Since January 2020 Elsevier has created a COVID-19 resource centre with free information in English and Mandarin on the novel coronavirus COVID-19. The COVID-19 resource centre is hosted on Elsevier Connect, the company's public news and information website.

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1 Tanriover MD, Doğanay HL, Akova MD, et al. Efficacy and safety of an inactivated whole-virion SARS-CoV-2 vaccine (CoronaVac): interim results of a double-blind, randomised, placebo-controlled, phase 3 trial in Turkey. *Lancet* 2021; **398:** 213–22.
2 Palacios R, Batista AP, Albuquerque CSN, et al. Efficacy and safety of a COVID-19 inactivated vaccine in healthcare professionals in Brazil: the PROFISCOV Study. *SSRN* 2021; published online April 11. https://doi.org/10.2139/ssrn.3822780 (preprint).
3 Fadlyana E, Rusmil K, Tarigan R, et al. Phase III, observer-blind, randomized, placebo-controlled study of the efficacy, safety and immunogenicity of SARS-CoV-2 inactivated vaccine in healthy adults aged 18–59 years in Indonesia. *Vaccine* 2021; **39:** 6520–28.
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Authors' reply

We thank Martina McMenamin and Benjamin Cowling for raising important issues on vaccine trials in the context of our Article.[1] The work they refer to by Palacios and colleagues[2] has not been published in a peer reviewed journal; thus we cannot comment on the accuracy or the comparability of its methods. The Indonesian trial data have been published,[3] and although the main method of this study was similar to ours, the case definition of COVID-19 and the methods used for active surveillance were different. Only 1620 volunteers were included, but over a longer period of follow-up (approximately 2·5 months) precluding a direct comparison of the primary outcome.[3] Nevertheless, the efficacy of CoronaVac against severe disease in this study was 100% because there were no critical cases or deaths attributable to COVID-19, which is undoubtedly similar to our results.

Regarding post-vaccination neutralising antibody titres in the immunogenicity subset of our trial, the seroconversion rate was 89·7% in the vaccine group, of whom 92% had neutralising antibodies. This result might translate into 82·5% neutralising antibody positivity in these volunteers. The efficacy against symptomatic disease reported as 83·5% is compatible with this immunogenicity result. We performed active surveillance to detect COVID-19 in patients; however, because the primary outcome was symptomatic COVID-19, it is indeed possible that we missed asymptomatic patients. In fact, most of the COVID-19 vaccine trials target a similar outcome, focusing on efficacy to prevent symptomatic and severe disease rather than preventing infection. We were aware of the short follow-up period in our interim analysis and hence discussed this as a major limitation in the Article,[1] stating that the study would not allow for commenting on the long-term protection.

Real-world effectiveness data from pragmatic study designs will add value to phase 3 trials to see the performance of the vaccines in non-selected populations, as complementary rather than competing studies. For instance, Jara and colleagues[4] reported the analysis of real-life data from Chile, including approximately 10·2 million people vaccinated with CoronaVac. The adjusted vaccine effectiveness among the fully immunised people was 65·9% (95% CI 65·2–66·6) for the prevention of COVID-19 and 87·5% (86·7–88·2) for the prevention of hospital admission.

During a pandemic where only 2·3% of people in low-income countries had received at least one dose of a COVID-19 vaccine as of October, 2021, every single effort to make safe COVID-19 vaccines available is valuable. We believe that our data are an important contribution to the scientific literature in a world where we can no longer establish placebo-controlled randomised trials for COVID-19 vaccines for ethical reasons. The way forward to build confidence in vaccines is by reporting real-world data transparently.

We declare no competing interests.

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Sun J-M, Shen L, Shah MA, et al. Pembrolizumab plus chemotherapy versus chemotherapy alone for first-line treatment of advanced oesophageal cancer (KEYNOTE-590): a randomised, placebo-controlled, phase 3 study. Lancet *2021;* **398:** *759–71*—The appendix of this Article has been corrected as of Nov 18, 2021.

Jardine J, Walker K, Gurol-Urganci I, et al. Adverse pregnancy outcomes attributable to socioeconomic and ethnic inequalities in England: a national cohort study. Lancet *2021;* **398:** *1905–12*—In figure 3 of this Article, the lower bounds of two 95% CIs were incorrect. These corrections have been made to the online version as of Nov 8, 2021, and the printed version is correct.

For more on the **percentage of people vaccinated against COVID-19 by country** see https://ourworldindata.org/covid-vaccinations

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