Effectiveness of heterologous and booster Covid-19 vaccination in 5 European countries, using a cohort approach in children and adults with a full primary Covid-19 vaccination regimen (Covid Vaccines Effectiveness (CoVE))

First published: 17/06/2022 Last updated: 01/07/2024





## Administrative details

#### **PURI**

https://redirect.ema.europa.eu/resource/50294

#### **EU PAS number**

**EUPAS47725** 

#### Study ID

50294

#### **DARWIN EU® study**

No

#### **Study countries**

France

Italy

Netherlands

Spain

**United Kingdom** 

#### Study description

Real-world effectiveness data demonstrated that Covid-19 vaccines' protection against severe SARS-CoV-2 infection is high in the short term but wanes over time, also depending on the virus variants. This study will deepen the real-world data effectiveness evidence of heterologous, homologous, and booster vaccination different regimes on a large population scale. The goal of this study is to assess the effectiveness and waning of immunity of primary Covid-19 vaccinations and the booster in preventing different covid-19 outcomes. The Primary objective is to estimate the effectiveness and waning of effectiveness in adults and adolescents (heterologous vs homologous primary vaccinations), children (vaccinations vs non-vaccination), homologous or heterologous booster vs no booster. Secondary objective: To estimate the effectiveness of booster against all-cause mortality in adults 60+. Retrospective multi-database cohort study. Cohort entry (time0) is the date of the 2nd dose for the primary vaccination regimens, or the booster. The same date for pairs who are matched on time0, birth year, sex and region. Outcomes: severe Covid-19, Covid-19-related death, all Covid-19 infections, and all-cause mortality. The study will include 8 data sources across from Spain, Italy, Netherlands, France, and United Kingdom. The population are estimated in around 67 millions patients with complete primary vaccination. Baseline characteristics, Incident rates differences and IPW Kaplan-Meier curves for covid outcomes by matched cohorts will be estimated. Vaccine effectiveness will be estimated as 1 minus the Hazard Ratio (estimated by Cox regression) for age groups, overall matched cohorts, and brands. Meta-analyses will be performed for small subpopulations. Different access to Covid-19 testing (restricting to patients with negative tests) and healthy vaccinee effect will be investigated in sensitivity analyses.

#### Study status

Finalised

## Research institution and networks

## Institutions



# Division of Pharmacoepidemiology & Clinical Pharmacology (PECP), Utrecht Institute for Pharmaceutical Sciences (UIPS), Utrecht University

Netherlands

First published: 01/03/2010

Last updated 23/05/2024 Institution

**ENCePP** partner **Educational Institution** 

Servicio de Epidemiología, Prevención y Promoción de la Salud, Instituto de Salud Pública de Navarra (ISPN)

Spain

First published: 03/05/2012

Last updated

Institution

25/06/2014 **ENCePP** partner Other

# EpiChron Research Group on Chronic Diseases, Aragon Health Sciences Institute (IACS)

Spain

First published: 17/02/2017

Last updated

Institution

02/04/2024 **ENCePP** partner **Educational Institution** 

Pharmacoepidemiology and Pharmacovigilance department, Spanish Agency of medicines and medical devices (AEMPS)

First published: 31/07/2014



Innovative Solutions for Medical Prediction And Big Data Integration In Real World Setting Srl (INSPIRE Srl), University Of Messina

Italy
First published: 15/11/2021
Last updated
Institution

ENCePP partner
Educational Institution

# Drug Safety Research Unit (DSRU) United Kingdom First published: 10/11/2021 Last updated Institution ENCePP partner Not-for-profit



RTI Health Solutions (RTI-HS)

France
Spain
Sweden
United Kingdom
United Kingdom (Northern Ireland)
United States
First published: 21/04/2010
Last updated

Institution

ENCePP partner

Not-for-profit



l'Assistance Publique-Hôpitaux de Paris (APHP) France, Teamit Institute, S.L. Spain, PHARMO Institute for Drug Outcomes Research. Netherland, Società Servizi Telematici -Pedianet. Italy, Institute of Public Health, Riga Stradins University Latvia, Democritus University of Thrace Greece, National Public Health Agency (RIVM) Netherlands

## **Networks**

Vaccine monitoring Collaboration for Europe (VAC4EU)

Belgium Denmark Finland

France

Germany

Italy

Netherlands

Norway

Spain

**United Kingdom** 

**First published: 22/09/2020** 

Network

Last updated 22/09/2020 **ENCePP** partner

# EU Pharmacoepidemiology and Pharmacovigilance (PE&PV) Research Network

Netherlands

First published: 01/02/2024

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Network

## Contact details

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**Primary lead investigator** 

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Primary lead investigator

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## Study timelines

Date when funding contract was signed

Planned:

20/04/2022

Actual:

20/04/2022

#### Study start date

Planned: 20/06/2022 Actual: 20/06/2022

#### Date of final study report

Planned: 20/01/2023 Actual: 23/04/2023

# Sources of funding

• EMA

## Study protocol

D2\_StudyProtocol\_v0.4\_ROC12\_FINAL\_20220615.pdf(1.12 MB)

# Regulatory

Was the study required by a regulatory body? No

Is the study required by a Risk Management Plan (RMP)? Not applicable

# Other study registration identification numbers and links

The project has received support from the European Medicines Agency under the Framework service contract nr EMA/2020/46/TDA/L5.06

## Methodological aspects

Study type list

#### Study topic:

Disease /health condition Human medicinal product

#### Study type:

Non-interventional study

#### Scope of the study:

Effectiveness study (incl. comparative)

#### Data collection methods:

Secondary data collection

#### Main study objective:

The goal of this study is to assess the effectiveness and waning of immunity of primary Covid-19 vaccinations and the booster in preventing different covid-19 outcomes.

# Study Design

#### Non-interventional study design

Cohort

Other

#### Non-interventional study design, other

Retrospective multi-database study

# Study drug and medical condition

#### **Anatomical Therapeutic Chemical (ATC) code**

(J07BX03) covid-19 vaccines

#### Medical condition to be studied

SARS-CoV-2 test positive

#### Additional medical condition(s)

Severe Covid-19 (i.e. admitted to hospital or intensive care units) Covid-19-related death, all Covid-19 infections, all-cause mortality (secondary objective)

# Population studied

#### Short description of the study population

The study population comprised of all children, adolescents, and adults, had at least 2 years of available healthcare data registered in the 6 electronic health care databases for the study period of December 2020 to February 2022.

The study also included vaccinated individuals with at least two recorded vaccinations since the start of the study period.

#### Age groups

Children (2 to < 12 years)

Adolescents (12 to < 18 years)

Adults (18 to < 46 years)

Adults (46 to < 65 years)

Adults (65 to < 75 years)

Adults (75 to < 85 years)

Adults (85 years and over)

#### Special population of interest

Other

#### Special population of interest, other

COVID-19 patients

#### **Estimated number of subjects**

67271319

## Study design details

#### **Outcomes**

covid-19 (positive test and/or diagnosis) severe covid-19 covid-19 related death, all-cause mortality

#### Data analysis plan

Distributions of baseline and Covid-19 vaccination characteristics at time0 will be assessed in all-Covid-19 vaccinated population and matched populations. Incident rates differences (95% confidence intervals) of each Covid-19 outcome for both primary vaccination matched and booster/non-booster matched cohorts estimated by overall, age groups, brands, and time since (booster-)time0 will be estimated. IPW-weight Kaplan-Meier curves will be generated to depict the cumulative incidence of the outcomes by matched cohorts over time after (booster-)time0. Cox proportional hazards regression (95% confidence intervals) to derive the average hazard ratio (HR) of Covid-19 related outcomes will be produced. The adjusted vaccine effectiveness for all the outcomes and all-cause death will be estimated as 1 minus the adjusted HR (and 1-95% confidence intervals) for age groups, overall matched cohorts, and brands.Random-effects meta-analyses will be performed in subpopulations reduced in number.

## **Documents**

## Data management

## Data sources

#### Data source(s)

Base de Datos para la Investigación Farmacoepidemiológica en el Ámbito Público (Pharmacoepidemiological Research Database for Public Health Systems)

Pedianet network

ARS Toscana

PHARMO Data Network

The Information System for Research in Primary Care (SIDIAP)

Caserta claims database

Clinical Practice Research Datalink

#### Data source(s), other

SNDS (Système National des Données de Santé) France

#### Data sources (types)

Administrative data (e.g. claims)

Disease registry

Drug dispensing/prescription data

Drug registry

Electronic healthcare records (EHR)

Other

#### Data sources (types), other

Secondary care electronic patients registry, Hospital registry

## Use of a Common Data Model (CDM)

#### **CDM** mapping

No

## Data quality specifications

## Check conformance Unknown

## **Check completeness**

Unknown

## **Check stability**

Unknown

## **Check logical consistency**

Unknown

# Data characterisation

#### **Data characterisation conducted**

No