

Reporting Summary

Nature Portfolio wishes to improve the reproducibility of the work that we publish. This form provides structure for consistency and transparency in reporting. For further information on Nature Portfolio policies, see our [Editorial Policies](#) and the [Editorial Policy Checklist](#).

Statistics

For all statistical analyses, confirm that the following items are present in the figure legend, table legend, main text, or Methods section.

n/a Confirmed

- The exact sample size (n) for each experimental group/condition, given as a discrete number and unit of measurement
- A statement on whether measurements were taken from distinct samples or whether the same sample was measured repeatedly
- The statistical test(s) used AND whether they are one- or two-sided
Only common tests should be described solely by name; describe more complex techniques in the Methods section.
- A description of all covariates tested
- A description of any assumptions or corrections, such as tests of normality and adjustment for multiple comparisons
- A full description of the statistical parameters including central tendency (e.g. means) or other basic estimates (e.g. regression coefficient) AND variation (e.g. standard deviation) or associated estimates of uncertainty (e.g. confidence intervals)
- For null hypothesis testing, the test statistic (e.g. F , t , r) with confidence intervals, effect sizes, degrees of freedom and P value noted
Give P values as exact values whenever suitable.
- For Bayesian analysis, information on the choice of priors and Markov chain Monte Carlo settings
- For hierarchical and complex designs, identification of the appropriate level for tests and full reporting of outcomes
- Estimates of effect sizes (e.g. Cohen's d , Pearson's r), indicating how they were calculated

Our web collection on [statistics for biologists](#) contains articles on many of the points above.

Software and code

Policy information about [availability of computer code](#)

Data collection

Data analysis

For manuscripts utilizing custom algorithms or software that are central to the research but not yet described in published literature, software must be made available to editors and reviewers. We strongly encourage code deposition in a community repository (e.g. GitHub). See the Nature Portfolio [guidelines for submitting code & software](#) for further information.

Data

Policy information about [availability of data](#)

All manuscripts must include a [data availability statement](#). This statement should provide the following information, where applicable:

- Accession codes, unique identifiers, or web links for publicly available datasets
- A description of any restrictions on data availability
- For clinical datasets or third party data, please ensure that the statement adheres to our [policy](#)

Datasets used in this analysis are Secondary Uses Service <https://digital.nhs.uk/services/secondary-uses-service-sus>, the Emergency Care Dataset <https://digital.nhs.uk/data-and-information/data-collections-and-data-sets/data-sets/emergency-care-data-set-ecds>, the National Immunisation Management System <https://digital.nhs.uk/coronavirus/vaccinations/training-and-onboarding/point-of-care/national-immunisation-management-service-nims-app> and personal identifiable COVID-19 testing data (positive and negative tests) from UKHSA.

This work is carried out under Regulation 3 of The Health Service (Control of Patient Information) (Secretary of State for Health, 2002)(3) using patient identification

information without individual patient consent. Data cannot be made publicly available for ethical and legal reasons, i.e. public availability would compromise patient confidentiality as data tables list single counts of individuals rather than aggregated data

Field-specific reporting

Please select the one below that is the best fit for your research. If you are not sure, read the appropriate sections before making your selection.

Life sciences Behavioural & social sciences Ecological, evolutionary & environmental sciences

For a reference copy of the document with all sections, see [nature.com/documents/nr-reporting-summary-flat.pdf](https://www.nature.com/documents/nr-reporting-summary-flat.pdf)

Behavioural & social sciences study design

All studies must disclose on these points even when the disclosure is negative.

Study description	Test negative case control design
Research sample	English resident population
Sampling strategy	There was no sampling of the data as data from the whole population of England was used
Data collection	National COVID-19 vaccine register and national COVID-19 testing data and the Emergency Care Dataset (ECDS) or the Secondary Users Service (SUS). These are routinely collected data for healthcare administration not for the purposes of the study so there was no need for researchers to be blinded to the study hypothesis.
Timing	November 2021 to March 2022
Data exclusions	<p>A test negative case control design was used to estimate vaccine effectiveness in those aged 18 years and over against hospitalisation following a PCR test for SARS-CoV-2. Any negative tests taken within 7 days of a previous negative test, or where symptoms were recorded, with symptoms within 10 days of symptoms for a previous negative test were dropped as these likely represent the same episode. Negative tests taken within 21 days before a positive test were also excluded as these are likely to be false negatives. Positive and negative tests within 90 days of a previous positive test were also excluded.</p> <p>A maximum of one negative test per person within each of the following approximate 3 month periods was selected at random: 26 April to 1 August 2021, 2 August 2021 to 21 November 2021, 22 November 2021 to 23 February 2022. For analyses that involved hospitalised controls any negative tests that led to a hospitalisation within 21 days of a previous hospital negative test were excluded. Data were restricted to persons who had reported symptoms and gave an onset date. Only persons who had undergone testing within 10 days after symptom onset were included in order to account for reduced sensitivity of PCR testing beyond this period.</p>
Non-participation	There was no non-participation or opt out available in this study
Randomization	This is an observational epidemiological study using routinely collected data so randomization is not applicable

Reporting for specific materials, systems and methods

We require information from authors about some types of materials, experimental systems and methods used in many studies. Here, indicate whether each material, system or method listed is relevant to your study. If you are not sure if a list item applies to your research, read the appropriate section before selecting a response.

Materials & experimental systems

- | | |
|-------------------------------------|---|
| n/a | Included in the study |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> Antibodies |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> Eukaryotic cell lines |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> Palaeontology and archaeology |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> Animals and other organisms |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> Human research participants |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> Clinical data |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> Dual use research of concern |

Methods

- | | |
|-------------------------------------|---|
| n/a | Included in the study |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> ChIP-seq |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> Flow cytometry |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> MRI-based neuroimaging |

Human research participants

Policy information about [studies involving human research participants](#)

Population characteristics	COVID-19 vaccination status, hospitalisation status, testing status (positive /negative)Age (5-year bands), sex, index of multiple deprivation (quintile), ethnic group, care home residence status (for age 65+), geographic region (NHS region), period (calendar week of test), health and social care worker status (for age <65), clinical risk group status (for age <65),
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clinically extremely vulnerable, severely immunosuppressed and previously testing positive

Recruitment

There was no recruitment to the study. The study uses routinely collected health data for healthcare administration not for the purposes of the study so there was no need for researchers to be blinded to the study hypothesis.

Ethics oversight

This research complies with all relevant ethical regulations as surveillance of coronavirus disease 2019 (Covid-19) testing and vaccination is undertaken under Regulation 3 of the Health Service (Control of Patient Information) Regulations 2002 to collect confidential patient information (www.legislation.gov.uk/uksi/2002/1438/regulation/3/made, opens in new tab) under Sections 3(i) (a) to (c), 3(i)(d) (i) and (ii), and 3. The study protocol was subject to an internal review by the Public Health England Research Ethics and Governance Group and was found to be fully compliant with all regulatory requirements ref:CAP-2021-07-UPDATE. Given that no regulatory issues were identified, and that ethics review is not a requirement for this type of work, it was decided that a full ethics review would not be necessary.

Note that full information on the approval of the study protocol must also be provided in the manuscript.