



ECDC Vaccine Effectiveness, Burden and Impact Studies (VEBIS) for COVID-19 and Influenza

Sabrina Bacci, Head of Section Vaccine-preventable Diseases and Immunisation

8th Joint WHO Regional Office for Europe & European Centre for Disease Prevention and Control Annual European Influenza and COVID-19 Surveillance Meeting 2022, 7 October 2022

Post marketing vaccine monitoring system – part of the approved ECDC's legal mandate



Brussels, 11.11.2020
COM(2020) 726 final
2020/0320 (COD)

Proposal for a
REGULATION OF THE EUROPEAN PARLIAMENT AND OF THE COUNCIL
amending Regulation (EC) No 851/2004 establishing a European Centre for disease prevention and control

"The Centre shall coordinate **independent post-marketing effectiveness and safety** monitoring studies *collecting new information and/or using the relevant data collected by competent bodies*. That work shall be conducted **jointly with the European Medicines Agency** and notably through a new **vaccine monitoring platform**".



VEBIS* project

VEBIS: Vaccine Effectiveness, Burden and Impact Studies

- For COVID and Influenza (since end of 2020)

Four multi-country studies with pooled analysis approach

In this first period vaccine effectiveness objectives have been prioritized

Hospital and primary care studies mainly based on long-standing influenza VE networks (I-MOVE; I-MOVE COVID-19)

VEBIS project implemented through an Open Call for tender awarded to Epiconcept

ECDC VEBIS studies

Setting [no. of contract]	Type of study	Main outcome	Countries
Hospitals	Test negative design	Severe disease; influenza and COVID-19	BE HR CZ FR DE EL IE HU LT LU NL MT PT ES RO
Health care workers cohort	Cohort study	Infection, COVID-19	HR IE IT PT ES LV EE PO EL
Electronic health care databases	Cohort study	Hospitalisation, COVID-19	DK, ES, NO, PT (BE, LU, NL)
Primary care	Test negative design	Moderate disease (~ARI/ILI), Influenza and COVID-19	HR FR DE HU IE NL ES PT RO SE
Long term care facilities	Cohort study (protocol only)	Symptomatic disease, COVID-19	Protocol only
Outbreaks	Cohort and case control (protocol only)	Symptomatic disease, COVID-19	Protocol only

Leveraging international protocols as well as creating and pilot new protocols



Estimating COVID-19 vaccine effectiveness against severe respiratory infections (SARI) hospitalisations associated with laboratory-confirmed SARS-CoV-2.

An evaluation using the test-negative design approach

Guidance Document

Core protocol for ECDC studies of COVID-19 vaccine effectiveness against hospitalisation with Severe Acute Respiratory Infection laboratory-confirmed with SARS-CoV-2, version 1.0

www.ecdc.europa.eu

Version: 08
Date: 13 May 2021

I-MOVE COVID-19
I-MOVE Influenza and COVID-19 Networks
WP4 coordinated by Epicentre

Based on: current literature, I-MOVE generic influenza protocol for hospitalised older adults 2019–2020, I-MOVE-COVID-19 WP4 protocol for investigation into risk factors against severe COVID-19 among hospitalised patients, WHO Europe Guidance document: COVID-19 VE against SARI hospitalisations associated with lab-confirmed SARS-CoV-1 version 5 (20 January 2021), WHO/Euro SARI COVID VE questionnaire v7 (03 February 2021), European study of COVID-19 vaccine effectiveness against hospitalised SARI patients laboratory-confirmed with SARS-CoV-2, ECDC draft generic protocol v02 (27 March 2021), ECDC SARI COVID VE questionnaire v4 (28 April 2021).

DOI: 10.5281/zenodo.4761929

TECHNICAL REPORT

Pilot protocol for a COVID-19 vaccine effectiveness study using health data registries

Version 1.0
www.ecdc.europa.eu

TECHNICAL REPORT

Generic protocol for COVID-19 vaccine effectiveness studies at long-term care facilities in the EU/EEA

Version 1.0
www.ecdc.europa.eu

Leveraging SARI surveillance as part of the VEBIS studies



Support to SARI surveillance
in 13 EU countries

And

In the 6 countries of the Western Balkan Region

ECDC-IPA6 Action



ECDC-IPA6	Work stream 1	Work stream 2	Work stream 3
Scope	Preparatory measures for participation of IPA beneficiaries' authorities in ECDC activities and systems	Advancement of One Health responses against AMR	Enhancing SARI surveillance to support the implementation of fit-for-purpose surveillance systems
Beneficiaries	Albania, Bosnia and Herzegovina, Kosovo, Montenegro, North Macedonia, Serbia, and Turkey		Albania, Bosnia and Herzegovina, Kosovo, Montenegro, North Macedonia, Serbia
Budget	400.000 EUR	600.000 EUR	1.500.000 EUR

Work Stream 1. Preparatory measures for the participation of the Western Balkans and Turkey in ECDC

- Focus area 1.1 Strengthening surveillance and data sharing
- Focus area 1.2 Public health microbiology laboratory system capacities
- Focus area 1.3 Public health emergency preparedness and coordination

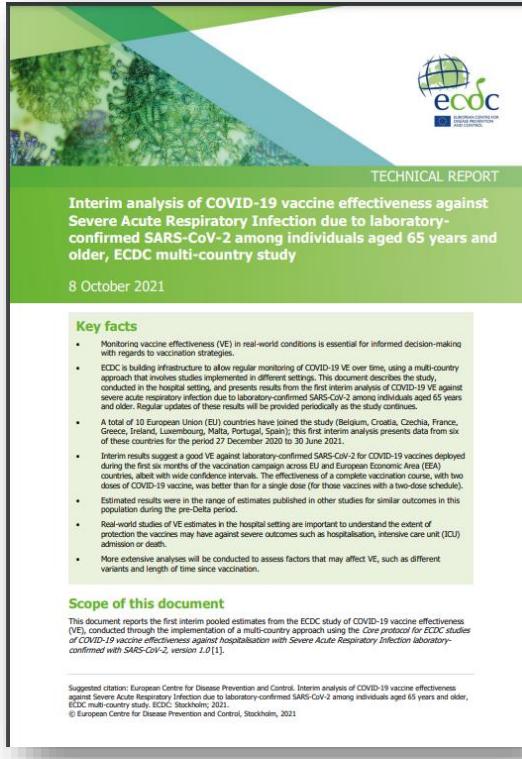
Work Stream 2. Advancement of One-Health responses against AMR

- Focus area 2.1 Gap analysis and country roadmaps on One-Health against AMR in WB
- Focus area 2.2 Support to the development of an electronic surveillance of AMR
- Focus area 2.3 Antibiotic awareness raising and securing political commitment

Work Stream 3 Enhancing SARI surveillance and a follow-up on vaccine effectiveness

- Adopted and implemented national surveillance protocols ensuring their compliance with generic SARI protocol
- SARI surveillance data routinely reported to ECDC according to pre-defined ECDC standards and EU-level requirements
- Engage Western Balkans in ECDC VEBIS for infectious respiratory diseases (as a possible follow-up)*

Pooled analysis within the studies and beyond



TECHNICAL REPORT

Interim analysis of COVID-19 vaccine effectiveness against Severe Acute Respiratory Infection due to laboratory-confirmed SARS-CoV-2 among individuals aged 65 years and older, ECDC multi-country study

8 October 2021

Key facts

- Monitoring vaccine effectiveness (VE) in real-world conditions is essential for informed decision-making with regards to vaccination strategies.
- ECDC is building infrastructure to allow regular monitoring of COVID-19 VE over time, using a multi-country approach that involves studies implemented in different settings. This document describes the study, conducted in the hospital setting, and presents results from the first interim analysis of COVID-19 VE against severe acute respiratory infection due to laboratory-confirmed SARS-CoV-2 among individuals aged 65 years and older. Regular updates of these results will be provided periodically as the study continues.
- A total of 10 European Union (EU) countries have joined the study (Belgium, Croatia, Czechia, France, Greece, Ireland, Luxembourg, Malta, Portugal, Spain). The first interim analysis presents data from six of these countries for the period 27 December 2020 to 30 June 2021.
- Interim results suggest a good VE against laboratory-confirmed SARS-CoV-2 for COVID-19 vaccines deployed during the first six months of the vaccination campaign across EU and European Economic Area (EEA) countries albeit with wide confidence intervals. The effectiveness of a complete vaccination course, with two doses of COVID-19 vaccine, is better than for a single dose (for those vaccines with a two-dose schedule).
- Estimate results are in the range of estimates published in other studies for similar outcomes in this population during the pre-Delta period.
- Real-world studies of VE estimates in the hospital setting are important to understand the extent of protection the vaccines may have against severe outcomes such as hospitalisation, intensive care unit (ICU) admission or death.
- More extensive analyses will be conducted to assess factors that may affect VE, such as different variants and length of time since vaccination.

Scope of this document

This document reports the first interim pooled estimates from the ECDC study of COVID-19 vaccine effectiveness (VE), conducted through the implementation of a multi-country approach using the Core protocol for ECDC studies of COVID-19 vaccine effectiveness against hospitalisation with Severe Acute Respiratory Infection laboratory-confirmed with SARS-CoV-2, version 1.0 [1].

Suggested citation: European Centre for Disease Prevention and Control. Interim analysis of COVID-19 vaccine effectiveness against hospitalisation with Severe Acute Respiratory Infection laboratory-confirmed SARS-CoV-2 among individuals aged 65 years and older, ECDC multi-country study. ECDC; Stockholm, 2021.

Research

 Open Access

Effectiveness of complete primary vaccination against COVID-19 at primary care and community level during predominant Delta circulation in Europe: multicentre analysis, I-MOVE-COVID-19 and ECDC networks, July to August 2021 |

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Esther Kissling¹, Mariëtte Hooiveld², Iván Martínez-Baz^{3,4}, Clara Mazagatos^{4,5}, Naoma William⁶, Ana-Maria Vilcu⁷, Marjolein N Kooijman⁸, Maja Ilić⁹, Lisa Domegan¹⁰, Ausenda Machado¹¹, Simon de Lusignan^{12,13}, Mihaela Lazar¹⁴, Adam Meijer⁸, Mia Brytting¹⁵, Itziar Casado^{3,4}, Amparo Larrauri^{4,5}, Josephine-L K Murray⁶, Sylvie Behillil^{16,17}, Brechje de Gier⁸, Ivan Mlinarić⁹, Joan O'Donnell¹⁰, Ana Paula Rodrigues¹¹, Ruby Tsang^{12,13}, Olivia Timnea¹⁴, Marit de Lange⁸, Maximilian Riess¹⁵, Jesús Castilla^{3,4}, Francisco Pozo¹⁸, Mark Hamilton⁶, Alessandra Falchi¹⁹, Mirjam J Knol⁸, Sanja Kurečić Filipović⁹, Linda Dunford²⁰, Raquel Guiomar¹¹, Jade Cogdale²¹, Carmen Cherciu¹⁴, Tessa Jansen², Theresa Enkirch¹⁵, Luca Basile^{4,22}, Jeff Connell²⁰, Verónica Gomez¹¹, Virginia Sandonis Martín¹⁸, Sabrina Bacci²³,

Rapid communication

 Open Access

Estimation of COVID-19 vaccine effectiveness against hospitalisation in individuals aged ≥ 65 years using electronic health registries; a pilot study in four EU/EEA countries, October 2021 to March 2022 |

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Alexis Sentís¹ , Irina Kislaya², Nathalie Nicolay³, Hinta Meijerink⁴, Jostein Starrfelt⁴, Iván Martínez-Baz^{5,8}, Jesús Castilla^{5,8}, Katrine Finderup Nielsen⁶, Christian Holm Hansen⁶, Hanne-Dorthe Emborg⁶, Anthony Nardone¹, Tarik Derrough³, Marta Valenciano¹, Baltazar Nunes², Susana Monge^{7,9}, the VEBIS-Lot4 working group¹⁰

 View Affiliations

Acknowledgments

■ I-MOVE/VEBIS primary care sites:

- **Croatia, IPH:** V Visekruna, S Kurečić Filipović, B Kaić, I Pem Novosel, G Petrović, M Ilić, I Mlinarić
- **France, Sentinelles:** A Vilcu, M. Mahmadi-Moindze, T Blanchon, A Falchi; **Institut Pasteur:** V Enouf, S van der Werf
- **Germany, RKI:** S Buda, U Preuss, L Goerlitz, K Tolksdorf, R Duerrwald, M Wedde
- **Hungary, Semmelweis institute:** K Horváth, B Oroszi, A Ferenczi, G Túri
- **Ireland, HSE-HPSC:** L Domegan, J O'Donnell, A McKenna; **UCD-NVRL:** C Bennett, J Connell
- **The Netherlands, RIVM:** M de Lange, A Meijer, F Dijkstra, R van Gageldonk; **Nivel:** M Hooiveld
- **Portugal, Inst Nac Saude Dr Ricardo Jorge:** I Kislaya, A Machado, R Guiomar, A Rodrigues, V Gomez, B Nunes
- **Romania, Cantacuzino Institut:** M Lazar, A Ivanciuc, ME Mihai
- **Spain, CNE & ISCIII:** A Larrauri, C Mazagatos; **CNM & ISCIII:** F Pozo, I Casas
- **Spain, ISPL, Navarra:** J Castilla, I Casado Buesa, I Martínez-Baz, C Burgui
- **Sweden:** A Wiman, A Carnahan, N Latorre-Margalef, L Dillner

■ VEBIS hospital sites:

■ Study sites VEBIS hospital VE networks

- **Belgium, Sciensano:** BELSARINET
- **France, REIVAC:** O Launay, F Laine, A Pini, F Galtier, P Vanhems, Z Lesieur, N Lenzi, LB Luong, Y Saidi, S Amour, LB Luong
- **France, SPF:** D Levy-Bruhl, A Pini, A Maisa, S Bernard-Stoecklin
- **Croatia, NIPH:** G Petrović, Z Lovrić Makarić, I Pem Novosel, P Smoljo
- **Czechia, PHI:** H Orlíková
- **Czechia, UH Brno:** P Husa, L Součková
- **Germany, RKI:** S Buda, R Duerrwald, K Tolksdorf
- **Ireland, HPSC:** L Domegan, A Cotter, N Petty Saphon, M Brady
- **Hungary, Semmelweis institute :** B Oroszi, KJ Horváth
- **Lithuania, UnL:** G Gefenaite, I Jonikaite, M Kuliese, A Mickiene
- **Luxembourg, MoH:** N Aouali, G Fagherazzi, A Al Kerwi, F Berthet, M Alexandre
- **Netherlands, RIVM:** FA Niessen, MJ Knol, PCJL Bruijning-Verhagen
- **Malta, HPDPD:** J Baruch, JP Cauchi, M-L Borg, A Dziugyte, T Melillo
- **Portugal, INSA:** B Nunes, A Machado, R Guiomar, A Rodrigues, V Gomez, I Kislaya, V Gaio
- **Romania, Cantacuzino:** M Lazar, I Loghin, A Marin, E Duca
- **Spain, ISPL, Navarra:** J Castilla, C Burgui Alcaide, I Casado Buesa
- **Spain, National Centre for Epidemiology (CNE), ISCIII:** A Larrauri, C Mazagatos Ateca
- **Spain, National Centre for Microbiology (CNM), ISCIII:** F Pozo, V Sandonis, I Casas

■ **ECDC:** A Omokanye, S Bacci, M Kaczmarek, N Nicolay

■ **Epiconcept:** M Maurel, M Valenciano, A Moren, A Rose, V Nancey, C Laniece Delauney

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Study sites HCW study

- Croatia: Z Lovrić; G. Sarajlic; G Petrović
- Estonia: O Borissjuk; L Lohur; H Sepp; A Uusküla
- Greece: C. Mitsi; K. Tryfinopoulou; O. G Panagiotakopoulos
- Ireland (Galway): C. Fleming; (St. James): C. Bergin; (Beaumont): Beaumont: E. deBarra
- Italy (Catania): M Barchitta; A Agodi; (Rome): K De Gaetano Donati; S. Lamonica; R Murri; (Monza): P Bonfanti; V Orsini; M Rossi; A Spolti
- Latvia (Pauls Strandins): I Āboliņa, V Zvirbulis; (Children hospital): Dace Zavadska; (Riga East): Indra Zeltina
- Poland: K. Szuldrzynski
- Portugal: AJ. Fernandez; V da Silva Gaio; A Machado
- Spain (Barcelona): C Munoz-Almagro; M Cubells Pujal; A Martinez Berlanga; A Perez Arguello; F Scoler; L Sanchis Badenes; (Zaragoza): M Latorre; L. Clusa; A Milgaro; A Rezusta

ECDC: K Brolin

VEBIS Laboratory coordination: Raquel Guiomar, Francisco Pozo

VEBIS Consortium members from HPSC Ireland; INSA Portugal; ISCIII, Spain; PHI Navarra;
Epiconcept: C Savulescu; A Prats; C. Lopez; R. Mulchandani; A Sentis; V Nancey; D. Bamba; K Voy; A Nardone

VEBIS hospital influenza and COVID-19 VE

15 study sites in 14 countries

Patients admitted to hospital for SARI

Test-negative design

All/systematic selection of SARI patients

Demographic, clinical, laboratory information

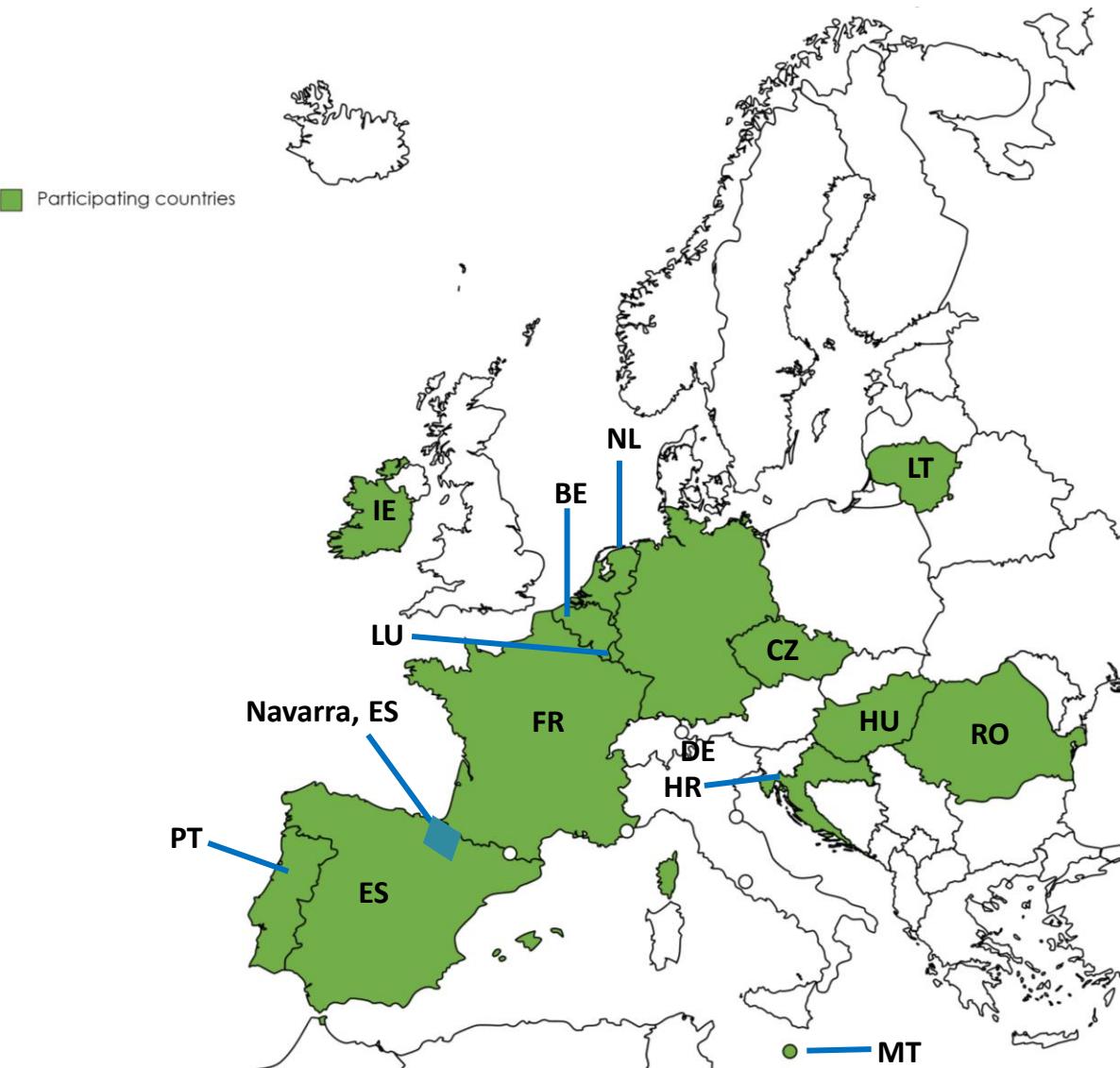
Samples tested for influenza and SARS-CoV-2

Influenza VE estimates

- mid- and end-of-season (start: 2022/23 season)

COVID-19 VE estimates

- ad hoc, as epidemiological situation warrants
 - so far, four to six times per year



HCW COVID-19 VE studies

20 hospitals in 9 countries

Prospective cohort study design

All HCWs invited (clinical & ancillary staff)

Demographic, clinical, community & in-hospital exposures, laboratory information

Weekly/biweekly molecular testing for SARS-CoV-2 and serology testing every 4-12 weeks

COVID-19 VE estimates

- ad hoc, as epidemiological situation warrants



Primary care influenza and COVID-19 VE

11 study sites in 10 countries

Patients consulting physicians for ARI/ILI

Test-negative design

All/systematic selection of patients

Demographic, clinical, laboratory information

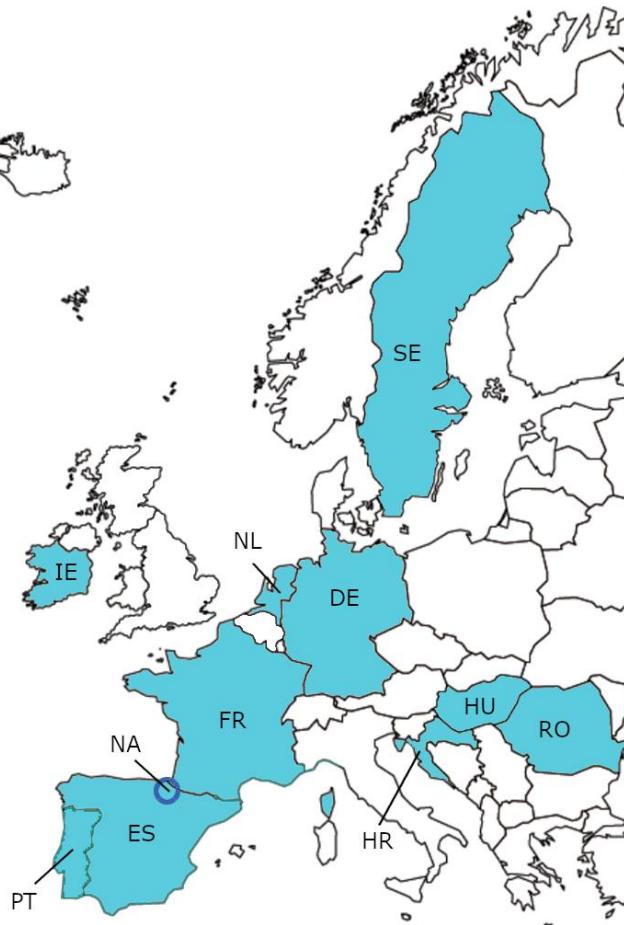
All samples tested for influenza and SARS-CoV-2

Influenza VE results:

- Mid-season, end-of-season, real-time (2021-22)

COVID-19 VE results:

- Ad hoc, as epidemiological situation warrants



VEBIS electronic health registries and COVID-19 VE

Seven sites to participate:

- 4 in 1st phase: Denmark, Navarra (Spain), Norway, Portugal
- 3 in 2nd phase: Belgium, Luxembourg, Netherlands

Cohorts study design

Linkage of EHR: administrative, vaccination registries, SARS-CoV-2 tests, hospitalisations, and healthcare databases

Multiple outcomes including hospitalisation, ICU admission, mortality

Exclusion of those with previous SARS-CoV-2 infection at enrolment and residents of long-term care facilities, and those outside target vaccination group

Monthly reporting of VE of primary and booster doses

- 8 week estimates
- 1 month lag in report

ECDC VEBIS studies

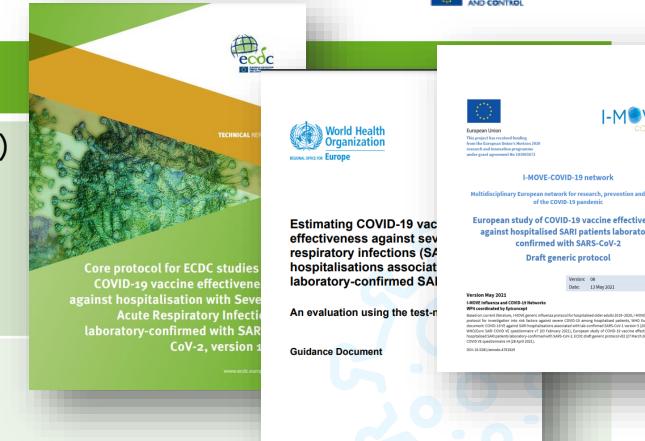
Setting [no. of contract]	Type of study	Main outcome	References
Hospitals	Test negative design	Severe disease; influenza and COVID-19	https://www.ecdc.europa.eu/en/publications-data/interim-analysis-covid-19-vaccine-effectiveness-against-severe-acute-respiratory
Health care workers cohort	Cohort study	Infection, COVID-19	
Electronic health care databases	Cohort study	Hospitalisation, COVID-19	https://www.ecdc.europa.eu/en/publications-data/covid-19-pilot-protocol-vaccine-effectiveness-study-using-health-data-registries
Primary care	Test negative design	Moderate disease (~ARI), Influenza and COVID-19	
Long term care facilities	Cohort study (protocol only)	Symptomatic disease, COVID-19	https://www.ecdc.europa.eu/en/publications-data/generic-protocol-covid-19-vaccine-effectiveness-studies-long-term-care-facilities
Outbreaks	Cohort and case control (protocol only)	Symptomatic disease, COVID-19	https://www.ecdc.europa.eu/en/publications-data/covid-19-vaccine-effectiveness-outbreaks-semi-closed-settings

Overview of ECDC funded VE studies



VE against **severe disease**; leveraging efforts of SARI surveillance at hospital level and other international protocols (I-MOVE-COVID-19 and WHO)

- COVID-19 and Influenza
- 14 countries (BE HR CZ FR DE EL IE LI LU MT PT ES LT RO)
- Test negative design, primary data collection
- Population of the study: individuals eligible for vaccination according to national vaccination programmes



VE against **moderate disease**; levering efforts of sentinel primary care surveillance and other international protocols (I-MOVE-COVID-19)

- COVID-19 and Influenza
- 10 countries (HR FR DE HU IE NL ES PT RO SE)
- Test negative design, primary data collection
- Population of the study: individuals eligible for vaccination according to national vaccination programmes

VE against **infection**, leveraging efforts of other international protocols (WHO)

- COVID-19
- 7 countries (active: HR IE IT PT ES LV) (ended: EE) (under discussion PO EL)
- Cohort study, primary data collection with repeated sampling (serology and oral fluid/NP sample)
- Population of the study: health care workers of hospitals (including adm staff in some setting)
- Ad hoc study: VE transmission VE in nosocomial setting (tbc)

VE assessed through Health Care Databases

- Population health databases
- COVID-19
- Pilot study: 4 countries (DK, NO, PT, ES) // VE against hospital admission in age +65 years; by age group and by time since booster vaccination // 3 additional countries interested to join
- Retrospective cohort study
- Landscape report on available health databases across MS

Acknowledgements

Study participants

ECDC COVID-19 vaccine effectiveness hospital study participants:

- **Belgium, Universitair Ziekenhuis Brussel:** T Demuyser, L Seyler, E Van Nedervelde
- **Belgium, Sciensano:** C Barbezange, N Bossuyt, S Denayer, F Dufrasne, N Fischer, I Thomas, and
- **Belgium Centre Hospitalier Universitaire Saint-Pierre:** N Dauby
- **Belgium Grand Hôpital de Charleroi:** A Gillain, B Lissoir, X Holemans
- **Belgium Jessa Ziekenhuis :** K Magerman
- **Belgium Algemeen Ziekenhuis Sint-Jan Brugge-Oostende:** M Reynders
- **France, Innovative Clinical Research Network in Vaccinology (I-REIVAC):** S Amour, F Galtier, F Laine, O Launay, Z Lesieur, LB Luong Nguyen, C Rekacewicz, Y Saidi, P Vanhems
- **France, Santé publique France:** S Bernard-Stoecklin, D Levy-Bruhl, A Maisa, A Pini, I Parent
- **Germany, RKI:** S Buda, R Duerrwald, U Preuss, K Tolksdorf
- **Greece, National Public Health Organization:** M Amerali, S Michelaki, G Panagiotakopoulos
- **Croatia, National Institute of Public Health:** Z Lovrić Makarić, I Pem Novosel, G Petrović, P Smoljo
- **Czechia, Public Health Institute:** H Orlíková
- **Czechia, University Hospital Brno:** P Husa, L Součková
- **Ireland, Health Protection Surveillance Centre:** L Domegan, R Duffy, J O'Donnell
- **Luxembourg, Ministry of Health:** N Aouali, F Berthet, G. Wirtz, G Fagherazzi, M Simon
- **Malta, Health Promotion and Disease Prevention Directorate:** J Baruch, M-L Borg, JP Cauchi, A Dziugyte, T Melillo
- **The Netherlands, Centre for Infectious Disease Control, National Institute for Public Health and the Environment, Bilthoven:** P Bruijning, M Knol, A Niessen
- **Portugal, Instituto Nacional de Saúde Dr Ricardo Jorge:** V Gaio, V Gomez, R Guiomar, I Kislaya, A Machado, B Nunes, A Rodrigues
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Epicollect, Paris, France (hospital study): Jennifer Howard, Esther Kissling, Anthony Nardone, Angie Rose (hospital study)

ECDC: Sabrina Bacci, Nathalie Nicolay

ECDC Registry study :

- **Spain, Instituto de Salud Carlos III :** Susana Monge Corella, Amparo Larrauri
- **Portugal, Instituto Nacional de Saúde:** Irina Kislaya, Baltazar Nunes
- **Navarra, Spain, Instituto de Salud Pública y Laboral de Navarra:** Cristina Buguri, Itziar Casado, Jesús Castilla, Iván Martínez-Baz
- **Denmark: Statens Serum Institut:** Hanne-Dorthe Emborg, Katrin Finderup
- **Norway, Norwegian Institute of Public Health:** Jostein Starrfelt

Epicollect, Paris, France: Alexis Sentís, Anthony Nardone

ECDC: Sabrina Bacci, Nathalie Nicolay