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A Phase IV Non-Interventional Enhanced Active Surveillance Study of Adults Vaccinated with AZD1222

Marketing Authorisation Holder(s)

Marketing authorisation holder(s)	AstraZeneca AB, 151 85 Södertälje, Sweden
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PASS INFORMATION

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Research question and objectives	The purpose of this study is to assess the safety and tolerability of AZD1222 in adults vaccinated in real-world settings. **Primary objective:** • To estimate the incidence of SAEs, AESIs, and medically-attended AEFIs after at least one IM dose of AZD1222 for 3 months after vaccination. **Secondary objectives:** • To estimate the incidence of SAEs, AESIs, and medically-attended AEFIs after at least one IM dose of AZD1222 for up to 18 months after vaccination. • To estimate the incidence of SAEs, AESIs, and medically-attended AEFIs after at least one IM dose of AZD1222 in participants by age group. • To estimate the incidence of SAEs, AESIs, and medically-attended AEFIs after at least one IM dose of AZD1222 in participants with select comorbidities. • To estimate the frequency of select pregnancy outcomes in women vaccinated with AZD1222 during pregnancy or within 45 days of the estimated conception date. • To estimate the frequency of select outcomes at birth and up to 12 months of age in neonates/infants born to mothers vaccinated with AZD1222 during pregnancy or within 45 days of the estimated conception date.
Country (-ies) of study	Germany, Spain, and Sweden
Author	PPD

TABLE OF CONTENTS

LIST OF TABLES

LIST OF FIGURES

LIST OF APPENDICES

1. ABSTRACT

Title

A Phase IV Non-Interventional Enhanced Active Surveillance Study of Adults Vaccinated with AZD1222. Here: Summary Report for 2nd Interim Analysis, version 1.0, 03 Dec 21. Authored by PPD .

Keywords

Vaccine Enhanced Surveillance

Rationale and background

Safe, effective, and accessible vaccines are needed to prevent the spread of COVID-19. The COVID-19 Vaccine AstraZeneca (AZD1222) is a recombinant replication defective chimpanzee adenovirus expressing the severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) spike protein. In Phase II and III clinical studies, AZD1222 helped to prevent COVID-19. In addition to ongoing Phase III studies and routine pharmacovigilance, the benefit-risk profile of AZD1222 will be assessed in regional post-authorisation studies. This Phase IV enhanced safety surveillance study will collect safety and tolerability data from adults vaccinated with AZD1222 in real-world settings in the European Union (Germany, Spain, and Sweden). A similar study is being conducted in the UK.

Research question and objectives

The purpose of this study is to assess the safety and tolerability of AZD1222 in adults vaccinated in real-world settings.

The primary objective of the study is to estimate the incidence of serious adverse events (SAEs), adverse events of special interest (AESIs), and medically-attended adverse events following immunisation (AEFIs) after at least one intramuscular (IM) dose of AZD1222 for 3 months after vaccination.

The secondary objectives are:

- To estimate the incidence of SAEs, AESIs, and medically-attended AEFIs after at least one IM dose of AZD1222 for up to 18 months after vaccination.
- To estimate the incidence of SAEs, AESIs, and medically-attended AEFIs after at least one IM dose of AZD1222 in participants by age group.
- To estimate the incidence of SAEs, AESIs, and medically-attended AEFIs after at least one IM dose of AZD1222 in participants with select comorbidities.
- To estimate the frequency of select pregnancy outcomes in women vaccinated with AZD1222 during pregnancy or within 45 days of the estimated conception date.

- To estimate the frequency of select outcomes at birth and up to 12 months of age in neonates/infants born to mothers vaccinated with AZD1222 during pregnancy or within 45 days of the estimated conception date.

Study design

This is a Phase IV real-world, observational, non-interventional, prospective cohort study of adults vaccinated with AZD1222. The study uses an innovative digital platform (study app and web portal) as well as a traditional call centre to collect participant responses to a series of health and well-being questionnaires over an 18-month period (extended to 24 months for pregnant women and infant outcomes). Investigators and study personnel (CRO) have real-time access to enrolment trends and reported adverse events (AEs) via an investigator dashboard within the digital platform.

Research coordinators at vaccination sites will invite vaccinated adults to join the study. Participants can enrol at the vaccination site with assistance from a research coordinator or can take home a study information brochure and enrol within 28 days after the first dose of AZD1222. Research coordinators and the study call centre are available to assist with enrolment and informed consent, as needed. Electronic informed consent using the study app will be an option where permitted.

Participants using the digital platform will set up a secure account, complete the enrolment questionnaires, and provide details of their vaccination to confirm eligibility. Non-digital participants will complete the enrolment questionnaires and confirm eligibility at a vaccination site or by a telephone call to the call centre. After enrolment, participants will be contacted to complete follow-up questionnaires at timed intervals over an 18-month period (extended to 24 months for pregnant women and infant outcomes) after their first AZD1222 dose. Digital participants will receive push notifications or emails and non-digital participants will receive phone calls. Participants can also submit unscheduled AE reports through the digital platform and call centre.

Adverse events reported by participants will be reviewed, followed-up, and assessed by study personnel. Participants will grant permission for study personnel to contact their healthcare providers and obtain medical records. All participant data will be coded and personal identifying information removed before the data is transferred to the Sponsor's safety database. Role-based permissions will ensure only authorised personnel can view data and records containing participant identities.

Setting

Vaccination sites will include various site types such as general/primary care practices, hospitals, vaccination centres, mobile vaccination units, and long-term care facilities. The types of sites may differ over time and between countries, reflecting differences in local

practices and vaccination policies. To boost enrolment of older adults (≥ 65 years of age), the choice of vaccination sites for the study will target locations likely to administer vaccines to older adults and geographical areas with higher populations of older adults. The study will initially include vaccination sites in Germany, Spain, and Sweden, but the study may be expanded to other countries.

Subjects and study size, including dropouts

Participants are adults ≥ 18 years of age who receive the AZD1222 vaccine in Germany, Spain, or Sweden and are able and willing to consent to participate in the study. This study will enrol all eligible participants but, in particular, will seek to enrol older adults, with a target of 50% of participants being aged ≥ 65 years. Other subpopulations of interest include pregnant women, women who are breastfeeding, immunocompromised persons, persons with an autoimmune or inflammatory disorder, and frail persons with comorbidities. The study will also aim for an approximately equal enrolment of male and female participants. Target enrolment is 15,000 participants.

Results

Full study results are not yet available, however a summary for the results of Interim Analysis 2 is as follows:

A total of 27 participants have enrolled in this study, 11 (40.7%) of which are female and 16 (59.3%) males; PPD

PPD

Until database cut (31-Aug-2021), no SAEs, AESIs, AEFIs have been reported.

Discussion

Not applicable, as study is still ongoing.

Marketing Authorisation Holder(s)

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2. LIST OF ABBREVIATIONS

Abbreviation or special term	Explanation
AE	adverse event
ADR	adverse drug reaction
AEFI	adverse event following immunisation
AESI	adverse event of special interest
AZD1222	COVID-19 Vaccine AstraZeneca
COVID-19	coronavirus disease 2019
CRO	contract research organisation
ENCePP	European Network of Centres for Pharmacoepidemiology and Pharmacovigilance
EU	European Union
GDPR	General Data Protection Regulation
GPP	Good Pharmacoepidemiology Practices
HCP	healthcare provider
CCI	CCI
IEC	Independent Ethics Committee
IM	intramuscular
MedDRA	Medical Dictionary for Regulatory Activities
PASS	post-authorisation safety studies
CCI	CCI
SAE	serious adverse event
SARS-CoV-2	severe acute respiratory syndrome coronavirus 2
UK	United Kingdom
US	United States
VAED	vaccine-associated enhanced disease
VAERD	vaccine-associated enhanced respiratory disease
WHO	World Health Organization

3. INVESTIGATORS

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4. OTHER RESPONSIBLE PARTIES

N/A.

5. MILESTONES

Table 1 Study Milestones

Milestone	Planned dates [a]
Start of data collection	June 2021
Interim report with data cut-off 1 month after first enrolment	Q3 2021
Interim report with data cut-off 3 months after first enrolment	Q3 2021
Interim reports every 3 months thereafter	TBD
Registration in the EU PAS register	Q2 2021
End of data collection	Q1 2024
Final report of study results	Q3 2024

[a] Planned dates are the Sponsor's best estimates based on circumstances at the time of writing the protocol. As the COVID-19 pandemic is a dynamic situation, milestones and dates may be amended if recruitment forecasts change.

EU, European Union; PAS, post-authorisation studies; TBD, to be determined.

6. RATIONALE AND BACKGROUND

Safe, effective, and accessible vaccines to prevent COVID-19 are needed to reduce the spread of the disease and mitigate the public health and socioeconomic crises that have resulted from the pandemic. The COVID-19 Vaccine AstraZeneca (AZD1222; formerly ChAdOx1 nCoV-19) helped prevent COVID-19 in Phase II and III clinical studies.

Germany, Spain, and Sweden have each developed a national vaccine deployment plan, including establishing priority groups (ECDC 2020a). In general, these plans prioritise elderly people, healthcare workers, and persons with certain comorbidities (ECDC 2020a). Until the

vaccine supply is sufficient for universal vaccination, prioritisation recommendations will impact which populations are vaccinated in real-world settings (ECDC 2020b).

Coronaviruses are enveloped viruses with positive-sense single-stranded RNA genomes. The spike glycoprotein is a coronavirus surface protein involved in receptor binding and mediating virus entry into host cells during infection (Li 2016). AZD1222 is a recombinant replication defective chimpanzee adenovirus expressing the severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) spike glycoprotein. Development of AZD1222 was initiated by the University of Oxford with subsequent transfer of development activities to the Sponsor.

The University of Oxford is investigating the safety, immunogenicity, and efficacy of AZD1222 in 5 ongoing adult studies in the UK, Brazil, South Africa, and Kenya, and one ongoing paediatric study in the UK. A pooled, interim analysis of the 4 ongoing studies found AZD1222 to have an acceptable safety profile in adults following vaccination (Voysey et al 2021). The incidence of serious adverse events (SAEs) and adverse events of special interest (AESIs) was similar between the analysis groups (participants receiving AZD1222 vs controls) and all 4 of the non-COVID-19 deaths (1 in an AZD1222 recipient and 3 in control recipients) were considered unrelated to the study product (Voysey et al 2021). Local and systemic reactogenicity of AZD1222 was tolerable and decreased in incidence and severity in older adults and after the second dose (Voysey et al 2021). Common local symptoms have included injection-site pain and tenderness and common systemic symptoms have included fatigue and headache (Folegatti et al 2020, Ramasamy et al 2021, Barrett et al 2020).

7. RESEARCH QUESTION AND OBJECTIVES

The purpose of this study is to assess the safety and tolerability of AZD1222 in adults vaccinated in real-world settings. Table 2 lists the study objectives and outcome measures.

Table 2 Study Objectives and Outcome Measures

Objective	Outcome measure(s)
Primary objective	
To estimate the incidence of SAEs, AESIs, and medically-attended AEFIs after at least one IM dose of AZD1222 for 3 months after vaccination.	• Serious adverse events • Adverse events of special interest • Medically-attended AEFIs
Secondary objectives	
To estimate the incidence of SAEs, AESIs, and medically-attended AEFIs after at least one IM dose of AZD1222 for up to 18 months after vaccination.	• Serious adverse events • Adverse events of special interest • Medically-attended AEFIs
To estimate the incidence of SAEs, AESIs, and medically-attended AEFIs after at least one IM dose of AZD1222 in participants by age group.	• Serious adverse events • Adverse events of special interest • Medically-attended AEFIs

Table 2 Study Objectives and Outcome Measures

Objective	Outcome measure(s)
To estimate the incidence of SAEs, AESIs, and medically-attended AEFIs after at least one IM dose of AZD1222 in participants with select comorbidities.	• Serious adverse events • Adverse events of special interest • Medically-attended AEFIs
To estimate the frequency of select pregnancy outcomes in women vaccinated with AZD1222 during pregnancy or within 45 days of the estimated conception date.	Events within the AESI medical concept "Pregnancy outcome – Maternal", including: • Spontaneous abortions • Stillbirths • Preterm births
To estimate the frequency of select outcomes at birth and up to 12 months of age in neonates/infants born to mothers vaccinated with AZD1222 during pregnancy or within 45 days of the estimated conception date.	Events within the AESI medical concept "Pregnancy outcome – Neonates", including: • Major congenital malformations • Small for gestational age
Exploratory objectives	
CCI [redacted]	CCI [redacted]
CCI [redacted]	CCI [redacted]
CCI [redacted]	CCI [redacted]

AE, adverse event; AEFI, adverse event following immunisation; AESI, adverse event of special interest; CCI [redacted]; IM, intramuscular; CCI [redacted] SAE, serious adverse event.

8. AMENDMENTS AND UPDATES

AZD1222, D8111R00003 Clinical Study Protocol v. 2.0, 11-May-2021.

9. RESEARCH METHODS

9.1 Study design

This is a Phase IV real-world, observational, non-interventional, prospective cohort study of adults who receive the AZD1222 vaccine. Vaccine recipients ≥ 18 years old will be recruited for the study at vaccination sites in Germany, Spain, and Sweden. Awareness of the study may be raised through social media and traditional media (television, print, and radio).

In this study, vaccination sites will not act as traditional study investigators and will not be responsible for participant screening or safety follow-up. Rather, participants will self-enrol in the study using the study app, web portal, or call centre and will submit answers to study questionnaires using those methods. Event follow-up and assessment, where needed, will also be performed remotely by study personnel. The digital platform will also include an

investigator dashboard where investigators and selected study personnel can view and track, in real time, all adverse events (AEs) submitted. Role-based permissions will ensure only authorised personnel can view identifying confidential data like participant names.

Participants will enrol in the study after vaccination with AZD1222. Enrolment is permitted within 28 days of the first dose of AZD1222 and can be completed at the vaccination site or remotely. If a vaccine recipient chooses to enrol in the study at the vaccination site, a study research coordinator may be present and can assist by:

- Providing information about the study.
- Explaining the study participation options: study app, web portal, or telephone communication with the call centre.
- Assisting the participant with the informed consent process.
- Checking if participants meet the eligibility criteria and providing vaccination details.
- Recording contact information for the participant, the emergency contact (in case of apparent loss to follow-up), and the participant's proxy, if needed.
- Providing the proxy with instructions on how to assist the participant with reporting.

For vaccine recipients who would prefer to enrol remotely later, up to 28 days after the first vaccine dose, a study information brochure will be available that includes instructions to remotely enrol (including electronic informed consent completion, where permitted) and their vaccination details (if a vaccination card was not already provided).

Study personnel will confirm each participant's receipt of AZD1222 using their vaccination card, reported batch/lot number of the vaccine dose, and/or regional vaccination register details. The batch/lot number of the vaccine dose will be recorded whenever possible. The enrolment questionnaires will also ask participants for demographic information, medical history, pregnancy status, breastfeeding status (Figure 1). CCI [redacted]

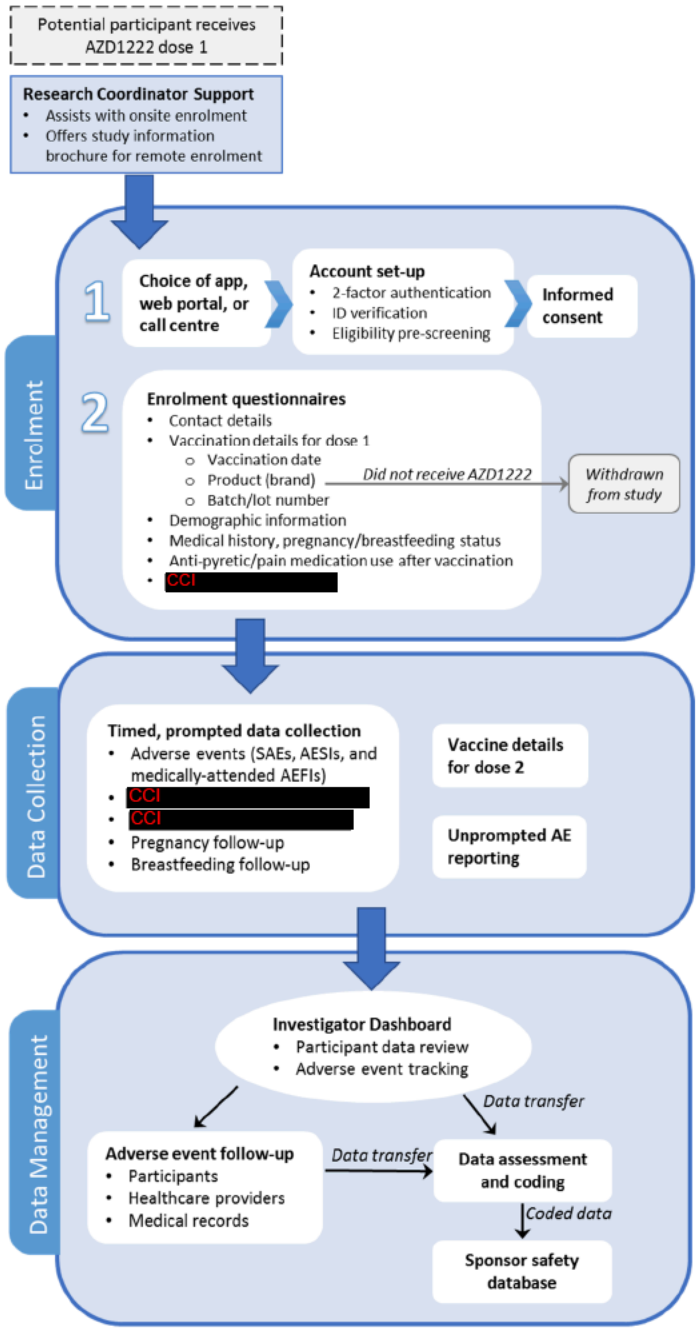
After enrolment, participants will receive study reminders and report outcomes using the app, web portal, or study call centre. Both digital and non-digital participants can select a proxy, ie, a caregiver, family member, or other trusted individual, who will have permission to complete study questionnaires on behalf of the participant. Participants will receive study notifications at predefined time intervals for up to 18 months after the first AZD1222 dose. Study notifications will include prompts for safety outcomes at 1, 4, 8, and 14 weeks and 6, 9, 12, and 18 months following the first vaccine dose. Participants can also submit unscheduled, unprompted AE information, with focus on the AE types specified for this study: SAEs, AESIs, and medically-attended AEs following immunisation (AEFIs), including COVID-19 cases that were medically-attended. Should other AE types, however, be reported, these will also be collected and managed accordingly and presented in the study report.

CCI [redacted] will be sent at 4.5 months and 15 months after the first vaccine dose. Participants may also receive messages to maintain contact and ensure study retention.

When a participant reports an AE, study personnel will see a flag in the investigator dashboard and will perform event follow-up and assessment. Study personnel will request medical records from the participant's HCP and assess if the event is serious and/or an adverse drug reaction. For events without an HCP contact, study personnel will assess AEs based on details provided from the participants.

Participants who are pregnant at the time of vaccination or are vaccinated within 45 days prior to the estimated date of conception will be asked to provide additional information to assess pregnancy and neonatal/infant outcomes. Pregnant women will be asked for pregnancy outcomes 12 months after their last menstrual period and for infant outcomes up to 12 months of age or at 24 months post-first dose for the last participant enrolled in the study, whichever is first. Participants who are breastfeeding will also be asked for additional information.

Figure 1 Overview of the Study Design



If a participant is unable to directly provide requested information, a proxy can do so on the participant's behalf.
AE, adverse event; AESI, adverse event of special interest, AEFIs, adverse events following immunisation; CCI CCI SAE, serious adverse event.

9.2 Setting

9.2.1 Vaccination Sites

Vaccination sites will include various site types such as general/primary care practices, hospitals, vaccination centres, mobile vaccination units, and long-term care facilities. The

types of sites may differ over time and between countries, reflecting differences in local practices and vaccination policies. To boost enrolment of older adults (≥ 65 years of age), the choice of vaccination sites for the study will target locations likely to administer vaccines to older adults and geographical areas with higher populations of older adults. The study will initially include vaccination sites in Germany, Spain, and Sweden, but the study may be expanded to other countries.

9.2.2 Study Population

9.2.2.1 Eligibility Criteria

Participants are eligible to be included in the study only if all the following criteria apply:

- Aged 18 or older at the time of vaccination.
- Received AZD1222 as the first dose of COVID-19 vaccination in the prior 28 days.
- The participant has provided sufficient details to validate the vaccination (vaccination card, batch/lot number, and/or regional vaccination register details).
- Provided informed consent to participate in the study, either personally or through a legal representative.
- Able and willing to provide responses to study notifications using the mobile device app, web portal, or call centre or have a proxy (a caregiver, family member, or other trusted individual) who can do so on their behalf.
- Able and willing to grant, personally or through a legal representative, permission to contact the participant's healthcare providers and to access the participant's medical records at the time of vaccination and during the post-vaccination follow-up period.

9.2.2.2 Key Subpopulations

This real-world, non-interventional study will enrol all eligible participants but, in particular, will seek to enrol older adults, with a target of 50% of participants aged ≥ 65 years. The study will also aim to have equal enrolment of male and female participants. Additional subpopulations of interest in this study include:

- Pregnant women, breastfeeding women
- Immunocompromised participants
- Participants with autoimmune or inflammatory disorders
- Frail participants with comorbidities (eg, chronic obstructive pulmonary disease, diabetes, chronic neurological disease, cardiovascular disorders)

9.2.2.3 Participant Withdrawal and Lost to Follow-up

A participant may withdraw from the study at any time at his/her own request or may be withdrawn at any time at the discretion of the investigator for safety, behavioural, compliance, or administrative reasons. If the participant withdraws consent for disclosure of future

information, the Sponsor may retain and continue to use any data collected before such a withdrawal of consent. Participants who choose to withdraw will be asked for the reason they are leaving the study.

A participant will be considered lost to follow-up if he or she fails to respond to the study notifications and does not respond to subsequent follow-up attempts. At least 2 follow-up attempts will be made, at least one week apart.

For participants who are apparently lost to follow-up, study personnel will attempt to collect the vital status of the participant within legal and ethical boundaries for all participants enrolled. Participant's emergency contact, provided at enrolment, will be contacted, and asked for the status of the participant, and, if appropriate, the reason the participant has not responded to study notifications. Public sources may be searched for vital status information. If vital status is determined as deceased, this will be documented, and the participant will not be considered lost to follow-up. Sponsor personnel will not be involved in any attempts to collect vital status information.

9.3 Variables

9.3.1 Study Variables to be Collected

Table 3 summarises the data collection plan.

Table 3 Data Collection Plan for Key Variables and Information

Procedure or variable	Enrolment (post-vaccine dose 1) [b]	Post-vaccination follow-up with participants via app, email, or phone call (months, weeks after first vaccine dose)										Data source(s)	Data capture format
		1 wk	4 wk	8 wk	14 wk	4.5 m 20 wk	6 m 26 wk	9 m 39 wk	12 m 52 wk	15 m 65 wk	18 m 78 wk		
Consent and Contact Details													
Informed consent [a]	X											Participant	ICF form
Choice of digital or non-digital participation	X											Participant	Profile questionnaire
Personal contact information, including emergency contact	X												
Primary HCP and contact information	X												
Name and contact information for proxy, if needed	X											Participant	App or web portal interface
Vaccination Details													
Vaccine product (brand)	X		Starting at Week 4, participants can complete a post-vaccination questionnaire for their second dose. Second doses are expected between Week 4 and Week 14 based on recommended schedules.									Vaccination site, RC, participant	Vaccination details questionnaire
Vaccination date	X												
Vaccine batch/lot number	X												
Type of vaccination site	X												
Photo of vaccination card [c]	X											Participant	Vaccine card photo
Any antipyretic/pain-reliever within 5 days of vaccination		X										Participant	Antipyretic/ pain-reliever questionnaire
Participant Background Information													
Age	X											Participant	Background questionnaire
Sex/gender	X												
Height/weight	X												
Race/ethnicity [d]	X												

Country of birth/residence	X											
Employment status	X											
Smoking status/history	X											
Medical History												
Prior infection with SARS-CoV2 or prior COVID-19 disease, including symptoms	X										Participant, medical records	Medical history questionnaire
Recent non-AZD1222 vaccination	X	X	X	X	X		X	X	X		X	
Select comorbidities and medications [e]	X											
Safety Outcomes												
SAEs, AESIs, and medically attended AEFIs [f] • Symptoms • Diagnosis • Onset date/duration • Intensity • Resolution • Treatment • Seriousness [g] • Causality [g]		X	X	X	X		X	X	X		X	Participant, HCP, medical records	CCI [redacted] AESI form (when applicable)
CCI [redacted]		X	X	X	X		X	X	X		X	Participant, medical records	CCI [redacted]
Death												Emergency contact, proxy, HCP, medical records	Safety database
Pregnancy Status and Outcomes (Pregnant and Breastfeeding Women Only)												

Pregnancy status, including maternal medical and obstetric history	X	X	X	X	X		X	X	X		X	Participant, medical records	Pregnancy status questionnaire
Pregnancy/infant outcomes, pregnant participants		Participants who report pregnancy at the time of vaccination will be followed-up at 12 months after their estimated last menstrual period and, for those reporting live-birth, at infant age up to 12 months to assess pregnancy/infant outcomes.[j]										Participant, medical records	Pregnancy follow-up questionnaire
Breastfeeding status, including infant outcomes	X	X	X	X	X		X	X	X			Participant, medical records	Breastfeeding status questionnaire
Parent/caregiver informed consent [i]	X											Participant	Parent/caregiver ICF
Patient-reported Quality of Life Outcomes													
CCI	X[k]					X[k]				X[k]		Participant	CCI
CCI						X[k]				X[k]		Participant	CCI

[a]

Informed consent will include consent to participate in the study as well as to contact HCPs and for the release of medical records relevant to the study.

[b] Participants can enrol up to 28 days after their first vaccine dose.

[c] For digital participants only. For non-digital participants, vaccination details will be validated by the call centre.

[d] Will be collected in countries where permitted.

[e] Selected medical conditions: neuroimmune condition, other neurological condition, bleeding disorder, asthma, chronic obstructive pulmonary disease, diabetes, cerebrovascular conditions, heart disease, other cardiovascular disease, chronic kidney disease cancer, autoimmune disease, solid organ transplant recipient, other condition affecting immune system, liver disease, history of allergic conditions, depression/anxiety, viral/bacterial infection leading to hospital admission, and other chronic condition or conditions for which participant received treatment or medication in last month. If a participant indicates having any of these conditions, the participant will be asked if they are currently taking any medication or being treated for it. Specific medication will not be asked unless the participant indicates they are taking an immunosuppressant.

[f] Adverse event reports can be scheduled (timed follow-ups) or unscheduled. At the scheduled timepoints, participants will be asked if they've had any new or worsening health issue resulting in consultation with a medical doctor, an emergency room visit or hospitalisation, or a significant or long-term disability or incapacitation. When a participant responds "yes", the participant will be asked for more details. For reported COVID-19 cases, this will include patient-reported symptoms.

[g] Healthcare providers will provide input and study personnel will assess the seriousness and causality of AEs.

[h] CCI .

[i] Participants vaccinated with AZD1222 during pregnancy or up to 45 days before the estimated date of conception will be asked to follow outcomes in their child for up to 12 months after birth. Breastfeeding participants will also be asked to follow-up on their child's health. Before any request for a child's medical records, the participant will be asked for additional informed consent. The child's other parent may also be asked for consent, depending on local requirements.

[j] Outcomes in infants will be requested up to 12 months of age. However, follow-up of pregnancy and infant outcomes will not be continued past 24 months post-first dose for the last participant enrolled in the study.

[k] CCI

As a data source, participant means either the participant directly or the participant's designated proxy.

For the safety outcome follow-ups at Weeks 1, 4, 8, 14, and Month 6, 9, 12, and 18, depending on the interval between scheduled contacts, participants will receive reminders for 1 to 12 weeks after the initial notification to complete the questionnaire.

AE, adverse event; AEFI, adverse event following immunisation; AESI, adverse event of special interest; CSP, clinical study protocol; HCP, healthcare provider, CCI ICF, informed consent form; m, month; NA, not applicable; CCI CCI ; CCI RC research coordinator; SAE serious adverse event; wk, week.

9.3.2 Variables for Identifying Subpopulations

9.3.2.1 Adults Aged ≥ 65 Years and Other Age Groups

Participants will record their age at enrolment and will be categorised accordingly.

9.3.2.2 Pregnant Women

At enrolment, females aged < 50 years will be asked the date of their last menstrual period and if they are currently pregnant. Those who have not reported pregnancy, will be prompted for this information at each safety follow-up. Women who report pregnancy will be asked for their expected due date. Their estimated date of conception will be calculated, and those vaccinated (either first or second dose) between 45 days prior to the estimated date of conception and, any other point during pregnancy, will be included in the pregnant women subpopulation.

9.3.2.3 Breastfeeding Women

At enrolment and at all safety follow-ups (except at 18 months), females aged < 50 years will be asked if they are currently breastfeeding. Participants who report they are breastfeeding when they receive either vaccine dose (first or second) will be included in the subpopulation.

9.3.2.4 PPD

At enrolment, participants will be asked if they have ever been diagnosed with certain medical conditions and if they are currently taking an immunosuppressant medication. Study personnel will confirm medical conditions and immunosuppressant medications with medical records. Confirmed medical conditions and medications will be used to categorise participants as immunocompromised and/or as having an autoimmune or inflammatory disorder.

The subpopulation of immunocompromised participants will include participants taking an immunosuppressant (eg, tracrolimus, cyclosporine, corticosteroids, and methotrexate), participants with a diagnosis of an autoimmune disease, neuroimmune condition, or another condition affecting the immune system, and participants currently taking medication for cancer or being treated for cancer.

The subpopulation of participants with an autoimmune or inflammatory disorder will include participants diagnosed with an autoimmune disease or neuroimmune condition.

9.3.2.5 Frail Participants with Comorbidities

The EMA's reflection paper on physical frailty has defined the concept of frailty "as a state of increased vulnerability resulting from aging and often disease associated decline … leading to increased risk of adverse health outcomes…" (EMA 2015).

For this study, physical frailty will be identified at baseline using participant answers to the enrolment questionnaire as well as to the CCI Comorbidities will be reported by participants at enrolment and then confirmed by study personnel through medical record reviews.

Only participants with physical frailty and comorbidities at baseline will be included in this subpopulation.

9.4 Data sources and measurement

Adverse events are being collected from the time of informed consent through 18 months post-first dose for participants. However, among pregnant women, follow-up will continue for 12 months after the birth of the child or until 24 months post-first dose of the last participant enrolled, whichever happens first.

Participants receive timed notifications via push notification, email, or phone call asking for any new or worsening health issues that have resulted in consultation with a medical doctor, an emergency room visit or hospitalisation, or a significant or long-term disability or incapacitation.

If the participant indicates an AE may be related to COVID-19 or if they received a diagnosis for COVID-19, they will be asked about any COVID-19 testing and results.

Participants can also submit unprompted AE information at any time through the app, web portal, or call centre. All AEs collected during this study are considered solicited AEs, regardless if they were prompted or unprompted.

If a participant indicates a new or worsened health problem, the participant is asked additional questions about the issue, intensity, treatment, and outcome. Adverse events collected for this study, both prompted and unprompted, focus on the events of interest for the study assessments and analyses: SAEs, AESIs, and medically-attended AEFIs, including COVID-19 infections. Should other AE types, however, be reported, these will also be collected and managed accordingly and presented in the study report.

All collected events are immediately available to study personnel in the investigator dashboard, where new events will be flagged. Study personnel validates the cases, request medical records, and assess seriousness and causality with input from CCI and the medical records.

Study personnel will confirm all collected AEs with the participant, the proxy, the emergency contact, and/or through the review of medical records. If the participant received care from an HCP aside from their primary care physician, study personnel will follow up to obtain contact information for that HCP to permit a medical record request. Follow-up for AESIs with the HCP will include the completion of a targeted safety questionnaire. Study personnel with medical expertise will be available to advise on whether any reported symptoms or events may be a suspected AESI and/or require adjudication.

Additionally, data will be collected for pregnancy outcomes and infant outcomes. For pregnancy outcomes, events within the AESI medical concept "Pregnancy outcome – Maternal" will be collected, including spontaneous abortions, still births, and preterm births. For infant outcomes, events within the AESI medical concept "Pregnancy outcome – Neonates" will be collected, including major congenital malformations and small for gestational age.

CCI

Furthermore, participants are asked to complete the CCI and an additional CCI, as per the data collection schedule described in Table 3.

CCI

CCI

CCI

CCI [redacted]

9.5 Bias

Strategies for the mitigation of bias include:

- To account for possible sampling bias due to the recruitment of vulnerable populations first (residual confounding), in the risk assessment analyses, in addition to the expected background event rate, the rates will be multiplied by 1.2, 1.5, and 2.0 times, for example.
- Subgroup analyses within risk assessment analyses will also be performed, if feasible. When characteristics are found that both are related to differences in AE risk and to differences between study participants and the overall vaccinated population, weighting will be added.

9.6 Study size

This study plans to enrol 15,000 participants in at least 4 countries in the EU (Germany, Spain, and Sweden). The Sponsor will aim for at least 50% of participants to be 65 years of age or older and approximately equal proportions of male and female participants.

As the COVID-19 pandemic is a dynamic situation, the enrolment target may be amended if recruitment forecasts change.

9.7 Data transformation

Data management is performed by a contract research organisation (CRO) according to the Data Management Plan.

All data entered into the study app or web portal is integrated in the digital platform and is tracked by reporting method (app or web portal), who reported it (participant, proxy, or emergency contact), and who entered it (participant, proxy, or call centre). The digital platform also includes an investigator dashboard where investigators and selected study personnel can view and track, in real time, all AEs submitted. Role-based permissions ensure only authorised personnel can view identifying confidential data like participant names.

The study app and web portal have been validated and are compliant with good practice guidelines and regulations and the EU General Data Protection Regulation (GDPR). The app support iOS and Android operating systems. The app and web portal has been approved by local IECs and translated into local languages.

9.8 Statistical methods

9.8.1 Main summary measures

Demographic and baseline characteristics including

- Age (years)
- Sex (Female/ Male)
- Height/weight (cm/ kg)
- BMI (kg/m2)
- Country of birth
- Country of residence
- Employment status
- Smoking status and history

will be presented by descriptive statistics for all study populations.

In order to address the issue of missing data, the demographics and baseline characteristics will also be presented for participants who were lost to follow-up at study end. The differences between the baseline characteristics for the FAS versus the group lost to follow-up will be related to the subgroup analyses to assess for a possible impact on AE risk, if feasible.

The quantitative variables will be described at study end by the number of observed data, arithmetic mean and asymptotic 95% confidence interval, median and interquartile range, minimum and maximum.

The qualitative variables are described by proportions with asymptotic 95% CI.

The following additional characteristics will be reported at study end for all defined subpopulations of special interest at baseline:

- Medical History (as captured in patient questionnaires):
  - Prior infection with SARS-CoV2 or prior COVID-19 disease including informed date and symptoms
  - Recent non- AZD1222 vaccination for study-defined follow-up intervals

The primary analysis includes participants who enrolled within 7 days of vaccination with the first dose of AZD1222 and will be performed for the following study-defined follow-up intervals: 1 week, 4 weeks, 8 weeks and 14 weeks follow-up.

For all reported SAEs, AESIs and medically-attended AEFIs the following statistics will be calculated for each study-defined follow-up interval at study end:

- total number of events reported in the considered follow-up interval
- number of participants who experienced at least one event in the considered follow-up interval
- number of all AZD1222 vaccinated participants who completed considered follow-up interval
- incidence rate expressed by the patient-year statistic with asymptotic 95% CI, defined as the total number of events reported in the considered follow-up interval divided by the total person-time at risk, i.e. the time period between first dose of AZD1222 and the end of the considered follow-up interval.

The secondary analysis will be performed after completion of the study surveillance period.

The secondary analysis will be performed for the following study-defined follow-up intervals, which include participants with at least: 1-, 4-, 8-, 14 weeks follow-up, 6-, 9-, 12- and 18 months follow-up.

The analysis will be performed for all defined populations who completed the considered follow-up interval, i.e. the full analysis set, the full analysis set for primary analysis and subpopulations of special interest including the subpopulations of pregnant and breastfeeding woman, subpopulation of immunocompromised participants, subpopulation of participants with autoimmune or inflammatory disorders and subpopulation of frail participants.

For all reported SAEs, AESIs and medically-attended AEFIs the following statistics will be calculated for all participants who completed the considered follow-up interval at study end:

- total number of events reported in the considered follow-up interval
- number of all AZD1222 vaccinated participants
- number of participants who experienced at least one event

- incidence rate with asymptotic 95% CI, calculated as the proportion of participants who reported an event among all AZD1222 vaccinated participants in the considered follow-up interval
- incidence rate expressed by the patient-year statistic with asymptotic 95% CI, defined as the total number of events reported in the considered follow-up interval divided by the total person-time at risk, i.e. the time period between first dose of AZD1222 and the end of the considered follow-up interval.
- incidence rate expressed by the patient-year statistic with asymptotic 95% CI among all AZD1222 vaccinated participants regardless of completing status of the considered follow-up interval

Also, the following analysis will be performed for all events reported in the considered follow-up interval

- distribution of intensity (mild, moderate, severe) of reported events – numbers and percentages of mild, moderate and severe
- distribution of outcomes (resolved, unresolved, fatal, unknown) of reported events – numbers and percentages
- distribution of causality of reported events – numbers and percentages of
  - cases with adequate information for causality conclusion (Consistent causal association to immunization, Indeterminate, Inconsistent causal association to immunization (coincidental))
  - cases without adequate information for causality conclusion
- duration of the issues (in days) – mean, asymptotic 95% CI for mean, median, IQR, min, max
- distribution of the number of events in consecutive weeks of the follow-up period

For AESIs and medically-attended AEFIs there will be reported additionally:

- the proportion of SAEs within the reported number of events

Where feasible the incidence rate of SAEs, AESIs and medically-attended AEFIs will be analysed using the cumulative incidence function (CIF) with asymptotic 95% CI, where death will considered as competing event and withdrawal from the study/loss to follow-up as a censoring event. Kaplan-Meier curves will be used for this analysis where appropriate.

The analysis of outcomes reported in the sub-population of pregnant women will include pregnancy outcomes.

9.8.2 Main statistical methods

N/A as for Interim Analysis 2, only count tables were used.

9.8.3 Missing values

N/A for Interim Analysis.

9.8.4 Sensitivity analyses

N/A for Interim Analysis.

9.8.5 Amendments to the statistical analysis plan

N/A.

9.9 Quality control

This study follows all applicable international and local quality regulations, including GPP. AstraZeneca standard operating procedures are also used to ensure the quality of the data and study. These procedures include internal quality audits, rules for secure and confidential data storage, methods to maintain and archive project documents, quality control procedures for study monitoring, standards for writing a statistical analysis plan, and requirements for senior scientific review.

9.9.1 Data Quality Assurance

- Vaccination sites and study personnel must maintain accurate documentation and must permit study-related monitoring, audits, IEC review, and regulatory agency inspections, and provide direct access to study documents.
- Monitoring details describing strategy (eg, risk-based initiatives in operations and quality such as Risk Management and Mitigation Strategies and Analytical Risk-Based Monitoring), methods, responsibilities and requirements, including handling of noncompliance issues and monitoring techniques, are provided in the Site Monitoring Plan.
- The Sponsor assumes accountability for actions delegated to other individuals (eg, CROs).
- In-person monitoring of vaccination sites will only be performed if a specific cause requires investigation.
- Records and documents, including signed informed consent forms, pertaining to the conduct of this study must be retained by the Sponsor or designee for 5 years after study completion unless local regulations or institutional policies require a longer retention period. No records may be destroyed during the retention period without the written approval of the Sponsor. No records may be transferred to another location or party without written notification to the Sponsor.

9.9.2 Audits and Inspections

The Sponsor or designee may conduct a quality assurance assessment and/or audit of study records, and the regulatory agencies may conduct a regulatory inspection at any time during or after completion of the study.

10. RESULTS

10.1 Participants

The source documents for this section are tables 14.1.1 and 14.1.2 (page 2 & 3, Appendix A).

A total of 27 participants were enrolled to this study at database extract date of which 6 (22.2%) did enrol within 7 days of 1st dose of AZD1222. 26 participants (96.3%) completed week 1 of follow-up, 23 (85.2%) completed week 4 of follow-up, 9 (33.3%) completed 8 weeks of follow-up. Two participants (7.4%) withdrew from the study.

PPD

10.2 Descriptive data

10.2.1 Demographic Characteristics overall

The source document for this section is table 14.2.1 (page 4, Appendix A).

All 27 (100%) participants enrolled have entered information about demographic and baseline characteristics:

Eleven (40.7%) participants are female and 16 (59.3%) male; PPD

The mean age of the study participants is 54.8 years, the median is 57.0 years. The youngest participant is PPD years, the oldest PPD years.

The mean of participants' height is 176.7 cm, the median 177.0 cm where the shortest participant is PPD cm, the tallest PPD cm. As for weight, the mean is 90.9 kg, the median 85.0 kg where the lightest participant is PPD kg, the heaviest PPD kg.

The BMI (kg/m2) of the participant population results as 28.9 (mean) and 29.4 (median), with a minimum of PPD and a maximum of PPD.

PPD

PPD

PPD

10.2.2 Demographic Characteristics for Immunocompromised participants

The source document for this section is table 14.2.4 (page 9, Appendix A).

All PPD have entered information about demographic and baseline characteristics:

PPD participants are male and PPD is female. The mean age of immunocompromised participants is 58.7 years, the median is PPD years. The youngest participant is PPD years, the oldest PPD years.

The mean of participants' height is 175.7 cm, the median PPD cm where the shortest participant measures PPD cm, the tallest PPD cm. As for weight, the mean is 98.7 kg, the median PPD kg where the lightest participant weighs PPD kg, the heaviest PPD kg.

The BMI (kg/m2) of the participant population results as 31.8 (mean) and PPD (median), with a minimum of PPD and a maximum of PPD.

PPD

PPD

10.2.3 Demographic Characteristics for participants with autoimmune or inflammatory disorders

The source document for this section is table 14.2.5 (page 11, Appendix A).

PPD

PPD

10.3 Outcome data

No efficacy evaluation has been done for this study.

As for the safety evaluation, no deaths have been reported until today and no Adverse Events have been reported until the date of database extract (31-Aug-2021).

10.4 Main results

N/A. The study is ongoing.

10.5 Other analyses

N/A.

10.6 Adverse events/adverse reactions

No Adverse Events have been reported until the date of database extract (31-Aug-2021).

11. DISCUSSION

11.1 Key results

N/A. The study is ongoing.

11.2 Limitations

N/A. The study is ongoing.

11.3 Interpretation

N/A. The study is ongoing.

11.4 Generalisability

N/A. The study is ongoing.

12. OTHER INFORMATION

N/A.

13. CONCLUSION

N/A.

14. REFERENCES

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Appendix A List of stand-alone documents

- 257664 11.03.06 Interim Analysis Output 29 Sep 2021

AstraZeneca
Interim Analysis 2

D8111R00003
Page 1 of 3

Table 14.2.1 Key demographic and baseline characteristics by age group - Full Analysis Set

		<60 (N=16) n(%)	>=60 (N=11) n(%)	Total (N=27) n(%)
Age (years)	Mean (95% CI)*	48.4 (44.4 - 52.5)	64.0 (61.9 - 66.1)	54.8 (50.9 - 58.7)
	Min	PPD		
	Median	50.0	65.0	57.0
	Max	PPD		
Gender, n (%)	Female	5 (31.3)	6 (54.5)	11 (40.7)
	Male	11 (68.8)	5 (45.5)	16 (59.3)
PPD	Yes	PPD		
	No			
Height (cm)	Mean (95% CI)*	179.8 (174.8 - 184.8)	172.1 (166.9 - 177.3)	176.7 (173.0 - 180.4)
	Min	PPD		
	Median	179.5	171.0	177.0
	Max	PPD		

Max Maximum. Min Minimum. N Number of subjects in analysis set. n Number of subjects included in analysis.
* NC due to low participant number.

/projects/astzn257664/stats/interim/prog/tables/t_demo_char_sets.SAS/29SEP2021/09:21
Database Extract Date: 31AUG2021

Appendix B Additional information

None.

SIGNATURE PAGE

This is a representation of an electronic record that was signed electronically and this page is the manifestation of the electronic signature

Document Name: d8111r00003-eu-pass-ia2-report		
Document Title:	D8111R00003 EU Pass IA2 Report	
Document ID:	CCI [redacted]	
Version Label:	1.0 CURRENT LATEST APPROVED	
Server Date **(dd-MMM-yyyy HH:mm 'UTC'Z)**	**Signed by**	**Meaning of Signature**
20-Dec-2021 21:05 UTC	PPD	Qualified Person Approval

Notes: (1) Document details as stored in ANGEL, an AstraZeneca document management system.

D8111R00003 - IA#2: Table of Contents

Table 14.1.1 Disposition

	Overall (N=27) n(%)
All participants enrolled[a]	27
Participants enrolled within 7 days after first dose of VAXZEVRIA (AZD1222)[a]	6 (22.2)
Participants who completed follow-up period:	
1 week	26 (96.3)
4 weeks	23 (85.2)
8 weeks	9 (33.3)
Participants withdrawn from study	2 (7.4)

[a] Informed consent received.
Percentages determined using number of participants enrolled as denominator.

/projects/astzn257664/stats/interim/prog/tables/t_disp.SAS/29SEP2021/09:20
Database Extract Date: 31AUG2021

Table 14.1.2 Analysis sets by age group

	<60 (N=16) n(%)	>=60 (N=11) n(%)	Overall (N=27) n(%)
Full analysis set[a]	16	11	27
Primary analysis set[b]	1 (6.3)	5 (45.5)	6 (22.2)
PPD			

[a] Defined as all participants enrolled.
[b] Defined as all participants enrolled within 7 days of first dose of VAXZEVRIA(AZD1222).

/projects/astzn257664/stats/interim/prog/tables/t_analysis_sets.SAS/29SEP2021/09:22
Database Extract Date: 31AUG2021

Table 14.2.1 Key demographic and baseline characteristics by age group - Full Analysis Set

		<60 (N=16) n(%)	>=60 (N=11) n(%)	Total (N=27) n(%)
Age (years)	Mean (95% CI)[a]	48.4 (44.4 - 52.5)	64.0 (61.9 - 66.1)	54.8 (50.9 - 58.7)
	Min	PPD		
	Median	50.0	65.0	57.0
	Max	PPD		
Gender, n (%)	Female	5 (31.3)	6 (54.5)	11 (40.7)
	Male	11 (68.8)	5 (45.5)	16 (59.3)
PPD	Yes	PPD		PPD
	No	PPD		
Height (cm)	Mean (95% CI)[a]	179.8 (174.8 - 184.8)	172.1 (166.9 - 177.3)	176.7 (173.0 - 180.4)
	Min	PPD		
	Median	179.5	171.0	177.0
	Max	PPD		

Max Maximum. Min Minimum. N Number of subjects in analysis set. n Number of subjects included in analysis.
[a] NC due to low participant number.

/projects/astzn257664/stats/interim/prog/tables/t_demo_char_sets.SAS/29SEP2021/09:21
Database Extract Date: 31AUG2021

Table 14.2.1 Key demographic and baseline characteristics by age group - Full Analysis Set

		<60 (N=16) n(%)	>=60 (N=11) n(%)	Total (N=27) n(%)
Weight (kg)	Mean (95% CI)[a]	94.9 (79.3 - 110.6)	85.0 (76.6 - 93.4)	90.9 (81.3 - 100.5)
	Min	PPD		
	Median	87.5	84.0	85.0
	Max	PPD		
BMI (kg/m2)	Mean (95% CI)[a]	29.1 (25.3 - 32.9)	28.7 (26.3 - 31.0)	28.9 (26.6 - 31.2)
	Min	PPD		
	Median	27.4	29.9	29.4
	Max	PPD		
Country of birth, n (%)	Germany	PPD		
Country of residence, n (%)	Germany	PPD		

Max Maximum. Min Minimum. N Number of subjects in analysis set. n Number of subjects included in analysis.
[a] NC due to low participant number.

/projects/astzn257664/stats/interim/prog/tables/t_demo_char_sets.SAS/29SEP2021/09:21
Database Extract Date: 31AUG2021

Table 14.2.1 Key demographic and baseline characteristics by age group - Full Analysis Set

		<60 (N=16) n(%)	>=60 (N=11) n(%)	Total (N=27) n(%)
Employment status, n (%)				
Smoking status/Smoking history, n (%)				

Max Maximum. Min Minimum. N Number of subjects in analysis set. n Number of subjects included in analysis.
[a] NC due to low participant number.

/projects/astzn257664/stats/interim/prog/tables/t_demo_char_sets.SAS/29SEP2021/09:21
Database Extract Date: 31AUG2021

Table 14.2.2 Key demographic and baseline characteristics by age group - Subpopulation of pregnant women

	<60 (N=0) n(%)	>=60 (N=0) n(%)	Total (N=0) n(%)
No data to report			

Max Maximum. Min Minimum. N Number of subjects in analysis set. n Number of subjects included in analysis.

/projects/astzn257664/stats/interim/prog/tables/t_demo_char_sets.SAS/29SEP2021/09:21
Database Extract Date: 31AUG2021

Table 14.2.3 Key demographic and baseline characteristics by age group - Subpopulation of breastfeeding women

	<60 (N=0) n(%)	>=60 (N=0) n(%)	Total (N=0) n(%)
No data to report			

Max Maximum. Min Minimum. N Number of subjects in analysis set. n Number of subjects included in analysis.

/projects/astzn257664/stats/interim/prog/tables/t_demo_char_sets.SAS/29SEP2021/09:21
Database Extract Date: 31AUG2021

Table 14.2.4 Key demographic and baseline characteristics by age group - PPD

		<60 PPD n(%)	>=60 PPD) n(%)	Total (PPD) n(%)
Age (years)	Mean (95% CI)[a]	PPD		
	Min			
	Median			
	Max			
Gender, n (%)	Female			
	Male			
PPD	PPD			
Height (cm)	Mean (95% CI)[a]			
	Min			
	Median			
	Max			
Weight (kg)	Mean (95% CI)[a]			
	Min			
	Median			
	Max			

Max Maximum. Min Minimum. N Number of subjects in analysis set. n Number of subjects included in analysis.
[a] NC due to low participant number.

/projects/astzn257664/stats/interim/prog/tables/t_demo_char_sets.SAS/29SEP2021/09:21
Database Extract Date: 31AUG2021

Table 14.2.4 Key demographic and baseline characteristics by age group - PPD

	<60 PPD) n(%)	>=60 PPD) n(%)	Total PPD n(%)
BMI (kg/m2)	PPD		
Country of birth, n (%)			
Country of residence, n (%)			
Employment status, n (%)			
Smoking status/Smoking history, n (%)			

Max Maximum. Min Minimum. N Number of subjects in analysis set. n Number of subjects included in analysis.
[a] NC due to low participant number.

Table 14.2.5 Key demographic and baseline characteristics by age group - PPD

	<60 PPD n(%)	>=60 PPD) n(%)	Total PPD n(%)
Age (years)	PPD		
Gender, n (%)			
Height (cm)			
Weight (kg)			

Max Maximum. Min Minimum. N Number of subjects in analysis set. n Number of subjects included in analysis.
[a] NC due to low participant number.

/projects/astzn257664/stats/interim/prog/tables/t_demo_char_sets.SAS/29SEP2021/09:21
Database Extract Date: 31AUG2021

Table 14.2.5 Key demographic and baseline characteristics by age group - PPD PPD

	<60 PPD n(%)	>=60 (PPD n(%)	Total PPD) n(%)
BMI (kg/m2)	PPD		
Country of birth, n (%)			
Country of residence, n (%)			
Employment status, n (%)			
Smoking status/Smoking history, n (%)			

Max Maximum. Min Minimum. N Number of subjects in analysis set. n Number of subjects included in analysis.
[a] NC due to low participant number.

/projects/astzn257664/stats/interim/prog/tables/t_demo_char_sets.SAS/29SEP2021/09:21
Database Extract Date: 31AUG2021

Table 14.2.6 Demographic characteristics by age group - Subpopulation of frail participants with comorbidities[a]

	<60 (N=0) n(%)	>=60 (N=0) n(%)	Total (N=0) n(%)
No data to report			

Max Maximum. Min Minimum. N Number of subjects in analysis set. n Number of subjects included in analysis.
[a] Refer to SAP 1.0 (28May2021), table 1.

/projects/astzn257664/stats/interim/prog/tables/t_demo_char_sets.SAS/29SEP2021/09:21
Database Extract Date: 31AUG2021

Table 14.3.1 Total number of SAEs reported during follow-up interval by age group - Primary Analysis Set

Follow-up interval	<60 (N=1) n(%)	>=60 (N=5) n(%)	Total (N=6) n(%)
No data to report			

SAE Serious AE.

Table 14.3.2 Total number of AESIs reported during follow-up interval by age group - Primary Analysis Set

Follow-up interval	<60 (N=1) n(%)	>=60 (N=5) n(%)	Total (N=6) n(%)
No data to report			

AESI Adverse event of special interest.

Table 14.3.3 Total number of medically-attended AEFIs reported during follow-up interval by age group - Primary Analysis Set

Follow-up interval	<60 (N=1) n(%)	>=60 (N=5) n(%)	Total (N=6) n(%)
No data to report			

AEFI Adverse event following immunization.

Table 14.3.4 Total number of SAEs reported during follow-up interval by age group - Full Analysis Set

Follow-up interval	<60 (N=16) n(%)	>=60 (N=11) n(%)	Total (N=27) n(%)
No data to report			

SAE Serious AE.

/projects/astzn257664/stats/interim/prog/tables/t_ae_fup.SAS/29SEP2021/09:22
Database Extract Date: 31AUG2021

Table 14.3.5 Total number of AESIs reported during follow-up interval by age group - Full Analysis Set

Follow-up interval	<60 (N=16) n(%)	>=60 (N=11) n(%)	Total (N=27) n(%)
No data to report			

AESI Adverse event of special interest.

Table 14.3.6 Total number of medically-attended AEFIs reported during follow-up interval by age group - Full Analysis Set

Follow-up interval	<60 (N=16) n(%)	>=60 (N=11) n(%)	Total (N=27) n(%)
No data to report			

AEFI Adverse event following immunization.

Listing 1.1 Serious AEs / AESIs / medically-attended AEFIs with death as possible outcome - Key Subject Information

Subj. ID	Age[a]/ Sex	Type of Event[b]	System Organ Class / Dictionary-derived Term[c]	Start date	Days after 1st dose of VAXZEVRIA[d]	Duration[e]	Intensity	Outcome[f]
No data to report								

[a] Age measured in years.
[b] Indicate if SAE, AESI or medically-attended AEFI.
[c] Adverse events are coded using MedDRA version 24.0.
[d] Days after 1st dose of VAXZEVRIA are derived as: (AE Start Date - Date of 1st dose of VAXZEVRIA) +1.
[e] Duration is derived as: (AE End Date - AE Start Date) +1.
[f] If applicable, add death as possible outcome.

/projects/astzn257664/stats/interim/prog/listings/l_ae_subj_info.SAS/29SEP2021/09:22
Database Extract Date: 31AUG2021