GRADE Evidence Profile: Vaccination with mRNA-1273 (Moderna) against COVID-19

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Vaccination with mRNA-1273	No vaccination	Vaccine efficacy (VE) or risk ratio (RR) (95% CI)	Absolute		
COVID-1	9 (lab-confirm	ned); with	hout evidence of	prior infection;	all age groups	(follow-up media	n 2 months)					
1	randomised trials	serious1	no serious inconsistency	no serious indirectness	no serious imprecision	none	11/13934 (0.08%)	185/13883 (1.3%)	VE 94.1 (89.3 to 96.8)	13 fewer per 1000 (from 12 fewer to 13 fewer)	⊕⊕⊕O MODERATE	IMPORTAN'
COVID-1	9 (lab-confirm	ned); with	hout evidence of	prior infection;	age 18-64 years	s (follow-up medi	an 2 months)					
1	randomised trials	serious ¹	no serious inconsistency	no serious indirectness	no serious imprecision	none	7/10551 (0.07%)	156/10521 (1.5%)	VE 95.6 (90.6 to 97.9)	14 fewer per 1000 (from 13 fewer to 15 fewer)	⊕⊕⊕O MODERATE	IMPORTAN
COVID-1	9 (lab-confirm	ned); with	hout evidence of	prior infection;	age >=65 years	(follow-up media	an 2 months)					
1	randomised trials	serious ¹	no serious inconsistency	no serious indirectness	no serious imprecision	none	4/3583 (0.11%)	29/3552 (0.82%)	VE 86.4 (61.4 to 95.2)	7 fewer per 1000 (from 5 fewer to 8 fewer)		IMPORTAN
COVID-1	9 (lab-confirm	ned); with	hout evidence of	prior infection;	age >=75 years	(follow-up media	an 2 months)					
1	randomised trials	serious ¹	no serious inconsistency	no serious indirectness	no serious imprecision	none	0/630 (0%)	7/688 (1%)	VE 100 (95%CI not calculated)	10 fewer per 1000 (from 10 fewer to 10 fewer)	⊕⊕⊕O MODERATE	IMPORTAN'
Hospital	isation due to		19 (proxy: severe	COVID-19; lab-	confirmed); wit	hout evidence of	prior infection; al	age groups	(follow-up median	2 months)	l	I
1	randomised trials	serious ¹	no serious inconsistency	serious ²	serious ³	none	0/13934 (0%)	30/13883 (0.22%)	VE 100 (95%Cl not	2 fewer per 1000 (from 2 fewer to 2	⊕000 VERY LOW	CRITICAL

									calculated)	fewer)		
eath	due to COVID-1	9 (follow	-up median 2 m	onths)								
(randomised trials	serious ¹	no serious inconsistency	no serious indirectness	serious ³	none	0/14134 (0%)	1/14073 (0.007%)	VE 100 (95%CI not calculated)	7 fewer per 100,000 (from 7 fewer to 7 fewer)	⊕⊕OO LOW	CRITICA
.ocal	reaction (examp	ole: pain	at injection site	after dose 1) (fo	llow-up media	n 2 months)				1		
1	randomised trials	serious ⁴	no serious inconsistency	no serious indirectness	no serious imprecision	none	12690/15164 (83.7%)	2658/15151 (17.5%)	-		0 MODERATE	IMPORTAI
Syster	mic reaction (ex	ample: fa	itique after dose	1; age 16-55 ye	ears) (follow-up	median 2 mon	ths)	-I				
1	randomised trials	serious ⁴	no serious inconsistency	no serious indirectness	no serious imprecision	none	5635/15167 (37.2%)	4133/15155 (27.3%)	-		⊕⊕⊕O MODERATE	IMPORTAI
Any se	erious treatmen	t-emerge	nt adverse even	t (follow-up med	dian 2 months)							
1	randomised trials	serious ⁴	no serious inconsistency	no serious indirectness	no serious imprecision	none	82/15184 (0.54%)	86/15165 (0.57%)	-		⊕⊕⊕O MODERATE	CRITICA
CU ad	mission due to	COVID-1	9 - not reported	I		1	l					
0	-	-		-	-	none	-	-	-	-		CRITICA
ntuba	tion due to CO	/ID-19 - n	ot reported				I	<u> </u>		1		
0	-	-	•	-	-	none		-		•		CRITICA
Adver	se events of sp	ecial inte	rest - not reporte	ed			1	1 1		-1	<u> </u>	
			1	-	-	none					-	CRITICA

¹ exclusion of participants in both arms not completely transparently described; impact on results cannot definitely be excluded ² severe COVID-19 used as proxy for hospitalization (indirectness regarding outcome)

3 Wide 95% confidence interval

⁴ part of study personnel was not blinded (incl. vaccine administrators). This could have had an impact on recognition of events/reactions by participants if information on allocation was communicated to them.

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