

Supplementary Table 21. Time persistence effect on acute pancreatitis development following zoster vaccination

Time (yr)	Events, n (%)	aHR (95% CI)	
		Model 1 ^{a)}	Model 2 ^{b)}
< 1			
Unvaccinated	918 (0.13)	1.0 (reference)	1.0 (reference)
Vaccinated	791 (0.11)	0.86 (0.78 to 0.95) ^{c)}	0.86 (0.78 to 0.94) ^{c)}
1–2			
Unvaccinated	974 (0.13)	1.0 (reference)	1.0 (reference)
Vaccinated	740 (0.10)	0.76 (0.69 to 0.83) ^{c)}	0.75 (0.69 to 0.83) ^{c)}
2–4			
Unvaccinated	1,375 (0.19)	1.0 (reference)	1.0 (reference)
Vaccinated	1,163 (0.16)	0.88 (0.82 to 0.95) ^{c)}	0.88 (0.82 to 0.95) ^{c)}
4–6			
Unvaccinated	774 (0.11)	1.0 (reference)	1.0 (reference)
Vaccinated	559 (0.08)	0.84 (0.75 to 0.93) ^{c)}	0.82 (0.73 to 0.91) ^{c)}
6–8			
Unvaccinated	203 (0.03)	1.0 (reference)	1.0 (reference)
Vaccinated	171 (0.02)	1.07 (0.88 to 1.32)	1.01 (0.83 to 1.25)
≥ 8			
Unvaccinated	7 (0.0009)	1.0 (reference)	1.0 (reference)
Vaccinated	5 (0.0007)	0.98 (0.31 to 3.11)	0.95 (0.30 to 3.06)

aHR, adjusted hazard ratio; CI, confidence interval.

^{a)}Models 1: adjusted for age (50–54, 55–59, 60–64, and ≥ 65 years) and sex.^{b)}Model 2: adjusted for age (50–54, 55–59, 60–64, and ≥ 65 years); sex; household income (low income, middle income, and high income); region of residence (urban and rural); Charlson comorbidity index (0, 1, and ≥ 2); obesity (underweight [$< 18.5 \text{ kg/m}^2$], normal [$18.5\text{--}22.9 \text{ kg/m}^2$], overweight [$23.0\text{--}24.9 \text{ kg/m}^2$], and obese [$\geq 25.0 \text{ kg/m}^2$]); blood pressure (systolic blood pressure $< 140 \text{ mmHg}$ and diastolic blood pressure $< 90 \text{ mmHg}$ and systolic blood pressure $\geq 140 \text{ mmHg}$ or diastolic blood pressure $\geq 90 \text{ mmHg}$); fasting blood glucose (< 100 and $\geq 100 \text{ mg/dL}$); glomerular filtration rate (< 60 , $60\text{--}89$, and $\geq 90 \text{ mL/min/1.73 m}^2$); smoking status (non-, ex-, and current smoker); alcohol consumption (drinks; < 1 , $1\text{--}2$, $3\text{--}4$, and ≥ 5 days per week); aerobic physical activity (sufficient and insufficient); and history of medication use for coronary artery disease, diabetes mellitus, dyslipidemia, and hypertension.^{c)}Significant differences ($p < 0.05$).