

Supplementary Material

For “Safety of heterologous primary and booster schedules with ChAdOx1-S and BNT162b2 or mRNA-1273 vaccines: a nationwide cohort study”

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Table S2. Post-hoc analysis for the outcome of other bleeding events according to the specific site of bleeding among heterologous primary vaccinated

Table S1. Definitions and ICD-10 codes for the main and secondary outcomes and the comorbidity covariate^a

Main outcomes	ICD-10 codes
Ischemic cardiac events	I20, I21, I23, I24, I251
Cerebrovascular events	I60-66, G450-453
Cerebrovascular infarction (incl. TIA) ^b	I63, I64, G450-453
Intracranial bleeding ^b	I60-62
Arterial thromboembolism	I74
Venous thromboembolism	I26, I676, I80-82 (not I800, I808C, or I821)
Cerebral venous thrombosis ^b	I676
Pulmonary embolism ^b	I26
Myocarditis or pericarditis	I300, I301E, I308, I309, I400, I401, I409, I411, I418, I514
Thrombocytopenia and coagulative disorders	D65, D683-684 (not D684A-C), D686, D688-689, D690, D693, D694, D695, D696, D698 (not D698A), D699
Other bleeding events ^c	D55, D59, D62, D629, I850, J942, K226, K250, K254, K256, K260, K262, K264, K266, K270, K272, K274, K276, K280, K282, K284, K286, K290, K625, K661, K920-922, N029, R04, R31 (not R319B), R58
Secondary outcomes	ICD-10 codes
Guillain-Barré syndrome	G610
Bell's palsy	G510
Transverse myelitis	G373
Encephalomyelitis/encephalitis	G04, G040, G040A, G048, G049, G051, G058, G361
Narcolepsy	G474
Anaphylaxis	T782, T783, T805, T886
Appendicitis	K35, K36, K37
All-cause mortality	NA
Comorbidity covariate^d	ICD-10 codes
Cardiac conditions	I20-25, I110, I130, I132, I42, I48, I50
Diabetes mellitus	E10-E14
Malignancy	C00-96 (not C44)
Cerebrovascular disease	G45-46, I60-I69
Venous thromboembolisms	I26, I676, I80-82 (not I800, I808C, or I821)

ICD-10 denotes International Classification of Diseases System, version 10, TIA transient ischemic attack, and NA not applicable.

^aDiagnoses were identified through use of the Danish National Patient Register. Deaths were identified through use of the Danish Civil Registration System. ^bAlso examined separately (included as secondary outcomes). ^cBleeding events other than intracranial hemorrhages. ^dDefined as hospital contact where the diagnoses were registered with a 5-year look back period from the respective index dates.

Figure S1. Cumulative distributions of the examined vaccine schedules and risk periods by calendar months

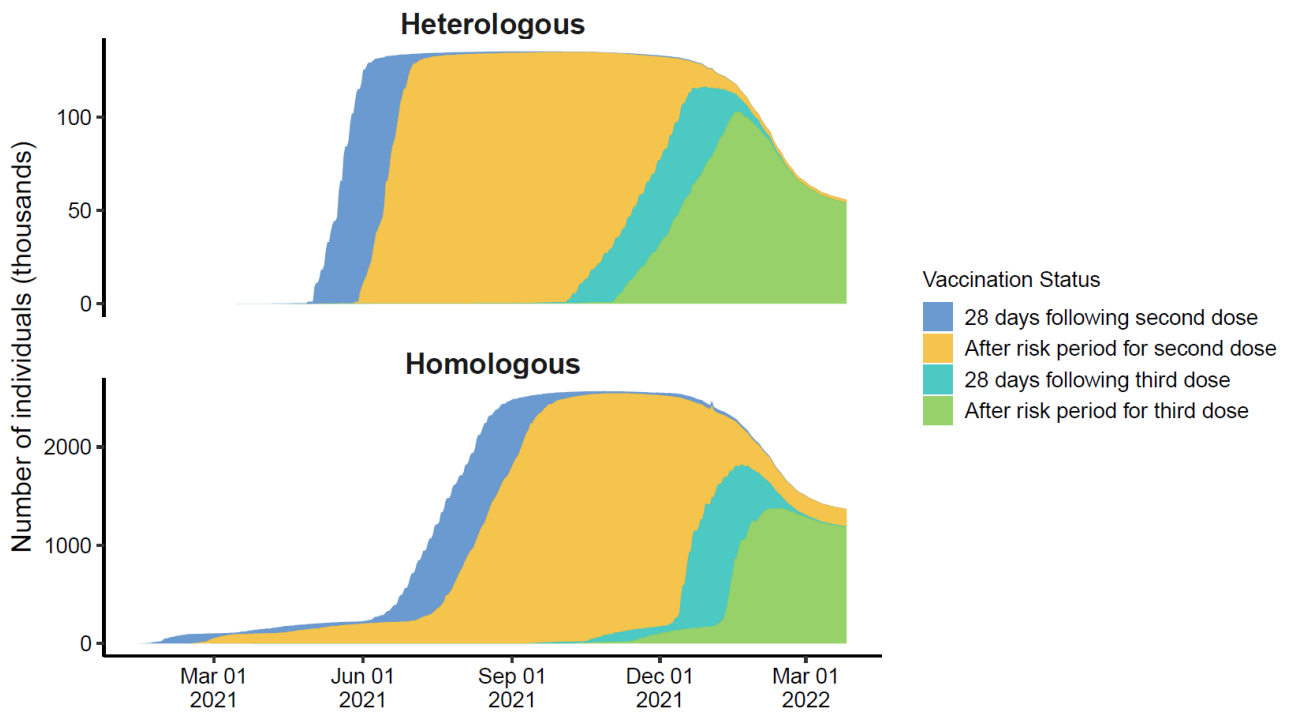
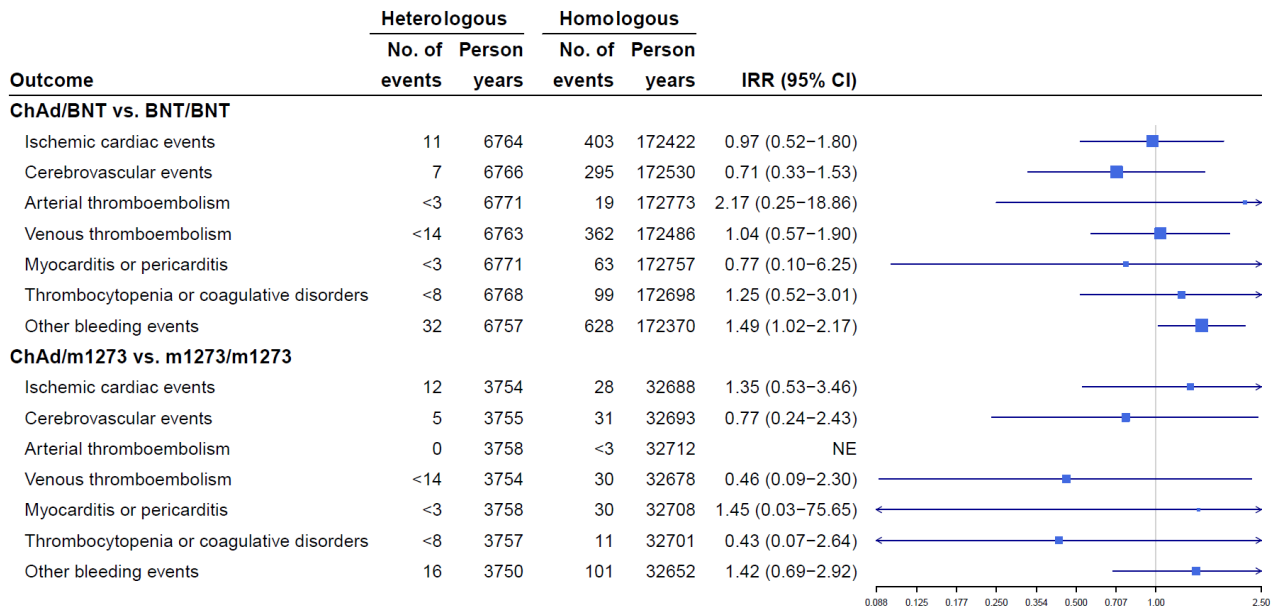


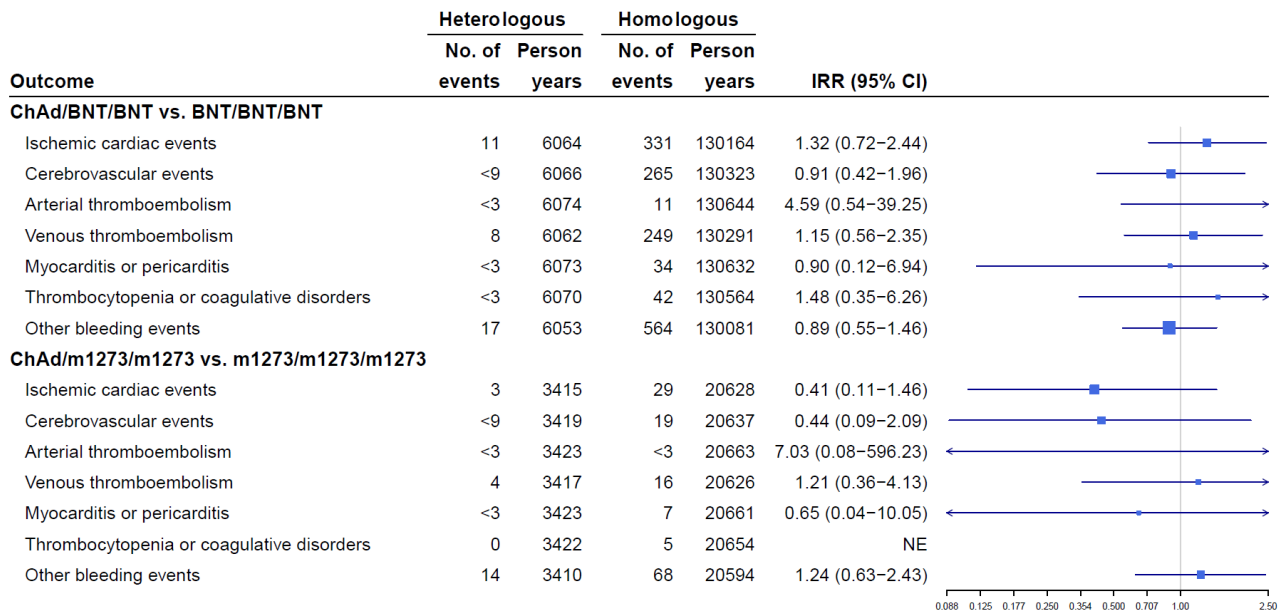
Figure shows the cumulative number of individuals (thousands) vaccinated with heterologous (ChAdOx1-S/mRNA) and homologous (mRNA/mRNA) primary and booster vaccine schedules by calendar months from 1 January 2021 to 26 March 2022. The 28-day periods following the second and third dose (in blue colors) denote the main risk periods for the primary and booster vaccine schedule comparisons, respectively. The decline in the number of individuals in the respective periods after vaccination in right part of the figure is owing to greater censoring because of positive PCR test results for SARS-CoV-2 (censoring criteria were: an outcome event, death, emigration, disappearance, positive PCR test for SARS-CoV-2, or end of data [26 March 2022], whichever occurred first).

Figure S2. Associated risk of cardiovascular or hemostatic adverse events with the individual heterologous primary vaccine schedules for covid-19 compared to respective homologous mRNA vaccine schedules counterpart



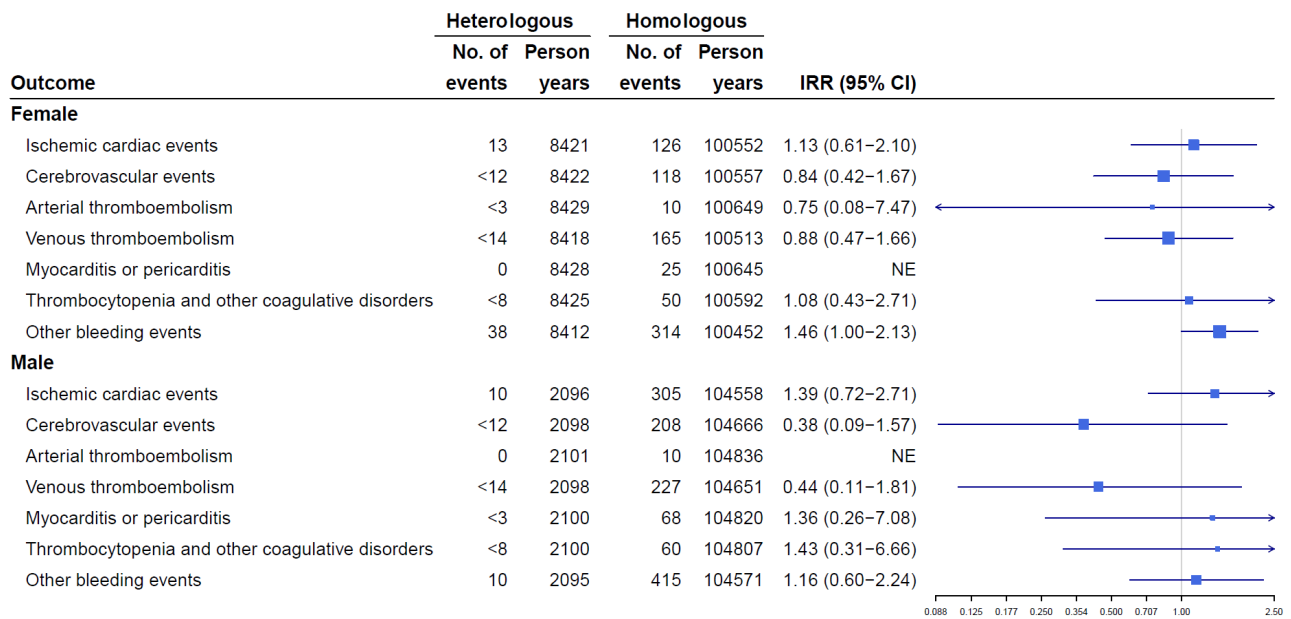
Incidence rate ratios (IRRs) for the outcomes within 28 days were adjusted for calendar period, sex, birth year (proxy for age), region of residency, birth country, vaccine priority group, hospital contact in the last 6 months, and comorbidities. Cell counts less than three (but not zero) are not reported. If a subgroup analysis yielded cell counts less than three (but not zero), the number of cases are reported as less than (<) the sum of the subgroup cell counts, ie, the number of cases reported in the main analysis. Other bleeding events includes a composite of bleeding-related diagnoses other than intracranial hemorrhages. BNT denotes BNT162b2, ChAd ChAdOx1-S, CI confidence interval, m1273 mRNA-1273, and NE not estimated.

Figure S3. Associated risk of cardiovascular or hemostatic adverse events with the individual heterologous booster vaccine schedules for covid-19 compared to respective homologous mRNA vaccine schedules counterpart



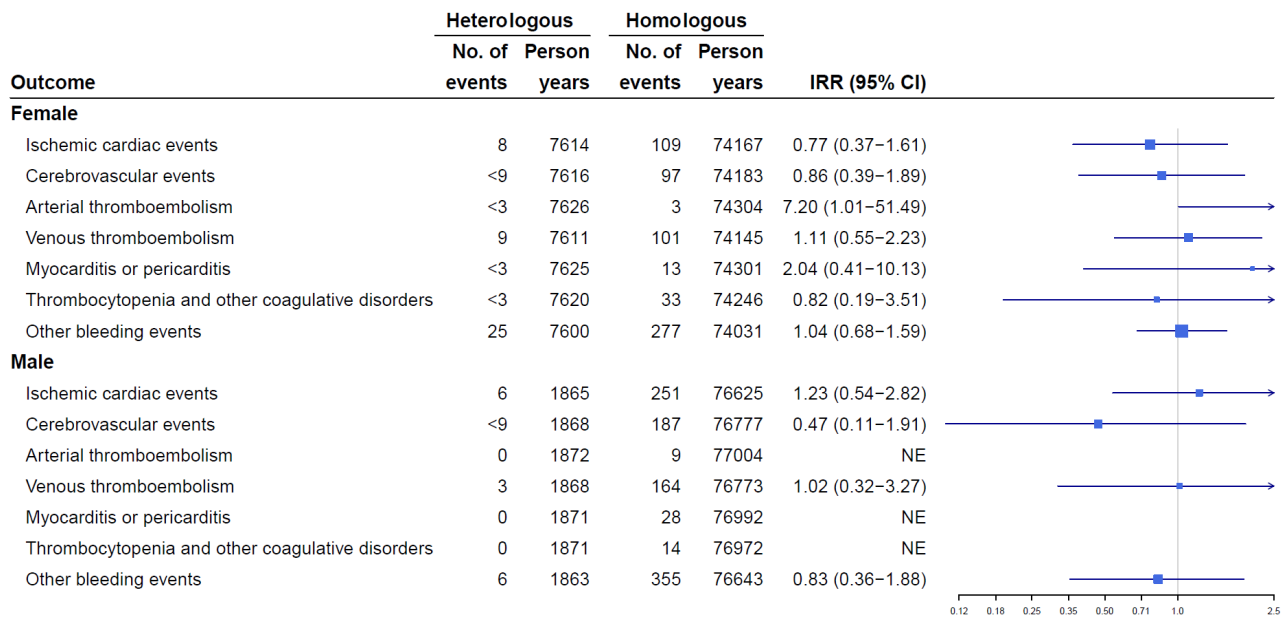
Incidence rate ratios (IRRs) for the outcomes within 28 days were adjusted for calendar period, sex, birth year (proxy for age), region of residency, birth country, vaccine priority group, hospital contact in the last 6 months, and comorbidities. Cell counts less than three (but not zero) are not reported. If a subgroup analysis yielded cell counts less than three (but not zero), the number of cases are reported as less than (<) the sum of the subgroup cell counts, ie, the number of cases reported in the main analysis. Other bleeding events includes a composite of bleeding-related diagnoses other than intracranial hemorrhages. BNT denotes BNT162b2, ChAd ChAdOx1-S, CI confidence interval, m1273 mRNA-1273, and NE not estimated.

Figure S4. Association between heterologous primary vaccine schedules and cardiovascular or hemostatic adverse events by sex



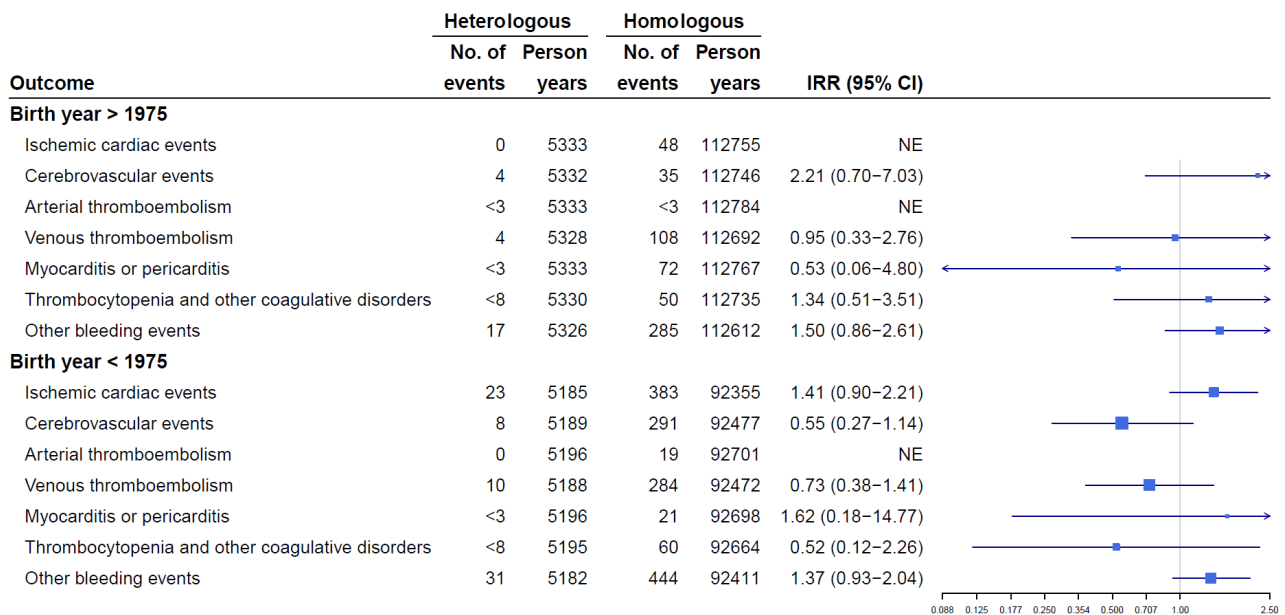
Incidence rate ratios (IRRs) for the outcomes within 28 days were adjusted for calendar period, sex, birth year (proxy for age), region of residency, birth country, vaccine priority group, hospital contact in the last 6 months, and comorbidities. Cell counts less than three (but not zero) are not reported. If a subgroup analysis yielded cell counts less than three (but not zero), the number of cases are reported as less than (<) the sum of the subgroup cell counts, i.e., the number of cases reported in the main analysis. Other bleeding events includes a composite of bleeding-related diagnoses other than intracranial hemorrhages. CI denotes confidence interval and NE not estimated.

Figure S5. Association between heterologous booster vaccine schedules and cardiovascular or hemostatic adverse events by sex



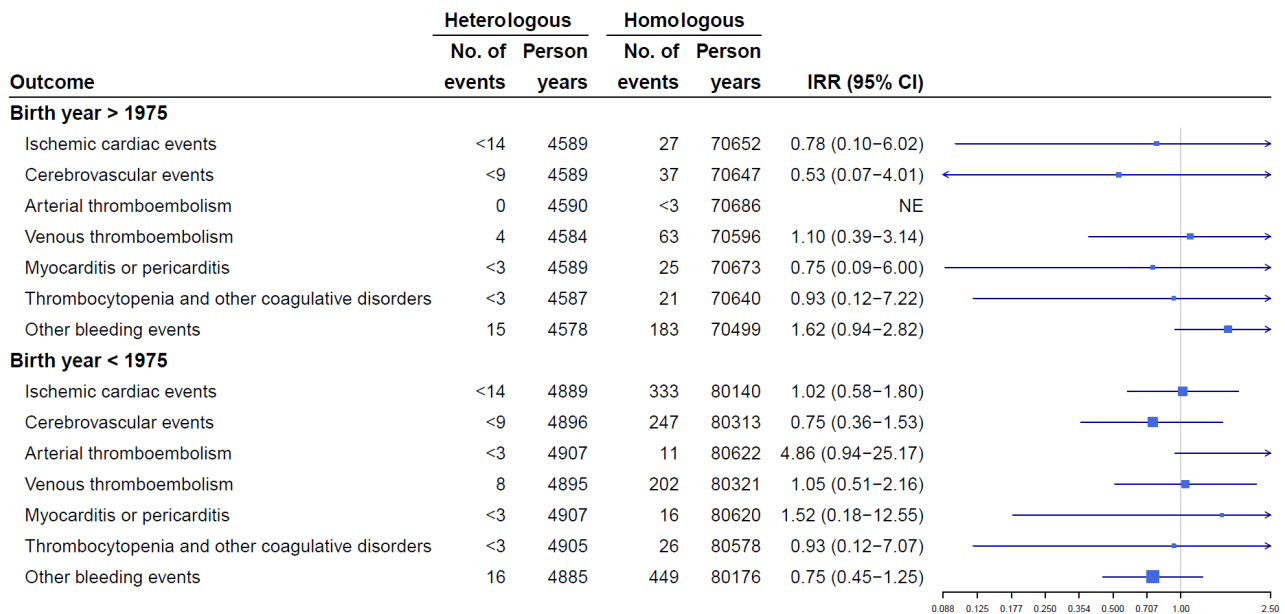
Incidence rate ratios (IRRs) for the outcomes within 28 days were adjusted for calendar period, sex, birth year (proxy for age), region of residency, birth country, vaccine priority group, hospital contact in the last 6 months, and comorbidities. Cell counts less than three (but not zero) are not reported. If a subgroup analysis yielded cell counts less than three (but not zero), the number of cases are reported as less than (<) the sum of the subgroup cell counts, i.e., the number of cases reported in the main analysis. Other bleeding events includes a composite of bleeding-related diagnoses other than intracranial hemorrhages. CI denotes confidence interval and NE not estimated.

Figure S6. Association between heterologous primary vaccine schedules and cardiovascular or hemostatic adverse events by birth year.



Individuals were subgrouped according to whether born in year 1975 or later or before year 1975. Birth year of 1975 corresponds to turning 46 years of age in year 2021. Incidence rate ratios (IRRs) for the outcomes within 28 days were adjusted for calendar period, sex, birth year (proxy for age), region of residency, birth country, vaccine priority group, hospital contact in the last 6 months, and comorbidities. Cell counts less than three (but not zero) are not reported. If a subgroup analysis yielded cell counts less than three (but not zero), the number of cases are reported as less than (<) the sum of the subgroup cell counts, i.e., the number of cases reported in the main analysis. Other bleeding events includes a composite of bleeding-related diagnoses other than intracranial hemorrhages. CI denotes confidence interval and NE not estimated.

Figure S7. Association between heterologous booster vaccine schedules and cardiovascular or hemostatic adverse events by birth year



Individuals were subgrouped according to whether born in year 1975 or later or before year 1975. Birth year of 1975 corresponds to turning 46 years of age in year 2021. Incidence rate ratios (IRRs) for the outcomes within 28 days were adjusted for calendar period, sex, birth year (proxy for age), region of residency, birth country, vaccine priority group, hospital contact in the last 6 months, and comorbidities. Cell counts less than three (but not zero) are not reported. If a subgroup analysis yielded cell counts less than three (but not zero), the number of cases are reported as less than (<) the sum of the subgroup cell counts, i.e., the number of cases reported in the main analysis. Other bleeding events includes a composite of bleeding-related diagnoses other than intracranial hemorrhages. CI denotes confidence interval and NE not estimated.

Figure S8. Sensitivity analyses of the associated risk with heterologous primary vaccine schedules by use of different follow-up definitions

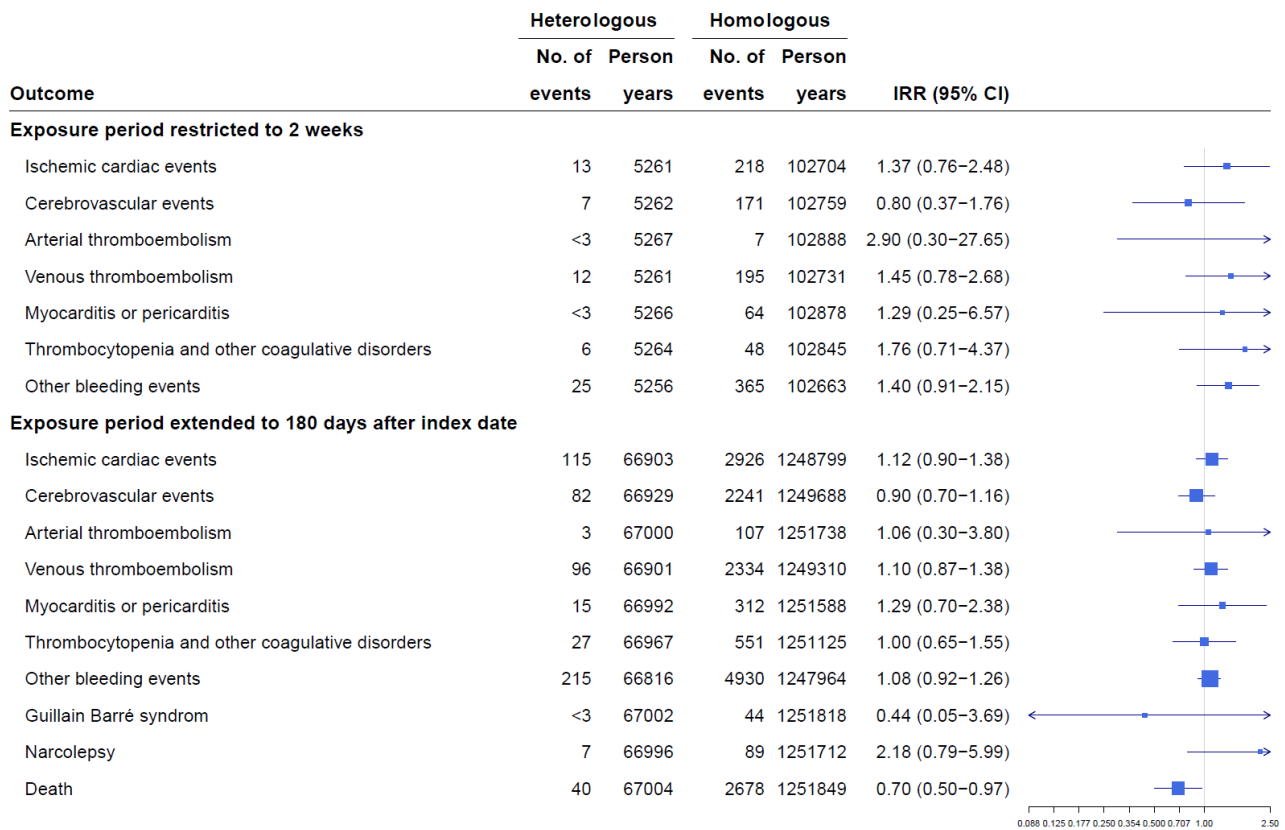


Figure shows the results of the sensitivity analyses where assessing a shorter follow-up of two weeks and extending the follow-up to 180 days after the day of the respective second (ie, index date). For the latter, the outcomes of Guillain-Barré syndrome and narcolepsy were studied post hoc. Incidence rate ratios (IRRs) were adjusted for calendar period, sex, birth year (proxy for age), region of residency, birth country, vaccine priority group, hospital contact in the last 6 months, and comorbidities. Other bleeding events includes a composite of bleeding-related diagnoses other than intracranial hemorrhages. CI denotes confidence interval.

Figure S9. Sensitivity analyses of the associated risk with heterologous booster vaccine schedules by use of different follow-up definitions

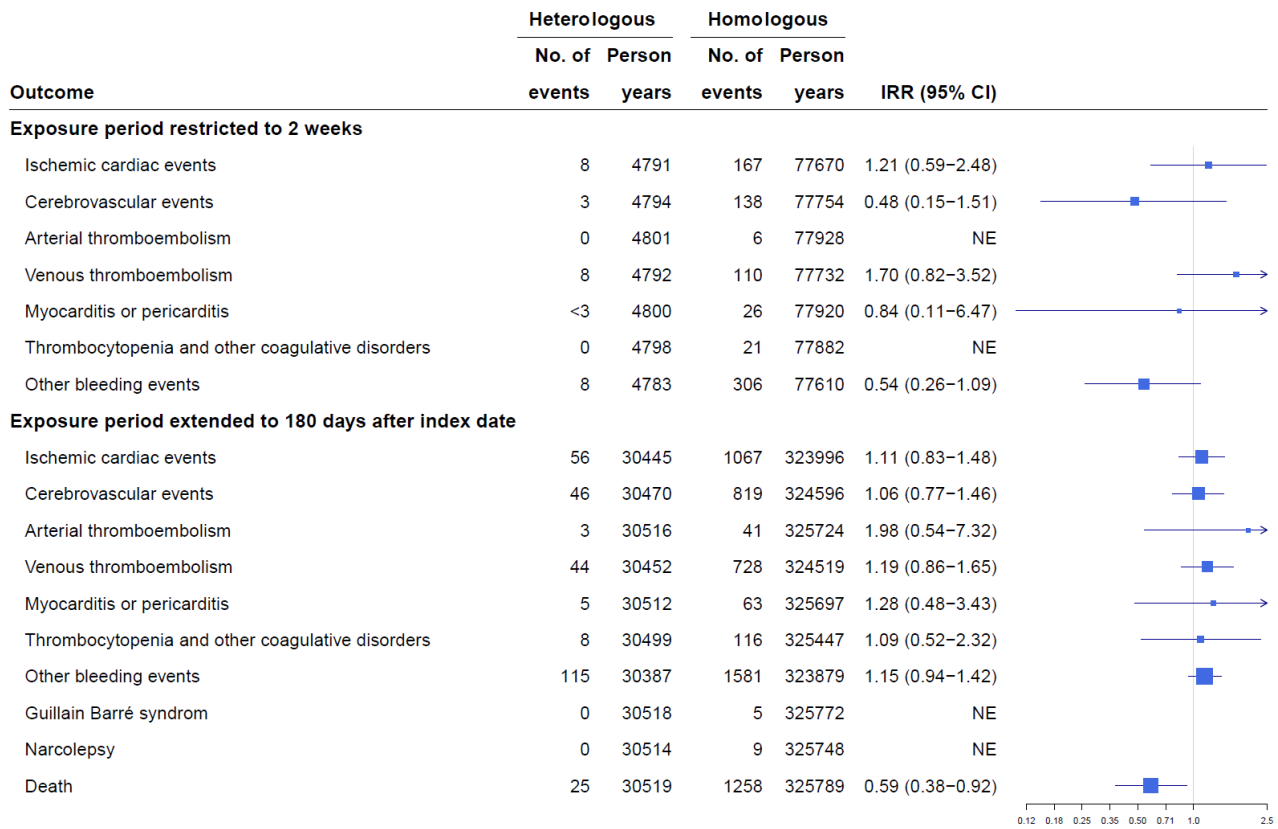


Figure shows the results of the sensitivity analyses where assessing a shorter follow-up of two weeks and extending the follow-up to 180 days after the day of the respective third dose (ie, index date). For the latter, the outcomes of Guillain-Barré syndrome and narcolepsy were studied post hoc. Incidence rate ratios (IRRs) were adjusted for calendar period, sex, birth year (proxy for age), region of residency, birth country, vaccine priority group, hospital contact in the last 6 months, and comorbidities. Other bleeding events includes a composite of bleeding-related diagnoses other than intracranial hemorrhages. CI denotes confidence interval and NE not estimated.

Table S2. Post-hoc analysis for the outcome of other bleeding events according to the specific site of bleeding among heterologous primary vaccinated

Subtypes of bleeding events	Heterologous (ChAdOx1-S/mRNA)		Homologous (mRNA/mRNA)		IRR (95% CI)
	Events, No.	Person- years	Events, No.	Person- years	
Anemia	3	10509.01	37	205048.25	1.59 (0.43-5.86)
Gastrointestinal bleedings	16	10508.54	311	205037.92	1.09 (0.64-1.87)
Respiratory bleedings	12	10508.73	154	205043.56	1.86 (0.97-3.55)
Urogenital bleedings	11	10508.68	192	205042.39	1.34 (0.69-2.59)
Bleedings, unspecified	6	10508.85	38	205047.97	1.31 (0.49-3.50)

Incidence rate ratios (IRRs) were adjusted for calendar period, sex, birth year (proxy for age), region of residency, birth country, vaccine priority group, hospital contact in the last 6 months, and comorbidities. Individuals with any other bleeding event during the washout period of 6 months prior to index date were excluded. CI denotes confidence interval.