COVID-19 Living Evidence
Synthesis # 8
(Version 8.19: 06 Dec 2022)

Question

What is the effectiveness of available COVID-19 vaccines for children and adolescents, including 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.

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) detailed description of the narrative summary statement.

Overall, 99 studies were appraised and 38 used to complete this summary. The reasons for excluding the remaining 61 studies are reported in the second section of Appendix 2.

One study previously included has been updated and one new study has been added since the previous edition of this living evidence synthesis, which is signaled by a last updated date of 06 Dec 2022 (highlighted in yellow). The studies included results for VOC Omicron (2) – one reporting results by sub-lineage BA.1.

Studies examining effectiveness of vaccines in adults, including those covering periods beyond 120 days, are captured in COVID-END living evidence synthesis 6 and 10. The most recent version of all three syntheses (6,8,10) can always be found on the COVID-END website.

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 70% (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 Wednesday every two weeks and post it on the COVID-END website, but we are moving to every four weeks, with the next updates to be posted on 22 June, 20 July, 17 August, 14 September, and 12 October.

Highlights of changes this report

- New data on Pfizer [BNT162b2] , Moderna [mRNA-1723] and Sinopharm [BBIBP-CorV] against VOC Omicron BA.1 has been added, with the data drawn from one study with moderate risk of bias (ref 39).

Pfizer/Comirnaty [BNT162b2]

- **VOC Omicron**
  - We have low certainty evidence that 1 dose of **BNT162b2 (Pfizer)** did not reach threshold for protection from infection from VOC **Omicron** (53.7% [95% CI, 43.3 to 62.2]- 1 Obs [10]) in adolescents age 12 to 17 years
  - We have moderate certainty evidence that 1 dose of **BNT162b2 (Pfizer)** did not reach threshold for protection from symptomatic infection from VOC **Omicron** (range of mean estimates: 25 to 53% - 3 Obs [5][23][37]) in adolescents age 12 to 17 years
  - We have low certainty evidence that 1 dose of **BNT162b2 (Pfizer)** did not reach threshold for protection from severe disease from VOC **Omicron** (56.3% [95% CI, 45.9 to 64.6] - 1 Obs [23]) in adolescents age 12 to 17 years
  - We have low certainty evidence that 1 dose of **BNT162b2 (Pfizer)** did not reach threshold for protection from infection from VOC **Omicron** (range of mean estimates: 17 to 27% - 2 Obs [25][27]) in children age 5 to 11 years
  - We have low certainty evidence that 1 dose of **BNT162b2 (Pfizer)** did not reach threshold for protection from infection from VOC **Omicron BA.2** (33.3% [95% CI, 3 to 53.3] - 1 Obs [29]) in children age 3 to 11 years
  - We have low certainty evidence that 1 dose of **BNT162b2 (Pfizer)** did not reach threshold for protection from infection from VOC **Omicron BA.2** (26.1% [95% CI, -0.3 to 45.6] - 1 Obs [29]) in adolescents age 12 to 18 years
  - We have low certainty evidence that 1 dose of **BNT162b2 (Pfizer)** did not reach threshold for protection from infection from VOC **Omicron BA.2** (32.4% [95% CI, -29 to 64.6] - 1 Obs [33]) in persons age 5 to 17 years
  - We have low certainty evidence that 1 dose of **BNT162b2 (Pfizer)** did not reach threshold for protection from symptomatic infection from VOC **Omicron** (range of mean estimates: 13 to 23% - 2 Obs [23][25]) in children age 5 to 11 years
  - We have low certainty evidence that 1 dose of **BNT162b2 (Pfizer)** did not reach threshold for protection from severe disease from VOC **Omicron** (38.1% [95% CI, 20.9 to 51.5] - 1 Obs [23]) in children age 5 to 11 years
  - We have low certainty evidence that 2 doses of **BNT162b2 (Pfizer)** did not reach threshold for protection from infection from VOC **Omicron** (range of mean estimates: 26 to 70% -6 Obs [25][27][28][31][35][38]) in children age 5 to 11 years
  - We have low certainty evidence that 2 doses of **BNT162b2 (Pfizer)** did not reach threshold for protection from severe disease from VOC **Omicron** (range of mean estimates: 41 to 94% -2 Obs [27][30]) in children age 5 to 11 years
  - We have low certainty evidence that 2 doses of **BNT162b2 (Pfizer)** did not reach threshold for protection from symptomatic infection from VOC **Omicron** (range of mean estimates: 48 to 71% -4 Obs [22][25][28][30]) in children age 5 to 11 years
  - We have low certainty evidence that 2 doses of **BNT162b2 (Pfizer)** did not reach threshold for protection from infection from VOC **Omicron** (range of mean estimates: 25 to 83% - 6 Obs [11][13][26][31][35][36]) in adolescents age 12 to 17 years
  - We have low certainty evidence that 2 doses of **BNT162b2 (Pfizer)** did not reached threshold for protection against severe disease from VOC **Omicron** (75.6% [95% CI, 58.1 to 85.8] - 1 Obs [23]), in adolescents age 12 to 17 years

- We have moderate certainty evidence that 2 doses of **BNT162b2 (Pfizer)** did not reach threshold for protection from symptomatic infection from VOC **Omicron** (range of mean estimates: 55 to 83% - 5 Obs [5][22][23][26][37]) in adolescents age 12 to 17 years
- We have low certainty evidence that 2 doses of **BNT162b2 (Pfizer)** reached threshold for protection against MIS-C from VOC **Omicron** (92% [95% CI, 71 to 98] - 1 Obs [7]), in adolescents age 12 to 18 years
- We have low certainty evidence that 2 doses of **BNT162b2 (Pfizer)** did not reach threshold for protection from infection from VOC **Omicron BA.2** (54.9% [95% CI, 38.9 to 66.8] - 1 Obs [29]) in adolescents age 12 to 18 years
- We have low certainty evidence that 2 doses of **BNT162b2 (Pfizer)** did not reach threshold for protection from infection from VOC **Omicron BA.1** (28.1% [95% CI, 25.2 to 30.8]- 1 Obs [39]) in adolescents age 12 to 17 years
- We have low certainty evidence that 3 doses of **BNT162b2 (Pfizer)** did not reach threshold for protection from infection from VOC **Omicron** (range of mean estimates: 56 to 72% - 3 Obs – [26][35][36]) in adolescents age 12 to 17 years
- We have moderate certainty evidence that 3 doses of **BNT162b2 (Pfizer)** did not reach threshold for protection from symptomatic infection from VOC **Omicron** (range of mean estimates: 62 to 87% - 4 Obs – [8][16][22][32]) in adolescents age 12 to 17 years
- We have low certainty evidence that 3 doses of **BNT162b2 (Pfizer)** reached threshold for protection against infection from VOC **Omicron BA.2** (86.8% [95% CI, 80.5 to 91.1] - 1 Obs [29]) in adolescents age 12 to 18 years
- We have low certainty evidence that 2 doses of **BNT162b2 (Pfizer) followed by mRNA vaccine** did not reached threshold for protection against symptomatic infection from VOC **Omicron** (62.9% [95% CI, 60.5 to 65.1] - 1 Obs [34]) in adolescents age 12 to 17 years

Moderna [mRNA-1723]

- **VOC Omicron**
  - We have low certainty evidence that 2 doses of **mRNA-1723** did not reach threshold for protection from infection from VOC **Omicron** (range of mean estimates: 55 to 78% - 1 Obs – [35]) in adolescents age 12 to 17 years
  - We have low certainty evidence that 2 doses of **mRNA-1723** did not reach threshold for protection from infection from VOC **Omicron BA.1** (17.9% [95% CI, 14 to 21.5]- 1 Obs [39]) in adolescents age 12 to 17 years

Sinovac [CoronaVac]

- **VOC Omicron**
  - We have low certainty evidence that 1 dose of **CoronaVac** did not reach threshold for protection from symptomatic infection from VOC **Omicron** (21.2% [95% CI, 18.6 to 23.8] - 1 Obs [21]) in children age 6 to 11 years
  - We have low certainty evidence that 1 dose of **CoronaVac** did not reach threshold for protection from infection from VOC **Omicron BA.2** (-14.7% [95% CI, -54.7 to 14.6] - 1 Obs [29]) in children age 3 to 11 years
  - We have low certainty evidence that 1 dose of **CoronaVac** did not reach threshold for protection from infection from VOC **Omicron BA.2** (21.5% [95% CI, -7.7 to 42.7] - 1 Obs [29]) in adolescents age 12 to 18 years
  - We have low certainty evidence that 1 dose of **CoronaVac** did not reach threshold for protection from infection from VOC **Omicron BA.2** (22.7% [95% CI, -38.3 to 56.8] - 1 Obs [33]) in persons age 5 to 17 years

- We have low certainty evidence that 1 dose of **CoronaVac** did not reach threshold for protection from ICU admission from VOC **Omicron BA.2** (41.9% [95% CI, -10.4 to 72.2] - 1 Obs [21]) in children age 6 to 11 years
- We have low certainty evidence that 2 doses of **CoronaVac** did not reach threshold for protection from symptomatic infection from VOC **Omicron** (39.8% [95% CI, 33.7 to 45.4] - 1 Obs [21]) in children age 6 to 11 years
- We have low certainty evidence that 2 doses of **CoronaVac** did not reach threshold for protection from ICU admission from VOC **Omicron** (20.9% [95% CI, -177.2 to 85] - 1 Obs [21]) in children age 6 to 11 years
- We have low certainty evidence that 2 doses of **CoronaVac** did not reach threshold for protection from symptomatic infection from VOC **Omicron BA.1** (38.2% [95% CI, 36.5 to 39.9] - 1 Obs [12]) in children age 3 to 5 years
- We have low certainty evidence that 2 doses of **CoronaVac** did not reach threshold for protection from ICU admission from VOC **Omicron BA.1** (69% [95% CI, 18.6 to 88.2] - 1 Obs [12]) in children age 3 to 5 years
- We have low certainty evidence that 2 doses of **CoronaVac** did not reach threshold for protection from infection from VOC **Omicron BA.2** (40.8% [95% CI, 12.8 to 59.5] - 1 Obs [29]) in children age 3 to 11 years
- We have low certainty evidence that 2 doses of **CoronaVac** did not reach threshold for protection from infection from VOC **Omicron BA.2** (55% [95% CI, 38.2 to 67.2] - 1 Obs [29]) in adolescents age 12 to 18 years
- We have low certainty evidence that 3 doses of **CoronaVac** reached threshold for protection against infection from VOC **Omicron BA.2** (92% [95% CI, 86.7 to 95.2] - 1 Obs [29]) in adolescents age 12 to 18 years

Sinopharm [BBIBP-CorV]

- **VOC Omicron**
  - We have low certainty evidence that 2 doses of **Sinopharm (BBIBP-CorV)** did not reach threshold for protection from infection from VOC **Omicron BA.1** (37.6% [95% CI, 34.2 to 40.8]- 1 Obs [39]) in children age 3 to 11 years
  - We have low certainty evidence that 2 doses of **Sinopharm (BBIBP-CorV)** did not reach threshold for protection from death from VOC **Omicron BA.1** (66.9% [95% CI, 6.4 to 89.8]- 1 Obs [39]) in children age 3 to 11 years

Table 1: Visual summary of evidence for COVID-19 vaccines for variants of concern (up to 28 days after 2 doses)

Percentages indicate level of effectiveness 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*
**Please note: prior to LES 8.9 moderate certainty evidence was coloured orange and low certainty evidence was coloured yellow*

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 (and vaccine)	Vaccine Effectiveness (2 doses unless otherwise stated) up to 28 days after last dose each combination of vaccine, variant, and outcome					
	Overall		Delta		Omicron	
Age	5 to 11 y	12 to 18 y	5 to 11 y	12 to 18 y	5 to 11 y	12 to 18 y
Any Infection						
Pfizer		91%		81 - 98%	26 – 70%	25 - 83%
Moderna				90 to 96%		55 – 78%
CoronaVac						
Johnson & Johnson						
Symptomatic Infection						
Pfizer				81 - 97%	48 – 71%	55 - 83%
Moderna				98%		
CoronaVac					40%	
Johnson & Johnson				58%*		
ICU Admission						
Pfizer				98%	21%	
Moderna						
CoronaVac						69%
Johnson & Johnson						
Severe disease (may include death for some studies)						
Pfizer					41 – 94%	76%
Moderna						
CoronaVac						
Johnson & Johnson						
Death						
Pfizer						
Moderna						
CoronaVac						
Johnson & Johnson						

*Single dose

Table 2a: Visual summary of evidence for COVID-19 vaccines for variant of concern – Omicron [2 doses > 28 days since last dose; 3 doses: > 1 days since last dose] (Revised 12 Oct 2022)

Percentages indicate level of effectiveness 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*
**Please note: prior to LES 8.9 moderate certainty evidence was coloured orange and low certainty evidence was coloured yellow*

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 (and vaccine)	Number of doses	Time since Last Dose (days)	Age (years)	Vaccine Effectiveness
Any infection				
Pfizer	1	21 to 48	12 to 17	16 to 34
		28 to 56		57.9% (95% CI, 50.9 to 63.9)
		49 to 76		-1 to 17
		77		-13 to -5
		56 to 84		63.7% (95% CI, 59 to 67.9)
		60	5 to 11	4% (95% CI, -12 to 18)
	2	14 to 82	5 to 11	31% (95% CI, 9 to 48)
		29 to 63		44 to 60%
		25 to 50		44 to 60%
		29 to 84		21 to 29%
		60		25.6% (95% CI, 19.3 to 31.5)
		70		23% (95% CI, 20 to 26)
		85 to 120		15 to 23%
		63	16 to 17	23.3% (95% CI, 2.7 to 39.5)
		14 to 149	12 to 15	59% (95% CI, 22 to 79)
		28 to 69	12 to 17	35 to 63%
		56 to 83		48 to 58%
		84 to 111		41 to 51%
		112 to 139		38 to 46%
		70		8% (95% CI, 5 to 11)
	3	14		56 to 72%

		7 - 13		80% (95% CI, 78 to 82)
		35 to 69		30% (95% CI, 27 to 33)
Moderna	2	35 to 69	12 to 17	29% (95% CI, 23 to 35)
		70		20% (95% CI, 15 to 24)
CoronaVac				
Symptomatic infection				
Pfizer	1	28 to 69	12 to 17	23 to 49%
		70 to 83		16 to 27%
		84		17 to 26%
		14 to 98		18.8% (95% CI, 17.2 to 20.3)
		105	16 to 17	12.5% (95% CI, 96.9 to 17.8)
	2	7 to 69	12 to 17	32 to 77%
		14 to 149		34 to 45%
		56 to 120		10 to 38%
		14 to 98		64.5% (95% CI, 63.3 to 65.4)
		70	16 to 17	22.6% (95% CI, 14.5 to 29.9)
		30 - 90	5 to 11	28.9% (95% CI, 24.5 to 33.1)
		30 - 59		60.2% (95% CI, 54.1 to 65.5)
		60		42.7% (95% CI, 12 to 62.7)
		90		35% (95% CI, 21 to 46)
		85 to 120		9 to 23%
		120		-16 to 1%
		30 to 90	12 to 15	16.6% (95% CI, 8.1 to 24.3)
		60 to 120		9.6% (95% CI, -0.1 to 18.3)
	3	7	12 to 17	62 to 87
		0 to 60		56% (95% CI, 34 to 70)
	2 doses + mRNA vaccine	14 to 98	12 to 17	62.9% (95% CI, 60.5 to 65.1)
Moderna				
CoronaVac				
Johnson & Johnson				
Transmission				
Pfizer				
Moderna				
CoronaVac				
ICU Admission				
Pfizer				
Moderna				
CoronaVac				

MIS-C				
Pfizer	2			92% (95% CI, 71 to 98)
Moderna				
CoronaVac				
Severe Disease (may include death for some studies)				
Pfizer	2	7 to 60	12 to 17	76 to 84%
		60 to 120		82 to 86%
		60		74% (95% CI, 44 to 88)
		98		82.7 % (95% CI, 68.8 to 90.4)
Moderna				
CoronaVac				
Death				
Pfizer				
Moderna				
CoronaVac				

Table 2b: Visual summary of evidence for COVID-19 vaccines for variant of concern – Delta [2 doses > 28 days since last dose; 3 doses: > 1 days since last dose] (Revised 12 Oct 2022)
(Last updated 12 October 2022 – will not be updated further)

Percentages indicate level of effectiveness 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*
**Please note: prior to LES 8.9 moderate certainty evidence was coloured orange and low certainty evidence was coloured yellow*

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 (and vaccine)	Variant	Number of doses	Time since Last Dose (days)	Age (years)	Vaccine Effectiveness
Any Infection					
Pfizer	Delta	1	21 to 56	12 to 17	63 to 86
			49 to 76		47 to 56
			56 to 84		61.5% (95% CI, 43.5 to 73.7)
			77		29 to 49
		2	28 to 69	12 to 18	83 to 97

			56 to 84		95 to 96
			84 to 119		83 to 95
			70		82 to 84%
			112 to 139		91 to 92
			14 to 149	12 to 15	87% (95% CI, 49 to 97)
Moderna					
CoronaVac					
Symptomatic Infection					
Pfizer	Delta	1	28 to 34	12 to 17	61 to 63%
			35 to 70		36 to 58%
			70 to 83		35 to 46%
			84 to 104		29 to 53%
			14 to 98		59.4% (95% CI, 58.8 to 60)
			105	16 to 17	30.9% (95% CI, 25.4 to 36.0)
		2	31 to 69	12 to 17	83 to 93%
			70		83.7% (95% CI, 72.0 to 90.5)
			14 to 149		85 to 92%
			56 to 119		66 to 96%
			31 to 60	12 to 19	87 to 93%
			61 to 90		86 to 92%
			91 to 120		82 to 92%
		2 doses + mRNA vaccine	14 to 98	12 to 17	96% (95% CI, 92.2 to 97.9)
Moderna	Delta	2	31 to 60	16 to 19	91% (95% CI, 87 to 94)
			61 to 90		85% (95% CI, 82 to 88)
			91 to 120		85% (95% CI, 87 to 87)
CoronaVac					
Johnson & Johnson	Delta	1	31 to 60	16 to 19	52% (95% CI, 27 to 69)
			61 to 90		63% (95% CI, 43 to 75)
			91 to 120		58% (95% CI, 45 to 68)
Transmission					
Pfizer					
Moderna					
CoronaVac					
ICU Admission					
Pfizer					
Moderna					
CoronaVac					
MIS-C					
Pfizer	Delta	1	28	12 to 18	94% (95% CI, 83 to 98)

		2			91% (78 to 97)
Moderna					
CoronaVac					
Severe Disease (may include death for some studies)					
Pfizer					
Moderna					
CoronaVac					
Death					
Pfizer					
Moderna					
CoronaVac					

Table 3a: Key findings about vaccine effectiveness for VOC Omicron (Revised 20 Jun 2022)

Omicron – 1 dose		
Vaccine	**Time frame**	**Findings**
Pfizer/ BioNTech **Comirnaty** **[BNT162b2]**	**Omicron** At least 14 days after 1st dose	BNT162b2 provided protection against VOC Omicron for the following outcomes at least 14 days after 1st dose in adolescents age 12 to 17: ● 53.7% (95% CI, 43.3 to 62.2) from infection (1 Obs - [10]) ● 23 to 53% (RME) from symptomatic infection (3 Obs - [5][23][37]) ● 56.3% (95% CI, 45.9 to 64.6) from severe disease (1 Obs - [23]) BNT162b2 provided protection against VOC Omicron for the following outcomes at least 14 days after 1st dose in children age 5 to 11: ● 17 to 27% (RME) from infection (2 Obs - [25][27]) ● 13 to 23% (RME) from symptomatic infection (2 Obs – [23] [25]) ● 38.1% (95% CI, 20.9 to 51.5) from severe disease (1 Obs - [23]) **BA. 2** BNT162b2 provided protection against VOC Omicron for the following outcomes at least 14 days after 1st dose in children age 3 to 11: ● 33.3% (95% CI, 3 to 53.3) from infection (1 Obs - [29]) BNT162b2 provided protection against VOC Omicron for the following outcomes at least 14 days after 1st dose in adolescents age 12 to 18: ● 26.1% (95% CI, -0.3 to 45.6) from infection (1 Obs - [29]) BNT162b2 provided protection against VOC Omicron for the following outcomes at least 14 days after 1st dose in persons age 5 to 17: ● 32.4% (95% CI, -29 to 64.6) from infection (1 Obs - [33]) (8 Obs) [5][10][23][25][27][29][33][37] *last update 2022-10-12*
	Omicron >30 days after 1st dose	BNT162b2 provided protection against infection by VOC Omicron the following number of days after 1st dose in adolescents age 12 to 17: ● 57.9% (95% CI, 50.9 to 63.9) – at 28 to 56 days (1 Obs - [10])

		• 63.7% (95% CI, 59 to 67.9) – at 56 to 84 days (1 Obs - [10]) • -1 to 17 (RME) – at 49 to 76 days (1 Obs - [13]) • -13 to 5 (RME) – at least 77 days (1 Obs - [13]) • 16 to 34 (RME) – at 21 to 48 days (1 Obs - [13]) BNT162b2 provided protection against symptomatic infection by VOC Omicron the following number of days after 1st dose in children age 5 to 11: • 4% (95% CI, -12 to 18) – at least 60 days (1 Obs - [30]) BNT162b2 provided protection against symptomatic infection by VOC Omicron the following number of days after 1st dose in adolescents age 12 to 17: • 33 to 42% (RME) – at 28 to 34 days (1 Obs - [5]) • 36 to 49% (RME) – at 35 to 41 days (1 Obs - [5]) • 29 to 40% (RME) – at 42 to 55 days (1 Obs - [5]) • 23 to 27% (RME) – at 56 to 69 days (1 Obs - [5]) • 16 to 27% (RME) – at 70 to 83 days (1 Obs - [5]) • 17 to 26% (RME) – at least 84 days (1 Obs - [5]) • 18.8% (95% CI, 17.2 to 20.3) – at 14 to 98 days (1 Obs - [34]) BNT162b2 provided protection against symptomatic infection by VOC Omicron the following number of days after 1st dose in adolescents age 16 to 17: • 12.5% (95% CI, 6.9 to 17.8) – at least 105 days (1 Obs - [5]) (5 Obs) - [5][10][13][30][34]; *last update 2022-98-13*
Sinovac [CoronaVac]	**Omicron** At least 14 days after 1st dose	CoronaVac provided protection against VOC Omicron for the following outcomes at least 14 days after 1st dose in children age 6 to 11: • 21.2% (95% CI, 18.6 to 23.8) from symptomatic infection-(1 Obs - [21]) **BA. 2** BNT162b2 provided protection against VOC Omicron for the following outcomes at least 14 days after 1st dose in children age 3 to 11: • -14.7% (95% CI, - 54.7 to 14.6) from infection (1 Obs - [29]) BNT162b2 provided protection against VOC Omicron for the following outcomes at least 14 days after 1st dose in children age 6 to 11: • 47.1% (95% CI, 26.6 to 62.7) from hospitalization (1 Obs - [21]) • 41.9% (95% CI, -10.4 to 72.2) from ICU admission (1 Obs - [21]) BNT162b2 provided protection against VOC Omicron for the following outcomes at least 14 days after 1st dose in adolescents age 12 to 18: • 21.5% (95% CI, -7.7 to 42.7) from infection (1 Obs - [29]) BNT162b2 provided protection against VOC Omicron for the following outcomes at least 14 days after 1st dose in adolescents age 5 to 17: • 22.7% (95% CI, -38.3 to 56.8) from infection (1 Obs - [33]) (3 Obs) [21][29][33]; *last update 2022-09-13*
Omicron – 2 doses		

Pfizer/ BioNTech **Comirnaty** **[BNT162b2]**	**Omicron** At least 7 days after 2nd dose	BNT162b2 provided protection against VOC Omicron for the following outcomes at least 7 days after 2nd dose in children age 5 to 11: ● 26 to 70% (RME) from infection (6 Obs – [25][27][28][31][35][38]) ● 68 to 88% (RME) from hospitalization (2 Obs - [15][28]) ● 48 to 71% (RME) from symptomatic infection (4 Obs - [22][25][28][30]) ● 41 to 94% (RME) from severe disease (2 Obs – [27][30]) BNT162b2 provided protection against VOC Omicron for the following outcomes at least 7 days after 2nd dose in adolescents age 12 to 17: ● 25 to 83% (RME) from infection (6 Obs - [11][13][26][31][35][36]) ● 55 to 83% (RME) from symptomatic infection (5 Obs - [5][22][23][26][37]) ● 75.6% (95% CI, 58.1 to 85.8) from severe disease (1 Obs - [23]) ● 75% (95% CI, 56 to 86) from hospitalization (1 Obs - [36]) **BA. 1** BNT162b2 provided protection against VOC Omicron for the following outcomes at least 14 days after 2nd dose in adolescents age 12 to 17: ● 28.1% (95% CI, 25.2 to 30.8) from infection (1 Obs - [39]) **BA. 2** BNT162b2 provided protection against VOC Omicron for the following outcomes at least 14 days after 2nd dose in adolescents age 12 to 18: ● 54.9% (95% CI, 38.9 to 66.8) from infection (1 Obs - [29]) (17 Obs) [10][11][13][15][22][23][25][26][27][28][29][30][31][35][36][37][39] *last update 2022-12-06*
	Omicron >30 days after 2nd dose	BNT162b2 provided protection against infection by VOC Omicron for the following number of days after 2nd dose in children age 5 to 11: ● 31% (95% CI, 9 to 48) - at 14 to 82 days (1 Obs - [11]) ● 44 to 60% (RME) - at 29 to 63 days (1 Obs – [38]) ● 21 to 29% (RME) - at 29 to 84 days (3 Obs – [27][28][35]) ● 25.6% (95% CI, 19.3 to 31.5) - at least 60 days (1 Obs - [28]) ● 23% (95% CI, 20 to 26) - at least 70 days (1 Obs - [35]) ● 25 to 50% (RME) - at 64 to 84 days (1 Obs – [38]) ● 15 to 23% (RME) - at 85 to 120 days (1 Obs – [38]) BNT162b2 provided protection against infection by VOC Omicron for the following number of days after 2nd dose in adolescents age 12 to 15: ● 59% (95% CI, 22 to 79) - at 14 to 149 days (1 Obs - [11]) BNT162b2 provided protection against infection by VOC Omicron for the following number of days after 2nd dose in adolescents age 16 to 17: ● 45.7% (95% CI, 34.8 to 54.7) - at 35 to 62 days (1 Obs - [13]) ● 23.3% (95% CI, 2.7 to 39.5) - at least 63 days (1 Obs - [13])

		BNT162b2 provided protection against infection by VOC Omicron for the following number of days after 2nd dose in adolescents age 12 to 17: ● 59 to 63% (RME) - at 28 to 55 days (1 Obs - [26]) ● 23% (95% CI, 19 to 27) - at 35 to 69 days (1 Obs - [35]) ● 48 to 58% (RME) - at 56 to 83 days (1 Obs - [26]) ● 41 to 51% (RME) - at 84 to 111 days (1 Obs - [26]) ● 38 to 46% (RME) - at 112 to 139 days (1 Obs - [26]) ● 8% (95% CI, 5 to 11) - at least 70 days (1 Obs - [35]) BNT162b2 provided protection against MIS-C by VOC Omicron for the following number of days after 2nd dose in adolescents age 12 to 18: ● 92% (95% CI, 71 to 98) - at least 28 days (1 Obs - [7]) BNT162b2 provided protection against symptomatic infection from VOC Omicron for the following number of days after 2nd dose in adolescents age 16 to 17: ● 49.5% (95% CI, 45.7 to 53) - at 35 - 69 days (1 Obs - [5]) ● 22.6% (95% CI, 14.5 to 29.9) - at least 70 days (1 Obs - [5]) BNT162b2 provided protection against symptomatic infection by VOC Omicron for the following number of days after 2nd dose in children age 5 to 11: ● 51% (95% CI, 30 to 65) - at 14 to 67 days (1 Obs - [8]) ● 29 to 37% (RME) - at 30 to 90 days (2 Obs – [22][31]) ● 60.2% (95% CI, 54.1 to 65.5)- at 30 to 59 days (1 Obs - [28]) ● 42.7% (95% CI, 12 to 62.7)- at least 60 days (1 Obs - [28]) ● 35% (95% CI, 21 to 46)- at least 90 days (1 Obs - [30]) ● 9 to 23% (RME) - at 85 to 120 days (1 Obs - [38]) ● -16 to 1% (RME) - at least 120 days (1 Obs - [38]) BNT162b2 provided protection against symptomatic infection by VOC Omicron for the following number of days after 2nd dose in adolescents age 12 to 15: ● 16.6% (95% CI, 8.1 to 24.3)- at 30 to 90 days (1 Obs - [22]) ● 9.6% (95% CI, -0.1 to 18.3) - at 60 to 120 days (1 Obs – [22]) BNT162b2 provided protection against symptomatic infection by VOC Omicron for the following number of days after 2nd dose in adolescents age 12 to 17: ● 51% (95% CI, 38 to 61) - at 7 to 59 days (1 Obs - [16]) ● 34 to 45% (RME) - at 14 to 149 days (1 Obs - [8]) ● 31 to 38% (RME) - at 56 to 112 days (2 Obs -[16][32]) ● 64.5% (95% CI, 63.3 to 65.4) – at 14 to 98 days (1 Obs - [34]) BNT162b2 provided protection against hospitalization by VOC Omicron for the following number of days after 2nd dose in children age 5 to 11: ● 80.4% (95% CI, 67 to 88.4) - at 30 to 59 days (1 Obs - [28]) BNT162b2 provided protection against hospitalization by VOC Omicron for the following number of days after 2nd dose in adolescents age 12 to 18: ● 43% (95% CI, -1 to 68) - at 14 to 67 days (1 Obs - [15])

		BNT162b2 provided protection against severe disease by VOC Omicron for the following number of days after 2nd dose in adolescents age 12 to 17: ● 76 to 84% (RME) - at 7 to 60 days (2 Obs - [16][23]) ● 82 to 86% (RME) - at 60 to 120 days (2 Obs - [16][23]) ● 74% (95% CI, 44 to 88) - at least 60 days (1 Obs - [30]) ● 82.7 % (95% CI, 68.8 to 90.4) - at least 98 days (1 Obs - [23]) **BA. 2** BNT162b2 provided protection against VOC Omicron for the following outcomes at 14 - 84 days after 2nd dose in children age 5 to 17: ● 3.2% (95% CI, -220.7 to 70.8) from infection-(1 Obs - [33]) (16 Obs) [5][7][8][11][13][15][16][22][23][26][28][30][32][33][34][35]; *last update 2022-11-08*
Moderna **Spikevax** **[mRNA-1723]**	**Omicron** At least 7 days after 2nd dose	mRNA-1723 provided protection against VOC Omicron for the following outcomes at least 7 days after 2nd dose in adolescents age 12 to 17: ● 55 to 78% (RME) - from infection-(1 Obs - [35]) **BA. 1** mRNA-1723 provided protection against VOC Omicron for the following outcomes at least 14 days after 2nd dose in adolescents age 12 to 17: ● 17.9% (95% CI, 14 to 21.5) from infection (1 Obs - [39]) (2 Obs) [35][39]; *last update 2022-12-06*
	Omicron >30 days after 2nd dose	mRNA-1723 provided protection against infection by VOC Omicron for the following number of days after 2nd dose in adolescents age 12 to 17: ● 29% (95% CI, 23 to 35) - at 35 to 69 days (1 Obs - [35]) ● 20% (95% CI, 15 to 24) - at least 70 days (1 Obs - [35]) (1 Obs) [35]; *last update 2022-09-13*
Sinovac [CoronaVac]	**Omicron** At least 7 days after 2nd dose	CoronaVac provided protection against VOC Omicron for the following outcomes at least 14 days after 2nd dose in children age 6 to 11: ● 39.8% (95% CI, 33.7 to 45.4) from symptomatic infection-(1 Obs - [21]) ● 59.2% (95% CI, 11.3 to 84,5) from hospitalization-(1 Obs - [21]) ● 20.9% (95% CI, -177.2 to 85) from ICU admission-(1 Obs - [21]) **BA. 1** CoronaVac provided protection against VOC Omicron for the following outcomes at least 14 days after 2nd dose in children age 3 to 5: ● 38.2% (95% CI, 36.5 to 39.9) from symptomatic infection-(1 Obs - [12]) ● 64.6% (95% CI, 49.6 to 75.2) from hospitalization-(1 Obs - [12]) ● 69% (95% CI, 18.6 to 88.2) from ICU admission-(1 Obs - [12]) **BA. 2**

		CoronaVac provided protection against VOC Omicron for the following outcomes at least 14 days after 2nd dose in children age 3 to 11: ● 40.8% (95% CI, 12.8 to 59.5) from infection-(1 Obs - [29]) CoronaVac provided protection against VOC Omicron for the following outcomes at least 14 days after 2nd dose in adolescents age 12 to 18: ● 55% (95% CI, 38.2 to 67.2) from infection-(1 Obs - [29]) (3 Obs) [12][21][29]; *last update 2022-98-13*
	Omicron >30 days after 2nd dose	**BA. 2** CoronaVac provided protection against infection by VOC Omicron for the following number of days after 2nd dose in persons age 5 to 17: ● 55.6% (95% CI, -50.3 to 86.9) – at 14 to 84 days (1 Obs - [33]) (1 Obs) [33]; *last update 2022-98-13*
Sinopharm [BBIBP-CorV]	**Omicron** At least 7 days after 2nd dose	**BA. 1** mRNA-1723 provided protection against VOC Omicron for the following outcomes at least 14 days after 2nd dose in children age 3 to 11: ● 37.6% (95% CI, 34.2 to 40.8) from infection (1 Obs - [39]) ● 66.9% (95% CI, 6.4 to 89.8) from death (1 Obs - [39]) (1 Obs) [39]; *last update 2022-12-06*
	Omicron >30 days after 2nd dose	**BA. 1** mRNA-1723 provided protection against infection from VOC Omicron for the for the following number of days after 2nd dose in persons age 5 to 17: ● 29.4% (95% CI, 26.2 to 32.4) - at 31 to 45 days (1 Obs - [39]) ● 17.6% (95% CI, 14.1 to 20.9) - at 45 to 60 days (1 Obs - [39]) ● 2% (95% CI, -1.8 to 5.6) - at least 60 days (1 Obs - [39]) (1 Obs) [39]; *last update 2022-12-06*
Omicron – 3 doses		
Pfizer/ BioNTech **Comirnaty** **[BNT162b2]**	**Omicron** Any time frame after 3rd dose	BNT162b2 provided protection against infection by VOC Omicron the following number of days after 3rd dose in adolescents age 12 to 17: ● 56 to 72% (RME) at least 14 days (3 Obs - [26][35][36]) ● 80% (95% CI, 78 to 82) – at 7 to 13 days (1 Obs - [35]) ● 30% (95% CI, 27 to 33) – at 35 to 69 days (1 Obs - [35]) BNT162b2 provided protection against Symptomatic infection by VOC Omicron the following number of days after 3rd dose in adolescents age 12 to 17: ● 56% (95% CI, 34 to 70) – at 0 to 6 days (1 Obs - [16]) ● 62 to 87% (RME) at least 7 days (3 Obs - [8][16][32]) BNT162b2 provided protection against Symptomatic infection by VOC Omicron the following number of days after 3rd dose in adolescents age 12 to 15: ● 71.1% (95% CI, 65.5 to 75.7) – at 14 to 45 days (1 Obs - [22]) BNT162b2 provided protection against hospitalization by VOC Omicron the following number of days after 3rd dose in adolescents age 12 to 17: ● 94% (95% CI, 86 to 97) – at least 8 days (1 Obs - [36])

		BA. 2 BNT162b2 provided protection against VOC Omicron for the following outcomes at least 14 days after 3rd dose in adolescents age 12 to 18: ● 86.8% (95% CI, 80.5 to 91.1) from infection-(1 Obs - [29]) (7 Obs) [8][16][22][26][29][35][36]; *last update 2022-10-12*
	Omicron (2 doses followed by mRNA vaccine) (Any time frame)	BNT162b2 (2 doses) followed by mRNA vaccine provided protection against VOC Omicron for the following outcomes after 3rd dose in adolescents age 12 to 17: ● 62.9% (95% CI, 60.5 to 65.1) - from symptomatic infection at 14 to 98 days (1 Obs - [34]) (1 Obs) [34]; *last update 2022-09-13*
Sinovac [CoronaVac]	**Omicron** Any time frame after 3rd dose	**BA. 2** CoronaVac provided protection against VOC Omicron for the following outcomes at least 14 days after 3rd dose in adolescents age 12 to 18: ● 92% (95% CI, 86.7 to 95.2) from infection-(1 Obs - [29]) (1 Obs) [29]; *last update 2022-08-16*
Omicron – Relative VE		
Any vaccine	**Omicron** Relative VE for primary series vaccine doses compared to primary series plus booster vaccine doses (instead of an unvaccinated group)	**The results in this section should be reviewed with caution. Study populations that received booster doses are commonly very different from populations who did not receive or were not yet eligible for booster doses which increases the risk of bias** No data yet
Omicron - Hybrid Immunity		
Pfizer/ BioNTech **Comirnaty** **[BNT162b2]**	**Omicron** Protection provided by previous infection plus vaccination	BNT162b2 (1 dose + prior infection) provided protection against VOC Omicron for the following outcomes after 1st dose in adolescents age 12 to 17: ● 85.3% (95% CI, 83.7 to 86.8) from symptomatic infection at 14 to 98 days (wild type prior infection) -(1 Obs - [34]) ● 81.5 % (95% CI, 80.0 to 82.9) from symptomatic infection at 14 to 98 days (Alpha prior infection) -(1 Obs - [34]) ● 78.8 % (95% CI, 77.9 to 79.5) from symptomatic infection at 14 to 98 days (Delta prior infection) -(1 Obs - [34]) ● 79.6 % (95% CI, 44.9 to 92.4) from symptomatic infection at 14 to 98 days (Omicron) prior infection -(1 Obs - [34]) BNT162b2 (2 doses + prior infection) provided protection against VOC Omicron for the following outcomes after 2nd dose in adolescents age 12 to 17: ● 84.7% (95% CI, 82.6 to 86.5) from symptomatic infection at 14 to 98 days (wild type prior infection) -(1 Obs - [34]) ● 85.5 % (95% CI, 84 to 86.9) from symptomatic infection at 14 to 98 days (Alpha prior infection) -(1 Obs - [34])

		• 83.5 % (95% CI, 82.5 to 84.5) from symptomatic infection at 14 to 98 days (Delta prior infection) -(1 Obs - [34]) BNT162b2 (2 doses + prior infection) provided protection against infection by VOC Omicron the following number of days after 2nd dose in children age 5 to 11: • 42 to 70% (RME) at 8 - 28 days (1 Obs - [38]) • 54 to 67% (RME) at 29 - 63 days (1 Obs - [38]) • 42 to 50% (RME) at 64 - 84 days (1 Obs - [38]) • 17 to 38% (RME) at 85 - 119 days (1 Obs - [38]) • -21 to 10% (RME) at least 120 days (1 Obs - [38]) (2 Obs) [34][38]; *last update 2022-11-08*
	Omicron (2 doses followed by mRNA vaccine plus prior infection) (Any time frame)	BNT162b2 (2 doses + prior infection) followed by mRNA vaccine provided protection against VOC Omicron for the following outcomes after 3rd dose in adolescents age 12 to 17: • 79.8% (95% CI, 70.4 to 86.3) from symptomatic infection at 14 to 98 days (wild type prior infection) -(1 Obs - [34]) • 79.6 % (95% CI, 71.4 to 85.5) from symptomatic infection at 14 to 98 days (Alpha prior infection) -(1 Obs - [34]) • 80.7 % (95% CI, 71.1 to 87.1) from symptomatic infection at 14 to 98 days (Delta prior infection) -(1 Obs - [34]) (1 Obs) [34]; *last update 2022-09-13*

Pan American Health Organization/World Health Organization. Pharmacovigilance for COVID-19 Vaccines. https://covid-19pharmacovigilance.paho.org

Table 3b: Key findings about vaccine effectiveness for VOC Delta (Revised 20 Jun 2022)
(Last updated 13 Sep 2022 – will not be updated further)

Delta – 1 dose		
Vaccine	**Time frame**	**Findings**
Pfizer/ BioNTech **Comirnaty** **[BNT162b2]**	**Delta** At least 14 days after 1st dose	BNT162b2 provided protection against VOC Delta for the following outcomes at least 14 days after 1st dose in adolescents age 12 to 18: • 55 to 80% from infection (RME) (4 Obs - [2][10][17][18]) • 52 to 76% from symptomatic infection(RME) (4 Obs - [5][9][18][23]) BNT162b2 provided protection against VOC Delta for the following outcomes at 0 to 27 days after 1st dose in adolescents age 12 to 15: • 14.2% (95% CI, - 25.6 to 41.4) against hospitalization (1 Obs - [5]) BNT162b2 provided protection against VOC Delta for the following outcomes at 0 to 27 days after 1st dose in adolescents age 16 to 17: • 64.6% (95% CI, 40.7 to 78.9) from hospitalization (1 Obs - [5]) (7 Obs) [2][5][9][10][17][18][23]; *last update 2022-08-16*
	Delta >30 days after 1st dose	BNT162b2 provided protection against infection by VOC Delta the following number of days after 1st dose in adolescents age 12 to 17: • 47.7% (95% CI, 45.5 to 49.8) – at least 28 days (1 Obs - [23]) • 86.4% (95% CI, 83.5 to 88.7) – at 28 to 56 days (1 Obs - [10])

		• 61.5% (95% CI, 43.5 to 73.7) – at 56 to 84 days (1 Obs - [10]) • 63 to 68% (RME) – at 21 to 48 days (1 Obs - [13]) • 47 to 56% (RME) – at 49 to 76 days (1 Obs - [13]) • 29 to 49% (RME) – at least 77 days (1 Obs - [13]) BNT162b2 provided protection against symptomatic infection by VOC Delta the following number of days after 1st dose in adolescents age 12 to 17: • 61 to 63% (RME) – at 28 to 34 days (1 Obs - [5]) • 56 to 58% (RME) – at 35 to 41 days (1 Obs - [5]) • 44 to 54% (RME) – at 42 to 55 days (1 Obs - [5]) • 36 to 48% (RME) – at 56 to 69 days (1 Obs - [5]) • 35 to 46% (RME) – at 70 to 83 days (1 Obs - [5]) • 29 to 53% (RME) – at 84 to 104 days (1 1 Obs - [5]) • 59.4% (95% CI, 58.8 to 60) – at 14 to 98 days (1 Obs - [34]) BNT162b2 provided protection against symptomatic infection by VOC Delta the following number of days after 1st dose in adolescents age 16 to 17: • 30.9% (95% CI, 25.4 to 36.0) – at least 105 days (1 Obs - [5]) BNT162b2 provided protection against hospitalization by VOC Delta the following number of days after 1st dose in adolescents age 12 to 17: • 76 to 83% (RME) - at least 28 days (1 Obs - [5]) (5 Obs) [5][10][13][23][34] ; *last update 2022-09-13*
Johnson & Johnson [AD26.COV2.S]	**Delta** Up to 30 days after dose	AD26.COV2.S provided protection against VOC Delta for the following outcomes at least 14 days after dose in adolescents age 16 to 19: • 58% (95% CI, 19 to 79) from symptomatic infection-(1 Obs - [19]) (1 Obs) [19]; *last update 2022-05-09*
	Delta >30 days after dose	AD26.COV2.S provided protection against symptomatic infection by VOC Delta for the following number of days after dose in adolescents age 16 to 19: • 52% (95% CI, 27 to 69) - at 31 to 60 days (1 Obs - [19]) • 63% (95% CI, 43 to 75) - at 61 to 90 days (1 Obs - [19]) • 58% (95% CI, 45 to 68)- at 91 to 120 days (1 Obs - [19]) (1 Obs) [19]; *last update 2022-05-09*
Delta – 2 doses		
Pfizer/ BioNTech **Comirnaty** **[BNT162b2]**	**Delta** At least 7 days after 2nd dose	BNT162b2 provided protection against VOC Delta for the following outcomes at least 7 days after 2nd dose in adolescents age 12 to 18: • 81 to 98% against infection (RME) (9 Obs – [1][2][6][9][11][13][17][26][35]) • 81 to 97% against symptomatic infection (RME) (6 Obs – [5][9][16][19] [23][26]) BNT162b2 provided protection against VOC Delta for the following outcomes at least 14 days after 2nd dose in adolescents age 12 to 18: • 94% (95% CI, 90 to 96) from hospitalization (1 Obs – [4]) • 98% (95% CI, 93 to 99) from ICU admission (1 Obs - [4]) (14 Obs) [1][2][4][5][6][9][11][13][16][17][19][23][26][35]; *last update 2022-98-13*

	Delta >30 days after 2nd dose	BNT162b2 provided protection against infection by VOC Delta for the following number of days after 2nd dose in adolescents age 12 to 18: ● 83% (95% CI, 34 to 95) - at 34 to 95 days (1 Obs - [9]) ● 83% (95% CI, 79 to 87)- at 35 to 69 days (1 Obs - [35]) ● 90 - 97% (RME) - at 28 to 55 days (2 Obs - [9][26]) ● 95 to 96% (RME) - at 56 to 83 days (2 Obs - [9][26]) ● 94 to 95% (RME) - at 84 to 111 days (1 Obs - [26]) ● 91 to 92% (RME) - at 112 to 139 days (1 Obs - [26]) ● 82% (95% CI, 74 to 88) - at least 70 days (1 Obs - [35]) BNT162b2 provided protection against infection by VOC Delta for the following number of days after 2nd dose in adolescents age 12 to 15: ● 87% (95% CI, 49 to 97) - at 14 to 149 days (1 Obs - [11]) BNT162b2 provided protection against infection by VOC Delta for the following number of days after 2nd dose in adolescents age 16 to 17: ● 92.8% (95% CI, 89.8 to 94.9) - at 35 to 62 days (1 Obs - [13]) ● 83.7% (95% CI, 75.9 to 89) - at least 63 days (1 Obs - [13]) BNT162b2 provided protection against MIS-C by VOC Delta the following number of days after 2nd dose in adolescents age 12 to 18: ● 94% (95% CI, 83 to 98) - at least 28 days (1 Obs - [7]) BNT162b2 provided protection against symptomatic infection by VOC Delta for the following number of days after 2nd dose in adolescents age 16 to 17: ● 91.5% (95% CI, 89.9 to 93.0) - at 35 to 69 days (1 Obs - [5]) ● 83.7% (95% CI, 72.0 to 90.5) - at least 70 days (1 Obs - [5]) BNT162b2 provided protection against symptomatic infection by VOC Delta for the following number of days after 2nd dose in adolescents age 12 to 17: ● 85 to 92% (RME) - at 14 to 149 days (1 Obs - [8]) ● 66 to 68% (RME) - at 56 to 112 days (1 Obs - [32]) ● 96% (95% CI, 94 to 97) - at 60 to 119 days (1 Obs - [16]) ● 91.8% (95% CI, 91.2 to 92.3) - at 14 to 98 days (1 Obs – [34]) BNT162b2 provided protection against symptomatic infection by VOC Delta for the following number of days after 2nd dose in adolescents age 12 to 19: ● 87 to 93% (RME) - at 31 to 60 days (1 Obs - [19]) ● 86 to 92% (RME) - at 61 to 90 days (1 Obs - [19]) ● 82 to 92% (RME) - at 91 to 120 days (1 Obs - [19]) BNT162b2 provided protection against hospitalization by VOC Delta for the following number of days after 2nd dose in adolescents age 12 to 18: ● 93% (95% CI, 89 to 95)- at 14 to 154 days (1 Obs - [13]) (12 Obs) [5][7][8][9][11][13][16][19][26][32][34][35]); *last update 2022-09-13*
Moderna **Spikevax**	**Delta** At least 7 days after 2nd dose	mRNA-1723 provided protection against VOC Delta for the following outcomes at least 14 days after 2nd dose in adolescents age 16 to 19: ● 98% (95% CI, 92 to 99) from symptomatic infection-(1 Obs - [19])

[mRNA-1723]		mRNA-1723 provided protection against VOC Delta for the following outcomes at least 7 days after 2nd dose in adolescents age 12 to 17: ● 90 to 96% (RME) - from infection-(1 Obs - [35]) (2 Obs) [19][35]; *last update 2022-09-13*
	Delta >30 days after 2nd dose	mRNA-1723 provided protection against symptomatic infection by VOC Delta for the following number of days after 2nd dose in adolescents age 16 to 19: ● 91% (95% CI, 87 to 94) - at 31 to 60 days (1 Obs - [19]) ● 85% (95% CI, 82 to 88) - at 61 to 90 days (1 Obs - [19]) ● 85% (95% CI, 82 to 87)- at 91 to 120 days (1 Obs - [19]) (1 Obs) [19]; *last update 2022-05-09*
Delta – 3 doses		
Pfizer/ BioNTech **Comirnaty** **[BNT162b2]**	**Delta** (2 doses followed by mRNA vaccine) (Any time frame)	BNT162b2 (2 doses) followed by mRNA vaccine provided protection against VOC Delta for the following outcomes after 3rd dose in adolescents age 12 to 17: ● 96% (95% CI, 92.2 to 97.9) - from symptomatic infection at 14 to 98 days (1 Obs - [34]) (1 Obs) [34]; *last update 2022-09-13*
Delta – Relative VE		
Any vaccine	**Delta** Relative VE for primary series vaccine doses compared to primary series plus booster vaccine doses (instead of an unvaccinated group)	**The results in this section should be reviewed with caution. Study populations that received booster doses are commonly very different from populations who did not receive or were not yet eligible for booster doses which increases the risk of bias** No data yet
Delta - Hybrid Immunity		
Pfizer/ BioNTech **Comirnaty** **[BNT162b2]**	**Delta** Protection provided by previous infection plus vaccination	BNT162b2 (1 dose + prior infection) provided protection against VOC Delta for the following outcomes after 1st dose in adolescents age 12 to 17: ● 98.1% (95% CI, 97.6 to 98.6) from symptomatic infection at 14 to 98 days (wild type prior infection) -(1 Obs - [34]) ● 95.5 % (95% CI, 94.8 to 96.1) from symptomatic infection at 14 to 98 days (Alpha prior infection) -(1 Obs - [34]) ● 97.5% (95% CI, 97 to 97.9) from symptomatic infection at 14 to 98 days (Delta prior infection) -(1 Obs - [34]) BNT162b2 (2 doses + prior infection) provided protection against VOC Delta for the following outcomes after 2nd dose in adolescents age 12 to 17: ● 98.8% (95% CI, 96.7 to 98.8) from symptomatic infection at 14 to 98 days (wild type prior infection) -(1 Obs - [34]) ● 99.2 % (95% CI, 97.8 to 99.7) from symptomatic infection at 14 to 98 days (Alpha prior infection) -(1 Obs - [34])

		• 98.7 % (95% CI, 96.8 to 99.4) from symptomatic infection at 14 to 98 days (Delta prior infection) -(1 Obs - [34]) (1 Obs) [34]; *last update 2022-09-13*

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Table 3c: Key findings about vaccine effectiveness in studies covering more than one VOC (Revised 20 Jun 2022)

More than one VOC – 1 dose		
Vaccine	**Time frame**	**Findings**
Pfizer/ BioNTech **Comirnaty** **[BNT162b2]**	Overall	BNT162b2 provided protection for the following outcomes at least 14 days after 1st dose in adolescents age 12 to 15: • 67% (95% CI, 50 to 78) from infection (1 Obs – [3]) • 100% (95% CI, 100 to 100) from hospitalization (1 Obs - [3]) (1 Obs) [3]; *last update 2021-12-13*
	Delta to Omicron At least 14 days after 1st dose	BNT162b2 provided protection against VOC Delta to Omicron for the following outcomes at least 14 days after 1st dose in adolescents age 12 to 17: • 38% (95% CI, -51 to 79) from hospitalization (1 Obs – [14]) BNT162b2 provided protection against VOC Delta to Omicron for the following outcomes at least 14 days after 1st dose in children age 4 to 11: • 32% (95% CI, -49 to 72) from hospitalization (1 Obs – [14]) BNT162b2 provided protection against VOC Delta to Omicron for the following outcomes at least 14 days after 1st dose in children and adolescents age 4 to 17: • 37% (95% CI, -13 to 67) from hospitalization (1 Obs – [14]) (1 Obs) [14]; *last update 2022-04-11*
	Delta to Omicron >30 days after 1st dose	BNT162b2 provided protection against infection by VOC Delta Omicron the following number of days after 1st dose in adolescents age 12 to 17: • 62 to 65 (RME) – at 21 to 48 days (1 Obs - [13]) • 48 to 57 (RME) – at 49 to 76 days (1 Obs - [13]) • 48 to 70 (RME) – at least 77 days (1 Obs - [13]) (1 Obs) - [13]; *last update 2022-04-11*
More than one VOC – 2 doses		
Pfizer/ BioNTech **Comirnaty** **[BNT162b2]**	Overall	BNT162b2 provided protection for the following outcomes at least 7 days after 2nd dose in adolescents age 12 to 15: • 91% (95% CI, 88 to 93) from infection (1 Obs - [3]) • 81% (95% CI, -55 to 98) from hospitalization (1 Obs - [3]) (1 Obs) [3]; *last update 2021-12-13*
	Delta to Omicron At least 7 days after 2nd dose	BNT162b2 provided protection against VOC Delta to Omicron for the following outcomes at least 7 days after 2nd dose in adolescents age 12 to 17: • 83 to 91% (RME) from infection (2 Obs - [13][26])

		BNT162b2 provided protection against VOC Delta to Omicron for the following outcomes at least 14 days after 2nd dose in adolescents age 12 to 18: ● 82 to 83% (RME) from hospitalization (1 Obs - [15]) ● 87.9% (95% CI, 86.1 to 89.5) from symptomatic infection (1 Obs - [26]) BNT162b2 provided protection against VOC Delta to Omicron for the following outcomes at least 14 days after 2nd dose in adolescents age 12 to 17: ● 59% (95% CI, 23 to 82) from hospitalization (1 Obs - [14]) BNT162b2 provided protection against VOC Delta to Omicron for the following outcomes at least 14 days after 2nd dose in adolescents age 4 to 17: ● 59% (95% CI, 23 to 79) from hospitalization (1 Obs - [14]) (4 Obs) [13][14][15][26]; *last update 2022-07-19*
	Delta to Omicron >30 days after 2nd dose	BNT162b2 provided protection against infection by VOC Delta to Omicron for the following number of days after 2nd dose in adolescents age 12 to 17: ● 88 to 95% (RME) - at 28 to 62 days (2 Obs - [13][26]) ● 84 to 88% (RME) - at 56 to 83 days (2 Obs - [13][26]) ● 88 to 92% (RME) - at 84 to 111 days (1 Obs - [26]) ● 83 to 87% (RME) - at 112 to 139 days (1 Obs - [26]) BNT162b2 provided protection against MIS-C by VOC Delta to Omicron for the following number of days after 2nd dose in children age 5 to 11: ● 78% (95% CI, 48 to 90) - at least 28 days (1 Obs - [7]) BNT162b2 provided protection against MIS-C by VOC Delta to Omicron for the following number of days after 2nd dose in adolescents age 12 to 18: ● 90% (95% CI, 81 to 95) - at least 28 days (1 Obs - [7]) BNT162b2 provided protection against hospitalization by VOC Delta to Omicron for the following number of days after 2nd dose in children age 5 to 11: ● 74% (95% CI, -35 to 95) - at 14 to 67 days (1 Obs - [8]) BNT162b2 provided protection against hospitalization by VOC Delta to Omicron for the following number of days after 2nd dose in adolescents age 12 to 17: ● 92 to 94% (RME) - at 14 to 149 days (1 Obs - [8]) BNT162b2 provided protection against symptomatic infection by VOC Delta to Omicron for the following number of days after 2nd dose in children age 5 to 11: ● 46% (95% CI, 24 to 61) - at 14 to 67 days (1 Obs - [8]) BNT162b2 provided protection against symptomatic infection by VOC Delta to Omicron for the following number of days after 2nd dose in adolescents age 12 to 17: ● 76 to 83% (RME) - at 14 to 149 days (1 Obs - [8]) (4 Obs) [7][8][13][26]; *last update 2022-08-16*
More than one VOC – 3 doses		

Pfizer/ BioNTech **Comirnaty** **[BNT162b2]**	**Delta to Omicron** Any time frame after 3rd dose	BNT162b2 provided protection against VOC Delta to Omicron for the following outcomes at least 7 days after 3rd dose in adolescents age 16 to 17: ● 86% (95% CI, 73 to 93) from symptomatic infection (1 Obs - [8]) (1 Obs) [8]; *last update 2022-03-14*
More than one VOC – Relative VE		
Any vaccine	**More than one VOC** Relative VE for primary series vaccine doses compared to primary series plus booster vaccine doses (instead of an unvaccinated group)	**The results in this section should be reviewed with caution. Study populations that received booster doses are commonly very different from populations who did not receive or were not yet eligible for booster doses which increases the risk of bias** No data yet
More than one VOC - Hybrid Immunity		
Any vaccine	**More than one VOC** Protection provided by previous infection plus vaccination	No data yet

Pan American Health Organization/World Health Organization. Pharmacovigilance for COVID-19 Vaccines. https://covid-19pharmacovigilance.paho.org

Flórez ID[1,2], Velásquez-Salazar P[1], Martínez JC[1], Linkins L[3], Abdelkader W[3], Iorio A[3], Lavis J[3], Patiño-Lugo DF[1]. COVID-19 living evidence synthesis #8 (version 19): What is the effectiveness of available COVID-19 vaccines in children and adolescents in general and specifically for variants of concern? Evidence and Deliberation Unit for Decision Making (UNED), University of Antioquia & Health Information Research Unit (HIRU), McMaster University, 6 Dec 2022.

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 development and continued updating of this living evidence synthesis has been funded by the Canadian Institutes of Health Research (CIHR) and the Public Health Agency of Canada. The opinions, results, and conclusions are those of the team that prepared the living evidence synthesis, and independent of the Government of Canada, CIHR and the Public Health Agency of Canada. No endorsement by the Government of Canada, CIHR or Public Health Agency of Canada is intended or should be inferred.

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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	Glatman-Freedman	BNT162b2 showed VE 91.5% (95% CI, 88.2 to 93.9) against infection at least 8 days after 2nd 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 *Included in LES 8.1*
2	Reis	BNT162b2 showed VE 59% (95% CI, 52 to 65) against infection 14 to 20 days after 1st dose in adolescents age 12 to 18. BNT162b2 showed VE 90% (95% CI, 88 to 92) against infection 7 to 21 days after 2nd dose in adolescents age 12 to 18.	Moderate	Case-control study in Israel; 94,354 vaccinated matched to 94,354 unvaccinated adolescents age 12 to 18; time and setting for VOC Delta *Included in LES 8.1*
3	Tartof	BNT162b2 showed VE 67% (95% CI, 50 to 78) against infection and VE 100% (95% CI, 100 to 100) against hospitalization at least +14 days after 1st dose in adolescents age 12 to 15 years. BNT162b2 showed VE 91% (95% CI, 88 to 93) against infection and VE 81% (95% CI, -55 to 98) against hospitalization at least +7 days after 2nd dose in adolescents age 12 to 15 years.	Moderate	Retrospective Cohort in USA of 3,436,957 Kaiser Permanente Southern California (KPSC) healthcare system members ≥12 years of age between Dec 14, 2020 – Aug 8, 2021. The cohort included 122,779 adolescents age 12 to 15 years. The primary exposure was being fully vaccinated, defined as receiving 2 doses of BNT162b2 with ≥ 7 days after the second dose. Over the study period, 28.4% of 9,147 specimens sent for whole genome sequencing (WGS) and viral lineage designation were Delta. *Included in LES 8.1*
4	Olson	BNT162b2 showed VE 94% (95% CI, 90 to 96) against hospitalization at least +14 days after 2nd dose in adolescents age 12 to 18 years. BNT162b2 showed VE 95% (95% CI, 88 to 97) in adolescents age 12 to 15 years and VE 94% (95% CI, 88 to 97) in adolescents	Moderate	Test-negative study in U.S of adolescents age 12 to 18 years between Jun 1–Oct 25, 2021; 299 fully vaccinated (receipt of 2 doses of BNT162b2 vaccine, with the second dose administered ≥14 days before illness onset), 55 partially vaccinated (had received only

		age 16 to 18 years against hospitalization at least +14 days after 2nd dose. BNT162b2 showed VE 98% (95% CI, 93 to 99) against ICU admission at least +14 days after 2nd dose in adolescents age 12 to 18 years.		one dose of vaccine or who had received a second dose less than 14 days before illness onset) and 868 unvaccinated (no receipt of any COVID-19 vaccine before illness onset), time and setting for VOC Delta. *Included in LES 8.2* *last update in LES 8.3*
5	Powell	BNT162b2 showed after 1st dose VE 74.5% (95% CI, 73.2 to 75.6) at 14-20 days, VE 63.4% (95% CI, 61.7 to 65.1) at 28-34 days, VE 47.5% (95% CI, 44.9 to 49.9) at 56-69 days, and VE 53.1% (95% CI, 41.6 to 62.4) at least 84 days, in adolescents age 12 to 15 years against infection. (VOC Delta) BNT162b2 showed after 1st dose VE 49.6% (95% CI, 43.9 to 54.8) at 14-20 days, VE 42.1% (95% CI, 36.7 to 46.9) at 28-34 days, VE 22.5% (95% CI, 19.1 to 25.8) at 56-69 days, and VE 17.2% (95% CI, 12.0 to 22.1) at least 84 days, in adolescents age 12 to 15 years against infection. (VOC Omicron) BNT162b2 showed after 1st dose VE 75.9% (95% CI, 74.3 to 77.3) at 14-20 days, VE 60.6% (95% CI, 58.1 to 62.9) at 28-34 days, VE 36.3% (95% CI, 33.1 to 39.3) at 56-69 days, VE 29.3% (95% CI, 25.9 to 32.6) at 84-104 days, and VE 30.9% (95% CI, 25.4 to 36.0) at least 105 days, in adolescents age 16 to 17 years against infection. (VOC Delta) BNT162b2 showed after 1st dose VE 51.4% (95% CI, 42.7 to 58.8) at 14-20 days, VE 33% (95% CI, 18.6 to 44.9) at 28-34 days, VE 26.6% (95% CI, 17.4 to 34.8) at 56-69 days, VE 20.5% (95% CI, 13.0 to 27.3) at 84-104 days, and VE 12.5% (95% CI, 6.9 to 17.8) at least 105 days, in adolescents age 16 to 17 years against infection. (VOC Omicron) BNT162b2 showed after 2nd dose VE 93.2% (95% CI, 81.5 to 97.5) at 7-13 days and VE 87.2% (95% CI, 73.7 to 93.8) at	Moderate	Test-negative case-control design in England of adolescents age 12-17 years from week 37, 2021 onwards; there were 617,259 eligible tests for 12-15-year-olds and 225,670 for 16-17-year-olds. Symptomatic 12-15-year-olds and 16-17-year-olds with PCR-confirmed SARS-COV-2 infection was compared with vaccination status in symptomatic adolescents in the same age-groups who had a negative SARS-COV-2 PCR test. All cases prior to week 48 were defined as Delta, unless S gene target failure (SGTF), genotyping or sequencing information confirmed otherwise. Tests were defined as Omicron from week 48 onwards using SGTF, genotyping or sequencing information. *Included in LES 8.2* *Updated in LES 8.6* *Link Updated in LES 8.8*

		least 14 days in adolescents age 12 to 15 years against infection. (VOC Delta) BNT162b2 showed after 2nd dose VE 83.1% (95% CI, 78.2 to 86.9) at 7-13 days and VE 73% (95% CI, 66.4 to 78.3) at least 14 days in adolescents age 12 to 15 years against infection. (VOC Omicron) BNT162b2 showed after 2nd dose VE 93.1% (95% CI, 91.6 to 94.4) at 7-13 days, VE 96.1% (95% CI, 95.2 to 96.8) at 14-34 days, VE 91.5% (95% CI, 89.9 to 93.0) at 35-69 days, and VE 83.7% (95% CI, 72.0 to 90.5) at least 70 days in adolescents age 16 to 17 years against infection. (VOC Delta) BNT162b2 showed after 2nd dose VE 76.1% (95% CI, 73.4 to 78.6) at 7-13 days, VE 71.3% (95% CI, 69.3 to 73.1) at 14-34 days, VE 49.5% (95% CI, 45.7 to 53.0) at 35-69 days, and VE 22.6% (95% CI, 14.5 to 29.9) at least 70 days in adolescents age 16 to 17 years against infection. (VOC Omicron) BNT162b2 showed after 1st dose VE 14.2% (95% CI, -25.6 to 41.4) at 0-27 days, and VE 83.4% (95% CI, 54.0 to 94.0) at least 28 days in adolescents age 12 to 15 years against hospitalization. (VOC Delta) BNT162b2 showed after 1st dose VE 64.6% (95% CI, 40.7 to 78.9) at 0-27 days, and VE 76.3% (95% CI, 61.1 to 85.6) at least 28 days in adolescents age 16 to 18 years against hospitalization. (VOC Delta)		
6	Lutrick	BNT162b2 showed VE 92% (95% CI, 79 to 97) against infection at least +14 days after 2nd dose in adolescents age 12 to 17 years.	Moderate	Prospective cohort in Arizona, of 243 adolescents aged 12–17 years between Jul 25 - Dec 4, 2021; 21,693 vaccinated person-days and 4,288 unvaccinated person-days; time and setting for VOC Delta. *Included in LES 8.3*
7	Zambrano	BNT162b2 showed VE 84% (95% CI, 74 to 90) against MIS-C at least +28 days after 2nd dose in persons age 5 to 18 years. (VOC Delta to Omicron)	Serious	Test-negative case-control design in 29 hospitals in 22 states of U.S among hospitalized patients aged 5–18 years

		BNT162b2 showed VE 78% (95% CI, 48 to 90) against MIS-C at least +28 days after 2nd dose in children age 5 to 11 years. (VOC Delta to Omicron) BNT162b2 showed VE 90% (95% CI, 81 to 95) against MIS-C at least +28 days after 2nd dose in adolescents age 12 to 18 years. (VOC Delta to Omicron) BNT162b2 showed VE 94% (95% CI, 83 to 98) against MIS-C at least +28 days after 2nd dose in adolescents age 12 to 18 years. (VOC Delta) BNT162b2 showed VE 92% (95% CI, 71 to 98) against MIS-C at least +28 days after 2nd dose in adolescents age 12 to 18 years. (VOC Omicron)		between Jul 1, 2021–Apr 7, 2022; 806 participants; VE was assessed by comparing the odds of being fully vaccinated with two doses of BNT162b2 vaccine versus being unvaccinated in MIS-C (case patients) compared to controls; time and setting for VOC Delta to VOC Omicron. *Included in LES 8.3* *Updated in LES 8.15*
8	Klein	BNT162b2 showed after 2nd dose VE 74% (95% CI, -35 to 95) at 14-67 days, in children age 5 to 11 years against hospitalization. (VOC Delta to Omicron) BNT162b2 showed after 2nd dose VE 92% (95% CI, 79 to 97) at 14-149 days, in adolescents age 12 to 15 years against hospitalization. (VOC Delta to Omicron) BNT162b2 showed after 2nd dose VE 94% (95% CI, 87 to 97) at 14-149 days, in adolescents age 16 to 17 years against hospitalization. (VOC Delta to Omicron) BNT162b2 showed after 2nd dose VE 46% (95% CI, 24 to 61) at 14-67 days, in children age 5 to 11 years against symptomatic infection. (VOC Delta to Omicron) BNT162b2 showed after 2nd dose VE 83% (95% CI, 80 to 85) at 14-149 days, in adolescents age 12 to 15 years against symptomatic infection. (VOC Delta to Omicron) BNT162b2 showed after 2nd dose VE 76% (95% CI, 71 to 80) at 14-149 days, in adolescents age 16 to 17 years against	Serious	Test-negative case-control design in 10 states of the U.S among 39,217 emergency department (ED) and urgent care (UC) encounters and 1,699 hospitalizations among persons aged 5–17 years with COVID-19–like illness during April 9, 2021– January 29, 2022. VE was estimated comparing the odds of a positive SARS-CoV-2 test result between vaccinated (received at least 2 doses ≥14 days earlier or 3 doses ≥7 days earlier) and unvaccinated (received no doses) patients; time and setting for VOC Delta and VOC Omicron. *Included in LES 8.7*

		symptomatic infection. (VOC Delta to Omicron) BNT162b2 showed after 3rd dose VE 86% (95% CI, 73 to 93) at least 7 days, in adolescents age 16 to 17 years against symptomatic infection. (VOC Delta to Omicron) BNT162b2 showed after 2nd dose VE 92% (95% CI, 89 to 94) at 14-149 days, in adolescents age 12 to 15 years against symptomatic infection. (VOC Delta) BNT162b2 showed after 2nd dose VE 85% (95% CI, 81 to 89) at 14-149 days, in adolescents age 16 to 17 years against symptomatic infection. (VOC Delta) BNT162b2 showed after 2nd dose VE 51% (95% CI, 30 to 65) at 14-67 days, in children age 5 to 11 years against symptomatic infection. (VOC Omicron) BNT162b2 showed after 2nd dose VE 45% (95% CI, 30 to 57) at 14-149 days, in adolescents age 12 to 15 years against symptomatic infection. (VOC Omicron) BNT162b2 showed after 2nd dose VE 34% (95% CI, 8 to 53) at 14-149 days, in adolescents age 16 to 17 years against symptomatic infection. (VOC Omicron) BNT162b2 showed after 3rd dose VE 81% (95% CI, 59 to 91) at least 7 days, in adolescents age 16 to 17 years against symptomatic infection. (VOC Omicron)		
9	Oliveira	BNT162b2 showed after 1st dose VE 74% (95% CI, 18 to 92) at least 14 days, in adolescents age 12 to 18 years against infection. (VOC Delta) BNT162b2 showed after 2nd dose VE 90% (95% CI, 79 to 95) at least 14 days, VE 91% (95% CI, 33 to 99) at 7-28 days, VE 90% (95% CI, 67 to 97) at 35-56 days, VE 95% (95% CI, 79 to 99) at 63-84 days, and VE 83% (95% CI, 34 to 95) at 91-119	Moderate	Matched case-control study in Connecticut (US) of 542 adolescents aged 12-18 years, including 186 case participants and 356 matched control participants, between Jun 1 - Aug 15, 2021; time and setting for VOC Delta. *Included in LES 8.8*

		days, in adolescents age 12 to 18 years against infection. (VOC Delta) BNT162b2 showed after 2nd dose VE 93% (95% CI, 81 to 97) at least 14 days, in adolescents age 12 to 18 years against symptomatic infection. (VOC Delta)		
10	Molteni	BNT162b2 showed after 1st dose VE 53.7% (95% CI, 43.3 to 62.2) at 14-30 days, and VE 63.7% (95% CI, 59 to 67.9) at 2-3 months (61 to 90 days), in adolescents age 12 to 17 years against infection. (VOC Omicron)	Serious	Prospective cohort in the United Kingdom using data from the Covid Symptom Study (CSS), of 101,076 adolescents aged 12-17 years, between Aug 05, 2021–Feb 14, 2022; time and setting for VOC Omicron (Dec 20, 2021 to Feb 14, 2022). *Included in LES 8.8* *Updated in LES 8.17*
11	Fowlkes	BNT162b2 showed after 2nd dose VE 81% (95% CI, 51 to 93) at least 14 days, and VE 87% (95% CI, 49 to 97) at 14-149 days, in adolescents age 12 to 15 years against infection. (VOC Delta) BNT162b2 showed after 2nd dose VE 31% (95% CI, 9 to 48) at 14-82 days, in children age 5 to 11 years against infection. (VOC Omicron) BNT162b2 showed after 2nd dose VE 59% (95% CI, 24 to 78) at least 14 days, and VE 59% (95% CI, 22 to 79) at 14-149 days, in adolescents age 12 to 15 years against infection. (VOC Omicron)	Moderate	Prospective cohort in four states of US (Arizona, Florida, Texas, and Utah), of 1,364 participants between Jul 2021–Feb 2022; the PROTECT cohort included 1,052 children aged 5–11 years and 312 adolescents aged 12–15 years that were tested weekly for SARS-CoV-2; viral whole genome sequencing was assessed, time and setting for VOC Delta to VOC Omicron. *Included in LES 8.8*
12	Jara	CoronaVac showed after 2nd dose VE 38.2% (95% CI, 36.5 to 39.9) at least 14 days, in children age 3 to 5 years against symptomatic infection. (VOC Omicron, BA.1 sub-lineage) CoronaVac showed after 2nd dose VE 64.6% (95% CI, 49.6 to 75.2) at least 14 days, in children age 3 to 5 years against hospitalization. (VOC Omicron, BA.1 sub-lineage) CoronaVac showed after 2nd dose VE 69% (95% CI, 18.6 to 88.2) at least 14 days, in children age 3 to 5 years against ICU admission. (VOC Omicron, BA.1 sub-lineage)	Moderate	Population based cohort in Chile, of 490,694 children aged 3–5 years, between Dec 06, 2021 - Feb 26, 2022; to estimate the effectiveness of the complete primary immunization schedule (two doses, 28 days apart) of an inactivated SARS-CoV-2 vaccine, CoronaVac; time and setting for VOC Omicron (BA.1 sub-lineage). *Included as Araos in LES 8.8* *Updated in LES 8.13*

13	Veneti	BNT162b2 showed after 1st dose VE 67.9 % (95% CI, 64.0 to 71.4) at 21-48 days, VE 55.8% (95% CI, 52.7 to 58.8) at 49-76 days, and VE 48.8% (95% CI, 46 to 51.5) at least 77 days, in adolescents age 12 to 15 years against infection. (VOC Delta) BNT162b2 showed after 1st dose VE 62.6 % (95% CI, 56.2 to 68) at 21-48 days, VE 47.3% (95% CI, 40 to 53.8) at 49-76 days, and VE 29.3% (95% CI, 20.4 to 37.1) at least 77 days, in adolescents age 16 to 17 years against infection. (VOC Delta) BNT162b2 showed after 2nd dose VE 90.8% (95% CI, 89.1 to 92.3) at 7-34 days, VE 92.8% (95% CI, 89.8 to 94.9) at 35-62 days, and VE 83.7% (95% CI, 75.9 to 89) at least 63 days, in adolescents age 16 to 17 years against infection. (VOC Delta) BNT162b2 showed after 1st dose VE 16.2 % (95% CI, -2.4 to 31.3) at 21-48 days, VE -1.3% (95% CI, -22.4 to 16.2) at 49-76 days, and VE -12.8% (95% CI, -21.7 to -4.6) at least 77 days, in adolescents age 12 to 15 years against infection. (VOC Omicron) BNT162b2 showed after 1st dose VE 33.7% (95% CI, -88.3 to 5.1) at 21-48 days, VE 16.8% (95% CI, -87.3 to 27.1) at 49-76 days, and VE -5.3% (95% CI, -32.9 to 16.6) at least 77 days, in adolescents age 16 to 17 years against infection. (VOC Omicron) BNT162b2 showed after 2nd dose VE 53.1% (95% CI, 42.6 to 61.7) at 7-34 days, VE 45.7% (95% CI, 34.8 to 54.7) at 35-62 days, and VE 23.3% (95% CI, 2.7 to 39.5) at least 63 days, in adolescents age 16 to 17 years against infection. (VOC Omicron) BNT162b2 showed after 1st dose VE 65 % (95% CI, 62.3 to 67.6) at 21-48 days, VE 57.3% (95% CI, 54.4 to 60) at 49-76 days, and VE 70.2% (95% CI, 45.9 to 83.6) at least 77 days, in adolescents age 12 to 15	Moderate	Population-based cohort in Norway, of 372,179 adolescents aged 12-17 years, between Aug 25, 2021 – Jan 16, 2022; to estimate BNT162b2 one dose effectiveness for individuals 12-15 years old and one or two doses effectiveness for individuals 16-17 years old against SARS-CoV-2 infections; time and setting for VOC Delta to Omicron. *Included in LES 8.9*

		years against infection. (VOC Delta to Omicron) BNT162b2 showed after 1st dose VE 61.5 % (95% CI, 57.1 to 65.5) at 21-48 days, VE 48% (95% CI, 43.3 to 52.4) at 49-76 days, and VE 47.5% (95% CI, 39 to 54.9) at least 77 days, in adolescents age 16 to 17 years against infection. (VOC Delta to Omicron) BNT162b2 showed after 2nd dose VE 90.7% (95% CI, 87.4 to 93.1) at 7-34 days, VE 92.3% (95% CI, 82.9 to 96.6) at 35-62 days, and VE 87.8% (95% CI, 78.8 to 92.9) at least 63 days, in adolescents age 16 to 17 years against infection. (VOC Delta to Omicron)		
14	Simmons	BNT162b2 showed after 1st dose VE 32% (95% CI, -49 to 72) at least 14 days in children age 4 to 11 years against hospitalization. (VOC Delta to Omicron) BNT162b2 showed after 1st dose VE 38% (95% CI, -51 to 79) at least 14 days in adolescents age 12 to 17 years against hospitalization. (VOC Delta to Omicron) BNT162b2 showed after 1st dose VE 37% (95% CI, -13 to 67) at least 14 days in children and adolescents age 4 to 17 years against hospitalization. (VOC Delta to Omicron) BNT162b2 showed after 2nd dose VE 59% (95% CI, 23 to 82) at least 14 days in adolescents age 12 to 17 years against hospitalization. (VOC Delta to Omicron) BNT162b2 showed after 2nd dose VE 59% (95% CI, 23 to 79) at least 14 days in children and adolescents age 4 to 17 years against hospitalization. (VOC Delta to Omicron)	Serious	Age and time-matched nested case-control design in Ontario, Canada of 1,441 pediatric and adolescent patients aged 4-17 years, between May 28, 2021-Jan 10, 2022; to estimate the effectiveness of one and two mRNA vaccine doses at preventing hospitalization; time and setting for VOC Delta to VOC Omicron. *Included in LES 8.9*
15	Price	BNT162b2 showed after 2nd dose VE 93% (95% CI, 89 to 95) at 2–22 weeks in adolescents age 12 to 18 years against hospitalization. (VOC Delta) BNT162b2 showed after 2nd dose VE 96% (95% CI, 90 to 98) at least 14 days in	Serious	Test-negative case-control design in 23 states of the U.S among 2,812 adolescents aged 12–18 years between Jul 1, 2021– Feb 17, 2022. VE against Covid-19 leading to hospitalization and against

		adolescents age 12 to 18 years against critical COVID-19. (VOC Delta) BNT162b2 showed after 2nd dose VE 43% (95% CI, -1 to 68) at 2–22 weeks in adolescents age 12 to 18 years against hospitalization. (VOC Omicron) BNT162b2 showed after 2nd dose VE 68% (95% CI, 42 to 82) at least 14 days, in children age 5 to 11 years against hospitalization. (VOC Omicron) BNT162b2 showed after 2nd dose VE 79% (95% CI, 51 to 91) at least 14 days in adolescents age 12 to 18 years against critical COVID-19. (VOC Omicron) BNT162b2 showed after 2nd dose VE 83% (95% CI, 77 to 88) at least 14 days in adolescents age 12 to 15 years against hospitalization. (VOC Delta to Omicron) BNT162b2 showed after 2nd dose VE 82% (95% CI, 74 to 88) at least 14 days in adolescents age 16 to 18 years against hospitalization. (VOC Delta to Omicron)		critical Covid-19 was estimated comparing odds ratios of antecedent vaccination (fully vaccinated vs. unvaccinated) in case patients as compared with controls; time and setting for VOC Delta and VOC Omicron. *Included in LES 8.9*
16	Buchan	BNT162b2 showed after 2nd dose VE 97% (95% CI, 94 to 99) at 7-59 days, and VE 96% (95% CI, 94 to 97) at 60-119 days in adolescents age 12 to 17 years against symptomatic infection. (VOC Delta) BNT162b2 showed after 2nd dose VE 51% (95% CI, 38 to 61) at 7-59 days, and VE 31% (95% CI, 20 to 41) at 60-119 days in adolescents age 12 to 17 years against symptomatic infection. (VOC Omicron) BNT162b2 showed after 3rd dose VE 56% (95% CI, 34 to 70) at 0-6 days, and VE 62% (95% CI, 49 to 72) at least 7 days in adolescents age 12 to 17 years against symptomatic infection. (VOC Omicron) BNT162b2 showed after 2nd dose VE 100% at 7-59 days, and VE 100% at 60-119 days in adolescents age 12 to 17 years against severe outcomes. (VOC Delta)	Moderate	Test-negative case-control design in Ontario, Canada among adolescents aged 12–17 years during Nov 22, 2021– Mar 6, 2022, including 9,902 Omicron-positive cases with 19,953 test-negative controls, and 502 Delta-positive Cases with 17,930 test-negative controls. VE against symptomatic infection and severe outcomes (i.e., hospitalization or death) was estimated over time since second or third dose receipt of BNT162b2; time and setting for VOC Delta and VOC Omicron, Delta outcomes were assessed prior to Jan 2, 2022. *Included in LES 8.10*

		(there were no cases of patients that presented severe outcomes) BNT162b2 showed after 2nd dose VE 76% (95% CI, -10 to 95) at 7-59 days, and VE 83% (95% CI, 55 to 93) at 60-119 days in adolescents age 12 to 17 years against severe outcomes. (VOC Omicron)		
17	Kildegaard	BNT162b2 showed after 1st dose VE 62% (95% CI, 59 to 65) at 0-20 days in adolescents age 12 to 17 years against infection. (VOC Delta) BNT162b2 showed after 2nd dose VE 93% (95% CI, 93 to 94) at 0-59 days in adolescents age 12 to 17 years against infection. (VOC Delta)	Serious	Population-based cohort in Denmark, of adolescents aged 12-17 years, who were vaccinated before or on 1 October 2021; vaccine effectiveness was assessed in 229,799 adolescents after a first dose and 175,176 after a second dose of BNT162b2; time and setting for VOC Delta. *Included in LES 8.10*
18	Chadeau-Hyam	BNT162b2 showed after 1st dose VE 54.94% (95% CI, 40.98 to 65.6) at least 14 days in adolescents age 12 to 17 years against infection. (VOC Delta) BNT162b2 showed after 1st dose VE 58.56% (95% CI, 41.52 to 70.64) at least 14 days in adolescents age 12 to 17 years against symptomatic infection. (VOC Delta)	Serious	Surveillance study in England; 100,112 participants, including 14,974 (14.96%) adolescents aged 12 to 17 years; vaccine effectiveness was assessed after a first BNT162b2 dose comparing swab positivity among vaccinated and unvaccinated individuals; time and setting for VOC Delta. *Included in LES 8.11* *Updated LES 8.12*
19	Britton	BNT162b2 showed after 2nd dose VE 97% (95% CI, 95 to 98) at 14 days, VE 94% (95% CI, 94 to 95) at 14 - 60 days, VE 96% (95% CI, 95 to 97) at 14 – 30 days, VE 93% (95% CI, 92 to 94) at 31 - 60 days, VE 92% (95% CI, 91 to 93) at 61 - 90 days and VE 90% (95% CI, 88 to 91) at 91-120 days in adolescents age 12 to 15 years against symptomatic infection. (VOC Delta) BNT162b2 showed after 2nd dose VE 94% (95% CI, 92 to 95) at 14 days, VE 90% (95% CI, 89 to 91) at 14 - 60 days, VE 94% (95% CI, 92 to 95) at 14 – 30 days, VE 87% (95% CI, 85 to 89) at 31 - 60 days, VE 86% (95% CI, 84 to 87) at 61 - 90 days and VE 82% (95% CI, 80 to 83) at 91-120 days in adolescents age 16 to 19	Serious	Test-negative case-control design in U.S with data from 6884 US COVID-19 testing sites in the pharmacy-based Increasing Community Access to Testing platform, including 180,112 laboratory-based SARS-CoV-2 nucleic acid amplification tests from adolescents aged 12–19 years during Mar 13, – Oct 17, 2021; time and setting for VOC Delta. *Included in LES 8.11*

		years against symptomatic infection. (VOC Delta) mRNA-1273 showed after 2nd dose VE 99% (95% CI, 96 to 99) at 14 days, VE 94% (95% CI, 92 to 96) at 14 - 60 days, VE 98% (95% CI, 92 to 99) at 14 – 30 days, VE 91% (95% CI, 87 to 94) at 31 - 60 days, VE 85% (95% CI, 82 to 88) at 61 - 90 days and VE 85% (95% CI, 82 to 87) at 91-120 days in adolescents age 16 to 19 years against symptomatic infection. (VOC Delta) AD26.COV 2.S showed after dose VE 52% (95% CI, 6 to 75) at 14 days, VE 54% (95% CI, 38 to 70) at 14 - 60 days, VE 58% (95% CI, 19 to 79) at 14 – 30 days, VE 52% (95% CI, 27 to 69) at 31 - 60 days, VE 63% (95% CI, 46 to 75) at 61 - 90 days and VE 58% (95% CI, 45 to 68) at 91-120 days in adolescents age 16 to 19 years against symptomatic infection. (VOC Delta)		
20	Dorabawila	BNT162b2 showed after 2nd dose VE 68% (95% CI, 63 to 72) at Dec. 13-19, VE 57% (95% CI, 48 to 52) at Dec. 20-26, VE 50% (95% CI, 48 to 52) at Dec. 27-Jan 2, VE 48% (95% CI, 47 to 50) at Jan. 3-9, VE 34% (95% CI, 31 to 36) at Jan. 10-16, VE 20% (95% CI, 16 to 23) at Jan. 17-23 and VE 12% (95% CI, 6 to 16) at Jan. 24-30 in children age 5 to 11 years against infection. (VOC Delta to Omicron) BNT162b2 showed after 2nd dose VE 85% (95% CI, 84 to 86) at Nov. 29- Dec 05, VE 82% (95% CI, 81 to 83) at Dec. 6-12, VE 66% (95% CI, 64 to 67) at Dec. 13-19, VE 57% (95% CI, 56 to 58) at Dec. 20-26, VE 55% (95% CI, 54 to 56) at Dec. 27-Jan 2, VE 53% (95% CI, 52 to 54) at Jan. 3-9, VE 50% (95% CI, 48 to 51) at Jan. 10-16, VE 50% (95% CI, 48 to 52) at Jan. 17-23 and VE 51% (95% CI, 48 to 54) at Jan. 24-30 in adolescents age 12 to 17 years against infection. (VOC Delta to Omicron) BNT162b2 showed after 2nd dose VE 100% (95% CI, -189 to 100) at Dec. 13-19, VE 73% (95% CI, -7 to 97) at Dec. 20-26,	Serious	Data-linkage study in New York state, U.S; that included 1,539,762 person days of children aged 5-11 years and 151,005 person days of children aged 12-17 years, to estimate BNT162b2 vaccine effectiveness against COVID cases and hospitalizations during Dec, 2021- Jan, 2022; time and setting for VOC Omicron. *Included in LES 8.11*

		VE 82% (95% CI, 45 to 96) at Dec. 27-Jan 2, VE 74% (95% CI, 36 to 96) at Jan. 3-9, VE 68% (95% CI, 28 to 91) at Jan. 10-16, VE 46% (95% CI, -15 to 77) at Jan. 17-23 and VE 48% (95% CI, -12 to 75) at Jan. 24-30 in children age 5 to 11 years against hospitalization. (VOC Delta to Omicron) BNT162b2 showed after 2nd dose VE 94% (95% CI, 76 to 99) at Nov. 29- Dec 05, VE 95% (95% CI, 64 to 100) at Dec. 6-12, VE 85% (95% CI, 63 to 95) at Dec. 13-19, VE 78% (95% CI, 63 to 88) at Dec. 20-26, VE 74% (95% CI, 61 to 84) at Dec. 27-Jan 2, VE 74% (95% CI, 63 to 82) at Jan. 3-9, VE 75% (95% CI, 64 to 86) at Jan. 10-16, VE 75% (95% CI, 61 to 83) at Jan. 17-23 and VE 73% (95% CI, 53 to 87) at Jan. 24-30 in adolescents age 12 to 17 years against hospitalization. (VOC Delta to Omicron)		
21	Florentino	CoronaVac showed after 1st dose VE -9% (95% CI, -13.1 to -4.9) at 0 – 13 days, and VE 21.2% (95% CI, 18.6 to 23.8) at least 14 days in children age 6 to 11 years against symptomatic infection. (VOC Omicron) CoronaVac showed after 2nd dose VE 30.8% (95% CI, 24.2 to 36.8) at 0 – 13 days, and VE 39.8% (95% CI, 33.7 to 45.4) at least 14 days in children age 6 to 11 years against symptomatic infection. (VOC Omicron) CoronaVac showed after 1st dose VE 27% (95% CI, -5.2 to 51.1) at 0 – 13 days, and VE 47.1% (95% CI, 26.6 to 62.7) at least 14 days in children age 6 to 11 years against hospitalization. (VOC Omicron) CoronaVac showed after 2nd dose VE 82.4% (95% CI, 44.2 to 97.1) at 0 – 13 days, and VE 59.2% (95% CI, 11.3 to 84.5) at least 14 days in children age 6 to 11 years against hospitalization. (VOC Omicron) CoronaVac showed after 1st dose VE 20.2% (95% CI, -61.3 to 65.9) at 0 – 13 days, and VE 41.9% (95% CI, -10.4 to	Moderate	Test-negative case-control design in Brazil, including 197,958 tests among children aged 6–11 years during Jan 21, 2022 – April 15, 2022, to assess CoronaVac effectiveness against symptomatic infection, hospitalization, and ICU admission; time and setting for VOC Omicron. *Included in LES 8.11* *Updated in LES 8.16*

		72.2) at least 14 days in children age 6 to 11 years against ICU admission. (VOC Omicron) CoronaVac showed after 2nd dose VE 37.8% (95% CI, -147.7 to 93.2) at 0 – 13 days, and VE 20.9% (95% CI, -177.2 to 85) at least 14 days in children age 6 to 11 years against ICU admission. (VOC Omicron)		
22	Fleming-Dutra	BNT162b2 showed after 2nd dose VE 60.1% (95% CI, 54.7 to 64.8) at 14 – 30 days, and VE 28.9% (95% CI, 24.5 to 33.1) at 30 - 90 days in children age 5 to 11 years against symptomatic infection. (VOC Omicron) BNT162b2 showed after 2nd dose VE 59.5% (95% CI, 44.3 to 70.6) at 14 – 30 days, VE 16.6% (95% CI, 8.1 to 24.3) at 30 - 90 days, and VE 9.6% (95% CI, -0.1 to 18.3) at 60 - 120 days in adolescents age 12 to 15 years against symptomatic infection. (VOC Omicron) BNT162b2 (3 doses) showed VE 71.1% (95% CI, 65.5 to 75.7) at 14 – 45 days in adolescents age 12 to 15 years against symptomatic infection. (VOC Omicron)	Serious	Test-negative case-control design in 49 states of the U.S among persons aged 5–15 years with COVID-19–like illness during Dec 26, 2021– Feb 21, 2022, including 74,208 tests from children 5 to 11 years of age and 47,744 tests from adolescents 12 to 15 years of age; VE was estimated comparing the odds of a positive SARS-CoV-2 test result between vaccinated (Two BNT162b2 doses 2 weeks or more before SARS-CoV-2 testing for children; 2 or 3 doses 2 weeks or more before testing for adolescents) and unvaccinated (received no doses) patients; time and setting for VOC Omicron. *Included in LES 8.12*
23	Florentino 1	BNT162b2 showed after 1st dose VE 52.4% (95% CI, 50.5 to 54.3) at least 14 days in adolescents age 12 to 17 years against symptomatic infection. (VOC Delta, Brazil) BNT162b2 showed after 2nd dose VE 80.7% (95% CI, 77.8 to 83.3) at 14 – 27 days, VE 68% (95% CI, 63.2 to 72.3) at 28 – 41 days, VE 37.6% (95% CI, 27 to 46.7) at 42 – 55 days and VE 26.6% (95% CI, 4.1to 43.9) at 56 - 69 days in adolescents age 12 to 17 years against symptomatic infection. (VOC Delta, Brazil) BNT162b2 showed after 1st dose VE 55.4% (95% CI, 53.4 to 57.3) at least 14 days in adolescents age 12 to 17 years	Moderate	Test-negative case-control design in Brazil and Scotland among adolescents aged 12–17 years, including 503,776 adolescents from Brazil, and 127,168 adolescents from Scotland; VE was estimated comparing the odds of a positive SARS-CoV-2 test result between vaccinated and unvaccinated patients; time and setting for VOC Delta to VOC Omicron. *Included in LES 8.12* *Updated in LES 8.15* Note: Due to the substantial heterogeneity found in the

		against symptomatic infection. (VOC Delta, Scotland) BNT162b2 showed after 2nd dose VE 92.8% (95% CI, 85.7 to 96.4) at 14 – 27 days, VE 91.2% (95% CI, 81.8 to 95.8) at 28 – 41 days, VE 82.6% (95% CI, 63.9 to 91.6) at 42 – 55 days and VE 86.5% (95% CI, 72.2 to 93.4) at 56 - 69 days in adolescents age 12 to 17 years against symptomatic infection. (VOC Delta, Scotland) BNT162b2 showed after 1st dose VE 28% (95% CI, 26.3 to 29.7) at least 14 days in adolescents age 12 to 17 years against symptomatic infection. (VOC Omicron, Brazil) BNT162b2 showed after 2nd dose VE 64.7% (95% CI, 63 to 66.3) at 14 – 27 days, VE 53% (95% CI, 51.3 to 54.7) at 28 – 41 days, VE 40.6% (95% CI, 38.8 to 42.4) at 42 – 55 days, VE 32% (95% CI, 30 to 33.9) at 56 - 69 days, VE 25.3% (95% CI, 22.9 to 27.6) at 70 - 83 days, VE 17% (95% CI, 13.8 to 20) at 84 - 97 days, and VE 5.9% (95% CI, 2.2 to 9.4) at least 98 days in adolescents age 12 to 17 years against symptomatic infection. (VOC Omicron, Brazil) BNT162b2 showed after 1st dose VE 25.1% (95% CI, 21.3 to 28.7) at least 14 days in adolescents age 12 to 17 years against symptomatic infection. (VOC Omicron, Scotland) BNT162b2 showed after 2nd dose VE 82.6% (95% CI, 80.6 to 84.5) at 14 – 27 days, VE 77.4% (95% CI, 74.7 to 79.8) at 28 – 41 days, VE 69.6% (95% CI, 66.3 to 72.6) at 42 – 55 days, VE 65.4% (95% CI, 61.9 to 68.7) at 56 - 69 days , VE 58% (95% CI, 52.9 to 62.6) at 70 - 83 days , VE 45.3% (95% CI, 37.2 to 52.4) at 84 - 97 days, and VE 50.6% (95% CI, 42.7 to 57.4) at least 98 days in adolescents age 12 to 17 years against symptomatic infection. (VOC Omicron, Scotland)		effectiveness data reported in this study, most of the results are only reported in this summary, not in the key findings tables.

		BNT162b2 showed after 1st dose VE 56.3% (95% CI, 45.9 to 64.6) at least 14 days in adolescents age 12 to 17 years against severe cases. (VOC Omicron, Brazil) BNT162b2 showed after 2nd dose VE 75.6% (95% CI, 58.1 to 85.8) at 14 – 27 days, VE 82.8% (95% CI, 72.1 to 89.4) at 28 – 41 days, VE 84.2% (95% CI, 76.3 to 89.5) at 42 – 55 days, VE 83.7% (95% CI, 76 to 88.9) at 56 - 69 days, VE 82% (95% CI, 72.6 to 88.2) at 70 - 83 days, VE 86.4% (95% CI, 75.2 to 92.6) at 84 - 97 days, and VE 82.7% (95% CI, 68.8 to 90.4) at least 98 days in adolescents age 12 to 17 years against severe cases. (VOC Omicron, Brazil)		
24	Amir 1	In children aged 5 to 10 years, being unvaccinated showed RR 2.4 (95% CI, 2.2, 2.6) of infection compared to BNT162b2 14 to 35 days after 2nd dose. (VOC Omicron, BA.1 sub-lineage) In adolescents aged 12 to 15 years, being unvaccinated showed RR 5 (95% CI, 4.3, 5.9) of infection compared to BNT162b2 14 to 60 days after 3rd dose. (VOC Omicron, BA.1 sub-lineage) In adolescents aged 12 to 15 years, BNT162b2 14 to 60 days after 2nd dose showed RR 2.2 (95% CI, 1.8, 2.8) of infection compared to BNT162b2 14 to 60 days after 3rd dose. (VOC Omicron, BA.1 sub-lineage) In adolescents aged 12 to 15 years, BNT162b2 60 to 120 days after 2nd dose showed RR 3.8 (95% CI, 3.3, 4.5) of infection compared to BNT162b2 14 to 60 days after 3rd dose. (VOC Omicron, BA.1 sub-lineage)	Moderate	Prospective cohort in the Israel using data from the Israeli Ministry of Health, of 190,058 persons, including 128,522 Children aged 5-11 years and 61,536 adolescents aged 12-17 years, between Dec 26, 2021-Jan 8, 2022; time and setting for VOC Omicron (BA.1 sub-lineage). *Included in LES 8.13* *Updated in LES 8.17*
25	Cohen-Stavi	BNT162b2 showed after 1st dose VE 17% (95% CI, 7 to 25) at 14 – 27 days in children age 5 to 11 years against infection. (VOC Omicron)	Serious	Prospective cohort in the Israel using data from the Clalit Health Services and the Israeli Ministry of Health, of 136,127 Children aged 5-11 years,

		BNT162b2 showed after 2nd dose VE 51% (95% CI, 39 to 61) at 7 – 21 days, in children age 5 to 11 years against infection. (VOC Omicron) BNT162b2 showed after 1st dose VE 18% (95% CI, -2 to 34) at 14 – 27 days in children age 5 to 11 years against symptomatic infection. (VOC Omicron) BNT162b2 showed after 2nd dose VE 48% (95% CI, 29 to 63) at 7 – 21 days, in children age 5 to 11 years against symptomatic infection. (VOC Omicron)		between Nov 23, 2021-Jan 7, 2022; time and setting for VOC Omicron. *Included in LES 8.14*
26	Ionescu	BNT162b2 showed after 2nd dose VE 95.5% (95% CI, 95 to 96) at least 14 days, VE 97.7% (95% CI, 96.2 to 98.6) at 14 – 27 days, VE 97% (95% CI, 96.3 to 97.6) at 28 – 55 days, VE 96.1% (95% CI, 95.3 to 96.7) at 56 – 83 days, VE 93.8% (95% CI, 92.7 to 94.8) at 84 - 111 days, and VE 92.4% (95% CI, 90.4 to 94) at 112 - 139 days in adolescents age 12 to 17 years against infection. (VOC Delta, Quebec) BNT162b2 showed after 2nd dose VE 95.7% (95% CI, 95.1 to 96.2) at least 14 days, VE 96.8% (95% CI, 94.4 to 98.2) at 14 – 27 days, VE 96.7% (95% CI, 95.7 to 97.5) at 28 – 55 days, VE 96.2% (95% CI, 94.1 to 96.2) at 56 – 83 days, VE 95.2% (95% CI, 94.1 to 96.2) at 84 - 111 days, and VE 90.9% (95% CI, 87.7 to 93.2) at 112 - 139 days in adolescents age 12 to 17 years against infection. (VOC Delta, British Columbia) BNT162b2 showed after 2nd dose VE 97.3% (95% CI, 96.8 to 97.7) at least 14 days, in adolescents age 12 to 17 years against symptomatic infection. (VOC Delta, Quebec) BNT162b2 showed after 2nd dose VE 82.8% (95% CI, 81 to 84) at least 14 days, VE 83.1% (95% CI, 68.9 to 90.8) at 14 – 27 days, VE 88.2% (95% CI, 82.3 to 92.1) at 28 – 55 days, VE 84.3% (95% CI, 79.6 to 87.9) at 56 – 83 days, VE 87.6% (95% CI, 85.1 to 89.7) at 84 - 111 days, VE	Serious	Test-negative design in two provinces of Canada (Quebec and British Columbia) among adolescents aged 12–17 years, including 60,903 positive test and 193,899 controls, between Sep 05, 2021-Apr 30, 2022; VE was estimated comparing the odds of a positive SARS-CoV-2 test result between vaccinated and unvaccinated patients; time and setting for VOC Delta to VOC Omicron. *Included in LES 8.14*

		82.7% (95% CI, 80.7 to 84.6) at 112 - 139 days, and VE 75.4% (95% CI, 72.1 to 78.4) at 140 - 167 days in adolescents age 12 to 17 years against infection. (VOC Delta to Omicron, Quebec) BNT162b2 showed after 2nd dose VE 88% (95% CI, 85.1 to 90.3) at least 14 days, VE 94.8% (95% CI, 83.7 to 98.4) at 28 – 55 days, VE 87.8% (95% CI, 76.6 to 93.6) at 56 – 83 days, VE 91.6% (95% CI, 85.4 to 95.2) at 84 - 111 days, VE 86.5% (95% CI, 82.5 to 89.5) at 112 - 139 days, and VE 84.2% (95% CI, 77.8 to 88.8) at 140 - 167 days in adolescents age 12 to 17 years against infection. (VOC Delta to Omicron, British Columbia) BNT162b2 showed after 2nd dose VE 87.9% (95% CI, 86.1 to 89.5) at least 14 days, in adolescents age 12 to 17 years against symptomatic infection. (VOC Delta to Omicron, Quebec) BNT162b2 showed after 2nd dose VE 41.9% (95% CI, 37.7 to 45.8) at least 14 days, VE 75.6% (95% CI, 65.8 to 82.6) at 14 – 27 days, VE 59.3% (95% CI, 50.9 to 66.3) at 28 – 55 days, VE 48.1% (95% CI, 39.9 to 55.1) at 56 – 83 days, VE 50.9% (95% CI, 44.9 to 56.3) at 84 - 111 days, VE 46% (95% CI, 40.9 to 50.7) at 112 - 139 days, VE 44.6% (95% CI, 40 to 49) at 140 - 167 days, and VE 33.9% (95% CI, 27.4 to 39.9) at 168 - 195 days in adolescents age 12 to 17 years against infection. (VOC Omicron, Quebec) BNT162b2 showed after 2nd dose VE 33.9% (95% CI, 25.7 to 41.1) at least 14 days, VE 63.4% (95% CI, 21.4 to 83) at 28 – 55 days, VE 57.7% (95% CI, 37.2 to 71.6) at 56 – 83 days, VE 40.8% (95% CI, 23.2 to 54.4) at 84 - 111 days, VE 37.7% (95% CI, 22.7 to 49.7) at 112 - 139 days, VE 33.9% (95% CI, 24.1 to 42.2) at 140 - 167 days, and VE 22.2% (95% CI, 8.4 to 33.9) at 168 - 195 days in adolescents age 12 to 17 years against infection. (VOC Omicron, British Columbia)		

		BNT162b2 showed after 2nd dose VE 55.2% (95% CI, 49.5 to 60.3) at least 14 days, in adolescents age 12 to 17 years against symptomatic infection. (VOC Omicron, Quebec) BNT162b2 (3 doses) showed VE 63.7% (95% CI, 41.1 to 77.7) at least 14 days in adolescents age 12 to 17 years against infection. (VOC Omicron, British Columbia)		
27	Sacco	BNT162b2 showed after 1st dose VE 27.4% (95% CI, 26.4 to 28.8) at least 14 days in children age 5 to 11 years against infection. (VOC Omicron) BNT162b2 showed after 2nd dose VE 29.4% (95% CI, 28.5 to 30.2) at least 14 days, VE 38.7% (95% CI, 37.7 to 39.7) at 0 - 14 days, VE 29.3% (95% CI, 28.1 to 30.4) at 15 – 28 days, VE 23.1% (95% CI, 21.7 to 24.5) at 29 – 42 days, and VE 21.2% (95% CI, 19.7 to 22.7) at 43 – 84 days, in children age 5 to 11 years against infection. (VOC Omicron) BNT162b2 showed after 1st dose VE 38.1% (95% CI, 20.9 to 51.5) at least 14 days in children age 5 to 11 years against severe disease. (VOC Omicron) BNT162b2 showed after 2nd dose VE 41.1% (95% CI, 22.2 to 55.4) at least 14 days, in children age 5 to 11 years against severe disease. (VOC Omicron)	Moderate	Data-linkage study in Italy; that included 2,965,918 children aged 5-11 years, to estimate BNT162b2 vaccine effectiveness against SARS-CoV-2 infection and severe disease (Hospitalization or death) during Jan 17- Apr 13, 2022; time and setting for VOC Omicron. *Included in LES 8.14*
28	Tan	BNT162b2 showed after 2nd dose VE 36.8% (95% CI, 35.3 to 38.2) at least 7 days, VE 35.7% (95% CI, 33 to 38.2) at 1 - 6 days, VE 48.8% (95% CI, 46.9 to 50.8) at 7 – 14 days, VE 37.6% (95% CI, 35.7 to 39.3) at 15 – 29 days, VE 28.5% (95% CI, 26.3 to 30.7) at 30 – 59 days, and VE 25.6% (95% CI, 19.3 to 31.5) at least 60 days, in children age 5 to 11 years against infection. (VOC Omicron) BNT162b2 showed after 2nd dose VE 65.3% (95% CI, 62 to 68.3) at least 7 days, VE 58.1% (95% CI, 51.9 to 63.5) at 1 - 6	Serious	National cohort in Singapore, of 255,936 Children aged 5-11 years, to estimate BNT162b2 vaccine effectiveness against SARS-CoV-2 infection and hospitalization between Jan 21- Apr 8, 2022; time and setting for VOC Omicron. *Included in LES 8.15*

		days, VE 70.6% (95% CI, 65.9 to 74.7) at 7 – 14 days, VE 66.3% (95% CI, 61.7 to 70.2) at 15 – 29 days, VE 60.2% (95% CI, 54.1 to 65.5) at 30 – 59 days, and VE 42.7% (95% CI, 12 to 62.7) at least 60 days, in children age 5 to 11 years against symptomatic infection. (VOC Omicron) BNT162b2 showed after 2nd dose VE 82.7% (95% CI, 74.8 to 88.2) at least 7 days, VE 64.7% (95% CI, 37.3 to 80.2) at 1 - 6 days, VE 87.8% (95% CI, 72.2 to 94.7) at 7 – 14 days, VE 84.5% (95% CI, 72.7to 91.2) at 15 – 29 days, and VE 80.4% (95% CI, 67 to 88.4) at 30 – 59 days in children age 5 to 11 years against hospitalization. (VOC Omicron)		
29	Lau	BNT162b2 showed after 1st dose VE 33.3% (95% CI, 3 to 53.3) at least 14 days in children age 3 to 11 years against infection. (VOC Omicron, BA.2 sub-lineage) BNT162b2 showed after 1st dose VE 26.1% (95% CI, -0.3 to 45.6) at least 14 days in adolescents age 12 to 18 years against infection. (VOC Omicron, BA.2 sub-lineage) BNT162b2 showed after 2nd dose VE 54.9% (95% CI, 38.9 to 66.8) at least 14 days in adolescents age 12 to 18 years against infection. (VOC Omicron, BA.2 sub-lineage) BNT162b2 (3 doses) showed VE 86.8% (95% CI, 80.5 to 91.1) at least 14 days in adolescents age 12 to 18 years against infection. (VOC Omicron, BA.2 sub-lineage) CoronaVac showed after 1st dose VE -14.7% (95% CI, -54.7 to 14.6) at least 14 days in children age 3 to 11 years against infection. (VOC Omicron, BA.2 sub-lineage) CoronaVac showed after 1st dose VE 21.5% (95% CI, -7.7 to 42.7) at least 14 days in adolescents age 12 to 18 years	Critical	Ecological study in Hong Kong; of 953,400 participants between Jan 01–Apr 19, 2022; including 506,100 children aged 3–11 years and 447,300 adolescents aged 12–18 years; time and setting for VOC Omicron BA.2 *Included in LES 8.15* *Excluded in LES 8.16 (Late exclusion; due to estimated vaccine coverage)*

		against infection. (VOC Omicron, BA.2 sub-lineage) CoronaVac showed after 2nd dose VE - 40.8% (95% CI, 12.8 to 59.5) at least 14 days in children age 3 to 11 years against infection. (VOC Omicron, BA.2 sub-lineage) CoronaVac showed after 2nd dose VE 55% (95% CI, 38.2 to 67.2) at least 14 days in adolescents age 12 to 18 years against infection. (VOC Omicron, BA.2 sub-lineage) CoronaVac (3 doses) showed VE 92% (95% CI, 86.7 to 95.2) at least 14 days in adolescents age 12 to 18 years against infection. (VOC Omicron, BA.2 sub-lineage)		
30	Piché-Renaud	BNT162b2 showed after 1st dose VE 13% (95% CI, 4 to 21) at least 14 days, VE 23% (95% CI, 7 to 36) at 14 - 29 days, and VE 4% (95% CI, -12 to 18) at least 60 days, in children age 5 to 11 years against symptomatic infection. (VOC Omicron) BNT162b2 showed after 2nd dose VE 54% (95% CI, 48 to 59) at least 7 days, VE 67% (95% CI, 60 to 72) at 7 - 29 days, and VE 35% (95% CI, 21 to 46) at least 90 days, in children age 5 to 11 years against symptomatic infection. (VOC Omicron) BNT162b2 showed after 2nd dose VE 81% (95% CI, 64 to 90) at least 7 days, VE 94% (95% CI, 56 to 99) at 7 - 29 days, and VE 74% (95% CI, 44 to 88) at least 60 days, in children age 5 to 11 years against severe outcomes. (VOC Omicron)	Serious	Test-negative design in Ontario, Canada among children aged 5 – 11 years, including 5,870 positive test and 7,050 controls, between Jan 02 -May 28, 2022; VE was estimated against symptomatic infection and severe outcomes (death or hospitalization); time and setting for VOC Omicron. *Included in LES 8.15*
31	Chemaitelly	BNT162b2 showed after 2nd dose VE 25.7% (95% CI, 10 to 38.6) at least 14 days, VE 49.6% (95% CI, 28.5 to 64.5) at 14 days, and VE 11.0% (95% CI, −26.8 to 37.5) at 84 days (3 months) in children age 5 to 11 years against infection. (VOC Omicron, BA.1, BA.2, BA.4, BA.5 sub-lineages)	Moderate	Prospective cohort in Qatar, of 119,896 persons, including 37,456 Children aged 5-11 years (between Feb 3 -July 12, 2022) and 82,440 adolescents including 35806 during Omicron period (Feb 1, 2021-Jul 12, 2022), to estimate BNT162b2 vaccine effectiveness against SARS-

		BNT162b2 showed after 2nd dose VE 30.6% (95% CI, 26.9 to 34.1) at least 14 days, in adolescents age 12 to 17 years against infection. (VOC Omicron, BA.1, BA.2, BA.4, BA.5 sub-lineages) BNT162b2 showed after 2nd dose VE 51.3% (95% CI, 34.9 to 63.6) among participants who had received their second dose between Jan 1, and Jul 12, 2022 and VE −1.7% (95% CI, −16.9 to 11.5) among those who had completed their primary series between Feb 1, and Jun 30, 2021, in adolescents age 12 to 17 years against infection. (VOC Omicron, BA.1, BA.2, BA.4, BA.5 sub-lineages) BNT162b2 showed after 2nd dose VE 36.9% (95% CI, -29.9 to 69.4) at least 14 days in children age 5 to 11 years against symptomatic infection. (VOC Omicron, BA.1, BA.2, BA.4, BA.5 sub-lineages) BNT162b2 showed after 2nd dose VE 43.6% (95% CI, 35.1 to 50.9) at least 14 days, in adolescents age 12 to 17 years against symptomatic infection. (VOC Omicron, BA.1, BA.2, BA.4, BA.5 sub-lineages) BNT162b2 showed after 2nd dose VE 87.6% (95% CI, 84 to 90.4) at least 14 days, in adolescents age 12 to 17 years against infection. (VOC Alpha, Beta and especially Delta)		CoV-2 infection; time and setting for VOC Omicron. *Included in LES 8.15* *Updated in LES 8.18*
32	Tartof 1	BNT162b2 showed after 2nd dose VE 89% (95% CI, 69 to 96) at 56 days, VE 68% (95% CI, 46 to 81) at 56-112 days, VE 71% (95% CI, 57 to 81) at 112-168 days, and VE 49% (95% CI, 27 to 65) at least 168 days in adolescents age 12 to 17 years against Emergency Department or Urgent Care Encounters (Without Subsequent Hospitalization). (VOC Delta) BNT162b2 showed after 2nd dose VE 88% (95% CI, 68 to 96) at 56 days, VE 66% (95% CI, 44 to 80) at 56-112 days, VE 70% (95% CI, 56 to 80) at 112-168 days, and VE 47% (95% CI, 23 to 63) at least	Moderate	Test-negative design in USA among 3,168 adolescents aged 12 –17 years, members of Kaiser Permanente Southern California (KPSC) healthcare system between Nov 01, 2021 – Mar 18, 2022; VE was estimated against Emergency Department or Urgent Care Encounters; time and setting for VOC Delta to VOC Omicron. *Included in LES 8.15*

		168 days in adolescents age 12 to 17 years against Emergency Department or Urgent Care Encounters (Without Subsequent Hospitalization) Without Prior Documented SARS-CoV-2 Infection. (VOC Delta) BNT162b2 showed after 2nd dose VE 73% (95% CI, 54 to 84) at 56 days, VE 38% (95% CI, 14 to 56) at 56-112 days, VE 45% (95% CI, 28 to 57) at 112-168 days, and VE 16% (95% CI, -7 to 34) at least 168 days in adolescents age 12 to 17 years against Emergency Department or Urgent Care Encounters (Without Subsequent Hospitalization). (VOC Omicron) BNT162b2 showed after 2nd dose VE 72% (95% CI, 52 to 84) at 56 days, VE 35% (95% CI, 9 to 54) at 56-112 days, VE 46% (95% CI, 29 to 59) at 112-168 days, and VE 18% (95% CI, -6 to 36) at least 168 days in adolescents age 12 to 17 years against Emergency Department or Urgent Care Encounters (Without Subsequent Hospitalization) Without Prior Documented SARS-CoV-2 Infection. (VOC Omicron) BNT162b2 (3 doses) showed VE 87% (95% CI, 72 to 94) at a median follow up of 19 days, in adolescents age 12 to 17 years against Emergency Department or Urgent Care Encounters (Without Subsequent Hospitalization). (VOC Omicron) BNT162b2 (3 doses) showed VE 87% (95% CI, 71 to 95) at a median follow up of 19 days, in adolescents age 12 to 17 years against Emergency Department or Urgent Care Encounters (Without Subsequent Hospitalization) Without Prior Documented SARS-CoV-2 Infection. (VOC Omicron)		
33	Tsang	BNT162b2 showed after 1st dose VE 32.4% (95% CI, -29 to 64.6) at least 14 days in persons age 5 to 17 years against infection. (VOC Omicron, BA.2 sub-lineage)	Moderate	Prospective cohort in Hong Kong, China, of 8,636 persons, including 886 Children and adolescents aged 5-17 years, between Mar 01 - Apr 15, 2022;

		BNT162b2 showed after 2nd dose VE 3.2% (95% CI, -220.7 to 70.8) at 14 - 84 days in persons age 5 to 17 years against infection. (VOC Omicron, BA.2 sub-lineage) CoronaVac showed after 1st dose VE 22.7% (95% CI, -38.3 to 56.8) at least 14 days in persons age 5 to 17 years against infection. (VOC Omicron, BA.2 sub-lineage) CoronaVac showed after 2nd dose VE 55.6% (95% CI, -50.3 to 86.9) at 14 - 84 days in persons age 5 to 17 years against infection. (VOC Omicron, BA.2 sub-lineage)		to estimate BNT162b2 and CoronaVac vaccine effectiveness against SARS-CoV-2 infection; time and setting for VOC Omicron (BA.2 sub-lineage). *Included in LES 8.16*
34	Powell 1	BNT162b2 showed after 1st dose VE 8.5% (95% CI, 6.7 to 10.3) at 0-7 days (0 – 1 weeks), VE 59.4% (95% CI, 58.8 to 60) at 14-98 days (2-14 weeks), VE 23.5% (95% CI, 18.3 to 28.3) at 105-168 days (15-24 weeks), and VE 57.4% (95% CI, 39 to 70.2) at 175 – 273 days (25-39 weeks), in adolescents age 12 to 17 years against symptomatic infection. (VOC Delta) BNT162b2 showed after 1st dose plus wild type prior infection VE 92.6% (95% CI, 90.4 to 94.3) at 0-7 days (0 – 1 weeks), VE 98.1% (95% CI, 97.6 to 98.6) at 14-98 days (2-14 weeks), and VE 98.6% (95% CI, 90.3 to 99.8) at 105-168 days (15-24 weeks), in adolescents age 12 to 17 years against symptomatic infection. (VOC Delta) BNT162b2 showed after 1st dose plus Alpha prior infection VE 90.3% (95% CI, 88.4 to 92) at 0-7 days (0 – 1 weeks), VE 95.5% (95% CI, 94.8 to 96.1) at 14-98 days (2-14 weeks), and VE 94.2% (95% CI, 85.9 to 97.6) at 105-168 days (15-24 weeks), in adolescents age 12 to 17 years against symptomatic infection. (VOC Delta) BNT162b2 showed after 1st dose plus Delta prior infection VE 91.3% (95% CI, 89.2 to 93) at 0-7 days (0 – 1 weeks), VE 97.5% (95% CI, 97 to 97.9) at 14-98 days	Moderate	Test-negative design in England among 1,161,704 tests performed in adolescents aged 12 –17 years, between Aug 09, 2021 – Mar 31, 2022; VE was estimated against symptomatic infection; time and setting for VOC Delta to VOC Omicron. *Included in LES 8.16* *Updated in LES 8.19*

		(2-14 weeks), and VE 99% (95% CI, 92.8 to 99.9) at 105-168 days (15-24 weeks), in adolescents age 12 to 17 years against symptomatic infection. (VOC Delta) BNT162b2 showed after 2nd dose VE 71% (95% CI, 68.9 to 73) at 0-7 days (0 – 1 weeks), VE 91.8% (95% CI, 91.2 to 92.3) at 14-98 days (2-14 weeks), VE 80.9% (95% CI, 79.4 to 82.3) at 105-168 days (15-24 weeks), and VE 71.9% (95% CI, 67.9 to 75.4) at 175 – 273 days (25-39 weeks), in adolescents age 12 to 17 years against symptomatic infection. (VOC Delta) BNT162b2 showed after 2nd dose plus wild type prior infection VE 98.8% (95% CI, 96.7 to 98.8) at 14-98 days (2-14 weeks), VE 98.6% (95% CI, 94.3 to 99.7) at 105-168 days (15-24 weeks), and VE 94.8% (95% CI, 78.4 to 98.8) at 175 – 273 days (25-39 weeks) in adolescents age 12 to 17 years against symptomatic infection. (VOC Delta) BNT162b2 showed after 2nd dose plus Alpha prior infection VE 98.4% (95% CI, 95 to 99.5) at 0-7 days (0 – 1 weeks), VE 99.2% (95% CI, 97.8 to 99.7) at 14-98 days (2-14 weeks), VE 97% (95% CI, 92.7 to 98.8) at 105-168 days (15-24 weeks), and VE 97.3% (95% CI, 80.2 to 99.6) at 175 – 273 days (25-39 weeks) in adolescents age 12 to 17 years against symptomatic infection. (VOC Delta) BNT162b2 showed after 2nd dose plus Delta prior infection VE 99.6% (95% CI, 97.1 to 99.9) at 0-7 days (0 – 1 weeks), and VE 98.7% (95% CI, 96.8 to 99.4) at 14-98 days (2-14 weeks), in adolescents age 12 to 17 years against symptomatic infection. (VOC Delta) BNT162b2 (2 doses) followed by any mRNA vaccine showed VE 84.8% (95% CI, 77.6 to 89.7) at 0-7 days (0 – 1 weeks), and VE 96% (95% CI, 92.2 to 97.9) at 14-98 days (2-14 weeks), in adolescents age 12		

		to 17 years against symptomatic infection. (VOC Delta) BNT162b2 showed after 1st dose VE 15.2% (95% CI, 9.9 to 20.1) at 0-7 days (0 – 1 weeks), VE 18.8% (95% CI, 17.2 to 20.3) at 14-98 days (2-14 weeks), VE 17.9% (95% CI, 14.9 to 20.7) at 105-168 days (15-24 weeks), and VE 12.8% (95% CI, -1.6 to 25.1) at 175 – 273 days (25-39 weeks), in adolescents age 12 to 17 years against symptomatic infection. (VOC Omicron) BNT162b2 showed after 1st dose plus wild type prior infection VE 69.2 % (95% CI, 55.9 to 78.5) at 0-7 days (0 – 1 weeks), VE 85.3 % (95% CI, 83.7 to 86.8) at 14-98 days (2-14 weeks), VE 73.4 % (95% CI, 67.2 to 78.4) at 105-168 days (15-24 weeks), and VE 67.8 % (95% CI, 24.1 to 86.3) at 175 – 273 days (25-39 weeks) in adolescents age 12 to 17 years against symptomatic infection. (VOC Omicron) BNT162b2 showed after 1st dose plus Alpha prior infection VE 77.6% (95% CI, 69.5 to 83.6) at 0-7 days (0 – 1 weeks), VE 81.5 % (95% CI, 80.0 to 82.9) at 14-98 days (2-14 weeks), VE 69.5 % (95% CI, 64.5 to 73.8) at 105-168 days (15-24 weeks), and VE 66.7 % (95% CI, 35.2 to 82.9) at 175 – 273 days (25-39 weeks) in adolescents age 12 to 17 years against symptomatic infection. (VOC Omicron) BNT162b2 showed after 1st dose plus Delta prior infection VE 79.3% (95% CI, 76.7 to 81.6) at 0-7 days (0 – 1 weeks), VE 78.8 % (95% CI, 77.9 to 79.5) at 14-98 days (2-14 weeks), VE 67.2% (95% CI, 63.7 to 70.3) at 105-168 days (15-24 weeks), and VE 55.8 % (95% CI, 17.2 to 76.4) at 175 – 273 days (25-39 weeks) in adolescents age 12 to 17 years against symptomatic infection. (VOC Omicron) BNT162b2 showed after 1st dose plus Omicron prior infection VE 79.6 % (95% CI, 44.9 to 92.4) at 14-98 days (2-14		

		weeks), in adolescents age 12 to 17 years against symptomatic infection. (VOC Omicron) BNT162b2 showed after 2nd dose VE 52.2 % (95% CI, 50.4 to 53.9) at 0-7 days (0 – 1 weeks), VE 64.5% (95% CI, 63.6 to 65.4) at 14-98 days (2-14 weeks), VE 29.8% (95% CI, 24.9 to 34.2) at 105-168 days (15-24 weeks), and VE 19.4% (95% CI, 11.7 to 26.4) at 175 – 273 days (25-39 weeks), in adolescents age 12 to 17 years against symptomatic infection. (VOC Omicron) BNT162b2 showed after 2nd dose plus wild type prior infection VE 87.4% (95% CI, 83.5 to 90.4) at 0-7 days (0 – 1 weeks), VE 84.7% (95% CI, 82.6 to 86.5) at 14-98 days (2-14 weeks), VE 53.4% (95% CI, 32.7 to 67.7) at 105-168 days (15-24 weeks), and VE 28.9% (95% CI, -15.5 to 56.3) at 175 – 273 days (25-39 weeks) in adolescents age 12 to 17 years against symptomatic infection. (VOC Omicron) BNT162b2 showed after 2nd dose plus Alpha prior infection VE 84.9% (95% CI, 81.3 to 87.8) at 0-7 days (0 – 1 weeks), VE 85.5% (95% CI, 84 to 86.9) at 14-98 days (2-14 weeks), VE 64.3% (95% CI, 52.4 to 73.3) at 105-168 days (15-24 weeks), and VE 63.6% (95% CI, 46 to 75.5) at 175 – 273 days (25-39 weeks) in adolescents age 12 to 17 years against symptomatic infection. (VOC Omicron) BNT162b2 showed after 2nd dose plus Delta prior infection VE 82.1% (95% CI, 80.1 to 83.9) at 0-7 days (0 – 1 weeks), VE 83.5% (95% CI, 82.5 to 84.5) at 14-98 days (2-14 weeks), and VE 75.5% (95% CI, 65.6 to 82.5) at 105-168 days (15-24 weeks) in adolescents age 12 to 17 years against symptomatic infection. (VOC Omicron) BNT162b2 (2 doses) followed by any mRNA vaccine showed VE 55.1% (95% CI, 50.7 to 59.1) at 0-7 days (0 – 1 weeks), VE 62.9% (95% CI, 60.5 to 65.1) at 14-98 days (2-14 weeks), and VE 33.6% (95% CI,		

		14.6 to 48.3) at 105-168 days (15-24 weeks) in adolescents age 12 to 17 years against symptomatic infection. (VOC Omicron) BNT162b2 (2 doses) followed by any mRNA vaccine dose plus Wild type prior infection showed VE 77.7% (95% CI, 55.7 to 88.8) at 0-7 days (0 – 1 weeks), and VE 79.8% (95% CI, 70.4 to 86.3) at 14-98 days (2-14 weeks) in adolescents age 12 to 17 years against symptomatic infection. (VOC Omicron) BNT162b2 (2 doses) followed by any mRNA vaccine dose plus Alpha prior infection showed VE 82.2% (95% CI, 68.1 to 90.1) at 0-7 days (0 – 1 weeks), and VE 79.6% (95% CI, 71.4 to 85.5) at 14-98 days (2-14 weeks) in adolescents age 12 to 17 years against symptomatic infection. (VOC Omicron) BNT162b2 (2 doses) followed by any mRNA vaccine dose plus Delta prior infection showed VE 89.5% (95% CI, 81.7 to 94) at 0-7 days (0 – 1 weeks), and VE 80.7% (95% CI, 71.1 to 87.1) at 14-98 days (2-14 weeks) in adolescents age 12 to 17 years against symptomatic infection. (VOC Omicron)		
35	Cocchio	BNT162b2 showed after 2nd dose VE 83% (95% CI, 76 to 88) at 0-6 days, VE 84% (95% CI, 77 to 89) at 7-13 days, VE 88% (95% CI, 85 to 91) at 14-34 days, VE 83% (95% CI, 79 to 87) at 35 – 69 day, and VE 82% (95% CI, 74 to 88) at least 70 days in adolescents age 12 to 17 years against infection. (VOC Delta) BNT162b2 showed after 2nd dose VE 72% (95% CI, 69 to 74) at 0-6 days, VE 70% (95% CI, 67 to 72) at 7-13 days, VE 53% (95% CI, 51 to 55) at 14-34 days, VE 22% (95% CI, 19 to 24) at 35 – 69 day, and VE 23% (95% CI, 20 to 26) at least 70 days in children age 5 to 11 years against infection. (VOC Omicron) BNT162b2 showed after 2nd dose VE 81% (95% CI, 76 to 85) at 0-6 days, VE 83%	Serious	Data-linkage study in Veneto region, Italy; of 430,584 participants, including 193,509 children aged 5-11 years and 237,075 adolescents aged 12 – 17 years, to estimate BNT162b2 and mRNA-1273 vaccine effectiveness against SARS-CoV-2 infection during two periods, Aug 01- Oct 21, 2021 and Feb 01- Apr 27, 2022; time and setting for VOC Delta and VOC Omicron. *Included in LES 8.16*

		(95% CI, 79 to 86) at 7-13 days, VE 59% (95% CI, 55 to 62) at 14-34 days, VE 23% (95% CI, 19 to 27) at 35 – 69 day, and VE 8% (95% CI, 5 to 11) at least 70 days in adolescents age 12 to 17 years against infection. (VOC Omicron) BNT162b2 (3 doses) showed VE 79% (95% CI, 77 to 81) at 0-6 days, VE 80% (95% CI, 78 to 82) at 7-13 days, VE 72% (95% CI, 70 to 73) at 14-34 days, and VE 30% (95% CI, 27 to 33) at 35 – 69 days in adolescents age 12 to 17 years against infection. (VOC Omicron) mRNA-1273 showed after 2nd dose VE 90% (95% CI, 69 to 97) at 0-6 days, VE 90% (95% CI, 68 to 97) at 7-13 days, and VE 96% (95% CI, 86 to 99) at 14-34 days in adolescents age 12 to 17 years against infection. (VOC Delta) mRNA-1273 showed after 2nd dose VE 88% (95% CI, 81 to 92) at 0-6 days, VE 78% (95% CI, 69 to 84) at 7-13 days, VE 55% (95% CI, 49 to 61) at 14-34 days, VE 29% (95% CI, 23 to 35) at 35 – 69 day, and VE 20% (95% CI, 15 to 24) at least 70 days in adolescents age 12 to 17 years against infection. (VOC Omicron)		
36	Chiew	BNT162b2 showed after 2nd dose VE 25% (95% CI, 21 to 29) at least 8 days in adolescents age 12 to 17 years against infection. (VOC Omicron) BNT162b2 showed after 2nd dose VE 75% (95% CI, 56 to 86) at least 8 days in adolescents age 12 to 17 years against hospitalization. (VOC Omicron) BNT162b2 (3 doses) showed VE 56% (95% CI, 53 to 58) at least 8 days in adolescents age 12 to 17 years against infection. (VOC Omicron) BNT162b2 (3 doses) showed VE 94% (95% CI, 86 to 97) at least 8 days in adolescents age 12 to 17 years against hospitalization. (VOC Omicron)	Serious	Prospective cohort in Singapore, of 249,763 adolescents aged 12-17 years, between Jan 21 - Apr 28, 2022; to estimate BNT162b2 and CoronaVac vaccine effectiveness against SARS-CoV-2 infection and hospitalization; time and setting for VOC Omicron *Included in LES 8.17*

37	Rudan	BNT162b2 showed after 1st dose VE 14.2% (95% CI, -10.3 to 33.2) at 0-13 days, VE 30.2% (95% CI, 18.4 to 40.3) at 13-41 days, VE 21.8% (95% CI, 11.5 to 30.8) at 42-69 days, VE 16.9% (95% CI, 8.7 to 24.4) at 70 – 97 day, and VE 9.5% (95% CI, -3.6 to 20.9) at 98 – 126 days in adolescents age 12 to 15 years against symptomatic infection. (VOC Omicron) BNT162b2 showed after 1st dose VE -18.4% (95% CI, -89.3 to 26) at 0-13 days, VE 22.8% (95% CI, -6.4 to 44) at 13-41 days, VE 11.9% (95% CI, -16.1 to 33.1) at 42-69 days, VE -22.4% (95% CI, -52.3 to 1.6) at 70 – 97 day, and VE -24.2% (95% CI, -46.5 to -5.3) at 98 – 126 days in adolescents age 16 to 17 years against symptomatic infection. (VOC Omicron) BNT162b2 showed after 2nd dose VE 46.9% (95% CI, 37 to 55.2) at 0-13 days, VE 81.2% (95% CI, 77.7 to 84.2) at 13-41 days, VE 68.5% (95% CI, 63.4 to 72.9) at 42-69 days, VE 43.3% (95% CI, 30 to 54.3) at 70 – 97 day, and VE 48.7% (95% CI, 22 to 66.3) at least 98 days in adolescents age 12 to 15 years against symptomatic infection. (VOC Omicron) BNT162b2 showed after 2nd dose VE 34% (95% CI, 13.2 to 49.9) at 0-13 days, VE 65.5% (95% CI, 56 to 73) at 13-41 days, VE 43.4% (95% CI, 26.9 to 56.2) at 42-69 days, VE 8.9% (95% CI, -19.1 to 30.3) at 70 – 97 day, and VE 1.2% (95% CI, -49.3 to 34.6) at least 98 days in adolescents age 16 to 17 years against symptomatic infection. (VOC Omicron)	Moderate	Test-negative design in Scotland among 185,684 tests performed in adolescents aged 12 –17 years, between Aug 06, 2021 – Mar 01, 2022; VE was estimated against symptomatic infection; time and setting for VOC Omicron (Dec 20, 2021 – Apr 18, 2022). *Included in LES 8.17*
38	Lin 2	BNT162b2 showed after 2nd dose without prior infection VE 13,7% (12.8, 14.5) at 1 - 7 days (week 1), VE 25.5% (24.0, 26.9) at 8 - 14 days (week 2), VE 35.7% (33.7, 37.6) at 15-21 days (week 3), VE 63,2% (61.0, 65,2) at 22 – 28 day (week 4), VE 60.1% (58.4, 61.7) at 29-35 days (week 5), VE 56.7% (55.5, 58.0) at 36-42 days(week 6), VE 53.1% (51.9, 54.3) at 43-49 days (week 7), VE 49.2% (47.5, 50.9) at 50 – 56 day (week 8), VE 43,9% (42.6, 45.3) at 57-63	Moderate	Prospective cohort in North Carolina, US, of 887,193 children aged 5-11 years; to estimate BNT162b2 vaccine effectiveness against SARS-CoV-2 infection; time and setting for VOC Omicron *Included in LES 8.18*

		days (week 9), VE 38.1% (36.7, 39.6) at 64-70 days (week 10), VE 31.7% (29.5, 33,9) at 71-77 days (week 11), VE 24,7% (21.2, 28.0) at 78 – 84 day (week 12), VE 22.5% (19.5, 25.3) at 85-91 days (week 13), VE 20,2% (16.6, 23.7) at 92-98 days (week 14), VE 17.9% (12.7, 22.8) at 99-105 days (week 15), VE 15.5% (8.1, 22.2) at 106 – 112 day (week 16), VE 8,6% (1.7, 15.0) at 113-119 days (week 17), VE 1.2% (-5.2, 7.2) at 120-126 days (week 18), VE -6.9% (-12.8, -1.3) at 127 – 133 day (week 19), and VE -15.6% (-21.0, -10.3) at 134-140 days (week 20), in children age 5 to 11 years against infection. (VOC Omicron) BNT162b2 showed after 2nd dose plus prior infection VE 23,8% (95% CI, 18.6, 28.7) at 1 - 7 days (week 1), VE 41.9% (95% CI, 33.7, 49.1) at 8 - 14 days (week 2), VE 55.7% (95% CI, 46.0, 63.7) at 15-21 days (week 3), VE 69,6% (95% CI, 57,4, 78.3) at 22 – 28 day (week 4), VE 66.8% (95% CI, 57.5, 74.2) at 29-35 days (week 5), VE 63.8% (95% CI, 57.1, 69.5) at 36-42 days(week 6), VE 60.6% (95% CI, 55.1, 65.4) at 43-49 days (week 7), VE 57.0% (95% CI, 49.6, 63.2) at 50 – 56 day (week 8), VE 53,7% (95% CI, 46.4, 60.0) at 57-63 days (week 9), VE 50.1% (95% CI, 42.9, 56.4) at 64-70 days (week 10), VE 46,3% (95% CI, 39.1, 52.7) at 71-77 days (week 11), VE 42,2% (95% CI, 35.0, 48.7) at 78 – 84 day (week 12), VE 37.8% (95% CI, 30.3, 44,5) at 85-91 days (week 13), VE 33.1% (95% CI, 25.2, 40.1) at 92-98 days (week 14), VE 27.9% (95% CI, 19.4, 35.5) at 99-105 days (week 15), VE 22.4% (13.0, 30.8) at 106 – 112 day (week 16), VE 16.5% (95% CI, 5.8, 25.9) at 113-119 days(week 17), VE 10.1% (95% CI, -2.2, 20.9) at 120-126 days (week 18), VE 3.2% (95% CI, -11.0, 15.6) at 127 – 133 day (week 19), VE -4.2% (95% CI, -20.9, 10.2) at 134-140 days (week 20), VE -12.1% (95% CI, -31.7, 4.5) at 141 – 147 day (week 21), and VE -20,7% (95% CI, -43.6, -1.5) at 148 to 154 days (week 22), in children age 5 to 11 years against infection. (VOC Omicron)		

39	Castelli	BBIBP-CorV showed after 2nd dose VE 16% (95% CI, 13.2 to 18.6) at least 14 days, VE 37.6% (95% CI, 34.2 to 40.8) at 15-30 days, VE 29.4% (95% CI, 26.2 to 32.4) at 31-45 days, VE 17.6% (95% CI, -14.1 to 20.9) at 45 – 60 day, and VE 2% (95% CI, -1.8 to 5.6) at least 60 days in children age 3 to 11 years against infection. (VOC Omicron, BA.1 sub-lineage) BBIBP-CorV showed after 2nd dose VE 66.9% (95% CI, 6.4 to 89.8) at least 14 days in children age 3 to 11 years against death. (VOC Omicron, BA.1 sub-lineage) mRNA-1273 showed after 2nd dose VE 17.9% (95% CI, 14 to 21.5) at least 14 days in adolescents age 12 to 17 years against infection. (VOC Omicron, BA.1 sub-lineage) BNT162b2 showed after 2nd dose VE 28.1% (95% CI, 25.2 to 30.8) at least 14 days in adolescents age 12 to 17 years against infection. (VOC Omicron, BA.1 sub-lineage)	Moderate	Test-negative design in Argentina among 278,642 children and adolescents aged 3 –17 years, during periods of delta and omicron BA.1 predominance between September 2021 and April 2022 in Argentina (Omicron since 25 December 2021); VE was estimated against infection and death; time and setting for VOC Omicron BA.1. *Included in LES 8.18*

Section 2: excluded studies		
Author	**Reason for exclusion**	**Version of exclusion**
Tang	Did not report the vaccine effectiveness in <18 years	*Excluded in LES 8.1*
Naleway	Did not report results according to vaccine type	*Excluded in LES 8.1*
Chadeau-Hyam round 14	Vaccine effectiveness not reported	*Excluded in LES 8.1*
de Gier	Did not report results according to vaccine type	*Excluded in LES 8.2*
Delahoy	Did not report results according to vaccine type	*Excluded in LES 8.2*
Lin	Did not report the vaccine effectiveness in <18 years	*Excluded in LES 8.2**
McLean	Did not report the vaccine effectiveness in <18 years	*Excluded in LES 8.2*
Amir	Critical risk of bias	*Excluded in LES 8.3*
Chung	Did not report the vaccine effectiveness in <18 years, Did not report results according to vaccine type	*Excluded in LES 8.3**
Fisman	Did not report the vaccine effectiveness in <18 years	*Excluded in LES 8.3*
Lyngse	Did not report results according to vaccine type	*Excluded in LES 8.3*
Prunas	Critical risk of bias	*Excluded in LES 8.3*
Chiew	Critical risk of bias	*Excluded in LES 8.3*

		Included in LES 8.17
Elliot	Critical risk of bias	*Excluded in LES 8.4*
New York State Department of Health	Did not report results according to vaccine type	*Excluded in LES 8.4*
Andeweg	Did not report results according to vaccine type	*Excluded in LES 8.5**
Jalali	Did not report results according to vaccine type	*Excluded in LES 8.5**
Choe	Critical risk of bias	*Excluded in LES 8.6*
Madhi	Did not report the vaccine effectiveness in <18 years	*Excluded in LES 8.6*
De Serres	Did not report results according to vaccine type	*Excluded in LES 8.7*
Nyberg	Did not report results according to vaccine type	*Excluded in LES 8.7*
Hoeg	Clinical outcomes of interest for this LES not reported	*Excluded in LES 8.7*
Levi	Did not report results according to vaccine type	*Excluded in LES 8.7*
Nygaard	Critical risk of bias	*Excluded in LES 8.8*
Chemaitelly 1	Did not report the vaccine effectiveness in <18 years	*Excluded in LES 8.8**
AlHosani	Did not report the vaccine effectiveness in <18 years	*Excluded in LES 8.8*
Ng	Vaccine effectiveness not reported	*Excluded in LES 8.8*
Petrie	Did not report the vaccine effectiveness in <18 years	*Excluded in LES 8.10*
González	Critical risk of bias	*Excluded in LES 8.11**
Carazo	Did not report results according to vaccine type	*Excluded in LES 8.11*
Rennert	Did not report the vaccine effectiveness in <18 years	*Excluded in LES 8.12*
Braeye	Did not report the vaccine effectiveness in <18 years	*Excluded in LES 8.12*
Fano	Did not report the vaccine effectiveness in <18 years	*Excluded in LES 8.13*
Topfner	Vaccine effectiveness not reported	*Excluded in LES 8.13*
Mattiuzzi	Did not report results according to vaccine type	*Excluded in LES 8.13*
Haile	Vaccine effectiveness not reported	*Excluded in LES 8.13*
Andrejko	Did not report the vaccine effectiveness in <18 years	*Excluded in LES 8.13*
Spicer	Did not report results according to vaccine type	*Excluded in LES 8.13*
Husin	Critical risk of bias	*Excluded in LES 8.13*
Lytras	Did not report the vaccine effectiveness in <18 years	*Excluded in LES 8.13*
Shi	Vaccine effectiveness not reported	*Excluded in LES 8.14*
Tonnara	Did not report results according to vaccine type	*Excluded in LES 8.14*
De Lemos	Did not report results according to vaccine type	*Excluded in LES 8.15*
Ziv	Critical risk of bias	*Excluded in LES 8.15*
Westerhof	Vaccine effectiveness not reported	*Excluded in LES 8.16*
Sumner	Did not report results according to vaccine type	*Excluded in LES 8.16*
Lau 1	Vaccine effectiveness not reported	*Excluded in LES 8.16*
Kim	Critical risk of bias	*Excluded in LES 8.16*
Andeweg	Did not report results according to vaccine type	*Excluded in LES 8.16*
Duque	Critical risk of bias	*Excluded in LES 8.17*
Lau	Critical risk of bias	*Excluded in LES 8.17*
Lin 1	Did not report the vaccine effectiveness in <18 years	*Excluded in LES 8.17*
Mallah	Did not report results according to vaccine type	*Excluded in LES 8.17*

Oliveira 1	Critical risk of bias	*Excluded in LES 8.17*
Xu	Did not report the vaccine effectiveness in <18 years	*Excluded in LES 8.17*
Huang	Did not report results according to vaccine type	*Excluded in LES 8.17*
Huang 1	Critical risk of bias	*Excluded in LES 8.18*
Risk	Critical risk of bias	*Excluded in LES 8.18*
Nordström	Did not report results according to vaccine type	*Excluded in LES 8.18*
Mohanty	VOC not prioritized in this version of the LES	*Excluded in LES 8.18*
Carazo 1	Did not report results according to vaccine type	*Excluded in LES 8.18*

* For this studies links have been updated after their exclusion

Appendix 2: Glossary (revised 13 Jan 2022)

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

MIS-C: Multisystem inflammatory syndrome in children

MOD: Moderna

Obs: observational study

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)

VET: vaccine effectiveness against transmission

VOC: variant of concern

VOI: variant of interest

Appendix 3: Data-extraction template (revised 13 Jan 2022)

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
Intervention	Pfizer/Comirnaty [BNT162b2]/Moderna/Spikevax [mRNA-1273]/AstraZeneca/Vaxzevria [ChAdOx1]/Johnson & Johnson [AD26.COV2.S]/Sinovac [CoronaVac]/Sinopharm (Wuhan) [WIV04]/Novavax [NVX-CoV2373]/FBRI [EpiVacCorona]/Bharat Biotech [Covaxin] [BBV152]/Gamaleya [Sputnik V] [Gam-COVID-Vac]
Dose and timing	
Control group	not vaccinated, <7day vaccinated internal control, none, other
Total (N)	number of all study participants
Female	number or %
< 12 years	number or %
≥ 12 years	number or %
Outcomes	outcomes separated by VOC type
Outcomes	confirmed infection/asymptomatic/mild symptomatic/severe symptoms/hospitalized/ICU/death/MIS-C
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 person-days/years	vaccinated vs control
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. https://nextstrain.org/
Outbreak Info. https://outbreak.info/location-reports

Appendix 5: Research question and critical appraisal process (revised 13 Jan 2022)

Review question:

Participants	People aged under 18 years at risk of COVID-19 (usually without but sometimes with previous COVID-19 infection)
Intervention	COVID-19 Vaccine
Comparator	Unvaccinated children and adolescents (*)
Outcomes	PCR-diagnosis of COVID-19 infection; symptomatic disease; hospital/ICU admission; death; transmission; MIS-C

(*) Eligible studies must have a comparison group (unvaccinated; non-immune period; time since vaccination; 2 doses vs 3 doses); before-after studies, where the infection rate in the first 2 weeks after the vaccination are used as control are commonly performed and may be appraised

Key exclusion criteria

Studies that address the question of interest but from which the information of children cannot be separated from that of adults.
Comparison of one vaccine vs another (e.g., relative effectiveness) is not eligible.
Studies reporting only antibody responses are excluded.

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**. Low Risk of Bias indicates High Quality, and Critical Risk of Bias indicates Very Low (insufficient) Quality. 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 serious or critical risk of bias in at least one domain or "serious" in 3 separate ROBINS-I domains.

VE Study Characteristics that may introduce bias	Description
Study design ROBINS-I: Bias in selection of participants into study	In cohort studies, people who get vaccinated may differ in health-seeking behaviour from people who do not get vaccinated; using a test-negative study design minimizes this type of bias 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 vaccination ROBINS-I: Bias in classification of interventions	Questionnaires are prone to recollection bias; Population databases developed for purpose of tracking COVID vaccines minimize this type of bias Examples and typical judgement: ● database linkage study (low) ● Questionnaire with confirmation by an additional method (e.g., registry) of at least a subset of study population (moderate) ● Questionnaire without confirmation by an additional method (serious) ● Estimating vaccination status based on surveillance data alone (critical)
Databases used for retrieval of COVID test results, participant prognostic factors, and clinical outcomes ROBINS-I: Bias in classification of interventions	Databases developed for collecting data on COVID are less prone to bias due to missing information and misclassification Examples and typical judgement: ● database for non-COVID purpose but with individual level data (moderate) ● database for non-COVID purpose without individual level data (serious) ● no or unclear description of database type (critical)
Assignment of infection start date ROBINS-I: Bias in classification of interventions	Using date of symptom onset (if within 10 days of testing) as infection start date reduces risk of misclassification bias (e.g., vaccinated participant who is reported as COVID+ may have been infected prior to receiving the vaccine or during non-immune period) and sensitivity of assays decreases over time 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 symptoms ROBINS-I: Bias in classification of interventions	Prospective, standardized collection of symptoms from patients reduces risk of missing information bias; testing within 10 days after symptom onset reduces risk of false-negative COVID test Examples and typical judgement: ● 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-immune period (first 14 days after first vaccine dose) ROBINS-I: Bias due to confounding	Reported absence of vaccine effect during non-immune period reduces risk of residual confounding bias Example/common case: ● presence of an effect during non-immune period or result not reported (moderate) ● unclear that non-immune period was considered (serious)
Inclusion of participants with prior COVID infection ROBINS-I: Bias due to confounding	Exclusion (or separate analysis) of participants with prior COVID infection reduces concern about differences in infectivity as well as risk-taking and health-seeking behaviour Examples and typical judgement: ● inclusion of prior infection status as a covariate in the models (moderate)

	• previously infected not excluded or analyzed separately (serious)
Accounting for calendar time ROBINS-I: Bias due to confounding (time-varying confounding)	Accounting for calendar time reduces bias due to differences in vaccine accessibility and risk of exposure over time Examples and typical judgement: • use of time-varying statistics without explicit mention of adjustment for calendar time (moderate) • not taken into account but short-time frame (e.g., ≤2 months) (serious) • not taken into account and time frame >2 months (critical)
Adjustment for prognostic factors ROBINS-I: Bias due to confounding	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 Examples and typical judgement: • no or insufficient adjustment for occupation (or number of tests as a surrogate for exposure risk) -exception age>65 or LTCF resident (moderate) • no or insufficient adjustment for socioeconomic factors (or neighborhood or income as a surrogate), race, ethnicity (serious) • no or insufficient adjustment for age (any study population) or chronic medical conditions (LTC)(critical)
Testing frequency 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) Examples and typical judgement: • no systematic screening but consistent methods for detection in one group vs. the other, e.g., within health networks (moderate) • screening performed for a subset of both study groups (serious) • screening performed routinely in one study group but not in the other (critical)

Appendix 6: Detailed description of the narrative summary statement (revised 20 Jun 2022)

We include studies with the following clinical outcomes: prevention of infection, MIS-C, severe disease (as defined by the study investigators), hospitalization, death, and prevention of transmission. These outcomes were selected because they are less susceptible to bias, or they are important for parents and patients. If data are not available for these specific outcomes, but are available for symptomatic infection, data for these additional outcomes are provided temporarily.

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

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

Where a single study provided data, we will provide the **estimate plus 95% confidence interval** 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 that are greater than or equal to 70% with the lower 95% CI ≥ 50%, or range of mean estimates that are greater than or equal to 70% for infection and, mean estimates that are greater than or equal 90% with lower limit of 95% CI ≥ 70%, or range of mean estimates that are greater than or equal to 90% for severe disease (the lowest acceptable limit for vaccine effectiveness as determined by WHO); otherwise "did not reach threshold for protection" will be applied.