Supplementary Material

This appendix has been provided by the authors to give readers additional information about their work.

Supplement to: Bacon SL, Ribero PAB, Stojanovic J, Joyal-Desmarais K, Vieira AM, Yip D. Change in the level of vaccine protection over time in COVID-19 vaccinated individuals: A rapid review. Submitted to Public Health Agency of Canada in September, 2021.

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Table 1S - Search syntaxes performed on September 10th, 2021

NIH iSEARCH COVID	**Retrieves**
(mRNA OR messenger OR "RNA messenger" OR vector* OR Pfizer OR Moderna OR Janssen OR AstraZeneca OR Oxford OR BioNTech OR BNT162b2 OR mRNA-1273 OR AZD1222 OR ChAdOx1 OR Ad26.COV2.S OR JNJ-78436735 OR COVISHIELD) AND vaccin* **Limits:** Date: January 01, 2021 to September 10, 2021 **Fields:** Title and Abstract and Full-text	8,654
EMABASE Syntax	**Retrieves**
(mRNA or messenger or "RNA messenger" or vector* or Pfizer or Moderna or Janssen or AstraZeneca or Oxford or BioNTech).mp. [mp=title, abstract, heading word, drug trade name, original title, device manufacturer, drug manufacturer, device trade name, keyword, floating subheading word, candidate term word] OR ("BNT162b2" or "mRNA-1273" or "AZD1222" or "ChAdOx1" or "Ad26.COV2.S" or "JNJ-78436735" or COVISHIELD).mp. [mp=title, abstract, heading word, drug trade name, original title, device manufacturer, drug manufacturer, device trade name, keyword, floating subheading word, candidate term word] AND vaccination/ or Vaccin*.mp. or vaccine/ **limits: (yr="2021 -Current" and covid-19)**	2,790

Table 2S - Search syntaxes performed on November 19th, 2021 (search update)

NIH iSEARCH COVID	**Retrieves**
(mRNA OR messenger OR "RNA messenger" OR vector* OR Pfizer OR Moderna OR Janssen OR AstraZeneca OR Oxford OR BioNTech OR BNT162b2 OR mRNA-1273 OR AZD1222 OR ChAdOx1 OR Ad26.COV2.S OR JNJ-78436735 OR COVISHIELD) AND vaccin* AND (effectiveness OR efficacy) Limits: Date: September 10, 2021 to November 19, 2021 Fields: Title and Abstract	473
EMBASE Syntax	**Retrieves**
(mRNA or messenger or "RNA messenger" or vector* or Pfizer or Moderna or Janssen or AstraZeneca or Oxford or BioNTech).mp. [mp=title, abstract, heading word, drug trade name, original title, device manufacturer, drug manufacturer, device trade name, keyword, floating subheading word, candidate term word] OR ("BNT162b2" or "mRNA-1273" or "AZD1222" or "ChAdOx1" or "Ad26.COV2.S" or "JNJ-78436735" or COVISHIELD).mp. [mp=title, abstract, heading word, drug trade name, original title, device manufacturer, drug manufacturer, device trade name, keyword, floating subheading word, candidate term word] AND vaccination/ or Vaccin*.mp. or vaccine/ AND effectiveness OR efficacy limits: (dd=20210910-20211119 and covid-19)	156

Figure 1S - PRISMA flowchart for study selection

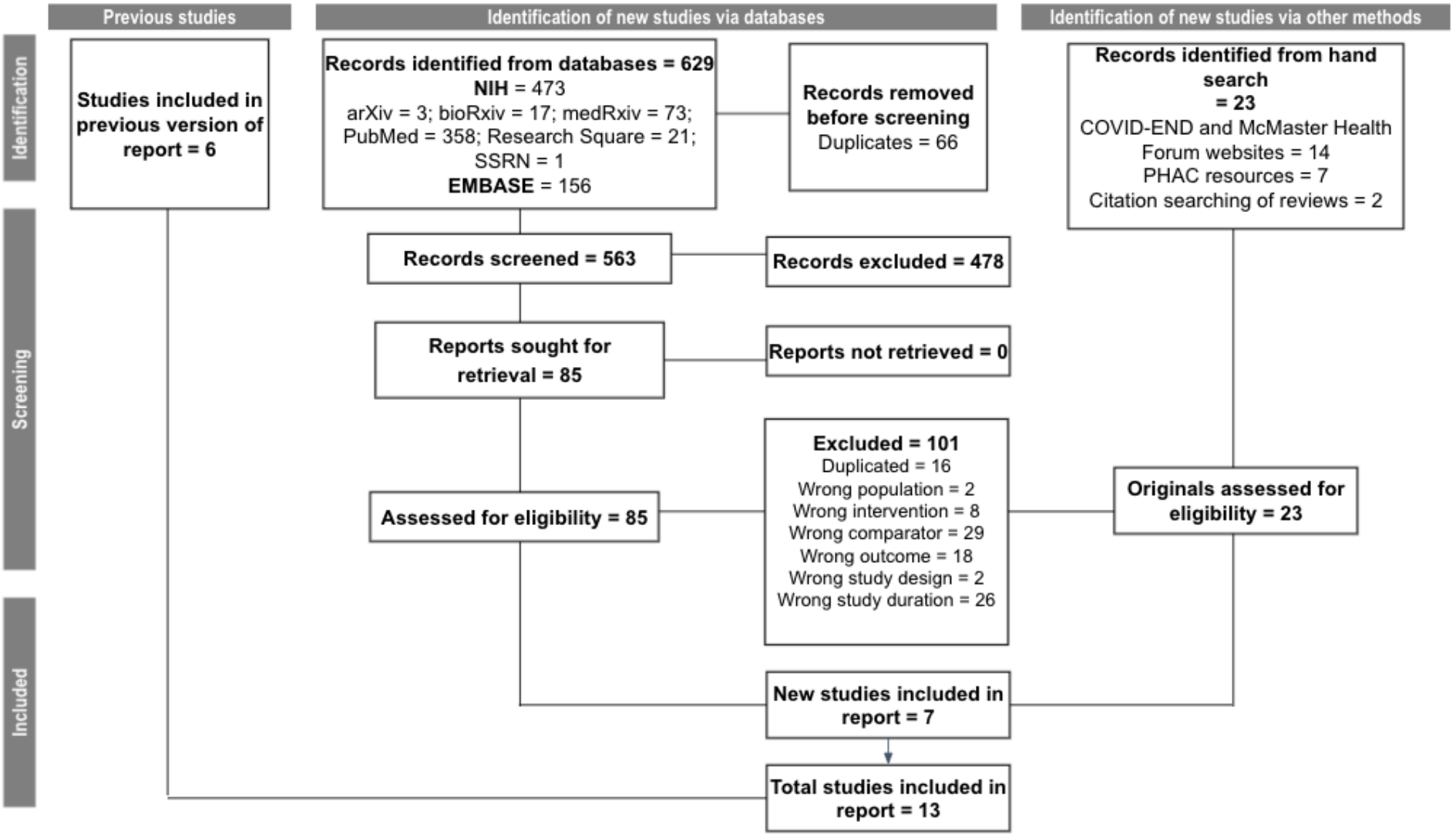

Table 3S - Risk of Bias Assessment of included studies
Note: Newly added studies in blue

First author	Study Design	Confirming vaccination	Database used	Assignment of infection start	Verification of symptoms	Accounting for non-immune period	Inc participants with prior COVID	Accounting for calendar time	Adjustments	Testing freq
Andrews	Moderate	Low	Low	Low	Low	Low	Low	Low	Low	Moderate
Bruxvoort	Low	Low	Low	Low	Low	Low	Low	Moderate	Low	Moderate
Chemaitelly a	Moderate	Low	Low	Low	Low	Low	Low	Low	Low	Moderate
Tartof	Low	Low	Low	Low	Low	Low	Moderate	Low	Low	Moderate
Thomas	Low	Low	Low	Low	Low	Low	Low	Low	Low	Low
Thompson	Moderate	Low	Low	Low	Low	Low	No info	Low	Low	Moderate
Chemaitelly b	Low	Low	Low	Low	Low	Low	Moderate	Low	Low	Moderate
El Sahly	Low	Low	Low	Low	Low	Low	Low	Low	Low	Low
Lin	Serious	Low	Low	Serious	N/A	Serious	Serious	Serious	Moderate	Moderate
Poukka	Low	Low	Low	Low	N/A	Low	Low	Critical	Serious	Moderate
Skowronski	Low	Low	Low	Low	N/A	Low	Low	Low	Moderate	Moderate
de Gier	Moderate	Low	Low	Low	N/A	Low	Serious	Low	Serious	Moderate
Nordström	Low	Low	Low	Low	Serious	Low	Low	Low	Low	Moderate

Table 4S. Vaccine effectiveness results for confirmed cases of COVID-19, according to the target population and vaccines. Time refers to the number of days (d), weeks (w), or months (m) since the completion of the full vaccine schedule.
Note: Newly added studies in blue

				Baseline		4 months		5 months		6 months		7 months		8 months	
Author	**Vaccine**	**Inference population**	**VOC**	***Time***	**VE (95% CIs)**	***Time***	**VE (95% CIs)**	***Time***	**VE (95% CIs)**	***Time***	**VE (95% CIs)**	**Time**	**VE (95% CIs)**	**Time**	**VE (95% CIs)**
Chemaitelly a	BNT162b2	General	No	*0-4 w*	77 (76-78)	*15-19 w*	52 (48-55)	*20-24 w*	6 (0-14)	*≥25 w*	0 (0-0)				
Tartof	BNT162b2	General (≥12)	No	*7-36 d*	88 (86-89)	*127-156 d*	61(58-64)	*≥157 d*	47 (43-51)						
Chemaitelly b	BNT162b2	General	No	*1 m*	76 (75-77)	*4 m*	39 (30-47)	*5 m*	11 (-4-24)	*6 m*	9 (-9-25)	7 m	-4 (-41-23)		
Lin	BNT162b2	General (≥12)	No	*0-1 m*	67	*4-5 m*	83	*5-6 m*	78	*6-7 m*	*68*	7-8 m	67	8-9 m	63
Skowronski-BC	BNT162b2	General (≥18)	No	*0-13 d*	72 (70-74)	*112-139 d*	86 (84-88)	*140-167 d*	81 (75-85)	*168-195 d*	*83 (79-86)*	196+ d	81 (78-83)		
Skowronski-QC	BNT162b2	General (≥18)	No	*0-13 d*	66 (63-68)	*112-139 d*	88 (86-89)	*140-167 d*	91 (89-93)	*168-195 d*	*75 (59-85)*	196+ d	80 (59-91)		
Poukka	BNT162b2	Healthcare workers	No	*0-13 d*	71 (64-76)					*≥181 d*	*55 (45-64)*				
Bruxvoort	mRNA-1273	General (≥18)	No	*1 m*	85					*5 m*	74				
Lin	mRNA-1273	General (≥12)	No	*0-1 m*	70	*4-5 m*	89	*5-6 m*	86	*6-7 m*	*83*	7-8 m	81	8-9 m	85
Skowronski-BC	mRNA-1273	General (≥18)	No	*0-13 d*	81 (77-83)	*112-139 d*	82 (78-85)	*140-167 d*	84 (76-89)	*≥168 d*	*71 (65-75)*				
Skowronski-QC	mRNA-1273	General (≥18)	No	*0-13 d*	79 (75-82)	*112-139 d*	87 (82-91)	*140-167 d*	79 (75-82)	*≥168 d*	*86 (67-94)*				
Lin	Ad26.COV2.S	General (≥12)	No	*0-1 m*	58	*4-5 m*	61	*5-6 m*	60	*6-7 m*	*74*				

Legend: d = days; w = weeks; m = months.

Table 5S. Vaccine effectiveness results for **symptomatic** cases of COVID-19, according to the target population and vaccines. Time refers to the number of days (d), weeks (w), or months (m) since the completion of the full vaccine schedule.
Note: Newly added studies in blue

				Baseline		4 months		5 months		6 months		7 months	
Author	**Vaccine**	**Inference population**	**VOC**	***Time***	**VE (95% CIs)**	***Time***	**VE (95% CIs)**	***Time***	**VE (95% CIs)**	***Time***	**VE (95% CIs)**	**Time**	**VE (95% CIs)**
Thomas	BNT162b2	General (≥12)	No	*≥7 d*	91 (89-93)	*≥4 m*	84 (75-90)						
Andrews	BNT162b2	General (≥16)	Delta	*1 w*	92 (92-93)	*15-19 w*	73 (73-74)	*≥20 w*	70 (69-71)				
Andrews	ChAdOx1	General (≥16)	Delta	*1 w*	63 (62-64)	*15-19 w*	53 (52-54)	*≥20 w*	47 (45-50)				
El Sahly	mRNA-1273	General (≥18)	No	*<14 d*	96 (75-100)	*≥4 m*	92 (84-97)						
Nordström	BNT162b2	General (≥18 or ≥12)	No	*15-30 d*	92 (92-93)			*121-180 d*	47 (39-55)	*181-210 d*	*29 (15-42)*	210+	23 (-2-41)
Nordström	mRNA-1273	General (≥18 or ≥12)	No	*15-30 d*	96 (94-97)			*121-180 d*	71 (56-81)	*181+ d*	*59 (18-79)*		
Nordström	ChAdOx1	General (≥18 or ≥12)	No	*15-30 d*	68 (52-79)			*121+ d*	-19 (-97-28)				

Legend: d = days; w = weeks; m = months.

Table 6S. Vaccine effectiveness results for confirmed cases of COVID-19 **(Delta variant)**, target population and vaccines. Time refers to the number of days (d), weeks (w), or months (m) since the completion of the full vaccine schedule.
Note: Newly added studies in blue

				Baseline		4 months		5 months		6 months		7 months	
Author	**Vaccine**	**Inference population**	**VOC**	***Time***	**VE (95% CIs)**	***Time***	**VE (95% CIs)**	***Time***	**VE (95% CIs)**	***Time***	**VE (95% CIs)**	***Time***	**VE (95% CIs)**
Chemaitelly a	BNT162b2	General	Delta	*0-4 w*	84 (74-91)	*15-19 w*	13 (0-35)	*20-24 w*	0 (0-1)	*≥25 w*	0 (0-21)		
Tartof	BNT162b2	General (≥12)	Delta	*7-36 d*	93 (85-97)	*127-156 d*	53 (39-65)	*≥157 d*	47 (43-51)				
Skowronski-BC	BNT162b2	General (≥18)	Delta	*0-13 d*	71 (69-74)	*112-139 d*	86 (81-89)	*140-167 d*	77 (67-84)	*168-195 d*	*83 (79-86)*	*196+ d*	80 (76-84)
Skowronski-QC	BNT162b2	General (≥18)	Delta	*0-13 d*	70 (66-74)	*112-139 d*	89 (87-90)	*140-167 d*	92 (89-94)	*168-195 d*	*76 (57-87)*	*196+ d*	76 (48-88)
Skowronski-BC	mRNA-1273	General (≥18)	Delta	*0-13 d*	80 (76-83)	*112-139 d*	83 (76-88)	*140-167 d*	89 (76-95)	*168+ d*	*80 (73-85)*		
Skowronski-QC	mRNA-1273	General (≥18)	Delta	*0-13 d*	81 (76-86)	*112-139 d*	87 (81-91)	*140-167 d*	91 (81-95)	*168+ d*	*85 (61-95)*		
Bruxvoort	mRNA-1273	General (≥18)	Delta	*14-60 d*	94 (91-96)	*121-150 d*	77 (69-83)	*151-180 d*	80 (70-87)				
Bruxvoort	mRNA-1273	General (≥18)	Non-Delta	*14-60 d*	99 (97-99)	*121-150 d*	89 (73-95)						
Bruxvoort	mRNA-1273	General (≥18)	Unidentified	*14-60 d*	84 (80-87)	*121-150 d*	66 (54-76)	*151-180 d*	69 (51-80)				
Andrews	BNT162b2	General (≥16)	Delta	*1 wk*	92 (92-93)	*15-19 wk*	73 (73-74)	*≥20 w*	70 (69-71)				
Andrews	ChAdOx1	General (≥16)	Delta	*1 wk*	63 (62-64)	*15-19 wk*	53 (52-54)	*≥20 w*	47 (45-50)				

Legend: d = days; w = weeks; m = months.

Table 7S. Vaccine effectiveness results for confirmed cases of COVID-19, according to target population and vaccine **(BNT162b2 vs mRNA-1273)**. Time refers to the number of days (d), weeks (w), or months (m) since the completion of the full vaccine schedule.
Note: Newly added studies in blue

				Baseline		4 months		5 months		6 months		7 months	
Author	**Vaccine**	**Inference population**	**VOC**	***Time***	**VE (95% CIs)**	***Time***	**VE (95% CIs)**	***Time***	**VE (95% CIs)**	***Time***	**VE (95% CIs)**	***Time***	**VE (95% CIs)**
Nordström	BNT162b2	General (≥18 or ≥12)	No	*15-30 d*	92 (92-93)			*121-180 d*	47 (39-55)	*181-210 d*	29 (15-42)	*210+ d*	23 (-2-41)
Nordström	mRNA-1273	General (≥18 or ≥12)	No	*15-30 d*	96 (94-97)			*121-180 d*	71 (56-81)	*180+ d*	*59 (18-79)*		
Skowronski-BC	BNT162b2	General (≥18)	No	*0-13 d*	72 (70-74)	*112-139 d*	86 (84-88)	*140-167 d*	81 (75-85)	*168-195 d*	*83 (79-86)*	*196+ d*	81 (78-83)
Skowronski-QC	BNT162b2	General (≥18)	No	*0-13 d*	66 (63-68)	*112-139 d*	88 (86-89)	*140-167 d*	91 (89-93)	*168-195 d*	*75 (59-85)*	*196+ d*	80 (59-91)
Skowronski-BC	mRNA-1273	General (≥18)	No	*0-13 d*	81 (77-83)	*112-139 d*	82 (78-85)	*140-167 d*	84 (76-89)	*168+ d*	*71 (65-75)*		
Skowronski-QC	mRNA-1273	General (≥18)	No	*0-13 d*	79 (75-82)	*112-139 d*	87 (82-91)	*140-167 d*	79 (75-82)	*168+ d*	*86 (67-94)*		
Skowronski-BC	BNT162b2	General (≥18)	Delta	*0-13 d*	71 (69-74)	*112-139 d*	86 (81-89)	*140-167 d*	77 (67-84)	*168-195 d*	*83 (79-86)*	*196+ d*	80 (76-84)
Skowronski-QC	BNT162b2	General (≥18)	Delta	*0-13 d*	70 (66-74)	*112-139 d*	89 (87-90)	*140-167 d*	92 (89-94)	*168-195 d*	*76 (57-87)*	*196+ d*	76 (48-88)
Skowronski-BC	mRNA-1273	General (≥18)	Delta	*0-13 d*	80 (76-83)	*112-139 d*	83 (76-88)	*140-167 d*	89 (76-95)	*168+ d*	*80 (73-85)*		
Skowronski-QC	mRNA-1273	General (≥18)	Delta	*0-13 d*	81 (76-86)	*112-139 d*	87 (81-91)	*140-167 d*	91 (81-95)	*168+ d*	*85 (61-95)*		

Legend: d = days; w = weeks; m = months.

Table 8S. Vaccine effectiveness results for hospitalizations, according to target population and vaccines. Time refers to the number of days (d), weeks (w), or months (m) since the completion of the full vaccine schedule.

Note: Newly included studies in blue

				Baseline		4 months		5 months		6 months	
Author	**Inference population**	**Vaccine**	**VOC**	***Time***	**VE (95% CIs)**	***Time***	**VE (95% CIs)**	***Time***	**VE (95% CIs)**	***Time***	**VE (95% CIs)**
Tartof	General (≥12)	BNT162b2	No	*7-36 d*	87 (82-91)	*127-156 d*	91 (87-93)	*≥157 d*	88 (82-92)		
Bruxvoort	General (≥18)	mRNA-1273	No	*1 m*	97			*5 m*	95.9		
Poukka	HCWs	Any mRNA	No	*0-13 d*	100					*181+ d*	98 (89 - 100)
Poukka	HCWs	BNT162b2	No	*0-13 d*	100					*181+ d*	98 (89 - 100)
Skowronski	General (≥18), BC	Any mRNA	No	*0-13 d*	93 (89-95)	*112-139 d*	95 (92-97)	*140-167 d*	93 (78-98)	*168+ d*	97 (94-99)
Skowronski	General (≥18), QC	Any mRNA	No	*0-13 d*	92 (86-96)	*112-139 d*	96 (92-98)	*140-167 d*	97 (89-99)	*168+ d*	95 (67-99)
Skowronski	General (≥18), BC	BNT162b2	No	*0-13 d*	93 (87-96)	*112-139 d*	97 (94-99)	*140-167 d*	92 (69-98)	*168+ d*	98 (94-99)
Skowronski	General (≥18), QC	BNT162b2	No	*0-13 d*	92 (84-95)	*112-139 d*	96 (92-98)	*140-167 d*	98 (89-100)	*168+ d*	
Skowronski	General (≥18), BC	mRNA-1273	No	*0-13 d*	91 (81-96)	*112-139 d*	90 (79-95)	*140-167 d*	94 (56-99)	*168+ d*	96 (83-99)
Skowronski	General (≥18), QC	mRNA-1273	No	*0-13 d*	97 (79-100)	*112-139 d*	93 (72-98)	*140-167 d*	92 (44-99)	*168+ d*	
Andrews	General (≥16)	BNT162b2	Delta	*1 w*	100 (98-100)	*15-19 w*	94 (93-95)	*≥20 w*	93 (90-95)		
Andrews	General (≥16)	ChAdOx1	Delta	*1 w*	94 (91-96)	*15-19 w*	87 (85-88)	*≥20 w*	77 (70-82)		

Thompson	≥50 yrs	BNT162b2	No	*14-27 d*	87 (80-91)	*≥112 d*	83 (64-92)				
Thompson	≥ 50 yrs	Mixed	No	*14-27 d*	88 (84-92)	*≥112 d*	86 (74-93)				
Thompson	≥ 50 yrs	mRNA-1273	No	*14-27 d*	90 (81-94)	*≥112 d*	95 (79-99)				

Legend: d = days; w = weeks; m = months; BC: British Columbia; HCWs: healthcare workers; QC: Quebec.

Table 9S. Vaccine effectiveness results for COVID-19 hospitalizations **(Delta variant),** according to target population and vaccines. Time refers to the number of days (d), weeks (w), or months (m) since the completion of the full vaccine schedule.

Note: Newly included studies in blue

				Baseline		4 months		5 months		6 months	
Author	**Inference population**	**Vaccine**	**VOC**	***Time***	**VE (95% CIs)**	***Time***	**VE (95% CIs)**	***Time***	**VE (95% CIs)**	***Time***	**VE (95% CIs)**
Andrews	General (≥16)	BNT162b2	Delta	*1 w*	100 (98-100)	*15-19 w*	94 (93-95)	*≥20 w*	93 (90-95)		
Andrews	General (≥16)	ChAdOx1	Delta	*1 w*	94 (91-96)	*15-19 w*	87 (85-88)	*≥20 w*	77 (70-82)		
Skowronski	General (≥18), BC	Any mRNA	Delta	*0-13 d*	92 (86-96)	*112-139 d*	93 (85-97)	*140-167 d*	95 (65-99)	*168+ d*	98 (93-100)
Skowronski	General (≥18), QC	Any mRNA	Delta	*0-13 d*	93 (83-97)	*112-139 d*	96 (91-98)	*140-167 d*	98 (89-100)		
Skowronski	General (≥18), BC	BNT162b2	Delta	*0-13 d*	91 (82-95)	*112-139 d*	98 (88-100)	*140-167 d*	92 (41-99)	*168+ d*	98 (91-99)
Skowronski	General (≥18), QC	BNT162b2	Delta	*0-13 d*	94 (82-98)	*112-139 d*	97 (92-99)	*140-167 d*	98 (87-100)		
Skowronski	General (≥18), BC	mRNA-1273	Delta	*0-13 d*	95 (80-99)	*112-139 d*	84 (63-93)				
Skowronski	General (≥18), QC	mRNA-1273	Delta	*0-13 d*	94 (59-99)	*112-139 d*	92 (66-98)				

Legend: d = days; w = weeks; m = months; BC: British Columbia; QC: Quebec.

Table 10S. Vaccine effectiveness results for hospitalizations, according to target population and vaccine **(BNT162b2 vs mRNA-1273)**. Time refers to the number of days (d), weeks (w), or months (m) since the completion of the full vaccine schedule.

Note: Newly included studies in blue

				Baseline		4 months		5 months		6 months	
Author	**Inference population**	**Vaccine**	**VOC**	***Time***	**VE (95% CIs)**	***Time***	**VE (95% CIs)**	***Time***	**VE (95% CIs)**	***Time***	**VE (95% CIs)**
Thompson	≥50 yrs	BNT162b2	No	*14-27 d*	87 (80-91)	*≥112 d*	83 (64-92)				
Thompson	≥ 50 yrs	mRNA-1273	No	*14-27 d*	90 (81-94)	*≥112 d*	95 (79-99)				
Skowronski	General (≥18), BC	BNT162b2	No	*0-13 d*	93 (87-96)	*112-139 d*	97 (94-99)	*140-167 d*	92 (69-98)	*168+ d*	98 (94-99)
Skowronski	General (≥18), QC	BNT162b2	No	*0-13 d*	92 (84-95)	*112-139 d*	96 (92-98)	*140-167 d*	98 (89-100)	*168+ d*	
Skowronski	General (≥18), BC	mRNA-1273	No	*0-13 d*	91 (81-96)	*112-139 d*	90 (79-95)	*140-167 d*	94 (56-99)	*168+ d*	96 (83-99)
Skowronski	General (≥18), QC	mRNA-1273	No	*0-13 d*	97 (79-100)	*112-139 d*	93 (72-98)	*140-167 d*	92 (44-99)	*168+ d*	

Legend: d = days; w = weeks; m = months; BC: British Columbia; QC: Quebec.

Table 11S. Vaccine effectiveness results for death and hospitalisations cases, according to target population and vaccines. Time refers to the number of days (d), weeks (w), or months (m) since the completion of the full vaccine schedule.

Note: Newly added studies in blue

				Baseline		3-4 months		5 months		6 months		7 months	
Author	**Inference population**	**Vaccine**	**VOC**	***Time***	**VE (95% CIs)**	***Time***	**VE (95% CIs)**	***Time***	**VE (95% CIs)**	***Time***	**VE (95% CIs)**	***Time***	**VE (95% CIs)**
Chemaitelly a	General (assume adult only)	BNT162b2	No	*0-4 wk*	95 (93 -97)	*15-19 wk*	86 (70 -95)	*20-24 wk*	95 (70 - 100)	*25+ wk*	71.5 (9 - 93)		
Chemaitelly a	General (assume adult only)	BNT162b2	Delta	*0-4 wk*	100 (0 - 100)	*15-19 wk*	100 (0 - 100)	*20-24 wk*	82 (0 - 100)	*25+ wk*	67.9 (0 - 99)		
Chemaitelly a	General (assume adult only)	BNT162b2	Beta	*0-4 wk*	97 (81 - 100)	*15-19 wk*	100 (0 – 100)	*20-24 wk*	100 (0 – 100)	*25+ wk*	100 (0 - 100)		
Nordström	General (12+ or 18+)	Mixed	No	*15-30 d*	89.0 (82 - 93)			*121-180 d*	74 (47-87)	*180+ d*	42 (-35 - 75)		
Chemaitelly b	General (assume adult only)	BNT162b2	No	*1 m*	96 (94- 97)	*4 m*	80.8 (57 - 91)	*5 m*	100	*6 m*	81.8 (18.5 - 96)	*7+ m*	44 (-86.5 - 83)

Legend: d = days; w = weeks; m = months.

Table 12S. Vaccine effectiveness results for death cases, according to target population and vaccines. Time refers to the number of days (d), weeks (w), or months (m) since the completion of the full vaccine schedule.

Note: Newly added studies in blue

				Baseline		4 months		5 months	
Author	**Inference population**	**Vaccine**	**VOC**	***Time***	**VE (95% CIs)**	***Time***	**VE (95% CIs)**	***Time***	**VE (95% CIs)**
Andrews	≥65 (all)	BNT162b2	Delta	*2-9 w*	97 (91-99)	*15-19 w*	94 (91-96)	*≥20 w*	91 (85-95)
Andrews	≥65 (all)	ChAdOx1	Delta	*2-9 w*	93 (87-96)	*15-19 w*	89 (83-93)	*≥20 w*	79 (52-91)
Andrews	General (≥16)	BNT162b2	Delta	*2-9 w*	98 (96-99)	*15-19 w*	94 (91-96)	*≥20 w*	90 (85-94)
Andrews	General (≥16)	ChAdOx1	Delta	*2-9 w*	94 (92-96)	*15-19 w*	89 (84-93)	*≥20 w*	79 (53-90)
Bruxvoort	General (≥18)	mRNA-1273	No	*1 m*	100			*5 m*	100
Chemaitelly a	General	BNT162b2	No	*0-4 w*	94 (85-98)	*15-19 w*	80 (0-100)		

Legend: d = days; w = weeks; m = months.

TABLE 4S - List of studies excluded at the extraction phase and reasons (late exclusions)
Note: Newly excluded studies in blue

Author	Article Title	Source / Journal	Generic reasons	Detailed reasons
Akhrass, et al.	The association of vaccination and the incidence of new cases of COVID-19 among health care workers, December 16, 2020 through May 4, 2021	Research Square	Wrong comparator	Missing baseline data
Andrews, et al.	Effectiveness of BNT162b2 (Comirnaty, Pfizer-BioNTech) COVID-19 booster vaccine against covid-19 related symptoms in England: test negative case-control study	medRxiv	duplicated	Data overlaps with other Andrews et al. paper
Andrews, et al.	Vaccine effectiveness and duration of protection of Comirnaty, Vaxzevria and Spikevax against mild and severe COVID-19 in the UK	medRxiv	duplicated	Assessed for original report
Aslam, et al.	Clinical effectiveness of COVID-19 vaccination in solid organ transplant recipients	Transpl Infect Dis.	Wrong control group	The control group had a mixed of unvaccinated and partially vaccinated
Ben Dov, et al.	Impact of tozinameran (BNT162b2) mRNA vaccine on kidney transplant and chronic dialysis patients: 3-5 months followup	medRxiv	Wrong outcome	Data mainly focusing on immunogenicity findings.
Bianchi, et al.	BNT162b2 mRNA COVID-19 vaccine effectiveness in the prevention of SARS-CoV-2 Infection: A preliminary report	SSRN	Wrong outcome	K-M plot included the 14 days before full vaccination - the correct FUP is non-extractable (figure 1)

Bruxvoort, et al.	Effectiveness of mRNA-1273 against Delta, Mu, and other emerging variants	medRxiv	wrong comparator	Baseline VE assessed at 14-60 (below our 30-day threshold)
Cabezas, et al.	Associations of BNT162b2 vaccination with SARS-CoV-2 infection and hospital admission and death with covid-19 in nursing homes and healthcare workers in Catalonia: Prospective cohort study	BMJ	Wrong outcome	Prospective cohort evaluated VE data among nursing home residents, nursing home staff, and healthcare workers. Incidence rates, and adjusted hazard ratios for covid-19 infection according to vaccination status in study population is presented in Table 2 (but no information of individual level follow up; the authors presented only Exposure person days). Kaplan-Meier estimates of COVID infection according to vaccination status in study population is presented visually in Figure 3 (but no extractable information presented).
Chemaitelly, et al.	SARS-CoV-2 vaccine effectiveness in immunosuppressed kidney transplant recipients	Epidemiology	Wrong comparator	Missing baseline data
Fowlkes, et al.	Effectiveness of COVID-19 Vaccines in Preventing SARS-CoV-2 Infection Among Frontline Workers Before and During B.1.617.2 (Delta) Variant Predominance — Eight U.S. Locations, December 2020–August 2021	MMWR Morb Mortal Wkly Rep	Wrong comparator	Missing baseline data
Goldberg, et al.	Waning immunity of the BNT162b2 vaccine: A nationwide study from Israel	Infectious Diseases (except HIV/AIDS)	Wrong comparator	Missing baseline data
Israel, et al.	Elapsed time since BNT162b2 vaccine and risk of SARS-CoV-2 infection in a large cohort	medRxiv	Wrong outcome	Study included only vaccinated individuals. The authors presented risk of COVID infection according to the time since the vaccination (greater or lower than 146 days)

				in Table 3 (but no indication of individual level follow-up time).
Keehner, et al	Resurgence of SARS-CoV-2 Infection in a Highly Vaccinated Health System Workforce.	The New England Journal of Medicine	Wrong outcome	A series of cross-sectional analysis over months (no indication of individual level follow-up times)
Liu, et al.	A Retrospective Analysis of COVID-19 mRNA Vaccine Breakthrough Infections ‚Äì Risk Factors and Vaccine Effectiveness	medRxiv	wrong comparator	No comparative data for unvaccinated individuals
Madhi	Efficacy of the ChAdOx1 nCoV-19 Covid-19 Vaccine against the B.1.351 Variant	N Engl J Med	Wrong comparator	Missing baseline data
Puranik, et al.	Comparison of two highly-effective mRNA vaccines for COVID-19 during periods of Alpha and Delta variant prevalence	medRxiv	Wrong outcome	Retrospective cohort study (matched unvaccinated and vaccinated individuals). The authors present Kaplan-Meier plots with VE data, but no extractable information (Figure 2 and Figure S2). Additional VE by month data presented in the Table 3 for Breakthrough infections, that comes from modelling (but no indication of the individual level follow-up time across the specified time period)
Rovida, et al.	SARS-CoV-2 vaccine breakthrough infections are asymptomatic or mildly symptomatic and are infrequently transmitted	medRxiv	Wrong intervention	Not enough time of follow up (4 months criterion)
Sadoff, et al.	Safety and Efficacy of Single-Dose Ad26.COV2.S Vaccine against Covid-19	N Engl J Med	Wrong comparator	Missing baseline data
Shrestha, et al.	Necessity of COVID-19 vaccination in previously infected individuals	medRxiv	Wrong outcome	A retrospective cohort study that estimated cumulative incidence of COVID infection

				over five months, among previously infected subjects who received the vaccine, compared with those of previously infected subjects who remained unvaccinated, previously uninfected subjects who received the vaccine, and previously uninfected subjects who remained unvaccinated. Figure 3 reports Simon-Makuch plot with cumulative incidence of COVID-19, but has no extractable information (authors presented only the number of individuals at risk among all the groups of interest)
Starrfelt, et al.	High vaccine effectiveness against COVID-19 infection and severe disease among residents and staff of long-term care facilities in Norway, November – June 2021	medRxiv	Wrong intervention	A cohort study, estimating vaccine effectiveness among residents and health care workers in long-term care facilities. COVID-19 vaccine effectiveness against infection, hospitalisation and death presented from Cox models in Tables 2 and 3 (but no information about individual level follow up; authors presented only person time at risk.

TABLE 5S - List of excluded studies at full-text screening phase
Note: Newly excluded studies in blue

Author	Article Title	Source	Reason
Abbasi	COVID-19 mRNA Vaccines Blunt Breakthrough Infection Severity	JAMA - Journal of the American Medical Association	wrong intervention
Abbasi	Oldest Adults Need 2 mRNA Vaccine Doses to Neutralize SARS-CoV-2	JAMA - Journal of the American Medical Association	wrong publication type
Abdool Karim & de Oliveira	New SARS-CoV-2 variants - Clinical, public health, and vaccine implications	New England Journal of Medicine	wrong intervention
Absalon et al.	Safety and Efficacy of the BNT162b2 mRNA Covid-19 Vaccine. Reply	The New England Journal of Medicine	wrong intervention
Abu Raddad et al.	Effect of vaccination and of prior infection on infectiousness of vaccine breakthrough infections and reinfections	Preprint - medRxiv	wrong outcome
Abu Raddad et al.	Protection afforded by the BNT162b2 and mRNA-1273 COVID-19 vaccines in fully vaccinated cohorts with and without prior infection	Preprint - medRxiv	wrong intervention
Abu Raddad et al.	Protection offered by mRNA-1273 versus BNT162b2 vaccines against SARS-CoV-2 infection and severe COVID-19 in Qatar	medRxiv	wrong comparator
Abu-Raddad et al.	Effectiveness of the BNT162b2 Covid-19 Vaccine against the B.1.1.7 and B.1.351 Variants	The New England Journal of Medicine	wrong intervention
Abu-Raddad et al.	Pfizer-BioNTech mRNA BNT162b2 Covid-19 vaccine protection against variants of concern after one versus two doses	Journal of Travel Medicine	wrong intervention
Abu-Sinni et al.	COVID-19 vaccine - Long term immune decline and breakthrough infections	Vaccine	wrong comparator

Ackland et al.	Evolution of case fatality rates in the second wave of coronavirus in England: effects of false positives, a Variant of Concern and vaccination	Preprint - medRxiv	wrong intervention
Adhikari & Spong	COVID-19 Vaccination in Pregnant and Lactating Women	JAMA - Journal of the American Medical Association	wrong study design
Adibi et al.	Continuing COVID-19 Vaccination of Front-Line Workers in British Columbia with the AstraZeneca Vaccine: Benefits in the Face of Increased Risk for Prothrombotic Thrombocytopenia	Preprint - medRxiv	wrong outcome
Al Qahtani et al.	Morbidity and mortality from COVID-19 post-vaccination breakthrough infections in association with vaccines and the emergence of variants in Bahrain	Preprint - Research Square	wrong intervention
Alali et al.	Effectiveness of BNT162b2 and ChAdOx1 vaccines against symptomatic COVID-19 among Healthcare Workers in Kuwait: A retrospective cohort study	Preprint - medRxiv	wrong intervention
Albach et al.	Successful BNT162b2 booster vaccinations in a patient with rheumatoid arthritis and initially negative antibody response	Annals of the Rheumatic Diseases	wrong study design
Aldridge et al.	Waning of SARS-CoV-2 antibodies targeting the Spike protein in individuals post second dose of ChAdOx1 and BNT162b2 COVID-19 vaccines and risk of breakthrough infections: analysis of the Virus Watch community cohort	medRxiv	wrong comparator
Alencar et al.	High Effectiveness of SARS-CoV-2 Vaccines in Reducing COVID-19-Related Deaths in over 75-Year-Olds, Ceara State, Brazil	Tropical Medicine and Infectious Disease	wrong intervention
Alholm et al.	SARS-CoV-2 vaccination in gynecologic oncology	European Journal of Gynaecological Oncology	wrong publication type
Ali et al.	Evaluation of mRNA-1273 SARS-CoV-2 Vaccine in Adolescents	The New England Journal of Medicine	wrong intervention

Alkhafaji et al.	The Impact of COVID-19 Vaccine on Rate of Hospitalization and Outcome of COVID-19 Infection in a Single Center in the Eastern Province of Saudi Arabia	Research Square	wrong population
Alroy-Preis et al.	Impact and effectiveness of mRNA BNT162b2 vaccine against SARS-CoV-2 infections and COVID-19 cases, hospitalisations, and deaths following a nationwide vaccination campaign in Israel: an observational study using national surveillance data	The Lancet	wrong intervention
Altmann et al.	Immunity to SARS-CoV-2 variants of concern	Science	wrong publication type
Amatya et al.	COVID-19 in fully vaccinated Everest trekkers in Nepal	Journal of Travel Medicine	wrong study design
Amirthalingam et al.	Higher serological responses and increased vaccine effectiveness demonstrate the value of extended vaccine schedules in combating COVID-19 in England	Preprint - medRxiv	wrong intervention
Amit et al.	COVID-19 vaccine efficacy data: solid enough to delay second dose? - Authors' reply	The Lancet	wrong study design
Amit et al.	Early rate reductions of SARS-CoV-2 infection and COVID-19 in BNT162b2 vaccine recipients	The Lancet	wrong intervention
Andrejko et al.	Prevention of COVID-19 by mRNA-based vaccines within the general population of California	Clinical Infectious Diseases	wrong intervention
Andrejko et al.	Early evidence of COVID-19 vaccine effectiveness within the general population of California	Hand search; Preprint - medRxiv	wrong intervention
Angel et al.	Association between Vaccination with BNT162b2 and Incidence of Symptomatic and Asymptomatic SARS-CoV-2 Infections among Health Care Workers	JAMA - Journal of the American Medical Association	wrong intervention
Anjan et al.	Breakthrough COVID-19 infections after mRNA vaccination in Solid Organ Transplant Recipients in Miami, Florida	Transplantation	wrong intervention
Anonymous	Exam 2: Effectiveness of SARS-CoV-2 vaccination in a Veterans Affairs Cohort of Inflammatory Bowel Disease Patients with Diverse Exposure to Immunosuppressive Medications	Gastroenterology	wrong publication type

Aran	Estimating real-world COVID-19 vaccine effectiveness in Israel	Preprint - medRxiv	wrong intervention
Arbel et al.	How many lives do COVID vaccines save? Evidence from Israel	medRxiv	wrong comparator
Arnold et al.	Are vaccines safe in patients with Long COVID? A prospective observational study	Preprint - medRxiv	wrong intervention
Azamgarhi et al.	BNT162b2 vaccine uptake and effectiveness in UK healthcare workers - a single centre cohort study	Nature Communications	wrong intervention
Baden et al.	Efficacy and safety of the mRNA-1273 SARS-CoV-2 vaccine	New England Journal of Medicine	wrong intervention
Baden et al.	Covid-19 in the Phase 3 Trial of mRNA-1273 During the Delta-variant Surge	medRxiv	wrong intervention
Bahl et al.	Vaccination reduces need for emergency care in breakthrough COVID-19 infections: A multicenter cohort study	Preprint - medRxiv	wrong intervention
Bailly et al.	BNT162b2 mRNA vaccination did not prevent an outbreak of SARS COV-2 variant 501Y.V2 in an elderly nursing home but reduced transmission and disease severity	Clinical Infectious Diseases	wrong intervention
Bajema et al.	Effectiveness of COVID-19 mRNA Vaccines Against COVID-19-Associated Hospitalization - Five Veterans Affairs Medical Centers, United States, February 1-August 6, 2021	MMWR. Morbidity and mortality weekly report	wrong outcome
Balicer et al.	Effectiveness of the BNT162b2 mRNA COVID-19 Vaccine in Pregnancy	Preprint – Research Square	wrong intervention
Baltas et al.	Post-vaccination COVID-19: A case-control study and genomic analysis of 119 breakthrough infections in partially vaccinated individuals	Clinical Infectious Diseases	wrong intervention
Banon et al.	BNT162b2 Messenger RNA COVID-19 Vaccine Effectiveness in Patients With Inflammatory Bowel Disease: Preliminary Real-World Data During Mass Vaccination Campaign	Gastroenterology	duplicated
Bar On et al.	BNT162b2 vaccine booster dose protection: A nationwide study from Israel	Preprint - medRxiv	wrong intervention

Bar-On et al.	Protection of BNT162b2 vaccine booster against Covid-19 in Israel	New England Journal of Medicine	wrong comparator
Barbosa et al.	High effectiveness of sars-cov-2 vaccines in reducing covid-19-related deaths in over 75-year-olds, Ceara State, Brazil	Tropical Medicine and Infectious Disease	duplicated
Barda et al.	Effectiveness of a third dose of the BNT162b2 mRNA COVID-19 vaccine for preventing severe outcomes in Israel: an observational study	The Lancet	wrong comparator
Barlow et al.	Effectiveness of COVID-19 Vaccines Against SARS-CoV-2 Infection During a Delta Variant Epidemic Surge in Multnomah County, Oregon, July 2021	Preprint - medRxiv	wrong intervention
Barnabas et al.	A Public Health COVID-19 Vaccination Strategy to Maximize the Health Gains for Every Single Vaccine Dose	Annals of Internal Medicine	wrong outcome
Barrière et al.	Impaired immunogenicity of BNT162b2 anti-SARS-CoV-2 vaccine in patients treated for solid tumors	Annals of Oncology	wrong outcome
Barros et al.	Estimating the early impact of vaccination against COVID-19 on deaths among elderly people in Brazil: Analyses of routinely-collected data on vaccine coverage and mortality	EClinicalMedicine	duplicated
Baum et al.	Effectiveness of vaccination against SARS-CoV-2 infection and Covid-19 hospitalization among Finnish elderly and chronically ill—An interim analysis of a nationwide cohort study	Preprint - medRxiv	wrong intervention
Belmin et al.	First-Dose Coronavirus 2019 Vaccination Coverage among the Residents of Long-Term Care Facilities in France	Gerontology	wrong outcome
Ben-Aharon et al.	1559O Efficacy and toxicity of BNT162b2 vaccine in cancer patients	Annals of Oncology	duplicated
Ben-Tov et al.	BNT162b2 Messenger RNA COVID-19 Vaccine Effectiveness in Patients With Inflammatory Bowel Disease: Preliminary Real-World Data During Mass Vaccination Campaign	Gastroenterology	wrong intervention
Benenson et al.	BNT162b2 mRNA Covid-19 Vaccine Effectiveness among Health Care Workers	The New England Journal of Medicine	wrong intervention

Benjamini et al.	Safety and efficacy of BNT162b mRNA Covid19 Vaccine in patients with chronic lymphocytic leukemia	Haematologica	wrong outcome
Benotmane et al.	Low immunization rates among kidney transplant recipients who received 2 doses of the mRNA-1273 SARS-CoV-2 vaccine	Kidney International	wrong outcome
Benotmane et al.	Weak anti-SARS-CoV-2 antibody response after the first injection of an mRNA COVID-19 vaccine in kidney transplant recipients	Kidney International	wrong outcome
Bergwerk et al.	Covid-19 Breakthrough Infections in Vaccinated Health Care Workers	The New England Journal of Medicine	wrong outcome
Bermingham et al.	Estimating the effectiveness of first dose of COVID-19 vaccine against mortality in England: a quasi-experimental study	Preprint - medRxiv	wrong intervention
Bernal et al.	Early effectiveness of COVID-19 vaccination with BNT162b2 mRNA vaccine and ChAdOx1 adenovirus vector vaccine on symptomatic disease, hospitalisations and mortality in older adults in England	Preprint - medRxiv	wrong intervention
Bernal et al.	Effectiveness of BNT162b2 mRNA vaccine and ChAdOx1 adenovirus vector vaccine on mortality following COVID-19	Preprint - medRxiv	wrong intervention
Bernal et al.	Effectiveness of COVID-19 vaccines against the B.1.617.2 variant	The New England Journal of Medicine	wrong intervention
Bhattacharya et al.	Evaluation of the dose-effect association between the number of doses and duration since the last dose of COVID-19 vaccine, and its efficacy in preventing the disease and reducing disease severity: A single centre, cross-sectional analytical study from India	Diabetes and Metabolic Syndrome: Clinical Research and Reviews	wrong study design
Bianchi et al.	BNT162b2 mRNA COVID-19 vaccine effectiveness in the prevention of SARS-CoV-2 Infection: A preliminary report	Journal of Infectious Diseases	wrong intervention
Bianchi et al.	BNT162b2 mRNA COVID-19 Vaccine Effectiveness in the Prevention of SARS-CoV-2 Infection and Symptomatic Disease in Five-Month Follow-Up: A Retrospective Cohort Study	Vaccines	wrong outcome

Bird et al.	Response to first vaccination against SARS-CoV-2 in patients with multiple myeloma	The Lancet Haematology	wrong intervention
Bjork et al.	Effectiveness of the BNT162b2 vaccine in preventing COVID-19 in the working age population - first results from a cohort study in Southern Sweden	Preprint - medRxiv	wrong intervention
Bjork et al.	High level of protection against COVID-19 after two doses of BNT162b2 vaccine in the working age population-first results from a cohort study in Southern Sweden	Infectious Diseases	duplicated
Blain et al.	Receptor binding domain-IgG levels correlate with protection in residents facing SARS-CoV-2 B.1.1.7 outbreaks	Allergy	wrong intervention
Blaiszik et al.	The Delta Variant Had Negligible Impact on COVID-19 Vaccine Effectiveness in the USA	medRxiv	wrong study design
Bleicher et al.	Early exploration of COVID-19 vaccination safety and effectiveness during pregnancy: interim descriptive data from a prospective observational study	Vaccine	wrong outcome
Bliden et al.	Evolution of Anti-SARS-CoV-2 IgG Antibody and IgG Avidity Post Pfizer and Moderna mRNA Vaccinations	Preprint - medRxiv	wrong outcome
Bobdey et al.	Effectiveness of ChAdOx1 nCOV-19 Vaccine: Experience of a tertiary care institute	Medical Journal Armed Forces India	wrong intervention
Bongiovanni et al.	Evaluation of the immune response to COVID-19 vaccine mRNA BNT162b2 and correlation with previous COVID-19 infection	Journal of Clinical Virology	wrong outcome
Bookstein Peretz et al.	Short-term outcome of pregnant women vaccinated with BNT162b2 mRNA COVID-19 vaccine	Ultrasound in Obstetrics & Gynecology	wrong intervention
Bouton et al.	COVID-19 vaccine impact on rates of SARS-CoV-2 cases and post vaccination strain sequences among healthcare workers at an urban academic medical center: a prospective cohort study	Preprint - medRxiv	wrong outcome
Bouton et al.	Coronavirus Disease 2019 Vaccine Impact on Rates of Severe Acute Respiratory Syndrome Coronavirus 2 Cases and Postvaccination Strain Sequences Among Health Care Workers	Open forum infectious diseases	wrong intervention

	at an Urban Academic Medical Center: A Prospective Cohort Study		
Boyarsky et al.	Antibody response to 2-dose sars-cov-2 mrna vaccine series in solid organ transplant recipients	JAMA - Journal of the American Medical Association	wrong intervention
Braeye et al.	Vaccine effectiveness against infection and onwards transmission of COVID-19: Analysis of Belgian contact tracing data, January-June 2021	Vaccine	wrong intervention
Brinkley-Rubinstein et al.	Breakthrough SARS-CoV-2 Infections in Prison after Vaccination	The New England Journal of Medicine	wrong intervention
Brosh-Nissimov et al.	BNT162b2 vaccine breakthrough: clinical characteristics of 152 fully vaccinated hospitalized COVID-19 patients in Israel	Clinical Microbiology and Infection	wrong outcome
Brouqui et al.	COVID-19 re-infection	European Journal of Clinical Investigation	wrong intervention
Brunner et al.	SARS-CoV-2 Postvaccination Infections Among Staff Members of a Tertiary Care University Hospital—Vienna, January-July 2021; an Exploratory Study on 8 500 Employees with Better Outcome of Vector than m-RNA Vaccine	Preprint - SSRN	wrong intervention
Bukhari et al.	Real-World Effectiveness of COVID-19 Vaccines: the Diverging Pattern of COVID-19 Cases and Deaths in Countries with High Vaccination Rates	Preprint - SSRN	wrong intervention
Buonfrate et al.	Antibody response induced by the BNT162b2 mRNA COVID-19 vaccine in a cohort of health-care workers, with or without prior SARS-CoV-2 infection: a prospective study	Clinical Microbiology and Infection	wrong intervention
Burd et al.	The Israeli study of Pfizer BNT162b2 vaccine in pregnancy: Considering maternal and neonatal benefits	Journal of Clinical Investigation	wrong publication type
Butt et al.	Effectiveness of the SARS-CoV-2 mRNA Vaccines in Pregnant Women	Preprint - Research Square	wrong intervention

Butt et al.	Outcomes among patients with breakthrough SARS-CoV-2 infection after vaccination in a high-risk national population	EClinicalMedicine	wrong intervention
Butt et al.	Rate and risk factors for breakthrough SARS-CoV-2 infection after vaccination	The Journal of Infection	wrong intervention
Butt et al.	SARS-CoV-2 Vaccine Effectiveness in a High-Risk National Population in a Real-World Setting	Annals of Internal Medicine	wrong intervention
Butt et al.	SARS-CoV-2 vaccine effectiveness in preventing confirmed infection in pregnant women	The Journal of clinical investigation	wrong study duration
Cabezas et al.	Effects of BNT162b2 mRNA Vaccination on COVID-19 Disease, Hospitalisation and Mortality in Nursing Homes and Healthcare Workers: A Prospective Cohort Study Including 28,594 Nursing Home Residents, 26,238 Nursing Home Staff, and 61,951 Healthcare Workers in Catalonia	Hand search; Preprint - SSRN	duplicated
Cabezas et al.	Effects of BNT162b2 mRNA Vaccination on COVID-19 Disease, Hospitalisation and Mortality in Nursing Homes and Healthcare Workers: A Prospective Cohort Study Including 28,594 Nursing Home Residents, 26,238 Nursing Home Staff, and 61,951 Healthcare Workers in Catalonia	Preprint - SSRN	wrong intervention
Carazo et al.	Single-dose mRNA vaccine effectiveness against SARS-CoV-2 in healthcare workers extending 16 weeks post-vaccination: a test-negative design from Quebec, Canada	Preprint - medRxiv	wrong intervention
Carazo et al.	Single-dose mRNA vaccine effectiveness against SARS-CoV-2 in healthcare workers extending 16 weeks post-vaccination: a test-negative design from Quebec, Canada	Clinical infectious diseases : an official publication of the Infectious Diseases Society of America	duplicated
Carrera et al.	How well do hemodialysis patients respond to the BNT162b2 mRNA COVID-19 vaccine	Journal of the American Society of Nephrology	wrong intervention
Cerqueira Silva et al.	Influence of age on the effectiveness and duration of protection in Vaxzevria and CoronaVac vaccines	Preprint - medRxiv	wrong intervention

Chadeau Hyam et al.	REACT-1 study round 14: High and increasing prevalence of SARS-CoV-2 infection among school-aged children during September 2021 and vaccine effectiveness against infection in England	medRxiv	wrong comparator
Chagla	The BNT162b2 (BioNTech/Pfizer) vaccine had 95% efficacy against COVID-19 >=7 days after the 2nd dose	Annals of Internal Medicine	wrong intervention
Charles Pon Ruban et al.	Effectiveness of vaccination in preventing severe SARS CoV-2 infection in South India-a hospital-based cross-sectional study	medRxiv	wrong study design
Charmet et al.	Impact of original, B.1.1.7, and B.1.351/P.1 SARS-CoV-2 lineages on vaccine effectiveness of two doses of COVID-19 mRNA vaccines: Results from a nationwide case-control study in France	The Lancet Regional Health-Europe	wrong intervention
Chauhan et al.	SARS-CoV-2 Vaccine-Induced Antibody Response and Reinfection in Persons with Past Natural Infection	Preprint - medRxiv	wrong intervention
Chemaitelly et al.	mRNA-1273 COVID-19 vaccine effectiveness against the B.1.1.7 and B.1.351 variants and severe COVID-19 disease in Qatar	Hand search; Nature Medicine	wrong intervention
Chemaitelly et al.	Pfizer-BioNTech mRNA BNT162b2 Covid-19 vaccine protection against variants of concern after one versus two doses	Journal of Travel Medicine	duplicated
Chemaitelly et al.	MRNA-1273 COVID-19 vaccine effectiveness against the B.1.1.7 and B.1.351 variants and severe COVID-19 disease in Qatar.	Nature Medicine	wrong intervention
Chin et al.	Effectiveness of COVID-19 Vaccines among Incarcerated People in California State Prisons: A Retrospective Cohort Study	Preprint - medRxiv	wrong intervention
Chin et al.	Effectiveness of the mRNA-1273 Vaccine during a SARS-CoV-2 Delta Outbreak in a Prison	The New England journal of medicine	wrong outcome
Chodick et al.	The effectiveness of the TWO-DOSE BNT162b2 vaccine: analysis of real-world data	Clinical Infectious Diseases	wrong intervention
Christie et al.	Decreases in COVID-19 Cases, Emergency Department Visits, Hospital Admissions, and Deaths Among Older Adults Following	MMWR. Morbidity and mortality weekly report	wrong population

	the Introduction of COVID-19 Vaccine - United States, September 6, 2020-May 1, 2021		
Chung et al.	Effectiveness of BNT162b2 and mRNA-1273 covid-19 vaccines against symptomatic SARS-CoV-2 infection and severe covid-19 outcomes in Ontario, Canada: Test negative design study	The BMJ	wrong intervention
Clemens et al.	Efficacy of ChAdOx1 nCoV-19 (AZD1222) vaccine against SARS-CoV-2 lineages circulating in Brazil; an exploratory analysis of a randomised controlled trial	Preprint - Research Square	wrong intervention
Clemens et al.	Efficacy of ChAdOx1 nCoV-19 (AZD1222) vaccine against SARS-CoV-2 lineages circulating in Brazil	Nature communications	duplicated
Cohen et al.	Comparative Efficacy over time of the mRNA-1273 (Moderna) vaccine and the BNT162b2 (Pfizer-BioNTech) vaccine	Research Square	wrong comparator
Cohn et al.	Breakthrough SARS-CoV-2 infections in 620,000 US Veterans, February 1, 2021 to August 13, 2021	medRxiv	wrong intervention
Cook et al.	Clinical characteristics and outcomes of COVID-19 breakthrough infections among vaccinated patients with systemic autoimmune rheumatic diseases	Preprint - medRxiv	wrong outcome
Corchado Garcia et al.	Real-world effectiveness of Ad26.COV2.S adenoviral vector vaccine for COVID-19	Preprint - medRxiv	wrong intervention
Corchado-Garcia et al.	Real-world effectiveness of Ad26. COV2. S adenoviral vector vaccine for COVID-19	SSRN	wrong study duration
Corchado-Garcia et al.	Analysis of the Effectiveness of the Ad26.COV2.S Adenoviral Vector Vaccine for Preventing COVID-19	JAMA network open	wrong outcome
Cox et al.	An observational cohort study on the incidence of SARS-CoV-2 infection and B.1.1.7 variant infection in healthcare workers by antibody and vaccination status	Clinical Infectious Diseases	duplicated
Dagan et al.	BNT162b2 mRNA Covid-19 Vaccine in a Nationwide Mass Vaccination Setting	The New England Journal of Medicine	wrong intervention

Dagan et al.	Effectiveness of the BNT162b2 mRNA COVID-19 vaccine in pregnancy	Nature Medicine	wrong intervention
Dahlem et al.	Humoral Response after SARS-CoV-2 mRNA Vaccination in a Cohort of Hemodialysis Patients and Kidney Transplant Recipients	Journal of the American Society of Nephrology	duplicated
Danthu et al.	Humoral Response after SARS-Cov-2 mRNA Vaccine in a Cohort of Hemodialysis Patients and Kidney Transplant Recipients	Journal of the American Society of Nephrology: JASN	wrong intervention
Das et al.	Relation of vaccination with severity, oxygen requirement and outcome of COVID-19 infection in Chattogram, Bangladesh	Preprint - medRxiv	wrong intervention
Dash et al.	Breakthrough SARS-CoV-2 infections in an eastern state of India: A preliminary report	Preprint - Research Square	wrong outcome
Dashdorj et al.	Direct Comparison of Antibody Responses to Four SARS-CoV-2 Vaccines in Mongolia	Preprint - medRxiv	wrong outcome
Deiana et al.	Impact of Full Vaccination with mRNA BNT162b2 on SARS-CoV-2 Infection: Genomic and Subgenomic Viral RNAs Detection in Nasopharyngeal Swab and Saliva of Health Care Workers	Microorganisms	wrong outcome
Domi et al.	The BNT162b2 vaccine is associated with lower new COVID-19 cases in nursing home residents and staff	Journal of the American Geriatrics Society	wrong intervention
Donadio et al.	Asymptomatic COVID-19 cases among older patients despite BNT162b2 vaccination: A case series in a geriatric rehabilitation ward during an outbreak	The Journal of Infection	wrong intervention
Du Plessis et al.	Efficacy of the ChAdOx1 nCoV-19 Covid-19 Vaccine against the B.1.351 Variant	New England Journal of Medicine	duplicated
Dulovic et al.	Diminishing immune responses against variants of concern in dialysis patients four months after SARS-CoV-2 mRNA vaccination	Preprint - medRxiv	wrong outcome
Ebinger et al.	Antibody responses to the BNT162b2 mRNA vaccine in individuals previously infected with SARS-CoV-2	Nature Medicine	wrong intervention

Ebinger et al.	Prior COVID-19 Infection and Antibody Response to Single Versus Double Dose mRNA SARS-CoV-2 Vaccination	Preprint - medRxiv	wrong outcome
Edelstein et al.	BNT 13b2 Pfizer vaccine protects against SARS-CoV-2 respiratory mucosal colonization even after prolonged exposure to positive family members	The Journal of Hospital Infection	wrong outcome
Efrati et al.	Safety and humoral responses to BNT162b2 mRNA vaccination of SARS-CoV-2 previously infected and naive populations	Scientific Reports	wrong outcome
Ella et al.	Efficacy, safety, and lot to lot immunogenicity of an inactivated SARS-CoV-2 vaccine (BBV152): a, double-blind, randomised, controlled phase 3 trial	Preprint - medRxiv	wrong intervention
Elliott et al.	REACT-1 round 13 final report: exponential growth, high prevalence of SARS-CoV-2 and vaccine effectiveness associated with Delta variant in England during May to July 2021	Hand search; Preprint - medRxiv	wrong intervention
Emary et al.	Efficacy of ChAdOx1 nCoV-19 (AZD1222) vaccine against SARS-CoV-2 variant of concern 202012/01 (B.1.1.7): an exploratory analysis of a randomised controlled trial	The Lancet	wrong intervention
Embi et al.	Effectiveness of 2-Dose Vaccination with mRNA COVID-19 Vaccines Against COVID-19-Associated Hospitalizations Among Immunocompromised Adults - Nine States, January-September 2021	MMWR. Morbidity and mortality weekly report	wrong study duration
Emborg et al.	Vaccine effectiveness of the BNT162b2 mRNA COVID-19 vaccine against RT-PCR confirmed SARS-CoV-2 infections, hospitalisations and mortality in prioritised risk groups	Preprint - medRxiv	wrong intervention
Espi et al.	Justification, safety, and efficacy of a third dose of mRNA vaccine in maintenance hemodialysis patients: a prospective observational study	Preprint - medRxiv	wrong outcome
Eyre et al.	The impact of SARS-CoV-2 vaccination on Alpha & Delta variant transmission. medRxiv 2021	Preprint].[Google Scholar]	wrong study duration

Fabiani et al.	Effectiveness of the comirnaty (BNT162b2, BioNTech/Pfizer) vaccine in preventing SARS-CoV-2 infection among healthcare workers, Treviso province, Veneto region, Italy, 27 December 2020 to 24 March 2021	Eurosurveillance	wrong intervention
Fabiani et al.	Risk of SARS-CoV-2 infection and subsequent hospital admission and death at different time intervals since first dose of COVID-19 vaccine administration, Italy, 27 December 2020 to mid-April 2021	Eurosurveillance	wrong intervention
Falsey et al.	Phase 3 Safety and Efficacy of AZD1222 (ChAdOx1 nCoV-19) Covid-19 Vaccine	The New England journal of medicine	wrong study duration
Faria et al.	Performance of vaccination with CoronaVac in a cohort of healthcare workers (HCW) - preliminary report	Preprint - medRxiv	wrong intervention
Felip et al.	1591P Immune response after vaccination against SARS-COV-2 in lung cancer (LC) patients (p). Prospective study in the Medical Oncology Department at the Catalan Institute of Oncology-Badalona, Spain: COVID-lung vaccine	Annals of Oncology	wrong outcome
Feng et al.	Correlates of protection against symptomatic and asymptomatic SARS-CoV-2 infection	Preprint - medRxiv	wrong outcome
Fernando et al.	Neutralizing SARS-CoV-2 Antibody Response and Protective Effect of 2 Doses of ChAdOx1 nCoV-19 and BBV152 Vaccines in hemodialysis Patients: A Preliminary Report	Kidney International Reports	wrong outcome
Firinu et al.	Evaluation of antibody response to BNT162b2 mRNA COVID-19 vaccine in patients affected by immune-mediated inflammatory diseases up to 5 months after vaccination	Preprint - Research Square	wrong outcome
Folegatti et al.	Safety and immunogenicity of the ChAdOx1 nCoV-19 vaccine against SARS-CoV-2: a preliminary report of a phase 1/2, single-blind, randomised controlled trial	Hand search; The Lancet	wrong outcome
Fontan et al.	Time-Varying Effectiveness of Three Covid-19 Vaccines in Puerto Rico	medRxiv	wrong outcome

Foulkes et al.	COVID-19 vaccine coverage in health-care workers in England and effectiveness of BNT162b2 mRNA vaccine against infection (SIREN): a prospective, multicentre, cohort study	The Lancet	wrong intervention
Frenck et al.	Safety, immunogenicity, and efficacy of the BNT162B2 covid-19 vaccine in adolescents	New England Journal of Medicine	wrong intervention
Friedrichs et al.	Immunogenicity and safety of anti-SARS-CoV-2 mRNA vaccines in patients with chronic inflammatory conditions and immunosuppressive therapy in a monocentric cohort	Annals of the Rheumatic Diseases	wrong intervention
Fuca et al.	Antibody response to mRNA-1273 SARS-COV-2 vaccine in hemodialysis patients with and without prior COVID-19	Clinical Journal of the American Society of Nephrology	wrong intervention
Furer et al.	Immunogenicity and safety of the BNT162B2 mRNA COVID-19 vaccine in adult patients with autoimmune inflammatory rheumatic diseases and general population: A multicenter study	Annals of the Rheumatic Diseases	wrong intervention
Garvey et al.	Early observations on the impact of a healthcare worker COVID-19 vaccination programme at a major UK tertiary centre	The Journal of Infection	wrong intervention
Gazit et al.	BNT162b2 mRNA Vaccine Effectiveness Given Confirmed Exposure; Analysis of Household Members of COVID-19 Patients	Preprint - medRxiv	wrong intervention
Gazit et al.	Comparing SARS-CoV-2 natural immunity to vaccine-induced immunity: reinfections versus breakthrough infections	Preprint - medRxiv	wrong intervention
Geysels et al.	SARS-CoV-2 vaccine breakthrough infections among healthcare workers in a large Belgian hospital network	Infection Control and Hospital Epidemiology	wrong intervention
Ghosh et al.	COVISHIELD (AZD1222) VaccINe effectiveness among healthcare and frontline Workers of INdian Armed Forces: Interim results of VIN-WIN cohort study	Medical Journal Armed Forces India	wrong intervention
Giansante et al.	COVID-19 vaccine effectiveness among the staff of the Bologna Health Trust, Italy, December 2020-April 2021	Acta Bio-medica: Atenei Parmensis	wrong intervention

Gilbert et al.	Immune Correlates Analysis of the mRNA-1273 COVID-19 Vaccine Efficacy Trial	Preprint - medRxiv	wrong intervention
Glampson et al.	North West London Covid-19 Vaccination Programme: Real-world evidence for Vaccine uptake and effectiveness: Retrospective Cohort Study	JMIR Public Health and Surveillance	wrong intervention
Glatman-Freedman et al.	The BNT162b2 vaccine effectiveness against new COVID-19 cases and complications of breakthrough cases: A nation-wide retrospective longitudinal multiple cohort analysis using individualised data	EBioMedicine	wrong study duration
Glatman-Freedman et al.	Effectiveness of BNT162b2 Vaccine in Adolescents during Outbreak of SARS-CoV-2 Delta Variant Infection, Israel, 2021	Emerging infectious diseases	wrong study duration
Goes et al.	New infections by SARS-CoV-2 variants of concern after natural infections and post-vaccination in Rio de Janeiro, Brazil	Infection, Genetics and Evolution	wrong study design
Gohil et al.	Asymptomatic and Symptomatic COVID-19 Infections Among Health Care Personnel Before and After Vaccination	JAMA network open	wrong intervention
Goldberg et al.	Protection of previous SARS-CoV-2 infection is similar to that of BNT162b2 vaccine protection: A three-month nationwide experience from Israel	Preprint - medRxiv	wrong intervention
Goldberg et al.	Waning Immunity after the BNT162b2 Vaccine in Israel	The New England journal of medicine	wrong comparator
Goldshtein et al.	Association Between BNT162b2 Vaccination and Incidence of SARS-CoV-2 Infection in Pregnant Women	JAMA	wrong intervention
Gomes et al.	Is the BioNTech-Pfizer COVID-19 vaccination effective in elderly populations? Results from population data from Bavaria, Germany	Preprint - medRxiv	wrong intervention
Gomes et al.	Is the BNT162b2 COVID-19 vaccine effective in elderly populations? Results from population data from Bavaria, Germany	PloS one	duplicated

Gounant et al.	Efficacy of SARS-CoV-2 vaccine in thoracic cancer patients: a prospective study supporting a third dose in patients with minimal serologic response after two vaccine doses	Preprint - medRxiv	wrong intervention
Gower et al.	Effectiveness of Covid-19 Vaccines against the B.1.617.2 (Delta) Variant	New England Journal of Medicine	duplicated
Gower et al.	Effectiveness of the Pfizer-BioNTech and Oxford-AstraZeneca vaccines on covid-19 related symptoms, hospital admissions, and mortality in older adults in England: Test negative case-control study	The BMJ	duplicated
Gram et al.	Vaccine effectiveness when combining the ChAdOx1 vaccine as the first dose with an mRNA COVID-19 vaccine as the second dose	Preprint - medRxiv	wrong intervention
Grannis et al.	Interim estimates of COVID-19 vaccine effectiveness against COVID-19,Äìassociated emergency department or urgent care clinic encounters and hospitalizations among adults during SARS-CoV-2 B. 1.617. 2 (Delta) variant predominance,ÄîNine States, June,ÄìAugust 2021	Morbidity and Mortality Weekly Report	wrong study duration
Guarino et al.	Effectiveness of SARS-Cov-2 vaccination in liver transplanted patients: the debate is open!	Journal of Hepatology	wrong outcome
Guha et al.	The incidence and in-hospital mortality of COVID-19 patients post-vaccination in eastern India	Preprint - medRxiv	wrong study design
Haas et al.	Impact and effectiveness of mRNA BNT162b2 vaccine against SARS-CoV-2 infections and COVID-19 cases, hospitalisations, and deaths following a nationwide vaccination campaign in Israel: an observational study using national surveillance data	The Lancet	wrong intervention
Haas et al.	Infections, Hospitalizations, and Deaths Averted Via Direct Effects of the Pfizer-BioNTech BNT162b2 mRNA COVID-19 Vaccine in a Nationwide Vaccination Campaign, Israel	Preprint - SSRN	wrong intervention
Hall et al.	Randomized Trial of a Third Dose of mRNA-1273 Vaccine in Transplant Recipients	New England Journal of Medicine	wrong comparator

Harris et al.	Impact of vaccination on household transmission of SARS-COV-2 in England	Hand search; Preprint - medRxiv	wrong intervention
Havers et al.	COVID-19-associated hospitalizations among vaccinated and unvaccinated adults ≥18 years - COVID-NET, 13 states, January 1 - July 24, 2021	Preprint - medRxiv	wrong outcome
Herishanu et al.	Efficacy of the BNT162b2 mRNA COVID-19 vaccine in patients with chronic lymphocytic leukemia	Blood	wrong outcome
Herzberg et al.	SARS-CoV-2-antibody response in health care workers after vaccination or natural infection in a longitudinal observational study	Preprint - medRxiv	wrong intervention
Heudel et al.	Reduced SARS-CoV-2 infection and death after two doses of COVID-19 vaccines in a series of 1503 cancer patients	Annals of Oncology	wrong intervention
Hitchings et al.	Effectiveness of the ChAdOx1 vaccine in the elderly during SARS-CoV-2 Gamma variant transmission in Brazil	Preprint - medRxiv	wrong intervention
Hitchings et al.	Effectiveness of ChAdOx1 vaccine in older adults during SARS-CoV-2 Gamma variant circulation in Sao Paulo	Nature Communications	duplicated
Hoehl et al.	A new group at increased risk of a SARS-CoV-2 infection emerges: The recently vaccinated	Vaccine	wrong intervention
Hollinghurst et al.	COVID-19 Infection Risk amongst 14,104 Vaccinated Care Home Residents: A national observational longitudinal cohort study in Wales, United Kingdom, December 2020 to March 2021	Preprint - medRxiv	wrong intervention
Hoque et al.	Serial evaluation of anti-SARS-CoV-2 IgG antibody and breakthrough infections in BNT162b2 Vaccinated migrant workers from Bangladesh	medRxiv	wrong comparator
Horst	Covid-19 and Patients with IBD: Who Is at Highest Risk for Severe Complications?	Digestive Diseases and Sciences	wrong publication type

Hu et al.	Effectiveness of inactive COVID-19 vaccines against severe illness in B.1.617.2 (Delta) variant-infected patients in Jiangsu, China	Preprint - medRxiv	wrong intervention
Hulme et al.	Comparative effectiveness of ChAdOx1 versus BNT162b2 COVID-19 vaccines in Health and Social Care workers in England: a cohort study using OpenSAFELY	medRxiv	wrong intervention
Hung & Poland	Single-dose Oxford-AstraZeneca COVID-19 vaccine followed by a 12-week booster	The Lancet	wrong intervention
Hyams et al.	Effectiveness of BNT162b2 and ChAdOx1 nCoV-19 COVID-19 vaccination at preventing hospitalisations in people aged at least 80 years: a test-negative, case-control study	The Lancet Infectious Diseases	wrong intervention
Hyams et al.	Assessing the Effectiveness of BNT162b2 and ChAdOx1nCoV-19 COVID-19 Vaccination in Prevention of Hospitalisations in Elderly and Frail Adults: A Single Centre Test Negative Case-Control Study	Hand search; Preprint - SSRN	wrong intervention
Iliaki et al.	COVID-19 Vaccine Efficacy in a Diverse Urban Healthcare Worker Population	Preprint - medRxiv	wrong intervention
Ismail et al.	Effectiveness of BNT162b2 mRNA and ChAdOx1 adenovirus vector COVID-19 vaccines on risk of hospitalisation among older adults in England: an observational study using surveillance data	Hand search - Public Health England preprint	wrong intervention
Israel et al.	Large-scale study of antibody titer decay following BNT162b2 mRNA vaccine or SARS-CoV-2 infection	Preprint - medRxiv	wrong outcome
Issac et al.	SARS-CoV-2 Breakthrough Infections among the Healthcare Workers Post-Vaccination with ChAdOx1 nCoV-19 Vaccine in the South Indian State of Kerala	Preprint - medRxiv	wrong intervention
Italian Instituto Superiore di Sanita	Impact of COVID-19 vaccination on the risk of SARS-CoV-2 infection and hospitalization and death in Italy	Report forwarded by PHAC	wrong comparator

Jablonska et al.	The real-life impact of vaccination on COVID-19 mortality in Europe and Israel	Preprint - medRxiv	wrong population
Jacobson et al.	Post-vaccination SARS-CoV-2 infections and incidence of presumptive B.1.427/B.1.429 variant among healthcare personnel at a northern California academic medical center	Clinical Infectious Diseases	wrong intervention
Jacobson et al.	Post-vaccination SARS-CoV-2 infections and incidence of the B.1.427/B.1.429 variant among healthcare personnel at a northern California academic medical center	Preprint - medRxiv	duplicated
Jacquemont et al.	Minimal change disease relapse following SARS-CoV-2 mRNA vaccine	Kidney International	wrong study design
Jagadeesh Kumar et al.	Clinical outcomes in vaccinated individuals hospitalized with Delta variant of SARS-CoV-2	Preprint - medRxiv	wrong intervention
Jara et al.	Effectiveness of an Inactivated SARS-CoV-2 Vaccine in Chile	Hand search; New England Journal of Medicine	wrong intervention
Jeulin et al.	Comparative analysis of post-vaccination anti-spike IgG antibodies in old Nursing Home Residents and in middle-aged Healthcare workers	Preprint - medRxiv	wrong outcome
Kale et al.	Clinicogenomic analysis of breakthrough infections by SARS CoV2 variants after ChAdOx1 nCoV-19 vaccination in healthcare workers	Hand search; Preprint - medRxiv	wrong intervention
Kamar et al.	Three Doses of an mRNA Covid-19 Vaccine in Solid-Organ Transplant Recipients	The New England Journal of Medicine	wrong intervention
Kannian et al.	Booster and anergic effects of the Covishield vaccine among healthcare workers in South India	Preprint - medRxiv	wrong outcome
Katz et al.	Covid-19 Vaccine Effectiveness in Healthcare Personnel in six Israeli Hospitals (CoVEHPI)	Preprint - medRxiv	wrong intervention

Kaur et al.	Occurrence of COVID-19 in priority groups receiving ChAdOx1 nCoV-19 coronavirus vaccine (recombinant): a preliminary analysis from north India	Journal of Medical Virology	wrong intervention
Keegan et al.	Progress of the Delta variant and erosion of vaccine effectiveness, a warning from Utah	Preprint - medRxiv	wrong study design
Keehner et al.	SARS-CoV-2 Infection after Vaccination in Health Care Workers in California	The New England Journal of Medicine	wrong intervention
Kepten et al.	BNT162B2 mRNA covid-19 vaccine in a nationwide mass vaccination setting	New England Journal of Medicine	duplicated
Kertes et al.	Effectiveness of the mRNA BNT162b2 vaccine six months after vaccination: Findings from a large Israeli HMO.	Hand search; Preprint - medRxiv	wrong control
Khan & Mahmud	Effectiveness of SARS-CoV-2 vaccination in a Veterans Affairs Cohort of Inflammatory Bowel Disease Patients with Diverse Exposure to Immunosuppressive Medications	Gastroenterology	wrong study duration
Khan et al.	Effectiveness of SARS-CoV-2 Vaccination in a Veterans Affairs Cohort of Patients With Inflammatory Bowel Disease With Diverse Exposure to Immunosuppressive Medications	Gastroenterology	wrong intervention
Khoury et al.	COVID-19 vaccine - Long term immune decline and breakthrough infections	Vaccine	wrong comparator
Kim et al.	mRNA Vaccine Effectiveness against COVID-19 among Symptomatic Outpatients Aged >=16 Years in the United States, February - May 2021	The Journal of Infectious Diseases	wrong intervention
Kim et al.	mRNA Vaccine Effectiveness against COVID-19 among Symptomatic Outpatients Aged >=16 Years in the United States, February - May 2021	The Journal of infectious diseases	wrong comparator
Kislaya et al.	Delta variant and mRNA Covid-19 vaccines effectiveness: higher odds of vaccine infection breakthroughs	Preprint - medRxiv	wrong intervention

Kissling et al.	Vaccine effectiveness against symptomatic SARS-CoV-2 infection in adults aged 65 years and older in primary care: I-MOVE-COVID-19 project, Europe, December 2020 to May 2021	Hand search; Eurosurveillance	wrong intervention
Knobel et al.	Coronavirus disease 2019 (COVID-19) mRNA vaccine effectiveness in asymptomatic healthcare workers	Infection Control and Hospital Epidemiology	wrong intervention
Knobel et al.	COVID-19 mRNA vaccine effectiveness in asymptomatic healthcare workers	Infection Control and Hospital Epidemiology	wrong intervention
Knoll et al.	Oxford-AstraZeneca COVID-19 vaccine efficacy	The Lancet	wrong publication type
Kontou et al.	Antibody response following a two-dose mRNA vaccination regimen, in health care workers of a tertiary hospital in Athens, Greece	Journal of Personalized Medicine	wrong intervention
Kugeler et al.	Estimating the number of symptomatic SARS-CoV-2 infections among vaccinated individuals in the United State - January-April, 2021	Preprint - medRxiv	wrong study design
Kustin et al.	Evidence for increased breakthrough rates of SARS-CoV-2 variants of concern in BNT162b2 mRNA vaccinated individuals	Preprint - medRxiv	wrong study design
Landre et al.	1600P Suboptimal response to COVID-19 mRNA vaccines in older patients with cancer	Annals of Oncology	wrong comparator
Lange et al.	Immune response to COVID-19 mRNA vaccine-a pilot study	Vaccines	wrong intervention
Lanini et al.	A single intramuscular injection of monoclonal antibody MAD0004J08 induces in healthy adults SARS-CoV-2 neutralising antibody titres exceeding those induced by infection and vaccination	Preprint - medRxiv	wrong intervention
Lanthier et al.	[In subjects 16 years of age and older, is messenger RNA vaccine BNT162b2 against COVID-19 effective and safe?]	La Revue de Médecine Interne	wrong intervention
Layan et al.	Impact of BNT162b2 vaccination and isolation on SARS-CoV-2 transmission in Israeli households: an observational study	Preprint - medRxiv	wrong intervention
Lefèvre et al.	Beta SARS-CoV-2 variant and BNT162b2 vaccine effectiveness in long-term care facilities in France	The Lancet. Healthy longevity	wrong study duration

Lefèvre et al.	Impact of B. 1.351 (beta) SARS-CoV-2 variant on BNT162b2 mRNA vaccine effectiveness in long-term care facilities of eastern France: a retrospective cohort study	medRxiv	duplicated
Leo	Effectiveness of the mRNA BNT162b2 vaccine against SARS-CoV-2 severe infections in the Israeli over 60 population: a temporal analysis done by using the national surveillance data	medRxiv	wrong study duration
Lillie et al.	First dose of BNT162b2 mRNA vaccine in a Health Care Worker cohort is associated with reduced symptomatic and asymptomatic SARS-CoV-2 infection	Clinical Infectious Diseases	wrong intervention
Lo Sasso et al.	Evaluation of Anti-SARS-Cov-2 S-RBD IgG Antibodies after COVID-19 mRNA BNT162b2 Vaccine	Diagnostics (Basel, Switzerland)	wrong outcome
Lopez Bernal et al.	Effectiveness of Covid-19 Vaccines against the B.1.617.2 (Delta) Variant	The New England Journal of Medicine	duplicated
Lopez Bernal et al.	Effectiveness of the Pfizer-BioNTech and Oxford-AstraZeneca vaccines on covid-19 related symptoms, hospital admissions, and mortality in older adults in England: test negative case-control study	BMJ (Clinical Research Ed.)	wrong intervention
Lumley et al.	An observational cohort study on the incidence of SARS-CoV-2 infection and B.1.1.7 variant infection in healthcare workers by antibody and vaccination status	Preprint - medRxiv	duplicated
Lumley et al.	An observational cohort study on the incidence of SARS-CoV-2 infection and B.1.1.7 variant infection in healthcare workers by antibody and vaccination status	Clinical Infectious Diseases	wrong intervention
Madhi et al.	ChAdOx1 nCoV-19 Vaccine Efficacy against the B.1.351 Variant. Reply	The New England Journal of Medicine	wrong publication type
Madhi et al.	Safety and efficacy of the ChAdOx1 nCoV-19 (AZD1222) Covid-19 vaccine against the B.1.351 variant in South Africa	Preprint - medRxiv	duplicated
Mahase	Covid-19: Pfizer vaccine's efficacy declined from 96% to 84% four months after second dose, company reports	BMJ (Clinical Research Ed.)	wrong publication type

Maltezou et al.	COVID-19 vaccination significantly reduces morbidity and absenteeism among healthcare personnel: A prospective multicenter study	Vaccine	wrong study duration
Maneikis et al.	Immunogenicity of the BNT162b2 COVID-19 mRNA vaccine and early clinical outcomes in patients with haematological malignancies in Lithuania: a national prospective cohort study	The Lancet Haematology	wrong intervention
Manley et al.	SARS-CoV-2 vaccine effectiveness and breakthrough infections in maintenance dialysis patients	medRxiv	wrong study duration
Martinez-Baz et al.	Effectiveness of COVID-19 vaccines in preventing SARS-CoV-2 infection and hospitalisation, Navarre, Spain, January to April 2021	Eurosurveillance	wrong intervention
Martínez-Baz et al.	Product-specific COVID-19 vaccine effectiveness against secondary infection in close contacts, Navarre, Spain, April to August 2021	Euro surveillance : bulletin Europeen sur les maladies transmissibles = European communicable disease bulletin	wrong comparator
Martinot et al.	Outbreak of SARS-CoV-2 infection in a long-term care facility after COVID-19 BNT162b2 mRNA vaccination	Clinical Microbiology and Infection	wrong intervention
Massimo et al.	COVID-19 convalescent plasma donors: impact of vaccination on antibody levels, breakthrough infections and reinfection rate	Preprint - medRxiv	wrong intervention
Mateo-Urdiales et al.	Risk of SARS-CoV-2 infection and subsequent hospital admission and death at different time intervals since first dose of COVID-19 vaccine administration, Italy, 27 December 2020 to mid-April 2021	Hand search; Eurosurveillance	wrong intervention
Mateus et al.	Low dose mRNA-1273 COVID-19 vaccine generates durable T cell memory and antibodies enhanced by pre-existing crossreactive T cell memory	Preprint - medRxiv	wrong outcome
Mathema et al.	Post-vaccination SARS-COV-2 among healthcare workers in New Jersey: a genomic epidemiological study	Preprint - medRxiv	wrong intervention

Mattar et al.	Efficacy of the CoronaVac® Vaccine in a Region of the Colombian Amazon, Was Herd Immunity Achieved?	Preprint - Research Square	wrong intervention
Mazagatos et al.	Effectiveness of mRNA COVID-19 vaccines in preventing SARS-CoV-2 infections and COVID-19 hospitalisations and deaths in elderly long-term care facility residents, Spain, weeks 53 2020 to 13 2021	Eurosurveillance	wrong intervention
McConaghy et al.	An assessment of the impact of the vaccination program on coronavirus disease 2019 (COVID-19) outbreaks in care homes in Northern Ireland-A pilot study	Infection Control and Hospital Epidemiology	wrong intervention
McDade et al.	Durability of antibody response to vaccination and surrogate neutralization of emerging variants based on SARS-CoV-2 exposure history	Scientific Reports	wrong intervention
McEllistrem et al.	Introduction of the BNT162b2 vaccine during a COVID-19 nursing home outbreak	American Journal of Infection Control	wrong intervention
McEvoy et al.	Real-world Effectiveness of 2-dose SARS-CoV-2 Vaccination in Kidney Transplant Recipients	medRxiv	wrong comparator
McKeigue et al.	Efficacy of vaccination against severe COVID-19 in relation to Delta variant and time since second dose: the REACT-SCOT case-control study	medRxiv	wrong comparator
McKeon et al.	Real-world effectiveness and immunogenicity of mRNA-1273 in dialysis patients	Journal of the American Society of Nephrology	wrong intervention
Medeiros et al.	Reduced T cell and antibody responses to inactivated coronavirus vaccine among males and individuals above 55 years old	Preprint - medRxiv	wrong intervention
Meggiolaro et al.	Effectiveness of vaccination against symptomatic and asymptomatic SARS-CoV-2 infection: a systematic review and meta-analysis	Preprint - medRxiv	wrong study design
Mehta & Silveira	COVID-19 after two doses of mRNA vaccines in kidney transplant recipients	American Journal of Transplantation	wrong intervention

Menascu et al.	Safety and efficacy of COVID-19 Pfizer-BNT162b2 m-RNA vaccine in young MS population	Multiple Sclerosis Journal	wrong comparator
Menni et al.	Vaccine side-effects and SARS-CoV-2 infection after vaccination in users of the COVID Symptom Study app in the UK: a prospective observational study	The Lancet Infectious Diseases	wrong intervention
Meo et al.	COVID-19 vaccines: Comparison of biological, pharmacological characteristics and adverse effects of Pfizer/BioNTech and Moderna vaccines	European Review for Medical and Pharmacological Sciences	wrong study design
Meylan	Efficacy and safety of BioNTech/Pfizer and Moderna vaccines	Revue Medicale Suisse	wrong publication type
Meylan	Safety and efficacy of the Oxford-AstraZeneca vaccine: Interim analysis of four randomized controlled trials	Revue Medicale Suisse	wrong intervention
Michos et al.	Association of total and neutralizing SARS-CoV-2 spike -receptor binding domain antibodies with epidemiological and clinical characteristics after immunization with the 1st and 2nd doses of the BNT162b2 vaccine	Vaccine	wrong outcome
Miron et al.	Effectiveness of COVID-19 Vaccines BNT162b2 and mRNA-1273 by Days from Vaccination: A Reanalysis of Clinical Trial Data	Preprint - SSRN	wrong intervention
Mizrahi et al.	Correlation of SARS-CoV-2 Breakthrough Infections to Time-from-vaccine; Preliminary Study	Preprint - medRxiv	wrong outcome
Mizrahi et al.	Correlation of SARS-CoV-2-breakthrough infections to time-from-vaccine	Nature Communications	duplicated
Moline et al.	Effectiveness of COVID-19 Vaccines in Preventing Hospitalization Among Adults Aged >=65 Years - COVID-NET, 13 States, February-April 2021	Morbidity and Mortality Weekly Report	wrong intervention
Moncunill et al.	Determinants of early antibody responses to COVID-19 mRNA vaccines in exposed and naive healthcare workers	medRxiv	wrong study duration

Monge et al.	Direct and Indirect Effectiveness of mRNA Vaccination against Severe Acute Respiratory Syndrome Coronavirus 2 in Long-Term Care Facilities, Spain	Emerging Infectious Diseases	wrong intervention
Monge et al.	Direct and Indirect Effectiveness of mRNA Vaccination against Severe Acute Respiratory Syndrome Coronavirus 2 in Long-Term Care Facilities, Spain	Emerging infectious diseases	wrong study duration
Mor et al.	BNT162b2 Vaccination efficacy is marginally affected by the SARS-CoV-2 B.1.351 variant in fully vaccinated individuals	Preprint - medRxiv	wrong population
Mor et al.	BNT162b2 vaccine effectiveness was marginally affected by the SARS-CoV-2 beta variant in fully vaccinated individuals	Journal of clinical epidemiology	duplicated
Moustsen Helms et al.	Vaccine effectiveness after 1st and 2nd dose of the BNT162b2 mRNA Covid-19 Vaccine in long-term care facility residents and healthcare workers—a Danish cohort study	Preprint - medRxiv	wrong intervention
Muhsen et al.	Effectiveness of BNT162b2 mRNA COVID-19 vaccine against acquisitions of SARS-CoV-2 among health care workers in long-term care facilities: a prospective cohort study	Clinical infectious diseases : an official publication of the Infectious Diseases Society of America	wrong study duration
Munitz et al.	BNT162b2 vaccination effectively prevents the rapid rise of SARS-CoV-2 variant B.1.1.7 in high-risk populations in Israel	Cell Reports Medicine	wrong intervention
Murillo-Zamora et al.	Effectiveness of BNT162b2 COVID-19 Vaccine in Preventing Severe Symptomatic Infection among Healthcare Workers	Medicina (Kaunas, Lithuania)	wrong intervention
Murt et al.	Antibody responses to the SARS-CoV-2 vaccines in hemodialysis patients: Is inactivated vaccine effective?	Therapeutic apheresis and dialysis : official peer-reviewed journal of the International Society for Apheresis, the Japanese Society for Apheresis, the Japanese Society for Dialysis Therapy	wrong comparator

Musser et al.	Delta variants of SARS-CoV-2 cause significantly increased vaccine breakthrough COVID-19 cases in Houston, Texas	Preprint - medRxiv	wrong study design
Naaber et al.	Declined antibody responses to COVID-19 mRNA vaccine within first three months	Preprint - medRxiv	wrong outcome
Naito et al.	Real-world evidence for the effectiveness and breakthrough of BNT162b2 mRNA COVID-19 vaccine at a medical center in Japan	Human vaccines & immunotherapeutics	wrong outcome
Nanduri et al.	Effectiveness of Pfizer-BioNTech and Moderna Vaccines in Preventing SARS-CoV-2 Infection Among Nursing Home Residents Before and During Widespread Circulation of the SARS-CoV-2 B.1.617.2 (Delta) Variant - National Healthcare Safety Network, March 1-August 1, 2021	Morbidity and Mortality Weekly Report	wrong study design
Naranbhai et al.	Comparative immunogenicity and effectiveness of mRNA-1273, BNT162b2 and Ad26.COV2.S COVID-19 vaccines	medRxiv	wrong population
Nasreen et al.	Effectiveness of COVID-19 vaccines against variants of concern in Ontario, Canada	Preprint - medRxiv	wrong intervention
Nasreen et al.	Effectiveness of COVID-19 vaccines against variants of concern, Canada	Hand search; Preprint - medRxiv	wrong intervention
Nasreen et al.	Effectiveness of mRNA and ChAdOx1 COVID-19 vaccines against symptomatic SARS-CoV-2 infection and severe outcomes with variants of concern in Ontario	medRxiv	wrong study duration
Nomura et al.	Age and smoking predict antibody titres at 3 months after the second dose of the BNT162b2 COVID-19 vaccine	Preprint - medRxiv	wrong outcome
Nordström et al.	Effectiveness of heterologous ChAdOx1 nCoV-19 and mRNA prime-boost vaccination against symptomatic Covid-19 infection in Sweden: A nationwide cohort study	The Lancet regional health. Europe	wrong study duration
Nunes et al.	mRNA vaccines effectiveness against COVID-19 hospitalizations and deaths in older adults: a cohort study based on data-linkage of national health registries in Portugal	Preprint - medRxiv	wrong intervention

Nunes et al.	mRNA vaccine effectiveness against COVID-19-related hospitalisations and deaths in older adults: a cohort study based on data linkage of national health registries in Portugal, February to August 2021	Euro surveillance : bulletin Europeen sur les maladies transmissibles = European communicable disease bulletin	wrong study duration
Nunez Lopez et al.	Effectiveness of the BNT162b2 mRNA Covid-19 vaccine in Spanish healthcare workers	Enfermedades Infecciosas y Microbiologia Clinica	wrong intervention
Olson et al.	Effectiveness of Pfizer-BioNTech mRNA Vaccination Against COVID-19 Hospitalization Among Persons Aged 12-18 Years - United States, June-September 2021	MMWR. Morbidity and mortality weekly report	wrong study duration
Oster et al.	Association Between Exposure Characteristics and the Risk for COVID-19 Infection Among Health Care Workers With and Without BNT162b2 Vaccination	JAMA network open	wrong study design
Paetzold et al.	The effects of rapid mass vaccination against SARS-CoV-2 and its Variants-of-Concern: Evidence from an early VoCs hotspot	Preprint – Research Square	wrong study design
Painter et al.	Rapid induction of antigen-specific CD4+ T cells guides coordinated humoral and cellular immune responses to SARS-CoV-2 mRNA vaccination	Preprint - bioRxiv	wrong outcome
Pajon et al.	Initial Analysis of Viral Dynamics and Circulating Viral Variants During the mRNA-1273 Phase 3 COVE Trial	medRxiv	wrong study duration
Palich et al.	Weak immunogenicity after a single dose of SARS-CoV-2 mRNA vaccine in treated cancer patients	Annals of Oncology	wrong outcome
Palladino et al.	A quantitative risk-benefit analysis of ChAdOx1 nCoV-19 vaccine among people under 60 in Italy	Preprint - medRxiv	wrong study design
Panasoff et al.	Specific antibody response of patients with common variable immunodeficiency to BNT162b2 coronavirus disease 2019 vaccination	Annals of Allergy, Asthma and Immunology	wrong outcome

Papousek et al.	Experience with the production of COVID-19 convalescent plasma in a tertiary hospital	Vox Sanguinis	wrong outcome
Paris et al.	Effectiveness of mRNA-BNT162b2, mRNA-1273, and ChAdOx1 nCoV-19 vaccines against COVID-19 in healthcare workers: an observational study using surveillance data	Clinical Microbiology and Infection	wrong intervention
Parry et al.	Extended interval BNT162b2 vaccination enhances peak antibody generation in older people	Preprint - medRxiv	wrong outcome
Parry et al.	Antibody responses after first and second Covid-19 vaccination in patients with chronic lymphocytic leukaemia	Blood Cancer Journal	wrong outcome
Parry et al.	Antibody responses after first and second Covid-19 vaccination in patients with chronic lymphocytic leukaemia	Blood cancer Journal	wrong outcome
Pascucci et al.	Evaluation of the Effectiveness and Safety of the BNT162b2 COVID-19 Vaccine in the Vaccination Campaign among the Health Workers of Fondazione Policlinico Universitario Agostino Gemelli IRCCS	International journal of environmental research and public health	wrong study duration
Pattni et al.	Effectiveness of the BNT162b2 (Pfizer-BioNTech) and the ChAdOx1 nCoV-19 (Oxford-AstraZeneca) vaccines for reducing susceptibility to infection with the Delta variant (B.1.617.2) of SARS-CoV-2	medRxiv	wrong outcome
Paulsen et al.	Immune Thrombocytopenic Purpura after vaccination with COVID-19 Vaccine (ChAdOx1 nCov-19)	Blood	wrong study design
Pawlowski et al.	FDA-authorized mRNA COVID-19 vaccines are effective per real-world evidence synthesized across a multi-state health system	Med (New York, N.Y.)	wrong intervention
Payne et al.	Sustained T cell immunity, protection and boosting using extended dosing intervals of BNT162b2 mRNA vaccine	Hand search; Preprint - SSRN	wrong outcome
Pegu et al.	Durability of mRNA-1273 vaccine-induced antibodies against SARS-CoV-2 variants	Science (New York, N.Y.)	wrong outcome

Peled et al.	BNT162b2 vaccination in heart transplant recipients: Clinical experience and antibody response	Journal of Heart and Lung Transplantation	wrong intervention
Perkmann et al.	Serum antibody response to BNT162b2 after natural SARS-CoV-2 infection	European Journal of Clinical Investigation	wrong outcome
Pilishvili et al.	Interim Estimates of Vaccine Effectiveness of Pfizer-BioNTech and Moderna COVID-19 Vaccines Among Health Care Personnel - 33 U.S. Sites, January-March 2021	Morbidity and Mortality Weekly Report	wrong intervention
Polinski et al.	Effectiveness of the Single-Dose Ad26.COV2.S COVID Vaccine	medRxiv	wrong outcome
Pouwels et al.	Impact of Delta on viral burden and vaccine effectiveness against new SARS-CoV-2 infections in the UK	Preprint - medRxiv	wrong intervention
Pouwels et al.	Effect of Delta variant on viral burden and vaccine effectiveness against new SARS-CoV-2 infections in the UK	Nature medicine	duplicated
Pozdnyakova et al.	Decreased Antibody Responses to Ad26.COV2.S Relative to SARS-CoV-2 mRNA Vaccines in Patients with Inflammatory Bowel Disease	Gastroenterology	wrong outcome
Pozzetto et al.	Immunogenicity and efficacy of heterologous ChadOx1/BNT162b2 vaccination	Preprint - Research Square	wrong intervention
Prabhu et al.	Antibody Response to Coronavirus Disease 2019 (COVID-19) Messenger RNA Vaccination in Pregnant Women and Transplacental Passage Into Cord Blood	Obstetrics and Gynecology	wrong intervention
Prasad et al.	COVID-19 Vaccination Associated with Reduced Post-Operative SARS-CoV-2 Infection and Morbidity	Annals of Surgery	wrong intervention
Pratesi et al.	BNT162b2 mRNA SARS-CoV-2 vaccine elicits high avidity and neutralizing antibodies in healthcare workers	Vaccines	wrong outcome
Pratò et al.	SARS-CoV-2 Transmission Risk to Household and Family Contacts by Vaccinated Healthcare Workers	Journal of Occupational and Environmental Medicine	wrong intervention

Prendecki et al.	Comparison of humoral and cellular responses in kidney transplant recipients receiving BNT162b2 and ChAdOx1 SARS-CoV-2 vaccines	Preprint - medRxiv	wrong outcome
Prendecki et al.	Humoral and T-cell responses to SARS-CoV-2 vaccination in patients receiving immunosuppression	Annals of the Rheumatic Diseases	wrong outcome
Prieto Alhambra et al.	Comparative effectiveness and safety of homologous two-dose ChAdOx1 versus heterologous vaccination with ChAdOx1 and BNT162b2: a cohort analysis	Research Square	wrong comparator
Pritchard et al.	Impact of vaccination on new SARS-CoV-2 infections in the UK	Nature Medicine	wrong intervention
Prunas et al.	Vaccination with BNT162b2 reduces transmission of SARS-CoV-2 to household contacts in Israel	Preprint - medRxiv	wrong study design
Puranik et al.	Comparison of Two Highly-Effective mRNA Vaccines for COVID-19 During Periods of Alpha and Delta Variant Prevalence	Preprint - medRxiv	duplicated
Ramirez et al.	Correspondence on 'Immunogenicity and safety of anti-SARS-CoV-2 mRNA vaccines in patients with chronic inflammatory conditions and immunosuppressive therapy in a monocentric cohort'	Annals of the Rheumatic Diseases	wrong outcome
Ramirez et al.	SARS-CoV-2 Breakthrough Infections in Fully Vaccinated Individuals	Preprint - medRxiv	wrong outcome
Redjoul et al.	Antibody response after second BNT162b2 dose in allogeneic HSCT recipients	The Lancet	wrong outcome
Redmond et al.	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) infection in vaccinated and unvaccinated healthcare personnel in a Veterans' Affairs healthcare system	Infection Control and Hospital Epidemiology	wrong intervention
Revon-Riviere et al.	The BNT162b2 mRNA COVID-19 vaccine in adolescents and young adults with cancer: A monocentric experience	European Journal of Cancer	wrong intervention
Revon-Riviere et al.	The BNT162b2 mRNA COVID-19 vaccine in adolescents and young adults with cancer: A monocentric experience	European Journal of Cancer	wrong study duration

Robilotti et al.	Clinical and Genomic Characterization of SARS CoV-2 infections in mRNA Vaccinated Health Care Personnel in New York City	Clinical infectious diseases : an official publication of the Infectious Diseases Society of America	wrong study duration
Roest et al.	BNT162b2 mRNA Covid-19 vaccine in a nationwide mass vaccination setting	New England Journal of Medicine	duplicated
Rosenberg et al.	New COVID-19 Cases and Hospitalizations Among Adults, by Vaccination Status — New York, May 3–July 25, 2021	Hand search; Morbidity and Mortality Weekly Report	wrong intervention
Rosenberg et al.	COVID-19 Vaccine Effectiveness by Product and Timing in New York State	medRxiv	wrong outcome
Rosero Bixby	Vaccine effectiveness of Pfizer-BioNTech and Oxford-AstraZeneca to prevent severe COVID-19 in Costa Rica by September and October 2021: A nationwide, observational study of hospitalisations prevalence	Europe PMC	wrong study duration
Russo et al.	SARS-COV-2 vaccination with BNT162B2 in renal transplant patients: Risk factors for impaired response and immunological implications	Clinical Transplantation	wrong outcome
Sabnis et al.	Break-through COVID-19 infection rate with Indian strain in Single-center Healthcare Workers: A real world data	Preprint - medRxiv	wrong outcome
Saciuk et al.	Pfizer-BioNTech Vaccine Effectiveness Against SARS-CoV-2 Infection: Findings From a Large Observational Study in Israel	Hand search; Preprint - SSRN	duplicated
Saciuk et al.	Pfizer-BioNTech Vaccine Effectiveness Against SARS-CoV-2 Infection: Findings From a Large Observational Study in Israel	Preprint - SSRN	wrong intervention
Saciuk et al.	Effectiveness of a third dose of BNT162b2 mRNA vaccine	The Journal of infectious diseases	wrong comparator
Sacks	The single-dose J&J vaccine had 67% efficacy against moderate to severe-critical COVID-19 at >=14 d	Annals of Internal Medicine	wrong publication type

Sagiraju et al.	The effectiveness of SARS-CoV-2 vaccination in preventing severe illness and death—real-world data from a cohort of patients hospitalized with COVID-19	Preprint - medRxiv	wrong intervention
Sansone et al.	Effectiveness of BNT162b2 vaccine against SARS-CoV-2 among healthcare workers	La Medicina del Lavoro	wrong intervention
Sarkar et al.	Seroprevalence and Dynamics of anti-SARS-CoV-2 antibody among healthcare workers following ChAdOx1 nCoV-19 vaccination	Preprint - medRxiv	wrong intervention
Saul et al.	Reanalysis of the Pfizer mRNA BNT162b2 SARS-CoV-2 vaccine data fails to find any increased efficacy following the boost: Implications for vaccination policy and our understanding of the mode of action	Preprint - medRxiv	wrong intervention
Scobie et al.	Monitoring incidence of covid-19 cases, hospitalizations, and deaths, by vaccination status—13 US jurisdictions, April 4-July 17, 2021	Morbidity and Mortality Weekly Report	wrong comparator
Selby et al.	Effect of severe acute respiratory coronavirus virus 2 (SARS-CoV-2) mRNA vaccination in healthcare workers with high-risk coronavirus disease 2019 (COVID-19) exposure	Infection Control and Hospital Epidemiology	wrong intervention
Self et al.	Comparative Effectiveness of Moderna, Pfizer-BioNTech, and Janssen (Johnson & Johnson) Vaccines in Preventing COVID-19 Hospitalizations Among Adults Without Immunocompromising Conditions - United States, March-August 2021	MMWR. Morbidity and mortality weekly report	wrong comparator
Shah et al.	Effect of vaccination on transmission of COVID-19: an observational study in healthcare workers and their households	Preprint - medRxiv	wrong intervention
Sharma et al.	COVID-19 Vaccine Breakthrough Infections in Veterans Health Administration	medRxiv	wrong comparator
Sheikh et al.	SARS-CoV-2 Delta VOC in Scotland: demographics, risk of hospital admission, and vaccine effectiveness	The Lancet	wrong intervention

Shinde et al.	Efficacy of NVX-CoV2373 Covid-19 Vaccine against the B.1.351 Variant	Hand search; New England Journal of Medicine	wrong intervention
Shostak et al.	Early humoral response among lung transplant recipients vaccinated with BNT162b2 vaccine	The Lancet Respiratory Medicine	wrong intervention
Singer et al.	Effectiveness of BNT162b2 mRNA COVID-19 Vaccine Against SARS-CoV-2 Variant Beta (B.1.351) Among Persons Identified Through Contact Tracing in Israel	Preprint - SSRN	wrong intervention
Singh et al.	Antibody Response after First-dose of ChAdOx1-nCOV (Covishield) and BBV-152 (Covaxin) amongst Health Care Workers in India: Preliminary Results of Cross-sectional Coronavirus Vaccine-induced Antibody Titre (COVAT) study	Preprint - medRxiv	wrong intervention
Skowronski & de Serres	Safety and efficacy of the BNT162B2 mRNA covid-19 vaccine	New England Journal of Medicine	wrong intervention
Starrfelt et al.	Age and product dependent vaccine effectiveness against SARS-CoV-2 infection and hospitalisation among adults in Norway: a national cohort study, January - September 2021	medRxiv	wrong outcome
Stowe et al.	Effectiveness of COVID-19 vaccines against hospital admission with the Delta (B.1.617.2) variant	Hand search; Public Health England pre-prints	wrong intervention
Swift et al.	Effectiveness of mRNA COVID-19 vaccines against SARS-CoV-2 infection in a cohort of healthcare personnel	Clinical Infectious Diseases	wrong intervention
Tahor et al.	Evidence for increased breakthrough rates of SARS-CoV-2 variants of concern in BNT162b2-mRNA-vaccinated individuals	Nature Medicine	duplicated
Tande et al.	Impact of the COVID-19 Vaccine on Asymptomatic Infection Among Patients Undergoing Pre-Procedural COVID-19 Molecular Screening	Clinical Infectious Diseases	wrong intervention
Tande et al.	mRNA Vaccine Effectiveness Against Asymptomatic SARS-CoV-2 Infection Over a Seven-Month Period	Infection Control and Hospital Epidemiology	wrong study design

Tang et al.	Asymptomatic and Symptomatic SARS-CoV-2 Infections after BNT162b2 Vaccination in a Routinely Screened Workforce	JAMA - Journal of the American Medical Association	wrong intervention
Tang et al.	BNT162b2 and mRNA-1273 COVID-19 vaccine effectiveness against the Delta (B.1.617.2) variant in Qatar	Preprint - medRxiv	wrong study design
Tang et al.	BNT162b2 and mRNA-1273 COVID-19 vaccine effectiveness against the SARS-CoV-2 Delta variant in Qatar	Nature Medicine	duplicated
Tanislav et al.	Effect of SARS-CoV-2 vaccination among health care workers in a geriatric care unit after a B.1.1.7-variant outbreak	Public Health	wrong intervention
Taquet et al.	Six-month sequelae of post-vaccination SARS-CoV-2 infection: a retrospective cohort study of 10,024 breakthrough infections	medRxiv	wrong outcome
Tartof et al.	Effectiveness of mRNA BNT162b2 COVID-19 vaccine up to 6 months in a large integrated health system in the USA: a retrospective cohort study	Lancet (London, England)	duplicated
Taubel et al.	Can a second booster dose be delayed in patients who have had COVID-19?	Preprint - medRxiv	wrong outcome
Tene et al.	Assessment of effectiveness of 1 dose of BNT162B2 vaccine for SARS-CoV-2 infection 13 to 24 days after immunization	JAMA network open	wrong intervention
Tene et al.	The effectiveness of the TWO-DOSE BNT162b2 vaccine: analysis of real-world data	Clinical Infectious Diseases	wrong intervention
Tenforde et al	Effectiveness of SARS-CoV-2 mRNA Vaccines for Preventing Covid-19 Hospitalizations in the United States	Clinical Infectious Diseases	wrong study design
Tenforde et al.	Effectiveness of Pfizer-BioNTech and Moderna Vaccines Against COVID-19 Among Hospitalized Adults Aged >=65 Years - United States, January-March 2021	Morbidity and Mortality Weekly Report	wrong intervention
Thangaraj et al.	Predominance of delta variant among the COVID-19 vaccinated and unvaccinated individuals, India, May 2021	The Journal of Infection	wrong outcome
Thiruvengadam et al.	Cellular Immune Responses are Preserved and May Contribute to Chadox1 ChAdOx1 nCoV-19 Vaccine Effectiveness Against	Preprint - SSRN	wrong intervention

	Infection Due to SARS-CoV-2 B.1.617.2 Delta Variant Despite Reduced Virus Neutralisation		
Thomas et al.	1558O COVID-19 vaccine in participants (ptcpts) with cancer: Subgroup analysis of efficacy/safety from a global phase III randomized trial of the BNT162b2 (tozinameran) mRNA vaccine	Annals of Oncology	wrong outcome
Thomas et al.	Safety and Efficacy of the BNT162b2 mRNA Covid-19 Vaccine through 6 Months	The New England journal of medicine	duplicated
Thompson et al.	Interim Estimates of Vaccine Effectiveness of BNT162b2 and mRNA-1273 COVID-19 Vaccines in Preventing SARS-CoV-2 Infection Among Health Care Personnel, First Responders, and Other Essential and Frontline Workers - Eight U.S. Locations, December 2020-March 2021	Morbidity and Mortality Weekly Report	wrong intervention
Thompson et al.	Prevention and Attenuation of Covid-19 with the BNT162b2 and mRNA-1273 Vaccines	New England Journal of Medicine	wrong intervention
Thompson et al.	Effectiveness of covid-19 vaccines in ambulatory and inpatient care settings	New England Journal of Medicine	duplicated
Toback et al.	Safety, Immunogenicity, and Efficacy of a COVID-19 Vaccine (NVX-CoV2373) Co-administered With Seasonal Influenza Vaccines	Preprint - medRxiv	wrong intervention
Toniasso et al.	Reduction in COVID-19 prevalence in healthcare workers in a university hospital in southern Brazil after the start of vaccination	International Journal of Infectious Diseases: IJID	wrong intervention
Trapani et al.	COVID-19 vaccines in patients with cancer	The Lancet Oncology	wrong publication type
Tré-Hardy et al.	Waning antibodies in SARS-CoV-2 naïve vaccines: Results of a three-month interim analysis of ongoing immunogenicity and efficacy surveillance of the mRNA-1273 vaccine in healthcare workers	The Journal of Infection	wrong intervention
Tsapepas et al.	Clinically Significant COVID-19 Following SARS-CoV-2 Vaccination in Kidney Transplant Recipients	American Journal of Kidney Diseases	wrong outcome

Tsiatis et al.	Estimating vaccine efficacy over time after a randomized study is unblinded	Biometrics	wrong study design
Tyagi et al.	Breakthrough COVID19 infections after vaccinations in healthcare and other workers in a chronic care medical facility in New Delhi, India	Diabetes & Metabolic Syndrome	wrong outcome
Uschner et al.	Breakthrough SARS-CoV-2 Infections after Vaccination in North Carolina	medRxiv	wrong outcome
Vahidy et al.	Real World Effectiveness of COVID-19 mRNA Vaccines against Hospitalizations and Deaths in the United States	Preprint - medRxiv	article withdrawn
Vaishya et al.	SARS-CoV-2 infection after COVID-19 immunization in healthcare workers: A retrospective, pilot study	The Indian Journal of Medical Research	NO PDF
Vasileiou et al.	Interim findings from first-dose mass COVID-19 vaccination roll-out and COVID-19 hospital admissions in Scotland: a national prospective cohort study	The Lancet	wrong intervention
Vasileiou et al.	Effectiveness of First Dose of COVID-19 Vaccines Against Hospital Admissions in Scotland: National Prospective Cohort Study of 5.4 Million People	Hand search; Preprint - SSRN	wrong intervention
Vergnes	Safety and Efficacy of the BNT162b2 mRNA Covid-19 Vaccine	The New England Journal of Medicine	wrong intervention
Victor et al.	Protective Effect of COVID-19 Vaccine Among Health Care Workers During the Second Wave of the Pandemic in India	Mayo Clinic proceedings	wrong intervention
Victora et al.	Estimating the early impact of vaccination against COVID-19 on deaths among elderly people in Brazil: Analyses of routinely-collected data on vaccine coverage and mortality	EClinicalMedicine	wrong study design
Vijayasingham et al.	Sex-disaggregated data in COVID-19 vaccine trials	The Lancet	wrong study design
Villela et al.	Effectiveness of Mass Vaccination in Brazil against Severe COVID-19 Cases	medRxiv	wrong outcome

Voysey et al.	Safety and efficacy of the ChAdOx1 nCoV-19 vaccine (AZD1222) against SARS-CoV-2: an interim analysis of four randomised controlled trials in Brazil, South Africa, and the UK	The Lancet	wrong intervention
Voysey et al.	Single-dose administration and the influence of the timing of the booster dose on immunogenicity and efficacy of ChAdOx1 nCoV-19 (AZD1222) vaccine: a pooled analysis of four randomised trials	The Lancet	wrong intervention
Wadei et al.	COVID-19 infection in solid organ transplant recipients after SARS-CoV-2 vaccination	American Journal of Transplantation	wrong intervention
Wagner et al.	COVID-19 vaccine: mRNA-1273 is effective and safe	Pneumologie	foreign language
Waldhorn et al.	Six-Month Efficacy and Toxicity Profile of BNT162b2 Vaccine in Cancer Patients with Solid Tumors	Cancer discovery	wrong comparator
Wang	Safety and Efficacy of the BNT162b2 mRNA Covid-19 Vaccine	The New England Journal of Medicine	wrong intervention
Wang et al.	The impacts of COVID-19 vaccine timing, number of doses, and risk prioritization on mortality in the US	Preprint - medRxiv	wrong study design
Wang et al.	Increased risk for COVID-19 breakthrough infection in fully vaccinated patients with substance use disorders in the United States between December 2020 and August 2021	World Psychiatry	wrong comparator
Westholter & Taube	SARS-CoV-2 outbreak in a long-term care facility after vaccination with BNT162b2	Clinical Infectious Diseases	wrong intervention
Whitaker et al.	Pfizer-BioNTech and Oxford AstraZeneca COVID-19 vaccine effectiveness and immune response among individuals in clinical risk groups	Hand search - Public Health England preprints	wrong intervention
White et al.	Incident SARS-CoV-2 Infection among mRNA-Vaccinated and Unvaccinated Nursing Home Residents	The New England Journal of Medicine	wrong intervention
Wickert et al.	Estimates of Single Dose and Full Dose BNT162b2 Vaccine Effectiveness among USAF Academy cadets, 1 Mar - 1 May 2021	Preprint - medRxiv	wrong intervention

Williams et al.	Measuring vaccine efficacy against infection and disease in clinical trials: sources and magnitude of bias in COVID-19 vaccine efficacy estimates	Preprint - medRxiv	wrong intervention
Williams et al.	COVID-19 Outbreak Associated with a SARS-CoV-2 P.1 Lineage in a Long-Term Care Home after Implementation of a Vaccination Program – Ontario, April-May 2021	Hand search; Clinical Infectious Diseases	wrong intervention
Wise	Covid-19: New data on Oxford AstraZeneca vaccine backs 12 week dosing interval	BMJ (Clinical Research Ed.)	wrong publication type
Wise	Covid-19: People who have had infection might only need one dose of mRNA vaccine	BMJ (Clinical Research Ed.)	wrong publication type
Wise	Covid-19: People who have had infection might only need one dose of mRNA vaccine	BMJ (Clinical Research Ed.)	duplicated
Wise	Covid-19: Pfizer BioNTech vaccine reduced cases by 94% in Israel, shows peer reviewed study	BMJ (Clinical Research Ed.)	wrong publication type
Wu et al.	1562MO Effectiveness of COVID-19 vaccination in cancer patients: A nationwide Veterans Affairs study	Annals of Oncology	wrong outcome
Xiong et al.	Age and Gender Disparities in Adverse Events Following COVID-19 Vaccination: Real-World Evidence Based on Big Data for Risk Management	Frontiers in Medicine	wrong intervention
Yadav et al.	The high mortality and impact of vaccination on COVID-19 in hemodialysis population in India during the second wave	Kidney International Reports	wrong intervention
Yan et al.	Rate and risk factors for breakthrough SARS-CoV-2 infection after vaccination	Journal of Infection	wrong intervention
Yassi et al.	Infection control, occupational and public health measures including mRNA-based vaccination against SARS-CoV-2 infections to protect healthcare workers from variants of concern: a 14-month observational study using surveillance data	Preprint - medRxiv	wrong intervention
Yelin et al.	Associations of the BNT162b2 COVID-19 vaccine effectiveness with patient age and comorbidities	Preprint - medRxiv	wrong intervention

Young Xu et al.	Coverage and Effectiveness of mRNA COVID-19 Vaccines among Veterans	Preprint - medRxiv	wrong intervention
Young-Xu et al.	Coverage and Estimated Effectiveness of mRNA COVID-19 Vaccines Among US Veterans	JAMA network open	wrong study duration
Zacay et al.	BNT162b2 Vaccine Effectiveness in Preventing Asymptomatic Infection With SARS-CoV-2 Virus: A Nationwide Historical Cohort Study	Open Forum Infectious Diseases	wrong intervention
Zaqout et al.	The initial impact of a national BNT162b2 mRNA COVID-19 vaccine rollout	International Journal of Infectious Diseases: IJID	wrong intervention

Team members' individual reflections on intersectionality and positionality

1. **What are elements about our background that influence how we go about interacting with research? What perspectives do we have and what perspectives are we missing?**

"I have training in epidemiology and public health, and a clinical background in pharmacy. I believe my background may lead me to favour statistical/quantitative evidence and weigh heavily quantitative reviews that focus on clinical outcomes like deaths, cases, and hospitalizations."

"I have spent about 8 years living in high-income countries, and my experience as an immigrant has certainly created a 'path' for me to be particularly sensitive and cognisant of the representation of disadvantaged communities in research. In this specific project for instance, I believe that I was more motivated to identify where the data is coming from (i.e., evidence from which context is lacking), and that I had questions around implementation issues at the back of my mind (e.g., what happens in rich countries vs. poorer countries; infrastructure issues in various settings and their ability to effectively track pandemic cases/deaths, and adopt additional preventive measures that might have economic and other implications for citizens)."

"Having participated in research projects in university with several scientists in different fields, I believe most people working in research are trying their best to produce good studies. As I live with several chronic diseases, however, I have seen little research done on most of those chronic diseases found primarily in women, and this made me wary of the willingness of the general research system to address important health issues as is needed."

"A background in physics and in social sciences, where I studied science as an object of research, led me to focus on the human aspect of the conduct of research and on the difficulties encountered by several individuals with data literacy, even with educated people. My other background in information science and the position I occupy as a research support librarian for several years push me to favor the importance of a good methodology in knowledge synthesis."

"As a person working in research for more than 20 years (in training + professional experience), I have a strong drive to analyze the quality of evidence, since my expertise is evidence analysis and synthesis. I am confident that methodologically we developed a strong report, which doesn't mean we answered all questions – we presented some that cannot be answered at this point as well."

"I have university-level education and regularly work on editing/reviewing research-related texts. This has made my interaction with research very analytical in terms of its language (e.g., lexical, structural) which makes my perspective at once very detail oriented (e.g., word choice, grammar) and overarching (e.g., messaging, clarity, implications)."

"My training and personality lead me to a more quantitative approach when developing research. Numbers seem to provide me with a better sense of results that are easier for me to interpret. My background (mainly training and learning opportunities) and the privileges provided by my positionality also lead me to a perspective of questioning information and reality. It also gave me resources and chances to learn and argue. As a latin woman, the distrust is part of who I am, although my life experiences give me an optimistic point of view."

“Growing up in a community and family with little or no university experience allows me to understand the extent to which the work of health research is exclusive and restricted to a relatively small (and generally, though not always, privileged) population. Health research has historically struggled to build bridges to and from patient populations and has also struggled to effectively share its processes, objectives, and findings (including their implications and limitations) with the public at large, from individuals to decision-makers not directly invested/involved with health research.”

“As a recent university undergraduate, surrounded by a younger generation with generally liberal worldviews, a visible minority, and having had training in Equity, Diversity and Inclusion (EDI), I am always curious about the practical implications of our research for marginalised population (e.g., how our messaging about vaccines can affect populations historically skeptical of vaccines). Being a relatively blank slate to how research is traditionally done at our lab also made me open to integrating intersectionality to our processes.”

“As a Brazilian, my country has been facing challenges in accessing vaccines, so part of the missing piece is to realize that our results reflect the scenario in high-income countries, and maybe that the efficacy results do not reflect the reality where VOCs are not well managed/contained and spread more rapidly. The available data did not allow us to explore these different perspectives.”

“I have been trained across multiple disciplines (ranging from Chemistry through to behavioural science, with stops at physiology, biochemistry, biomechanics, psychophysiology, cardiology, pneumology, nuclear medicine, etc.), which gives me a broad perspective on research and research methodology. However, this has always been in the context of high-income countries and in universities that are generally considered to have high standings and better-quality facilities and capacity. Collectively, the team has a broad range of skills and backgrounds which cover varied fields (e.g., epidemiology, social psychology, physiotherapy) and jobs (e.g., academics, students, librarian, food science specialist) which brings research training that spans the spectrum of research studies.”

“I am a first-generation scholar that grew up in an impoverished and unstable family environment. When I went to university, I was often aware of how my background contrasted with that of others around me, and it often seemed like people were living in different realities from one another. Throughout my career, I have often gravitated towards interacting more with others who have less traditional/represented backgrounds in their work environments, and this has given me an appreciation for the degree to which people’s personal experiences and backgrounds influence their views and their work”

“My unusually rare neurological condition has brought me to become more familiar with the field of health research as a patient and as someone seeking insight from an extremely limited pool of data. My condition also often renders many of my healthcare experiences, questions and care needs as ‘statistically insignificant’ or ‘idiosyncratic’ which raises questions for me about inclusivity and the applicability of generalizing findings across all types of populations, notably in a context where healthcare professionals do not have time for personalized medicine or care.”

“Throughout my life, I have had access to higher education and have had an ‘average’ positioning in society (i.e., I would perceive myself somewhere in the middle in terms of socioeconomic status). However, I come from a middle-income country and most of my teenage years I have lived in an environment with a challenging political situation, including sanctions and war.”

“I am a social psychologist, with a dominant orientation towards theory and quantitative methodology, but have also received education/exposure to several other disciplines (e.g., sociology, communications, health, philosophy, history). I have had long-standing interests in methods, metascience (the study of how scientists go about doing and thinking about research), intergroup relations, and cross-cultural research, and these explorations have led me to be weary of ‘gold standards’ and ‘agreed upon rules’ in science; I believe dominant methodologies (and theories) always come with important biases and assumptions that lead to (often unrecognized) trade-offs, and can often risk reinforcing social inequities when applied without care.”

2. **What are elements about our background that influence how we interact with the topic of vaccines, and policies for vaccination more generally? What perspectives do we have and what perspectives are we missing?**

“I am politically quite liberal and believe that policy-based changes are an essential part of improving society. My research training has also led me to take a very ‘interventionist-centric’ viewpoint.”

“I generally operate in a consequentialist but also collectivist mindset. Part of this comes from growing up in an environment where individual welfare is expected to be set aside in favour of the collective.”

“My study background makes me sceptical of the autonomy of research conduct in vaccines considering all the money interests of the pharmaceutical business, but I still believe in the integrity of the academic researchers. When I was young I remember having reacted adversely to the whooping cough vaccine. Throughout my youth until 21 years old, I had several allergies to elements of my environment that left me without energy and with symptoms of discomfort to the point of wishing I were dead. Fifteen years ago, I had a bad experience with a medication that took me a year to recover from. In short, I'm hesitant with anything that bypasses my immune system, like the vaccination for myself. Because of my susceptibility, I did not vaccinate my children when they were babies (but I did follow other recommendations of Santé Canada that few families do, like breastfeeding their children for at least two years).”

“I think most social and health policies, although frequently well-intentioned, come with side effects and biases that can disadvantage some groups over others. I also think the values, experiences, and needs of different groups can leave them to define ‘success’ very differently. Consequently, my default is to adopt a more skeptical stance on policies.”

“I am a behaviouralist, so my perspective on vaccines and vaccine policies is predominantly from the angle of are people getting them or not, why, and if not, how do we go about creating the environment where they are more likely to get the vaccine. This is based on the assumption that the evidence supports the use of vaccines, for which there is strong evidence for in the current pandemic. The two aspects that we are potentially missing are those of a 'front-line' policy maker and an immunologist, though given the topic area the immunologist is less critical, but they may be able to provide some perspective on the potential immunological aspects of waning.”

“Regarding recent discussions on policy-related recommendations, I would say that I tend to be in favour of mandates, which upon reflection might in part be related to the socio-political contexts I grew up in.”

“I come from a pro-science family with several doctors and nurses. My brother had mumps as a kid before the vaccine was available and this resulted in permanent damage to his ears. That made me generally favorably inclined toward vaccination.”

“The missing point here is clearly the perspective of access, and how the vaccines would perform in scenarios where vaccination does not advance as fast.”

“I am pro vaccination – I would say that my beliefs were shaped by my family background (3 out of my 4 closest family members are physicians), my personal educational training and both my current and previous work environments (engaged in promoting vaccination).”

“The neurological condition I live with is immune-mediated and, owing to its onset being associated with vaccination (in some cases, but not all), my approach to understanding, parsing, and making informed decisions about vaccination are complicated by the inevitable lack of specific health-population data relevant to my condition. Though I am able to make the distinctions between what is well-advised for the greater good and for policymakers, I am also keenly aware of the far-from-abstract realities of wrestling with being that ‘1 in 100,000’ exceptional case.”

“On the topic of vaccines, I have previously done research and advocacy on vaccination that has led me to develop a generally positive attitude. However, I also think individuals and groups need to be given a fair chance to make informed and self-determined decisions for themselves.”

“As a physiotherapist, really interested in physiological aspects and little training in immunogenicity, but also as a behavioural scientist, I see vaccines with the complexity it requires. I am concerned about safety aspects, efficacy, and long-term impact in health. Accessibility and the impact across different population profiles are also important aspects. However, regarding specifically the vaccines against COVID-19, I honestly have the tendency to be very optimistic. The pandemic itself, from the health protective measures to vaccines, started to be a political discussion in several countries. So, because of my political position and beliefs, I have the tendency to argue in favour of vaccines and in favour of health measures. The fact that I am part of a COVID-19 project also impacts my perspective, having the opportunity to discuss its impacts in society and people’s behaviours and attitudes. I strongly believe and defend scientific/evidence-based decisions.”

“Growing up, having a mom that is an immunologist among a family of health-related scientists, I always trusted vaccines and followed governmental mandates on that. Also, Brazil has one of the most extensive vaccination public programs and a population that presents very little hesitancy. I can easily place myself as a pro-vax person but did not miss the opportunity to really go deep in the evidence before accepting my doses. I think hesitancy and policies were not directly related to our report topic but probably had some impact on the efficacy results, especially the ones based on Israel – high efficacy in a low hesitant population.”

3. **What are elements about our background that influence how we communicate with others? What perspectives do we have and what perspectives are we missing?**

“I work directly with people with different levels of training and familiarity in pretty diverse content. I think as in general research practices we want to get a different perspective and approach the topic as best as we are

able to. That said, I believe the team tried their best to incorporate perspectives and hear from all members throughout the process."

"I have a background doing advocacy work for minority groups and for those without citizenship rights. I also have a background doing tutoring for struggling students, and have spent a good amount of time creating educational materials for teens. Consequently, I greatly value accessibility in writing and trying to take the perspective of one's audience into account."

"Considering I have training in academic writing and have also read some materials about it, I tend to write in the easiest way. I mostly use active voice and try to be impartial while reporting results. I try to avoid including any personal perspectives when writing reports or manuscripts. Also, following a logical organisation is also important to me, that is to have the different sections in the same order of topics and in agreement. Synthesis, however, is not a skill that I have developed much; I usually tend to over-write. As a non-native English speaker, writing and communication in this language might be impacted, e.g., not choosing the best words for each context. Despite this, the fact that I was raised surrounded by people with non-academic training, gave me skills on how we communicate outside academia. Overall, I have been learning a lot about communication skills, e.g., nonviolent communication and academic communication, such as expressing my perspectives only when it is appropriate and non-judgmental."

"I hold more collectivistic values, which may lead me to emphasize implications for collective groups of individuals."

"I am an immigrant twice over, so I have some understanding of how, as you transition from one culture to another, that not everything you say 'translates' well, so I try to be as clear and jargon free as possible (though a lot of times I don't succeed). That being said, I have immigrated into countries that are more alike than different culturally. I am also generally optimistic about research and collaborations in research, which normally translates to a more upbeat communication style. More broadly, we have a diverse team, in terms of country of birth. However, all of us are from generally higher income countries and we all currently live in a high-income country and in a particular setting within that country. Given that we included global data, none which came from Canada or Quebec, we were missing a broader international perspective in the interpretation of the data."

"When I was a stay-at-home mother, I had a past experience with community work and some activism. I think that it led me to emphasize that any kind of citizen has access to uncensored information."

"I am a big proponent of methods to make science more open and accessible. Whenever I lead a new project, I always try to incorporate components that are publicly available (e.g., public access data) and wish I could spend more time developing accessible knowledge translation materials."

"Having grown up and lived most of my life within a generally undereducated community, I learned how education can be isolating and that this can cut both ways. I became isolated from my community the more I pursued my education, and the community was isolated from what I was learning, both structurally and culturally. By this I mean that there is pushback in relation to what is perceived as opaque knowledge-generation, knowledge access and sharing, and how knowledge is communicated, and even made relevant. Plain language became the bridge between me and my community and has also become an asset professionally. 'Why does this matter?' and 'What does that mean?' and 'Explain it so I can understand' are

important anchors to keep front of mind. Demonstrating mastery of any common or emerging knowledge must inevitably be filtered into plain language in order to raise its credibility and shareability."

"I grew up in a country with a very vertical type of communication in all aspects of society. Living in Quebec now has allowed me to get used to a more horizontal form of communication but probably not as much as most Canadians. Working with people with very different backgrounds (including immigrants, people of all ages, people that can barely read/write…) has shown me that a message should be adapted to the intended public to be understood."

"My educational training may have led me to have constraints and avoid in particular framing messages in such a way that the final audience can perceive as 'vaccines are bad' or 'we are not sure of the value of vaccines'."

"I often have an intervention mindset in my communication. This can lead me to interpret knowledge translation as being intervention work and ask myself, 'how can this sentence and image be altered to positively influence people's beliefs and behaviours?'. This can have benefits to encourage healthier decision making, but if my values/beliefs are misguided, it could also be detrimental. This is something I try to be aware of, and I sometimes take a step back to instead ask 'how can I create this message to help people understand the topic and make a decision for themselves?'"

4. **How have the dynamic within the team and the context of this project influenced the above themes?**

"Only interacted directly with the team on one occasion, but could see the formidable challenge of bridging the gap between hard findings and what can be derived from (and credibly said about) them."

"I felt the team had good communication and dynamics, which had a positive effect on the development of this project. The time available to discuss, however, might have limited the amount of contributions each member was able to give, but the focus on the important aspects was important and when further discussion was needed, we had an open channel to do it. From a learning perspective, I feel that the time restriction has also impacted the opportunity to expand knowledge. Each member was able to cover only what they were trained on, which I understand in the context of an urgent request and the necessity to keep a high quality of work."

"I think that even with the lack of time, when working through this report, the team has had numerous opportunities to touch base on specific tasks/doubts. I was more or less engaged throughout the entire process. Everyone had their say and after thorough discussion a consensus approach was adopted on the research side of things."

"The team was very inclusive and comments were accepted from everyone. This allowed us to overcome differences in opinion during discussions."

"I do believe that time constraints the team was working under may have precluded us from being able to consider/explore as many perspectives as we would have liked."

“I think the dynamic of the team was very good in allowing for people to speak their mind and be active participants in discussions. I appreciated efforts going into knowledge translation and the team’s open-mindedness towards engaging in discussions on intersectionality. However, for myself, I also occasionally worried about being a ‘trespasser’ in this space (i.e., not having expertise on vaccine effectiveness research), which occasionally made me more reluctant to contribute certain thoughts/concerns.”
“I think the time constraints—deadlines and COVID-related—were something that greatly limited the way we structured our work. Incorporating different perspectives and interpreting these results with more time would probably allow us to incorporate different elements that are not there yet, such as perspectives of ethnicity, access, sex, gender, etc.”

“I am concerned about how time pressures made it so that we cut certain discussions short, and worry about the impacts of ‘rushing’ through certain elements. This felt necessary given the time constraints on this rapid review, but I can’t help but wonder about what we could have done differently if we had more time to complete the review.”

“I think we have had a good dynamic; it has felt as if everyone has contributed to the process and helped shape the final products. I think the short timeline for turnaround has not enabled us to be able to fully exploit the data and the surrounding influences, e.g., the variant situation in the countries at the time of data capture. It also feels like this is the start of the data capture and that over the coming 6-12 months we are going to get a much clearer picture of how VE evolves with the publication of more studies.”

“My relative inexperience in the team and to the process of rapid reviews led me to spend more time trying to keep up with the scientific processes rather than thinking more broadly about intersectionality. I think if I had more experience in the group, I would be more enthusiastic to combat those time constraints that ultimately prevented us from weaving intersectionality reflections into every part of our research.”

“I am a trainee in the team, but my general perception is that I am always given the opportunity to express my opinions and thoughts within this research team.”

“The team was very inclusive in its communication and open-minded so several points of view could be expressed; I didn't feel any ideological rigidity from anybody. We had a common understanding of the constraints to deal with and of the goal to achieve. These dynamics helped us pool our strengths and not split on our differences.”