VE -13% (95% CI, -38 to 8) against infection at 60 to 119 days after 2 <sup>nd</sup> dose; VE -38% (95% CI, -61 to -18) against infection at 120 to 179 days after 2 <sup>nd</sup> dose; VE -16% (95% CI, -62 to 17) against infection at >240 days after 2 <sup>nd</sup> dose (VOC Omicron)	Moderate	Test-negative study in Ontario, Canada; 484,188 fully vaccinated participants; sample sequenced for VOC Delta and VOC Omicron (results over varying time periods since vaccination reported)
		BNT162b2 (3 doses) showed VE 34% (95% CI, 16 to 49) against infection at 7 days after 3 <sup>rd</sup> dose (VOC Omicron)		reported)
		mRNA-1273 (3 doses) showed VE 59% (95% CI, 16 to 80) against infection at 7 days after 3 <sup>rd</sup> dose (VOC Omicron)		

		BNT1652b2 or mRNA-1273 (2 doses) showed VE 84% (95% CI, 81 to 86) against infection at 7 to 59 days after 2 <sup>nd</sup> dose; VE 81% (95% CI, 79 to 82) against infection at 60 to 119 days after 2 <sup>nd</sup> dose; VE 80% (95% CI, 79 to 81) against infection at 120 to 179 days after 2 <sup>nd</sup> dose; VE 71% (95% CI, 66 to 75) against infection at >240 days after 2 <sup>nd</sup> dose (VOC Delta)  BNT162b2 (3 doses) showed VE 93% (95% CI, 91 to 94) against infection at 7 days after 3 <sup>rd</sup> dose (VOC Delta)  mRNA-1273 (3 doses) showed VE 93% (95% CI, 90 to 96) against infection at 7 days after 3 <sup>rd</sup> dose (VOC Delta)		
148	Tseng	mRNA-1273 (2 doses) showed VE 30.4% (95% CI, 5.0 to 49.0) against infection at 14 to 90 days after 2 <sup>nd</sup> dose; VE 15.2% (0 to 30.7) against infection at 91 to 180 days after 2 <sup>nd</sup> dose; VE 0% (95% CI, 0 to 1.2) against infection at 181 to 270 days after 2 <sup>nd</sup> dose (VOC Omicron)  mRNA-1273 (3 doses) showed VE 63.6% 95% CI, 57.4 to 68.9) against infection at median of 35 days after 3 <sup>rd</sup> dose (VOC Omicron)  mRNA-1273 (2 doses) showed VE 82.8% (95% CI, 69.6 to 90.3) against infection at 14 to 90 days after 2 <sup>nd</sup> dose; VE 63.6% (51.8 to 72.5) against infection at 91 to 180 days since 2 <sup>nd</sup> dose; VE 61.4% (95% CI, 56.8 to 65.5) against infection at 181 to 270 days after 2 <sup>nd</sup> dose; VE 52.9% (95% CI, 43.7 to 60.5) against infection at >270 days after 2 <sup>nd</sup> dose (VOC Delta)  mRNA-1273 (3 doses) showed VE 95.7% 95% CI, 94.2 to 96.8) against infection at median of 35 days after 3 <sup>rd</sup> dose (VOC Delta)	Serious	Test-negative study in California, USA; 60,420 participants; sample sequenced for VOC Delta and VOC Omicron  (results over varying time periods since vaccination reported)

149	Lyngse	BNT162b2* (cases) showed VET 10% (95% CI, 0 to 18) against transmission to vaccinated household contacts at least 7 days after 2 <sup>nd</sup> dose  BNT162b2* (cases) showed VET 31% (95% CI, 26 to 36) against transmission to unvaccinated household contacts at least 7 days after 2 <sup>nd</sup> dose  BNT162b2* (contacts) showed VES 46% (95% CI, 40 to 52) against susceptibility to infection from vaccinated case at least 7 days after 2 <sup>nd</sup> dose  BNT162b2* (contacts) showed VES 61% (95% CI, 59 to 63) against susceptibility to infection from unvaccinated household contacts at least 7 days after 2 <sup>nd</sup> dose	Serious	Household transmission study in Denmark; 24,693 index cases; sequencing for VOC Delta
150	Hitchings (3)	*vast majority  CoronaVac (2 doses) showed OR 1.59 (95% CI, 0.60 to 4.24) for infection comparing fully vaccinated ≥182 days vs fully vaccinated 14 to 41 days (age 40-64)  CoronaVac (2 doses) showed OR 3.32 (95% CI, 1.85 to 5.94) for infection comparing fully vaccinated ≥182 days vs fully vaccinated 14 to 41 days (age 80+)	Serious	Test-negative study in Brazil; 37,929 matched fully vaccinated participants; time and setting for VOC Gamma and VOC Delta
151	Abu-Raddad (5)	BNT162b2 (3 doses) showed VE 50.1% (95% CI, 47.3 to 52.8) against symptomatic infection; VE 100% (71.4 to 100) against hospitalization and death compared to 2 doses  mRNA-1273 (3 doses) showed VE 50.8% (95% CI, 43.4 to 57.3) against symptomatic infection compared to 2 doses	Serious	Retrospective cohort studies in Qatar; 2,232,224 fully vaccinated participants; sample sequenced for VOC Omicron
152	Zheutlin	BNT162b2 showed VE 84% (95% CI, 82 to 85) against infection ≥5 months after 2 <sup>nd</sup> dose  mRNA-1273 showed VE 88% (95% CI, 87 to 89) against infection ≥5 months after 2 <sup>nd</sup> dose  Ad26.COV2.S showed VE 74% (95% CI, 70 to 76) against infection ≥5 months after dose	Serious	Matched case-control in USA; 17,017,435 fully vaccinated participants; time and setting for VOC Alpha to VOC Delta (only Delta data shown here) (results over varying time periods since vaccination reported)
153	Cerqueira- Silva	BNT162b2 showed VE 64.8% (95% CI, 54.9 to 72.4) against symptomatic infection ≥14 days after 2 <sup>nd</sup> dose  ChAdOx1 showed VE 56% (95% CI, 51.4 to 60.2) ≥14 days after 2 <sup>nd</sup> dose	Serious	Test-negative study in Brazil; 231,212 previously infected participants; time and setting for VOC Gamma to VOC Delta

		CoronaVac showed VE 39.4% (95% CI, 36.1 to 42.6) against symptomatic infection ≥14 days		
		after 2 <sup>nd</sup> dose		
		Ad26.COV2.S showed VE 44% (95% CI, 31.5 to		
		54.2) against symptomatic infection ≥14 days		
		after dose		
154	Jara (2)	CoronaVac (3 doses) showed VE 78.8% (95% CI, 76.8 to 80.6) against symptomatic infection; VE 92.2% (95% CI, 88.7 to 94.6) against ICU admission; VE 86.7% (95% CI, 80.5 to 91.0) against death ≥14 days after 3 <sup>rd</sup> dose  BNT162b2 booster after CoronaVac (2 doses) showed VE 96.5% (95% CI, 96.2 to 96.7) against symptomatic infection; VE 96.2% (95% CI, 94.6 to 97.3) against ICU admission; VE 96.8% (95% CI, 93.9 to 98.3) against death ≥14 days after 3 <sup>rd</sup> dose  ChAdOx1 booster after CoronaVac (2 doses) showed VE 93.2% (95% CI, 92.9 to 93.6) against symptomatic infection; VE 98.9% (95% CI, 98.5	Moderate	Prospective cohort in Chile; 11,174,257 fully vaccinated participants; time and setting for VOC Delta (includes heterologous vaccines)
		to 99.2) against ICU admission; VE 98.1% (95% CI, 97.3 to 98.6) against death ≥14 days after 3 <sup>rd</sup> dose		
155	Tan	BNT162b2 (3 doses) showed VE 73% (95% CI, 71 to 74) against infection; VE 95% (95% CI, 92 to 97) against severe disease ≥12 days after 3 <sup>rd</sup> dose compared to 2 doses	Serious	Retrospective cohort study in Singapore; 73,209 fully vaccinated participants (age>60); time and setting for VOC Delta
		mRNA-1273 (3 doses) showed VE 86% (95%		Tor voo Bena
		CI, 81 to 90) against infection ≥12 days after 3 <sup>rd</sup> dose compared to 2 doses of BNT162b2		(includes heterologous vaccines)
		BNT162b2 (2 doses) followed by mRNA-1273 showed VE 82% (95% CI, 77 to 86) against infection; VE 92% (95% CI, 44 to 99) against severe disease ≥12 days after 3 <sup>rd</sup> dose compared to 2 doses of BNT162b2		
		mRNA-1273 (2 doses) followed by BNT162b2 showed VE 90% (95% CI, 73 to 96) against infection ≥12 days after 3 <sup>rd</sup> dose compared to 2 doses of BNT162b2		
156	Suah	BNT162b2 (2 dose vaccinated July to August) showed VE 90.8% (95% CI, 89.4 to 92.0) against infection; VE 83.8% (95% CI, 78.5 to 87.8) against ICU admission; VE 90.3% (95% CI, 88.1 to 92.2) against death in September (at least 14 days after 2 <sup>nd</sup> dose)	Serious	Retrospective cohort study in Malaysia; 9,927,350 fully vaccinated participants; time and setting for VOC Delta

		<u>,                                      </u>		<u></u>
		BNT162b2 (2 dose vaccinated April to June) showed VE 79.1% (95% CI, 75.8 to 81.9) against infection; VE 57.2% (95% CI, 43.4 to 67.6) against ICU admission; VE 89.3% (95% CI, 85.9 to 91.9) against death in September (at least 14 days after 2 <sup>nd</sup> dose)  CoronaVac (2 dose vaccinated July to August) showed VE 74.4% (95% CI, 70.4 to 77.8) against infection; VE 46.1% (95% CI, 37.2 to 53.7) against ICU admission; VE 76.5% (95% CI, 72.9 to 79.6) against death in September (at least 14 days after 2 <sup>nd</sup> dose)  CoronaVac (2 dose vaccinated April to June)		(results over varying time periods since vaccination reported)
		showed VE 30% (95% CI, 18.4 to 39.9) against		
		infection; VE 30.2% (95% CI, 7.6 to 47.3) against ICU admission; VE 75.7% (95% CI, 67.0		
		to 82.1) against death in September (at least 14		
157	Amodio	days after 2 <sup>nd</sup> dose) mRNA-1273 showed VE 69.2% (95% CI, 67.6	Serious	Retrospective cohort study
		to 70.8) against infection; VE 85.2% (95% CI, 82.7 to 87.7) against severe disease at 6 months after 2 <sup>nd</sup> dose		in Italy; 3,966,976 participants; time and setting for VOC Alpha to VOC Delta (only Delta data
		mRNA-1273 showed VE 69.2% (95% CI, 67.6 to 70.8) against infection; VE 90.3% (95% CI,		shown here)
		86.2 to 94.4) against severe disease at 8 months after 2 <sup>nd</sup> dose		(results over varying time periods since vaccination reported)
158	Roberts	BNT162b2 showed VE 72.7% (95% CI, 65.4 to 78.5) against infection; VE 71.7% (95% CI, 45.1 to 85.6) against severe disease (21 days to <3 months after 2 <sup>nd</sup> dose) (participants tested July–September 2021)  BNT162b2 showed VE 73.8% (95% CI, 63.6 to 81.2) against infection; VE 68.3% (95% CI, 23.6 to 87.2) against severe disease (21 days to <3 months after 2 <sup>nd</sup> dose) (participants tested October–December 2021)  mRNA-1273 showed VE 79.0% (95% CI, 70.8 to 84.9) against infection; VE 74.5% (95% CI,	Serious	Test-negative study in USA; 170,487 participants; time and setting for VOC Alpha to VOC Delta (only Delta data shown here)
		42.7 to 88.9) against severe disease (21 days to <3 months after 2 <sup>nd</sup> dose) (participants tested July–September 2021)  mRNA-1273 showed VE 83.1% (95% CI, 68.9 to 90.9) against infection; VE 93.4% (95% CI,		

		5.3 to 99.6) against severe disease (21 days to <3 months after 2 <sup>nd</sup> dose) (participants tested October–December 2021)		
159	Bar-On (3)	BNT162b2 (3 doses) showed a rate ratio (RR) of 1.9 (95% CI, 1.8 to 1.9) for infection; RR 4.0 (95% CI, 2.3 to 7.0) for severe disease compared to 4 doses	Serious	Data-linkage study of 4 doses (>60 years) (3 doses versus 4 doses) in Israel; 1,138,681 participants; time and setting for VOC Omicron

Author         Reason for exclusion           Abu-Raddad (3)         Vaccine effectiveness not reported           Akhrass         Delayed exclusion – Clinical outcomes of interest for this LES not reported           Albahrani         Prevalence of variants unknown and suspected to be <50%           Allamalan         Vaccine effectiveness not reported           Alhambi         Prevalence of variants unknown and suspected to be <50%           Alli         Prevalence of variants unknown and suspected to be <50%           Alkhafaii         Prevalence of variants unknown and suspected to be <50%           Allen         Scrious risk of bias           Almufty         Prevalence of variants unknown and suspected to be <50%           Al-Qahtani         Delayed exclusion – critical risk of bias           Andeweg         Vaccine effectiveness not reported           Andeweg (2)         Results not reported according to vaccine type/brand           Apisamthanarak         Vaccine effectiveness not reported           Arashiro         Vaccine effectiveness not reported           Araujo         Clinical outcomes of interest for this LES not reported           Ayass         Clinical outcomes of interest for this LES not reported           Baden         Critical risk of bias           Baicma         Clinical outcomes of interest for this LES not reported	Section 2: excluded studies		
Alkhrass Delayed exclusion – Clinical outcomes of interest for this LES not reported Albahrani Prevalence of variants unknown and suspected to be <50% Alencar Critical risk of bias Alhamlan Vaccine effectiveness not reported Alharbi Prevalence of variants unknown and suspected to be <50% Ali Prevalence of variants unknown and suspected to be <50% Ali Prevalence of variants unknown and suspected to be <50% Alkhafaji Prevalence of variants unknown and suspected to be <50% Allen Scrious risk of bias Almufix Prevalence of variants unknown and suspected to be <50% Al-Qahtani Delayed exclusion – critical risk of bias Andeweg Vaccine effectiveness not reported Andeweg (2) Results not reported according to vaccine type/brand Apisanthanarak Vaccine effectiveness not reported Araujo Clinical outcomes of interest for this LES not reported Avass Clinical outcomes of interest for this LES not reported Avass Clinical outcomes of interest for this LES not reported Baiden Critical risk of bias Bailly Delayed exclusion – critical risk of bias Baiema Clinical outcomes of interest for this LES not reported Baiema (2) Clinical outcomes of interest for this LES not reported Baich Vaccine effectiveness not reported Baichuk Clinical outcomes of interest for this LES not reported Bergwerk Vaccine effectiveness not reported Bergwerk Vaccine effectiveness not reported Bergwerk Vaccine effectiveness not reported Bernal (2) Delayed exclusion – critical risk of bias Bhattacharya Delayed exclusion – critical risk of bias Bhattacharya Delayed exclusion – critical risk of bias Bianchi Delayed exclusion – critical risk of bias Biork Prevalence of variants unknown and suspected to be <50%	Author	Reason for exclusion	
Albahrani	Abu-Raddad (3)	±	
Alencar   Critical risk of bias	<u>Akhrass</u>	Delayed exclusion – Clinical outcomes of interest for this LES not reported	
Alhamlan Vaccine effectiveness not reported Alharbi Prevalence of variants unknown and suspected to be <50% Ali Prevalence of variants unknown and suspected to be <50% Alkhafaji Prevalence of variants unknown and suspected to be <50% Alkhafaji Prevalence of variants unknown and suspected to be <50% Allen Serious risk of bias Almufty Prevalence of variants unknown and suspected to be <50% Al-Qahtani Delayed exclusion – critical risk of bias Andeweg Vaccine effectiveness not reported Andeweg (2) Results not reported according to vaccine type/brand Apisarnthanarak Vaccine effectiveness not reported Arashiro Vaccine effectiveness not reported Araujo Clinical outcomes of interest for this LES not reported Avaige Clinical outcomes of interest for this LES not reported Avaige Clinical outcomes of interest for this LES not reported Baden Critical risk of bias Bailly Delayed exclusion – critical risk of bias Bailema Clinical outcomes of interest for this LES not reported Bajema (2) Clinical outcomes of interest for this LES not reported Bajema (2) Clinical outcomes of interest for this LES not reported Barchuk Clinical outcomes of interest for this LES not reported Bergwerk Vaccine effectiveness not reported Bergwerk Vaccine effectiveness not reported Bernal (2) Delayed exclusion – critical risk of bias Bhattacharya Delayed exclusion – critical risk of bias Bhattacharya Delayed exclusion – critical risk of bias Bianchi Delayed exclusion – critical risk of bias Biork Prevalence of variants unknown and suspected to be <50%	<u>Albahrani</u>	Prevalence of variants unknown and suspected to be <50%	
Alharbi	<u>Alencar</u>	Critical risk of bias	
Ali         Prevalence of variants unknown and suspected to be <50%           Alkhafaji         Prevalence of variants unknown and suspected to be <50%           Allen         Serious risk of bias           Almufty         Prevalence of variants unknown and suspected to be <50%           Al-Qahtani         Delayed exclusion – critical risk of bias           Andeweg         Vaccine effectiveness not reported           Andeweg (2)         Results not reported according to vaccine type/brand           Apisarnthanarak         Vaccine effectiveness not reported           Arashiro         Vaccine effectiveness not reported           Arashiro         Vaccine effectiveness not reported           Avaigne         Clinical outcomes of interest for this LES not reported           Ayass         Clinical outcomes of interest for this LES not reported           Baden         Critical risk of bias           Bailly         Delayed exclusion – critical risk of bias           Bajema         Clinical outcomes of interest for this LES not reported           Barchuk         Clinical outcomes of interest for this LES not reported           Belayachi         Clinical outcomes of interest for this LES not reported           Bernal (2)         Delayed exclusion – critical risk of bias           Behatnagar         Critical risk of bias           Bhatnagar	<u>Alhamlan</u>	Vaccine effectiveness not reported	
Alkhafaji         Prevalence of variants unknown and suspected to be <50%	<u>Alharbi</u>	Prevalence of variants unknown and suspected to be <50%	
Allen         Serious risk of bias           Almufty         Prevalence of variants unknown and suspected to be <50%           Al-Qahtani         Delayed exclusion − critical risk of bias           Andeweg         Vaccine effectiveness not reported           Andeweg (2)         Results not reported according to vaccine type/brand           Apisarnthanarak         Vaccine effectiveness not reported           Araujo         Vaccine effectiveness not reported           Araujo         Clinical outcomes of interest for this LES not reported           Avass         Clinical outcomes of interest for this LES not reported           Baden         Critical risk of bias           Bailly         Delayed exclusion − critical risk of bias           Bajema         Clinical outcomes of interest for this LES not reported           Bajema (2)         Clinical outcomes of interest for this LES not reported           Bal         Vaccine effectiveness not reported           Bernal (2)         Clinical outcomes of interest for this LES not reported           Bernal (2)         Delayed exclusion − critical risk of bias           Bhatnagar         Critical risk of bias           Bhattacharya         Delayed exclusion − critical risk of bias           Bianchi         Delayed exclusion − critical risk on bias           Biork         Prevalence of varia	<u>Ali</u>		
Almufty Al-Qahtani Delayed exclusion – critical risk of bias Andeweg Vaccine effectiveness not reported Andeweg (2) Results not reported according to vaccine type/brand Apisarnthanarak Vaccine effectiveness not reported Arashiro Vaccine effectiveness not reported Araujo Clinical outcomes of interest for this LES not reported Avass Clinical outcomes of interest for this LES not reported Ayass Clinical outcomes of interest for this LES not reported Ayass Clinical outcomes of interest for this LES not reported Baden Critical risk of bias Bailly Delayed exclusion – critical risk of bias Bajema Clinical outcomes of interest for this LES not reported Bajema (2) Clinical outcomes of interest for this LES not reported Bal Vaccine effectiveness not reported Bal Vaccine effectiveness not reported Belayachi Clinical outcomes of interest for this LES not reported Belayachi Clinical outcomes of interest for this LES not reported Bergwerk Vaccine effectiveness not reported Bergwerk Vaccine effectiveness not reported  Bernal (2) Delayed exclusion – critical risk of bias Bhatnagar Critical risk of bias Bhattacharya Delayed exclusion – critical risk of bias Bianchi Delayed exclusion – critical risk of bias Biork Prevalence of variants unknown and suspected to be <50%	<u>Alkhafaji</u>	Prevalence of variants unknown and suspected to be <50%	
Al-Qahtani       Delayed exclusion – critical risk of bias         Andeweg       Vaccine effectiveness not reported         Andeweg (2)       Results not reported according to vaccine type/brand         Apisarnthanarak       Vaccine effectiveness not reported         Arashiro       Vaccine effectiveness not reported         Araujo       Clinical outcomes of interest for this LES not reported         Auvigne       Clinical outcomes of interest for this LES not reported         Ayass       Clinical outcomes of interest for this LES not reported         Baden       Critical risk of bias         Bailly       Delayed exclusion – critical risk of bias         Bajema       Clinical outcomes of interest for this LES not reported         Bajema (2)       Clinical outcomes of interest for this LES not reported         Bal       Vaccine effectiveness not reported         Barchuk       Clinical outcomes of interest for this LES not reported         Belayachi       Clinical outcomes of interest for this LES not reported         Bergwerk       Vaccine effectiveness not reported         Bernal (2)       Delayed exclusion – critical risk of bias         Bhatnagar       Critical risk of bias         Bhatnachi       Delayed exclusion – critical risk of bias         Biork       Prevalence of variants unknown and suspected to be <50%	Allen	Serious risk of bias	
Andeweg       Vaccine effectiveness not reported         Andeweg (2)       Results not reported according to vaccine type/brand         Apisarnthanarak       Vaccine effectiveness not reported         Arashiro       Vaccine effectiveness not reported         Araujo       Clinical outcomes of interest for this LES not reported         Auvigne       Clinical outcomes of interest for this LES not reported         Ayass       Clinical outcomes of interest for this LES not reported         Baden       Critical risk of bias         Bailly       Delayed exclusion – critical risk of bias         Bajema       Clinical outcomes of interest for this LES not reported         Bajema (2)       Clinical outcomes of interest for this LES not reported         Barchuk       Clinical outcomes of interest for this LES not reported         Belayachi       Clinical outcomes of interest for this LES not reported         Belayachi       Clinical outcomes of interest for this LES not reported         Bernal (2)       Delayed exclusion – critical risk of bias         Bhatnagar       Critical risk of bias         Bhattacharya       Delayed exclusion – critical risk of bias         Bianchi       Delayed exclusion – critical risk of bias         Biork       Prevalence of variants unknown and suspected to be <50%	Almufty		
Andeweg       Vaccine effectiveness not reported         Andeweg (2)       Results not reported according to vaccine type/brand         Apisarnthanarak       Vaccine effectiveness not reported         Arashiro       Vaccine effectiveness not reported         Araujo       Clinical outcomes of interest for this LES not reported         Auvigne       Clinical outcomes of interest for this LES not reported         Ayass       Clinical outcomes of interest for this LES not reported         Baden       Critical risk of bias         Bailly       Delayed exclusion – critical risk of bias         Bajema       Clinical outcomes of interest for this LES not reported         Bajema (2)       Clinical outcomes of interest for this LES not reported         Barchuk       Clinical outcomes of interest for this LES not reported         Belayachi       Clinical outcomes of interest for this LES not reported         Belayachi       Clinical outcomes of interest for this LES not reported         Bernal (2)       Delayed exclusion – critical risk of bias         Bhatnagar       Critical risk of bias         Bhattacharya       Delayed exclusion – critical risk of bias         Bianchi       Delayed exclusion – critical risk of bias         Biork       Prevalence of variants unknown and suspected to be <50%	<u>Al-Qahtani</u>	Delayed exclusion – critical risk of bias	
Apisarnthanarak Vaccine effectiveness not reported  Arashiro Vaccine effectiveness not reported  Araujo Clinical outcomes of interest for this LES not reported  Auvigne Clinical outcomes of interest for this LES not reported  Ayass Clinical outcomes of interest for this LES not reported  Baden Critical risk of bias  Bailly Delayed exclusion – critical risk of bias  Bajema Clinical outcomes of interest for this LES not reported  Bajema (2) Clinical outcomes of interest for this LES not reported  Bal Vaccine effectiveness not reported  Barchuk Clinical outcomes of interest for this LES not reported  Belayachi Clinical outcomes of interest for this LES not reported  Bergwerk Vaccine effectiveness not reported  Bernal (2) Delayed exclusion – critical risk of bias  Bhattacharya Delayed exclusion – critical risk of bias  Bianchi Delayed exclusion – critical risk of bias  Biork Prevalence of variants unknown and suspected to be <50%	Andeweg	Vaccine effectiveness not reported	
Arashiro Vaccine effectiveness not reported  Araujo Clinical outcomes of interest for this LES not reported  Auvigne Clinical outcomes of interest for this LES not reported  Ayass Clinical outcomes of interest for this LES not reported  Baden Critical risk of bias  Bailly Delayed exclusion – critical risk of bias  Bajema Clinical outcomes of interest for this LES not reported  Bajema (2) Clinical outcomes of interest for this LES not reported  Bal Vaccine effectiveness not reported  Barchuk Clinical outcomes of interest for this LES not reported  Belayachi Clinical outcomes of interest for this LES not reported  Bergwerk Vaccine effectiveness not reported  Bernal (2) Delayed exclusion – critical risk of bias  Bhatnagar Critical risk of bias  Bhattacharya Delayed exclusion – critical risk of bias  Bianchi Delayed exclusion – critical risk of bias  Biork Prevalence of variants unknown and suspected to be <50%	Andeweg (2)	Results not reported according to vaccine type/brand	
Araujo Clinical outcomes of interest for this LES not reported  Auvigne Clinical outcomes of interest for this LES not reported  Ayass Clinical outcomes of interest for this LES not reported  Baden Critical risk of bias  Bailly Delayed exclusion – critical risk of bias  Bajema Clinical outcomes of interest for this LES not reported  Bajema (2) Clinical outcomes of interest for this LES not reported  Bal Vaccine effectiveness not reported  Barchuk Clinical outcomes of interest for this LES not reported  Belayachi Clinical outcomes of interest for this LES not reported  Bergwerk Vaccine effectiveness not reported  Bernal (2) Delayed exclusion – critical risk of bias  Bhatnagar Critical risk of bias  Bhatnagar Delayed exclusion – critical risk of bias  Bhatnachi Delayed exclusion – critical risk of bias  Bianchi Delayed exclusion – critical risk of bias  Prevalence of variants unknown and suspected to be <50%	<u>Apisarnthanarak</u>	Vaccine effectiveness not reported	
Auvigne       Clinical outcomes of interest for this LES not reported         Ayass       Clinical outcomes of interest for this LES not reported         Baden       Critical risk of bias         Bailly       Delayed exclusion – critical risk of bias         Bajema       Clinical outcomes of interest for this LES not reported         Bajema (2)       Clinical outcomes of interest for this LES not reported         Bal       Vaccine effectiveness not reported         Berchuk       Clinical outcomes of interest for this LES not reported         Belayachi       Clinical outcomes of interest for this LES not reported         Bergwerk       Vaccine effectiveness not reported         Bernal (2)       Delayed exclusion – critical risk of bias         Bhatnagar       Critical risk of bias         Bhattacharya       Delayed exclusion – critical risk of bias         Bianchi       Delayed exclusion – critical risk of bias         Bjork       Prevalence of variants unknown and suspected to be <50%	<u>Arashiro</u>	Vaccine effectiveness not reported	
Auvigne Clinical outcomes of interest for this LES not reported  Ayass Clinical outcomes of interest for this LES not reported  Baden Critical risk of bias  Bailly Delayed exclusion – critical risk of bias  Bajema Clinical outcomes of interest for this LES not reported  Bajema (2) Clinical outcomes of interest for this LES not reported  Bal Vaccine effectiveness not reported  Barchuk Clinical outcomes of interest for this LES not reported  Belayachi Clinical outcomes of interest for this LES not reported  Bergwerk Vaccine effectiveness not reported  Bernal (2) Delayed exclusion – critical risk of bias  Bhatnagar Critical risk of bias  Bhattacharya Delayed exclusion – critical risk of bias  Bianchi Delayed exclusion – critical risk of bias  Biork Prevalence of variants unknown and suspected to be <50%	<u>Araujo</u>	Clinical outcomes of interest for this LES not reported	
Baden       Critical risk of bias         Bailly       Delayed exclusion – critical risk of bias         Bajema       Clinical outcomes of interest for this LES not reported         Bajema (2)       Clinical outcomes of interest for this LES not reported         Bal       Vaccine effectiveness not reported         Berchuk       Clinical outcomes of interest for this LES not reported         Belayachi       Clinical outcomes of interest for this LES not reported         Bergwerk       Vaccine effectiveness not reported         Bernal (2)       Delayed exclusion – critical risk of bias         Bhatnagar       Critical risk of bias         Bhattacharya       Delayed exclusion – critical risk of bias         Bianchi       Delayed exclusion – critical risk of bias         Bjork       Prevalence of variants unknown and suspected to be <50%	Auvigne		
BaillyDelayed exclusion – critical risk of biasBajemaClinical outcomes of interest for this LES not reportedBajema (2)Clinical outcomes of interest for this LES not reportedBalVaccine effectiveness not reportedBarchukClinical outcomes of interest for this LES not reportedBelayachiClinical outcomes of interest for this LES not reportedBergwerkVaccine effectiveness not reportedBernal (2)Delayed exclusion – critical risk of biasBhatnagarCritical risk of biasBhattacharyaDelayed exclusion – critical risk of biasBianchiDelayed exclusion – critical risk of biasBjorkPrevalence of variants unknown and suspected to be <50%	Ayass	Clinical outcomes of interest for this LES not reported	
Bajema       Clinical outcomes of interest for this LES not reported         Bajema (2)       Clinical outcomes of interest for this LES not reported         Bal       Vaccine effectiveness not reported         Barchuk       Clinical outcomes of interest for this LES not reported         Belayachi       Clinical outcomes of interest for this LES not reported         Bergwerk       Vaccine effectiveness not reported         Bernal (2)       Delayed exclusion – critical risk of bias         Bhatnagar       Critical risk of bias         Bhattacharya       Delayed exclusion – critical risk of bias         Bianchi       Delayed exclusion – critical risk of bias         Bjork       Prevalence of variants unknown and suspected to be <50%	Baden	Critical risk of bias	
Bajema (2)   Clinical outcomes of interest for this LES not reported	Bailly	Delayed exclusion – critical risk of bias	
BalVaccine effectiveness not reportedBarchukClinical outcomes of interest for this LES not reportedBelayachiClinical outcomes of interest for this LES not reportedBergwerkVaccine effectiveness not reportedBernal (2)Delayed exclusion – critical risk of biasBhatnagarCritical risk of biasBhattacharyaDelayed exclusion – critical risk of biasBianchiDelayed exclusion – critical risk of biasBjorkPrevalence of variants unknown and suspected to be <50%	<u>Bajema</u>	Clinical outcomes of interest for this LES not reported	
BarchukClinical outcomes of interest for this LES not reportedBelayachiClinical outcomes of interest for this LES not reportedBergwerkVaccine effectiveness not reportedBernal (2)Delayed exclusion – critical risk of biasBhatnagarCritical risk of biasBhattacharyaDelayed exclusion – critical risk of biasBianchiDelayed exclusion – critical risk of biasBjorkPrevalence of variants unknown and suspected to be <50%	Bajema (2)	Clinical outcomes of interest for this LES not reported	
BelayachiClinical outcomes of interest for this LES not reportedBergwerkVaccine effectiveness not reportedBernal (2)Delayed exclusion – critical risk of biasBhatnagarCritical risk of biasBhattacharyaDelayed exclusion – critical risk of biasBianchiDelayed exclusion – critical risk of biasBjorkPrevalence of variants unknown and suspected to be <50%	Bal	Vaccine effectiveness not reported	
Bergwerk       Vaccine effectiveness not reported         Bernal (2)       Delayed exclusion – critical risk of bias         Bhatnagar       Critical risk of bias         Bhattacharya       Delayed exclusion – critical risk of bias         Bianchi       Delayed exclusion – critical risk of bias         Bjork       Prevalence of variants unknown and suspected to be <50%	<u>Barchuk</u>	Clinical outcomes of interest for this LES not reported	
Bernal (2)   Delayed exclusion – critical risk of bias     Bhatnagar   Critical risk of bias     Bhattacharya   Delayed exclusion – critical risk of bias     Bianchi   Delayed exclusion – critical risk of bias     Bjork   Prevalence of variants unknown and suspected to be <50%	<u>Belayachi</u>	Clinical outcomes of interest for this LES not reported	
Bhatnagar       Critical risk of bias         Bhattacharya       Delayed exclusion – critical risk of bias         Bianchi       Delayed exclusion – critical risk of bias         Bjork       Prevalence of variants unknown and suspected to be <50%	Bergwerk	Vaccine effectiveness not reported	
Bhattacharya       Delayed exclusion – critical risk of bias         Bianchi       Delayed exclusion – critical risk of bias         Bjork       Prevalence of variants unknown and suspected to be <50%	Bernal (2)	Delayed exclusion – critical risk of bias	
Bianchi       Delayed exclusion – critical risk of bias         Bjork       Prevalence of variants unknown and suspected to be <50%	Bhatnagar	Critical risk of bias	
Bjork Prevalence of variants unknown and suspected to be <50%	Bhattacharya	Delayed exclusion – critical risk of bias	
Bjork Prevalence of variants unknown and suspected to be <50%	<u>Bianchi</u>	Delayed exclusion – critical risk of bias	
	<u>Bjork</u>	Prevalence of variants unknown and suspected to be <50%	
	Blaiszik		
Blaiszik Clinical outcomes of interest for this LES not reported	Blaiszik		
Borobia Clinical outcomes of interest for this LES not reported	<u>Borobia</u>		
Bosch Clinical outcomes of interest for this LES not reported	Bosch		
Britton Prevalence of variants unknown and suspected to be <50%	<u>Britton</u>		
Brown Vaccine effectiveness not reported	Brown	<del>-</del>	
Brunelli Prevalence of variants unknown and suspected to be <50%		-	
Bruxvoort Prevalence of variants unknown and suspected to be <50%	Bruxvoort		

Butt	Prevalence of variants unknown and suspected to be <50%
Butt	Critical risk of bias
Butt (2)	Delayed exclusion – critical risk of bias
Cabezas	Prevalence of variants unknown and suspected to be <50%
<u>Caillard</u>	Clinical outcomes of interest for this LES not reported
<u>Cardona</u>	Vaccine effectiveness not reported
<u>Cavanaugh</u>	Delayed exclusion – VOI not VOC
Chadeau-Hyams(2)	Results not reported according to vaccine type/brand
Charles Pon Ruban	Vaccine effectiveness not reported
Charmet	Serious risk of bias
Chau	Vaccine effectiveness not reported
Christensen	Vaccine effectiveness not reported
Chung (2)	Results not reported according to vaccine type/brand
Clemens	Prevalence of variants unknown and suspected to be <50%
Cohen	Vaccine effectiveness not reported
Cohen(2)	Vaccine effectiveness not reported
Collie	Clinical outcomes of interest for this LES not reported
Corchado-Garcia	Prevalence of variants unknown and suspected to be <50%
<u>Dash</u>	Critical risk of bias
<u>Davies</u>	Results not reported according to vaccine type/brand
de Gier Brechje	Prevalence of variants unknown and suspected to be <50%
<u>Dickerman</u>	Results reported comparison of two vaccines (no unvaccinated or early vaccinated
D 111	groups)
<u>Dolzhikova</u>	Critical risk of bias
<u>Domi</u>	Prevalence of variants unknown and suspected to be <50%
<u>Drawz</u>	Critical risk of bias
<u>El Sahly</u>	Prevalence of variants unknown and suspected to be <50%
Ella	Prevalence of variants unknown and suspected to be <50%
Elliot	Delayed exclusion – critical risk of bias
<u>El-Sahly</u>	Prevalence of variants unknown and suspected to be <50%
<u>Epaulard</u>	Clinical outcomes of interest for this LES not reported
Falsey	Prevalence of variants unknown and suspected to be <50%
Fang	Modelling study
<u>Farah</u>	Clinical outcomes of interest for this LES not reported
<u>Farinholt</u>	Vaccine effectiveness not reported
<u>Fisher</u>	Prevalence of variants unknown and suspected to be <50%
Fisman (2)	Results not reported according to vaccine type/brand
<u>Frenck</u>	Prevalence of variants unknown and suspected to be <50%
<u>Furer</u>	Delayed exclusion – critical risk of bias
<u>Gardner</u>	Modelling study
Geisen	Clinical outcomes of interest for this LES not reported
<u>Gharpure</u>	Vaccine effectiveness not reported
<u>Ghosh</u>	Delayed exclusion – critical risk of bias

<u>Gils</u>	Clinical outcomes of interest for this LES not reported
<u>Goga</u>	Vaccine effectiveness not reported
<u>Gorgels</u>	Prevalence of variants unknown and suspected to be <50%
<u>Grannis</u>	Clinical outcomes of interest for this LES not reported
Gray	Prevalence of variants unknown and suspected to be <50%
<u>Gray (2)</u>	Clinical outcomes of interest for this LES not reported
<u>Griffin</u>	Vaccine effectiveness not reported
<u>Guijarro</u>	Prevalence of variants unknown and suspected to be <50%
<u>Gupta</u>	Prevalence of variants unknown and suspected to be <50%
<u>Gupta</u>	Vaccine effectiveness not reported
<u>Haas (2)</u>	Modelling study
<u>Hacisuleyman</u>	Critical risk of bias
<u>Harris</u>	Modelling study
<u>Herlihy</u>	Delayed exclusion – critical risk of bias
<u>Hetemaki</u>	Vaccine effectiveness not reported
Hitchings (3)	Vaccine effectiveness not reported
Hitchings(2)	Delayed exclusion – critical risk of bias
<u>Hollinghurst</u>	Serious risk of bias
<u>Hyams</u>	Delayed exclusion - Clinical outcomes of interest for this LES not reported
<u>Iliaki</u>	Prevalence of variants unknown and suspected to be <50%
<u>Iliaki</u>	Prevalence of variants unknown and suspected to be <50%
<u>Ismail</u>	Delayed exclusion - Clinical outcomes of interest for this LES not reported
<u>Jacobson</u>	Critical risk of bias
<u>Jalali</u>	Results not reported according to vaccine type/brand
<u>John</u>	Prevalence of variants unknown and suspected to be <50%
<u>Jones</u>	Critical risk of bias
<u>Jucker</u>	Results not reported according to vaccine type/brand
<u>Kaabi</u>	Prevalence of variants unknown and suspected to be <50%
<u>Kahn</u>	Results not reported according to vaccine type/brand
<u>Kale</u>	Delayed exclusion – critical risk of bias
<u>Kaur</u>	Delayed exclusion – critical risk of bias
<u>Keegan</u>	Critical risk of bias
<u>Kemp</u>	Modelling study
<u>Khan</u>	Prevalence of variants unknown and suspected to be <50%
<u>Khawaja</u>	Critical risk of bias
<u>Kislaya</u>	Vaccine effectiveness not reported
Kislaya (2)	Results reported comparison of two variants
<u>Kojima</u>	Prevalence of variants unknown and suspected to be <50%
<u>Kshirsagar</u>	Vaccine effectiveness not reported
<u>Kustin</u>	Delayed exclusion - only included infected population
<u>Lamprini</u>	Clinical outcomes of interest for this LES not reported
Lan	Results not reported according to vaccine type/brand
Lauring	Clinical outcomes of interest for this LES not reported

<u>Lefèvre</u>	Critical risk of bias
Levin-Rector	Only included previously infected
Lewis	Clinical outcomes of interest for this LES not reported
<u>Li</u>	Phase 1 trial
<u>Li (2)</u>	Clinical outcomes of interest for this LES not reported
<u>Li (3)</u>	Delayed exclusion – critical risk of bias
Ling	Prevalence of variants unknown and suspected to be <50%
Linsenmeyer	Vaccine effectiveness not reported
<u>Lippi</u>	Results not reported according to vaccine type/brand
Lippi (2)	Critical risk of bias
Liu	Vaccine effectiveness not reported
Loconsole	Vaccine effectiveness not reported
Luo	Vaccine effectiveness not reported
Lyngse (2)	Results not reported according to vaccine type/brand
Lytras	Vaccine effectiveness not reported (Only reported beyond 4 month)
Ma	Critical risk of bias
<u>Maeda</u>	Critical risk of bias
Marco	Delayed exclusion – critical risk of bias
Marquis	Vaccine effectiveness not reported
<u>Mattar</u>	Prevalence of variants unknown and suspected to be <50%
<u>Mattiuzzi</u>	Results not reported according to vaccine type/brand
<u>Maurya</u>	Prevalence of variants unknown and suspected to be <50%
Mazgatos	Critical risk of bias
<u>McEvoy</u>	Prevalence of variants unknown and suspected to be <50%
McKeigue(2)	Results not reported according to vaccine type/brand
<u>Menni</u>	Serious risk of bias
<u>Mielke</u>	Clinical outcomes of interest for this LES not reported
<u>Mirahmadizadeh</u>	Prevalence of variants unknown and suspected to be <50%
<u>Mizrahi</u>	Modelling study
Molani	Clinical outcomes of interest for this LES not reported
<u>Monge</u>	Prevalence of variants unknown and suspected to be <50%
Mor	Prevalence of variants unknown and suspected to be <50%
Moustsen-Helms	Prevalence of variants unknown and suspected to be <50%
<u>Munitz</u>	Clinical outcomes of interest for this LES not reported
Munro	Clinical outcomes of interest for this LES not reported
Musser	Vaccine effectiveness not reported
Mutnal	Vaccine effectiveness not reported
<u>Nanduri</u>	Critical risk of bias
Nguyen	Results not reported according to vaccine type/brand
Niessen	Clinical outcomes of interest for this LES not reported
<u>Oduwole</u>	Clinical outcomes of interest for this LES not reported
<u>Olmedo</u>	Clinical outcomes of interest for this LES not reported
<u>Olson</u>	Clinical outcomes of interest for this LES not reported

Ostropolets   Not reported separately according to variant	Open-SAFELY	Vaccine effectiveness not reported
Paris   Prevalence of variants unknown and suspected to be <50%   Pattni   Modelling study   Pawlowski   Critical risk of bias   Petry   Clinical outcomes of interest for this LES not reported   Peter   Vaccine effectiveness not reported   Peter   Vaccine effectiveness not reported   Peter   Vaccine effectiveness not reported   Pilishvili   Prevalence of variants unknown and suspected to be <50%   Pilitch-Loeb   Prevalence of variants unknown and suspected to be <50%   Poliniski   Delayed exclusion – critical risk of bias   Poulska   Critical risk of bias   Pulliam   Modelling study   Raches Ellin   Phase 1 trial   Rana   Critical risk of bias   Regev-Yochay   Prevalence of variants unknown and suspected to be <50%   Regovida   Results not reported according to vaccine type/brand   Ricenesma   Clinical outcomes of interest for this LES not reported   Riky   Critical risk of bias   Rivelli   Clinical outcomes of interest for this LES not reported   Robinson   Clinical outcomes of interest for this LES not reported   Robinson   Clinical outcomes of interest for this LES not reported   Robinson   Clinical outcomes of interest for this LES not reported   Robinson   Clinical outcomes of interest for this LES not reported   Robinson   Clinical outcomes of interest for this LES not reported   Robinson   Clinical outcomes of interest for this LES not reported   Robinson   Clinical outcomes of interest for this LES not reported   Robinson   Clinical outcomes of interest for this LES not reported   Robinson   Clinical outcomes of interest for this LES not reported   Robinson   Clinical outcomes of interest for this LES not reported   Robinson   Prevalence of variants unknown and suspected to be <50%   Salmeron Rios   Prevalence of variants unknown and suspected to be <50%   Salmeron Rios   Prevalence of variants unknown and suspected to be <50%   Salmeron   Prevalence of variants unknown and suspected to be <50%   Shimabukuro   Clinical outcomes of interest for this LES not reported   Shimabukuro   Clinical outcomes of i	Ostropolets	Not reported separately according to variant
Paris Prevalence of variants unknown and suspected to be <50%  Pattni Modelling study  Paulowski Critical risk of bias  Perry Clinical outcomes of interest for this LES not reported  Peter Vaccine effectiveness not reported  Peter Vaccine effectiveness not reported  Peter Vaccine effectiveness not reported  Plitshyli Prevalence of variants unknown and suspected to be <50%  Piltch-Loch Prevalence of variants unknown and suspected to be <50%  Polinski Delayed exclusion — critical risk of bias  Poulka Critical risk of bias  Poulka Critical risk of bias  Poulka Phase 1 trial  Rana Critical risk of bias  Regev-Yochay Prevalence of variants unknown and suspected to be <50%  Regnolds Results not reported according to vaccine type/brand  Riemersma Clinical outcomes of interest for this LES not reported  Ricky Critical risk of bias  Revells Clinical outcomes of interest for this LES not reported  Robinson Clinical outcomes of interest for this LES not reported  Robinson Clinical outcomes of interest for this LES not reported  Robinson Clinical outcomes of interest for this LES not reported  Robinson Clinical outcomes of interest for this LES not reported  Robinson Clinical outcomes of interest for this LES not reported  Robinson Clinical outcomes of interest for this LES not reported  Robinson Clinical outcomes of interest for this LES not reported  Robinson Clinical outcomes of interest for this LES not reported  Robinson Clinical outcomes of interest for this LES not reported  Robinson Clinical outcomes of interest for this LES not reported  Robinson Prevalence of variants unknown and suspected to be <50%  Salmeron Rios Prevalence of variants unknown and suspected to be <50%  Sankone Critical risk of bias  Satisk Delayed exclusion — critical risk of bias  Scobic Delayed exclusion or critical risk of bias  Scobic Delayed exclusion or critical risk of bias  Simon Prevalence of variants unknown and suspected to be <50%  Simpsek Vavuz Clinical outcomes of interest for this LES not reported  Shimalukuro Clinical outcomes o	Palacios	Prevalence of variants unknown and suspected to be <50%
Paris Prevalence of variants unknown and suspected to be <50%  Pattni Modelling study  Paulowski Critical risk of bias  Perry Clinical outcomes of interest for this LES not reported  Peter Vaccine effectiveness not reported  Peter Vaccine effectiveness not reported  Peter Vaccine effectiveness not reported  Plitshyli Prevalence of variants unknown and suspected to be <50%  Piltch-Loch Prevalence of variants unknown and suspected to be <50%  Polinski Delayed exclusion — critical risk of bias  Poulka Critical risk of bias  Poulka Critical risk of bias  Poulka Phase 1 trial  Rana Critical risk of bias  Regev-Yochay Prevalence of variants unknown and suspected to be <50%  Regnolds Results not reported according to vaccine type/brand  Riemersma Clinical outcomes of interest for this LES not reported  Ricky Critical risk of bias  Revells Clinical outcomes of interest for this LES not reported  Robinson Clinical outcomes of interest for this LES not reported  Robinson Clinical outcomes of interest for this LES not reported  Robinson Clinical outcomes of interest for this LES not reported  Robinson Clinical outcomes of interest for this LES not reported  Robinson Clinical outcomes of interest for this LES not reported  Robinson Clinical outcomes of interest for this LES not reported  Robinson Clinical outcomes of interest for this LES not reported  Robinson Clinical outcomes of interest for this LES not reported  Robinson Clinical outcomes of interest for this LES not reported  Robinson Clinical outcomes of interest for this LES not reported  Robinson Prevalence of variants unknown and suspected to be <50%  Salmeron Rios Prevalence of variants unknown and suspected to be <50%  Sankone Critical risk of bias  Satisk Delayed exclusion — critical risk of bias  Scobic Delayed exclusion or critical risk of bias  Scobic Delayed exclusion or critical risk of bias  Simon Prevalence of variants unknown and suspected to be <50%  Simpsek Vavuz Clinical outcomes of interest for this LES not reported  Shimalukuro Clinical outcomes o	<u>Paredes</u>	Clinical outcomes of interest for this LES not reported
Pattni Modelling study Pawlowski Critical risk of bias Percy Clinical outcomes of interest for this LES not reported Peter Vaccine effectiveness not reported Peter Vaccine effectiveness not reported Pilshvilk Prevalence of variants unknown and suspected to be <50% Piltch-Loeb Prevalence of variants unknown and suspected to be <50% Polinski Delayed exclusion – critical risk of bias Poulka Critical risk of bias Pulliam Modelling study Raches Ella Phase 1 trial Rana Critical risk of bias Regev-Yochay Prevalence of variants unknown and suspected to be <50% Reynolds Results not reported according to vaccine type/brand Riemersma Clinical outcomes of interest for this LES not reported Robinson Clinical outcomes of interest for this LES not reported Rosero-Bixby Clinical outcomes of interest for this LES not reported Rosero-Bixby Clinical outcomes of interest for this LES not reported Rosero-Bixby Clinical outcomes of interest for this LES not reported Rosero-Bixby Clinical outcomes of interest for this LES not reported Rosero-Bixby Clinical outcomes of interest for this LES not reported Rosero-Bixby Clinical outcomes of interest for this LES not reported Rosero-Bixby Clinical outcomes of interest for this LES not reported Rosero-Bixby Clinical outcomes of interest for this LES not reported Rosero-Bixby Clinical outcomes of interest for this LES not reported Rosero-Bixby Clinical outcomes of interest for this LES not reported Rosero-Bixby Clinical outcomes of interest for this LES not reported Rosero-Bixby Clinical risk of bias Rudolph Prevalence of variants unknown and suspected to be <50% Salmeton Rios Prevalence of variants unknown and suspected to be <50% Shannan Prevalence of variants unknown and suspected to be <50% Shannan Prevalence of variants unknown and suspected to be <50% Shannan Prevalence of variants unknown and suspected to be <50% Shannan Prevalence of variants unknown and suspected to be <50% Simpak-Yavuz Clinical outcomes of interest for this LES not reported Swift Prevalence of variants unknown and	<u>Paris</u>	Prevalence of variants unknown and suspected to be <50%
Petry   Clinical outcomes of interest for this LFS not reported	<u>Pattni</u>	Modelling study
Peter         Vaccine effectiveness not reported           Peter         Vaccine effectiveness not reported           Pilishvili         Prevalence of variants unknown and suspected to be <50%	<u>Pawlowski</u>	Critical risk of bias
Peter   Vaccine effectiveness not reported     Pilishvili   Prevalence of variants unknown and suspected to be <50%     Pilich-Loeb   Prevalence of variants unknown and suspected to be <50%     Polinski   Delayed exclusion – critical risk of bias     Poulka	Perry	Clinical outcomes of interest for this LES not reported
Pilishvili         Prevalence of variants unknown and suspected to be <50%	<u>Peter</u>	Vaccine effectiveness not reported
Pitch-Loeb         Prevalence of variants unknown and suspected to be <50%	<u>Peter</u>	Vaccine effectiveness not reported
Polinski   Delayed exclusion — critical risk of bias	<u>Pilishvili</u>	Prevalence of variants unknown and suspected to be <50%
Poukka         Critical risk of bias           Pulliam         Modelling study           Raches Ella         Phase 1 trial           Rana         Critical risk of bias           Regev-Yochay         Prevalence of variants unknown and suspected to be <50%	Piltch-Loeb	Prevalence of variants unknown and suspected to be <50%
Pulliam Modelling study Raches Ella Phase 1 trial Rana Critical risk of bias Regev-Yochay Prevalence of variants unknown and suspected to be <50% Reynolds Results not reported according to vaccine type/brand Riemersma Clinical outcomes of interest for this LES not reported Riley Critical risk of bias Rivelli Clinical outcomes of interest for this LES not reported Robinson Clinical outcomes of interest for this LES not reported Robinson Clinical outcomes of interest for this LES not reported Rosero-Bixby Clinical outcomes of interest for this LES not reported Rovida Critical risk of bias Rudolph Prevalence of variants unknown and suspected to be <50% Salmeron Rios Prevalence of variants unknown and suspected to be <50% Sansone Critical risk of bias Satwik Delayed exclusion – critical risk of bias Seelf Clinical outcomes of interest for this LES not reported Sharma Prevalence of variants unknown and suspected to be <50% Sheikh (3) Results not reported according to vaccine type/brand Shimabukuro Clinical outcomes of interest for this LES not reported Shrotri Delayed exclusion – critical risk of bias Simon Prevalence of variants unknown and suspected to be <50% Simsek-Yavuz Clinical outcomes of interest for this LES not reported Swiff Prevalence of variants unknown and suspected to be <50% Simsek-Yavuz Clinical outcomes of interest for this LES not reported Swiff Prevalence of variants unknown and suspected to be <50% Tantover Prevalence of variants unknown and suspected to be <50% Tantover Prevalence of variants unknown and suspected to be <50% Tantover Prevalence of variants unknown and suspected to be <50%	<u>Polinski</u>	Delayed exclusion – critical risk of bias
Raches Ella Phase 1 trial Rana Critical risk of bias Regev-Yochay Prevalence of variants unknown and suspected to be <50% Reynolds Results not reported according to vaccine type/brand Riemersma Clinical outcomes of interest for this LES not reported Riley Critical risk of bias Rivelli Clinical outcomes of interest for this LES not reported Robinson Clinical outcomes of interest for this LES not reported Rosero-Bixby Clinical outcomes of interest for this LES not reported Rovida Critical risk of bias Rudolph Prevalence of variants unknown and suspected to be <50% Salmeron Rios Prevalence of variants unknown and suspected to be <50% Sansone Critical risk of bias Satwik Delayed exclusion – critical risk of bias Self Clinical outcomes of interest for this LES not reported Sharma Prevalence of variants unknown and suspected to be <50% Sheikh (3) Results not reported according to vaccine type/brand Shimabukuro Clinical outcomes of interest for this LES not reported Sharori Delayed exclusion – critical risk of bias Simon Prevalence of variants unknown and suspected to be <50% Simsek-Yavuz Clinical outcomes of interest for this LES not reported Swiff Prevalence of variants unknown and suspected to be <50% Simsek-Yavuz Clinical outcomes of interest for this LES not reported Swiff Prevalence of variants unknown and suspected to be <50% Tande Prevalence of variants unknown and suspected to be <50% Tande Prevalence of variants unknown and suspected to be <50% Tanciover	<u>Poukka</u>	Critical risk of bias
Rana Critical risk of bias  Regev-Yochay Prevalence of variants unknown and suspected to be <50%  Reynolds Results not reported according to vaccine type/brand  Riemersma Clinical outcomes of interest for this LES not reported  Riley Critical risk of bias  Rivelli Clinical outcomes of interest for this LES not reported  Robinson Clinical outcomes of interest for this LES not reported  Rosero-Bixby Clinical outcomes of interest for this LES not reported  Rovida Critical risk of bias  Rudolph Prevalence of variants unknown and suspected to be <50%  Salmeron Rios Prevalence of variants unknown and suspected to be <50%  Sansone Critical risk of bias  Satwik Delayed exclusion – critical risk of bias  Scobie Delayed exclusion – critical risk of bias  Self Clinical outcomes of interest for this LES not reported  Sharma Prevalence of variants unknown and suspected to be <50%  Sheikh (3) Results not reported according to vaccine type/brand  Shimabukuro Clinical outcomes of interest for this LES not reported  Shrotri Delayed exclusion – critical risk of bias  Simon Prevalence of variants unknown and suspected to be <50%  Simsek-Yavuz Clinical outcomes of interest for this LES not reported  Startfelt Serious risk of bias  Suri Vaccine effectiveness not reported  Swiff Prevalence of variants unknown and suspected to be <50%  Tande Prevalence of variants unknown and suspected to be <50%  Tandover Prevalence of variants unknown and suspected to be <50%  Tannover	<u>Pulliam</u>	Modelling study
Regev-Yochay Prevalence of variants unknown and suspected to be <50% Reynolds Results not reported according to vaccine type/brand Riemersma Clinical outcomes of interest for this LES not reported Riley Critical risk of bias Rivelli Clinical outcomes of interest for this LES not reported Robinson Clinical outcomes of interest for this LES not reported Rosero-Bixby Clinical outcomes of interest for this LES not reported Rovida Critical risk of bias Rudolph Prevalence of variants unknown and suspected to be <50% Samsone Critical risk of bias Satwik Delayed exclusion – critical risk of bias Scobie Delayed exclusion – critical risk of bias Sclf Clinical outcomes of interest for this LES not reported Sharma Prevalence of variants unknown and suspected to be <50% Sheikh (3) Results not reported according to vaccine type/brand Shimabukuro Clinical outcomes of interest for this LES not reported Shrotri Delayed exclusion – critical risk of bias Simon Prevalence of variants unknown and suspected to be <50% Singek-Yavuz Clinical outcomes of interest for this LES not reported Starrfelt Serious risk of bias Suri Vaccine effectiveness not reported Swift Prevalence of variants unknown and suspected to be <50% Tande Prevalence of variants unknown and suspected to be <50% Tantover Prevalence of variants unknown and suspected to be <50%	Raches Ella	Phase 1 trial
Reynolds         Results not reported according to vaccine type/brand           Riemersma         Clinical outcomes of interest for this LES not reported           Riley         Critical risk of bias           Rivelli         Clinical outcomes of interest for this LES not reported           Robinson         Clinical outcomes of interest for this LES not reported           Rosero-Bixby         Clinical outcomes of interest for this LES not reported           Rovida         Critical risk of bias           Rudolph         Prevalence of variants unknown and suspected to be <50%           Salmeron Rios         Prevalence of variants unknown and suspected to be <50%           Sansone         Critical risk of bias           Scuvik         Delayed exclusion – critical risk of bias           Scobic         Delayed exclusion – critical risk of bias           Sclf         Clinical outcomes of interest for this LES not reported           Sharma         Prevalence of variants unknown and suspected to be <50%           Sheikh (3)         Results not reported according to vaccine type/brand           Shimabukuro         Clinical outcomes of interest for this LES not reported           Shrotri         Delayed exclusion – critical risk of bias           Simon         Prevalence of variants unknown and suspected to be <50%           Simsek-Yavuz         Clinical outcomes of inter	Rana	Critical risk of bias
Riemersma         Clinical outcomes of interest for this LES not reported           Riley         Critical risk of bias           Rivelli         Clinical outcomes of interest for this LES not reported           Robinson         Clinical outcomes of interest for this LES not reported           Rosero-Bixby         Clinical outcomes of interest for this LES not reported           Rovida         Critical risk of bias           Rudolph         Prevalence of variants unknown and suspected to be <50%           Salmeron Rios         Prevalence of variants unknown and suspected to be <50%           Sansone         Critical risk of bias           Scobie         Delayed exclusion – critical risk of bias           Scobie         Delayed exclusion – critical risk of bias           Self         Clinical outcomes of interest for this LES not reported           Sharma         Prevalence of variants unknown and suspected to be <50%           Sheikh (3)         Results not reported according to vaccine type/brand           Shimabukuro         Clinical outcomes of interest for this LES not reported           Shrotri         Delayed exclusion – critical risk of bias           Simon         Prevalence of variants unknown and suspected to be <50%           Simsek-Yavuz         Clinical outcomes of interest for this LES not reported           Swift         Prevalence of variants unk	Regev-Yochay	Prevalence of variants unknown and suspected to be <50%
Riley       Critical risk of bias         Rivelli       Clinical outcomes of interest for this LES not reported         Robinson       Clinical outcomes of interest for this LES not reported         Rosero-Bixby       Clinical outcomes of interest for this LES not reported         Rovida       Critical risk of bias         Rudolph       Prevalence of variants unknown and suspected to be <50%	Reynolds	Results not reported according to vaccine type/brand
Rivelli Clinical outcomes of interest for this LES not reported  Robinson Clinical outcomes of interest for this LES not reported  Rosero-Bixby Clinical outcomes of interest for this LES not reported  Rovida Critical risk of bias  Rudolph Prevalence of variants unknown and suspected to be <50%  Salmeron Rios Prevalence of variants unknown and suspected to be <50%  Sansone Critical risk of bias  Satwik Delayed exclusion – critical risk of bias  Scobie Delayed exclusion – critical risk of bias  Self Clinical outcomes of interest for this LES not reported  Sharma Prevalence of variants unknown and suspected to be <50%  Sheikh (3) Results not reported according to vaccine type/brand  Shimabukuro Clinical outcomes of interest for this LES not reported  Shrotri Delayed exclusion – critical risk of bias  Simon Prevalence of variants unknown and suspected to be <50%  Simsek-Yavuz Clinical outcomes of interest for this LES not reported  Starrfelt Serious risk of bias  Suri Vaccine effectiveness not reported  Swift Prevalence of variants unknown and suspected to be <50%  Tande Prevalence of variants unknown and suspected to be <50%  Tanciover Prevalence of variants unknown and suspected to be <50%  Tanciover Prevalence of variants unknown and suspected to be <50%  Tanciover Prevalence of variants unknown and suspected to be <50%	Riemersma	Clinical outcomes of interest for this LES not reported
Robinson Clinical outcomes of interest for this LES not reported  Rosero-Bixby Clinical outcomes of interest for this LES not reported  Rovida Critical risk of bias  Rudolph Prevalence of variants unknown and suspected to be <50%  Salmeron Rios Prevalence of variants unknown and suspected to be <50%  Sansone Critical risk of bias  Satwik Delayed exclusion – critical risk of bias  Scobie Delayed exclusion – critical risk of bias  Self Clinical outcomes of interest for this LES not reported  Sharma Prevalence of variants unknown and suspected to be <50%  Sheikh (3) Results not reported according to vaccine type/brand  Shimabukuro Clinical outcomes of interest for this LES not reported  Shrotri Delayed exclusion – critical risk of bias  Simon Prevalence of variants unknown and suspected to be <50%  Simsek-Yavuz Clinical outcomes of interest for this LES not reported  Starrfelt Serious risk of bias  Suri Vaccine effectiveness not reported  Swift Prevalence of variants unknown and suspected to be <50%  Tande Prevalence of variants unknown and suspected to be <50%  Tande Prevalence of variants unknown and suspected to be <50%  Tanriover Prevalence of variants unknown and suspected to be <50%  Tanriover	Riley	Critical risk of bias
Rosero-Bixby         Clinical outcomes of interest for this LES not reported           Rovida         Critical risk of bias           Rudolph         Prevalence of variants unknown and suspected to be <50%           Salmeron Rios         Prevalence of variants unknown and suspected to be <50%           Sansone         Critical risk of bias           Satwik         Delayed exclusion – critical risk of bias           Scobie         Delayed exclusion – critical risk of bias           Self         Clinical outcomes of interest for this LES not reported           Sharma         Prevalence of variants unknown and suspected to be <50%           Shcikh (3)         Results not reported according to vaccine type/brand           Shimabukuro         Clinical outcomes of interest for this LES not reported           Shrotri         Delayed exclusion – critical risk of bias           Simon         Prevalence of variants unknown and suspected to be <50%           Simsek-Yavuz         Clinical outcomes of interest for this LES not reported           Starrfelt         Serious risk of bias           Suri         Vaccine effectiveness not reported           Swift         Prevalence of variants unknown and suspected to be <50%           Tande         Prevalence of variants unknown and suspected to be <50%	Rivelli	Clinical outcomes of interest for this LES not reported
Rovida       Critical risk of bias         Rudolph       Prevalence of variants unknown and suspected to be <50%	Robinson	Clinical outcomes of interest for this LES not reported
Rudolph       Prevalence of variants unknown and suspected to be <50%         Salmeron Rios       Prevalence of variants unknown and suspected to be <50%         Sansone       Critical risk of bias         Satwik       Delayed exclusion – critical risk of bias         Scobie       Delayed exclusion – critical risk of bias         Self       Clinical outcomes of interest for this LES not reported         Sharma       Prevalence of variants unknown and suspected to be <50%         Sheikh (3)       Results not reported according to vaccine type/brand         Shimabukuro       Clinical outcomes of interest for this LES not reported         Shrotri       Delayed exclusion – critical risk of bias         Simon       Prevalence of variants unknown and suspected to be <50%         Simsek-Yavuz       Clinical outcomes of interest for this LES not reported         Starrfelt       Serious risk of bias         Suri       Vaccine effectiveness not reported         Swift       Prevalence of variants unknown and suspected to be <50%         Tande       Prevalence of variants unknown and suspected to be <50%         Tanriover       Prevalence of variants unknown and suspected to be <50%	Rosero-Bixby	Clinical outcomes of interest for this LES not reported
Salmeron Rios         Prevalence of variants unknown and suspected to be <50%           Sansone         Critical risk of bias           Satwik         Delayed exclusion − critical risk of bias           Scobie         Delayed exclusion − critical risk of bias           Self         Clinical outcomes of interest for this LES not reported           Sharma         Prevalence of variants unknown and suspected to be <50%           Sheikh (3)         Results not reported according to vaccine type/brand           Shimabukuro         Clinical outcomes of interest for this LES not reported           Shrotri         Delayed exclusion − critical risk of bias           Simon         Prevalence of variants unknown and suspected to be <50%           Simsek-Yavuz         Clinical outcomes of interest for this LES not reported           Starrfelt         Serious risk of bias           Suri         Vaccine effectiveness not reported           Swift         Prevalence of variants unknown and suspected to be <50%           Tande         Prevalence of variants unknown and suspected to be <50%           Tanriover         Prevalence of variants unknown and suspected to be <50%	Rovida	Critical risk of bias
SansoneCritical risk of biasSatwikDelayed exclusion – critical risk of biasScobieDelayed exclusion – critical risk of biasSelfClinical outcomes of interest for this LES not reportedSharmaPrevalence of variants unknown and suspected to be <50%Sheikh (3)Results not reported according to vaccine type/brandShimabukuroClinical outcomes of interest for this LES not reportedShrotriDelayed exclusion – critical risk of biasSimonPrevalence of variants unknown and suspected to be <50%Simşek-YavuzClinical outcomes of interest for this LES not reportedStarrfeltSerious risk of biasSuriVaccine effectiveness not reportedSwiftPrevalence of variants unknown and suspected to be <50%TandePrevalence of variants unknown and suspected to be <50%TanrioverPrevalence of variants unknown and suspected to be <50%	<u>Rudolph</u>	Prevalence of variants unknown and suspected to be <50%
SatwikDelayed exclusion – critical risk of biasScobieDelayed exclusion – critical risk of biasSelfClinical outcomes of interest for this LES not reportedSharmaPrevalence of variants unknown and suspected to be <50%Sheikh (3)Results not reported according to vaccine type/brandShimabukuroClinical outcomes of interest for this LES not reportedShrotriDelayed exclusion – critical risk of biasSimonPrevalence of variants unknown and suspected to be <50%Simsek-YavuzClinical outcomes of interest for this LES not reportedStarrfeltSerious risk of biasSuriVaccine effectiveness not reportedSwiftPrevalence of variants unknown and suspected to be <50%TandePrevalence of variants unknown and suspected to be <50%TanrioverPrevalence of variants unknown and suspected to be <50%	<u>Salmeron Rios</u>	Prevalence of variants unknown and suspected to be <50%
ScobieDelayed exclusion – critical risk of biasSelfClinical outcomes of interest for this LES not reportedSharmaPrevalence of variants unknown and suspected to be <50%Sheikh (3)Results not reported according to vaccine type/brandShimabukuroClinical outcomes of interest for this LES not reportedShrotriDelayed exclusion – critical risk of biasSimonPrevalence of variants unknown and suspected to be <50%Simsek-YavuzClinical outcomes of interest for this LES not reportedStarrfeltSerious risk of biasSuriVaccine effectiveness not reportedSwiftPrevalence of variants unknown and suspected to be <50%TandePrevalence of variants unknown and suspected to be <50%TanrioverPrevalence of variants unknown and suspected to be <50%	<u>Sansone</u>	
Self Clinical outcomes of interest for this LES not reported  Sharma Prevalence of variants unknown and suspected to be <50%  Sheikh (3) Results not reported according to vaccine type/brand  Shimabukuro Clinical outcomes of interest for this LES not reported  Shrotri Delayed exclusion – critical risk of bias  Simon Prevalence of variants unknown and suspected to be <50%  Simsek-Yavuz Clinical outcomes of interest for this LES not reported  Starrfelt Serious risk of bias  Suri Vaccine effectiveness not reported  Swift Prevalence of variants unknown and suspected to be <50%  Tande Prevalence of variants unknown and suspected to be <50%  Tanriover Prevalence of variants unknown and suspected to be <50%  Tanriover Prevalence of variants unknown and suspected to be <50%	<u>Satwik</u>	Delayed exclusion – critical risk of bias
SharmaPrevalence of variants unknown and suspected to be <50%	<u>Scobie</u>	·
Sheikh (3) Results not reported according to vaccine type/brand Clinical outcomes of interest for this LES not reported  Shrotri Delayed exclusion – critical risk of bias Simon Prevalence of variants unknown and suspected to be <50%  Simsek-Yavuz Clinical outcomes of interest for this LES not reported  Starrfelt Serious risk of bias  Suri Vaccine effectiveness not reported  Swift Prevalence of variants unknown and suspected to be <50%  Tande Prevalence of variants unknown and suspected to be <50%  Tanriover Prevalence of variants unknown and suspected to be <50%  Tanriover Prevalence of variants unknown and suspected to be <50%	Self	Clinical outcomes of interest for this LES not reported
ShimabukuroClinical outcomes of interest for this LES not reportedShrotriDelayed exclusion – critical risk of biasSimonPrevalence of variants unknown and suspected to be <50%Simsek-YavuzClinical outcomes of interest for this LES not reportedStarrfeltSerious risk of biasSuriVaccine effectiveness not reportedSwiftPrevalence of variants unknown and suspected to be <50%TandePrevalence of variants unknown and suspected to be <50%TanrioverPrevalence of variants unknown and suspected to be <50%		Prevalence of variants unknown and suspected to be <50%
ShrotriDelayed exclusion – critical risk of biasSimonPrevalence of variants unknown and suspected to be <50%Simsek-YavuzClinical outcomes of interest for this LES not reportedStarrfeltSerious risk of biasSuriVaccine effectiveness not reportedSwiftPrevalence of variants unknown and suspected to be <50%TandePrevalence of variants unknown and suspected to be <50%TanrioverPrevalence of variants unknown and suspected to be <50%	Sheikh (3)	
SimonPrevalence of variants unknown and suspected to be <50%	<u>Shimabukuro</u>	Clinical outcomes of interest for this LES not reported
Simsek-YavuzClinical outcomes of interest for this LES not reportedStarrfeltSerious risk of biasSuriVaccine effectiveness not reportedSwiftPrevalence of variants unknown and suspected to be <50%	<u>Shrotri</u>	
Starrfelt       Serious risk of bias         Suri       Vaccine effectiveness not reported         Swift       Prevalence of variants unknown and suspected to be <50%	Simon	-
Suri       Vaccine effectiveness not reported         Swift       Prevalence of variants unknown and suspected to be <50%         Tande       Prevalence of variants unknown and suspected to be <50%         Tanriover       Prevalence of variants unknown and suspected to be <50%	<u>Şimşek-Yavuz</u>	Clinical outcomes of interest for this LES not reported
Swift       Prevalence of variants unknown and suspected to be <50%         Tande       Prevalence of variants unknown and suspected to be <50%         Tanriover       Prevalence of variants unknown and suspected to be <50%	Starrfelt	
TandePrevalence of variants unknown and suspected to be <50%		•
Tanriover Prevalence of variants unknown and suspected to be <50%	Swift	
	<u>Tande</u>	
<u>Taquet</u> Modelling study	Tanriover	Prevalence of variants unknown and suspected to be <50%
	Taquet	Modelling study

Tartof (3)	Clinical outcomes of interest for this LES not reported
<u>Tenforde</u>	Clinical outcomes of interest for this LES not reported
Tenforde (2)	Clinical outcomes of interest for this LES not reported
Tenforde (3)	Clinical outcomes of interest for this LES not reported
Thangaraj	Critical risk of bias
<u>Thiruvengadam</u>	Critical risk of bias
Thompson (1)	Prevalence of variants unknown and suspected to be <50%
Thompson (2)	Prevalence of variants unknown and suspected to be <50%
thompson (4)	Clinical outcomes of interest for this LES not reported
Tobolowsky	Clinical outcomes of interest for this LES not reported
<u>Ulloa</u>	Vaccine effectiveness not reported
<u>Uschner</u>	Critical risk of bias
<u>Vahidy</u>	Prevalence of variants unknown and suspected to be <50%
<u>Vasileiou</u>	Clinical outcomes of interest for this LES not reported
<u>Veneti</u>	Clinical outcomes of interest for this LES not reported
<u>Victor</u>	Critical risk of bias
<u>Volkov</u>	Modelling study
<u>Voysey</u>	Prevalence of variants unknown and suspected to be <50%
<u>Waldhorn</u>	Serious risk of bias
Wang	Clinical outcomes of interest for this LES not reported
<u>Waxman</u>	Clinical outcomes of interest for this LES not reported
Wickert	Critical risk of bias
Wijtvliet	Clinical outcomes of interest for this LES not reported
Williams (2)	Critical risk of bias
Wolff	Vaccine effectiveness not reported
Woolley	Results not reported according to vaccine type/brand
Xiang	Clinical outcomes of interest for this LES not reported
Young-Xu	Prevalence of variants unknown and suspected to be <50%
Young-Xu (4)	Critical risk of bias
Zacay	Delayed exclusion – critical risk of bias
Zhong	Clinical outcomes of interest for this LES not reported
L	•

### Appendix 2: Glossary

AZ: AstraZeneca

Alpha: variant of concern B.1.1.7

Beta: variant of concern B.1.351

**Delta:** variant of concern B.1.617.2

Gamma: variant of concern P.1

Epsilon: variant of concern B.1.427/B.1.429

**HCW:** Healthcare workers

LTC: Long-term care

LTCF: Long-term care facility

MOD: Moderna

**Obs:** observational study

Omicron: variant of concern B.1.1.529

OR: odds ratio

PF: Pfizer

RME: range of mean estimates across 2 or more studies

**VE (Vaccine effectiveness):** measure of how well a vaccine protects people from getting the outcome of interest in real-world practice (For example: VE of 92% against infection means that 92% of people will be protected from becoming infected with COVID and 8% of people will still be at risk of becoming infected with COVID)

VES: vaccine effectiveness against susceptibility (vaccinated contact)

VET: vaccine effectiveness against transmission (vaccinated index case)

**VOC:** variant of concern

**VOI:** variant of interest

# Appendix 3: Data-extraction template

Vaccine product	
Source	First author of study
Link	DOI or Pubmed ID
Date published	in format YYYY/MM/DD or preprint
Country	
Funding	public or industry
Study details	
Study type	RCT/cohort/data-linkage/test-negative/case-control/other
Surveillance	routine screening Y or N
Population(s)	general public/LTC/Households/HCW/Other
Control group	not vaccinated, <7day vaccinated internal control, none, other
Total (N)	number of all study participants
Female	number or %
LTC	number or %
HCW	number or %
Households	number or %
>80	number or %
>70	number or %
>60	number or %
Outcomes	outcomes separated by VOC type
Outcomes	confirmed infection/asymptomatic/mild symptomatic/severe
	symptoms/hospitalized/ICU/death
4 . D . VE	VE 31.050/ CL
1st Dose VE	VE with 95% CI
Days post 1st dose	days post 1st dose when VE provided
2nd Dose VE	VE with 95% CI
Days post 2nd dose	days post 2nd dose when VE provided
Rates per X	vaccinated vs control
person-days/years	
HR	vaccinated vs control
RR	vaccinated vs control
Adjusted	Regression, stratification, matching and associated variables
Transmission	infection rates in unvaccinated contacts of vaccinated individuals
Critical appraisal	See Appendix 5

## Appendix 4: Process for assigning Variant of Concern to studies

A Variant of Concern is considered to be the dominant (≥50%) strain in a study if any of the following conditions apply:

- i) the authors make a statement about prevalence of VOC during the study time frame
- ii) time and setting of the study is consistent with a VOC being dominant according to the following open tracking sources:

Nextstrain. Real-time tracking of pathogen evolution. <a href="https://nextstrain.org/">https://nextstrain.org/</a> Outbreak Info. <a href="https://outbreak.info/location-reports">https://outbreak.info/location-reports</a>

### Appendix 5: Research question and critical appraisal process (revised 06 Oct 2021)

#### Review question:

Participants	People at risk of COVID-19 (usually without but sometimes with previous
	COVID-19 infection)
Intervention	COVID-19 Vaccine
Comparator	Unvaccinated people (*)
Outcomes	PCR-diagnosis of COVID-19 infection (**); symptomatic disease;
	hospital/ICU admission; death; transmission

<sup>(\*)</sup> before-after studies, where the infection rate in the first 2 weeks after the vaccination are used as control are (\*\*)

# **Critical Appraisal Process**

We appraise the quality of the individual studies using an adapted version of ROBINS-I. This tool classifies the Risk of Bias of a study as **Low, Moderate, Serious, Critical, or No Information**. <u>Low Risk of Bias indicates High Quality, and Critical Risk of Bias indicates Very Low (insufficient) Quality.</u> ROBINS-I appraises 7 bias domains and judges each study against an ideal reference randomized controlled trial. To improve the utility of ROBINS-I for assessing studies reporting vaccine effectiveness, we have focused on study characteristics that introduce bias as reported in the vaccine literature. (WHO. Evaluation of COVID-19 vaccine effectiveness. Interim Guidance. 17 March 2021). Studies rated as "critical" risk of bias will not be included in the Summary statements on Page 1-2 (exception: if limited data available for an outcome for a VOC). An overall judgement of "serious" or "critical" is given when the study is judged to be at critical risk of bias in at least one domain. Three of more serious risk of bias domains is given an overall risk of bias of critical.

VE Study	Description
Characteristics that	
may introduce bias	
Study design	In cohort studies, people who get vaccinated may differ in health-seeking
	behaviour from people who do not get vaccinated; using a test-negative
ROBINS-I: Bias in	study design minimizes this type of bias
selection of participants	
into study	Examples and typical judgement:
	• test-negative design with a clearly defined symptomatic study population (low)
	• test-negative design (mixed or unclear study population) or case- control or cohort design or data-linkage with no concerns (moderate)
	cross-sectional design or case-control (concerns about whether controls had same access to vaccines/risk of exposure to COVID or unclear) or cohort design (concerns that exposed and non-exposed were not drawn from the same population) (serious)
Method for confirming	Questionnaires are prone to recollection bias; Population databases
vaccination	developed for purpose of tracking COVID vaccines minimize this type of
	bias
ROBINS-I: Bias in	
classification of	Examples and typical judgement:
interventions	database linkage study (low)

<sup>(\*\*)</sup> commonly performed and may be appraised confirmation of specific variant, or reasonable evidence the variant was the dominant circulating strain

	<ul> <li>Questionnaire with confirmation by an additional method (e.g. registry) of at least a subset of study population (moderate)</li> <li>Questionnaire without confirmation by an additional method (serious)</li> </ul>
D . 1	Estimating vaccination status based on surveillance data alone (critical)      COMB
Databases used for	Databases developed for collecting data on COVID are less prone to bias
retrieval of COVID test	due to missing information and misclassification
results, participant	E
prognostic factors, and clinical outcomes	Examples and typical judgement:
	database for non-COVID purpose but with individual level data     (moderate)
ROBINS-I: Bias in	database for non-COVID purpose without individual level data
classification of	(serious)
interventions	no or unclear description of database type (critical)
Assignment of	Using date of symptom onset (if within 10 days of testing) as infection
infection start date	start date reduces risk of misclassification bias (e.g., vaccinated participant
	who is reported as COVID+ may have been infected prior to receiving
ROBINS-I: Bias in	the vaccine or during non-immune period) and sensitivity of assays
classification of	decreases over time
interventions	
	Examples and typical judgement:
	using a PCR positive test that was part of an ongoing standardized
	monitoring system (e.g., within a health network) (low)
	• using sample date without interview or documented confirmation of
	symptoms ≤ 10 days (relevant for symptomatic disease only) (serious)
Verification of	Prospective, standardized collection of symptoms from patients reduces
symptoms	risk of missing information bias; testing within 10 days after symptom
	onset reduces risk of false-negative COVID test
ROBINS-I: Bias in	
classification of	Examples and typical judgement:
interventions	• using sample date without patient report/ documented confirmation of
	symptoms ≤ 10 days (relevant for symptomatic disease only) (serious)
	if symptomatic COVID is not an outcome (no information)
Accounting for non-	Reported absence of vaccine effect during non-immune period reduces
immune period (first 14	risk of residual confounding bias
days after first vaccine	
dose)	Example/common case:
	• presence of an effect during non-immune period or result not
ROBINS-I: Bias due to	reported (moderate)
confounding	unclear that non-immune period was considered (serious)
Inclusion of	Exclusion (or separate analysis) of participants with prior COVID
participants with prior	infection reduces concern about differences in infectivity as well as risk-
COVID infection	taking and health-seeking behaviour
ROBINS-I: Bias due to	Examples and typical judgement:
confounding	• inclusion of prior infection status as a covariate in the models (moderate)
	<ul> <li>previously infected not excluded or analyzed separately (serious)</li> </ul>
	previously infected flot excluded of allaryzed separately (scribus)

Accounting for calendar time	Accounting for calendar time reduces bias due to differences in vaccine accessibility and risk of exposure over time
ROBINS-I: Bias due to confounding (time-varying confounding)	<ul> <li>Examples and typical judgement:</li> <li>use of time-varying statistics without explicit mention of adjustment for calendar time (moderate)</li> <li>not taken into account but short-time frame (e.g. ≤2 months) (serious)</li> <li>not taken into account and time frame &gt;2 months (critical)</li> </ul>
Adjustment for prognostic factors  ROBINS-I: Bias due to	Adjustment for prognostic factors for COVID infection, severity of disease, and vaccination, such as age, gender, race, ethnicity, socioeconomic factors, occupation (HCW, LTC), and chronic medical conditions
confounding	<ul> <li>Examples and typical judgement:</li> <li>no or insufficient adjustment for occupation (or number of tests as a surrogate for exposure risk) -exception age&gt;65 or LTCF resident (moderate)</li> <li>no or insufficient adjustment for socioeconomic factors (or neighborhood or income as a surrogate), race, ethnicity (serious)</li> <li>no or insufficient adjustment for age (any study population) or chronic medical conditions (LTC)(critical)</li> </ul>
ROBINS-I: Bias in measurement of outcomes	Similar frequency of testing between groups reduces risk of bias introduced by detecting asymptomatic infection in one group but not in another (e.g. when only one group undergoes surveillance screening)
measurement of outcomes	<ul> <li>Examples and typical judgement:</li> <li>no systematic screening but consistent methods for detection in one group vs. the other, e.g., within health networks (moderate)</li> <li>screening performed for a subset of both study groups (serious)</li> <li>screening performed routinely in one study group but not in the other (critical)</li> </ul>

#### Appendix 6: Detailed description of the narrative summary statement

We include studies with the following clinical outcomes: prevention of infection, severe disease (as defined by the study investigators), death, and prevention of transmission. These outcomes were selected because they are less susceptible to bias. If data are not available for these specific outcomes, but are available for symptomatic infection and/or hospitalization, data for these additional outcomes are provided temporarily. Studies reporting only antibody responses are excluded.

We aim at providing a lay language, standardized summary statement for each combination of vaccine and VOC for which we found evidence.

Where <u>more than one study</u> was found, we will provide a summary statement with a <u>range of the</u> estimates across the studies.

Where a <u>single study</u> provided data, we will provide the <u>estimate plus 95% confidence interval</u> for that study. As additional studies are added, the estimate plus confidence interval will be replaced by a range as described above.

In the summaries, "prevented" or "protects" will be applied to mean estimates or range of mean estimates that are greater than or equal to 50%.

Section 3: Special Groups (after 5 November 2021)	
Author	Special Group
<u>Bedston</u>	Elderly >75 years
<u>Bekker</u>	Healthcare workers
<u>Botton</u>	Elderly >75 years
<u>Bukatko</u>	Homeless shelter residents
Butt (2)	Veterans (on Heamodialysis)
<u>Dujmovic</u>	Nursing Home residents
<u>Embi</u>	Immunocompromised
Gaio	Healthcare workers
Goldhaber-Fiebert	Prison residents and staff
<u>Hall (2)</u>	Healthcare workers
Helmsdal	Healthcare workers
<u>Iskander</u>	Coast guard personnel
Krutikov	LTCF
Lustig	Healthcare workers
<u>Malhotra</u>	Healthcare workers
<u>McConeghy</u>	LTCF
<u>Muhsen</u>	Healthcare workers
Nunes (2)	Healthcare workers
<u>Paixao</u>	Pregnant women
<u>Petráš</u>	Healthcare workers
<u>Quach</u>	Healthcare workers
<u>Salvatore</u>	Prison staff and prisoners
<u>Smith</u>	Renal patients only
Spensley	End-stage Kidney disease patients
<u>Spitzer</u>	Healthcare workers
<u>Subbarao</u>	LTCF
Sultan	Healthcare workers
Yassi (2)	Healthcare workers
Young-Xu (3)	Male Veterans