

ChAd0x1 nCoV-19 vaccine for SARS-CoV-2

We agree with Chauhan and colleagues (1) that recording of anaphylaxis is important when testing a new vaccine. All participants in our trial were observed in the clinic for at least 30 mins after they were vaccinated and no cases of anaphylaxis occurred.

1067 participants in the trial were randomised 1:1 to receive either ChAdOx1 nCoV-19 or the control vaccine, with an additional 10 participants enrolled into a non-randomised subgroup who all received two-doses of ChAdOx1 nCoV-19 vaccine. There were no additional criteria for selection of participants into this group, other than their willingness to receive two doses of vaccine and attend additional study visits for blood sampling.

Jaiswal and colleagues highlight the different numbers of participant analysed at different time points in figure 3. The variation in numbers is due to the timing of blood sampling for different groups in the trial. Only a subset of participant enrolled in group 1 or group 3 had blood samples taken at days 7 and 14 and 56. All participants had baseline and day 28 samples taken, but due to limited laboratory capacity not all samples had been tested at the time of publication and so we report the data available at the time of publication. Further data on immunogenicity will be available in future publications.

Receipt of prophylactic paracetamol did not result in higher rates of itching as can be seen in the analysis in Figure S2 in which the p value for comparison of itching in those who received paracetamol and those who did not is $p=0.85$.

The authors are correct that an assessment of vaccine efficacy is not usually a part of a phase 2 trial. The large size of the trial and the inclusion of efficacy as an endpoint highlight the unusual circumstances in which research into COVID-19 vaccines is currently being conducted. These are unprecedented times in vaccine research.

We are pleased to read correspondence from a participant in the trial (2) and thank Mr Lodge for his time and commitment to participating in this important research. As he rightly points out, maintaining participant blinding in any trial is of great importance as a participant with knowledge of which vaccine they received may alter their behaviour, such as social distancing measures, potentially introducing bias into study findings. For this reason, we selected a control vaccine (MenACWY) that also elicited local and systemic reactions in some participants although reaction rates were lower than for the ChAdOx1 nCoV-19 vaccine. For any individual, it is difficult for them to know whether reactions they experienced were related to the investigational vaccine or the control vaccine. Whilst some participants may draw conclusions about the vaccine they received based on Figure 1, it is important, and standard practice, that safety data are presented openly in this way. We strongly recommend that all trial volunteers continue to protect themselves and their contacts from the pandemic virus following public health guidance as they cannot determine to which arm of the trial they have been allocated until formal unblinding occurs at the end of the trial.

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- 1) Anil Chauhan*, Amit Agarwal*, Nishant Jaiswal ChAd0x1 nCoV-19 vaccine for SARS-CoV-2

- 2) Archie Lodge, Correspondence regarding the article "Safety and immunogenicity of the ChAdOx1 nCoV-19 vaccine against SARS-CoV-2: a preliminary report of a phase 1/2, single-blind, randomised controlled trial"