

**Supplemental Information for Effectiveness of BNT162b2 XBB vaccine in the US Veterans
Affairs Healthcare System**

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Supplemental Table 1. Acute respiratory infection diagnosis codes (ICD-10)

| ICD-10 Code | Diagnosis |
|-------------|--|
| A22.1 | Pulmonary anthrax |
| A37.00 | Whooping cough due to <i>Bordetella pertussis</i> without pneumonia |
| A37.01 | Whooping cough due to <i>Bordetella pertussis</i> with pneumonia |
| A37.10 | Whooping cough due to <i>Bordetella parapertussis</i> without pneumonia |
| A37.11 | Whooping cough due to <i>Bordetella parapertussis</i> with pneumonia |
| A37.80 | Whooping cough due to other <i>Bordetella</i> species without pneumonia |
| A37.81 | Whooping cough due to other <i>Bordetella</i> species with pneumonia |
| A37.90 | Whooping cough, unspecified species without pneumonia |
| A37.91 | Whooping cough, unspecified species with pneumonia |
| A48.1 | Legionnaires' disease |
| B25.0 | Cytomegaloviral pneumonitis |
| B34.2 | Coronavirus infection, unspecified |
| B44.0 | Invasive pulmonary aspergillosis |
| B77.81 | Ascariasis pneumonia |
| B97.29 | Other coronavirus as the cause of diseases classified elsewhere |
| J00* | Acute nasopharyngitis [common cold] |
| J01* | Acute sinusitis |
| J02* | Acute pharyngitis |
| J03* | Acute tonsillitis |
| J04* | Acute laryngitis and tracheitis |
| J05* | Acute obstructive laryngitis [croup] and epiglottitis |
| J06* | Acute upper respiratory infections of multiple and unspecified sites |
| J09.X1 | Influenza due to novel influenza A virus with pneumonia |
| J09.X2 | Influenza due to identified novel influenza A virus with other respiratory manifestations |
| J09.X3 | Influenza due to identified novel influenza A virus with gastrointestinal manifestations |
| J09.X9 | Influenza due to identified novel influenza A virus with other manifestations |
| J10.00 | Influenza due to other identified influenza virus with pneumonia |
| J10.01 | Influenza due to other identified influenza virus with the same other identified influenza virus pneumonia |
| J10.08 | Influenza due to other identified influenza virus with other specified pneumonia |
| J10.1 | Influenza due to other identified influenza virus with other respiratory manifestations |
| J10.2 | Influenza due to other identified influenza virus with gastrointestinal manifestations |
| J10.8* | Influenza due to other identified influenza virus with other manifestations |
| J10.81 | Influenza due to other identified influenza virus with encephalopathy |
| J10.82 | Influenza due to other identified influenza virus with myocarditis |
| J10.83 | Influenza due to other identified influenza virus with otitis media |
| J10.89 | Influenza due to other identified influenza virus with other manifestations |
| J11.00 | Influenza due to unidentified influenza virus with pneumonia |
| J11.08 | Influenza due to unidentified influenza virus with specified pneumonia |
| J11.1 | Influenza due to unidentified influenza virus with other respiratory manifestations |
| J11.2 | Influenza due to unidentified influenza virus with gastrointestinal manifestations |
| J11.81 | Influenza due to unidentified influenza virus with encephalopathy |
| J11.82 | Influenza due to unidentified influenza virus with myocarditis |
| J11.83 | Influenza due to unidentified influenza virus with otitis media |
| J11.89 | Influenza due to unidentified influenza virus with other manifestations |
| J12.0 | Adenoviral pneumonia |
| J12.1 | Respiratory syncytial virus pneumonia |
| J12.2 | Parainfluenza virus pneumonia |
| J12.3 | Human metapneumovirus pneumonia |
| J12.81 | Pneumonia due to SARS-associated coronavirus |
| J12.82 | Pneumonia due to coronavirus disease 2019 |
| J12.89 | Other viral pneumonia |
| J12.9 | Viral pneumonia, unspecified |
| J13 | Pneumonia due to <i>Streptococcus pneumoniae</i> |
| J14 | Pneumonia due to <i>Hemophilus influenzae</i> |

| ICD-10 Code | Diagnosis |
|-------------|---|
| J15.0 | Pneumonia due to <i>Klebsiella pneumoniae</i> |
| J15.1 | Pneumonia due to Pseudomonas |
| J15.20 | Pneumonia due to Staphylococcus, unspecified |
| J15.211 | Pneumonia due to methicillin susceptible <i>Staphylococcus aureus</i> |
| J15.212 | Pneumonia due to methicillin resistant <i>Staphylococcus aureus</i> |
| J.15.29 | Pneumonia due to other Staphylococcus |
| J15.3 | Pneumonia due to Streptococcus, group b |
| J15.4 | Pneumonia due to other Streptococci |
| J15.5 | Pneumonia due to <i>Escherichia coli</i> |
| J15.6 | Pneumonia due to other aerobic gram-negative bacteria |
| J15.7 | Pneumonia due to <i>Mycoplasma pneumoniae</i> |
| J15.8 | Pneumonia due to other specified bacteria |
| J15.9 | Unspecified bacterial pneumonia |
| J16.0 | Chlamydial pneumonia |
| J16.8 | Pneumonia due to other specified infectious organisms |
| J17 | Pneumonia in diseases classified elsewhere |
| J18.0 | Bronchopneumonia, unspecified organism |
| J18.1 | Lobar pneumonia, unspecified organism |
| J18.2 | Hypostatic pneumonia, unspecified organism |
| J18.8 | Other pneumonia, unspecified organism |
| J18.9 | Pneumonia, unspecified organism |
| J20.0 | Acute bronchitis due to <i>Mycoplasma pneumoniae</i> |
| J20.1 | Acute bronchitis due to <i>Hemophilus influenzae</i> |
| J20.2 | Acute bronchitis due to Streptococcus |
| J20.3 | Acute bronchitis due to coxsackievirus |
| J20.4 | Acute bronchitis due to parainfluenza virus |
| J20.5 | Acute bronchitis due to respiratory syncytial virus |
| J20.6 | Acute bronchitis due to rhinovirus |
| J20.7 | Acute bronchitis due to echovirus |
| J20.8 | Acute bronchitis due to other specified organisms |
| J20.9 | Acute bronchitis, unspecified |
| J21.* | Acute bronchiolitis |
| J21.0 | Acute bronchiolitis due to respiratory syncytial virus |
| J21.1 | Acute bronchiolitis due to human metapneumovirus |
| J21.8 | Acute bronchiolitis due to other specified organisms |
| J21.9 | Acute bronchiolitis, unspecified |
| J22 | Unspecified acute lower respiratory infection |
| J80 | Acute respiratory distress syndrome |
| J96.00 | Acute respiratory failure unspecified whether with hypoxia or hypercapnia |
| J96.01 | Acute respiratory failure with hypoxia |
| J96.02 | Acute respiratory failure with hypercapnia |
| J96.10 | Chronic respiratory failure, unspecified with hypoxia or hypercapnia |
| J96.11 | Chronic respiratory failure with hypoxia |
| J96.12 | Chronic respiratory failure with hypercapnia |
| J96.20 | Acute and chr resp failure, unspecified with hypoxia or hypercapnia |
| J96.21 | Acute and chronic respiratory failure with hypoxia |
| J96.22 | Acute and chronic respiratory failure with hypercapnia |
| J96.90 | Respiratory failure, unspecified, unspecified with hypoxia or hypercapnia |
| J96.91 | Respiratory failure, unspecified with hypoxia |
| J96.92 | Respiratory failure, unspecified with hypercapnia |
| M35.81 | Multisystem inflammatory syndrome |
| R04.2 | Hemoptysis |
| R05 | Cough |
| R05.1 | Acute cough |
| R05.2 | Subacute cough |
| R05.3 | Chronic cough |
| R05.4 | Cough syncope |

| ICD-10 Code | Diagnosis |
|--------------------|---|
| R05.8 | Other specified cough |
| R05.9 | Cough, unspecified |
| R06.00 | Dyspnea/abnormalities of breathing unspecified |
| R06.02 | Shortness of breath |
| R06.03 | Acute respiratory distress |
| R06.09 | Other forms of dyspnea |
| R06.1 | Stridor |
| R06.82 | Tachypnea, not elsewhere classified |
| R06.89 | Other abnormalities of breathing |
| R07.1 | Chest pain on breathing |
| R09.0* | Asphyxia and hypoxemia |
| R09.01 | Asphyxia |
| R09.02 | Hypoxemia |
| R09.1 | Pleurisy |
| R09.2 | Respiratory arrest |
| R50.9 | Fever, unspecified |
| U04* | SARS (WHO 2019) |
| u04.9 | SARS, unspecified (WHO 2019) |
| U07.1 | COVID-19 |
| U07.2 | COVID-19, virus not identified (clinically diagnosed) |

Supplemental Table 2. Medical history of acute respiratory infection episodes (hospitalization, ED/UC visits, outpatient visits) with SARS-CoV-2 testing, by COVID-19 case-control status

| | Total (n=113,174) | Test- positive COVID-19 cases (n=20,523) | Test- negative controls (n=92,651) | P-value |
|--|------------------------------|---|---|----------------|
| Medical History | | | | 0.015 |
| Acute cerebrovascular disease | 5,372 (4.7) | 907 (4.4) | 4,465 (4.8) | |
| Acute myocardial infarction | 3,842 (3.4) | 533 (2.6) | 3,309 (3.6) | <0.001 |
| Alcohol and substance related disorders | 28,011 (24.8) | 4,657 (22.7) | 23,354 (25.2) | <0.001 |
| Any cancer or malignancy | 42,527 (37.6) | 7,452 (36.3) | 35,075 (37.9) | <0.001 |
| Aortic and peripheral arterial embolism or thrombosis | 440 (0.4) | 51 (0.2) | 389 (0.4) | <0.001 |
| Asthma | 10,024 (8.9) | 1,516 (7.4) | 8,508 (9.2) | <0.001 |
| Benign prostatic hyperplasia | 23,037 (20.4) | 3,930 (19.1) | 19,107 (20.6) | <0.001 |
| Cardiac dysrhythmias | 27,478 (24.3) | 4,439 (21.6) | 23,039 (24.9) | <0.001 |
| Chronic kidney disease | 13,161 (11.6) | 2,165 (10.5) | 10,996 (11.9) | <0.001 |
| Chronic obstructive pulmonary disease and bronchiectasis | 26,259 (23.2) | 3,381 (16.5) | 22,878 (24.7) | <0.001 |
| Congestive heart failure | 17,429 (15.4) | 2,343 (11.4) | 15,086 (16.3) | <0.001 |

| | Total (n=113,174) | Test- positive COVID-19 cases (n=20,523) | Test- negative controls (n=92,651) | P-value |
|---|------------------------------|---|---|----------------|
| Coronary atherosclerosis and other heart disease | 25,404 (22.4) | 4,098 (20.0) | 21,306 (23.0) | <0.001 |
| Delirium, dementia, and other cognitive disorders | 9,559 (8.4) | 1,684 (8.2) | 7,875 (8.5) | 0.170 |
| Diabetes with or without chronic complications | 47,147 (41.7) | 8,376 (40.8) | 38,771 (41.8) | 0.007 |
| Epilepsy | 3,142 (2.8) | 525 (2.6) | 2,617 (2.8) | 0.036 |
| Human immunodeficiency virus (HIV) infection | 1,271 (1.1) | 181 (0.9) | 1,090 (1.2) | <0.001 |
| Hypertension | 66,411 (58.7) | 11,722 (57.1) | 54,689 (59.0) | <0.001 |
| Influenza | 1,413 (1.2) | 262 (1.3) | 1,151 (1.2) | 0.689 |
| Liver diseases | 10,877 (9.6) | 1,862 (9.1) | 9,015 (9.7) | 0.004 |
| Mental health conditions | 57,479 (50.8) | 10,305 (50.2) | 47,174 (50.9) | 0.068 |
| Osteoarthritis | 23,617 (20.9) | 4,320 (21.0) | 19,297 (20.8) | 0.479 |
| Peripheral and visceral atherosclerosis | 9,699 (8.6) | 1,547 (7.5) | 8,152 (8.8) | <0.001 |
| Pneumonia | 9,596 (8.5) | 1,156 (5.6) | 8,440 (9.1) | <0.001 |
| Pulmonary heart disease | 7,598 (6.7) | 974 (4.7) | 6,624 (7.1) | <0.001 |

| | Total (n=113,174) | Test- positive COVID-19 cases (n=20,523) | Test- negative controls (n=92,651) | P-value |
|----------------------|------------------------------|---|---|----------------|
| Rheumatoid arthritis | 2,273 (2.0) | 367 (1.8) | 1,906 (2.1) | 0.013 |
| Septicemia | 4,805 (4.2) | 654 (3.2) | 4,151 (4.5) | <0.001 |
| Thyroid disorder | 14,098 (12.5) | 2,450 (11.9) | 11,648 (12.6) | 0.013 |
| Tuberculosis | 237 (0.2) | 31 (0.2) | 206 (0.2) | 0.043 |

ARI= acute respiratory infection; ED/UC= emergency department/urgent care; VA= Veterans Affairs

Data are n (%) unless otherwise specified.

All ARI encounters within a 30-day window were considered a single ARI episode. If multiple encounter types occurred during the 30-day window, the highest level of care was used (hospitalization > ED/UC > outpatient).

Medical history included underlying conditions and diagnoses in the year prior to the ARI episode, identified using international classification of diseases (ICD)-10 codes.

Supplemental Table 3. Demographics and clinical characteristics of acute respiratory infection hospitalizations with SARS-CoV-2 testing, by COVID-19 case-control status

| | Total (n=24,206) | Test- positive COVID-19 cases (n=4,561) | Test- negative controls (n=19,645) | P-value |
|--|-----------------------------|--|---|----------------|
| COVID vaccine status* | | | | <0.001 |
| ≥1 dose of BNT162b2 XBB vaccine | 1,836 (7.6) | 257 (5.6) | 1,579 (8.0) | |
| ≥1 dose of BA.4/5-adapted bivalent vaccine | 7,816 (32.3) | 1,443 (31.6) | 6,373 (32.4) | 0.296 |
| ≥3 doses of original wild-type mRNA vaccine but no bivalent-adapted vaccines | 6,812 (28.1) | 1,263 (27.7) | 5,549 (28.2) | 0.453 |
| ≥2 doses of original wild-type mRNA vaccine but no bivalent-adapted vaccines | 10,711 (44.3) | 1,966 (43.1) | 8,745 (44.5) | 0.084 |
| No original wild-type mRNA or bivalent-adapted or non-mRNA vaccines | 4,350 (18.0) | 912 (20.0) | 3,438 (17.5) | <0.001 |
| Time since last non-XBB adapted vaccine, median days (IQR) | 595 (392-784) | 601 (397-789) | 594 (390-783) | 0.046 |
| Age group | 5,438 (22.5) | 1,083 (23.7) | 4,355 (22.2) | <0.001 |

| | Total (n=24,206) | Test- positive COVID-19 cases (n=4,561) | Test- negative controls (n=19,645) | P-value |
|---|-----------------------------|--|---|----------------|
| 18–64 years | | | | |
| 65–74 years | 7,676 (31.7) | 1,289 (28.3) | 6,387 (32.5) | |
| ≥75 years | 11,092 (45.8) | 2,189 (48.0) | 8,903 (45.3) | |
| Sex | 22,770 (94.1) | 4,290 (94.1) | 18,480 (94.1) | 0.977 |
| Male | | | | |
| Female | 1,436 (5.9) | 271 (5.9) | 1,165 (5.9) | |
| Body mass index category | | | | 0.002 |
| Underweight (<18.5 kg/m ²) | 801 (3.3) | 117 (2.6) | 684 (3.5) | |
| Healthy weight (18.5–24.9 kg/m ²) | 10,234 (42.3) | 2,021 (44.3) | 8,213 (41.8) | |
| Overweight (25–29.9 kg/m ²) | 4,338 (17.9) | 868 (19.0) | 3,470 (17.7) | |
| Obese (≥30 kg/m ²) | 8,801 (36.4) | 1,542 (33.8) | 7,259 (37.0) | |
| Missing | 32 (0.1) | 13 (0.3) | 19 (0.1) | |
| Region | | | | <0.001 |
| Midwest | 4,439 (18.3) | 980 (21.5) | 3,459 (17.6) | |
| Northeast | 3,113 (12.9) | 698 (15.3) | 2,415 (12.3) | |
| West | 5,457 (22.5) | 1,025 (22.5) | 4,432 (22.6) | |
| South | 11,197 (46.3) | 1,858 (40.7) | 9,339 (47.5) | |
| Race | | | | 0.064 |
| Black or African American | 5,699 (23.5) | 1,033 (22.6) | 4,666 (23.8) | |

| | Total (n=24,206) | Test- positive COVID-19 cases (n=4,561) | Test- negative controls (n=19,645) | P-value |
|-------------------------------|-----------------------------|--|---|----------------|
| White | 16,277 (67.2) | 3,073 (67.4) | 13,204 (67.2) | |
| Other race | 2,230 (9.2) | 455 (10.0) | 1,775 (9.0) | |
| Ethnicity | | | | 0.698 |
| Hispanic or Latino | 1,768 (7.3) | 327 (7.2) | 1,441 (7.3) | |
| Not Hispanic or Latino | 22,438 (92.7) | 4,234 (92.8) | 18,204 (92.7) | |
| Smoking | | | | <0.001 |
| Current or former | 14,803 (61.2) | 2,586 (56.7) | 12,217 (62.2) | |
| Never smoked | 5,736 (23.7) | 1,260 (27.6) | 4,476 (22.8) | |
| Unknown | 3,667 (15.1) | 715 (15.7) | 2,952 (15.0) | |
| Area deprivation index (ADI)* | | | | 0.033 |
| Quintile | | | | |
| 1 (Least Deprived) | 4,506 (18.6) | 913 (20.0) | 3,593 (18.3) | |
| 2 | 4,398 (18.2) | 853 (18.7) | 3,545 (18.0) | |
| 3 | 4,611 (19.1) | 868 (19.0) | 3,743 (19.1) | |
| 4 | 4,759 (19.7) | 874 (19.2) | 3,885 (19.8) | |
| 5 (Most Deprived) | 5,284 (21.8) | 939 (20.6) | 4,345 (22.1) | |
| Missing | 648 (2.7) | 114 (2.5) | 534 (2.7) | |
| VA Frailty index (VA-FI)** | | | | 0.025 |
| Non-frail (VA-FI ≤0.1) | 3,557 (14.7) | 720 (15.8) | 2,837 (14.4) | |
| Pre-frail (VA-FI >0.1-0.2) | 4,679 (19.3) | 873 (19.1) | 3,806 (19.4) | |

| | Total (n=24,206) | Test- positive COVID-19 cases (n=4,561) | Test- negative controls (n=19,645) | P-value |
|------------------------------------|-----------------------------|--|---|----------------|
| Mildly frail (VA-FI >0.2-0.3) | 5,024 (20.8) | 989 (21.7) | 4,035 (20.5) | |
| Moderately frail (VA-FI >0.3-0.4) | 4,508 (18.6) | 815 (17.9) | 3,693 (18.8) | |
| Severely frail (VA-FI \geq 0.5) | 6,438 (26.6) | 1,164 (25.5) | 5,274 (26.8) | |
| Healthcare exposures, 1 year prior | | | | 0.180 |
| Hospital admission | 12,317 (15.9) | 2,280 (50.0) | 10,037 (51.1) | |
| Nursing home admission | 1,273 (5.3) | 345 (7.6) | 928 (4.7) | <0.001 |
| Intensive care unit admission | 3,633 (15.0) | 631 (13.8) | 3,002 (15.3) | 0.014 |
| Emergency department visit | 17,664 (73.0) | 3,254 (71.3) | 14,410 (73.4) | 0.006 |
| Primary care visit | 22,931 (94.7) | 4,300 (94.3) | 18,631 (94.8) | 0.127 |
| Charlson Comorbidity Index | | | | <0.001 |
| 0 | 3,007 (12.4) | 733 (16.1) | 2,274 (11.6) | |
| 1 | 3,701 (15.3) | 674 (14.8) | 3,027 (15.4) | |
| 2 | 3,179 (13.1) | 580 (12.7) | 2,599 (13.2) | |
| 3 | 3,002 (12.4) | 560 (12.3) | 2,442 (12.4) | |
| \geq 4 | 11,317 (46.8) | 2,014 (44.2) | 9,303 (47.4) | |
| Immunocompromised*** | 10,422 (43.1) | 1,507 (33.0) | 8,915 (45.4) | <0.001 |
| Week of infection | | | | <0.001 |
| Sep 25–Sep 30,2023 | 1,161 (4.8) | 163 (3.6) | 998 (5.1) | |

| | Total (n=24,206) | Test- positive COVID-19 cases (n=4,561) | Test- negative controls (n=19,645) | P-value |
|------------------------------|-----------------------------|--|---|----------------|
| Oct 01–Oct 07, 2023 | 1,231 (5.1) | 186 (4.1) | 1,045 (5.3) | |
| Oct 08–Oct 14, 2023 | 1,132 (4.7) | 176 (3.9) | 956 (4.9) | |
| Oct 15–Oct 21, 2023 | 1,274 (5.3) | 210 (4.6) | 1,064 (5.4) | |
| Oct 22–Oct 28, 2023 | 1,160 (4.8) | 178 (3.9) | 982 (5.0) | |
| Oct 29–Nov 04, 2023 | 1,053 (4.3) | 156 (3.4) | 897 (4.6) | |
| Nov 05–Nov 11, 2023 | 1,202 (5.0) | 195 (4.3) | 1,007 (5.1) | |
| Nov 12–Nov 18, 2023 | 1,311 (5.4) | 261 (5.7) | 1,050 (5.3) | |
| Nov 19–Nov 25, 2023 | 1,160 (4.8) | 241 (5.3) | 919 (4.7) | |
| Nov 26–Dec 02, 2023 | 1,392 (5.7) | 240 (5.3) | 1,152 (5.9) | |
| Dec 03–Dec 09, 2023 | 1,508 (6.2) | 301 (6.6) | 1,207 (6.1) | |
| Dec 10–Dec 16, 2023 | 1,370 (6.0) | 257 (5.6) | 1,113 (5.7) | |
| Dec 17–Dec 23, 2023 | 1,473 (6.1) | 290 (6.4) | 1,183 (6.0) | |
| Dec 24–Dec 30, 2023 | 1,521 (6.3) | 348 (7.6) | 1,173 (6.0) | |
| Dec 31, 2023–Jan 06, 2024 | 1,693 (7.0) | 360 (7.9) | 1,333 (6.8) | |
| Jan 07–Jan 13, 2024 | 1,537 (6.4) | 357 (7.8) | 1,180 (6.0) | |
| Jan 14–Jan 20, 2024 | 1,225 (5.1) | 250 (5.5) | 975 (5.0) | |
| Jan 21–Jan 27, 2024 | 1,191 (4.9) | 272 (6.0) | 919 (4.7) | |
| Jan 28–Jan 31, 2024 | 612 (2.5) | 120 (2.6) | 492 (2.5) | |
| Prior COVID-19 infection**** | 6,070 (25.1) | 880 (19.3) | 5,190 (26.4) | <0.001 |

| | Total (n=24,206) | Test- positive COVID-19 cases (n=4,561) | Test- negative controls (n=19,645) | P-value |
|--|-----------------------------|--|---|----------------|
| ICU admission (hospitalized only)***** | 4,955 (20.5) | 624 (13.7) | 4,331 (22.0) | <0.001 |
| Current influenza vaccine | 9,747 (40.3) | 1,881 (41.2) | 7,866 (40.0) | 0.137 |
| Pneumococcal vaccine in last 5 years | 9,954 (41.1) | 1,756 (38.5) | 8,198 (41.7) | <0.001 |

ARI= acute respiratory infection; ED/UC= emergency department/urgent care; VA= Veterans Affairs

Data are n (%) unless otherwise specified.

All ARI encounters within a 30-day window were considered a single ARI episode. If multiple encounter types occurred during the 30-day window, the highest level of care was used (hospitalization > ED/UC > outpatient).

*The categories under “COVID vaccine status” were categorized as present or absent for each category

**Area deprivation index (ADI) is a measure of socioeconomic disadvantage and was grouped into quintiles from least to most deprived neighborhoods (based on zip code).⁵¹

***Frailty was defined using the ICD-10 updated Veterans Affairs Frailty Index (VA-FI) and categorized as non-frail (VA-FI ≤ 0.1), prefrail (>0.1–0.2), mildly frail (>0.2–0.3), moderately frail (>0.3–0.4), and severely frail (>0.4).⁵²

****Immunocompromised status was based on immunocompromising conditions in the year prior and immunosuppressive medications in the 90 days prior to the ARI episode based on a slightly modified algorithm that has been previously described.²⁹ Unlike the previously described algorithm, we used diagnosis codes to identify solid organ or hematopoietic stem cell transplantation and HIV/AIDS versus patient registries. Consistent with the previously described algorithm, we required one inpatient or two outpatient diagnosis code for an immunocompromising condition (leukemia, lymphoma, congenital immunodeficiencies, asplenia/hyposplenia, HIV/AIDS, and organ transplant) in the year prior and any

immunosuppressive medication (alkylating agents, antibiotics, antimetabolites, antimitotics, monoclonal antibodies, other, immune-modulating agents, TNF Alpha antagonist, and steroids) with an outpatient days supply or inpatient administration in the 90 days prior.

****Prior COVID-19 infection was defined as any previous documented SARS-CoV-2 infection or no prior documented infection (yes or no).

****Virtual visit was only assessed among those with an outpatient visit and defined as a virtual visit or not .

****ICU admission was only assessed among those with a hospital admission and defined as admission to an ICU or not.

Supplemental Table 4. Demographics and clinical characteristics of acute respiratory infection ED/UC visits with SARS-CoV-2 testing, by COVID-19 case-control status

| | Total (n=61,976) | Test- positive COVID-19 cases (n=11,244) | Test- negative controls (n=50,732) | P-value |
|--|-----------------------------|---|---|----------------|
| COVID vaccine status* | | | | <0.001 |
| ≥1 dose of BNT162b2 XBB vaccine | 3,652 (5.9) | 503 (4.5) | 3,149 (6.2) | |
| ≥1 dose of BA.4/5-adapted bivalent vaccine | 14,756 (23.8) | 2,682 (23.9) | 12,074 (23.8) | 0.905 |
| ≥3 doses of original wild-type mRNA vaccine but no bivalent-adapted vaccines | 15,718 (25.4) | 3,020 (26.9) | 12,698 (25.0) | <0.001 |
| ≥2 doses of original wild-type mRNA vaccine but no bivalent-adapted vaccines | 28,668 (46.3) | 5,330 (47.4) | 23,338 (46.0) | 0.007 |
| No original wild-type mRNA or bivalent-adapted or non-mRNA vaccines | 14,572 (23.5) | 2,501 (22.2) | 12,071 (23.8) | <0.001 |
| Time since last non-XBB adapted vaccine, median days (IQR) | 692 (427-838) | 697 (431-841) | 691 (426-838) | 0.017 |
| Age group | | | | 0.080 |

| | Total (n=61,976) | Test- positive COVID-19 cases (n=11,244) | Test- negative controls (n=50,732) | P-value |
|---|-----------------------------|---|---|----------------|
| 18–64 years | 35,950 (58.0) | 6,417 (57.1) | 29,533 (58.2) | |
| 65–74 years | 13,544 (21.9) | 2,502 (22.3) | 11,042 (21.8) | |
| ≥75 years | 12,482 (20.1) | 2,325 (20.7) | 10,157 (20.0) | |
| Sex | | | | 0.641 |
| Male | 52,249 (84.3) | 9,463 (84.2) | 42,786 (84.3) | |
| Female | 9,727 (15.7) | 1,781 (15.8) | 7,946 (15.7) | |
| Body mass index category | | | | 0.005 |
| Underweight (<18.5 kg/m ²) | 284 (0.5) | 38 (0.3) | 246 (0.5) | |
| Healthy weight (18.5–24.9 kg/m ²) | 15,836 (25.5) | 2,917 (25.9) | 12,919 (25.5) | |
| Overweight (25–29.9 kg/m ²) | 12,969 (20.9) | 2,456 (21.8) | 10,513 (20.7) | |
| Obese (≥30 kg/m ²) | 32,549 (52.5) | 5,779 (51.4) | 26,770 (52.8) | |
| Missing | 338 (0.5) | 54 (0.5) | 284 (0.6) | |
| Region | | | | <0.001 |
| Midwest | 11,847 (19.1) | 2,402 (21.4) | 9,445 (18.6) | |
| Northeast | 8,560 (13.8) | 1,609 (14.3) | 6,951 (13.7) | |
| West | 11,811 (19.1) | 2,000 (17.8) | 9,811 (19.3) | |
| South | 29,758 (48.0) | 5,233 (46.5) | 24,525 (48.3) | |
| Race | | | | 0.313 |
| Black or African American | 17,871 (28.8) | 3,251 (28.9) | 14,620 (28.8) | |

| | Total (n=61,976) | Test- positive COVID-19 cases (n=11,244) | Test- negative controls (n=50,732) | P-value |
|---|-----------------------------|---|---|----------------|
| White | 37,239 (60.1) | 6,793 (60.4) | 30,446 (60.0) | |
| Other race | 6,866 (11.1) | 1,200 (10.7) | 5,666 (11.2) | |
| Ethnicity | | | | 0.699 |
| Hispanic or Latino | 6,244 (10.1) | 1,144 (10.2) | 5,100 (10.1) | |
| Not Hispanic or Latino | 55,732 (89.9) | 10,100 (89.8) | 45,632 (89.9) | |
| Smoking | | | | <0.001 |
| Current or former | 29,271 (47.2) | 5,169 (46.0) | 24,102 (47.5) | |
| Never smoked | 21,978 (35.5) | 4,156 (37.0) | 17,822 (35.1) | |
| Unknown | 10,727 (17.3) | 1,919 (17.1) | 8,808 (17.4) | |
| Area deprivation index (ADI)* Quintile | | | | 0.251 |
| 1 (Least Deprived) | 12,191 (19.7) | 2,176 (19.4) | 10,015 (19.7) | |
| 2 | 12,369 (20.0) | 2,325 (20.7) | 10,044 (19.8) | |
| 3 | 12,259 (19.8) | 2,243 (19.9) | 10,016 (19.7) | |
| 4 | 12,128 (19.6) | 2,199 (19.6) | 9,929 (19.6) | |
| 5 (Most Deprived) | 11,554 (18.6) | 2,045 (18.2) | 9,509 (18.7) | |
| Missing | 1,475 (2.4) | 256 (2.3) | 1,219 (2.4) | |
| VA Frailty index (VA-FI)** | | | | <0.001 |
| Non-frail (VA-FI \leq 0.1) | 27,267 (44.0) | 5,002 (44.5) | 22,265 (43.9) | |

| | Total (n=61,976) | Test- positive COVID-19 cases (n=11,244) | Test- negative controls (n=50,732) | P-value |
|------------------------------------|-----------------------------|---|---|----------------|
| Pre-frail (VA-FI >0.1-0.2) | 16,170 (26.1) | 3,059 (27.2) | 13,111 (25.8) | |
| Mildly frail (VA-FI >0.2-0.3) | 9,297 (15.0) | 1,778 (15.8) | 7,519 (14.8) | |
| Moderately frail (VA-FI >0.3-0.4) | 5,047 (8.1) | 822 (7.3) | 4,225 (8.3) | |
| Severely frail (VA-FI \geq 0.5) | 4,195 (6.8) | 583 (5.2) | 3,612 (7.1) | |
| Healthcare exposures, 1 year prior | | | | <0.001 |
| Hospital admission | 10,609 (17.1) | 1,617 (14.4) | 8,992 (17.7) | |
| Nursing home admission | 1,055 (1.7) | 199 (1.8) | 856 (1.7) | 0.54 |
| Intensive care unit admission | 2,257 (3.6) | 322 (2.9) | 1,935 (3.8) | <0.001 |
| Emergency department visit | 38,318 (61.8) | 6,734 (59.9) | 31,584 (62.3) | <0.001 |
| Primary care visit | 58,260 (94.0) | 10,657 (94.8) | 47,603 (93.8) | <0.001 |
| Charlson Comorbidity Index | | | | <0.001 |
| 0 | 26,471 (42.7) | 4,949 (44.0) | 21,522 (42.4) | |
| 1 | 12,891 (20.8) | 2,414 (21.5) | 10,477 (20.7) | |
| 2 | 6,688 (10.8) | 1,204 (10.7) | 5,484 (10.8) | |
| 3 | 5,260 (8.5) | 964 (8.6) | 4,296 (8.5) | |
| \geq 4 | 10,666 (17.2) | 1,713 (15.2) | 8,953 (17.6) | |
| Immunocompromised*** | 21,762 (35.1) | 3,236 (28.8) | 18,526 (36.5) | <0.001 |

| | Total (n=61,976) | Test- positive COVID-19 cases (n=11,244) | Test- negative controls (n=50,732) | P-value |
|---------------------------|-----------------------------|---|---|----------------|
| Week of infection | | | | <0.001 |
| Sep 25–Sep 30, 2023 | 2,095 (3.4) | 376 (3.3) | 1,719 (3.4) | |
| Oct 01–Oct 07, 2023 | 2,291 (3.7) | 360 (3.2) | 1,931 (3.8) | |
| Oct 08–Oct 14, 2023 | 2,251 (3.6) | 358 (3.2) | 1,893 (3.7) | |
| Oct 15–Oct 21, 2023 | 2,276 (3.7) | 366 (3.3) | 1,910 (3.8) | |
| Oct 22–Oct 28, 2023 | 2,318 (3.7) | 348 (3.1) | 1,970 (3.9) | |
| Oct 29–Nov 04, 2023 | 2,304 (3.7) | 342 (3.0) | 1,962 (3.9) | |
| Nov 05–Nov 11, 2023 | 2,496 (4.0) | 399 (3.5) | 2,097 (4.1) | |
| Nov 12–Nov 18, 2023 | 3,019 (4.9) | 518 (4.6) | 2,501 (4.9) | |
| Nov 19–Nov 25, 2023 | 2,957 (4.8) | 539 (4.8) | 2,418 (4.8) | |
| Nov 26–Dec 02, 2023 | 3,684 (5.9) | 629 (5.6) | 3,055 (6.0) | |
| Dec 03–Dec 09, 2023 | 3,779 (6.1) | 696 (6.2) | 3,083 (6.1) | |
| Dec 10–Dec 16, 2023 | 3,918 (6.3) | 729 (6.5) | 3,189 (6.3) | |
| Dec 17–Dec 23, 2023 | 4,874 (7.9) | 920 (8.2) | 3,954 (7.8) | |
| Dec 24–Dec 30, 2023 | 5,371 (8.7) | 1,107 (9.8) | 4,264 (8.4) | |
| Dec 31, 2023–Jan 06, 2024 | 5,332 (8.6) | 1,023 (9.1) | 4,309 (8.5) | |
| Jan 07–Jan 13, 2024 | 4,257 (6.9) | 844 (7.5) | 3,413 (6.7) | |
| Jan 14–Jan 20, 2024 | 3,139 (5.1) | 644 (5.7) | 2,495 (4.9) | |
| Jan 21–Jan 27, 2024 | 3,518 (5.7) | 674 (6.0) | 2,844 (5.6) | |

| | Total (n=61,976) | Test- positive COVID-19 cases (n=11,244) | Test- negative controls (n=50,732) | P-value |
|--------------------------------------|-----------------------------|---|---|----------------|
| Jan 28–Jan 31, 2024 | 2,097 (3.4) | 372 (3.3) | 1,725 (3.4) | |
| Prior COVID-19 infection**** | 18,505 (29.9) | 2,995 (26.6) | 15,510 (30.6) | <0.001 |
| Current influenza vaccine | 19,718 (31.8) | 3,734 (33.2) | 15,984 (31.5) | <0.001 |
| Pneumococcal vaccine in last 5 years | 21,138 (34.1) | 3,771 (33.5) | 17,367 (34.2) | 0.160 |

ARI= acute respiratory infection; ED/UC= emergency department/urgent care; VA= Veterans Affairs

Data are n (%) unless otherwise specified.

All ARI encounters within a 30-day window were considered a single ARI episode. If multiple encounter types occurred during the 30-day window, the highest level of care was used (hospitalization > ED/UC > outpatient).

*The categories under “COVID vaccine status” were categorized as present or absent for each category

**Area deprivation index (ADI) is a measure of socioeconomic disadvantage and was grouped into quintiles from least to most deprived neighborhoods (based on zip code).⁵¹

***Frailty was defined using the ICD-10 updated Veterans Affairs Frailty Index (VA-FI) and categorized as non-frail (VA-FI ≤ 0.1), prefrail (>0.1–0.2), mildly frail (>0.2–0.3), moderately frail (>0.3–0.4), and severely frail (>0.4).⁵²

****Immunocompromised status was based on immunocompromising conditions in the year prior and immunosuppressive medications in the 90 days prior to the ARI episode based on a slightly modified algorithm that has been previously described.²⁹ Unlike the previously described algorithm, we used diagnosis codes to identify solid organ or hematopoietic stem cell transplantation and HIV/AIDs versus patient registries. Consistent with the previously described algorithm, we required one inpatient or two outpatient diagnosis code for an immunocompromising condition (leukemia, lymphoma, congenital immunodeficiencies, asplenia/hyposplenia, HIV/AIDS, and organ transplant) in the year prior and any immunosuppressive medication (alkylating agents, antibiotics, antimetabolites, antimitotics,

monoclonal antibodies, other, immune-modulating agents, TNF Alpha antagonist, and steroids) with an outpatient days supply or inpatient administration in the 90 days prior.

****Prior COVID-19 infection was defined as any previous documented SARS-CoV-2 infection or no prior documented infection (yes or no).

****Virtual visit was only assessed among those with an outpatient visit and defined as a virtual visit or not .

****ICU admission was only assessed among those with a hospital admission and defined as admission to an ICU or not.

Supplemental Table 5. Demographics and clinical characteristics of acute respiratory infection outpatient visits with SARS-CoV-2 testing, by COVID-19 case-control status

| | Total (n=26,992) | Test- positive COVID-19 cases (n=4,718) | Test- negative controls (n=22,274) | P-value |
|--|-----------------------------|--|---|----------------|
| COVID vaccine status* | 1,836 (6.8) | 259 (5.5) | 1,577 (7.1) | <0.001 |
| ≥1 dose of BNT162b2 XBB vaccine | | | | |
| ≥1 dose of BA.4/5-adapted bivalent vaccine | 7,335 (27.2) | 1,191 (25.2) | 6,144 (27.6) | 0.001 |
| ≥3 doses of original wild-type mRNA vaccine but no bivalent-adapted vaccines | 6,933 (25.7) | 1,229 (26.0) | 5,704 (25.6) | 0.529 |
| ≥2 doses of original wild-type mRNA vaccine but no bivalent-adapted vaccines | 12,167 (45.1) | 2,171 (46.0) | 9,996 (44.9) | 0.154 |
| No original wild-type mRNA or bivalent-adapted or non-mRNA vaccines | 5,825 (21.6) | 1,041 (22.1) | 4,784 (21.5) | 0.374 |
| Time since last non-XBB adapted vaccine, median days (IQR) | 661 (409-819) | 679 (424-837) | 657 (406-817) | <0.001 |
| Age group | | | | <0.001 |

| | Total (n=26,992) | Test- positive COVID-19 cases (n=4,718) | Test- negative controls (n=22,274) | P-value |
|---|-----------------------------|--|---|----------------|
| 18–64 years | 13,175 (48.8) | 2,599 (55.1) | 10,576 (47.5) | |
| 65–74 years | 6,601 (24.5) | 1,029 (21.8) | 5,572 (25.0) | |
| ≥75 years | 7,216 (26.7) | 1,090 (23.1) | 6,126 (27.5) | |
| Sex | | | | 0.001 |
| Male | 23,153 (85.8) | 3,977 (84.3) | 19,176 (86.1) | |
| Female | 3,839 (14.2) | 741 (15.7) | 3,098 (13.9) | |
| Body mass index category | | | | <0.001 |
| Underweight (<18.5 kg/m ²) | 314 (1.2) | 28 (0.6) | 286 (1.3) | |
| Healthy weight (18.5–24.9 kg/m ²) | 8,013 (29.7) | 1,285 (27.2) | 6,728 (30.2) | |
| Overweight (25–29.9 kg/m ²) | 5,473 (20.3) | 1,063 (22.5) | 4,410 (19.8) | |
| Obese (≥30 kg/m ²) | 13,048 (48.3) | 2,299 (48.7) | 10,749 (48.3) | |
| Missing | 144 (0.5) | 43 (0.9) | 101 (0.4) | |
| Region | | | | <0.001 |
| Midwest | 5,881 (21.8) | 1,217 (25.8) | 4,664 (20.9) | |
| Northeast | 3,390 (12.6) | 633 (13.4) | 2,757 (12.4) | |
| West | 4,665 (17.3) | 762 (16.2) | 3,903 (17.5) | |
| South | 13,056 (48.4) | 2,106 (44.6) | 10,950 (49.2) | |
| Race | | | | 0.001 |
| Black or African American | 6,129 (22.7) | 1,080 (22.9) | 5,049 (22.7) | |

| | Total (n=26,992) | Test- positive COVID-19 cases (n=4,718) | Test- negative controls (n=22,274) | P-value |
|-------------------------------|-----------------------------|--|---|----------------|
| White | 17,829 (66.1) | 3,039 (64.4) | 14,790 (66.4) | |
| Other race | 3,034 (11.2) | 599 (12.7) | 2,435 (10.9) | |
| Ethnicity | | | | 0.724 |
| Hispanic or Latino | 2,515 (9.3) | 446 (9.5) | 2,069 (9.3) | |
| Not Hispanic or Latino | 24,477 (90.7) | 4,272 (90.5) | 20,205 (90.7) | |
| Smoking | | | | <0.001 |
| Current or former | 13,988 (51.8) | 2,232 (47.3) | 11,756 (52.8) | |
| Never smoked | 8,856 (32.8) | 1,690 (35.8) | 7,166 (32.2) | |
| Unknown | 4,148 (15.4) | 796 (16.9) | 3,352 (15.0) | |
| Area deprivation index (ADI)* | | | | 0.142 |
| Quintile | | | | |
| 1 (Least Deprived) | 5,443 (20.2) | 952 (20.2) | 4,491 (20.2) | |
| 2 | 5,367 (19.9) | 949 (20.1) | 4,418 (19.8) | |
| 3 | 5,273 (19.5) | 973 (20.6) | 4,300 (19.3) | |
| 4 | 5,239 (19.4) | 908 (19.2) | 4,331 (19.4) | |
| 5 (Most Deprived) | 5,298 (19.6) | 868 (18.4) | 4,430 (19.9) | |
| Missing | 372 (1.4) | 68 (1.4) | 304 (1.4) | |
| VA Frailty index (VA-FI)** | | | | <0.001 |
| Non-frail (VA-FI ≤0.1) | 9,358 (34.7) | 2,110 (44.7) | 7,248 (32.5) | |
| Pre-frail (VA-FI >0.1-0.2) | 6,573 (24.3) | 1,263 (26.8) | 5,310 (23.8) | |

| | Total (n=26,992) | Test- positive COVID-19 cases (n=4,718) | Test- negative controls (n=22,274) | P-value |
|------------------------------------|-----------------------------|--|---|----------------|
| Mildly frail (VA-FI >0.2-0.3) | 4,497 (16.7) | 671 (14.2) | 3,826 (17.2) | |
| Moderately frail (VA-FI >0.3-0.4) | 3,004 (11.1) | 361 (7.7) | 2,643 (11.9) | |
| Severely frail (VA-FI ≥0.5) | 3,560 (13.2) | 313 (6.6) | 3,247 (14.6) | |
| Healthcare exposures, 1 year prior | 9,141 (33.9) | 865 (18.3) | 8,276 (37.2) | <0.001 |
| Hospital admission | | | | |
| Nursing home admission | 1,596 (5.9) | 403 (8.5) | 1,193 (5.4) | <0.001 |
| Intensive care unit admission | 2,935 (10.9) | 219 (4.6) | 2,716 (12.2) | <0.001 |
| Emergency department visit | 13,996 (51.9) | 1,745 (37.0) | 12,251 (55.0) | <0.001 |
| Primary care visit | 25,500 (94.5) | 4,392 (93.1) | 21,108 (94.8) | <0.001 |
| Charlson Comorbidity Index | | | | <0.001 |
| 0 | 9,120 (33.8) | 2,087 (44.2) | 7,033 (31.6) | |
| 1 | 5,106 (18.9) | 969 (20.5) | 4,137 (18.6) | |
| 2 | 3,095 (11.5) | 489 (10.4) | 2,606 (11.7) | |
| 3 | 2,571 (9.5) | 388 (8.2) | 2,183 (9.8) | |
| ≥ 4 | 7,100 (26.3) | 785 (16.6) | 6,315 (28.4) | |
| Immunocompromised*** | 8,125 (30.1) | 977 (20.7) | 7,148 (32.1) | <0.001 |
| Week of infection | | | | <0.001 |
| Sep 25–Sep 30,2023 | 2,247 (8.3) | 337 (7.1) | 1,910 (8.6) | |

| | Total (n=26,992) | Test- positive COVID-19 cases (n=4,718) | Test- negative controls (n=22,274) | P-value |
|------------------------------|-----------------------------|--|---|----------------|
| Oct 01–Oct 07, 2023 | 1,312 (4.9) | 185 (3.9) | 1,127 (5.1) | |
| Oct 08–Oct 14, 2023 | 975 (3.6) | 131 (2.8) | 844 (3.8) | |
| Oct 15–Oct 21, 2023 | 1,157 (4.3) | 203 (4.3) | 954 (4.3) | |
| Oct 22–Oct 28, 2023 | 1,146 (4.3) | 165 (3.5) | 981 (4.4) | |
| Oct 29–Nov 04, 2023 | 1,096 (4.1) | 165 (3.5) | 931 (4.2) | |
| Nov 05–Nov 11, 2023 | 1,043 (3.9) | 137 (2.9) | 906 (4.1) | |
| Nov 12–Nov 18, 2023 | 1,292 (4.8) | 193 (4.1) | 1,099 (4.9) | |
| Nov 19–Nov 25, 2023 | 1,038 (3.8) | 172 (3.6) | 866 (3.9) | |
| Nov 26–Dec 02, 2023 | 1,670 (6.2) | 293 (6.2) | 1,377 (6.2) | |
| Dec 03–Dec 09, 2023 | 1,568 (5.8) | 288 (6.1) | 1,280 (5.7) | |
| Dec 10–Dec 16, 2023 | 1,671 (6.2) | 329 (7.0) | 1,342 (6.0) | |
| Dec 17–Dec 23, 2023 | 1,813 (6.7) | 387 (8.2) | 1,426 (6.4) | |
| Dec 24–Dec 30, 2023 | 1,474 (5.5) | 297 (6.3) | 1,177 (5.3) | |
| Dec 31, 2023–Jan 06, 2024 | 1,789 (6.6) | 391 (8.3) | 1,398 (6.3) | |
| Jan 07–Jan 13, 2024 | 1,830 (6.8) | 336 (7.1) | 1,494 (6.7) | |
| Jan 14–Jan 20, 2024 | 1,299 (4.8) | 259 (5.5) | 1,040 (4.7) | |
| Jan 21–Jan 27, 2024 | 1,607 (6.0) | 291 (6.2) | 1,316 (5.9) | |
| Jan 28–Jan 31, 2024 | 965 (3.6) | 159 (3.4) | 806 (3.6) | |
| Prior COVID-19 infection**** | 6,620 (24.5) | 1,003 (21.3) | 5,617 (25.2) | <0.001 |

| | Total (n=26,992) | Test- positive COVID-19 cases (n=4,718) | Test- negative controls (n=22,274) | P-value |
|--------------------------------------|-----------------------------|--|---|----------------|
| Virtual visit (outpatient only)***** | 2,773 (10.3) | 1,129 (23.9) | 1,644 (7.4) | <0.001 |
| Current influenza vaccine | 9,612 (35.6) | 1,685 (35.7) | 7,927 (35.6) | 0.87 |
| Pneumococcal vaccine in last 5 years | 9,940 (36.8) | 1,589 (33.7) | 8,351 (37.5) | <0.001 |

ARI= acute respiratory infection; ED/UC= emergency department/urgent care; VA= Veterans Affairs

Data are n (%) unless otherwise specified.

All ARI encounters within a 30-day window were considered a single ARI episode. If multiple encounter types occurred during the 30-day window, the highest level of care was used (hospitalization > ED/UC > outpatient).

*The categories under “COVID vaccine status” were categorized as present or absent for each category

**Area deprivation index (ADI) is a measure of socioeconomic disadvantage and was grouped into quintiles from least to most deprived neighborhoods (based on zip code).⁵¹

***Frailty was defined using the ICD-10 updated Veterans Affairs Frailty Index (VA-FI) and categorized as non-frail (VA-FI ≤ 0.1), prefrail (>0.1–0.2), mildly frail (>0.2–0.3), moderately frail (>0.3–0.4), and severely frail (>0.4).⁵²

****Immunocompromised status was based on immunocompromising conditions in the year prior and immunosuppressive medications in the 90 days prior to the ARI episode based on a slightly modified algorithm that has been previously described.²⁹ Unlike the previously described algorithm, we used diagnosis codes to identify solid organ or hematopoietic stem cell transplantation and HIV/AIDS versus patient registries. Consistent with the previously described algorithm, we required one inpatient or two outpatient diagnosis code for an immunocompromising condition (leukemia, lymphoma, congenital immunodeficiencies, asplenia/hyposplenia, HIV/AIDS, and organ transplant) in the year prior and any immunosuppressive medication (alkylating agents, antibiotics, antimetabolites, antimitotics,

monoclonal antibodies, other, immune-modulating agents, TNF Alpha antagonist, and steroids) with an outpatient days supply or inpatient administration in the 90 days prior.

****Prior COVID-19 infection was defined as any previous documented SARS-CoV-2 infection or no prior documented infection (yes or no).

****Virtual visit was only assessed among those with an outpatient visit and defined as a virtual visit or not .

****ICU admission was only assessed among those with a hospital admission and defined as admission to an ICU or not.

Supplemental Table 6. Demographics and clinical characteristics of acute respiratory infection episodes (hospitalization, ED/UC visits, outpatient visits) with SARS-CoV-2 testing, by vaccination status

| Variable | Total (n=113,174) | Received BNT162b2 XBB vaccine (n=7,324) | No XBB vaccine of any kind (n=105,850) | P-value |
|--|------------------------------|--|---|----------------|
| COVID vaccine status | 29,907 (26.4) | 5,626 (76.8) | 24,281 (22.9) | <0.001 |
| ≥1 dose of BA.4/5-adapted bivalent vaccine | | | | |
| ≥3 doses of original wild-type mRNA vaccine but no bivalent-adapted vaccines | 29,463 (26.0) | 1,262 (17.2) | 28,201 (26.6) | <0.001 |
| ≥2 doses of original wild-type mRNA vaccine but no bivalent-adapted vaccines | 51,546 (45.6) | 1,499 (20.5) | 50,047 (47.3) | <0.001 |
| No original wild-type mRNA or bivalent-adapted or non-mRNA vaccines | 24,747 (21.9) | 106 (1.4) | 24,641 (23.3) | <0.001 |
| Time since last non-XBB adapted vaccine, median days (IQR) | 670 (413–820) | 433 (385–477) | 691 (421–840) | <0.001 |
| Age group | | | | <0.001 |
| 18–64 years | 54,563 (48.2) | 1,811 (24.7) | 52,752 (49.8) | |
| 65–74 years | 27,821 (24.6) | 2,416 (33) | 25,405 (24) | |
| ≥75 years | 30,790 (27.2) | 3,097 (42.3) | 27,693 (26.2) | |
| Sex | | | | <0.001 |
| Male | 98,172 (86.7) | 6,644 (90.7) | 91,528 (86.5) | |
| Female | 15,002 (13.3) | 680 (9.3) | 14,322 (13.5) | |
| Body mass index category | | | | <0.001 |
| Underweight (<18.5 kg/m ²) | 1,399 (1.2) | 64 (0.9) | 1,335 (1.3) | |

| Variable | Total (n=113,174) | Received BNT162b2 XBB vaccine (n=7,324) | No XBB vaccine of any kind (n=105,850) | P-value |
|---|------------------------------|--|---|----------------|
| Healthy weight (18.5–24.9 kg/m ²) | 34,083 (30.1) | 2,252 (30.7) | 31,831 (30.1) | |
| Overweight (25–29.9 kg/m ²) | 22,780 (20.2) | 1,571 (21.5) | 21,209 (20) | |
| Obese (\geq 30 kg/m ²) | 54,398 (48.3) | 3,429 (46.8) | 50,969 (48.2) | |
| Region | | | | <0.001 |
| Midwest | 22,167 (19.6) | 1,830 (25) | 20,337 (19.2) | |
| Northeast | 15,063 (13.3) | 1,050 (14.3) | 14,013 (13.2) | |
| West | 21,933 (19.4) | 1,458 (19.9) | 20,475 (19.3) | |
| South | 54,011 (47.7) | 2,986 (40.8) | 51,025 (48.2) | |
| Race | | | | <0.001 |
| Black or African American | 29,699 (26.2) | 2,301 (31.4) | 27,398 (25.9) | |
| White | 71,345 (63.0) | 4,337 (59.2) | 67,008 (63.3) | |
| Other race | 12,130 (10.7) | 686 (9.4) | 11,444 (10.8) | |
| Ethnicity | | | | <0.001 |
| Hispanic or Latino | 10,527 (9.3) | 472 (6.4) | 10,055 (9.5) | |
| Not Hispanic or Latino | 102,647 (90.7) | 6,852 (93.6) | 95,795 (90.5) | |
| Smoking | | | | <0.001 |
| Current or former | 58,062 (51.3) | 4,122 (56.3) | 53,940 (51) | |
| Area deprivation index (ADI) Quintile | | | | <0.001 |
| 1 (Least Deprived) | 22,140 (19.6) | 1,845 (25.2) | 20,295 (19.2) | |
| 2 | 22,134 (19.6) | 1,396 (19.1) | 20,738 (19.6) | |
| 3 | 22,143 (19.6) | 1,357 (18.5) | 20,786 (19.6) | |
| 4 | 22,126 (19.6) | 1,243 (17) | 20,883 (19.7) | |
| 5 (Most Deprived) | 22,136 (19.6) | 1,415 (19.3) | 20,721 (19.6) | |
| VA Frailty index (VA-FI)* Non-frail (VA-FI \leq 0.1) | 40,182 (35.5) | 1,435 (19.6) | 38,747 (36.6) | <0.001 |

| Variable | Total (n=113,174) | Received BNT162b2 XBB vaccine (n=7,324) | No XBB vaccine of any kind (n=105,850) | P-value |
|---|------------------------------|--|---|----------------|
| Pre-frail (VA-FI >0.1-0.2) | 27,422 (24.2) | 1,721 (23.5) | 25,701 (24.3) | |
| Mildly frail (VA-FI >0.2-0.3) | 18,818 (16.6) | 1,597 (21.8) | 17,221 (16.3) | |
| Moderately frail (VA-FI >0.3-0.4) | 12,559 (11.1) | 1,129 (15.4) | 11,430 (10.8) | |
| Severely frail (VA-FI \geq 0.5) | 14,193 (12.5) | 1,442 (19.7) | 12,751 (12) | |
| Healthcare exposures, 1 year prior | | | | <0.001 |
| Hospital admission | 32,067 (28.3) | 2,599 (35.5) | 29,468 (27.8) | |
| Nursing home admission | 3,924 (3.5) | 325 (4.4) | 3,599 (3.4) | <0.001 |
| Intensive care unit admission | 8,825 (7.8) | 685 (9.4) | 8,140 (7.7) | <0.001 |
| Emergency department visit | 69,978 (61.8) | 4,797 (65.5) | 65,181 (61.6) | <0.001 |
| Primary care visit | 106,691 (94.3) | 7,165 (97.8) | 99,526 (94) | <0.001 |
| Charlson Comorbidity Index | | | | <0.001 |
| 0 | 38,598 (34.1) | 1,370 (18.7) | 37,228 (35.2) | |
| 1 | 21,698 (19.2) | 1,268 (17.3) | 20,430 (19.3) | |
| 2 | 12,962 (11.5) | 952 (13) | 12,010 (11.3) | |
| 3 | 10,833 (9.6) | 919 (12.5) | 9,914 (9.4) | |
| \geq 4 | 29,083 (25.7) | 2,815 (38.4) | 26,268 (24.8) | |
| Immunocompromised** | 40,309 (35.6) | 2,961 (40.4) | 37,348 (35.3) | <0.001 |
| Medical History*** | | | | <0.001 |
| Acute cerebrovascular disease | 5,372 (4.7) | 467 (6.4) | 4,905 (4.6) | |
| Acute myocardial infarction | 3,842 (3.4) | 301 (4.1) | 3,541 (3.3) | <0.001 |
| Alcohol and substance related disorders | 28,011 (24.8) | 1,672 (22.8) | 26,339 (24.9) | <0.001 |
| Any cancer or malignancy | 42,527 (37.6) | 3,695 (50.5) | 38,832 (36.7) | <0.001 |

| Variable | Total (n=113,174) | Received BNT162b2 XBB vaccine (n=7,324) | No XBB vaccine of any kind (n=105,850) | P-value |
|--|------------------------------|--|---|----------------|
| Aortic and peripheral arterial embolism or thrombosis | 440 (0.4) | 47 (0.6) | 393 (0.4) | <0.001 |
| Asthma | 10,024 (8.9) | 759 (10.4) | 9,265 (8.8) | <0.001 |
| Benign prostatic hyperplasia | 23,037 (20.4) | 2,201 (30.1) | 20,836 (19.7) | <0.001 |
| Cardiac dysrhythmias | 27,478 (24.3) | 2,304 (31.5) | 25,174 (23.8) | <0.001 |
| Chronic kidney disease | 13,161 (11.6) | 1,313 (17.9) | 11,848 (11.2) | <0.001 |
| Chronic obstructive pulmonary disease and bronchiectasis | 26,259 (23.2) | 2,247 (30.7) | 24,012 (22.7) | <0.001 |
| Congestive heart failure | 17,429 (15.4) | 1,589 (21.7) | 15,840 (15) | <0.001 |
| Coronary atherosclerosis and other heart disease | 25,404 (22.4) | 2,225 (30.4) | 23,179 (21.9) | <0.001 |
| Delirium, dementia, and other cognitive disorders | 9,559 (8.4) | 882 (12) | 8,677 (8.2) | <0.001 |
| Diabetes with or without chronic complications | 47,147 (41.7) | 3,885 (53) | 43,262 (40.9) | <0.001 |
| Epilepsy | 3,142 (2.8) | 228 (3.1) | 2,914 (2.8) | 0.070 |
| Human immunodeficiency virus (HIV) infection | 1,271 (1.1) | 140 (1.9) | 1,131 (1.1) | <0.001 |
| Hypertension | 66,411 (58.7) | 5,339 (72.9) | 61,072 (57.7) | <0.001 |
| Influenza | 1,413 (1.2) | 65 (0.9) | 1,348 (1.3) | 0.004 |
| Liver diseases | 10,877 (9.6) | 827 (11.3) | 10,050 (9.5) | <0.001 |
| Mental health conditions | 57,479 (50.8) | 3,571 (48.8) | 53,908 (50.9) | <0.001 |
| Osteoarthritis | 23,617 (20.9) | 2,105 (28.7) | 21,512 (20.3) | <0.001 |
| Peripheral and visceral atherosclerosis | 9,699 (8.6) | 926 (12.6) | 8,773 (8.3) | <0.001 |
| Pneumonia | 9,596 (8.5) | 774 (10.6) | 8,822 (8.3) | <0.001 |
| Pulmonary heart disease | 7,598 (6.7) | 674 (9.2) | 6,924 (6.5) | <0.001 |

| Variable | Total (n=113,174) | Received BNT162b2 XBB vaccine (n=7,324) | No XBB vaccine of any kind (n=105,850) | P-value |
|---------------------------------|------------------------------|--|---|----------------|
| Rheumatoid arthritis | 2,273 (2.0) | 220 (3) | 2,053 (1.9) | <0.001 |
| Septicemia | 4,805 (4.2) | 390 (5.3) | 4,415 (4.2) | <0.001 |
| Thyroid disorder | 14,098 (12.5) | 1,113 (15.2) | 12,985 (12.3) | <0.001 |
| Tuberculosis | 237 (0.2) | 21 (0.3) | 216 (0.2) | 0.134 |
| Week of infection | | | | <0.001 |
| Sep 25–Sep 30, 2023 | 5,503 (4.9) | < 5 (<0.1) | 5,503 (5.2) | |
| Oct 01–Oct 07, 2023 | 4,834 (4.3) | 6 (0.1) | 4,828 (4.6) | |
| Oct 08–Oct 14, 2023 | 4,358 (3.9) | 7 (0.1) | 4,351 (4.1) | |
| Oct 15–Oct 21, 2023 | 4,707 (4.2) | 31 (0.4) | 4,676 (4.4) | |
| Oct 22–Oct 28, 2023 | 4,624 (4.1) | 74 (1) | 4,550 (4.3) | |
| Oct 29–Nov 04, 2023 | 4,453 (3.9) | 121 (1.7) | 4,332 (4.1) | |
| Nov 05–Nov 11, 2023 | 4,741 (4.2) | 201 (2.7) | 4,540 (4.3) | |
| Nov 12–Nov 18, 2023 | 5,622 (5.0) | 291 (4) | 5,331 (5) | |
| Nov 19–Nov 25, 2023 | 5,155 (4.6) | 320 (4.4) | 4,835 (4.6) | |
| Nov 26–Dec 02, 2023 | 6,746 (6.0) | 474 (6.5) | 6,272 (5.9) | |
| Dec 03–Dec 09, 2023 | 6,855 (6.1) | 524 (7.2) | 6,331 (6) | |
| Dec 10–Dec 16, 2023 | 6,959 (6.1) | 568 (7.8) | 6,391 (6) | |
| Dec 17–Dec 23, 2023 | 8,160 (7.2) | 680 (9.3) | 7,480 (7.1) | |
| Dec 24–Dec 30, 2023 | 8,366 (7.4) | 792 (10.8) | 7,574 (7.2) | |
| Dec 31, 2023–Jan 06, 2024 | 8,814 (7.8) | 871 (11.9) | 7,943 (7.5) | |
| Jan 07–Jan 13, 2024 | 7,624 (6.7) | 759 (10.4) | 6,865 (6.5) | |
| Jan 14–Jan 20, 2024 | 5,663 (5.0) | 579 (7.9) | 5,084 (4.8) | |
| Jan 21–Jan 27, 2024 | 6,316 (5.6) | 623 (8.5) | 5,693 (5.4) | |
| Jan 28–Jan 31, 2024 | 3,674 (3.2) | 403 (5.5) | 3,271 (3.1) | |
| Prior COVID-19 infection | 31,195 (27.6) | 1,936 (26.4) | 29,259 (27.6) | 0.025 |
| Virtual visit (outpatient only) | 2,773 (10.3) | 204 (11.1) | 2,569 (10.2) | 0.221 |

| Variable | Total (n=113,174) | Received BNT162b2 XBB vaccine (n=7,324) | No XBB vaccine of any kind (n=105,850) | P-value |
|--------------------------------------|----------------------|---|---|---------|
| ICU admission (hospitalized only) | 4,955 (20.5) | 370 (20.2) | 4,585 (20.5) | 0.726 |
| Current influenza vaccine | 39,077 (34.5) | 6,779 (92.6) | 32,298 (30.5) | <0.001 |
| Pneumococcal vaccine in last 5 years | 41,032 (36.3) | 3,801 (51.9) | 37,231 (35.2) | <0.001 |

ARI= acute respiratory infection; ED/UC= emergency department/urgent care; VA= Veterans Affairs

Data are n (%) unless otherwise specified.

All ARI encounters within a 30-day window were considered a single ARI episode. If multiple encounter types occurred during the 30-day window, the highest level of care was used (hospitalization > ED/UC > outpatient).

*VA Frailty index was categorized as non-frail (VA-FI ≤ 0.1), prefrail (>0.1–0.2), mildly frail (>0.2–0.3), moderately frail (>0.3–0.4), and severely frail (>0.4)

**Immunocompromised status was based on immunocompromising conditions in the year prior and immunosuppressive medications in the 90 days prior to the ARI episode based on a slightly modified algorithm that has been previously described. (Tartof SY, et al. Lancet Reg Health Am. 2022;9:100198.) Unlike the previously described algorithm, we used diagnosis codes to identify solid organ or hematopoietic stem cell transplantation and HIV/AIDS versus patient registries. Consistent with the previously described algorithm, we required one inpatient or two outpatient diagnosis code for an immunocompromising condition (leukemia, lymphoma, congenital immunodeficiencies, asplenia/hyposplenia, HIV/AIDS, and organ transplant) in the year prior and any immunosuppressive medication (alkylating agents, antibiotics, antimetabolites, antimitotics, monoclonal antibodies, other, immune-modulating agents, TNF Alpha antagonist, and steroids) with an outpatient days supply or inpatient administration in the 90 days prior.

***Medical history included underlying conditions and diagnoses in the year prior to the ARI episode, identified using international classification of diseases (ICD)-10 codes.

Supplemental Table 7. Adjusted vaccine effectiveness of the BNT162b2 XBB vaccine for hospitalization, ED/UC visits, and outpatient visits by age group

| Outcome | Age \geq 65 years (n = 58,611) | | Age <65 years (n = 54,563) | |
|------------------|-------------------------------------|---|-------------------------------|---|
| | VE (95% CI) | Median (IQR) days since XBB vaccine | VE (95% CI) | Median (IQR) days since XBB vaccine |
| Hospitalization | 41 (32–50) | 54 (33–74) | 58 (33–73) | 50 (34–67) |
| ED/UC visit | 35 (27–43) | 56 (36–77) | 48 (37–57) | 54 (35–74) |
| Outpatient visit | 24 (9–36) | 53 (35–76) | 34 (14–50) | 51 (33–75) |

CI= confidence interval; ED/UC= emergency department/urgent care; IQR= interquartile range; VA= Veterans Affairs; VE = vaccine effectiveness

Compared the odds of receiving a BNT162b2 XBB vaccine between SARS-CoV-2 positive cases and SARS-CoV-2 negative controls. Adjusted for week of ARI episode, age, sex, race, ethnicity, BMI category, Charlson Comorbidity Index, receipt of 2023–2024 influenza vaccine, receipt of pneumococcal vaccine in the past 5 years, interactions with healthcare systems in the year prior, previous SARS-CoV-2 infection, smoking status, immunocompromised status, and Census region.

Supplemental Table 8. Adjusted vaccine effectiveness of the BNT162b2 XBB vaccine for hospitalization, ED/UC visits, and outpatient visits by immunocompromised status

| Outcome | Immunocompromised (n = 40,309) | | Not Immunocompromised (n = 72,865) | |
|------------------|-----------------------------------|---|---------------------------------------|---|
| | VE (95% CI) | Median (IQR) days since XBB vaccine | VE (95% CI) | Median (IQR) days since XBB vaccine |
| Hospitalization | 33 (16–47) | 52 (33–73) | 49 (38–58) | 54 (34–74) |
| ED/UC visit | 34 (22–45) | 55 (35–74) | 42 (34–49) | 56 (36–77) |
| Outpatient visit | 40 (19–55) | 54 (35–77) | 22 (8–34) | 52 (34–75) |

CI= confidence interval; ED/UC= emergency department/urgent care; IQR= interquartile range; VA= Veterans Affairs; VE = vaccine effectiveness

Compared the odds of receiving a BNT162b2 XBB vaccine between SARS-CoV-2 positive cases and SARS-CoV-2 negative controls. Adjusted for week of ARI episode, age, sex, race, ethnicity, BMI category, Charlson Comorbidity Index, receipt of 2023–2024 influenza vaccine, receipt of pneumococcal vaccine in the past 5 years, interactions with healthcare systems in the year prior, previous SARS-CoV-2 infection, smoking status, immunocompromised status, and Census region.

Supplemental Table 9. Adjusted vaccine effectiveness of the BNT162b2 XBB vaccine for hospitalization, ED/UC visits, and outpatient visits by obesity classification

| Outcome | Obese (n = 54,398) | | Non-obese (n = 58,262) | |
|------------------|-----------------------|---|---------------------------|---|
| | VE (95% CI) | Median (IQR) days since XBB vaccine | VE (95% CI) | Median (IQR) days since XBB vaccine |
| Hospitalization | 50 (36–61) | 52 (33–74) | 39 (27–49) | 53 (34–73) |
| ED/UC visit | 44 (35–52) | 56 (36–76) | 35 (25–43) | 56 (36–76) |
| Outpatient visit | 34 (19–47) | 54 (35–76) | 21 (3–35) | 52 (34–76) |

CI= confidence interval; ED/UC= emergency department/urgent care; IQR= interquartile range; VA= Veterans Affairs; VE = vaccine effectiveness

Compared the odds of receiving a BNT162b2 XBB vaccine between SARS-CoV-2 positive cases and SARS-CoV-2 negative controls. Adjusted for week of ARI episode, age, sex, race, ethnicity, BMI category, Charlson Comorbidity Index, receipt of 2023–2024 influenza vaccine, receipt of pneumococcal vaccine in the past 5 years, interactions with healthcare systems in the year prior, previous SARS-CoV-2 infection, smoking status, immunocompromised status, and Census region.

Supplemental Table 10. Adjusted vaccine effectiveness of the BNT162b2 XBB vaccine for hospitalization, ED/UC visits, and outpatient visits by smoking status

| Outcome | Current or former smoker (n = 58,062) | | Non-smoker (n = 55,112) | |
|------------------|--|---|----------------------------|---|
| | VE (95% CI) | Median (IQR) days since XBB vaccine | VE (95% CI) | Median (IQR) days since XBB vaccine |
| Hospitalization | 38 (26–48) | 53 (34–73) | 51 (38–62) | 53 (33–75) |
| ED/UC visit | 43 (35–51) | 55 (35–76) | 34 (24–43) | 56 (37–77) |
| Outpatient visit | 32 (17–45) | 52 (33–74) | 22 (4–36) | 54 (36–77) |

CI= confidence interval; ED/UC= emergency department/urgent care; IQR= interquartile range; VA= Veterans Affairs; VE = vaccine effectiveness

Compared the odds of receiving a BNT162b2 XBB vaccine between SARS-CoV-2 positive cases and SARS-CoV-2 negative controls. Adjusted for week of ARI episode, age, sex, race, ethnicity, BMI category, Charlson Comorbidity Index, receipt of 2023–2024 influenza vaccine, receipt of pneumococcal vaccine in the past 5 years, interactions with healthcare systems in the year prior, previous SARS-CoV-2 infection, smoking status, immunocompromised status, and Census region.

Supplemental Table 11. Adjusted vaccine effectiveness of the BNT162b2 XBB vaccine for hospitalization, ED/UC visits, and outpatient visits among those with 1 or more doses of BA.4/5-adapted bivalent vaccine

| Outcome | VE (95% CI) |
|-------------------------------|--------------------|
| Hospitalization ¹ | 45 (34-54) |
| ED/UC visit ² | 44 (37-51) |
| Outpatient visit ³ | 26 (11-39) |

CI= confidence interval; ED/UC= emergency department/urgent care; VE= vaccine effectiveness

Compared the odds of receiving a BNT162b2 XBB vaccine between SARS-CoV-2 positive cases and SARS-CoV-2 negative controls. Adjusted for week of ARI episode, age, sex, race, ethnicity, BMI category, Charlson Comorbidity Index, receipt of 2023-2024 influenza vaccine, receipt of pneumococcal vaccine in the past 5 years, interactions with healthcare systems in the year prior, previous SARS-CoV-2 infection, smoking status, immunocompromised status, and Census region.

¹ Stratified analysis: 200 XBB / 1,443 cases (13.9%), 1,194 XBB / 6,373 controls (18.7%). Non-stratified analysis: 257 XBB / 4,561 cases (5.6%), 1,579 XBB / 19,645 controls (8.0%).

² Stratified analysis: 387 XBB / 2,682 cases (14.4%), 2,439 XBB / 12,074 controls (20.2%). Non-stratified analysis: 503 XBB / 11,244 cases (4.5%), 3,149 XBB / 50,732 controls (6.2%).

³ Stratified analysis: 204 XBB / 1,191 cases (17.1%), 1,202 XBB / 6,144 controls (19.6%). Non-stratified analysis: 259 XBB / 4,718 cases (5.5%), 1,577 XBB / 22,274 controls (7.1%).

Supplemental Table 12. Adjusted vaccine effectiveness of the BNT162b2 XBB vaccine for hospitalization, ED/UC visits, and outpatient visits among those with 3 or more doses of original wild-type mRNA but no bivalent-adapted vaccines

| Outcome | VE (95% CI) |
|-------------------------------|--------------------|
| Hospitalization ¹ | 56 (36-69) |
| ED/UC visit ² | 41 (25-53) |
| Outpatient visit ³ | 38 (11-57) |

CI= confidence interval; ED/UC= emergency department/urgent care; VE= vaccine effectiveness

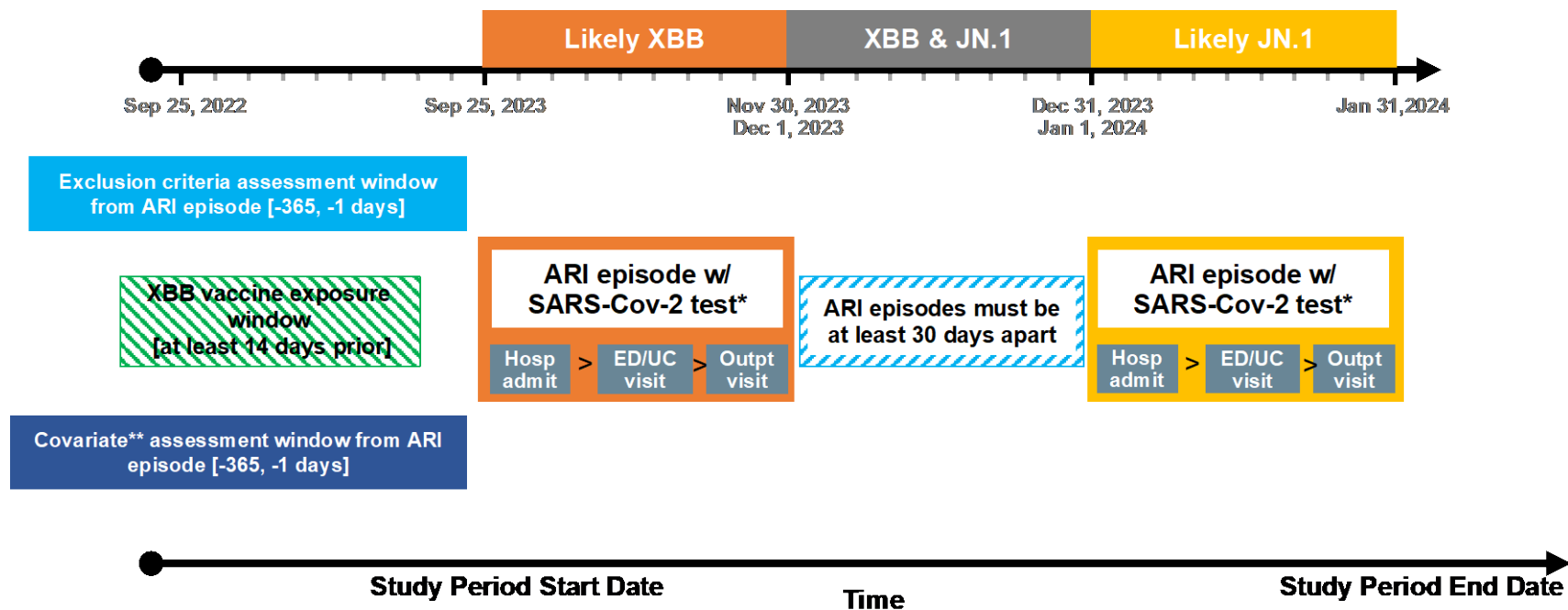
Compared the odds of receiving a BNT162b2 XBB vaccine between SARS-CoV-2 positive cases and SARS-CoV-2 negative controls. Adjusted for week of ARI episode, age, sex, race, ethnicity, BMI category, Charlson Comorbidity Index, receipt of 2023-2024 influenza vaccine, receipt of pneumococcal vaccine in the past 5 years, interactions with healthcare systems in the year prior, previous SARS-CoV-2 infection, smoking status, immunocompromised status, and Census region.

¹ Stratified analysis: 36 XBB / 1,263 cases (2.8%), 296 XBB / 5,549 controls (5.3%). Non-stratified analysis: 257 XBB / 4,561 cases (5.6%), 1,579 XBB / 19,645 controls (8.0%).

² Stratified analysis: 87 XBB / 3,020 cases (2.9%), 540 XBB / 12,698 controls (4.2%). Non-stratified analysis: 503 XBB / 11,244 cases (4.5%), 3,149 XBB / 50,732 controls (6.2%).

³ Stratified analysis: 39 XBB / 1,229 cases (3.2%), 264 XBB / 5,704 controls (4.6%). Non-stratified analysis: 259 XBB / 4,718 cases (5.5%), 1,577 XBB / 22,274 controls (7.1%).

Supplemental Figure 1. Study timeframes for assessing exclusion, exposure, covariates and acute respiratory infection episodes



All ARI encounters (hospitalization, emergency department / urgent care (ED/UC) visit, or outpatient visit) with a SARS-Cov-2 test within a 30-day window were considered a single ARI episode from September 25, 2023 through January 31, 2024.

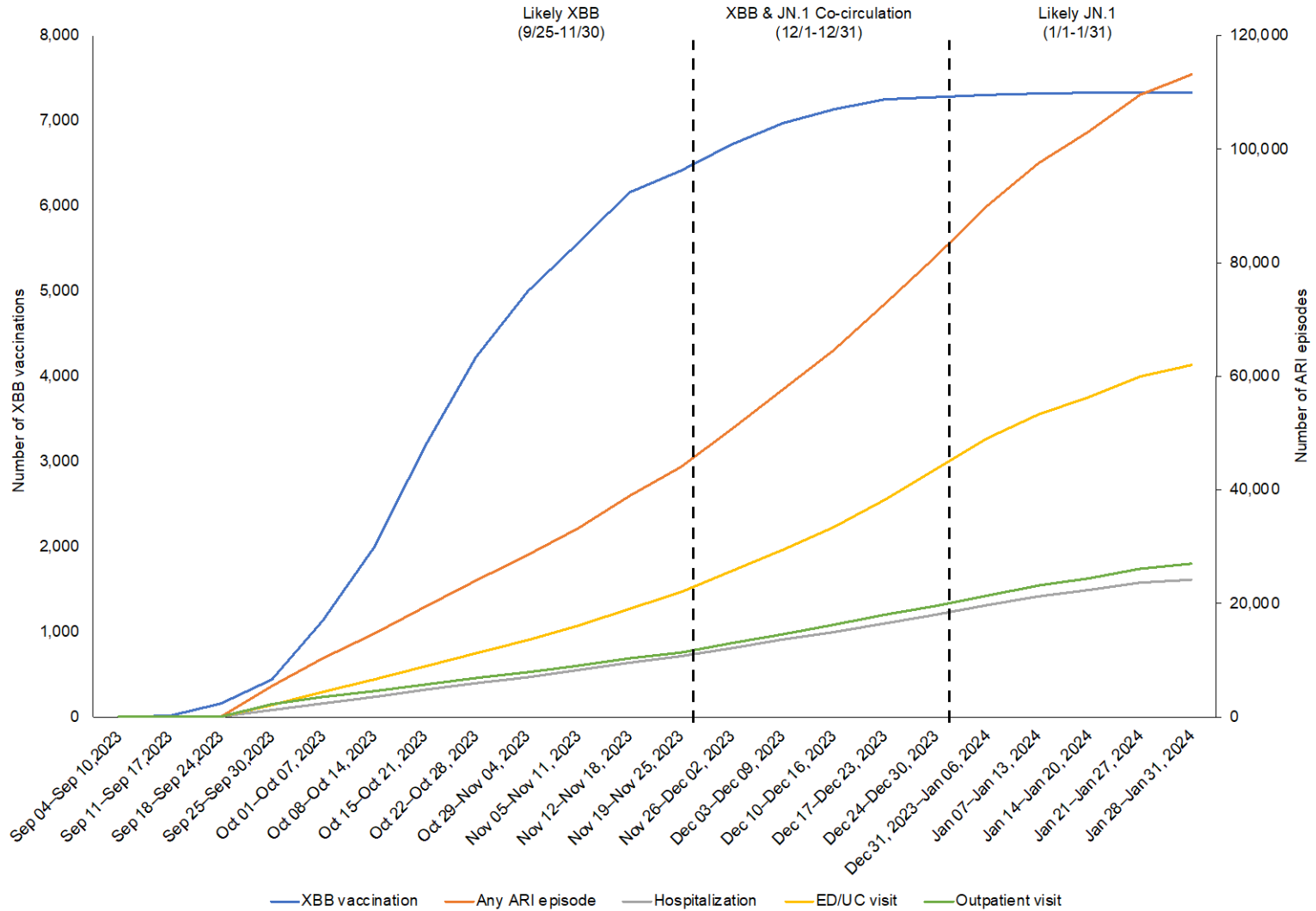
- Likely XBB period defined as September 25, 2023 through November 30, 2023.
- XBB and JN.1 co-circulation period defined as December 1, 2023 through December 31, 2023.
- Likely JN.1 period defined as January 1, 2024 through January 31, 2024.

ARI= acute respiratory infection; ED/UC= emergency department/urgent care;

* The encounter at the highest level of care (i.e., hospitalization > ED/UC visit > outpatient visit) was selected for inclusion.

** Covariates assessed in the year prior for each ARI episode.

Supplemental Figure 2. Cumulative frequency of BNT162b2 XBB vaccination and ARI episodes over time by study time period



ARI= acute respiratory infection; ED/UC= emergency department/urgent care