COVID-19 VACCINE COMPARISON CHART from The Medical Letter®

| | FDA Authorized for Emergency Use in the US | | | Not Authorized in the US | |
|-------------------------------------|--|---|---|--|---|
| | Pfizer/BioNTech | Moderna | J&J (Janssen) | AstraZeneca | Novavax |
| Name | BNT162b2 | mRNA-1273 | Ad26.COV2.S | ChAdOx1 nCoV-19 | NVX-CoV2373 |
| Vaccine Type | mRNA | mRNA | Adenovirus vector | Adenovirus vector | Recombinant nanoparticle |
| Age | ≥12 years old | ≥18 years old | ≥18 years old | ≥18 years old | ≥18 years old |
| Dosage | 2 doses (0.3 mL) 21 days apart | 2 doses (0.5 mL) 28 days apart | 1 dose (0.5 mL) | 2 doses 4-12 weeks apart | 2 doses 21 days apart |
| | | Effic | асу | | |
| Overall | 95% (7 days after 2 nd dose) ¹ | 94.1% (14 days after 2 nd dose) ² | • 66.1% (overall) ^{3,4} • 72.0% (US) ^{3,4} | 66.7% (overall; >14 days after 2nd dose)⁵ 82.4% (2nd dose ≥12 wks | 89.7% (overall; 7 days after 2 nd dose) ⁶ |
| | | | *for moderate-severe COVID-19 from day 28 | after 1 st dose) ⁵ 54.9% (2 nd dose <6 wks after 1 st dose) ⁵ | |
| | | | | 76% (US overall; 15 days after 2 nd dose) ¹³ | |
| In Elderly Persons | 94.7% (≥65 yrs)¹ | 86.4% (≥65 yrs) ² | 66.2% (≥60 yrs)⁴ | Limited data | 27% of patients in the trial were >65 yrs ⁶ |
| In Adolescents (12-15 years old) | 100%14 | 96% ²⁶ | - | - | - |
| In Severe Disease | 90%1 | 100%² | Overall: 85.4% ⁴ US: 87.6% ⁴ | 100% ^{5,8} | 100% ⁹ |
| COVID-19 Death | 100%¹ | 100%² | 100% ⁴ | 100% | 100% ⁹ |
| UK Variant (B.1.1.7) | 85% ²³ ; 89.5% ²⁵ | In vitro activity11 | ~60-75% ⁷ | 74.6% ⁵ ; 70.4% ²² | 86.3% ⁹ |
| South Africa Variant (B.1.351) | 75.0% ²⁵ | In vitro lower activity ¹¹ | 64.0% ⁴ | 10.4% ¹² | 43.0% overall; 51.0% HIV-negative ⁹ |
| Brazil Variant (P.1) | In vitro activity10 | In vitro lower activity11 | 68.1% ⁴ | Effective (prelim data) | Data not available |
| NY Variant (B.1.526) | In vitro lower activity27 | In vitro lower activity27 | Data not available | Data not available | Data not available |
| CA Variant (B.1.427/B.1.429) | In vitro lower activity ²⁸ | In vitro lower activity ²⁸ | Data not available | Data not available | In vitro lower activity ²⁸ |
| India Variant (B.1.617) | Data not available | Data not available | Data not available | Data not available | Data not available |
| Variant-Specific Vaccine | Developing booster | Developing booster | Adapting vaccine | Adapting vaccine | Developing booster |
| | | Storage Red | quirements | | |
| Transport and Storage | -60 to -80°C Alt: -25 to -15°C x 2 wks | -25 to -15°C | 2-8°C | 2-8°C | 2-8°C |
| Excursions at distribution | ■ 2-8°C x 5 days | 2-8°C x 30 days | 9-25°C x 12 hrs | - | - |
| | ■ 8-25°C x ≤2 hrs | 8-25°C x 12 hrs | | | _ |
| After Puncture/Dilution | 2-25°C x 6 hrs | ■ 2-25°C x 6 hrs | 2-8°C x 6 hrs8-25°C x 2 hrs | 2-8°C x 48 hrs9-30°C x 6 hrs | - |

| Efficacy ■ 90% (overall for mRNA vaccines under realworld conditions; ≥14 days after 2 nd dose) ¹⁵ ■ 46% after 1 nd dose and 92% after 2 nd dose (Israel) ²⁴ ■ 5814 vaccine breakthrough infections out of >75 million vaccinated persons in the US ■ 2622 (45%) were ≥60 years old ■ 3752 (65%) in women ■ 1695 (29%) asymptomatic ■ 1695 (29%) asymptomatic or unrelated to COVID19 ■ 74 (1%) died; of those, 9 (12%) asymptomatic or unrelated to COVID-19 ■ 74 (1%) died; of those, 9 (12%) asymptomatic or unrelated to COVID-19 ■ 74 (1%) died; of those, 9 (12%) asymptomatic or death unrelated to COVID-19 ■ 74 (1%) died; of those, 9 (12%) asymptomatic or unrelated to COVID-19 | | Pfizer/BioNTech | Moderna | J&J (Janssen) | AstraZeneca | Novavax | | | | |
|--|---------------------------------|---|---|--|--|---------|--|--|--|--|
| vaccines under realworld conditions; ≥14 days after 2 nd dose) 15 46% after 1 st dose and 92% after 2 nd dose (Israel) 124 (Israel) 124 | Some Post-Authorization Reports | | | | | | | | | |
| death unrelated to COVID-19 | | vaccines under real- world conditions; ≥14 days after 2 nd dose) ¹⁵ ■ 46% after 1 st dose and 92% after 2 nd dose (Israel) ²⁴ CDC report ²¹ ■ 5814 vaccine breakthrough infections out of >75 million vaccinated persons in the US ■ 2622 (45%) were ≥60 years old ■ 3752 (65%) in women ■ 1695 (29%) asymptomatic ■ 396 (7%) hospitalized; of those, 133 (34%) asymptomatic or unrelated to COVID19 ■ 74 (1%) died; of those, 9 (12%) asymptomatic or death unrelated to | vaccines under real-world conditions; ≥14 days after 2 nd dose) ¹⁵ CDC report ²¹ • 5814 vaccine breakthrough infections out of >75 million vaccinated persons in the US • 2622 (45%) were ≥60 years old • 3752 (65%) in women • 1695 (29%) asymptomatic • 396 (7%) hospitalized; of those, 133 (34%) were asymptomatic or unrelated to COVID19 • 74 (1%) died; of those, 9 (12%) asymptomatic or death unrelated to | 5814 vaccine breakthrough infections out of >75 million vaccinated persons in the US 2622 (45%) were ≥60 years old 3752 (65%) in women 1695 (29%) asymptomatic 396 (7%) hospitalized; of those, 133 (34%) were asymptomatic or unrelated to COVID19 74 (1%) died; of those, 9 (12%) were asymptomatic or death was unrelated to COVID- | - | - | | | | |
| Safety Cases of herpes zoster reactivation in patients with autoimmune inflammatory rheumatic diseases 16 Delayed cutaneous reactions 17 Delayed cutaneous reactions 17 CDC/FDA reviewed cases of thrombosisthrombocytopenia syndrome (TTS) and recommend use of the vaccine resume in the US w/o age/gender restriction 18 Fisk highest in women 18-49 years old onset mean of 8 days post-vaccination (range 6-15 days) vaccine labeling now contains information about the risk 4:19 For more information see Treatments Considered for COVID-19 | | reactivation in patients with autoimmune inflammatory rheumatic diseases ¹⁶ | reactions ¹⁷ | cases of thrombosis- thrombocytopenia syndrome (TTS) and recommend use of the vaccine resume in the US w/o age/gender restiction ¹⁸ • risk highest in women 18-49 years old • onset mean of 8 days post-vaccination (range 6-15 days) • vaccine labeling now contains information | Agency (EMA) reports possible link between vaccine and cases of CVST and splanchnic vein thrombosis with thrombocytopenia ²⁰ Some countries have suspended or limited use | - | | | | |

- 1. FP Polack et al. Safety and efficacy of the BNT162b2 mRNA Covid-19 vaccine. N Engl J Med 2020; 383:2603.
- 2. LR Baden et al. Efficacy and safety of the mRNA-1273 SARS-CoV-2 vaccine. N Engl J Med 2021; 384: 403.
- 3. News Release. Johnson & Johnson announces single-shot Janssen COVID-19 vaccine candidate met primary endpoints in interim analysis of its Phase 3 ENSEMBLE trial. Available at: https://www.jnj.com/johnson-johnson-announces-single-shot-janssen-covid-19-vaccine-candidate-met-primary-endpoints-in-interim-analysis-of-its-phase-3-ensemble-trial. Accessed March 19, 2021.
- 4. FDA. Fact sheet for healthcare providers administering vaccine. Emergency Use Authorization (EUA) of the Janssen COVID-19 vaccine to prevent Coronavirus Disease 2019 (COVID-19). Available at: https://www.fda.gov/media/146304/download. Accessed April 26, 2021.
- 5. M Voysey et al. Single dose administration, and the influence of the timing of the booster dose on immunogenicity and efficacy of ChAdOx1 nCoV19 (AZD1222) vaccine: a pooled analysis of four randomised trials. Lancet 2021; 397:881.
- 6. News Release. Novavax COVID-19 vaccine demonstrates 89.3% efficacy in UK Phase 3 trial. Available at: https://ir.novavax.com/news-releases/news-release-details/novavax-covid-19-vaccine-demonstrates-893-efficacy-uk-phase-3. Accessed March 19, 2021.
- 7. J Lopez 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. medRxiv 2021 March 2 (epub). Available at: https://www.medrxiv.org/content/10.1101/2021.03.01.21252652v1. Accessed March 19, 2021.
- 8. M 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. Lancet 2021; 397:99.
- 9. V Shinde et al. Efficacy of NVX-CoV2373 Covid-19 vaccine against the B.1.351 variant. N Engl J Med 2021 May 5 (epub).
- 10. Y Liu et al. Neutralizing activity of BNT162b2-elicited serum. N Engl J Med 2021 March 8 (epub).
- 11. K Wu et al. Serum neutralizing activity elicited by mRNA-1273 vaccine. N Engl J Med 2021 March 17 (epub).
- 12. SA Madhi et al. Efficacy of the ChAdOx1 nCoV-19 Covid-19 vaccine against the B.1.351 variant. N Engl J Med 2021 March 16 (epub).
- 13. News Release. AZD1222 US Phase III primary analysis confirms safety and efficacy. 2021 March 25. Available at: https://www.astrazeneca.com/content/astraz/media-centre/press-releases/2021/azd1222-us-phase-iii-primary-analysis-confirms-safety-and-efficacy.html. Accessed March 26,2021.
- 14. News Release. Pfizer-BioNTech announce positive topline results of pivotal COVID-19 vaccine study in adolescents. March 31, 2021. Available at: https://investors.biontech.de/news-release-details/pfizer-biontech-announce-positive-topline-results-pivotal-covid/. Accessed March 31, 2021.
- 15. MG 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. MMWR Morb Mortal Wkly Rep 2021 March 29 (epub).
- 16. V Furer et al. Herpes zoster following BNT162b2 mRNA Covid-19 vaccination in patients with autoimmune inflammatory rheumatic disease: a case series. Rheumatology 2021 April 12 (epub).
- 17. KG Blumenthal et al. Delayed large local reactions to mRNA-1273 vaccine against SARS-CoV-2. N Engl J Med 2021; 384:1273.
- 18. FDA. News Release. FDA and CDC lift recommended pause on Johnson & Johnson (Janssen) COVID-19 vaccine use following thorough safety review. 2021 April 23. Available at: https://www.fda.gov/news-events/press-announcements/fda-and-cdc-lift-recommended-pause-johnson-johnson-janssen-covid-19-vaccine-use-following-thorough. Accessed April 26, 2021.
- 19. Johnson & Johnson COVID-19 vaccine suspended. Med Lett Drugs Ther 2021 April 16 (epub). Available at: https://secure.medicalletter.org/w5029a. Accessed April 16, 2021.
- 20. News Release. European Medicines Agency. AstraZeneca's COVID-19 vaccine: EMA finds possible link to very rare cases of unusual blood clots with low blood platelets. 2021 April 7. Available at: https://www.ema.europa.eu/en/news/astrazenecas-covid-19-vaccine-ema-finds-possible-link-very-rare-cases-unusual-blood-clots-low-blood. Accessed April 16, 2021.
- 21. CDC. COVID-19 breakthrough case investigations and reporting. 2021 April 16. Available at: https://www.cdc.gov/vaccines/covid-19/health-departments/breakthrough-cases.html. Accessed April 20, 2021.
- 22. KRW 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 randomized controlled trial. Lancet 2021; 397:1351.
- 23. VJ Hall 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. Lancet 2021 April 23 (epub).
- 24. N Dagan et al. BNT162b2 mRNA COVID-19 vaccine in a nationwide mass vaccination setting. N Engl J Med 2021; 384:1412.
- 25. LJ Abu-Raddad and AA Butt. Effectiveness of the BNT162b2 Covid-19 vaccine against the B.1.1.7 and B.1.351 variants. Correspondence. N Engl J Med 2021 May 5 (epub).
- 26. News Release. Moderna reports first quarter fiscal year 2021 financial results and provides business updates. May 6, 2021. Available at: https://investors.modernatx.com/news-release-details/moderna-reports-first-quarter-fiscal-year-2021-financial-results. Accessed May 9, 2021.
- 27. H Zhou et al. B.1.526 SARS-CoV-2 variants identified in New York City are neutralized by vaccine-elicited and therapeutic monoclonal antibodies. bioRxiv 2021 March 24 (epub). Available at: https://www.biorxiv.org/content/10.1101/2021.03.24.436620v1. Accessed May 9, 2021.
- 28. X Shen et al. Neutralization of SARS-CoV-2 variants B.1.429 and B.1.351. N Engl J Med 2021 April 7 (epub).

To support more content like this, please consider making a donation* or becoming a subscriber.

The Medical Letter®

Because the source matters.

The Medical Letter is a nonprofit organization* that relies solely on subscription fees and donations to support our mission of providing objective, practical, and timely information on drugs and therapeutics.

Our work relies on support from people like you who value credible, unbiased drug information that is free of any commercial interest.

Subscribe for less than \$3/week.

* Medical Letter, Inc. (EIN: 13-1881832) is a nonprofit, tax-exempt organization under Section 501(C)(3) of the Internal Revenue Code. Donations are tax-deductible as allowed by law.

PRESIDENT: Mark Abramowicz, M.D.; VICE PRESIDENT AND EXECUTIVE EDITOR: Gianna Zuccotti, M.D., M.P.H., F.A.C.P., Harvard Medical School VICE PRESIDENT AND EDITOR IN CHIEF: Jean-Marie Pflomm, Pharm.D.; ASSOCIATE EDITORS: Susan M. Daron, Pharm.D., Amy Faucard, MLS, Corinne Z. Morrison, Pharm.D., Michael P. Viscusi, Pharm.D. CONSULTING EDITORS: Joanna Esterow, PA-C, Mordechai Sacks, DMSc, PA-C, Brinda M. Shah, Pharm.D., F. Peter Swanson, M.D.

CONTRIBUTING EDITORS: Carl W. Bazil, M.D., Ph.D., Columbia University College of Physicians and Surgeons; Ericka L. Crouse, Pharm.D., B.C.P.P., C.G.P., F.A.S.H.P., F.A.S.C.P., Virginia Commonwealth University; Vanessa K. Dalton, M.D., M.P.H., University of Michigan Medical School; Eric J. Epstein, M.D., Albert Einstein College of Medicine; David N. Juurlink, BPhm, M.D., Ph.D., Sunnybrook Health Sciences Centre; Richard B. Kim, M.D., University of Western Ontario; Franco M. Muggia, M.D., New York University Medical Center; Sandip K. Mukherjee, M.D., F.A.C.C., Yale School of Medicine; Dan M. Roden, M.D., Vanderbilt University School of Medicine; Esperance A.K. Schaefer, M.D., M.P.H., Harvard Medical School; Neal H. Steigbigel, M.D., New York University School of Medicine; Arthur M. F. Yee, M.D., Ph.D., F.A.C.R., Weill Medical College of Cornell University

MANAGING EDITOR AND DIRECTOR OF CONTENT OPERATIONS: Susie Wong; EDITORIAL ASSISTANT: Karrie Ferrara

FULFILLMENT AND SYSTEMS MANAGER: Cristine Romatowski; EXECUTIVE DIRECTOR OF SALES: Elaine Reaney-Tomaselli EXECUTIVE DIRECTOR OF MARKETING AND COMMUNICATIONS: Joanne F. Valentino; INTERIM PUBLISHER: Jean-Marie Pflomm, Pharm.D.

Founded in 1959 by Arthur Kallet and Harold Aaron, M.D.

Copyright and Disclaimer: The Medical Letter, Inc. is an independent nonprofit organization that provides healthcare professionals with unbiased drug prescribing recommendations. The editorial process used for its publications relies on a review of published and unpublished literature, with an emphasis on controlled clinical trials, and on the opinions of its consultants. The Medical Letter, Inc. does not sell advertising or receive any commercial support. No part of the material may be reproduced or transmitted by any process in whole or in part without prior permission in writing. The editors do not warrant that all the material in this publication is accurate and complete in every respect. The editors shall not be held responsible for any damage resulting from any error, inaccuracy, or omission.

Address:

The Medical Letter, Inc. 145 Huguenot St. Ste. 312 New Rochelle, NY 10801-7537 www.medicalletter.org

Get Connected:



Customer Service:

Call: 800-211-2769 or 914-235-0500 Fax: 914-632-1733 E-mail: custserv@medicalletter.org

Subscription Services

Permissions:

To reproduce any portion of this issue, please e-mail your request to: permissions@medicalletter.org

Subscriptions (US):

1 year - \$159; 2 years - \$298; 3 years - \$398. \$65 per year for students, interns, residents, and fellows in the US and Canada. Reprints - \$45 per issue or article

Site License Inquiries:

E-mail: SubQuote@medicalletter.org Call: 800-211-2769 Special rates available for bulk subscriptions.

Copyright 2021. ISSN 0025-732X