

**SUPPLEMENTARY TABLE. Effectiveness of 2023–2024 monovalent COVID-19 vaccine against symptomatic SARS-CoV-2 infection compared to receipt of bivalent vaccination or receipt of no vaccination or original monovalent vaccination only, by age group and interval since last dose — Increasing Community Access to Testing program, United States, September 2023–January 2024**

Age (yrs)/most recent COVID-19 vaccination dose received	Total no. of tests	SARS-CoV-2 positive test results, no. (row %)	Median days (IQR) since last dose among vaccinated	VE <sup>†</sup> of updated dose vs. unvaccinated or original monovalent dose, % (95% CI)	VE <sup>†</sup> of updated dose vs. bivalent dose, % (95% CI)
<b>≥18</b>					
Unvaccinated or original monovalent dose*	6,288	2,303 (37)	765 (660 to 922)	Ref	—
Bivalent	1,169	460 (39)	366 (285 to 407)	-3 (-18 to 10)	Ref
Received updated dose	1,125	281 (25)	52 (29 to 75)	54 (46 to 60)	52 (42 to 61)
7–59 days earlier	634	140 (22)	32 (19 to 46)	57 (48 to 65)	56 (44 to 65)
60–119 days earlier	491	141 (29)	79 (68 to 90)	49 (36 to 59)	48 (34 to 60)
<b>18–49</b>					
Unvaccinated or original monovalent dose *	5,143	1,842 (36)	773 (669 to 924)	Ref	—
Bivalent	789	283 (36)	366 (276 to 406)	7 (-9 to 21)	Ref
Received updated dose	681	150 (22)	53 (30 to 74)	58 (49 to 66)	51 (37 to 62)
7–59 days earlier	381	69 (18)	32 (19 to 46)	65 (54 to 73)	58 (42 to 69)
60–119 days earlier	300	81 (27)	77 (67 to 89)	49 (33 to 61)	42 (20 to 58)
<b>≥50</b>					
Unvaccinated or original monovalent dose *	1,146	461 (40)	740 (623 to 914)	Ref	—
Bivalent	380	177 (47)	368 (306 to 409)	-33 (-70 to -4) <sup>§</sup>	Ref
Received updated dose	444	131 (30)	50 (29 to 77)	44 (27 to 57)	54 (37 to 66)
7–59 days earlier	253	71 (28)	32 (21 to 45)	42 (20 to 58)	53 (33 to 67)
60–119 days earlier	191	60 (31)	81 (70 to 91)	45 (21 to 62)	55 (32 to 70)

**Abbreviations:** Ref = referent group; updated = updated (2023–2024) monovalent COVID-19 vaccine; VE = vaccine effectiveness.

\* Original monovalent doses included if received before September 1, 2022.

<sup>†</sup> VE = (1 – adjusted odds ratio) x 100. Odds ratios were calculated using multivariable logistic regression, adjusting for age (as a continuous variable), gender, race and ethnicity, SVI of the testing location (<0.5 versus ≥0.5), pharmacy contractor, underlying conditions (presence versus absence), U.S. Department of Health and Human Services region of testing location, and date of testing. Previous analyses from this platform included local SARS-CoV-2 incidence in regression models, however, this variable is no longer available with the end of the public health emergency declaration in May 2023.

<sup>§</sup> Some estimates are imprecise, which might be due to a relatively small number of persons in each level of vaccination or case status. This imprecision indicates that the actual VE could be substantially different from the point estimate shown, and estimates should therefore be interpreted with caution. Additional data accrual could increase precision and allow more precise interpretation.