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

Weekly Summary Tables: Primary Series Vaccination

Updated February 1, 2024

Prepared by:

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

and

World Health Organization

and

Coalition for Epidemic Preparedness Innovations









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





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

(Detailed methods available on VIEW-hub Resources page: https://view-hub.org/resources)

	1	1 (4		I	OII VIL VV IIGI	1	I page. Intep.	s://view-nub.org/res	Tources,	1	
											Max Duration of
									Primary Series		follow up
					Dominant	History	Vaccine		VE	Days post	after fully
No.	Reference (date)	Country	Design	Population	Variants	of COVID	Product	Outcome Measure	% (95% CI)	Final dose	vaccinated
445	Tamada et al*	Japan	Test-negative	17,080 adults	Omicron BA.1,	Included	BNT162b2 or	Documented infection	12.8 (-11.0-31.7)	14+	~95 weeks
0	(January 29, 2024)	Japan.	case control	≥65 years	BA.2, BA.4/5 ^{††}	o.aaca	mRNA-1273	2 commented in conon	12.0 (12.0 02.7)		JJ Weeks
444	Kassanjee et al	South Africa	Retrospective	2,429,927 adult	Omicron	Included	BNT162b2	Hospitalization or death	19 (7-30)	14+	~59 weeks
	(January 25, 2024)		cohort	public sector	BA.4/5^				51 (33-64)	<3 months	
				healthcare users					-20 (-56-8)	9+ months	
	Note: ~2% of			aged ≥18 years				Hospitalization with	33 (15-47)	14+	
	Ad2.COV2.S and ~6%							severe disease or death	69 (45-82)	<3 months	
	of BNT162b2								6 (-41-38)	9+ months	
	recipients received a							Death	41 (19-58)	14+	
	booster dose.								84 (57-94)	<3 months	
									-4 (-74-37)	9+ months	
							Ad26.COV2.S	Hospitalization or death	22 (1-39)	14+	
									53 (32-67)	<3 months	
									-15 (-61-18)	9+ months	
								Hospitalization with	20 (-19-46)	14+	
								severe disease or death	63 (27-81)	<3 months	
									-12 (-92-35)	9+ months	
								Death	40 (-8-66)	14+	
									84 (49-95)	<3 months	
									-9 (-128-47)	9+ months	
					Omicron		BNT162b2	Hospitalization or death	41 (37-45)	14+	~49 weeks
					BA.1/2^				47 (41-52)	<3 months	
									30 (8-47)	6-8 months	
								Hospitalization with	52 (45-57)	14+	
								severe disease or death	55 (46-63)	<3 months	
									37 (0-60)	6-8 months	
								Death	56 (49-63)	14+	
									61 (49-70)	<3 months	
									44 (0-69)	6-8 months	
							Ad26.COV2.S	Hospitalization or death	33 (24-41)	14+	
									38 (29-46)	<3 months	
									19 (-9-40)	6-8 months	
								Hospitalization with	48 (33-59)	14+	
								severe disease or death	51 (36-62)	<3 months	
									31 (-16-58)	6-8 months	
								Death	49 (31-63)	14+	







No.	Reference (date)	Country	Design	Population	Dominant Variants	History of COVID	Vaccine Product	Outcome Measure	Primary Series VE % (95% CI)	Days post Final dose	Max Duration of follow up after fully vaccinated
									54 (34-67) 33 (-29-65)	<3 months 6-8 months	-
					Delta^		BNT162b2	Hospitalization or death	90 (88-92)	<3 months	~26 weeks
								Hospitalization with severe disease or death	92 (90-94)		
								Death	92 (90-94)		
							Ad26.COV2.S	Hospitalization or death	62 (49-72)		
								Hospitalization with severe disease or death	67 (47-80)		
								Death	64 (35-80)		
443	Molnar et al*	Hungary	Retrospective	1,648 adults	Delta^	Excluded	BNT162b2	Death	84.8 (77.3-89.8)	14-120	~35 weeks
	(January 24, 2023)		cohort	aged 65-100					74.1 (70.3- 77.4)	181-240	
				years with type 2 diabetes			mRNA-1273		80.2 (71.6- 86.3)	181-240	
				mellitus			Sputnik-V		82.5 (74.5- 88.0)	181-240	-
				memus			AZD1222		74.2 (66.9- 80.0) 64.0 (48.1- 75.0)	121-180 181-240	-
							BBIBP-CorV		73.7 (59.9-82.7)	121-180	1
							BBIBF-COIV		47.2 (37.3-55.5)	181-240	-
				8,711 adults			BNT162b2	Documented infection	71.6 (66.3- 76.1)	14-120	-
				aged 65-100			5.11.20202	2 doumented in editor.	50.1 (47.2-52.9)	181-240	1
				years with type			mRNA-1273		70.8 (66.0- 74.9)	181-240	1
				2 diabetes			Sputnik-V		51.9 (46.4- 56.9)	181-240	1
				mellitus			AZD1222		52.6 (48.0- 56.7)	121-180	
									40.7 (30.1- 49.7)	181-240	
							BBIBP-CorV		34.4 (24.5- 43.0)	121-180	
									20.5 (14.6- 26.0)	181-240	1
				2,071 non-			BNT162b2	Death	75.4 (64.6- 82.9)	14-120	
				diabetic adults			D114 4070		75.2 (70.6- 79.1)	181-240	
				aged 65-100 years			mRNA-1273		83.0 (72.5- 89.5)	181-240	-
				years			Sputnik-V AZD1222	_	80.6 (72.7- 86.2)	181-240 121-180	-
							AZDIZZZ		78.5 (70.4- 84.3) 66.2 (48.4- 77.9)	181-240	1
							BBIBP-CorV	_	58.5 (41.0- 70.8)	121-180	1
							BBIBI COIV		47.5 (36.7- 56.4)	181-240	-
				15,456 non-	1		BNT162b2	Documented infection	64.5 (59.2- 69.2)	14-120	1
				diabetic adults					38.8 (35.5- 41.9)	181-240	1
				aged 65-100			mRNA-1273	1	62.1 (56.6- 66.9)	181-240	1
				years			Sputnik-V		29.0 (23.9- 33.9)	181-240	1
							AZD1222		45.0 (40.5- 49.2)	121-180]
									32.6 (22.2- 41.5)	181-240]
							BBIBP-CorV		17.2 (8.3- 25.2)	121-180	







No.	Reference (date)	Country	Design	Population	Dominant Variants	History of COVID	Vaccine Product	Outcome Measure	Primary Series VE % (95% CI)	Days post Final dose	Max Duration of follow up after fully vaccinated
									1.4 (-4.4- 7.0)	181-240	
				552 adults aged			BNT162b2	Death	88.7 (76.0; 94.7)	14-120	
				45-64 years					77.0 (68.3; 83.3)	181-240	
				with type 2			mRNA-1273		75.7 (52.8; 87.5)	181-240	
				diabetes			Sputnik-V		81.8 (70.6; 88.7)	181-240	
				mellitus			AZD1222		85.3 (76.4; 90.9)	121-180	
									70.5 (53.1; 81.4)	181-240	
							BBIBP-CorV		51.7 (22.8; 69.8)	121-180	
									60.0 (38.8; 73.8)	181-240	
				9,338 adults			BNT162b2	Documented infection	75.7 (70.9; 79.7)	14-120	
				aged 45-64					45.9 (41.8; 49.7)	181-240	
				years with type			mRNA-1273		61.1 (54.3; 66.8)	181-240	
				2 diabetes mellitus			Sputnik-V	_	40.8 (35.7; 45.5)	181-240	
				meilitus			AZD1222		48.0 (43.8; 51.8)	121-180	
								_	26.8 (20.0; 33.0)	181-240	
							BBIBP-CorV		30.1 (21.8; 37.6)	121-180	
									20.5 (12.3; 27.8)	181-240	
				1,107 non-			BNT162b2	Death	88.4 (77.6; 94.0)	14-120	
				diabetic adults			DAIA 4070		88.3 (82.4; 92.2)	181-240	
				aged 45-64			mRNA-1273		91.2 (76.6; 96.7)	181-240	
				years			Sputnik-V		85.0 (79.0; 89.2)	181-240	-
							AZD1222		86.6 (78.3; 91.7)	121-180	-
							DDIDD C- M		64.9 (39.3; 79.7)	181-240	
							BBIBP-CorV		73.0 (57.4; 82.9)	121-180	
				76 527			DAIT4 COLO	December 11 of out to	60.2 (43.7; 71.9)	181-240	
				76,527 non- diabetic adults			BNT162b2	Documented infection	71.2 (69.0; 73.2) 17.7 (15.0; 20.4)	14-120 181-240	-
				aged 45-64			mRNA-1273	4		181-240	4
				years			Sputnik-V	-	48.6 (44.9; 51.9)		
				, 5013			AZD1222	+	7.9 (5.2; 10.5) 26.0 (23.3; 28.6)	181-240 121-180	1
							AZDIZZZ		-14.1 (-20.5; -8.1)	181-240	1
							BBIBP-CorV	+	7.8 (4.1; 11.3)	121-180	1
							BBIBF-COIV		-10.4 (-15.2; -5.9)	181-240	+
442	Bøås et al*	Norway	Retrospective	188,022	Omicron	Previously	BNT162b2 or	Documented infection	60 (58-62)	7-179	~53 weeks
442	(January 15, 2024)	Notway	cohort	individuals with	BA.1 [^]	infected	mRNA-1273	Documented infection			- 33 WEEKS
	(January 15, 2024)		CONOC	prior infection	5,41	only	111111111111111111111111111111111111111		63 (59-68)	180+	
				(all ages)			(Note: A small				
				53,066	Delta^		proportion of		65 (48-76)	7-179	~46 weeks
				individuals with			participants		15 (-37-47)	180+	1
				prior infection (all ages)			received		, ,		







No.	Reference (date)	Country	Design	Population 59,683	Dominant Variants Alpha^	History of COVID	Vaccine Product AZD1222 or	Outcome Measure	Primary Series VE % (95% CI) 60 (-78-91)	Days post Final dose 7-179	Max Duration of follow up after fully vaccinated ~23.5 weeks
				individuals with prior infection (all ages)			Ad26.COV2.S)		` '		
441	Poukka et al* (January 10, 2024)	Denmark, Finland, Norway,	Retrospective cohort / target trial	1,938,589 adolescents aged 12-17	Omicron BA.1, BA.2, BA.4, BA.5^	Included	BNT162b2	Hospitalization with a COVID-19-related diagnosis	70.4 (46.3-94.5)	14-180	24 weeks
		Sweden	emulation	years			mRNA-1273	Documented infection Hospitalization with a COVID-19-related diagnosis	25.1 (8.9-41.3) 80.2 (34.5-100)	_	
							Any mRNA	Documented infection Hospitalization with a COVID-19-related diagnosis	15.7 (-24.7-56.0) 85.5 (65.1-100)		
								Documented infection	22 (-9.3-53.4)		
					Delta and Omicron BA.1, BA.2, BA.4,		BNT162b2	Hospitalization with a COVID-19-related diagnosis	72.6 (62.5-82.7) 65.6 (55.4-75.8)	14-180 14-365	24 weeks 50 weeks
					BA.5^			Documented infection	22.2 (4.5-39.8)	14-180	24 weeks
									20 (3.5-36.6)	14-365	50 weeks
							mRNA-1273	Hospitalization with a COVID-19-related diagnosis	86 (56.8-100) 91 (72.6-100)	14-180 14-365	24 weeks 50 weeks
								Documented infection	3.6 (-37-44.1)	14-180	24 weeks
									3.3 (-33.3-40)	14-365	50 weeks
							Any mRNA	Hospitalization with a	80.7 (58-100)	14-180	24 weeks
								COVID-19-related diagnosis	82.5 (63.6-100)	14-365	50 weeks
								Documented infection	27.8 (-1.1-56.7)	14-180	24 weeks
440	V= =4 =1*	China	Task sassaki	44 622	Ominum	la alcala d	Cananalia	Compatanatia dia 201	27.3 (0.5-54.1)	14-365	50 weeks
440	Ye et al* (December 14, 2023)	China	Test-negative case-control	44,632 cases and test- negative	Omicron BA.2^	Included	CoronaVac	Symptomatic disease	14 (-11-33)	28+	~61 weeks
				contacts 3 years and older, outbreak setting			BBIBP-CorV		20 (-10-43)		~66 weeks
439	Birk et al*	Denmark	Retrospective	127,249	Delta, Omicron	Excluded	BNT162b2	Documented infection	96.2 (95.4-96.9)	0-56	~24 weeks
	(December 29, 2023)		cohort	adolescents	BA.1^			(12-15 y)	5.8 (4.6-7)	57-182	
				aged 12-18 y				Documented infection (16-18 y)	95.5 (94.8-96.1) 9.2 (7.7-10.6)	0-56 57-182	







No.	Reference (date)	Country	Design	Population	Dominant Variants	History of COVID	Vaccine Product	Outcome Measure	Primary Series VE % (95% CI)	Days post Final dose	Max Duration of follow up after fully vaccinated
438	Cheng et al*	Hong Kong SAR	Retrospective cohort	19,626 patients with chronic	Omicron BA.2 [^]	Excluded	BNT162b2	Documented infection	35 (31-39)	14+	~51 weeks
	(December 26, 2023)	SAK	Conort	kidney disease aged ≥18 years	BA.Z^			Hospitalization	66 (62-80)		
				37,615 patients with chronic			CoronaVac	Documented infection	29 (26-32)		
				kidney disease aged ≥18 years				Hospitalization	63 (60-66)		
437	Arashiro et al*	Japan	Retrospective	179 patients	Delta^	Included	Any mRNA	Severe disease requiring	95.2 (88.7–98.0)	14-180	~24 weeks
	(December 19, 2023)		cohort	aged ≥16 years				oxygen therapy		(median 76)	
								Severe disease requiring mechanical ventilation	99.6 (97.3–99.9)	14-180 (median 83)	
								Fatal disease	98.6 (92.3–99.7)	14-180 (median 83)	
								Severe disease requiring	95.5 (89.3–98.1)	14-180	
								oxygen therapy with		(median 79)	
				471 potionts	Omicron BA.1,			respiratory failure	27.0 / 50.0. 72.7)	14-180	~65 weeks
				471 patients aged ≥16 years	BA.2 [^]			Severe disease requiring oxygen therapy	37.0 (-50.9–73.7)	(median 155)	165 weeks
				ugeu 110 yeurs	57112			oxygen therapy	47.9 (-2.1–73.4)	>180	
										(median 218)	
								Severe disease requiring	73.7 (-30.6–94.7)	14-180	
								mechanical ventilation	82.7 (37.1–95.3)	(median 149) >180	
									62.7 (37.1–93.3)	(median 215)	
								Fatal disease	43.1 (-213.4–89.7)	14-180	
									, ,	(median 139)	
									59.5 (-41.9–88.4)	>180	
								0 11	44.4.4.2.0.75.5	(median 216)	
								Severe disease requiring oxygen therapy with	41.1 (-43.9–75.9)	14-180 (median 155)	
								respiratory failure	50.2 (1.1–75.0)	>180	
								. sapinatory randra	30.2 (1.1 73.0)	(median 218)	
436	Qin et al*	Hong Kong	Retrospective	216,370 adults	Delta, Omicron	Excluded	CoronaVac	Hospitalization	18 (6-23)	0+	~88 weeks
	(December 12, 2023)	SAR	cohort	(18+ y) with	BA.2, BA.5 ^{††}			Severe disease	29 (12-43)]	
				COPD or asthma				Death	77 (74-80)		
							BNT162b2	Hospitalization	33 (30-37)		~87 weeks
								Severe disease	57 (45-66)		
425	Description *	NA. Itis Is	Took no setime	E141 odulta	Omigray DA 6	In alucia al	BNT162b2	Death Useritalization with	92 (91-94)	150.	×70
435	Rose et al* (November 23, 2023)	Multiple (Europe)	Test-negative case control	5141 adults (aged 20+ y)	Omicron BA.1, BA.2^, BA.5 ^{††}	Included		Hospitalization with SARI	49 (34-60)	150+	~78 weeks
	(11040111001 23, 2023)	(Europe)	case control	(agea 201 y)	DAIZ , DAISH		mRNA-1273	571111	50 (14-71)		~75 weeks







No.	Reference (date)	Country	Design	Population	Dominant Variants	History of COVID	Vaccine Product	Outcome Measure	Primary Series VE % (95% CI)	Days post Final dose	Max Duration of follow up after fully vaccinated
				hospitalized with SARI in 10 European countries			AZD1222		30 (-10-56)		~71 weeks
434	Rose et al* (November 23, 2023)	Multiple (Europe)	Test-negative case control	4736 adults (aged 20+ y)	Delta^	Included	BNT162b2	Hospitalization with SARI	82 (77-86) 54 (18-74)	14+ 150+	~47 weeks
				hospitalized with SARI in 9 European			AZD1222 Ad26.COV2.S mRNA-1273		69 (57-78) 60 (37-75) 89 (81-94)	14+	~40 weeks ~33 weeks ~44 weeks
				countries	Alpha^	-	BNT162b2		85 (69-92)	14+	~19 weeks
433	Szekanecz et al* (November 2, 2023)	Hungary	Retrospective cohort	263,116 immunocompro	Delta^	Excluded	BNT162b2	Documented infection	73 (68.8-76.7) 38.7 (35.1-42.1)	14-120 181-240	~32 weeks
				mised adults (18-84 y)		Included		Death	53 (7.7-76.1) 51.1 (33.3-64.1)	14-120 181-240	<u>-</u> -
				6,128,518 non- immunocompro		Excluded		Documented infection	68.1 (66.8-69.3) 16.1 (14.2-17.9)	14-120 181-240	
				mised adults (18-84 y)		Included		Death	74.9 (64.6-82.2) 80.8 (76.6-84.2)	14-120 181-240	
432	Culpan et al* (November 15, 2023)	Turkey	Retrospective cohort	3009 healthcare workers at a hospital in Istanbul	Delta^	Excluded	BNT162b2 CoronaVac	Documented infection	82.3 (68-90.2) 21 (-20.7-48.3)	14+	~30 weeks ~42 weeks
431	Goh et al* (November 10, 2023)	Singapore	Retrospective cohort	7292 infants born to parents who had a	Omicron XBB^, XBB.1.5 ^{††}	Included (refers to mothers)	Any mRNA before pregnancy	Documented infection in infants	60.7 (-56.6-90.1)	14+	~126 weeks
				SARS-CoV-2 infection after their birth and			Any mRNA during pregnancy		73 (-30.6-94.4)		~63 weeks
				before 6 months of age	Omicron BA.2, BA.5, XBB^, XBB.1.5 ^{††}		Any mRNA before pregnancy		18.3 (-14.6-41.8)		~126 weeks
							Any mRNA during pregnancy		37.6 (17.2-53.1)		~63 weeks
430	Razafimandimby et al* (October 30, 2023)	Canada	Test-negative case control	40,330 children aged 5-11 years	Omicron BA.1, BA.2, BA.4/5^	Excluded	BNT162b2	Any infection	20 (13-26) 42 (35-49) 2 (-7-11)	14+ 14-55 56-385	~54 weeks
								Any infection, 21-55 days in between doses	10 (-2-21)	14+	







No.	Reference (date)	Country	Design	Population	Dominant Variants	History of COVID	Vaccine Product	Outcome Measure	Primary Series VE % (95% CI)	Days post Final dose	Max Duration of follow up after fully vaccinated
								Any infection, 84-362 days in between doses	39 (20-55)	14+	
								Symptomatic disease	47 (40-54)	14+	-
								(ambulatory centers)	68 (62-74)	14-55	
									25 (11-36)	56-385	
								Symptomatic disease (ambulatory centers), 21-55 days in between doses	48 (36-57)	14+	
								Symptomatic disease (ambulatory centers), 84 -362 days in between doses	45 (10-68)	14+	
								Symptomatic disease	42 (30-52)	14+	
								(Acute care hospitals)	41 (17-59)	14-55	
									42 (29-53)	56-385	
								Symptomatic disease (Acute care hospitals), 21-55 days in between doses	18 (-17-44)	14+	
								Symptomatic disease (Acute care hospitals), 84-362 days in between doses	69 (43-86)	14+	
					Omicron			Any infection	40 (31-47)	14+	~13 weeks
					BA.1^			Symptomatic disease (ambulatory centers)	70 (63-76)		
								Symptomatic disease (Acute care hospitals)	27 (-13-53)		
					Omicron			Any infection	14 (0-26)		~25 weeks
					BA.2^			Symptomatic disease (ambulatory centers)	32 (13-47)		
								Symptomatic disease (Acute care hospitals)	47 (26-62)		
					Omicron			Any infection	-5 (-22-9)		~54 weeks
					BA.4/5^			Symptomatic disease (ambulatory centers)	-15 (-55-14)		
								Symptomatic disease (Acute care hospitals)	38 (18-54)		
429	Tartof et al*	USA	Test-negative		Omicron	Included	Any mRNA	Severe disease	29 (-7-53)	14+	~116 weeks
	(October 25, 2023)		case control		BA.4/5, XBB^,			Hospitalization	27 (13-39)		







No.	Reference (date)	Country	Design	Population	Dominant Variants	History of COVID	Vaccine Product	Outcome Measure	Primary Series VE % (95% CI)	Days post Final dose	Max Duration of follow up after fully vaccinated
				123,419	XBB.1.5,			ED/UC visit	18 (12-24)		
				individuals aged ≥18 years	XBB.1.16 ^{††}			Outpatient visit	14 (6-21)		
428	Yiu et al* (October 10, 2023)	Hong Kong SAR	Case control	13,849 cases and 127,793	Omicron BA.2^	Excluded	BNT162b2	Hospitalization due to COVID-19	71.1 (68-73.9)	14+	~70 weeks
				controls among adults (aged 18+				Death	86.1 (80.5-90.1)		
				y) with a diagnosed			CoronaVac	Hospitalization due to COVID-19	46.1 (42.7-49.3)		~71 weeks
				mental disorder				Death	59.5 (53.7-64.6)		
427	Lee et al*	Canada	Test-negative	54,994 adults	Omicron	No prior	Any mRNA	Severe disease	80 (78-83)	3 months	~47 weeks
	(November 24, 2023)		case control	aged ≥50 years	BA.1/BA.2^	infection			80 (77-82)	15 months	
	[Update to August 25,			29,362 adults	Omicron]			43 (19-60)	3 months	~65 weeks
	2023 preprint]			≥50 years	BA.4/5^				49 (41-56)	15 months	
				24,948 adults	Omicron				25 (-61-65)	3 months	~80 weeks
	*3.2% received AZ+mRNA as their			≥50 years	BQ/XBB^				31 (17-43)	15 months	
426	primary series	A A series	Tool or only	20.274	Dalla A	E al alad	BNT162b2	C	74.2 (70.5.77.6)	100	~33 weeks
426	Hernandez-Avila et al* (October 19, 2023)	Mexico	Test-negative case control	28,271 pensioners aged	Delta^	Excluded	RIV110202	Symptomatic infection	74.3 (70.5-77.6) 66.9 (62.7-70.7)	≤90 ≥141	-33 weeks
	(October 19, 2023)		case control	65+ years				Hospitalization due to	87.5 (84.9-89.7)	≤90	-
				os: years				ARI	80.5 (77.4-83.2)	≥141	1
								Severe disease	90.4 (87.8- 92.4)	≤90	1
									85.3 (82.3- 87.8)	≥141	1
								Death	90.3 (87.7- 92.4)	≤90	1
									85.7 (82.8-88.2)	≥141	1
							AZD1222	Symptomatic infection	61.2 (56.9-65.1)	≤90	1
									51.8 (43.5-58.8)	≥141	
								Hospitalization due to	81.1 (78.4-83.5)	≤90	
								ARI	70.5 (64.2-75.8)	≥141	
								Severe disease	85.3 (82.8-87.5)	≤90	
									73.5 (66.5-79.1)	≥141	_
								Death	85.4 (82.9-87.6)	≤90	4
							C	6	73.6 (66.6-79.2)	≥141	4
							CoronaVac	Symptomatic infection	47 (39.6-53.5)	≤90	1
								Hospitalization due to	34.9 (26.2-42.6) 69.8 (64.5-74.2)	≥141 ≤90	4
								ARI	57.8 (51-63.6)		1
		l		I		i	l	ZINI	37.0 (31-03.0)		_1
								Severe disease	75.4 (70.3-79.7)	≤90	







No.	Reference (date)	Country	Design	Population	Dominant Variants	History of COVID	Vaccine Product	Outcome Measure	Primary Series VE % (95% CI)	Days post Final dose	Max Duration of follow up after fully vaccinated
								Death	75.6 (70.5-79.8)	≤90	
									59.2 (51.6-65.5)	≥141	
							Ad5-nCoV	Symptomatic infection	29 (5.3-46.7)	≤90	
									43.6 (32.1-53.1)	≥141	
								Hospitalization due to	58.2 (39-71.3)	≤90	
								ARI	58.8 (48.7-66.9)	≥141	
								Severe disease	69.4 (50.6-81)	≤90	1
									63.8 (53.2-72)	≥141	1
								Death	69.1 (50-80.8)	≤90	1
									64.1 (53.6-72.3)	≥141	1
							Sputnik V	Symptomatic infection	68.5 (59.5-75.5)	≤90	1
									75.5 (69.1-80.6)	≥141	1
								Hospitalization due to	90.4 (85.5-93.7)	≤90	1
								ARI	87.1 (82.2-90.6)	≥141	1
								Severe disease	94.8 (90.5-97.2)	≤90	1
									91.8 (87.3-94.7)	≥141	1
								Death	95.2 (91-94.7)	≤90	
									91.8 (87.3-94.7)	≥141	1
425	Wee et al*	Singapore	Retrospective	121,628	Omicron XBB^	Excluded	mRNA-1273	Documented infection	62.2 (38.8-76.6)	7-128	~29 weeks
	(October 16, 2023)		cohort	children aged 1- 4 years							
424	Chemaitelly et al* (October 4, 2023)	Qatar	Retrospective cohort	56,802 matched pairs of	Omicron BA.2, BA.4/5,	All previously	Any mRNA	Documented infection	57 (51-61)	90+	~85 weeks
				individuals (all ages) with prior infection	BA.2.75^	infected with Omicron					
423	Patel et al* (September 29,2023)	USA	Test-negative case control	individuals (all ages) with prior	Omicron BA.1, BA.2, BA.5 ^{††}	with	Any mRNA	ED/UC encounters in persons with any disability	45 (36-52)	14+	~82 weeks
423		USA	Test-negative	individuals (all ages) with prior infection 28,020 encounters	Omicron BA.1,	with Omicron	Any mRNA	persons with any	45 (36-52) 45 (38-52)	14+	~82 weeks
423		USA	Test-negative	individuals (all ages) with prior infection 28,020 encounters among patients with any disability and	Omicron BA.1,	with Omicron	Any mRNA	persons with any disability		14+	~82 weeks
423		USA	Test-negative	individuals (all ages) with prior infection 28,020 encounters among patients with any	Omicron BA.1,	with Omicron	Any mRNA	persons with any disability Hospitalization in persons with any disability	45 (38-52)	14+	~82 weeks
423		USA	Test-negative	individuals (all ages) with prior infection 28,020 encounters among patients with any disability and 632,714 encounters	Omicron BA.1,	with Omicron	Any mRNA	persons with any disability Hospitalization in persons with any		14+	~82 weeks
423		USA	Test-negative	individuals (all ages) with prior infection 28,020 encounters among patients with any disability and 632,714 encounters among patients among patients	Omicron BA.1,	with Omicron	Any mRNA	persons with any disability Hospitalization in persons with any disability ED/UC encounters in persons with no	45 (38-52)	14+	~82 weeks
423		USA	Test-negative	individuals (all ages) with prior infection 28,020 encounters among patients with any disability and 632,714 encounters among patients without a	Omicron BA.1,	with Omicron	Any mRNA	persons with any disability Hospitalization in persons with any disability ED/UC encounters in persons with no disability	45 (38-52) 31 (29-32)	14+	~82 weeks
423		USA	Test-negative	individuals (all ages) with prior infection 28,020 encounters among patients with any disability and 632,714 encounters among patients without a disability aged	Omicron BA.1,	with Omicron	Any mRNA	persons with any disability Hospitalization in persons with any disability ED/UC encounters in persons with no disability Hospitalization in	45 (38-52)	14+	~82 weeks
423		USA	Test-negative	individuals (all ages) with prior infection 28,020 encounters among patients with any disability and 632,714 encounters among patients without a	Omicron BA.1,	with Omicron	Any mRNA	persons with any disability Hospitalization in persons with any disability ED/UC encounters in persons with no disability Hospitalization in persons with no	45 (38-52) 31 (29-32)	14+	~82 weeks
423		USA	Test-negative	individuals (all ages) with prior infection 28,020 encounters among patients with any disability and 632,714 encounters among patients without a disability aged	Omicron BA.1, BA.2, BA.5 ^{††}	with Omicron	Any mRNA	persons with any disability Hospitalization in persons with any disability ED/UC encounters in persons with no disability Hospitalization in persons with no disability	45 (38-52) 31 (29-32) 45 (43-48)	-	
423		USA	Test-negative	individuals (all ages) with prior infection 28,020 encounters among patients with any disability and 632,714 encounters among patients without a disability aged	Omicron BA.1,	with Omicron	Any mRNA	persons with any disability Hospitalization in persons with any disability ED/UC encounters in persons with no disability Hospitalization in persons with no disability ED/UC encounters in	45 (38-52) 31 (29-32)	14+	~82 weeks
423		USA	Test-negative	individuals (all ages) with prior infection 28,020 encounters among patients with any disability and 632,714 encounters among patients without a disability aged	Omicron BA.1, BA.2, BA.5 ^{††}	with Omicron	Any mRNA	persons with any disability Hospitalization in persons with any disability ED/UC encounters in persons with no disability Hospitalization in persons with no disability	45 (38-52) 31 (29-32) 45 (43-48)	-	







No.	Reference (date)	Country	Design	Population	Dominant Variants	History of COVID	Vaccine Product	Outcome Measure	Primary Series VE % (95% CI)	Days post Final dose	Max Duration of follow up after fully vaccinated
								Hospitalization in persons with any disability	79 (76-83)		
								ED/UC encounters in persons with no disability	82 (82-83)		
								Hospitalization in persons with no disability	87 (86-87)		
422	Mimura et al*	Japan	Retrospective	203,574	Delta^	Excluded	BNT162b2	Documented infection	78.1 (65.2-87.8)	7+	~22 weeks
	(September 23, 2023)		cohort	matched pairs				Symptomatic disease	79.1 (64.6-88.9)		
				of adults aged 65+				Hospitalization	93.5 (83.7-100)		
421	Tartof et al* (September 15, 2023)	USA	Test-negative case control	24,261 young children aged 6 months - 4	Omicron BA.4/5, BQ.1, XBB^	Included	BNT162b2 (3- dose primary series, pediatric	Emergency Dept (ED) or Urgent Care (UC) encounter	10 (-40-42)	14+	~35 weeks
				years with ARI			dose)	Other outpatient encounter	21 (-41-56)		
420	<u>Irala et al</u> *	Paraguay	Test-negative	4,229 patinets	Omicron	Included	Any mRNA	Hospitalization due to	45.3 (5.8–68.7)	14+	~52 weeks
	(September 15,2023)		case control	aged ≥5 years	BA.1^		AZD1222	severe acute respiratory	10.0 (-31.3–38.2)		
							Sputnik V	infection (SARI)	25.4 (-30.2–57.5)		
							BBIBP-CorV		42.3 (-2.0–67.6)		
					Delta^	-	Covaxin		13.0 (-46.1–48.0) 90.4 (74.3–97.3)		~37 weeks
					Deitan		Any mRNA AZD1222		83.2 (67.8–91.9)	-	37 weeks
							Sputnik V		82.9 (53.0–95.2)	-	
							BBIBP-CorV		29.7 (-42.6–67.3)		
							Covaxin		24.9 (-36.9–59.8)		
419	Chen et al	UK	Nested test-	583,541	Alpha, Delta,	Included	BNT162b2	Hospitalization	77 (63-86)	14-41	~50 weeks
	(September 14,2023)		negative case	patients with	Omicron				49 (13-70)	182-272	
			control	immunocompro	BA.1^		AZD1222	1	43 (-9-70)	14-41	
				mising conditions					31 (-33- 64)	42-97	
418	Paternina-Caicedo et	Colombia	Test-negative	275,504	Omicron	Included	AZD1222	Symptomatic disease	36 (24-47)	14-44	~43 weeks
	<u>al</u> *		case control	individuals aged	BA.1 ^{††}				-8 (-34-13)	≥165	-
	(September 9, 2023)			18+			Canadalla	Hospitalization	10 (-78-55)	14+	ov4.C
							CoronaVac	Symptomatic disease	37 (8-56)	14-44	~46 weeks
								Hospitalization	-36 (-48-24) 7 (-41-38)	≥165 14+	-
							BNT162b2	Symptomatic disease	59 (45-70)	14-44	~47 weeks
							DIVITUZUZ	1 Symptomatic disease	JJ (4J-70)	14-44	- / WCCV2







No.	Reference (date)	Country	Design	Population	Dominant Variants	History of COVID	Vaccine Product	Outcome Measure	Primary Series VE % (95% CI)	Days post Final dose	Max Duration of follow up after fully vaccinated
								Hospitalization	45 (1-70)	14+	
							mRNA-1273	Symptomatic disease	65 (54-74)	14-44	~25 weeks
									-22 (-639-80)	≥165	
								Hospitalization	95 (54-99)	14+	
							Ad26.COV2.S	Symptomatic disease	34 (11-51)	14-44	~33 weeks
								Hannitalination	-29 (-4317) -5 (-158-57)	≥165 14+	-
					Delta^	Excluded	AZD1222	Hospitalization Symptomatic disease	-5 (-158-57)	14-44	~32 weeks
					Deitan	Excluded	AZD1ZZZ	Symptomatic disease	54 (-177-92)	14-44 ≥165	32 weeks
								Hospitalization	71 (27-89)	14+	
							CoronaVac	Symptomatic disease	31 (10-47)	14-44	~35 weeks
							Coronavac	Symptomatic discuse	34 (18-47)	≥165	J WCCKS
								Hospitalization	63 (35-79)	14+	
							BNT162b2	Symptomatic disease	10 (-20-33)	14-44	~36 weeks
							' '	62 (57-67)	≥165		
						Hospitalization	91 (79-96)	14+			
					mRNA-1273	Symptomatic disease	52 (41-61)	14-44	~14 weeks		
									89 (-8-99)	105-134	
							Ad26.COV2.S	Symptomatic disease	7 (-19-27)	14-44	~22 weeks
									70 (-5-92)	≥165	
								Hospitalization	73 (23-91)	14+	
					Mu^	Excluded	AZD1222	Symptomatic disease	62 (26-81)	14-44	~14 weeks
								Hospitalization	-57 (-1646-86)	14+	
							CoronaVac	Symptomatic disease	56 (46-65)	14-44	~18 weeks
									59 (-385-97)	≥165	
							DAUTA COL O	Hospitalization	68 (24-86)	14+	
							BNT162b2	Symptomatic disease	67 (61-72)	14-44	~19 weeks
								Hospitalization	77 (53-89) 88 (59-96)	≥165 14+	
							Ad26.COV2.S	Symptomatic disease	50 (33-63)	14-44	~5 weeks
417	Copland et al	UK	Nested case	81,793 patients	Alpha, Delta,	Included	BNT162b2	Hospitalization	72 (18-89)	14-44	~65 weeks
71/	(September 7, 2023)		control	(aged 12+ y)	Omicron	included	514110202	1103pitalization	-46 (-130-7)	182+	_ OJ WEEKS
	(== ===================================			with blood	BA.1^			Death	64 (-3-87)	42-97	
				cancer in					-52 (-176-17)	182+	
				England			AZD1222	Hospitalization	15 (-77-59)	14-41	~56 weeks
		Engrand				,	6 (-47-39)	182+			
								Death	-13 (-188-55)	42-97	
									-100 (-283 to -4)	182+	
				12,177,241	1		BNT162b2	Hospitalization	61 (56-66)	14-41	~65 weeks
				individuals					-38 (-48 to -29)	182+	
								Death	80 (73-85)	14-41	







No.	Reference (date)	Country	Design	Population (aged 12+ y) in	Dominant Variants	History of COVID	Vaccine Product	Outcome Measure	Primary Series VE % (95% CI) -97 (-127 to -72)	Days post Final dose	Max Duration of follow up after fully vaccinated
				England			AZD1222	Hospitalization	66 (61-70)	14-41	~56 weeks
								'	-22 (-31 to -13)	182+	1
								Death	62 (43-75)	14-41	
									-74 (-101 to -50)	182+	
416	Ogilvie et al	USA	Retrospective	827,149	Omicron BA.1,	Excluded if	BNT162b2	Documented infection	9 (-1-19)	14+	~69 weeks
	(September 8, 2023)		cohort	children aged 5- 17 years	BA.2 ^{††}	COVID-19 diagnosis ≤		Hospitalization or ED visit	13 (-39-46)		
					Delta^	30 days		Documented infection	61 (59-64)	14+	~47 weeks
								Hospitalization or ED visit	78 (71-83)		
					Non-VOC,			Documented infection	61 (52-68)	14+	~17 weeks
					Alpha^			Hospitalization or ED visit	65 (4-87)		
415	Zerbo et al*	USA	Test-negative	57,688 pregnant	Omicron	Excluded	Any mRNA	Documented infection	22 (-7- 44)	<150	~80 weeks
	(August 25, 2023)		case control	females aged	BA.1 ^{††}				29 (-2- 50)	≥150	
				16-49 years	Omicron BA.2,				12 (-48-59)	<150	~55 weeks
					BA.4/5 ^{††}				-55 (-796)	≥150	
					Delta^				77 (69-82)	<150	~42 weeks
			Retrospective		Omicron	_			66 (49-77) 14 (-5-30)	≥150 <150	~80 weeks
			cohort		BA.1 ^{††}				10 (-17-33)	<150 ≥150	80 weeks
			COHOIC		Omicron BA.2,	-			-16 (-60-43)	<150	~55 weeks
					BA.4/5 ^{††}				-33 (-65-24)	≥150	33 Weeks
					Delta^	-			78 (72-83)	< 150	~42 weeks
					Delta				68 (52-78)	≥150	12 Weeks
414	Link-Gelles et al*	USA	Test-negative	84,899 children	Omicron	Included	BNT162b2	Emergency department	37 (19-51)	14+	~44 weeks
	(August 18, 2023)		case control	aged ≥6 months	BA.4/BA.5^			and urgent care	46 (22-62)	14-59	
				to 4 years				encounters	27 (-2-47)	≥60	
				74,608 children			mRNA-1273		29 (12 -42)	14+	
				aged ≥6 months					46 (17-64)	14-59	
				to 5 years					21 (-1-38)	≥60	
413	Whitaker et al*	United	Retrospective	3,376,300	Delta^	Included	AZD1222	Death	89.9 (86.1-92.6)	14-69	~44 weeks
	(August 12, 2023)	Kingdom	cohort						72.3 (67.6-76.4)	182+	
							BNT162b2	Death	95.5 (91.8-97.5)	14-69	~47 weeks
				non-risk groups					81.7 (78.7-84.3)	182+	
							AZD1222	Hospitalization	92.5 (91.7-93.2)	14-69	~44 weeks
									68.7 (66.3-71.0)	182+	







No.	Reference (date)	Country	Design	Population	Dominant Variants	History of COVID	Vaccine Product	Outcome Measure Hospitalization: immunsuprressed	Primary Series VE % (95% CI) 76.6 (66.9-83.4)	Days post Final dose 14-69	Max Duration of follow up after fully vaccinated
								·	62.1 (51.4-70.5)	182+	
							BNT162b2	Hospitalization	96.0 (95.1-96.7) 82.9 (81.4-84.2)	14-69 182+	~47 weeks
								Hospitalization: immunsuprressed	86.7 (76.8-92.4)	14-69	
								·	72.1 (64.1-78.3)	182+	
412	Franchi et al* (August 1, 2023)	Italy	Nested case control	9335 matched pairs of	Omicron BA.1, BA.2 ^{††}	Excluded	Any mRNA	Documented infection	18 (13-23)	14+	~72 weeks
				individuals ≥ 12 years of age in the Lombardy region	Delta^				81 (65-89)		~43 weeks
411	Rosa et al*	Brazil	Test-negative	4,547	Omicron BA.1,	Included	BNT162b2	Symptomatic disease	46.7 (19.9-64.6)	7+	~70 weeks
	(July 26,2023)		case control	individuals from Toledo region	BA.2^				77.7 (54.8-89.4) 22.5 (-55.2-61.3)	7-29 ≥180	-
	*comparative VE (reference group =			aged ≥12 years	Omicron BA.1 [^]				58.2 (27.7-76)	7+	
	receipt of other primary series				Omicron BA.2^				51.5 (-82.5-69.4)		
	vaccines noted rather than unvaccinated				Omicron BA.1, BA.2^		BNT162b2 vs. AZD1222*		25 (5-41)	•	
	persons)						BNT162b2 vs. CoronaVac*		33 (8-51)		
							BNT162b2 vs. Ad26.COV2.S*		14 (-52-51)	•	
410	Liu et al* (July 29, 2023)	Australia	Retrospective cohort	5923 adults (18+ y) residing	Omicron BA.1, BA.2^	Excluded	mRNA-1273 vs. BNT162b2	Documented infection	-3 (-30-18)*	14-63	7 weeks
	comparative VE			in the Greater Sydney and			AZD1222 vs. BNT162b2		-19 (-49-5)		
	(reference group = receipt of BNT162b2			Hunter New England areas of			NVX-CoV2373 vs. BNT162b2		-70 (-97 to -46)*		
	primary series 14-63 days prior rather than			New South Wales	Omicron BA.2^		mRNA-1273 vs. BNT162b2		-15 (-62-18)*		
	unvaccinated persons)						AZD1222 vs. BNT162b2		1 (-51-35)*		
							NVX-CoV2373 vs. BNT162b2		-71 (-105 to -43)*		
409	Tamada et al* (July 22, 2023)	Japan	Test-negative case control		Delta^	Excluded	Any mRNA	Documented infection	89.1 (80.5–93.9) 73.1 (59.7–82.0)	14-34 days ≥56 days	~27 weeks







No.	Reference (date)	Country	Design	Population 16,180 individuals aged	Dominant Variants	History of COVID	Vaccine Product	Outcome Measure Hospitalization	Primary Series VE % (95% CI) 81.8 (58.2–92.1)	Days post Final dose	Max Duration of follow up after fully vaccinated
				20+ years			BNT162b2	Documented infection	78.2 (70.5–83.8)		
408	Cegolon et al* (July 14, 2023)	Italy	Retrospective cohort	8205 HCWs in the provinces of Trieste and Gorizia	Omicron BA.1, BA.2, BA.5, BQ.1 ^{††}	Previously infected only	BNT162b2 or mRNA-1273 Note: <1% of participants received Ad26.COV2.S, AZD1222, or NVX-CoV2373	Documented infection	51 (37-62)	8+	~104 weeks
407	Meeraus et al* (June 30, 2023)	Austria, Belgium, Italy, and	Test-negative case control	761 individuals aged 18+	Delta^	Included	AZD1222	Hospitalization due to severe acute respiratory infection	92.9 (-15.8- 99.6) 87.9 (-73.3 - 99.2)	2-8 weeks >24 to ≤32 weeks	~43 weeks
		Spain			Omicron BA.1, BA.2, BA.5 ^{††}				74.8 (-584.7- 99.1)	>16 to ≤24 weeks	~35 weeks
									46.9 (-693.3 - 96.5)	> 32 weeks	
					Alpha, Delta^				91 (-20.5-99.3)	14+	~22 weeks
					Delta^				64.6 (6.1-88.6)	-	~39 weeks
					Delta and Omicron BA.1^				62.6 (-51.7-90.8)	14+	~43 weeks
					Omicron BA.1, BA.2^				23.1 (-216.5-81.3)	14+	~56 weeks
406	Aglipay et al (June 28, 2023)	Canada	Test-negative case control	4039 children aged 6 months	Omicron BA.5, BQ.1 ^{††}	Included	mRNA-1273	Symptomatic disease	90 (53-99)	7+	~12 weeks
				to 5 years in Ontario				Hospitalization	82 (4-99)		
405	Lowthian et al* (June 22, 2023)	UK	Retrospective cohort	420,938 primary, middle,	Omicron BA.1, BA.2 ^{††}	Included	BNT162b2	Documented infection: 4-11 y	87 (83-90)	0+	~13 weeks
				and secondary school students in Wales (aged 4-16 y)	Delta, Omicron BA.1, BA.2 ^{††}		Any mRNA	Documented infection: 11-16 y	64 (62-65)		~35 weeks
404	Spicer et al*	USA				Excluded		Documented infection	31.5 (24.6-37.7)	14-90	~35 weeks







No.	Reference (date)	Country	Design	Population	Dominant Variants	History of COVID	Vaccine Product	Outcome Measure	Primary Series VE % (95% CI)	Days post Final dose	Max Duration of follow up after fully vaccinated
	(May 12, 2023)		Retrospective cohort	67,331 adolescents 12- 17 years	Omicron BA.1 [^]		BNT162b2 or mRNA-1273		1.3 (-2.4-4.9)	151+	
403	Wu et al* (January 9, 2024) [Published version of June 2023 preprint]	USA	Retrospective cohort/ Target trial emulation	111,539 children aged 5- 11 years	Omicron BA.1, BA.2, BA.2.12.1, BA.5 ^{††}	Excluded	BNT162b2	Documented infection Mild COVID-19 Moderate or severe disease	74.3 (72.2–76.2) 73.5 (69.2–77.1) 75.5 (69-81)	14+	~48 weeks
	June 2023 preprint			56,080 adolescents aged 12-20 years				ICU admission Documented infection Mild COVID-19 Moderate or severe disease ICU admission	84.9 (64.8–93.5) 85.5 (83.8–87.1) 87 (83.5–89.8) 84.8 (77.3–89.9) 91.5(69.5–97.6)		~52 weeks
				77,392 adolescents aged 12-20 years	Delta^			Documented infection Mild COVID-19 Moderate or severe disease	98.4 (98.1–98.7) 99.0 (98.5–99.3) 98.7 (97.4–99.3)		~22 weeks
402	Nogareda et al*	Chile, Costa	Test-negative	15,241 patients	Omicron BA.1,	Included	BNT162b2	ICU admission Hospitalization due to	99 (92.5-99.9) 39.6 (10.7-59.2)	14+	~84 weeks
402	(November 10, 2023)	Rica, Ecuador,	case control	(18+ y) hospitalized	BA.2, BA.5 ^{††}	included	BIN1 10202	SARI: 18-64 y	49.3 (-8.9-76.4) 39.6 (-3.9-63.7)	14-89 >180	64 weeks
	[Update to June 15, 2023 preprint]	Guatemala, Paraguay, and		with SARI				Hospitalization due to SARI: 65+ y	25.4 (-12.3-50.4) 33.4 (-38.9-67.9) 3.4 (-49.1-37.4)	14+ 90-180 >180	
		Uruguay					AZD1222	Hospitalization due to SARI: 18-64 y	20.9 (-20.5-48.2) 62.7 (22.7-82.0) 22.3 (-29.0-53.2)	14+ 14-89 90-180	~72 weeks
								Hospitalization due to SARI: 65+ y	38.9 (10.5-58.3) 32.4 (-9.6-58.4) 69.3 (40.5-84.2)	14+ 90-180 >180	
							Sputnik V	Hospitalization due to SARI: 18-64 y Hospitalization due to	41.6 (-12.2-69.7) 23.9 (-50.4-61.5)) 14+) 14+) 14+ 14+	~76 weeks
							Covaxin	SARI: 65+ y Hospitalization due to	25.2 (-31.6-57.5)		~76 weeks
							Coronavac	SARI: 65+ y Hospitalization due to SARI: 18-64 y	1.3 (-43.4-32.0)		~76 weeks
								Hospitalization due to SARI: 65+ y	25.1 (-4.7-46.4) 29.9 (-34.7-63.5) 23.8 (-9.0-46.7)	90-180 >180	-







No.	Reference (date)	Country	Design	Population	Dominant Variants	History of COVID	Vaccine Product	Outcome Measure	Primary Series VE % (95% CI)	Days post Final dose	Max Duration of follow up after fully vaccinated
							BBIBP-CorV	Hospitalization due to SARI: 18-64 y	43.8 (-53.5- 79.4)	14+	~76 weeks
								Hospitalization due to SARI: 65+ y	40.7 (-19.9-70.6)	14+	
					Delta^		BNT162b2	Hospitalization due to SARI: 18-64 y	95.1 (87.2-98.1)	14+	~47 weeks
								Hospitalization due to SARI: 65+ y	85.4 (63.9-94.1)		
							mRNA-1273	Hospitalization due to SARI: 18-64 y	89.2 (68.5-96.3)		~21 weeks
								Hospitalization due to SARI: 65+ y	88.2 (66.2-95.9)		
							AZD1222	Hospitalization due to SARI: 18-64 y	80.1 (79.8-95.1)		~35 weeks
								Hospitalization due to SARI: 65+ y	77.9 (49.8-90.4)		
							Sputnik V	Hospitalization due to SARI: 18-64 y	81.5 (44.9-93.9)		~39 weeks
							Covaxin	Hospitalization due to SARI: 65+ y	77.2 (58.9-87.4)		~39 weeks
							CoronaVac	Hospitalization due to SARI: 65+ y	40.9 (-32.8-73.8)		~42 weeks
							BBIBP-CorV	Hospitalization due to SARI: 65+ y	71.8 (36.2-87.5)		~39 weeks
					Pre-Delta (Alpha, Beta,		BNT162b2	Hospitalization due to SARI: 18-64 y	70.1 (56.2-91.0)	14+	~34 weeks
					Gamma, Lambda, Mu,			Hospitalization due to SARI: 65+ y	80.2 (61.3-89.9)		
					other non- VOC)^		CoronaVac	Hospitalization due to SARI: 65+ y	33.5 (-63.3-73.0)		~29 weeks
							Covaxin	Hospitalization due to SARI: 65+ y	57.5 (21.7-76.9)		~26 weeks
401	Bozio et al*	USA	Retrospective	1,442,026	Omicron BA.1,	Excluded	Any mRNA	ED/UC encounter	18 (14-22)	14+	~73 weeks
	(February 18, 2023)		cohort	adults (18+ y)	BA.2^				21 (12-28)	14-149	
				1,442,080				Hospitalization due to	18 (14-22) 39 (33-44)	150+ 14+	
				adults (18+ y)				CLI	39 (24-51)	14-149	
									39 (33-44)	150+	
				1,303,547	Delta^			ED/UC encounter	72 (70-74)	14+	~49 weeks
				adults (18+ y)					82 (79-84)	14-149	_
									68 (65-70)	150+	



IVAC International Vaccine Access Center



No.	Reference (date)	Country	Design	Population	Dominant Variants	History of COVID	Vaccine Product	Outcome Measure	Primary Series VE % (95% CI)	Days post Final dose	Max Duration of follow up after fully vaccinated
				1,303,559 adults (18+ y)				Hospitalization due to CLI	73 (70-75) 85 (81-88)	14+ 14-149	
				, ,,					69 (65-72)	150+	_
399	Monteiro et al*	Brazil	Retrospective	324,302	Gamma^	Excluded	CoronaVac	Hospitalization	55.8 (42.7-68.3)	14+	~30 weeks
	(August 10, 2023)		cohort/	individuals aged				ICU admission	68.4 (42.3-86.4)		
	[Published version of June 7, 2023 preprint]		Target trial emulation	60+ years				Death	82.3 (66.3-93.9)		
398	Ng et al*	Hong Kong	Test-negative	1781 cases and	Omicron	Excluded	BNT162b2	Any infection	27 (4.2-44.5)	<180	~63 weeks
	(May 26, 2023)	SAR	case control	1737 controls	BA.2^				20.9 (-4.3-39.9)	≥180	
				aged 3-105			CoronaVac		22.9 (1.3-39.7)	<180	
				years					16.8 (-15.4-39.9)	≥180	
397	Yung et al*	Singapore	Retrospective	135,197	Omicron	Previously	BNT162b2	Documented infection:	74 (67.7-79.1)	14+	~34 weeks
	(May 15, 2023)		cohort	children and adolescents	BA.4/5^	infected only		5-11 y	67.9 (58.5-75.2)	14-119	_
				aged 5–17		Offig		Documented infection:	78.7 (70.4-84.7)	180+	~68 weeks
								12-17 y	84.9 (77-90.1)		
				164,704 children and	Omicron XBB [^]			Documented infection: 5-11 y	62.8 (42.3-76)	14+	~47 weeks
				adolescents aged 5-17 years				Documented infection: 12-17 y	57.9 (33.6-73.3)	14+	~82 weeks
396	Park et al*	South Korea	Retrospective	3,466,930 SARS-	Omicron BA.1	Included	Any mRNA	Death	72 (70-74)	14+	~80 weeks
	(May 15, 2023)		cohort	CoV-2 infections	BA.2, BA.4/5^		AZD1222		65 (62-68)		
				in persons aged ≥ 60 years			AZD1222 + any mRNA (heterologous)		55 (44-60)		
							Any mRNA	Critical infection	68 (67-69)		
							AZD1222	_	72 (70-74)		
							AZD1222 + any mRNA (heterologous)		61 (55-67)		
395	Langlete et al*	Norway	Retrospective	3,399,379	Delta^	Included	Any mRNA	Documented infection in	73.3 (70.6 – 75.8)	7-112	~43 weeks
	(May 10, 2023)		cohort	individuals aged				HCWs	8.9 (-2.1 – 18.7)	225-336	
				18-66 years				Documented infection in	68.7 (67.7 – 69.7)	7-112	
								non-HCWs	10.6 (-15.4 – 30.8)	225-336	
					Omicron			Documented infection in	16.7 (10.5 – 22.4)	7-112	~54 weeks
					BA.1^			HCWs	9.7 (2.3 – 16.6)	225-336	-
								Documented infection in non-HCWs	-32.6 (-35.629.7) -29.8 (-37.922.2)	7-112 225-336	-
394	Surie et al *	USA	Test-negative	2,952 adults	Omicron BA.1	Included	Any mRNA	Hospitalization	20 (3-34)	14+	~82 weeks
	(June 29, 2023)		case control	aged 18+	BA.2, BA.4/5^		(ascertained by				



IVAC International Vaccine Access Center



No.	Reference (date)	Country	Design	Population	Dominant Variants	History of COVID	Vaccine Product	Outcome Measure	Primary Series VE % (95% CI)	Days post Final dose	Max Duration of follow up after fully vaccinated
	District and Sec. 5						Electronic				
	[Update to May 5, 2023 preprint]						Medical Records)				
	2025 preprint						Any mRNA	†	32 (16-45)		
							(ascertained by		- (
							Immunization				
							Information				
							System)		17 (22 72)		
393	Finci et al*	Albania	Prospective	1462 HCWs	Omicron BA.1,	Included	BNT162b2	Any infection	17 (-38-50)	14+	~65 weeks
	(October 12, 2023)		cohort	aged 20 years and above	BA.2^			Symptomatic infection (PCR only)	26 (-53-64)		
	[Published version of			una above				Symptomatic infection	33 (-32-66)		
	May 5, 2023 preprint]							(PCR and RAT)	33 (32 33)		
392	Yan et al*	Hong Kong	Case control	49,334 cases	Omicron	Excluded	BNT162b2	Hospitalization	73 (69.2-76.3)	14-30	~32 weeks
	(May 3, 2023)	SAR		and 499,436	BA.2 ^{††}				46.6 (40.7-51.8)	211-240	
				controls among				Severe disease	69.7 (50-81.6)	14-30	
				adults (18+ y)					71.8 (47.2-84.9)	211-240	
								Death	89.8 (83.7-93.6)	14-30	
									73.8 (55.9-84.4)	211-240	
							CoronaVac	Hospitalization	66 (63.5-68.3)	14-30	
									36.2 (28-43.4)	211-240	
								Severe disease	54.5 (40.6-65.1)	14-30	
								Death	67.1 (34-83.6)	211-240 14-30	-
								Death	81.1 (77.4-84.2) 76.6 (60.8-86)	211-240	-
391	Huang et al*	Hong Kong	Case control	10,366 cases	Omicron BA.1,	Excluded	BNT162b2	Any infection	20.7 (14-27)	14-180	~24 weeks
331	(May 1, 2023)	SAR	cuse control	matched to	BA.2 ^{††}	Excluded	DIVITOZBZ	Hospitalization	73.3 (64.3-80)	14+	~60.5 weeks
	(' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '			35,676 controls			CoronaVac	Any infection	6.1 (-0.5-12.3)	14-180	~24 weeks
				with substance				Hospitalization	59.9 (50.2-67.7)	14+	~59.5 weeks
				· · · · · · · · · · · · · · · · · · ·							
390	Qassim et al* (July 19, 2023)	Qatar	Test-negative case control	539,093 matched pairs	Omicron BA.2.75/XBB^	Included	Any mRNA	Any infection: Sep 2022	-5.8 (-11.1 to -0.3)	14+ (median 459)	~87 weeks
	[Published version of			of individuals (all ages)				Any infection: Nov 2022	-2.1 (-10.5-6.7)	(median 541)	~96 weeks
	April 29, 2023 preprint]	(un ages)		Omicron BA.4/5 & BA.2.75/XBB^			Severe, critical, or fatal disease: Aug-Nov 2022	53.1 (-41.3-87.1)	14+ (median 453)	~96 weeks	
					Omicron BA.4/5^			Any infection: Jun 2022	-20.7 (-26.7 to - 14.2)	(median 389)	~74 weeks
								Any infection: Aug 2022	-1.1 (-7.1-5.1)		~83 weeks







No.	Reference (date)	Country	Design	Population	Dominant Variants	History of COVID	Vaccine Product	Outcome Measure	Primary Series VE % (95% CI)	Days post Final dose	Max Duration of follow up after fully vaccinated
										(median 432)	
					Omicron BA.1/2^ & BA.4/5^			Severe, critical, or fatal disease: May-Jul 2022	83.8 (14.1-96.9)	14+ (median 425)	~78.5 weeks
					Omicron BA.1/2^			Any infection: Dec 2021	-3.9 (-7.8-0)	14+ (median 228)	~48 weeks
								Any infection: May 2022	-1.6 (-14.7-11.9)	14+ (median 364)	~70 weeks
								Severe, critical, or fatal disease: Feb-Apr 2022	81.4 (48.5-93.3)	14+ (median 254)	~65 weeks
					Delta^			Any infection: Jun 2021	80.7 (77.2-83.7)	14+ (median 64)	~22 weeks
								Any infection: Nov 2021	52.7 (46.5-58.2)	14+ (median 209)	~44 weeks
						_		Severe, critical, or fatal disease: Aug-Oct 2021	91.4 (86.6-94.5)	14+ (median 189)	~39.5 weeks
					Beta^			Any infection: Mar 2021	81.8 (79.8-83.6)	14+ (median 34)	~9 weeks
								Any infection: May 2021	80.9 (78.4-83.1)	14+ (median 48)	~17.5 weeks
					Alpha/Beta^			Severe, critical, or fatal disease: Feb-Apr 2021	95.4 (93.6-96.7)	14+ (median 49.5)	~13 weeks
					Alpha^			Any infection: Feb 2021	84.5 (77.8-89.2)	14+ (median 24)	~4.5 weeks
389	DeCuir et al	USA	Test-negative	4,421 immuno-	Omicron BA.1,	Included	Any mRNA	Invasive mechanical	53 (37-65)	7+	62 weeks
	(April 28, 2023)		case control	competent adults aged ≥18 years	BA.2, BA.4/5, BQ.1^		primary	ventilation and death	50 (32-64)	180+	
388	Braeye et al*	Belgium	Retrospective	Females aged	Omicron	Excluded	BNT162b2	Documented infection in	3 (1-5)	7-57	~28.5 weeks
	(April 5, 2023)		cohort	45-64 among	BA.1^			close contact of	2 (0-3)	157-207	
				413,363 index			mRNA-1273	unvaccinated index case	4 (1-7)	14-64	
				cases and					3 (0-4)	164-214	
				703,057 close contacts			AZD1222		2 (0-4)	14-64	
				Contacts					1 (0-2)	164-214	
							Ad26.COV2.S		1 (0-2)	21-71	
					Dalta		DNT1C2b2		1 (0-2)	171-221	
					Delta^		BNT162b2		62 (56-66) 43 (41-45)	7-57 157-207	
							mRNA-1273	-	75 (70-77)	14-64	
							IIININA-12/3		75 (70-77) 56 (54-58)	164-214	
							AZD1222	-	48 (43-55)	14-64	
							7501555		70 (1 3-33)	17-UT	







No.	Reference (date)	Country	Design	Population	Dominant Variants	History of COVID	Vaccine Product	Outcome Measure	Primary Series VE % (95% CI)	Days post Final dose	Max Duration of follow up after fully vaccinated
									35 (34-38)	164-214	
							Ad26.COV2.S		28 (26-31)	21-71	
207	All and the start of the	Onlar	Tool or out to	303.258	A I - I A	Newster	BNT162b2	Constant in the first in	27 (23-30)	171-221 14+	0.0
387	Altarawneh et al* (July 27, 2023)	Qatar	Test-negative case control	individuals (all ages)	Alpha^	No prior infection	BN116202	Symptomatic infection Severe, critical, or fatal disease	90.5 (83.9 -94.4) 96.1 (71.2-99.5)	14+	~8 weeks
	[Update to April 22,				Beta^			Symptomatic infection	80.5 (79-82)	1	~17 weeks
	2023 preprint]							Severe, critical, or fatal disease	97.4 (95.8-98.4)		
							mRNA-1273	Symptomatic infection	96 (91.6-98.1)		
								Severe, critical, or fatal disease	100 (92.2-100)		
					Delta^		BNT162b2	Symptomatic infection	58.1 (54.6 - 61.3)		~48 weeks
								Severe, critical, or fatal disease	91.1 (86.3 - 94.2)		
							mRNA-1273	Symptomatic infection	71 (66.4-74.9)	_	
								Severe, critical, or fatal disease	97.9 (91.2-99.5)		
386	Huang et al*	China	Retrospective	1,556,972	Alpha, Delta	Partially	CoronaVac	Severe disease	65.5 (50.9-75.7)	8+	~66 weeks
	(April 12, 2023)		cohort	vaccinated and	and Omicron	excluded		Death	80.4 (55.8-91.3)	_	
				1,556,972 unvaccinated	BA.1, BA.2^	(excluded if prior	BBIBP-CorV	Severe disease	76.4 (61.8-85.4)		
				individuals 60+ years		infection prior to study start)		Death	82.7 (53.4-93.6)		
385	Klein et al*	USA	Test-negative	80,032 ED/UC	Omicron BA.1,	Included	BNT162b2	ED/UC visit: 5-11 y	49 (33-61)	14-59	~31 weeks
	(April 7, 2023)		case control	encounters and	BA.2, BA.4/5^				41 (29-51)	150+	
				2917 hospitalizations				ED/UC visit: 12-15 y	64 (44-77)	14-59	~62 weeks
				among children					13 (3-23)	150+	
				and adolescents				ED/UC visit: 16-17 y	31 (10-47)	60-149	~72 weeks
				aged 5-17	Dalla A			ED /UC :: 1.42.45	7 (-8-20)	150+	
					Delta^			ED/UC visit: 12-15 y	93 (89-95) 77 (69-84)	14-59 150+	~22 weeks
								ED/UC visit: 16-17 y	93 (86-97)	14-59	~32 weeks
								LD/ OC VISIL. 10-17 Y	72 (63-79)	150+	JZ WEEKS
								Hospitalizaiton: 12-15 y	98 (21-100)	14-59	~22 weeks
									97 (74-100)	60-149	
								Hospitalization: 16-17 y	99 (90-100)	60-149	~32 weeks
								, , , , , , , , , , , , , , , , , , , ,	98 (73-100)	150+	1
384	Lutz et al*	USA				Included	BNT162b2 or	Hospitalisation	93.9 (85.7-97.4)	14+	~45 weeks







No.	Reference (date)	Country	Design	Population	Dominant Variants	History of COVID	Vaccine Product	Outcome Measure	Primary Series VE % (95% CI)	Days post Final dose	Max Duration of follow up after fully vaccinated
	(March 27, 2023)		Test-negative	207 cases and	Alpha and			Outpatient	85.9 (60-95)		
			case control	267 controls: Alaska natives	Delta^		mRNA-1273	clinic/Emergency visit	07.2 (88.2.00.4)		
				and American			IIIKNA-12/3	Hospitalisation Outpatient	97.3 (88.3-99.4) 85.4 (39.3-96.5)	_	
				Indians aged 12				clinic/Emergency visit	83.4 (33.3-30.3)		
				years and older			BNT162b2 or	Hospitalization	96.2 (94-99.4)	14-149	
							mRNA-1273		87.7 (69.4-95)	≥150	
								Outpatient	87.7 (60.5-96.2)	14-149	
								clinic/Emergency visit	87 (55.6-96.2)	≥150	
383	Lipschuetz et al* (March 23, 2023)	Israel	Retrospective cohort	48,868 infants up to 120 days old	Delta and Omicron BA.1^	Excluded	BNT162b2 in mothers during pregnancy	Hospitalization up 120 days after birth	-16 (-56-14)	≥ 5 months	~59 weeks
382	Bouillon et al*	France	Retrospective	22,513,664	Alpha, Delta^	Included	BNT162b2	Hospitalization	90 (88-91)	14-30	~28 weeks
	(June 13, 2022)		cohort	adults aged ≥50					94 (92-94)	152-180	
				years				Death	91 (90-93)	14+	
							mRNA-1273	Hospitalization	92 (85-95)	14-30	~28 weeks
									98 (93-100)	152-180	
								Death	96 (92-98)	14+	
							AZD1222	Hospitalization	94 (88-97)	14-30	~23 weeks
									90 (63-97)	90-120	
								Death	88 (68-95)	14+	
381	Rojas-Botero et al*	Colombia	Retrospective	5,709,210	Mu, Delta, and	Included	BNT162b2	Hospitalization	90.5 (89.8-91.2)	15+	~64 weeks
	(September 8, 2023)		cohort	matched paris	Omicron^			Death	93.5 (92.8-94.2)	_	
	[Published version of			of adults aged			mRNA-1273	Hospitalization	93.7 (91.8-95.2)	_	~41 weeks
	March 22, 2023			18+ years				Death	95.7 (93.5-97.2)		
	preprint]						AZD1222	Hospitalization	88 (86.8-89.1)		~57 weeks
	preprint							Death	92.6 (91.5-93.6)		
							CoronaVac	Hospitalization	77.4 (76.5-78.2)		~64 weeks
								Death	81.9 (81.2-82.7)		
							Ad26.COV2.S	Hospitalization	85.4 (83.8-86.9)		~51 weeks
								Death	90.5 (88.8-91.9)		
380	Tamandjou Tchuem et	France	Test-negative	273,732 cases	Omicron	Included	BNT162b2 or	Symptomatic disease	69.8 (58.3-79.3)	8-30	~54 weeks
	<u>al*</u>		case control	and 735,919	BA.1^		mRNA-1273		19.9 (16.3-24.1)	>120	
	(February 27, 2023)			controls among	Delta				85.9 (75.2-92.4)	8-30	~45 weeks
				adults aged 50+					60.1 (57.2-63)	>120	
378	Glatman-Freedman et	Israel	Test-negative	78,541 matched	Omicron	Excluded	BNT162b2	Documented infection	58.1 (55.5-60.6)	8-14	4 weeks
	al* (March 2, 2023)		case control	pairs of children 5-11 years	BA.1^				39.5 (36.1-42.8)	36-42	
376	Yan et al*	Hong Kong,	Case control	40,583 cases		Excluded	BNT162b2	Documented infection	39.7 (29-48.7)	14-60	~68 weeks
	(February 28, 2023)	SAR		and 149,615					16.5 (8.7-23.6)	≥180	







No.	Reference (date)	Country	Design	Population	Dominant Variants	History of COVID	Vaccine Product	Outcome Measure	Primary Series VE % (95% CI)	Days post Final dose	Max Duration of follow up after fully vaccinated
				controls among	Omicron BA.1,			Hospitalization	45.5 (-0.2-70.3)	14-60	
				children aged 3-	BA.2, BA.4,				33.6 (5.5-53.3)	≥180	
				17 years	BA.5^			Severe disease	67.3 (34.1-83.8)	14-60	
									29.2 (-4.9-52.2)	≥180	
							CoronaVac	Documented infection	29.5 (20.1-37.7)	14-60	
									-35.2 (-63.312)	121-179	
								Hospitalization	55.8 (34.9-70)	14-60	
									-66.9 (-137.3	121-179	
									17.3)		
								Severe disease	57.6 (32.8-73.2)	14-60	
									-48.8 (-1200.7)	121-179	
375	Jorgensen et al*	Canada	Test-negative	2787 infants of	Omicron	Included	BNT162b2 or	Documented infection	13 (-14-33)	14+	~66 weeks
	(February 27, 2023)		case control	mothers	BA.5^		mRNA-1273 in	Hospitalization	36 (-21-66)		
				vaccinated post-	Delta^		mothers	Documented infection	73 (72-87)		
				partum			received post				
							partum				
374	Bello Chavolla et al*	Mexico	Test-negative	1,585,825	Alpha and	Excluded	BNT162b2	Documented infection	80.3 (80.1-80.6)	14+	~35 weeks
	(February 10,2023)		case control	adults aged ≥18	Delta^			Hospitalization	84.3 (83.6-84.9)		
				years				Death	89.8 (89.1-90.4)		
	[Published version of						mRNA-1273	Documented infection	91.5 (90.3-92.4)		~1 week
	February 02,2023							Hospitalization	78 (69.0-84.4)		
	preprint]							Death	93.5 (85.9-96.9)		
							AZD1222	Documented infection	80.8 (80.4-81.1)		~32 weeks
								Hospitalization	80.2 (79.3-81.1)		
								Death	86.8 (85.9-87.7)		
							Ad26.COV2.S	Documented infection	82.2 (81.4-82.9)		~11 weeks
								Hospitalization	77.3 (72.9-81.0)		
								Death	85.8 (80.1-89.9)		
							Ad5-nCoV	Documented infection	70.5 (70.1-70.9)		~27 weeks
								Hospitalization	72.3 (71.1-73.5)		
								Death	79.9 (78.5-81.2)		
							CoronaVac	Documented infection	71.9 (71.4-72.5)		~27 weeks
								Hospitalization	73.8 (72.5-75.0)		
								Death	80.4 (79.0-81.6)		
						1	Gam-COVID-Vac	Documented infection	78.8 (78.2-79.3)		~26 weeks
								Hospitalization	81.4 (79.5-83.1)		
								Death	87.7 (85.8-89.3)		
373	Huang et al*	Taiwan	Test-negative	162,219 adults	Omicron BA.1,	Included	MVC-COV1901	Documented infection	38.3 (32.6-43.5)	14+	~52 weeks
	(August 31, 2023)		case control	aged ≥20 years	BA.2,			Moderate to severe	79.6 (56.7-90.4)		
	, ,			,	BA.4/BA.5^			disease	, , ,		







No.	Reference (date)	Country	Design	Population	Dominant Variants	History of COVID	Vaccine Product	Outcome Measure	Primary Series VE % (95% CI)	Days post Final dose	Max Duration of follow up after fully vaccinated
	[Update to February 1, 2023 preprint]										
372	Weng et al* (February 1,2023)	USA	Retrospective cohort	38,602 individuals aged ≥12 years	Alpha^ Delta^ Omicron BA.1^	Included	BNT162b2 mRNA-1273 BNT162b2 mRNA-1273 BNT162b2 mRNA-1273	Documented infection	94.6 (83.4-98.3) 97.5 (82.5-99.7) 64.8 (54.2-73) 65 (52.9-74.1) 31.6 (19.6-42.5) 25.6 (10.7-39)	14+	~48 weeks
371	Sritipsukho et al* (January 30,2023)	Thailand	Test-negative case control	7,971 adults aged ≥18 years	Omicron BA.1^, BA.2^	Excluded	CoronaVac	Documented infection Moderate to critical disease	26 (-9-50) 47 (7-70) 21 (-15-47) -4 (-50-45)	14+ ≤90 days >90 days 14+	~67 weeks
							AZD1222	Documented infection	38 (13-56) 61 (41-74) 30 (0-51)	14+ ≤90 days >90 days	
							BNT162b2	Moderate to critical disease Documented infection	56 (25-74) 23 (-13-49)	14+	
							BN110202	Moderate to critical	38 (4-60) -38 (-60-24) 30 (-37-69)	≤90 days >90 days	-
								disease	30 (-37-69)	14+	
370	Tartof et al* (January 28, 2023)	USA	Test-negative case control	1992 matched pairs of children aged 5-11 with ARI in Southern	Omicron BA.1, BA.2, BA.4/BA.5^ Delta^	Included	BNT162b2	Emergency dept/ Urgent care encounter	60 (47-69) 28 (8-43) 85 (59-95)	14-89 90+	~39 weeks ~5 weeks
				California							
369	Toh et al* (January 27, 2023)	Malaysia	Test-negative case control	310 hospitalized adults (aged 18+) with SARI in Sibu and Selangau districts	Non-VOC, Delta^	Included	CoronaVac	Hospitalization	76.5 (45.6-89.8)	15+	~24 weeks
368	Niesen et al* (April 28, 2022)	USA	Test-negative case control	59,685 individuals aged ≥18 years	Delta^	Excluded	BNT162b2	Symptomatic disease	80.6 (76.9-83.7) 43.3 (28.8-54.7)		~54 weeks
				28,951 individuals aged ≥18 years			mRNA-1273	-	94.8 (88-97.8) 63.2 (53.7-70.7)	7-13 254-313	







No.	Reference (date)	Country USA	Design Prospective	Population 1530 frontline	Dominant Variants	History of COVID Prior	Vaccine Product BNT162b2 or	Outcome Measure Documented infection	Primary Series VE % (95% CI) 43 (25-57)	Days post Final dose	Max Duration of follow up after fully vaccinated ~63 weeks
	(January 26, 2023)		cohort	workers with prior infection		infection only	mRNA-1273				
366	Battacharya et al (January 6, 2023)	India	Test-negative case-control	1,614 persons aged 18+ years hospitalized	Delta ^{††}	Included	BBV152	Hospitalization with symptoms of pulmonary disease	74.0 (50.5-86.0)	7+	~22 weeks
				with symptoms of pulmonary disease			AZD1222 (Covishield)		79.0 (53.1-81.0)		~22 weeks
365	Lin et al*	USA	Retrospective	1,368,721	Omicron (all	Included	mRNA-1273	Documented infection:	58 (47.5-66.5)	0 to ~4 weeks	~23 weeks
	(June 16, 2023)		cohort	children <12 y in	lineages)^			0-4 y	47.6 (27.7-62)	~16-21 weeks	
				North Carolina			BNT162b2 or	Hospitalization or death:	73.3 (8.3-92.3)	0 to ~5 weeks	~57 weeks
	[Update to Jan 19,						mRNA-1273	5-11 y	2.9 (-50.8-37.4)	~20-25 weeks	
	2023 preprint]						0 to ~5 weeks	~24 weeks			
	Note: this study					infection	mRNA-1273	0-4 y	46.8 (-0.3-71.8)	~16-21 weeks	
	includes additional VE					only		Documented infection:	65.3 (58.1-71.2)	0 to ~5 weeks	~57 weeks
	estimates for							5-11 y	4.6 (-2.1-10.9)	~24-29 weeks	
	individuals vaccinated					Excluded	BNT162b2 or	Documented infection:	55.7 (49.1-61.5)	0 to ~5 weeks	~24 weeks
	during different time						mRNA-1273	0-4 y	58.6 (48.3-66.9)	~16-21 weeks	
	periods.							Documented infection: 5-11 v	59.7 (58.3-61)	0 to ~5 weeks	~57 weeks
							.==	,	16 (13.1-18.7)	~36-41 weeks	
364	Heidarzadeh et al*	Iran	Test-negative	42,084 persons	Alpha, Delta^	Included	AZD1222	Hospitalization	97 (75-99.5)	31-60	~23 weeks
	(December 23, 2022)		case control	aged 5+ y in Guilan Province				(moderate)	93 (69-99)	91-120	
				Gullati Province				Hospitalization (severe)	87 (80-92)	31-60	
									90 (51-98)	151+	
								ICU admission	57 (-41-87)	31-60	
									12 (-113-63)	91-120	
								Death	80 (48-92)	31-60	
							DDIDD C- A/	112-PPP	92 (48-99)	121-150	200
							BBIBP-CorV	Hospitalization (moderate)	78 (69-84)	31-60	~36 weeks
								, ,	95 (67-99.4)	151+ 31-60	-
								Hospitalization (severe)	71 (68-75) 85 (77-91)		1
								ICU admission	25 (-9-48)	151+ 31-60 151+ 31-60	1
								ICO dullission	26 (-77-69)		
								Death	41 (23-55)		
								Death	33 (-40-69)	151+	1
							BIV1-CovIran	Hospitalization	96 (68-99.4)	31-60	~21 weeks
							2111 00111111	(moderate)	97 (76-99.6)	61-90	21 00000
								Hospitalization (severe)	82 (73-88)	31-60	1







No.	Reference (date)	Country	Design	Population	Dominant Variants	History of COVID	Vaccine Product	Outcome Measure	Primary Series VE % (95% CI)	Days post Final dose	Max Duration of follow up after fully vaccinated
									92 (86-96)	91-120	
								ICU admission	61 (-61-91)	31-60	
									35 (-116-80)	91-120	
								Death	88 (48-97)	31-60	
									93 (46-99)	91-120	
							Covaxin	Hospitalization (severe)	55 (-33-85)	61-90	~35 weeks
									96 (68-99.5)	151+	
								Death	4 (-671-79)	91-120	
							Sputnik V	Hospitalization	74 (-9-94)	31-60	~40 weeks
								(moderate)	95 (79-99)	151+	
								Hospitalization (severe)	62 (32-78)	31-60	
									93 (88-96)	151+	
								ICU admission	51 (-258-94)	91-120	_
									18 (-136-71)	151+	
								Death	25 (-149-78)	31-60	
									93 (47-99.1)	151+	
363	Alkadi et al*	Qatar	Test-negative	782 adults (aged	Non-VOC,	Unknown	BNT162b2	Documented infection	94.3 (89-97)	14+	~48 weeks
	(December 26, 2022)		case control	18+) on chronic hemodialysis	Alpha, Delta ^{††}		mRNA-1273		98.2 (88.6-99.9)		~40 weeks
362	<u>Villar et al*</u>	Multiple	Prospective	4618 pregnant	Omicron^	Included	BNT162b2 or	Documented infection	11 (0-21)	0+	~74.5 weeks
	(January 17, 2023)		cohort	women from 41			mRNA-1273	Moderate disease	41 (22-55)		
				hospitals across 18 countries				Severe disease or death	56 (27-74)		
361	<u>Tartof et al</u>	USA	Test-negative	1577 patients	Omicron^	Excluded	BNT162b2 or	Symptomatic disease	-53 (-205-23)	14+	~64.5 weeks
	(January 11, 2023)		case control	aged 18+ with		Prior	mRNA-1273		45 (-4-70)		
				COVID-like		infection					
				illness		only	Note: Includes				
					Delta^	Excluded	some who received 3 doses		70 (11-90)		~46.5 weeks
						Prior	<7 days prior		23 (-225-82)		
						infection	<7 days prior				
						only					
					Omicron or	Excluded			17 (-40-51)		~64.5 weeks
					Delta^	Prior			42 (-1-66)		
						infection					
	- 11 - 12					only					
360	Peebles et al*	USA	Retrospective	7763 LTCF staff	Non-VOC,	Excluded	BNT612b2	Documented infection	80 (67.6-87.7)	14+	~17 weeks
	(January 10, 2023)		cohort	aged <65 y in	Alpha^			Symptomatic disease	87.5 (69.4-94.9)]	
				New York City				Asymptomatic infection	68.9 (36-84.9)		
359	Jang et al*	South Korea	Retrospective		Omicron^	Unknown	BNT162b2	Documented infection	57.6 (51.6-62.8)	15-30	~11 weeks
	(January 9, 2023)		cohort						46.9 (43.7-49.9)	31-60	







No.	Reference (date)	Country	Design	Population	Dominant Variants	History of COVID	Vaccine Product	Outcome Measure	Primary Series VE % (95% CI)	Days post Final dose	Max Duration of follow up after fully vaccinated
				3,062,281					41.2 (34.3-47.4)	61-90	
				children aged 5-				ICU admission or death	100 (100-100)	15-30	
				11					100 (100-100)	31-60	
									100 (100-100)	61-90	
358	Dalton et al*	USA	Test-negative	191,085 ED/UC	Omicron	Included	BNT162b2 or	ED/UC visit: Social	47 (40-53)	14-149	~62 weeks
	(January 6, 2023)		case control	encounters and 43,657 hospital	BA.1^		mRNA-1273	Vulnerability Index (SVI) Quartile 1 (Q1)	35 (31-40)	150+	
				encounters				Hospitalization: SVI Q1	59 (39-72)	14-149	
				among adults					58 (51-65)	150+	
				aged 18+				ED/UC visit: SVI Q2	42 (33-49)	14-149	
									37 (32-41)	150+	
								Hospitalization: SVI Q2	65 (48-76)	14-149	
								· ·	57 (49-64)	150+	1
								ED/UC visit: SVI Q3	54 (47-61)	14-149	
									31 (25-36)	150+	
								Hospitalization: SVI Q3	62 (45-74)	14-149	
									55 (47-63)	150+	
								ED/UC visit: SVI Q4	51 (43-58)	14-149	
									27 (20-33)	150+	
								Hospitalization: SVI Q4	63 (43-75)	14-149	
									43 (32-52)	150+	
					Delta^		BNT162b2 or	ED/UC visit: SVI Q1	87 (84-89)	14-149	~48.5 weeks
							mRNA-1273		81 (79-82)	150+	
								Hospitalization: SVI Q1	90 (84-94)	14-149	
									85 (82-87)	150+	
								ED/UC visit: SVI Q2	85 (81-88)	14-149	
									80 (77-81)	150+	
								Hospitalization: SVI Q2	91 (85-95)	14-149	
									86 (83-88)	150+	
								ED/UC visit: SVI Q3	89 (85-91)	14-149	
									74 (71-77)	150+	
								Hospitalization: SVI Q3	94 (88-97)	14-149	
									82 (78-85)	150+	
								ED/UC visit: SVI Q4	84 (79-87)	14-149	
									75 (72-78)	150+	
								Hospitalization: SVI Q4	90 (83-94)	14-149	
									84 (80-87)	150+	
357	Lewis et al* (December 31, 2022)	USA	Test-negative case control	2060 hospitalized	Omicron BA.1/2^	Included	BNT162b2 or mRNA-1273	Hospitalization	46 (30-58)	150+	~63 weeks







No.	Reference (date)	Country	Design	Population	Dominant Variants	History of COVID	Vaccine Product	Outcome Measure	Primary Series VE % (95% CI)	Days post Final dose	Max Duration of follow up after fully vaccinated
				patients aged 18+			Note: Includes some who received a booster dose <7 days prior Ad26.COV2.S		36 (-4-60)	60+	~55 weeks
							Note: Includes some who received a booster dose <7 days prior				
356	Horne et al (January 5, 2023)	UK	Retrospective cohort	6,498,786 adults aged 18+	Alpha, Delta, Omicron^	Excluded	BNT162b2 (ages 18-39)	Documented infection	75 (74-76) -83 (-294-15)	21-48 245-272	~45 weeks
	(, , , , , , , , , , , , , , , , , , ,			in England			,	Hospitalization	96 (93-97) -48 (-217-31)	21-48 245-272	1
							AZD1222 (ages 40-64)	Documented infection	22 (19-25) 41 (-47-77)	21-48 301-328	~36 weeks
							(.8	Hospitalization	95 (93-96) 44 (-41-78)	21-48 301-328	-
								Death	99 (96-100) 74 (36-89)	77-104 217-244	<u> </u>
							BNT162b2 (ages 18-64 and	Documented infection	78 (73-82) 28 (-41-63)	21-48 329-356	~48 weeks
							clinically vulnerable)	Hospitalization	97 (92-99) 28 (-38-62)	21-48 329-356	- -
							,	Death	96 (92-98) 37 (-36-70)	105-132 245-272	- -
							AZD1222 (ages 18-64 and	Documented infection	26 (20-33) 14 (-42-48)	21-48 329-356	- -
							clinically vulnerable)	Hospitalization	93 (89-96) 21 (-30-52)	21-48 329-356	
								Death	96 (87-99) 50 (-125-89)	49-76 301-328	
							BNT162b2 (ages 65+)	Documented infection	77 (67-84) 4 (-30-29)	21-48 329-356	
								Hospitalization	92 (86-95) 2 (-34-27)	21-48 329-356	
								Death	97 (92-99) 33 (-49-70)	21-48 329-356	
								Documented infection	47 (29-61)	21-48	







No.	Reference (date)	Country	Design	Population	Dominant Variants	History of COVID	Vaccine Product AZD1222 (ages 65+)	Outcome Measure Hospitalization	Primary Series VE % (95% CI) -12 (-54-18) 86 (75-92)	Days post Final dose 329-356 21-48	Max Duration of follow up after fully vaccinated
								Death	-12 (-53-18) 93 (84-97)	329-356 49-76	-
								Death	23 (-82-68)	329-356	1
354	Carazo et al*	Canada	Test-negative	174,819 older	Omicron	Excluded	BNT162b2 or	Hospitalization	78 (75-80)	7+	~60 weeks
	(July 14, 2023)		case control	adults aged 60+	BA.1^		mRNA-1273	· ·	86 (78-91)	7-90	
				in Quebec					68 (37-84)	270-359	
	[Published version of				Omicron				60 (50-67)	7+	~73 weeks
	December 27, 2022]				BA.2^				66 (28-84)	7-90	
									73 (-13-94)	360-449	
					Omicron				40 (30-49)	7+	~94 weeks
					BA.4/5^				55 (-95-89)	7-90	
									47 (35-57)	360-449	
					Omicron BA.1^	Pre- Omicron prior infection	BNT162b2 or mRNA-1273	Hospitalization	97 (96-99)	7+	~60 weeks
					Omicron BA.2^	Pre- Omicron prior infection			92 (86-96)		~73 weeks
						Omicron prior infection			99 (94-100)		
					Omicron BA.4/5^	Pre- Omicron prior infection			92 (80-97)		~94 weeks
						Omicron prior infection			91 (85-95)		
353	Nittayasoot et al*	Thailand	Test-negative	1015 cases and	Delta^ and	Included	BBIBP-CorV	Pneumonia requiring	65.8 (39.4-80.7)	14+	~54 weeks
	(December 12, 2022)		case control	2,406,762	Omicron BA.1,		AZD1222	invasive ventilation	58.4 (39.9-71.2)	4	
				controls aged 18+	BA.2^		BNT162b2 CoronaVac+ AZD1222	_	71.7 (49.7-84.1) 71.7 (63.2-78.2)	-	
							CoronaVac + BNT162b2	-	79.7 (7.3-95.6)	-	
							AZD1222+ BNT162b2		83.1 (62.3-92.4)		







No. 352	Reference (date) Khanam et al*	Country Bangladesh	Design Test-negative	Population 313 cases and	Dominant Variants	History of COVID Excluded	Vaccine Product ChAdOx1 nCoV-	Outcome Measure Symptomatic disease	Primary Series VE % (95% CI) -45 (-119-4)	Days post Final dose	Max Duration of follow up after fully vaccinated ~36 weeks
332	(December 2, 2022)	Dangiauesii	case control	1,196 controls	Delta	Lxcluded	19	Symptomatic disease	3 (-129-59)	≤19 weeks	30 Weeks
				aged 18+					-35 (-112-14)	>19 weeks	
								Death	86 (-23-98)	14+	
							Sinopharm	Symptomatic disease	29 (-22-58)	14+	
									34 (-16-62)	≤19 weeks	
									-36 (-886-81)	>19 weeks	
							D114 4070	Death	75 (-124-97)	14+	
254	Carala a at al*	111	Datasasati	7722 11614	Outro BAA	e doda	mRNA-1273	Symptomatic disease	64 (10-86)	14+	200
351	Cegolon et al* (November 30, 2022)	Italy	Retrospective cohort	7723 HCWs aged 18+	Omicron BA.1, BA.2, BA.4/BA.5^	Excluded Previously infected only	BNT162b2 or mRNA-1273	Documented infection	41 (-49-77) -4 (-43-24)	7+	~69 weeks
350	Fu et al* (September 22, 2023)	USA	Retrospective cohort	10,412,853 adults aged 18+	Omicron BA.1, BA.2 ^{††}	Included	BNT162b2	Documented infection	-122.3 (-124.2 to - 120.3)	14+	~75.5 weeks
	[Published version of						mRNA-1273		-163.5 (-166.6 to - 160.5)		~73.5 weeks
	December 10, 2022 preprint]						Heterologous mRNA		-19 (-27.4 to -11)		~75.5 weeks
							Ad26.COV2.S		-38.1 (-44.2 to - 32.2)		~69.5 weeks
					Delta^		BNT162b2	Documented infection	-25 (-26.2 to -23.8)		~48.5 weeks
							mRNA-1273		-11.3 (-12.9 to -9.8)		~46.5 weeks
							Heterologous mRNA		-13.6 (-22.7 to -5.2)		~48.5 weeks
							Ad26.COV2.S		33.0 (29.2-36.5)		~42.5 weeks
					Pre-Delta^		BNT162b2	Documented infection	77.9 (77.2-78.5)		~23 weeks
							mRNA-1273 Heterologous		85.9 (85.1-86.5)	-	~21 weeks ~23 weeks
							mRNA		78.9 (66.6-87.7)	_	
					I		Ad26.COV2.S		81.4 (78.4-84.2)	4ct II	~17 weeks
					Pre-Delta, Delta,		BNT162b2	Documented infection	47.3 (46.0-48.5)	1 st month 6 th month	-
					Omicron^		mRNA-1273	-	-77 (-80.6 to - 73.5) 64.7 (63.3-66)	1 st month	1
					S		11111M-12/3		-62.6 (-67.2 to - 58.1)	6 th month	
							Heterologous mRNA	1	-35.5 (-48.6 to - 23.6)	1 st month	1
									-4.2 (-27.4 - 14.8)	6 th month	1
							AD26.COV2.S	1	30.8 (23.5-37.4) -1.2 (-13.2 - 9.5)	1 st month 6 th month	1







No.	Reference (date)	Country	Design	Population	Dominant Variants	History of COVID	Vaccine Product	Outcome Measure	Primary Series VE % (95% CI)	Days post Final dose	Max Duration of follow up after fully vaccinated
349	Castelli et al* (November 30, 2022)	Argentina	Test-negative case control	139,321 matched pairs	Omicron^	Included	BNT162b2 (12-17 y)	Documented infection	28.1 (25.2-30.8)	14+	~32.5 weeks
	(November 30, 2022)		case control	of children and adolescents (3-			mRNA-1273 (12- 17 y)		17.9 (14-21.5)	14+	-
				17 y)			BNT162b2 + mRNA-1273 (12- 17 y)		40.6 (29.4-50)	14+	
							mRNA-1273 + BNT162b2 (12-17 y)		31.5 (26.3-36.4)	14+	
							Any mRNA	Documented infection	55.8 (52.4-59)	15-30	
							(12-17 y)		12.4 (8.6-16.1)	61+	
								Death	97.6 (81-99.7)	14+	
							BBIBP-CorV	Documented infection	26 (23.2-28.8)	14+	~22.5 weeks
							(3-11 y)		37.6 (34.2-40.8)	15-30	
									2 (1.8-5.6)	61+	
								Death	66.9 (6.4-89.8)	14+	
					Delta^		BNT162b2 (12-17 y)	Documented infection	64.1 (60.5-67.3)	14+	~15.5 weeks
							mRNA-1273 (12- 17 y)	Documented infection	70.2 (66.8-73.1)		
							BNT162b2 + mRNA-1273 (12- 17 y)	Documented infection	88.9 (66.1-96.4)		
							mRNA-1273 + BNT162b2 (12-17 y)	Documented infection	66.3 (54-75.4)		
							Any mRNA	Documented infection	74.8 (71.3-77.9)	15-30]
							(12-17 y)		56.3 (50.2-61.7)	61+	
							BBIBP-CorV	Documented infection	61.2 (56.4-65.5)	14+	~5.5 weeks
							(3-11 y)		68.4 (64.1-72.2)	15-30	4
240	T -1- CH -1 1*	LICA	T	5 044 - J. II	Alaba a l	Land III	DNIT4 COL O	112-1-1	65.2 (44-78.4)	61+	*20
348	Turbyfill et al* (November 15, 2022)	USA	Test-negative case control	5,811 adults aged 18+	Alpha and Delta^	Included	BNT162b2 or mRNA-1273	Hospitalization in immunocompetent	91 (88-93)	14+	~30 weeks
								adults Hospitalization in	64 (48-75)	4	
								immunosuppressed		1	
								adults	53 (22-72)		
346	Jorgensen et al*	Canada			Omicron^	Included		Documented infection	45 (37-53)	14+	~66 weeks



IVAC International Vaccine Access Center



No.	Reference (date)	Country	Design	Population	Dominant Variants	History of COVID	Vaccine Product	Outcome Measure	Primary Series VE % (95% CI)	Days post Final dose	Max Duration of follow up after fully vaccinated
	(February 8,2023) [Published version of		Test-negative case control	8,809 infants less than 6 months			BNT162b2 or mRNA-1273 in mothers	Documented infection, second dose given in first trimester	47 (31-59)		
	November 8,2022 preprint]							Documented infection, second dose given in second trimester	37 (24-47)		
								Documented infection, second dose given in third trimester	53 (42-62)		
								Documented infection in infants aged 0-8 weeks	57 (44-66)		
								Documented infection in infants aged 9-16 weeks	47 (31-60)		
								Documented infection in infants aged >16 weeks	40 (21-54)		
								Hospitalization	58 (44-69)		
					Delta^	Excluded		Documented infection	95 (88-98)		~28 weeks
								Hospitalization	97 (74-100)		
345	Clemens et al* (October 13, 2022)	Brazil	Test-negative case control	7958 PCR tests among adults	Delta specifically^	Included	AZD1222	Documented infection	76 (49.5-87.8)	14+	~12.5 weeks
				aged 18-60 in	Delta^			Severe disease	100 (44.3-100)		
				Botucatu	Gamma specifically^			Documented infection	81.3 (-298-97.9)		
344	Chemaitelly et al (November 1, 2022)	Qatar	Retrospective cohort	56,802 matched pairs of individuals with prior breakthrough Omicron infection (all ages)	Omicron^	Previously infected only	BNT162b2 or mRNA-1273	Documented reinfection	57 (52-62)	91+ (≥ 90 days post primary Omicron infection)	~85 weeks
343	Grewal et al*	Canada	Test-negative	6,279 adults	Omicron	Included	BNT162b2 or	Severe disease	83 (76-88)	240-299	~74 weeks
	(March 7, 2023)		case control	aged 50-59	BA.1/BA.2		mRNA-1273		83 (74-89)	≥300	
	[Published version of			3,882 adults aged 60-69	specifically^				79 (71-86)	≥300	
	Nov 1, 2022 preprint]			2,427 adults aged 70-79					80 (72-86)	≥300	
				2,632 adults aged 80+					72 (62-79)	≥300	
				6,279 adults aged 50-59					87 (43-97) 56 (30-72)	240-299 ≥300	~86 weeks







No.	Reference (date)	Country	Design	Population	Dominant Variants	History of COVID	Vaccine Product	Outcome Measure	Primary Series VE % (95% CI)	Days post Final dose	Max Duration of follow up after fully vaccinated
				3,882 adults aged 60-69	Omicron BA.4/BA.5				43 (16-61)	≥300	
				2,427 adults	specifically^				48 (25-64)	≥300	-
				aged 70-79							
				2,632 adults					40 (18-56)	≥300	
342	Moghnieh et al*	Lebanon	Retrospective	aged 80+ 4,507	Delta	Included	Sputnik V	Documented infection	52.3(-27.4-78.7)	3-5 months	~30 weeks
5-12	(September 22,2022)	Lebanon	case control	employees in	specifically^	Included	Sputilik V	Documented infection	23.7 (-84.7-62.8)	7-9 months	Jo Weeks
	(35)			the National	,	Excluded			20.1 (-94.7-61.6)	7-9 months	1
				Airlines		Included	BNT162b2		95.1 (78.4-99.3)	< 3 months	1
				company aged					67.5 (12.8-87.2)	< 7 months	1
				18+		Excluded			71.8 (22.3-89.1)	< 7 months	
					Omicron	Included	Sputnik V	Documented infection	-54.1 (-151-0.84)	> 6 months	~43 weeks
					specifically^	Excluded			-46 (-149.7-10.1)		
						Included	BNT162b2		23.1 (-28.7-52.1)	3-5 months	
						Excluded			21.9 (-38.9-54.1)		
341	Tartof et al*	USA	Test-negative	3,416	Omicron	Included	BNT162b2	Emergency department	30 (-86-74)	<6 months	~84 weeks
	(October 25,2022)		case control	encounters in adults≥ 18	BA.4/BA.5 specifically^			visit for ARI	44 (20-61)	≥6 months	
				11,376				Urgent care visit for ARI	50 (10-72)	<6 months]
				encounters in adults ≥18					7 (-11-22)	≥6 months	
				21,385				Outpatient care visit for	30 (4-49)	<6 months	
				encounters in adults ≥18				ARI	19 (9-29)	≥6 months	
				1386	-			Hospitalization for ARI	-4 (-118-50)	≥6 months	-
				encounters in				1103pitalization for Aiti	-4 (-110-30)	20 1110111113	
				adults aged ≥18							
340	Nordstrom et al*	Sweden	Case control	659,924	Omicron BA.1,	Excluded	BNT162b2 or	Documented infection	51 (48-55)	7+	~6 weeks
	(February 21, 2023)			adolescents	BA.2^		mRNA-1273	(vaccinated on or after			
								January 1, 2022)		_	
	[Published version of October 24,2022							Documented infection	12 (10-13)	7+	~24 weeks
	preprint]							(vaccinated on or after September 1, 2021)			
	preprincj							Hospitalization with	87 (66-95)	7+	~27 weeks
								COVID-19 as main	07 (00 33)	,	27 Weeks
								diagnosis (vaccinated on			
								or after November 15,			
								2021)			
								Hospitalization with	69 (29-87)	48+	~45 weeks
								COVID-19 as main			
								diagnosis (vaccinated			



IVAC International Vaccine Access Center



No.	Reference (date)	Country	Design	Population	Dominant Variants	History of COVID	Vaccine Product	Outcome Measure	Primary Series VE % (95% CI)	Days post Final dose	Max Duration of follow up after fully vaccinated
								2021)			
339	Collie et al* (October 24, 2022)	South Africa	Test-negative case control	53,771 HCW aged 18+ with low physical	Beta and Delta ^{††}	Included	Ad26.COV2.S	Documented infection Hospitalization	48.0 (9.7-70.1) 39.8 (34.0-45.1) 60 (39-73.8)	14-20 28+ 28+	~34 weeks
				activity 62,721 HCW aged 18+ with				Documented infection	39.0 (-4.9-64.5) 36.3 (31.3-41.0)	14-20 28+	
				moderate physical activity				Hospitalization	72.1 (55.2-82.6)	28+	
				79,952 HCW aged 18+ with				Documented infection	51.0 (16.8-71.1) 41.2 (37.5-44.7)	14-20 28+	
				high physical activity				Hospitalization	85.8 (74.1-92.2)	28+	
338	Surie et al* (October 21, 2022)	USA	Test-negative case control	4,730 hospitalizations	Omicron BA.1/BA.2^	Included	BNT162b2 or mRNA-1273	Hospitalization with COVID-like illness	63 (46–75) 34 (20–46)	14-150 150+	~74 weeks
				in adults aged ≥18	Omicron BA.4/BA.5^				83 (35–96) 37 (12–55)	14-150 150+	~82 weeks
337	Britton et al* (October 21, 2022)	USA	Test-negative case control	34,220 hospitalizations in adults aged ≥18	Omicron BA.1^ Omicron BA.2/ BA.2.12.1^	Included	BNT162b2 or mRNA-1273	Hospitalization with COVID-like illness (immunocompromised)	40 (34–46) 7 (–16–25)	14+	~56 weeks ~69 weeks
				210	Omicron BA.4/BA.5^				38 (23–50)		~77 weeks
					Omicron BA.2/ BA.2.12.1/ BA.4/BA.5^				22 (10–33)		~77 weeks
336	Embi et al*	USA	Test-negative	200,071 ED/UC	Delta^	Included	mRNA-1273	Emergency department	90 (89-91)	14-149	~46 weeks
	(May 22, 2023)		case control	events in				and urgent care visit for	84 (83-85)	>150	
				immuno-			BNT162b2	COVID-like illness	85 (84-86)	14-149	
	[published version of October 21, 2022,			competent adults aged ≥18				(immunocompetent)	73 (72-74)	>150	
	preprint]			70,882			mRNA-1273	Hospitalization with	95 (92-95)	14-149	
				hospitalization				COVID-like illness	89 (88-90)	>150	
				in immuno-			BNT162b2	(immunocompetent)	90 (88-91)	14-149	
				competent adults aged ≥18 years					80 (79-82)	>150	
				8,848 ED/UC			mRNA-1273	Emergency department	79 (64-88)	14-149	
				events in			DAIT4 COL 0	and urgent care visit for COVID-like illness	64 (54-72)	>150	
				immuno-			BNT162b2	(immunocompromised)	62 (45-73) 56 (46-64)	14-149 >150	-







No.	Reference (date)	Country	Design	Population	Dominant Variants	History of COVID	Vaccine Product	Outcome Measure	Primary Series VE % (95% CI)	Days post Final dose	Max Duration of follow up after fully vaccinated
				compromised adults aged ≥18							
				18,843			mRNA-1273	Hospitalization with	81 (69-88)	14-149	1
				hospitalization				COVID-like illness	73 (68-77)	>150	
				in immuno-			BNT162b2	(immunocompromised)	68 (58-75)	14-149	
				compromised adults aged ≥18					64 (58-69)	>150	
				3,234 immuno-			Ad26.COV2.S	Emergency department	67 (63-71)	14-149	-
				competent				and urgent care visit for	62 (58-65)	>150	1
				adults aged ≥18				COVID-like illness			
								(immunocompetent)	(=, ==)		_
								Hospitalization with COVID-like illness	77 (71-82) 69 (65-73)	14-149 >150	-
								(immunocompetent)	09 (05-73)	>150	
				968 immuno-				Emergency department	9 (-66-50)	14-149	1
				compromised				and urgent care visit for	-6 (-49-25)	>150	1
				adults aged ≥18				COVID-like illness			
								(immunocompromised) Hospitalization with	35 (-3-60)	14-149	-
								COVID-like illness	43 (23-58)	>150	-
								(immunocompromised)	.5 (25 55)		
335	Zerbo et al*	USA	Cohort study	30,288 infants	Omicron^	Excluded	BNT162b2 or	Documented infection in	26 (-22-56)	7+	~11 months
	(February 28,2023)			born to mothers			mRNA-1273 in	the first 2 months of life			
	[Published version of			16-50 years of age who were			1 st trimester	Documented infection in the first 4 months of life	23 (-6-44)		~13 months
	October 18, 2022			members of				Documented infection in	19 (-3-37)	-	~15 months
	preprint]			Kaiser				the first 6 months of life	23 (3 37)		25 1116116115
				Permanente			BNT162b2 or	Documented infection in	37 (-21-67)		~8 months
				Northern California			mRNA-1273 in	the first 2 months of life			
				California			2 nd trimester	Documented infection in the first 4 months of life	5 (-28-29)		~10 months
								Documented infection in	3 (-19-21)	-	~12 months
								the first 6 months of life	3 (13 21)		12 1110110113
							BNT162b2 or	Documented infection in	-4 (-84-41)		~5 months
							mRNA-1273 in	the first 2 months of life			
							3rd trimester	Documented infection in	12 (-23-37)		~7 months
								the first 4 months of life Documented infection in	18 (-4-36)	-	~9 months
								the first 6 months of life	10 (-4-30)		3 months
					Delta^	Excluded		Documented infection in	61 (-31-89)	7+	~11 months
								the first 2 months of life			







No.	Reference (date)	Country	Design	Population	Dominant Variants	History of COVID	Vaccine Product	Outcome Measure	Primary Series VE % (95% CI)	Days post Final dose	Max Duration of follow up after fully vaccinated
							BNT162b2 or	Documented infection in	48 (-54-82)		~13 months
							mRNA-1273 in 1st trimester	the first 4 months of life Documented infection in	49 (-46-82)	-	~15 months
							Tatimester	the first 6 months of life	49 (-40-82)		15 months
							BNT162b2 or	Documented infection in	91 (63-98)	1	~8 months
							mRNA-1273 in	the first 2 months of life			
							2 nd trimester	Documented infection in	60 (23-79)		~10 months
								the first 4 months of life Documented infection in	65 (33-81)	-	~12 months
								the first 6 months of life	03 (33-01)		12 1110111115
							BNT162b2 or	Documented infection in	87 (55-96)		~5 months
							mRNA-1273 in	the first 2 months of life			
							3rd trimester	Documented infection in	70 (43-84)		~7 months
								the first 4 months of life Documented infection in	54 (27-71)	+	~9 months
								the first 6 months of life	54(2771)		3 1110111113
334	Consonni et al*	Italy	Retrospective	5,596 HCWs	Omicron^	Excluded	BNT162b2	Documented infection	70 (54-80)	7-119	~67 weeks
	(October 19, 2022)		cohort						16 (0-43)	120+	
					(Note: 88.3% of cases were	Previously infected			25 (0-69) 88 (66-96)	7-119 120+	
					during the	only			88 (00-90)	120+	
					Omicron	,					
					period; 8.2%						
					and 3.5% of cases were						
					during Alpha,						
					and Delta						
					periods,						
333	Chambers et al*	Canada	Test-negative	801 cases and	<i>respectively)</i> Delta and	Excluded	BNT162b2 or	Documented infection	82 (74-88)	7+	~44 weeks
~~	(October 19,2022)	Januau	case control	8,879 controls	Alpha^	ZXCIGGCG	mRNA-1273	Symptomatic disease	93 (79-98)	1	. i weeks
				with HIV aged				Severe disease	97 (80-99)		
				19+			AZD1222	Documented infection	77 (34-92)		
							AZD1222 + any		80 (49-92)		
332	Wan et al*	Hong Kong	Case control	204,901 cases	Omicron	Excluded	mRNA BNT162b2	Documented infection:	17.3 (15.2-19.3)	14-180	~24 weeks
332	(October 17, 2022)	SAR	Susc control	and 819,315	BA.2 [^]	ZACIGACA	211110202	60-79 y	27.0 (15.2 15.5)	21 100	2 I WEEKS
				controls among				Hospitalization: 60-79 y	74.6 (72.1-76.8)		
				adults aged 60+				Severe disease: 60-79 y	77.5 (65.7-85.2)		
				У				Death: 60-79 y	92.1 (88.7-94.5)		







No.	Reference (date)	Country	Design	Population	Dominant Variants	History of COVID	Vaccine Product	Outcome Measure	Primary Series VE % (95% CI)	Days post Final dose	Max Duration of follow up after fully vaccinated
							CoronaVac	Documented infection: 80+ y Hospitalization: 80+ y Severe disease: 80+ y Death: 80+ y Documented infection: 60-79 y Hospitalization: 60-79 y	54.2 (51.4-56.9) 81 (78.2-83.5) 82.7 (62.7-92) 92.5 (89.3-94.8) -23.1 (-25.8 to - 20.5) 59.4 (56.6-62)		
								Severe disease: 60-79 y Death: 60-79 y Documented infection: 80+ y Hospitalization: 80+ y Severe disease: 80+ y Death: 80+ y	57.7 (43.8-68.2) 79.6 (75-83.3) 31.2 (28.7-33.6) 58.4 (55.8-60.9) 55 (38.6-67) 69.4 (65.6-72.8)		
331	Mimura et al* (October 8, 2022)	Japan	Retrospective cohort	105,267 individuals aged 16-64 years 105,618 individuals aged 16-64 years	Omicron specifically^ Delta specifically^	Excluded	BNT162b2 or mRNA-1273	Documented infection Symptomatic disease Documented infection Symptomatic disease	15.8 (7.9-23.1) 21.2 (11-30.3) 82.9 (69.4-90.4) 95.7 (82.5-98.9)	14+ (Includes up to 13 days post booster dose)	~43 weeks ~31 weeks
330	Risk et al* (October 8, 2022) Note: this study does not adjust for calendar time	USA	Test-negative case control	4,332 adolescents aged 12-17 years	Omicron specifically^ Delta specifically^	Included	BNT162b2	Documented infection	54.5 (17.8-76.9) 4.2 (-20.2-23.6) 81.9 (67.9-90.8) 65.3 (34.6-83.8)	0-3 months ≥6 months 0-3 months ≥6 months	~58 weeks ~44 weeks
329	Buchan et al* (September 22, 2022)	Canada	Test-negative case control	134,435 adults in Ontario (18+ y)	Omicron specifically^ Delta specifically^	Included	BNT162b2 or mRNA-1273 Note: ~7.1% of participants received one dose of AZD1222 as part of their primary series	Symptomatic disease Severe disease Symptomatic disease Severe disease	36 (24-45) 2 (-17-17) 75 (51-87) 82 (62-91) 89 (86-92) 80 (74-84) 94 (84-98) 95 (85-99)	7-59 240+ 120-179 180-239 7-59 240+ 7-59	~49 weeks
328	Lewis et al* (September 28,2022)	USA	Outbreak investigation	57 LTCF residents aged 60+ years	Gamma specifically^	Unknown	BNT162b2 or mRNA-1273	Documented infection	80 (46.4-92.6)	14+	~14 weeks







No.	Reference (date)	Country	Design	Population	Dominant Variants	History of COVID	Vaccine Product	Outcome Measure	Primary Series VE % (95% CI)	Days post Final dose	Max Duration of follow up after fully vaccinated
327	Rudan et al* (September 28, 2022)	Scotland	Test-negative case control	148,055 children aged	Omicron specifically^	Included	BNT162b2	Symptomatic disease	81.2 (77.7-84.2) 48.7 (22-66.3)	14-35 98+	~21 weeks
	(September 20, 2022)		case control	12-15 years	Delta	-			100 (-Inf -100)	14-35	~10 weeks
					specifically^				92.9 (42.5-99.1)	42-63	
				37,628	Omicron				65.5 (56-73)	14-35	~27 weeks
				adolescents	specifically ^				1.2 (-49.3-34.6)	98+	
				aged 16-17	Delta				95.6 (77-99.1)	14-35	~17 weeks
226	11	LICA	Datasasasi	years	specifically^	La al cala al	DAUTA COLO	December 1 infection	96.7 (51.3-99.8)	42-63	200
326	Lin et al* (September 26, 2022)	USA	Retrospective cohort	10,600,823 residents of	Omicron^	Included	BNT162b2	Documented infection	37.5 (36.0-39.0)	~47 weeks	~60 weeks
	(September 20, 2022)		COHOIT	North Carolina,					0.8 (-1.5-3)	~60 weeks	
	Note: this study			5+ years				Hospitalization	58.8 (49.3-66.5)	~47 weeks	
	includes additional VE estimates for individuals vaccinated during different time periods.								29.4 (10.3-44.4)	~60 weeks	
								Death	75.2 (67.7-81.0)	~47 weeks	
									59.1 (27.2-77)	~60 weeks	
							mRNA-1273	Documented infection	47.2 (45.8-48.5)	~46 weeks	~60 weeks
								30.3 (28.9-32.9)	~59 weeks		
								Hospitalization	64.7 (57.2-70.9)	~46 weeks	
									61.5 (49.6-70.6)	~59 weeks	1
								Death	69.6 (62.3-75.5)	~46 weeks	-
									48.3 (22.6-65.4)	~59 weeks	-
							Ad26.COV2.S	Documented infection	48.8 (47.2-50.4)	~41 weeks	~54 weeks
									49 (46.4-51.4)	~54 weeks	-
								Hospitalization	65.3 (58.3-71.1)	~41 weeks	†
									53.3 (26.7-70.2)	~54 weeks	-
								Death	76.1 (69.2-81.4)	~41 weeks	-
								Death	77.5 (19.6-93.7)	~54 weeks	-
					Delta^		BNT162b2	Documented infection	54.3 (53.6-55)	~25 weeks	~38 weeks
					Deita		DIVI 10202	Documented infection	47.4 (46.6-48.2)	~38 weeks	30 WEEKS
								Hassitalisation	,		_
								Hospitalization	85.8 (83.4 -87.8)	~25 weeks	
								2 1	70.9 (65.3-75.6)	~38 weeks	_
								Death	89.6 (87-91.6)	~25 weeks	1
									77.4 (70.6-82.6)	~38 weeks	
							mRNA-1273	Documented infection	69.2 (68.5-69.9)	~24 weeks	~37 weeks
									48.4 (47.5-49.3)	~37 weeks	
								Hospitalization	89.8 (88.1-91.3)	~24 weeks	







No.	Reference (date)	Country	Design	Population	Dominant Variants	History of COVID	Vaccine Product	Outcome Measure	Primary Series VE % (95% CI)	Days post Final dose	Max Duration of follow up after fully vaccinated
									72.7 (67.8-77)	~37 weeks	
								Death	93 (91.1-94.5)	~24 weeks	
									85.1 (80.1-88.8)	~37 weeks	
							Ad26.COV2.S	Documented infection	59.2 (57.7-60.7)	~20 weeks	~33 weeks
									60.5 (58.9-62.1)	~33 weeks	
								Hospitalization	77.9 (72.2-82.4)	~20 weeks	
									70.0 (64.8-74.5)	~33 weeks	
								Death	83.8 (76.1-89.0)	~20 weeks	
									79.2 (73.1-84.0)	~33 weeks	
					Alpha^		BNT162b2	Documented infection	67.6 (66.9-68.3)	~3 weeks	~21 weeks
									58.6 (58-59.2)	~21 weeks	
								Hospitalization	94.1 (92.2-95.5)	~3 weeks	
								87.1 (85-88.9)	~21 weeks		
							Death	97.1 (94.7-98.4)	~3 weeks		
								91.9 (89.4-93.8)	~21 weeks		
							mRNA-1273	Documented infection	90.1 (89.6-90.7)	~2 weeks	~20 weeks
									71.9 (71.3-72.6)	~20 weeks	
								Hospitalization	96.5 (95.1-97.6)	~2 weeks	
									90.4 (88.6-91.9)	~20 weeks	
								Death	97.2 (95.1-98.4)	~2 weeks	
									92.8 (90.3-94.6)	~20 weeks	
							Ad26.COV2.S	Documented infection	70.6 (68.8-72.3)	~2 weeks	~10 weeks
									63.0 (60.8-65.0)	~10 weeks	
								Hospitalization	67.9 (56.5-76.3)	~2 weeks	
									79.3 (71.7-84.8)	~10 weeks	
								Death	62.3 (38.2-77)	~2 weeks	
									85.7 (74.6- 91.9)	~10 weeks	
325	Grewal et al*	Canada	Test-negative	21,275 cases	Omicron BA.1,	Excluded	BNT162b2 or	Documented infection	3 (-7-12)	0+	~80 weeks
	(December 3,2022)		case control	and 273,466	BA.2,		mRNA-1273	Symptomatic disease	21 (1-38)		
	[Published version of			controls	BA.4,BA.5^			Severe disease	43 (24-58)		
	September 30, 2022			amongst LTCF residents aged							
	preprint]			60+ in Ontario							
324	Link-Gelles et al*	USA	Test-negative	103,236 ED/UC	Omicron	Included	BNT162b2	ED/UC encounter for	45 (27-59)	14-149	~82 weeks
	(March 15,2023)		case control	encounters and	BA.4/BA.5^			COVID-like illness	24 (19-27)	150+	







No.	Reference (date)	Country	Design	Population	Dominant Variants	History of COVID	Vaccine Product	Outcome Measure	Primary Series VE % (95% CI)	Days post Final dose	Max Duration of follow up after fully vaccinated
				hospitalizations in adults aged				Hospitalization for COVID-like illness	17 (7-27)	150+	
	[Published version of			18+			mRNA-1273	ED/UC encounter for	51 (30-66)	14-149	
	October 5, 2022,							COVID-like illness	30 (25-34)	150+	
	preprint]							Hospitalization for COVID-like illness	28 (17-38)	150+	
							Heterologous	ED/UC encounter for	70 (52-81)	14-149	
							mRNA vaccines	COVID-like illness	38 (29-46)	150+	
323	Ferdinands et al *	USA	Test-negative	893,461 adults	Omicron^	Excluded	BNT162b2,	ED/UC encounter: All	63 (57-68)	<2 mos	~67 weeks
	(October 3, 2022)		case control	(18+) admitted			mRNA-1273		22 (5-36	16-<18 mos	
				to a hospital or ED/UC center				Hospitalization: All	73 (63-80)	<2 mos	
				across 10 states					19 (6-30)	14+ mos	
								Hospitalization:	34 (13-51)	<4 mos	
								Immunocompromised	20 (1-36)	6+ mos	
					Delta^			ED/UC encounter	93 (92-94)	<2 mos	~47 weeks
									66 (60-72)	10-<12 mos	
								Hospitalization	96 (95-97)	<2 mos	
									68 (59-75)	10-<12 mos	
					Alpha ^{††}			ED/UC encounter	95 (94-96)	<2 mos	~19 weeks
									86 (78-91)	4-<6 mos	
								Hospitalization	94 (93-95)	<2 mos	
									87 (77-93)	4-<6 mos	
322	Schrag et al*	USA	Test-negative	4517 ED/UC	Omicron^	Included	BNT162b2 or	Emergency Dept/Urgent	16 (-22-42)	14+	~55 weeks
	(September 26, 2022)		case control	encounters and 975			mRNA-1273	Care encounter	3 (-49-37)	14-149	
				hospitalizations					42 (-16-72)	150+	
				among pregnant				Hospitalization	77 (28-93)	14+	
		among pregnant persons (aged 18-45) across 10 states						86 (41-97)	14-149		
			Delta^			Emorgongy Dont/Hygant	64 (-102-93) 83 (68-91)	150+ 14+	~45 weeks		
			Deltan			Emergency Dept/Urgent Care encounter	83 (68-91) 84 (69-92)	14-149	45 weeks		
						care encounter	75 (5-93)	150+	1		
						Hospitalization	98 (96-99)	14+	1		
						11035114112411011	99 (96-100)	14-149	1		
									96 (86-99)	150+	1





No.	Reference (date)	Country	Design	Population	Dominant Variants	History of COVID	Vaccine Product	Outcome Measure	Primary Series VE % (95% CI)	Days post Final dose	Max Duration of follow up after fully vaccinated
321	Copur et al* (September 28, 2022)	Turkey	Retrospective cohort	1,911 healthcare workers	Alpha^	Excluded	CoronaVac	Documented infection	65 (50-75)	14+	~15 weeks
320	Más-Bermejo et al* (September 23, 2022)	Cuba	Retrospective cohort	53,638 individuals aged ≥19 years	Delta^	Excluded	Abdala	Severe disease Death	98.2 (97.9-98.5) 98.7 (98.3-99)	14+	~20 weeks
319	Xu et al* (December 5,2022)	Sweden	Retrospective cohort	2,291,504 adults aged 65+	Non-VOC, Alpha, Delta, Omicron^	Included	BNT162b2	Documented infection Hospitalization	85.8 (83.8-88.2) 18.2 (2.2-31.6) 87.2 (83.6-90.0) 68.5 (45.5-81.8)	28+ 350-371 28+ 350-371	~51 weeks
	[Published version of September 20, 2022 preprint]						mRNA-1273	Documented infection Hospitalization	94.6 (89.6-97.2) 11.8 (-55.5-50.0) 96.0 (89.5-98.5)	28+ 350-371 28+	
							AZD1222	Documented infection Hospitalization	21.5 (-89.2-67.4) 43.6 (1.9-67.6) -2.3 (-627.9-85.6) 74.6 (-5.0-93.9)	350-371 28+ 266-287 28+	~39 weeks
318	Chung et al*	Canada	Test-negative	1,387,462	Non-VOC,	Excluded	BNT162b2 or	Documented infection	28.7 (-37.6-63.0) 89 (88-90)	238-259 7-59	~15 weeks
	(September 7,2022)		case control	individuals aged 16+	Alpha^		mRNA-1273	Symptomatic disease Severe disease	80 (75-85) 94 (91-96) 93 (79-98) 95 (90-97)	60-119 7-59 60-119 7-59	- - -
				881,270 individuals aged	Alpha^			Documented infection	92 (91-93) 82 (79-85)	7-59 120-179	~24 weeks
				16+				Symptomatic disease Severe disease	92 (91-94) 86 (78-91) 94 (92-95)	7-59 120-179 7-59	_
				1,426,940 individuals aged	Delta^	_		Documented infection	97 (95-98) 90 (90-90) 78 (76-80)	60-119 7-59 ≥240	~42 weeks
				16+				Symptomatic disease	94 (94-95) 88 (86-90)	7-59 ≥240	
								Severe disease	98 (98-99) 98 (95-99)	7-59 ≥240	
317	Martin et al* (September 10, 2022)	UK	Prospective cohort	1105 patients with end-stage kidney disease	Non-VOC, Alpha, Delta ^{††}	Included	BNT162b2	Documented infection	62 (18-82)	14+	~46 weeks
				undergoing hemodialysis in London			AZD1222		42 (-22-70)		







No.	Reference (date)	Country	Design	Population	Dominant Variants	History of COVID	Vaccine Product	Outcome Measure	Primary Series VE % (95% CI)	Days post Final dose	Max Duration of follow up after fully vaccinated
316	Collie et al*	South Africa	Test-negative	32,883	Omicron BA.1	Included	BNT162b2	Hospitalization	80.3 (62.8-89.5)	14-27	~36 weeks
	(September 14, 2022)		case control	hospitalized	or BA.2^				38.4 (16.9-54.4)	7-8 mos	
				adults (18+)	Omicron BA.4				47.4 (19.9-65.5)	3-4 mos	~53 weeks
					or BA.5^				19.3 (6.3-30.5)	9+ mos	
315	Chatzilena et al*	UK	Test-negative	8543	Delta^	Excluded	BNT162b2	Hospitalization	82.5 (76.2-87.2)	7+	~56 weeks
	(December 7,2022)		case control	hospitalized					91.5 (83.1-96.2)	≤3 months	_
	[Published version of			adults (18+) in					` ′		_
	September 12, 2022 preprint			Bristol					79.5 (71.5-85.3)	>3 months	
314	Mallah et al*	Spain	Test-negative	909,636 persons	Alpha, Delta ^{††}	Excluded	BNT162b2 or	Documented infection	72 (71-73)	7+	~42 weeks
314	(September 10, 2022)	Spain	case control	aged 11+ y In	Alpha, Delta	LACIGUEU	mRNA-1273	Hospitalization	74 (70-77)	┥ ′ ′	42 WEEKS
	(September 10, 2022)		case control	Galicia			111111111111111111111111111111111111111	HOSPILAIIZALIOII	74 (70-77)		
								Note: Includes some			
								booster recipients		12-120	
313	Chico-Sanchez et al*	Spain	Test-negative	6364 HCW in	Non-VOC,	Included	BNT162b2	Documented infection	91.6 (89.6-93.2)		~22 weeks
	(August 31, 2022)	•	case control	the Valencian	Alpha^				71.5 (67-75.5)	>120	
	, , ,			Autonomous					,		
				Community			mRNA-1273	Documented infection	95.2 (88.3-98.1)	12-120	
									88.3 (75.7-94.4)	>120	1
							BNT162b2 or	Hospitalization	96.8 (76.1-99.6)	12+	
							mRNA-1273				
312	Huang et al*	China	Matched case	612,597 cases	Omicron^	Excluded	Ad5-nCoV	Documented infection	13.2 (10.9-15.5)	14+	~62 weeks
	(October 20, 2022)		control	aged ≥3 years				Severe/critical illness	77.9 (15.6-94.2)		
	[Update to September										
211	9, 2022 preprint]	Consider	Casa ashaw	14 777 - 4.14-	Delta^	Included	BNT162b2	Decumented infection	77 /76 77\	14+	~21
311	Monge et al* (September 2 ,2022)	Spain	Case cohort	14,777 adults aged 50-59	Deitan	included	BIN116202	Documented infection Symptomatic infection	77 (76-77) 77 (76-78)	14+	~21 weeks
	(September 2,2022)			years				Hospitalization	97 (97-98)	-	
				years				Death	97 (93-99)	-	
							mRNA-1273	Documented infection	87 (86-87)	-	
							1111(NA-1273	Symptomatic infection	89 (88-90)	-	
								Hospitalization	98 (97-99)	†	
								Death	94 (75-99)		
							AZD1222	Documented infection	59 (56-61)		
								Symptomatic infection	59 (55-62)		
								Hospitalization	96 (93-98)		
							Ad26.COV2.S	Documented infection	64 (62-66)		
								Symptomatic infection	56 (53-59)		
								Hospitalization	86 (83-89)	1	
								Death	89 (64-97)	1	
		1	11		i e	1	10		, , ,	•	(1 1)







No.	Reference (date)	Country	Design	Population	Dominant Variants	History of COVID	Vaccine Product AZD1222 + any mRNA	Outcome Measure Documented infection Symptomatic infection	Primary Series VE % (95% CI) 88 (85-91) 82 (75-87) 98 (84-100)	Days post Final dose	Max Duration of follow up after fully vaccinated
310	Penayo et al* (June 2022)	Paraguay	Test-negative case control	2,458 cases and 2,054 controls 18+ years with severe acute respiratory illness (SARI)	Delta^	Included	BNT162b2 mRNA-1273 AZD1222 Sputnik V Hayat vax Covaxin	Hospitalization Hospitalization with severe acute respiratory infection (SARI)	91.9 (72.2-97.6) 76.1 (-127.4-97.5) 83.0 (66.3-91.5) 83.2 (48.9-94.5) 31.8 (-41.2-67.1) 25.8 (-37.1-59.9)	14+	~37 weeks
					Omicron [^]		mRNA-1273 AZD1222 Sputnik V Hayat vax Covaxin		49.5 (9.9-71.7) 78.0 (-97.0-97.5) 42.1 (-105.4-83.7) 10.1 (-31.0-38.3) 25.7 (-29.9-57.5) 64.4 (-44.6-92.2) 40.4 (-5.1-66.2) 13.0 (-45.8-48.0)	14+ 14-89 14+ 14+ 14+ 14-89 14+ 14+	~52 weeks
309	Barraza et al* (August 5, 2022)	Chile	Retrospective cohort	3282 cases and 3199 controls	Gamma, Delta and Omicron^	Included	BNT162b2 AZD1222 CoronaVac	Hospitalization with severe acute respiratory infection (SARI)	80.3 (68.9-87.5) 72.4 (32.8-88.6) 54.5 (45.2 – 62.3)	14+	~77 weeks ~71 weeks ~72 weeks
308	Suphanchaimat et al* (July 5,2022)	Thailand	Test-negative case control	558,865 cases and 1,139,723 controls aged 18+	Delta^	Included	BNT162b2 AZD1222 CoronaVac AZD1222 + BNT162b2 CoronaVac + AZD1222 CoronaVac + BNT162b2	Documented infection	74.2 (71.8-76.3) 57 (43.6-57.2) 61.4 (59.6-63.2) 25.8 (19.1-31.9) 27.9 (0.3-47.9) 49.8 (47.8-51.6) 79.9 (74-84.5) 77.4 (68.2-84) 57.8 (56.3-59.2) 36.6 (33.6-39.4) 74.7 (62.8-82.8) 84.6 (64.9-89.3)	15-29 90+ 15-29 90+ 15-29 90+ 15-29 90+ 15-29 90+ 15-29 90+ 15-29	~2 weeks ~15 weeks ~2 weeks ~31 weeks ~2 weeks ~40 weeks ~19 weeks ~2 weeks ~2 weeks ~39 weeks ~2 weeks ~19 weeks
307	Lind et al* (November 21, 2022) [Update to August 26, 2022 preprint]	USA	Test-negative case control	241,654 individuals aged ≥16 years	Alpha^ Delta^	Excluded	BNT162b2 or mRNA-1273	Documented infection Symptomatic disease Hospitalization Documented infection Symptomatic disease	84.4 (75.5-90.0) 96.5 (75.1-99.5) 86.6 (75.5-92.7) 93.8 (55.0-99.1) 85.5 (65.5-93.9) 82.2 (-34.5-97.7) 68.9 (58.0-77.1) 37.1 (24.0-48.1) 74.8 (62.9-82.9)	14-89 90-149 14-89 90-149 14-89 90-149 14-89 150+ 14-89	~29 weeks







No.	Reference (date)	Country	Design	Population	Dominant Variants	History of COVID	Vaccine Product	Outcome Measure	Primary Series VE % (95% CI)	Days post Final dose	Max Duration of follow up after fully vaccinated
									48.4 (32.8-60.4)	150+	
								Hospitalization	85.4 (60.2-94.6)	14-89	
									66.2 (42.5-80.1)	150+	
306	Lim et al*	Malaysia	Test-negative	14,199	Alpha, Delta^	Excluded	BNT162b2	Documented infection	58.9 (40.7-71.9)	14-27	~28 weeks
	(August 24,2022)		case control	individuals aged					31.3 (10.8-47.2)	98-111	
				≥18 years				ICU admission	92.5 (72.3-98.8)	14+	
								Death	96.5 (82.3-99.8)		
			Retrospective					Documented infection	87.9 (86.3-89.4)		
			cohort					ICU admission	97.5 (81.2-99.6)		
								Death	99.3 (96.3-100)		
305	Cocchio et al* (August	Italy	Retrospective	122,213	Omicron^	Excluded	BNT162b2	Documented infection	53 (51-55)	14-34	~16 weeks
	20, 2022)		cohort	children aged 5- 11 years					23 (20-26)	70+	
				96,072					59 (55-62)	14-34	~53 weeks
				adolescents					8 (5-11)	70+	
				aged 12-17			mRNA-1273		55 (49-61)	14-34	~33 weeks
				years					20 (15-24)	70+	
				141,003	Delta^		BNT162b2		88 (85-91)	14-34	~28 weeks
				adolescents					82 (74-88)	70+	
				aged 12-17			mRNA-1273		90 (68-97)	14-34	~7 weeks
				years					96 (86-99)	35-69	
304	Tsang et al*	Hong Kong	Prospective	8636 individuals	Omicron	Excluded	BNT162b2	Documented infection	27.6 (-6.3-50.7)	14-89	~55 weeks
	(December 12, 2022)	SAR	cohort	aged 5+ y	BA.2^				1.1 (-22.4-20.1)	90+	
								Symptomatic disease	31.6 (-9.3-57.2)	14-89	
	[Update to August 25,								4.7 (-23.5-26.6)	90+	
	2022 preprint]						CoronaVac	Documented infection	22.7 (-15.2-48.2)	14-89	
									5.4 (-25.6-28.8)	90+	
								Symptomatic disease	12.2 (-40-44.9)	14-89	
									6.4 (-32.1-33.7)	90+	
303	Wan et al*	Hong Kong	Case-Control	82,587 cases of	Omicron	Excluded	BNT162b2	Documented infection	22.1 (20-24.2)	14+	~53 weeks
	(August 17, 2022)	SAR		COVID-19	BA.2^			Hospitalization	74.2 (71.7-76.4)		
		infection, 10,241 cases of COVID-19	,				ICU admission	82.3 (72.1-88.8)			
					CoronaVac	Documented infection	-0.3 (-2.7 -2.1)				
				related hospital				Hospitalization	64.2 (61.8-66.4)		
				admission, 539 cases of ICU admission in patients with Diabetes				ICU admission	58.1 (45-68.1)		





No.	Reference (date)	Country	Design	Population Mellitus (DM)	Dominant Variants	History of COVID	Vaccine Product	Outcome Measure	Primary Series VE % (95% CI)	Days post Final dose	Max Duration of follow up after fully vaccinated
				aged ≥12 y							
302	Powell et al*	UK	Test-negative	1,161,704 tests	Omicron^	Excluded	BNT162b2	Symptomatic disease	64.5 (63.6-65.4)	14-104	~38 weeks
	(November 24,2022) [Published version of		case control	among adolescents					25.7 (-4.2-47.0)	280-286	
	August 22, 2022			(aged 11-17 y)	Delta^	Excluded	BNT162b2	Symptomatic disease	91.8 (91.2-92.3)	14-104	~37 weeks
	preprint]			in England					71.9 (67.9-75.4)	175-279	
301	Yan et al*	Hong Kong,	Case control	9021 cases and	Omicron	Excluded	BNT162b2	Severe disease (18-50 y)	73.7 (54.2-84.9)	14+	~52 weeks
	(August 18, 2022)	SAR		89,440 controls	BA.2^			Severe disease (51-64 y)	84.5 (72.2-91.4)		
				among adults				Severe disease (65+ y)	81.9 (74.4-87.2)		
				aged 18+ y				Death (18-50 y)	84.2 (67.3-92.4)		
								Death (51-64 y)	86.9 (80.3-91.3)		
								Death (65+ y)	90.6 (88.5-92.4)		
							CoronaVac	Severe disease (18-50 y)	72.6 (40.1-87.5)		
								Severe disease (51-64 y)	67.8 (48.7-79.7)		
								Severe disease (65+ y)	56.7 (47.4-64.4)		
								Death (18-50 y)	83.7 (57.9-93.7)		
								Death (51-64 y)	78.1 (69.4-84.3)		
								Death (65+ y)	72.5 (69.9-74.9)		
300	Kim et al*	South Korea	Retrospective	3,203,985	Delta,	Excluded	BNT162b2	Documented infection	76.6 (74.3-78.6)	14-29	~6 weeks
	(Augut 17, 2022)		cohort	adolescents	Omicron††			(12-15 y)	49.6 (45.9-53.2)	30-59	
				aged 12-18				Documented infection	83.5 (81.3-85.4)	14-29	~11 weeks
								(16-17 y)	41.8 (35.3-47.6)	60-89	
								Documented infection	82.8 75.1-88.1)	14-29	~22 weeks
200	District Alte	LICA	Balance	462.005	O contractor	La al cala al	DAUTA COLO	(18 y)	28.9 (20.6-36.4)	90+	art Constant
299	Risk et al* (August 16,2022)	USA	Retrospective cohort	162,805 immunocompet	Omciron^	Included	BNT162b2	Documented infection (immunosuppressed)	13 (-23-39)	14+	~56 weeks
	(August 10,2022)		COHOIT	ent and 5,609				Documented infection	-6 (-16-4)	-	
				immunosuppres				(immunocompetent)	-0 (-10-4)		
				sed individuals				Hospitalization (all)	67 (51-78)	•	
				aged ≥18 years			mRNA-1273	Documented infection	57 (29-74)		
				,				(immunosuppressed)	37 (23 7 1)		
								Documented infection	16 (5-26)		
								(immunocompetent)	, ,		
								Hospitalization (all)	79 (63-88)		
							BNT162b2 or	Hospitalization	85 (62-94)		
							mRNA-1273	(immunosuppressed)			
								Hospitalization	68 (53-78)		
								(immunocompetent)			
								ICU admission	92 (66-98)		
298	Cheng et al*					Excluded	BNT162b2	Documented infection	38 (34-41)	14+	~51 weeks





No.	Reference (date)	Country	Design	Population	Dominant Variants	History of COVID	Vaccine Product	Outcome Measure	Primary Series VE % (95% CI)	Days post Final dose	Max Duration of follow up after fully vaccinated
	(August 11,2022)	Hong Kong,	Retrospective	103,143	Omicron ^{††}			Hospitalization	64 (57-69)		
		SAR	cohort	patients with chronic kidney disease (CKD) in			Note: Includes some 3-dose recipients	Death	86 (80-90)		
				Hong Kong			CoronaVac	Documented infection	4 (0-8)		
								Hospitalization	44 (37-91)		
							Note: Includes some 3-dose recipients	Death	70 (64-75)		
297	Lewis et al* (July 27, 2022)	USA	Retrospective cohort	94,516 individuals	Non-VOC, Alpha, Delta^	Previously infected	BNT162b2 or mRNA-1273	Documented infection	64 (58-69)	14+	~46 weeks
				(aged 12+) with prior SARS-CoV- 2 infection in Rhode Island		persons only	Ad26.COV2.S		48 (26-63)		
				3124 LTCF			BNT162b2 or	_	49 (26-65)		
				residents (12+)			mRNA-1273				
				with prior SARS- CoV-2 infection in Rhode Island			Ad26.COV2.S		57 (-211-94)		
				2877 LCTF			BNT162b2 or		52 (26-68)	1	
				employess (12+) with prior SARS- CoV-2 infection in Rhode Island			mRNA-1273 Ad26.COV2.S	-	-68 (-415-45)		
296	El Adam et al*	Canada	Test-negative	8722 HCWs	Alpha,	Excluded	BNT162b2	Documented infection	89 (87-91)	14+	~34 weeks
	(April 15, 2022)		case control	(aged 18+) in	Gamma,		mRNA-1273		93 (90-95)		
				British Columbia	Delta^		Heterologous mRNA		92 (86-95)		
							Any mRNA		90 (88-92)	14+	_
									99 (90-100) 82 (75-87)	14-20 196+	-
295	Zambrano et al*	USA	Test-negative	160 cases and	Omicron^	Included	BNT162b2	Hospitalization with	92 (71-98)	28+	~40 weeks
	(August 4,2022)		case control	272 controls	Delta^			MIS-C	94 (83-98)		.0
				aged 12-18	Delta and				90 (75-96)	28-120	
				years	Omicron^				92 (78-97)	≥120	
				144 cases and 230 controls aged 5-11 years					78 (48-90)	28+	~16 weeks
294	Pinto-Álvarez*	Colombia	Nested	6963 solid organ	Mu, Delta and	Excluded	BNT162b2	Documented infection	73.4 (68.6-77.5)	15+	~56 weeks
~ ′	(October 13, 2022)	33.3.113.0	cohort	transplant	Omicron^			Hospitalization	85.4 (80.1-89.3)	1 = 5 ·	30







No.	Reference (date)	Country	Design	Population	Dominant Variants	History of COVID	Vaccine Product	Outcome Measure	Primary Series VE % (95% CI)	Days post Final dose	Max Duration of follow up after fully vaccinated
				recipients aged				Death	93.4 (89.8-95.7)		
	[Update to August			≥16 years			mRNA-1273	Documented infection	28.1 (0-48.9)		
	6,2022 preprint]							Hospitalization	85.2 (64.6-93.8)		
								Death	96.9 (76.5-99.6)		
							AZD1222	Documented infection	67.9 (57.9-75.5)		
								Hospitalization	82.5 (70.9-89.5)		
								Death	93.8 (86.4-97.1)		
							CoronaVac	Documented infection	74.2 (68.3-79.1)		
								Hospitalization	83.3 (75.3-88.7)		
								Death	92.6 (87.5-95.6)		
							Ad26.COV2.S	Documented infection	73.7 (65.2-80.1)		
								Hospitalization	88.4 (77.4-94.0)		
								Death	97.1 (87.9-99.3)		
293	Tartof et al*	USA	Test-negative	3168	Omicron	Included	BNT162b2	ED or UC encounters	73 (54-84)	<60	~44 weeks
	(August 3, 2022)		case control	adolescents	specifically^				16 (-7-34)	≥180	
		aged 12 to 17 years			Excluded			72 (52-84)	<60		
			years					18 (-6-36)	≥180		
					Delta	Included			89 (69-96)	<60	
									49 (27-65)	≥180	
						Excluded			88 (68-96)	<60	
									47 (23-63)	≥180	
292	Arashiro et al*	Japan	Case control	5975 individuals	Omicron^	Included	BNT162b2 or	Symptomatic disease	55 (34-69)	14-89	~54 weeks
	(August 3, 2022)			aged 20+			mRNA-1273		52 (37-63)	180+	
					Delta				88 (80-92)	14-89	
									86 (35-97)	90-180	
291	Piche-Renaud et al*	Canada	Test-negative	14,673 children	Omicron	Included	BNT162b2	Symptomatic disease	49 (43-54)	7+	~29 weeks
	(March 3, 2023)		case control	aged 5-11 years	BA.1/2,				66 (60-71)	7-29	
	to the second				BA.4/5^				-4 (-30-46)	120+	
	[Update to August							Hospitalization or death	79 (63-88)	7+	
	1,2022 preprint]								94 (57-99)	7-29	
									57 (-20-85)	120+	
290	Mayr et al*	USA	Test-negative	4.8 million	Non-VOC,	Excluded	BNT162b2	Symptomatic disease (all	76.1 (71.1-80.2)	14 d-1 mo	2 weeks
	(June 22, 2022)		case control	veterans	Alpha, Delta ^{††}			ages)	0.1 (-10.9-10.1)	7 mos	~26 weeks
							Symptomatic disease	81.6 (75.9-85.9)	14 d-1 mo	2 weeks	
								(<65 y)	22.5 (7.2-35.2)	7 mos	~26 weeks
								Symptomatic disease	66.3 (55.7-74.4)	14 d-1 mo	2 weeks
								(65+ y)	-23.3 (-40.5 to -8.2)	7 mos	~26 weeks
								Hospitalization (all ages)	72.9 (61.7-80.7)	14 d-1 mo	2 weeks
									19.8 (2.5-34.1)	7 mos	~26 weeks
								Hospitalization (<65 y)	85.6 (72.6-92.4)	14 d-1 mo	2 weeks







No.	Reference (date)	Country	Design	Population	Dominant Variants	History of COVID	Vaccine Product	Outcome Measure	Primary Series VE % (95% CI)	Days post Final dose	Max Duration of follow up after fully vaccinated
									57 (31.2-73.2)	7 mos	~26 weeks
								Hospitalization (65+ y)	61 (41.3-74.2)	14 d-1 mo	2 weeks
									1.7 (-22-20.8)	7 mos	~26 weeks
								ICU admission or death	74.7 (54.2-86)	14 d-1 mo	2 weeks
								(all ages)	39.5 (17.6-55.6)	7 mos	~26 weeks
								ICU admission or death	87.6 (61-96.1)	14 d-1 mo	2 weeks
								(<65 y)	66.4 (7.7-87.8)	7 mos	~26 weeks
								ICU admission or death	67.4 (32.6-84.3)	14 d-1 mo	2 weeks
								(65+ y)	29.3 (2.3-48.9)	7 mos	~26 weeks
							mRNA-1273	Symptomatic disease (all	84.6 (80.5-87.8)	14 d-1 mo	2 weeks
								ages)	46.6 (40.8-51.9)	7 mos	~26 weeks
								Symptomatic disease	89.7 (84.8-93)	14 d-1 mo	2 weeks
								(<65 y)	57.3 (48.4-64.7)	7 mos	~26 weeks
								Symptomatic disease	78.4 (71.1-83.9)	14 d-1 mo	2 weeks
								(65+ y)	36.2 (27.7-43.6)	7 mos	~26 weeks
								Hospitalization (all ages)	76.6 (63.9-84.8)	14 d-1 mo	2 weeks
								Hamitaliantian (sCF)	71.3 (64-77.1)	7 mos	~26 weeks
								Hospitalization (<65 y)	92 (76.1-97.3)	14 d-1 mo 7 mos	2 weeks ~26 weeks
								Hospitalization (65+ y)	83.1 (66.8-91.4) 66.1 (45.3-79)	14 d-1 mo	2 weeks
								nospitalization (65+ y)	64.7 (55.2-72.3)	7 mos	~26 weeks
								ICU admission or death	80.5 (64.1-89.4)	14 d-1 mo	2 weeks
								(all ages)	77.2 (68.4-83.5)	7 mos	~26 weeks
								ICU admission or death	89.2 (49.5-97.7)	14 d-1 mo	2 weeks
								(<65 y)	84.4 (59-94.1)	7 mos	~26 weeks
								ICU admission or death	75.4 (51.7-87.5)	14 d-1 mo	2 weeks
								(65+ y)	73.8 (62.9-81.5)	7 mos	~26 weeks
							Ad26.COV2.S	Symptomatic disease (all	25.4 (2.9-42.6)	14 d-1 mo	2 weeks
								ages)	25.5 (-2.2-45.6)	7 mos	~26 weeks
								Hospitalization (all ages)	55.8 (20.6-75.4)	14 d-1 mo	2 weeks
									16.9 (-90.9-63.8)	7 mos	~26 weeks
								ICU admission or death	61.1 (11.9-82.8)	14 d-1 mo	2 weeks
								(all ages)	63.3 (-15.5-88.3)	7 mos	~26 weeks
289	Chemaitelly et al*	Qatar	Retrospective	35,806 children	Omicron^	Excluded	BNT162b2	Documented infection	51.3 (34.9-63.6)	14+	~25 weeks
	(November 2, 2022)		cohort	aged 12-17 years					-1.7 (-20- 10)	172+	~73 weeks
	Published version of			37,456 children			BNT162b2		49.6 (28.5-64.5)	14-43	~4 weeks
	July 26, 2022 preprint			aged 5-11 years					-9.5 (-30- 35)	104+	~17 weeks
							BNT162b2		95.3 (92-97.2)	14-30	~4 weeks







No.	Reference (date)	Country	Design	Population	Dominant Variants	History of COVID	Vaccine Product	Outcome Measure	Primary Series VE % (95% CI)	Days post Final dose	Max Duration of follow up after fully vaccinated
				46,634 children aged 12-17 years	Alpha and Delta^				70.6 (18-92)	134+	~41 weeks
288	Mazagatos et al* (July 26,2022)	Spain	Test-negative case control	1772 SARI patients aged 20 and older	Alpha and Delta^	Included	BNT162b2 or mRNA-1273	Hospitalization in 20-59 year olds	92 (78-97) 95 (82-98) 91 (50-98)	14+ <90 >152	~19 weeks
								Hospitalization in 60-69 year olds	97 (86-99) 97 (87-99) 96 (47-100)	14+ <90 >152	-
								Hospitalization in 70-79 year olds	98 (90-100) 91 (24-99)	<90 >152	~23 weeks
								Hospitalization in 80+ year olds	86 (70-94) 48 (-51-82)	<90 >152	~33 weeks
							Ad26.COV2.S	Hospitalization in 20-59 year olds	71 (-3 – 92)	14+	~19 weeks
								Hospitalization in 60-69 year olds	82 (-78-98)		
							AZD1222	Hospitalization in 60-69 year olds	89 (25-98)		
287	Tan et al*	Singapore	Retrospective	225,280	Omicron^	Excluded	BNT162b2	All confirmed infections	48.8 (46.9-50.8)	7-14	~9 weeks
	(July 20,2022)		cohort	children aged 5- 11 years				(PCR or antigen)	25.6 (19.3-31.5)	>60	-
				11 years				PCR-confirmed infection	70.6 (65.9-74.7) 42.7 (12-62.7)	7-14 >60	-
								Hospitalization	87.8 (72.2-94.7)	7-14	-
								поѕрітангатіон	80.4 (67-88.4)	30-59	+
286	Hatfield et al*	USA	Retrospective	4,315 nursing	Non-VOC,	Excluded	BNT162b2	Documented infection	67 (40-82)	7-157	~44 weeks
	(July 20,2022)	03/1	cohort	home residents	Alpha^	Excided	mRNA-1273		75 (32-91)	, 13,	T Weeks
					Delta^		BNT162b2		33 (-2-56)	>157	1
							mRNA-1273		77 (48-91)		
285	Cerqueira-Silva et al*	Brazil	Test-negative	2,471,576	Omicron^	Included	CoronaVac	Symptomatic infection	-0.7 (-1.6-0.2)	14-180	~59 weeks
	(July 18,2022)		case control	individuals aged					3.2 (2.1-4.2)	>180	
				18+				Hospitalization or death	64.5 (62.6-66.3)	14-180	
									61.8 (60.3-63.2)	>180	
								Death	67.8 (64-71.3)	14-180	
									63.1 (60.9-65.1)	>180	
284	Link-Gelles et al	USA	Test-negative	159,432 ED/UC	Omicron	Excluded	BNT162b2 or	ED/UC encounter for	47 (44-50)	14-149	~44 weeks
	(July 15,2022)		case control	encounters and	BA.1^		mRNA-1273	COVID-like illness	39 (37-41)	≥150	
		hospitalizations in adults aged 18+	S		Hospitalization for	68 (63-73)	14-149	-			
									COVID-like illness	61 (58-63)	≥150
									51 (38-60)	14-149	







No.	Reference (date)	Country	Design	Population	Dominant Variants	History of COVID	Vaccine Product	Outcome Measure	Primary Series VE % (95% CI)	Days post Final dose	Max Duration of follow up after fully vaccinated
				113,837 ED/UC encounters and	Omicron BA.2^			ED/UC encounter for COVID-like illness	12 (7-17)	≥150	
				hospitalizations	DA.Z			Hospitalization for	57 (19-77)	14-149	-
				in adults aged				COVID-like illness	24 (12-35)	≥150	
283	Guedalia et al*	Israel	Retrospective	82,803 pregnant	Omicron	Excluded	BNT162b2	Hospitalization	-12 (-36-8)	0+	~60 weeks
	(November 15, 2022) [Published version of		cohort	women aged 16+	BA.1^			Hospitalization with moderate disease	51 (-47-84)		
	July 11, 2022 prperint]							Severe disease	83 (-47-98)		
					Delta^			Hospitalization	61 (51-69)		~44 weeks
								Hospitalization with moderate disease	97 (92-99)		
								Severe disease	96 (86-99)		
282	Stephenson et al* (July 11, 2022)	USA	Retrospective cohort	2315 hospitalized individuals aged 18+	Non-VOC, Alpha ^{††}	Included	BNT162b2 or mRNA-1273	Hospitalization	85 (81-89)	14+	~18 weeks
281	Kerr et al*	Scotland	Test-negative	269,712	Delta and	Unknown	BNT162b2	Symptomatic infection	78.7 (69.9-85)	14+	~38 weeks
	(July 9,2022)		case control	individuals aged	Delta plus		mRNA-1273		93.7 (86.4-97.1)		
				18+	(AY.4.2)^		AZD1222		54.5 (35.7-67.8)		
280	Tonnara et al*	Republic of	Retrospective	18,109	Alpha and	Excluded	Sputnik V	Documented infections	91.8 (86.3-95.1)	7-59	~27 weeks
	(July 4, 2022)	San Marino	cohort	individuals aged	Delta^				57.8 (42.2-69.2)	120+	
				≥18 years				Hospitalization	95.2 (79.1-98.9)	7-59	
								5	89.7 (52.7-97.7)	120+	
					Alpha^			Documented infections	97.3 (94.2-98.7)	7+	~15 weeks
279	Paternina-Caicedo et	Colombia	Datraspastiva	7 10 725 adulta	Mu^	Excluded	BNT162b2	Hospitalization Symptomatic disease	96.9 (86.5-99.3)	7+ 14+	~25 weeks
2/9	al*	Colombia	Retrospective cohort	7,19,735 adults aged ≥40 years	iviu''	EXCIUUEU	PINI TOSDS	Hospitalization	13 (5.3-20) 45.5 (29.4-58)	147	25 WEEKS
	(July 1, 2022)		COHOIC	agea =+o years				Critical care admission	82.2 (60.1-92.1)		
	(****/ =/ ====/							Death	94.1 (76.4-98.5)		
							CoronaVac	Symptomatic disease	-45.1 (-53.637.1)		
								Hospitalization	-3 (-18-10.2)		
								Critical care admission	13.6 (-13.2-34)	1	
								Death	20.6 (-0.5-37.3)		
278	Tartof et al* (October 7, 2022)	USA	Test-negative case control	29,507 hospital admissions and	Omicron BA.1 specifically^	Included	BNT162b2	Hospitalization	54 (38-65)	<6 months	~70 weeks
				36,306 ED					32 (16-45)	≥6 months	
	Published version of June 30, 2022 preprint			admissions in individuals aged				ED admissions	42 (31-52)	<6 months	
				≥18 years					19 (6-31)	≥6 months	







No.	Reference (date)	Country	Design	Population	Dominant Variants	History of COVID	Vaccine Product	Outcome Measure	Primary Series VE % (95% CI)	Days post Final dose	Max Duration of follow up after fully vaccinated
					Omicron BA.2 specifically^			Hospitalization	56 (-2-81)	<6 months	
					specifically				56 (28-73)	≥6 months	
								ED admissions	27 (-11-52)	<6 months	
									12 (-10-31)	≥6 months	
277	lonescu et al* (January 16, 2023)	Canada	Test-negative case control	193,899 tests among	Omicron^	Excluded	BNT162b2	Documented infection	41.9 (37.7-45.8)	14+	~26 weeks
	(January 10, 2023)		case control	adolescents					75.6 (65.8-82.6)	14-27	2 weeks
				aged 12-17 in					33.9 (27.4-39.9)	168-195	~26 weeks
	[Published version of June 28, 2022			Quebec				Symptomatic disease	55.2 (49.5-60.3)	14+	
	preprint]				Delta,			Documented infection	82.8 (81-84.4)	14+	~22 weeks
					Omicron^				83.1 (68.9-90.8)	14-27	2 weeks
									75.4 (72.1-78.4)	140-167	~22 weeks
								Symptomatic disease	87.9 (86.1-89.5)	14+	
					Delta^			Documented infection	95.5 (95-96)	14+	~18 weeks
									97.7 (96.2-98.6)	14-27	2 weeks
									92.4 (90.4-94)	112-139	~18 weeks
								Symptomatic disease	97.3 (96.8-97.7)	14+	
				60,903 tests	Omicron^			Documented infection	33.9 (25.7-41.1)	14+	~26 weeks
				among					63.4 (21.4-83)	14-27	2 weeks
				adolescents					22.2 (8.4-33.9)	168-195	~26 weeks
				aged 12-17 in British Columbia	Delta,				88 (85.1-90.3)	14+	~22 weeks
				British Columbia	Omicron^				94.8 (83.7-98.4)	28-55	~6 weeks
					Delta^	-			84.2 (77.8-88.8) 95.7 (95.1-96.2)	140-167 14+	~22 weeks ~18 weeks
					Deitan				96.8 (94.4-98.2)	14-27	2 weeks
									90.9 (87.7-93.2)	112-139	~18 weeks
276	Cohen-Stavi et al*	Israel	Retrospective	94,728 matched	Omicron^	Excluded	BNT162b2	Documented infection	51 (39-61)	7-21	1 week
2,0	(June 29, 2022)	15.00	cohort/ Target trial emulation	pairs of children aged 5-11 years		ZAGIGGEG	5.1.10202	Symptomatic disease	48 (29-63)		2 WSS.
275	Carazo et al*	Canada	Test-negative	37,732 cases	Omicron BA.2	Excluded	BNT162b2 or	Documented infection	35 (27-42)	14+	~70 weeks
	(September 21, 2022)		case control	and 73,507 controls	specifically^		mRNA-1273	Symptomatic disease	61 (52-69)		
	[Published version of			amongst HCWs							
	June 27 preprint]			in Quebec aged 18-59 years							





No. 274	Reference (date) Moline et al* (June 27,2022)	Country USA	Design Outbreak investigation	Population 91 residents of skilled nursing	Dominant Variants Beta^	History of COVID Excluded	Vaccine Product BNT162b2 or mRNA-1273	Outcome Measure Documented infection	Primary Series VE % (95% CI) 65 (25-84)	Days post Final dose 14+	Max Duration of follow up after fully vaccinated ~12 weeks
273	Magro et al (June 22, 2022)	USA	Matched case control	facility aged 50+ 4,238 skilled nursing facility healthcare personel aged 18-54 in California	Non-VOC, Alpha ^{††}	Included Excluded	BNT162b2 or mRNA-1273	Documented infection	71.7 (55.9-81.8) 72.7 (54.3-83.7)	14+	~10 weeks
272	Adams et al * (October 11,2022) Published, updated analysis of June 14, 2022 preprint	USA	Prospective test-negative case control	4,760 hospitalised patients aged ≥18 years	Omicron BA.1, BA.2 and BA.5 specifically^	Included	BNT162b2 mRNA-1273 Ad26.COV2.S	Hospitalization	36 (21-48) 41 (25-54) 32 (1-54)	14+	~72 weeks
271	Gray et al * (June 9,2022) [Published version of December 29,2021 preprint; see reference #17 in Table 2]	South Africa	Test-negative case control	93,854 HCWs	Omicron^	Excluded	BNT162b2	Hospitalization ICU admission	88 (62-96) 67 (63-71) 69 (56-79) 71 (65-76)	14-27 148-207 14-27 148-207	~30 weeks
270	Al Kaabi et al* (June 9, 2022)	UAE	Retrospective cohort	1,153,515 vaccinated individuals matched with 1,153,515 unvaccinated individuals (18+ years)	Non-VOC^ Alpha^ Delta^	Excluded	BBIBP-CorV	Hospitalization Critical care admission Death Hospitalization Critical care admission Death Hospitalization Critical care admission Death	97.3 (95.7-98.3) 98.8 (95.3-99.7) 100 (100-100) 73.3 (70.6-75.7) 79.1 (73.1-83.7) 81.9 (66.9-90.1) 34.6 (14.2-50.2) 49.6 (0-76.4) 62.5 (31.4-79.5)	14+	~39 weeks
269	European Centre for Disease Prevention and Control (March 14, 2022)	11 EU countries	Test-negative case control	4,828 hospitalized adults aged 30+	Non-VOC, Alpha†† (pre- Delta^) Delta^	Included	BNT162b2 BNT162b2 AZD1222	Hospitalization	94 (88-97) 82 (76-87) 79 (69-86)	14+	~45 weeks
268	European Centre for Disease Prevention and Control	10 EU countries	Test-negative case control	1456 hospitalized adults aged 65+	Non-VOC, Alpha ^{††} (pre- Delta^)	Included	BNT162b2	Hospitalization	91 (80-96)	14+	~22 weeks







No.	Reference (date) (October 8, 2021)	Country	Design	Population	Dominant Variants	History of COVID	Vaccine Product	Outcome Measure	Primary Series VE % (95% CI)	Days post Final dose	Max Duration of follow up after fully vaccinated
	(October 8, 2021)										
267	Lewis et al*	USA	Test-negative	6208 adults	Alpha, Delta^	Included	Ad26.COV2.S	Hospitalization: All	70 (63-75)	14+	~39.5 weeks
	(June 8, 2022)		case control	(18+ years)					73 (60-82)	14-90	
				hospitalized in					70 (54-81)	>180	
				21 facilities across the US				Hospitalization: Immunocompromised	55 (31-72)	14+	
					Alpha^			Hospitalization: All	68 (43-83)		
					Delta^				72 (64-78)		
266	Lin et al* (June 8, 2022)	USA	RCT crossover	14,164 placebo and 14,287	Original & Alpha ^{††}	Excluded	mRNA-1273	Symptomatic disease	92.6 (80.5-97.2)	12 days	~0 weeks
				vaccinated participants 18+ years					89.6 (41.7-98.2)	172 days	~22.5 weeks
265	Richterman et al*	USA	Test-negative	14,520 tests	Omicron^	Excluded	BNT162b2	Symptomatic disease	41 (-17-87)	14+	~63 weeks
	(June 6, 2022)		case control	among			mRNA-1273		5 (-69-47)		
				healthcare	Delta^		BNT162b2		75 (52-87)		
				workers			mRNA-1273		73 (56-84)		
264	Spicer et al* (May 26, 2022)	USA	Test-negative case control	89,736 adolescents	Delta^	Excluded	BNT162b2 or mRNA-1273	Documented infection	81 (79.7-82.3)	14+	~36.5 weeks
				(aged 12-17 y) in Kentucky		Previously infected only			78.3 (66.7-86.5)		
263	Grewal et al*	Canada	Test-negative	13,654 cases	Omicron	Included	BNT162b2 or	Documented infection	6 (-5-15)	0+	~66 weeks
	(July 6, 2022)		case control	and 205,862	specifically^		mRNA-1273	Symptomatic disease	23 (1-40)	1	
				controls				Hospitalization or death	52 (33-65)		
	[Update to June 1,			amongst LTCF							
	2022 preprint]			residents aged 60+ in Ontario							
262	Carlsen et al* (June 1, 2022)	Norway	Retrospective cohort study	21, 643 newborns	Omicron^	Excluded	BNT162b2 or mRNA-1273	Documented infection during an infant's first 4 months of life (born to	30 (17-41)	14+	~45 weeks
							(~4% of mothers received AZD1222 as first	unvaccinated mothers and mothers vaccinated in 2 nd or 3 rd trimester)			
					Delta^		dose)	Documented infection during an infant's first 4 months of life (born to unvaccinated mothers	71 (56-81)		







No.	Reference (date)	Country	Design	Population	Dominant Variants	History of COVID	Vaccine Product	Outcome Measure	Primary Series VE % (95% CI)	Days post Final dose	Max Duration of follow up after fully vaccinated
								and mothers vaccinated in 2 nd or 3 rd trimester)			
261	<u>Chin et al</u> * (October 26, 2022)	USA	Retrospective cohort	59,794 residents and 16,752 staff aged 18+	Omicron and Delta [^]	Excluded	BNT612b2 or mRNA-1273	Documented infection (Residents) Documented infection (Staff)	18.6 (7.7-28.1) 40.1 (34-45.6)	14+	~ 65 weeks
	[Previous preprint version					Included before July		Documented infection (Residents)	51.2 (41.5-59.2)		
	<u>Chin et al</u> (May 27,2022)					01/2021		Documented infection (Staff)	55.8 (49.6-61.2)		
						Included since July		Documented infection (Residents)	68.7 (38.5-84.1)		
						01/2021		Documented infection (Staff)	83.2 (77.7-87.4)		
			Retrospective	15,783 resident		Excluded		Documented infection	14.9 (12.3-19.7)		
			test-negative case control	and 8,539 staff cases, matched with 180,169		Included before July 01/2021			47.8 (46.6-52.8)		
				resident and 90,409 staff controls aged 18+		Included since July 01/2021			73.1 (69.8-80.1)	14-35	
260	Amir et al* (September 9, 2022) [Update to May 25, 2022 preprint]	Israel	Retrospective cohort	691,921 children 5-10 years	Omicron^	Excluded	BNT162b2	Documented infection	58.3 (54.6-61.5)		~2 weeks
259	Tsundue et al* (May 24, 2022)	India	Prospective cohort	1114 residents of congregate	Delta^	Included	Covishield	Documented infection	98 (85-99.8)	14+	13 weeks
				living facilities in Dharamshala (all ages)				Shortness of breath/ use of supplemental oxygen, hospitalisation, or death	99 (90-99.8)		
258	Paranthaman et al*	UK	Retrospective	197,885 LTCF	Alpha, Delta^	Excluded	BNT162b2	Documented infection	62 (46-73)	7-34	~3 weeks
	(May 20, 2022)		cohort	residents aged					47 (32-58)	147+	~37 weeks
				65+ in England				Death	86 (67-94)	7-34	~3 weeks
									69 (51-80)	147+	~37 weeks
							AZD1222	Documented infection	61 (40-74)	7-34	~3 weeks
									29 (10-43)	147+	~24.5 weeks
						1		Death	83 (58-94)	7-34	~3 weeks
									56 (33-70)	147+	~24.5 weeks







No.	Reference (date)	Country	Design	Population	Dominant Variants	History of COVID	Vaccine Product	Outcome Measure	Primary Series VE % (95% CI)	Days post Final dose	Max Duration of follow up after fully vaccinated
						Previously infected	BNT162b2	Documented infection	79 (15-95) 80 (43-93)	7-34 147+	~3 weeks ~37 weeks
						persons	AZD1222	Documented infection	37 (-50-73)	7-34	~3 weeks
						only	, LDIZZZ	Documented infection	65 (14-86)	147+	~24.5 weeks
257	Fano et al*	Italy	Retrospective	946,156	Alpha, Delta^	Excluded	BNT612b2 or	Documented infection	70.9 (69.3-72.4)	40-44	~48 weeks
	(May 18,2022)		cohort	individuals aged			mRNA-1273		22.7 (18.5-26.8)	200+	
				12+			AZD1222		76.3 (71.9- 80)	40-44	1
									3.8 (0.0-9.2)	125+	
							Ad26.COV2.S		39.4 (28.3-48.8)	40-44	
									2.5 (0.0-9.1)	150+	
							AZD1222+		81.6 (75.3-86.3)	40-44	
							BNT612b2 or mRNA-1273		3.1 (0.0-12.0)	125+	
256	Tenforde et al* (May	USA	Case-control	10,078 adults	Alpha, Delta ^{††}	Included	BNT162b2	Hospitalization (Overall)	88 (86-90)	14-179	~23.5 weeks
	17, 2022)			(aged 18+)					79 (74-83)	180+	~47 weeks
				hospitalized at			mRNA-1273		93 (91-94)	14-179	~23.5 weeks
				21 hospitals					87 (83-90)	180+	~47 weeks
				across 18 states			BNT612b2 or	Hospitalization:	90 (88-91)	14-179	~23.5 weeks
							mRNA-1273	Immunocompetent persons	82 (79-85)	180+	~47 weeks
								Hospitalization: Immunocompromised	63 (55-69)	14+	~47 weeks
								persons	65 (57-72)	14-179	~23.5 weeks
									53 (38-65)	180+	~47 weeks
					Delta^			Hospitalization (Overall)	90 (88-91)	14-179	~23.5 weeks
									83 (80-86)	180+	~47 weeks
255	<u>Lan et al*</u> (May 12, 2022)	USA	Retrospective cohort	4615 HCW in Massachusetts	Non-VOC, Alpha, Delta ^{††}	Excluded	BNT162b2 or mRNA-1273	Documented infection	82.3 (75.1-87.4)	14+	~36 weeks
					Delta^		Note: A small proportion (~2.5%) received Ad26.COV2.S		76.5 (40.9-90.6)		
254	Braeye et al* (May 11,	Belgium	Retrospective	139,140	Alpha^	Excluded	BNT162b2	Documented infection	72 (70-74)	7-57	~28.5 weeks
	2022)		cohort	contacts of			mRNA-1273		82 (79-84)	14-64	
				123,409 index			Ad26.COV2.S		38 (34-44)	21-71	_
				cases among women aged	- ALDIZZZ 30 (31 33)	56 (51-59)	14-64				
				45-64	Delta^		BNT162b2		64 (63-66)	7-57	
									44 (43-44)	157-207	
							mRNA-1273		75 (71-77)	14-64	





No.	Reference (date)	Country	Design	Population	Dominant Variants	History of COVID	Vaccine Product	Outcome Measure	Primary Series VE % (95% CI)	Days post Final dose	Max Duration of follow up after fully vaccinated
	, ,	,							56 (55-58)	164-214	
							Ad26.COV2.S		33 (28-38)	21-71	
							AZD1222		22 (19-25)	171-221	_
							AZD1ZZZ		49 (45-52) 35 (33-37)	14-64 164-214	-
						Previously	BNT162b2	Documented infection	87 (84-88)	7-57	_
						infected	BINT10202	Documented injection	82 (81-83)	157-207	
						persons	mRNA-1273		87 (83-92)	14-64	
						only			85 (80-89)	164-214	
							Ad26.COV2.S		88 (85-91)	21-71	
									87 (84-89)	171-221	_
							AZD1222		88 (84-94)	14-64	_
									83 (81-85)	164-214	
253	Martellucci et al* (April 22, 2022)	Italy	Retrospective cohort	1,279,694 residents of the	Alpha, Delta, Omicron ^{††}	Excluded	BNT162b2	Documented infection	24 (23-25)	14+	~53 weeks
	(April 22, 2022)		COHOIT	Abruzzo region	Officion			Hospitalization	86 (84-88)		
				(all ages)				Death	92 (90-94)		
							mRNA-1273	Documented infection	32 (31-34)		
								Hospitalization	90 (86-93)	-	
								Death	96 (92-98)		
							AZD1222	Documented infection	4 (1-6)		
								Hospitalization	93 (92-95)		
								Death	98 (96-99)		
							Ad26.COV2.S	Documented infection	12 (7-17)		
								Hospitalization	87 (73-94)		
252	Zahradka et al* (May 3, 2022)	Czech Republic	Retrospective cohort	2101 kidney transplant recipients	Alpha^	Excluded	BNT162b2 or mRNA-1273	Documented infection	45.6 (12.4 -67.6)	14+	~12.5 weeks
251	Simwanza et al*	Zambia	Case-control	180 cases and	Omicron^	Included	Ad26.COV2.S	Documented infection	63.6 (33.6-80.5)	14+	~13 weeks
	(September 12, 2022)			202 controls in			.== .==	Symptomatic disease	73 (41.6-87.7)		
	[Update to June 8,			a correctional facility 18+ y			AZD1222	Documented infection	89.4 (59.5-97.8)		
	2022 preprint]			Tachity 10+ y				Symptomatic disease	85.1 (19.5-98)		
250	Rennert et al*	USA	Propensity	1,944 students	Omicron^	Included	BNT162b2	Documented infection	2.1 (-21.2-21)	14+	~23 weeks
	(January 10,2023)		matched case	aged 18-64			mRNA-1273		17.3 (-10.8-38.3)		
	[Published version of		control	658 employees			BNT162b2		30.1 (-24.5-60.8)		
	May 7, 2022 preprint]			aged 18-65			mRNA-1273		14.4 (-64.2-55.4)		







No. 249	Reference (date) Ma et al* (May 3, 2022)	Country China	Design Retrospective cohort/Outbr eak	Population 1058 close contacts 18+ years	Dominant Variants Delta^	History of COVID Included	Vaccine Product BBIBP-CorV	Outcome Measure Symptomatic disease Pneumonia Symptomatic disease	Primary Series VE % (95% CI) 75.5 (63-93.6) 56.5 (-95.9-90.4) 73 (22.3-96)	Days post Final dose 14+	Max Duration of follow up after fully vaccinated ~8 weeks
			investigation				Ad5-nCoV	Pneumonia Symptomatic disease Pneumonia Severe disease	84.6 (18.8-97.1) 61.5 (9.5-83.6) 67.9 (1.7-89.9) 100 (Cl omitted)	-	
248	Carazo et al* (October 14, 2022) [Update from May 3, 2022 preprint]	Canada	Test-negative case control	224,007 cases and 472,432 controls among individuals (12+ y) in Quebec	Omicron^	Previously infected only	BNT162b2 or mRNA-1273	Documented infection Hospitalization Documented infection Hospitalization	42 (41-44) 76 (74-78) 23.2 (21.2-27.4) 68.4 (63.6-73.5)	7+	~51 weeks
247	Kirsebom et al* (December 12, 2022) [Update to May 1, 2022 preprint]	ИК	Test-negative case control	759,450 adults aged 40-64 y 166,720 adults aged 65+ y	Omicron specifically^ Delta specifically^	Included	AZD1222	Symptomatic disease Symptomatic disease Hospitalization Hospitalization	8.0 (6.0-9.9) 19.5 (11.7-26.6 61 (49.8-69.7) 73.4 (70.4-76.2)	175+	~44.5 weeks
246	Florentino et al* (August 13, 2022) [Update to April 29, 2022 preprint]	Brazil	Test-negative case control	89,595 cases and 108,363 controls aged 6- 11 years	Omicron^	Included	CoronaVac	Symptomatic disease Hospitalization	39.8 (33.7-45.4) 59.2 (11.3-84.5)	14+	~12 weeks
244	Sharma et al* (April 27,2022)	USA	Matched case control	221,267 veterans	Omicron^	Excluded	BNT162b2 mRNA-1273	Documented infection Hospitalization Death Documented infection Hospitalization Death	25.3 (21.8-28.7) 52.9 (47.8-57.6) 50.7 (37.9-61.6) 39.5 (35.8-43) 66.7 (61.4-71.6) 65.6 (52.8-76.3)	14+	~42 weeks
243	Castillo et al* (April 21, 2022)	France	Test-negative case control	761,744 cases 18+ years	Omicron specifically^	Included	BNT162b2 or mRNA-1273 Note: A small proportion (~3%) received two doses of AZD1222	Symptomatic infection Hospitalization ICU admission Death	55.6 (52.8-76.3) 43 (41-45) 11 (10-13) 59 (49-70) 56 (51-62) 70 (40-97) 72 (63-81) 60 (24-92) 54 (41-69)	0-30 >180 0-30 >180 0-30 >180 0-30 >180 0-30 >180	~48 weeks
				166,009 cases	Delta specifically^			Symptomatic infection Hospitalization	78 (77-80) 63 (62-64) 91 (87-95) 90 (89-91)	0-30 >180 0-30 >180	







No.	Reference (date)	Country	Design	Population	Dominant Variants	History of COVID	Vaccine Product	Outcome Measure ICU admission	Primary Series VE % (95% CI) 93 (86-99)	Days post Final dose	Max Duration of follow up after fully vaccinated
									95 (93-97)	>180	-
								Death	90 (79-100)	0-30	
242	F: 1 C 1* /A .:1			444 070 110	2 2 4	5 1 1 1	DAUTA COL O	5	87 (83-91)	>180	
242	Eick-Cost et al* (April	USA	Case control	441,379 US	Pre-Delta^ (Non-VOC,	Excluded	BNT162b2	Documented infection	87.6 (86.2-88.9)	14+	~19 weeks
	20, 2022)			military personnel	Alpha ^{††})			Asymptomatic infection	80.3 (76.5-83.5)	-	
				personner	Aipria'')			Symptomatic infection	89.9 (88.4-91.2)	-	
							D114 4070	Hospitalization	88.0 (75.4-94.1)	-	
							mRNA-1273	Documented infection	93.5 (91.9-94.7)	-	
								Asymptomatic infection	94.7 (91.9-96.6) 93.1 (91.2-94.6)	-	
								Symptomatic infection		-	
							Ad26.COV2.S	Hospitalization Documented infection	89.6 (57.5-97.4) 81.8 (74.2-87.1)	1	
							Auzo.COVZ.3	Asymptomatic infection	81.4 (62.6-90.8)	1	
								Symptomatic infection	82.4 (73.9-88.2)	1	
					Delta^	_	BNT162b2	Documented infection	69.3 (68.2-70.3)	14+	~35 weeks
					Della		DIVI 10202	Asymptomatic infection	66.0 (64.0-67.8)	14+	33 weeks
									· · · · · · · · · · · · · · · · · · ·		
								Symptomatic infection	71.0 (69.7-72.1)	1	
								Hospitalization	88.4 (82.1-92.5)		
							mRNA-1273	Documented infection	79.4 (78.3-80.4)	-	
								Asymptomatic infection	77.0 (75.1-78.8)	-	
								Symptomatic infection	80.6 (79.4-81.8)	-	
								Hospitalization	88.1 (75.7-94.2)		
							Ad26.COV2.S	Documented infection	38.3 (34.5-41.9)	1	
								Asymptomatic infection	19.6 (12.2-26.4)	-	
								Symptomatic infection	48.9 (45-52.7)	-	
244	Carrate at al*	A	Data and in	4.526.425	D. II.	to all all all	DAIT4 COLO	Hospitalization	57.7 (2.6-81.6)	4.4.	0.4.7
241	Gonzalez et al* (July 16, 2022)	Argentina	Retrospective cohort	1,536,435 children aged 3-	Delta, Omicron^	Included	BNT162b2 or mRNA-1273	Hospitalization	81 (59.9-90.1)	14+	~17 weeks
	(July 10, 2022)		COHOIT	17 years in	Officion		(ages 12-17)				
	[Published version of			Buenos Aires			BBIBP-CorV	-	83.4 (70.9-90.2)	-	~9 weeks
	April 19 preprint			Province			(ages 3-11)		03.4 (70.3 30.2)		5 Weeks
	1 1 1 1				Omicron^		BNT162b2 or		78.2 (42-90.3)		~25 weeks
							mRNA-1273		(2 11 2 2 112
							(ages 12-17)				
							BBIBP-CorV		58.6 (4.1-79.7)		16 weeks
							(ages 3-11)				
240	Cerqueira-Silva et al* (January 11, 2023)	Brazil	Test-negative case control	5,281,586 adults (aged	Omicron^	Included	BNT162b2	Symptomatic disease	49.2 (48.5-49.9)	14-59	~7 weeks
	(January 11, 2023)		case control	18+)					9.6 (8.1-11)	150+	~33 weeks







No.		Country	Design	Population	Dominant Variants	History of COVID	Vaccine Product	Outcome Measure	Primary Series VE % (95% CI)	Days post Final dose	Max Duration of follow up after fully vaccinated
	[Update to April 14,							Severe disease	82.9 (80.6-85)	14-59	~7 weeks
	2022 preprint]								82.6 (80.7-84.3)	150+	~33 weeks
							AZD1222	Symptomatic disease	26.7 (25.2-28.2)	14-59	~7 weeks
									0.9 (0-1.9)	150+	~36 weeks
								Severe disease	77.1 (72.9-80.6)	14-59	~7 weeks
									67.8 (66.7-69)	150+	~36 weeks
		Scotland		555,825 adults (aged 18+)			BNT162b2	Symptomatic disease	57.7 (54.5-60.6)	14-59	~7 weeks
									17.8 (15.1-20.5)	150+	~38.5 weeks
								Severe disease	90.4 (30.4-98.7)	14-59	~7 weeks
									72.9 (57.9-82.5)	150+	~38.5 weeks
							AZD1222	Symptomatic infection	40.7 (26.6-52.1)	14-59	~7 weeks
									9.6 (6.3-12.9)	150+	~35.5 weeks
								Severe disease	78.8 (31.8-93.4)	60-149	~19 weeks
									52.8 (33.3-66.7)	150+	~35.5 weeks
239	Widdifield et al* (April 14, 2022)	Canada	Test-negative case control	36,145 individuals with	Alpha, Delta^	Included	BNT162b2	Documented infection	82 (78-85)	7+	~44 weeks
	(April 14, 2022)		case control	rheumatoid			mRNA-1273		86 (80-90)]	
				arthritis			BNT162b2 or	Documented infection	83 (80-86)		
							mRNA-1273	Severe outcomes	92 (88-95)		
				7863 individuals	-		BNT162b2	Documented infection	88 (82-93)	1	
				with ankylosing			mRNA-1273		93 (83-97)]	
				spondylitis			BNT162b2 or mRNA-1273	Documented infection	89 (83-93)		
							IIIKINA-12/3	Severe outcomes	97 (83-99)	1	
				47,199	1		BNT162b2	Documented infection	82 (79-85)	1	
				individuals with			mRNA-1273	<u> </u>	87 (82-91)	1	
				psoriasis			BNT162b2 or	Documented infection	84 (81-86)	1	
							mRNA-1273	Severe outcomes	92 (86-95)		







No.	Reference (date)	Country	Design	Population 31,311 individuals with inflammatory	Dominant Variants	History of COVID	Vaccine Product BNT162b2 mRNA-1273 BNT162b2 or	Outcome Measure Documented infection Documented infection	Primary Series VE % (95% CI) 82 (79-85) 87 (82-91) 79 (74-82)	Days post Final dose	Duration of follow up after fully vaccinated
				bowel disease			mRNA-1273	Severe outcomes	94 (88-97)	1	
238	Sanchez Ruiz et al*	France	Retrospective	72 LTCF	Delta	Excluded	BNT162b2	Documented infection	11.2 (0-61.1)	14+	
	(April 2022)		cohort	residents in	specifically^			Symptomatic disease	88.4 (59.9-96.7)		
				southern France				Severe disease	93.5 (67.2-98.7)		
207	11 1 1 1 1 1	1104		44.007	0 1 014		DAUTA COL O		, ,	44.440	67
237	Lind et al* (December 1,2022)	USA	Test-negative case control	11,307 cases and 130,041	Omicron BA.1 specifically^	Excluded	BNT162b2 or mRNA-1273	Documented infection	27.1 (18.7-34.6)	14-149	~67 weeks
	(December 1,2022)		case control	controls aged	specifically	Included	IIIKINA-12/3		13.6 (8.7-18.2) 41 (14.1-59.4)	≥150 14-149	-
	[Update to April 25,			≥5 years		included			32.1 (16.6-44.7)	≥150	-
	2022 preprint]		1:1 Matched	25 years		Excluded			30.7 (20.6-39.6)	14-140	-
			case control			Lxcluded			20 (14-25.6)	≥150	-
			cuse control			Included	-		14.3 (-43.1-48.7)	14-140	-
						iliciadea			18.8 (-9- 39.5)	≥150	-
236	Gram et al*	Denmark	Retrospective	4,056,935	Omicron^	Excluded	BNT162b2 or	Documented infection	40 (38.6-41.3)	14-30	~56 weeks
	(September 1,2022)		cohort	individuals aged			mRNA-1273		12.6 (12-13.3)	>120	-
				12-59 years				Hospitalization	96.2 (72.9-99.5)	14-30	
	[Published verson of							· '	77.6 (72.6-81.6)	>120	1
	April 20, 2022				Delta^			Documented infection	92.2 (91.8-92.6)	14-30	
	preprint]								64.8 (64-65.8)	>120	
								Hospitalization	99.5 (98.4-99.8)	14-30	
									93.5 (91.6-95)	>120	
				1,688,168	Omicron^]		Documented infection	39.9 (26.3-50.9)	14-30]
				adults aged ≥60					4.4 (-0.1-8.7)	>120	
				years	Delta^			Documented infection	82.3 (75.5-87.2)	14-30	
									50 (46.7-53)	>120	
								Hospitalization	97.5 (94.8-98.8)	31-60	
									87.5 (85.6-89.2)	>120	
					Alpha^			Documented infection	90.7 (88.2-92.7)	14-30	
									73.2 (57.1-83.3)	>120	
								Hospitalization	98.1 (94.7-99.3)	14-30	
225	\/al-4 at al#	I live a resident	Datus	C 102 FF2	DaltaA	I made of the d	DNIT4C21-2	Designants districts	96.5 (73.4-99.5)	>120	047
235	Vokó et al*	Hungary	Retrospective	6,193,552	Delta^	Included	BNT162b2	Documented infection	70.3 (69.2-71.3)	14-120	~47 weeks
ļ	(July 22,2022)		cohort	individuals aged				Hamitalinet's	0.6 (-2.3-3.4)	>240	_
l											
				18-64 years				Hospitalization	82.6 (80.1-84.7) 69.6 (64.9-73.6)	14-120 >240	_







No.	Reference (date)	Country	Design	Population	Dominant Variants	History of COVID	Vaccine Product	Outcome Measure	Primary Series VE % (95% CI)	Days post Final dose	Max Duration of follow up after fully vaccinated
	[Published version of			Note: VE for					73.6 (61.1-82.1)	>240	
	April 18, 2022			persons aged			mRNA-1273	Documented infection	76.9 (73.3-80.0)	14-120	
	preprint]			65-100 years					22.6 (6.1-36.2)	>240]
				are also				Hospitalization	84.9 (75.4-90.8)	14-120	
				aavailable from					42.5 (-4.0, 68.2)	>240	
				publication;				Death	77.7 (30.7-92.8)	14-120	
				estimates are					100 (CI omitted)	>240	
				relatively similar			AZD1222	Documented infection	39.2(36.4-41.9)	14-120	
				across age					-14 (-20.57.9)	>240	
				groups.				Hospitalization	76.2 (70.6-80.7)	14-120	
									48.8 (38.2-57.6)	>240	
								Death	90.1 (73.5-96.3)	14-120	
									57.1 (35.2-71.6)	>240	
							Sputnik V	Documented infection	38.3 (31.8-44.3)	14-120	
									-4.6 (-12.5-2.9)	>240	
								Hospitalization	90.4 (78.5-95.7)	14-120	
									78.7 (69.1-85.4)	>240	
								Death	89.3 (79.9-94.3)	121-180	
									79.1 (59.8-89.2)	>240	
							Ad26.COV2.S	Documented infection	39.3 (36.1-42.4)	14-120	
									35.9 (32.5-39.2)	181-240	
								Hospitalization	43.2 (32.9-52)	14-120	
									59.4 (50.1-67.0)	181-240	
								Death	59.8 (35.2-75.1)	14-120	
									76.1 (56.7-86.8)	181-240	
							BBIBP-CorV	Documented infection	10.9 (6.7-15)	14-120	
									-19.9 (-31.99)	>240	
								Hospitalization	53.8 (43.9-61.9)	14-120	
									40.9 (24.4-53.8)	>240	
								Death	67.4 (39.2-82.5)	14-120	
									50.7 (21.4-69.1)	>240	
234	Richardson et al*	Mexico	Prospective	43,925 childcare	Non-VOC,	Excluded	CanSino	Documented infection	48 (32-61)	14-60	~33 weeks
	(June 19, 2022)		cohort	workers	Alpha, Gamma				-3 (-26-16)	>120	
					and Delta††			Hospitalization	92 (23-99)	14-60	<u> </u>
	[Update to April 17,								24 (-263-84)	>120	
	2022 preprint]							Death	95 (53-100)	61-120	<u> </u>
]	1		93 (22-99)	>120	1
					Alpha and Gamma ^{††}			Documented infection	53 (23-71)	14+	
					Delta^	1	1	Documented infection	18 (8-28)	1	







	Reference (date)	Country	Design	Population	Dominant Variants	History of COVID	Vaccine Product	Outcome Measure Hospitalization Death	Primary Series VE % (95% CI) 74 (38-89) 94 (67-99)	Days post Final dose	Max Duration of follow up after fully vaccinated
233	Nasreen et al*	Canada	Test-negative	31,776 hospitalizations	Non-VOC,	Excluded	BNT162b2 or mRNA-1273	Hospitalization or death	98 (95-99)	7-55	~32 weeks
	(August 17,2022)		case control	and 5,842 deaths	Alpha, Beta, Gamma,		AZD1222	_	98 (95-99) 96 (88-96)	≥112 7-55	~7 weeks
	[Published version of			18+ years	Delta^		AZDIZZZ		97 (91-99)	7-55 ≥56	/ weeks
	April 13, 2022 preprint]			20 · years	20.10		AZD1222+any mRNA		99 (98-100)	14+	-
232	Cerqueira-Silva et al*	Brazil	Test-negative	468,804 cases	Omicron ^	Previously	BNT162b2	Symptomatic infection	51.9 (50.0-53.8)	14-69	~59 weeks
	(July 1, 2022)		case control	and 430,246		infected			26.2 (22.8-29.4)	140+	
				controls 18+		only		Hospitalization	59.6 (36.6-74.2)	14-69	
	[Update to April 13,			years					53.6 (30.2-69.1)	140+	
	2022 preprint]						AZD1222	Symptomatic infection	25.5 (1.0-29.7)	14-69	
									17 (14.4-19.6)	140+	
								Hospitalization	41 (-8.1-67.8)	14-69	
									55.4 (44.6-64.1)	140+	
							Ad26.COV2.S	Symptomatic infection	16.2 (12.4-19.8)	14+	
								Hospitalization	39.5 (8.3-69)	11.50	
							CoronaVac	Symptomatic infection	23.4 (18.2-28.3)	14-69	-
								The self-off of the self-off	12.3 (9.4-15.1)	140+	-
								Hospitalization	34.1 (-28.9-66.3) 34.4 (18.3-47.3)	14-69 140+	-
			Matched case			Previously	BNT162b2	Symptomatic infection	54.1 (52.1-55.9)	140+	-
			control			infected	BIN1 16202	Symptomatic infection	30.6 (27.3-33.7)	14-69	-
			Control			only		Hospitalization	53.6 (-6.4- 79.8)	14-69	+
						Offity		поѕрітангатіон	55.1 (-1.9-80.2)	140+	+
							AZD1222	Symptomatic infection	27.2 (22.9-31.3)	14-69	
							7,20122	37 inpromutic infection	15.9 (13.2-18.5)	140+	1
								Hospitalization	67.5 (-7.9-90.2)	14-69	†
								Trospitalization	63.2 (39.0-77.8)	140+	
							Ad26,COV2.S	Symptomatic infection	16.9 (13.2-20.5)	14+	
							710201001210	Hospitalization	45.4 (-19.6-75.1)		
							CoronaVac	Symptomatic infection	27.3 22.3-31.9)	14-69	
							Coronavao	Symptomatic infection	14.3 (11.4-17.0)	140+	
								Hospitalization	21.4 (-148.4-75.1)	14-69	
								,	66.4 (37.6-81.9)	140+	
231	Dale et al*	USA	Outbreak	40 cases and 69	Delta	Excluded	BNT162b2 or	Documented infection	51(-27-81)	14+	~25 weeks
	(April 12, 2022)		investigation	controls, 27+	specifically^		mRNA-1273	Symptomatic infection	67(-7-90)	1	
				years				Hospitalization	61(-59-90)	1	
								Death	80(-10-96)	1	







No.	Reference (date)	Country	Design	Population	Dominant Variants	History of COVID	Vaccine Product	Outcome Measure	Primary Series VE % (95% CI)	Days post Final dose	Max Duration of follow up after fully vaccinated
230	Plumb et al (April 12,2022)	USA	Test-negative case control	11,283 hospitalized	Omicron ^	Included	BNT162b2	Hospitalization	37.3 (25.8–46.9)	14+	~55 weeks
	(April 12,2022)		case control	adults			mRNA-1273	-	35.9 (21.7–47.4)	-	
					Delta^		BNT162b2	_	50.0 (39.0–59.0)		
									, , , ,		
							mRNA-1273		44.0 (29.9–55.2)		
229	Institute of public	Chile	Test-negative	2,181 cases and	Lambda,	Included	BNT162b2	Hospitalization with	85.3 (73.5-91.8)	14+	~53 weeks
	health		case control	979 controls	Gamma and		CoronaVac	SARI	59.5 (49-67.9)		
228	(April 12,2022) Kildegaard et al*	Denmark	Retrospective	404,975	Delta^	Excluded	BNT162b2	Documented infection	93 (93-94)	0-59	~13 weeks
220	(April 11, 2022)	Delilliark	cohort	adolescents	Della	Excluded	BINT 10202	Documented infection	95 (95-94)	0-39	15 weeks
	(//p/// 11, 2022)		Conort	aged 12-17							
				years							
227	Kim et al*	USA	Test-negative	2,208 cases and	Omicron	Included	BNT162b2 or	Symptomatic disease	45 (14-66)	14-149	~58 weeks
	(July 29, 2022)		case control	1639 controls	specifically^		mRNA-1273		11 (-21-35)	150+	
	file data to April 40			18+ years	Delta				89 (78-94)	14-149	~48 weeks
	[Update to April 10, 2022 preprint				specifically^				58 (44-68)	150+	
	2022 preprint										
226#	Buchan et al	Canada	Test-negative	9,202 cases and	Omicron	Included	BNT162b2	Symptomatic disease	51 (38-61)	7-59	~41 weeks
	(April 7,2022)		case control	19,953 controls	specifically^				29 (17-38)	180+	1
				12-17 years old				Severe disease	76 (-10-95)	7-59	
									88 (77-94)	180+	~32 weeks
				502 cases and	Delta			Symptomatic disease	97 (94-99)	7-59	
				19,930 controls	specifically^				90 (79-95)	180+	
				aged 12-17 years							
225	Paraguay Ministry of	Paraguay	Test-negative	2953 patients ≥	Gamma and	Excluded	BBV152	Hospitalization with	27.7 (-10.2-52.6)	14+	~38 weeks
	Health and Social	,	case-control	16 years with	Delta^		AZD1222	SARI	85.8 (70.6-93.1)		
	<u>Welfare</u>			severe acute			Hayat vax		56.4 (15.5-77.6)		
	(March 22, 2022)			respiratory			Sputnik v		77.0 (30.8-92.3)		
				infection			BNT162b2		95.4 (65.7-99.4)		
224	Kwon et al*	USA	Test-negative	440 solid organ	Alpha and	Included	BNT162b2 or	Hospitalization in solid	29 (-19-58)	14+	~37 weeks
	(April 6,2022)		case control	transplant	Delta^		mRNA-1273	organ transplant			
				recipients; 1684 patients with				recipient (SOTR) Hospitalization in	72 (64-79)	1	
				other				immunocompromised	,2 (04 /3)		
				immunocompro				adults			
				mising				Hospitalization in	88 (87-90)	1	
				conditions;				immunocompetent			
	1			8301				adults			







No.	Reference (date)	Country	Design	Population immunocompet ent individuals	Dominant Variants	History of COVID	Vaccine Product	Outcome Measure Supplemental oxygen/ oxygen support in SOTR	Primary Series VE % (95% CI) 31 (-27-63)	Days post Final dose	Max Duration of follow up after fully vaccinated
				Cite marvagais				Supplemental oxygen/ oxygen support in immunocompromised	73 (64-80)		
								Supplemental oxygen/ oxygen support in immunocompetent	90 (89-92)		
223	Yoon et al*	USA	Prospective	3241 HCWs	Omicron	Excluded	BNT162b2 or	Documented infection	46 (25-61)	14+	~21 weeks
	(April 6,2022)		cohort		specifically^ Delta specifically^	-	mRNA-1273		65 (49-76)		
222	Florentino et al*	Brazil	Test-negative	503,776 tests	Omicron^	Included	BNT162b2	Symptomatic disease	64.7 (63-66.3)	14-27	2 weeks
	(August 8, 2022)		case control	among					5.9 (2.2-9.4)	98+	~21 weeks
	[Lindaha ta Annil E			adolescents				Severe disease	75.6 (58.1-85.8)	14-27	2 weeks
	[Update to April 5, 2022 preprint]			aged 12-17					82.7 (68.8-90.4)	98+	~21 weeks
	2022 preprintj				Delta^			Symptomatic disease	80.7 (77.8-83.3)	14-27	2 weeks
									26.6 (4.1-43.9)	56-69	~8 weeks
		Scotland		127,168 tests	Omicron^			Symptomatic disease	82.6 (80.6-84.5)	14-27	2 weeks
				among adolescents		_			50.6 (42.7-57.4)	98+	~15.5 weeks
				aged 12-17	Delta^			Symptomatic disease	92.8 (85.7-96.4)	14-27	2 weeks
									86.5 (72.2-93.4)	56-69	~8 weeks
221	Ranzani et al*	Brazil	Test-negative	2,107,696	Omicron^	Included	CoronaVac	Symptomatic disease	28.1 (26.5-29.6)	14-59	~10 weeks
	(September 28,2022)		case control	matched pairs					6.3 (5.3-7.3)	180+	~59 weeks
	Published version of			of adults aged				Hospitalization or death	56.1 (40.6-67.5)	14-59	~10 weeks
	August 16, 2022			≥18 years	- 1: 1				57.6 (54.4-60.6)	180+	~59 weeks
	preprint				Delta^			Symptomatic disease	51.3 (49.9-52.7)	14-59	~10 weeks
	ргерине							Hospitalization or death	34 (32.3-35.7) 86.5 (83.4-88.9)	180+ 14-59	~59 weeks ~10 weeks
								Hospitalization of death	60.9 (57.3-64.2)	180+	~59 weeks
220	Nordstrom et al* (March 31, 2022)	Sweden	Retrospective cohort	6,530,128 individuals	Non-VOC, Alpha, Delta^	Previously infected	BNT162b2 or mRNA-1273	Documented infection	68 (63-72)	14+	~38 weeks
					, .	only	AZD1222		25 (-37-59)	1	
219	Pardo-Seco et al* (March 29, 2022)	Spain	Test-negative case control	2,280,288 adults (18+ y) in Galicia	Non-VOC, Alpha ^{††}	Excluded	BNT162b2	Documented infection	90.8 (88.6-92.7)	14+	~7.5 weeks
218	Starrfelt et al	Norway	Retrospective	4,301,995	Delta^	Excluded	BNT162b2	Documented infection	77.7 (76.8-78.5)	2-9 weeks	~7 weeks
	*(September 2, 2022)		cohort	adults (18+ y)					8.2 (3.4-12.8)	>33 weeks	~43 weeks
								Hospitalization	97.5 (95.6-98.6)	2-9 weeks	~7 weeks







No.	Reference (date) [Published version of March 30, 2022 preprint]	Country	Design	Population	Dominant Variants	History of COVID	Vaccine Product mRNA-1273 Heterologous mRNA	Outcome Measure Documented infection Hospitalization Documented infection	Primary Series VE % (95% CI) 63.9 (54.3-71.5) 86.6 (85.6-87.6) 28.6 (9.6-43.6) 95.3 (91.5-97.4) 91.1 (84.9-94.8) 84.1 (83.2-85) 40.7 (23.9-53.8)	Days post Final dose >33 weeks 2-9 weeks >33 weeks 18-25 weeks 26-33 weeks 2-9 weeks 18-25 weeks	Max Duration of follow up after fully vaccinated ~43 weeks ~7 weeks ~23 weeks ~31 weeks ~7 weeks ~7 weeks
217	Marra et al* (March 30, 2022)	Brazil	Retrospective cohort	13,813 HCWs (aged 18+)	Gamma^	Excluded	CoronaVac AZD1222	Documented infection	51.3 (34.6-63.7) 88.1 (82.8-91.7)	14+	~23 weeks ~15 weeks
216	Price et al* (March 30, 2022)	USA	Test-negative case control	2812 children aged 5-18	Omicron^	Included	BNT162b2	Hospitalization (12-18 years)	40 (9-60) 43 (-1-68) 38 (-3-62)	14+ 14-160 161-314	~42 weeks ~20 weeks ~42 weeks
					Delta^			Hospitalization (5-11 years) Hospitalization (12-18 years)	92 (89-95) 93 (89-95) 92 (80-97_	14+ 14+ 14-160 161-314	~11 weeks ~42 weeks ~20 weeks ~42 weeks
215	<u>Hansen et al</u> (March 30, 2022)	Denmark	Retrospective cohort	3,090,833 participants aged 12+	Omicron^	Excluded	BNT162b2	Documented infection	37 (35.6-38.3) 9.8 (9.2-10.4)	14-44	~2 weeks ~30 weeks
								Hospitalization	50.5 (33.9-63) 51.6 (47.2-55.6)	14-44	~2 weeks ~30 weeks
							mRNA-1273	Documented infection	37.9 (34.4-41.2) 13.2 (12.3-14.2)	14-44	~2 weeks ~30 weeks
214	Natarajan et al (March 29, 2022)	USA	Test-negative case control	80,287 ED/UC encounters and	Omicron^	Included	Ad26.COV2.S	Emergency Dept/ Urgent Care Visits	24 (18-29)	14+	40 weeks







No.	Reference (date)	Country	Design	Population	Dominant Variants	History of COVID	Vaccine Product	Outcome Measure	Primary Series VE % (95% CI)	Days post Final dose	Max Duration of follow up after fully vaccinated
				25,244 hospitalizations among adults with COVID-19 like illness				Hospitalization	31 (21-40)		
213	Wang et al*	USA	Test-negative	295,691	Omicron^	Included	Any mRNA	Documented infection	23 (19-26)	14-179	~23.5 weeks
	(November 23, 2022)		case control	patients			vaccine		-3 (-6-0)	180+	54 weeks
	[Published version of			hospitalized	Delta^				72 (71-74)	14-179	~23.5 weeks
	March 25, 2022 preprint]								55 (53-56)	180+	54 weeks
212	Veneti et al*	Norway	Retrospective	117,681	Omicron^	Excluded	BNT162b2	Documented infections	53.1 (42.6-61.7)	7-34	~12 weeks
	(March 7, 2023)		cohort	children aged					23.3 (2·7–39.5)	≥63	
				16-17 years	Delta^				90.8 (89.1-92.3)	7-34	
	[Update to March 25, 2022 preprint]								83.7 (75.9-89.0)	≥63	
211	Tenforde et al	USA	Case-control	7,544	Omicron^	Included	BNT162b2 &	Invasive mechanical	79 (66-87)	14+	~45 weeks
	(March 25,2022)			hospitalised	Delta^		mRNA-1273	ventilation or in-hospital	88 (86-90)		
				patients	Alpha, Delta,			death	92 (90-94)	14-150	
					Omicron^				84 (80-87)	>150	
210	Stowe et al*	UK	Test-negative	115,720 cases	Omicron^	Included	BNT162b2	Hospitalisation with ARI	73.8 (62.5-81.7)	14-174	~43 weeks
	(September 30, 2022)		case control	and 294,265				in 18-64 year olds	65.1 (51.3-74.9)	175+	4
	[Update to April 1,			controls				Hospitalisation with ARI	87.6 (79.4-92.5)	14-174	4
	2022 preprint						A7D4222	in 65+ year olds	65.4 (56.6-72.5)	175+	-
	2022 preprints						AZD1222	Hospitalisation with ARI in 18-64 year olds	59 (31.9-75.3)	14-174	-
									53 (41.7-62)	175+ 14-174	-
								Hospitalisation with ARI in 65+ year olds	71.2 (50-83.4) 53.1 (43.4-61.2)	175+	-
209	Horne et al*	UK	Retrospective	2,041,550 aged	Alpha, Delta,	Excluded	BNT162b2	Documented infection	76 (75-77)	21-42	~30 weeks
205	(July 20, 2022)		cohort	18-39 years	Omicron^	LACIGUEU	DIVITOZDZ	Documented infection	-53 (-1187)	161-182	JO WEEKS
	(50.7 20) 2022/		55.15.1	20 00 years	0			Hospitalization	96 (94-98)	21-42	1
	[Published version of								82 (71-90)	133-154	1
	March 23, 2022			1,161,649 aged	1		BNT162b2	Documented infection	73 (69-77)	21-42	1
	preprint]			40-64 years					-3 (-15-7)	161-182	1
							AZD1222	Documented infection	21 (18-24)	21-42	1
									-99 (-10594)	161-182	
								Hospitalization	95 (93-96)	21-42	
							86 (83-88)	161-182	_		
								Death	55 (-5-81)	105-126	_
]				41 (-7-68)	161-182	_
				1,318,688 aged			BNT162b2	Documented infection	34 (30-39)	21-42	_
		1		18-64 years and					4 (-1-8)	161-182	







No.	Reference (date)	Country	Design	Population	Dominant Variants	History of COVID	Vaccine Product	Outcome Measure	Primary Series VE % (95% CI)	Days post Final dose	Max Duration of follow up after fully vaccinated
				clinically vulnerable				Hospitalization	95 (94-97) 91 (88-93)	49-70 161-182	-
				14				Death	96 (91-98)	77-98	†
									92 (86-96)	161-182	1
							AZD1222	Documented infection	34 (30-39)	21-42	
									-45 (-5040)	161-182	
								Hospitalization	92 (88-95)	21-42	
									75 (71-78)	161-182	
								Death	92 (88-95)	77-98	
									87 (81-92)	161-182	
				2,072,308 aged			BNT162b2	Documented infection	81 (74-86)	21-42	
				65+ years					15 (8-22)	161-182	
								Hospitalization	91 (86-95)	21-42	_
									80 (76-82)	161-182	_
								Death	98 (93-99)	21-42	_
							AZD1222	Documented infection	88 (84-91) 53 (41-62)	161-182 21-42	4
							AZDIZZZ	Documented injection	-21 (-3013)	161-182	1
								Hospitalization	88 (85-90)	21-42	-
								Trospitalization	75 (71-79)	161-182	-
								Death	90 (84-94)	21-42	1
									83 (77-88)	161-182	
207	Altarawneh et al*	Qatar	Test-negative	158,484	Omicron BA.1	Previously	BNT162b2	Symptomatic infection	51.7 (43.5-58.7)	14+	44 weeks
	(June 15, 2022)		case control	individuals, all ages	specifically^	infected only		Hospitalization and death	96.2 (37.7-99.8)		
	[Update to March 31,						mRNA-1273	Symptomatic infection	44.3 (30.4-55.4)		
	2022 study]							Hospitalization and death	100 (-51.5-100)		
						Excluded	BNT162b2	Symptomatic infection	-4.9 (-16.4-5.4)		
						Hospitalization and death	96.8 (71.1-99.6)				
					mRNA-1273	Symptomatic infection	-2.7 (-16.8-9.7)				
								88.8 (-1.7-98.8)			
			Omicron BA.2	Previously	BNT162b2	Symptomatic infection	55.1 (50.9-58.9)				
					specifically^	infected only		Hospitalization and death	97.8 (82.6-99.7)		
							mRNA-1273	Symptomatic infection	47.9 (40.8-54.1)		
								Hospitalization and death	100 (55.4-100)		
						Excluded	BNT162b2	Symptomatic infection	-1.1 (-7.1-4.6)		







No.	Reference (date)	Country	Design	Population	Dominant Variants	History of COVID	Vaccine Product	Outcome Measure	Primary Series VE % (95% CI)	Days post Final dose	Max Duration of follow up after fully vaccinated
								Hospitalization and death	76.8 (58-87.1)		
							mRNA-1273	Symptomatic infection	-7.3 (-15.6-0.3)	-	
							-	Hospitalization and death	84.8 (47.9-95.6)		
					Omicron	Previously	BNT162b2	Symptomatic infection	55.5 (51.8-59)		
					specifically	infected only		Hospitalization and death	94.3 (81.3-98.3)		
							mRNA-1273	Symptomatic infection	52 (45.8-57.4)		
								Hospitalization and death	100 (CI omiited)		
						Excluded	BNT162b2	Symptomatic infection	-0.2 (-5.5-4.9)		
								Hospitalization and death	73.5 (60.5-82.2)		
							mRNA-1273	Symptomatic infection	2.2 (-4.6-8.5)		
								Hospitalization and death	66.3 (38.3-81.6)		
206	<u>Can et al</u> * (March 19, 2022)	Turkey	Retrospective cohort	4067 HCWs	Alpha^	Excluded	CoronaVac	Documented infection	39 (20-64)	14+	13 weeks
205	Rearte et al*	Argentina	Test-negative	95,519 cases	Alpha, Gamma	Excluded	AZD1222	Documented infection	68.5 (67-69)	21+	~26 weeks
	(March 15, 2022)		case control	and 141,811	and Delta††			Death	93.7 (93.2-94.3)		
				controls			BBIBP-CorV	Documented infection Death	43.6 (42-45) 85 (84-86)		
							Sputnik-V	Documented infection	64 (63-65)		
							Sputilik-v	Death	93.1 (92.6-93.5)	_	
204	Jara et al*	Chile	Retrospective	490,064	Omicron	Excluded	CoronaVac	Documented infection	37.9 (36.1-39.6)	14+	~12 weeks
	(May 23, 2022)		cohort	children aged 3-	specifically^			Hospitalization	65.2 (50.4-75.6)	1 - 1	
				5 years				ICU admission	68.8 (18-88.1)		
	[Published version of March 15, 2022 preprint]										
203	Baum et al*	Finland	Retrospecitve	896,220 older	Non-VOC,	Excluded	BNT162b2	Hospitalization	93 (89-95)	14-90	~56 weeks
	(November 5, 2022)		cohort	adults (aged	Alpha, Delta,			· .	69 (63-74)	181+	JO WEEKS
				70+)	Omicron^			ICU admission	98 (92-99)	14-90]
	[Update to July 6,								79 (65-87)	181+	1
	2022 preprint						mRNA-1273	Hospitalization	93 (82-97)	14-90	1
								1011	73 (59-83)	181+	4
								ICU admission	100 (CI omitted)	14-90	4
							AZD1222	Hospitalization	93 (46-99) 81 (49-93)	181+ 14-90	-







No.	Reference (date)	Country	Design	Population	Dominant Variants	History of COVID	Vaccine Product	Outcome Measure	Primary Series VE % (95% CI)	Days post Final dose	Max Duration of follow up after fully vaccinated
								ICU admission	78 (2-95)	14-90	_
					Delta^	-	BNT162b2	Hospitalization	64 (-14-89) 90 (78-96)	181+ 14-90	
					Dellan		BIN1 10202	поѕрітангатіон	79 (71-84)	181+	~48.5 weeks
							mRNA-1273		92 (42-99)	14-90	_
							1111(NA-1273		87 (70-94)	181+	_
							AZD1222		79 (67-87)	91-180	
							ALDIZZZ		23 (-76-67)	181+	_
						_					
					Omicron^		BNT162b2	Hospitalization	91 (83-95)	14-90	~56 weeks
								_	58 (48-66)	181+	_
							mRNA-1273		79 (43-92)	14-90	_
							1701000	_	60 (34-75)	181+	_
							AZD1222		37 (-154-85)	91-180	
									51 (12-73)	181+	
202	Shrotri et al	UK	Prospective	15,518 long-	Alpha and	Excluded	BNT162b2 &	Documented infection	25.5 (-57.5-64.7)	14-83	45 weeks
	(March 12, 2022)		term care	Delta^		mRNA-1273		26.3 (-21.7-55.4)	84+		
				facility residents				Hospitalization	88.8 (16.8-98.5)	14-83	
									65.1 (33.6-81.6)	84+	
								Deaths	100	14-83	
									66.1 (26-84.4)	84+	
							AZD1222	Documented infection	62.1 (12.1-83.6)	14-83	
									13.6 (-33.2-43.9)	84+	
								Hospitalization	82.7 (46.4-94.4)	14-83	
									48.7 (12.5-70)	84+	
								Deaths	91.7 (65.1-98)	14-83	
									61.1 (26.2-79.5)	84+	_
				19,515 staff			BNT162b2 &	Documented infection	60.7 (44.2-72.4)	14-83	
							mRNA-1273		45.1 (31.3-56.2)	84+	
								Hospitalization	100	14-83	
							.==		92.1 (69.3-97.9)	84+	_
							AZD1222	Documented infection	29 (-10.3-54.3)	14-83	4
								1126-12	36.9 (20.6-49.9)	84+	_
								Hospitalization	100 (CIs omitted)	14-83	
201#	Fowlkes et al (March 11,2022)	USA	Prospective cohort	1052 children aged 5-11 years,	Omicron specifically ^	Excluded	BNT162b2	Documented infection 5-11 years	89.6 (64.4-96.9) 31 (9-48)	84+ 14-82	~29 weeks
	(14101111111111111111111111111111111111		COHOIT	312 children	Specifically 13				59 (24-78)	14+	1
				aged 12-15			Documented infection, 12-15 years	59(22-79)	14-149		
				years				12 15 years	62 (-28-89)	≥150	-
				,					81 (51-93)	14+	







Reference (date)	Country	Design	Population	Dominant Variants	History of COVID	Vaccine Product	Outcome Measure	Primary Series VE % (95% CI)	Days post Final dose	Max Duration of follow up after fully vaccinated
				Delta specifically ^			Documented infection, 12-15 years	87(49-97) 60 (-35-88)	14-149 ≥150	
Ashmawy et al* (April 24, 2023) [Update to March 11,	Egypt	Ambispective cohort	1,228 HCWs	Delta^	Included	BBIBP-CorV	Symptomatic infection Infection Hospitalization	67 (43-80) 46 (24-62) 65 (-8-88)	14+	~29 weeks
Oliveira et al* (March 3,2022)	USA	Matched- case control	186 case participants and 356 matched	Delta^	Excluded	BNT162b2	Documented infection Symptomatic infection	91 (33-99) 83 (34-95) 93 (81-97)	1-4 wk 13-17 wk 14+	~11 weeks
			control participants aged 12 to 18 years				Asymptomatic infections	85 (57-95)	14+	_
Oliver et al* (March 9,2022)	Canada	Retrospective cohort	13,579 individuals in hemodialysis	Alpha^	Excluded	BNT162b2 & mRNA-1273	Documented infection Severe disease Hospitalization Deaths	69 (58-78) 83 (70-90) 82 (69-90) 85 (59-95)	7+	~22 weeks
Perry et al* (March 3, 2022)	UK	Retrospective cohort	1,262,689 adults aged 50 or older in	Alpha, Delta^	Included	BNT162b2	Documented infection Hospitalization	50 (44-55) 88 (81-93)	>6	~26.5 weeks
						AZD1222	Documented infection Hospitalization	25 (15-33) 81 (71-88)	- -	~18 weeks
Wright et al* (February 25, 2022)	USA	Case control	9667 cases and 38,668 controls (18 years or older)	Alpha,†† Delta^	Included	BNT162b2 mRNA-1273 Ad26.COV2.S	Severe disease	87.9 (86.7-89) 92.9 (92-93.7) 73 (68.8-76.6)	14+	~40 weeks
Klein et al (March 1,2022)	USA	Test-negative case control	39,217 ED and UC encounters and 1,699 hospitalizations among persons	Omicron^	Unknown	BNT162b2	ED or UC encounters in 5-11 years ED or UC encounters in 12-15 years ED or UC encounters in	51 (30–65) 45 (30-57) -2 (-25-17) 34 (8-53)	14-67 14-149 150+ 14-149	~33 weeks
	Ashmawy et al* (April 24, 2023) [Update to March 11, 2022 preprint) Oliveira et al* (March 3,2022) Oliver et al* (March 9,2022) Perry et al* (March 3, 2022) Wright et al* (February 25, 2022)	Ashmawy et al* (April 24, 2023) [Update to March 11, 2022 preprint) Oliveira et al* (March 3,2022) USA Oliver et al* (March 9,2022) UK Oliver et al* (March 3, 2022) UK Oliver et al* (March	Ashmawy et al* (April 24, 2023) [Update to March 11, 2022 preprint) Oliveira et al* (March 3,2022) USA Oliver et al* (March 9,2022) Perry et al* (March 3, 2022) Wright et al* (February 25, 2022) Klein et al USA Egypt Ambispective cohort Canada Retrospective cohort UK Retrospective cohort USA Case control	Ashmawy et al* (April 24, 2023) [Update to March 11, 2022 preprint] Oliveira et al* (March 3, 2022) USA Matched-case control Oliver et al* (March 9, 2022) Diver et al* (March 3, 2022) UK Retrospective cohort Oliver et al* (March 3, 2022) UK Retrospective cohort Oliver et al* (March 3, 2022) UK Retrospective cohort Oliver et al* (March 3, 2022) UK Retrospective cohort Oliver et al* (March 3, 2022) UK Retrospective cohort Oliver et al* (March 3, 2022) UK Retrospective cohort Oliver et al* (March 3, 2022) USA Case control Oliver et al* (March 1, 2022) USA Test-negative case control UC encounters and 1,699 hospitalizations	Reference (date) Country Design Population Variants Ashmawy et al* (April 24, 2023) Egypt Ambispective cohort 1,228 HCWs Delta^ IUpdate to March 11, 2022 preprint) USA Matched-case control 186 case participants and 356 matched control participants aged 12 to 18 years Delta^ Oliveir et al* (March 9,2022) Canada Retrospective cohort 13,579 individuals in hemodialysis Alpha^ Perry et al* (March 3, 2022) UK Retrospective cohort 1,262,689 adults aged 50 or older in Wales Alpha, Delta^ Wright et al* (February 25, 2022) USA Case control (18 years or older in Wales) Alpha, T Delta^ Klein et al (March 1,2022) USA Test-negative case control and 1,699 hospitalizations Omicron^	Reference (date) Country Design Population Variants of COVID Delta Specifically ^ Delta ^ Specifically ^ Delta ^ Included Included Ashmawy et al* (April 24, 2023) [Update to March 11, 2022 preprint) Oliveir a et al* (March 3,2022) Oliveir a et al* (March 9,2022) Diverse tal* (March 9,2022) Canada Retrospective cohort Retrospective cohort Included Included Alpha ^ Excluded Perry et al* (March 9,2022) Diverse tal* (March 9,2022) UK Retrospective cohort Included Alpha ^ Included Included Alpha, Delta ^ Included Alpha, Delta ^ Included Alpha, Delta ^ Included Inclu	Reference (date) Country Design Population Variants Of COVID Product	Reference (date) Country Design Population Variants Of COVÍD Product Outcome Measure	Country Design Population Dominant Variants Of COVID Product Outcome Measure % (95% CI)	Part







No.	Reference (date)	Country	Design	Population	Dominant Variants	History of COVID	Vaccine Product	Outcome Measure	Primary Series VE % (95% CI)	Days post Final dose	Max Duration of follow up after fully vaccinated
					Delta^	Unknown	BNT162b2	ED or UC encounters in	92 (89-94)	14-149	~33 weeks
								12-15 years	79 (68-86)	150+	
								ED or UC encounters in	85 (81-89)	14-149	
						1		16-17 years	77 (67-84)	150+	
					Omicron or Delta^			Hospitalizations in 5-11 years	74 (-35-95)	14-67	
								Hospitalizations 12-15	92 (79-97)	14-149	
								years	73 (43-88)	150+	
								Hospitalizations 16-17	94 (87-97)	14-149	
								years	88 (72-95)	150+	
194	<u>Šmíd et al*</u>	Czech	Retrospective	10,701,777	Omicron^	Included	BNT162b2	Documented infection	49 (48-50)	14-74	~54 weeks
	(October 15, 2022)	Republic	cohort	individuals, all					11 (10-12)	135+	
				ages				Hospitalisation	46 (28-60)	14-74	
	Correction published								34 (24-42)	135+	
	Dec 8, 2022						mRNA-1273	Documented infection	48 (44-52)	14-74	
	[Published version of Feb 25, 2022 preprint]								20 (17-22)	135+	
								Hospitalisation	51 (-20-80)	14-74	
									31 (9-49)	135+	
							AZD1222	Documented infection	51 (23-69)	75-135	
									5 (1-9)	135+	
								Hospitalisation	-139 (-861-41)	75-135	
									13 (-8-30)	135+	
							Ad26.COV2.S	Documented infection	47 (45-49)	14-74	
									35 (33-38)	135+	
								Hospitalisation	28 (-21-56)	14-74	
									37 (8-58)	135+	
					Delta^	Included	BNT162b2	Documented infection	82 (81-83)	14-74	~54 weeks
								Hamitaliant's s	54 (53-55)	135+	-
								Hospitalisation	80 (72-85)	14-74	4
							mRNA-1273	Documented infection	81 (79-82) 71 (65-76)	135+ 14-74	-
							IIIKNA-12/3	Documented injection	68 (66-69)	135+	-
								Hospitalisation	80 (55-91)	75-135	1
								1105pitalisati0i1	80 (55-91)	135+	1
							AZD1222	Documented infection	65 (57-72)	75-135	1
							YTDIZZZ	Documented infection	45 (43-48)	135+	1
								Hospitalisation	80 (62-89)	75-135	-
						1		Tiospitalisation	68 (64-71)	135+	1
							Ad26.COV2.S	Documented infection	60 (57-63)	14-74	1
						1	AUZU.CUVZ.3	Documented injection	54 (50-57)	135+	1
						1		Hospitalisation	54 (39-65)	14-74	1
						1	1	Hospitalisation	J4 (33-03)	14-/4	







No.	Reference (date)	Country	Design	Population	Dominant Variants	History of COVID	Vaccine Product	Outcome Measure	Primary Series VE % (95% CI)	Days post Final dose	Max Duration of follow up after fully vaccinated
									61 (51-69)	135+	
193	<u>Cura-Bilbao et al</u> * (February 2, 2022)	Spain	Prospective cohort	925,915 residents of Aragon, Spain	Non-VOC, Alpha ^{††}	Excluded	BNT162b2 mRNA-1273	Documented infection	70 (65.3-74.1) 70.3 (52.2-81.5)	7+ 14+	~16 weeks
192	Shen et al* (February 23, 2022)	USA	Retrospective cohort	5,536 immuno- suppressed	Non-VOC, Alpha,†† Delta^	Excluded	BNT162b2	Documented infection	41 (9-62)	14+	~36 weeks
				individuals			mRNA-1273		48 (18-67)		
							Ad26.COV2.S		66 (-30-91)		
191	Mallow et al* (February 9, 2022)	USA	Test-negative case control	13,203 emergency department	Non-VOC, Alpha,†† Delta^	Unknown	BNT162b2	Emergency department visit	73.9 (66.3-79.8)	14+	~31 weeks
				patients (aged 18+)			mRNA-1273		78 (68.1-84.9)		
190	Wu et al	China	Retrospective	1,462 close	Delta^	Excluded	BBIBP-CorV	Symptomatic disease	50.5 (3.8-74.6)	14+	~24 weeks
	(January 10,2022)		cohort	contacts					39.3 (-20.4-69.4)	≤3 mos.	1
									82 (-25.7-97.4)	4-6 mos.	
								Pneumonia	54.7 (-3.4-80.2)	14+	
									39.6 (-35.4-73.1)	≤3 mos.	
							CoronaVac	Symptomatic disease	39.1 (-0.9-63.3)	14+	
									45.5 (-5.9-71.9)	≤3 mos.	
									29.8 (-41.1-65.1)	4-6 mos.	
								Pneumonia	64.9 (22.8-84.0)	14+	
									73.8 (17.9-91.6)	≤3 mos.	
									47.4 (-44.3-80.8)	4-6 mos.	
189	Filon et al* (February 15, 2022)	Italy	Retrospective cohort	4251 HCWs	Non-VOC and Alpha ^{††}	Excluded	BNT162b2	Documented infection (March)	95 (92-98)	7+	~16 weeks
								Documented infection (April)	95 (92-98)		
								Documented infection (May)	80 (70-84)		
187	Halasa et al*	USA	Test-negative	537 case-infants	Delta,	Included	BNT162b2 &	Hospitalization in infants	52 (33-65)	14+	~33 weeks
	(June 22, 2022)		case control	and 512 control-	Omicron^		mRNA-1273	with maternal			
				infants< 6				vaccination anytime			
	[Update to February			months				during pregnancy up to			
	15, 2022 preprint]			hospitalized in				14 days before delivery	22 (2.22)	-	
				20 pediatric	Hospitalization in infants 38 (3-60)						
				hospitals				with maternal			
								vaccination in first 20			
								weeks of pregnancy Hospitalization in	69 (50-80)	-	
								infants with maternal	05 (50-80)		







No.	Reference (date)	Country	Design	Population	Dominant Variants	History of COVID	Vaccine Product	Outcome Measure	Primary Series VE % (95% CI)	Days post Final dose	Max Duration of follow up after fully vaccinated
								vaccination from 21 weeks up to 14 days before delivery			
					Omicron^			Hospitalization in infants with maternal vaccination anytime during pregnancy up to 14 days before delivery	38 (8-58)		
								Hospitalization in infants with maternal vaccination in first 20 weeks of pregnancy	25 (-26-56)		
								Hospitalization in infants with maternal vaccination from 21 weeks up to 14 days before delivery	57 (25-75)		
					Delta^			Hospitalization in infants with maternal vaccination anytime during pregnancy up to 14 days before delivery	80 (60-90)		
								Hospitalization in infants with maternal vaccination in first 20 weeks of pregnancy	68 (19-87)		
								Hospitalization in infants with maternal vaccination from 21 weeks up to 14 days before delivery	88 (68-96)		
186	<u>Jara et al</u> * (April 20, 2023)	Chile	Prospective cohort	1,976,344 children aged 6-	Delta^	Excluded	CoronaVac	Documented infection (6-16 years)	74.8 (74.1-75.5)	14+	~28 weeks
	[Update to February 15, 2022 preprint]			16 years				Documented infection (6-11 years) Documented infection	75.8 (74.8-76.8) 73.6 (72.5-74.6)		
								(12-16 years) Hospitalization (6-16 years)	91.3 (88.1-93.6)		
								Hospitalization (6-11 years) Hospitalization	78.5 (62.8-87.6) 93.4 (90.4-95.5)		







No.	Reference (date)	Country	Design	Population	Dominant Variants	History of COVID	Vaccine Product	Outcome Measure	Primary Series VE % (95% CI)	Days post Final dose	Max Duration of follow up after fully vaccinated
								(12-16 years)			
								ICU admission (6-16 years)	93.8 (85.7-97.3)		
							BNT162b2	Documented infection (12-16 years)	84.4 (83.7-85.0)]	~30 weeks
								Hospitalization (12-16 years)	93.5 (90.4-95.6)		
								ICU admission (12-16 years)	98.0 (89.9-99.6)		
185	Ferdinands et al	USA	Test-negative	241,204 ED/UC	Omicron^	Included	BNT162b2 &	ED or UC encounters	69 (62–75)	< 2 mos	~53 weeks
	(February 11, 2022)		case control	encounters and			mRNA-1273		37 (34–40)	≥5 mos	
				93,408				Hospitalization	71 (51–83)	< 2 mos	
				hospitalizations					54 (48–59)	≥5 mos	
					Delta^			ED or UC encounters	92 (91–94)	< 2 mos	~25 weeks
									77 (76–78)	≥5 mos	
								Hospitalization	94 (92–96)	< 2 mos	
									82 (82–83)	≥5 mos	
184	Goldin et al* (February 8, 2022)	Israel	Retrospective cohort	43,596 residents of long-term care	Non-VOC, Alpha ^{††}	Excluded	BNT162b2	Documented infection	81.2 (78.6-83.5)	7+	~16.5 weeks
				facilities (65+ years)				Death	85.3 (80.4-88.9)	7+	
183	Hayek et al* (January 27, 2022)	Israel	Retrospective cohort	155,305 households with 400,733 children	Alpha^	Excluded	BNT162b2	Documented infection	94.4 (93.2-95.4)	7+	~12 weeks
182	ECDC (January 20, 2022)	Belgium, Croatia, Czechia, France, Greece, Malta, Portugal and Spain	Test-negative case control	1893 hospitalised patients	Alpha^	Excluded	BNT162b2	Hospitalization	94 (88-97)	14+	~28 weeks
181	Butt et al* (February 9, 2022)	USA	Test-negative case control	4,229 cases and controls on haemodialysis	Delta^	Excluded	BNT162b2 mRNA-1273	Documented infection	68.9 (61.9-74.7) 66.7 (58.9-73.0)	14+	~31 weeks
180	Cerqueira-Silva et al* (February 9,2022)	Brazil	Test-negative case control	7,747,121 individuals	Gamma and Delta^	Excluded	CoronaVac	Documented infection	55 (54.3-55.7) 34.7 (33.1-36.3)	14-30 >180	~30 weeks
								Severe disease	82.1 (81.4-82.8) 72.6 (71.0-74.2)	14-30 >180	







No.	Reference (date)	Country	Design	Population	Dominant Variants	History of COVID	Vaccine Product	Outcome Measure Hospitalization Death	Primary Series VE % (95% CI) 82.1 (81.4-82.8) 72.4 (70.7-73.9) 82.7 (81.7-83.6) 74.8 (72.2-77.2)	Days post Final dose 14-30 >180 14-30 >180	Max Duration of follow up after fully vaccinated
179#	Chemaitelly et al* (June 2, 2022)	Qatar	Test-negative case control	2,706,008 individuals	Omicron BA.1 specifically^	Included	BNT162b2	Symptomatic disease	46.6(33.4-57.2) -17.8(-28.28.2)	1-3 mo 7+ mo.	~58 weeks
	[Published version of				opcomount,		mRNA-1273	1	71.0 (24.0- 89.0) -10.2 (-23.1-1.3)	1-3 mo 7+ mo.	-
	March 13,2022 preprint]				Omicron BA.2 specifically^		BNT162b2		51.7 (43.2-58.9) -12.1 (-19.1-5.5)	1-3 mo 7+ mo.	
							mRNA-1273		35.9 (-5.9-61.2) -20.4 (-30.2-1.2)	1-3 mo 7+ mo.	
					Omicron specifically^		BNT162b2	Symptomatic disease	51.7(43.2-58.9) -9.0 (-14.53.7)	1-3 mo 7+ mo.	
							mRNA-1273		43.2(15-62.1) -13.7(-21.36.6)	1-3 mo 7+ mo.	
							BNT162b2	Severe, critical or fatal	70.4 (45.0-84.0)) 77.5 (67.8-84.3)	1-6 mo 7+ mo.	
							mRNA-1273		87.1 (40.2-97.2) 68.4 (46.1-81.5)	1-6 mo 7+ mo.	-
178	Lauring et al* (March 9, 2022)	USA	Test-negative case control	5582 COVID-19 cases and 5962	Omicron specifically^	Excluded	BNT162b2 & mRNA-1273	Hospitalization	65 (51-75)	14+	~3 weeks
				test-negative	Delta		BNT162b2 &		85 (83-87)	≤150	~27 weeks
	[February 7,2022]			and syndrome	specifically^		mRNA-1273		90 (85-93)	>150	
				negative controls			BNT162b2		82 (80-84)	14+-	
				CONTROLS			mRNA-1273		88 (86-90)		
					Alpha specifically^		BNT162b2		82 (77-86)		~44 weeks
177	Suryatma et al (March	Indonesia	Test-negative	14,168 adults	Non-VOC,	Excluded	mRNA-1273 CoronaVac	Documented infection	90 (85-93) 66.7 (58.1-73.5)	14+	~24 weeks
1//	11,2022)	illuollesia	case control	aged ≥18	Alpha††	Lxcidded	Coronavac	Hospitalization	71.1 (62.9-77.6)	14*	24 WEEKS
	[Update to February 3 preprint]			uged 110	Aipila			Death	87.4 (65.1-95.4)		
176	Sritipsukho et al*	Thailand	Test-negative	1,118 cases and	Delta^	Excluded	AZD1222	Documented infection	83 (70-90)	14+	~13 weeks
	(February 3,2022)		case control	2,235 controls			CoronaVac		60 (49-69)]	
							CoronaVac + AZD1222		74 (43-88)		
175	Roberts et al	USA	Test-negative	74,060	Non-VOC,	Included	BNT162b2	Documented infection	83 (81-84)	<3 mos.	~48 weeks
	(July 26, 2022)		case control	adults	Alpha, Delta††			(Overall)	- · · · · · · · · · · · · · · · · · · ·	≥3 mos.]
								Documented infection	80 (74-85)	<3 mos.]
								(Jan-March)	80.5 (74-86)	≥3 mos.	1
									75 (64-81)	<3 mos.	







No.	Reference (date)	Country	Design	Population	Dominant Variants	History of COVID	Vaccine Product	Outcome Measure	Primary Series VE % (95% CI)	Days post Final dose	Max Duration of follow up after fully vaccinated
	[Published version of January 31, 2022							Documented infection (Oct-Dec)	60 (55-62)	≥3 mos.	
	preprint]							Severe disease	88 (80-91)	<3 mos.	1
	, , ,							(Overall)	75 (70-80)	≥3 mos.	1
								Severe disease	90 (49-99)	<3 mos.	
								(Jan-March)	90 (50-99)	≥3 mos.	1
								Severe disease	69 (22-88)	<3 mos.	
								(Oct-Dec)	78 (70-82)	≥3 mos.	
							mRNA-1273	Documented infection	88 (85-90)	<3 mos.	
								(Overall)	65 (62-68)	≥3 mos.	
								Documented infection	89 (73-95)	<3 mos.	
								(Jan-March)	89 (74-93)	≥3 mos.	
								Documented infection	82 (69-91)	<3 mos.	
								(Oct-Dec)	68 (64-69)	≥3 mos.	
								Severe disease	85 (75-90)	<3 mos.	
								(Overall)	72 (65-78)	≥3 mos.	
								Severe disease	70 (0-95)	<3 mos.	
							(Jan-March)	70 (0-93)	≥3 mos.		
								Severe disease	91 (5-99)	<3 mos.	
								(Oct-Dec)	80 (72-88)	≥3 mos.	
174	Lytras et al*	Greece	Retrospective	9100 COVID-19	Delta^	Included	BNT162b2	Intubation	98.1 (97.5-98.6)	14+	~ 48 weeks
	(June 14, 2022)		cohort	intubations and				(age 15-59)	95.5 (94.3–96.5)	6 mos	1
	[Dublished version of			14755 COVID-19 deaths in				Intubation	96.7 (95.9–97.4)	14+	_
	[Published version of January 29,2022			Greece aged				(age 60-79)	92 (91.0–92.9)	6 mos	-
	preprint]			≥15 years				Intubation	94.2 (92.0–95.7)	14+	-
	preprintj			215 years				(age 80+)	85.9 (83.5–88.0)	6 mos	
								Death (age 15-59)	96.5 (94.8–97.6)	14+	
								Death	93.8 (91.0–95.7)	6 mos 14+	-
								(age 60-79)	94.1 (92.7–95.2)	6 mos	-
								Death	89.4 (87.9–90.8) 91 (88.4–93.0)	14+	-
								(age 80+)	84 (82.2–85.6)	6 mos	1
							mRNA-1273	Intubation (age 15-59)	99.4 (98.2-99.8)	14+	1
				111KIVA-12/3	intubation (age 15-59)	97.3 (93.1-98.9)	6 mos	1			
					Intubation	98.9 (97.3–99.5)	14+	1			
					(age 60-79)	95.1 (93-96.5)	6 mos	1			
							Intubation	97.9 (90.2–99.5)	14+	1	
								(age 80+)	90.6 (67-97.3)	6 mos	1
								Death (age 15-59)	99.3 (94.7-99.9)	14+	1
								2 catt. (abc 13 33)	98.3 (88.3-99.8)	6 mos	1
								Death	98.4 (95.5–99.5)	14+	1
	1	1	1	1		1	1			1	







No.	Reference (date)	Country	Design	Population	Dominant Variants	History of COVID	Vaccine Product	Outcome Measure	Primary Series VE % (95% CI)	Days post Final dose	Max Duration of follow up after fully vaccinated
								(age 60-79)	96.2 (93.6–97.7)	6 mos	
								Death	96.7 (87.9–99.1)	14+	
								(age 80+)	92 (80–96.8)	6 mos	
							AZD1222	Intubation (age 15-59)	97.8 (95.3-99)	14+]
									92.4 (84-96.4)	6 mos	
								Intubation	97.2 (95.3–98.3)	14+]
								(age 60-79)	90.3 (87.4-92.5)	6 mos	
								Intubation	97.8 (91.7–99.4)	14+	
								(age 80+)	92.4 (72.7–97.9)	6 mos	
								Death (age 15-59)	97.5 (89.7-99.4)	14+	
									94.5 (77.2-98.7)	6 mos	
								Death	95.4 (91.2–97.6)	14+	
								(age 60-79)	89.8 (85.2–93.0)	6 mos	
								Death	92.6 (84.2–96.5)	14+	
								(age 80+)	83.4 (69.6–90.9)	6 mos	
							Ad26.COV2.S	Intubation	85.0 (73.9–91.4)	14+	
								(age 15-59)	91.7 (84.4-95.6)	6 mos	
								Intubation	79.6 (65.2–88.0)	14+	
								(age 60-79)	88.7 (78.7-94)	6 mos	-
								Intubation	85.0 (62.3–94.0)	14+	_
								(age 80+)	91.7 (75.5-97.2)	6 mos	-
								Death	81.7 (57.5–92.1)	14+	
								(age 15-59)	90.7 (77.2-96.2)	6 mos	_
								Death	69.1 (43.2–83.2)	14+	4
								(age 60-79)	84.3 (67.9-92.3)	6 mos	_
								Death	61.9 (43.2–74.4)	14+	-
	- 6 1 1 1		1					(age 80+)	80.6 (59.7–90.7)	6 mos	
173	Tenforde et al*	USA	Test-negative	2952	Delta^	Included	BNT162b2 or	Hospitalization:	69 (57-78)	14+ up to <7	~47 weeks
	(January 28, 2022)		case control	hospitalized adults (18+ y)			mRNA-1273	Immunocompromised Hospitalization: Non-	82 (77-86)	days pose dose 3	
								immunocompromised			
172	Belayachi et al*	Morocco	Test-negative	25,768 matched	Non-VOC,	Included	BBIBP-CorV	Severe hospitalisation	73 (71-76)	1-273	~39 weeks
	(December 7, 2022)		case control	pairs of patients	Alpha, Delta††				88 (84-91)	1-30]
				aged 18+					64 (59-69)	150+	
	[Update to January										
171#	27, 2021 preprint]	Scotland	Tost nogative	6166 Omicron	Omicron	Included	BNT162b2	Documented infection	26.0 (13.9-36.4)	14+	~11 weeks
1/1#	Willet et al (January 26,2021)	Scotland	Test-negative case control	cases and 4911	Omicron specifically^	included		Documented infection		14+	11 weeks
	(January 20,2021)		case control	Delta cases	specifically.		mRNA-1273	-	23.7 (4.4-39.4)	-	
				Deita cases	Dolta		AZD1222		11.4 (-18.8-34.6)	-	
					Delta		BNT162b2		83.5 (78.6-87.3)	-	
					specifically^		mRNA-1273		87.8 (79.8-92.7)		





No.	Reference (date)	Country	Design	Population	Dominant Variants	History of COVID	Vaccine Product	Outcome Measure	Primary Series VE % (95% CI)	Days post Final dose	Max Duration of follow up after fully vaccinated
							AZD1222		78.9 (66.6-86.7)		
170	Spensley et al* (January 26, 2022)	UK	Prospective cohort	1121 end stage kidney disease patients receiving in- center haemodialysis	Omicron specifically^	Included	AZD1222	Documented infection	-4 (-97-43)	14+	~52.5 weeks
169	Botton et al* (January 24, 2022)	France	Retrospective cohort	4,053,569 elderly adults (aged 75+)	Non-VOC, Alpha ^{††}	Unknown	BNT162b2 & mRNA-1273	Hospitalization	86 (83-89)	7+	~7 weeks
168	Bedston et al*	UK	Prospective	93,292 HCWs	Alpha^	Excluded	BNT162b2	Documented infection	86 (74-91)	2-5 weeks	~37 weeks
	(January 21, 2022)		cohort						45 (39-51)	26+ weeks	
167	Thompson et al	USA	Test-negative	222,772 ED	Omicron^	Unknown	BNT162b2 &	ED or UC encounters	52 (46-58)	14-179	~50 weeks
	(January 21,2022)		case control	encounters and			mRNA-1273		38 (32-43)	≥180	
				87,904				Hospitalisation	81 (65-90)	14-179	-
				hospitalization	Dallan	_		FD and I Comments are	57 (39-70)	≥180	
					Delta^			ED or UC encounters	86 (85-87)	14-179	~32 weeks
								Hospitalisation	76 (75-77) 90 (89-90)	≥180 14-179	+
								Tiospitalisation	81(80-82)	≥180	+
166	Amodio et al*	Italy	Retrospective	3,966,976	Alpha, Delta††	Excluded	BNT162b2 &	Documented infection	81.3 (80.3-82.3)	2 months	~37 weeks
200	(March 11,2022)	,	cohort	adults aged≥ 18	/ lipila, Bella	ZXCIGGG	mRNA-1273		57.8 (55.4-60.2)	8 months	37 1.001.0
				years				Severe disease	96.1 (94.5-97.7)	2 months	
	[Published version od								90.3 (86.2-94.4)	8 months	
	January 13,2022							Death or intubation	93.4 (91.2-95.6)	2 months	
	preprint]								83.7 (75.1-92.3)	8 months	
165#	Tartof et al*	USA	Test-negative	11,123 patients	Omicron	Included	BNT162b2	ED admission	47 (40-54)	7+	~47 weeks
	(April 22, 2022)		case control	with ED or	specifically^				64 (51-73)	7 to <3 mos	
	filled the to to			hospital					31 (16-43)	≥9 mos	
	[Update to January 18, 2022 preprint]			encounter in Southern				Hospitalisation	62 (53-69)	7+	
	10, 2022 preprint]			California					68 (48-80)	7 to <3 mos	
				Camornia	Dolto			CD admission	41 (21-55)	≥9 mos 7+	
					Delta specifically^			ED admission	61 (55-66) 78 (69-85)	7+ 7 to <3 mos	
					specifically.				78 (69-85) 57 (45-66)	7 to <3 mos ≥9 mos	
						Hospitalisation	76 (69-82)	7+			
								Tiospitalisation	78 (55-89)	7 to <3 mos	
									73 (58-83)	≥9 mos	







164	Reference (date)	Country	Design	Population	Dominant Variants	History of COVID	Vaccine Product	Outcome Measure	Primary Series VE % (95% CI)	Days post Final dose	Max Duration of follow up after fully vaccinated
	Young-Xu et al*	USA	Matched	37,117 veterans	Omicron	Excluded	BNT162b2 &	Documented infection	12 (10-15)	14+	~~48 weeks
	(August 3, 2022)		test-negative	18 years or	specifically^		mRNA-1273	Hospitalization	63 (58-67)		
	[Update to March 13,		case control	older as cases and 434,096 as	6 !:			Death	77 (67-83)		
	2022 preprint]			controls	Delta specifically^			Documented infection	54 (50-57)	-	
	2022 preprintj			COTICIOIS	specifically			Hospitalization Death	75 (69-80) 92 (83-96)	-	
163	Cuch et al*	Malaysia	Datraspastiva	9,926,361	Delta^	Excluded	BNT162b2	Documented infection:	79.3 (76.1-82.1)	9-26 weeks	~26 weeks
	Suah et al* (March 21, 2022)	Malaysia	Retrospective cohort	vaccinated	Deitan	Excluded	BN110202	Vaccinated April to June	, , ,		- 26 weeks
	[Update to (January 16,2022 preprint]			individuals aged ≥15, and unvaccinated				Documented infection: Vaccinated July to August	90.8 (89.4-92.1)	2-13 weeks	
				controls			CoronaVac	Documented infection: Vaccinated April to June	30.4 (18.8-40.3)	9-26 weeks	
								Documented infection: Vaccinated July to August	74.5 (70.6-78)	2-13 weeks	
	Gazit et al* (November 24, 2021)	Israel	Retrospective cohort	4024 adult household members of SARS-CoV-2 index cases	Alpha^	Excluded	BNT162b2	Documented infection	80.3 (73.5-85.4)	7+	~7.5 weeks
161	Olson et al*	USA	Case control	445 case	Delta^	Unknown	BNT162b2	Hospitalization	94 (90-96)	14+	~18 weeks
	(January 12,2022)		0000 00111101	patients and	20.00		5.11.202.02	ICU admission	98 (93-99)	1	20 1100113
ı			Test-negative	777 control				Hospitalization	95 (91-97)	-	
			case control	patients aged 12-18 years				ICU admission	98 (94-100)	-	
160	Chiew et al*	Singapore	Retrospective	249,763	Omicron^	Excluded	BNT162b2	Documented infection	25 (21-29)	8+	~44 weeks
	(September 28, 2022)		cohort	adolescents					38 (32-43)	8-59	
				aged 12-17					40 (34-46)	240+	
	[Update to January 8,							Hospitalization	75 (56-86)	8+	
	2022 preprint]								74 (26-91)	8-59	
									77 (54-89)	210-239	
					Delta^			Documented infection	66 (63-69)	8+	~24 weeks
									71 (67-74)	8-59	
								Handalina Co.	57 (27-75)	150-179	_
								Hospitalization	83 (74-89) 76 (62-85)	8+ 8-59	-
									89 (64-94)	120-149	-
159#		USA				Included	mRNA-1273	Documented infection	13.9 (10.5-17.1)	14+	~47.5 weeks







No.	Reference (date)	Country	Design	Population	Dominant Variants	History of COVID	Vaccine Product	Outcome Measure	Primary Series VE % (95% CI)	Days post Final dose	Max Duration of follow up after fully vaccinated
	Tseng et al* (February 21, 2022)		Test-negative case control	26,683 cases and 109,662	Omicron specifically^				44 (35.1-51.6)	14-90	~11 weeks
	,		case control	controls among	specifically				5.9 (0.4-11.0)	>270	~47.5 weeks
	[update from January 21 preprint]			Kaiser Permanente				Hospitalization	84.5 (23-96.9)	14+	
				Southern California	Delta			Documented infection	63.6 (59.9-66.9)	14+	
				members aged	specifically^				80.2 (68.2-87.7)	14-90	~11 weeks
				18+					61.3 (55-66.7)	>270	~47.5 weeks
								Hospitalization	99 (93.3-99.9)	14+	
158	Zambrano et al	USA	Test-negative	102 MIS-C case-	Delta^	Included	BNT162b2	MIS-C	86 (70-93)	14+	~23 weeks
	(January 7,2022)		case control	patients and					91 (78-97)	28+	
				181 hospitalized controls aged 12-18 years		Excluded			90 (75-96)		
157	Prunas et al*	Israel	Matched	11,822 cases	Delta^	Excluded	BNT162b2	Documented infection	85 (84-86)	14-89	~25 weeks
	December 9, 2022		Case-control	and 226,201					53 (46-60)	150-180	
				controls aged				Symptomatic disease	90 (89-91)	14-89	
	[Update to January 5,			12-16 years					66 (59-72)	150-180	
	2022 preprint]		Test negative					Documented infection	84 (82-85)	14-89	
156	Petráš et al*	Czech	case control Retrospective	11,016 staff of	Al-1- D-11-++	Excluded	BNT162b2	Documented infection:	50 (43-57)	150-180 >14	~30 weeks
130	(December 22, 2021)	Republic	cohort	three hospitals	Alpha, Delta††	Excluded	BIN 1 10202	Overall	88.3 (83.2-91.8)	>14	30 weeks
	(5 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6	Периопе	Johnson	in Prague				Symptomatic disease: Overall	91.7 (85.7-95.2)		
					Alpha ^{††}	-		Documented infection:	96.2 (91.6-98.7)	_	4 weeks
					P ·			February 2021			
					Delta ^{††}			Documented infection: June-Aug 2021	65 (<0-96.6)		~30 weeks
155	Cerqueira-Silva et al* (March 31, 2022)	Brazil	Test negative case control	22,566 cases and 68,426 test-	Non-VOC, Gamma,	All participant	CoronaVac	Symptomatic reinfection	39.4 (36.1-42.6)	14+	~37 weeks
	(Update to December		12300 00 01	negative	Delta^	s had					
	27, 2021 preprint]			individuals aged		confirmed			40.5 (36.4-44.3)	14-90	~11 weeks
				18+ with prior SARS-CoV-2		prior infection			38 (33.1-42.5)	>90	~37 weeks
				infection				Hospitalization or death	81.3 (75.3-85.8)	14+]
									86.6 (79.8-90.3)	14-90	~11 weeks
									74.4 (63.3-82.2)	>90	~37 weeks







No.	Reference (date)	Country	Design	Population	Dominant Variants	History of COVID	Vaccine Product	Outcome Measure	Primary Series VE % (95% CI)	Days post Final dose	Max Duration of follow up after fully vaccinated
							AZD1222	Symptomatic reinfection	56 (51.4-60.2)	14+	
									55.5 (50.5-60.1)	14-90	~11 weeks
									56.8 (46.6-65.1)	>90	~37 weeks
								Hospitalization or death	89.9 (83.5-93.8)	14+	
									86.6 (77.6-92.0)	14-90	~11 weeks
									95.1 (84.8-98.4)	>90	~37 weeks
							BNT162b2	Symptomatic reinfection	64.8 (54.9-72.4)	14+	-
									64.2 (54.2-72)	14-90	~11 weeks
									100 (CI omitted)	>90	~37 weeks
								Hospitalization or death	89.7 (54.3-97.7)	14+	-
									88.8 (50-97.5)	14-90	~11 weeks
									100 (CI omitted)	>90	~37 weeks
							Ad26.COV2.S	Symptomatic reinfection	44 (31.5-54.2)	14+	
									46.1 (32.7-56.7)	14-90	~11 weeks
									30.6 (-12.4-57.1)	>90	~37 weeks
								Hospitalization or death	57.7 (-2.6-82.5)	14+	
									60.2 (-10.8-85.7)	14-90	~11 weeks
									41 (-240.9-89.9)	>90	~37 weeks
153	Chung et al*	USA	Test negative	3,384 individuals aged	Non-VOC,	Included	BNT162b2	Symptomatic disease	66(56-73)	14+	~34 weeks
	(January 1,2022)		case control	≥12 years	Alpha, Delta [^]		mRNA-1273		81(73-86)		
152	Lutrick et al (December 31,2021)	USA	Prospective cohort	243 individuals aged 12-17 years	Delta^	Excluded	BNT162b2	Documented infection	92(79-97)	14+	~17 weeks
151#	Collie et al*	South Africa	Test negative	211,610 PCR	Omicron	Included	BNT162b2	Hospitalization	69 (48-81)	14+	~24 weeks
	(December 29, 2021)		case control	tests of individuals In Gauteng Province	specifically^ Delta^				93 (90-94)		~19 weeks
150	Mendola et al* (December 23, 2021)	Italy	Retrospective cohort	2,478 HCWs 18+ years at a public hospital	Alpha ^{††}	Excluded	BNT162b2	Documented infection	89 (78-95)	8-98	~12 weeks



INTERNATIONAL VACCINE Access Center



No.	Reference (date)	Country	Design	Population	Dominant Variants	History of COVID	Vaccine Product	Outcome Measure	Primary Series VE % (95% CI)	Days post Final dose	Max Duration of follow up after fully vaccinated
149	Alali et al* (December 7, 2021)	Kuwait	Retrospective cohort	3,246 HCWs 20+ years at a secondary hospital	Alpha ^{††}	Excluded	AZD1222	Symptomatic disease	94.5 (89.4 – 97.2)	14+	~20 weeks
148	Ostropolets et al* (August 23, 2022) [Update to December 25, 2021 preprint]	USA	Retrospective cohort	179,666 patients of Columbia University Medical Center	Non-VOC, Alpha, Delta ^{††}	Excluded	BNT162b2 mRNA-1273 Ad26.COV2.S	Documented infection Hospitalization Documented infection Hospitalization Documented infection	94 (91-95) 95 (92-97) 97 (94-98) 96 (92-99) 81 (50-94)	14+	52 weeks
147	Amir et al (December 21, 2021)	Israel	Quasi- experimental	348,468 individuals aged 16-18 and 361,050	Delta^	Excluded	BNT162b2	Hospitalization Documented infection: 12-14 years	92 (58-100) 92 (91.1-92.8)	14-60	~6.5 weeks
				individuals aged 12-14				Documented infection: 16-18 years	89.8 (80-93.8)		
146	Katikireddi et al* (December 20, 2021)	Scotland	Retrospective cohort	2,534,527 adults (aged 18+)	Delta^	Excluded	AZD1222	Hospitalization or death	83.7 (79.7-87.0) 53.6 (48.4-58.3)	14-27 140-153	~20 weeks
145	Kissling et al* (May 26,2022)	Croatia, France, Ireland,	Test negative case control	2,725 cases and 11,557 controls aged 30+	Delta^	Included	BNT162b2	Symptomatic disease (30-59 years) Symptomatic disease	87 (83–89) 65 (56–71) 65 (37-80)	14-29 90+ 30-59	~30 weeks
	[Published version of December 23,2021 preprint]	Netherlands , Portugal, Romania, Spain, and					mRNA-1273	(60+ years) Symptomatic disease (30-59 years)	98 (93–100) 90 (76–96) 72 (52–83)	90+ 14-29 60-89 14-29	-
	preprintj	the UK					Ad26.COV2.S	_	65 (48–76) 50 (36–62) 52 (33–66)	60-89 30-59 60-89	
144#	Hansen et al (December 23,2021)	Denmark	Retrospective cohort	41,684 Danish residents aged ≥12 years	Omicron specifically^	Excluded	BNT162b2 mRNA-1273	Documented infection	55.2 (23.5-73.7) -76.5 (-95.3, -59.5) 36.7 (-69.9-76.4) -39.3 (-61.6, -20)	15-44 105-164 15-44 105-164	21 weeks
					Delta specifically^		BNT162b2 mRNA-1273	-	86.7 (84.6-88.6) 53.8 (52.9-54.6) 88.2 (83.1-91.8) 65.0 (63.6-66.3)	15-164 15-164 15-44 105-164	
143	loannou et al (December 21,2021)	USA	Retrospective cohort/ Target trial emulation	4,199,742 individuals	Non-VOC and Alpha ^{††}	Excluded	BNT162b2 & mRNA-1273	Documented infection (March 31st 2021) Documented infection (June 30tht 2021)	65.0 (63–68) 65 (63–68) 69 (67–70)	7+	~28 weeks





No.	Reference (date)	Country	Design	Population	Dominant Variants	History of COVID	Vaccine Product	Outcome Measure	Primary Series VE % (95% CI)	Days post Final dose	Max Duration of follow up after fully vaccinated
								Death (March 31st 2021)	89 (84–92)		
								Death (June 30th ^t 2021)	86 (82–89)		
142	Lewis et al* (December 21,2021)	USA	Test negative case control	3,619 adults	Alpha and Delta ^{††}	Included	BNT162b2 & mRNA-1273	Hospitalization with no underlying conditions	96 (93-98)	14+	~30 weeks
								Hospitalization with one underlying conditions	93 (89-95)		
								Hospitalization with 2 underlying conditions	87 (92-91)		
								Hospitalization with 3+ underlying conditions	83 (72-88)		
141	Tartof et al* (February	USA	Retrospective	3,133,075	Non-VOC,	Included	BNT162b2	Documented infection	85 (83-86)	7-36	~48 weeks
	14, 2021)		matched	adults ≥ 18	Alpha and				49 (46-51)	217+	
			cohort	years	Delta ^{††}			Hospitalization	90 (86-92)	7-36	
	[Updated version of previous December 21st preprint]								88 (85-90)	217+	
140#		South Africa	Retrospective	477,234 HCWs	Beta, Delta,	Included	Ad26.COV2.S	Hospitalization	67 (62-71)	28+	16 weeks
	19,2022)		matched	,	Kappa^			ICU/CCU admission	75 (69-82)		
	,		cohort					Death	83 (75-89)		
	[Published version of				Beta^	1		Hospitalization	62 (42-76)		
	December 20,2021							ICU/CCU admission	49 (8-77)		
	December 20,2021							Death	86 (57-100)		
					Delta^	1		Hospitalization	67 (62-71)		
								ICU/CCU admission	78 (71-88)		
								Death	82 (74-89)		
139	Abu-Raddad et al*	Qatar	Test negative	107,099 test-	Beta and	Excluded	mRNA-1273	Documented infection	85.3 (83.5-86.9)	30+	~35 weeks
	(January 21, 2022)		case control	positive cases	Delta^				-29.5 (-84-8.8)	240+	
				and 658,564				Symptomatic disease	94.4 (92.8-95.6)	30+	
	Published version of			test-negative				, ,	20 (-29-59.3)	240+	
	December 16,2021			controls				Asymptomatic disease	79.9 (75.5-83.4)	30+	
									-28.4 (-129.3-28.1)	240+	
								Hospitalization and	97.2 (92.4-99)	30+	1
								death	61 (-225.5-95.3)	180+	1
138	McLean et al*	USA	Prospective	1,518	Non-VOC,	Included	BNT162b2	Symptomatic and	50 (21-69)	14+	~52 weeks
	(February 18,2022)		cohort	individuals aged	Alpha and		mRNA-1273	asymptomatic infections	65 (37-81)	14+	
	(1 Cordary 10,2022)			≥12 years	Delta ^{††}		BNT162b2	Symptomatic infections	54 (26-71)		
							mRNA-1273	7 .	65 (38-81)	1	
		İ	İ			Excluded	BNT162b2	Symptomatic and	51 (22-70)	1	
						Excluded	DIA L TOSDS	Symptomatic and	J (22-70)		







No.	Reference (date)	Country	Design	Population	Dominant Variants	History of COVID	Vaccine Product	Outcome Measure	Primary Series VE % (95% CI)	Days post Final dose	Max Duration of follow up after fully vaccinated
	Published version of pre-print from				Delta specifically^	Excluded	BNT162b2 mRNA-1273	Symptomatic and asymptomatic infections	52 (20-71) 59 (24-78)		
	December 16,2021				specifically		IIIKNA-1273	asymptomatic infections	39 (24-78)		
137	Castillo-Arregoces et al	Colombia	Retrospective matched	2,828,294 individuals aged	Mu^	Excluded	BNT162b2	Hospitalization without death	83 (78.4-86.6)	14+	32 weeks
	(December 16,2021)		cohort	60+				Post-hospitalization death	94.8 (93.3 – 96)		
								Death	88.3 (84.1-91.4)		
							AZD1222	Hospitalization without death	90.8 (85.5-94.2)		
								Post-hospitalization death	97.5 (95.8-98.5)		
								Death	93.9 (89.3-96.6)		
							Ad26.COV2.S	Hospitalization without death	60.9 (36.8-75.8)		
								Post-hospitalization death	85.8 (77.1-91.2)		
								Death	95.5 (82.0- 98.9)		
							CoronaVac	Hospitalization without death	47.3 (41.9-52.3)		
								Post-hospitalization death	72.1 (70.1-73.9)		
								Death	64.9 (61.2-68.9)		
136	Young-Xu et al* (December 15, 2021)	USA	Test negative case control	71,190 male veterans aged	Non-VOC and Alpha ^{††} (pre-	Excluded	BNT162b2 & mRNA-1273	Documented infection	94.5 (90.7-96.7)	14-43	4 weeks
	Updated analysis of			65+ in the Veterans Health	Delta)^				87.9 (85.9-89.5)	74-103	12 weeks
	reference #45			Administration	Alpha, Delta ^{††} (rising Delta)^				92.1 (87.2-95.1)	14-43	4 weeks
					(rising Delta)				67.3 (63.2-70.9)	134-163	20 weeks
					Delta^	1			62.0 (45.6-73.5)	14-43	4 weeks
									24.8 (18.8-30.4)	224-253	32 weeks
135	Florea et al* (April 28,	USA	Prospective	927,004	Non-VOC,	Included	mRNA-1273	Documented infection	82.8 (82.2-83.3)	14+	~35 weeks
	2022)		cohort	matched pairs of adult (18+)	Alpha, Delta††				88.0 (86.8-89.1)	14-60	~6.5 weeks
				Kaiser					75.5 (70.4-79.7)	180-240	~35 weeks
	Updated interim			Permanente				Hospitalization	96.1 (95.5-96.6)	14+	a.c. 5
	analysis of reference #86			members in					95.9 (93.5-97.4)	14-60	~6.5 weeks
	#86								94.5 (90.9-96.7)	180-240	~35 weeks







No.	Reference (date)	Country	Design	Population Southern California	Dominant Variants	History of COVID	Vaccine Product	Outcome Measure Death in hospital Documented infection	Primary Series VE % (95% CI) 97.2 (94.8-98.4) 86.5 (84.8-88.0)	Days post Final dose 14+ 14+	Max Duration of follow up after fully vaccinated
134	Machado et al* (September 13, 2022) [Update to December 14,2021 preprint]	Portugal	Retrospective cohort	1,884,932 adults aged 65+	Alpha and Delta^	Excluded	BNT162b2 and mRNA-1273	Symptomatic infection in 65-79 years old Symptomatic infection in 80+ years old Hospitalization in 65-79 years old Hospitalization in 80+ years old Death in 65-79 years old Death in 80+ years old Symptomatic infection in 65-79 years old Hospitalization in 65-79 years old Death in 65-79 years old Death in 65-79 years old	79 (76-83) 39 (29-48) 72 (61-79) 34 (29-48) 95 (90-97) 93 (86-96) 83 (68-91) 63 (37-78) 95 (88-98) 93 (87-96) 87 (71-93) 75 (64-82) 95 (90-97) 93 (86-96) 89 (52-94)	14-41 98+ 14-41 124+ 14-41 70+ 14-41 124+ 14-41 70+ 14-41 124+ 14-41 70+ 14-41	~29 weeks
133	Berec et al* (July 8,2022) [Published version of December 12 th preprint]	Czech Republic	Retrospective cohort	6,287,356 individuals ≥ 12 years	Alpha and Delta^	Included	BNT162b2 mRNA-1273 AZD1222 Ad26.COV2.S	Documented infection Hospitalization Death Documented infection Hospitalization Death Documented infection Hospitalization Documented infection Documented infection Death Documented infection	87 (86-87) 53 (52-54) 90 (89-91) 75 (73-76) 92 (90-93) 83 (81-86) 90 (89-91) 65 (63-67) 94 (92-96) 81 (78-84) 96 (91-98) 88 (82-92) 83 (80-85) 55 (54-56) 87 (81-91) 70 (68-72) 93 (77-98) 82 (78-85) 68 (66-70) 67 (65-69)	0-2 mos. 7-8 mos. 0-2 mos. 7-8 mos. 0-2 mos. 7-8 mos. 0-2 mos. 7-8 mos. 0-2 mos. 7-8 mos. 0-2 mos. 7-8 mos. 0-2 mos. 7-8 mos. 0-2 mos. 7-6 mos. 0-2 mos. 5-6 mos. 0-2 mos. 5-6 mos. 0-2 mos. 5-6 mos. 0-2 mos. 5-6 mos.	~35 weeks







No.	Reference (date)	Country	Design	Population	Dominant Variants	History of COVID	Vaccine Product	Outcome Measure Hospitalization Death	Primary Series VE % (95% CI) 68 (60-75) 67 (62-72) 68 (42-82)	Days post Final dose 2 months 5-6 mos. 2 months	Max Duration of follow up after fully vaccinated
								Jean.	68 (53-78)	5-6 mos.	1
132	Powell et al* (March 21, 2022)	UK	Test-negative case control	617,259 eligible tests for 12-15-	Omicron specifically^	Excluded	BNT162b2	Symptomatic disease(12-15 years)	73(66.4-78.3)	14+	~33 weeks
	Illadata ta Cabanani			year-olds and 225,670 for 16-				Symptomatic	71.3(69.3-73.1)	14-34	
	[Update to February 18, 2022 preprint]			17-year-olds				disease(16-17 years)	22.6(14.5-29.9)	70+	
	16, 2022 preprint			17-year-olus	Delta specifically^			Symptomatic disease(12-15 years)	87.2(73.7-93.8)	14+	
								Symptomatic	93.1 (91.6-94.4)	14-34	
								disease(16-17 years)	83.7(72-90.5)	70+	
131	Bajema et al*	USA	Test-negative	755 cases and	Non-VOC,	Excluded	BNT162b2	Hospitalization	86 (77.6-91.3)	14-119	~36 weeks
	(December 10,2021)		case control	1,141 controls	Alpha, Delta††				75.1 (64.6-82.4)	120+	1
					, ,		mRNA-1273		89.6 (80.1-94.5)	14-119	
	Updated analysis of reference #94								86.1 (77.7-91.3)	120+	-
130#		England	Test-negative	760,647	Omicron	Excluded	BNT162b2	Symptomatic Infection	65.8 (64.4-67.2)	2-4 weeks	~32 weeks
	(January 27 2022)		case control	Omicron cases,	specifically^				9.4 (7.8-11.1)	25+ weeks	
	[Update to Jan 14,			236,023 Delta cases, and test			AZD1222		49.8 (40.7-57.5)	2-4 weeks	
	2022 briefing]			negative controls aged					-1 (-2.4-0.3)	25+ weeks	
	[March 2, 2022			18+			mRNA-1273		76 (72-79)	2-4 weeks	
	publication by								13 (3-22)	25+ weeks	
	Andrews et al with VE				Delta		BNT162b2		90.9 (89.6-92)	2-4 weeks	
	estimated till January 12, 2022 can be				specifically^				62.7 (61.6-63.7)	25+ weeks	
	accessed here]						AZD1222		82.8 (74.5-88.4)	2-4 weeks	
	<u>uccesseu nere</u> j								43.5 (42.4-44.5)	25+ weeks	
						mRNA-1273		94.5 (90.5-96.9)	2-4 weeks		
									80.4 (67.3-88.2)	25+ weeks	
					Omicron		BNT162b2	Hospitalization	73.6 (40.7-88.3)	2-4 weeks	
					specifically^		311120202	. /ospitalization	34.9 (17.7-48.4)	25+ weeks	
					, ,		AZD1222		55.8 (34.1-70.3)	20-24 weeks	
									s32.7 (19.7-43.6)	25+ weeks	
					Delta		BNT162b2		94.1 (81.6-98.1)	2-4 weeks	
					specifically^				95.3 (93.9-96.5)	25+ weeks	
			•		AZD1222		92.9 (91.3-94.2)	20-24 weeks			







No.	Reference (date)	Country	Design	Population	Dominant Variants	History of COVID	Vaccine Product	Outcome Measure	Primary Series VE % (95% CI)	Days post Final dose	Max Duration of follow up after fully vaccinated
400	V : 1 1/D 1	0 1	5	24 242 116141 :			DAUTA COL O. O.	D	90.6 (89.3-91.8)	25+ weeks	
129	Yassi et al (December 6, 2021)	Canada	Retrospective cohort	21,242 HCWs in Vancouver, BC	Non-VOC, Alpha, Delta ^{††}	Unknown	BNT162b2 & mRNA-1273	Documented infection	74.1 (62.5-82.1)	7+	~40.5 weeks
	0, 2021)		Test-negative	varicouver, bc	Aipiia, Deita		IIIIIIIA-1273		82.8 (74.0-88.6)	†	
			case control								
128	Muhsen et al* (October 28, 2021)	Israel	Prospective cohort	9162 HCWs (aged 16-65 y) working in long- term care facilities	Alpha^	Excluded	BNT162b2	Documented infection	89 (83-93)	>14	~11 weeks
127	Wu et al* (December 2, 2021)	USA	Retrospective cohort	29,152 matched pairs of cancer patients in the Veterans Affairs health system	Non-VOC, Alpha ^{††}	Excluded	BNT162b2 & mRNA-1273	Documented infection	58 (39-73)	14+	15 weeks
126	Vokó et al*	Hungary	Retrospective	3.7 million	Alpha^	Included	BNT162b2	Documented infection	84.0 (83.3-84.7)	14+	~19 weeks
	(November 24, 2021)		cohort	Hungarian				Death	90.3 (88.9-91.5)	1	
				residents aged 16+			Sinopharm	Documented infection	72.8 (71.2-74.4)		~10.5 weeks
				10+				Death	86.0 (83.7-87.9)		
							Sputnik V	Documented infection	88.1 (86.5-84.9)]	~11 weeks
								Death	97.8 (95.5-98.9)		
							AZD1222	Documented infection	73.7 (71.1-76.0)		~11.5 weeks
								Death	85.8 (73.5-92.4)		
							mRNA-1273	Documented infection	88.2 (85.8-90.3)		~15 weeks
								Death	93.8 (90.3-96.1)		
125	Hall et al* (February 16, 2022)	United Kingdom	Prospective cohort	35,768 HCWs (18+ years) undergoing	Non-VOC, Alpha, Delta^	Excluded	BNT162b2	Documented infection	Dose interval <6 weeks: 89 (78-94)	14-73	~8 weeks
	[Update to December 1, 2021 preprint]			routine asymptomatic testing					Dose interval <6 weeks: 53 (28-69)	194-265	~36 weeks
									Dose interval 6+ weeks: 85 (72-92)	14-73	~8 weeks
									Dose interval 6+ weeks: 51 (22-69)	194-239	~32 weeks
							AZD1222	Documented infection	58 (23-77)	14-73	~8 weeks
									72 (39-87)	134-220	~29 weeks
124	Thiruvengadam et al (November 25,2021)	India	Test-negative case control	2766 cases and 2377 controls	Delta^	Excluded	AZD1222	Documented infection	63.1 (51.5-72.1)	14+	~10 weeks







No.	Reference (date)	Country	Design	Population	Dominant Variants	History of COVID	Vaccine Product	Outcome Measure	Primary Series VE % (95% CI)	Days post Final dose	Max Duration of follow up after fully vaccinated
123	Desci et al (Navember	la dia	Task sameking	1000	DaltaA	In almala d	BBV152	C	FO (22, C2)	14.	0/4
123	Desai et al (November 23,2021)*	India	Test-negative case control	1068 matched case-control	Delta^	Included	BBA125	Symptomatic disease	50 (33-62) 46 (22-62)	14+ 28+	~4 weeks
	23,2021)		case control	HCW pairs					57 (21-76)	42+	1
				Tievv pans		Excluded	+		47 (29-61)	14+	-
122	Paixao et al* (April 5,	Brazil	Test-negative	Pregnant	Gamma and	Included	CoronaVac	Symptomatic disease	41.0 (27.0-52.2)	14+	~25 weeks
122	2022)	DI dZII	case control	women aged 18-49	Delta ^{††}	incidued	Coronavac	Symptomatic disease	41.0 (27.0-32.2)	147	23 WEEKS
	[Update to November 12 preprint]							Severe disease	85.4 (59.4-94.8)		
121	Ng et al* (November	Singapore	Retrospective	1204 household	Delta index	Unknown	BNT162b2 &	Documented infection	61.6 (37.5-80.4)	15+	~16.5 weeks
	1, 2021)		cohort	contacts of 301	cases,		mRNA-1273	Symptomatic infection	67.9 (41.3-87.8)		
				index cases	specifically			Severe disease	100 (CI omitted, no)	
									events among		
									vaccinated)		
120	Al Hosani et	United Arab	Retrospective	176,640	Non-VOC and	Included	BBIBP-CorV	Hospitalization	79.8(78-81.4)	14+	~34 weeks
	<u>al</u> *(March 18,2022)	Emirates	cohort	individuals aged	Alpha^			ICU admissions	92.2(89.7-94.1)		
	[Published version of October 27,2021 preprint]			15+				Deaths	97.1(83-99.9)		
119	Poukka et al*	Finland	Retrospective	427,905 HCWs	Non-VOC,	Excluded	BNT162b2	Documented infection	83 (80-85)	14-90	~11 weeks
	(January 31, 2022)		cohort	aged 16-69	Alpha, Delta^				55 (45-64)	181+	~29.5 weeks
				years				Hospitalization	99 (97-100)	14-90	~11 weeks
	[Published version of								98 (89-100)	181+	~38 weeks
	November 8, 2021]						mRNA-1273	Documented infection	84 (68-92)	14-90	~11 weeks
	, , , ,								69 (-124-96)	91-180	~24 weeks
								Hospitalization	100 (CI omitted)	14-90	~11 weeks
									100 (CI omitted)	181+	~34 weeks
							Heterologous	Documented infection	100 (CI omitted)	14-90	~11 weeks
							mRNA		100 (CI omitted)	181+	~29.5 weeks
								Hospitalization	100 (CI omitted)	14-90	~11 weeks
									100 (CI omitted)	181+	~38 weeks
							AZD1222	Documented infection	89 (73-95)	14-90	~11 weeks
									63 (-166-95)	91-180	~24 weeks
								Hospitalization	100 (CI omitted)	14-90	~11 weeks
								100 (CI omitted)	181+	~25 weeks	
							Heterologous	Documented infection	80 (72-86)	14-90	~11 weeks
							AZD1222 +		62 (30-79)	91-180	~24 weeks
]	İ	mRNA	Hospitalization	100 (CI omitted)	14-90	~11 weeks







No.	Reference (date)	Country	Design	Population	Dominant Variants	History of COVID	Vaccine Product	Outcome Measure	Primary Series VE % (95% CI)	Days post Final dose	Max Duration of follow up after fully vaccinated	
									100 (CI omitted)	181+	~25 weeks	
					Non-VOC,		BNT162b2 &	Documented infection	77 (71-82)	14-90	~11 weeks	
					Alpha^		mRNA-1273		55 (34-69)	91-180	~24 weeks	
							(homologous or	Hospitalization	95 (64-99)	14-90	~11 weeks	
							heterologous)		100 (CI omitted)	91-180	~24 weeks	
							AZD1222	Documented infection	100 (CI omitted)	14-90	~11 weeks	
									100 (CI omitted)	91-180	~24 weeks	
								Hospitalization	100 (CI omitted)	14-90	~11 weeks	
							Heterologous	Documented infection	100 (CI omitted)	14-90	~11 weeks	
							AZD1222 + mRNA		100 (CI omitted)	91-180	~24 weeks	
					2 1: 4	4		Hospitalization	100 (CI omitted)	14-90	~11 weeks	
					Delta^		BNT162b2 &	Documented infection	85 (81-88)	14-90	~11 weeks	
							mRNA-1273	Harris Park and	56 (46-65)	181+	~29.5 weeks	
							(homologous or heterologous)	Hospitalization	100 (97-100)	14-90	~11 weeks	
								D	98 (88-100)	181+	~38 weeks	
							AZD1222	Documented infection	88 (71-95)	14-90 91-180	~11 weeks ~24 weeks	
								Hassitalisation	62 (-177-95) 100 (CI omitted)	14-90	~11 weeks	
								Hospitalization		181+		
								Heterologous	Documented infection	100 (CI omitted)) 80 (72-86)	14-90	~25 weeks ~11 weeks
									Documented infection	63 (33-80)	91-180	~24 weeks
							AZD1222 + mRNA	Haspitalization	100 (Cl omitted)		~11 weeks	
								Hospitalization	100 (Cl omitted)	14-90 181+	~25 weeks	
118	Embi et al*	USA	Test-negative	20,101	Non-VOC, ††	Included	BNT162b2	Hospitalization:	71 (65-76)	14+	~33 weeks	
110	(December 30, 2021)	USA	case control	immunocompro mised and	Alpha,#	included	BIN110202	immunocompromised	71 (03-70)	14+	33 weeks	
	[Updated version of			69,116 immunocompet	Delta^			Hospitalization: immunocompetent	88 (86-89)			
	Embi et al November 5, 2021]			ent adults (18+)			mRNA-1273	Hospitalization: immunocompromised	81 (76-85)			
								Hospitalization: immunocompetent	93 (92-94)			
					Non-VOC,	1	BNT162b2 &	Hospitalization:	76 (69-81)	1		
					Alpha ^{††}		mRNA-1273	immunocompromised				
								Hospitalization:	91 (90-93)	1		
								immunocompetent]		
					Delta^			Hospitalization:	79 (74-83)	1		
								immunocompromised]		
								Hospitalization:	90 (89-91)			
								immunocompetent				
117		Scotland				Unknown	BNT162b2	Death in 40-59 years	95 (79-99)	14+	~25 weeks	







No.		Country	Design	Population	Dominant Variants	History of COVID	Vaccine Product	Outcome Measure	Primary Series VE % (95% CI)	Days post Final dose	Max Duration of follow up after fully vaccinated
	Sheikh et al* (October 20,2021)		Retrospective cohort	1,563,818 adults	Alpha and Delta^		AZD1222	Death in ≥ 60 years	87 (77-93) 88 (76-93)	_	
	20,2021)		Conort	auuits	Della		AZD1ZZZ	Death in 40-59 years Death in ≥ 60 years	90 (84-94)		
					Delta	-	BNT162b2	Death Death	90 (83-94)		
					specifically^		AZD1222	Death	91 (86-94)	_	
116	Reis et al* (October 20,2021)	Israel	Retrospective cohort	94,354 vaccinated	Delta^	Excluded	BNT162b2	Documented infection	90 (88-92)	7-21	~12 weeks
				adolescents aged 12-18 matched with 94,354 controls				Symptomatic disease	93 (88-97)		
115	Nordström et al* (October 18, 2021)	Sweden	Retrospective cohort	541,071 vaccinated	Delta^	Excluded	BNT162b2	Symptomatic disease	78 (78-79)	14+	~11 weeks
	(October 18, 2021)		Conort	individuals and			mRNA-1273		87 (84-88)		
				180,716			AZD1222		50 (41-58)		
				unvaccinated matched individuals			AZD1222/ BNT162b2		67 (59-73)		
				illuiviuuais			AZD1222/ mRNA-1273		79 (62-88)		
114#	Skowronski et al*	Canada	Test-negative	707,566	Non-VOC,	Excluded	BNT162b2	Documented infection	89 (89-89)	14+	~38 weeks
	(April 19, 2022)		case control	specimens in	Alpha, Delta,				93 (92-94)	14-27	
				British Columbia	Gamma^				80 (75-83)	252-279	
	[Update to Oct			including 44,964				Hospitalization	97 (97-98)	14+	
	26,2021 preprint]			cases (estimates					98 (96-99)	14-27	
				also available					96 (86-99)	252-279	
				for Quebec, but not included			mRNA-1273	Documented infection	90 (89-90)	14+	
				here)					95 (94-96)	14-27	
				nere)					55 (40-66)	252-279	
								Hospitalization	97 (97-98)	14+	
									99 (95-100)	14-27	
									95 (65-99)	252-279 14+ 14-27	
							AZD1222	Documented infection	74 (72-76)		_
									77 (57-87)		_
								1121-212	67 (48-80)	168-195	
								Hospitalization	95 (94-97)	14+	_
									97 (71-97)	28-55	
							Hatanalasa	Descripted infesting	91 (35-99)	168-195	4
					Ì	1	Heterologous mRNA	Documented infection	90 (89-90)	14+	_







No.	Reference (date)	Country	Design	Population	Dominant Variants	History of COVID	Vaccine Product	Outcome Measure	Primary Series VE % (95% CI)	Days post Final dose	Max Duration of follow up after fully vaccinated
									96 (73-99)	168-195	
								Hospitalization	98 (97-98)	14+	
									96 (75-100)	14-27	
									96 (92-98)	140-167	
							Heterologous	Documented infection	89 (88-89)	14+	
							AZD1222 +		94 (89-97)	14-27	
							mRNA		82 (78-85)	140-167	
								Hospitalization	99 (99-100)	14+	
									93 (48-99)	14-27	
									98 (91-99)	140-167	
					Delta		BNT162b2	Documented infection	89 (89-89)	14+	
					specifically^				93 (93-94)	14-27	_
									79 (75-83)	252-279	4
								Hospitalization	98 (97-98)	14+	4
									98 (95-99)	14-27	4
							B114 4070		94 (87-97)	196-223	4
							mRNA-1273	Documented infection	90 (89-90)	14+	_
									95 (94-96)	14-27	<u> </u>
							Hospitalization	55 (41-66) 97 (97-98)	196-223 14+	<u> </u>	
										4	
									98 (94-100)	14-27 196-223	4
							AZD1222	Description displaying	95 (80-99) 73 (72-75)	196-223	4
							AZD1ZZZ	Documented infection	70 (39-86)	14-27	4
									67 (48-80)	168-195	4
								Hospitalization	95 (93-97)	14+	-
								поѕрітангатіон	89 (67-97)	28-55	-
									91 (34-99)	168-195	-
							Heterologous	Documented infection	90 (89-90)	14+	<u> </u>
							mRNA	Documented infection	94 (90-97)	14-27	_
									96 (73-99)	168-195	1
								Hospitalization	98 (97-98)	14+	1
								1103pitalization	97 (93-99)	28-55	1
								96 (92-98)	140-167	1	
							Heterologous	Documented infection	88 (88-89)	14+	1
						AZD1222 +	2 coamence infection	94 (88-97)	14-27	1	
					mRNA		82 (77-85)	140-167	1		
						Hospitalization	99 (99-100)	14+	1		
							91 (33-99)	14-27	1		
									98 (91-99)	140-167	1
			 	1	BNT162b2	Documented infection	96 (92-98)	14+	1		







No.	Reference (date)	Country	Design	Population	Dominant Variants	History of COVID	Vaccine Product	Outcome Measure	Primary Series VE % (95% CI)	Days post Final dose	Max Duration of follow up after fully vaccinated
					Alpha			Hospitalization	96 (83-99)		
					specifically^		mRNA-1273	Documented infection	95 (84-98)		
							AZD1222	Documented infection	75 (33-91)		
							Heterologous mRNA	Documented infection	96 (73-99)		
					Gamma		BNT162b2	Documented infection	92 (88-95)		
					specifically^			Hospitalization	95 (82-98)		
							mRNA-1273	Documented infection	95 (85, 98)		
							AZD1222	Documented infection	91 (63-98)		
							Heterologous mRNA	Documented infection	94 (76-99)		
							Heterologous AZD1222 + mRNA	Documented infection	96 (69-99)		
113	Lin et al*	USA	Retrospective	10,600,823	Alpha and	Unknown	BNT162b2	Symptomatic disease	94.5 (94.1-94.9)	1.25 months	~27 weeks
	(March 10, 2022)		cohort	cases registered in North	Delta^				67.8 (65.9-69.7)	7.25 months	
	[Update to October			Carolina				Hospitalization	96.4 (95.1-97.4)	1.25 months	
	26,2021 preprint]								92.4 (89.7-94.4)	7.25 months	
								Death	98 (95.5-99.1)	1.25 months	
									95.5 (92.2-97.4)	7.25 months	~32 weeks
							mRNA-1273	Symptomatic disease	95.9 (95.5-96.2)	1 month	
									77.8 (75.9-79.6)	7 months	
								Hospitalization	97.2 (96.1-98)	1 months	
									94.9 (92.4-96.6)	7 months	
								Death	98.6 (97.3-99.3)	1 months	
									96.0 (92.8-97.8)	7 months	~22 weeks
							Ad26.COV2.S	Symptomatic disease	71.4 (68.3-74.2)	2 mo	1
									64.0 (60.3-67.4)	6 mo	
								Hospitalization	85.8 (74.9-91.9)	2 mo	
									81.7 (68.6-89.3)	6 mo	_
								Death	82.2 (46.3-94.1	2 mo	_
									71.2 (40.8-86)	6 mo	
112	Nordstrom et al*	Sweden	Retrospective	842,974 pairs of		Excluded	BNT162b2	Symptomatic disease	92 (92-93)	15-30	~30 weeks
	(February 4,2022)		cohort	vaccinated and					23 (-2 – 41)	210+	1
				unvaccinated			mRNA-1273		96 (94-97)	15-30	1
				Swedish					59 (18-79)	180+	_
				individuals			AZD1222		68 (52-79)	15-30	







No.	. ,	Country	Design	Population	Dominant Variants	History of COVID	Vaccine Product	Outcome Measure	Primary Series VE % (95% CI)	Days post Final dose	Max Duration of follow up after fully vaccinated
	[Published version of							_	-19 (-97 – 28)	120+	
	October 25 preprint]						AZD1222 and		89 (79-94)	15-30	
							any mRNA vaccine		66 (41-80)	120+	
111	Ranzani et al* (February 9, 2022)	Brazil	Test-negative case control	10,077 individuals	Gamma and Delta^	Excluded	AZD1222	Documented infection	59 (33.1-74.8)	14+	~31 weeks
	[Update to (October 20,2021 preprint]		case control	residing in a favela in Rio De Janeiro	Della			Symptomatic disease	65.1 (40.9-79.4)		
110	Chin et al* (October	USA	Retrospective	827 propensity	Delta^	Included	mRNA-1273	Documented infection	56.6 (42.0-67.5)	14+	~27 weeks
	20, 2021)		cohort	matched				Symptomatic disease	84.2 (56.4-94.3)		
				incarcerated men		Previously infected only		Documented infection	80.5 (52.8-92.0)		
						Excluded		Documented infection	49.5 (31.5-62.7)		
109	Irizarry et al	Puerto Rico	Retrospective	87,704 PCR	Non-VOC,	Unknown	BNT162b2	Hospitalization (45-74y)	92 (90.8-93)	14+	~20 weeks
	(November 17, 2021)		cohort	confirmed	Alpha, Beta			Hospitalization (75-84y)	93.3 (91.3-95)		
				infections for	and Delta^^			Hospitalization (85+y)	97.1 (95.8-98)		
	[Updated version of			individuals 12				Death (45-74y)	86 (81-89)		
	Robles-Fontan et al			years or older				Death (75-84y)	87 (80-92)		
	(October 20,2021)]							Death (85+y)	95.2 (91.5-97)		
	, , ,						mRNA-1273	Hospitalization (45-74y)	82 (78-85)		
								Hospitalization (75-84y)	91.5 (89-94)		
								Hospitalization (85+y)	97.2 (96-98)		
								Death (45-74y)	69 (52-79)		
								Death (75-84y)	87 (79-92)		
								Death (85+y)	96.2 (93.9-98)		
							Ad26.COV2.S	Hospitalization (45-74y)	96.1 (95-97)		
								Hospitalization (75-84y)	98 (96.7-99)		
								Hospitalization (85+y)	99.2 (98.6-99.5)		
								Death (45-74y)	93.8 (90-96)		
								Death (75-84y)	96.6 (91.7-98)		
								Death (85+y)	99.3 (98.6-99.6)	14+ 144+ 14+	
							BNT162b2	Documented infection ^{xx}	87 (85-89)		
									57 (53-60)		
								Hospitalisation	92 (85-95)		
									80 (73-85)	144+	
								Death	97 (86-100)	14+	
									86 (75-92)	144+	
						1	mRNA-1273	Documented infection ^{xx}	90 (88-91)	14+	~18 weeks





No.	Reference (date)	Country	Design	Population	Dominant Variants	History of COVID	Vaccine Product	Outcome Measure	Primary Series VE % (95% CI)	Days post Final dose	Max Duration of follow up after fully vaccinated
									73 (70-76)	144+	
								Hospitalisation	95 (89-97)	14+	
									90 (84-94)	144+	
								Death	99 (89-100)	14+	
									93 (81-97)	144+	
							Ad26.COV2.S	Documented infection ^{xx}	62 (54-68)	14+	~22 weeks
									36 (30-42)	144+	
								Hospitalisation	81 (60-91) 67 (53-76)	14+ 144+	
								Death	78 (16-94)	144+	_
								Death	78 (16-94)	14+	
							BNT162b2	Documented infection ^{XX}	56 (53-59)	at day 137	~20 weeks
							mRNA-1273	Documented infection	71 (68-74)	at day 137	~18 weeks
							Ad26.COV2.S	+	27 (17-37)	at day 158	~22 weeks
108	Olson et al* (October 19, 2021)	USA	Test-negative case control	179 case	Delta^	Unknown	BNT162b2	Hospitalization (12-15y)	91 (74-97)	14+	~12 weeks
				285 controls aged 12-18 years				Hospitalization (16-18y)	94 (78-99)		
107	Arregoces et al	Colombia	Matched-	3,346,826	Mu^	Excluded	BNT162b2	Hospitalization	90.3 (87.1-92.7)	14+	~9 weeks
	(October 19, 2021)		pair cohort study	adults aged 60+ in Colombia				Post-hospitalization death	98.5 (97.8-98.9)		
								Death without prior hospitalization	89.2 (85.6-91.9)		
							CoronaVac	Hospitalization	67.2 (63.7-70.4)		~11 weeks
								Post-hospitalization death	77.1 (75.5-78.6)		
								Death without prior hospitalization	69.8 (66.7-72.6)		
							AZD1222	Hospitalization	75.4 (48.2-88.3)		~7 weeks
								Post-hospitalization death	96.3 (88.4-98.8)		
								Death without prior hospitalization	88.7 (64.8-96.4)		
							Ad26.COV2.S	Hospitalization	80(19.9-95.0)	1	~4 weeks
								Death without prior hospitalization	75(0.0-93.8)	1	
106	Ranzani et al (October 18, 2021)	Brazil	Test-negative case control	11,817 adults In Mato-Grosso do	Gamma^	Excluded	Ad26.COV2.S	Symptomatic disease	50.9 (35.5-63.0)	28+	~10 weeks
	,			Sul				Hospitalization	72.9 (35.1-91.1)		





No.	Reference (date)	Country	Design	Population	Dominant Variants	History of COVID	Vaccine Product	Outcome Measure	Primary Series VE % (95% CI)	Days post Final dose	Max Duration of follow up after fully vaccinated
								ICU Admission	92.5 (54.9-99.6)		
								Death	90.5 (31.5-99.6)		
105	Liu et al* (May 24, 2022)	USA	Test-negative case control	10,283 matched adult residents	Alpha, Delta^	Excluded	BNT162b2 & mRNA-1273	Overall: Documented infection	59 (52-65)	14+	~35 weeks
	[Published version of			(18+) of New York City				Immunocompromised: Documented infection	57 (45-66)		
	October 7, 2021 preprint]										
104	Bruxvoort et al*	USA	Test-negative	8,153 cases and	Delta	Excluded	mRNA-1273	Documented infection	86.7 (84.3-88.7)	14+	~25 weeks
	(December 15,2021)		case control	matched	specifically^				94.1 (90.5-96.3)	14-60	~6.5 weeks
				controls among					80.0 (70.2-86.6)	151-180	~23.5 weeks
	[Update to October 1,			Kaiser				Hospitalization	97.5 (92.7-99.2)	14+	~25 weeks
	2021 preprint]			Permanente patients (aged	Non-Delta specifically^			Documented infection	98.6 (97.3-99.3)	14-60	~6.5 weeks
				18+) in	. ,				88.7 (73.2-95.2)	121-150	~19.5 weeks
				Southern California	Alpha specifically^			Documented infection	98.4 (96.9-99.1)	14+	~25 weeks
					Gamma specifically^	_		Documented infection	95.5 (90.9-97.8)	14+	-
103	Martinez-Baz et al	Spain	Prospective	30,240 close	Non-VOC,	Excluded	BNT162b2	Documented infection	69 (66-72)	14+	~31 weeks
	(September 30,2021)		cohort	contacts of	Alpha and				70 (67-73)	<90	~11 weeks
				12,263 index	Delta^				63 (58-68)	≥ 90	~18 weeks
				cases				Symptomatic disease	72 (69-75)	14+	~31 weeks
								Hospitalization	93 (88-96)		
							mRNA-1273	Documented infection	82 (78-86)	14+	~28 weeks
									67 (50-78)	≥ 90	~15 weeks
								Symptomatic disease	85 (80-89)	14+	~28 weeks
								Hospitalization	98 (82-100)		
							AZD1222	Documented infection	54 (48-60)	14+	~16 weeks
									54 (47-60)	14+ 14+ 14+ 590	~11 weeks
								Symptomatic disease	56 (48-63)		16 weeks
								Hospitalization	95 (79-99)		
							Ad26.COV2.S	Documented infection	50 (42-57)		~23 weeks
									52 (44-59)		~11 weeks
									28 (-8–53)	≥ 90	~10 weeks
								Symptomatic disease	54 (45-62)	14+	~23 weeks







No.	Reference (date)	Country	Design	Population	Dominant Variants	History of COVID	Vaccine Product	Outcome Measure	Primary Series VE % (95% CI)	Days post Final dose	Max Duration of follow up after fully vaccinated
								Hospitalization	74 (43-88)		
							1 dose of AZD1222+ 1	Documented infection	86 (70-93)	14+	~21 weeks
							dose of	Communication diseases	85 (69-93)	<90 14+	~11 weeks
							BNT162b2	Symptomatic disease Hospitalization	91 (71-97) 95 (79-99)	14+	~21 weeks
					Alpha^	1	BNT162b2	Documented infection	71 (61-78)	14+	~31 weeks
					specifically		mRNA-1273	Documented infection	86 (56-95)	14+	~28 weeks
					Specifically		AZD1222		38 (-42–73)	-	16 weeks
							Ad26.COV2.S	+	77 (27-93)	†	~23 weeks
					Delta^	1	BNT162b2	Documented infection	67 (59-74)	14+	~31 weeks
					specifically		mRNA-1273	=	77 (64-85)	1	~28 weeks
					, ,		AZD1222		55 (39-67)		16 weeks
							Ad26.COV2.S		42 (18-59)	1	~23 weeks
							1 dose of AZD1222+ 1 dose of BNT162b2		86 (45-97)		~21 weeks
102#	Eyre et al*	England	Retrospective	146,243	Alpha^	Included	BNT162b2	Documented infection	85 (79-89)	14+	~20.5 weeks
	(January 5, 2022)		cohort	household contacts of	specifically		AZD1222		60 (41-73)	<u> </u>	~8 weeks
	[Update to Sept 29,			108,498 index cases	Delta^ specifically	Included	BNT162b2	Documented infection	81 (77-84)		~29 weeks
	2021 preprint]				.,		AZD1222		58 (55-62)		~16 weeks
101	Glatman-Freedman et al (September 27, 2021)	Israel	Retrospective cohort	Adolescents aged 12-15 y	Delta^	Excluded	BNT162b2	Documented infection	91.5 (88.2-93.9)	8-28	2 weeks
100	Meyer et al* (September 9, 2022) [Update to September 23,2021 preprint]	Germany	Retrospective cohort	252 residents and staff of a nursing home Non-household close contacts	Alpha^	Unknown	BNT162b2	Documented infection	56 (15-77)	7+	~11 weeks
99	Pilishvili et al*	USA	Test-negative	1482 HCPs as	Alpha ^{††}	Excluded	BNT162b2 &	Symptomatic disease	88.9 (84.7-92.0)	14+	~14 weeks
	(September 22, 2021)		case control	cases and 3449			mRNA-1273		96.3 (92.5-98.2)	15-28]
1				HCPs as control					80.7 (61.0-90.4)	85-98]
							BNT162b2	Symptomatic disease	88.8 (84.6-91.8)	7+	
							mRNA-1273		96.3 (91.3-98.4)		
97	Self et al* (September	USA	Test-negative	1,682 case-		Excluded	BNT162b2	Hospitalization	88 (85-91)	14+	~20 weeks
	17, 2021)		case control	patients and					91 (88–93)	14-120	







No.	Reference (date)	Country	Design	Population 2,007 control- patients ≥18 years without	Dominant Variants Alpha and Delta ^{††}	History of COVID	Vaccine Product	Outcome Measure	Primary Series VE % (95% CI) 77 (67–84) 93 (91-95) 93 (90–95)	Days post Final dose >120 14+ 14-120	Max Duration of follow up after fully vaccinated
				immunocompro mising			Ad26.COV2.S		92 (87–96) 71 (56–81)	>120 14+	
				conditions			A020.CO V2.5		68 (49–80)	>28	
									, ,		
96	Glatman-Freedman et	Israel	Retrospective	All Israeli	Alpha^	Excluded	BNT162b2	Documented infection	97.3 (96.7-97.8)	22-28	2 weeks
	<u>al</u> *		longitudinal cohort	residents aged 16+				Symptomatic disease	97.9 (97.4-98.3)		
			Conort	10+				Hospitalization	99.0 (98.4-99.3)		
	(September 16, 2021)							Severe/critical disease	99.2 (98.6-99.5)		
								Death	98.6 (97.0-99.3)		
95#	Andrews et al*	England	Test-negative	1,706,743	Alpha	Excluded	BNT162b2	Symptomatic disease	94.9 (93.6-95.9)	14-63	~33.5 weeks
	(January 12,2022)		case control	symptomatic	specifically^				94.8 (88.4-97.7)	70+	~33.5 weeks
				cases and 3,763,690 test-				Hospitalization	97.7 (90.8-99.4)	14-63	~33.5 weeks
	[Update to September			negative control				Death	96.6 (94.496.5)	14+	~33.5 weeks
	14, 2021 preprint]			patients among			AZD1222	Symptomatic disease	82.1 (79.4-84.5)	14+	~20.5 weeks
				adults (16+)					82.4 (79.6-84.7)	14-63	~8 weeks
									76.2 (49.8-88.7)	70+	~20.5 weeks
								Hospitalization	95.1 (86.7-98.2)	14-63	~20.5 weeks
									100 (CI omitted, no deaths among vaccinated)	70+	~20.5 weeks
								Death	100 (CI omitted, no deaths among vaccinated)	14+	~20.5 weeks
					Delta		BNT162b2	Symptomatic disease	83.3 (83.1-83.5)	14+	~33.5 weeks
					specifically^				89.8 (89.6-90)	14-63	~8 weeks
									69.7 (68.7-70.5)	140+	~33.5 weeks
								Hospitalization	96.6 (96.2-96.9)	14+	~33.5 weeks
									98.4 (97.9-98.8)	14-63	~8 weeks
									92.7 (90.3-94.6)	140+	~33.5 weeks
								Death	95.6 (94.4-96.6)	14+	~33.5 weeks
									98.2 (95.9-99.2)	14-63	~8 weeks
									90.4 (85.1-93.8)	140+	~33.5 weeks
							AZD1222	Symptomatic disease	64.2 (63.9-64.5)	14+	~20.5 weeks
									66.7 (66.3-67)	14-63	~8 weeks



INTERNATIONAL VACCINE Access Center



No.	Reference (date)	Country	Design	Population	Dominant Variants	History of COVID	Vaccine Product	Outcome Measure	Primary Series VE % (95% CI)	Days post Final dose	Max Duration of follow up after fully vaccinated
		-		-					47.3 (45-49.6)	140+	~20.5 weeks
								Hospitalization	92.5 (92-93)	14+	~20.5 weeks
									95.2 (94.6-95.6)	14-63	~8 weeks
									77 (70.3-82.3)	140+	~20.5 weeks
								Death	93.2(91.7-94.5)	14+	~20.5 weeks
									94.1 (91.8-95.8)	14-63	~8 weeks
									78.7 (52.7-90.4)	140+	~20.5 weeks
							mRNA-1273	Symptomatic disease	94.8 (94.4-95.2)	14+	~7 weeks
									93.8(93.4-94.1)	14-63	
									85.6(83.8-87.2)	70-104	
								Hospitalization	100 (CI omitted, no events among vaccinated)	14-63	~7 weeks
94	Bajema et al	USA	Test-negative	388 case-	Alpha, Delta,	Excluded	BNT162b2 &	Hospitalization	86.1 (76.5-91.8)	<104 days	~13 weeks
	(September 10,2021)		case control	patients and	Non-VOC††		mRNA-1273	Hospitalization	87.2 (78.2-92.5)	≥104 days	~28.5 weeks
		787			BNT162b2	Hospitalization	83.4 (74.0-89.4)	14+	~28.5 weeks		
				controls from 5 Veterans Affair			mRNA-1273	Hospitalization	91.6 (83.5-95.7)]	~26.5 weeks
				Medicals Centers	Alpha^		BNT162b2 & mRNA-1273	February-June: Hospitalization	84.1 (74.1-90.2)		~23 weeks
				cemers	Delta^			July-August: Hospitalization	89.3 (80.1-94.3)		~28.5 weeks
93	Polinski et al* (March	USA	Retrospective	2,076,065	Alpha††	Excluded	Ad26.COV2.S	Documented infection	76(75-77)	14+	~14 weeks
	17,2022)		Cohort	individuals ≥18				Hospitalization	81(78-82)		
	[Published version of			years				Immunocompromised: Documented infection	64 (59-68)		
	previous September 10,2021 preprint]							Immunocompromised: Hospitalization	67 (57-74)		
					Delta^			June-August: Documented infection	74(71-77)		
								June-August: Hospitalization	81(75-86)		
92	Grannis et al	USA	Test-negative	32,867 events	Delta^	Included	BNT162b2	Hospitalization	80 (73-85)	14+	4 weeks
	(September 10,2021)	er 10,2021) from 187 hospitals and				Emergency/Urgent care visit	77 (74–80)				
				221 emergency			mRNA-1273	Hospitalization	95 (92-97)		
		departments/ur gent care visits				Emergency/Urgent care visit	92 (89-93)				
							Ad26.COV2.S	Hospitalization	60 (31-77)		





No.	Reference (date)	Country	Design	Population	Dominant Variants	History of COVID	Vaccine Product	Outcome Measure	Primary Series VE % (95% CI)	Days post Final dose	Max Duration of follow up after fully vaccinated
								Emergency/Urgent care visit	65 (56-72)		
91	Dagan et al*	Israel	Prospective	10,861	Alpha^	Excluded	BNT162b2 &	Documented infection	96 (89-100)	7-56	~11 weeks
	(September 7,2021)		Cohort	vaccinated	·		mRNA-1273	Symptomatic infection	97 (91-100)	_	
				pregnant females matched with 10,861 controls				Hospitalization	89 (43-100)		
90	Thompson et al*	USA	Test-negative	58,904 adults	Non-VOC,	Excluded	BNT162b2	Hospitalization	87 (85-90)	14+	~22 weeks
	(September 8, 2021)		case control	aged 50+ with Covid-like illness	Alpha^††			Emergency department or urgent care visit	89 (85-91)		
				who were			mRNA-1273	Hospitalization	91 (89-93)		20 weeks
				hospitalized or visited				Emergency department or urgent care visit	92 (89-94)		
				emergency/ urgent care			Ad26.COV2.S	Hospitalization	68 (50-79)		14 weeks
				facilities				Emergency department or urgent care visit	73 (59-82)		
							BNT162b2 & mRNA-1273	Hospitalization, patients with ≥ 1 chronic respiratory condition	90 (88-92)	14+	~22 weeks
								Hospitalization, patients with ≥ 1 chronic non-respiratory condition	88 (86-90)		
								Hospitalization, overall	88 (84-92)	14-27	~2 weeks
									86 (74-93)	112+	~22 weeks
								Emergency department or urgent care visit	92 (88-95)	14-27	~2 weeks
									86 (74-93)	112+	~22 weeks
89	Iliaki et al* (October 18, 2021) [Update to September 6 preprint]	USA	Retrospective Cohort	4,317 HCWs	Alpha††	Excluded	BNT162b2 & mRNA-1273	Documented infection	95.2(80.0-98.8)	14+	~10 weeks
88	Tande et al* (September 6,2021)	USA – Mayo Clinic, Minnesota	Retrospective Cohort	Asymptomatic screening of 46,008 patients:	Non-VOC^††	Included	BNT162b2 & mRNA-1273	Asymptomatic infection (January-March)	91 (72-98)	14+	~10 weeks
				pre-surgical, pre-op PCR tests	Alpha^††			Asymptomatic infection (April-May)	71 (53-83)]	~19 weeks





No.	Reference (date)	Country	Design	Population	Dominant Variants	History of COVID	Vaccine Product	Outcome Measure	Primary Series VE % (95% CI)	Days post Final dose	Max Duration of follow up after fully vaccinated
					Delta^††			Asymptomatic infection (June-August)	63 (44-76)		~32 weeks
87	Barlow et al (September 3,2021)	USA	Test-negative case control	500 matched pairs aged 15 years and above	Delta^	Excluded	BNT162b2 and mRNA-1273 Ad26.COV2.S	Documented infection	74(65-82) 51(-2 – 76)	14+	~4 weeks
86	Bruxvoort et al* (November 24, 2021) [Update to September 2,2021 Preprint]	USA	Matched prospective cohort	352,878 vaccinated 352,878 unvaccinated individuals	Delta and Alpha^	Included	mRNA-1273	Documented infection Asymptomatic infection Symptomatic infection Hospitalization Death	87.4 (85.6-89.1) 72.7 (57.6-82.4) 88.3 (86.5-89.9) 95.8 (92.5-97.6) 97.9 (84.5-99.7)	14+	~20 weeks
85	Giansante et al* (September 2, 2021)	Italy	Retrospective cohort	9839 staff and HCWs Only 7190 HCWs	Delta and Alpha^	Excluded	BNT162b2 and mRNA-1273	Documented infection Symptomatic infection Documented infection Symptomatic infection	84.4 (69.7-92.0) 86.5 (62.9-95.1)	14+	~16 weeks
84	Katz et al* (December 10,2021) [Published version of	Israel	Prospective cohort	1,250 HCWs from six Israeli hospitals	Alpha^	Included	BNT162b2	Documented infection Symptomatic infection	94.5(82.5-98.2)	14+	~18 weeks
83	September 2 pre- print] Nunes et al* (September 23, 2021)	Portugal	Retrospective cohort	1,880,351 older adults (65+) in Portugal	Alpha^ (Feb- Mar) then Delta^ (May-	Excluded	BNT162b2 and mRNA-1273	Hospitalization, 65-79 y Death, 65-79 y	94 (88-97) 96 (92-98)	14+	~14.5 weeks
					onward)			Hospitalization, 80+ y Death, 80+ y	82 (72-89) 81 (74-87)	14+	~22.5 weeks
82#	Chemaitelly et al* (October 6, 2021)	Qatar	Test-negative case control	142,300 cases and 848,240	Alpha^ then Beta^ (Jan-	Included	BNT162b2	Documented infection	73.2 (71.3-75.0) 22.3 (-1.7-40.7)	28-63 175+	7 weeks ~32 weeks
	[Update to Aug 27 preprint] Note: See Duration of			controls among residents of Qatar (12+)	Jun), then Delta^ (Jul- Sep)			Symptomatic infection Asymptomatic infection	72.5 (69.6-75.1) 27.8 (-1.4-48.7) 66.9 (61.9-71.3) -33.3 (-181.8-36.9)	28-63 175+ 28-63 175+	7 weeks ~32 weeks 7 weeks ~32 weeks
	Protection Table for further context					_	BNT162b2	Severe, critical, or fatal disease Documented infection	96.8 (93.9-98.3) 55.6 (-44.3-86.3) 88.6 (79.2-93.7)	28-63 175+ 28-63	7 weeks ~32 weeks 7 weeks







No.	Reference (date)	Country	Design	Population	Dominant Variants Alpha specifically^	History of COVID	Vaccine Product	Outcome Measure	Primary Series VE % (95% CI) 80.0 (-71.2-97.7)	Days post Final dose 147+	Max Duration of follow up after fully vaccinated ~32 weeks
					Beta specifically^	-	BNT162b2	Documented infection	63.9 (52.6-72.5) 40.0 (-151.1-85.7)	28-63 147+	7 weeks ~32 weeks
					Delta specifically^		BNT162b2	Documented infection	73.3 (63.6-80.4) 17.9 (-12.9-40.3)	28-63 147+	7 weeks ~32 weeks
81	Goldberg et al (October 27, 2021)	Israel	Retrospective cohort	9,395,923 adults (16+) in Israel	Delta^	Excluded	BNT162b2	Documented infection, 16-39 y fully vaccinated May 2021 (~2 mos prior)	80 (75-84)	55-98	13 weeks
	[Update to Aug 25 preprint]							Documented infection, 16-39 y fully vaccinated Jan 2021 (~6 mos prior)	55 (50-60)	168-203	28 weeks
	Note: See Duration of Protection Table for further context							Documented infection, 40-59 y fully vaccinated May 2021 (~2 mos prior)	83 (75-88)	55-98	13 weeks
								Documented infection, 40-59 y fully vaccinated Jan 2021 (~6 mos prior)	57 (53-61)	168-203	28 weeks
								Documented infection, 60+ y fully vaccinated May 2021 (~2 mos prior)	82 (70-89)	55-98	13 weeks
								Documented infection, 60+ y fully vaccinated Jan 2021 (~6 mos prior)	57 (52-62)	168-203	28 weeks
								Severe disease, 40-59 y fully vaccinated Mar 2021 (~4 mos prior)	98(94-99)	109-159	22 weeks
								Severe disease, 40-59 y fully vaccinated Jan 2021 (~6 mos prior)	93 (86-97)	168-203	28 weeks
								Severe disease, 60+ y fully vaccinated Mar 2021 (~4 mos prior)	92 (87-95)	109-159	22 weeks
								Severe disease, 60+ y fully vaccinated Jan 2021 (~6 mos prior)	85(81-88)	168-203	28 weeks
	Tartof et al*	USA				Included	BNT162b2	Documented infection	73 (72-74)	7+	~29 weeks







No.	Reference (date)	Country	Design	Population	Dominant Variants	History of COVID	Vaccine Product	Outcome Measure	Primary Series VE % (95% CI)	Days post Final dose	Max Duration of follow up after fully vaccinated
80#	(October 16, 2021)		Retrospective cohort	3,436,957 members (12+)	Epsilon (Jan- Mar), Alpha				88 (86-89) 47 (43-51)	7-36 157+	~3 weeks ~29 weeks
	[Update to Aug 23 preprint]			of Kaiser Permanente	(Apr-May), Delta (Jun-Jul)^			Hospitalization	90 (89-92)	7+	~29 weeks
	preprintj			Southern	Deita (Juli-Jul)			'	87 (82-91)	7-36	~3 weeks
				California					88 (82-92)	157+	~29 weeks
				healthcare	Delta			Documented infection	75 (71-78)	7+	~29 weeks
				system	specifically^				93 (85-97)	7-36	~3 weeks
									53 (39-65)	127+	~29 weeks
								Hospitalization	93 (84-96)	7+	~29 weeks
					Non-Delta			Documented infection	91 (88-92)	7+	~29 weeks
					variants				97 (95-99)	7-36	~3 weeks
					specifically^				67 (45-80)	127+	~29 weeks
								Hospitalization	95 (90-98)		~29 weeks
79	Prasad et al (August 19,2021)	USA	Retrospective cohort	3,104 surgery patients and 7,438 propensity- matched controls	Non-VOC ^{††}	Included	BNT162b2 or mRNA-1273	Post-operative documented infection	91 (56-99)	14+	~8 weeks
78	Pouwels et al*	UK	Prospective	384,543	Alpha^	Included	BNT162b2	Documented infection	78 (68-84)	14+	~28 weeks
	(October 14, 2021)		cohort	individuals aged 18 years or	(December - May)			Ct<30	94 (91-96)	1	
	[Update to Aug 18			older	iviay)		AZD1222	Documented infection	79 (56-90)	†	
	preprint]							Ct<30	86 (71-93)	-	
				358,983	Delta^		BNT162b2	Documented infection	80 (77-83)	+	
				individuals	(May -August)		BIVITOZBZ	Ct<30	84 (82-86)	+	
							AZD1222	Documented infection	67 (62-71)	-	
							AZDIZZZ			_	
								Ct<30	70 (65-73)		
77	Tenforde et al*	USA	Test-negative	4513	Alpha and	Included	BNT162b2	Hospitalization, all	81 (77-84)	14+	~30 weeks
	(November 4, 2021)		case control	hospitalized	Delta^				85 (82-88)	14-120	~15 weeks
	[Update to Aug 18			adults (18+)			mRNA-1273	Hospitalization, all	64 (51-73) 89 (86-92)	120+ 14+	~30 weeks ~28 weeks
	MMWR)						IIININA-12/3	1105pitalization, all	91 (87-93)	14-120	~15 weeks
	,								85 (77-91)	14-120 120+	~28 weeks
							BNT162b2 or mRNA-1273	Hospitalization, Immunocompetent	90 (87-91)	14+	~30 weeks
								Hospitalization, Immunocompromised	51 (31-65)		







No.	Reference (date)	Country	Design	Population	Dominant Variants	History of COVID	Vaccine Product	Outcome Measure	Primary Series VE % (95% CI)	Days post Final dose	Max Duration of follow up after fully vaccinated
					Alpha specifically^		BNT162b2 or mRNA-1273	Hospitalization, all	90 (84-94)		
					Delta specifically^	-		Hospitalization, all	86 (79-90)		
76	Chin et al* (January 27, 2022)	USA	Retrospective cohort	60,707 incarcerated	Non-VOC^	Excluded	BNT162b2 or mRNA-1273	Documented infection, all	97 (88-99)	14+	~5 weeks
	[Published version of August 18, 2021			people in California prisons				Documented infection, cohort at moderate/high risk for severe COVID-19	92 (74-98)	-	
	preprint]						mRNA-1273	Documented infection, all	96 (67-99)		
75	Nanduri et al	USA	Retrospective	10,428,783	Non-VOC and	Unknown	BNT162b2	Documented infection	74.2 (69–78.7)	14+	~16 weeks
	(August 18,2021)		cohort	residents of skilled nursing facilities	Alpha ^{††} (Pre- Delta circulation) ^		mRNA-1273		74.7(66.2-81.1)		
					Alpha†† (Delta		BNT162b2	Documented infection	66.5 (58.3-73.1)		~22 weeks
					circulating but not dominant)		mRNA-1273		70.4 (60.1-78.0)	-	
					Delta^		BNT162b2	Documented infection	52.4 (48–56.4)		~28 weeks
							mRNA-1273		50.6 (45–55.7)		
74#	Tang et al* (November 2, 2021)	Qatar	Test-negative case control	Cases with confirmed Delta	Delta specifically^	Included	BNT162b2	Documented infection	50.6 (45.4-55.3)	14+	~25 weeks
	[Update to Aug 11 preprint]			(~2800 per analysis) or Beta infection and			mRNA-1273		72.0 (66.1-76.9)		
	proprinty			matched controls			BNT162b2	Severe, critical, or fatal disease	94.1 (85.9-97.6)		
				(~11,200) among			mRNA-1273		96.1 (71.4-99.5)	-50.9)	
				residents of Qatar of all ages			BNT162b2	Symptomatic COVID-19	44.4 (37.0-50.9)		
							mRNA-1273		73.9 (65.9-79.9)		
							BNT162b2	Asymptomatic COVID-19	46.0 (32.3-56.9)		







No.	Reference (date)	Country	Design	Population	Dominant Variants	History of COVID	Vaccine Product	Outcome Measure	Primary Series VE % (95% CI)	Days post Final dose	Max Duration of follow up after fully vaccinated
							mRNA-1273		53.6 (33.4-67.6)		
					Beta specifically^	_	BNT162b2	Documented infection	74.3 (70.3-77.7)		
					. ,		mRNA-1273		80.8 (69.0-88.2)		
							BNT162b2	Severe, critical, or fatal disease	92.7 (81.5-97.1)		
							mRNA-1273		100.0 (CI omitted	1	
									due to zero events		
									among vaccinated)		
73	Chemaitelly et al	Qatar	Retrospective	782 kidney	Alpha and	Excluded	BNT162b2 and	Documented infection	46.6 (0.0-73.7)	14+	~17 weeks
	(August 9, 2021)		cohort	transplant	Beta^		mRNA-1273		66.0 (21.3-85.3)	42+	
				recipients					73.9 (33-89.9)	56+	
								Severe infection	72.3 (0.0-90.9)	14+	
									85.0 (35.7-96.5)	42+	
									83.8 (31.3-96.2)	56+	
72	<u>Puranik et al</u>	USA	Retrospective	77,607 adults	Alpha and	Excluded	BNT162b2	Documented infection	76 (69-81)	14+	~ 26 weeks
	(August 9, 2021)		cohort		Delta ^			Hospitalization	85 (73-93)		
								ICU admission	87 (46-98.6)		
							mRNA-1273	Documented infection	86 (81-90.6)		
								Hospitalization	91.6 (81-97)		
								ICU admission	93.3 (57-99.8)		
71	de Gier et al* (August 5, 2021)	Netherlands	Retrospective cohort	184,672 household and	Alpha^	Unknown	AZD1222	Documented infection among household	87 (77-93)	7+	~15 weeks
				other close contacts (aged			BNT162b2	contacts (adj. for vaccination status of	65 (60-70)		
				18+) of 113,582 index cases			mRNA-1273	index case)	91 (79-97)		
				(aged 18+)			Ad26.COV2.S		12 (-71-54)	14+	
70	Lefèvre et al (July	France	Retrospective	378 LTCF	Beta	Included	BNT162b2	Documented infection	49 (14-69)	7+	~16 weeks
	31,2021)		cohort	residents	specifically^			Hospitalization and	86 (67-94)		
								death			
69	Alali et al (July 29,2021)	Kuwait	Retrospective cohort	3,246 HCWs	Alpha^	Excluded	BNT162b2	Documented infection	94.5 (89.4-97.2)	7+	~18 weeks
68	Gram et al*	Denmark	Retrospective	5,542,079	Alpha^	Excluded	Heterologous:	Documented infection	88 (83-92)	14+	~20 weeks
	(December 17, 2021)		cohort	adults			AZD1222 (1 st dose)				
	[Published version of										
	July 28 pre-print]		1							1	







No.	Reference (date)	Country	Design	Population	Dominant Variants	History of COVID	Vaccine Product BNT162b2 or	Outcome Measure	Primary Series VE % (95% CI)	Days post Final dose	Max Duration of follow up after fully vaccinated
							mRNA-1273(2 nd dose)				
67	Amirthalingam et al (December 10,2021) [Published version of	UK	Test-negative case control	750 participants aged 50-89 years	Alpha^	Excluded	BNT162b2	Documented infection, 80 y+	77 (56-88)	14+, dose interval 19-29 days	~16 weeks
	July 28 pre-print]								90 (83-94)	14+, dose interval 65-84 days	
								Documented infection, 65-79 y	77 (66-85)	14+, dose interval 19-29 days	
									89 (86-92)	14+, dose interval 65-84 days	
								Documented infection, 50-64 y	88 (67-96)	14+, dose interval 19-29 days	
									92 (91-94)	14+, dose interval 65-84 days	
							AZD1222	Documented infection, 80 y+	96(68-99)	14+, dose interval 45-64 days	
									82 (68-89)	14+, dose interval 65-84 days	
								Documented infection, 65-79 y	73 (25-90)	14+, dose interval 30-44 days	
									74 (69-79)	14+, dose interval 65-84 days:	
								Documented infection, 50-64 y	55 (34-69)	14+, dose interval 30-44 days	
									77 (74-79)	14+, dose interval 65-84 days	





No. 66	Reference (date) Kissling et al (July 22,2021)	Country UK, France, Ireland, Netherlands	Design Test-negative	Population 592 cases and 4,372 controls aged 65+	Dominant Variants Alpha^	History of COVID Excluded	Vaccine Product BNT162b2	Outcome Measure Symptomatic COVID-19	Primary Series VE % (95% CI) 87(74-93)	Days post Final dose 14+	Max Duration of follow up after fully vaccinated ~16 weeks
		, Portugal, Scotland, Spain, Sweden									
65#	Carazo et al*	Canada	Test-negative	5316 cases and	Non-VOC and	Excluded	BNT162b2	Documented infection	85.5 (80.4-89.3)	7+	~20 weeks
	(August 30, 2021) [Update to July 22 preprint]		case control	53,160 test negative controls among	Alpha^			Symptomatic COVID-19	92.2 (87.8-95.1)		
				HCWs			mRNA-1273	Documented infection	84.1 (34.9-96.1)	7+	
					Alpha specifically^	Excluded	BNT162b2 and mRNA-1273	Documented infection	92.6 (87.1-95.8)	7+	
					Non-VOC specifically^	Excluded	BNT162b2 and mRNA-1273	Documented infection	86.5 (56.8-95.8)		
64	Hitchings et al (October 28, 2021)	Brazil	Test-negative case control	30,680 matched pairs of adults	Gamma^	Included (except in	AZD1222	Symptomatic COVID-19	77.9 (69.2-84.2)	14+	~9.5 weeks
	[Update to July 22		case control	aged 60+ in Sao		previous		Hospitalization	87.6 (78.2-92.9)	_	
	preprint]			Paolo, Brazil		90 days)		Death	93.6 (81.9-97.7)		
63	Kim et al* (September 8, 2021) [Update to July 22 preprint]	USA	Test-negative case control	812 US adults aged 16+ with COVID-19-like illness	Non-VOC and Alpha††	Unknown	BNT162b2 and mRNA-1273	Symptomatic COVID-19	91 (83-95)	14+	~18.5 weeks
62#	Lopez Bernal et al* (July 21, 2021)	UK	Test-negative case control	19,109 cases and 171,834	Alpha specifically^	Excluded	BNT162b2	Symptomatic COVID-19	93.7 (91.6–95.3)	14+	~17 weeks
	(July 21, 2021)		case control	test negative	specifically		AZD1222	Symptomatic COVID-19	74.5 (68.4–79.4)		
				controls aged 16+	Delta specifically^		BNT162b2	Symptomatic COVID-19	88.0 (85.3–90.1)		
							AZD1222	Symptomatic COVID-19	67.0 (61.3–71.8)		
61	Butt et al* (July 20, 2021)	USA	Test-negative case control	54,360 propensity-	Original and Alpha ††	Excluded	BNT162b2 and mRNA-1273	Documented infection	97.1 (96.6-97.5)	7+	~6.5 weeks
				matched pairs			BNT162b2	Documented infection	96.2 (95.5-96.9)		
				of veterans			mRNA-1273	Documented infection	98.2 (97.5-98.6)		
60	Layan et al* (March 03, 2022) [Published version of	Israel	Prospective cohort	215 index cases and 687 household	Original and Alpha [¶]	Included	BNT162b2	Documented infection among HHCs vaccinated and not isolated	79 (56-92)	7+	~12 weeks







No.	Reference (date) July 16,2021 preprint]	Country	Design	Population contacts (HHCs)	Dominant Variants	History of COVID	Vaccine Product	Outcome Measure (relative to HHCs not	Primary Series VE % (95% CI)	Days post Final dose	Max Duration of follow up after fully vaccinated
	July 16,2021 preprint			from 210 Israeli households				vaccinated and not isolated)			
59	Balicer et al* (September 7,2021)	Israel	Prospective Cohort	21722 pregnant women	Original and Alpha^	Excluded	BNT162b2	Documented infection	96 (89-100)	7-56	~18 weeks
	[Update to July 12		Conort	Women	Лірпа			Symptomatic COVID-19	97 (91-100)		
	preprint]							Hospitalization	89 (43-100)		
58	Butt et al* (October 7, 2021)	Qatar	Retrospective cohort	814pregnant women	Alpha and Beta^	Excluded	BNT162b2	Documented infection	87.7 (43.5-97.3)	14+	~17 weeks
	[Update to June 22 preprint]						mRNA-1273		100.0 (0-100.0)		
57	Prunas et al* (January 27, 2022)	Israel	Retrospective cohort	2,472,502 Israeli individuals from	Original and Alpha [¶] (pre-	Excluded	BNT162b2	Documented infection among household	89.4 (88.7-90) 58.3 (45.8-67.9)	10-90 90+	~11 weeks
	[Update to July 16,			1,327,647 households	Delta^)			contacts	, ,		
	2021 preprint]				Delta^				72 (65.9-77) 40.2 (37.6-42.6)	10-90 90+	~11 weeks ~26.5 weeks
									40.2 (37.0-42.0)	30+	20.5 Weeks
56	Whitaker et al* (January 2, 2022)	UK	Prospective cohort	5,591,142 patients	Alpha^	Included	BNT162b2	Symptomatic COVID-19: Ages 16-64	48.6 (-61.5-83.7)	14-69	~8 weeks
	[Update to July 9,2021 preprint]			reporting to 718 English general practices				Symptomatic COVID-19: Ages 65+	84.7 (77.7-89.5)		
								Immunosuppressed	59.6 (-35.5-86.3)		
							AZD1222	Symptomatic COVID-19: Ages 16-64	67.9 (-1.1-89.8)		
								Symptomatic COVID-19: Ages 65+	81.7 (59.6-91.7)		
								Symptomatic COVID-19: Immunosuppressed	60.0 (-63.6-90.2)		
55	John et al*	USA	Retrospective	40,074 patients	Original and	Excluded	BNT162b2 and	Documented infection	78.6 (25.5-93.8)	7+	~10 weeks
	(July 13,2021)		cohort	with cirrhosis within Veterans	Alpha #		mRNA-1273	Hospitalization	100.0 (99-100)	1	
				Health Administration,				COVID-19 related death	100.0 (99-100)		







No.	Reference (date)	Country	Design	Population propensity	Dominant Variants	History of COVID	Vaccine Product	Outcome Measure	Primary Series VE % (95% CI)	Days post Final dose	Max Duration of follow up after fully vaccinated
				matched							
54	Bertollini et al (July 13, 2021)	Qatar	Prospective cohort	10,092 matched pairs of Qatari adults arriving at an international airport.	Original, Alpha and Beta [^]	Included	BNT162b2 and mRNA-1273	Documented infection	78 (72-83)	14+	~4 weeks
52#	Chemaitelly et al* (July 9, 2021)	Qatar	Test-negative case-control	25,034 matched pairs of adults	Alpha specifically	Unknown	mRNA-1273	Documented infection	100.0 (CI omitted since there were no events among vaccinated persons)	14+	13 weeks
				52,442 matched pairs of adults	Beta specifically^	Unknown	mRNA-1273	Documented infection	96.0 (90.9-98.2)		
				4,497 matched pairs of adults	Alpha and Beta^	Unknown	mRNA-1273	Severe, critical or fatal disease	89.5 (18.8-98.7)		
								Symptomatic infection	98.6 (92.0-100)		
								Asymptomatic infection	92.5 (84.8-96.9)		
			Retrospective cohort	2520 vaccinated and 73,853	Alpha specifically^	Excluded	mRNA-1273	Documented infection	100.0 (82.5-100.)	14+	13 weeks
				unvaccinated, antibody- negative controls	Beta specifically ^	Excluded	mRNA-1273	Documented infection	87.8 (73.4-95.5)		
51#	Tenforde et al* (August 6, 2021) [Update to July 8	USA	Test-negative case-control	1212 hospitalized adults from 18	Original and Alpha [^]	Included	BNT162b2/ mRNA-1273	Hospitalization	86.6 (79.0-91.4)	14+	~2 weeks
	preprint]			hospitals			BNT162b2		84.7 (74.1-91.0)		
							mRNA-1273	-	88.9 (78.7-94.)	-	
					Alpha^	Included	BNT162b2/ mRNA-1273	_	92.1 (82.3-96.5)		
50	<u>Jara et al</u> (July 7,2021)	Chile	Prospective cohort	10,187,720 adults	Alpha and Gamma^	Excluded	CoronaVac	Documented infection Hospitalization ICU admission	65.9 (65.2-66.6) 87.5 (86.7-88.2) 90.3 (89.1-91.4)	14+	8 weeks







No.	Reference (date)	Country	Design	Population	Dominant Variants	History of COVID	Vaccine Product	Outcome Measure	Primary Series VE % (95% CI)	Days post Final dose	Max Duration of follow up after fully vaccinated
								Death	86.3 (84.5-87.9)		
49#	Nasreen et al*	Canada	Test-negative		Non-VOC	Excluded	BNT162b2	Symptomatic infection	92 (87-95)	14+	~28 weeks
	(February 7,2022)		Case Control	symptomatic	specifically^	Unknown		Hospitalization or death	97 (88-99)		
	[Published version of			community-			mRNA-1273	Symptomatic infection	98 (83-100)		~25 weeks
			dwelling				Hospitalization or death	100 (no Cl	1		
	September 30			individuals (age 16+) in Ontario					provided)		
	preprint]			16+) in Ontario			AZD1222	Symptomatic infection	100 (no Cl	1	~3 weeks
									provided)		
							Hospitalization or death	100 (no Cl			
								provided)			
				Alpha BNT162b2 Symptomatic infection 88 (86-90)		~28 weeks					
				specifically^			Hospitalization or death	96 (94-97)			
						mRNA-1273	Symptomatic infection	92 (87-95)		~25 weeks	
								Hospitalization or death	95 (92-97)		
							AZD1222	Symptomatic infection	87 (47-97)		~3 weeks
								Hospitalization or death	92 (41-99)		
					Beta		BNT162b2	Symptomatic infection	86 (0-98)		~28 weeks
					specifically^			Hospitalization or death	92 (39-99)		
							mRNA-1273	Symptomatic infection	100 (no CI		~25 weeks
									provided)		
								Hospitalization or death	100 (no Cl		
									provided)		
							AZD1222 Sy	Symptomatic infection	· · · · · · · · · · · · · · · · · · ·		~3 weeks
					Gamma				provided)		
							7 1	90 (76-96)	_	~28 weeks	
					specifically^			Hospitalization or death	94 (59-99)		
							mRNA-1273	Symptomatic infection	100 (no Cl		~25 weeks
									provided)		
								Hospitalization or death	100 (no Cl		
							4704000		provided)		
							AZD1222	Symptomatic infection	100 (no Cl		~3 weeks
								Hassitalisation on double	provided)	4	
								Hospitalization or death	100 (no CI provided)		
				Delta	-	BNT162b2	Symptomatic infection	92 (89-94))	1	~28 weeks	
					specifically^	1	PINITOSDS	Hospitalization or death	98 (96-99)	1	ZO WEEKS
					Specifically		mRNA-1273	Symptomatic infection	94 (90-97)	_	~25 weeks
					1	MKNA-12/3	Hospitalization or death	98 (93-100)	-	23 WEEKS	
					1	AZD1222	Symptomatic infection	88 (68-96)	1	~3 weeks	
		1					VEDITE	Symptomatic infection	00 (00-30)		2 MEGK2







No.	Reference (date)	Country	Design	Population	Dominant Variants	History of COVID	Vaccine Product	Outcome Measure	Primary Series VE % (95% CI)	Days post Final dose	Max Duration of follow up after fully vaccinated
48	Baum et al*	Finland	Dunnannativa	Ta akak.	Original and	Excluded	BNT162b2 &	Hospitalization or death Documented infection	90 (67-97)	7+	16 weeks
46	(November 18,2021)	Fillialiu	cohort	ospective Two study cohorts: 901,092 Finnish	Alpha^	Excluded	mRNA-1273 (elderly cohort)	Hospitalization	75 (65-82) 93 (70-98)	- 1	10 WEEKS
	[Update to June 28			elderly aged 70			BNT162b2 &	Documented infection	77 (65-85)		
	preprint]			years and 774,526 chronically ill aged 16-69 years			mRNA-1273 (Chronically ill cohort)	Hospitalization	90 (29-99)		
47	Saciuk et al* (December 30,2021)	Israel	Retrospective cohort	1.6 million members of	Original and Alpha [¶]	Excluded	BNT162b2	Documented infection	93.0 (92.6-93.4)	7+	14 weeks
	[Update to June 27, 2021 preprint]		Conort	Maccabi HealthCare	Aipha"			Hospitalization	93.4 (91.9-94.7)	7+	
	2021 preprintj			HMO ≥16				Death	91.1 (86.5-94.1)	7+	
46	Pawlowski et al.*	USA – Mayo	Retrospective	68,266 -	Original &	Excluded	BNT162b2	Documented Infection	88.0 (84.2-91.0)	≥14	~17 weeks
	[Update to Feb. 18,	Clinic	Cohort	propensity matched on, zip,	Alpha [¥]			Hospitalization	88.3 (72.6-95.9)	≥14	(120 days)
	2021 preprint]			# of PCRs, demographics				ICU Admission	100.0 (18.7-100)	≥14	
							mRNA-1273	Documented Infection	92.3 (82.4-97.3)	≥14	1
								Hospitalization	90.6 (76.5-97.1)	≥14	1
								ICU Admission	100.0 (17.9-100)	≥14	
45	Young-Xu et al (October 6, 2021)*	USA	Test negative case control	77014 veterans aged 65+ within	Original and Alpha ††	Excluded	BNT162b2 & mRNA-1273	Documented infection	94 (92-95)	7+	~8 weeks
	Illustrato to 1.1.1.4.4			Veterans Health	r ·			Hospitalization	89 (81-93)		
	[Update to Jul 14 preprint]			Administration				Death	98.5 (86.6-99.8)		
	proprinty							Asymptomatic infection	69.7 (47.7-82.5)	_	
								Hospitalization	88.4 (74.9-94.7)		
								Deaths	97.0 (91.7-98.9)		
43#	Stowe et al	UK	TND Case-	Patients seeking	Alpha	Included	BNT162b2	Hospitalization	95 (78-99)	14+	~20 weeks
	(June 14, 2021)		control	emergency care services with	specifically^	4	AZD1222		86 (53-96)		(but most much less)
				subsequent hospitalization	Delta specifically^		BNT162b2 AZD1222	-	96 (86-99) 92 (75-97)	-	much less)
42#	Sheikh et al	Scotland	TND	Scottish	Alpha^	Unknown	BNT162b2	Documented infection	92 (90–93)	14+	~20 weeks
	(June 14, 2021)			population		Unknown	AZD1222	Documented infection	73 (66–78)	14+	(but most
					Delta^	Unknown	BNT162b2	Documented infection	79 (75–82)	14+	much less)







No.	Reference (date)	Country	Design	Population	Dominant Variants	History of COVID Unknown	Vaccine Product	Outcome Measure Documented infection	Primary Series VE % (95% CI) 60 (53–66)	Days post Final dose	Max Duration of follow up after fully vaccinated
41	Flacco, Maria et al*	Italy	Retrospective	245,226	Original and	Excluded	BNT162b2	Documented infection	98 (97-99)	14+	~14 weeks
'-	(June 10, 2021)	icary	cohort	individuals	Alpha ^{††}	Excluded	DIVITOLDE	Hospitalization	99 (96-100)	14+	11 Weeks
	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				Aipila			Death	98 (87-100)	14+	1
39	Emborg et al. (June 2,	Denmark	Cohort	46,101 long-	original &	Excluded	BNT162b2	Documented infection	82 (79-84)	>7	10 weeks
	2021)			term care	Alpha ^{¶¶}			COVID-Hospitalization	93 (89-96)	>7	
	[Update of Houston- Melms below]			facility (LTCF) residents, 61,805 individuals 65 years and older living at home but requiring practical help and personal care (65PHC), 98,533 individuals ≥85 years of age (+85), 425,799 health-care workers (HCWs), and 231,858 individuals with comorbidities that predispose for severe COVID-19 disease (SCD)				COVID-Mortality	94 (90-96)	>7	
38	Thompson et al*	USA	Cohort	3975 health	Original	Excluded	BNT162b2	Documented infection	93 (78-98)	≥14	13 weeks
	[updated on June		-	care personnel,					, , ,		
	30,2021]			first responders, and other essential and frontline workers in 8 locations in US			mRNA-1273	Documented infection	82 (20-96)	≥14	
36	Khan et al	USA	Retrospective	14,697 IBD	Unknown	Included	BNT162b2 &	Documented infection	69 (44-83)	7+	
	(May 31, 2021)		cohort	patients in VA	•		mRNA-1273				
				hospitals				Hospitalization/death	49 (-36-81)	7+	
35	Martinez-Bas et al*	Spain			Alpha	Excluded	BNT162b2	Documented infection	65 (56-73)	14+	12 weeks







No.	Reference (date) (May 27, 2021)	Country	Design Prospective Cohort	Population 20,961 close contacts of	Dominant Variants	History of COVID	Vaccine Product	Outcome Measure Symptomatic infection Hospitalization	Primary Series VE % (95% CI) 82 (73-88) 94 (60-99)	Days post Final dose	Max Duration of follow up after fully vaccinated
34#	Chung et al*	Canada	Test negative	confirmed cases Adults (16+) in	Non-VOC^	Excluded	BNT162b2	Symptomatic infection	91 (88-93)	7+	15 weeks
	(Aug 20, 2021) [Update to July 26 preprint]		design case control	Ontario: 53,270 cases 270,763				Hospitalization and Death	96 (82-99)	0+	_
				controls			mRNA-1273	Symptomatic infection	94 (86-97)	7+	
								Hospitalization and Death	96 (74-100)	0+	_
					Alpha	1	BNT162b2 &	Symptomatic infection	90 (85-94)	7+	
					specifically^		mRNA-1273	Hospitalization and Death	94 (59-99)	0+	
					Beta or Gamma		BNT162b2 & mRNA-1273	Symptomatic infection	88 (61-96)	7+	
					specifically^		BNT162b2 & mRNA-1273	Hospitalization and Death	100	0+	
33	PHE	UK	Test-negative	≥65 years	Alpha	Excluded	BNT162b2	Symptomatic infection	90 (82-95)	≥14	
	(May 20, 2021)		case control	,	'		AZD1222	Symptomatic infection	89 (78-94)	≥14	
32#	Ranzani et al.* (Aug 20, 2021)	Brazil	Test-negative case control	22,177 70+ year olds in Sao	Gamma^	Included	Coronavac	Symptomatic infection	46.8 (38.7-53.8)	≥14	~10.5 weeks
	[update to Jul 21 preprint]			Paulo				Hospitalization	55.5 (46.5-62.9)		
								Death	61.2 (48.9-70.5)		
31	Ismail et al. (May 12, 2021)	UK	Screening method	13,907 ≥70	Alpha	Included	BNT162b2	Hospitalization in 80+	93 (89-95)	≥14	
30	Pilishvili et al.* (May 14, 2021)	US	Test-negative case control	HCP at 33 U.S. sites across 25 U.S. states	Unknown	Excluded	BNT162b2 & mRNA-1273	Symptomatic infection	94 (87-97)	≥7	
29	Lopez-Bernal et al.* (May 13, 2021) [Update to Mar 1 preprint]	UK	Test-negative case control	156,930 UK population over age 70	Alpha^	Included	BNT162b2 AZD1222	Over 80 years: Symptomatic infection	79 (68-86)	≥7	
28	Angel et al.* (May 6, 2021)	Israel	Retrospective cohort	6710 HCWs at a single tertiary care center in	Alpha [¶]	Excluded	BNT162b2	Symptomatic Asymptomatic	97 (94-99) 86 (69-97)	>7 days	
27#	Abu-Raddad et al.* (July 8, 2021)	Qatar	Test-negative case-control	Qatari adults	Alpha specifically^	Unknown	BNT162b2	CC Alpha documented infection	90 (86-92)	≥14	







No.	Reference (date)	Country	Design	Population	Dominant Variants	History of COVID	Vaccine Product	Outcome Measure	Primary Series VE % (95% CI)	Days post Final dose	Max Duration of follow up after fully vaccinated
								CC Alpha severe/fatal	100 (82-100)		
					Beta	-		infection CC Beta documented	75 (71-79)	-	
					specifically^			infection	75 (71-79)		
					,			CC Beta severe/fatal	100 (74-100)		
								infection			
			Retrospective cohort	Qatari adults	Alpha specifically^	Unknown	BNT162b2	Cohort documented infection Alpha	87 (82-91)		
					Beta	1		Cohort documented	72 (66-77)	1	
					specifically^			infection Beta			
26	Haas et al. *	Israel	Retrospective	Israeli	Alpha^	Excluded	BNT162b2	Documented infection	95.3 (94.9-95.7)	≥7 days	
	(May 5, 2021)		cohort	population ≥16				Asymptomatic infection	91.5 (90.7-92.2)	1	
	[Update to Mar 24 preprint]			years				Symptomatic infection	97.0 (96.7-97.2)		
								Hospitalization	97.2 (96.8-97.5)		
								Severe/ critical	97.5 (97.1-97.8)	1	
								hospitalization			
								Death	96.7 (96.0-97.3)		
25	Corchado-Garcia et al.* (November 2, 2021) [Update to April 30	USA	Retrospective cohort	97,787 adults in the Mayo Clinic Network	Alpha and Delta^	Excluded	Ad26.COV2.S	Documented infection	74.2 (64.9-81.6)	≥15	
	preprint]										
24	Fabiani et al.*	Italy	Retrospective	9,878 HCWs	Unknown	Excluded	BNT162b2	Documented infection	95 (62-99)	≥7 days	
	(Apr 29, 2021)		cohort					Symptomatic infection	94 (51-99)		
22	Tenforde et al.* (Apr 28, 2021)	USA	Test-negative case-control	Hospitalized adults ≥65 years	Original and Alpha [¥]	Unknown	BNT162b2 & mRNA-1273	Hospitalization	94 (49-99)	≥14 days	
21	Goldberg et al.*	Israel	Prospective	5,600,000+	Alpha^	Excluded	BNT162b2	Documented infection	94.5 (94.3-94.7)	≥14 days	~8 weeks
1	(March 30, 2022)		cohort	individuals ≥16					95.8 (95.2-96.2)	-	
				years				Hospitalization		-	
	[Update to Apr 24, 2021 preprint]							Severe disease	96.3 (95.7-96.9)	_	
								Death	96 (94.9-96.9)		
20	Pritchard et al.*	UK					BNT162b2	Documented infection	80 (74-85)	≥0 days	







No.	Reference (date)	Country	Design	Population	Dominant Variants	History of COVID	Vaccine Product	Outcome Measure	Primary Series VE % (95% CI)	Days post Final dose	Max Duration of follow up after fully vaccinated
	(Jun 9, 2021) [Update		Prospective	373,402	Alpha &	Excluded		Symptomatic disease	95 (91-98)		
	to Apr 23 preprint]		cohort	individuals ≥16 years	Original [^]		AZD1222	Documented infection	79 (65-88)	1	
				years				Symptomatic disease	92 (78-97)		
18	Hall et al.* (Apr 23, 2021) [Update to Feb 21 preprint]	UK – SIREN study	Prospective Cohort (Person-time)	23,324 healthcare workers	Alpha^	Excluded	BNT162b2	Documented infection	86 (76-97)	≥7	
17	Mason et al.*	UK - England	Case-control	170,226 80-83-	Alpha^	Excluded	BNT162b2	Documented infection	70 (55- 80)	35-41	
	(October 18, 2021) [Update to Apr 22 preprint]		year-olds				Hospitalization	spitalization 75 (52-87)	35-41		
							Emergency visit	79(60-90)			
16	Bjork et al.* (September 29, 2021) [Update to Apr 21 preprint]	Sweden	Retrospective cohort	805,741 Swedish adults aged 18-64 years	Original & Alpha^	Unknown	BNT162b2	Documented infection	86 (72-94)	≥7	4 weeks
14	Andrejko et al.* (Jul 20, 2021) [update to May 25 preprint]	USA	Test-negative case control	e 1023 California adults ≥18 years	B.1.427/ B.1.429 &	Excluded	BNT162b2 & mRNA-1273	Documented infection	87.4 (77.2-93.1)	≥15	~14 weeks
					Alpha^			Asymptomatic infection	68.3 (27.9-85.7)	≥15	
								Symptomatic infection	91.3 (79.3-96.3)	≥15	
								Hospitalization	100	≥15	-
							BNT162b2	Documented infection	87.0 (68.6-94.6)	≥15	-
							mRNA-1273	Documented infection	86.2 (68.4-93.9)	≥15	-
13	Regev-Yochay et al.* (July 7,2021)	Israel	Prospective	3578 HCWs in one Israeli	Alpha [¶]	Included	BNT162b2	Asymptomatic infection	65 (45-79)	≥11	
	[Update to April 9 preprint]		cohort	health system				Asymptomatic infection presumed infectious (Ct< 30)	70 (43-84)	≥11	
								Symptomatic infection	90 (84-94)	≥11	
								Symptomatic infection presumed infectious (CT<30)	88 (80-94)	≥11	







No.	Reference (date)	Country	Design	Population	Dominant Variants	History of COVID	Vaccine Product	Outcome Measure	Primary Series VE % (95% CI)	Days post Final dose	Max Duration of follow up after fully vaccinated
11	Thompson et al.* (Mar 29, 2021)	USA	Prospective cohort	3,950 healthcare workers in eight US sites	Original [¥]	Excluded	BNT162b2 & mRNA1273	Documented infection	90 (68-97)	≥14	
6	Tande et al.* (Mar 10, 2021)	USA – Mayo Clinic	Retrospective Cohort	Asymptomatic screening of	original [¥]	Included	BNT162b2 & mRNA-1273	Asymptomatic infection	80 (56-91)	>0	
				39,156 patients: pre-surgical, pre-op PCR tests			BNT162b2	Asymptomatic infection	80 (56-91)	>0	
5	Mousten-Helms et al. (Mar 9, 2021)	Denmark	Retrospective Cohort	Long term care facilities in	original & Alpha ^{¶¶}	Excluded	BNT162b2	LTCF Resident: Documented Infection	64 (14-84)	>7	
				Denmark - 39,040 residents, 331,039 staff				LTCF Staff: Documented Infection	90 (82-95)	>7	
3	Dagan et al.*	Israel –	Retrospective	596,618 –	original &	Excluded	BNT162b2	Documented infection	92 (88-95)	>7	
	(Feb. 24, 2021)	Clalit Health System	Cohort	matched on demographics,	Alpha^			Symptomatic infection	94 (87-98)	>7]
		System		residence,				Hospitalization	87 (55-100)	>7	
				clinical characteristics				Severe disease	92 (75-100)	>7	
2	Public Health England — Feb. (Feb. 22, 2021)	UK - England	Screening Method	43,294 cases, with England as source population	Alpha^	Included	BNT162b2	Over 80 years: Symptomatic infection	88 (84-90)	7	

Purple text indicates new or updated study.

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

[±]Unless noted otherwise, days post 1st dose are prior to receiving dose 2.

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

^{*}Manuscripts with an asterisk (*) are peer-reviewed publications.

[^]Indicates predominant variant identified by study authors. If no ^ then variants identified through secondary source when possible. Please see additional footnotes.

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

^{*}CDC Says More Virulent British Strain Of Coronavirus Now Dominant In U.S.: Coronavirus Updates: NPR

[£]Coronavirus (COVID-19) Infection Survey, UK - Office for National Statistics

[¶]Denmark logs more contagious COVID variant in 45% of positive tests | Reuters

^{**}COVID variant first detected in UK now dominant strain in Spain

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

^{††}Based on https://outbreak.info/location-reports or www.ourworldindata.org

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

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





XXVE estimate presented with 99% CIs.

XXXVE estimates are not adjusted for calendar time.

1.1 Inclusion criteria for VE studies

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

- Published or preprint studies (not press release, presentations, media)
- Must have confidence intervals around VE, except in instances where it is not possible to calculate
- Needs to include persons with and without the clinical outcome under investigation and with and without vaccination (i.e. a proper comparison group). This excludes case only studies (e.g., impact studies and studies of risk of progression to severe disease).
 Exceptions: transmission studies which evaluate VE against secondary infection from vaccinated and unvaccinated SARS-CoV-2 cases only and booster dose VE studies in which the reference group is persons having completed primary series vaccination.
- No modeled comparison group nor comparison to historical cohort
- The study design should account for confounding and/or VE estimate should be adjusted or state adjustment made no difference
- Outcomes must be lab confirmed, not syndromic
- At least 90% of participants must have documented vaccination status rather than relying on recall
- VE must be for a single vaccine schedule schedule (i.e. every individual included contributing to a VE estimate must have received the same vaccine(s) in the same order). The exceptions are for 1) studies assessing the combined VE of BNT162b2 (Pfizer) and mRNA-1273 (Moderna) vaccines, 2) second or third booster dose studies, 3) studies of vaccine effectiveness against transmission (due to the scarcity of transmission studies), and 4) studies evaluating 'up-to-date' vaccination.
- No significant bias that likely affects results
- Cannot include persons receiving their final dose in the past 0-12 days in the unvaccinated comparison group (or in the primary series comparison group if evaluating relative VE of a booster dose).
- Cannot calculate VE by comparing the vaccinated group to itself early post vaccination (e.g. day 14-28 vs day 0-13).
- Must include VE of complete primary series or booster dose vaccination (e.g. single dose VE of two or three dose vaccines not included). Note this criterion was removed for all vaccines except inacativated vaccines as of November 10, 2023 with the release of the <u>updated WHO roadmap on uses of COVID-19 vaccines</u> which recommends a single dose for persons who have never received a COVID-19 vaccine, with the exception of inactivated vaccines.

1.2 VE Studies that do not meet criteria (in case of interest):

1. Hunter P and Brainard J. Estimating the effectiveness of the Pfizer COVID-19 BNT162b2 vaccine after a single dose. A reanalysis of a study of 'real-world' vaccination outcomes from Israel. *medRxiv*. Published online 2021:2021.02.01.21250957. doi: 10.1101/2021.02.01.21250957







- 2. Institut National de Santé Publique du Québec. Preliminary Data on Vaccine Effectiveness and Supplementary Opinion on the Strategy for Vaccination Against COVID-19 in Quebec in a Context of Shortage. Gouvernement du Québec. 2021:Publication No 3111. Available at: https://www.inspq.qc.ca/sites/default/files/publications/3111-vaccine-effectiveness-strategy-vaccination-shortage-covid19.pdf.
- 3. Weekes M, Jones NK, Rivett L, et al. Single-dose BNT162b2 vaccine protects against asymptomatic SARS-CoV-2 infection. *Authorea*. Published online Feb 24, 2021. doi: 10.22541/au.161420511.12987747/v1
- 4. Aran D. Estimating real-world COVID-19 vaccine effectiveness in Israel using aggregated counts. Published online Mar 4, 2021. Available at: https://github.com/dviraran/covid_analyses/blob/master/Aran_letter.pdf.
- 5. Shah ASV, Gribben C, Bishop J, et al. Effect of vaccination on transmission of COVID-19: an observational study in healthcare workers and their households. *medRxiv*. Published online 2021:2021.03.11.21253275. doi: 10.1101/2021.03.11.21253275
- 6. Jameson AP, Sebastian T, Jacques LR. Coronavirus disease 2019 (COVID-19) vaccination in healthcare workers: An early real-world experience. *Infect Control Hosp Epidemiol*.:1-2. doi:10.1017/ice.2021.171
- 7. Vahidy FS, Pischel L, Tano ME, et al. Real World Effectiveness of COVID-19 mRNA Vaccines against Hospitalizations and Deaths in the United States. *medRxiv*. Published online 2021:2021.04.21.21255873 doi: 10.1101/2021.04.21.21255873
- 8. Swift MD, Breeher LE, Tande AJ, et al. Effectiveness of Messenger RNA Coronavirus Disease 2019 (COVID-19) Vaccines Against Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2) Infection in a Cohort of Healthcare Personnel. *Clin Inf Dis.* Published online Apr 26, 2021:2021;ciab361. doi: 10.1093/cid/ciab361
- 9. Zaqout A, Daghfal J, Alaqad I, et al. The initial impact of a national BNT162b2 mRNA COVID-19 vaccine rollout. *medRxiv*. Published online 2021:2021.04.26.21256087 doi: 10.1101/2021.04.26.21256087
- 10. Cavanaugh AM, Fortier S, Lewis P, et al. COVID-19 Outbreak Associated with a SARS-CoV-2 R.1 Lineage Variant in a Skilled Nursing Facility After Vaccination Program Kentucky, March 2021. *MMWR Morb Mortal Wkly Rep.* 2021;70:639-643. doi: 10.15585/mmwr.mm7017e2
- 11. Menni C, Klaser K, May A, et al. Vaccine side-effects and SARS-CoV-2 infection after vaccination in users of the COVID Symptom Study app in the UK: a prospective observational study. *Lancet Infect Dis.* 2021; 21; 939-49. Published online April 27, 2021. doi: 10.1016/S1473-3099(21)00224-3.
- 12. Tang L, Hijano DR, Gaur AH, et al. Asymptomatic and Symptomatic SARS-CoV-2 Infections After BNT162b2 Vaccination in a Routinely Screened Workforce. *JAMA*. Published online May 6, 2021:2021;325(24):2500-2502. doi: 10.1001/jama.2021.6564
- 13. Chodick G, Tene L, Rotem Ran S, et al. The Effectiveness of the Two-Dose BNT162b2 Vaccine: Analysis of Real-World Data. *Clin Infect Dis.* Published online May 17, 2021:2021;ciab438. doi: 10.1093/cid/ciab438
- 14. Lopez Bernal J, Andrews N, Gower C, et al. Effectiveness of BNT162b2 mRNA vaccine and ChAdOx1 adenovirus vector vaccine on mortality following COVID-19. *medRxiv*. Published online 2021:2021.05.14.21257600 doi: 10.1101/2021.05.14.21257218







- 15. Bianchi FB, Germinario CA, Migliore G, et al. BNT162b2 mRNA COVID-19 Vaccine Effectiveness in the Prevention of SARS-CoV-2 Infection: A Preliminary Report. *J Infect Dis.* Published online May 19, 2021:2021;jiab262. doi: 10.1093/infdis/jiab262
- 16. Walsh J, Skally M, Traynor L, et al. Impact of first dose of BNT162b2 vaccine on COVID-19 infection among healthcare workers in an Irish hospital. *Ir J Med Sci*. Published online May 2021:1-2. doi:10.1007/s11845-021-02658-4
- 17. Bailly B, Guilpain L, Bouiller K, et al. BNT162b2 mRNA vaccination did not prevent an outbreak of SARS COV-2 variant 501Y.V2 in an elderly nursing home but reduced transmission and disease severity [published online ahead of print, 2021 May 16]. *Clin Infect Dis*. 2021;ciab446. doi:10.1093/cid/ciab446
- 18. Monge S, Olmedo C, Alejos B, et al. Direct and indirect effectiveness of mRNA vaccination against SARS-CoV-2 infection in long-term care facilities in Spain. *Emerg Infect Dis*. 2021;27(10):2595-2603. doi: https://doi.org/10.3201/eid2710.211184
- 19. Yassi A, Grant JM, Lockhart K, et al. Infection control, occupational and public health measures including mRNA-based vaccination against SARS-CoV-2 infections to protect healthcare workers from variants of concern: a 14-month observational study using surveillance data. *PLoS ONE*. 2021;16(7):e0254920. doi:10.1371/journal.pone.0254920
- 20. Kumar S, Saxena S, Atri M, Chamola SK. Effectiveness of the Covid-19 vaccine in preventing infection in dental practitioners: results of a cross-sectional questionnaire-based survey. *medRxiv*. Published online 2021 June 3. https://doi.org/10.1101/2021.05.28.21257967
- 21. Shrestha NK, Nowacki AS, Burke PC, Terpeluk P, Gordon SM. Effectiveness of mRNA COVID-19 Vaccines among Employees in an American Healthcare System. *medRxiv*. Published online 2021:2021.06.02.21258231. doi:10.1101/2021.06.02.21258231
- 22. Riley S, Wang H, Eales O, et al. *REACT-1 Round 12 Report: Resurgence of SARS-CoV-2 Infections in England Associated with Increased Frequency of the Delta Variant.*; 2021. https://spiral.imperial.ac.uk/bitstream/10044/1/89629/2/react1 r12 preprint.pdf
- 23. Ben-Dov IZ, Oster Y, Tzukert K, et al. The 5-months impact of tozinameran (BNT162b2) mRNA vaccine on kidney transplant and chronic dialysis patients. *medRxiv*. Published online June 16, 2021:2021.06.12.21258813. doi:10.1101/2021.06.12.21258813
- 24. Victor PJ, Mathews KP, Paul H, Murugesan M, Mammen JJ. Protective Effect of COVID-19 Vaccine Among Health Care Workers During the Second Wave of the Pandemic in India. *Mayo Clin Proc.* Published online 2021.
- 25. Chodick G, Tene L, Patalon T, et al. Assessment of Effectiveness of 1 Dose of BNT162b2 Vaccine for SARS-CoV-2 Infection 13 to 24 Days After Immunization. *JAMA Netw Open.* Published online Jun 7, 2021:2021;4(6):e2115985. doi: 10.1001/jamanetworkopen.2021.15985
- 26. Bahl A, Johnson S, Maine G, et al. Vaccination reduces need for emergency care in breakthrough COVID-19 infections: A multicenter cohort study. *medRxiv*. Published online 2021:2021.06.09.21258617. doi:10.1101/2021.06.09.21258617
- 27. Zacay G, Shasha D, Bareket R, et al. BNT162b2 Vaccine Effectiveness in Preventing Asymptomatic Infection with SARS-CoV-2 Virus: A Nationwide Historical Cohort Study. *Open Forum Infect Dis.* Published online June 9, 2021:2021;8(6). doi: 10.1093/ofid/ofab262





- 28. Ross C, Spector O, Tsadok MA, Weiss Y, Barnea R. BNT162b2 mRNA vaccinations in Israel: understanding the impact and improving the vaccination policies by redefining the immunized population. *medRxiv*. Published online 2021:2021.06.08.21258471. doi:10.1101/2021.06.08.21258471
- 29. Malinis M, Cohen E, Azar MM. Effectiveness of SARS-CoV-2 vaccination in fully-vaccinated solid organ transplant recipients. *Am J Transplant*. Published online June 2021. doi:10.1111/ajt.16713
- 30. Ramakrishnan, M., & Subbarayan, P. Impact of vaccination in reducing Hospital expenses, Mortality and Average length of stay among COVID 19 patients. A retrospective cohort study from India. *medRxiv*, Published online 2021: 2021.06.18.21258798. doi:10.1101/2021.06.18.21258798
- 31. Sansone E, Sala E, Tiraboschi M, et al. Effectiveness of BNT162b2 vaccine against SARS-CoV-2 among healthcare workers. *Med Lav*. Published online 15 June 2021. doi: 10.23749/mdl.v112i3.11747.
- Mazagatos C, Monge S, Olmedo C, et al. Effectiveness of mRNA COVID-19 vaccines in preventing SARS-CoV-2 infections and COVID-19 hospitalizations and deaths in elderly long-term care facility residents, Spain, weeks 53 2020 to 13 2021. *Euro Surveill*. 2021;26(24):pii=2100452. doi: 10.2807/1560-7917.ES.2021.26.24.2100452.
- 33. Tanislav C, Ansari TE, Meyer M, et al. Effect of SARS-CoV-2 vaccination among health care workers in a geriatric care unit after a B.1.1.7-variant outbreak [published online ahead of print, 2021 Jun 19]. *Public Health*. 2021. doi: 10.1016/j.puhe.2021.06.003
- Jaiswal A, Subbaraj V, Wesley J, et al. COVID-19 vaccine effectiveness in preventing deaths among high-risk groups in Tamil Nadu, India. *Indian J Med Res.* Accessed online ahead of print 23 June 2021. doi: 10.4103/ijmr.ijmr_1671_21.
- 35. Harris RJ, Hall JA, Zaidi A, et al. Effect of Vaccination on Household Transmission of SARS-CoV-2 in England. *N Engl J Med.* Published online Jun 23, 2021. doi: 10.1056/NEJMc2107717
- Hitchings MDT, Ranzani OT, Torres MSS et al. Effectiveness of CoronaVac among healthcare workers in the setting of high SARS-CoV-2 Gamma variant transmission in Manaus, Brazil: A test-negative case-control study. *medRxiv*, Published online 2021 June 24. doi: https://doi.org/10.1101/2021.04.07.21255081
- 37. Knobel P, Serra C, Grau S, et al. COVID-19 mRNA vaccine effectiveness in asymptomatic healthcare workers [published online ahead of print, 2021 Jun 24]. *Infect Control Hosp Epidemiol*. 2021;1-7. doi:10.1017/ice.2021.287
- 38. Kale P, Bihari C, Patel N, et al. Clinicogenomic analysis of breakthrough infections by SARS CoV2 variants after ChAdOx1 nCoV-19 vaccination in healthcare workers. *medRxiv*, Published online 2021:2021.06.28.21259546. doi: 10.1101/2021.06.28.21259546
- 39. Mateo-Urdiales A, Alegiani SS, Fabiani M, et al. Risk of SARS-CoV-2 infection and subsequent hospital admission and death at different time intervals since first dose of COVID-19 vaccine administration, Italy, 27 December 2020 to mid-April 2021. *Euro Surveill*. 2021;26(25):pii=2100507. doi: 10.2807/1560-7917.ES.2021.26.25.2100507
- 40. Paris C, Perrin S, Hamonic S, et al. Effectivness of mRNA-BNT162b2, mRNA-1273, and ChAdOx1 nCoV-19 vaccines against COVID-19 in health care workers: an observational study using surveillance data. *Clin Microbiol Infect*. Published online Jun 29, 2021. doi: 10.1016/j.cmi.2021.06.043







- 41. Kojima N, Roshani A, Brobeck M, Baca A, Klausner JD. Incidence of Severe Acute Respiratory Syndrome Coronavirus-2 infection among previously infected or vaccinated employees. *International Journal of Infectious Diseases*. 2022. doi:10.1016/j.ijid.2022.02.015.
- 42. Lumley SF, Rodger G, Constantinides B, et al. An observational cohort study on the incidence of SARS-CoV-2 infection and B.1.1.7 variant infection in healthcare workers by antibody and vaccination status. *Clin Inf Dis.* Published online Jul 12, 2021;2021;ciab608. doi: 10.1093/cid/ciab608
- 43. Rovida F, Cassaniti I, Paolucci S, et al. SARS-CoV-2 vaccine breakthrough infections are asymptomatic or mildly symptomatic and are infrequently transmitted. *medRxiv*, Published online 2021.06.29.21259500. doi:10.1101/2021.06.29.21259500
- 44. Williams C, Al-Bargash D, Macalintal C, et al. COVID-19 Outbreak Associated with a SARS-CoV-2 P.1 Lineage in a Long-Term Care Home after Implementation of a Vaccination Program Ontario, April-May 2021. *Clin Inf Dis.* Published online Jul 8, 2021:2021;ciab617. doi: 10.1093/cid/ciab617
- 45. Charmet T, Schaeffer L, Grant R, et al. Impact of original, B.1.1.7, and B.1.351/P.1 SARS-CoV-2 lineages on vaccine effectiveness of two doses of COVID-19 mRNA vaccines: Results from a nationwide case-control study in France [published online ahead of print, 2021 Jul 13]. *Lancet Regional Health—Eur.* 2021;8:100171. doi: 10.1016/j.lanepe.2021.100171
- 46. Bermingham CR, Morgan J, Ayoubkhani D, et al. Estimating the Effectiveness of First Dose of COVID-19 Vaccine Against Mortality in England: A Quasi-Experimental Study, *American Journal of Epidemiology*, 2022;, kwac157, https://doi.org/10.1093/aje/kwac157
- 47. Alencar CH, de Goes Cavalcanti LP, de Almeida MM, et al. High Effectiveness of SARS-CoV-2 Vaccines in Reducing COVID-19-Related Deaths in over 75-Year-Olds, Ceará State, Brazil. *Trop Med Infect Dis.* 2021;6(3):129. doi: 10.3390/tropicalmed6030129
- 48. Waldman SE, Adams JY, Albertson TE, et al. Real-world impact of vaccination on COVID-19 incidence in health care personnel at an academic medical center. *Infect Control Hosp Epidemiol*. Published online Jul 21, 2021:2021;1-21. doi: 10.1017/ice.2021.336
- 49. Vignier N, Bérot V, Bonnave N, et al. Breakthrough infections of SARS-CoV-2 gamma variant in fully vaccinated gold miners, French Guiana, 2021 [published online ahead of print, 2021 Jul 21]. *Emerg Infect Dis.* 2021;27(10). doi: 10.3201/eid2710.211427
- 50. Pramod S, Govindan D, Ramasubramani P, et al. Effectiveness of Covishield vaccine in preventing Covid-19 A test-negative case-control study. *Vaccine*. Published online 2022 February 9. doi: https://doi.org/10.1016/j.vaccine.2022.02.014
- Rubin D, Eisen M, Collins S, et al. SARS-CoV-2 Infection in Public School District Employees Following a District-Wide Vaccination Program Philadelphia County, Pennsylvania, March 21-April 23, 2021. *MMWR Morb Mortal Wkly Rep.* Published online 2021 Jul 23. doi: 10.15585/mmwr.mm7030e1
- 52. Mor O, Zuckerman NS, Hazan I, et al. BNT162b2 Vaccination efficacy is marginally affected by the SARS-CoV-2 B.1.351 variant in fully vaccinated individuals. *medRxiv*, Published online 2021.07.20.21260833. doi:10.1101/2021.07.20.21260833





- 53. Thiruvengadam, R et al. Cellular Immune Responses are Preserved and May Contribute to Chadox1 ChAdOx1 nCoV-19 Vaccine Effectiveness Against Infection Due to SARS-CoV-2 B·1·617·2 Delta Variant Despite Reduced Virus Neutralisation. SSRN, Published online 2021 Jul 16. https://ssrn.com/abstract=3884946.
- 54. Murillo-Zamora E, Trujilo X, Huerta M, et al. Effectiveness of BNT162b2 COVID-19 vaccine in preventing severe symptomatic infection among healthcare workers. *Medicina*. 2021;57(8):746. doi: https://doi.org/10.3390/medicina57080746
- 55. Blanco, S et al. Evaluation of the Gam-COVID-Vac and Vaccine-Induced Neutralizing Response Against SARS-CoV-2 Lineage P.1 (Manaus) Variant in an Argentinean Cohort. *SSRN*, Published online 2021 Jul 27. https://papers.ssrn.com/sol3/papers.cfm?abstract_id=3893461.
- Aslam, S, Adler, E, Mekeel, K, Little, SJ. Clinical effectiveness of COVID-19 vaccination in solid organ transplant recipients. *Transpl Infect Dis.* Published online 2021 Jul 29. doi: 10.1111/tid.13705.
- 57. Cserep G, Morrow D, Latchford K, Jesset R, Dosa A, Kirmizis D. The effect of a single dose of BNT162b2 vaccine on the incidence of severe COVID-19 infection in patients on chronic hemodialysis: a single-centre study [published online ahead of print, 2021 Jul 29]. Clin Exp Nephrol. 2021;1-5. doi:10.1007/s10157-021-02118-4
- 58. Hetemäki Iivo, et al. An outbreak caused by the SARS-CoV-2 Delta variant (B.1.617.2) in a secondary care hospital in Finland, May 2021. *Euro Surveill*. Published online 2021 Jul 28. doi: https://doi.org/10.2807/1560-7917.ES.2021.26.30.2100636
- 59. Ghosh S, Shankar S, Chatterjee K, et al. COVIDSHIELD (AZD1222) VaccINe effectiveness among healthcare and frontline Workers of Indian Armed Forces: Interim results of VIN-WIN cohort study. *Med J Armed Forces India*. 2021;77(2):S264-S270. doi: 10.1016/j.mjafi.2021.06.032
- 60. Muthukrishnan J, Vardhan V, Mangalesh S, et al. Vaccination status and COVID-19 related mortality: A hospital based cross sectional study. *Med J Armed Forces India*. 2021;77(2):S278-S282. doi: 10.1016/j.mjafi.2021.06.034
- 61. Sakre M, Agrawal S, Ravi R, et al. COVID 19 vaccination: Saviour or unfounded reliance? A cross sectional study among the air warriors. *Med J Armed Forces India*. 2021;77(2):S502-S504. doi: 10.1016/j.mjafi.2021.06.017
- 62. Bobdey S, Kaushik SK, Sahu R, et al. Effectiveness of ChAdOx1 nCOV-19 Vaccine: Experience of a tertiary care institute. *Med J Armed Forces India*. 2021;77(2):S271-S277. doi: 10.1016/j.mjafi.2021.06.006
- 63. Vaishya R, Sibal A, Malani A, Prasad KH. SARS-CoV-2 infection after COVID-19 immunization in healthcare workers: A retrospective, pilot study. *Indian J Med Res.* Published online 2021 Aug 3. doi: 10.4103/ijmr.ijmr_1485_21
- 64. Bhattacharya A, Ranjan P, Ghosh T, et al. Evaluation of the dose-effect association between the number of doses and duration since the last dose of COVID-19 vaccine, and its efficacy in preventing the disease and reducing disease severity: A single centre, cross-sectional analytical study from India [published online ahead of print, 2021 Jul 30]. *Diabetes Metab Syndr.* 2021;15(5). doi: 10.1016/j.eimc.2021.06.021
- 65. Lakhia RT, Trivedi JR. The CT Scan Lung Severity Score and Vaccination Status in COVID-19 patients in India: Perspective of an Independent Radiology Practice. *medRxiv*, Published online 2021 Aug 3. doi:10.1101/2021.07.15.21260597







- 66. Elliott P, Haw D, Wang H, et al. Exponential growth, high prevalence of SARS-CoV-2 and vaccine effectiveness associated with Delta variant. *Science.*, Published online 2021 Nov 2. doi: 10.1126/science.abl9551
- 67. Mizrahi B, Lotan R, Kalkstein N, et al. Correlation of SARS-CoV-2 Breakthrough Infections to Time-from-vaccine; Preliminary Study. *Nature Communications*, Published online 2021 November 4. doi: https://doi.org/10.1038/s41467-021-26672-3
- 68. Riemersma K, Grogan E, Kita-Yarbro A, et al. Vaccinated and unvaccinated individuals have similar viral loads in communities with a high prevalence of the SARS-CoV-2 delta variant. *medRxiv*, Published online 2021 July 31. doi: 10.1101/2021.07.31.21261387.
- 69. Wickert D P, Almand E A, Baldovich K J, et al. Estimates of Single Dose and Full Dose BNT162b2 Vaccine Effectiveness among USAF Academy cadets, 1 Mar 1 May 2021. *medRxiv*, Published online 2021 July 31. doi: 10.1101/2021.07.28.21261138.
- 70. Chia P Y, Ong S W X, Chiew C J, et al. Virological and serological kinetics of SARS-CoV-2 Delta variant vaccine-breakthrough infections: a multi-center cohort study. *Clin Microbiol Infect*. Published online 2021 November 22. doi: https://doi.org/10.1016/j.cmi.2021.11.010
- 71. Keegan L, Truelove SA, Lessler J, et al. Progress of the Delta variant and erosion of vaccine effectiveness, a warning from Utah. medRxiv, Published online 2021 August 09. doi: 10.1101/2021.08.09.21261554
- 72. Ye P, Fry L, Liu L,COVID outbreak after the 1st dose of COVID vaccine among the nursing home residents: What happened? *Geriatric Nursing.* Published online 2021 June 25. doi: 10.1016/j.gerinurse.2021.06.022
- 73. Tregoning, J.S., Flight, K.E., Higham, S.L. *et al.* Progress of the COVID-19 vaccine effort: viruses, vaccines and variants versus efficacy, effectiveness and escape. *Nat Rev Immunol*. Published online 2021 August 09. doi: 10.1038/s41577-021-00592-1.
- 74. Starrfelt J, Danielsen A.S, et al. High vaccine effectiveness against COVID-19 infection and severe disease among residents and staff of long-term care facilities in Norway, November June 2021. *medRxiv*. Published online 2021 August 09. doi: doi.org/10.1101/2021.08.08.21261357
- 75. Herlihy R, Bamberg W, Burakoff A, et al. Rapid Increase in Circulation of the SARS-CoV-2 B.1.617.2 (Delta) Variant Mesa County, Colorado, April—June 2021. MMWR Morb Mortal Wkly Rep. ePub: 6 August 2021. doi: 10.15585/mmwr.mm7032e2
- 76. Brown CM, Vostok J, Johnson H, et al. Outbreak of SARS-CoV-2 Infections, Including COVID-19 Vaccine Breakthrough Infections, Associated with Large Public Gatherings Barnstable County, Massachusetts, July 2021. MMWR Morb Mortal Wkly Rep 2021;70:1059-1062. doi: 10.15585/mmwr.mm7031e2external icon
- 77. North C, Barczak A et al. Determining the Incidence of Asymptomatic SARS-CoV-2 among Early Recipients of COVID-19 Vaccines: A Prospective Cohort Study of Healthcare Workers before, during and after Vaccination [DISCOVER-COVID-19], *Clinical Infectious Diseases*, Published online 2021 August 07. doi: 10.1093/cid/ciab643
- 78. Israel A, Merzon E, Schaffer AA, et al. Elapsed time since BNT 162b2 vaccine and risk of SARS-CoV-2 infection in a large cohort. *medRxiv*, Published online 2021 August 05. doi: 10.1101/2021.08.03.21261496







- 79. Issac A, Kochuparambil JJ, Elizabeth L. SARS-CoV-2 Breakthrough Infections among the Healthcare Workers Post-Vaccination with ChAdOx1 nCoV-19 Vaccine in the South Indian State of Kerala. *medRxiv*, Published online 2021 August 08. doi: 10.1101/2021.08.07.21261587
- 80. Marco A, Teixido N, Guerrero RA, et al. Outbreak of SARS-CoV-2 in a prison: Low effectiveness of a single dose of the adenovirus vector ChAdOx1 vaccine in recently vaccinated inmates. *medRxiv*, Published online 2021 August 05. doi: 10.1101/2021.08.03.21258337
- 81. Bitan DT, Kridin K, Cohen AD, Weinstein O. COVID-19 hospitalization, mortality, vaccination, and postvaccination trends among people with schizophrenia in Israel: a longitudinal cohort study. *Lancet Psychiatry*. Published online 2021 Aug 5. doi: 10.1016/S2215-0366(21)00256-X
- Public Health England. SARS-CoV-2 variants of concern and variants under investigation in England: Technical briefing 20.

 Published online 2021 Aug 6. Available from:

 https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1009243/Technical_Briefing __20.pdf
- 83. Pezzotti P, Fabiani M et al. Impact of vaccination on the risk of SARS-CoV-2 infection and hospitalization and death in Italy(27.12.2020-14.07.2021). *Ministere della Salute*. Published online 2021 July 27. Available from: https://www.epicentro.iss.it/vaccini/covid-19-report-valutazione-vaccinazione.
- 84. Moline HL, Whitaker M, Deng L, et al. Effectiveness of COVID-19 Vaccines in Preventing Hospitalization Among Adults Aged ≥65 Years COVID-NET, 13 States, February–April 2021. MMWR Morb Mortal Wkly Rep. 2021;70:1088-1093. doi: http://dx.doi.org/10.15585/mmwr.mm7032e3.
- 85. Kang M, Yi Y, Limei S, et al. Effectiveness of Inactivated COVID-19 Vaccines Against Illness Caused by the B.1.617.2 (Delta) Variant During an Outbreak in Guangdong, China. *Ann Intern Med*. Published online 2022 Feb 1. doi: 10.7326/M21-3509
- 86. Elavarasi A, Sagiraju HKR, Garg RK, et al. Clinical features, demography and predictors of outcomes of SARS-CoV-2 infection in a tertiary care hospital in India-A cohort study. *Lung India*, 2022;39(1):16-26. doi: 10.4103/lungindia.lungindia_493_21
- 87. Singer SR, Angulo FJ, Swerdlow DL et al. Effectiveness of BNT162b2 mRNA COVID-19 vaccine against SARS-CoV-2 variant Beta (B.1.351) among persons identified through contact tracing in Israel: A prospective cohort study. *EClinicalMedicine*. Published online 2021 Nov 28. doi: https://doi.org/10.1016/j.eclinm.2021.101190
- 88. Kang M, Xin H, Yuan J, et al. Transmission dynamics and epidemiological characteristics of Delta variant infections in China. *medRxiv*, Published online 2021 August 13. doi: 10.1101/2021.08.12.21261991.
- 89. Cavanaugh AM, Spicer KB, Thoroughman D, Glick C, Winter K. Reduced Risk of Reinfection with SARS-CoV-2 After COVID-19 Vaccination Kentucky, May–June 2021. *MMWR Morb Mortal Wkly Rep.* 2021;70:1081-1083. doi: http://dx.doi.org/10.15585/mmwr.mm7032e1





- 90. Li XN, Huang Y, Wang W, et al. Efficacy of inactivated SARS-CoV-2 vaccines against the Delta variant infection in Guangzhou: A test-negative case-control real-world study [published online ahead of print, 2021 Aug 14]. *Emerg Microbes Infect*. 2021;1-32. doi:10.1080/22221751.2021.1969291.
- 91. Cabezas C, Coma E, Mora-Fernandez N, et al. Associations of BNT162b2 vaccination with SARS-CoV-2 infection and hospital admission and death with covid-19 in nursing homes and healthcare workers in Catalonia: prospective cohort study. *BMJ*. 2021;374:n1868. doi: 10.1136/bmj.n1868
- 92. Rosenberg ES, Holtgrave DR, Dorabawila V, et al. New COVID-19 Cases and Hospitalizations Among Adults, by Vaccination Status New York, May 3-July 25, 2021. *MMWR Morb Mortal Wkly Rep.* Published online 2021 Sep 17. doi: http://dx.doi.org/10.15585/mmwr.mm7037a7
- 93. Baltas I, Boshier FAT, Williams CA, et al. Post-vaccination COVID-19: A case-control study and genomic anlysis of 119 breakthrough infections in partially vaccinated individuals. *Clin Infect Dis.* Published online 2021 Aug 19;ciab714. doi: 10.1093/cid/ciab714
- 94. Braeye T, Cornelissen L, Catteau L, et al. Vaccine effectiveness against infection and onwards transmission of COVID-19: Analysis of Belgian contact tracing data, January-June 2021, Vaccine, 2021. Published online Aug 19, 2021. doi: https://doi.org/10.1016/j.vaccine.2021.08.060.
- 95. Theiler RN, Wick M, Mehta R, et al. Pregnancy and birth outcomes after SARS-CoV-2 vaccination in pregnancy. *Am J Obstet Gynecol.* Published online 2021 Aug 20. doi: 10.1016/j.ajogmf.2021.100467
- 96. Gomes D, Beyerlein A, Katz K, et al. Is the BioNTech-Pfizer COVID-19 vaccination effective in elderly populations? Results from population data from Bavaria, Germany. *PLOS One*. Published online 2021 November 5. doi: 10.1371/journal.pone.0259370
- 97. Kislaya I, Rodrigues EF, Borges V, et al. Delta variant and mRNA Covid-19 vaccines effectiveness: higher odds of vaccine infection breakthroughs. *medRxiv*. Published online 2021 August 22. doi: 10.1101/2021.08.14.21262020
- 98. Cerqueira-Silva T, Oliveira VA, Pescarini J, et al. Influence of age on the effectiveness and duration of protection in Vaxzevria and CoronaVac vaccines. *medRxiv*. Published online 2021 August 27. doi: 10.1101/2021.08.21.21261501
- 99. Servillita V, Morris MK, Sotomayor-Gonzalez A, et al. Predominance of antibody-resistant SARS-CoV-2 variants in vaccine breakthrough cases from the San Francisco Bay Area, California. *medRxiv*. Published online 2021 August 25. doi: 10.1101/2021.08.19.21262139
- 100. Barchuk A, Cherkashin M, Bulina A. Vaccine Effectiveness against referral to hospital after SARS-CoV-2 infection in St. Petersburg, Russia, during the Delta variant surge: a test-negative case-control study. *BMC Med*. Published online 2022 September 20. doi: 10.1186/s12916-022-02509-8
- 101. Fowlkes, A., Gaglani, M., Groover, K., Thiese, M. S., Tyner, H., & Ellingson, K. (2021). Effectiveness of COVID-19 Vaccines in Preventing SARS-CoV-2 Infection Among Frontline Workers Before and During B.1.617.2 (Delta) Variant Predominance Eight U.S. Locations, December 2020–August 2021. MMWR. Morbidity and Mortality Weekly Report, 70(34). https://doi.org/10.15585/mmwr.mm7034e4





- 102. Ujjainiya R, Tyagi A, Sardana V, et al. High failure rate of ChAdOx1-nCoV19 immunization against asymptomatic infection in healthcare workers during a Delta variant surge: a case for continued use of masks post-vaccination. *medRxiv*. Published online 2021 August 28. doi: 10.1101/2021.02.28.21252621
- 103. Sagiraju HKR, Elavarasi A, Gupta N, et al. The effectiveness of SARS-CoV-2 vaccination in preventing severe illness and death real-world data from a cohort of patients hospitalized with COVID-19. *Indian Journal of Community Medicine*. Published online 2022 October 01. doi: 10.4103/ijcm.ijcm_1388_21
- 104. Seppälä Elina, Veneti Lamprini, Starrfelt Jostein, Danielsen Anders Skyrud, Bragstad Karoline, Hungnes Olav, Taxt Arne Michael, Watle Sara Viksmoen, Meijerink Hinta. Vaccine effectiveness against infection with the Delta (B.1.617.2) variant, Norway, April to August 2021. Euro Surveill. Published 2021 September 2. doi: https://doi.org/10.2807/1560-7917.ES.2021.26.35.2100793
- 105. Keehner J, Binkin N, Laurent L. Resurgence of SARS-CoV-2 Infection in a Highly Vaccinated Health System Workforce. *N Engl J Med.* Published online Sep 1, 2021. doi: 10.1056/NEJMc2112981.
- 106. Tareq AM, Emran TB, Dhama K, et al. Impact of SARS-CoV-2 delta variant (B.1.617.2) in surging second wave of COVID-19 and efficacy of vaccines in tackling the ongoing pandemic. *Hum Vaccin Immunother*. Published online September 2, 2021. doi: 10.1080/21645515.2021.1963601
- 107. Veneti L, Salamanca BV, Seppala E, et al. No difference in risk of hospitalization between reported cases of the SARS-CoV-2 Delta variant and Alpha variant in Norway. *Int J Infect Dis*. Published online 2021 December 10. doi: 10.1016/j.ijid.2021.12.321
- 108. Kertes J, Gez SB, Saciuk Y, et al. Effectiveness of the mRNA BNT162b2 vaccine six months after vaccination: findings from a large Israeli HMO. *medRxiv*. Published online 2021 September 7. doi: 10.1101/2021.09.01.21262957
- 109. Puranik A, Lenehan PJ, O'Horo JC, et al. Durability analysis of the highly effective BNT162b2 vaccine against COVID-19. *PNAS Nexus*. Published online 2022 May 2. doi: https://doi.org/10.1093/pnasnexus/pgac058
- 110. Murugesan M, Mathews P, Paul H, et al. Protective Effect Conferred by Prior Infection and Vaccination on COVID-19 in a Healthcare Worker Cohort in South India. *SSRN*, Published online 2021 Aug 31. https://papers.ssrn.com/sol3/papers.cfm?abstract_id=3914633.
- 111. González S, Olszevicki S, Salazar M, et al. Effectiveness of the first component of Gam-COVID-Vac (Sputnik V) on reduction of SARS-CoV-2 confirmed infections, hospitalisations and mortality in patients aged 60-79: a retrospective cohort study in Argentina. *EClinicalMedicine*. 2021;40. doi:10.1016/j.eclinm.2021.101126
- 112. Villela DAM, de Noronha TG, Bastos LS, et al. Effectiveness of mass vaccination in Brazil against severe COVID-19 cases. *medRxiv*. Published online 2021 September 15. doi: 10.1101/2021.09.10.21263084
- 113. McKeigue PM, McAllister D, Hutchinson SJ, et al. Efficacy of vaccination against severe COVID-19 in relation to Delta variant and time since second dose: the REACT-SCOT case-control study. medRxiv. Published online 2021 September 15. doi: 10.1101/2021.09.12.21263448





- 114. McKeigue PM, McAllister D, Robertson C, et al. Efficacy of two doses of COVID-19 vaccine against severe COVID-19 in those with risk conditions and residual risk to the clinically extremely vulnerable: the REACT-SCOT case-control study. *medRxiv*. Published online 2021 September 16. doi: 10.1101/2021.09.13.21262360
- de Gier B, Kooijman M, Kemmeren J, et al. COVID-19 vaccine effectiveness against hospitalizations and ICU admissions in the Netherlands, April-August 2021. *medRxiv*. Published online 2021 September 17. doi: 10.1101/2021.09.15.21263613
- 116. Blaiszik, B., Graziani, C., Olds, J. L., & Foster, et al. The Delta Variant Had Negligible Impact on COVID-19 Vaccine Effectiveness in the USA. *medRxiv*. Published online 2021 September 22. doi: https://doi.org/10.1101/2021.09.18.21263783
- 117. Baden LR, Sahly HME, Essink B,et al. Covid-19 in the Phase 3 Trial of mRNA-1273 During the Delta-variant Surge. *medRxiv*. Published online 2021 September 22. doi: https://doi.org/10.1101/2021.09.17.21263624
- 118. Ruban, A. charle. pon, Mohamed, A., & Kalyanaraman, S. Effectiveness of vaccination in preventing severe SARS CoV-2 infection in South India-a hospital based cross sectional study. *medRxiv*. Published online September 23, 2021. doi: https://doi.org/10.1101/2021.09.17.21263670
- 119. McEvoy, Caitríona M. MB BCh, PhD1; Lee, Anna BHSc,2; Misra, Paraish S. MD2; Lebovic, Gerald PhD3; Wald, Ron MDCM, MPH2; Yuen, Darren A. MD, PhD1 Real-world Impact of 2-dose SARS-CoV-2 Vaccination in Kidney Transplant Recipients, Transplantation: February 25, 2022 doi: 10.1097/TP.00000000000004081
- doi: 10.1097/TP.00000000000004081 Bleicher A, Kadour-Peero E, Sagi-Dain L, et al. Early exploration of COVID-19 vaccination safety and effectiveness during pregnancy: interim descriptive data from a prospective observational study. *Vaccine*. Published online September 25, 2021. doi: https://doi.org/10.1016/j.vaccine.2021.09.043
- 121. Manley HJ, Aweh GN, Hsu CM, et al. SARS-CoV-2 vaccine effectiveness and breakthrough infections in maintenance dialysis patients. *medRxiv*. Published online September 29, 2021. doi: https://doi.org/10.1101/2021.09.24.21264081
- 122. Chen X, Wang W, Chen X, et al. Prediction of long-term kinetics of vaccine-elicited neutralizing antibody and time-varying vaccine-specific efficacy against the SARS-CoV-2 Delta variant by clinical endpoint. *medRxiv*. Published online September 27, 2021. doi: https://doi.org/10.1101/2021.09.23.21263715
- de Leo S. Effectiveness of the mRNA BNT162b2 vaccine against SARS-CoV-2 severe infections in the Israeli over 60 population: a temporal analysis done by using the national surveillance data. *medRxiv*. Published online September 28, 2021. doi: https://doi.org/10.1101/2021.09.27.21264130
- 124. Arifin WN, Musa KI, Hanis TM, et al. A brief analysis of the COVID-19 death data in Malaysia. *medRxiv*. Published online September 29, 2021. doi: https://doi.org/10.1101/2021.09.28.21264234
- 125. Young-Xu Y, Smith J, Korves C. SARS-Cov-2 Infection versus Vaccine-Induced Immunity among Veterans. Infectious Diseases (except HIV/AIDS); 2021. doi:10.1101/2021.09.27.21264194
- Hollinghurst J, Hollinghurst R, North L, et al. COVID-19 risk factors amongst 14,876 care home residents: An observational longitudinal analysis including daily community positive test rates of COVID-19, hospital stays, and vaccination status in Wales (UK) between 1st September 2020 and 1st May 2021. Age and Ageing. 2022;51(5):afac084. doi: https://doi.org/10.1093/ageing/afac084





- 127. Wang L, Wang Q, Davis PB, et al. Increased risk for COVID-19 breakthrough infection in fully vaccinated patients with substance use disorders in the United States between December 2020 and August 2021. *World Psych*. Published online October 5, 2021. doi: 10.1002/wps.20921
- 128. Vaishya R, Sibal A, Malani A, et al. Symptomatic post-vaccination SARS-CoV-2 infections in healthcare workers A multicenter cohort study. *Diabetes Metab Syndr*. 2021;15(6):102306. doi: https://doi.org/10.1016/j.dsx.2021.102306
- 129. Rosenberg ES, Dorabawila V, Easton D, et al. COVID-19 vaccine effectiveness in New York State. *NEJM*. Published online December 1, 2021. doi: 10.1056/NEJMoa2116063
- 130. Dolzhikova, I., Gushchin, V., et al(2021). One-shot immunization with Sputnik Light (the first component of Sputnik V vaccine) is effective against SARS-CoV-2 Delta variant: efficacy data on the use of the vaccine in civil circulation in Moscow.

 MedRxiv, Published online October 14 2021. doi: https://doi.org/10.1101/2021.10.08.21264715
- 131. Uschner, D., Bott, M., Santacatterina, M et al. (2021). Breakthrough SARS-CoV-2 Infections after Vaccination in North Carolina. *MedRxiv*, Published online October 13, 2021. doi: https://doi.org/10.1101/2021.10.10.21264812
- 132. Singh C, Naik BN, Pandey S, et al. Effectiveness of COVID-19 vaccine in preventing infection and disease severity: A case control study from an Eastern State of India. *Epidemiol Infect*. Published online October 11, 2021. doi: https://doi.org/10.1017/S0950268821002247
- de Gier B, S, Backer JA, et al. Vaccine effectiveness against SARS-CoV-2 transmission to household contacts during dominance of Delta variant (B.1.617.2), August-September 2021, the Netherlands. *medRxiv*. Published online October 14, 2021. doi: https://doi.org/10.1101/2021.10.14.21264959
- 134. Cohn BA, Cirillo PM, Murphy CC, et al. SARS-CoV-2 vaccine protection and deaths among US veterans during 2021. *Science*. Published online November 4, 2021. doi: https://doi.org/10.1101/2021.10.13.21264966
- Pattni K, Hungerford D, Adams S, et al. Effectiveness of the BNT162b2 (Pfizer-BioNTech) and the ChAdOx1 nCoV-19 (Oxford-AstraZeneca) vaccines for reducing susceptibility to infection with the Delta variant (B.1.617.2) of SARS-CoV-2. *BMC Infectious diseases*. Published online October 14, 2021. doi: https://doi.org/10.1186/s12879-022-07239-z
- 136. Di Fusco M, Moran MM, Cane A, et al. Evaluation of COVID-19 vaccine breakthrough infections among immunocompromised patients fully vaccinated with BNT162b2. *medRxiv*, Published online October 16, 2021. doi: https://doi.org/10.1101/2021.10.12.21264707
- 137. Hulme WJ, Williamson EJ, Green ACA, et al. Comparative effectiveness of ChAdOx1 versus BNT162b2 COVID-19 vaccines in Health and Social Care workers in England: a cohort study using OpenSAFELY. *medRxiv*, Published online October 18, 2021. doi: https://doi.org/10.1136/bmj-2021-068946
- 138. Laing ED, Weiss CD, Samuels EC, et al. Durability of antibody responses and frequency of clinical and subclinical SARS-CoV-2 infection six months after BNT162b2 COVID-19 vaccination in healthcare workers. *BMJ*. Published online July 20, 2022. doi: https://doi.org/10.1101/2021.10.16.21265087







- 139. Moshe Mittelman, Ori Magen, Noam Barda, Noa Dagan, Howard S Oster, Avi Leader, Ran Balicer; Effectiveness of the BNT162b2mRNA Covid-19 Vaccine in Patients with Hematological Neoplasms. *Blood* 2021. Published online October 18, 2021. doi: https://doi.org/10.1182/blood.2021013768
- 140. Rosa-Diez, G., Papaginovic Leiva, M. M., Lombi, F., et al. (2021). Safety and Effectiveness of COVID-19 SPUTNIK V Vaccine in Dialysis Patients. *MedRxiv*, 2021. Published online October 25, 2021. Doi: https://doi.org/10.1101/2021.10.21.21265349
- 141. Kurita, J., Sugawara, T., & Ohkusa, Y. (2021). Vaccine Effectiveness for the COVID-19 in Japan. *MedRxiv*, 2021. Published online 22 October 2021. Doi: https://doi.org/10.1101/2021.06.20.21259209
- Brunelli S, Sibbel S, Karpinski S, et al. Comparative Effectiveness of mRNA-Based BNT162b2 Vaccine versus Adenovirus Vector-Based Ad26.COV2.S Vaccine for Prevention of COVID-19 among Dialysis Patients. *Journal of the American Society of Nephrology*. Published online 2022 February 8. doi:10.1681/asn.2021101395.
- 143. Chadeau-Hyam, M., Wang, H., Eales, O., et al. (2021). REACT-1 study round 14: High and increasing prevalence of SARS-CoV-2 infection among school-aged children during September 2021 and vaccine effectiveness against infection in England. *MedRxiv*, 2021. Published online October 22,2021. https://doi.org/10.1101/2021.10.14.21264965
- 144. McKeigue, P. M., McAllister, D. A., Hutchinson, S. J., Robertson, C., Stockton, D., Colhoun, H. M., & Cell, for the P. H. S. C.-19 E. and R. (2021). Efficacy of vaccination against severe COVID-19 in relation to Delta variant and time since second dose: the REACT-SCOT case-control study. *MedRxiv*, 2021.Published online October 23, 2021. https://doi.org/10.1101/2021.09.12.21263448
- Sajal De, Dibakar Sahu, Diksha Mahilang et al. Effectiveness of partial COVID-19 vaccination on the outcome of hospitalized COVID-19 patients during the second pandemic In India, 25 October 2021, PREPRINT (Version 1) available at Research Square [https://doi.org/10.21203/rs.3.rs-964720/v1]
- 146. Taquet, M., Dercon, Q., & Harrison, P. J. (2021). Six-month sequelae of post-vaccination SARS-CoV-2 infection: a retrospective cohort study of 10,024 breakthrough infections. *MedRxiv*, 2021. Published online October 28, 2021. doi: https://doi.org/10.1101/2021.10.26.21265508
- 147. Bozio CH, Grannis SJ, Naleway AL, et al. Laboratory-confirmed COVID-19 among adults hospitalized with COVID-19-Like Illness with infection-induced or mRNA vaccine-induced SARS-CoV-2 immunity—Nine states, January-September 2021. MMWR Morb Mortal Wkly Rep. 2021;70(44):1539-1544. doi: http://dx.doi.org/10.15585/mmwr.mm7044e1
- 148. Ben-Tov A, Banon T, Chodick G, et al. BNT162b2 messenger RNA COVID-19 vaccine effectiveness in patients with inflammatory bowel disease: Preliminary rea-world data during mass vaccination campaign. *Gastroenterology*. 2021;161(5):1715-1717. doi: https://doi.org/10.1053/j.gastro.2021.06.076
- 149. Abu-Raddad L, Chemaitelly H, Ayoub HH, et al. Association of prior SARS-CoV-2 infection with risk of breakthrough infection following mRNA vaccination in Qatar. *JAMA*. Published online November 1, 2021. doi:10.1001/jama.2021.19623
- 150. Mhawish H, Mady A, Alaklobi F, et al. Comparison of severity of immunized versus non-immunized COVID-19 patients admitted to ICU: A prospective observational study. *Ann Med Surg*. Published online October 15, 2021. doi: https://doi.org/10.1016/j.amsu.2021.102951







- 151. Macchia A, Ferrante D, Angeleri P, et al. Evaluation of a COVID-19 Vaccine Campaign and SARS-CoV-2 Infection and Mortality Among Adults Aged 60 Years and Older in a Middle-Income Country. *JAMA Netw Open*. 2021;4(10):e2130800. doi:10.1001/jamanetworkopen.2021.30800
- 152. Elliott P, Haw D, Wang H, et al. Exponential growth, high prevalence of SARS-CoV-2, and vaccine effectiveness associated with the Delta variant. *Science*. 2021 Nov 2;eabl9551. doi: 10.1126/science.abl9551.
- 153. Acharya S, Mahindra G, Nirala P, et al. Protection offered by COVID-19 vaccines in reducing SARS-CoV-2 infection frequency; severity and mortality, among Indian Healthcare Workers: Multi-center, pan-Fortis study. *Research Square*. Published online 2021 November 8. doi: 10.21203/rs.3.rs-1055978/v1
- 154. Gardner BJ & Kilpatrick AM. Third doses of COVID-19 vaccines reduce infection and transmission of SARS-CoV-2 and could prevent future surges in some populations: a modeling study. *medRxiv*. Published online 2021 November 4. doi: 10.1101/2021.10.25.21265500
- 155. Bergwerk M, Gonen T, Lustig Y, et al. Covid-19 breakthrough infections in vaccinated health care workers. *NEJM*. 2021;385:1474-1484. doi: 10.1056/NEJMoa2109072
- 156. Singanayagam A, Hakki S, Dunning J, et al. Community transmission and viral load kinetics of the SARS-CoV-2 delta (B.1.617.2) variant in vaccinated and unvaccinated individuals in the UK: a prospective, longitudinal, cohort study. *The Lancet Infectious Diseases*. Published online 2021 October 28. doi:10.1016/s1473-3099(21)00648-4
- 157. Rosero-Bixby L. Vaccine effectiveness of Pfizer-BioNTech and Oxford-AstraZeneca to prevent severe COVID-19 in Costa Rica: A nationwide, ecological study of hospitalisations prevalence. *JMIR Public Health Surveill*. Published online 2022 April 28. 26/04/2022:3504 (forthcoming/in press)
- 158. Niessen AF, Knol MJ, Hahne SJ, Bonten MJ, Bruijning-Verhagen PP. Vaccine effectiveness against COVID-19 related hospital admission in the Netherlands: a test-negative case-control study. *Vaccine*. Published online 08 June 2022. https://doi.org/10.1016/j.vaccine.2022.06.011.
- 159. Cohen K, Islam N, Jarvis MS, et al. Comparative Efficacy over time of the mRNA-1273 (Moderna) vaccine and the BNT162b2 (Pfizer-BioNTech) vaccine. *Research Square*. Published online 2021 November 12. doi: https://doi.org/10.21203/rs.3.rs-1071804/v1.
- 160. Robilotti EV, Whiting K, Lucca A, et al. Clinical and genomic characterization of SARS CoV-2 infections in mRNA vaccinated health care personnel in New York City. *Clin Infect Dis*. Published online 2021 October 13. doi: https://doi.org/10.1093/cid/ciab886
- 161. Maltezou HC, Panagopoulos P, Sourri F, et al. COVID-19 vaccination significantly reduces morbidity and absenteeism among healthcare personnel: A prospective multicenter study. *Vaccine*. Published online 2021 October 30. doi: https://doi.org/10.1016/j.vaccine.2021.10.054
- 162. Starrfelt J, Buanes EA, Juvet LK, et al. Age and product dependent vaccine effectiveness against SARS-CoV-2 infection and hospitalisation among adults in Norway: a national cohort study, January-September 2021. *medRxiv*. Published online 2021 November 12. doi: 10.1101/2021.11.12.21266222





- 163. National Centre for Immunisation Research and Surveillance (NCIRS). IN FOCUS Report: Vaccination among COVID-19 cases in the NSW Delta outbreak, Reporting period: 16 June to 7 October 2021. NSW Ministry of Health. Published online 2021 November. Available at: https://www.health.nsw.gov.au/Infectious/covid-19/Documents/in-focus/covid-19-vaccination-case-surveillance-051121.pdf
- 164. Texas Department of State Health Services. COVID-19 cases and deaths by vaccination status. Texas Health and Human Services. Published online 2021 November 8. Available at: https://www.dshs.texas.gov/immunize/covid19/data/Cases-and-Deaths-by-Vaccination-Status-11082021.pdf
- 165. Narayan P, Kumar S, Mohan M, et al. Uptake and impact of vaccination against COVID-19 among healthcare workers evidence from a multicentre study. *Am J Infect Control*. Published online 2021 November 11. doi: https://doi.org/10.1016/j.ajic.2021.10.036
- 166. Bianchi FP, Tafuri S, Migliore G, et al. BNT162b2 mRNA COVID-19 vaccine effectiveness in the prevention of SARS-CoV-2 infection and symptomatic disease in five-month follow-up: A retrospective study. *Vaccines*. 2021 9(10):1143. doi: https://doi.org/10.3390/vaccines9101143
- 167. Bhatnagar T, Chaudhari S, Manickam P, et al. Effectiveness of BBV152/Covaxin and AZD1222/Covishield Vaccines Against Severe COVID-19 and B.1.617.2/Delta Variant in India, 2021: A Multi-Centric Hospital-Based Case-Control Study. *International Journal of Infectious Diseases*. Published 2022 July 14. doi: https://doi.org/10.1016/j.ijid.2022.07.033
- 168. Abu-Raddad LJ, Chemaitelly H, Ayoub HH, et al. Protection offered by mRNA-1273 versus BNT162b2 vaccines against SARS-CoV-2 infection and severe COVID-19 in Qatar. 2021. *medRxiv*. Published online 2021 November 13. doi:10.1101/2021.11.12.21266250.
- 169. Prieto-Alhambra D, Hermosilla E, Coma E, et al. Comparative effectiveness and safety of homologous two-dose ChAdOx1 versus heterologous vaccination with ChAdOx1 and BNT162b2: a cohort analysis. *Research Square*. Published online 2021 November 18. doi: 10.21203/rs.3.rs-1074858/v1
- 170. Pascucci D, Nurchis MC, Sapienza M, et al. Evaluation of the Effectiveness and Safety of the BNT162b2 COVID-19 Vaccine in the Vaccination Campaign among the Health Workers of Fondazione Policlinico Universitario Agostino Gemelli IRCCS. International Journal of Environmental Research and Public Health. 2021; 18(21):11098. https://doi.org/10.3390/ijerph182111098.
- 171. Naleway AL, Groom HC, Crawford PM, et al. Incidence of SARS-CoV-2 infection, emergency department visits, and hospitalizations because of COVID-19 among persons aged ≥12 years, by COVID-19 vaccination status Oregon and Washington, July 4-September 25, 2021. MMWR Morb Mortal Wkly. 2021;70:1608-1612. http://dx.doi.org/10.15585/mmwr.mm7046a4.
- 172. Dashkevich AM, Vysotskaya VS, Hlinskaya IN, et al. COVID-19 in the Republic of Belarus: pandemic features and the interim safety and efficacy assessment of the Gam-COVID-Vac vaccine. *medRxiv*. Published online 2021 November 16. doi: 10.1101/2021.11.15.21265526.
- 173. Iskander J, Frost J, Russell S, et al. Effectiveness of vaccination against reported SARS-CoV-2 infection in United States Coast Guard personnel between May and August 2021: A time-series analysis. *medRxiv*. Published online 2021 November 21. doi: 10.1101/2021.11.19.21266537.





- 174. Clifford S, Waight P, Hackman J, et al. Effectiveness of BNT162b2 and ChAdOx1 against SARS-Cov-2 household transmission: a prospective cohort study in England. *medRxiv*. Published online 2021 November 24. doi: 10.1101/2021.11.24.21266401.
- 175. Lippi G & Mattiuzzi C. Primary COVID-19 vaccine cycle and booster doses efficacy: analysis of Italian nationwide vaccination campaign. *Research Square*. Published online November 30, 2021. doi: 10.21203/rs.3.rs-1116534/v1
- 176. Grant R, Charmet T, Schaeffer L, et al. Impact of SARS-CoV-2 Delta variant on incubation, transmission settings and vaccine effectiveness: Results from a nationwide case-control study in France. *The Lancet Regional Health Europe.* 2021; 00; 100278. Published online November 25, 2021. doi: 10.1016/j.lanepe.2021.100278.
- 177. Kläser K, Molteni E, Graham M, et al. COVID-19 due to the B.1.617.2 (Delta) variant compared to B.1.1.7 (Alpha) variant of SARS-CoV-2: two prospective observational cohort studies. *medRxiv*. Published online 2021 November 26. doi: 10.1101/2021.11.24.21266748v1.
- 178. Dickerman BA, Gerlovin H, Madenci AL, et al. Comparative Effectiveness of BNT162b2 and mRNA-1273 Vaccines in U.S. Veterans. *N Engl J Med.* Published online 2021 December 1. doi: 10.1056/NEJMoa2115463.
- 179. Borges MC, Palacios R, Brango HA, et al. Projeto S: A stepped-wedge randomized trial to assess CoronaVac effectiveness in Serrana, Brazil. *SSRN*. Published online 2021 November 29. doi: http://dx.doi.org/10.2139/ssrn.3973422
- 180. Reischig T, Kacer M, Vlas T, et al. Insufficient response to mRNA SARS-CoV-2 vaccine and high incidence of severe COVID-19 in kidney transplant recipients during pandemic. *Am J Transplant*. Published online 2021 December 3. doi: 10.1111/ajt.16902
- 181. Goldberg Y, Mandel M, Bar-On YM, et al. Protection and waning of natural and hybrid COVID-19 immunity. *N Engl J Med* 2022. Published online 2021. doi: 10.1056/NEJMoa2118946.
- 182. Coburn SB, Humes E, Lang R, et al. COVID-19 infections post-vaccination by HIV status in the United States. *medRxiv*. Published online May 25. December 6. doi: 10.1101/2021.12.02.21267182
- 183. Björk J, Bonander C, Moghaddassi M, et al.. Surveillance of COVID-19 vaccine effectiveness a real-time case-control study in southern Sweden. *medRxiv*. Published online 2021 December 9. doi:10.1101/2021.12.09.21267515.
- 184. Volkov O. Predicted Symptomatic Effectiveness of Pfizer-BioNTech BNT162b2 Vaccine Against Omicron Variant of SARS-CoV-2. *medRxiv*. Published online 2021 December 11. doi:10.1101/2021.12.09.21267556.
- 185. Kshirsagar M, Nasir M, Mukherjee S, et al. The risk of hospitalization and mortality after breakthrough SARS-CoV-2 infection by vaccine type: Observactional study of medical claims data. *JMIR Public Health Surveill*. 2022;8(11):e38898. doi: 10.2196/38898
- Naranbhai V, Garcia-Beltran WF, Chang CC, et al. Comparative immunogenicity and effectiveness of mRNA-1273, BNT162b2 and Ad26.COV2.S COVID-19 vaccines. *The Journal of Infectious Diseases*. Published online 2021 December 09. doi:10.1093/infdis/jiab593.
- 187. Levin-Rector A, Firestein L, Mcgibbon E, et al.. Reduced Odds of SARS-CoV-2 Reinfection after Vaccination among New York City Adults, June–August 2021. *medRxiv*. Published online 2021 December 11. doi:10.1101/2021.12.09.21267203.





- 188. Garjani A, Patel S, Bharkhada D, et al. Impact of mass vaccination on SARS-CoV-2 infections among multiple sclerosis patients taking immunomodulatory disease-modifying therapies in England. *Mult Scler Relat Disord*. 2021 Dec 5;57:103458. doi: 10.1016/j.msard.2021.103458.
- 189. Xie, J., Feng, et al. Comparative effectiveness of the BNT162b2 vs ChAdOx1 vaccine against Covid-19 in people over 50. *Nat Commun*. Published online 2022 March 21. Doi: https://doi.org/10.1038/s41467-022-29159-x
- 190. Varrelman, T. J., Rader, B., Astley, C. M., & Brownstein, J. S. (2021). Syndromic Surveillance-Based Estimates of Vaccine Efficacy Against COVID-Like Illness from Emerging Omicron and COVID-19 Variants. *MedRxiv*, Published online 2021 December 18. doi: https://doi.org/10.1101/2021.12.17.21267995
- 191. Demongeot, J., Griette, Q., Magal, P., & Webb, G. F. (2021). Vaccine efficacy for COVID-19 outbreak in New York City. *MedRxiv*, Published online 2021 December 22. doi: https://doi.org/10.1101/2021.12.18.21268024
- 192. Manley HJ, Chin N, Aweh GN, et al. SARS-CoV-2 vaccine effectiveness and breakthrough infections among patients receiving maintenance dialysis. *Am J Kidney Dis*. Published online 2022 Dec 1. doi: https://doi.org/10.1053/j.ajkd.2022.10.010
- 193. Eggink, D., Andeweg, S. P., Vennema, H., (2021). Increased risk of infection with SARS-CoV-2 Omicron compared to Delta in vaccinated and previously infected individuals, the Netherlands, 22 November to 19 December 2021. *Eurosurveillance* Published online 2022 January 27. doi:10.2807/1560-7917.es.2022.27.4.2101196.
- 194. Chadeau-Hyam, M., Eales, O., Bodinier B, et al. Breakthrough SARS-CoV-2 infections in double and triple vaccinated adults and single dose vaccine effectiveness among children in autumn 2021 in England: REACT-1 study. *eClinicalMedicine*. 2022(48):101419. doi: https://doi.org/10.1016/j.eclinm.2022.101419
- 195. Chico-Sánchez P, Gras-Valenti P, Algado-Sellés N, et al. Efectividad de la vacuna BNT162b2 para prevenir la COVID-19 en personal sanitarioEffectiveness of BNT162b2 vaccine to preventing COVID-19 in healthcare personnel. *Gac Sanit*. Published online 2021 November 26.doi: https://doi.org/10.1016/j.gaceta.2021.11.003.
- 196. Ferguson N, Ghani A, Cori A, et al. Report 49: Growth, population distribution and immune escape of Omicron in England. Imperial College London (16-12-2021). Published online 2021 December 16. doi: https://doi.org/10.25561/93038.
- 197. Ngyen L B L, Bauer R, Lesieur Z, et al. Vaccine effectiveness against COVID-19 hospitalization in adults in France: A test negative case control study. Infect Dis Now. Published online 2021 December 14. doi. https://doi.org/10.1016/j.idnow.2021.12.002.
- 198. Elliott P, Bodinier B, Eales O, et al. Rapid increase in Omicron infections in England during December 2021: REACT-1 study. *MedRxiv*. Published online 2021 December 24. doi: https://doi.org/10.1101/2021.12.22.21268252.
- 199. Nguyen V G, Yavlinsky A, Beale S, et al. Comparative effectiveness of ChAdOx1 versus BNT162b2 vaccines against SARS-CoV-2 infections in England and Wales: A cohort analysis using trial emulation in the Virus Watch community data. *MedRxiv*. Published online 2021 December 23. doi: https://doi.org/10.1101/2021.12.21.21268214.







- 200. Drawz P E, DeSilva M, Bodurtha P, et al. Effectiveness of BNT162b2 and mRNA-1273 Second Doses and Boosters for SARS-CoV-2 infection and SARS-CoV-2 Related Hospitalizations: A Statewide Report from the Minnesota Electronic Health Record Consortium. *MedRxiv*. Published online 2022 January 10. doi: https://doi.org/10.1101/2021.12.23.21267853
- 201. Tabak Y P, Sun X, Brennan T, et al. Incidence and Estimated Vaccine Effectiveness Against Symptomatic SARS-CoV-2 Infection Among Persons Tested in US Retail Locations, May 1 to August 7, 2021. *JAMA Netw Open*. 2021;4(12):e2143346. doi:10.1001/jamanetworkopen.2021.43346.
- 202. Lev-Tzion R, Focht G, Lujan R, et al. COVID-19 vaccine is effective in inflammatory bowel disease patients and is not associated with disease exacerbation. *Clin Gastroenterol Hepatol*. Published online 2021 December 16. doi: https://doi.org/10.1016/j.cgh.2021.12.026
- 203. Coggiola M, Clemente G, Frammartino R, et al. SARS-CoV-2 infection: efficacy of extensive vaccination of the healthcare workforce in a large Italian hospital. *Med Lav.* 2021;112(6):465-76. doi: https://doi.org/10.23749/mdl.v112i6.12124
- 204. Yamamoto S, Maeda K, Matsuda K, et al. COVID-19 breakthrough infection and post-vaccination neutralizing antibody among healthcare workers in a referral hospital in Tokyo: a case-control matching study. *Clin Infect Dis*. Published online 2021 December 24. doi: https://doi.org/10.1093/cid/ciab1048
- 205. Pletz MW, Trommer S, Kolanos S, et al. Group vaccination five days before a COVID-19 outbreak in a long-term care facility. *Vaccines*. 2021;9(12):1450. doi: https://doi.org/10.3390/vaccines9121450
- 206. Hitchings MDT, Ranzani OT, Lind ML, et al. Change in COVID-19 risk over time following vaccination with CoronaVac: A test-negative case-control study. *medRxiv*. Published online 2021 December 24. doi: https://doi.org/10.1101/2021.12.23.21268335
- 207. Suah, J L, Tok P S K, Ong S M, et al. PICK-ing Malaysia's Epidemic Apart: Effectiveness of a Diverse COVID-19 Vaccine Portfolio. *Vaccines* 2021, 9, 1381. https://doi.org/10.3390/vaccines9121381.
- 208. Tuite A, Nelson L, Fisman D. Timing of Breakthrough Infection Risk After Vaccination Against SARS-CoV-2. *medRxiv*. Published online 2022 January 05. doi: https://doi.org/10.1101/2022.01.04.22268773.
- 209. Mattiuzzi C & Lippi G. COVID-19 vaccination is highly effective to prevent SARS-CoV-2 circulation. *Research Square*. Published online 2022 January 5. doi: https://doi.org/10.21203/rs.3.rs-1227382/v1
- 210. Premikha M, Chiew CJ, Wei WE, et al. Comparative effectiveness of mRNA and inactivated whole virus vaccines against COVID-19 infection and severe disease in Singapore. SSRN. Published online 2022 January 5. doi: http://dx.doi.org/10.2139/ssrn.3995282
- 211. Kuodi P, Gorelik Y, Zayyad H, et al. Association between vaccination status and reported incidence of post-acute COVID-19 symptoms in Israel: a cross-sectional study of patients infected between March 2020 and November 2021. *medRxiv*. Published online 2022 January 6. doi: https://doi.org/10.1101/2022.01.05.22268800
- 212. Simon MA, Luginbuhl RD, Parker R. Reduced incidence of long-COVID symptoms related to administration of COVID-19 vaccines both before COVID-19 diagnosis and up to 12 weeks after. *medRxiv*. Published online 2021 November 18. doi: https://doi.org/10.1101/2021.11.17.21263608







- 213. Wisnivesky JP, Govindarajulu U, Bagiella E et al. Association of vaccination with the persistence of post-COVID symptoms. *SSRN*. Published online 2021 October 5. doi: http://dx.doi.org/10.2139/ssrn.3936501
- 214. Choe YJ, Yi S, Hwang I et al. Safety and effectiveness of BNT162b2 mRNA Covid-19 vaccine in adolescents. *Vaccine*. Published online 2021 December 24. doi: https://doi.org/10.1016/j.vaccine.2021.12.044
- 215. Shmuelian Z, Warszawer Y, Or O, et al. BNT162b2 post-exposure-prophylaxis against COVID-19. *medRxiv*. Published online 2022 January 8. doi: https://doi.org/10.1101/2022.01.07.22268869
- 216. Lippi G, Mattiuzzi C, Henry BM. Real-world analysis of age-dependent efficacy of COVID-19 vaccination. *Research Square*. Published online 2022 January 12. doi: 10.21203/rs.3.rs-1248612/v1
- 217. Aslam S, Liu J, Sigler R, et al. COVID-19 vaccination is protective of clinical disease in solid organ recipients. Transpl Infect Dis. Published online 2022 January 5. doi: https://doi.org/10.1111/tid.13788
- 218. Callaghan C, Mumford L, Curtis RMK, et al. Effectiveness of the Pfizer-BioNTech BNT162b2 and Oxford-AstraZeneca ChAdOx1-S vaccines against SARS-CoV-2 in solid organ and islet transplant recipients. *Transplantation*. Published online 2022 January 4. doi: 10.1097/TP.000000000004059
- 219. Mielke N, Johnson S, Bahl A. Fully vaccinated and boosted patients requiring hospitalization for COVID-19: an observational cohort analysis. *medRxiv*. Published online 2022 January 5. doi: https://doi.org/10.1101/2022.01.05.22268626
- 220. Reynolds MW, Secora A, Joules A, et al. Evaluating real-world COVID-19 vaccine effectiveness using a test-negative case-control design [published online ahead of print, 2022 Sep 23]. *J Comp Eff Res.* 2022;10.2217/cer-2022-0069. doi:10.2217/cer-2022-0069
- 221. Zheutlin A, Ott M, Sun R, et al Durability of protection post-primary COVID-19 vaccination in the United States. *Vaccines*. 2022;10(9):1458. doi: 10.3390/vaccines10091458
- 222. Gaio V, Santos AJ, Amaral P, et al. COVID-19 vaccine effectiveness among healthcare workers: a hospital-based cohort study. BMJ Open. 2023 May 2;13(5):e068996. doi: 10.1136/bmjopen-2022-068996.
- 223. Ioannou G, Locke E, Green P, et al. Comparison of Moderna versus Pfizer-Biontech COVID-19 vaccine outcomes: A target-trial emulation study in the US Veterans Affairs Healthcare System. *SSRN*. Published online 2022 January 7. doi: http://dx.doi.org/10.2139/ssrn.4003207
- 224. Rifai A, Wahono CS, Pratama MZ, et al. Association between the effectiveness and immunogenicity of inactivated SARS-CoV-2 vaccine (CoronaVac) with the presence of hypertension among health care workers. *Clin Exp Hypertens*. 2022 Jan 7;1-7. doi: 10.1080/10641963.2021.2022687
- 225. Bosetti, P., Tran Kiem, C. et al. Impact of booster vaccination on the control of COVID-19 Delta wave in the context of waning immunity: application to France in the winter 2021/22. *Eurosurveillance*. Published online 2022 January 6. doi: https://doi.org/10.2807/1560-7917.es.2022.27.1.2101125





- 226. Grgič Vitek, M., Klavs, I,et al.Vaccine effectiveness against severe acute respiratory infections (SARI) COVID-19 hospitalisations estimated from real-world surveillance data, Slovenia, October 2021. *Eurosurveillance*. Published online 2022 January 6. doi: https://doi.org/10.2807/1560-7917.es.2022.27.1.2101110
- 227. Lyngse FP, Mølbak K, Denwood M, et al.. Effect of vaccination on household transmission of SARS-CoV-2 Delta variant of concern. *Nature Communications*. Published online 2022 June 30. doi:10.1038/s41467-022-31494-y.
- 228. Bell S, Campbell J, Lambourg E, et al. The Impact of Vaccination on Incidence and Outcomes of SARS-CoV-2 Infection in Patients with Kidney Failure in Scotland. *Journal of the American Society of Nephrology*. Published online 2022 February 2. doi:10.1681/asn.2022010046.
- 229. Malhotra S, Mani K, Lodha R, et al. SARS-CoV-2 Reinfection Rate and Estimated Effectiveness of the Inactivated Whole Virion Vaccine BBV152 Against Reinfection Among Health Care Workers in New Delhi, India. *JAMA Netw Open*. Published online 2022 January 7. doi:10.1001/jamanetworkopen.2021.42210.
- 230. New York State Department of Health. Pediatric COVID-19 update: January 7, 2022. Published online 2022 January 7. https://health.ny.gov/press/releases/2022/docs/pediatric_covid-19_hospitalization_report.pdf.
- 231. León TM, Dorabawila V, Nelson L, et al. COVID-19 Cases and Hospitalizations by COVID-19 Vaccination Status and Previous COVID-19 Diagnosis California and New York, May–November 2021. *MMWR Morb Mortal Wkly Rep*. Published online 2022 January 19. DOI: http://dx.doi.org/10.15585/mmwr.mm7104e1external icon
- Amodia E, Vella G et al. Effectiveness of mRNA COVID-19 Vaccination Against SARS-CoV-2 Infection and COVID-19 Disease in Sicily Over an Eight-Month Period. SSRN. Published online 2022 January 13. doi: http://dx.doi.org/10.2139/ssrn.4001786
- John, B.V., Deng, Y., Schwartz, K.B., Taddei, T.H., Kaplan, D.E., Martin, P., Chao, H.-H. and Dahman, B. (2022), Post-Vaccination COVID-19 Infection is Associated with Reduced Mortality in Patients With Cirrhosis. *Hepatology*. Published online 2022 January 12. doi: https://doi.org/10.1002/hep.32337
- Sultan I, Tbakhi A, Abuatta O et al. Distinct Vaccine Efficacy Rates Among Health Care Workers During a COVID-19 Outbreak in Jordan. *medRxiv.* Published online 2022 January 16. doi: https://doi.org/10.1101/2022.01.15.22269356
- 235. Brunner-Ziegler, S., Spath, T., Kornek, G., König, F., Parschalk, B., Schnetzinger, M., Straßl, R. P., Savic, R., Foit, A., Resch, H., & Thalhammer, F. (2022). Postvaccination infections among staff of a tertiary care hospital after vaccination with severe acute respiratory syndrome coronavirus 2 vector and mRNA-based vaccines. *Clinical Microbiology and Infection*. Published online 2021 December 13. doi: https://doi.org/10.1016/j.cmi.2021.11.023
- 236. Stock, S.J., Carruthers, J., Calvert, C. *et al.* SARS-CoV-2 infection and COVID-19 vaccination rates in pregnant women in Scotland. *Nat Med.* Published online 2022 January 13. doi: https://doi.org/10.1038/s41591-021-01666-2
- 237. Naleway, AL, Grant, L, Caban-Martinez, AJ, et al. Incidence of SARS-CoV-2 infection among COVID-19 vaccinated and unvaccinated healthcare personnel, first responders, and other essential and frontline workers: Eight US locations, January–September 2021. *Influenza Other Respi Viruses*. Published online 2022 January 13 doi:10.1111/irv.12956







- 238. Puranik A, Lenehan PJ, Silvert E, et al. Comparative effectiveness of mRNA-1273 and BNT162b2 against symptomatic SARS-CoV-2 infection. *Med (N Y)*. Published online 2022 January 14. doi:10.1016/j.medj.2021.12.002
- 239. Keegan LT, Truelove S, Lessler J. Analysis of Vaccine Effectiveness Against COVID-19 and the Emergence of Delta and Other Variants of Concern in Utah. *JAMA Netw Open*. Published online 2021 December 23. doi:10.1001/jamanetworkopen.2021.40906
- 240. Kislaya I, Rodrigues EF, Borges V, Gomes JP, Sousa C, Almeida JP, et al. Comparative effectiveness of coronavirus vaccine in preventing breakthrough infections among vaccinated persons infected with Delta and Alpha variants. *Emerg Infect Dis*. Published online 2021 December 07.doi: https://doi.org/10.3201/eid2802.211789
- 241. Serrano-Coll, H., Miller, H., Guzmán, C. et al. Effectiveness of the CoronaVac® vaccine in a region of the Colombian Amazon, was herd immunity achieved? *Trop Dis Travel Med Vaccines*. Published online 2022 January 15 https://doi.org/10.1186/s40794-021-00159-x
- 242. UK Health Security Agency (UKHSA). SARS-CoV-2 variants of concern and variants under investigation in England: Technical briefing 34. "Update on the SARS-CoV-2 Immunity and Reinfection Evaluation in healthcare workers (SIREN) study." Published online 2022 January 14. Available from: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1048395/technical-briefing-34-14-january-2022.pdf.
- 243. Lewnard J A, Hong V X, Patel M M, et al. Clinical outcomes among patients infected with Omicron (B.1.1.529) SARS-CoV-2 variant in southern California. *medRxiv*. Published online 2022 January 11. doi: https://doi.org/10.1101/2022.01.11.22269045.
- 244. Hussey H, Davies M, Heekes A, et al. Assessing the clinical severity of the Omicron variant in the Western Cape Province, South Africa, using the diagnostic PCR proxy marker of RdRp target delay to distinguish between Omicron and Delta infections a survival analysis. *medRxiv*. Published online 14 January 2022. doi: https://doi.org/10.1101/2022.01.13.22269211.
- 245. Wang L, Davis PB, Kaelber DC, Volkow ND, Xu R. Comparison of mRNA-1273 and BNT162b2 Vaccines on Breakthrough SARS-CoV-2 Infections, Hospitalizations, and Death During the Delta-Predominant Period. *JAMA*. Published online January 20, 2022. doi:10.1001/jama.2022.0210
- 246. Hu Z, Tao B, Li Z, et al.. Effectiveness of inactivated COVID-19 vaccines against severe illness in B.1.617.2 (Delta) variant-infected patients in Jiangsu, China. *International Journal of Infectious Diseases*. Published online 2022 January 13. doi:10.1016/j.ijid.2022.01.030.
- 247. Abu-Raddad LJ, Chemaitelly H, Bertollini R. Effectiveness of mRNA-1273 and BNT162b2 Vaccines in Qatar. *New England Journal of Medicine*. Published online 2022 January 20. doi:10.1056/nejmc2117933.
- 248. Chadeau-Hyam M, Wang H, Eales O, et al. SARS-CoV-2 infection and vaccine effectiveness in England (REACT-1): a series of cross-sectional random community surveys. *The Lancet Respiratory Medicine*. Published online 2022 January 24. doi:10.1016/s2213-2600(21)00542-7.





- 249. Rahman S, Rahman MM, Miah M, et al. COVID-19 reinfections among naturally infected and vaccinated individuals. *Scientific Reports*. Published online 2022 January 26. doi:10.1038/s41598-022-05325-5.
- 250. Quach C, Blanchard AC, Lamarche J, Audy N, Lamarre V. Should healthcare workers with SARS-CoV-2 household exposures work? A Cohort Study. *MedRxiv*. Published online 2022 January 24 doi:10.1101/2022.01.23.22269719.
- 251. Cocchio S, Zabeo F, Facchin G, et al. The Effectiveness of a Diverse COVID-19 Vaccine Portfolio and Its Impact on the Persistence of Positivity and Length of Hospital Stays: The Veneto Region's Experience. *Vaccines*. 2022;10(1):107. doi:10.3390/vaccines10010107.
- 252. Smoliga, James M., Comparison of Estimated Relative Risk for Symptomatic Infection of Alpha, Delta, and Omicron Variants of SARS-CoV-2 Following Two-Dose versus Three-Dose (Booster) Vaccine Series. Published online January 19, 2022. Available at SSRN: https://ssrn.com/abstract=4012890 or https://dx.doi.org/10.2139/ssrn.4012890
- 253. Peralta-Santos A, Rodrigues EF, Moreno J, et al. Omicron (BA.1) SARS-CoV-2 variant is associated with reduced risk of hospitalization and length of stay compared with Delta (B.1.617.2). *MedRxiv*. Published online 2022 January 25. doi:10.1101/2022.01.20.22269406.
- 254. Rodrigues EF, Moreno J, Leite PP, et al. B.1.617.2 SARS-CoV-2 (Delta) variant is associated with increased risk of hospitalization and death compared with B.1.1.7 SARS-CoV-2 (Alpha) variant. *MedRxiv*. Published online 2022 January 23. doi:10.1101/2022.01.21.22268602.
- 255. Goldhaber-Fiebert JD, Prince L, Chin ET, et al. Waning of Vaccine-Conferred Protection against SARS-CoV-2 Infection: Matched Case-Control Test-Negative Design Study in Two High-Risk Populations. *MedRxiv*. Published online 2022 January 23. doi:10.1101/2022.01.21.22269664.
- 256. Malhotra S, Mani K, Lodha R, et al. Effectiveness of BBV152 vaccine against SARS-CoV-2 infections, hospitalizations, and deaths among healthcare workers in the setting of high delta variant transmission in New Delhi, India. *MedRxiv*. Published online 2022 January 24. doi:10.1101/2022.01.22.22269701.
- 257. Murata GH, Murata AE, Campbell HM, Mao JT. ESTIMATING THE EFFECT OF VACCINATION ON THE CASE-FATALITY RATE FOR COVID-19. *MedRxiv*. Published online 2022 March 6. doi: https://doi.org/10.1101/2022.01.22.22269689
- 258. Barchuk A, Cherkashin M, Bulina A, et al. Vaccine effectiveness against referral to hospital after SARS-CoV-2 infection in St. Petersburg, Russia, during the Delta variant surge: a test-negative case-control study. BMC Medicine. 2022;20:312. doi: 10.1186/s12916-022-02509-8
- 259. Mirahmadizadeh A, Heiran A, Lankarani KB, et al. Effectiveness of Coronavirus Disease 2019 Vaccines in preventing infection, hospital admission, and death: A Historical Cohort Study Using Iranian Registration Data During Vaccination program. *Forum Infect Dis.* 2022;9(6):ofac177. doi:10.1093/ofid/ofac177
- Agbarya A, Sarel I, Ziv-Baran T, et al. Efficacy of the mRNA-Based BNT162b2 COVID-19 Vaccine in Patients with Solid Malignancies Treated with Anti-Neoplastic Drugs. *Cancers*. Published online 2021 August 20. doi:10.3390/cancers13164191.







- 261. Bliznashki S. A Cross-Country Analysis of the Effectiveness of COVID-19 Vaccines in Reducing Mortality Rates within the EU. MedRxiv. Published online 2022 January 23. doi:10.1101/2022.01.23.22269604.
- 262. Farah Z, Haddad N, Abou El-Naja H, Saleh M, Mrad P, Ghosn N. Effectiveness of the Pfizer-BioNTech Vaccine Against COVID-19 Associated Hospitalizations among Lebanese Adults ≥75 years- Lebanon, April-May 2021. *Epidemiologia*. 2023;4(2):212-222. doi:10.3390/epidemiologia4020022
- 263. Accorsi EK, Britton A, Fleming-Dutra KE, et al. Association Between 3 Doses of mRNA COVID-19 Vaccine and Symptomatic Infection Caused by the SARS-CoV-2 Omicron and Delta Variants. *JAMA*. Published online January 21, 2022. doi:10.1001/jama.2022.0470
- 264. Johnson AG, Amin AB, Ali AR, et al. COVID-19 Incidence and Death Rates Among Unvaccinated and Fully Vaccinated Adults with and Without Booster Doses During Periods of Delta and Omicron Variant Emergence 25 U.S. Jurisdictions, April 4–December 25, 2021. MMWR Morb Mortal Wkly Rep Published online 2022 January 21. DOI: http://dx.doi.org/10.15585/mmwr.mm7104e2.
- 265. Maeda H, Saito N, Igarishi A, et al Effectiveness of mRNA COVID-19 vaccines against symptomatic SARS-CoV-2 infections during the Delta variant epidemic in Japan: Vaccine Effectiveness Real-time Surveillance for SARS-CoV-2 (VERSUS). *Clin Infect Dis*. Published online 2022 April 19. https://doi.org/10.1093/cid/ciac292.
- 266. UK Office for National Health Statistics. Self-reported long COVID after two doses of a coronavirus (COVID-19) vaccine in the UK: 26 January 2022. Published online 2022 January 26. https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/conditionsanddiseases/bulletins/selfreportedlong covidaftertwodosesofacoronaviruscovid19vaccineintheuk/26january2022.
- 267. Corrao G, Franchi M, Cereda D, et al. Persistence of protection against SARS-CoV-2 clinical outcomes up to 9 months since vaccine completion: a retrospective observational analysis in Lombardy, Italy. *Lancet Infect Dis.* Published online 2022 January 27. doi: https://doi.org/10.1016/S1473-3099(21)00813-6
- 268. Veneti L, Bøås H, Bråthen Kristoffersen A, et al. Reduced risk of hospitalisation among reported COVID-19 cases infected with the SARS-CoV-2 Omicron BA.1 variant compared with the Delta variant, Norway, December 2021 to January 2022. *Eurosurveillance*. Published online 2022 January 27. doi:10.2807/1560-7917.es.2022.27.4.2200077.
- 269. Kislaya, I., PERALTA SANTOS, A., Borges, V et al.Comparative complete scheme and booster effectiveness of COVID-19 vaccines in preventing SARS-CoV-2 infections with SARS-CoV-2 Omicron (BA.1) and Delta (B.1.617.2) variants. *MedRxiv*, Published online 2022 January 31. doi: https://doi.org/10.1101/2022.01.31.22270200
- 270. Lyngse FP, Kirkeby CT, Denwood M, et al. Transmission of SARS-CoV-2 Omicron VOC subvariants BA.1 and BA.2: Evidence from Danish Households. *MedRxiv*. Published online 2022 January 30. doi:10.1101/2022.01.28.22270044.
- 271. Vieillard-Baron A, Flicoteaux R, Salmona M, et al. EPIDEMIOLOGICAL CHARACTERISTICS AND SEVERITY OF OMICRON VARIANT CASES IN THE APHP CRITICAL CARE UNITS. *MedRxiv*. Published online 2022 January 28. doi:10.1101/2022.01.25.22269839.





- 272. Chavan M, Gayatri S, Patil S, et al. 'Anatomy of SARS-CoV-2 outbreak of 'vaccinated': An observational case-control study of Covid-19 breakthrough infections in medical college students at Rural Medical College, India. *MedRxiv*. Published online 2022 January 28. doi:10.1101/2022.01.27.22269902.
- 273. John BV, Deng Y, Khakoo NS, Taddei TH, Kaplan DE, Dahman B. Coronavirus Disease 2019 Vaccination Is Associated With Reduced Severe Acute Respiratory Syndrome Coronavirus 2 Infection and Death in Liver Transplant Recipients. *Gastroenterology*. Published online 2022 February 01. doi:10.1053/j.gastro.2021.11.001.
- 274. Nikonov E.L., Boychenko Yu.Ya., Kuznetsova A.V. The effectiveness of the use of the Gam-COVID-Vac vaccine in the Khabarovsk Territory from October 2020 to June 2021 according to registers. Preventive medicine. doi: https://doi.org/10.17116/profmed20212411162
- 275. Nguyen M, Paul E, Mills PK, Paul S. Risk of COVID-19 Reinfection and Vaccine Breakthrough Infection, Madera County, California, 2021. *MedRxiv*. Published online 2022 January 23. doi:10.1101/2022.01.22.22269105.
- 276. Alsaffar W A, Alwesaibi A A, Alhaddad M J, et al. The Effectiveness of COVID-19 Vaccines in Improving the Outcomes of Hospitalized COVID-19 Patients. *Cureus*, Published online 2022 January 22. doi: 10.7759/cureus.21485
- 277. Sevinc SA, Metin S, Basi NB, Ling J, Cinar AS, Oba S. Effectiveness of Inactivated SARS-CoV-2 Vaccine (CoronaVac) on Survival at Intensive Care Unit: A Cross-sectional Study. *Epidemiology and Infection*. Published online 2022 February 9. doi:10.1017/s0950268822000267.
- 278. Jalali N, Brustad HK, Frigessi A, et al.. Increased household transmission and immune escape of the SARS-CoV-2 Omicron variant compared to the Delta variant: evidence from Norwegian contact tracing and vaccination data. *Research Square*. Published online 2022 February 18. doi: 10.21203/rs.3.rs-1370541/v1
- 279. Bouwmans P, Messchendorp AL, Sanders JS, et al. Long-term efficacy and safety of SARS-CoV-2 vaccination in patients with chronic kidney disease, on dialysis or after kidney transplantation: a national prospective observational cohort study. *BMC Nephrology*. Published online 2022 February 5 doi:10.1186/s12882-022-02680-3.
- 280. Corrao G, Franchi M, Rea F, et al. Protective action of natural and induced immunization against the occurrence of delta or alpha variants of SARS-CoV-2 infection: a test-negative case-control study. *BMC Medicine*. Published online 2022 February 8. doi:10.1186/s12916-022-02262-y.
- 281. Nunes MC, Sibanda S, Baillie VL, Kwatra G, Aguas R, Madhi SA. SARS-CoV-2 Omicron symptomatic infections in previously infected or vaccinated South African healthcare workers. *Vaccines*. 2022;10(3):459. https://doi.org/10.3390/vaccines10030459
- 282. Kahn F, Bonander C, Moghaddassi M, et al. Risk of severe COVID-19 from the Delta and Omicron variants in relation to vaccination status, sex, age and comorbidities surveillance results from southern Sweden. *Euro Surveill*. Published online 2022 March 3 . doi: https://doi.org/10.2807/1560-7917.ES.2022.27.9.2200121
- 283. Andeweg SP, De Gier B, Eggink D, et al. Protection of COVID-19 vaccination and previous infection against Omicron BA.1, BA.2 and Delta SARS-CoV-2 infections. *Nat Commun*. 2022;13:4738. doi:10.1038/s41467-022-31838-8.







- Nyberg T, Ferguson NM, et al. Comparative Analysis of the Risks of Hospitalisation and Death Associated with SARS-CoV-2 Omicron (B.1.1.529) and Delta (B.1.617.2) Variants in England. *Lancet*. 2022;399(10332):1303-1312. doi: February 4. doi: https://doi.org/10.1016/S0140-6736(22)00462-7
- 285. Risk M, Shen C, Hayek S S, et al. Comparative Effectiveness of COVID-19 Vaccines against the Delta Variant. *Clin Inf Dis.* Published online 2022 February 7. doi: 10.1093/cid/ciac106.
- 286. Passaretti C, Priem J S, Agner T, et al. Reducing the rates of household transmission: The impact of COVID-19 vaccination in healthcare workers with a known household exposure. *Vaccine*. Published online 2022 January 19. doi: 10.1016/j.vaccine.2022.01.020.
- 287. Mayr F, Talisa VB, Shaikh O, et al. Effectiveness of Homologous or Heterologous Covid-19 Boosters in Veterans. *New England Journal of Medicine*. Published online 2022 February 9. doi: 10.1056/NEJMc2200415.
- 288. Fabiani M, Puopolo M, Morciano C, et al. Effectiveness of mRNA vaccines and waning of protection against SARS-CoV-2 infection and severe covid-19 during predominant circulation of the delta variant in Italy: retrospective cohort study. BMJ. Published online 2022 February 10. doi: 10.1136/bmj-2021-069052.
- 289. Mastrovito B, Naimi C, Kouam L, et al. Investigation of outbreak of cases infected with the SARS-CoV-2 B.1.640 variant in a fully vaccinated elderly population, Normandy, France, November to December 2021. *Euro Surveill*. Published online 2022 February 10. doi: https://doi.org/10.2807/1560-7917.ES.2022.27.6.2200078
- 290. Ponsford MJ, Evans K, Carne EM, et al. COVID-19 vaccine uptake and efficacy in a national immunodeficiency cohort. *J Clin Immunol*. Published online 2022 February 11. doi: https://doi.org/10.1007/s10875-022-01223-7
- 291. Ko YK, Murayama H, Yamasaki L, et al. Evaluating the age-specific effectiveness of COVID-19 vaccines against death and the impact of healthcare burden on age-specific case fatality risk in Tokyo, Japan. *SSRN*. Published online 2022 February 11. doi: http://dx.doi.org/10.2139/ssrn.4032463
- 292. Britton A, Fleming-Dutra KE, Shang N, et al. Association of COVID-19 vaccination with symptomatic SARS-CoV-2 infection by time since vaccination and Delta variant predominance. *JAMA*. Published online 2022 February 14. doi: 10.1001/jama.2022.2068
- 293. Wei J, Pouwels KB, Stoesser N, et al. Antibody responses and correlates of protection in the general population after two doses of the ChAdOx1 or BNT162b2 vaccines. *Nat Med.* Published online 2022 February 14. doi: https://doi.org/10.1038/s41591-022-01721-6
- 294. Marks KJ, Whitaker M, Anglin O, et al. Hospitalizations of children and adolescents with laboratory-confirmed COVID-19 COVID-NET, July 2021-January 2022. MMWR Morb Mortal Wkly Rep. 2022;71:271-278. doi: http://dx.doi.org/10.15585/mmwr.mm7107e4
- 295. Bayhan GI & Guner R. Effectiveness of CoronaVac in preventing COVID-19 in healthcare workers. *Hum Vaccin Immonother*. Published online 2022 February 16. doi: 10.1080/21645515.2021.2020017







- 296. Hammerman A, Sergienko R, Friger M, et al. Effectiveness of the BNT162b2 vaccine after recovery from Covid-19. *N Eng J Med.* Published online 2022 February 16. doi: 10.1056/NEJMoa2119497
- 297. Paredes MI, Lunn S, Famulare M, et al. Associations between SARS-CoV-2 variants and risk of COVID-19 hospitalization among confirmed cases in Washington State: a retrospective cohort study. *medrixiv*. Published online 2022 February 16. doi: https://doi.org/10.1101/2021.09.29.21264272
- 298. Anta AF, Rufino J, Baquero C, et al. Using Survey Data to Estimate the Impact of the Omicron Variant on Vaccine Efficacy against COVID-19 Infection. *Research Square*. Published online 2022 February 15. doi: 10.21203/rs.3.rs-1356083/v1.
- 299. Liu, B, Sandrine S, et al. Effectiveness of COVID-19 Vaccination Against SARS-CoV-2 Omicron Variant in Two Outbreaks in Indoor Entertainment Settings in Australia. SSRN. Published online 2022 February 18. doi: http://dx.doi.org/10.2139/ssrn.4026084
- 300. Pavan V. Thakkar, Kanecia O. Zimmerman, M et al. COVID-19 Incidence Among 6th-12th Grade Students by Vaccination Status. *Pediatrics* Published online 2022 February 22. doi: 10.1542/peds.2022-056230
- 301. Rane MS, Robertson M, Kulkarni S, Frogel D, Gainus C, Nash D. Effectiveness of Covid-19 vaccines against symptomatic and asymptomatic SARS-CoV-2 infections in an urgent care setting. *Vaccine*. Published online 2022 December 20. doi:10.1016/j.vaccine.2022.12.039
- 302. Oster Y, Benenson S, Nir-Paz R, Buda I, Cohen MJ. The effect of a third BNT162b2 vaccine on breakthrough infections in health care workers: a cohort analysis. *Clinical Microbiology and Infection*. Published online 2022 February 07. doi:10.1016/j.cmi.2022.01.019.
- 303. Horvath JK, Ferenci T, Ferenczi A, Túri G, Röst G, Oroszi B. Real-time monitoring of the effectiveness of six COVID-19 vaccines against laboratory-confirmed COVID-19 in Hungary in 2021 using the screening method. *Vaccines*. 2022;10(11):1824. doi:10.3390/vaccines10111824
- 304. Marrone G, Nicolay N, Bundle N, et al.. Risk reduction of severe outcomes in vaccinated COVID-19 cases: an analysis of surveillance data from Estonia, Ireland, Luxembourg and Slovakia, January to November 2021. *Eurosurveillance*. Published online 2022 February 17. doi:10.2807/1560-7917.es.2022.27.7.2200060.
- 305. Flacco M, Soldato G, et al. Risk of SARS-CoV-2 reinfection 18 months after primary infection: population-level observational study. *medRxiv.* Published online 2022 February 19. doi: https://doi.org/10.1101/2022.02.19.22271221
- 306. Grima AA, Murison KR, Simmons AE, et al. Relative Virulence of Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2) Among Vaccinated and Unvaccinated Individuals Hospitalized With SARS-CoV-2. Clin Infect Dis. 2023 Feb 8;76(3):e409-e415. doi: 10.1093/cid/ciac412. PMID: 35616115
- 307. Egan C, Turtle L, Thorpe M, Harrison EM, Semple MG, Docherty AB. Hospital admission for symptomatic COVID -19 and impact of vaccination: analysis of linked data from the Coronavirus Clinical Information Network and the National Immunisation Management Service. *Anaesthesia*. Published online 2022. doi:10.1111/anae.15677
- Toker I, Toker A, et al. Vaccination status among patients with the need for emergency hospitalizations related to COVID-19. *The American Journal of emergency medicine*. Published online 2022 February 03. *doi:* https://doi.org/10.1016/j.ajem.2022.01.067







- 309. Abhilash KPP, Mathiyalagan P, Krishnaraj VRK, et al. Impact of prior vaccination with CovishieldTM and Covaxin® on mortality among symptomatic COVID-19 patients during the second wave of the pandemic in South India during April and May 2021: a cohort study. Vaccine. 2022. doi: https://doi.org/10.1016/j.vaccine.2022.023.
- 310. Ge J, Digitale JC, Pletcher MJ, et al. Breakthrough SARS-CoV-2 infection oucomes in vaccinated patients with chronic liver disease and cirrhosis: A national COVID cohort collaborative study. *Hepatology*. Published online 2022 Sept 10. doi: 10.1002/hep.32780
- 311. Tai, C. G., Maragakis, L. L., Connolly, S., DiFiori, J., Sims, L., Adams, E., Anderson, D. J., Merson, M. H., Ho, D. D., Grad, Y., & Mack, C. D. (2022). Booster protection against Omicron infection in a highly vaccinated cohort. *MedRxiv*, Published online 2022 February 26. https://doi.org/10.1101/2022.02.24.22271347
- 312. Perrella, A., Bisogno, M., D'Argenzio, Trama, U., Coscioni, E., Orlando, V., & group, C. C. (2022). SARS-CoV-2 Infection Breakthrough among the non-vaccinated and vaccinated: a Real World Evidence study based on Big Data. *MedRxiv*, Published online 2022 February 24. https://doi.org/10.1101/2022.02.22.21266830
- 313. Ayoubkhani, D., Bosworth, M. L., King, S., Pouwels, K. B., Glickman, M., Nafilyan, V., Zaccardi, F., Khunti, K., Alwan, N. A., & Walker, A. S. (2022). Risk of Long Covid in people infected with SARS-CoV-2 after two doses of a COVID-19 vaccine: community-based, matched cohort study. *MedRxiv*. Published online 2022 February 24.. https://doi.org/10.1101/2022.02.23.22271388
- Whittaker R, Kristofferson AB, Salamanca BV, et al.. Length of hospital stay and risk of intensive care admission and in-hospital death among COVID-19 patients in Norway: a register-based cohort study comparing patients fully vaccinated with an mRNA vaccine to unvaccinated patients. *Clinical Microbiology and Infection*. Published online 2022 January 24. doi:10.1016/j.cmi.2022.01.033.
- 315. Wienkes H, Vilen K, Lorentz A, et al. Transmission of and Infection With COVID-19 Among Vaccinated and Unvaccinated Attendees of an Indoor Wedding Reception in Minnesota. JAMA Netw Open. 2022;5(2):e220536. doi:10.1001/jamanetworkopen.2022.0536.
- 316. Baker JM, Nakayama JY, O'Hegarty M, et al. SARS-CoV-2 B.1.1.529 (Omicron) Variant Transmission Within Households Four U.S. Jurisdictions, November 2021–February 2022. MMWR Morb Mortal Wkly Rep 2022;71:341–346. DOI: http://dx.doi.org/10.15585/mmwr.mm7109e1.
- 317. Ward I L, Bermingham C, Ayoubkhani D, et al. Risk of COVID-19 related deaths for SARS-CoV-2 Omicron (B.1.1.529) compared with Delta (B.1.617.2). *MedRxiv*, Published online 2022 February 25. https://doi.org/10.1101/2022.02.24.22271466.
- 318. Belan M, Charmet T, Schaeffer L, et al. SARS-CoV-2 Exposures of Healthcare Workers from Primary Care, Long-Term Care Facilities and Hospitals: A Nationwide Matched Case-Control Study. *MedRxiv*, Published online 2022 February 27. https://doi.org/10.1101/2022.02.26.22271545.
- 319. Dorabawila V, Hoefer D, Bauer U E, et al. Effectiveness of the BNT162b2 vaccine among children 5-11 and 12-17 years in New York after the Emergence of the Omicron Variant. *MedRxiv*. Published online 2022 February 28. https://doi.org/10.1101/2022.02.25.22271454
- Botton J, Semenzato L, Jabagi M, et al. Effectiveness of Ad26.COV2.S Vaccine vs BNT162b2 Vaccine for COVID-19 Hospitalizations. JAMA Netw Open. 2022;5(3):e220868. doi:10.1001/jamanetworkopen.2022.0868.







- 321. Castillo, Milena Suarez, Khaoua H, Courtejoie N. Vaccine effectiveness and duration of protection against symptomatic and severe Covid-19 during the first year of vaccination in France. *medRxiv*. Published online 2022 March 3. https://doi.org/10.1101/2022.02.17.22270791
- 322. Mousa M, Albreiki M, Alshehhi F, et al. Similar effectiveness of the inactivated vaccine BBIBP-CorV (Sinopharm) and the mRNA vaccine BNT162b2 (Pfizer-BioNTech) against COVID-19 related hospitalizations during the Delta outbreak in the United Arab Emirates. *J Travel Med*. Published online 2022 March 4. https://doi.org/10.1093/jtm/taac036
- 323. Quattrocchi A, Tsioutis C, Demetriou A, et al. Effect of vaccination on SARS-CoV-2 reinfection risk: a case-control study in the Republic of Cyprus. *Public Health*. March 2022;204:84-86.
- 324. Nygaard U, Mette H et al. Multisystem Inflammatory Syndrome in Children Following the SARS-CoV-2 Delta Variant in Denmark: Clinical Phenotype and Risk by Vaccination Status and Compared to the Pre-Delta COVID-19 Era. SSRN. Published online 2022 March 9. doi: https://ssrn.com/abstract=4031587
- 325. Syed M A, Qotba H A, Al Nuaimi A S. Effectiveness of COVID-19 vaccines in Qatar. *Journal of Infection*. Published online 2022 March 2. https://doi.org/10.1016/j.jinf.2022.02.034.
- 326. Sathiavageesan S, Sundaram V, Sundaram N, et al. Fulminant Onset COVID-Predictors and Outcome. *SSRN*. Published online 2022 Mar 1. http://dx.doi.org/10.2139/ssrn.4046674.
- 327. Song Q, Bates B, Shao YR, et al. Risk and Outcome of Breakthrough COVID-19 Infections in Vaccinated Patients With Cancer: Real-World Evidence From the National COVID Cohort Collaborative. *Journal of Clinical Oncology*. Published online 2022 March 14. doi:10.1200/jco.21.02419.
- 328. Molteni E, Canas LS, Kläser K, et al. Vaccination against SARS-CoV-2 in UK school-aged children and young people decreases infection rates and reduces COVID-19 symptoms. *medRxiv*.Published online 2022 March 13. 2022. doi:10.1101/2022.03.13.22272176.
- 329. Nittayasoot, N., Thammawijaya, P., Tharmaphornpilas, P. et al. Rapid method through routine data to evaluate real-world vaccine effectiveness against coronavirus disease 2019 (COVID-19) infection: lessons from Thailand. *Health Res Policy Sys* 20, 29 (2022). https://doi.org/10.1186/s12961-022-00821-6.
- 330. Arriola CS, Soto G, Westercamp M, et al. Effectiveness of whole virus COVID-19 vaccine among health care personnel, Lima, Peru. *Emerg Infect Dis.* 2022;28(13):238-243. doi:10.3201/eid2813.212477
- 331. Chemaitelly H, Ayoub HH, Almukdad S, et al.. Protection from previous natural infection compared with mRNA vaccination against SARS-CoV-2 infection and severe COVID-19 in Qatar: a retrospective cohort study. *The Lancet Microbe*. Published online 2022 November 11. doi:10.1016/s2666-5247(22)00287-
- Tang F, Hammel IS, Andrew MK, Ruiz JG. COVID-19 mRNA vaccine effectiveness against hospitalisation and death in veterans according to frailty status during the SARS-CoV-2 delta (B.1.617.2) variant surge in the USA: a retrospective cohort study. The Lancet Healthy Longevity. Published online 2022 August 1 doi:10.1016/s2666-7568(22)00166-0.







- 333. McMenamin M E, Nealon J, Lin Y, Wong J Y, et al. Vaccine effectiveness of two and three doses of BNT162b2 and CoronaVac against COVID-19 in Hong Kong. *The Lancet infectious Diseases*. Published online 2022 July 15. https://doi.org/10.1016/S1473-3099(22)00345-0
- 334. Lafuente-Lafuente C, Rainone A, Guérin O, et al. COVID-19 Outbreaks in Nursing Homes Despite Full Vaccination with BNT162b2 of a Majority of Residents. *Gerontology*. Published online 2022 Mar 21. DOI: 10.1159/000523701.
- 335. Kirsebom FCM, Andrews N, Stowe J, et al.. COVID-19 vaccine effectiveness against the omicron (BA.2) variant in England. *The Lancet Infectious Diseases*. Published online 2022 May 24. doi:10.1016/s1473-3099(22)00309-7
- 336. Simmons AE, Amoako A, Grima AA, et al. Vaccine effectiveness against hospitalization among adolescent and pediatric SARS-CoV-2 cases between May 2021 and January 2022 in Ontario, Canada: A retrospective cohort study. *PLoS One*. 2023;18(3):e0283715. Published 2023 Mar 31. doi:10.1371/journal.pone.0283715
- 337. Taylor CA, Witaker M, Anglin O, et al. COVID-19-associated hospitalizations among adults during SARS-CoV-2 Delta and Omicron variant predominance, by race/ethnicity and vaccination status COVID-NET, 14 states, July 2021-January 2022. *Morb Motal Wkly Rep.* 2022;71:466-473. doi:http://dx.doi.org/10.15585/mmwr.mm7112e2
- 338. Gushchin VA, Tsyganova EV, Ogarkova DA, et al. Sputnik V protection from COVID-19 in people living with HIV under antiretroviral therapy. *eClinicalMedicine*. 2022 Apr;46(101360). doi: 10.1016/j.eclinm.2022.101360
- 339. Malhotra S, Kalaivani M, Lodha R, et al. COVID-19 infection, and reinfection, and vaccine effectiveness against symptomatic infection among health care workers in the setting of omicron variant transmission in New Delhi, India. SSRN. Published online 2022 March 22. doi: http://dx.doi.org/10.2139/ssrn.4063803
- Abarca K, Iturriaga C, Urzua M, et al. Safety and efficacy of two immunization schedules with an inactivated SARS-CoV-2 vaccine in adults. A randomized non-inferiority clinical trial. *medRxiv*.Published online 2022 March 28. 2022. doi:10.1101/2022.02.07.22270215
- Petrovic V, Vukovic V, Markovic M, et al. Early effectiveness of four SARS-CoV-2 vaccines in preventing COVID-19 among adults aged ≥60 years in Vojvodina, Serbia. *Vaccines*. 2022;10(3):389. doi: 10.3390/vaccines10030389
- Pal N, Nag D, Halder J, et al. Impact of vaccination on SARS-CoV-2 infection: Experience from a tertiary care hospital. *Asian Pac J Trop Med*. 2022;15:90-2. doi: 10.4103/1995-7645.338430
- 343. Kodera S, Rashed EA, Hirata A. Estimation of real-world vaccination effectiveness of mRNA COVID-19 vaccines against Delta and Omicron variants in Japan. *Vaccines*. 2022;10(3):430. doi: 10.3390/vaccines10030430
- 344. Behera P, Singh AK, Subba SH, et al. Effectiveness of COVID-19 vaccine (Covaxin) against breakthrough SARS-CoV-2 infection in India. *Hum Vaccin Immunother*. Published online 2022 Mar 23. Doi: 10.1080/21645515.2022.2034456
- 345. Hermosilla E, Coma E, Xie J, et al. Comparative effectiveness and safety of homologous two-dose ChAdOx1 versus heterologous vaccination with ChAdOx1 and BNT162b2. *Nat Commun*. 2022;13,1639. doi: 10.1038/s41467-022-29301-9
- 346. Kaur U, Bala S, Joshi A, et al. Persistent health issues, adverse events, and effectiveness of vaccines during the second wave of COVID-19: A cohort study from a tertiary hospital in North India. *Vaccines*. 2022;10(7):1153. doi:10.3390/vaccines10071153





- 347. Akaishi T, Kushimoto S, Katori Y, et al. Effectiveness of mRNA COVID-19 vaccines in Japan during the nationwide pandemic of the Delta variant. *Tohoku J Exp Med.* Published online 2022 March 31. doi: 10.1620/tjem.2022.J012.
- 348. Fano V, Crielesi A, Coviello E. Effectiveness of the Comirnaty and the Vaxzevria vaccines in preventing SARS-CoV-2 infection among residents in Lazio region (Italy). *Vaccine*. Pulished online 2022 March 22. https://doi.org/10.1016/j.vaccine.2022.02.063
- 349. Jaber S, Saadh M J. Efficacy of COVID-19 Vaccines. SSRN. Pulished online 2022 March 22. https://ssrn.com/abstract=4055114.
- Winkelman TNA, Rai NK, Bodurtha PJ, et al. Trends in COVID-19 vaccine administration and effectiveness through October 2021. *JAMA*. Published online 2022 March 31. doi: 10.1001/jamanetworkopen.2022.5018
- 351. Heudel P, Favier B, Solodky ML, et al. Survival and risk of COVID-19 after SARS-CoV-2 vaccination in a series of 2391 cancer patients. *Eur J Cancer*. 2022 April;165:174-183. doi: https://doi.org/10.1016/j.ejca.2022.01.035
- 352. Perumal N, Steffen A, Altmann D, et al. Effectiveness of mRNA booster vaccination against mild and severe COVID-19 during Delta and Omicron variant circulation in Germany: An analysis of national surveillance data. SSRN. Pulished online 2022 April 1. https://dx.doi.org/10.2139/ssrn.4072476
- 353. Bello-Chavolla OY, Antonio-Villa NE, Valdes-Ferrer SI, et al. Effectiveness of a nation-wide COVID-19 vaccination program in Mexico. *medRxiv*. Published online 2022 April 5. doi:10.1101/2022.04.04.22273330
- 354. Green MA, Hungerford DJ, Hughes DM, et al.. Changing patterns of SARS-CoV-2 infection through Delta and Omicron waves by vaccination status, previous infection and neighbourhood deprivation: a cohort analysis of 2.7 M people. *BMC Infectious Diseases*. Published online 2022 November 26.doi:10.1186/s12879-022-07878-2.
- 355. Medina-Pestana J, Covas DT, Viana LA, et al. Inactivated whole-virus vaccine triggers low response against SARS-CoV-2 infection among renal transplant patients: Prospective Phase 4 study results. *Transplantation*. 2022 April;106(4):853-861. doi: 10.1097/TP.00000000000004036
- 356. Gazit S, Shlezinger R, Perez G, et al. SARS-CoV-2 naturally acquired immunity vs. vaccine-induced immunity, reinfections versus breakthrough infections: a retrospective cohort study. *Clin Infect Dis*. Published online 2022 April 5. doi: https://doi.org/10.1093/cid/ciac262
- 357. Shah SA, Robertson C, Rudan I, et al. BNT162b2 and ChAdOx1 nCoV-19 vaccinations, incidence of SARS-CoV-2 infections and COVID-19 hospitalisations in Scotland in the Delta era. *J Glob Health*. 2022;12:05008. doi: 10.7189/jogh.12.05008
- 358. Grenfell R F Q, Almeida N B F, Filgeiras P S, et al. Immunogenicity, Effectiveness, and Safety of Inactivated Virus (CoronaVac) Vaccine in a Two-Dose Primary Protocol and BNT162b2 Heterologous Booster in Brazil (Immunita-001): A One Year Period Follow Up Phase 4 Study. SSRN. Pulished online 2022 Mar 31. http://dx.doi.org/10.2139/ssrn.4070408.
- 359. Más-Bermejo P I, Dickinson-Meneses F O, Almenares-Rodríguez K, et al. Cuban Abdala Vaccine: Effectiveness in Preventing Severe Disease and Death from COVID-19 in Havana, Cuba; a Cohort Study. *SSRN*. Published online 2022 April 5. http://dx.doi.org/10.2139/ssrn.4072478.





- 360. Fabiani M, Puopolo M, Filia A, et al. Effectiveness of an mRNA vaccine booster dose against SARS-CoV-2 infection and severe COVID-19 in persons aged ≥60 years and other high-risk groups during predominant circulation of the Delta variant in Italy, 19 July to 12 December 2021, Expert Review of Vaccines, DOI: 10.1080/14760584.2022.2064280.
- 361. Palinkas A, Sandor J. Effectiveness of COVID-19 vaccination in preventing all-cause mortality among adults during the third wave of the epidemic in Hungary: Nationwide Retrospective Cohort Study. *Vaccines*. 2022;10(7):1009. doi: 10.3390/vaccines10071009
- 362. Mazuecos A, Villanego F, Zarraga S, et al. Breakthrough Infections Following mRNA SARS-CoV-2 Vaccination in Kidney Transplant Recipients [published online ahead of print, 2022 Apr 7]. *Transplantation*. doi:10.1097/TP.00000000000004119
- Cordtz R, Kristensen S, Westermann R, et al.. COVID-19 infection and hospitalisation risk according to vaccination status and DMARD treatment in patients with rheumatoid arthritis. *Rheumatology*. 2022. doi:10.1093/rheumatology/keac241
- 364. Premikha M, Chiew CJ, Wei WE, et al.. Comparative Effectiveness of mRNA and Inactivated Whole Virus Vaccines against COVID-19 Infection and Severe Disease in Singapore. *Clinical Infectious Diseases*. 2022. doi:10.1093/cid/ciac288.
- 365. Bieber A, Sagy I, Novack L, et al.. BNT162b2 mRNA COVID-19 vaccine and booster in patients with autoimmune rheumatic diseases: a national cohort study. *Annals of the Rheumatic Diseases*. 2022:annrheumdis-202. doi:10.1136/annrheumdis-2021-221824.
- 366. Bjork J, Bonander C, Moghaddassi M et al. COVID-19 vaccine effectiveness against severe disease from the Omicron BA.1 and BA.2 subvariants: surveillance results from southern Sweden, December 2021 to March 2022. *Euro Surveill*. 2022;27(18):pii=2200322. https://doi.org/10.2807/1560-7917.ES.2022.27.18.2200322.
- 367. Grebe E, Yu E, Bravo M et al. COVID-19 vaccine effectiveness against SARS-CoV-2 infection in the United States prior to the Delta and Omicron-associated surges: a retrospective cohort study of repeat blood donors. *medRxiv*. Published online 2022 April 16. doi: https://doi.org/10.1101/2022.04.15.22273412
- 368. Murali S, Sakthivel M et al. Effectiveness of the ChAdOx1 nCoV-19 Corona Virus Vaccine (Covishield™) in preventing SARS-CoV2 infection, Chennai, Tamil Nadu, India, 2021. *Vaccines*. 2022;10(6):970. doi: https://doi.org/10.3390/vaccines10060970
- 369. Lang R, Humes E, Coburn S, et al. Analysis of severe illness after post-vaccination COVID-19 breakthrough among adults with and without HIV in the United States. *medRxiv*. Published online 2022 April 16. doi: https://doi.org/10.1101/2022.04.15.22273913
- 370. Bager P, Wohlfahrt J, Bhatt S et al. Risk of hospitalisation associated with infection with SARS-CoV-2 omicron variant versus delta variant in Denmark: an observational cohort study. *Lancet Infect Dis.* Published online 2022 April 22. https://doi.org/10.1016/S1473-3099(22)00154-2.
- 371. Menni C, Valdes AM, Polidori L et al. Symptom prevalence, duration, and risk of hospital admission in individuals infected with SARS-CoV-2 during periods of omicron and delta variant dominance: a prospective observational study from the ZOE COVID Study. *Lancet*. 2022;399(10335):1618-1624. http://doi.org/10.1016/S0140-6736(22)00327-0







- 372. Murari T, Fonseca L, Pereira H et al. Retrospective cohort study of COVID-19 in patients of the Brazilian public health system with SARS-COV-2 Omicron variant infection. *Research Square*. Published online 2022 April 13. https://doi.org/10.21203/rs.3.rs-1531296/v1
- 373. Salvatore M, Hu MM, Beesley LJ et al. COVID-19 outcomes by cancer status, type, treatment, and vaccination. *medRxiv*. Published online 2022 April 26. https://doi.org/10.1101/2022.04/19.22274047
- 374. Meller ME, Pfaff BL, Borgert AJ, et al. Optimized infection control practices augment the robust protective effect of vaccination for ESRD patients during a hemodialysis facility SARS-CoV-2 outbreak. *medRxiv* 2022; published online April 25. https://doi.org/10.1101/2022.03.18.22272356.
- 375. Yan Y, Naito T, Tabe Y, et al. Increased delta variant SARS-CoV-2 infections in a highly vaccinated medical center in Japan. *Vaccine* 2022. Published online April 12. https://doi.org/10.1016/j.vaccine.2022.04.029.
- 376. Fan X, Lu S, Bai L, et al. Preliminary Study of the Protectiveness of Vaccination Against the COVID-19 in the Outbreak of VOC Omicron BA.2 Jilin City, Jilin Province, China, March 3–April 12, 2022. China CDC Weekly. Published online April. 21. https://weekly.chinacdc.cn/fileCCDCW/journal/article/ccdcw/newcreate/220093.pdf.
- 377. Medic S, Anastassopoulou C, Lozanov-Crvenkovic Z et al. Risk and severity of SARS-CoV-2 reinfections during 2020-2022 in Vojvodina, Serbia: a population-level study. *medRxiv*. Published online 2022 April 22. https://doi.org/10.1101/2022.04.08.22273571
- 378. Nabirova D, Horth R, Smagul M et al. Effectiveness of four vaccines in preventing SARS-CoV-2 infection in Almaty, Kazakhstan in 2021: retrospective population-based cohort study. Front Public Health. 2023;11:1205159 . doi: 10.3389/fpubh.2023.1205159
- 379. Choueiri TK, Labaki C, Bakouny Z, et al. Breakthrough SARS-CoV-2 infections among patients with cancer following two and three doses of COVID-19 mRNA vaccines: a retrospective observational study from the COVID-19 and Cancer Consortium. *Lancet Reg Health Am.* 2023;19:100445. doi:10.1016/j.lana.2023.100445 485
- 380. Trobajo-Sanmartín C, Martínez-Baz I, Miqueleiz A, et al. Differences in Transmission between SARS-CoV-2 Alpha (B.1.1.7) and Delta (B.1.617.2) Variants. *Microbiol Spectr*. 2022;10(2):e0000822. doi:10.1128/spectrum.00008-22.
- 381. Chevallier P, Jullien M, Peterlin P, et al. Effectiveness of a third dose of BNT162b2 anti-SARS-CoV-2 mRNA vaccine over a 6-month follow-up period in allogenic hematopoietic stem cells recipients. *Hematological oncology*. 2022. doi:10.1002/hon.3006.
- 382. Sutharattanapong N, Thotsiri S, Kantachuvesiri S, Wiwattanathum P. Benefits of Inactivated Vaccine and Viral Vector Vaccine Immunization on COVID-19 Infection in Kidney Transplant Recipients. *Vaccines*. 2022;10(4):572. doi:10.3390/vaccines10040572.
- 383. DeVoe C, Pandey S, Shariff D, et al. COVID-19 in Vaccinated Versus Unvaccinated Hematologic Malignancy Patients. *Transplant infectious disease*. 2022. doi:10.1111/tid.13835.
- 384. Solera JT, Árbol BG, Alshahrani A, et al. Impact of Vaccination and Early Monoclonal Antibody Therapy on COVID-19 Outcomes in Organ Transplant Recipients During the Omicron Wave. *Clin Infect Dis*. 2022:ciac324. doi:10.1093/cid/ciac324.
- 385. Seo WJ, Kang J, Kang HK, et al. Impact of prior vaccination on clinical outcomes of patients with COVID-19. Em*erg Microbes Infect*. 2022:1-37. doi:10.1080/22221751.2022.2069516.







- 386. Hall VG, Al-Alahmadi G, Solera JT, et al. Outcomes of SARS-CoV-2 infection in unvaccinated compared with vaccinated solid organ transplant recipients: A propensity matched cohort study. *Transplantation*. Published online 2022 May 3. doi:10.1097/TP.000000000004178
- 387. Islam N, Sheils NE, Jarvis MS, Cohen K. Comparative effectiveness over time of the mRNA-1273 (Moderna) vaccine and the BNT162b2 (Pfizer-BioNTech) vaccine. *Nature Communications*. 2022;13(1). doi:10.1038/s41467-022-30059-3.
- Wang X, Chang H, Tian H, et al. Epidemiological and clinical features of SARS-CoV-2 Infection in children during the outbreak of Omicron Variant in Shanghai, March 7-March 31, 2022. *medRXiv* 2022. Published online May 2. https://doi.org/10.1101/2022.04.28.22274421.
- Husin M, Tok P S K, Suah J L, et al. Real-world effectiveness of BNT162b2 vaccine against SARS-CoV-2 infection among adolescents (12 to 17-year-olds) in Malaysia. InInternational Journal of Infectious Diseases (2022). Pulished online April 30. doi:https://doi.org/10.1016/j.ijid.2022.04.053.
- 390. Prasad N, Derado G, Nanduri SA, et al. Effectiveness of a COVID-19 additional primary or booster vaccine dose in preventing SARS-CoV-2 infection among nursing home residents during widespread circulation of the Omicron variant United States, February 14-March 27, 2022. MMWR Morb Mortal Wkly Rep. 2022;71:633-637. doi: http://dx.doi.org/10.15585/mmwr.mm7118a4
- 391. Braeye T, Loenhout JAF, Brondeel R, et al. COVID-19 vaccine effectiveness against symptomatic infection and hospitalization in Belgium, July 2021-May 2022. *Euro Surveill*. 2023;28(26):pii=2200768. doi: 10.2807/1560-7917.ES.2023.28.26.2200768
- 392. Sormani MP, Schiavetti I, Inglese M, et al. Breakthrough SARS-CoV-2 infections after COVID-19 mRNA vaccination in MS patients on disease modifying therapies during the Delta and the omicron waves in Italy. *eBioMedicine*. 2022;80:104042. doi: https://doi.org/10.1016/j.ebiom.2022.104042
- 393. Simsek M, Yasin AI, Besiroglu M, et al. The efficacy of BNT162b2 (Pfizer-BioNTech) and CoronaVac vaccines in patients with cancer. *J Med Virol*. Published online 2022 May 5. doi: https://doi.org/10.1002/jmv.27835
- 394. Nadeem I, ul Munamm SA, Rasool MU, et al. Safety and efficacy of Sinopharm vaccine (BBIBP-CorV) in elderly population of Faisalabad district of Pakistan. *Postgrad Med J.* Published online 2022 May 4. doi: 10.1136/postgradmedj-2022-141649
- 395. Mukherjee A, Panayotov G, Sen R, et al. Measuring vaccine effectiveness from limited public health datasets: Framework and estimates from India's second COVID wave. *Sci. Adv.* 8 2022; eabn4274. DOI: 10.1126/sciadv.abn4274.
- Zürcher K, Abela IA, Stange M, et al. Alpha variant coronavirus outbreak in a nursing home despite high vaccination coverage: molecular, epidemiological and immunological studies. *Clinical Infectious Diseases*, 2022; ciab1005, https://doi.org/10.1093/cid/ciab1005.
- 397. Kim C, Kang G, Kang SG, Lee H. COVID-19 outbreak response at a nursing hospital in South Korea in the post-vaccination era, including an estimation of the effectiveness of the first shot of the Oxford-AstraZeneca COVID-19 vaccine (ChAdOx1-S). *Osong Public Health Res Perspect* 2022; Volume 13(2); 2022. https://doi.org/10.24171/j.phrp.2021.0262
- 398. Freund O, Tau L, Weiss TE, et al. Associations of vaccine status with characteristics and outcomes of hospitalized severe COVID-19 patients in the booster era. *PLOS ONE*. 17(5):e0268050. https://doi.org/10.1371/journal.pone.0268050







- 399. Myers LC, Kipnis P, Greene J, et al. Adults hospitalized with breakthrough COVID-19 have lower mortality than matched unvaccinated adults. *J Intern Med*. 2022;00:1-8. https://doi.org/10.1111/joim.13504
- 400. Murillo-Zamora E, Trujillo X, Huerta M, et al. COVID-19 vaccines provide better protection against related pneumonia than previous symptomatic infection. *Int J Infect Dis*. 2022;120:142-145. https://doi.org/10.1016/j.ijid.2022.04.047
- 401. Vo AD, La J, Wu JTY, et al. Factors associated with severe Covid-19 among vaccinated adults treated in US Veterans Affairs hospitals. *JAMA Network Open*. Published online 2022 Oct 20;5(10):e2240037. doi: 10.1001/jamanetworkopen.2022.40037
- 402. Veerapu N, Inamdar DP, Kumar BPR, et al. Effectiveness of COVID-19 Vaccines against SARS-CoV-2 Infection among Persons Attending the RT-PCR center at a Medical College Hospital in Telangana: A Case- Control Study. Indian Journal of Community Medicine: Official Publication of Indian Association of Preventive & Social Medicine. Published online 2022 Oct-Dec. DOI: 10.4103/ijcm.ijcm_273_22
- 403. Fleming-Dutra KE, Britton A, Shang N, et al. Association of prior BNT162b2 COVID-19 vaccination with symptomatic SARS-CoV-2 infection in children and adolescents during Omicron predominance. *JAMA*. Published online 2022 May 13. https://doi.org/10.1001/jama.2022.7493
- 404. Yi S, Choe YJ, Lim DS, Lee HR, Kim J, Kim YY, Kim RK, Jang EJ, Lee S, Park E, Kim SJ, Park YJ. Impact of national Covid-19 vaccination Campaign, South Korea. *Vaccine*. 2022 May 8:S0264-410X(22)00572-2. doi: 10.1016/j.vaccine.2022.05.002.
- 405. Lin KY, Wu PY, Liu WD, Sun HY, Hsieh SM, Sheng WH, Huang YS, Hung CC, Chang SC. Effectiveness of COVID-19 vaccination among people living with HIV during a COVID-19 outbreak. *J Microbiol Immunol Infect*. 2022 May 5:S1684-1182(22)00060-3. doi: 10.1016/j.jmii.2022.04.006.
- 406. Naylor, K.L., Kim, S.J., Smith, G., McArthur, E., Kwong, J.C., Dixon, S.N., Treleaven, D. and Knoll, G.A. (2022), Effectiveness of first, second, and third COVID-19 vaccine doses in solid organ transplant recipients: A population-based cohort study from Canada. *Am J Transplant*. Accepted Author Manuscript. https://doi.org/10.1111/ajt.17095.
- 407. Mues KE, Kirk B, Patel DA, et al. Real-world comparative effectiveness of mRNA-1273 and BNT162b2 vaccines among immunocompromised adults identified in administrative claims data in the United States. Vaccine. 2022;40(47):6730-6739. doi: 10.1016/j.vaccine.2022.09.025
- 408. Grgič Vitek M, Klavs I, Učakar V, et al.. mRNA vaccine effectiveness against hospitalisation due to severe acute respiratory infection (SARI) COVID-19 during Omicron variant predominance estimated from real-world surveillance data, Slovenia, February to March 2022. Eurosurveillance. 2022;27(20). doi:10.2807/1560-7917.es.2022.27.20.2200350.
- 409. Mattiuzzi C, Lippi G. Real-world effectiveness of COVID-19 vaccination among children in Italy. International Journal of Infectious Diseases. 2022. https://doi.org/10.1016/j.ijid.2022.05.045.
- 410. Wang H, Chen Z, Wang Z, et al. mRNA based vaccines provide broad protection against different SARS-CoV-2 variants of concern. *Emerg Microbes Infect*. Published online 2022 May 23. doi: https://doi.org/10.1080/22221751.2022.2081616







- 411. Agrawal R, Agrawal Y, Mathur S, et al. ChAdOx1-S and BBV152 vaccines Effectiveness on post-vaccination and COVID-19 outcomes. *Research Square*. Published online 2022 May 24. doi: https://doi.org/10.21203/rs.3.rs-1687460/v1
- 412. Brosh-Nissimov T, Maor Y, Elbaz M, et al. Hospitalized patients with breakthrough COVID-19 following vaccination during two distinct waves in Israel, January to August 2021: a multicentre comparative cohort study. *Euro Surveill*. 2022;27(20):pii=2101026. doi: https://doi.org/10.2807/1560-7917.ES.2022.27.20.2101026
- 413. Kikuchi K, Nangaku M, Ryuzaki M, et al. Effectiveness of SARS-CoV-2 vaccines on hemodialysis patients in Japan: a nationwide cohort study. *Ther Apher Dial*. Published online 2022 May 24. doi: 10.1111/1744-9987.13887
- Sezen YI, Senoglu S, Karabela SN, et al. Risk factors and the impact of vaccination on mortality in COVID-19 patients. *Bratisl Med J*. 2022;123(6):440-443. doi: 10.4149/BLL_2022_068
- 415. Murillo-Zamora E, Trujillo X, Huerta M, et al. First-generation BNT162b2 and AZD1222 vaccines protect from COVID-19 pneumonia during the Omicron variant emergence. *Public Health*. 2022;27:105-107. doi: https://doi.org/10.1016/j.puhe.2022.04.001
- 416. Demir E, Dheir H, Safak S, et al. Differences in clinical outcomes of COVID-19 among vaccinated and unvaccinated kidney transplant recipients. *Vaccine*. 2022;40(24):3313-3319. doi: https://doi.org/10.1016/j.vaccine.2022.04.066
- 417. Lee L Y W, Starkey T, Ionescu M C, et al. Vaccine effectiveness against COVID-19 breakthrough infections in patients with cancer (UKCCEP): a population-based test-negative case-control study. *Lancet Oncology* 2022. Published online May 23. https://doi.org/10.1016/S1470-2045(22)00202-9.
- 418. Accorsi E, Britton A, Shang N, et al. Effectiveness of Homologous and Heterologous Covid-19 Boosters against Omicron. *N Engl J Med* 2022; published online May 25. DOI:10.1056/NEJMc2203165.
- 419. Nisar MI, Ansari N, Malik AA, et al. Assessing the effectiveness of COVID-19 vaccines in Pakistan: a test-negative case-control study [published online ahead of print, 2023 Jan 25]. *J Infect*. 2023;S0163-4453(23)00021-X. doi:10.1016/j.jinf.2023.01.016
- 420. Al-Aly Z, Bowe B, Xie Y, et al. Long COVID after breakthrough SARS-CoV-2 infection. *Nat Med* 2022; published online May 25. https://doi.org/10.1038/s41591-022-01840-0.
- 421. Matveeva O, Ershov A. Retrospective cohort study of the effectiveness of the Sputnik V and EpiVacCorona vaccines against the SARS-CoV-2 Delta variant in Moscow (June-July 2021). *Vaccines*. 2022;10(7):984. doi: 10.3390/vaccines10070984
- 422. Nielsen KF, Moustsen-Helms IR, Schelde AB, et al.. Vaccine effectiveness against SARS-CoV-2 reinfection during periods of Alpha, Delta, or Omicron dominance: A Danish nationwide study. PLOS Medicine. Published online 2022 November 22. doi:10.1371/journal.pmed.1004037.
- 423. El Otmani, H., Nabili, S., Berrada, M. et al. Prevalence, characteristics and risk factors in a Moroccan cohort of Long-Covid-19. Neurol Sci (2022). https://doi.org/10.1007/s10072-022-06138-0.
- Valladares-Garrido MJ, Zeña-Ñañez S, Peralta CI, Puicón-Suárez JB, Díaz-Vélez C, Failoc-Rojas VE. COVID-19 Vaccine Effectiveness at a Referral Hospital in Northern Peru: A Retrospective Cohort Study. Vaccines. 2022; 10(5):812. https://doi.org/10.3390/vaccines10050812





- 425. Hara M, Furue T, Fukuoka M, Iwanaga K, Matsuishi E, Miike T, Sakamoto Y, Mukai N, Kinugasa Y, Shigyo M, Sonoda N, Tanaka M, Arase Y, Tanaka Y, Nakashima H, Irie S, Hirota Y. Real-World Effectiveness of the mRNA COVID-19 Vaccines in Japan: A Case—Control Study. Vaccines. 2022; 10(5):779. https://doi.org/10.3390/vaccines10050779
- 426. Corral-Gudion L, Del-Amo-Merino M P, Eiros-Bouza J M, et al. The Omicron wave and the waning of COVID-19 vaccine effectiveness. Influence of vaccine booster and age on confirmed infection incidence. *Eur J Intern Med.* 2022 May 26;S0953-6205(22)00204-7. doi: 10.1016/j.ejim.2022.05.025.
- 427. Tai CG, Maragakis LL, Connolly S, et al. Association Between COVID-19 Booster Vaccination and Omicron Infection in a Highly Vaccinated Cohort of Players and Staff in the National Basketball Association. JAMA. Published online June 02, 2022. doi:10.1001/jama.2022.9479
- 428. Anton Barchuk, Anna Bulina, Mikhail Cherkashin et al. Gam-COVID-Vac, EpiVacCorona, and CoviVac effectiveness against lung injury during Delta and Omicron variant surges in St. Petersburg, Russia: test-negative case-control study. *Respir Res.* 2022;23:276. doi: 10.1186/s12931-022-02206-3
- 429. Teran-Tinedo J R, Gonzalez-Rubio J, Najera A, et al. Clinical characteristics and respiratory care in hospitalized vaccinated SARS-CoV-2 patients. *E Clinical Medicine*. 2022; published online May 20. ttps://doi.org/10.1016/j.eclinm.2022.101453.
- 430. Ashby D R, Caplin B, Corbett R W, et al. Severity of COVID-19 after Vaccination among Hemodialysis Patients: An Observatioanl Cohort Study. *CJASN* 2022; published online June 1. https://doi.org/10.2215/CJN.16621221.
- 431. Pinato DJ, Auguilar-Company J, Ferrante D, et al. Outcomes of the SARS-CoV-2 omicron (B.1.1.529) variant outbreak among vaccinated and unvaccinated patients with cancer in Europe: results from the retrospective, multicentre, OnCovid registry study. *Lancet Oncol.* 2022 Jun 2;S1470-2045(22)00273-X.
- 432. Jung J, Kim JY, Park H, et al. Transmission and infectious SARS-CoV-2 shedding kinetics in vaccinated and unvaccinated individuals. *JAMA Netw Open*. 2022;5(5)e2213606. doi: 10.1001/jamanetworkopen.2022.13606
- 433. Andrejko KL, Pry JM, Myers JF, et al. Waning of two-dose BNT162b2 and mRNA-1273 vaccine effectiveness against symptomatic SARS-CoV-2 infection is robust to depletion-of-susceptibles bias. Am J Epidemiol. 2023 Jan 24:kwad017. doi: 10.1093/aje/kwad017.
- 434. Johnson K W, Patel S, Thapi S, et al. Association of Reduced Hospitalizations and Mortality Among COVID-19 Vaccinated Patients with Heart Failure. *Card Fail* 2022; published online June 9. https://doi.org/10.1016/j.cardfail.2022.05.008.
- 435. Casado JL, Haemmerle J, Vizcarra P et al. Risk of SARS-CoV-2 reinfections in a prospective inception cohort study: Impact of COVID-19 vaccination. *J Clin Med*. 2022;11(12)3352. https://doi.org/10.3390/jcm11123352
- 436. Scruzzi GF, Aballay LR, Carreno P, et al. Vacunación contra SARS-CoV-2 y su relación con enfermedad y Muerte por COVID-19 en Argentina. *Rev Panam Salud Publica*. 2022;46;e39. https://doi.org/10.26633/RPSP.2022.39
- 437. Salvini M, Damonte C, Mortara L, et al. Immunogenicity and clinical efficacy of anti-SARS-CoV-2 vaccination in patients with hematological malignancies: Results of a prospective cohort study of 365 patients. *Am J Hematol*. Published online 2022 June 15. doi: 10.1002/ajh.26629







- 438. Shkoda AS, Gushchin VA, Ogarkova DA, et al. Sputnik V effectiveness against hospitalization with COVID-19 during Omicron dominance. *Vaccines*. 2022;10:938. https://doi.org/10.3390/vaccines10060938
- 439. Martin CA, Pan D, Melbourne C, et al. Risk factors associated with SARS-CoV-2 infection in a multiethnic cohort of United Kingdom healthcare workers (UK-REACH): A cross-sectional analysis. *PLOS Med*. 2022;19(5):e1004015. https://doi.org/10.1371/journal.pmed.1004015
- 440. Vicentini M, Venturelli F, Mancuso P, et al. Risk of SARS-CoV-2 reinfection by vaccination status, predominant variant, and time from previous infection: A cohort study in Italy. SSRN. Published online 2022 June 9. https://ssrn.com/abstract=4132329
- 441. Branda F. Impact of the additional/booster dose of COVID-19 vaccine against severe disease during the epidemic phase characterized by the predominance of the Omicron variant in Italy, December 2021-May 2022. *medRxiv*. Published online 2022 June 13. https://doi.org/10.1101/2022.04.21.22273567
- 442. Monge S, Rojas-Benedicto A, Olmedo C, et al. Effectiveness of a second dose of an mRNA vaccine against SARS-CoV-2 omicron infection in individuals previously infected by other variants. *Clin Infect Dis*. Published online 2022 June 10; ciac429. https://doi.org/10.1093/cid/ciac429
- 443. Li H, Zhu X, Yu R, et al. The effects of vaccination on the disease severity and factors for viral clearance and hospitalization in Omicron-infected patients: A retrospective observational cohort study from recent regional outbreaks in China. Front Cell Infect Microbiol. 2022 Nov 7;12:988694. doi: 10.3389/fcimb.2022.988694
- 444. Brosh-Nissimov T, Hussein K, Wiener-Well Y, et al. Hospitalized patients with severe COVID-19 during the omicron wave in Israel benefits of a fourth vaccine dose. *Clin Infect Dis*. Published online 2022 June 20; ciac501. https://doi.org/10.1093/cid/ciac501
- 445. Hirsh KM, Reidenberg BD. COVID-19 vaccine effectiveness in adults with developmental disabilities living in group homes. *Public Health*. Published online 2022 May 20. https://doi.org/10.1016/j.puhe.2022.05.006.
- 446. Silverman RA, Ceci A, Cohen A, et al. Vaccine Effectiveness during Outbreak of COVID-19 Alpha (B.1.1.7) Variant in Men's Correctional Facility, United States. Emerging Infectious Diseases. 2022;28(7):1313-1320. doi:10.3201/eid2807.220091.
- 447. Antonelli M, Pujol JC, Spector TD, et al. Risk of long COVID associated with delta versus omicron variants of SARS-CoV-2. The Lancet. Published online 2022 Jun 9. https://doi.org/10.1016/S0140-6736(22)00941-2.
- 448. Davies MA, Morden E, Rosseau P, et al. Outcomes of laboratory-confirmed SARS-CoV-2 infection during resurgence driven by Omicron lineages BA.4 and BA.5 compared with previous waves in the Western Cape Province, South Africa. *medRxiv*. Published online 2022 June 28. https://doi.org/10.1101/2022.06.28.22276983
- 449. Islam N, Griffin DO, Jarvis MS, Cohen K. Comparative effectiveness of the sars-CoV-2 vaccines during delta dominance. *Heliyon*. 2023;9(5):e16006. doi:10.1016/j.heliyon.2023.e16006
- 450. Ashby DR, Caplin B, Corbett RW, et al. Outcome and effect of vaccination in SARS-CoV-2 omicron infection in hemodialysis patients: a cohort study. *Nephrol Dial Transplant*. Published online 2022 June 29. https://doi.org/10.1093/ndt/gfac209







- 451. Li X, Wu L, Qu Y, et al. Clinical characteristics and vaccine effectiveness against SARS-CoV-2 omicron subvariant BA.2 in the children. *Signal Transduct Target Ther*. 2022;7:203. https://doi.org/10.1038/s41392-022-01023-w
- 452. Stoliaroff-Pepin A, Peine C, Herath T, et al. Effectiveness of vaccines in preventing hospitalization due to COVID-19: A multicenter hospital-based case-control study, Germany, June 2021 to January 2022. *Vaccine*. 2023;41(2):290-293. doi: 10.1016/j.vaccine.2022.11.065
- 453. Yigit M, Ince Y E, Kalayci F, et al. The Impact of Childhood and Parental Vaccination on SARS-CoV-2 Infection Rates in Children, The Pediatric Infectious Disease Journal: June 28, 2022 Volume Issue 10.1097/INF.000000000003625. https://doi.org/10.1097/inf.000000000003625.
- 454. Emani VR, Pallipuram VK, Goswami KK, et al. Increasing SARS-CoV2 cases, hospitalizations and deaths among the vaccinated elderly populations during the Omicron (B.1.1.529) variant surge in UK. *medRxiv*. Published online 2022 June 30. https://doi.org/10.1101/2022.06.28.22276926.
- 455. Mukherjee A, Kumar G, Turuk A, et al. Vaccination saves lives: How do patients with chronic diseases and severe COVID-19 fare? Analysis from India's National Clinical registry for COVID-19. *medRxiv*. Published online 2022 June 27. https://doi.org/10.1101/2022.06.22.22276744.
- 456. Anderegg N, Althaus C L, Colin S, et al. Assessing real-world vaccine effectiveness against severe forms of SARS-CoV-2 infection: an observational study from routine surveillance data in Switzerland. Swiss Med Wkly. 2022 Apr 19;152:w30163. https://doi.org/10.4414/smw.2022.w30163.
- 457. Murali S, Sakthivel M, Pattabi K, et al. Effectiveness of the ChAdOx1 nCoV-19 Coronavirus Vaccine (CovishieldTM) in Preventing SARS-CoV2 Infection, Chennai, Tamil Nadu, India, 2021. *Vaccines*. 2022; 10(6):970. https://doi.org/10.3390/vaccines10060970.
- 458. Piernas C, Patone M, Astbury N M, et al. Associations of BMI with COVID-19 vaccine uptake, vaccine effectiveness, and risk of severe COVID-19 outcomes after vaccination in England: a population-based cohort study. *Lancet Diabetes Endocrinol*. Published online 2022 June 30. https://doi.org/10.1016/S2213-8587(22)00158-9.
- 459. Sacco C, Del Manso M, Mateo-Urdiales A, et al. Effectiveness of BNT162b2 vaccine against SARS-CoV-2 infection and severe COVID-19 in children aged 5–11 years in Italy: a retrospective analysis of January–April, 2022. *The Lancet*. Published online 2022 June 30. https://doi.org/10.1016/S0140-6736(22)01185-0.
- 460. Erazo D, Vincenti-Gonzalez MF, van Loenhout JAF, et al. Investigating COVID-19 Vaccine Impact on the Risk of Hospitalisation through the Analysis of National Surveillance Data Collected in Belgium. Viruses. 2022; 14(6):1315. https://doi.org/10.3390/v14061315
- Tannous J, Pan AP, Potter T, et al. Real World Effectiveness of COVID-19 Vaccines and Anti SARS-CoV-2 Monoclonal Antibodies Against Post-Acute Sequelae of SARS-CoV-2: Analysis of a COVID-19 observational registry for a diverse US metropolitan population. *BMJ Open*. 2023;13(4):e067611. doi:10.1136/bmjopen-2022-067611







- 462. Good MK, Czarnik M, Harmon KG, et al.. SARS-CoV-2 Infections and Reinfections among Fully Vaccinated and Unvaccinated University Athletes 15 States, January November 2021. *Clinical Infectious Diseases*. Published online 2022 June 30. doi:10.1093/cid/ciac529.
- Aslam J, Rauf ul Hassan M, Fatima Q, et al. Association of disease severity and death outcome with vaccination status of admitted COVID-19 patients in delta period of SARS-COV-2 in mixed variety of vaccine background. Saudi Journal of Biological Sciences. 2022;29(7):103329. doi: https://doi.org/10.1016/j.sjbs.2022.103329.
- 464. Menni C, May A, Polidori L, et al.. COVID-19 vaccine waning and effectiveness and side-effects of boosters: a prospective community study from the ZOE COVID Study. *The Lancet Infectious Diseases*. Published online 2022 April 8. doi:10.1016/s1473-3099(22)00146-3.
- 465. Eid J, Abdelwahab M, Williams H, et al. Decreased severity of COVID-19 in vaccinated pregnant individuals during predominance of different SARS-CoV-2 variants. *Am J Reprod Immunol.* 2022 Jul 5. doi: 10.1111/aji.13596
- 466. Kelly JD, Lu S, Anglin K, et al. Magnitude and determinants of SARS-CoV-2 household transmission: a longitudinal cohort study. *Clin Infect Dis*. 2022 Jul 5:ciac545. doi: 10.1093/cid/ciac545
- 467. Ogata T, Tanaka H, Tanaka E, et al. Increased secondary attack rates among the household contacts of patients with the omicron variant of the coronavirus disease 2019 in Japan. *Int J Environ Res Public Health*. 2022;19(13):8068. doi: 10.3390/ijerph19138068
- 468. Azzolini E, Levi R, Sarti R, et al. Association Between BNT162b2 Vaccination and Long COVID After Infections Not Requiring Hospitalization in Health Care Workers. *JAMA*. Published online July 01, 2022. doi:10.1001/jama.2022.11691
- 469. Hyams C, Challen R, Marlow R, et al. Severity of Omicron (B.1.1.529) and Delta (B.1.617.2) SARS-CoV-2 infection among hospitalised adults: A prospective cohort study in Bristol, United Kingdom. *Lancet Reg Health Eur*. Published online 2022 December 12. doi:10.1016/j.lanepe.2022.100556
- 470. Hamm SR, Rezahosseini O, Møller DL, et al.. Incidence and severity of SARS-CoV -2 infections in liver and kidney transplant recipients in the post-vaccination era: Real-life data from Denmark. *American Journal of Transplantation*. Published online 2022 July 8. doi:10.1111/ajt.17141.
- 471. Almufty HB, Mamani MMA, Ali AH, Merza MA. COVID-19 vaccine breakthrough infection among fully vaccinated healthcare workers in Duhok governorate, Iraqi Kurdistan; a retrospective cohort study.. *Journal of Medical Virology*. Published online 2022 July 8. doi:10.1002/jmv.27985.
- 472. Ko YK, Murayama H, Yamasaki L, et al. Age-dependent effects of COVID-19 vaccine and of healthcare burden on COVID-19 deaths, Tokyo, Japan. *Emerg Infect Dis*. 2022 Jul 12;28(9). doi:10.3201/eid2809.220377
- 473. Bansal D, Abdulmajeed J, Al-Shamali MHMA, et al. Duration of COVID-19 mRNA vaccine effectiveness against severe disease. *Vaccines*. 2022;10(7):1036. doi: 10.3390/vaccines10071036
- 474. Bsteh G, Gradl C, Heschl B, et al. Impact of vaccination on COVID-19 outcome in multiple sclerosis. *Eur J Neurol*. 2022 Jul 5. doi: 10.1111/ene.15488







- 475. Lopez L, Portugal W, Huaman K, et al. [Effectiveness of COVID-19 vaccines and mortality risk in Peru: a population-based study of matched cohorts]. *An Fac med*. 2022;83(2). doi: 10.15381/anales.v83i2.21531
- 476. AlKhafaji DM, Al Argan RJ, AlBahrani S, et al. The impact of vaccination against SARS-CoV-2 virus on the outcome of COVID-19 disease. *Infect Drug Resist*. 2022 Jul;15:3477-3489. https://doi.org/10.2147/IDR.S365179.
- 477. Rennert L, Ma Z, Mcmahan CS, Dean D. Effectiveness and protection duration of Covid-19 vaccines and previous infection against any SARS-CoV-2 infection in young adults. *Nature Communications*. Published online 2022 July 8. https://doi.org/10.1038/s41467-022-31469-z.
- 478. Otto M, Burrell AJ, Serpa Neto A, et al. Clinical Characteristics and Outcomes of Critically Ill Patients with 1, 2 and 3 doses of Vaccination against COVID-19 in Australia. *Internal Medicine Journal*. Published online 2022 July 16. https://doi.org/10.1111/imj.15884.
- 479. Chanda D, Hines JZ, Itoh M, et al. COVID-19 Vaccine Effectiveness Against Progression to In-Hospital Mortality in Zambia, 2021-2022. Open Forum Infect Dis. 2022 Sep 11;9(9):ofac469. doi: 10.1093/ofid/ofac469
- 480. Murayama H, Endo A, Yonekura S. Estimation of waning vaccine effectiveness from population-level surveillance data in multi-variant epidemics. *Epidemics*. Published online 2023 Nov 4. https://doi.org/10.1016/j.epidem.2023.100726
- 481. Barbieri D, Melegari G, Bertellini E, Gaspari A, Halasz G. Covid-19: Relative risks of non-vaccinated to vaccinated individuals. *Research Square*. Published online 2022 July 18. https://doi.org/10.21203/rs.3.rs-1815262/v1.
- 482. Hansen CH, Friis NU, Bager P, et al. Risk of reinfection, vaccine protection, and severity of infection with the BA.5 omicron subvariant: a nation-wide population-based study in Denmark. *Lancet Infect Dis*. Published online 2022 October 18. doi:10.1016/S1473-3099(22)00595-3
- 483. Lau YL, Leung D, Duque JR, et al. Effectiveness of BNT162b2 and CoronaVac in children and adolescents against SARS-CoV-2 infection during Omicron BA.2 wave in Hong Kong. *Research Square*. Published online 21 July 2022. https://doi.org/10.21203/rs.3.rs-1856540/v1.
- 484. Walaza S, Tempia S, von Gottberg A, et al. Risk factors for severe COVID-19 among HIV-infected and-uninfected individuals in South Africa, April 2020- March 2022:data from sentinel surveillance. *medRxiv*. Publisehd online 21 July 2022. https://doi.org/10.1101/2022.07.20.22277839.
- 485. Rodriquez-Cubillo B, Moreno de la Higuera MA, Pérez-Flores I, et al. Clinical Effectiveness of SARS-CoV-2 Vaccination in Renal Transplant Recipients. Antibody Levels Impact in Pneumonia and Death. *Transplantation*. Published online 21 July 2022. https://doi.org/10.1097/tp.0000000000004261.
- 486. Salman A, Elsaddik G, El Mawla Z, et al. The Effectiveness of COVID-19 Vaccines in Preventing Hospitalizations During the Delta Wave: A Patient-Population Study at a Major Referral Center. *Cureus*. Published online 17 June 2022. https://doi.org/10.7759/cureus.26030.







- 487. Herman B, Wong MC-S, Viwattanakulvanid P. Vaccination status, favipiravir, and micronutrient supplementation roles in post-COVID symptoms: A longitudinal study. *PLOS ONE*. Published online 2022 July 21. https://doi.org/10.1371/journal.pone.0271385.
- 488. Turkkan S, Celik Basaran F, Sahin MF, et al. COVID-19 After Vaccination in Lung Transplant Recipients: Real-Life Data Published online ahead of print, 2022 Jul 22. *Exp Clin Transplant*. https://doi.org/10.6002/ect.2022.0088.
- 489. De Gier B, Van Asten L, Boere T, et al. COVID-19 vaccine effectiveness against mortality and risk of death from other causes after COVID-19 vaccination, the Netherlands, January 2021-January 2022. *medRxiv*. Published online 2022 July 22. https://doi.org/10.1101/2022.07.21.22277831.
- 490. Budhiraja S, Indrayan A, Mahajan M. Effect of COVID-19 vaccine on long-COVID: A 2-year follow-up observational study from hospitals in north India. *medRxiv*. Published online 2022 July 22. https://doi.org/10.1101/2022.07.18.22277740.
- 491. Khan M, Mushtaq K, AlSoub D, et al. mRNA COVID-19 vaccine effectiveness in liver transplant patients. *J Hepatol*. Published online 2022 July 4. https://doi.org/10.1016%2FS0168-8278(22)00833-9.
- 492. Kislaya I, Casaca P, Borges V, et al. SARS-CoV-2 BA.5 vaccine breakthrough risk and severity compared with BA.2: a case-case and cohort study using Electronic Health Records in Portugal. *medRxiv*. Published online 2022 July 25. doi:10.1101/2022.07.25.22277996.
- 493. Sentis A, Kislaya I, Nicolay N, et al. Estimation of COVID-19 vaccine effectiveness against hospitalisation in individuals aged ≥65 years using electronic health registries; a pilot study in four EU/EEA countries, October 2021 to March 2022. Euro Surveill. 2022;27(30):pii=2200551. doi: 10.2807/1560-7917.ES.2022.27.30.2200551
- 494. Bestvina CM, Whisenant JG, Torri V, et al. Coronavirus disease 2019 outcomes, patient vaccination status, and cancer-related delays during the Omicron wave: A brief report from the TERAVOLT analysis. *JTO Clin Res Rep.* 2022 Aug;3(8):100335. doi: 10.1016/j.jtocrr.2022.100335
- 495. Sonmezer MC, Dizman GT, Erul E, et al. Relative vaccine effectiveness of the third dose of CoronaVac or BNT162b2 following a two-dose CoronaVac regimen: A prospective observational cohort study from an adult vaccine center in Turkey. *Vaccines*. 2022;10(7):1140. doi: 10.3390/vaccines10071140
- 496. Mehta RM, Bansal S, Satish V, et al. Impact of COVID-19 vaccination on disease severity & outcomes in hospitalized patients in a tertiary care centre in the second wave. *Indian J Med Res.* 2022 Jul. doi: 10.4103/ijmr.ijmr 2232 21.
- 497. Huespe IA, Ferraris A, Lalueza A, et al. COVID-19 Vaccine Protection Against Mortality in Hospitalized Patients with Oxygen Requirement: A Multicontinental Retrospective Study. SSRN. Published online 2022 July 25. https://ssrn.com/abstract=4172065 or http://dx.doi.org/10.2139/ssrn.4172065.
- 498. Johnson S, Mielke N, Mathew T, Maine GN, Chen N, Bahl A. Predictors of hospitalization and severe disease due to breakthrough SARS-CoV-2 infection in fully vaccinated individuals. *Journal of the American College of Emergency Physicians Open*. Published online 2022 July 29. https://doi.org/10.1002/emp2.12793.
- 499. Hosseinzadeh A, Negah-Sahab S, Nili S, et al. COVID-19 cases, hospitalizations and deaths after vaccination: a cohort event monitoring study, Islamic Republic of Iran. Published online 2022 June 22. http://dx.doi.org/10.2471/BLT.22.288073.







- 500. Skarbinski J, Wood MS, Chervo TC, et al. Risk of severe clinical outcomes among persons with SARS-CoV-2 infection with differing levels of vaccination during widespread Omicron (B.1.1.529) and Delta (B.1.617.2) variant circulation in Northern California: A retrospective cohort study. *Lancet Reg Health Am*. Published online 2022 June 16. https://doi.org/10.1016/j.lana.2022.100297.
- 501. Wynberg E, Han AX, Boyd A, et al. The effect of SARS-CoV-2 vaccination on post-acute sequelae of COVID-19 (PASC): A prospective cohort study. *Vaccine*. 2022;40(32):4424-4431. https://doi.org/10.1016/j.vaccine.2022.05.090.
- 502. Hulme WJ, Horne EMF, Parker EPK, et al. Comparative effectiveness of BNT162b2 versus mRNA-1273 covid-19 vaccine boosting in England: matched cohort study in OpenSAFELY-TPP. *BMJ*. 2023;380:e072808. Published 2023 Mar 15. doi:10.1136/bmj-2022-072808
- 503. Ziv A, Heshin-Bekenstein M, Haviv R, et al. Effectiveness of the BNT162b2 mRNA COVID-19 vaccine among adolescents with juvenile-onset inflammatory rheumatic diseases. *Rheumatology*. Published online 2022 Aug 3. https://doi.org/10.1093/rheumatology/keac408.
- 504. Rhynold ES, Quan S, Orr PH, LaBine L, Singer A, St John PD. Protective effects of prior third dose mRNA vaccination in rural nursing home residents during SARS-CoV-2 outbreaks [published online ahead of print, 2022 Aug 8]. *J Am Geriatr Soc*. 2022;10.1111/jgs.17996. doi:10.1111/jgs.17996
- Akaishi T, Kushimoto S, Katori Y, et al. Effectiveness of third vaccine dose for coronavirus disease 2019 during the Omicron variant pandemic: a prospective observational study in Japan. *Sci Rep.* 2022;12:13589. doi:10.1038/s41598-022-17990
- 506. Vicini S, Bellini D, Iannarelli A, et al. Pneumonia frequency and severity in patients with symptomatic COVID-19: Impact of mRNA and virus vector vaccines. Am J Roentgenol. 2022 Aug 10;1-10. doi:10.2214/AJR.22.27843
- 507. Amodio E, Genovese D, Mazzeo L, et al. Effectiveness of mRNA COVID-19 vaccines in adolescents over 6 months. *Pediatrics*. Published online 2022 August 10. doi:10.1542/peds.2022-057394
- Najjar M, Albuaini S, Fadel M, et al. Covid-19 Vaccination Efficacy, Reported Side Effects, and Hesitancy Among the Syrian Population. *Research Square*. Published online 2022 Aug 05. https://doi.org/10.21203/rs.3.rs-1927000/v1.
- 509. Robilotti E, Whiting K, Lucca A, et al. Effectiveness of mRNA booster vaccine among health Care workers in New York City during the omicron surge, December 2021- January 2022. Clin Microbiol Infect. 2022 Aug 2:S1198-743X(22)00385-8. https://doi.org/10.1016/j.cmi.2022.07.017.
- 510. Kirwan PD, Charlett A, Birrell P, et al. Trends in COVID-19 hospital outcomes in England before and after vaccine introduction, a cohort study. *Nat Commun.* 2022;13:4834. doi: 10.1038/s41467-022-32458-y
- 511. Dörr T, Haller S, Müller MF, et al. Risk of SARS-CoV-2 Acquisition in Health Care Workers According to Cumulative Patient Exposure and Preferred Mask Type. JAMA Netw Open. 2022;5(8):e2226816. doi:10.1001/jamanetworkopen.2022.26816
- 512. Alotaiby M, Krissaane I, Seraihi AA, et al.. SARS-CoV-2 Reinfection Rate and Outcomes in Saudi Arabia: A National Retrospective Study. *International Journal of Infectious Diseases*. 2022. doi:10.1016/j.ijid.2022.07.025.
- 513. Butt AA, Dargham SR, Coyle P, et al. COVID-19 disease severity in persons infrected with Omicron BA.1 and BA.2 sublineages and association with vaccination status. *JAMA Intern Med.* Published online 2022 August 22. doi: 10.1001/jamainternmed.2022.3351







- 514. Stepanova M, Lam B, Younossi E et al. The impact of variants and vaccination on the mortality and resource utilization of hospitalized patients with COVID-19. *BMC Infect Dis.* 2022;22:702. doi: 10.1186/s12879-022-07657-z
- 515. Smoll N, Walker J, Al Imam MH, et al. Outbreak of SARS-CoV-2 Delta variant on a single liquefied natural gas vessel, with estimates of vaccine effectiveness. *Commun Dis Intell*. 2022;46. doi: 10.33321/cdi.2022.46.40
- 516. Zhang Y, Belayachi J, Yang Y et al. Real-world study of the effectiveness of BBIBP-CorV (Sinopharm) COVID-19 vaccine in the Kingdom of Morocco. *BMC Pub Health*. 2022;22:1584. https://doi.org/10.1186/s12889-022-14016-9
- 517. Piekos SN, Hwang YM, Roper RT et al. The effect of COVID-19 vaccination and booster on maternal-fetal outcomes: a retrospective cohort stuy. *Lancet Digital Health*. Published online 2023 August 1. doi: 10.1016/S2589-7500(23)00093-6
- 518. Ray JG, Park AL. SARS-CoV-2 vaccination, ABO blood group and risk of COVID-19: population-based cohort study. BMJ Open. 2022;12:e059944. doi: 10.1136/bmjopen-2021-059944
- 519. Ivashkin V, Ismailova A, Dmitrieva K, et al. Efficacy and safety of COVID-19 vaccination in patients with cirrhosis. World J Hepatol. 2022 Jul 27; 14(7):1470-1479. doi: 10.4254/wjh.v14.i7.1470
- 520. Zee ST, Kwok LF, Kee KM, et al. Impact of COVID-19 vaccination on healthcare worker infection rate and outcome during SARS-CoV-2 omicron variant outbreak in Hong Kong. *Vaccines*. 2022;10(8):1322. doi: 10.3390/vaccines10081322
- 521. Havers FP, Patel K, Whitaker M, et al. Laboratory-confirmed COVID-19-associated hospitalizations among adults during SARS-CoV-2 omicron BA.2 variant predominance COVID-19-associated hospitalization surveillance network, 14 states, June 20, 2021-May 31, 2022. MMWR Morb Mortal Wkly Rep. 2022;71:1085-1091. doi: 10.15585/mmwr.mm7134a3
- Intawong K, Chariyalertsak S, Chalom K, et al.. Heterologous third and fourth dose vaccines reduce severity and mortality in COVID-19 patients during the periods of delta and omicron predominance in Thailand. *International Journal of Infectious Diseases*.

 Published online 2022 November 6. doi:10.1016/j.ijid.2022.11.006.
- 523. Kuodi P, Gorelik Y, Zayyad H, et al. Association between BNT162b2 vaccination and reported incidence of post-COVID-19 symptoms: cross-sectional study 2020-21, Israel. *Npj Vaccines*. 2022;7:101. doi: 10.1038/s41541-022-00526-5
- 524. Ali AM, Tofiq AM, Rostam HM, et al. Disease severity and efficacy of homologous vaccination among patients infected with SARS-CoV-2 delta or omicron VOCs, compared to unvaccinated using main biomarkers. *J Med Virol*. Published online 2022 Aug 27. doi: 10.1002/jmv.28098
- 525. Sim JY, Wu PS, Cheng CF, et al. Effectiveness of booster and influenza vaccines against COVID-19 among healthcare workers, Taiwan. *Emerg Infect Dis.* 2022 Aug 29;28(10). doi: 10.3201/eid2810.221134
- 526. Alfaleh A, Alkattan A, Alzaher A, et al. Protective duration of ChAdOx1 and BNT162b2 vaccines against SARS-CoV-2 infection. *Clin Drug Investig.* Published online 2022 Aug 30. doi: 10.1007/s40261-022-01195-x
- Baker JM, Shah MM, O'Hegarty M, et al. Primary and Secondary Attack Rates by Vaccination Status after a SARS-CoV-2 B.1.617.2 (Delta) Variant Outbreak at a Youth Summer Camp Texas, June 2021. J Pediatric Infect Dis Soc. 2022 Aug 31:piac086. doi: 10.1093/jpids/piac086. Epub ahead of print. PMID: 36043454.







- 528. Tan CY, Chiew CJ, Pang D, et al. Vaccine effectiveness against Delta, Omicron BA.1 and BA.2 in a highly vaccinated Asian setting: a test-negative design study. Clin Microbiol Infect. 2022 Aug 23:S1198-743X(22)00418-9. doi: 10.1016/j.cmi.2022.08.002. Epub ahead of print. PMID: 36028091; PMCID: PMC9398552.
- 529. Li K, Ruan F, Zhao Z, et al. Comparative analysis of transmission and vaccine effectiveness in Omicron and Delta variant outbreaks in China. J Infect. 2022 Aug 22:S0163-4453(22)00502-3. doi: 10.1016/j.jinf.2022.08.018. Epub ahead of print. PMID: 36007658; PMCID: PMC9394093.
- Rzymski P, Kasianchuk N, Sikora D, Poniedziałek B. COVID-19 Vaccinations and Rates of Infections, Hospitalizations, ICU Admissions, and Deaths in Europe during SARS-CoV-2 Omicron wave in the first quarter of 2022. *Journal of Medical Virology*. 2022. doi:10.1002/jmv.28131.
- 531. Keyel AC, Russell A, Plitnick J, Rowlands JV, Lamson DM, Rosenberg E, et al. SARS-CoV-2 vaccine breakthrough by Omicron and Delta variants, New York, USA. *Emerg Infect Dis.* 2022 September 01 https://doi.org/10.3201/eid2810.221058
- 532. Yang B, Wong IOL, Xiao J, Tsang TK, Liao Q, Cowling BJ. Effectiveness of CoronaVac and BNT162b2 vaccine against SARS-CoV-2 Omicron BA.2 infections in Hong Kong. *The Journal of Infectious Diseases*. 2022. doi:10.1093/infdis/jiac360.
- 533. Marking U, Havervall S, Norin NG, et al.. High rate of BA.1, BA.1.1 and BA.2 infection in triple vaccinated. *medRxiv*. Published online 2022 September 6. doi:10.1101/2022.04.02.22273333.
- 534. Kirsebom FCM, Andrews N, Stowe J, Ramsay M, Lopez Bernal J. Effectiveness of the COVID-19 vaccines against severe disease with Omicron sub-lineages BA.4 and BA.5 in England. 2022. *The Lancet Regional Health-Europe*. Published online 2022 November 11.doi: https://doi.org/10.1016/j.lanepe.2022.100537
- 535. Leuva H, Zhou M Brau N, et al. Influence of Cancer on COVID-19 Incidence, Outcomes, and Vaccine Effectiveness: A Prospective Cohort Study of U.S. Veterans. *Seminars in Oncoloy*. Published online 2022 August 5. doi: 10.1053/j.seminoncol.2022.07.005.
- 536. Havers FP, Pham H, Taylor CA, et al. COVID-19-associated hospitalizations among vaccinated and unvaccinated adults 18 years or older in 13 US states, January 2021 to April 2022. *JAMA Intern Med*. Published online 2022 Sept 8. doi: 10.10.1001/jamainternmed.2022.4299
- 537. Efe C, Taşçılar K, Gerussi A, et al. SARS-CoV-2 vaccination and risk of severe COVID-19 outcomes in patients with autoimmune hepatitis. *J Autoimmun.* 2022 Oct;132:102906. doi: 10.1016/j.jaut.2022.102906
- 538. Di Lorenzo G, Ingenito C, D'Ambrosio B, et al. The effect of vaccination against COVID-19 in cancer patients: Final results of the COICA Trial. *Oncology*. 2022;100:512-517. doi: 10.1159/000525962
- 539. Carazo S, Villeneuve J, Laliberte D, et al. Risk and protective factors for SARS-CoV-2 infection among healthcare workers: a test-negative case-control study in Quebec, Canada. *Infect Control Hosp Epidemiol*. Published online 2022 Sept 9. doi: 10.1017/ice.2022.231







- 540. Semenzato L, Botton J, Baricault B, et al. Vaccine effectiveness against severe COVID-19 outcomes within the French overseas territories: A cohort study of 2-doses vaccinated individuals matched to unvaccinated ones followed up until September 2021 and based on the National Health Data System. *PLoS ONE*. 2022;17(9):e0274309. doi: 10.1371/journal.pone.0274309
- 541. Duque JSR, Leung D, Yip KM, et al. COVID-19 vaccines versus pediatric hospitalization. *Cell Rep Med*. Published online 2023 January 20. doi: 10.1016/j.xcrm.2023.100936
- Torres R, Toro L, Sanhueza ME, et al. Clinical efficacy of SARS-CoV-2 vaccination in hemodialysis patients. *Kidney Int Rep.* Published online 2022 July 15. doi: 10.1016/j.ekir.2022.07.007
- 543. Solis-Castro ME, Jaramillo-Corrales AJ, Seminario RVG, et al. Effectiveness of the Inactivated SARS-CoV-2 (Vero Cell) Vaccine in Peruvian Health Workers. *Life*. Published online 2022 August 26. doi: 10.3390/life12091318.
- Ayoubkhani D, Bosworth ML, King S, et al. Risk of Long Covid in people infected with SARS-CoV-2 after two doses of a COVID-19 vaccine: community-based, matched cohort study. *Open Forum Infectious Diseases*, 2022; ofac464. Doi: 10.1093/ofid/ofac464
- Atiquzzaman M, Zheng Y, Er L, et al. COVID-19 vaccine effectiveness in patients with non-dialysis dependent chronic kidney diseases; findings from a population based observational study from British Columbia, Canada. *Kidney International*. 2022 Sep 11:S0085-2538(22)00719-0. doi: 10.1016/j.kint.2022.08.027.
- Roberston M, Qasmieh S, Kulkarni S, et al. The epidemiology of long COVID in US adults two years after the start of the US SARS-CoV-2 pandemic. *medRxiv*. Published online 2022 September 14. doi: 10.1101/2022.09.12.22279862.
- Nascimento TCDC, Costa LV, Ruiz AD, et al. Vaccination Status and Long COVID Symptoms in Patients Discharged from Hospital. Research Square. Published online 2022 September 14. doi: https://doi.org/10.21203/rs.3.rs-2050152/v1.
- 548. Kodera S, Niimi Y, Rashed EA, et al. Estimation of mRNA COVID-19 vaccination effectiveness in Tokyo for Omicron variants BA.2 and BA.5- effect of social behavior. *medRxiv*. Published online 2022 Sept 17. doi: 10.1101/2022.09.15.22280010
- 549. Kislaya I, Machado A, Magalhaes S, et al. COVID-19 mRNA vaccine effectiveness (second and first booster dose) against hospitalisation and death during Omicron BA.5 circulation: cohort study based on electronic health records, Portugal, May to July 2022. *Eurosurveillance*. 2022;27(37):pii=2200697. doi: 10.2807/1560-7917.ES.2022.27.37.2200697
- 550. Pescarini JM, Cardoso AM, Santos RV, et al. Vaccine coverage and effectiveness against laboratory-confirmed symptomatic and severe Covid-19 in indigenous people in Brazil: a cohort study. *BMC Public Health*. 2023;23(1):1267. Published 2023 Jun 29. doi: https://doi.org/10.1186/s12889-023-16196-4
- 551. Yamamoto S, Matsuda K, Maeda K, et al. Neutralizing antibodies following three doses of BNT162b2 vaccine, breakthrough infection and symptoms during the Omicron predominant wave. *Int J Infect Dis.* 2023;128:347-354. doi: 10.1016/j.ijid.2023.01.023
- 552. Lin DY, Gu Y, Xu Y, et al. Effects of Vaccination and Previous Infection on Omicron Infections in Children. N Engl J Med. 2022 Sep 22;387(12):1141-1143. doi: 10.1056/NEJMc2209371
- 553. Li H, Sahu KK, Kumar SA, et al. A retrospective study to evaluate the efficacy and safety of SARS-CoV-2 vaccine in patients with advanced genitourinary cancers. Heliyon. 2022 Sep 13;8(9):e10583. doi: 10.1016/j.heliyon.2022.e10583







- 554. Kelly JD, Leonard S, Hoggatt KJ, et al. Incidence of Severe COVID-19 Illness Following Vaccination and Booster With BNT162b2, mRNA-1273, and Ad26.COV2.S Vaccines. *JAMA*. Published online September 26, 2022. doi:10.1001/jama.2022.17985
- Rottenstreich M, Rotem R, Wiener-Well Y, Grisaru-Granovsky S, Sela HY. Covid-19 third vaccination during pregnancy: maternal and neonatal outcomes—a retrospective study. *Archives of Gynecology and Obstetrics*. Published online September 26, 2022. doi:10.1007/s00404-022-06786-9.
- 556. Li H, Wallace ZS, Sparks JA, et al. Risk of COVID -19 among unvaccinated and vaccinated patients with rheumatoid arthritis: a general population study. *Arthritis Care & Research*. Published online September 26, 2022.doi:10.1002/acr.25028.
- Bosworth ML, Schofield R, Ayoubkhani D, Charlton L, Nafilyan V, Khunti K, Zaccardi F, Gillies C, Akbari A, Knight M, Wood R, Hardelid P, Zuccolo L, Harrison C. Vaccine effectiveness for prevention of covid-19 related hospital admission during pregnancy in England during the alpha and delta variant dominant periods of the SARS-CoV-2 pandemic: population based cohort study. *BMJ Med.* 2023 Jul 10;2(1):e000403. doi: 10.1136/bmjmed-2022-000403.
- 558. Ridgway JP, Tideman S, French T, et al. Odds of Hospitalization for COVID-19 After 3 vs 2 Doses of mRNA COVID-19 Vaccine by Time Since Booster Dose. JAMA. Published online September 23, 2022. doi:10.1001/jama.2022.17811
- 559. Wei Z, Ma W, Wang Z, et al. Household transmission of SARS-CoV-2 during the Omicron wave in Shanghai, China: a case-ascertained study. *medRxiv*. Published online 2022 September 27. doi: 10.1101/2022.09.26.22280362
- 560. Ballouz T, Menges D, Kaufmann M, et al. Post COVID-19 condition after Wildtype, Delta, and Omicron variant SARS-CoV-2 infection and vaccination: pooled analysis of two population-based cohorts. *PLOS ONE*. Published online 2023 Feburary 22. doi: 10.1371/journal.pone.0281429.
- Reynolds MW, Secora A, Joules A, et al. Evaluating real-world COVID-19 vaccine effectiveness using a test-negative case-control design. *J Comp Eff Res.* 2022 Sep 23:10.2217/cer-2022-0069. doi: 10.2217/cer-2022-0069
- 562. Streibl BI, Lahne H, Grahl A, et al. Epidemiological and Serological Analysis of a SARS-CoV-2 Outbreak in a Nursing Home: Impact of SARS-CoV-2 Vaccination and Enhanced Neutralizing Immunity Following Breakthrough Infection. *Microorganisms*. 2022 Sep 9;10(9):1809. doi: 10.3390/microorganisms10091809.
- 563. Zheng C, Branch-Elliman W, Fillmore NR, et al. Hospitalization rates following mRNA SARS-CoV-2 booster vaccination among patients with and without prior SARS-CoV-2 infection: A nationwide, retrospective cohort study. *Research Square*. Published online 2023 February 17. doi: 10.2120
- Valim V, Martins-Filho OA, Gouvea MDPG, et al. Effectiveness, safety, and immunogenicity of half dose ChAdOx1 nCoV-19 vaccine: Viana project. *Front Immunol*. 2022;13:966416. doi: 10.3389/fimmu.2022.966416
- Oliveira EA, Oliveira MCL, Colosimo EA, et al. Vaccine effectiveness against SARS-CoV-2 variants in adolescents from 15 to 90 days after second dose: a population-based test-negative case-control study. *J Pediatr*. Published online 2022 September 28. doi: 10.1016/j.jpeds.2022.09.039







- John BV, Barritt AS, Moon A, et al. Effectiveness of COVID-19 viral vector Ad.26.COV2.S vaccine and comparison with mRNA vaccines in cirrhosis. *Clin Gastr Hepatol.* 2022;20(10):2405-2408.E3. doi: 10.1016/j.cgh.2022.05.038
- Fantin R, Herrero R, Hildesheim A, et al. Estimating vaccine effectiveness against SARS-CoV-2 infection, hospitalization and death from ecologic data in Costa Rica. *BMC Infect Dis.* 2022;22:767. doi: 10.1186/s12879-022-07740-5
- 568. Barda N, Canetti M, Gilboa M, et al. Comparing immunogenicity and efficacy of two different mRNA-based COVID-19 vaccines as a fourth dose; six-month follow-up, Israel, 27 December 2021 to 24 July 2022. *Eurosurveill*. 2022;27(39):pii=2200701
- Harrison DA, Watkinson PJ, Doidge JC, et al. Impact of vaccination on COVID-19 associated admissions to critical care in England: a population cohort study of linked data. *medRxiv*. Published online 2022 October 4. doi: 10.1101/2022.10.03.22280649
- 570. Barda N, Canetti M, Gilboa M, et al. Comparing immunogenicity and efficacy of two different mRNA-based COVID-19 vaccines as a fourth dose; six-month follow-up, Israel, 27 December 2021 to 24 July 2022. *Eurosurveill*. 2022;27(39):pii=2200701. doi: 10.2807/1560-7917.ES.2022.27.39.2200701
- 571. Fernandes CM, Dias SL, Ferreira MC, et al. COVID-19 post-vaccination in healthcare workers and vaccine effectiveness, Brazil, 2021. *Clinics*. 2022;77:100109. doi: 10.1016/j.clinsp.2022.100109
- 572. Patel NJ, Wang X, Fu X, et al. Factors associated with COVID-19 breakthrough infection among vaccinated patients with rheumatic diseases: A cohort study. *Semin Arthritis Rheum*. Published online 2022 November 5. doi:10.1016/j.semarthrit.2022.152108
- 573. Wood R, Calvert C, Carruthers J, et al.. COVID-19 vaccination and SARS-CoV-2 infection in early pregnancy and the risk of major congenital anomalies: a national population-based cohort study. *ResearchSquare*. Published online 2022 October 06. doi:10.21203/rs.3.rs-2129185/v1.
- 574. Silva-Valencia, J., Soto-Becerra, P.,et al. Relative vaccine effectiveness of the booster dose of COVID-19 vaccine for preventing death in individuals with a primary regimen based on the BBIBP-CorV, ChAdOx1-S, or BNT162b2 vaccines during the Omicron wave in Peru: A nested case-control study using national population data. *Vaccine*. Published online 2022 September 28 https://doi.org/10.1016/j.vaccine.2022.09.066
- 575. Serra FE, Rosa Junior ER, de Rossi P, et al. COVID-19: Impact of Original, Gamma, Delta, and Omicron Variants of SARS-CoV-2 in Vaccinated and Unvaccinated Pregnant and Postpartum Women. Vaccines (Basel). 2022 Dec 17;10(12):2172. doi: 10.3390/vaccines10122172.
- 576. Grapsa E, Adamos G, Andrianopoulos I, et al. Association Between Vaccination Status and Mortality Among Intubated Patients With COVID-19–Related Acute Respiratory Distress Syndrome. *JAMA Netw Open.* Published online 2022 October 7. doi:10.1001/jamanetworkopen.2022.35219
- 577. Shields, A. M., Tadros, S., Nell, J. M., et al. Impact of vaccination on hospitalization and mortality from COVID-19 in patients with primary and secondary immunodeficiency: The United Kingdom experience. *Frontiers in Immunology*. Published online September 23 2022. https://doi.org/10.3389/fimmu.2022.984376





- 578. Li, X., Xu, Y., et al. Real-world effectiveness and protection of SARS-CoV-2 vaccine among patients hospitalized for COVID-19 in Xi'an, China, December 8, 2021, to January 20, 2022: A retrospective study. *Frontiers in Immunology*. Published online 2022 September 23. https://doi.org/10.3389/fimmu.2022.978977
- 579. van Ewijk, C. E., Hazelhorst, E. I., et al. COVID-19 outbreak in an elderly care home: Very low vaccine effectiveness and late impact of booster vaccination campaign. *Vaccine*. Published online 2022 October 4. https://doi.org/10.1016/j.vaccine.2022.09.080
- 580. Spiliopoulos L, Sørensen AIV, Bager PM, et al. Post-acute symptoms four months after SARS-CoV-2 infection during the Omicron period: a nationwide Danish questionnaire study. *Am J Epidmiol*. Published online 2023 November 17. doi:10.1093/aje/kwad225
- 581. Brannock MD, Chew RF, Preiss AJ, et al. Long COVID Risk and Pre-COVID Vaccination: An EHR-Based Cohort Study from the RECOVER Program. *medRxiv*. Published online 2022 October 7. doi:10.1101/2022.10.06.22280795.
- 582. Al-Momani H, Aldajah K, Alda'ajah E, ALjafar Y, Abushawer Z. Effectiveness of Pfizer/BioNTech and Sinopharm COVID-19 vaccines in reducing hospital admissions in prince Hamza hospital, Jordan. Front Public Health. 2022 Sep 21;10:1008521. doi: 10.3389/fpubh.2022.1008521.
- 583. Ma E, Ai J, Zhang Y, et al. Omicron infections profile and vaccination status among 1881 liver transplant recipients: a multi-center retrospective cohort. *Emerg Microbes Infect*. Published online 2022 Oct 13. doi: 10.1080/22221751.2022.2136535
- 584. HEROES-RECOVER Network. Association of mRNA vaccination with clinical and virologic features of COVID-19 among US essential and frontline workers. *JAMA*. 2022;328(15):1523-1533. doi: 10.1001/jama.2022.18550
- 585. AlBahrani S, AlBarrak A, Al-Musawi T, et al. COVID-19 vaccine had a significant positive impact on patients with SARS-COV-2 during the third (Omicron) wave in Saudi Arabia. *J Infect Public Health*. 2022;15(11):1169-1174. doi: 10.1016/j.jiph.2022.09.005
- 586. Mohanty S, Dawood FS, Stanford JB, et al. COVID-19 Vaccine Effectiveness against Symptomatic and Asymptomatic SARS-CoV-2 Infections with the Delta Variant among a Cohort of Children Aged ≥ 12 Years and Adults in Utah. *medRxiv*. Published online 2022 October 17. https://doi.org/10.1101/2022.10.13.22281012.
- 587. Pedersen ESL, Schreck LD, Goutaki M, et al. Incidence and severity of SARS-CoV-2 infections in people with primary ciliary dyskinesia. *medRxiv*. Published online 2022 October 17. https://doi.org/10.1101/2022.10.14.22281075.
- Rasmussen LD, Cowan S, Gerstoft J, et al. Outcomes following severe acute respiratory syndrome coronavirus 2 infection among individuals with and without HIV in Denmark. *AIDS*. 2022 Sep 20. doi: 10.1097/QAD.000000000003393.
- 589. Chano T, Yamashita T, Fujimura H, et al. Effectiveness of COVID-19 vaccination in healthcare workers in Shiga Prefecture, Japan. *Sci Rep.* 2022;12(1):17621. Published 2022 Oct 21. doi:10.1038/s41598-022-22682-3
- 590. Kerr S, Bedston S, Bradley DT, et al. Waning of first- and second-dose ChAdOx1 and BNT162b2 COVID-19 vaccinations: a pooled target trial study of 12.9 million individuals in England, Northern Ireland, Scotland and Wales [published online ahead of print, 2022 Oct 22]. Int J Epidemiol. 2022;dyac199. doi:10.1093/ije/dyac199





- 591. Promlek T, Hansirisathit T, Kunno T et al. Effectiveness of Coronavac and ChAdOx1 COVID-19 vaccines against severe illness in Thailand: A retrospective cohort study. *Research Square*. Published online 2022 October 20. https://doi.org/10.21203/rs.3.rs-2150957/v1.
- 592. Beraud G, Bouetard L, et al. Impact of vaccination on the presence and severity of symptoms of hospitalised patients with an infection by the Omicron variant (B.1.1.529) of the SARS-CoV-2 5 (subvariant BA.1). *Clin Microbiol Infect*. Published online 2022 December 29. doi: https://doi.org/10.1016/j.cmi.2022.12.020
- 593. Kahlert CR, Strahm C, Güsewell S, et al. Association of viral variant and vaccination status with the occurrence of symptoms compatible with post-acute sequelae after primary SARS-CoV-2 infection. *medRxiv*. Published online 2022 October 22. doi:10.1101/2022.10.21.22281349.
- 594. Rossi MA, Cena T, Binala J, Alessi D, Scotti L, Faggiano F. Evaluation of the risk of SARS-CoV-2 Infection and Hospitalization in Vaccinated and Previously Infected Subjects Based on Real World Data. *ResearchSquare*. Published online 2022 October 27. doi:10.21203/rs.3.rs-2082030/v1.
- 595. Contractor A, Shivaprakash S, Tiwari A, et al. Effectiveness of Covid-19 vaccines (CovishieldTM and Covaxin®) in healthcare workers in Mumbai, India: A retrospective cohort analysis. *PLos One*. 2022;17(10):e0276759. doi: 10.1371/journal.pone.0276759
- 596. Chemaitelly H, Tang P, Coyle P, et al. Protection against reinfection with the Omicron BA.2.75 subvariant. *New Engl J Med*. Published online 2023 January 18. doi: 10.1056/NEJMc2214114
- 597. Ali HN, Shahrzad S, Reza MSM, Mohammadreza K, Katayoun A. Maternal and Neonatal Outcomes following COVID-19 Vaccination in Pregnancy. Research Square. Published online 2022 October 31. doi:10.21203/rs.3.rs-2206595/v1.
- 598. Atanasov, VA, Barreto P, Paula N, et al. Selection Bias and COVID-19 Vaccine Effectiveness Against Death: Evidence from Linked Mortality and Vaccination Records Northwestern Law & Econ Research Paper No. 22-17, Published online 2022 November 02. Available at SSRN: https://ssrn.com/abstract=4250460.
- 599. Jassat W, Mudara C, Vika C, et al. A cohort study of Post COVID-19 Condition across the Beta, Delta and Omicron waves in South Africa: 6-month follow up of hospitalised and non-hospitalised participants. medRxiv. Published online 2022 Nov 1. doi: 10.1101/2022.10.31.22281748.
- 600. Hua Q, Zheng D, Yu B, et al. Effectiveness of Inactivated COVID-19 Vaccines against COVID-19 Caused by the SARS-CoV-2 Delta and Omicron Variants: A Retrospective Cohort Study. Vaccines (Basel). 2022 Oct 19;10(10):1753. doi: 10.3390/vaccines10101753.
- 601. Thotsiri S, Sittiudomsuk R, Sutharattanapong N, et al. The Effect of a Booster Dose mRNA Vaccine on COVID-19 Infection in Kidney Transplant Recipients after Inactivated or Viral Vector Vaccine Immunization. Vaccines (Basel). 2022 Oct 10;10(10):1690. doi: 10.3390/vaccines10101690.
- Negroni D, Carriero S, Passarella I, et al. Preliminary analysis of the effects of Ad26.COV2.S vaccination on CT findings and high intensive care admission rates of COVID-19 patients. *Tomography*. 2022;8(5):2403-2410. doi: 10.3390/tomography8050199







- 603. Das D, Raha FK, Adnan M, et al. Dynamic antibody response in SARS-CoV-2 infected patients and COVID-19 vaccine recipients, and vaccine effectiveness in comorbid and multimorbid patients. SSRN. Published online 2022 Nov 4. doi: 10.2139/ssrn.4263948
- 604. Lewnard JA, Hong V, Kim JS, et al. Association of SARS-CoV-2 BA.4/BA.5 Omicron lineages with immune escape and clinical outcome. *medRxiv*. Published online 2022 Nov 3. doi: 10.1101/2022.07.31.22278258
- 605. Abdelhamid MHM, Almsellati IA, Annajar BB, et al. Hospitalization among vaccines for SARS-CoV-2 breakthrough infection after dose sparing strategies in Libya: A cohort study. *PLoS ONE*. 2022;17(11):e0276425. doi: 10.1371/journal.pone.0276425
- 606. Rajmohan P, Gopinathan UU, Saudha NPA, et al. Effectiveness of ChAdOx1 nCoV-19 coronavirus vaccine in preventing severe disease and mortality during the second wave of pandemic: A case-case analysis from a tertiary care center in South India. *J Acute Dis.* 2022;11(5):188-193. doi: 10.4103/2221-6189.357457
- 607. Woodbridge Y, Amit S, Huppert A, et al. Viral load dynamics of SARS-CoV-2 delta and omicron variants following multiple vaccine doses and previous infection. *Nat Commun*. 2022;13:6706. doi: 10.1038/s41467-022-33096-0
- 608. Grasselli G, Zanella A, Carlesso E, et al. Association of COVID-19 vaccinations with intensive care unit admissions and outcome of critically ill patients with COVID-19 pneumonia in Lombardy, Italy. JAMA Netw Open. 2022;5(10):e2238871. doi: 10.1001/jamanetworkopen.2022.38871
- 609. Homan T, Mazzilli S, Chieti A, et al. Covid-19 vaccination programme effectiveness against SARS-CoV-2 related infections, hospital admissions and deaths in the Apulia region of Italy: a one-year retrospective cohort study. *Sci Rep.* 2022;12:18597. doi: 10.1038/s41598-022-23235-4
- 610. Liu C, Zhang J, Zeng Y, et al. Effectiveness of SARS-CoV-2 inactivated vaccine and the correlation to neutralizing antibodies: a test-negative case-control study. *J Med Virol*. Published online 2022 Nov 3. doi: 10.1002/jmv.28280
- Tschiderer, L., Seekircher, L., et al. Ultra-rapid rollout vaccination with BNT162b2 to reduce SARS-CoV-2 infections in the general population. *iScience*, 105380. Published online 2022 November 7. doi: https://doi.org/10.1016/j.isci.2022.105380
- 612. Lau JJ, Cheng SM, Leung K, et al. Real-world COVID-19 vaccine effectivenessagainst the Omicron BA.2 variant in a SARS-CoV-2 infection-naïve population. *Nat Med.* Published online 2023 January 18. https://www.nature.com/articles/s41591-023-02648-2
- 613. Parenica J, Benesova K, Radvan M, Sanca O, Hlasensky J, Lokaj P, Ondrus T, Helanova K, Kala P, Dusek L, Jarkovsky J. COVID-19 vaccine booster significantly decreases the risk of intensive care unit hospitalization in heart failure patients during the Omicron variant wave: A population-based study. Front Cardiovasc Med. 2022 Oct 20;9:998842. doi: 10.3389/fcvm.2022.998842.
- 614. Kataria S, Sharma P, Singh MK, Deswal V, Kumar K, Alam S, Gupta V, Phogat R, Sarma S, Patil N, Dutt R, Singh P, Saxena R, Trehan N. Safety, immunogenicity & effectiveness of the COVID-19 vaccine among healthcare workers in a tertiary care hospital. Indian J Med Res. 2022 May-Jun;155(5&6):518-525. doi: 10.4103/ijmr.ijmr_1771_21.
- 615. Rajmohan P, Gopinathan UU, et al. Effectiveness of ChAdOx1 nCoV-19 coronavius vaccine in preventing severe disease and mortality during the second wave of pandemic: A case-case analysis from a tertiary care center in South India. *Journal of Acute disease*. Published online 2022 October 14. Doi: 10.4103/2221-6189.357457







- 616. Piazza MF, Amicizia D, Marchini F, et al.. Who Is at Higher Risk of SARS-CoV-2 Reinfection? Results from a Northern Region of Italy. *Vaccines*. Published online 2022 November 8. doi:10.3390/vaccines10111885.
- 617. Sales-Moioli AlL, Galvão-Lima LJ, Pinto TKB, et al.. Effectiveness of COVID-19 Vaccination on Reduction of Hospitalizations and Deaths in Elderly Patients in Rio Grande do Norte, Brazil. *International Journal of Environmental Research and Public Health*. Published online 2022 October 26. doi:10.3390/ijerph192113902.
- Jiménez-Sepúlveda N, Chico-Sánchez P, Castro-García JM, et al.. The Waning of BNT162b2 Vaccine Effectiveness for SARS-CoV-2 Infection Prevention over Time: A Test-Negative Study in Health Care Professionals of a Health Department from January 2021 to December 2021. *International Journal of Environmental Research and Public Health*. Published online 2022 October 25. doi:10.3390/ijerph192113884.
- 619. Kerr, S., Robertson, C., Hillman, S., et al. Severity of BA.2 variant and vaccine effectiveness against symptomatic disease in Scotland. *The Lancet Regional Health Europe* Published online 2022 November 4. https://doi.org/10.1016/j.lanepe.2022.100533.
- 620. Català M, Burn E, Rathod-Mistry T, et al. Observational methods for COVID-19 vaccine effectiveness research: an empirical evaluation and target trial emulation [published online ahead of print, 2023 Oct 13]. *Int J Epidemiol*. 2023;dyad138. doi:10.1093/ije/dyad138
- 621. Grupel D, Pasternak Y, Schonmann Y. Effect of same-arm versus cross-arm administration of sequential doses of BNT162b2 on short-term vaccine effectiveness A retrospective cohort study. Published online ahead of print, 2022 Nov 19. *Clin Microbiol Infect*. 2022;S1198-743X(22)00576-6. doi:10.1016/j.cmi.2022.11.009
- 622. Percio J, Cabral CM, Fantinato FFST, de Assis DM, Guzmán-Barrera LS, de Araújo WN. Effect of vaccination against Covid-19 one year after its introduction in Brazil. *Trop Dis Travel Med Vaccines*. 2022;8(1):25. Published 2022 Nov 18. doi:10.1186/s40794-022-00183-5
- 623. Xu H, Li H, You H, et al. Effectiveness of inactivated COVID-19 vaccines against mild disease, pneumonia, and severe disease among persons infected with SARS-CoV-2 Omicron variant: Real-world study in Jilin Province, China. Published online ahead of print, 2022 Nov 18. *Emerg Microbes Infect*. 2022;1-30. doi:10.1080/22221751.2022.2149935
- Parker EP, Horne EM, Hulme WJ, et al. Comparative effectiveness of two- and three-dose schedules involving AZD1222 and BNT162b2 in people with kidney disease: a linked OpenSAFELY and UK Renal Registry cohort study. *Lancet Reg Health Eur*; Published online 2023 May 3. https://doi.org/10.1016/j.lanepe.2023.100636.
- 625. Volkov O, Borozdenkova S, Gray A. Prediction of Covid-19 vaccine effectiveness in adult populations and in clinically-vulnerable subgroups. *medRxiv*. Published online 2022 November 25. doi:10.1101/2022.11.22.22282637.
- 626. Li Y, Guo T, Zhong J, et al. Effect of vaccination time intervals on SARS-COV-2 omicron variant strain infection in Guangzhou: A real-world matched case-control study. *Vaccines*. 2022;10(11):1855. doi: 10.3390/vaccines10111855







- 627. Sukhikh GT, Priputnevich TV, Ogarkova DA, et al. Sputnik Light and Sputnik V vaccination is effective at protecting medical personnel from COVID-19 during the period of Delta variant dominance. *Vaccines*. 2022;10(11):1804. doi: 10.3390/vaccines10111804
- 628. DeSilva MB, Mitchell PK, Klein NP, et al. Protection of 2 and 3 mRNA Vaccine Doses Against Severe Outcomes Among Adults Hospitalized with COVID-19 VISION Network, August 2021 March 2022 [published online ahead of print, 2022 Nov 23]. *J Infect Dis.* 2022;jiac458. doi:10.1093/infdis/jiac458
- 629. Xu S, Sun M. Covid-19 vaccine effectiveness during Omicron BA.2 pandemic in Shanghai: A cross-sectional study based on EMR. *Medicine (Baltimore)*. Published online 2022 November 11. doi:10.1097/MD.0000000000031763
- 630. Munigela A, Sowpati DT, M S, et al. Clinical outcomes in individuals hospitalized with SARS-CoV-2 Delta variant (B.1.617.2) who had been vaccinated with Covishield (ChAdOx1) and Covaxin (BBV-152). *IJID Reg.* 2022;5:104-110. doi:10.1016/j.ijregi.2022.08.016
- 631. Aoshima M, Ohfuji S. Real-world vaccine effectiveness of mRNA vaccines for SARS-CoV-2; a test-negative case-control study in a medium-sized clinic [published online ahead of print, 2022 Dec 2]. *Hum Vaccin Immunother*. 2022;2147353. doi:10.1080/21645515.2022.2147353.
- 632. Montes-González JA, Zaragoza-Jiménez CA, Antonio-Villa NE, et al. Protection of hybrid immunity against SARS-CoV-2 reinfection and severe COVID-19 during periods of Omicron variant predominance in Mexico. *Front Public Health*. 2023;11:1146059. Published 2023 Apr 4. doi:10.3389/fpubh.2023.1146059
- Rubin-Smith JE, Castro MYR, Preza I, et al. Primary Series COVID-19 Vaccine Effectiveness among Health Care Workers in Albania, February—December 2021 [published online ahead of print, 2023 Apr 16]. *IJID Reg.* 2023;doi:10.1016/j.ijregi.2023.04.009
- 634. Wu S, Li Y, Mishra S, Bodner K, Baral S, Kwong JC, Wei X. Effect of the incremental protection of previous infection against Omicron infection among individuals with a hybrid of infection- and vaccine-induced immunity: a population-based cohort study in Canada. Int J Infect Dis. 2022 Nov 28:S1201-9712(22)00620-8. doi: 10.1016/j.ijid.2022.11.028. Epub ahead of print. PMID: 36455812.
- 635. Fowokan A, Samji H, Puyat J, Janjua N, Wilton J, Wong J, Grennan T, Chambers C, Kroch A, Costiniuk CT, Cooper CL, Burchell AN, Anis A. Effectiveness of COVID-19 Vaccines in People Living with HIV in British Columbia and comparisons with a matched HIV-Negative Cohort: A Test Negative Design. Int J Infect Dis. 2022 Nov 30:S1201-9712(22)00624-5. doi: 10.1016/j.ijid.2022.11.035.
- 636. Hsu CY, Chang JC, Chen SL, Chang HH, Lin AT, Yen AM, Chen HH. Primary and booster vaccination in reducing severe clinical outcomes associated with Omicron Naïve infection. J Infect Public Health. 2022 Nov 30;16(1):55-63. doi: 10.1016/j.jiph.2022.11.028.
- 637. Li Y, Wang Z, Liu J, Han J, Yang L. A comparison of the protective effect of vaccination and clinical features between the SARS-CoV-2 wild-type strain and Delta (B.1.617.2) variant. Arch Med Sci. 2022 Nov 7;18(6):1678-1682. doi: 10.5114/aoms/155114. PMID: 36457976; PMCID: PMC9710252.
- 638. Chemaitelly H, Ayoub HH, Coyle P, et al. BNT162b2 antigen dose and SARS-CoV-2 omicron infection in adolescents. The Lancet Infectious Diseases. Published online 2023 Feb 01. DOI: 10.1016/s1473-3099(23)00005-1







- 639. Velasquez Garcia HA, Adu PA, Harrigan S, et al. Risk factors for COVID-19 hospitalization following COVID-19 vaccination: a population-based cohort study in Canada. *Int J Infect Dis*. Published online 2022 Dec 9. doi: 10.1016/j.ijid.2022.12.001
- 640. Mahindra G, Acharya S, Nirala P, et al. Retrospective descriptive analysis of COVID-19 infection among vaccinated healthcare workers at Fortis Tertiary Care hospitals. *SSRN*. Published online 2022 Dec 13. doi: 10.2139/ssrn.4298249
- 641. Uusküla A, Pisarev H, Tisler A, et al. Risk of SARS-CoV-2 infection and hospitalization in individuals with natural, vaccine-induced and hybrid immunity: a retrospective population-based cohort study from Estonia. Published online 2023 July 23. *medRxiv*. doi:10.1101/2023.07.18.23292858
- Bardossy A, Angeles J, Booth S, et al. SARS-CoV-2 Infections among Vaccinated Patients on Maintenance Dialysis, January 1–August 31, 2021, United States Kidney360. Published online 2022 September 16. PMCID: PMC9717631. doi: 10.34067/KID.0003092022
- 643. Cauchi JP, Dziugyte A, Borg M-L, et al.. Hybrid immunity and protection against infection during the Omicron wave in Malta. *Emerging Microbes & Infections*. Published online 2022 December 13. doi:10.1080/22221751.2022.2156814
- 644. Khan FL, Nguyen JL, Singh TG, et al. Estimated BNT162b2 vaccine effectiveness against infection with Delta and Omicron variants among US children 5 to 11 years of age. *JAMA Netw Open.* 2022;5(12):e2246915. doi: 10.1001/jamanetworkopen.2022.46915
- 645. Hamdah BA, Nazzal Z. Long-COVID symptom risk among COVID-19 patients and its relationship to COVID-19 vaccination; a prospective cohort study. *Research Square*. Published online 2022 December 12. doi: 10.21203/rs.3.rs-2310970/v1
- Hansen C, Perofsky AC, Burstein R, et al. Trends in Risk Factors and Symptoms Associated With SARS-CoV-2 and Rhinovirus Test Positivity in King County, Washington, June 2020 to July 2022. JAMA Netw Open. 2022 Dec 1;5(12):e2245861. doi: 10.1001/jamanetworkopen.2022.45861.
- 647. Sandoval M, Nguyen DT, Huang HJ, et al. COVID-19 mortality may be reduced among fully vaccinated solid organ transplant recipients. *PLoS One*. 2022;17(12):e0279222. Published 2022 Dec 21. doi:10.1371/journal.pone.0279222
- 648. Smits PD, Gratzl S, Simonov M, et al.. Risk of COVID-19 breakthrough infection and hospitalization in individuals with comorbidities. *medRxiv*. Published online 2022 December 20. doi:10.1101/2022.04.26.22271727.
- 649. Ellis RJ, Moffatt CR, Aaron LT, et al. Factors associated with hospitalisations and deaths of residential aged care residents with COVID-19 during the Omicron (BA.1) wave in Queensland [published online ahead of print, 2022 Dec 15]. *Med J Aust*. 2022;10.5694/mia2.51813. doi:10.5694/mia2.51813
- 650. Nehme M, Vetter P, Chappuis F, Kaiser L, Guessous I; CoviCare Study team . Prevalence of post-COVID Condition 12 Weeks after Omicron Infection Compared to Negative Controls and Association with Vaccination Status [published online ahead of print, 2022 Dec 15]. Clin Infect Dis. 2022;ciac947. doi:10.1093/cid/ciac947
- 651. Soegiarto G, Purnomosari D, Wulandari L, et al. Incidence of SARS-CoV-2 infection in hospital workers before and after vaccination programme in East Java, Indonesia-A retrospective cohort study. Lancet Reg Health Southeast Asia. 2023 Mar;10:100130. doi: 10.1016/j.lansea.2022.100130.
- 652. Sinha S, Konetzka RT. Association of COVID-19 Vaccination Rates of Staff and COVID-19 Illness and Death Among Residents and Staff in US Nursing Homes. *JAMA Netw Open*. Published online 2022 December 29. doi:10.1001/jamanetworkopen.2022.49002







- 653. Tang RSY, Sattayalertyanyong O, Kuo YT, et al. Impact of COVID-19 infection and vaccination in pancreatobiliary IgG4-related disease patients: an international multicenter study [published online ahead of print, 2022 Dec 29]. *J Gastroenterol Hepatol.*. doi:10.1111/jgh.16100
- 654. Desai A, Deepak P, Cross RK, et al. Effect of 2 vs 3 Doses of COVID-19 Vaccine in Patients With Inflammatory Bowel Disease: A Population-based Propensity Matched Analysis [published online ahead of print, 2022 Dec 28]. *Inflamm Bowel Dis.* 2022;izac252. doi:10.1093/ibd/izac252
- 655. Gim H, Oh S, Lee H, et al.. Reduction in COVID-19 Vaccine Effectiveness against SARS-CoV-2 Variants in Seoul according to Age, Sex, and Symptoms: A Test-Negative Case-Control Study. *International Journal of Environmental Research and Public Health*. Published online 2022 December 16;19(24):16958. doi:10.3390/ijerph192416958.
- 656. Hamimes A, Aouissi HA, Ababsa M, et al.. The Effect of Preventive Measures and Vaccination against SARS-CoV-2 on the Infection Risk, Treatment, and Hospitalization: A Cross-Sectional Study of Algeria. *Viruses*. Published online 2022 December 12 doi:10.3390/v14122771.
- 657. Kakarla B, Deme S, Aakula S, et al. Comparative study of outcomes of COVID-19 infection in vaccinated and unvaccinated patients-A retrospective analysis. *J Clin Diagnostic Res.* 2023;17(1):OC09-OC12. doi: 10.7860/JCDR/2023/56184.17239
- 658. John BV, Bastaich DR, Ferreira RD, et al. COVID-19 vaccine effectiveness and community prevalence of Alpha, Delta and Omicron variants in patients with cirrhosis. Gut. 2022 Sep 5:gutjnl-2022-327799. doi: 10.1136/gutjnl-2022-327799.
- 659. Ito R, Maeda M, Takehara Y, et al. An epidemiological evaluation of COVID-19 in La paz, Bolivia. J Infect Chemother. 2022 Dec 25:S1341-321X(22)00332-4. doi: 10.1016/j.jiac.2022.12.009.
- 660. Experton B, Elena A, Hein CS, et al.. Enhanced Vaccine Effectiveness during the Delta Phase of the COVID-19 Pandemic in the Medicare Population Supports a Multilayered Prevention Approach. *Biology*. Published online 2022 November 24. doi:10.3390/biology11121700.
- 661. Smoll N, Imam MA, Coonie S, et al. The Effectiveness of COVID-19 Vaccination in a Regional Population. SSRN. Published online 2023 January 3. Doi: https://ssrn.com/abstract=4313555 or http://dx.doi.org/10.2139/ssrn.4313555
- 662. Leung D, Rosa Duque JS, Yip KM, So HK, Wong WHS, Lau YL. Effectiveness of BNT162b2 and CoronaVac in children and adolescents against SARS-CoV-2 infection during Omicron BA.2 wave in Hong Kong. *Communications Medicine*. Published online 2023 January 5. doi:10.1038/s43856-022-00233-1.
- 663. Marra AR, Sampaio V, Ozahata MC, et al.. Risk factors for long COVID among healthcare workers, Brazil, 2020-2022. medRxiv. Published online 2023 January 5. doi:10.1101/2023.01.03.22284043.
- 664. Khan UI, Hassan I, Niaz M, et al. Effectiveness of inactivated COVID-19 vaccines against SARS-CoV-2 infections among healthcare personnel in Pakistan: a test-negative, case-control study. *BMJ Open*. 2023;13(6):e071789. doi: 10.1136/bmjopen-2023-071789







- Stoliaroff-Pepin A, Peine C, Herath T, et al. Vaccine effectiveness against severe COVID-19 during the Omicron wave in Germany: results from the COViK study [published online ahead of print, 2023 Mar 13]. *Infection*. 2023;10.1007/s15010-023-02012-z. doi:10.1007/s15010-023-02012-z
- de Gier B, Huiberts AJ, Hoeve CE, et al. Effects of COVID-19 vaccination and previous infection on Omicron SARS-CoV-2 infection and relation with serology. *Nat Commun*. 2023;14:4793. doi: 10.1038/s41467-023-40195-z
- 667. Huiberts AJ, de Gier B, Hoeve CE, et al. Vaccine effectiveness of primary and booster COVID-19 vaccinations against SARS-CoV-2 infection in the Netherlands from 12 July 2021 to 6 June 2022: a prospective cohort study [published online ahead of print, 2023 Apr 20]. *Int J Infect Dis.* 2023;S1201-9712(23)00534-9. doi:10.1016/j.ijid.2023.04.401
- 668. Koirala A, Winkler NE, Quinn H, et al. Understanding SARS-CoV-2 Delta and Omicron variant transmission and vaccine impact in schools and chid-care settings in Australia. *SSRN*. Published online 2023 January 4. doi: 10.2139/ssrn.4301765
- 669. Tan CY, Chiew CJ, Pang D, et al. Protective effectiveness of natural SARS-CoV-2 infection and vaccines against Omicron BA.4/BA.5 and XBB reinfection in Singapore: A national cohort study. *SSRN*. Published online 2023 January 3. http://dx.doi.org/10.2139/ssrn.4308740.
- 670. Gobbato M, Clagnan E, Toffolutti F, et al. Vaccination against SARS-CoV-2 and risk of hospital admission and death among infected cancer patients: A population-based study in northern Italy. *Cancer Epidemiol*. 2023;82:102318. doi: 10.1016/j.canep.2022.102318
- 671. Hoeve CE, de Gier B, Huiberts AJ, et al. Vaccine effectiveness against SARS-CoV-2 Delta and Omicron infection and infectiousness within households in the Netherlands between July 2021 and August 2022 [published online ahead of print, 2023 Apr 24]. *J Infect Dis*. 2023;jiad110. doi:10.1093/infdis/jiad110
- 672. Mizrahi B, Sudry T, Flaks-Manov N, et al. Long covid outcomes at one year after mild SARS-CoV-2 infection: nationwide cohort study. BMJ. 2023;380:e072529. doi: 10.1136/bmj-2022-072529
- 673. Zisis SN, Durieux JC, Mouchati C, et al. The protective effect of coronavirus disease 2019 (COVID-19) vaccination on postacute sequelae of COVID-19: A multicenter study from a large national health research network. *Open Forum Infect Dis.* 2022;9(7):ofac228. doi: 10.1093/ofid/ofac228
- 674. Vanlalduhsaki, Roy S, Laldinmawii G, et al. Vaccination and COVID-19 infection among adults aged 45 years and above in a North-Eastern state of India. J Family Med Prim Care. 2022 Oct;11(10):6375-6379. doi: 10.4103/jfmpc.jfmpc 506 22. Epub 2022 Oct 31.
- 675. Nguipdop-Djomo P, Oswald WE, Halliday KE, et al. COVID-19 Schools Infection Survey Study Group. Risk factors for SARS-CoV-2 infection in primary and secondary school students and staff in England in the 2020/2021 school year: a longitudinal study. Int J Infect Dis. 2023 Jan 5:S1201-9712(22)00673-7. doi: 10.1016/j.ijid.2022.12.030.
- 676. Mohanty M, Mishra B, Singh AK, et al. Comparison of Clinical Presentation and Vaccine Effectiveness Among Omicron and Nonomicron SARS Coronavirus-2 Patients. Cureus. 2022 Dec 9;14(12):e32354. doi: 10.7759/cureus.32354. PMID: 36628021; PMCID: PMC9826697.







- 677. Wu Q, Wang H, Cai J, et al. Vaccination effects on post-infection outcomes in the Omicron BA.2 outbreak in Shanghai [published online ahead of print, 2023 Jan 16]. *Emerg Microbes Infect*. 2023;2169197. doi:10.1080/22221751.2023.2169197
- 678. Cook C, Patel NJ, Fu X, et al. Comparative effectiveness of BNT162b2 and mRNA-1273 vaccines against COVID-19 infection among patients with systemic autoimmune rheumatic diseases on immunomodulatory medications [published online ahead of print, 2023 Jan 15]. *J Rheumatol*. 2023; jrheum.220870. doi:10.3899/jrheum.220870
- 679. Baker TB, Bold DM, Smith SS, et al. The relationship of COVID-19 vaccination with mortality among 86,732 hospitlized patients: Subpopulations, patient factors, and changes over time. *J Gen Intern Med*. Published online 2023 January 18. doi: https://doi.org/10.1007/s11606-022-08007-0
- 680. Lau JJ, Cheng SMS, Leung K, et al. Real-world COVID-19 vaccine effectiveness against the Omicron BA.2 variant in a SARS-CoV-2 infection-naive population. Nat Med. 2023 Jan 18. doi: 10.1038/s41591-023-02219-5.
- 681. Qi T, Jin Y, Wang H, et al. Nirmatrelvir-ritonavir Therapy and COVID-19 Vaccination Improve Clinical Outcomes of SARS-CoV-2 Omicron Variant Infection. J Med Virol. 2023 Jan 18. doi: 10.1002/jmv.28497.
- Rufino J, Baquero C, Frey D, et al. Using survey data to estimate the impact of the omicron variant on vaccine efficacy against COVID-19 infection. Sci Rep. 2023 Jan 17;13(1):900. doi: 10.1038/s41598-023-27951-3.
- 683. Richard SA, Pollett SD, Fries AC, et al. Persistent COVID-19 symptoms at 6 months after onset and the role of vaccination before or after SARS-CoV-2 infection. *JAMA Netw Open*. 2023;6(1):e2251369. doi: 10.1001/jamanetworkopen.2022.51360
- 684. Kitchener S. Did the coronavirus vaccination program in a rural and regional area work? Health outcomes of the vaccination program in Wide Bay. *Aust Health Rev.* Published online 2023 Jan 19. doi: 10.1071/AH22144
- Nguyen VG, Yavlinsky A, Beale S, et al. Comparative effectiveness of different primary vaccination courses on mRNA-based booster vaccines against SARS-CoV-2 infections: a time-varying cohort analysis using trial emulation in the Virus Watch community cohort. *Int J Epidemiol*. Published online 2023 Jan 19. doi: 10.1093/ije/dyad002
- de la Vega MA, Polychronopoulou E, XIII A, et al. SARS-CoV-2 infection-induced immunity reduces rates of reinfection and hospitalizations caused by the Delta or Omicron variants. *Emerg Microbes Infect*. Published online 2023 Jan 19. doi: 10.1080/22221751.2023.2169198
- 687. Xie Z, Hamadi HY, Mainous AG, et al. Assocation of dual COVID-19 and seasonal influenza vaccination with COVID-19 infection and disease severity. *Vaccine*. 2023;41(4):875-878. doi: 10.1016/j.vaccine.2022.12.043
- 688. Dauriat G, Beaumont L, Nguyen LBL, et al. Efficacy of three COVID-19 vaccine doses in lung transplant recipients: a multicentre cohort study. *Eur Respir J.* 2023;61:2200502. doi: 10.1183/13993003.00502-2022
- 689. Ertesvag NU, Iversen A, Blomberg B, et al. Post COVID-19 condition after Delta infection and Omicron reinfection in children and adolescents. SSRN. Published online 2023 Jan 19. https://ssrn.com/abstract=4326808
- 690. Atanasov VA, Parra PNB, Whittle J, et al. Selection effects and COVID-19 mortality risk after Pfizer vs. Moderna vaccination: Evidence from linked mortality and vaccination records. SSRN. Published online 2023 Jan 20. https://ssrn.com/abstract=4321768







- 691. Balian S, Bailey B, Haddad N, et al. Comparative admission rates and infection severity of COVID-19 among unvaccinated and vaccinated patients. *J Investig Med.* Published online 2023 Jan 25. doi: 10.1177/10815589221149191.
- 692. Núñez-Gil IJ, Feltes G, Viana-Llamas MC, et al. Post-COVID-19 Symptoms and Heart Disease: Incidence, Prognostic Factors, Outcomes and Vaccination: Results from a Multi-Center International Prospective Registry (HOPE 2). J Clin Med. 2023 Jan 16;12(2):706. doi: 10.3390/jcm12020706.
- 693. Robalo Q, De Mot L, Vandromme M, et al. Association between COVID-19 Primary Vaccination and Severe Disease Caused by SARS-CoV-2 Delta Variant among Hospitalized Patients: A Belgian Retrospective Cohort Study. Vaccines (Basel). 2022 Dec 21;11(1):14. doi: 10.3390/vaccines11010014.
- 694. Wong MTJ, Dhaliwal SS, Balakrishnan V, et al. Effectiveness of Booster Vaccinations on the Control of COVID-19 during the Spread of Omicron Variant in Malaysia. Int J Environ Res Public Health. 2023 Jan 16;20(2):1647. doi: 10.3390/ijerph20021647.
- 695. Kenney PO, Chang AJ, Krabill L, Hicar MD. Decreased Clinical Severity of Pediatric Acute COVID-19 and MIS-C and Increase of Incidental Cases during the Omicron Wave in Comparison to the Delta Wave. Viruses. 2023 Jan 7;15(1):180. doi: 10.3390/v15010180.
- 696. Konda SR, Meltzer Bruhn AT, et al. COVID-19 Vaccination Improved Outcomes in the Treatment of Geriatric Hip Fractures Between December 2020 and January 2022. Hip Int. 2023 Jan 26:11207000231151617. doi: 10.1177/11207000231151617.
- 697. Kwok WC, Leung SHI, Tam TCC, et al. Efficacy of mRNA and Inactivated Whole Virus Vaccines Against COVID-19 in Patients with Chronic Respiratory Diseases. Int J Chron Obstruct Pulmon Dis. 2023 Jan 19;18:47-56. doi: 10.2147/COPD.S394101.
- 698. Dubendris H, Reses HE, Wong E, et al. Laboratory-Confirmed COVID-19 Case Incidence Rates Among Residents in Nursing Homes by Up-to-Date Vaccination Status United States, October 10, 2022-January 8, 2023. MMWR Morb Mortal Wkly Rep. 2023 Jan 27;72(4):95-99. doi: 10.15585/mmwr.mm7204a3.
- 699. Petrone D, Mateo-Urdiales A, Sacco C, et al. Reduction of the risk of severe COVID-19 due to Omicron compared to Delta variant in Italy (November 2021 February 2022) [published online ahead of print, 2023 Jan 25]. *Int J Infect Dis.* 2023;S1201-9712(23)00027-9. doi:10.1016/j.ijid.2023.01.027
- 700. Martinez-Baz I, Trobajo-Sanmartin C, Miqueleiz A, et al. Risk reduction of hospitalization and severe disease in vaccinated COVID-19 cases during the SARS-CoV-2 variant Omicron BA.1-predominant period, Navarre, Spain, January to March 2022.EuroSurveill.2023;28(5):pii=2200337. doi: 10.2807/1560-7917.ES.2023.28.5.2200337
- 701. Varea-Jiménez E, Aznar Cano E, Vega-Piris L, et al. Comparative severity of COVID-19 cases caused by Alpha, Delta or Omicron SARS-CoV-2 variants and its association with vaccination. Enfermedades Infecciosas y Microbiologia Clinica (English ed.). 2023 Feb:S2529-993X(23)00039-4. DOI: 10.1016/j.eimce.2022.11.021.
- 702. Kislaya I, Casaca P, Borges V, et al. Comparative Effectiveness of COVID-19 Vaccines in Preventing Infections and Disease Progression from SARS-CoV-2 Omicron BA.5 and BA.2, Portugal. Emerging Infectious Diseases. 2023 Feb;29(3). DOI: 10.3201/eid2903.221367







- 703. Blankenship DM, Usvyat L, Lasky R, Maddux FW. COVID-19 vaccination status impact on mortality in end-stage kidney disease [published online ahead of print, 2023 Feb 6]. *Hemodial Int*. 2023;10.1111/hdi.13072. doi:10.1111/hdi.13072
- 704. DeSantis SM, Yaseen A, Hao T, et al. Incidence and predictors of breakthrough and severe breakthrough infections of SARS-CoV-2 after primary series vaccination in adults: A population-based survey of 22,575 participants [published online ahead of print, 2023 Feb 2]. *J Infect Dis*. 2023;jiad020. doi:10.1093/infdis/jiad020
- 705. Mirouse A, Friol A, Moreau AS, et al. Severe SARS-Cov2 pneumonia in vaccinated patients: a multicenter cohort study. *Sci Rep.* 2023;13(1):1902. Published 2023 Feb 2. doi:10.1038/s41598-023-29131-9
- 706. Rossi MA, Cena T, Binala J, Alessi D, Scotti L, Faggiano F. Evaluation of the risk of SARS-CoV-2 infection and hospitalization in vaccinated and previously infected subjects based on real world data. *Sci Rep.* 2023;13(1):2018. Published 2023 Feb 3. doi:10.1038/s41598-023-28129-7
- 707. Rojkovich B, Németh D, Dinya E, et al. A COVID–19-fertőzés és a védőoltások hatásosságának vizsgálata egészségügyi dolgozókon [COVID-19 infections and effectiveness of the vaccination among healthcare workers]. *Orv Hetil*. 2023;164(5):163-171. Published 2023 Feb 5. doi:10.1556/650.2023.32709
- 708. Anzalone AJ, Sun J, Vinson AJ, et al. Community risks for SARS-CoV-2 infection among fully vaccinated US adults by rurality: A retrospective cohort study from the National COVID cohort collaborative. *PLOS ONE*. 2023;18(1):e0279968. doi: 10.1371/journal.pone.0279968
- 709. de Gier B, van Asten L, Boere TM, et al. Effect of COVID-19 vaccination on mortality by COVID-19 and on mortality by other causes, the Netherlands, January 2021-January 2022 [published online ahead of print, 2023 Jun 8]. *Vaccine*. 2023;S0264-410X(23)00660-6. doi:10.1016/j.vaccine.2023.06.005
- 710. Wei Y, Jia KM, Zhao S, et al.. Estimation of Vaccine Effectiveness of CoronaVac and BNT162b2 Against Severe Outcomes Over Time Among Patients With SARS-CoV-2 Omicron. *JAMA Network Open*. Published online 2023 February 3. doi:10.1001/jamanetworkopen.2022.54777.
- 711. Fleming-Dutra KE, Ciesla AA, Roper LE, et al. Preliminary Estimates of Effectiveness of Monovalent mRNA Vaccines in Preventing Symptomatic SARS-CoV-2 Infection Among Children Aged 3–5 Years Increasing Community Access to Testing Program, United States, July 2022–February 2023. MMWR Morb Mortal Wkly Rep 2023;72:177–182. DOI: http://dx.doi.org/10.15585/mmwr.mm7207a3.
- 712. Gottlieb M, Wang R, Yu H, et al. Severe Fatigue and Persistent Symptoms at Three Months Following SARS-CoV-2 Infections During the Pre-Delta, Delta, and Omicron Time Periods: A Multicenter Prospective Cohort Study. Clin Infect Dis. 2023 Jan 27:ciad045. doi: 10.1093/cid/ciad045.
- 713. Cegolon L, Negro C, Pesce M, et al. COVID-19 incidence and vaccine effectiveness in university staff, 1 March 2020-2 April 2022. *Vaccines*. 2023;11(2):483. doi: 10.3390/vaccines11020483







- 714. Levin-Rector A, Firestein L, McGibbon E, et al. Reduced odds of Severe Acute Respiratory Syndrome Coronavirus 2 reinfection after vaccination among New York City adults, July 2021-November 2021. *Clin Infect Dis.* 2023;76(3):e469-e476. doi: 10.1093/cid/ciac380
- 715. Sanhueza ME, San Martin P, Brantes L, et al. Efficacy of vaccination against the SARS-CoV-2 virus in patients with chronic kidney disease on hemodialysis. *Hum Vaccines Immunother*. Published online 2023 Feb 13. doi: 10.1080/21645515.2023.2173904
- 716. Lange B, Jaeger VK, Harries M, et al. Estimates of protection against SARS-CoV-2 infection and severe COVID-19 in Germany before the 2022/2023 winter season the IMMUNEBRIDGE project. *medRxiv*. Published online 2023 Feb 16. doi: 10.1101/2023.02.16.23285816
- 717. Jamaati H, Karimi S, Ghorbani F, et al. Effectiveness of Different Vaccine Platforms in Reducing Mortality and Length of ICU Stay in Severe and Critical Cases of COVID-19 in the Omicron Variant Era: A National Cohort Study in Iran [published online ahead of print, 2023 Feb 23]. *J Med Virol*. 2023;10.1002/jmv.28607. doi:10.1002/jmv.28607
- 718. Wei, J., Zhang, W., Doherty, M. *et al.* Comparative effectiveness of BNT162b2 and ChAdOx1 nCoV-19 vaccines against COVID-19. *BMC Med. Published online* 2023 February 28. https://doi.org/10.1186/s12916-023-02795-w.
- 719. Soegiarto G, Purnomosari D, Wulandari L, et al. Incidence of SARS-CoV-2 infection in hospital workers before and after vaccination programme in East Java, Indonesia-A retrospective cohort study. *Lancet Reg Health Southeast Asia*. 2023;10:100130. doi:10.1016/j.lansea.2022.100130
- 720. Kobayashi M, Miyamoto A, Watanabe T, et al. COVID-19 vaccination benefits in preventing severe disease in mild-to-moderate cases: An analysis in the first specialized hospital for COVID-19 in Japan. *Respir Investig*. 2023;61(2):230-239. doi:10.1016/j.resinv.2022.12.011
- 721. Ge J, Digitale JC, Pletcher MJ, Lai JC; N3C Consortium. Breakthrough SARS-CoV-2 infection outcomes in vaccinated patients with chronic liver disease and cirrhosis: A National COVID Cohort Collaborative study. Hepatology. 2023 Mar 1;77(3):834-850. doi: 10.1002/hep.32780. Epub 2023 Feb 17. PMID: 36799617; PMCID: PMC9538384.
- 722. Albreiki M, Mousa M, Azman SK, et al. Risk of hospitalization and vaccine effectiveness among COVID-19 patients in the UAE during the Delta and Omicron outbreaks. *Frontiers*. Published online 13 February 2023. doi:10.3389/fimmu.2023.1049393
- 723. Kim H, Kim HS, Kim HM, et al. Impact of vaccination and the omicron variant on COVID-19 severity in pregnant women. Am J Infect Control. 2023;51(3):351-353. doi: 10.1016/j.ajic.2022.07.023
- 724. Zhang D, Zhong J, Xiong H, et al. Protective Effect of Inactivated COVID-19 Vaccines against Omicron BA.2 Infection in Guangzhou: A Test-Negative Case-Control Real-World Study. *Vaccines*. Published online 2023 March 1. doi:10.3390/vaccines11030566
- 725. Kokić Z, Kon P, Djurković-Djaković O. Effectiveness of Vaccination in Preventing COVID-19: A Community Study Comparing Four Vaccines. *Vaccines*. Published online 2023 February 24. doi:10.3390/vaccines11030544
- Personnel in Cluj-Napoca, Romania. *Vaccines*. Published online 2023 February 23. doi:10.3390/vaccines11030521.





- 727. Bieńkowski C, Skrzat-Klapaczyńska A, Firląg-Burkacka E, Horban A, Kowalska JD. The Clinical Effectiveness and Safety of Vaccinations against COVID-19 in HIV-Positive Patients: Data from Observational Study in Poland. *Vaccines*. Published online 2023 February 22. doi:10.3390/vaccines11030514
- 728. Kamal SM, Naghib MM, Daadour M, et al.. The Outcome of BNT162b2, ChAdOx1-Sand mRNA-1273 Vaccines and Two Boosters: A Prospective Longitudinal Real-World Study. *Viruses*. Published online 2023 January 24. doi:10.3390/v15020326
- 729. Tang F, Hammel IS, Andrew MK, Ruiz JG. Frailty Reduces Vaccine Effectiveness Against SARS-CoV-2 Infection: A Test-Negative Case Control Study Using National VA Data. *The journal of nutrition, health & aging*. Published online 2023. doi:10.1007/s12603-023-1885-1
- 730. Huang L, Lai FTT, Yan VKC, et al.. Comparing hybrid and regular COVID-19 vaccine-induced immunity against the Omicron epidemic. *npj Vaccines*. 2022;7(1). doi:10.1038/s41541-022-00594-7
- 731. Cornforth F, Webber L, Greengross P, et al. Impact of COVID-19 vaccination on COVID-19 hospital admissions in England during 2021: an observational study. *J R Soc Med*. Published online 2023 Feb 24. doi: 10.1177/01410768231157017
- 732. Pietrzak L, Polok K, Halik R, et al. Effectiveness of BNT162b2 vaccination in preventing COVID-19-associated death in Poland. Published online 2023 March 6. *Polskie Arch Med Wewnetrznej*. doi: 10.20452/pamw.16453
- 733. Kandeel A, Fahi M, Deghedy O, et al. Clinical features and severe outcome predictors of COVID-19 vaccine breakthrough infection among hospitalized patients: results from Egypt severe acute respiratory infections sentinel surveillance, 2021-2022. *BMC Infect Dis*. 2023;23:130. doi: 10.1186/s12879-023-08097-z
- 734. Williams LR, Voysey M, Pollard AJ, et al. A novel approach for estimating vaccine efficacy for infections with multiple disease outcomes: application to a COVID-19 vaccine trial. *medRxiv*. Published online 2023 March 2. doi: 10.1101/2023.03.02.23286698
- 735. Oliveira, E.A., Oliveira, M.C.L., Silva, A.C.S.e. *et al.* Effectiveness of BNT162b2 and CoronaVac vaccines against omicron in children aged 5 to 11 years. *World J Pediatr*. Published online 2023 March 13. https://doi.org/10.1007/s12519-023-00699-6.
- 736. Silva-Valencia J, Soto-Becerra P, Escobar-Agreda S, et al. Effectiveness of the BBIBP-CorV vaccine in preventing infection and death in health care workers in Peru 2021 [published online ahead of print, 2023 Mar 16]. *Travel Med Infect Dis.* 2023;53:102565. doi:10.1016/j.tmaid.2023.102565
- 737. Kim YY, Choe YJ, Kim J, et al. Vaccine Effectiveness Against Severe Disease and Death for Patients With COVID-19 During the Delta-Dominant and Omicron-Emerging Periods: A K-COVE Study. *J Korean Med Sci.* 2023;38(11):e87. Published 2023 Mar 20. doi:10.3346/jkms.2023.38.e87
- 738. Zhang JH, Wang B, Lau EHY, et al. 3-Does Inactivated Vaccine with 1-Does Mrna Providing Strong Protection Against COVID-19 Infection Among Young and Middle-Age Groups during 2022 Omicron Wave in Macao (China): An Observatory Study. SSRN. Published online 2023 Mar 17. https://papers.ssrn.com/abstract=4388145
- 739. Fu Z, Liang D, Zhang W, et al. Host protection against Omicron BA.2.2 sublineages by prior vaccination in spring 2022 COVID-19 outbreak in Shanghai [published online ahead of print, 2023 Mar 23]. *Front Med.* 2023;1-14. doi:10.1007/s11684-022-0977-3







- 740. Kahn, R., Janusz, C. B., et al. The effectiveness of COVID-19 vaccines in Latin America, 2021: a multicenter regional case-control study. Published online 2023 March 28. *The Lancet Regional Health*. Doi: https://doi.org/10.1016/j.lana.2023.100474
- 741. Shioda K, Chen Y, Collins MH, Lopman BA. Population-Level Relative Effectiveness of the COVID-19 Vaccines and the Contribution of Naturally Acquired Immunity. *J Infect Dis.* 2023;227(6):773-779. doi:10.1093/infdis/jiac483
- 742. Vicentini M, Venturelli F, et al. Risk of SARS-CoV-2 reinfection by vaccination status, predominant variant and time from prior infection: a cohort study, Reggio Emilia province, Italy, February 2020 to February 2022. Euro Surveill. Published online 2023 March 30. Doi: https://doi.org/10.2807/1560-7917.ES.2023.28.13.2200494
- 743. Barzegar M, Manteghinejad A, Afshari-Safavi A, et al. Effectiveness of BBIBP-CorV vaccine in preventing SARS-CoV2 infection and severe outcomes in people living with multiple sclerosis: A population-based study. Mult Scler Relat Disord. 2023 Feb 3;71:104548. doi: 10.1016/j.msard.2023.104548
- 744. Salinas-Martínez AM, Rodríguez-Vidales EP, Garza-Carrillo D, et al. Comparison of the effectiveness of four SARS-COV-2 v accines in Nuevo Leon, Mexico: A test-negative control study. *Atención Primaria*. 2023 May; 55(5): 102606. https://doi.org/10.1016/j.aprim.2023.102606
- 745. Ma C, Huang C, Wang W, Song Y, Jiang X, Tian X, Liu B, Chi F, Lang S, Liu D, Sun W, Tang L, Wu D, Song Y, Li J, Rodewald L, Yin Z, An Z. Effectiveness of Inactivated COVID-19 Vaccines against Delta-Variant COVID-19: Evidence from an Outbreak in Inner Mongolia Autonomous Region, China. Vaccines (Basel). 2023 Jan 28;11(2):292. doi: 10.3390/vaccines11020292.
- 746. Pérez-Then E, Miric M, Qian HZ, et al. Population-Level Effectiveness of an Inactivated Whole-Virion COVID-19 Vaccine: A Test Negative Case-Control Study in the Dominican Republic. *Open Forum Infect Dis.* 2023;10(3):ofad075. Published 2023 Feb 14. doi:10.1093/ofid/ofad075
- 747. He T, Wang M, Mi H, et al. Effectiveness of Inactivated Vaccine against SARS-CoV-2 Delta Variant Infection in Xiamen, China-A Test-Negative Case-Control Study. *Vaccines (Basel)*. 2023;11(3):532. Published 2023 Feb 23. doi:10.3390/vaccines11030532
- 748. Brazete C, Brazete J, Alves F, et al. COVID-19 vaccines effectiveness against symptomatic disease and severe outcomes, 2021-2022: a test-negative case-control study [published online ahead of print, 2023 Feb 22]. *Public Health*. 2023;218:84-91. doi:10.1016/j.puhe.2023.02.015
- 749. Bahremand T, Yao JA, Mill C, Piszczek J, Grant JM, Smolina K. COVID-19 hospitalisations in immunocompromised individuals in the Omicron era: a population-based observational study using surveillance data in British Columbia, Canada. *Lancet Reg Health Am*. 2023;20:100461. Published 2023 Mar 6. doi:10.1016/j.lana.2023.100461
- 750. Wilson WW, Keaton AA, Ochoa LG, et al. Outbreaks of SARS-CoV-2 Infections in Nursing Homes during Periods of Delta and Omicron Predominance, United States, July 2021-March 2022. *Emerg Infect Dis.* 2023;29(4):761-770. doi:10.3201/eid2904.221605
- 751. Lai FTT, Fan M, Huang C, et al. Effectiveness of BNT162b2 after extending the primary series dosing interval in children and adolescents aged 5-17. *Nat Commun*. 2023;14(1):1845. doi: 10.1038/s41467-023-37556-z.





- 752. Virk A, Johnson MG, Roellinger DL, et al. Hybrid immunity provides protective advantage over vaccination or prior remote COVID-19 alone. *Open Forum Infect Dis.* Published online 2023 March 27. doi: 10.1093/ofid/ofad161
- 753. Kahn R, Janusz CB, Castro MC, et al. The effectiveness of COVID-19 vaccines in Latin America, 2021: a multicenter regional case-control study. *Lancet Reg Health Americas*. 2023;20:100474. doi: 10.1016/j.lana.2023.100474
- 754. Andersen MP, Mills EHA, Meddis A, et al. All-cuase mortality among Danish nursing home residents before and during the COVID-19 pandemic: a nationwide cohort study. Eur J Epidemiol. 2023;1-9. doi: 10.1007/s10654-023-00994-6
- 755. Lytras T, Athanasiadou M, Demetriou A, et al. Lack of association between vaccination rates and excess mortality in Cyprus during the COVID-19 pandemic. *Vaccine*. 2023;S0264-410X(23)00316-X. doi: 10.1016/j.vaccine.2023.03.032.
- 756. Plum ID, Fette LM, Tjaden AH, et al. Estimated COVID-19 vaccine effectiveness against seroconversion from SARS-CoV-2 infection, March-October, 2021. *Vaccine*. 2023;41(15):2596-2604
- 757. Miao J, Olson E, Houlihan S, et al. Effects of SARS-CoV-2 vaccination on the severity of COVID-19 infection in patients on chronic dialysis. *J Nephrol*. Published online 2023 April 5. doi: 10.1007/s40620-023-01617-9
- 758. Tang L, Wang FZ, Rodewald LE, et al. Real-world effectiveness of primary series and booster doses of inactivated COVID-19 vaccine against Omicron BA.2 variant infection in China: a retrospective cohort study. *J Infect Dis*. Published online 2023 April 3. doi: 10.1093/infdis/jiad090.
- 759. Urquidi C, Santelices E, Lagomarcino AJ, et al. The added effect of non-pharmaceutical interventions and lifestyle behaviors on vaccine effectiveness against severe COVID-19 in Chile: A matched case-double control study. Vaccine. 2023 Apr 3:S0264-410X(23)00354-7. doi: 10.1016/j.vaccine.2023.03.060.
- 760. Cai Y, Wu S, Zhang S, et al.. Prenatal maternal inactivated COVID-19 vaccination: the maternal and neonatal outcomes, a retrospective cohort study. *ResearchSquare*. Published online 2023 April 10. doi:10.21203/rs.3.rs-2710503/v1
- 761. Rahi M, Yadav CP, Ahmad SS, et al. Vaccination coverage and breakthrough infections of COVID-19 during the second wave among staff of selected medical institutions in India. *PLOS Glob Public Health*. 2023;3(4):e0000946. Published 2023 Apr 7. doi:10.1371/journal.pgph.0000946
- 762. Benny L, Mehta P, Ahmed S, et al. Correlates of breakthrough Omicron (B.1.1.529) infections in a prospective cohort of vaccinated patients with rheumatic diseases [published online ahead of print, 2023 Apr 8]. *Rheumatol Int*. 2023;1-7. doi:10.1007/s00296-023-05314-5
- 763. Li R, Liu H, Fairley CK, et al. mRNA-based COVID-19 booster vaccination is highly effective and cost-effective in Australia. *Vaccine*. 2023;41(15):2439-2446. doi:10.1016/j.vaccine.2023.01.075
- 764. Smits PD, Gratzl S, Simonov M, et al. Risk of COVID-19 breakthrough infection and hospitalization in individuals with comorbidities. *Vaccine*. 2023;41(15):2447-2455. doi:10.1016/j.vaccine.2023.02.038





- 765. Gazit S, Saciuk Y, Perez G, et al. Hybrid immunity against reinfection with SARS-CoV-2 following a previous SARS-CoV-2 infection and single dose of the BNT162b2 vaccine in children and adolescents: a target trial emulation [published online ahead of print, 2023 Apr 13]. *Lancet Microbe*. 2023;S2666-5247(23)00103-9. doi:10.1016/S2666-5247(23)00103-9
- 766. Wang J, Dong H, Zhao J, et al. Effects of vaccines on clinical characteristics of convalescent adult patients infected with SARS-CoV-2 Omicron variant: A retrospective study. Front Microbiol. 2023 Mar 30;14:1096022. doi: 10.3389/fmicb.2023.1096022
- 767. Tanaka H, Chubachi S, Asakura T, et al. Characteristics and Clinical Effectiveness of COVID-19 Vaccination in Hospitalized Patients in Omicron-dominated Epidemic Wave A Nationwide Study in Japan [published online ahead of print, 2023 Apr 20]. *Int J Infect Dis*. 2023;S1201-9712(23)00529-5. doi:10.1016/j.ijid.2023.04.399
- 768. Batrakova S, Gonzalez-Esquere J, Kendall E. Analysing the Effectiveness of the Pfizer Biontech Vaccine in England Against Alpha and Delta Variants of SARS-CoV-2 Using Propensity Score Matching. SSRN. Published online 2023 April 21. DOI: 10.2139/ssrn.4415648.
- 769. Chavan P, Dey R, Castelino R, et al. Safety, immunogenecity and effectiveness of ChAdOx1 nCoV-19 vaccine during the second wave of pandemic in India: a real-world study [published online ahead of print, 2023 Apr 26]. *Drug Metab Pers Ther*. 2023;10.1515/dmpt-2022-0150. doi:10.1515/dmpt-2022-0150
- 770. Alcantara M, Koh M, Park AL, et al. Outcomes of COVID-19 infection and vaccination among individuals with Myasthenia Gravis. *JAMA Netw Open*. 2023;6(4):e239834
- 771. Fu D, He G, Li H, et al.. Effectiveness of COVID-19 Vaccination Against SARS-CoV-2 Omicron Variant Infection and Symptoms China, December 2022–February 2023. *China CDC Weekly*. 2023;5(17):369-373. doi:10.46234/ccdcw2023.070
- 772. COVID-19 Omicron Delta study group. Clinical progression, disease severity, and mortality among adults hospitalized with COVID-19 caused by the Omicron and Delta SARS-CoV-2 variants: A population-based, matched cohort study. *PLoS One*. 2023;18(4):e0282806. Published 2023 Apr 27. doi:10.1371/journal.pone.0282806
- 773. Sardinha DM, da Silva Ferreira AL, de Paula Souza e Guimaraes RJ, et al. Clinical characteristics and outcomes among vaccinated and unvaccined patients with cardiovascular disease who were hospitalized for COVID-19 in Brazil: Retrospective cohort. *Vaccines*. 2023;11(4):861. doi: 10.3390/vaccines11040861
- 774. Edelstein M, Kuodi P, Gorelik Y, et al. Association between BNT162be vaccination and health-related quality of life up to 18 months post-SARS-CoV-2 infection in Israel: A cross sectional survey. *Research Square*. Published online 2023 May 3. doi: 10.21203/rs.3.rs-2834514/v1
- 775. Park SK, Choe YJ, Jang EJ, et al. Effectiveness of A Fourth Dose of COVID-19 mRNA Vaccine in the Elderly Population During the Omicron BA.2 and BA.5 Circulation: A Nationwide Cohort Study in Korea (K-COVE). Open Forum Infect Dis. 2023 Mar 1;10(3):ofad109. doi: 10.1093/ofid/ofad109.
- 776. Jang EJ, Choe YJ, Kim RK, et al. Estimated Effectiveness of Prior SARS-CoV-2 BA.1 or BA.2 Infection and Booster Vaccination Against Omicron BA.5 Subvariant Infection. JAMA Netw Open. 2023 Mar 1;6(3):e232578. doi: 10.1001/jamanetworkopen.2023.2578.







- 777. Lefferts B, Bruden D, Plumb ID, et al. Effectiveness of the COVID-19 Vaccines on Preventing Symptomatic SARS-CoV-2 Infections and Hospitalizations in Southwestern Alaska, January–December, 2021. Vaccine. 2023 May 1. https://doi.org/10.1016/j.vaccine.2023.04.070.
- 778. Genç Bahçe Y, Acer Ö, Özüdoğru O. Effectiveness of Inactivated and mRNA COVID-19 Vaccines Against SARS-CoV-2 Infection, Severe Disease and Mortality in the Geriatric Population. *Curr Microbiol*. 2023;80(6):206. Published 2023 May 9. doi:10.1007/s00284-023-03322-z
- 779. Best AF, Bowman M, Li J, et al. COVID-19 severity by vaccination status in the NCI COVID-19 and Cancer Patients Study (NCCAPS). *J Natl Cancer Inst*. 2023;115(5):597-600. doi:10.1093/jnci/djad015
- 780. Strumann C, Ranzani O, Moor J, et al.. Vaccine effectiveness of BNT162b2 mRNA Covid-19 Vaccine in Children under 5 Years *J Clin Invest*. Published online 2023 Sep 5. doi:10.1172/JCl173329
- 781. Pung R, Kong XP, Lin C, et al. Severity of SARS-CoV-2 Omicron XBB subvariants in Singapore. medRxiv.Published online 2023 May 10. doi:10.1101/2023.05.04.23289510
- 782. Liu S, Jiang C, Liu Y, et al. The effectiveness of COVID-19 vaccination against all-cause mortality in patients with type 2 diabetes mellitus: the observation during the initial period of the cancellation of the "Dynamic Zero Policy" in mainland China [published online ahead of print, 2023 May 8]. *Diabetes Res Clin Pract*. 2023;200:110694. doi:10.1016/j.diabres.2023.110694
- 783. Vu TT, Ngo TH, Nguyen KC, et al. Within-Household SARS-CoV-2 Transmission and Vaccine Effectiveness in the First Three COVID-19 School Outbreaks in Northern Vietnam, September to December 2021. SSRN; Published online 2023 May 11. DOI: 10.2139/ssrn.4444447.
- van Diepen S, McAlister FA, Chu LM, Youngson E, Kaul P, Kadri SS. Association Between Vaccination Status and Outcomes in Patients Admitted to the ICU With COVID-19 [published online ahead of print, 2023 May 16]. *Crit Care Med*. 2023;10.1097/CCM.0000000000005928. doi:10.1097/CCM.0000000000005928
- 785. Shim J, Lee E, Kim E, Choi Y, Kang G, Kim BI. COVID-19 outbreak in a religious village community in Republic of Korea and risk factors for transmission. *Osong Public Health Res Perspect*. 2023;14(2):110-118. doi:10.24171/j.phrp.2023.0002
- 786. Ku JH, Sy LS, Qian L, et al. Vaccine effectiveness of the mRNA-1273 3-dose primary series against COVID-19 in an immunocompromised population: A prospective observational cohort study [published online ahead of print, 2023 May 3]. *Vaccine*. 2023;S0264-410X(23)00498-X. doi:10.1016/j.vaccine.2023.04.075
- 787. Abdel-Qader DH, Abdel-Qader H, Silverthorne J, et al. Real-World Effectiveness of Four Types of COVID-19 Vaccines. *Vaccines*. Published online 2023 May 15.;11(5):985. doi:10.3390/vaccines11050985
- 788. Yilmaz FK, Cakir M, Ikiisik H, et al. The effect of pneumococcal, influenza, and COVID-19 vaccinations on COVID-19 hospitalization and progression in people over 65 years old living in nursing homes. *Vaccines*. 2023;11(5):943. doi: 10.3390/vaccines11050943







- 789. Tene L, Karasik A, Chodick G, et al. Iron deficiency and the effectiveness of the BNT162b2 vaccine for SARS-CoV-2 infection: A retrospective, longitudinal analysis of real-world data. *PLoS One*. 2023;18(5):e0285606. Published 2023 May 22. doi:10.1371/journal.pone.0285606
- 790. Liu C, Guo MN, Chai Z, et al. Association between Covid-19 vaccination and incidence of Type 1 diabetes in China: evidence from 14.14 million registered residents between 2007 and 2021 [published online ahead of print, 2023 May 18]. *Diabetes Res Clin Pract*. 2023;201:110723. doi:10.1016/j.diabres.2023.110723
- 791. Piasecki TM, Smith SS, Baker TB, et al. Smoking Status, Nicotine Medication, Vaccination, and COVID-19 Hospital Outcomes: Findings from the COVID EHR Cohort at the University of Wisconsin (CEC-UW) Study. *Nicotine Tob Res*. 2023;25(6):1184-1193. doi:10.1093/ntr/ntac201
- 792. Bohnert A S, Kumbier K, Rowneki M, et al. Adverse outcomes of SARS-CoV-2 infection with delta and omicron variants in vaccinated versus unvaccinated US veterans: retrospective cohort study. *BMJ*. Published online 2023 May 23.; 381:e074521 doi:10.1136/bmj-2022-074521.
- 793. Mellis AM, Lauring AS, Talbot HK, et al. Changes in Transmission and Symptoms of SARS-CoV-2 in United States Households, April 2020–September 2022. *medRxiv*. Published online 2023 May 19. doi:10.1101/2023.05.18.23290185
- 794. Kim YK, Kim JY, Jung JI, et al. COVID-19 infection and efficacy of vaccination in patients with rheumatic diseases during Omicron outbreak in South Korea: A prospective cohort study. *RMD Open*. 2023;9:e003398. doi: 10.1136/rmdopen-2023-003398
- 795. Sarwat T, Singh DK, Singh NP, et al. Effectiveness of the ChAdOx1 nCoV-19 vaccine in preventing COVID-19 infection. Indian J Allergy, Asthma Immunol. 2022;36(1):23-27. doi: 10.4103/ijaai.ijaai_19_22
- Ahn S, Son TJ, Jang Y, et al. Vaccine effectiveness and the epidemiological characteristics of a COVID-19 outbreak in a tertiary hospital in Republic of Korea. Osong Public Health Res Perspect. Published online 2023 May 23. Doi: https://doi.org/10.24171/j.phrp.2023.0066
- 797. Meister T, Kolde A, Fischer K, et al. A retrospective cohort study of incidence and risk factors for severe SARS-CoV-2 breakthrough infection among fully vaccinated people. *Sci Rep.* 2023;13(1):8531. Published 2023 May 26. doi:10.1038/s41598-023-35591-w
- 798. Pedraza G, Viveros M, et al. Immune Response Against COVID-19 in a Population Aged 18 Years and Above, in 2022, Cali, Colombia (May 21, 2023). Published online 2023 May 21. Available at SSRN: https://ssrn.com/abstract=4454595 or http://dx.doi.org/10.2139/ssrn.4454595
- 799. Mercuri SR, Pacifico A, Malagoli P, et al. Heterologous versus homologous primary and booster COVID-19 vaccination do not increase flare rate in patients with psoriasis and/or psoriatic arthritis: Insights from a real-life, multicenter, case-control study. *J Eur Acad Dermatol Venereol*. 2023;37(6):e693-e694. doi:10.1111/jdv.18943
- 800. O'Leary AL, Wattengel BA, Carter MT, Drye AF, Mergenhagen KA. Risk factors associated with mortality in hospitalized patients with laboratory confirmed SARS-CoV-2 infection during the period of omicron (B.1.1.529) variant predominance. *Am J Infect Control*. 2023;51(6):603-606. doi:10.1016/j.ajic.2022.08.033





- 801. Nevola R, Feola G, Ruocco R, et al. Mortality and risk factors of vaccinated and unvaccinated frail patients with COVID-19 treated with anti-SARS-CoV-2 monoclonal antibodies: A real-world study. *Int J Infect Dis.* 2023;131:155-161. doi:10.1016/j.ijid.2023.03.030
- 802. España PP, Bilbao-González A, Larrea N, et al. Impact of prior SARS-COV-2 infection and vaccination on COVID-19 hospital admission and mortality amongst nursing home residents [published online ahead of print, 2023 May 30]. *Aging Clin Exp Res*. 2023;10.1007/s40520-023-02446-3. doi:10.1007/s40520-023-02446-3
- 803. Dmitrieva K, Maslennikov R, Vasilieva E, et al. Impact of vaccination against the novel coronavirus infection (COVID-19) with Sputnik V on mortality during the delta variant surge. J Infect Public Health. 2023 Jun;16(6):922-927. doi: 10.1016/j.jiph.2023.04.008.
- 804. Chaiyakulsil C, Sritipsukho P, Satdhabudha A, et al. Prevalence, risk factors, and vaccine effectiveness of COVID-19 infection in thai children, adolescents, and young adults in the omicron era. Front Pediatr. 2023 May 10;11:1173162. doi: 10.3389/fped.2023.1173162.
- 805. Salvatore M, Hu MM, Beesley LJ, et al. COVID-19 Outcomes by Cancer Status, Site, Treatment, and Vaccination. *Cancer Epidemiol Biomarkers Prev.* 2023;32(6):748-759. doi:10.1158/1055-9965.EPI-22-0607
- 806. Van Werkhoven CH (Henri), De Gier B, Mcdonald S, et al. Information bias of vaccine effectiveness estimation due to informed consent for national registration of COVID-19 vaccination: estimation and correction using a data augmentation model. medRxiv.Published online 2023 May 24. doi:10.1101/2023.05.23.23290384
- 807. Bermingham C, Nafilyan V, Andrews N, Gethings O. Estimating the effectiveness of COVID-19 vaccination against COVID-19 hospitalisation and death: a cohort study based on the 2021 Census, England. medRxiv. Published online 2023 June 07. doi:10.1101/2023.06.06.23290982
- 808. Jones JM, Manrique IM, Stone MS, et al. Estimates of SARS-CoV-2 Seroprevalence and Incidence of Primary SARS-CoV-2 Infections Among Blood Donors, by COVID-19 Vaccination Status United States, April 2021–September 2022. MMWR Morb Mortal Wkly Rep 2023;72:601–605. DOI: http://dx.doi.org/10.15585/mmwr.mm7222a3
- 809. Rahadi DA, Yusri E, Putra SP, Semiarty R, Pertiwi D, Ilmiawati C. COVID-19 Vaccination and Clinical Outcomes at a Secondary Referral Hospital During the Delta Variant-dominant Period in West Sumatra, Indonesia. *Journal of Preventive Medicine and Public Health*. 2023;56(3):221-230. doi:10.3961/jpmph.23.077
- 810. Dogan M, Yilmaz B. Efficacy of BNT162b2 and CoronaVac in patients diagnosed with COVID-19. *Acta Pharm*. 2023;73(2):257-268. Published 2023 Jun 12. doi:10.2478/acph-2023-0020
- 811. Nadeem I, Ul Munamm SA, Ur Rasool M, et al. Safety and efficacy of Sinopharm vaccine (BBIBP-CorV) in elderly population of Faisalabad district of Pakistan. *Postgrad Med J.* 2023;99(1171):463-469. doi:10.1136/postgradmedj-2022-141649
- 812. Suleyman G, Fadel R, Patel K, Shadid AM, Stuart HBC, Kattula M, Janis A, Maki M, Chao S, Alangaden G, Brar I. Outcomes associated with SARS-CoV-2 reinfection in individuals with natural and hybrid immunity. J Infect Public Health. 2023 Jun 8;16(8):1262-1268. doi: 10.1016/j.jiph.2023.06.003. Epub ahead of print. PMID: 37302273; PMCID: PMC10247297.





- van Iersel SCJL, McDonald SA, de Gier B, Knol MJ, de Melker HE, Henri van Werkhoven CH, Hahné SJM; RIVM COVID-19 epidemiology and surveillance team. Number of COVID-19 hospitalisations averted by vaccination: Estimates for the Netherlands, January 6, 2021 through August 30, 2022. Vaccine. 2023 Jun 13;41(26):3847-3854. doi: 10.1016/j.vaccine.2023.05.018. Epub 2023 May 10. PMID: 37202273; PMCID: PMC10169579.
- 814. Bernal E, García-Villalba E, Pons E, Vicente MR, Tomás C, Minguela A; GERS. Role of vaccination and anti-SARS-CoV-2 antibodies in the clinical outcome of hospitalized COVID-19 patients. Med Clin (Engl Ed). 2023 Jun 9;160(11):476-483. doi: 10.1016/j.medcle.2022.12.015. PMID: 37309468; PMCID: PMC10250600.
- 815. Kirsebom FCM, Andrews N, Mensah AA, et al.. Vaccine effectiveness against mild and severe disease in pregnant mothers and their infants in England. medRxiv. Published online 2023 June 10. doi:10.1101/2023.06.07.23290978.
- 816. Xiang Y, Feng Y, Qiu J, Zhang R, So H-C. Association of COVID-19 vaccination with risks of hospitalization due to cardiovascular and other diseases: A study of the UK Biobank. medRxiv. Published online 2023 June 13. doi:10.1101/2021.08.15.21262097
- 817. Du H, Saiyed S, and Gardner LM. Association between vaccination rates and severe COVID-19 health outcomes in the United States: a population-level statistical analysis. *medRxiv*. Published online 2023 Jun 15. doi: 10.1101/2023.06.14.23291388
- 818. Gaur P, Darwin KC, Kohn JR, et al. The relationship between COVID-19 vaccination status in pregnancy and birth weight. *Am J Obstet Gynecol MFM*. Published online 2023 Jun 15. doi: 10.1016/j.ajogmf.2023.101057
- 819. De Domenico M. Prevalence of long COVID decreases for increasing COVID-19 vaccine uptake. *PLOS Glob Public Health*. 2023;3(6):e0001917. Published 2023 Jun 21. doi:10.1371/journal.pgph.0001917
- 820. Hippisley-Cox J, Khunti K, Sheikh A, Nguyen-Van-Tam JS, Coupland CAC. Risk prediction of covid-19 related death or hospital admission in adults testing positive for SARS-CoV-2 infection during the omicron wave in England (QCOVID4): cohort study. BMJ. 2023 Jun 21;381:e072976. doi: 10.1136/bmj-2022-072976. PMID: 37343968.
- 821. Kassanjee R, Davies M, Ngwenya O, et al. COVID-19 among adults living with HIV: correlates of mortality among public sector healthcare users in Western Cape, South Africa. Journal of the International AIDS Society. Published online 2023 June 20.doi: https://doi.org/10.1002/jia2.26104
- 822. Bea S, Choi A, Kim JH, et al. Risk of breakthrough SARS-CoV-2 infection and clinical outcomes among vaccinated patients with type 2 diabetes [published online ahead of print, 2023 Jun 13]. *Diabetes Obes Metab*. 2023;10.1111/dom.15163. doi:10.1111/dom.15163
- Wong E, Barbre K, Wiegand RE, Reses HE, Dubendris H, Wallace M, Dollard P, Edwards J, Soe M, Meng L, Benin A, Bell JM. Effectiveness of Up-to-Date COVID-19 Vaccination in Preventing SARS-CoV-2 Infection Among Nursing Home Residents United States, November 20, 2022-January 8, 2023. MMWR Morb Mortal Wkly Rep. 2023 Jun 23;72(25):690-693. doi: 10.15585/mmwr.mm7225a4.
- 824. Ganser I, Buckeridge DL, Heffernan JM, et al. Estimating the population effectiveness of interventions against COVID-19 in France: A modelling study. SSRN. Published online 2023 Jun 26. doi: 10.2139/ssrn.4488069







- 825. Brodosi L, Stecchi M, Mita D, et al. Symptoms of SARS-CoV-2 infection and vaccine status of sixty-seven adult patients affected by inherited metabolic diseases: a phone survey. *Orphanet J Rare Dis.* 2023;18(1):286. Published 2023 Sep 12. doi:10.1186/s13023-023-02905-0
- 826. Masci GM, Izzo A, Bonito G, et al. Chest CT features of COVID-19 in vaccinated versus unvaccinated patients: use of CT severity score and outcome analysis. *Radiol Med*. Published online 2023 Jun 24. doi: 10.1007/s11547-023-01664-z
- 827. Tomioka K, Uno K, & Yamada M. Association between vaccination status and severe health consequences among community-dwelling COVID-19 patients during Omicron BA.1/BA.2 and BA.5-predominant periods in Japan. *Environ Health Prev Med*. 2023;28:35. doi: 10.1265/ehpm.23-00061
- 828. Berry SDF, Dalhuisen T, Marchena G, et al. Association between post-infection COVID-19 vaccination and symptom severity of post COVID-19 condition among patients on Bonaire, Caribbean Netherlands: a retrospective cohort study. *medRxiv*. Published online 2023 Jun 22. doi: 10.1101/2023.06.20.23291649
- 829. Luo J, Zhang J, Tang HT, et al. Prevalence and risk factors of long COVID 6-12 months after infection with the Omicron variant among nonhospitalized patients in Hong Kong. *J Med Virol*. 2023;95(6):e28862. doi: 10.1002/jmv.28862
- 830. Rios EV, Garcia MAH, Alvarez JD, et al. Effectiveness of the vaccine against SARS-CoV-2 upon hospitalizations during the fourth epidemic wave in Queretaro, Mexico. *Acta Medica Peruana*. 2023;40(1). doi: 10.35663/amp.2023.401.2476
- 831. Alnemari RF, Roublah FA, & Bargawi AA. The effect of COVID-19 vaccines on hospital admission and severity of symptoms among COVID-19 patients in Saudi Arabia, 2021. *Cureus*. 2023;15(6):e41067. doi: 10.7759/cureus.41067
- 832. De Silva ST, Ediriweera DS, Wimalasena W, et al. Evaluation of Bbibp-Corv Sinopharm Covid-19 vaccine effectiveness in Sri Lanka: A test-negative case control study. *SSRN*. Published online 2023 June 28. doi: 10.2139/ssrn.4491317
- 833. Lewnard JA, Hong V, Kim JS, et al. Increased vaccine sensitivity of an emerging SARS-CoV-2 variant. *Nat Commun*. 2023;14:3854. doi: 10.1038/s41467-023-39567-2
- 834. Elamin MY, Maslamani YA, Muaddi MA, et al. Real-world effectiveness of COVID-19 vaccines: A retrospective cohort study of vaccinated individuals in Jazan, Saudi Arabia. *J Infect Public Health*. Published online 2023 June 13. doi: 10.1016/j.jiph.2023.06.014
- 835. Smoll NR, Al Imam MH, Shulz C, Booy R, Khandaker G. The effectiveness of vaccination for preventing hospitalisation with COVID-19 in regional Queensland: a data linkage study [published online ahead of print, 2023 Jul 3]. *Med J Aust*. 2023;10.5694/mja2.52019. doi:10.5694/mja2.52019
- 836. Lee DW, Bae YS, Lee JR, Sohn JH, Lee H, Lee JY. COVID-19 vaccination, incidence, and mortality rates among individuals with mental disorders in South Korea: A nationwide retrospective study. *Asian J Psychiatr*. 2023;85:103600. doi:10.1016/j.ajp.2023.103600
- 837. Tanaka H, Chubachi S, Asakura T, et al. Characteristics and clinical effectiveness of COVID-19 vaccination in hospitalized patients in Omicron-dominated epidemic wave a nationwide study in Japan. *Int J Infect Dis.* 2023;132:84-88. doi:10.1016/j.ijid.2023.04.399
- 838. Wijkström J, Caldinelli A, Bruchfeld A, et al. Results of the first nationwide cohort study of outcomes in dialysis and kidney transplant patients before and after vaccination for COVID-19 [published online ahead of print, 2023 Jul 11]. *Nephrol Dial Transplant*. 2023;gfad151. doi:10.1093/ndt/gfad151







- 839. Ngaosuwan K, Soonklang K, Warakul C, Auewarakul C, Mahanonda N. Protection of inactivated vaccine against SARS-CoV-2 infections in patients with comorbidities: a prospective cohort study [published online ahead of print, 2023 Jul 12]. *Front Med.* 2023;10.1007/s11684-023-0995-9. doi:10.1007/s11684-023-0995-9
- 840. Ming-Hung Chang, Kuang-Ming Liao. The Association between COVID-19 Vaccination and Hospitalized Situation in Omicron Era, A Retrospective Cohort Study. Published online 11 July 2023, PREPRINT (Version 1) available at Research Square [https://doi.org/10.21203/rs.3.rs-2800430/v1]
- 841. Beata K, Katarzyna S, Julia B, Marek M, Dzierzanowska-Fangrat K. Incidence of SARS-CoV-2 infection among healthcare workers before and after COVID-19 vaccination in a tertiary paediatric hospital in Warsaw: a retrospective cohort study. Published online 2023 July 7. doi:10.22541/au.168871685.50181209/v1
- 842. Shin IS, Lee YP, Lee SH, Lee JY, Park JH, Chung YS. Effectiveness of the COVID-19 vaccine in the Honam region of the Republic of Korea. *Osong Public Health Res Perspect*. 2023;14(3):197-206. doi:10.24171/j.phrp.2022.0308
- 843. Solaymani-Dodaran M, Basiri P, Moradi M, et al. Safety and efficacy of the FAKHRAVAC compared with BBIBP-Corv2 against SARS-CoV-2 in adults: a non-inferiority multi-center trial. *Virol J.* 2023;20:154. doi: 10.1186/s12985-023-02121-z
- Wu X, Li J, Ma J, et al. Vaccination against coronavirus disease 2019 in patients with pulmonary hypertension: a national prospective cohort study [published online ahead of print, 2023 Jul 13]. *Chin Med J* (Engl). 2023;10.1097/CM9.0000000000002767. doi:10.1097/CM9.0000000000002767
- 845. Di Fusco M, Sun X, Moran MM, et al. Impact of COVID-19 and effects of booster vaccination with BNT162b2 on six-month long COVID symptoms, quality of life, work productivity and activity impairment during Omicron. *J Patient Rep Outcomes*. 2023;7(1):77. Published 2023 Jul 24. doi:10.1186/s41687-023-00616-5
- Sharath SE, Kougias P, Daviú-Molinari T, Faridmoayer E, Berger DH. Association Between COVID-19 Vaccination and Mortality after Major Operations [published online ahead of print, 2023 Jul 27]. *Ann Surg*. 2023;10.1097/SLA.00000000000000051. doi:10.1097/SLA.0000000000000000051
- 847. Poran I, Mokh AA, Vronsky D, Drozdinsky G, Basharim B, Eliakim-Raz N. Outcomes of vaccinated versus unvaccinated COVID-19 patients in Israel during the Omicron and Delta waves-A retrospective cohort study. *Med Clin (Barc)*. 2023;161(2):59-61. doi:10.1016/j.medcli.2023.04.003
- 848. Kahlert CR, Strahm C, Güsewell S, et al. Post-Acute Sequelae After Severe Acute Respiratory Syndrome Coronavirus 2 Infection by Viral Variant and Vaccination Status: A Multicenter Cross-Sectional Study. *Clin Infect Dis.* 2023;77(2):194-202. doi:10.1093/cid/ciad143
- 849. Johnstone SL, Shapiro D, Chiwandire N, et al. Effectiveness of BNT162b2 and Ad.COV2.S vaccines against COVID-19-related hospitalisation among adult members of a private health insurance scheme in South Africa during the Delta and Omicron periods: a test-negative case-control study. Published online 2023 July 26. *Research Square*. https://doi.org/10.21203/rs.3.rs-3202606/v1







- 850. Hara M, Ohta Y, Fusazaki N, Hirota Y. Effectiveness of BNT162b2 vaccine against symptomatic SARS-CoV-2 infection in children aged 5-11 years in Japan during Omicron variant predominate periods [published online ahead of print, 2023 Jul 15]. *J Epidemiol*. 2023;10.2188/jea.JE20230093. doi:10.2188/jea.JE20230093
- 851. Song J, Choi S, Jeong S, et al. Protective effect of vaccination on the risk of cardiovascular disease after SARS-CoV-2 infection. *Clin Res Cardiol*. Published online 2023 Jul 31. doi: 10.1007/s00392-023-02271-8
- 852. Oliveira EA, Oliveira MCL, Silva ACSE, et al. Association of prior COVID-19 vaccination with SARS-CoV-2 infection and death in children and young persons during the Omicron variant period in Brazil. *JAMA Pediatr*. Published online 2023 Jul 31;e232584. doi:10.1001/jamapediatrics.2023.2584
- 853. Roy A, Saade C, Josset L, et al. Determinants of protection against SARS-CoV-2 Omicron BA.1 and Delta infections in fully vaccinated outpatients. *J Med Virol*. 2023 Aug;95(8):e28984. doi: 10.1002/jmv.28984
- 854. Blanqart F, Abad C, Ambroise J, et al. Temporal, age, and geographical variation in vaccine efficacy against infection by the Delta and Omicron variants in the community in France, December 2021 to March 2022. *Int J Infect Dis.* 2023;133:89-96. doi: 10.1016/j.ijid.2023.04.410
- Nagao M, Matsumura Y, Yamamoto M, et al. Incidence of and risk factors for suspected COVID-19 reinfection in Kyoto City: a population-based epidemiological study. *Eur J Clin Microbiol Infect Dis*. 2023;42:973-979. doi: 10.1007/s10096-023-04625-6
- 856. Hara M, Furue T, Fukuoka M, et al. Comparison of self-reported symptoms in COVID-19 patients who had or had not previously received COVID-19 mRNA vaccination. *Hum Vaccin Immunother*. 2023;19(2):2226575. doi: 10.1080/21645515.2023.2226575
- 857. Hernández Bautista PF, Grajales Muñiz C, Cabrera Gaytán DA, et al. Impact of vaccination on infection or death from COVID-19 in individuals with laboratory-confirmed cases: Case-control study. *PLoS One*. 2023;18(8):e0265698. Published 2023 Aug 3. doi:10.1371/journal.pone.0265698
- 858. Rosso A, Flacco ME, Soldato G, Di Martino G, Acuti Martellucci C, Carota R, De Benedictis M, Di Marco G, Di Luzio R, Fiore M, et al. COVID-19 Vaccination Effectiveness in the General Population of an Italian Province: Two Years of Follow-Up. *Vaccines*. 2023; 11(8):1325. https://doi.org/10.3390/vaccines11081325
- 859. Yan P, Mullah MAS, Tuite A. A proportional incidence rate model for aggregated data to study the vaccine effectiveness against COVID-19 hospital and ICU admissions [published online ahead of print, 2023 Aug 10]. *Biometrics*. 2023;10.1111/biom.13915. doi:10.1111/biom.13915
- 860. Jarquin C, Quezada LF, Gobern L, Balsells E, Rondy M. Early impact of COVID-19 vaccination on older populations in four countries of the Americas, 2021. *Rev Panam Salud Publica*. 2023;47:e122. Published 2023 Aug 10. doi:10.26633/RPSP.2023.122
- 861. Penetra SLS, Santos HFP, Cristina Resende P, et al. SARS-CoV-2 reinfection cases in a household-based prospective cohort in Rio de Janeiro [published online ahead of print, 2023 Aug 12]. *J Infect Dis*. 2023;jiad336. doi:10.1093/infdis/jiad336







- 862. Navarrete J, Barone G, Qureshi I, et al. SARS-CoV-2 Infection and Death Rates Among Maintenance Dialysis Patients During Delta and Early Omicron Waves United States, June 30, 2021–September 27, 2022. MMWR Morb Mortal Wkly Rep 2023;72:871–876. DOI: http://dx.doi.org/10.15585/mmwr.mm7232a4.
- 863. Jang J, Jeong H, Kim BH, An S, Yang HR, Kim S. Vaccine effectiveness in symptom and viral load mitigation in COVID-19 breakthrough infections in South Korea. *PLoS One*. 2023;18(8):e0290154. Published 2023 Aug 16. doi:10.1371/journal.pone.0290154
- 864. Lind ML, Dorion M, Houde AJ, et al.. Evidence of Leaky Protection Following COVID-19 Vaccination and SARS-CoV-2 Infection in an Incarcerated Population. *medRxiv*.Published online 2023 August 16. doi:10.1101/2023.02.17.23286049
- 865. Kumar G, Talukdar A, Turuk A, et al. Determinants of post discharge mortality among hospitalized COVID-19 patients. *Indian J Med Res.* 2023;158:1-9. doi: 10.4103/ijmr.ijmr 973 23
- 866. Spierer R, Lavi I, Bloch S, et al. Risk of breakthrough COVID-19 after vaccination among people with muiltiple sclerosis on disease-modifying therapies. *J Neurol*. Published online 2023 Aug 17. doi: 10.1007/s00415-023-11935-4
- 867. McDonnell JC. COVID-19 vaccination in patients with inborn errors of immunity reduces hospitalization and critical care needs related to COVID-19: A USIDNET report. *Res Square*. Published online 2023 Aug 19. doi: 10.21203/rs.3.rs-3194637/v1
- 868. Russo C, Tagliafico L, Labate L, et al. Effect of SARS-CoV-2 vaccination in a vulnerable COVID-19 cohort: a real-life experience in an Italian hospital. *J Chemother*. Published online 2023 Aug 23. doi: 10.1080/1120009X.2023.2246716
- 869. Kasztelewicz B, Skrok K, Burzynska J, et al. Incidence of SARS-CoV-2 infection among healthcare workers before and after COVID-19 vaccination in a tertiary paediatric hostpial in Warsaw: a retrospective cohort study. *Res Square*. Published online 2023 Aug 22. doi: 10.21203/rs.3.rs-3255069/v1
- 870. Bakirtzis C, Konstantinidou N, Stavropoulou S, et al. COVID-19 vaccination and disease course in people with multiple sclerosis in Greece. *J Clin Med*. 2023;12(17):5460. doi: 10.3390/jcm12175460
- 871. Zhong J, Wang J, Liu S, et al. Effectiveness of maternal inactivated COVID-19 vaccination against Omicron infection in infants during the first 12 months of life: A test-negative case control study. *Vaccines*. 2023;11(9):1402. doi: 10.3390/vaccines11091402
- 872. Belayneh EK, Leulseged TW, Teklu BS, et al. A Causal Inference of the Effect of Vaccination on COVID-19 Disease Severity and Need for Intensive Care Unit Admission Among Hospitalized Patients in an African Setting. *medRxiv*. Published online 2023 Aug 24. doi: 10.1101/2023.08.22.23294414
- 873. Getahun EB, Kebede NM, Belay FE, Adissu TS, Haile ZW. Post-Vaccine SARS-CoV-2 Reinfection and Associated Factors Among Health Care Providers in Addis Ababa Public Hospitals, Addis Ababa, 2022: A Cross-Sectional Study. *Health Serv Res Manag Epidemiol.* 2023;10:23333928231194804. Published 2023 Aug 25. doi:10.1177/23333928231194804
- 874. Diexer S, Klee B, Gottschick C, et al. Association between Virus Variants, Vaccination, Previous Infections, and Post COVID-19 Risk [published online ahead of print, 2023 Aug 25]. *Int J Infect Dis.* 2023;S1201-9712(23)00702-6. doi:10.1016/j.ijid.2023.08.019







- 875. Mangone L, Rossi PG, Taborelli M, et al. SARS-CoV-2 infection, vaccination and risk of death in people with an oncological disease in Northeast Italy. *J Pers Med*. 2023;13(9):1333. doi: 10.3390/jpm13091333
- 876. Rutter CE, Van Tongeren M, Fletcher T, et al. Risk factors for SARS-CoV-2 infection at a United Kingdom electricity-generating company: a test-negative design case-control study. *medRxiv*. Published online 2024 Jan 22. doi: 10.1101/2023.08.25.23294609v3
- 877. Elhag KOH, Mundodan JM, Chowdhry JB, et al. Pfizer-BioNTech mRNA vaccine protection among children and adolescents aged 12-17 years against COVID-19 infection in Qatar. *Preprints*. Published online 2023 Aug 21. doi: 10.20944/preprints202308.1465.v1
- 878. Kolla M, Rout NK, Gupta S, et al. Outcome of COVID-19 infeciton and the impact of COVID-19 vaccination in chronic kidney disease patients: A single-center study. *Ann Afr Med.* 2023;22(3):347-351. doi: 10.4103/aam.aam_81_22
- 879. Gim H, Lee S, Seo H, et al. Effects of severe acute respiratory syndrome coronavirus vaccination on reinfection: A community-based retrospective cohort study. *Vaccines*. 2023;11(9):1408. doi: 10.3390/vaccines11091408
- 880. Eisler JJ, Disanto G, Sacco R, et al. Influence of disease modifying treatment, severe acute respiratory syndrome coronavirus 2 variants and vaccination on coronavirus disease 2019 risk and outcome in multiple sclerosis and neuromyelitis optica. *J Clin Med*. 2023;12(17):5551. doi: 10.3390/jcm12175551
- 881. Alhudiri I, Abusrewil Z, Dakhil O, et al. Impact of vaccination and risk factors on COVID-19 mortality amid delta wave in Libya: a single-center cohort study. *PLOS ONE*. Published online 2023 August 4. doi: 10.1371/journal.pone.0289490
- 882. Liang EC, Onstad LE, Carpenter P, et al. Association of self-reported COVID-19 vaccination status with COVID-19 infection among adult long-term hematopoietic cell transplantation survivors. *Transplant Cell Ther*. 2023;29(9):584.e1-584.e9. doi: 10.1016/j.jtct.2023.06.017
- 883. Hosseini-Moghaddam SM, Shepherd FA, Swayze S, et al. SARS-CoV-2 infection, hospitalization, and mortality in adults with and without cancer. *JAMA Netw Open*. 2023;6(8):e2331617. doi: 10.1001/jamanetworkopen.2023.31617
- 884. Li T, Wu S, Tan J, et al. Epidemiologic characteristics of SARS-CoV-2 Omicron BA.5.1.3 variant and the protection provided by inactivated vaccination. *Viral Immunol*. Published online 2023 September 6. doi: 10.1089/virm.2023.0050
- Ruenkham A, Uitrakul S, Oberdorfer P, et al. Comparative Safety and Effectiveness of Heterologous CoronaVac–ChAdOx1 versus Homologous CoronaVac Vaccination in a Real-World Setting: A Retrospective Cohort Study. Vaccines. 2023; 11(9):1458. https://doi.org/10.3390/vaccines11091458
- 886. Farnsworth CW, O'Neil CA, Dalton C, et al. Association between SARS-CoV-2 Symptoms, Ct Values, and Serological Response in Vaccinated and Unvaccinated Healthcare Personnel. *J Appl Lab Med*. 2023;8(5):871-886. doi:10.1093/jalm/jfad042
- 887. Hitz P, Pagnamenta A, Pertusini L, et al. Prevalence of SARS-CoV-2 infection and impact of vaccination in dialysis patients over two years of the pandemic [published online ahead of print, 2023 Sep 13]. *J Nephrol*. 2023;10.1007/s40620-023-01754-1. doi:10.1007/s40620-023-01754-1
- 888. Rodríguez-Borregán JC, Cuenca-Fito E, Peñasco Y, et al. Retrospective study of the effect of vaccination against SARS-CoV-2 in seriously ill patients admitted to an intensive care unit. Estudio retrospectivo del efecto de la vacunación frente al SARS-CoV-2 en







- enfermos graves que ingresan en una unidad de cuidados intensivos. *Med Clin (Barc)*. 2023;161(5):199-204. doi:10.1016/j.medcli.2023.04.022
- 889. Djordjevic N, Matic S.D., et al. Effectiveness of a third dose of COVID-19 vaccines against delta variant of SARS-COV-2: A Serbian cohort study. *Serbian Archives of Medicine*. Published online 2023 September 08. Doi: 10.2298/SARH221217082D
- 890. Ben-Tov A, Lebwohl B, Banon T, et al. BNT162b2 mRNA COVID-19 Vaccine Effectiveness in Patients with Coeliac disease autoimmunity: Real-world data from mass vaccination campaign. *Viruses*. 2023;15(9):1968. doi: 10.3390/v15091968
- 891. Ospina AV, Bruges R, Triana I, et al. Impact of vaccination against COVID-19 on patients with cancer in ACHOC-C19 study: Real world evidence from one Latin American country. *J Cancer*. 2023;14(13):2410-2416. doi: 10.7150/jca.79969.
- 892. Balducci M, Locatelli E, Barbieri MG, et al. SARS-CoV-2 vaccination and risk of infectious diseases in hospitalized older patients. *Research Square*. Published online 2023 Sep 19. doi: 10.21203/rs.3.rs-3327002/v1
- 893. Chen CH, Wu MJ, Tsai SF. Safety and effectiveness of COVID-19 vaccines in patients with IgA nephropathy: a retrospective cohort study from the TriNetX global collaborative networks. EClinicalMedicine. 2023 Nov 3;65:102306. doi: 10.1016/j.eclinm.2023.102306.
- 894. Nayyerbadi M, Fourcade L, Josh SA, et al. Vaccination after developing long COVID: impact on clinical presentation, viral persistence and immune responses. *Int J Infect Dis.* Published online 2023 Sep 15. doi: 10.1016/j.ijid.2023.09.006
- 895. Lin M, Cao K, Xu F, et al. A follow-up study on the recovery and reinfection of Omicron COVID-19 patients in Shanghai, China. Emerg Microbes Infect. Published online 2023 Sep 21. doi: 10.1080/22221751.2023.2261559
- 896. Ravichandran S, Vijayakumar K, G. V. V, et al. Vaccination Can Prevent Severe Pulmonary Disease in COVID-19 Positive Patients: A Case-Control Study. *Cureus*. 2023 September 20; 15(9): e45638. doi:10.7759/cureus.45638.
- 897. Calabrese C, Atefi G, Evans KA, et al. Risk factors for severe COVID-19 among patients with systemic lupus erythematosus: a real-world analysis of a large representative US administrative claims database, 2020–2021. *RMD Open* 2023 August 17;9:e003250. doi: 10.1136/rmdopen-2023-003250
- 898. Horvath VJ, Bekeffy M, Nemeth Z, et al. The effect of COVID-19 vaccination status on all-cause mortality in petients hospitalised with COVID-19 in Hungary during the delta wave of the pandemic. *GeroScience*. Published online 2023 Sep 27. doi: 10.1007/s11357-023-00931-1
- 899. Osman K, Mundodan J, Chowdhury J, et al. Pfizer-BioNTech mRNA vaccine protection among children and adolescents aged 12-17 years against COVID-19 infection in Qatar. *Vaccines*. 2023;11(10):1522. doi: 10.3390/vaccines11101522
- 900. Kawaji H, Kishimoto N, Muguruma N, et al. Risk factors related to severity in COVID-19 patients: A real-world retrospective cohort study. *Intern Med.* 2023;62(18):2627-2634. doi: 10.2169/internalmedicine.1934-23
- 901. Yu W, Guo Y, Hu T, et al. Incidence and severity of SARS-CoV-2 reinfection, a multicenter cohort study in Shanghai, China. *J Med Virol*. 2023;95:e28997. doi: 10.1002/jmv.28997







- 902. Razzaghi H, Forrest CB, Hirabayashi K, et al. Vaccine Effectiveness Against Long COVID in Children. Pediatrics. Published online January 16, 2024. doi:10.1542/peds.2023-064446
- 903. Kitamura N, Otani K, Kinoshita R, et al. Protective effect of previous infection and vaccination against reinfection with BA.5 Omicron subvariant: a nationwide population-based study in Japan. *Lancet Reg Health West Pac*. Published online 2023 Sep 24. https://doi.org/10.1016/j.lanwpc.2023.100911.
- 904. Simeone RM, Zambrano LD, Halasa NB, et al. Effectiveness of Maternal mRNA COVID-19 Vaccination During Pregnancy Against COVID-19–Associated Hospitalizations in Infants Aged <6 Months During SARS-CoV-2 Omicron Predominance 20 States, March 9, 2022–May 31, 2023. MMWR Morb Mortal Wkly Rep 2023;72:1057–1064. DOI: http://dx.doi.org/10.15585/mmwr.mm7239a3.
- 905. Weigert M, Beyerlein A, Katz K, Schulte R, Hartl W, Küchenhoff H. Vaccine-Induced or Hybrid Immunity and COVID-19-Associated Mortality During the Omicron Wave. *Dtsch Arztebl Int*. 2023;120(13):213-220. doi:10.3238/arztebl.m2023.0051
- 906. Noor M, Islam MF, Islam R. How Did Mortality Rates from Covid-19 Differ between Vaccinated and Unvaccinated People in a Tertiary Level Hospital of Bangladesh?. *Mymensingh Med J.* 2023;32(4):1198-1202.
- 907. Shah S, Paudel K, Bhattarai A, et al. Association of vaccination status with the clinicobiochemical profile, hospital stay, and mortality in COVID-19: A case-control study. *Health Sci Rep*. Published online 2023 Sep 25. doi: 10.1002/hsr2.1579
- 908. Mateo-Urdiales A, Sacco C, Petrone D, et al. Estimated effectiveness of a primary cycle of protein recombinant vaccine NVX-CoV2373 against COVID-19. JAMA Netw Open. 2023;6(10):e2336854. doi: 10.1001/jamanetworkopen.2023.36854
- 909. Flacco ME, Martellucci CA, Soldato G, et al. Predictors of SARS-CoV-2 infection and severe and lethal COVID-19 after three years of follow-up: A population-wide study. *Viruses*. 2023;15(9):1794. doi: 10.3390/v15092794
- 910. Chen CX, Cabugao P, Nguyen M, et al. Comparing demographics, clinical characteristics, and hospital outcomes by vaccine uptake status: A single-institution cross-sectional study. *Medicine*. 2023;102(40):e35421. doi: 10.1097/MD.00000000000035421
- 911. Forero-Pena DA, Leyva JL, Valenzuela MV, et al. COVID-19 vaccination and mortality reduction: A prospective cohort study in Venezuela. *Research Square*. Published online 2023 Oct 10. doi: 10.21203/rs.3.rs-3396851/v1
- 912. Patino YDB, Triana LC, Velandia OMM, et al. Impact of vaccination in the mortality of Colombian adults with acute respiratory distress syndrome due to SARS-CoV-2 who required invasive mechanical ventilation [in Spanish]. *Vacunas*. Published online 2023 Oct 5. doi: 10.1016/j.vacun.2023.07.004
- 913. Niu J, Samuels S, Sareli C, Mayer D, Visbal A, Sareli AE. Clinical Features and Outcomes of Hospitalized Adult Patients with Breakthrough COVID-19 Infections: A Propensity Score-Matched Observational Study [published online ahead of print, 2023 Oct 11]. *Am J Epidemiol*. 2023;kwad199. doi:10.1093/aje/kwad199
- 914. Katz MA, Rojas Castro MY, Seyidov N, Herdman MT, Mehdiyev S, McKnight CJ, Guseinova A, Cojocaru R, Doran J, Mühlemann B, Drosten C, Suleymanova J, Pebody R, Kissling E, Hagverdiyev G. The effectiveness of primary series CoronaVac vaccine in preventing COVID-19 illness: A prospective cohort study among healthcare workers in Azerbaijan, May-November 2021. Influenza Other Respir Viruses. 2023 Oct 3;17(10):e13147. doi: 10.1111/irv.13147.







- 915. Lapinsky SC, Baxter NN, Sutradhar R, et al. A population-based test-negative matched case control analysis of SARS-CoV-2 vaccine effectiveness among pregnant people in Ontario, Canada [published online ahead of print, 2023 Oct 13]. *J Obstet Gynaecol Can*. 2023;102239. doi:10.1016/j.jogc.2023.102239
- 916. Arashiro T, Arima Y, Kuramochi J, et al. Immune escape and waning immunity of COVID-19 monovalent mRNA vaccines against symptomatic infection with BA.1/BA.2 and BA.5 in Japan [published online ahead of print, 2023 Oct 13]. *Vaccine*. 2023;S0264-410X(23)01194-5. doi:10.1016/j.vaccine.2023.10.021
- 917. Chiwandire N, Walaza S, Von Gottberg A, et al.. Estimation of vaccine effectiveness against SARS-CoV-2-associated hospitalisation using sentinel surveillance in South Africa, a test-negative case-control study. *ResearchSquare*. Published online 2023 October 10. doi:10.21203/rs.3.rs-3423529/v1
- 918. Koc I, Unalli Ozmen S, Deniz O. Vaccine effectiveness against the B.1.617.2 in the intensive care unit. *Medicine (Baltimore)*. 2023;102(42):e35588. doi:10.1097/MD.000000000035588
- 919. Di Costanzo D, Mazza M, Carbone A, et al. Retrospective analysis of epidemiologic features and clinical course of COVID-19 patients and comparison between vaccinated and unvaccinated patients [published online ahead of print, 2023 Oct 19]. *Monaldi Arch Chest Dis.* 2023;10.4081/monaldi.2023.2771. doi:10.4081/monaldi.2023.2771
- 920. Gutwein O, Tzarfati KH, Apel A, et al. Timing of BNT162b2 vaccine prior to COVID-19 infection, influence disease severity in patients with hematologic malignancies: Results from a cohort study. *Cancer Med*. Published online 2023 Oct 25. doi: 10.1002/cam4.6397
- 921. Sosenko F, Mackay D, Pell JP, et al. Understanding covid-19 outcomes among people with intellectual disabilities in England. *BMC Public Health*. 2023:23:2099. doi: 10.1186/s12889-023-16993-x
- 922. Albogami Y, Alalwan A, Batais MA, Alabdulkareem K, Alalwan AA. The effectiveness of single and two-dose Pfizer-BioNTech vaccine against SARS-COV-2: A real-world evidence from Saudi Arabia. J Infect Public Health. 2023 Sep 28;16(12):1898-1903. doi: 10.1016/j.jiph.2023.09.014
- 923. Gül F, Kasapoğlu US, Sabaz MS, et al. The Impact of CoronaVac Vaccination on 28-day Mortality Rate of Critically III Patients with COVID-19 in Türkiye. Balkan Med J. 2023 Oct 20;40(6):435-444. doi: 10.4274/balkanmedj.galenos.2023.2023-6-90
- 924. Puyat JH, Wilton J, Fowokan A, et al. COVID-19 vaccine effectiveness by HIV status and history of injection drug use: a test-negative analysis. *J Int AIDS Soc.* Published online 2023 Oct 26. doi: 10.1002/jia2.26178
- 925. Thomas J, Rajmohan P, Jose P, et al. Real-world effectiveness of COVID-19 vaccine and identification of SARS-CoV-2 variants among people living with HIV on highly active antiretroviral therapy in central Kerala of India an ambi-directional cohort study. *Viruses*. 2023;15(11):2187. doi: 10.3390/v15112187
- 926. Rudolph AE, Khan FL, Shah A, et al. Effectiveness of BNT162b2 BA.4/5 bivalent mRNA vaccine against symptomatic COVID-19 among immunocompetent individuals testing at a large US retail pharmacy. *The Journal of Infectious Diseases*. Published online October 31, 2023:jiad474. doi:10.1093/infdis/jiad474







- 927. Aldawish S, Abusaris R, Almohammadi E, Althobiti F, Albarrag A. Effectiveness of COVID-19 vaccines against ICU admission during Omicron surge in Saudi Arabia: a nationwide retrospective cohort study. *BMC Infect Dis.* 2023;23(1):746. Published 2023 Oct 31. doi:10.1186/s12879-023-08686-y
- 928. Jorgensen SCJ, Drover SSM, Fell DB, et al. Newborn and Early Infant Outcomes Following Maternal COVID-19 Vaccination During Pregnancy. JAMA Pediatr. Published online October 23, 2023. doi:10.1001/jamapediatrics.2023.4499
- 929. Kumar G, Bhalla A, Mukherjee A, et al. Post COVID sequelae among COVID-19 survivors: insights from the Indian National Clinical Registry for COVID-19. *BMJ Glob Health*. 2023;8:e012245. doi: 10.1136/bmjgh-2023-012245
- 930. Mendoza-Cano O, Trujillo X, Rios-Silva M, et al. Association between vaccination status for COVID-19 and the risk of severe symptoms during the endemic phase of the disease. *Vaccines*. 2023;11(10):1512. doi: 10.3390/vaccines11101512
- 931. Djorwé S, Bousfiha A, Nzoyikorera N, et al. Evaluation of SARS-CoV-2 infection risks after primary vaccination with BNT162b2, BBIBP-CorV, or ChAdOx1-nCOV-19 and after homologous and heterologous booster vaccinations with these vaccines and evaluation of SARS-CoV-2 reinfection profiles. Biomedicine (Taipei). 2023;13(3):31-48. Published 2023 Sep 1. doi:10.37796/2211-8039.1412
- 932. Madrid J, Agarwal P, Müller-Peltzer K, et al. Vaccination protects against acute respiratory distress syndrome (ARDS) in hospitalized patients with COVID-19. *Clin Exp Med*. 2024;24(1):21. Published 2024 Jan 27. doi:10.1007/s10238-023-01293-w
- 933. Almendares OM, Ruffin JD, Collingwood AH, et al. Previous Infection and Effectiveness of COVID-19 Vaccination in Middle- and High-School Students [published online ahead of print, 2023 Nov 14]. *Pediatrics*. 2023;e2023062422. doi:10.1542/peds.2023-062422
- 934. Wu Q, Tong J, Zhang B, et al. Real-world Effectiveness of BNT162b2 Against Infection and Severe Diseases in Children and Adolescents. medRxiv. Published online 2023 November 13. Doi: https://doi.org/10.1101/2023.06.16.23291515
- 935. Dashtban A, Mizani MA, Pasea L, et al. Association of COVID-19 and influenza vaccinations and cardiovascular pharmacotherapy with hospitalization and mortality in people with COVID-19 and Long COVID: 2-year follow-up of over 17 million people in England. *SSRN*. Published online 2023 Nov 14. doi: 10.2139/ssrn.4629342
- 936. Luo Y, Zhao M, Zhao X, et al. Clinical features and vaccine efficacy analysis of COVID-19 patients in a Chongqing shelter hospital in 2022. *Research Square*. Published online 2023 Nov 14. doi: 10.21203/rs.3.rs-3563129/v1
- 937. Soprano CM, Ngo R, Konys CA, et al. Post-acute sequelae of COVID-19 (PASC) in pediatrics: Factors that impact symptom severity and referral to treatment. *Children*. 2023;10(11):1805. https://doi.org/10.3390/children10111805
- 938. Lomonosov K, Lomonosova A, Mindlina A, et al. Impact of vaccination on the course and outcome of COVID-19 in patients with multimorbidity. *Vaccines*. 2023;11(11):1696. https://doi.org/10.3390/vaccines11111696
- 939. Sigler R, Covarrubias K, Chen B, et al. Post-acute sequelae of COVID-19 in solid organ transplant recipients. *Transpl Infect Dis*. 2023;e14167. https://doi.org/10.1111/tid.14167
- 940. Choudhry S, Rowland TAJ, McClelland K, et al. Protection from infection and reinfection due to the Omicron BA.1 variant in care homes. *Front Immunol*. 2023;14:1186134. https://doi.org/10.3389/fimmu.2023.1186134







- 941. Tudisco R, Garufi C, Rizzo F, et al. Impact of mRNA-based vaccines in the prevention of adverse outcomes of COVID-19 infection in pregnancy: a single-center cohort study. *Front Pediatr*. 2-23;11:1214768. https://doi.org/10.3389/fped.2023.1214768
- 942. Campos CJ, Pajuelo-Reyes C, Rojas LM, et al. Prevalence of SARS-CoV-2 variants and isease outcome of COVID-19 patients in the Amazonas region of Peru. *Am J Trop Med Hyg.* 2023;109(3):523-526. https://doi.org/10.4269/ajtmh.22-0739
- 943. Nolan A, McGowan M, Von Stein L, et al. A single-center review of outcomes between COVID-19 vaccinated and unvaccinated liver transplant recipients. *Clin Transplant*. 2023;e15185. https://doi.org/10.1111/crt.15185
- 944. Sørensen AIV, Spiliopoulos L, Bager P, et al. A Danish questionnaire study of acute symptoms of SARS-CoV-2 infection by variant, vaccination status, sex and age. *Sci Rep.* 2023;13:19863. https://doi.org/10.1038/s41598-023-47273-8.
- 945. Mahmoud MA, Ayoub HH, Coyle P, et al. SARS-CoV-2 infection and effects of age, sex, comorbidity, and vaccination among older individuals: A national cohort study. *Influenza Other Respir Viruses*. 2023;17(11):e13224. doi: https://doi.org/10.1111/irv.13224
- 946. Polivka L, Valyi-Nagy I, Szekanecz Z, et al. Waning of SARS-CoV-2 vaccine effectiveness in COPD patients: Lessons from the Delta variant. *Vaccines*. 2023;11(12):1786. doi: https://doi.org/10.3390/vaccines11121786
- 947. Perez-Tasigchana F, Valcarcel-Perez I, Arias-Quispe M, et al. Effectiveness of COVID-19 vaccines in Ecuador: A test-negative design. *Vaccine: X.* 2023;15:100404. doi: https://doi.org/10.1016/j.jvacx.2023.100404
- 948. Madhavikutty G, Raveendran A, Thomas R, et al. Effectiveness of the ChAdOx1 nCoV-19 vaccine against laboratory-confrimred cases of COVID-19: A test-negative case-control study from central Kerala, India. *J Clin and Diagn Res.* 2023;17(10):LC28-LC32. doi: https://doi.org/10.7860/JCDR/2023/62932.18597
- 949. Lee MJ, Hwang MJ, Kim DS, et al. Evaluation of COVID-19 vaccine effectiveness in different high-risk facility types during a period of Delta variant dominance in the Republic of Korea: a cross-sectional study. *Osong Public Health Res Perspec*. 2023;14(5):418-426. doi: https://doi.org/10.24171/j.phrp.2023.0188
- 950. Hu Z, Jin Z, Zhou M, et al. CoronaVac and BBIBP-CorV vaccines aginast SARS-CoV-2 during predominant circulation of Omicron BA.5.2 and BF.7 in China, a retrospective cohort study. *J Med Virol*. 2023;95(10):e29143. https://doi.org/10.1002/jmv.29143
- 951. Chernova TM, Ivanov DO, Timchenko VN, et al. Experience in the use of vaccine Gam-Kovid-Vak-M for the prevention of COVID-19 in children. *Children Infections*. 2023;22(3):33-38. [In Russian]. https://doi.org/10.22627/2072-8107-2023-22-3-33-38
- 952. Wong KC, Kuo CY, Tzeng IS, et al. The COVIDTW2 study: Role of COVID-19 vaccination in intubated patients with COVID-19-related acute respiratory distress syndrome in Taiwan. J Infect Chemother. Published online 2023 Nov 18. https://doi.org/10.1016/j.jiac.2023.11.010
- 953. Yang H, Wang Z, Zhang Y, et al. Effectiveness of inactivated COVID-19 vaccines against SARS-CoV-2 Omicron subvariant BF.7 among outpatients in Beijing, China. Vaccine. 2023;41(48):7201-7205. https://doi.org/10.1016/j.vaccine.2023.10.036
- 954. Kenny G, McCann K, O'Brien C, et al. Impact of vaccination and variants of concern on long COVID clinical phenotypes. *BMC Infect Dis.* 2023;23:804. https://doi.org/10.1186/s12879-023-08783-y







- 955. Azeez MA, Hussain MS, Veettil ST, et al. Effectiveness of Pfizer-BioNTech (BNT162b2) vaccine among adolescents (aged 12-15 years): An observational study in Qatar. *Clin Pediatr*. Published online 2023 Nov 22. https://doi.org/10.1177/00099228231212775
- 956. Fatima S, Ismail M, Ejaz T, et al. Association between long COVID and vaccination: A 12-month follow-up study in a low- to middle-income country. *PLOS ONE*. Published online 2023 Nov 22. https://doi.org/10.1371/journal.pone.0294780.
- 957. Tan S, Pryor AJG, Melville GW, et al. The lingering symptoms of post-COVID condition (long-COVID): a prospective cohort study. *Intern Med J.* Published online 2023 Nov 26. https://doi.org/10.1111/imj.16251
- 958. Maniscalco L, Genovese D, Ravazzolo B, et al. Low risk of SARS-CoV-2 reinfection for fully or boosted mRNA vaccinated subjects in Sicily: A population-based study using real-world data. *Vaccines*. 2023;11(12):1757. https://doi.org/10.3390/vaccines11121757
- 959. Cegolon L, Mauro M, Sansone D, et al. A multi-center study investigating long COVID-19 in healthcare workers from North-Eastern Italy: Prevalence, risk factors and the impact of pre-existing humoral immunity—ORCHESTRA Project. *Vaccines*. 2023;11(12):1769. https://doi.org/10.3390/vaccines11121769
- 960. Madrid J, Agarwal P, Muller-Peltzer K, et al. Vaccination protects against mortality and intensive care unit (ICU) admission in hospitalized patients with COVID-19. *Research Square*. Published online 2023 Nov 17. https://doi.org/10.21203/rs.3.rs-3586640/v1
- 961. Uuskula A, Pisarev H, Tisler A, et al. Risk of SARS-CoV-2 infection and hospitalization in individuals with natural, vaccine-induced and hybrid immunity: a retrospective population-based cohort study from Estonia. *Sci Rep.* 2023;13:20347. https://doi.org/10.1038/s41598-023-47043-6.
- 962. Lundberg-Morris L, Leach S, Xu Y, et al. Covid-19 vaccine effectiveness against post-covid-19 condition among 589,722 individuals in Sweden: a population-based cohort study. *BMJ*. 2023;383:e076990. https://doi.org/10.1136/bmj-2023-076990
- 963. Stirrup O, Krutikov M, Azmi B, et al. COVID-19 related mortality and hospital admissions in the VIVALDI study cohort: October 2020-March 2023. *J Hosp Infect*. Published online 2023 Nov 7. https://doi.org/10.1016/j.jhin.2023.10.021
- 964. Liu B, Stepien S, Dobbins T, Gidding H, et al. Effectiveness of COVID-19 vaccination against COVID-19 specific and all-cause mortality in older Australians: a population based study. Lancet Reg Health West Pac. 2023 Oct 7;40:100928. doi: 10.1016/j.lanwpc.2023.100928.
- Plaxco AP, Kmet JM, Nolan VG, Taylor MA, Smeltzer MP. Association Between mRNA Vaccination and Infection From SARS-CoV-2 During the Delta and Omicron BA.1 Waves: A Population-Level Analysis. *AJPM Focus*. 2023;2(4):100150. Published 2023 Sep 29. doi:10.1016/j.focus.2023.100150
- 966. Mushtaq MZ, Nasir N, Mahmood SF, et al. Exploring the relationship between SARS-CoV-2 variants, illness severity at presentation, in-hospital mortality and COVID-19 vaccination in a low middle-income country: A retrospective cross-sectional study. *Health Sci Rep.* 2023;6(12):e1703. Published 2023 Dec 1. doi:10.1002/hsr2.1703
- 967. Tannis A, Englund JA, Perez A, et al. SARS-CoV-2 Epidemiology and COVID-19 mRNA Vaccine Effectiveness Among Infants and Children Aged 6 Months-4 Years New Vaccine Surveillance Network, United States, July 2022-September 2023. MMWR Morb Mortal Wkly Rep. 2023 Dec 1;72(48):1300-1306. doi: 10.15585/mmwr.mm7248a2.







- 968. Hutapea HML, Dhewantara PW, Suryatma A, et al. Vaccination status and in-hospital mortality among adults with COVID-19 in Jakarta, Indonesia. *J Prev Med Public Health*. 2023;56(6):542-551. doi: https://doi.org/10.3961/jpmph.23.360
- 969. Cai J, Zhang H, Zhu K, et al. Risk of reinfection and severity with the predominant BA.5 Omicron subvariant China, December 2022 to January 2023. *Emerg Microbes Infect*. Published online 2023 Dec 6. doi: 10.1080/22221751.2023.2292071
- 970. Mikhailov M, Budde K, Halleck F, et al. COVID-19 outcomes in kidney transplant recipients in a German transplant center. J Clin Med. 2023;12(18):6103. doi: 10.3390/jcm12186103
- 971. Cheung YYH, Lau EHY, Yin G, et al. Effectiveness of vaccines and antiviral drugs in preventing severe and fatal COVID-19, Hong Kong. *Emerg Infect Dis.* Published online 2023 Dec 1. https://doi.org/10.3201/eid3001.230414
- 972. Hernandez-Avila M, Vieyra-Romero WI, Gutierrez-Diaz HO, et al. The Omicron wave in Mexico: vaccine protection against progression to severe Covid-19 in SARS-CoV-2 infected workers. *Salud Publica Mex.* 2023;66(1):ene-feb(2024). doi: 10.21149/15125
- 973. DeSilva MB, Knowlton G, Rai NK, et al. Vaccine effectiveness against SARS-CoV-2 related hospitalizations in people who had experienced homelessness or incarceration Findings from the Minnesota EHR Consortium. *J Community Health*. Published online 2023 Dec 8. doi: 10.1007/s10900-023-01308-3
- 974. Tuan WJ, Kindt HM, Lennon RP. Assessing the risk of COVID-19 reinfection and severe outcomes among individuals with substance use disorders: a retrospective study using real-world electronic health records. *BMJ Open*. 2023;13:e074993. doi: 10.1136/bmjopen-2023-074993
- 975. Mweso O, Simwanza J, Malambo W, et al. Test negative case-control study of COVID-19 vaccine effectiveness for symptomatic SARS-CoV-2 infection among healthcare workers: Zambia, 2021-2022. *BMJ Open*. 2023;13(12):e072144. doi: 10.1136/bmjopen-2023-072144
- 976. Rosolen V, Turoldo F, Zamaro G, et al. COVID-19 vaccination effectiveness in the population of Friuli Venezia Giulia, North-East Italy. Control of bias associated with divergent compliance to policies in a test-negative case-control study. *BMC Public Health*. 2023;23:2476. doi: 10.1186/s12889-023-17244-9
- 977. Sarma DJ, Das BC, Rai AK, et al. SARS-CoV-2 infection risk in COVISHIELD (AstraZeneca-SII) vaccinated healthcare workers in a tertiary cancer care centre of north-east India. *medRxiv*. Published online 2023 Dec 11. doi: 10.1101/2023.12.11.23299808
- 978. Chanchlani R, Shah BR, Bangdiwala SI, et al. COVID-19 vaccine effectiveness among South Asians in Ontario: A test-negative design population-based case-control study. *medRxiv*. Published online 2023 Dec 9. doi: 10.1101/2023.12.08.23299660
- 979. Thirion-Romero I, Fernandez-Plata R, Perez-Kawabe M, et al. SARS-CoV-2 vaccine effectiveness in hospitalized patients: A multicenter test-negative case-control study. *Vaccines*. 2023;11(12):1779. doi: 10.3390/vaccines11121779
- 980. Alshanqeeti S, Szpunar S, et al. Epidemiology, Clinical Features and Outcomes of Hospitalized Patients with COVID-19 by Vaccination status: A Multicenter Historical Cohort Study.PREPRINT (Version 1) available at Research Square. Published online 2023 December 13. doi:https://doi.org/10.21203/rs.3.rs-3702526/v1]







- 981. Huh K, Kang M, Kim YE, et al. Risk of Severe COVID-19 and Protective Effectiveness of Vaccination Among Solid Organ Transplant Recipients. *J Infect Dis.* Published online December 14, 2023. doi:10.1093/infdis/jiad501
- 982. Neely SR, Hao F. Breakthrough COVID-19 infections and perceived vaccine effectiveness. *Vaccine*. 2023;41(52):7689-7694. doi:10.1016/j.vaccine.2023.11.032
- 983. Halford F, Yates K, Clare T, et al. Temporal changes to adult case fatality risk of COVID-19 after vaccination in England between May 2020 and February 2022: a national surveillance study. *Journal of the Royal Society of Medicine*. Published online 14 December 2023. doi:10.1177/01410768231216332
- 984. Xie Y, Choi T, Al-Aly Z. Long-term outcomes following hospital admission for COVID-19 versus seasonal influenza: a cohort study. *Lancet Infect Dis*. Published online December 14, 2023. doi:10.1016/S1473-3099(23)00684-9
- 985. Arashiro T, Miwa M, Nakagawa H, et al. COVID-19 vaccine effectiveness against severe COVID-19 requiring oxygen therapy, invasive mechanical ventilation, and death in Japan: A multicenter case-control study (MOTIVATE study). *Vaccine*. Published online December 18, 2023. doi:10.1016/j.vaccine.2023.12.033
- 986. Suzuki T, Asai Y, Tsuzuki S, et al. Real-world effectiveness of full and booster mRNA vaccination for coronavirus disease 2019 against disease severity during the delta- and omicron-dominant phases: A propensity score-matched cohort study using the nationwide registry data in Japan. *J Microbiol Immunol Infect*. Published online December 10, 2023. doi:10.1016/j.jmii.2023.12.002
- 987. Seppälä E, Dahl J, Veneti L, et al. Covid-19 and influenza vaccine effectiveness against associated hospital admission and death among individuals over 65 years in Norway: A population-based cohort study, 3 October 2022 to 20 June 2023. *Vaccine*. Published online December 22, 2023. doi:10.1016/j.vaccine.2023.12.050
- 988. Ikuse T, Aizawa Y, Hasegawa S, et al. Incidence of Omicron variant reinfection and reduction of reinfection risk after coronavirus disease 2019 vaccination in children. *J Pediatric Infect Dis Soc.* 2023;12(12):634-637. doi:10.1093/jpids/piad093
- 989. Beyerlein A, Weigert M, Katz K, et al. Long-term trends in the protection against severe courses of COVID-19 by vaccination a retrospective observational study in older persons during the Omicron wave [in German]. *Dtsch Arztebl Int*. 2023;120:873-877. doi:10.3238/arztebl.m2023.0230
- 990. Nakphook, S, William, D., Prasert, K, et al. SARS-CoV-2 Infections, Vaccination, and Vaccine Effectiveness in Thailand, January 2021–January 2022: Results of a Cohort Study in Four Provinces. *Outbreak, Surveillance, Investigation & Response (OSIR) Journal*, 16(4), 174–182. https://doi.org/10.59096/osir.v16i4.264238
- 991. Balducci M, Locatelli E, Barbieri MG, et al. SARS-CoV-2 vaccination and risk of infectious diseases in hospitalized older patients. *Eur Geriatr Med*. Published online January 5, 2024. doi:10.1007/s41999-023-00902-x
- 992. Mendoza-Hernandez MA, Guzman-Esquivel J, Ramos-Rojas MA, et al. Differences in the evolution of clinical, biochemical, and hematological indicators in hospitalized patients with COVID-19 according to their vaccination scheme: A cohort study in one of the world's highest hospital mortality populations. *Vaccines*. 2024;12(1):72. doi: 10.3390/vaccines12010072





- 993. Hui PW, Yeung LM, Ko JKY, et al. COVID-19 vaccination and transmission patterns among pregnant and postnatal women during the fifth wave of COVID-19 in a tertiary hospital in Hong Kong. Hong Kong Med J. Published online January 16, 2024. doi:10.12809/hkmj2210249
- 994. McAdam E, Hayashi K, Barker B, et al. COVID-19 vaccination among young people who use drugs in Vancouver, Canada. *Vaccine*. Published online January 14, 2024. doi:10.1016/j.vaccine.2024.01.003
- 995. Català M, Mercadé-Besora N, Kolde R, et al. The effectiveness of COVID-19 vaccines to prevent long COVID symptoms: staggered cohort study of data from the UK, Spain, and Estonia. *Lancet Respir Med*. Published online January 11, 2024. doi:10.1016/S2213-2600(23)00414-9
- 996. Kerr S, Bedston S, Cezard G, et al. Undervaccination and severe COVID-19 outcomes: meta-analysis of national cohort studies in England, Northern Ireland, Scotland, and Wales. *The Lancet*. Published 2024 January 15. doi:10.1016/S0140-6736(23)02467-4
- 997. Guo F, Adekanmbi V, Hsu CD, Polychronopoulou E, Berenson AB. One dose versus two doses of COVID-19 vaccine for the prevention of breakthrough infections among people previously infected with SARS-Cov-2. J Med Virol. 2024 Jan;96(1):e29391. doi: 10.1002/jmv.29391
- 998. He X, Liao Y, Liang Y, et al. Transmission characteristics and inactivated vaccine effectiveness against transmission of the SARS-CoV-2 omicron BA.2 variant in Shenzhen, China. *Front Immunol.* 2024;14:1290279. doi:10.3389/fimmu.2023.1290279
- 999. Liao R, Zhou X, Ma D, et al. COVID-19 and outcomes in Chinese peritoneal dialysis patients. *Perit Dial Int*. Published online 2024 Jan 24. doi:10.1177/08968608231221952
- 1000. Shang H, Chang T, Yang W, et al. Analysis of influencing factors on long COVID in COVID-19 patients infected with omicron variant three months after discharge: a cross-sectional study. *BMC Infect Dis*. 2024;24:36. doi:10.1186/s12879-023-08947-w
- 1001. Hamad Saied M, van Straalen JW, de Roock S, Verduyn Lunel FM, de Wit J, de Rond LGH, Van Nieuwenhove E, Vastert BJ, van Montfrans JM, van Royen-Kerkhof A, de Joode-Smink GCJ, Swart JF, Wulffraat NM, Jansen MHA. Humoral and cellular immunogenicity, effectiveness and safety of COVID-19 mRNA vaccination in patients with pediatric rheumatic diseases: A prospective cohort study. Vaccine. 2024 Jan 22:S0264-410X(24)00059-8. doi: 10.1016/j.vaccine.2024.01.047
- 1002. De S, Sahu D, Mahilang D, Ganga RT, Behera AK. Effectiveness of partial COVID-19 vaccination on the outcome of hospitalized COVID-19 patients during the second pandemic in India. *Perspect Clin Res.* 2024;15(1):46-47. doi:10.4103/picr.picr 48 23
- 1003. Tanifuji A, Ohfuji S, Matsumoto K, et al. Safety and effectiveness of SARS-CoV-2 vaccines for patients with intractable hepatobiliary diseases: A multicenter, questionnaire-based, cross-sectional study. *Hepatol Res*. Published online February 1, 2024. doi:10.1111/hepr.14018
- 1004. Manley HJ, Li NC, Hsu CM, et al. Oral Agents and SARS-CoV-2 Vaccine Effectiveness Against Severe COVID-19 Omicron Events in Maintenance Dialysis Patients. *Kidney360*. Published online February 1, 2024. doi:10.34067/KID.000000000000373
- 1005. Lee CY, Kuo HW, Liu YL, Chuang JH, Chou JH. Population-Based Evaluation of Vaccine Effectiveness against SARS-CoV-2 Infection, Severe Illness, and Death, Taiwan. *Emerg Infect Dis*. Published online January 31, 2024. doi:10.3201/eid3003.230893





- 1006. Man OM, Azamor T, Cambou MC, et al. Respiratory distress in SARS-CoV-2 exposed uninfected neonates followed in the COVID Outcomes in Mother-Infant Pairs (COMP) Study. *Nat Commun*. 2024;15(1):399. Published 2024 Jan 24. doi:10.1038/s41467-023-44549-5
- 1007. Lu Y, Lindaas A, Matuska K, et al. Real-World Vaccine Effectiveness of mRNA COVID-19 Vaccines among U.S. Nursing Home Residents 65 Years and Older in the Pre-Delta and High Delta Period, *Open Forum Infectious Diseases*, 2024;, ofae051, https://doi.org/10.1093/ofid/ofae051.