



Vaccines for Covid-19: Effectiveness and Value

Draft Questions for Deliberation and Voting: June Public Meeting

These questions are intended for the deliberation of the New England CEPAC voting body at the public meeting.

Population of interest for all questions: People living in the United States in 2026

Special Ethical Priorities

To help inform judgments of overall long-term value for money, please answer the following questions:

1=Typical obligations, 2=Some added obligations, 3=Substantial added obligations

1. Are there particular obligations because of disease severity and/or unmet need with currently available treatment?
2. Are there particular obligations because Covid-19 disproportionately affects those from a racial/ethnic group that have not been equitably served by the healthcare system?
3. Apart from issues around disease severity/unmet need and race/ethnicity, are there other particular obligations?

Clinical Evidence

For questions 4 through 13, the intervention is updated vaccination for Covid-19 for the 2026-2027 season:

4. For adults 18–65 years old (excluding men ages 18–24), is the current evidence adequate to demonstrate that the net health benefit of vaccination is greater than that of no vaccination?

Yes

No

5. For adults 65+ years old, is the current evidence adequate to demonstrate that the net health benefit of vaccination is greater than that of no vaccination?
Yes No
6. For children 5–18 years old (excluding boys 12–18), is the current evidence adequate to demonstrate that the net health benefit of vaccination is greater than that of no vaccination?
Yes No
7. For males 12-24 years old, is the current evidence adequate to demonstrate that the net health benefit of vaccination is greater than that of no vaccination?
Yes No
8. For children 2–5 years old, is the current evidence adequate to demonstrate that the net health benefit of vaccination is greater than that of no vaccination?
Yes No
9. For children 1–2 years old, is the current evidence adequate to demonstrate that the net health benefit of vaccination is greater than that of no vaccination?
Yes No
10. For children 6–12 months old, is the current evidence adequate to demonstrate that the net health benefit of vaccination is greater than that of no vaccination?
Yes No
11. For women who are pregnant, is the current evidence adequate to demonstrate that the net health benefit of vaccination is greater than that of no vaccination?
Yes No
12. For people under age 65 with chronic comorbidities such as cardiovascular disease, cerebrovascular disease, pulmonary disease, or kidney disease, is the current evidence adequate to demonstrate that the net health benefit of vaccination is greater than that of no vaccination?
Yes No
13. Is the currently available evidence adequate to distinguish the net health benefit among Comirnaty, Spikevax, mNexspike, and Nuvaxovid
Yes No

If yes to question 13, we will take votes to distinguish between the vaccines.

Benefits Beyond Health

To help inform judgments of overall long-term value for money, please answer the following questions about vaccination when compared to no vaccination:

1=No, 2=Yes: small improvement, 3=Yes: substantial improvement

14. Is vaccination likely to improve caregivers' quality of life and/or ability to pursue their own education, work, and family life?
15. Other: as determined pre-meeting by ICER team based on input from patients, clinical experts, and appraisal committee members

Long-Term Value for Money

16. Given the available evidence on comparative clinical effectiveness and incremental cost effectiveness, and considering benefits beyond health and special ethical priorities, what is the long-term value for money of Comirnaty compared to no vaccination at current pricing?
 - a. High long-term value for money at current pricing
 - b. Intermediate long-term value for money at current pricing
 - c. Low long-term value for money at current pricing
17. Given the available evidence on comparative clinical effectiveness and incremental cost effectiveness, and considering benefits beyond health and special ethical priorities, what is the long-term value for money of Spikevax compared to no vaccination at current pricing?
 - a. High long-term value for money at current pricing
 - b. Intermediate long-term value for money at current pricing
 - c. Low long-term value for money at current pricing
18. Given the available evidence on comparative clinical effectiveness and incremental cost effectiveness, and considering benefits beyond health and special ethical priorities, what is the long-term value for money of mNexspike compared to no vaccination at current pricing?
 - a. High long-term value for money at current pricing
 - b. Intermediate long-term value for money at current pricing
 - c. Low long-term value for money at current pricing
19. Given the available evidence on comparative clinical effectiveness and incremental cost effectiveness, and considering benefits beyond health and special ethical priorities, what is the long-term value for money of Nuvaxovid compared to no vaccination at current pricing?
 - a. High long-term value for money at current pricing
 - b. Intermediate long-term value for money at current pricing
 - c. Low long-term value for money at current pricing