



addition, our two analyses involving negative outcome controls¹³ suggested little confounding. Second, the possibility of outcome misclassification cannot be ruled out if veterans obtained care outside the VA health care system. However, our use of the VA Covid-19 National Surveillance Tool allowed us to integrate data on laboratory tests with natural language processing of clinical notes to capture infections documented inside and outside the VA health care system. Fur-

thermore, our eligibility criteria were designed to select regular VA users with a known residential address to improve outcome ascertainment. Even in the presence of residual misclassification, we would expect this to be nondifferential between the vaccination groups under comparison; nondifferential misclassification would have minimal influence on the relative measures of effect, although the absolute risks may have been slightly underestimated. Finally, our study population was