

Weekly COVID-19 Vaccine Updates

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Introduction

This document summarises the vaccine efficacy and effectiveness, the vaccine specifications, the vaccine development pipeline and the timeline for World Health Organization (WHO) review of the various COVID-19 vaccines in late phase development. This document is updated weekly.

- Vaccine efficacy refers to the performance of a vaccine in a controlled clinical trial (study) situation
- Vaccine effectiveness refers to the performance of a vaccine in a population under real-world conditions

Key messages











- COVID-19 vaccine efficacy results from different trials cannot be directly compared against each other. They must be interpreted in the context of study designs (including case definitions, clinical endpoints, access to testing), target populations, and COVID-19 epidemiologic conditions (including circulation of variants of concern)
- All COVID-19 vaccines in late phase development report high vaccine efficacy against severe COVID-19 and favourable safety profiles
- Most vaccines have high effectiveness against infection, including with the Delta variant
- The Pfizer/BioNTech vaccine has been authorised in children aged ≥5 years by the US FDA, EU EMA, Australian TGA and Health Canada; and in those ≥12 years by the UK MHRA and NZ Medsafe, The EMA, MHRA and TGA have authorised the Moderna vaccine in those ≥12 years.
- WHO SAGE recommends that 1) immunocompromised persons should be offered an additional dose of all WHO EUL COVID-19 vaccines as part of an extended primary series; and 2) following the Sinovac and Sinopharm inactivated vaccines, a third dose of the same vaccine or a different vaccine should be offered as part of an extended primary series.¹ ATAGI has recommended that immunocompromised persons in Australia receive a third dose as part of the primary series and booster doses of Pfizer/BioNTech be offered to all irrespective of the primary COVID-19 vaccine given.^{2,3} Boosters are recommended for all adults ≥18 years of age in the US and will be offered to all adults in the UK by January 2022.^{4,5}
- Mixed vaccine schedules (i.e. delivering different types of vaccine for the first and second dose) are under investigation as these could facilitate better protection against variants of concern and enable vaccination programs to continue if a particular vaccine is unavailable
- Seven intranasal vaccines are in development (6 live-attenuated viruses or virus-vectored vaccines; 1 protein subunit.⁶ These may be beneficial in preventing transmission (Page 15)
- A very rare clotting disorder with low platelets (Thrombosis with Thrombocytopenia Syndrome – TTS) has been associated with the AstraZeneca and Johnson & Johnson vaccines.⁷⁻⁹ The majority of cases fully recover with adequate treatment. The risk following the first dose of AstraZeneca vaccine has been estimated by the EMA as 1 in 100,000 and by the Australian Technical Advisory Group on Immunisation (ATAGI) as 1 in 50,000.^{10,11} Risk of TTS is much lower following the *second* dose of AstraZeneca vaccine: estimate in the UK is 1 in 1.5 million second doses.¹²
- The risk of TTS following the first dose of Johnson & Johnson vaccine has been estimated as 1 in 319,000 in the USA¹³
- The risk of myocarditis/pericarditis is increased following the second dose of Pfizer/BioNTech and Moderna vaccines, particularly in younger males, occurring in >1 in 20,000 males under 25 years of age.¹⁴ Highest rate in males 16-17 years of age following Pfizer/BioNTech vaccine but no clear difference in risk between Moderna and Pfizer/BioNTech.¹⁵ There is a small increase in risk of myocarditis in females <30 and males >50 years of age. Data from Ontario, Canada, and the UK suggest higher rates following Moderna than Pfizer/BioNTech vaccine. ATAGI in Australia continue to review the data.
- Appropriate communication on the benefit-risk profile of COVID-19 vaccines (Page 15) remains crucial to maintain confidence in immunisation programmes and to avoid vaccine hesitancy.

New updates

Key updates include (*also highlighted in yellow text in the document*):

- Effectiveness of AstraZeneca vaccine in India (Pages 6, 7, 25 and 27):
 - Infection:
 - 2 doses: 63.1% (51.5-72.1)
 - Single dose: 46.2% (31.6-57.7)
 - Moderate-severe disease:
 - 2 doses: 81.5% (9.9-99.0)
 - Single dose: 79.2% (46.1-94.0)
- Effectiveness of Bharat Biotech vaccine against symptomatic infection (Pages 6, 7, 25 and 27):
 - At least 2 weeks after second dose: 50% (33-62)
 - At least 4 weeks after second dose: 46% (22-62)
 - At least 6 weeks after second dose: 57% (21-76)
- Odds of infection increased >90 days vs < 90 days after vaccination with Pfizer/BioNTech in Israel, suggesting waning immunity:
 - Odds ratios (with <90 days as reference):
 - 90-119 days: 2.37 (1.67-3.36)
 - 120-149 days: 2.66 (1.94-3.66)
 - 150-179 days: 2.82 (2.07-3.84)
 - ≥180 days: 2.82 (2.07-3.85)
- Systematic review of duration of protection from COVID-19 vaccines:
 - 14 studies between 17 June and 27 October 2021 (11 Pfizer/BioNTech, 8 Moderna, 2 AstraZeneca, 3 Johnson & Johnson)
 - Absolute decrease in vaccine effectiveness for all vaccines from 1 month to 6 months after the first dose in all ages:
 - Any infection: 18.5% (8.4-33.4)
 - Symptomatic infection: 25.4% (13.7-42.5)
 - Severe disease/hospitalisation: 8.0% (3.6-15.2);
 - In older people as defined in each study:
 - Any infection: 19.9% (9.2-36.7)
 - Symptomatic infection: 32.0% (11.0-69.0)
 - Severe disease/hospitalisation: 9.7% (5.9-14.7)
- Phase 2 trial of third dose boosters 3 months following primary series with Pfizer/BioNTech or AstraZeneca in the UK:
 - Vaccines assessed (including half doses): Pfizer/BioNTech, AstraZeneca, Moderna, Johnson & Johnson, Novavax, CureVac and Valneva
 - No safety concerns were identified
 - Increased reactogenicity with Moderna following either Pfizer/BioNTech or AstraZeneca primary series; and AstraZeneca and Johnson & Johnson after Pfizer/BioNTech primary series
 - All schedules boosted antibody and neutralising responses after the AstraZeneca primary series and all except half dose Valneva following Pfizer/BioNTech primary series
- Phase 2 trial of Sinovac boosters:
 - After 2 doses neutralising antibody titres declined to at or below the seropositive cutoff
 - Third dose 8 months after second dose increased antibody response 6-8-fold compared to after second dose
 - Third dose 2 months after second dose increased antibody response 1.3-2.1-fold
- Pfizer/BioNTech has been authorised by the EMA and TGA for children aged ≥5 years (Page 10)
 - Rollout in Australia is expected in January 2022
- Moderna (half dose) has been authorised by the TGA for boosters in Australia
- The table summarising which countries have authorised vaccines in children has been updated (Page 10)
- EMA PRAC has reviewed French and Nordic data and confirmed higher cases of myocarditis and pericarditis following mRNA vaccines, particularly in younger males (Page 15):
 - French study
 - Pfizer/BioNTech: 26 extra cases of myocarditis per million 12-29-year-old males compared to unexposed
 - Moderna: 57 extra cases of myocarditis per million 16-24-year-old males compared to unexposed
 - Nordic study:
 - Pfizer/BioNTech: 130 extra cases of myocarditis per million 12-29-year-old males compared to unexposed
 - Moderna: 190 extra cases of myocarditis per million 16-24-year-old males compared to unexposed
- Reports of myocarditis/pericarditis following Pfizer/BioNTech in 12-17 year-olds between June and September 2021 in Hong Kong (29 cases in males, 4 in females) (Page 15):
 - After first dose: 34 (11-95) cases per million
 - Second dose: 212 (138-323)
 - Males, first dose: 56 (24-125)
 - Males, second dose: 373 (270-513)
- Hong Kong is offering a single dose of Pfizer/BioNTech to 12-17 year olds due to the higher risk of my/pericarditis after the second dose (Page 10)

COVID-19 Vaccine Specifications

	ASTRAZENECA	GAMALEYA	JOHNSON & JOHNSON	MODERNA	NOVAVAX	PFIZER/ BIONTECH	SINOVAC	SINOPHARM	BHARAT BIOTECH	CLOVER
VACCINE TYPE	Viral vector (chimpanzee adenovirus ChAdOx1)	Viral vector (recombinant adenovirus types 5 and 26)	Viral vector (recombinant adenovirus type 26)	mRNA	Protein subunit	mRNA	Inactivated virus	Inactivated virus	Inactivated virus	Protein
Available Through COVAX	✓	-	✓	-	✓	✓	-	-	-	-
Doses Required	 4-12 weeks apart	 3 weeks apart	 1 dose	 4 weeks apart*	 3 weeks apart	 3-4 weeks apart*	 2-4 weeks apart*	 3-4 weeks apart*	 3 weeks apart	 3 weeks apart
Third dose/ boosters	As part of primary series for those with immunocomp.	-	As part of primary series for those with immunocomp. USA: at least 2 months after primary dose in ≥18 years	As part of primary series for those with immunocomp. USA: at least 6 months after primary series in at-risk groups and ≥65 years	-	As part of primary series for those with immunocomp. USA: at least 6 months after primary series in at-risk groups and ≥65 years	As part of primary series for ≥60 years	As part of primary series for ≥60 years	-	-
Shipping, Storage & Presentation	Normal cold chain requirements (2-8°C); 10-dose vials	-18,5°C (liquid form); 2-8°C (dry form)	Shipped at -20°C; 2-8°C for up to 3 months; 5-dose vials	-25°C to -15°C; 10-dose vials	2-8°C; 10-dose vials	-80°C to -60°C; 2-8°C for up to 1 month; 6-dose vials	2-8°C; Single-dose vials	2-8°C; Single-dose vials/ pre-filled syringes	2-8°C; 10-dose or 20-dose vials	2-8°C
Approval by a Stringent Regulatory Authority (SRA)	WHO EUL, EMA, TGA, MHRA	Under review by WHO SAGE	WHO EUL, EMA, FDA, MHRA	WHO EUL, EMA, FDA, TGA	Under review by WHO SAGE	WHO EUL, EMA, FDA, TGA, MHRA	WHO EUL	WHO EUL	WHO EUL	-

WHO EUL: WHO Emergency Use Listing
 EMA: European Medicines Agency
 FDA: Food and Drug Administration (US)
 TGA: Therapeutic Goods Administration (Australia)
 MHRA: Medicines and Healthcare Products Regulatory Agency (UK)

COVID-19 Vaccine Efficacy

VACCINE	VACCINE EFFICACY			
	SYMPTOMATIC INFECTION	MODERATE-SEVERE	SEVERE	HOSPITALISATION/DEATH
AstraZeneca	UK: 66.7% (57.4-74.0) ¹⁶ USA, Chile, Peru: 76% ¹⁷ (not peer-reviewed) Single dose in UK (22-90 days post-vaccination): 76.0% (59.3 to 85.9) ¹⁶ Efficacy with different interval between doses in UK: 12+ weeks: 82.4% (2.7-91.7) <6 weeks: 54.9% (32.7-69.7) ¹⁶	-	Severe/critical and hospitalisation in USA, Chile, Peru: 100% ¹⁷ (not peer-reviewed) UK: 100% (15 cases in the placebo group) ¹⁶	Hospitalisation in UK: 100% (9 cases in placebo group) ¹⁶
Bharat Biotech	India: 77.8% (65.2-86.4) ¹⁸	-	India: 93.4% (57.1-99.8) ¹⁸	-
Clover	Philippines, Colombia, Brazil, South Africa and Belgium: Overall: 67.2% (54.3-76.8); Delta: 78.7% (57.3-90.4) ¹⁹	Philippines, Colombia, Brazil, South Africa and Belgium: Overall: 83.7% (55.9-95.4); Delta: 81.7% (35.9-96.6) ¹⁹	-	Hospitalisation in Philippines, Colombia, Brazil, South Africa and Belgium: 100% (42.7-100) ¹⁹
Gamaleya	Russia: 91.6% (85.6-95.2) ²⁰ Single dose (Sputnik Light) in Argentina: 78.6% ²¹	Moderate-severe: 100% (20 cases in the placebo group) ²⁰	-	-
Johnson & Johnson	USA: 93.2% (91.0-94.8) ²²	Moderate to severe/critical: All sites: 66.1% (55.0-74.8) USA: 72.0% (58.2-81.7) Latin America: 61.0% (46.9-71.8) South Africa: 64.0% (41.2-78.7) ^{23,24} South Africa: 67-71% ²⁵	85.4% (54.2-96.9) ²⁴ USA: 98.2% (92.8-99.6) ²²	100% (5 deaths in placebo group) ²⁴ Death in South Africa: 96% ²⁵
Moderna	USA: 94.1% (89.3-96.8) ²⁶ USA: >90% ²⁷ Efficacy in USA: 12-17 years: Symptomatic: 92.7% (67.8-99.2) Infection: 69.8% (49.9-82.1) Asymptomatic infection: 59.5% (28.4-77.3) ²⁸	-	USA: 100% (30 cases in placebo group) ²⁶ US: >95% ²⁷	USA: 100% (1 death in placebo group) ²⁶
Novavax	UK: 89.7% (80.2-94.6) ²⁹ US and Mexico: 90.4% (82.9-94.6) ³⁰	US and Mexico: 100% (87.0-100) ³⁰	-	-
Pfizer/BioNTech	Argentina, Brazil, Germany, South Africa, Turkey and the USA: 94.6% (89.9-97.3) ³¹ Infection over 6 months: 91.3% (89.0-93.2) ³²	-	Argentina, Brazil, Germany, South Africa, Turkey and the USA: 88.9% (20.1-99.7) ³¹ Severe disease: 96.7% (80.3-99.9) ³²	-
Sinopharm	UAE, Bahrain, Egypt and Jordan: 78.1% (64.9-86.3) ³³	-	-	Hospitalisation in UAE, Bahrain, Egypt and Jordan: 78.7% (26.0-93.9) ³³
Sinovac	Brazil: 50.7% (35.9-62.0) Chile: 67% (65-69) Indonesia: 65% (20-85) ³³ Turkey: 83.5% (65.4-92.1) ³⁴	Requiring medical assistance in Brazil: 83.7% (58.0-93.7) Moderate-severe: 100% (56.4-100.0) ³⁵	-	Hospitalisation: Brazil: 100% (56-100) Chile: 85% (83-97) Turkey: 100% (20-100) ³³

Vaccine Effectiveness Summary at-a-glance

Detailed summary available in Appendix 1.

VACCINE	ANY INFECTION	SYMPTOMATIC INFECTION	HOSPITALISATION/ SEVERE DISEASE	DEATH	EFFECTIVENESS 4 to <6 MONTHS	EFFECTIVENESS ≥6 MONTHS
AstraZeneca	45-67% ³⁶⁻⁴¹ Single dose 30-67% ^{36,38,41,42}	56-78% ^{39,43-46} Single dose: 50-68% ^{43,47,48} Moderate-Severe: 82%; Single dose: 79% ⁴¹	88-100% ^{39,44-46,49-52} Single dose: 71-94% ^{47,51,53}	91-100% ^{44,45,54}	-	-
Bharat Biotech	-	50% ⁵⁵	-	-	-	-
Johnson & Johnson	50-88% ^{39,56-59}	54% ³⁹	71-91% ^{25,39,52,57,60}	-	-	Infection: 13% ⁶¹ Death: <65 years: 73%; ≥65 years: 52% ⁶¹
Moderna	76-92% ^{39,58,62-65} Single dose: 72% ⁴²	82-95% ^{39,45,63,64,66} Single dose: 72% ^{66,67}	92-98% ^{39,45,52,60,62-65} Single dose: 96% ⁴²	98% ⁶³	-	Infection: 22-58% ^{61,64} Death: <65 years: 82%; ≥65 years: 76% ⁶¹ Hospitalisation and death: 56% ⁶⁴
Pfizer/BioNTech	63-95% ^{36,37,39,40,47,58,62,68-75} Single dose: 36-57% ^{36,38,42}	72-97% ^{39,43-45,47,66,70,74,76,77} Single dose: 49-61% ^{43,66,67}	85-98% ^{39,44,74-76,78-80,45,47,51,52,60,62,70,72} Single dose: 85-94% ^{51,53}	90-100% ^{44,45,54,70,74,75,78,79}	Infection: 47-53% ⁷²	Infection: 43% ⁶¹ Death: <65 years: 84%; ≥65 years: 70% ⁶¹
Sinopharm	-	90% ³³	-	-	-	-
Sinovac	60% ⁷⁸	59% ⁴⁴	86-91% ^{44,78}	86-95% ^{44,78}	-	-

Vaccine Efficacy/Effectiveness Against Delta at-a-glance

Detailed summary and vaccine efficacy/effectiveness against other variants available in Appendix 2.

VACCINE	VACCINE EFFECTIVENESS UNLESS OTHERWISE STATED				
	ANY INFECTION	SYMPTOMATIC INFECTION	HOSPITALISATION AND DEATH	EFFECTIVENESS 4 to <6 MONTHS	EFFECTIVENESS ≥6 MONTHS
AstraZeneca	60-67% ^{36-38,41} Single dose 30-67% ^{36,38,41,42}	67-70% ^{45,46} Moderate-Severe: 82%; Single dose: 79% ⁴¹	88-94% ^{45,46,50,51,54} Single dose: 71-88% ^{42,51}	-	-
Bharat Biotech	Efficacy: 65% ¹⁸	50% ⁵⁵	-	-	-
Clover	-	Efficacy: 79% ¹⁹	Efficacy (moderate-severe): Delta: 82% ¹⁹	-	-
Gamaleya	-	-	-	-	-
Johnson & Johnson	78% ⁵⁷	-	71-85% ^{25,57}	-	Infection: 13% ⁶¹ Death: <65 years: 73%; ≥65 years: 52% ⁶¹
Moderna	76-87% ^{62,65} Single dose: 72% ⁴²	95% ⁴⁵	81-98% ^{45,62,65} Single dose: 96% ⁴²	-	Infection: 22-58% ^{61,64} Death: <65 years: 82%; ≥65 years: 76% ⁶¹ 56% ⁶⁴
Pfizer/BioNTech	39-93% ^{36,37,62,71,72} Single dose: 36-57% ^{36,38,42}	90% ⁴⁵	75-100% ^{45,51,54,62,71,72} Single dose: 78-94% ^{42,51}	Infection: 53% ⁷²	Infection: 43% ⁶¹ Death: <65 years: 84%; ≥65 years: 70% ⁶¹

Vaccine Efficacy/Effectiveness and Immunogenicity of Boosters Against Delta at-a-glance

Booster refers to an additional dose administered at least 5 months after completion of the primary series.
 Booster efficacy/effectiveness reported relative to primary series (not unvaccinated) unless otherwise specified.
 Detailed summary available in Appendix 3.

VACCINE	IMMUNOGENICITY	BOOSTER VACCINE EFFECTIVENESS (UNLESS OTHERWISE STATED)			
		ANY INFECTION	SYMPTOMATIC INFECTION	HOSPITALISATION	DEATH
Johnson & Johnson	Strong antibody response ⁸¹	-	-	-	-
Moderna	Strong antibody response ⁸¹	-	-	-	-
Pfizer/BioNTech	Strong antibody response ⁸¹	-	Efficacy: 84-95% ^{82,83}	93% ⁸⁴	81% ⁸⁴
Sinovac	Strong antibody response ⁸⁵	-	-	-	-

Vaccine Efficacy/Effectiveness in High-Risk Groups at-a-glance

Detailed summary available in Appendix 4.

VACCINE	VACCINE EFFICACY/EFFECTIVENESS			
	DIABETES	OBESITY	AT RISK FOR SEVERE COVID-19	ELDERLY*
AstraZeneca	-	-	Efficacy against symptomatic infection: 76% ¹⁷ Effectiveness of single dose against: Symptomatic infection: 60% ⁴³ Effectiveness against: Symptomatic infection: 80% ⁴³ Hospitalisation: 63% ⁴⁹	Efficacy against infection: 85% ¹⁷ Effectiveness of single dose against: Symptomatic infection: 53-61% ^{43,47} Hospitalisation: 80% ⁸⁶ Death: 83% ⁶⁷ Effectiveness against: Symptomatic infection: 59-81% ^{43,45,46,87} Hospitalisation: 37-94% ^{46,87,88} Death: 90-94% ^{54,67}
Bharat Biotech	-	-	Efficacy against infection: 66% ¹⁸	Efficacy against symptomatic infection: 68% ¹⁸
Gamaleya	-	-	-	Symptomatic infection: 92% ²⁰
Johnson & Johnson	Efficacy: 23% ²³	Efficacy: 66% ²³	Efficacy: 59% ²³	Efficacy 66% ²³
Moderna	-	-	Efficacy against symptomatic infection: 84-91% ²⁶ Effectiveness against hospitalisation: 84% (80-87) ⁵²	Efficacy against symptomatic infection: 86% ²⁶ Effectiveness against infection: 75-83% ^{63,65}
Novavax			Efficacy against infection: 91% ³⁰	
Pfizer/BioNTech	Effectiveness against infection: 82% ⁷³ 89% ⁷⁹	Effectiveness against infection: 90% ⁷⁹	Efficacy against symptomatic infection: 95% ³¹ Effectiveness of single dose against symptomatic infection: 56% ⁴³ Effectiveness against: Infection: 71-90% ^{75,79} Symptomatic infection: 89% ⁴³ Hospitalisation: 72-81% ⁷⁵	Efficacy against symptomatic infection: 95-100% ^{31,32} Effectiveness of single dose against: Infection: 76% ⁴⁷ Symptomatic infection: 40-56% ^{43,66} Hospitalisation: 71-81% ^{86,88} Death 77% ⁶⁷ Effectiveness against: Infection: 70-89% ^{73,75,79,89} Symptomatic infection: 61-93% ^{43,45,66,87} Hospitalisation: 43-93% ⁸⁷⁻⁸⁹ Death: 87-98% ^{54,67}
Sinopharm	-	81% ³³	-	Effectiveness against symptomatic infection 91% ³³
Sinovac	-	75% ³³	49% ³³	-

*Estimates in those ≥60 years to ≥80 years

Vaccine Efficacy/Effectiveness in Children

VACCINE	VACCINE EFFICACY, EFFECTIVENESS AND OTHER OUTCOMES		COUNTRIES VACCINATING CHILDREN BY AGE GROUP
	<12 years	12-18 years	
Moderna	Well tolerated and produced strong antibody response in 6-11 year olds in USA (Moderna press release) ⁹⁰	Efficacy in USA, 12-15 years: 96% ⁹¹	≥12 years: Authorised by EMA, MHRA, TGA ≥12 years: France, Italy, Japan, Australia, Canada, Guinea , Philippines ≥3 years: Colombia
Novavax	7-12 years trial underway in India	Study in 12-18 years has started recruitment	-
Pfizer/BioNTech	5-11 years: Antibody response and safety profile for reactogenicity similar to 16-25 year-olds ⁹² Efficacy against symptomatic infection in 5-11 year olds in USA: 90.9% (68.3-98.3) ⁹³	Efficacy in USA, 12-15 years: 100% ⁹⁴ ; Up to 4 months after second dose: 100% (87.5-100) ⁹⁵ Effectiveness in Israel 12-18 years: Any infection: 90% (88-92); Symptomatic infection: 93% (88-97) ⁹⁶ Effectiveness against hospitalisation in USA: 12-18 years: 93% (83-97) ⁹⁷	≥5 years: Authorised by FDA, EMA, TGA ≥5 years: USA, Israel, Canada , Oman , Saudi Arabia , Bahrain , UAE , Costa Rica ≥12 years: Authorised by EMA, MHRA TGA, Medsafe ≥12 years: USA, Canada, UK Israel, France, Spain, Italy, Netherlands, Germany, South Africa, Singapore, Japan, Australia, Estonia , Denmark , Greece , Ireland , Lithuania , Sweden , Finland , Norway , Switzerland , Jordan , Morocco , Egypt , Guinea , Namibia , South Korea , Philippines , Brazil 12-15 years single dose: South Africa 12-17 years single dose: Hong Kong ≥3 years: Colombia
Sinovac	Phase I/II studies complete in 3-17 year olds in China ⁹⁸ ; Phase 3 studies underway in Chile, Kenya, Malaysia, the Philippines, and South Africa	-	≥12 years: Indonesia ≥6 years: Chile, El Salvador, Ecuador Indonesia ≥3 years: China, Colombia, Hong Kong
Sinopharm	Phase I/II studies in 3-17 year olds in China		≥12 years: Morocco ≥3 years: China, UAE, Venezuela, Argentina, Bahrain
AstraZeneca	Trials suspended when evidence emerged of the higher risk of TTS in younger adults compared to older adults		≥3 years: Colombia
Bharat Biotech	Phase 2/3 trial in 2-18 year olds		-
Gamaleya	-		-
Johnson & Johnson	-		-

Maternal Vaccination

VACCINE	VACCINE EFFICACY/EFFECTIVENESS IN PREGNANT WOMEN	OTHER OUTCOMES
AstraZeneca	-	In four clinical trials in the UK, Brazil and South Africa, fertility was unaffected by vaccination and there was no increased risk of miscarriage and no instances of stillbirth in women vaccinated before pregnancy ⁹⁹
Bharat Biotech	-	-
Gamaleya	-	-
Johnson & Johnson	-	-
Moderna	-	Following maternal vaccination with mRNA vaccines, 100% of neonates (n=36) had protective antibodies at birth ¹⁰⁰ Comparison in USA of 35,691 participants who received an mRNA vaccine in pregnancy and nonpregnant women (v-safe registry and VAERS): Injection-site pain more frequent in pregnancy; headache, myalgia, chills, and fever less frequent. Adverse pregnancy and neonatal outcomes similar in pregnant women to studies conducted before the Covid-19 pandemic ¹⁰¹
Novavax	-	-
Pfizer/BioNTech	Effectiveness in Israel: Any infection: 96% (89-100); Symptomatic infection: 97% (91-100); Hospitalisation: 89% (43-100) ¹⁰² Effectiveness in Israel: Any infection: 78% (57-89) ¹⁰³	Following maternal vaccination with mRNA vaccines, 100% of neonates (n=36) had protective antibodies at birth ¹⁰⁰ NIH-funded MOMI-VAX study will assess antibody responses in 750 pregnant women and 250 women vaccinated with any US-licensed vaccine within 2 months of birth, and their infants ¹⁰⁴ Comparison in USA of 35,691 participants who received an mRNA vaccine in pregnancy and nonpregnant women (v-safe registry and VAERS): Injection-site pain more frequent in pregnancy; headache, myalgia, chills, and fever less frequent. Adverse pregnancy and neonatal outcomes similar in pregnant women to studies conducted before the Covid-19 pandemic ¹⁰¹
Sinopharm	-	-
Sinovac	-	-

Vaccine Efficacy/Effectiveness Against Asymptomatic Infection at-a-glance

Some of these studies assessed multiple variants, including Delta but none analysed the Delta variant alone.
Detailed summary of vaccine efficacy/effectiveness against transmission available in Appendix 5.

VACCINE	VACCINE EFFECTIVENESS UNLESS OTHERWISE STATED
AstraZeneca	Efficacy: 54% ¹⁶
Bharat Biotech	Efficacy: 64 ¹⁸
Johnson & Johnson	Efficacy: 60% ²³
Moderna	73% ⁶³
Pfizer/BioNTech	65-92% ^{64,74,76,77,105,106}

Mixed Dose Vaccine Safety and Immune Responses

Mixed vaccine schedules (i.e. delivering different types of vaccine for the first and second dose) could be particularly useful to facilitate better protection against variants of concern and enable vaccination programs to continue if a particular vaccine is unavailable.

SCHEDULE	SAFETY	IMMUNE RESPONSES OR EFFECTIVENESS	COUNTRIES USING SCHEDULE
AZ-PF	<p>Spain: Similar side effects to those receiving 2 doses of the same vaccine; no safety concerns (not peer reviewed)¹⁰⁷</p> <p>UK: Greater systemic side effects (mild-moderate symptoms) following the booster dose than with 2 doses of the same vaccine; no safety concerns¹⁰⁸</p> <p>Germany: greater reactivity with first dose of AstraZeneca than with the Pfizer/BioNTech booster¹⁰⁹</p> <p>Increased reactivity (54.4%; 49.4-59.5) vs AstraZeneca-AstraZeneca (33.5%; 28.0-39.2)¹¹⁰</p> <p>Total adverse event reporting in Korea: 0.28% (vs AZ-AZ: 0.22%; and PF-PF: 0.31%)</p>	<p>Spain: ≥8 week dose interval: Stronger immune response following Pfizer/BioNTech than after 2 doses of AstraZeneca vaccine (not peer reviewed)¹⁰⁷</p> <p>Spain: 8-12 week dose interval: robust antibody response¹¹¹</p> <p>UK: 4 week dose interval: stronger antibody and cellular response than after 2 doses of AstraZeneca vaccine¹¹²</p> <p>Germany: 9-12 week dose interval: Significantly stronger immune response following Pfizer/BioNTech booster than AstraZeneca, and slightly stronger than after 2 doses of AstraZeneca (not peer reviewed)¹¹³</p> <p>Germany: 4-fold greater immune response than 2 doses of AstraZeneca¹¹⁴</p> <p>South Korea: 6-fold greater neutralising antibody response than 2 doses of AstraZeneca</p> <p>Germany: Higher neutralising antibody response against wild-type, Alpha, Beta, Gamma and Delta variants than AZ-AZ¹¹⁵</p>	Canada, Denmark, Finland, France, Germany, Sweden, Norway, Spain and South Korea ¹¹⁶
PF-AZ	<p>UK: Greater systemic side effects (mild-moderate symptoms) following the booster dose than with 2 doses of the same vaccine; no safety concerns¹⁰⁸</p> <p>Greater reactivity with first of homologous and heterologous prime-boost immunisation with BNT162b2 and ChAdOx1-nCoV19: a prospective cohort study</p> <p>increased reactivity (55.2%; 46.1-64.1) vs Pfizer/BioNTech-Pfizer/BioNTech (33.3%; 23.4-44.5)¹¹⁰</p>	<p>UK: 4 week dose interval: weaker antibody response than after 2 doses of Pfizer/BioNTech vaccine (but stronger than after 2 doses of AstraZeneca vaccine)¹¹²</p>	-
AZ-mRNA (PF or MO)	-	<p>Effectiveness in Canada: Infection: 90% (89-91); 87% (85-89); Hospitalisation: 99% (98-100); 98% (95-99)⁴⁶</p>	-
Primary series of PF, J&J or MO followed by PF, J&J or MO booster	<p>Reactivity for all combinations similar to primary series⁸¹</p>	<p>Homologous boosters increased neutralising antibody titres 4.2 to 20-fold; Heterologous boosters increased neutralising antibody titres 6 to 76-fold⁸¹</p>	-
AZ, MO and PF	-	<p>Canada: Trial underway mixing and matching all three vaccines with study arms assessing 4 week and 16 week dose intervals¹¹⁷</p> <p>Denmark: Vaccine effectiveness against infection: AZ-PF or AZ-MO: 88% (83-92)¹¹⁸</p>	AstraZeneca followed by either Moderna or Pfizer/BioNTech: Denmark, Finland, France, Germany, Sweden, Norway and Spain ¹¹⁶
Sinovac-AZ	-	-	Thailand

Adverse Events Following Immunisation with WHO EUL Vaccines

Adverse events following immunisation (AEFIs) are any reactions occurring after immunisation. They can be either expected or unexpected. The vaccine may not actually cause the AEFI; it may occur coincidentally as millions of people are being vaccinated so some people may get sick after vaccination but this does not necessarily mean that it is due to the vaccine. Special investigations determine whether they are due to the vaccine. Adverse events of special interest (AESIs) are of scientific and medical concern that are found through active surveillance, that have the potential to be causally associated with a vaccine and that need to be carefully monitored and confirmed by further special studies.

For all injectable vaccines, appropriate medical treatment and supervision should always be readily available in case of an anaphylactic event following administration.

	ASTRAZENECA	MODERNA	PFIZER/BIONTECH	JOHNSON & JOHNSON	SINOPHARM	SINOVAC	CLOVER	BHARAT BIOTECH
Adverse events following immunisation (AEFIs)*	<p>Very common (more than 1 in 10 people): headache, nausea, muscle pain, joint pain, injection site tenderness/ pain/ warmth/ itch, fatigue, malaise, fever, chills</p> <p>Common (between 1 in 10 and 1 in 100 people): injection site swelling/ redness¹¹⁹</p>	<p>Injection site pain (92%)/ swelling (15%)/ redness (10%), fatigue (70%), headache (65%), muscle pain (62%), joint pain (46%), fever (16%), chills (45%), nausea/vomiting (23%), axillary swelling/tenderness (20%)¹²⁰</p>	<p>Very common: headache, muscle pain, joint pain, injection site pain/ swelling, fatigue, fever, chills;</p> <p>Common: nausea, injection site redness¹¹⁹</p> <p>Uncommon (between 1 in 100 and 1 in 1000 people): lymphadenopathy, insomnia, pain in extremity of vaccinated arm, malaise, injection site itch;</p> <p>Rare: (between 1 in 1000 and 1 in 10,000): acute peripheral facial paralysis¹²¹</p>	<p>Injection site pain/ redness/ swelling, headache, fatigue, muscle pain, nausea, fever¹²²</p>	<p>Injection site pain (16%)/ itch (1%)/ swelling (2%)/ redness (1%), fever (4%), fatigue (3%), nausea (1%), headache (1%), diarrhoea (1%), muscle pain (<1%), itch (non-injection site) (1%)¹²³</p>	<p>Fatigue (8.3%), fever (3.3%), diarrhoea (0.8%), nausea (1.7%), headache (2.5%), muscle pain (1.7%), injection site pain (10.0%)/ redness (0%)/ swelling (0%)¹²⁴</p>	<p>Very common: Injection site pain, fatigue, headache</p> <p>Common: Injection site erythema, myalgia, arthralgia, loss of appetite, nausea, chills</p> <p>Uncommon: Injection site swelling, fever¹⁹</p>	<p>Common: Injection site pain/redness/ itching, headache, fever, malaise, fatigue, body ache</p>
Adverse events of special interest (AESIs)	<p>Thrombosis with thrombocytopenia syndrome (TTS) (see page 13 for estimated risk);</p> <p>EMA PRAC: Guillain-Barre syndrome (GBS)¹²⁵</p> <p>Australia: Guillain-Barre syndrome: 52 cases (10.4 per million doses)¹²⁶</p> <p>Australia: Immune thrombocytopenia (ITP)</p>	<p>Myopericarditis (most common in younger males)</p> <p>USA VAERS: myocarditis cases per million second doses: 18-24 year males 38.5, females: 5.3; 25-29 year males: 17.2, females: 5.7¹²⁷</p> <p>ITP**¹²⁸</p>	<p>Myopericarditis (most common in younger males)</p> <p>USA VAERS: myocarditis cases per million second doses: 12-15 year males: 39.9, females: 3.9; 16-17 year males: 69.1, females: 7.9;</p> <p>18-24 year males: 36.8, females: 2.5; 25-29 year males 10.8, females: 1.2¹²⁷</p> <p>>1 in 20,000 males under 25 years of age¹⁴</p> <p>Israel: 1 to 5 cases of myocarditis per 100,000 persons^{129,130}</p> <p>ITP**¹²⁸</p>	<p>TTS (see page 14 for estimated risk)</p> <p>USA: Guillain-Barre Syndrome: 100 preliminary reports of GBS following 12.5 million doses of vaccine administered (mostly males >50 years)¹³¹</p>	-	-	-	-

*Details for AstraZeneca, Moderna, Pfizer/BioNTech and Johnson & Johnson from product information sheets in SRA countries, based on data from clinical trials; Sinopharm, Sinovac and Bharat Biotech details from published clinical trials

**The ITP cases are mostly without the thrombotic events characteristic of TTS

Serious Adverse Events

Caution is required when comparing safety profiles as definitions and reporting systems vary in trials and in particular phase IV studies. Risk of TTS in PICs available in Appendix 6

VACCINE	VACCINE SAFETY
AstraZeneca	<p>108 SAEs in 12,282 (0.9%) vaccine recipients and 127 in 11,962 (1.1%) placebo recipients; 7 deaths all considered unrelated to vaccination (2 vaccine, 5 placebo)¹⁶ US Phase III study: No serious safety concerns involving 32,449 participants¹⁷ (not peer-reviewed) EMA investigation: possible link between the AstraZeneca vaccine and Thrombosis with Thrombocytopenia Syndrome (TTS) Blood clots affected the brain (central venous sinus thrombosis, CVST) and abdomen (splanchnic vein thrombosis) There have been reports of 169 cases of CVST and 53 cases of splanchnic vein thrombosis in ~34 million vaccinated people in Europe The EMA confirmed the overall benefits of the vaccine in preventing COVID-19 outweigh the risks of side effects³ UK: Risk factors for death in patients with TTS following the AstraZeneca vaccine: baseline platelet count; and intracranial haemorrhage¹³² TTS reported to occur in ~1 in 50,000 vaccinated adults in Australia¹¹ Several countries introduced age recommendations for the vaccine: >60 years in Germany and Australia; >55 years in France and Canada; >40 years in the UK¹³³⁻¹³⁵ EMA has started a review of reports of capillary leak syndrome following 5 cases of this very rare disorder post vaccination¹³⁶ WHO GACVS reports Guillain Barre Syndrome (GBS) rates following adenovirus vector vaccines: EU/EEA: 4.4; AUS: 9.7; KOR: 0.4; PHL: <1¹³⁷ Guillain-Barre Syndrome in England: IRR 15-21 days: 2.90 (2.15-3.92); Scotland: IRR 1-28 days: 2.32 (1.08-5.02); following SARS-CoV-2 infection: IRR 1-28 days: 5.25 (3.00-9.18); Bell's Palsy in England: IRR 15-21 days: 1.29 (1.08-1.56); IRR 1-28 days: 1.07 (0.94-1.21)¹³⁸ Immune thrombocytopenia (ITP) in Victoria, Australia: 8 cases per million doses (17 cases; 15 after second dose) (Expected background rate: 20-49 years: 1.9; ≥50 years: 4.1)¹³⁹</p>
Gamaleya	<p>45 SAEs in 16,427 (0.3%) vaccine recipients and 23 in 5,435 (0.4%) placebo recipients; 4 deaths all considered unrelated to vaccination (3 vaccine, 1 placebo)²⁰</p>
Johnson & Johnson	<p>83 SAEs in 21,895 (0.4%) vaccine recipients and 96 in 21,888 placebo recipients (0.4%); 19 deaths all considered unrelated to vaccination (3 vaccine, 16 placebo)²³ EMA investigation of 8 reports of TTS. Most cases occurred in women <60 years of age but specific risk factors have not been confirmed⁹ USA: Cases of TTS per million doses: Overall: 3.1; Female: 5.2; Male: 1.5¹²⁷ Deaths: 5 (4 female, 1 male) Guillain-Barre Syndrome: 100 preliminary reports of GBS following 12.5 million doses of vaccine administered in USA (mostly males >50 years)¹³¹ WHO GACVS reports Guillain Barre Syndrome (GBS) rates following adenovirus vector vaccines: USA: 7.8; KOR: 0.9; EU/EEA: AZ: 2.1¹³⁷</p>
Moderna	<p>153 SAEs in 15,166 (1.0%) placebo recipients and 147 in 15,185 (1.0%) vaccine recipients; 5 deaths considered unrelated to vaccine (2 vaccine, 3 placebo)²⁶ Anaphylaxis reported in the US at a rate of 2.5 per million doses¹⁴⁰ No obvious safety signals among pregnant women who received mRNA COVID-19 vaccines in USA¹⁰¹ USA: Myo/pericarditis reported in 40.6 males and 4.2 females aged 12-29 years per million second doses of mRNA vaccine; and 2.4 males and 1.0 females aged 30+¹⁴¹ USA VAERS: myocarditis cases per million second doses: 18-24 year old males: 38.5, females: 5.3; 25-29 year old males: 17.2, females: 5.7¹²⁷ Ontario, Canada; Myo/pericarditis cases per million second doses in those aged 18-24 years: Males 198.6; Females 59.6¹⁴² Overall rates in the UK per million second doses: Myocarditis: 28.3; Pericarditis: 17.2¹⁴³ EMA PRAC: French study: 57 extra cases of myocarditis per million 16-24-year-old males compared to unexposed; Nordic study: 190 extra cases of myocarditis per million 16-24-year-old males¹⁴⁴</p>
Novavax	<p>SAEs at low levels and similar between vaccine and placebo groups¹⁴⁵</p>
Pfizer/BioNTech	<p>SAEs and deaths were low and comparable between vaccine and placebo groups (total 37,586 participants)³¹ Anaphylaxis reported in the US at a rate of 4.7 per million doses¹⁴⁰ No obvious safety signals among pregnant women who received mRNA COVID-19 vaccines in USA¹⁰¹ Brazil: SAEs: 5.4/100,000 doses USA: Myo/pericarditis reported in 40.6 males and 4.2 females aged 12-29 years per million second doses of mRNA vaccine; and 2.4 males and 1.0 females aged 30+¹⁴¹ USA VAERS: myocarditis cases per million second doses: 12-15 year males: 39.9, females: 3.9; 16-17 year males: 69.1, females: 7.9; 18-24 year males: 36.8, females: 2.5; 25-29 year males 10.8, females: 1.2¹²⁷ Ontario, Canada; Myo/pericarditis cases per million second doses in those aged 18-24 years: Males 35.5; females 39.9¹⁴² Overall rates in the UK per million second doses: Myocarditis 7.4; Pericarditis 5.6¹⁴³ Israel: Myo/pericarditis: 106.9 (69.3-144.6) cases per million in those aged 16-29¹⁴⁶; 137.3 (81.1-194.6) cases per million people aged 16-19¹⁴⁷ Haemorrhagic stroke in England: IRR 15-21 days: 1.38 (1.12-1.71) (not replicated in Scotland data)¹³⁸ Israel: Myo/pericarditis: 16-19 year old males: Second dose: 161 cases per million; Third dose: 52 cases per million¹⁴⁸ EMA PRAC: French study: 26 extra cases of myocarditis per million 12-29-year-old males compared to unexposed; Nordic study: 130 extra cases of myocarditis per million 12-29-year-old males¹⁴⁴ Hong Kong: Myo/pericarditis in 12-17 year-olds: After first dose: 34 (11-95) cases per million; Second dose: 212 (138-323); Males, first dose: 56 (24-125); Males, second dose: 373 (270-513)¹⁴⁹</p>
Sinovac	<p>Brazil: SAEs: 79.7/100,000 doses Safety in Chile 6-11 years: Adverse events following 0.011% of doses administered (most common: vomiting, itching, injection site pain and erythema)¹⁵⁰</p>
Bharat Biotech	-

Who Can be Vaccinated Based on WHO SAGE Recommendations?

So far, WHO SAGE have made recommendations for use of AstraZeneca, Moderna, Pfizer/BioNTech, Johnson & Johnson and Sinopharm vaccines:

<https://www.who.int/groups/strategic-advisory-group-of-experts-on-immunization/covid-19-materials>

	ASTRAZENECA	MODERNA	PFIZER/BIONTECH	JOHNSON & JOHNSON	SINOPHARM	SINOVAC	BHARAT BIOTECH
Minimum Age	18 years	18 years	12 years	18 years	18 years	18 years	18 years
Maximum Age (SAGE WHO)	None	None	None	None	None	None	None
Pregnancy	Yes if high priority group & approved by health provider	Yes if high priority group & approved by health provider	Yes if high priority group & approved by health provider	Yes if high priority group & approved by health provider	Yes if high priority group & approved by health provider	Yes if high priority group & approved by health provider	Yes if the benefits outweigh the potential risks
Breastfeeding	Yes	Yes	Yes	Yes	Yes	Yes	Yes
People previously infected with SARS-CoV-2	May delay 6 months; Within 90 days if VOCs associated with reduced effectiveness are circulating (e.g. Beta)	May delay 6 months; Within 90 days if VOCs associated with reduced effectiveness are circulating (e.g. Beta)	May delay 6 months; Within 90 days if VOCs associated with reduced effectiveness are circulating (e.g. Beta)	May delay 6 months; <6 months may be advisable if VOCs with reduced neutralisation activity are circulating	May delay 6 months; <6 months may be advisable if VOCs associated with reduced effectiveness are circulating	May delay 6 months; <6 months may be advisable if VOCs associated with reduced effectiveness are circulating	May delay 6 months; <6 months may be advisable if VOCs associated with reduced effectiveness are circulating
Immunocompromised Including HIV	An additional dose at least 1 month, and within 3 months, after completing the primary series	An additional dose at least 1 month, and within 3 months, after completing the primary series	An additional dose at least 1 month, and within 3 months, after completing the primary series	An additional dose at least 1 month, and within 3 months, after completing the primary series	An additional dose at least 1 month, and within 3 months, after completing the primary series	An additional dose at least 1 month, and within 3 months, after completing the primary series	An additional dose at least 1 month, and within 3 months, after completing the primary series
History of Anaphylaxis (Severe Allergy)	Yes (unless the allergy is to the vaccine or its components)	Yes (unless the allergy is to the vaccine or its components)	Yes (unless the allergy is to the vaccine or its components)	Yes (unless the allergy is to the vaccine or its components)	Yes (unless the allergy is to the vaccine or its components)	Yes (unless the allergy is to the vaccine or its components)	Yes (unless the allergy is to the vaccine or its components)

Vaccine Development Pipeline

WHO has recommended that vaccines adopted by countries have WHO SAGE EUL and/or Stringent Regulatory Approval. Last updated 5 November 2021.

VACCINE TYPE	NUMBER OF VACCINE CANDIDATES AT EACH PHASE OF DEVELOPMENT				
	PRE-CLINICAL	PHASE I/II	PHASE III	PHASE IV	IN USE*
RNA	26	10	3	2	2 (Pfizer/BioNTech, Moderna)
DNA	16	8	4	0	1 (Zydus Cadila Healthcare Limited)
Vector (non-replicating)	26	8	2	3	4 (CanSino, Gamaleya, Johnson & Johnson, AstraZeneca)
Vector (replicating)	18	6	1	0	0
Inactivated	6	7	7	3	8 (Sinopharm/BIBP; Sinopharm/WIBP; Sinovac; Bharat; Chumakov; Research Institute for Biological Safety Problems; Shenzhen Kangtai Biological Products; Shifa Pharmed)
Live-attenuated	2	1	0	0	0
Protein subunit	72	16	18	1	8 (Novavax, Vector institute; Anhui Zhifei Longcom Biopharmaceutical Chinese Academy of sciences; Center for Genetic Engineering and Biotechnology; Instituto Finlay de Vacunas, Cuba [peptides 1 and 2]; Medigen Vaccine Biologics, Taiwan; Vaxine Pty Medytox CinnaGen Co)
Virus-like particle	20	4	1	0	0
Other/unknown	32	6	0	0	0

*Not all vaccines in use have SRA (as recognised by WHO) approval (see Vaccine specifications table and WHO SAGE Emergency Use Listing and prequalification timeline for approval status of vaccines).

Source: London School of Hygiene and Tropical Medicine COVID-19 vaccine tracker.

WHO SAGE Emergency Use Listing and Prequalification Timeline

MANUFACTURER	NAME OF VACCINE	PLATFORM	STATUS OF ASSESSMENT	ANTICIPATED DECISION DATE
Pfizer/BioNTech	BNT162b2/COMIRNATY Tozinameran (INN)	mRNA	Final decision made	Authorised 31/12/20
AstraZeneca	AZD1222	Adenoviral vector	Final decision made	SK Bio: Authorised 15/02/21 EU nodes: Authorised 16/04/21 CSL, Australia: Authorised 09/07/21 Daiichi Sankyo, Japan: Authorised 09/07/21
Serum Institute of India	Covishield (ChAdOx1_nCoV19)	Adenoviral vector	Final decision made	Authorised 15/02/21
Sinopharm/Beijing Institute of Biological Products (BIBP)	SARS-CoV-2 Vaccine (Vero Cell), Inactivated (InCoV)	Inactivated	In progress	Authorised: 07/05/2021
Sinovac	SARS-CoV-2 Vaccine (Vero Cell), Inactivated	Inactivated	In progress	Authorised 01/06/2021
Moderna	mRNA-1273	mRNA	In progress (to use abridged procedure relying on EMA)	Authorised 30/04/2021
Johnson & Johnson	Ad26.COV2.S	Adenoviral vector	Final decision made	Authorised 12/03/21
The Gamaleya National Center	Sputnik V	Adenoviral vector	On hold, awaiting completion of rolling submission	Will be determined when all data are submitted
Bharat Biotech	Covaxin; BBV152	Inactivated	Rolling data assessment started 6 July 2021	Authorised 03/11/2021
CanSinoBIO	Ad5-nCoV	Adenoviral vector	Rolling data assessment started 9 August 2021	TBC
Novavax	NVX-CoV2373	Protein subunit	Rolling data assessment started 19 August 2021	TBC
CureVac	Zorecimeran	mRNA	Expression of interest accepted; Application withdrawn by manufacturer	-
Clover Biopharmaceuticals	SCB-2019 (CpG 1018/Alum)	Protein subunit	Rolling data starting 20 September	TBC

Source: WHO Guidance Document: Status of COVID-19 Vaccines within WHO EUL/PQ evaluation process.
Available at: <https://www.who.int/teams/regulation-prequalification/eul/covid-19>

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Other resources on COVID-19 vaccines:

WHO COVID-19 vaccines website: <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/covid-19-vaccines>

EMA COVID-19 vaccines website: <https://www.ema.europa.eu/en/human-regulatory/overview/public-health-threats/coronavirus-disease-covid-19/treatments-vaccines/covid-19-vaccines>

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Weekly COVID-19 Vaccine Updates
Number 37, 9 December 2021



Appendix 1: COVID-19 Vaccine Effectiveness

VACCINE	SEVERE / HOSPITALISATION / DEATH	INFECTION AND OTHER OUTCOMES
AstraZeneca	<p>Single dose in Scotland: 94% (73-99)⁶³ Risk of death in vaccine failures compared to unvaccinated cases in England reduced by: 55% (41-66)¹⁵¹ (not peer reviewed) Single dose against hospitalisation in Spain: 92% (46-99)⁴⁷ Pooled analysis of AstraZeneca, Pfizer/BioNTech and Moderna vaccines in Italy: Hospitalisation: 89% (85-91); Death: 93% (89-96)¹⁵² Chile: Hospitalisation: 100%; ICU admission: 100%; Death: 100%⁴⁴ Scotland: Hospitalisation: 94% (90-99)⁴⁹ Netherlands: Hospitalisation: 94% (92-95)⁵² Spain: Hospitalisation: 95% (79-99)³⁹ Scotland: Death: 91% (86-94)⁵⁴ British Columbia and Quebec, Canada: Hospitalisation: 94% (90-96); 94% (89-97)⁴⁶</p>	<p>Pooled analysis of Pfizer/BioNTech and AstraZeneca vaccines in elderly care home residents in UK: Reduction in risk of infection 4 weeks after single dose: 56% Reduction in risk of infection 5 weeks after single dose: 62%¹⁵³ Pooled analysis of Pfizer/BioNTech and AstraZeneca vaccines: reduced odds of infection post-second dose: 70% (62-77)¹⁵⁴ Single dose in Spain: Any infection: 44% (31-54); Symptomatic infection: 50% (37-61)⁴⁷ Pooled analysis of AstraZeneca, Pfizer/BioNTech and Moderna vaccines in Italy: Infection: 78% (76-79)¹⁵² Single dose against symptomatic infection in multiple European countries: 68% (39-83)⁴⁸ Symptomatic infection in 16-64 years in UK: single dose: 50.2% (40.8-58.2); 2 doses: 78.0% (69.7-84.0)⁴³ Symptomatic infection in Chile: 68.7% (39.8-83.7)⁴⁴ Spain: Any infection: 54% (48-60); Symptomatic infection: 56% (48-63)³⁹ British Columbia and Quebec, Canada: Symptomatic infection: 71% (69-74); 73% (69-77)⁴⁶ England REACT-1 study: Any infection: 44.8% (22.5-60.7)⁴⁰ India: Any infection: 2 doses: 63.1% (51.6-72.1); Single dose: 46.2% (31.6-57.7); Moderate-severe disease: 2 doses: 81.5% (9.9-99.0); Single dose: 79.2% (46.1-94.0)⁴¹</p>
Johnson & Johnson	<p>USA: Hospitalisation: 81% (79-84)⁵⁷ USA: 71% (56-81)⁶⁰ Netherlands: Hospitalisation: 91% (88-94)⁵² Spain: Hospitalisation: 74% (43-88)³⁹ Death in veterans in USA: <65 years: 73.0% (52.0-84.8); ≥65 years: 52.2% (37.2-63.6)⁶¹</p>	<p>USA: Any infection: 76.7% (30.3-95.3)⁵⁶ USA: Infection: 79% (77-80)⁵⁷ Efficacy following booster 2 months after first dose: Moderate-Severe infection in USA: 94% (58-100); worldwide: 75% (55-87)¹⁵⁵ Spain: Any infection: 50% (42-57); Symptomatic infection: 54% (45-62)³⁹ Symptomatic infection in veterans in USA: 88% (87-89)⁵⁸ Any infection in USA: 73.6% (65.9-79.9)⁵⁹ Infection in veterans in USA: March: 86.4% (85.2-87.6); September: 13.1% (9.2-16.8)⁶¹</p>
Moderna	<p>Pooled analysis of AstraZeneca, Pfizer/BioNTech and Moderna in Italy: Hospitalisation: 89% (85-91); Death: 93% (89-96)¹⁵² Pooled analysis of Pfizer/BioNTech and Moderna against hospitalisation: 2-12 weeks after second dose: 86% (82%-90%) 13-24 weeks after second dose: 84% (77%-90%)¹⁵⁶ USA: Hospitalisation: 95.8% (90.7-98.1); Death: 97.9% (66.9-99.9)⁶³ Pooled Pfizer/BioNTech and Moderna against hospitalisation in Scotland: 92% (85-99)⁴⁹ USA: 93% (91-95)⁶⁰ Spain: Hospitalisation: 98% (82-100)³⁹ Qatar: Decline in effectiveness accelerated beyond the fourth month after the second dose; First month after second dose: 96.0% (93.9-97.4); ≥7 months: 55.6% (-44.3-86.3)⁵⁴ USA: Hospitalisation: 97.6% (92.8-99.2)⁶⁵ Moderna and Pfizer/BioNTech in British Columbia and Quebec, Canada: Hospitalisation: 98% (97-98); 97% (96-97)⁴⁶ Death in veterans in USA: <65 years: 81.5% (70.7-88.4); ≥65 years: 75.5% (71.8-78.7)⁶¹</p>	<p>Pooled analysis of Moderna and Pfizer/BioNTech vaccines in USA: Infections in nonvaccinated: 234 of 8969; 2.61% (2.29-2.96) Fully vaccinated: 4/8121; 0.05% (0.01-0.13)¹⁵⁷ Pooled analysis of Moderna and Pfizer/BioNTech vaccines against infection in USA: Fully vaccinated: 90% (68-97) Two weeks after first dose: 80% (59-90)¹⁵⁸ Pooled analysis of AstraZeneca, Pfizer/BioNTech and Moderna vaccines in Italy: Infection: 78% (76-79)¹⁵² Single dose against symptomatic disease in the UK: Age 15-39 years: 72% (46-86)⁶⁷ Minnesota, USA: January to July 2021 (Delta variant <0.7% in May): Infection: 86% (81-91); Hospitalisation: 92% (81-97) July (Delta variant >70%): Infection: 76% (58-87); Hospitalisation: 81% (33-96)⁶² Infection in USA (98% vaccines used Pfizer/BioNTech and Moderna): Pre-Delta variant predominant: 91% (81-96); Delta variant predominant: 66% (26-84)¹⁵⁹ Infection in Canada: 1 dose: 72% (63-80); 2 doses: 94% (86-97)⁶⁶ USA: Any infection: 87.4% (84.8-89.6); Symptomatic infection: 88.3% (86.1-90.2)⁶³ Spain: Any infection: 82% (78-86); Symptomatic infection: 85% (80-89)³⁹ Qatar: First month after second dose: 77.5% (76.4-78.6); ≥7 months: 22.3% (-1.7-40.7)⁶⁴ USA: Any infection: 86.7% (84.3-88.7)⁶⁵ Moderna and Pfizer/BioNTech in British Columbia and Quebec, Canada: Symptomatic infection: 90% (89-90); 88% (88-89)⁴⁶ Infection in veterans in USA: March: 89.2% (88.8-89.6); September: 58.0% (56.9-59.1)⁶¹</p>
Pfizer/BioNTech	<p>Severe in Israel: 92% (75-100)⁶ Severe/critical in Israel: 97.5% (97.1-97.8)⁷⁴ Single dose against hospitalisation in Scotland: 85% (76-91)⁹³ Risk of death in vaccine failures compared to unvaccinated cases in England reduced by: Single dose: 44% (32-53) Fully vaccinated: 69% (31-86)¹⁵¹ (not peer reviewed) Israel: Hospitalisation: 97.2% (96.8-97.5); Death: 96.7% (96.0-97.3)⁷⁴ Hospitalisation in Spain: 94% (60-99)⁴⁷ Priority groups in Denmark: Hospitalisation: 93% (89-96); Death: 94% (90-96)⁷⁵ Pooled analysis of AstraZeneca, Pfizer/BioNTech and Moderna vaccines in Italy: Hospitalisation: 89% (85-91); Death: 93% (89-96)¹⁵²</p>	<p>Pooled analysis of Moderna and Pfizer/BioNTech vaccines in USA: Infections in nonvaccinated: 234 of 8969; 2.61% (2.29-2.96) Fully vaccinated: 4/8121; 0.05% (0.01-0.13)¹⁵⁷ Pooled analysis of Moderna and Pfizer/BioNTech vaccines in USA: Fully vaccinated: 90% (68-97); Two weeks after first dose: 80% (59-90)¹⁵⁸ Symptomatic infection in Israel: 94% (87-98)⁷⁶ Any infection in Israel: 90% (79-95)⁷³ Israel: Any infection: 95.3% (94.9-95.7); Symptomatic infection: 97.0% (96.7-97.2)⁷⁴ Pooled analysis of Pfizer/BioNTech and AstraZeneca vaccines in elderly care home residents in UK: 4 weeks after first dose: 56%; 5 weeks after first dose: 62%¹⁵³ Documented infection in Israel: incidence decreased from 9.4 infections per 1,000 HCWs in the week following first dose to <1.0 infection per 1,000 HCWs per week from 1 week after the second dose¹⁶⁰ Pooled analysis of Pfizer/BioNTech and AstraZeneca vaccines: reduced odds of infection post-second dose: 70% (62-77)¹⁵⁴ Spain: Any infection: 65% (56-73); Symptomatic infection: 82% (73-88)⁴⁷</p>

	<p>USA care facility: Hospitalisation: 94.4 (73.9-98.8); Death 94.4 (44.6-99.4)⁷⁰ Uruguay: Hospitalisation: 97.8% (96.0-98.8); Death: 96.2 (95.4-96.8)⁷⁸ Israel: Hospitalisation: 93.4% (91.9-94.7); Death: 91.1% (86.5-94.1)⁷⁹ Chile: Hospitalisation: 97.2% (96.6-97.6); ICU admission: 98.3% (97.6-98.8); Death: 100%⁴⁴ Pooled analysis of Pfizer/BioNTech and Moderna against hospitalisation: 2-12 weeks after second dose: 86% (82%-90%) 13-24 weeks after second dose: 84% (77%-90%)¹⁵⁶ Pooled analysis of Moderna and Pfizer/BioNTech against hospitalisation or death: 98% (83-100)⁶⁶ Pooled Pfizer/BioNTech and Moderna against hospitalisation in Scotland: 92% (85-99)⁴⁹ USA: 88% (85-91)⁶⁰ Netherlands: Hospitalisation: 96% (95-96)⁵² USA: Hospitalisation: 93% (84-96)⁷² Spain: Hospitalisation: 93% (88-96)³⁹ Scotland: Death: 90% (83-94)⁵⁴ Moderna and Pfizer/BioNTech in British Colombia and Quebec, Canada: Hospitalisation: 98% (97-98); 97% (96-97)⁴⁶ Death in veterans in USA: <65 years: 84.3% (76.3-89.7); ≥65 years: 70.1% (66.1-73.6)⁶¹ Israel: Booster ≥5 months after the primary series: Hospitalisation: 93%; Death 81%⁸⁴</p>	<p>Infection in priority groups in Denmark: 82% (79-84)⁷⁵ USA: Symptomatic infection: 84% (75-90)⁷⁷ Denmark: Infection in care facility residents: >14 days after first dose: 17% (4-28); >7 days after second dose: 64% (14-84)⁶⁸ USA: Single dose against infection in 2 care facilities: 63% (33-79)⁶⁹ A care facility in USA: Infection 66% (41-81); Symptomatic illness 87% (66-95)⁷⁰ Pooled analysis of AstraZeneca, Pfizer/BioNTech and Moderna vaccines in Italy: Infection: 78% (76-79)¹⁵² Uruguay: Infection: 78.1% (77.0-79.1)⁷⁸ Israel: Infection: 93.0% (92.6-93.4)⁷⁹ Single dose against symptomatic disease in the UK: Age 15-39 years: 61% (56-66)⁶⁷ Symptomatic infection in multiple European countries: single dose: 61% (39-75); 2 doses: 87% (74-93)⁴⁸ Symptomatic infection in 16-64 years in UK: single dose: 48.6% (27.9-63.3); 2 doses: 93.3% (85.8-96.8)⁴³ Symptomatic infection in Chile: 87.7% (87.3-88.1)⁴⁴ Minnesota, USA: January to July 2021 (Delta variant <0.7% in May): Infection: 76% (69-81); Hospitalisation: 85% (73-93) July (Delta variant >70%): Infection: 42% (13-62); Hospitalisation: 75% (24-94)⁶² Infection in USA (98% vaccines used Pfizer/BioNTech and Moderna): Pre-Delta variant predominant: 91% (81-96); Delta variant predominant: 66% (26-84)⁵⁹ Infection in Canada: 1 dose: 59% (55-62); 2 doses: 91% (88-93)⁶⁶ Any infection with Delta in USA: 1 month after vaccination: 93% (85-97); 4 months: 53% (39-65)⁷² Spain: Any infection: 69% (66-72); Symptomatic infection: 72% (69-75)³⁹ Moderna and Pfizer/BioNTech in British Colombia and Quebec, Canada: Symptomatic infection: 90% (89-90); 88% (88-89)⁴⁶ Symptomatic infection in veterans in USA: 91% (91-92) England REACT-1 study: Any infection: 71.3% (56.6-81.0)⁴⁰ Infection in veterans in USA: March: 86.9% (86.5-87.3); September: 43.3% (41.9-44.6)⁶¹</p>
Sinovac	<p>Uruguay: Hospitalisation: 90.9% (88.6-92.7); Death: 94.7% (93.4-95.7)⁷⁸ Chile: Hospitalisation: 86.0% (85.6-86.5); ICU admission: 89.7% (89.1-90.2); Death: 86.4% (85.6-87.2)⁴⁴</p>	<p>Uruguay: Infection: 59.9% (59.1-60.7)⁷⁸ Symptomatic infection in Chile: 58.5% (58.0-59.0)⁴⁴</p>
Sinopharm	-	Symptomatic infection in Bahrain: 90% (88-91) ³³
Bharat Biotech	-	India: Symptomatic infection: 50% (33-62) ⁵⁵

Appendix 2: Vaccine Efficacy/Effectiveness Against Variants

Refer to Appendix 1 for vaccine effectiveness results for the Pfizer/BioNTech vaccine in Scotland, England and Israel, where all locations had predominant B.1.1.7 circulation. There are four Variants of Concern listed by WHO.¹⁶¹ The WHO recommends labelling SARS-CoV-2 variants with letters of the Greek alphabet, as in the table below.¹⁶²

VACCINE	VACCINE EFFICACY/EFFECTIVENESS (EFFECTIVENESS AGAINST INFECTION UNLESS SPECIFIED)			
	B.1.1.7 (ALPHA) VARIANT	B.1.351 (BETA) VARIANT	P.1 (GAMMA) VARIANT	B.1.617.2 (DELTA) VARIANT
AstraZeneca	UK: 70.4% (43.6-84.5) (vs. 81.5% (67.9-89.4) against wild variant) ¹⁶³ England: ≥21 days after one dose: 48.7% (45.2-51.9); ≥14 days after two doses: 74.5% (68.4-79.4) ³⁶ Scotland: 73% (66-78) ³⁷ Canada: Single dose: 64% (60-68) ⁴² UK: Single dose: 63% (55-69); 2 doses: 79% (56-90) ³⁸ Severe disease in Canada: Single dose: 85% (81-88) ⁴²	South Africa: 10.4% (-76.8 to 54.8) ¹⁶⁴ Study against severe disease underway ²³	-	England: ≥21 days after one dose: 30.0% (24.3-35.3); ≥14 days after second dose: 67.0% (61.3-71.8) ³⁶ Scotland: 60% (53-66) ³⁷ Canada: Single dose: 67% (44-80) ⁴² UK: Single dose: 46% (35-55); 2 doses: 67% (62-71) ³⁸ Symptomatic infection in England: 66.7% (66.3-67.0) ⁴⁵ Hospitalisation in England: 1 dose: 71% (51-83); 2 doses: 92% (75-97) ⁵¹ ; 93.9% (91.3-95.7) ⁴⁵ Death in England: 94.1% (91.8-95.8) ⁴⁵ Severe disease in Canada: Single dose: 88% (60-96) ⁴² Hospitalisation and death in Scotland: 88% (85-90) ⁵⁰ Scotland: Death: 91% (86-94) ⁵⁴ India: Any infection: 2 doses: 85.1% (81.5-87.1); Single dose: 46.2% (31.6-57.7); Moderate-severe: 2 doses: 81.5% (79.9-89.0); Single dose: 79.2% (46.1-94.0) ¹⁶⁵
Johnson & Johnson	-	Moderate to severe/critical: 64.0% (41.2-78.7) Severe/critical: 81.7% (46.2-95.4) ²³ Efficacy against hospitalisation in South Africa: 67% ²⁵	Moderate to severe/critical: 68.1% (48.8-80.7); Severe/critical: 87.6% (7.8-99.7) ²³	Efficacy against hospitalisation in South Africa: 71% ²⁵ USA: Infection: 78% (73-82); Hospitalisation: 85% (73-91) ⁵⁷
Moderna	Canada: Single dose: 83% (80-86); 2 doses: 92% (86-96) ⁴² Severe disease in Canada: Single dose: 79% (74-83); 2 doses: 94% (89-97) ⁴²	-	-	Canada: Single dose: 72% (67-82) ⁴² Minnesota, USA: 76% (58-87) ⁴⁵ England: 95.2% (94.4-95.9) ⁴⁵ Severe disease in Canada: Single dose: 96% (72-99) ⁴² Severe disease in Minnesota: 81% (33-96) ⁵² Hospitalisation in England: 97.5% (82.3-99.7) ⁴⁵ Pooled Pfizer/BioNTech and Moderna against hospitalisation and death in Scotland: 91% (88-93) ⁵⁰ USA: Infection: 86.7% (84.3-88.7); Hospitalisation: 97.6% (92.8-99.2) ⁵⁵
Novavax	UK: 86.3% (71.3-93.5) (vs. 96.4% (73.8-99.5) against wild variant) ²⁹	South Africa: 51.0% (-0.6 to 76.2) ¹⁶⁵	-	-
Pfizer/BioNTech	Case-control study in Israel: After one dose, vaccinees were disproportionately infected with B.1.1.7 (OR: 26:10) ¹⁶⁶ Qatar: 89.5% (85.9-92.3) ¹⁶⁷ England: ≥21 days after one dose: 47.5% (41.6 to 52.8) ≥14 days after second dose: 93.7% (91.6-95.3) ³⁶ Scotland: 92% (90-93) ³⁷ Canada: Single dose: 66% (64-68); 2 doses: 89% (86-91) ⁴² UK: Single dose: 59% (52-65); 2 doses: 78% (68-84) ³⁸ Severe disease in Qatar: 100% (81.7-100) ¹⁶⁷ Severe disease in Canada: Single dose: 80% (78-82); 2 doses: 95% (92-97) ⁴²	Israel case-control study: Vaccinees infected at least 1 week after the second dose were disproportionately infected with B.1.351 (odds ratio: 8:1) ¹⁶⁶ Qatar: 75.0% (70.5-78.9) ¹⁶⁷ South Africa: 100% (53.5-100) ³² Severe disease in Qatar: 100% (73.7-100) ¹⁶⁷	-	England: ≥21 days after one dose: 35.6% (22.7-46.4); ≥14 days after second dose: 88.0% (85.3-90.1) ³⁶ Scotland: 79% (75-82) ³⁷ Canada: Single dose: 56% (45-64); 2 doses: 87% (64-95) ⁴² Effectiveness in Israel: Infection: 64%; Symptomatic illness: 64% ¹⁶⁸ Israel 6m after roll out: 39.0% (9.0-59.0) ⁷¹ Minnesota, USA: 42% (13-62) ⁵² UK: Single dose: 57% (50-63); 2 doses: 80% (77-83) ³⁸ England: 89.8% (89.6-90.0) ⁴⁵ Hospitalisation in England: 1 dose: 94% (46-99); 2 doses: 98% (86-99) ⁵¹ ; 99.7% (97.6-100.0) ⁴⁵ Death in England: 98.2% (95.9-99.2) ⁴⁵ Severe disease in Canada: Single dose: 78% (65-86) ⁴² Hospitalisation in Israel: 93% ¹⁶⁸ Severe disease in Israel: 91.4% (82.5-95.7) ⁷¹ Severe disease in Minnesota: 75% (24-94) ⁵² Pooled Pfizer/BioNTech and Moderna against hospitalisation and death in Scotland: 91% (88-93) ⁵⁰ Scotland: Death: 90% (83-94) ⁵⁴
Sinovac	Chile: 67% (65-69) ¹³³	-	Brazil: 1 or 2 doses: 37.9% (-46.4-73.6) ¹⁶⁹ Chile: 67% (65-69) ¹³³ Brazil: ≥70 years: 41.6% (26.9-53.3); 70-74 years: 61.8% (34.8-77.7); 75-79 years: 48.9% (23.3-66.0); ≥80 years: 28.0% (0.6-47.9) ¹⁷⁰	China (combined Sinovac and Sinopharm): Single dose: 13.8% (-60.2-54.8); 2 doses: 59.0% (16.0-81.6) Severe disease: 100% ¹⁷¹
Sinopharm	-	-	-	China (combined Sinovac and Sinopharm): Single dose: 13.8% (-60.2-54.8); 2 doses: 59.0% (16.0-81.6) Severe disease: 100% ¹⁷¹
Bharat Biotech	-	-	-	Efficacy against infection in India: 65.2% (33.1-83.0) ¹⁸ India: Symptomatic infection: 50% (33-62) ⁵⁵
Clover	-	-	-	Efficacy in Philippines, Colombia, Brazil, South Africa and Belgium: Symptomatic infection: 78.7% (57.3-90.4); Mod-Severe: 81.7% (35.9-96.6) ¹⁹

* While it is known P.1. and B.1.1.7 were circulating at the time of the study, the extent is unknown based on available surveillance



Appendix 3: Vaccine Efficacy/Effectiveness and Immunogenicity of Boosters Against Delta

Booster refers to an additional dose administered at least 5 months after completion of the primary series.
Booster efficacy/effectiveness reported relative to primary series (not unvaccinated) unless otherwise specified.

VACCINE	IMMUNOGENICITY	VACCINE EFFECTIVENESS UNLESS OTHERWISE STATED			
		ANY INFECTION	SYMPTOMATIC INFECTION	HOSPITALISATION	DEATH
Johnson & Johnson	Strong antibody response ⁸¹	-	-	-	-
Moderna	Strong antibody response ⁸¹	-	-	-	-
Pfizer/BioNTech	Strong antibody response ⁸¹	-	Efficacy: ≥6 months (median 10.8 months) in USA, South Africa, Brazil: 95.3 (89.5-98.3) ⁸² UK: Booster relative to primary series at least 4.6 months earlier: PF primary: 84.4% (82.8-85.8); AZ primary: 87.4% (84.9-89.4); Relative to unvaccinated: PF primary: 94.0% (93.4-94.6); AZ primary: 93.1% (91.7-94.3) ⁸³	Israel ≥5 months: 93% (88-97) ⁸⁴	81% (59-97) ⁸⁴
Sinovac	Strong antibody response ⁸⁵	-	-	-	-

Appendix 4: Vaccine Efficacy/Effectiveness in High-Risk Groups

VACCINE	VACCINE EFFICACY UNLESS OTHERWISE STATED			
	DIABETES	OBESITY	AT RISK FOR SEVERE COVID-19	ELDERLY
AstraZeneca	-	-	76% against symptomatic infection in a sample where 60% had comorbidities, including diabetes, severe obesity or cardiac disease ¹⁷ (not peer-reviewed) Effectiveness against symptomatic infection in the UK in those with comorbidities and ≥65 years: Single dose: 60.0% (46.5-70.1); 2 doses: 79.7% (61.6-89.3) ¹³ Hospitalisation in Scotland: 63% (46-75) ⁴⁹	In ≥65 years: 85% ¹⁷ (not peer-reviewed) Effectiveness against hospitalisation at 28-34 days after a single dose (pooled analysis of AstraZeneca and Pfizer vaccines): 18-64 years: 85% (68-93); 65-79 years: 79% (17-95); ≥80 years: 81% (65-90) ⁵³ Effectiveness of single dose against hospitalisation in England: ≥80 years: 73% (60-81) ⁵⁸ Effectiveness in England: Symptomatic infection ≥70 years: 73% (27-90); Hospitalisation ≥80 years: 37% (3-59) ⁵⁷ Hospitalisation following single dose in the UK: ≥80 years: 80.4% (36.4-94.5) ⁵⁸ Single dose in Spain: ≥60 years: 53% (19-72) vs. 18-59 years: 50% (34-62) ⁴⁷ Effectiveness against death in the UK: ≥65 years: Single dose: 83% (78-86); Two doses: 94% (80-98) ⁵⁷ Effectiveness against symptomatic infection in the UK, ≥65 years: single dose: 60.9% (49.0-70.0); 2 doses: 76.4% (58.8-86.5) ⁴³ Effectiveness against death in Scotland ≥60 years: 90% (84-94) ⁵⁴ British Columbia and Quebec, Canada: Symptomatic infection ≥70 years: 73% (42-88); 81% (74-86) ⁵⁵
Gamaleya	-	-	-	Symptomatic infection >60 years: 91.8% (67.1-98.3) ²⁰
Johnson & Johnson	Moderate to severe/critical: 23.0% (-90.1-69.8) ²³	Moderate to severe/critical: 65.9% (47.8-78.3) ²³	Moderate to severe/critical: With any comorbidity: 58.6% (40.6-71.6) ²³ No comorbidity: 68.8% (59.0-76.6) ²³	Moderate-severe/critical disease ≥28 post vaccination: 18-59 years: 66.1% (53.3-75.8) 60+ years: 66.2% (36.7-83.0) ²³
Moderna	-	-	Symptomatic infection, comorbidities, including diabetes and obesity: In low risk: 95.1% (89.6-97.7) In high risk: 90.9% (74.7-96.7) ²⁸ Pooled Pfizer/BioNTech and Moderna against hospitalisation in Scotland: 72% (51-84) ⁴⁹ Netherlands: Hospitalisation in a population at high risk for severe COVID-19: 84% (80-87) ⁵²	Symptomatic infection: 18-64 years: 95.6% (90.6-97.9) ≥65 years: 86.4% (61.4-95.2) ²⁸ Pooled Moderna and Pfizer vaccines against hospitalisation ≥65 years: 94% (49-99) ¹⁷² Infection in Canada: 1 dose ≥70 years: 54% (31-69); 2 doses ≥70 years: 95% (83-98) ⁶⁶ Pooled Moderna and Pfizer vaccines in Portugal: Hospitalisation 65-79 years: 94% (88-97); ≥80 years: 82% (72-89); Death 65-79 years: 96% (92-98); Death ≥80 years: 81% (74-87) ¹⁷³ USA: Hospitalisation: ≥65 years: 75.2% (59.6-84.8) vs 18-64 years: 87.9% (85.5-89.9) ⁶⁵
Pfizer/BioNTech	Effectiveness in Israel: Diabetes or cardiovascular disease: 82% (62-92) ⁷³ Effectiveness against infection in Israel: (88-9% (87-3-90-2) ⁷⁹	Effectiveness against infection in Israel: (89-7% (88-6-90-7) ⁷⁹	Symptomatic infection: With any comorbidity or obesity: 95.3% With no comorbidity: 94.7% ³¹ Denmark: Infection: 71% (58-80); Hospitalisation: 81% (49-93) ⁷⁵ Effectiveness against infection in Israel: Hypertension: (89-7% (88-6-91-7) ⁷⁹ Effectiveness against symptomatic infection in the UK in those with comorbidities and ≥65 years: Single dose: 56.4% (46.2-64.6) 2 doses: 88.5% (81.5-92.9) ⁴³ Pooled Pfizer/BioNTech and Moderna against hospitalisation in Scotland: 72% (51-84) ⁴⁹	Efficacy against infection ≥75 years: 96.2% (76.9-99.9) ³² Mympomatic infection: >55 years: 93.7% (80.6-98.8); >65 years: 94.7% (66.7-99.9); >75 years: 100% (-13.1-100) ³¹ Effectiveness against hospitalisation 28-34 days after a single dose (pooled analysis of AstraZeneca and Pfizer vaccines): 18-64 years: 85% (68-93); 65-79 years: 79% (17-95); ≥80 years: 81% (65-90) ⁵³ England 80-83 years: Documented infection: 70.1% (55.1-80.1) Hospital attendance: 78.9% (60.0-89.9); Hospital admission: 75.6% (52.8-87.6) ⁸⁹ Reduction in incidence of infection in vaccinated people aged ≥60 years and unvaccinated people aged 20-39 years, respectively: Documented infection: 45% versus 28%; Hospitalisation: 68% versus 22% ¹⁷⁴ Pooled Moderna and Pfizer vaccines against hospitalisation ≥65 years: 94% (49-99) ¹⁷² Effectiveness in England: Symptomatic infection ≥70 years: 61% (51-69); Hospitalisation ≥80 years: 43% (33-52); Death ≥80 years (vaccine failure vs non-vaccinated): 51% (37-62) ⁸⁷ Effectiveness against hospitalisation in England ≥80 years: Single dose: 81% (76-85) Fully vaccinated: 93% (89-95) ⁸⁸ (not peer reviewed) Effectiveness in Israel: 65-74 years: 82% (63-92); ≥75 years: 82% (61-91) ⁷³ Hospitalisation following single dose in the UK: ≥80 years: 71.4% (43.1-86.2) ⁵⁸ Single dose in Spain: ≥60 years: 76% (55-87) vs. 18-59 years: 85% (74-91) ⁴⁷ Effectiveness against infection in Denmark: ≥80 years: 77% (50-89) ⁷⁵ Effectiveness against infection in Israel: ≥70 years: 89-1% (83-93) ⁷⁹ Effectiveness against death in the UK: ≥65 years: Single dose: 77% (72-81); Two doses: 98% (94-99) ⁵⁷ Effectiveness against symptomatic infection in the UK, ≥65 years: single dose: 56.6% (47.6-64.1); 2 doses: 86.7% (80.1-91.1) ⁴³ Infection in Canada: 1 dose ≥70 years: 40% (29-50); 2 doses ≥70 years: 93% (82-98) ⁶⁶ Pooled Moderna and Pfizer vaccines in Portugal: Hospitalisation 65-79 years: 94% (88-97); ≥80 years: 82% (72-89); Death 65-79 years: 96% (92-98); Death ≥80 years: 81% (74-87) ¹⁷³ Effectiveness against death in Scotland ≥60 years: 87% (77-93) ⁵⁴
Novavax	-	-	Any infection with comorbidity, age ≥65 years or frequent COVID-19 exposure in USA and Mexico: 91.0% (83.6-95.0) ²⁰	-
Sinovac	-	74.9% (53.7-86.4) ³³	Any comorbidity: 48.9% (26.6-64.5) ³³	-
Sinopharm	-	80.7% (56.7-91.4) ³³	-	Effectiveness against symptomatic infection in Bahrain: ≥60 years: 91% (87-94) ³³
Bharat Biotech	-	-	Any infection with comorbidity: 66.2% (33.8-84.0) ¹⁸	Symptomatic infection in India: ≥60 years: 67.8% (8.0-90.0) vs 18-59 years: 79.4% (66.0-88.2) ¹⁸

Appendix 5: Vaccine Efficacy/Effectiveness Against Transmission

There are limitations related to the analysis and comparison of transmission data between studies and vaccines. Criteria for testing vary between studies and may include, for example, random testing, testing at defined intervals, or retrospective serology.

VACCINE	EFFICACY/EFFECTIVENESS AGAINST ASYMPTOMATIC INFECTION	OTHER OUTCOMES
AstraZeneca	<p>EFFICACY (UK only): 22.2% (-9.9-45.0); Symptomatic and asymptomatic combined (UK, SOUTH AFRICA & BRAZIL): 54.1% (44.7-61.9)¹⁶</p> <p>ENGLAND: Hazard ratio for single dose in vaccinated vs. unvaccinated care facility residents: 0.32 (0.15-0.66)¹⁷⁵;</p> <p>Odds ratio for household contacts of vaccinated vs non-vaccinated health workers testing positive: 0.52 (0.43-0.62)¹⁷⁶</p> <p>Effectiveness against household transmission of Delta: 42% (14-69); Vaccination of household contacts against infection from a symptomatic household index case: 14% (-5-46)¹⁷⁷</p> <p>UK: Regular testing of randomly selected households: 79% (65-88)¹⁷⁸; Single dose against symptomatic and asymptomatic infection: 60% (49-68)¹⁷⁹</p> <p>NETHERLANDS: Effectiveness against transmission (secondary attack rate among household contacts): 58% (-12-84)⁸⁰</p>	<p>SCOTLAND: POOLED ANALYSIS OF PFIZER/BIONTECH AND ASTRAZENECA: Hazard ratio for household contacts of vaccinated vs non-vaccinated health workers testing positive: 0.70 (0.63-0.78)¹⁸²</p> <p>PF and AZ: Secondary attack rates in household contacts in the UK: Vaccinated contacts: 25% (18-33); Unvaccinated contacts: 38% (24-53); Unvaccinated index cases: 23% (15-31); Vaccinated index cases: 25% (15-35)¹⁸¹</p>
Bharat Biotech	<p>EFFICACY IN INDIA: Asymptomatic: 63.6% (29.0-82.4); Symptomatic and asymptomatic combined: 68.8% (46.7-82.5)¹⁸</p>	-
Johnson & Johnson	<p>EFFICACY (multiple countries): Asymptomatic infection: 59.7% (32.8-76.6)³³</p> <p>UK: Single dose against symptomatic and asymptomatic infection: 60% (49-68)¹⁷⁹</p> <p>Netherlands: Effectiveness against transmission (secondary attack rate among household contacts): 77% (6-94)⁸⁰</p>	<p>USA (Kentucky): OR for reinfection in unvaccinated vs vaccinated with Johnson & Johnson, Moderna or Pfizer/BioNTech): 2.34 (1.58-3.47)¹⁸²</p>
Moderna	<p>USA: Asymptomatic infection: 72.7% (53.4-84.0)⁸³</p> <p>USA: POOLED ANALYSIS OF PFIZER/BIONTECH AND MODERNA: 88.7% (68.4-97.1)¹⁸³; 90% (68%-97)¹⁸⁴; single dose: 80% (59-90)¹⁸⁴;</p> <p>Relative risk of infection in asymptomatic pre-surgical patients >10 days after first dose compared to unvaccinated residents: 0.21 (0.12-0.37)¹⁸⁵;</p> <p>Incident cases in unvaccinated nursing home residents decreased from 4.3% within 14 days of the first vaccination clinic to 0.3% after 42 days¹⁸⁶</p> <p>MODELLING: Reduced potential for transmission: at least 61%¹⁸⁷</p> <p>UK: Single dose against symptomatic and asymptomatic infection: 60% (49-68)¹⁷⁹</p> <p>Netherlands: Effectiveness against transmission (secondary attack rate among household contacts): 88% (50-97)⁸⁰</p> <p>USA: 63.0% (56.6-68.5)²²</p> <p>Qatar: First month after second dose: 73.1% (70.3-75.5); declining to no evidence of any effect by 4 months post-vaccination⁸⁴</p>	<p>USA (Kentucky): OR for reinfection in unvaccinated vs vaccinated with Johnson & Johnson, Moderna or Pfizer/BioNTech): 2.34 (1.58-3.47)¹⁸²</p>
Pfizer/BioNTech	<p>ENGLAND: 86% (76-97) 7 days after 2 doses; 72% (58-86) 21 days after 1 dose¹⁰⁵</p> <p>Effectiveness against household transmission of Delta: 31% (-3-61); Vaccination of household contacts against infection from a symptomatic household index case: 24% (-2-64)¹⁷⁷</p> <p>ISRAEL: 92% (88-95)⁷⁶; 91.5% (90.7-92.2)⁷⁴; 65% (45-79%)¹⁰⁶; single dose: 75% (72-84)¹⁸⁸;</p> <p>Effectiveness against transmission: 88.5% (82.3-94.8)¹⁸⁹; Effectiveness against infection in the household: 78% (30-94)¹⁹⁰</p> <p>USA: Asymptomatic screening: 90% (78-96)⁷⁷</p> <p>USA: POOLED ANALYSIS OF PFIZER/BIONTECH AND MODERNA: 88.7% (68.4-97.1)¹⁸³; 90% (68%-97)¹⁸⁴; single dose: 80% (59-90)¹⁸⁴;</p> <p>Relative risk of infection in asymptomatic pre-surgical patients >10 days after first dose compared to unvaccinated residents: 0.21 (0.12-0.37)¹⁸⁵;</p> <p>Incident cases in unvaccinated nursing home residents decreased from 4.3% within 14 days of the first vaccination clinic to 0.3% after 42 days¹⁸⁶</p> <p>UK: single dose: 4-fold decrease in risk amongst HCWs ≥12 days post-vaccination¹⁹¹; Regular testing of randomly selected households: 80% (73-85)¹⁷⁸;</p> <p>Single dose against symptomatic and asymptomatic infection: 72% (63-79)¹⁷⁹; 60% (49-68)¹⁷⁹</p> <p>FINLAND: Effectiveness against transmission to unvaccinated household contacts: 2 weeks after first dose: 8.7% (-28.9-35.4); 10 weeks after first dose: 42.9% (22.3-58.1)¹⁹²</p> <p>Netherlands: Effectiveness against transmission (secondary attack rate among household contacts): 70% (61-77)⁸⁰</p> <p>Finland: Effectiveness against transmission to unvaccinated household contacts of vaccinated cases: 42.9% (22.3-58.1)¹⁹²</p>	<p>ISRAEL: Lower viral load in vaccine failure cases 12-37 days after the first dose of vaccine compared to within the first 11 days, indicating potentially lower infectiousness¹⁹³;</p> <p>Data from 223 communities: strong correlation between community vaccination rate and a later decline in infection among children under 16 years of age who were unvaccinated¹⁹⁴;</p> <p>Substantially decreased viral load for infections occurring 12-37 days after the first dose of vaccine, indicating likely lower infectiousness¹⁹³</p> <p>Detectable transmission in long-term care facilities in Spain reduced by 90% (76-93)¹⁹⁵</p> <p>ENGLAND: Odds ratio for household contacts of vaccinated health workers vs non-vaccinated health workers testing positive: 0.54 (0.47-0.62)¹⁷⁶</p> <p>SCOTLAND: POOLED ANALYSIS OF PFIZER/BIONTECH AND ASTRAZENECA: Hazard ratio for single dose in vaccinated vs. unvaccinated care facility residents: 0.35 (0.17-0.71)¹⁷⁵</p> <p>USA (Kentucky): OR for reinfection in unvaccinated vs vaccinated with Johnson & Johnson, Moderna or Pfizer/BioNTech): 2.34 (1.58-3.47)¹⁸²</p> <p>PF and AZ: Secondary attack rates in household contacts in the UK: Vaccinated contacts: 25% (18-33); Unvaccinated contacts: 38% (24-53); Unvaccinated index cases: 23% (15-31); Vaccinated index cases: 25% (15-35)¹⁸¹</p>

Appendix 6: Risk of Rare Unusual Blood Clotting with Low Platelets (Thrombosis with Thrombocytopenia Syndrome – TTS)

Estimated number of TTS that potentially might occur in Pacific Island Countries if all adults received the AstraZeneca or Johnson & Johnson vaccines, based on most recent official estimate of the adult population in each country and the incidence of these events in Europe and Australia.

COUNTRY	TOTAL POPULATION	ESTIMATED POPULATION AGED 18 YEARS AND OVER*	POTENTIAL NUMBER OF TTS CASES IF ALL ADULTS IN EACH COUNTRY RECEIVED ASTRAZENECA VACCINE**	POTENTIAL NUMBER OF TTS CASES IF ALL ADULTS IN EACH COUNTRY RECEIVED JOHNSON & JOHNSON VACCINE***
American Samoa	55,519	33,311	<1	<1
Cook Islands	15,300	9,180	<1	<1
Federated States of Micronesia	102,300	61,380	0.6-1.2	<1
Fiji	867,000	520,200	5.2-10.4	1.6
French Polynesia	275,918	165,551	1.7-3.3	<1
Guam	159,358	95,615	1.0-1.9	<1
Kiribati	113,400	68,040	0.7-1.4	<1
Marshall Islands	54,900	32,940	<1	<1
Nauru	10,900	6,540	<1	<1
New Caledonia	271,407	162,844	1.6-3.3	<1
Niue	1,611	967	<1	<1
Northern Mariana Islands	53,883	32,330	<1	<1
Palau	18,000	10,800	<1	<1
Papua New Guinea	7,744,700	4,646,820	46.5-92.9	14.6
Samoa	195,979	117,587	1.2-2.4	<1
Solomon Islands	642,000	385,200	3.9-7.7	1.2
Tokelau	1,160	696	<1	<1
Tonga	99,419	59,651	0.6-1.2	<1
Tuvalu	10,507	6,304	<1	<1
Vanuatu	272,173	163,304	1.6-3.3	<1
Wallis and Futuna	11,558	6,935	<1	<1
All Pacific Island Countries	10,976,992	6,586,195	65.9-131.7	20.8

* Based on estimate of 60% of population aged ≥18 years¹⁹⁶

** Based on estimates of TTS occurring in ~1 in 100,000 vaccinated adults by the European Medicines Agency and ~1 in 50,000 in Australia^{10,11}

*** Based on estimates of TTS occurring in ~1 in 319,000 vaccinated adults in USA (may be an underestimate as only cerebral venous sinus thrombosis are reported)¹³