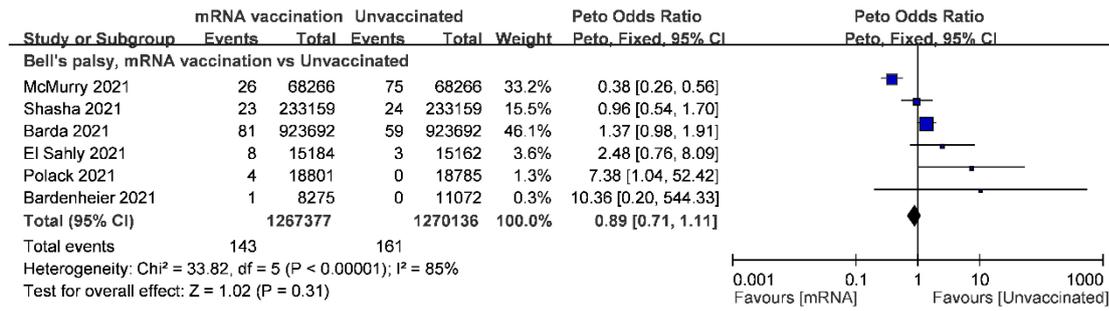
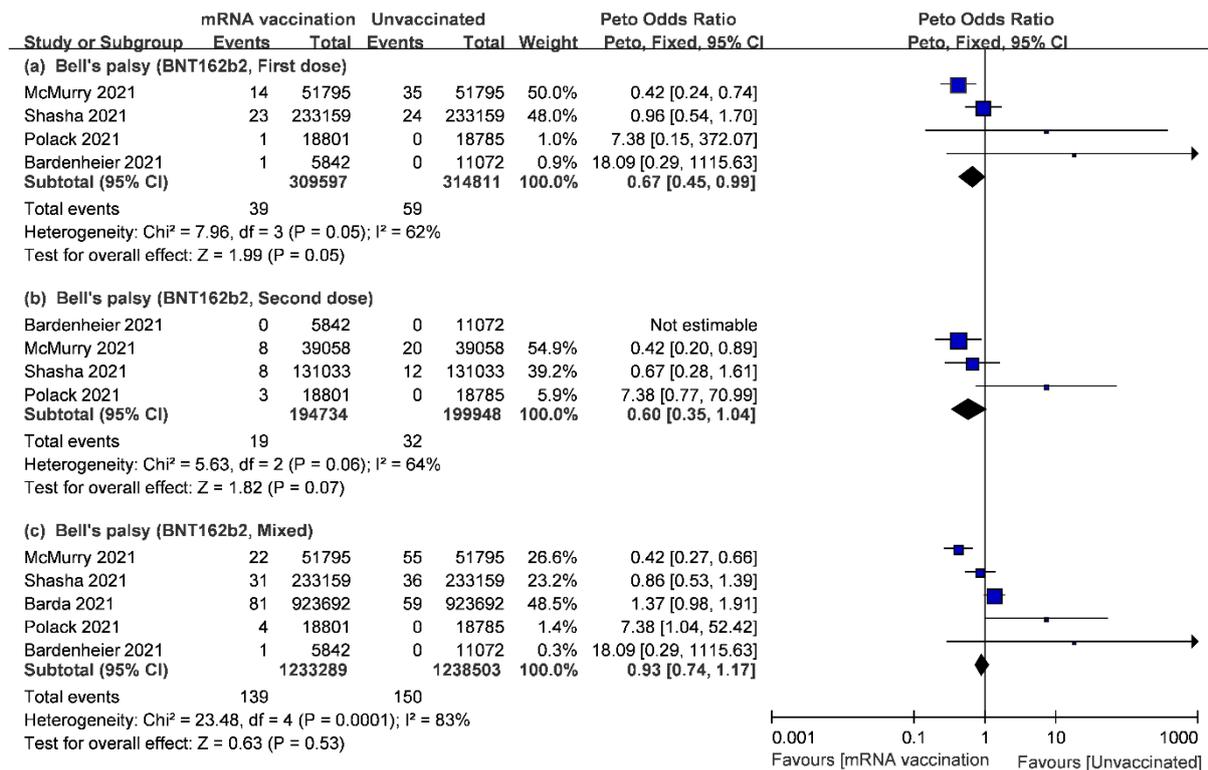


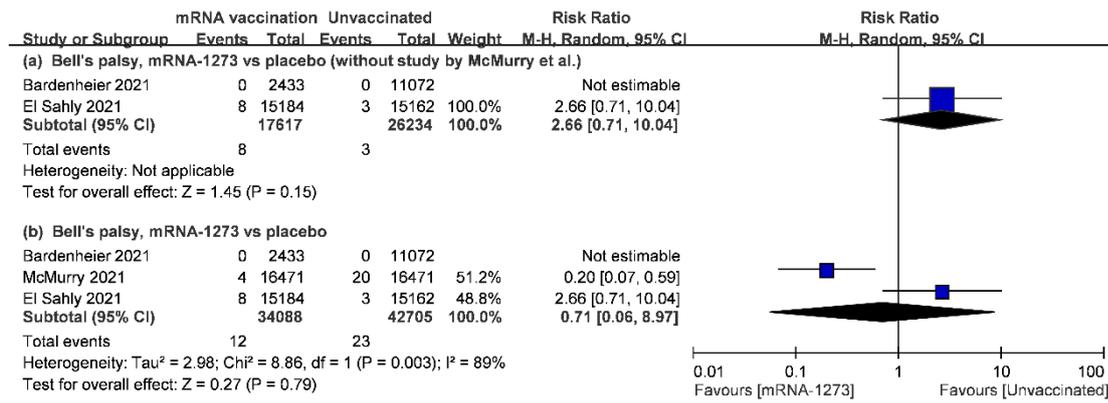
**Figure S1.** Pooled analysis of the incidence of Bell's palsy as an adverse event of mRNA vaccines against coronavirus disease 2019.



**Figure S2.** Forest plot analysis of the incidence of Bell's palsy in the mRNA vaccination and control groups including McMurry et al.'s study.



**Figure S3.** Forest plot analysis of the incidence of Bell's palsy after the first dose of BNT162b2 versus unvaccinated group (a), the second dose of BNT162b2 versus unvaccinated group (b), dose-unspecified BNT162b2 versus unvaccinated group (c), and BNT162b2 versus mRNA-1273 including McMurry et al.'s study.



**Figure S4.** Forest plot analysis with (a) and without (b) McMurry et al.'s study of the incidence of Bell's palsy after the administration of mRNA-1273 SARS-CoV-2 vaccine compared with the control group.

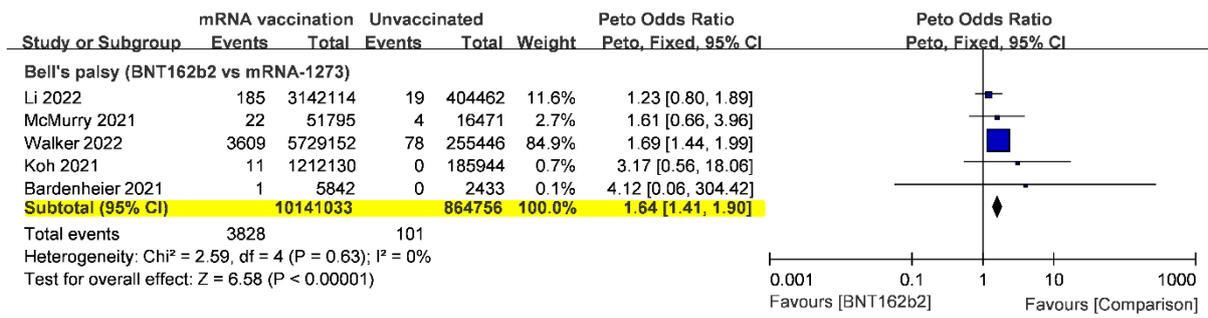


Figure S5. Forest plot analysis with (a) and without (b) McMurry et al.'s study on the incidence of Bell's palsy after BNT162b2 and mRNA-1273 vaccines.

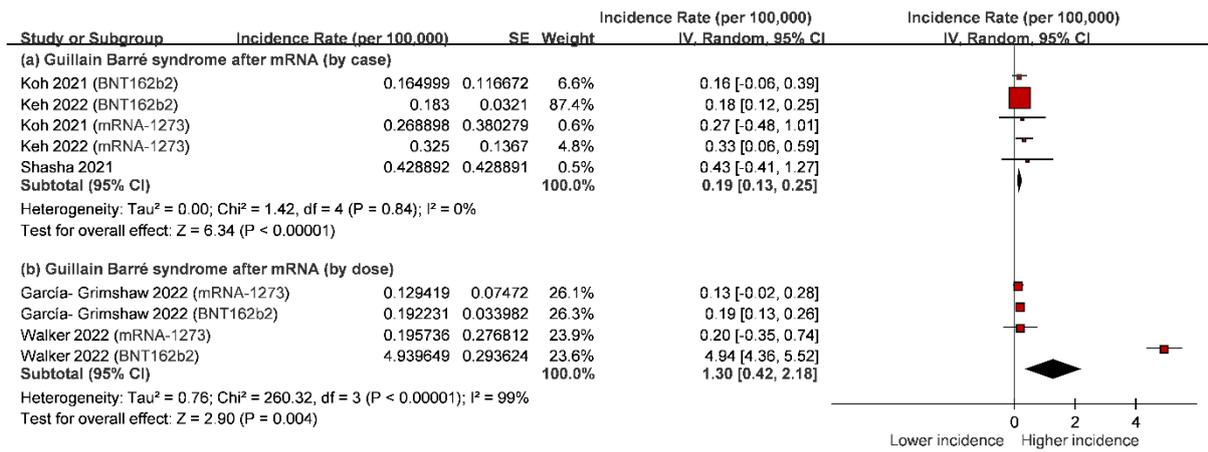


Figure S6. Forest plot analysis of the incidence of Guillain–Barré syndrome after the administration of mRNA vaccines.

Table S1. The Newcastle–Ottawa Scale (NOS) was used to evaluate the quality of the included cohort studies.

| Study                  | Selection |   |   | Comparability |    | Outcome |   |   |   |
|------------------------|-----------|---|---|---------------|----|---------|---|---|---|
|                        | 1         | 2 | 3 | 4             | 5a | 5b      | 6 | 7 | 8 |
| Barda et al.           | ★         | ★ | ★ | ★             | ★  | ★       | ★ | ★ | ★ |
| Bardenheier et al.     |           | ★ | ★ | ★             | ★  | ★       | ★ |   | ★ |
| Garcia-Grimshaw et al. | ★         | ★ | ★ |               |    |         | ★ | ★ | ★ |
| Hanson et al.          | ★         | ★ | ★ |               |    |         | ★ | ★ | ★ |
| Keh et al.             | ★         | ★ | ★ |               |    |         | ★ | ★ | ★ |
| Koh et al.             |           | ★ | ★ | ★             | ★  |         | ★ | ★ | ★ |
| Li (Xintong) et al.    | ★         | ★ | ★ | ★             | ★  | ★       | ★ | ★ | ★ |
| McMurry et al.         |           | ★ | ★ |               | ★  | ★       | ★ | ★ | ★ |
| Renoud et al.          | ★         | ★ | ★ |               |    |         | ★ | ★ | ★ |
| Rosenblum et al.       | ★         | ★ | ★ |               | ★  | ★       | ★ | ★ | ★ |
| Sato et al.            | ★         | ★ | ★ |               |    |         | ★ | ★ | ★ |
| Shasha et al.          | ★         | ★ | ★ | ★             | ★  | ★       | ★ |   | ★ |
| Walker et al.          | ★         | ★ | ★ |               |    |         | ★ | ★ | ★ |

1, Representativeness of the exposed cohort. 2, Selection of the non-exposed cohort. 3, Ascertainment of exposure. 4, Demonstration that the outcome of interest was not present at the start of the study. 5, Comparability of cohorts based on the design or analysis. 6, Assessment of outcome. 7, Was follow-up long enough for outcomes to occur? 8, Adequacy of follow-up of the cohorts.

The number of stars ranged from zero to nine (7–9 stars, high-quality; 4–6 stars, medium-quality; <4 stars, poor-quality).

Table S2. The Cochrane Risk-of-Bias Tool was used to evaluate the quality of the included randomized controlled trials.

| Trial                            | Item 1 | Item 2 | Item 3 | Item 4 | Item 5 | Item 6 | Item 7 |
|----------------------------------|--------|--------|--------|--------|--------|--------|--------|
| NCT04470427<br>(Baden, El Sahly) | Low    | Low    | Low    | Low    | Low    | Low    | High   |
| NCT04368728<br>(Polack, Stephen) | Low    | Low    | Low    | Low    | Low    | Low    | High   |

1, Randomization; 2, Concealment. 3, Blinding (participants and professionals). 4, Blinding the assessor. 5, Lost to follow-up. 6, Selective reporting. 7, Other bias.

Each domain was categorized as “low,” “high,” or “unclear” risk of bias.