



COVID-19 Living Evidence Synthesis #6

(Version 14: 28 July 2021)

Question

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

Findings

For vaccine effectiveness in variants of concern (VOC), we present a Visual Summary of Evidence in Table 1 and detailed statements in Table 2.

2 new studies and 1 updated study have been added since the previous edition of this living evidence synthesis, all of which are signaled by a last-updated date of 28 Jul 2021 (highlighted in yellow). New studies for VOC Alpha [B.1.1.7] (2) and an updated study for VOC Delta [B.1.617.2].

Overall, we have moderate certainty evidence that 2 doses of BNT162b2 [Pfizer] prevented infection (range of mean estimates: 70 to 97%), prevented severe disease (range of mean estimates: 92 to 98%), prevent death (range of mean estimates: 91 to 98%) and reduced transmission of VOC Alpha to close contacts (range of mean estimates: 65 to 80%).

We have moderate certainty evidence that 2 doses of BNT162b2 prevented symptomatic infection from VOC Beta (range of mean estimates: 84 to 88%), symptomatic infection from VOC Delta (range of mean estimates: 83 to 94%), and low certainty of evidence that it prevented symptomatic infection from VOC Gamma (range of mean estimates: 84 to 88% - 2 reports from the same study population).

Box 1: Our approach

We retrieved candidate studies and updates to living evidence syntheses on vaccine effectiveness using the following mechanisms: 1) PubMed via COVID-19+ Evidence Alerts; 2) systematic scanning of pre-print servers; 3) updates to the COVID-END inventory of best evidence syntheses; and 4) cross-check with updates from the VESPa team. Each version will include studies and updates to living evidence syntheses identified up to two days before the version release date.

We include studies with the following clinical outcomes: prevention of infection, severe disease (as defined by the study investigators), death, and prevention of transmission.

A full list of included and excluded studies is provided in **Appendix 1**. A glossary is provided in **Appendix 2**. We extract data from each study in duplicate using the template provided in **Appendix 3**. Priority of data inclusion in synopsis: (1) variant-confirmed, (2) vaccine-specific, and (3) total study population (vaccine unspecified, variant assumed).

We critically appraise each study in duplicate using an adapted version of the ROBINS-I tool as described in **Appendix 4**. (The lower the ROBINS-I score, the higher the study quality.)

We summarize the evidence (under heading “Overall”) by presenting narrative evidence profiles across studies, with or without pooling as appropriate, and rating our confidence in the effect using GRADE for treatment effect (5 domains to downgrade, 3 to upgrade), starting at low confidence for observational evidence.

A template for the other summary statements (Page 1 under “Findings” and in Table 1 under each VOC) is provided in **Appendix 5**.

Relevance to VOC is determined directly when reported by study authors or indirectly where reasonable assumptions can be made about the variants prevalent in the jurisdiction at the time of the study as described in **Appendix 6**.

We update this document every Wednesday and post it on the COVID-END website. The McMaster/BMJ team maintaining a living evidence synthesis about vaccine efficacy will use our extracted data in their meta-analyses, GRADE assessments, and guideline development. We will incorporate their findings as they become available.

We have moderate certainty evidence that 2 doses of mRNA-1273 [Moderna] prevented infection from VOC Alpha (range of mean estimates: 86 to 100%) and low certainty evidence that it prevented infection from VOC Beta (96.4% [95% CI, 92 to 99] – 1 Obs). We have low certainty evidence that 1 dose prevented symptomatic infection from VOC Delta (72% [95% CI, 57 to 82] – 1 Obs) and that 2 doses prevented symptomatic infection from VOC Gama (88% [95% CI, 61 to 96] – 1 Obs).

We have moderate certainty evidence that 2 doses of ChAdOx1nCoV-19 [AstraZeneca] prevented infection from VOC Alpha (61.7% [95% CI, 36.7 to 76.9] – 1 RCT) and low certainty evidence that it prevented infection from VOC Beta (10.4% [95% CI, -76.8 to 54.8]- 1 RCT). We have moderate certainty evidence that 2 doses prevented symptomatic infection from VOC Delta (range of mean estimates: 61 to 75%).

We have moderate certainty evidence that Johnson & Johnson prevented severe disease from VOC Beta (81.7% [95% CI, 46.2 to 95.4] - 1 RCT).

We have moderate certainty evidence that 2 doses of NVX-Co2373 [Novavax] prevented symptomatic infection from VOC Alpha (86.3% [95% CI, 71.3 to 93.5] - 1 RCT) and low certainty evidence that it prevented symptomatic infection from VOC Beta (43% [95% CI, -9.8 to 70.4] - 1 RCT).

We have low certainty evidence that 2 doses of CoronaVac prevented infection from VOC Gamma (65.9% [95% CI, 65.2 to 66.6] – 1 Obs).

Overall, 120 studies were appraised and 52 used to complete this summary. The reasons for excluding the remaining 68 studies are reported in Appendix 2

Methods are presented in Box 1 and Appendices 1-5.

Table 1: Visual summary of evidence for COVID-19 vaccines for variants of concern

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

Colour indicates level of certainty based on the evidence

High certainty evidence = pooling of moderate to high quality RCTs or multiple observational studies with low risk of bias

Moderate certainty evidence = single RCT of moderate quality or \geq one observational study with low to moderate risk of bias

Low certainty evidence = single RCT of low quality or single observational study of any quality

Outcome (and vaccine)	Vaccine Effectiveness (2 doses unless otherwise stated) for each combination of vaccine, variant, and outcome			
	Alpha	Beta	Gamma	Delta
Any Infection				
Pfizer	70 to 97%			
Moderna	86 to 100%	96%		
AstraZeneca	62%	10% **		
Johnson & Johnson				
Novavax				
CoronaVac			66%	
Symptomatic Infection (only reported when data on “any infection” are not available for >1 study)				
Pfizer		84 to 88%	84 to 88%	83 to 94%
Moderna			88%	72%*
AstraZeneca				61 to 75%
Johnson & Johnson				
Novavax	86%	43%**		
CoronaVac				
Transmission				
Pfizer	65 to 80%			
Moderna				
AstraZeneca				
Johnson & Johnson				
Novavax				
CoronaVac				
Severe Disease				
Pfizer	92 to 98%			
Moderna				
AstraZeneca				
Johnson & Johnson		82%*		
Novavax				
CoronaVac				

Outcome (and vaccine)	Vaccine Effectiveness (2 doses unless otherwise stated) for each combination of vaccine, variant, and outcome			
	Alpha	Beta	Gamma	Delta
Death				
Pfizer	91 to 98%			
Moderna				
AstraZeneca				
Johnson & Johnson				
Novavax				
CoronaVac				

*single dose

**down-graded by one level due to estimated mean effect <50%

Table 2: Key findings about vaccine effectiveness

Vaccine	Effectiveness	Findings
Pfizer	Overall	<p>Compared to placebo, vaccination with BNT162b2 probably reduces the incidence of symptomatic cases of COVID-19 substantially, although there remains uncertainty about the effect on mortality or severe disease, and the incidence of adverse events. Review of RCTs (AMSTAR 10/11); last search date 2021-07-23; GRADE evidence profile updated on 2021-06-24.</p> <p>[BNT162b2 to complete vaccination scheme started with Astra Zeneca vaccine] Synthesis pending. Review of RCTs (AMSTAR 8/9); last search date 2021-07-23.</p> <p>[BNT162b2 to complete vaccination scheme started with Astra Zeneca at 28 days vs two doses Astra Zeneca separated by 28 days] Compared to vaccination with Astra Zeneca vaccine, having a second dose of BNT16b2 after a first dose of Astra Zeneca may not increase the risk of any adverse event, while the incidence of serious adverse events is uncertain. Review of RCTs (AMSTAR 10/11); last search date 2021-07-23; GRADE evidence profile updated on 2021-07-19</p>
	By variant of concern	
	<ul style="list-style-type: none"> Alpha 	<p>BNT162b2 provided protection against VOC Alpha for the following outcomes 14 days after 1st dose:</p> <ul style="list-style-type: none"> 46 to 78% from infection (RME) <p>BNT162b2 provided protection against VOC Alpha for the following outcomes 42 to 49 days after at least one dose:</p> <ul style="list-style-type: none"> 93% (95% CI, 89 to 96) from death <p>BNT162b2 provided protection against VOC Alpha for the following outcomes at least 7 days after 2nd dose:</p> <ul style="list-style-type: none"> 70 to 97% from infection (RME) 92 to 98% from severe disease (RME) 91 to 98% from death (RME)

Vaccine	Effectiveness	Findings
		(19 Obs) [1] [2] [3] [8] [9] [10] [15] [21] [22] [23] [28] [31] [34] [36] [37] * [41] [43] [44] * [53] ; <i>last update 2021-07-21</i>
	<ul style="list-style-type: none"> Beta 	<p>BNT162b2 provided protection against VOC Beta (or Gamma) for the following outcomes 35-41 days after 1st dose:</p> <ul style="list-style-type: none"> 43% (95% CI, 22 to 59) from symptomatic infection <p>BNT162b2 provided protection against VOC Beta (or Gamma) for the following outcome 7 days after 2nd dose:</p> <ul style="list-style-type: none"> 84 to 88% from symptomatic infection (RME) 95% (95% CI, 81 to 99) from hospitalization <p>BNT162b2 provided protection against VOC Beta for the following outcomes \geq 14 days after 2nd dose:</p> <ul style="list-style-type: none"> 75% (95% CI, 70.5 to 78.9) from infection 100% (95% CI, 73.7 to 100) from severe, critical, or fatal disease <p>(2 Obs – 3 refs)[23][36][47]; <i>last update 2021-07-14</i></p>
	<ul style="list-style-type: none"> Delta 	<p>BNT162b2 provided protection against VOC Delta for the following outcome at least 14 to 21 days after 1st dose:</p> <ul style="list-style-type: none"> 30% (95% CI, 17 to 41) from infection 33 to 47.5% from symptomatic infection (RME) 87 to 94% from hospitalization (RME) <p>BNT162b2 provided protection against VOC Delta for the following outcome 7 to 14 days after 2nd dose:</p> <ul style="list-style-type: none"> 79% (95% CI, 75 to 82) from infection 83 to 93.7% from symptomatic infection (RME) 96% (95% CI, 86 to 99) from hospitalization <p>(4 Obs) [29][38][42][47]; <i>last update 2021-07-28</i></p>
	<ul style="list-style-type: none"> Gamma 	<p>BNT162b2 provided protection against VOC Gamma (or Beta) for the following outcomes 35-41 days after 1st dose:</p> <ul style="list-style-type: none"> 43% (95% CI, 22 to 59) from symptomatic infection <p>BNT162b2 provided protection against VOC Gamma (or Beta) for the following outcome 7 days after 2nd dose:</p> <ul style="list-style-type: none"> 84 to 88% from symptomatic infection (RME) 95% (95% CI, 81 to 99) from hospitalization <p>(1 Obs – 2 refs)[23][47]; <i>last update 2021-07-14</i></p>
	<ul style="list-style-type: none"> Epsilon 	<p>BNT162b2 provided protection against VOC Epsilon for the following outcome 15 days after 1st dose:</p> <ul style="list-style-type: none"> 58.9% (95% CI, -9.7 to 84.5) from infection <p>BNT162b2 provided protection against VOC Epsilon for the following outcome 15 days after 2nd dose:</p> <ul style="list-style-type: none"> 85.7% (67.2 to 93.9) from infection <p>(2 Obs) [8][31]; <i>last update 2021-06-08</i></p>
	By special population	
	<ul style="list-style-type: none"> HCW, Alpha 	<p>BNT162b2 provided protection against VOC Alpha for the following outcomes 14 to 21 days after 1st dose:</p> <ul style="list-style-type: none"> 64 to 84% from infection (RME)

Vaccine	Effectiveness	Findings
		<p>BNT162b2 provided protection against VOC Alpha for the following outcomes 7 to 14 days after 2nd dose:</p> <ul style="list-style-type: none"> 80 to 96% from infection (RME) <p>BNT162b2 provided protection against VOC Alpha for the following outcome 7 days after 2nd dose:</p> <ul style="list-style-type: none"> 86% (95% CI, 69 to 93) from asymptomatic infection [25] (6 Obs)[11][26][32][45][46][56]; last update 2021-07-28
	<ul style="list-style-type: none"> Over 65 years, requiring support at home, Alpha 	<p>BNT162b2 provided protection against VOC Alpha for the following outcomes 7 days after 2nd dose:</p> <ul style="list-style-type: none"> 86% (95% CI, 78 to 91) from infection 97% (95% CI, 88 to 99) from death <p>(1 Obs)[32]; last update 2021-07-07</p>
	<ul style="list-style-type: none"> Over 70 years, Alpha 	<p>BNT162b2 provided protection against VOC Alpha for the following outcomes at least 21 days after 1st dose:</p> <ul style="list-style-type: none"> 41 to 67% from infection (RME) <p>BNT162b2 provided protection against VOC Alpha for the following outcomes at least 7 days after 2nd dose:</p> <ul style="list-style-type: none"> 75 to 90% from infection (RME) <p>(3 Obs)[28][35][51]; last update 2021-07-14</p>
	<ul style="list-style-type: none"> Over 80 years, Alpha 	<p>BNT162b2 provided protection against VOC Alpha for the following outcomes 14 to 28 days after 1st dose:</p> <ul style="list-style-type: none"> 55.2% (95% CI, 40.8 to 66.8) from infection 71 to 81% from hospitalization (RME) <p>BNT162b2 provided protection against VOC Alpha for the following outcomes 14 days after 2nd dose:</p> <ul style="list-style-type: none"> 93% (95% CI, 89 to 95) from hospitalization <p>(3 Obs)[13][20][55]; last update 2021-07-28</p>
	<ul style="list-style-type: none"> LTC, Alpha 	<p>BNT162b2 provided protection against VOC Alpha for the following outcomes 35-48 days after 1st dose:</p> <ul style="list-style-type: none"> 65% (95% CI, 29 to 83) from infection <p>BNT162b2 provided protection against VOC Alpha for the following outcomes 7 days after 2nd dose:</p> <ul style="list-style-type: none"> 53% (95% CI, 29 to 69) from infection 89% (95% CI, 81 to 93) from death <p>(2 Obs)[12][32]; last update 2021-07-07</p>
	<ul style="list-style-type: none"> Pregnant, Alpha 	<p>BNT162b2 provided protection against VOC Alpha for the following outcomes at least 28 days after 1st dose:</p> <ul style="list-style-type: none"> 78% (95% CI, 57 to 89) from infection <p>BNT162b2 provided protection against VOC Alpha for the following outcomes 7 to 56 days after 2nd dose:</p> <ul style="list-style-type: none"> 86.1% (95% CI, 82.4 to 89.1) from infection 89% (95% CI, 43 to 100) from hospitalization <p>(2 Obs) [52][54]; last update 2021-07-28</p>
	<ul style="list-style-type: none"> Over 70 years, Gamma 	<p>BNT162b2 provided protection against VOC Gamma for the following outcomes \geq 21 days after 1st dose:</p> <ul style="list-style-type: none"> 61% (95% CI, 45 to 72) from infection <p>(1 Obs)[35]; last update 2021-07-07</p>

Vaccine	Effectiveness	Findings
	<ul style="list-style-type: none"> HCW, Beta or Gamma 	<p>BNT162b2 provided protection against VOC Beta or Gamma for the following outcomes 14 to 42 days after 1st dose:</p> <ul style="list-style-type: none"> 37.2% (95% CI, 16.6 to 52.7) from infection <p>BNT162b2 provided protection against VOC Beta or Gamma for the following outcome 7 days after 2nd dose:</p> <ul style="list-style-type: none"> 79.2% (95% CI, 64.6 to 87.8) from infection <p>(1 Obs)[27]; <i>last update 2021-06-01</i></p>
	<ul style="list-style-type: none"> LTC, Beta 	<p>BNT162b2 provided protection against VOC Beta for the following outcome >28 days after 2 doses:</p> <ul style="list-style-type: none"> 50% (95% CI, 34 to 73) from infection <p>(1 Obs)[24]; <i>last update 2021-06-01</i></p>
	Transmission	
	<ul style="list-style-type: none"> Household of vaccinated individual, Alpha 	<p>BNT162b2 reduced transmission of VOC Alpha from a vaccinated index case (14 to 21 days after 1st dose) to household contacts compared to households of unvaccinated index cases:</p> <ul style="list-style-type: none"> 30 to 49% from infection (RME) <p>BNT162b2 reduced transmission of VOC Alpha from a vaccinated HCW (10 weeks after 1st dose) to household spouse:</p> <ul style="list-style-type: none"> 42.9% (95% CI, 22.3 to 58.1) from infection <p>(3 Obs) [6][14][33]; <i>last update 2021-07-07</i></p>
	<ul style="list-style-type: none"> Vaccinated close contacts of COVID+, Alpha 	<p>BNT162b2 reduced transmission to close contacts COVID+ index cases at least 7 to 14 days after 2nd dose:</p> <ul style="list-style-type: none"> 65 to 80% from infection (RME) 94% (95% CI, 60 to 99) from hospitalization <p>(2 Obs)[40][48]; <i>last update 2021-07-14</i></p>
	<ul style="list-style-type: none"> Vaccinated HCW vs unvaccinated community, Beta and Gamma 	<p>BNT162b2 reduced transmission of VOC Beta or Gamma from vaccinated HCW compared to unvaccinated community ≥14 days after 1st dose:</p> <ul style="list-style-type: none"> 54.7% (95% CI, 44.8 to 62.9) from infection <p>BNT162b2 reduced transmission of VOC Beta or Gamma from vaccinated HCW compared to unvaccinated community ≥7 days after 2nd dose:</p> <ul style="list-style-type: none"> 84.8% (95% CI, 75.2 to 90.7) from infection <p>(1 Obs) [27]; <i>last update 2021-06-08</i></p>
Moderna	Overall	<p>Compared to placebo, vaccination with mRNA-1723 probably reduces the incidence of symptomatic cases of COVID-19 substantially and it may reduce severe disease, while the incidence of serious adverse events is probably not increased.</p> <p>Review of RCTs (AMSTAR 10/11); <i>last search date 2021-07-23</i>; GRADE evidence profile updated on 2021-01-25</p>
	By variant of concern	
	<ul style="list-style-type: none"> Alpha 	<p>mRNA-1273 provided protection against VOC Alpha for the following outcomes 14-41 days after 1st dose:</p> <ul style="list-style-type: none"> 58.9 to 88.1% from infection (RME) 60 to 61% from symptomatic infection (RME)

Vaccine	Effectiveness	Findings
		<ul style="list-style-type: none"> 81.6% (95% CI, 71.0 to 88.8) from severe, critical, or fatal disease (combined with Beta) mRNA-1273 provided protection against VOC Alpha for the following outcomes at least 7 to 15 days after 2 nd dose: <ul style="list-style-type: none"> 86 to 100% from infection (RME) 90 to 95.7% from symptomatic infection (RME) 95.7% (95% CI, 73.4 to 99.9) from severe, critical, or fatal disease (combined with Beta) (6 Obs – 7 refs) [8] [23] [31] [34] [37] [47] [50] ; <i>last update 2021-07-14</i>
	<ul style="list-style-type: none"> Beta 	mRNA-1273 provided protection against VOC Beta for the following outcomes 14 days after 1 st dose: <ul style="list-style-type: none"> 61.3% (95% CI, 56.5 to 65.5) from infection 77% (95% CI, 63 to 86) from symptomatic infection 89% (95% CI, 73 to 95) from hospitalization 81.6% (95% CI, 71.0 to 88.8) from severe, critical, or fatal disease (combined with Alpha) mRNA-1273 provided protection against VOC Beta for the following outcomes 35-41 days after 1 st dose: <ul style="list-style-type: none"> 43% (95 CI, 22 to 59) from symptomatic infection mRNA-1273 provided protection against VOC Beta for the following outcome 7 days after 2 nd dose: <ul style="list-style-type: none"> 96.4% (95% CI, 91.9 to 98.7) from infection 88% (95% CI, 61 to 96) from symptomatic infection 95.7% (95% CI, 73.4 to 99.9) from severe, critical, or fatal disease (combined with Alpha) (2 Obs – 3 refs) [23] [47] [50] ; <i>last update 2021-07-14</i>
	<ul style="list-style-type: none"> Delta 	mRNA-1273 provided protection against VOC Delta for the following outcomes 14 days after 1 st dose: <ul style="list-style-type: none"> 72% (95% CI, 57 to 82) from symptomatic infection 96% (95% CI, 72 to 99) from hospitalization (1 Obs) [47] ; <i>last update 2021-07-07</i>
	<ul style="list-style-type: none"> Gamma 	mRNA-1273 provided protection against VOC Gamma for the following outcomes 14 days after 1 st dose: <ul style="list-style-type: none"> 77% (95% CI, 63 to 86) from symptomatic infection 89% (95% CI, 73 to 95) from hospitalization mRNA-1273 provided protection against VOC Gamma (or Beta) for the following outcomes 35-41 days after 1 st dose: <ul style="list-style-type: none"> 43% (95% CI, 22 to 59) from symptomatic infection mRNA-1273 provided protection against VOC Gamma (or Beta) for the following outcome 7 days after 2 nd dose: <ul style="list-style-type: none"> 88% (95% CI, 61 to 96) from symptomatic infection (1 Obs – 2 refs) [23] [47] ; <i>last update 2021-07-07</i>
	<ul style="list-style-type: none"> Epsilon 	mRNA-1273 provided protection against VOC Epsilon for the following outcome 15 days after 1 st dose: <ul style="list-style-type: none"> 58.9% (95% CI, –9.7 to 84.5) from infection mRNA-1273 provided protection against VOC Epsilon for the following outcome 15 days after 2 nd dose:

Vaccine	Effectiveness	Findings
		<ul style="list-style-type: none"> 85.7% (67.2 to 93.9) from infection (2 Obs) [8][31]; last update 2021-06-08
	Special population	
	<ul style="list-style-type: none"> Over 70 years, Alpha 	<p>mRNA-1273 provided protection against VOC Alpha for the following outcome ≥ 21 days after 1st dose:</p> <ul style="list-style-type: none"> 67% (95% CI, 57 to 75) from infection (1 Obs) [35]; last update 2021-06-23
	<ul style="list-style-type: none"> Over 70 years, Gamma 	<p>mRNA-1273 provided protection against VOC Gamma for the following outcome ≥ 21 days after 1st dose:</p> <ul style="list-style-type: none"> 61% (95% CI, 45 to 72) from infection (1 Obs) [35]; last update 2021-06-23
	Transmission	
	<ul style="list-style-type: none"> Household of vaccinated individual, Alpha 	<p>mRNA-1273 reduced transmission of VOC Alpha from a vaccinated HCW (10 weeks after 1st dose) to household spouse:</p> <ul style="list-style-type: none"> 42.9% (95% CI, 22.3 to 58.1) from infection (1 Obs)[33]; last update 2021-07-07
Astra Zeneca	Overall	<p>Compared to vaccinating with MedACWY (meningitis vaccine), vaccination with ChAd0x1 probably reduces the cases of symptomatic COVID-19 infection. The effects on severe or critical disease and mortality are uncertain. (*)Review of RCTs (AMSTAR 10/11); last search date 2021-07-23; GRADE evidence profile updated on 2021-01-25 . (*) Rare cases of serious blood clots associated with a low platelet count known as vaccine-induced thrombotic thrombocytopenia (VITT or VIPIT) have been reported. The frequency of VITT varies by age and country.</p> <p>[Astra Zeneca to complete vaccination scheme started with BNT16b2 at 28 days vs two doses of BNT16b2 separated by 28 days] Compared to vaccination with BNT16b2 vaccine, having a second dose of Astra Zeneca after a first dose of BNT 16b2 may increase the risk of any adverse event, while the incidence of serious adverse events is uncertain. Review of RCTs (AMSTAR 10/11); last search date 2021-07-23; GRADE evidence profile updated on 2021-07-19</p>
	By variant of concern	
	<ul style="list-style-type: none"> Alpha 	<p>ChAdOx1nCoV-19 provided protection against VOC Alpha for the following outcome 14 days after 1st dose:</p> <ul style="list-style-type: none"> 64% (95% CI, 60 to 68) from symptomatic infection 85% (95% CI, 81 to 88) from hospitalization <p>ChAdOx1nCoV-19 provided protection against VOC Alpha for the following outcome 21 to 28 days after 1st dose:</p> <ul style="list-style-type: none"> 66 to 74% from infection (RME) <p>ChAdOx1nCoV-19 provided protection against confirmed VOC Alpha for the following outcome after 2 doses:</p> <ul style="list-style-type: none"> 61.7% (95% CI, 36.7 to 76.9) from infection

Vaccine	Effectiveness	Findings
		(1 RCT, moderate quality; 3 Obs) [9] [10] [5] [47] ; <i>last update 2021-07-07</i>
	<ul style="list-style-type: none"> Beta 	<p>ChAdOx1nCoV-19 provided protection against VOC Beta for the following outcome 14 days after 1st dose:</p> <ul style="list-style-type: none"> 48% (95% CI, 28 to 63) from symptomatic infection 83% (95% CI, 66 to 92) from hospitalization <p>ChAdOx1nCoV-19 provided protection against VOC Beta for the following outcome after 2 doses:</p> <ul style="list-style-type: none"> 10.4% (95% CI, -76.8 to 54.8) from mild to moderate disease <p>(1 RCT, moderate quality; 1 Obs) [4][47]; <i>last update 2021-07-07</i></p>
	<ul style="list-style-type: none"> Delta 	<p>ChAdOx1 provided protection against VOC Delta for the following outcome at least 14 days after 1st dose:</p> <ul style="list-style-type: none"> 67% (95% CI, 44 to 80) from symptomatic infection 88% (95% CI, 60 to 96) from hospitalization <p>ChAdOx1 provided protection against VOC Delta for the following outcome at least 21 days after 1st dose:</p> <ul style="list-style-type: none"> 18% (95% CI, 9 to 25) from infection 33 to 49% from symptomatic infection (RME) 71% (95% CI, 51 to 83) from hospitalization <p>ChAdOx1 provided protection against VOC Delta for the following outcome 14 to 21 days after 2nd dose:</p> <ul style="list-style-type: none"> 60% (95% CI, 53 to 66) from infection 61 to 75% from symptomatic infection (RME) 92% (95% CI, 75 to 97) from hospitalization <p>(4 Obs) [29][38][42][47]; <i>last update 2021-07-28</i></p>
	<ul style="list-style-type: none"> Gamma 	<p>ChAdOx1nCoV-19 provided protection against VOC Gamma for the following outcome 14 days after 1st dose:</p> <ul style="list-style-type: none"> 48% (95% CI, 28 to 63) from symptomatic infection 83% (95% CI, 66 to 92) from hospitalization <p>(1 Obs) [47]; <i>last update 2021-07-07</i></p>
	<ul style="list-style-type: none"> Epsilon 	no data
	Special populations	
	<ul style="list-style-type: none"> HCW, Alpha 	<p>ChAdOx1 provided protection against VOC Alpha for the following outcomes at least 14 days after 1st dose:</p> <ul style="list-style-type: none"> 64% (95% CI, 50 to 74) from infection <p>ChAdOx1 provided protection against VOC Alpha for the following outcomes at least 14 days after 2nd dose:</p> <ul style="list-style-type: none"> 90% (95% CI, 62 to 98) from infection <p>(1 Obs) [46]; <i>last update 2021-07-07</i></p>
	<ul style="list-style-type: none"> Over 70 years, Alpha 	<p>ChAdOx1nCoV-19 provided protection against VOC Alpha for the following outcomes 28 days after 1st dose:</p> <ul style="list-style-type: none"> 55% (95% CI, 41 to 66) from death <p>(1 Obs) [21]; <i>last update 2021-07-07</i></p>
	<ul style="list-style-type: none"> Over 80 years, Alpha 	<p>ChAdOx1nCoV-19 provided protection against VOC Alpha for the following outcomes 14 to 28 days after 1st dose:</p>

Vaccine	Effectiveness	Findings
		<ul style="list-style-type: none"> 73 to 80% from hospitalization (RME) (2 Obs) [13] [20]; last update 2021-05-21
	<ul style="list-style-type: none"> LTC, Alpha 	<p>ChAdOx1nCoV-19 provided protection against VOC Alpha for the following outcomes 35-48 days after 1st dose:</p> <ul style="list-style-type: none"> 68% (95% CI, 34 to 85) from infection (1 Obs)[12]; last update 2021-07-07
	Transmission	
	<ul style="list-style-type: none"> Household of vaccinated individual, Alpha 	<p>ChAdOx1nCoV-19 reduced transmission of VOC Alpha from a vaccinated index case (14 to 21 days after 1st dose) to household contacts compared to households of unvaccinated index cases:</p> <ul style="list-style-type: none"> 30 to 47% from infection (RME) (2 Obs) [6][14]; last update 2021-06-08
	<ul style="list-style-type: none"> Vaccinated close contacts of COVID+, Alpha 	<p>ChAdOx1nCoV-19 reduced transmission to close contacts COVID+ index cases at least 14 days after 2nd dose:</p> <ul style="list-style-type: none"> 44% (95% CI, 31 to 54) from infection 92% (95% CI, 46 to 99) from hospitalization (1 Obs)[40]; last update 2021-06-23
Johnson & Johnson	Overall	<p>[Johnson & Johnson's Janssen vaccine] Vaccination with AD26.COV2.S probably reduces the incidence of symptomatic cases of COVID-19 by around 67%, and it probably reduces severe disease and mortality, while the incidence of serious adverse events may not increase. Review of RCTs (AMSTAR 10/11); last search update 2021-07-23. GRADE evidence profile updated on 2021-05-28</p> <p>Interim summary, provided by VOC-study group: Ad26.COV2.S VE in ~40,000 randomized subjects was 66.9%; adjusted (95% CI, 59.0 to 73.4) at 14 days and 66.1% (95% CI, 55.0 to 74.8) at 28 days. For severe cases VE was 76.7% (95% CI, 54.6 to 89.1) at ≥14 days and 85.4% (95% CI, 54.2 to 96.9) at ≥28 days). (1 RCT, moderate quality of evidence) [7]</p> <p>Rare cases of serious blood clots associated with a low platelet count known as vaccine-induced thrombotic thrombocytopenia (VITT, VIPIT) have been reported. The frequency of VITT varies by age and country. (data not systematically reviewed); last update 2021-05-17</p>
	By variant of concern	
	<ul style="list-style-type: none"> Alpha 	no data
	<ul style="list-style-type: none"> Beta 	VE against VOC 20H/501Y.V2 variant (Beta) was 52.0% and 64.0% at 14 days and 28 days for moderate, and 73.1% and 81.7% for severe cases. (1 RCT) [7]; last update 2021-04-22
	<ul style="list-style-type: none"> Gamma 	no data
	<ul style="list-style-type: none"> Epsilon 	no data
	<ul style="list-style-type: none"> Overall 	[Coronavac vaccine] Compared to placebo, vaccination with CoronaVac may reduce the incidence of symptomatic cases of

Vaccine	Effectiveness	Findings
Sinovac (CoronaVac)		COVID-19 by 50%, close to the lowest level deemed effective by the WHO and it may substantially reduce the incidence of hospitalization or severe diseases due to COVID-19; the evidence for any difference in serious adverse events is uncertain, although the vaccination probably increases the incidence of any adverse event. Review of RCTs (AMSTAR 10/11); last search date 2021-07-23; GRADE evidence profile updated 2021-06-25
	By variant of concern	
	• Alpha	no data
	• Beta	no data
	• Gamma	CoronaVac provided protection against VOC Gamma for the following outcome ≥ 14 days after 2 nd dose: <ul style="list-style-type: none"> 65.9% (95% CI, 65.2 to 66.6) from infection CoronaVac provided protection against VOC Gamma for the following outcome ≥ 14 days after 2 nd dose for people over age 70: <ul style="list-style-type: none"> 41.6% (95% CI, 26.9 to 63.3) from symptomatic infection (2 Obs) [30][49]; last update 2021-07-14
	• Epsilon	no data
	By special population	
	• HCW, Gamma	CoronaVac provided protection against VOC Gamma for the following outcomes ≥ 14 days after 1 st dose: <ul style="list-style-type: none"> 35.1% (95% CI, -6.6 to 60.5) from infection 49.6% (95% CI, 11.3 to 71.4) from symptomatic infection (1 Obs)[18]; last update 2021-05-07
Sinopharm	• Overall	[Sinopharm - strain HBO2] Vaccination with Sinopharm HBO2 probably reduces the incidence of symptomatic cases of COVID-19, and it may reduce severe disease, while the incidence of adverse events is probably not increased. Review of RCTs (AMSTAR 10/11); last search date 2021-07-23. GRADE evidence profile updated on 2021-06-11 [Sinopharm - strain WIV04] Vaccination with Sinopharm WIV04 probably reduces the incidence of symptomatic cases of COVID-19, and it may reduce severe disease, while the incidence of adverse events is probably not increased. Review of RCTs (AMSTAR 10/11); last search date 2021-07-23. GRADE evidence profile updated on 2021-06-11
Novavax	• Overall	[Novavax vaccine] The effects of vaccination against COVID-19 with the Novavax vaccine are currently uncertain; it probably slightly increase the risk of any adverse events Review of RCTs (AMSTAR 10/11); last search date 2021-07-16; GRADE evidence profile updated on 2021-07-01
	By variant of concern	

Vaccine	Effectiveness	Findings
	<ul style="list-style-type: none"> Alpha 	NVX-CoV2373 provided protection against VOC Alpha for the following outcome after 2 doses: <ul style="list-style-type: none"> 89.7% (95% CI, 80.2 to 94.6) from infection. No hospitalizations or deaths in vaccinated group Post hoc: 86.3% (95% CI, 71.3 to 93.5) from confirmed Alpha symptomatic infection (1 RCT, moderate quality), [19] ; last update 2021-06-16
	<ul style="list-style-type: none"> Beta 	NVX-CoV2373 provided protection against VOC Beta for the following outcome after 7 days after 2 nd dose: <ul style="list-style-type: none"> Post-hoc: 43% (95% CI, -9.8 to 70.4) from symptomatic infection (1 RCT, moderate quality), [17] ; last update 2021-07-14
EpiVacCorona	<ul style="list-style-type: none"> Overall 	[EpiVacCorona] The effects of using vaccination with EpiVacCorona are uncertain. Review of RCTs (AMSTAR 10/11); last search date 2021-07-23; GRADE evidence profile updated on 2021-06-11
Covaxin	<ul style="list-style-type: none"> Overall 	[COVAXIN] Synthesis pending. Review of RCTs (AMSTAR 8/9); last search date 2021-07-23.

*delayed exclusion (see Section 2: excluded studies for reason)

Links to references are provided in Appendix 1

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

Iorio A, Little J, Linkins L, Abdelkader W, Bennett D, Lavis JN. COVID-19 living evidence synthesis #6 (version 6.14): What is the efficacy and effectiveness of available COVID-19 vaccines in general and specifically for variants of concern? Hamilton: Health Information Research Unit, 28 July 2021.

The COVID-19 Evidence Network to support Decision-making (COVID-END) is supported by an investment from the Government of Canada through the Canadian Institutes of Health Research (CIHR). To help Canadian decision-makers as they respond to unprecedented challenges related to the COVID-19 pandemic, COVID-END in Canada is preparing rapid evidence responses like this one. The Coronavirus Variants Rapid Response Network (CoVaRR Net) is also supported by an investment from the Government of Canada through the Canadian Institutes of Health Research (CIHR). To help Canadian decision-makers as they respond to emerging variants of concern, CoVaRR Net began in July 2021 to co-fund weekly updates to this living evidence synthesis along with COVID-END. The opinions, results, and conclusions are those of the evidence-synthesis team that prepared the rapid response, and are independent of the Government of Canada and CIHR. No endorsement by the Government of Canada or CIHR is intended or should be inferred.

Appendix 1: Reference list

Section 1: included studies				
Ref	Author	Bottom line	ROBINS-I*	Design, Notes
*Note: ROBINS-I score risk of bias: Low risk of bias indicates high quality				
1	Dagan	BNT162b2 showed VE 46% (95% CI, 40 to 51) against infection 14 to 20 days after 1 st dose and VE 92% (95% CI, 88 to 95) 7 days after 2 nd dose.	Moderate	Data-linkage in Israel; .5 M matched participants (2 M excluded – also (possible overlap with Haas); time and setting for VOC Alpha (estimated 80%).
2	Haas	BNT162b2 showed VE 95.3% (95% CI, 94.9 to 95.7) against infection; VE 97.5% (95% CI, 97.1 to 97.8) against severe or critical COVID-19-related hospitalization; VE 96.7% (95% CI, 96.0 to 97.3) against death 7 days after 2 nd dose.	Moderate	Data-linkage in Israel; >6.5 M matched participants (possible overlap with Dagan) Updated May 14 due to final publication; sample confirmed VOC Alpha (estimated 94%).
3	Kustin	BNT162b2 showed lower relative VE (2.4:1) against Alpha. after 1 st dose; and lower VE (8:1) against Beta after 2 nd dose in a population with >90% of Alpha and <1% Beta	Moderate	Case-control in Israel; confirmed VOC; small sample for Beta (no overlap CHS cohort).
4	Madhi	ChAdOx1 nCoV-19 showed VE 10.4% (95% CI, -76.8 to 54.8) against mild to moderate disease 14 days after 2 nd dose.	Moderate quality (RCT)	RCT in South Africa; Underpowered for 20% efficacy (42 cases); VOC Beta.
5	Emery	ChAdOx1nCoV-19 showed VE 61.7% (95% CI, 36.7 to 76.9) against infection by VOC Alpha ≥ 15 days after 2 nd dose.	Moderate quality (RCT)	RCT in UK; neutralization of Alpha 9 times lower; no sequencing for 45% of cases; 52 cases (19%) had VOC Alpha.
6	Shah	ChAdOx1nCoV-19 or BNT162b2 reduced infection in unvaccinated household contacts of vaccinated HCW by about 30% (HR, 0.70, 95% CI, 0.63 to 0.78) ≥ 14 days after 1 st dose; ChAdOx1nCoV-19 or BNT162b2 reduced infection in HCW by about 55% (HR 0.45, 95% CI, 0.42 to 0.49) and hospitalization by 84% (HR 0.16, 95% CI, 0.09 to 0.27) ≥ 14 days after 1 st dose.	Moderate	Observational Scotland - (25% of cases had received 2 doses); time and setting for VOC Alpha.
7	Sadoff	Single dose Ad26.COV2.S showed VE 52.0% (95% CI, 30.3 to 67.4) at 14 days and VE 64.0% (95% CI, 41.2 to 78.7) at 28 days against moderate to severe disease and VE 81.7% (95% CI, 46.2 to 95.4) at 28 days against severe disease (VOC Beta in South Africa).	Moderate quality (RCT)	RCT; over 40,000 participants; Argentina, Brazil, Chile, Colombia, Mexico, Peru, South Africa, and the United States; 86 of 91 cases sequenced for VOC Beta.

8	Andrejko	BNT162b2 or mRNA-1273 showed VE 58.9% (95% CI, -9.7 to 84.5) at 15 days after 1 st dose, and VE 85.7% (95% CI, 67.2 to 93.9) 15 days after 2 nd dose against infection.	Moderate	Observational test-negative, case-positive random sampling matched control study in California; 645 participants; 69% of population at time had VOC Alpha or Epsilon.
9	Glampson	ChAdOx1nCoV-19 showed VE 74% (95% CI, 65 to 81) against infection 28 days after 1 st dose. BNT162b2 showed VE 78% (95% CI, 73 to 82) against infection 28 days after 1 st dose.	Moderate	Observational retrospective cohort in UK; 2M participants; 389,587 vaccinated (58% Pfizer, 42 AZ); time and setting for VOC Alpha.
10	Pritchard	ChAdOx1nCoV-19 or BNT162b2 showed VE 66% (95% CI, 59 to 72%) 21 days after 1 st dose and 78% (95% CI, 68 to 85%) after 2 nd dose against confirmed VOC Alpha infection.	Moderate	Observational prospective testing in UK; 370,000 participants; evidence of high viral shedding Ct<30 (88% reduction after two doses; 95% CI 80 to 93%; P<0.001) and with self-reported symptoms (90% reduction after two doses; 95% CI 82 to 94%; P<0.001). VOC Alpha confirmed.
11	Hall (SIREN)	BNT162b2 vaccine showed VE of 70% (95% CI, 55 to 85) 21 days after 1 st dose and 85% (95% CI, 74 to 96) 7 days after 2 nd dose against infection in HCW.	Moderate	Prospective cohort with standardized testing for HCW over all of England; 23,000 participants; time and setting for VOC Alpha
12	Shrotri	Similar effect sizes were seen for ChAdOx1 (aHR 0.32, 95% CI, 0.15 to 0.66) and BNT162b2 (aHR 0.35, 95% CI, 0.17 to 0.71) at 35-48 days after 1 st dose.	Low	Prospective cohort in England: 9160 of 10412 frail LTC residents, 66% Pfizer, 33% AZ; routine screening; time and setting for VOC Alpha
13	Hyams	1 st BNT162b2 showed VE 71.4% (95% CI, 43.1 to 86.2) against hospitalization 14 days after 1 st dose; ChAdOx1nCoV-19 showed VE 80.4% (95% CI, 36.4 to 94.5) against hospitalization 14 days after 1 st dose for 80+. When effectiveness analysis for BNT162b2 was restricted to the period covered by ChAdOx1nCoV-19, the estimate was 79.3% (95% CI, 47.0 to 92.5).	Moderate	Test negative case control in Scotland. Single center; 466 participants, 80+; time and setting for VOC Alpha
14	Harris	BNT162b2 or ChAdOx1 reduced likelihood of transmission by 40-50%	Moderate	Data-linkage and case-control in England; 338,887 participants; time and setting for VOC Alpha

		for household contacts of HCW 21 days after 1 st dose.		
15	Goldberg	Prior infection (in unvaccinated) has similar VE against infection [94.8%], and severe illness [96.4%] as two doses of BNT162b2.	Moderate	Individual-level population database in Israel; 6,351,903 participants; likely overlaps with Dagan and Haas; time and setting for VOC Alpha
16	Cavanaugh *Delayed exclusion – VOI instead of VOC	VE 66.2% (95% CI, 40.5% to 80.8%) against infection among LTC residents and 75.9% (95% CI, 32.5% to 91.4%) among HCW. VE 94.4% (95% CI, 73.9% to 98.8%) against hospitalization among residents; no HCW were hospitalized. Three residents died, two of whom were unvaccinated (VE 94.4%; 95% CI, 44.6% to 99.4%).	Serious	Outbreak analysis in LTC in Kentucky; small number of events; VOI R.1
17	Shinde	NVX-CoV2372 VE showed VE 50.4% (95% CI, 16.6 to 70.5) against symptomatic infection 7 days after 2 nd dose.	Moderate quality (RCT)	RCT; 4387 participants 38/41 cases Beta
18	Hitchings	CoronaVac showed VE of 35.1% (95% CI, -6.6 to 60.5) against infection in HCW after 1 st dose.	Moderate	53,176 HCW in Manaus 75% prevalence of Gamma; 776 (28%) of 2797 PCR were used for the case-controls; infection increased in the first 13 days; rate of previous infection high in the population
19	Heath	NVX-CoV2373 showed VE 89.7% (95% CI, 80.2 to 94.6) against infection after 2 nd dose. No hospitalizations or deaths in vaccinated group.	Moderate quality (RCT)	RCT; 15,187 participants in UK Post hoc: VE 86.3% (95% CI, 71.3 to 93.5) against Alpha variant; 10 cases in vaccinated participants; 66 infections confirmed Alpha; 11 infections no sequencing available
20	Ismail	BNT162b2 showed VE 81% (95% CI, 76 to 85) against hospitalization 28 days after 1 st dose and 93% (95% CI, 89 to 95) 14 days after the 2 nd dose for people 80+. ChAdOx1 showed VE 73% (95% CI, 60 to 81) against hospitalization 28 days after 1 st dose; sample size too small to report VE after 2 nd dose for people 80+.	Moderate	Screening study of 13,907 hospitalized patients in UK; results for age 80+; time and setting for VOC Alpha
21	Bernal (2)	BNT162b2 showed VE 44% (95% CI, 32 to 53) after 1 st dose and 69% (95% CI, 31 to 86) after 2 nd dose in 70+.	Moderate	48,096 cases above age 70+ in England; linked to mortality database; 12.7% BNT162b2 and 8.2% ChAdOx1; VE also

		Single dose ChAdOx1 showed VE 55% (95% CI, 41 to 66) against death.		reported for 80+ and LTC; time and setting for VOC Alpha
22	Chodick	BNT162b2 showed VE 90% (95% CI, 79 to 95) against infection and VE 94% (95% CI, 88 to 97) against death 7-27 days after 2 nd dose; 71% (95% CI, 37 to 87) in immunosuppressed.	Moderate	Israel (Maccabi Health Care Organization) – 1,178,597 participants; compared time frames to estimate effectiveness against Alpha
23	Chung	BNT162b2 or mRNA-1273 showed VE 61% (95% CI, 56 to 66) against symptomatic infection by VOC Alpha 14 days after 1 st dose and 90% (95% CI, 85 to 94) 7 days after 2 nd dose; 43% (95% CI, 22 to 59) against symptomatic infection by VOC Beta or Gamma 14 days after 1 st dose and 88% (95% CI, 61 to 96) 7 days after 2 nd dose.	Pending	Test-negative study in Ontario 324,033 participants; limitations in symptom collection; screening for variants started 2 months into study period; results also reported for age>70 and according to vaccine (but not according to confirmed variant)
24	Bailly	BNT162b2 showed VE 50% (95% CI, 34 to 73) against infection with VOC Beta >28 days after 2 doses.	Moderate	Outbreak in a single LTC in France, 90 participants, all samples genome sequenced for VOC Beta; 2 deaths in vaccinated group
25	Angel	BNT162b2 showed VE 97% (95% CI, 94 to 99) against symptomatic infection and 86% (95% CI, 69 to 93) against asymptomatic infection \geq 7 days after 2 doses in HCW.	Moderate	Retrospective cohort at a single centre tertiary medical centre in Israel, 6,710 participants; testing strategy was different between vaccinated and unvaccinated; time and setting for VOC Alpha
26	Bianchi	BNT162b2 showed VE 61.9% (95% CI, 19.2 to 82) against infection 14 to 20 days after 1 st dose; 96% (95% CI, 82.2 to 99.1) \geq 7 days after 2 nd dose in HCW.	Moderate	Data-linkage, single centre medical centre in Italy, 2,034 participants; time and setting for VOC Alpha
27	Yassi	BNT162b2 (93%) or mRNA-1273 showed VE 37.2% (95% CI, 16.6 to 52.70) against infection by VOC Beta or Gamma 14 to 42 days after 1 st dose and 79.2% (95% CI, 64.6 to 87.8) 7 days after 2 nd dose in HCW.	Low	Data-linkage, 25,558 Canadian HCW; evenly split between VOC Gamma and VOC Beta by end of study period
28	Bernal (1)	BNT162b2 showed VE 60% (95% CI, 40 to 73) against confirmed VOC Alpha at least 28 days after 1 st dose and 90% (95% CI, 84 to 94) at least 14 days after 2 nd dose for people 70+.	Moderate	Test-negative in England, 156,930 participants; sample confirmed VOC Alpha
29	Bernal (3) (revised 2021-07-28)	BNT162b2 showed VE 47.5% (95% CI, 41.6 to 52.8) at least 21 days after 1 st dose and VE 93.7% (95% CI, 91.6 to 95.3) at least 14 days after 2 nd dose against symptomatic infection by confirmed VOC Alpha.	Moderate	Test-negative in England; 19,109 sequenced cases: 14,837 Alpha and 4,272 Delta.

		<p>ChadOx1 showed VE 48.7% (95% CI, 45.2 to 51.9) at least 21 days after 1st dose and VE 74.5% (95% CI, 68.4 to 79.4) at least 14 days after 2nd dose against symptomatic infection by confirmed VOC Alpha.</p> <p>BNT162b2 showed VE 35.6% (95% CI, 22.7 to 46.4) at least 21 days after 1st dose and VE 88% (95% CI, 85.3 to 90.1) at least 14 days after 2nd dose against symptomatic infection by confirmed VOC Delta.</p> <p>ChAdOx1 showed VE 30% (95% CI, 24.3 to 35.3) at least 21 days after 1st dose and VE 67% (95% CI, 61.3 to 71.8) at least 14 days after 2nd dose against symptomatic infection by confirmed VOC Delta.</p>		
30	Ranzani	CoronaVac reduced risk of symptomatic infection by VOC Gamma VE 41.6% (95% CI, 26.9 to 63.3) \geq 14 days after 2 nd dose for people 70+.	Moderate	Test-negative in Brazil; 44,055 participants; sequencing not performed; effectiveness declined with age; time and setting for VOC Gamma
31	Andrejko (2)	BNT162b2 and mRNA-1273 showed VE 86.8% (95% CI, 68.6 to 94.7) and VE 86.10% (95% CI, 69.1 to 93.9), respectively, against infection 15 days after 2 nd dose.	Moderate	Test-negative in California; 1,023 participants; expansion of sample size and timeline since previous study by same authors; self-reported vaccine receipt; VOC Alpha, Epsilon
32	Emborg	BNT162b2 showed VE 53-86% against infection across high-risk groups, VE 75-87% against hospitalization across high-risk groups, VE 89% (95% CI, 81 to 93) against death in LTCF residents and VE 97% (95% CI, 88 to 99) against death in 65+ requiring personal care 7 days after 2 nd dose.	Moderate	Data-linkage population study of high-risk groups in Denmark; 864,096 participants; sample confirmed VOC Alpha
33	Salo	BNT162b2 showed VE 42.9% (95% CI, 22.3 to 58.1) against infection in unvaccinated household members of vaccinated HCW 10 weeks after 1 st dose.	Moderate	Data-linkage for household contacts of HCW in Finland; 52,766 spouses of vaccinated HCW; time and setting for VOC Alpha
34	Shrestha	BNT162b2 or mRNA-1273 showed VE 97.1% (95% CI, 94.3 to 98.5) against infection \geq 14 days after 2 nd dose (based on multivariable model).	Moderate	Retrospective cohort of employees of a health care system in Ohio; 46,866 participants (60%) vaccinated by end of study; time and setting for VOC Alpha

35	Skowronski	<p>BNT162b2 (85%) or mRNA-1273 showed VE 67% (95% CI, 57 to 75) against infection by confirmed VOC Alpha ≥ 21 days after 1st dose for 70+.</p> <p>BNT162b2 (85%) or mRNA-1273 showed VE 61% (95% CI, 45 to 72) against infection by confirmed VOC Gamma ≥ 21 days after 1st dose for 70+.</p>	Moderate	Test-negative in Canada; 16,993 specimens; out of 1,131 genetically sequenced: 45% VOC Alpha and 28% Gamma; limitations in symptom collection and assessment for covariates; results reported by vaccine but not according to confirmed variant
36	Abu-Raddad	<p>BNT162b2 showed VE 89.5% (95% CI, 85.9 to 92.3) against infection, VE 100% (95% CI, 81.7 to 100) against any severe, critical, or fatal disease by VOC Alpha ≥ 14 days after 2nd dose.</p> <p>BNT162b2 showed VE 75% (95% CI, 70.5 to 78.9) against infection, VE 100% (95% CI, 73.7 to 100) against severe, critical, or fatal disease by VOC Beta ≥ 14 days after 1st dose.</p>	Moderate	Test-negative in Qatar; 17,293 cases; sequencing showed 50% VOC Beta and 45% VOC Alpha between February-March 2021
37	Akhrass *Delayed exclusion - failure to report outcomes of interest for this LES	BNT162b2 or mRNA-1273 showed overall VE 60.4% (95% CI, 30 to 77.6) against symptomatic infection ≥ 14 days after 1 st dose; BNT162b2 or mRNA-1273 showed overall VE 95.7% (95% CI, 90 to 98.2) against symptomatic infection ≥ 14 days after 2 nd dose.	Serious	Retrospective cohort of HCW at a single centre in Kentucky, USA; 2,134 participants; time and setting for VOC Alpha
38	Sheikh	<p>BNT162b2 showed VE 30% (95% CI, 17 to 41) against confirmed VOC Delta infection and VE 33% (95% CI, 15 to 47) against symptomatic infection at least 28 days after 1st dose; VE 79% (95% CI, 75 to 82) against infection and VE 83% (95% CI, 78 to 87) against symptomatic infection at least 14 days after 2nd dose.</p> <p>ChAdOx1 showed VE 18% (95% CI, 9 to 25) against confirmed VOC Delta infection and VE 33% (95% CI, 23 to 41) against symptomatic infection at least 28 days after 1st dose; VE 60% (95% CI, 53 to 66) against infection and VE 61% (95% CI, 51 to 70%) against symptomatic infection at least 14 days after 2nd dose.</p>	Low	Test-negative in Scotland; 626,900 specimens; also compared hospitalization rates between S gene positive (VOC Delta) and S gene negative specimens within 14 days of positive test result (not summarized here)
39	Furer	BNT162b2 reported no symptomatic infections in the vaccinated group (0/686) compared to 0.83% infections	Serious	Prospective cohort of adults with autoimmune inflammatory rheumatic diseases in Israel; 686

	*Delayed exclusion – serious risk of bias	in the vaccinated general population control group.		participants; time and setting for VOC Alpha
40	Martinez-Baz	BNT162b2 showed VE 65% (95% CI, 56 to 73) against infection and VE 94% (95% CI, 60 to 99) against hospitalization at least 14 days after 2 nd dose in close contacts of COVID+ index cases. ChAdOx1 showed VE 44% (95% CI, 31 to 54) against infection and VE 92% (95% CI, 46 to 99) against hospitalization at least 14 days after 1 st dose in close contacts of index cases. Second dose results not reported.	Moderate	Prospective cohort of close contacts of COVID+ people in Spain; 20,961 participants; VOC Alpha confirmed for small sample; sample size for Moderna too small to report results separately
41	Chodick (2)	BNT162b2 showed VE 51.4% (95% CI, 16.3 to 71.8) against infection 13 to 24 days after 1 st dose.	Low	Data-linkage study in Israel (Maccabi Health Care Services); 351,897 participants; time and setting for VOC Alpha
42	Stowe	BNT162b2 showed VE 94% (95% CI, 46 to 99) at least 21 days after 1 st dose and VE 96% (95% CI, 86 to 99) at least 14 days after 2 nd dose against hospitalization by confirmed VOC Delta. ChAdOx1 showed VE 71% (95% CI, 51 to 83) at least 21 days after 1 st dose and VE 92% (95% CI, 75 to 97) 14 days after 2 nd dose against hospitalization by confirmed VOC Delta.	Moderate	Same cohort as Bernal (3) with extended time frame for symptomatic infection and adding in data-linkage to hospitalization; 14,019 participants; sample confirmed VOC Delta
43	Saciuk	BNT162b2 showed VE 93% (95% CI, 92.6 to 93.4) against infection, VE 93.4% (95% CI, 91.9 to 94.7) against hospitalization and VE 91.1% (95% CI, 86.5 to 94.1) against death at least 7 days after 2 nd dose	Moderate	Retrospective cohort of members of a health management organization in Israel; 1,650,885 participants; time and setting for VOC Alpha
44	Zacay *Delayed exclusion – serious risk of bias	BNT162b2 showed VE 61% (95% CI, 49 to 71) at least 14 days after 1 st dose and VE 89% (95% CI, 82 to 94) at least 7 days after 2 nd dose against infection	Serious	Retrospective cohort of a subpopulation of members of a health management organization in Israel who had undergone repeated PCR testing; 6,286 participants; time and setting for VOC Alpha
45	Azamgarhi	BNT162b2 showed VE 70% (95% CI, 6 to 91) against infection at least 14 days after 1 st dose	Moderate	Single centre cohort study of HCW in UK; 2,260 participants; time and setting for VOC Alpha

46	Lumley	BNT162b2 (63%) or ChAdOx1 showed VE 64% (95% CI, 50 to 74) 14 days after 1 st dose and VE 90% (95% CI, 62 to 98) 14 days after 2 nd dose against infection	Moderate	Prospective cohort of HCWs in Oxfordshire, UK; 13,109 participants; confirmed VOC Alpha
47	Nasreen	<p>BNT162b2 showed VE 89% (95% CI, 86 to 91) against symptomatic infection and VE 95% (95% CI, 92 to 97) against hospitalization at least 7 days after 2nd dose (VOC Alpha); VE 84% (95% CI, 69 to 92) against symptomatic infection and VE 95% (95% CI, 81 to 99) against hospitalization at least 7 days after 2nd dose (VOC Beta/Gamma); VE 87% (95% CI, 64 to 95) against symptomatic infection at least 7 days after 2nd dose (VOC Delta).</p> <p>BNT162b2 showed VE 78% (95% CI, 65 to 86) against hospitalization at least 7 days after 2nd dose (VOC Delta).</p> <p>mRNA-1273 showed VE 92% (95% CI, 86 to 96) against symptomatic infection and VE 94% (95% CI, 89 to 97) against hospitalization at least 7 days after 2nd dose (VOC Alpha).</p> <p>mRNA-1273 showed VE 77% (95% CI, 63 to 86) against symptomatic infection and VE 89% (95% CI, 73 to 95) against hospitalization at least 14 days after 1st dose (VOC Beta/Gamma); VE 72% (95% CI, 57 to 82) against symptomatic infection and VE 96% (95% CI, 72 to 99) against hospitalization at least 14 days after 1st dose (VOC Delta).</p> <p>ChAdOx1 showed VE 64% (95% CI, 60 to 68) against symptomatic infection and VE 85% (95% CI, 81 to 88) against hospitalization at least 14 days after 1st dose (VOC Alpha); VE 48% (95% CI, 28 to 63) against symptomatic infection and VE 83% (95% CI, 66 to 92) against hospitalization at least 14 days after 1st dose (VOC Beta/Gamma); VE 67% (95% CI, 44 to 80) against symptomatic infection and VE 88% (95% CI, 60 to</p>	Pending	Test-negative study in Ontario 421,073 participants (same population as for Chung but extended to May 2021 and more detailed with respect to reporting of VOC); limitations in symptom collection; screening for VOC Alpha, Beta/Gamma and Delta varied during study period

		96) against hospitalization at least 14 days after 1 st dose (VOC Delta).		
48	Gazit	BNT162b2 showed VE 80% (95% CI, 73 to 85) at least 7 days after 2 nd dose against infection in vaccinated household members of a confirmed COVID+ case.	Serious	Retrospective cohort of household members (household = 2 adults with no children) of a health management organization in Israel; 173,569 households; time and setting for VOC Alpha
49	Jara	CoronaVac showed VE 65.9% (95% CI, 65.2 to 66.6) against infection and VE 86.3% (95% CI, 84.5 to 87.9) against death at least 14 days after 2 nd dose.	Moderate	Prospective cohort in Chile; 10.2 million participants; time and setting for VOC Gamma
50	Chemaitelly	mRNA-1273 showed VE 88.1% (95% CI, 83.7 to 91.5) and VE 100% (95% CI, 91.8 to 100) against infection by confirmed VOC Alpha at least 14 days after 1 st and 2 nd dose, respectively. mRNA-1273 showed VE 61.3% (95% CI, 56.5 to 65.5) and VE 96.4% (95% CI, 91.9 to 98.7) against infection by confirmed VOC Beta at least 14 days after 1 st and 2 nd dose, respectively. mRNA-1273 showed VE 81.6% (95% CI, 71.0 to 88.8) and VE 95.7% (95% CI, 73.4 to 99.9) against severe, critical, or fatal disease at least 14 days after 1 st and 2 nd dose, respectively (combined VOC Alpha and Beta).	Moderate	Test-negative in Qatar; >75,000 participants; sample genome sequenced for VOC Alpha and VOC Beta
51	Baum	BNT162b2 or mRNA-1273 showed VE 41% (95% CI, 25 to 54) against infection \geq 21 days after 1 st dose; BNT162b2 or mRNA-1273 showed VE 75% (95% CI, 65 to 82) against infection \geq 7 days after 2 nd dose in age 70+. BNT162b2 or mRNA-1273 showed VE 41% (95% CI, 17 to 58) against infection \geq 21 days after 1 st dose; BNT162b2 or mRNA-1273 showed VE 77% (95% CI, 65 to 85) against infection \geq 7 days after 2 nd dose in chronically ill (age 16-69). ChAdOx1 showed VE 24% (95% CI, -1 to 43) against infection \geq 21 days after 1 st dose in chronically ill (age 16-69).	Moderate	Data-linkage study in Finland; 901,092 participants age 70+ and 774,526 participants age 16 to 69 years with chronic illness; time and setting for VOC Alpha; results for mRNA vaccines not reported separately

52	Balicer	BNT162b2 showed VE 86.1% (95% CI, 82.4 to 89.1) against infection; VE 89% (95% CI, 43 to 100) against hospitalization 7 to 56 days after 2 nd dose. Too few events to report VE for severe disease or death.	Moderate	Data-linkage study of pregnant women over age 16 in Israel (same database as Dagan); 21,722 participants; time and setting for Alpha.
53	Mateo-Urdiales	BNT162b2 (61%) or ChAdOx1 (31%) or mRNA-1273 (7%) or Ad26.COV2-S (0.6%) showed VE 78% (95% CI, 76 to 79) against infection 42 to 49 days after at least 1 st dose; VE 93% (95% CI, 89 to 96) against death 35 to 42 days after at least 1 st dose.	Moderate	Data-linkage study in Italy; 13,721,506 participants; time and setting for VOC Alpha. Results not reported by vaccine and some participants (42%) who also received 2 nd dose were included in estimates.
54	Goldshstein	BNT162b2 showed VE 78% (95% CI, 57 to 89) against infection at least 28 days after 1 st dose.	Moderate	Data-linkage study of pregnant women in Israel (same database as Gazit); 15,060 participants; time and setting for VOC Alpha.
55	Mason	BNT162b2 showed VE 55.2% (95% CI, 40.8 to 66.8) and VE 70.1% (95% CI, 55.1 to 80.1) against infection 21 to 27 days and 35 to 41 days after 1 st dose, respectively.	Moderate	Case-control study of age 80-83 vs 76-79 community-dwelling residents in England; time and setting for VOC Alpha.
56	Fabiani	BNT162b2 showed VE 84.1% (95% CI, 39.7 to 95.8) and VE 85.4% (95% CI, -35.3 to 98.4) against infection 14 to 21 days and ≥ 21 days after 1 st dose, respectively in HCW. BNT162b2 showed VE 95.1% (95% CI, 62.4 to 99.4) against infection ≥ 7 days after 2 nd dose in HCW.	Moderate	Retrospective cohort of HCW in Italy; 6,423 participants; time and setting for VOC Alpha.

Section 2: excluded studies	
Author	Reason for exclusion
Akhrass	delayed exclusion – clinical outcomes of interest not reported
Almufty	prevalence of variants unknown and suspected to be <50%
Bjork	prevalence of variants unknown and suspected to be <50%
Borobia	clinical outcomes of interest not reported
Britton	prevalence of variants unknown and suspected to be <50%
Butt	serious risk of bias
Butt	prevalence of variants unknown and suspected to be <50%
Cabezas	prevalence of variants unknown and suspected to be <50%
Cavanaugh	delayed exclusion – VOI not VOC

Clemens	prevalence of variants unknown and suspected to be <50%
Corchado-Garcia	prevalence of variants unknown and suspected to be <50%
Dash	serious risk of bias
Domi	prevalence of variants unknown and suspected to be <50%
Ella	prevalence of variants unknown and suspected to be <50%
Farinholt	serious risk of bias
Fisher	prevalence of variants unknown and suspected to be <50%
Frenck	prevalence of variants unknown and suspected to be <50%
Furer	delayed exclusion – serious risk of bias
Geisen	clinical outcomes of interest not reported
Gils	clinical outcomes of interest not reported
Gray	prevalence of variants unknown and suspected to be <50%
Guijarro	prevalence of variants unknown and suspected to be <50%
Gupta	prevalence of variants unknown and suspected to be <50%
Haas (2)	modelling study used to estimate cases averted
Hacisuleyman	serious risk of bias
Hollinghurst	serious risk of bias
Jacobson	serious risk of bias
John	prevalence of variants unknown and suspected to be <50%
Jones	serious risk of bias
Kaabi	prevalence of variants unknown and suspected to be <50%
Khan	prevalence of variants unknown and suspected to be <50%
Khawaja	serious risk of bias
Kojima	prevalence of variants unknown and suspected to be <50%
Li	phase 1 trial
Ling	prevalence of variants unknown and suspected to be <50%
Loconsole	serious risk of bias
Mattar	prevalence of variants unknown and suspected to be <50%
Mazgatos	serious risk of bias
Menni	serious risk of bias
Monge	prevalence of variants unknown and suspected to be <50%
Mor	prevalence of variants unknown and suspected to be <50%
Moustsen-Helms	prevalence of variants unknown and suspected to be <50%
Munitz	clinical outcomes of interest not reported
Palacios	prevalence of variants unknown and suspected to be <50%
Paris	prevalence of variants unknown and suspected to be <50%
Pawlowski	serious risk of bias
Pilishville	prevalence of variants unknown and suspected to be <50%
Raches Ella	phase 1 trial
Rana	serious risk of bias
Regev-Yochay	prevalence of variants unknown and suspected to be <50%
Riley	serious risk of bias
Rovida	serious risk of bias
Rudolph	prevalence of variants unknown and suspected to be <50%
Salmeron Rios	prevalence of variants unknown and suspected to be <50%
Sansone	serious risk of bias
Shimabukuro	clinical outcomes of interest not reported
Swift	prevalence of variants unknown and suspected to be <50%

Tande	prevalence of variants unknown and suspected to be <50%
Tenforde	clinical outcomes of interest not reported
Thiruvengadam	serious risk of bias
Thompson	prevalence of variants unknown and suspected to be <50%
Thompson	prevalence of variants unknown and suspected to be <50%
Vahidy	prevalence of variants unknown and suspected to be <50%
Vasileiou	clinical outcomes of interest not reported
Voysey	prevalence of variants unknown and suspected to be <50%
Young-Xu	prevalence of variants unknown and suspected to be <50%
Zacay	delayed exclusion – serious risk of bias

Appendix 2: Glossary

Alpha: variant of concern B.1.1.7

Beta: variant of concern B.1.351

Delta: variant of concern B.1.617.2

Gamma: variant of concern P.1

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

HCW: Healthcare workers

LTC: Long-term care (same as LTCF)

Obs: observational study

RME: range of mean estimates across 2 or more studies

Vaccine effectiveness (VE): measure of how well a vaccine protects people from becoming infected (For example: VE of 92% means that 92% of people be well protected from becoming infected with COVID and 8% of people will still be at risk of becoming infected with COVID)

VOC: variant of concern

VOI: variant of interest

Appendix 3: Data-extraction template

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

Appendix 4: Critical appraisal process

We appraise the quality of the individual studies using ROBINS-I. This tool classifies the Risk of Bias of a study as **Low, Moderate, Serious, Critical, or No Information**. Low Risk of Bias indicates High Quality, and Critical Risk of Bias indicates Very Low (insufficient) Quality. ROBINS-I appraises 7 bias domains and judges each study against an ideal reference randomized controlled trial. It also includes identifying all the confounders and co-interventions potentially relevant to the specific field of investigation (listed below). The table below indicates which domains we consider relevant to the VE&VOC field. We focus our assessment on the most relevant domains, but we consider potential bias arising in any of them.

ROBINS- I Domains	Anticipated relevance of the domain to VE & VOC
Bias due to	
Confounding	high relevance
Selection of participants into the study	intermediate relevance
Classification of interventions	low relevance
Deviations from intended intervention	low relevance
Missing data	high relevance
Measurement of outcomes	high relevance
Selection of the reported result	low relevance

Overarching review question:

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

(*) confirmation of specific variant, or evidence the variant was the dominant circulating strain

(**) before-after studies, where the infection rate in the first 2 weeks after the vaccination are used as control are commonly performed and maybe appraised but are open to confounding and bias.

Aim for this study is to assess the effect of assignment to intervention (most vaccine studies will assess patients who received the vaccine)

List the potential confounding domains relevant to all or most studies

Socio-economic status, age, sex, gender, ethnicity, job role, LTC status, HCW status

List co-interventions that could be different between intervention groups and that could impact on outcomes

Appendix 5: Detailed description of the narrative summary statement

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

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

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

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

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

Appendix 6: Process for assigning Variant of Concern to studies

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

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

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