

1 Supplementary Material

2 Supplementary Table 1: Summary of local and Systemic AEs by SOC and PT – Immunogenicity group (n=639)

Local AEs by SOC and PT	Treatment Group	
	CORBEVAX™	COVISHIELD™
	(N=319) N1 (%) [95% CI] n	(N=320) N1 (%) [95% CI] n
General disorders and administration site conditions	40 (12.54%) [9.11, 16.68] 44	62 (19.38%) [15.19, 24.14] 64
Injection site erythema	7 (2.19%) [0.89, 4.47] 8	8 (2.50%) [1.09, 4.87] 8
Injection site pain	33 (10.34%) [7.23, 14.22] 34	48 (15.00%) [11.27, 19.39] 49
Injection site pruritus	2 (0.63%) [0.08, 2.25] 2	6 (1.88%) [0.69, 4.04] 6
Injection site swelling	0	1 (0.31%) [0.01, 1.73] 1
Systemic AEs by SOC and PT	Treatment Group	
	CORBEVAX™	COVISHIELD™
	(N=319) N1 (%) [95% CI] n	(N=320) N1 (%) [95% CI] n
Gastrointestinal disorders	1 (0.31%) [0.01, 1.73] 1	3 (0.94%) [0.19, 2.72] 4
Nausea	1 (0.31%) [0.01, 1.73] 1	3 (0.94%) [0.19, 2.72] 4
General disorders and administration site conditions	16 (5.02%) [2.89, 8.02] 20	58 (18.13%) [14.06, 22.79] 65
Chills	1 (0.31%) [0.01, 1.73] 1	5 (1.56%) [0.51, 3.61] 5
Fatigue	1 (0.31%) [0.01, 1.73] 1	8 (2.50%) [1.09, 4.87] 8
Pyrexia	16 (5.02%) [2.89, 8.02] 18	50 (15.63%) [11.83, 20.08] 52
Musculoskeletal and connective tissue disorders	6 (1.88%) [0.69, 4.05] 6	18 (5.63%) [3.37, 8.74] 23
Arthralgia	0	4 (1.25%) [0.34, 3.17] 6
Myalgia	6 (1.88%) [0.69, 4.05] 6	16 (5.00%) [2.88, 7.99] 17
Nervous system disorders	14 (4.39%) [2.42, 7.25] 15	21 (6.56%) [4.11, 9.86] 23
Headache	14 (4.39%) [2.42, 7.25] 15	21 (6.56%) [4.11, 9.86] 21
Somnolence	0	1 (0.31%) [0.01, 1.73] 2
<p>Note: Percentages were calculated using column header count as denominator. 95% CI was calculated by Clopper-Pearson Method. N₁: Subject Count, N: Sample Size, n:Event Count.</p> <p>General Note:</p> <ul style="list-style-type: none"> All AE's were represented as: Subject count (Percentage of subjects) [95% CI] Event Count. Solicited Local and Systemic AEs were recored during 7 days (Day 0 – Day 6) after each dose. Unsolicited adverse event reported at any time, until 28 days after the each dose. 		

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6 **Supplementary Table 2:** Summary of local and Systemic AEs by SOC and PT – safety group (n=1500)

Local AEs by SOC and PT	Treatment Group	
	CORBEVAX™	
	(N=1500) N1 (%) [95% CI] n	
General disorders and administration site conditions	325 (21.67%)	[19.61, 23.84] 410
Injection site erythema	56 (3.73%)	[2.83, 4.82] 57
Injection site pain	266 (17.73%)	[15.83, 19.76] 283
Injection site pruritus	50 (3.33%)	[2.48, 4.37] 53
Injection site swelling	14 (0.93%)	[0.51, 1.56] 14
Injection site warmth	3 (0.20%)	[0.04, 0.58] 3
Systemic AEs by SOC and PT	Treatment Group	
	CORBEVAX™	
	(N=1500) N1 (%) [95% CI] n	
Gastrointestinal disorders	42 (2.80%)	[2.03, 3.77] 44
Nausea	42 (2.80%)	[2.03, 3.77] 44
General disorders and administration site conditions	265 (17.67%)	[15.77, 19.69] 318
Chills	14 (0.93%)	[0.51, 1.56] 14
Fatigue	109 (7.27%)	[6.00, 8.70] 112
Pyrexia	184 (12.27%)	[10.65, 14.03] 192
Immune system disorders	7 (0.47%)	[0.19, 0.96] 7
Urticaria	7 (0.47%)	[0.19, 0.96] 7
Musculoskeletal and connective tissue disorders	158 (10.53%)	[9.02, 12.20] 160
Arthralgia	2 (0.13%)	[0.02, 0.48] 2
Myalgia	156 (10.40%)	[8.90, 12.06] 158
Nervous system disorders	120 (8.00%)	[6.68, 9.49] 124
Seizure	1 (0.07%)	[0.00, 0.37] 1
Headache	115 (7.67%)	[6.37, 9.13] 119
Somnolence	4 (0.27%)	[0.07, 0.68] 4
<p>Note: Percentages were calculated using column header count as denominator. 95% CI was calculated by Clopper-Pearson Method. N₁: Subject Count, N: Sample Size, n:Event Count, General Note:</p> <ul style="list-style-type: none"> All AE's were represented as: Subject count (Percentage of subjects) [95% CI] Event Count. Solicited Local and Systemic AEs were recored during 7 days (Day 0 – Day 6) after each dose. Unsolicited adverse event reported at any time, until 28 days after the each dose. 		

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11 **Supplementary Table 3:** Composition of CORBEVAX™ and COVISHIELD™ vaccines:

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Composition	CORBEVAX	COVISHIELD
Active ingredient	RBD antigen of SARS-CoV-2: 25 µg	ChAdOx1 nCoV- 19 (Recombinant viral vector based) containing 5 × 10 virus particles (vp)
Adjuvant(s)	Aluminium Hydroxide gel as Al ⁺⁺⁺ :750 µg CpG1018: 750 µg	Not Applicable
Inactive ingredients	Buffer ((Tris and NaCl in water for injection (WFI))	L-Histidine L-Histidine hydrochloride monohydrate Magnesium chloride hexahydrate Sucrose Sodium chloride Disodium edetate dihydrate (EDTA), water for injection
Dose	0.5 mL	0.5 mL
Regimen	2 doses given 4 weeks apart.	2 doses given 4 weeks apart

13 **Inclusion Criteria**

14 Subjects were enrolled in the study based on the following inclusion criteria.

- 15 1. Subject is seronegative to anti-SARS-CoV-2 IgG antibody prior to randomisation either
16 into Group-1 and Group-2
- 17 2. Subject is virologically seronegative to SARS-CoV-2 infection as confirmed by RT-PCR
18 test prior to enrolment in all groups
- 19 3. Male or female subject between ≥ 18 to 80 years of age
- 20 4. Subject is willing to provide a written informed consent for voluntary participation in the
21 study
- 22 5. Subject, in the opinion of the investigator, has ability to communicate and willingness to
23 comply with the requirements of the protocol
- 24 6. Subject is seronegative to HIV 1 and 2, HBV and HCV infection prior to enrolment
- 25 7. Subject is considered of stable health as judged by the investigator, determined by medical
26 history and physical examination
- 27 8. Female subject of childbearing potential must have a negative urine pregnancy test (UPT),
28 and willingness to avoid becoming pregnant through use of an effective method of
29 contraception or abstinence from the time of study enrolment until six weeks after the last
30 dose of vaccination in the study
- 31 9. Male subject, who is sexually active, must agree to use double-barrier contraception (e.g.
32 condom with spermicide) with his female partner during the study period. Male subject
33 should also agree to avoid semen donation or providing semen for in-vitro fertilization
34 during the study duration
- 35 10. Subject agrees not to participate in another clinical trial at any time during the total study
36 period
- 37 11. Subject agrees to refrain from blood donation during the course of the study
- 38 12. Subject agrees to remain in the town where the study centre is located, for the entire
39 duration of the study

40 **Exclusion Criteria**

41 Subjects were excluded from the study based on the following exclusion criteria:

- 42 1. History of vaccination with any investigational or approved vaccine against COVID-19 disease
- 43 2. Subject living in the same household as that of any active COVID-19 positive individual

- 44 3. History of receipt of any licensed vaccine within 1 month prior to screening, likely to impact
45 on interpretation of the trial data (e.g., influenza vaccines);
- 46 4. Subjects with any clinically significant abnormal haematology and biochemical laboratory
47 parameters tested at screening as judged by the investigator
- 48 5. Subjects with Body temperature of $\geq 100.4^{\circ}\text{F}$ ($>38.0^{\circ}\text{C}$) or symptoms of an acute illness at the
49 time of screening or prior to vaccination
- 50 6. Pregnant women, nursing women or women of childbearing potential who are not actively
51 avoiding pregnancy during the study
- 52 7. Subjects with known current or chronic history of any of the following conditions, likely to
53 affect participation in the study
- 54 8. severe psychiatric conditions;
- 55 9. any bleeding disorder (e.g. factor deficiency, coagulopathy or platelet disorder);
- 56 10. allergic disease or reactions likely to be exacerbated by any component of the study vaccine
57 (BE SARS-CoV-2 COVID-19 vaccine);
- 58 11. neurological illness, and any other serious chronic illness requiring hospital specialist
59 supervision
- 60 12. Subjects requiring chronic administration (defined as more than 14 days in total) of
61 immunosuppressant (e.g. corticosteroids, cytotoxic drugs or antimetabolites, etc.) or other
62 immune-modifying drugs (e.g. interferons) during the period starting six months prior to the
63 first vaccine dose including use of any blood products
- 64 13. For corticosteroids, this will mean prednisone ≥ 0.5 mg/kg/day, or equivalent
- 65 14. Inhaled and topical steroids are allowed
- 66 15. Receipt of prohibited concomitant medication that may jeopardize the safety of the participant
67 or interpretation of the data
- 68 16. Any confirmed or suspected immunosuppressive or immunodeficient condition, based on
69 medical history and physical examination (no laboratory testing required)
- 70 17. Any medical condition that in the judgment of the investigator would make study participation
71 unsafe
- 72 18. Planned use of any investigational or non-registered product other than the study vaccine during
73 the trial period or 3 months prior to enrolment
- 74 19. Current or planned participation in prophylactic drug trials for the duration of the study

75 20. Individuals who are part of the study team or close family members of individuals conducting
76 the study

77 **Methodology**

78 As per the kit manufacturer, subjects with antibody concentrations below 12 Antibody
79 Units/mL were designated as sero-negative and were selected in the trial (Diasorin kit). Health
80 status assessed during the screening period was based on medical history and clinical laboratory
81 findings, vital signs, and physical examination. All those who were part of any other clinical trial,
82 with a history of vaccination with any investigational vaccine against Covid-19 disease, any other
83 health issues, or were on immunosuppressants, immunodeficient conditions or sero-positive for
84 SARS-COV-2 were excluded from the study.

85 **Procedure**

86 **Safety Assessments:**

87 The number and percentage of subjects with Adverse events (AEs) and severe adverse
88 events (SAEs) were presented overall by system organ class (SOC) & preferred term (PT). The
89 percentage of subjects with at least one local AE (solicited and unsolicited), with at least one
90 systemic AE (solicited and unsolicited) and with any AE during the solicited follow-up period
91 were tabulated with exact 95% confidence interval (CI). The same calculations were performed
92 for symptoms rated as Grade 3 and above. Systemic and local tolerability, recorded in subject
93 diaries, were summarized in a frequency table with percentages based on the number of observed
94 values. Serious adverse events, related AEs, AEs leading to death or withdrawal, solicited AEs,
95 and MAAEs were summarized separately.

96 All reported AEs during the entire study period, was summarized by calculating frequencies and
97 were listed per subject including severity, relationship to the vaccine (causality) and action taken

98 with the vaccine. All AEs were coded using the Medical Dictionary for Regulatory Activities
99 (MedDRA) coding dictionary and concomitant medications were coded using the World Health
100 Organization (WHO) Drug Dictionary. Summary of clinically significant increase in body
101 temperature across study visits were tabulated and was summarized descriptively. Also mean
102 change in the body temperature at each visit was presented exploratorily only if clinically
103 significant. All SAEs and medically attended AEs reported during the study (start and up to end
104 of the study) were listed and analysed for expectedness and causality.

105 **Immunogenicity Analysis**

106 Humoral immune responses were evaluated by following methods:

- 107 1. Anti-RBD Antibody response: Anti-RBD IgG concentration in the subject sera samples
108 were measured at pre-vaccination (Day-0), and at post second dose (Day-42) using a
109 validated enzyme linked immunosorbent assay (ELISA) method executed at Dang's Lab,
110 New Delhi, India. A monoclonal antibody, CR-3022 supplied by Lake Pharma Inc, CA,
111 USA, that binds specifically to the RBD protein was used to generate standard curve of
112 ELISA OD response vs. antibody concentrations. ELISA concentration equivalent to 1
113 ng/mL of CR-3022 antibody binding concentration was assigned concentration of 1 anti-
114 RBD ELISA Unit/mL and thus anti-RBD IgG concentration in the sera samples were
115 reported in EU/mL. The National Institute for Biological Standards and Control, UK
116 plasma reference standard 20/130 was used as a positive control on all the plates with a
117 control range of (**8151** to **15137** EU/mL) for validity consideration¹. Geometric means were
118 calculated for various subject cohorts at specific time-points and fold rise in anti-RBD
119 concentrations for all time-points post start of vaccination were calculated in relation to the

120 pre-vaccination concentrations and then geometric mean fold rise (GMFR) were calculated
121 for each cohort.

122 2. SARS-COV-2 Virus Neutralization: SARS-COV-2 neutralizing antibody titers (nAb titers)
123 were measured via Microneutralization Assay (MNA) using Wild-Type SARS-COV-2
124 strain (Victoria isolate 01/2020). The MNA was conducted at Translational Health Science
125 and Technology Institute (THSTI), Faridabad, India; which is a participating laboratory in
126 Coalition for Epidemic Preparedness Innovation (CEPI) - network. The nAb testing was
127 conducted as per methods described previously². Conversion factors have been established
128 to enable conversion of the Neutralization Titer (NT₅₀) values to WHO-International
129 Standard (NIBSC-20/136) and report the (NT₅₀ values in International Units/mL³. MNA
130 values were divided by 4.064 obtain the titers in IU/mL when required for comparison.
131 Geometric mean titers were calculated at scheduled time-points and fold Rise from the pre-
132 vaccination values were calculated along with GMFR. Sera samples that did not
133 demonstrate minimum 50% neutralization of the virus at the initial dilution i.e. the of the
134 assay, titers were assigned as LLOQ/2. For key GMT/GMC values, 95% Confidence
135 Intervals (95%CI) were also calculated.

136 3. Cellular immune responses were assessed in a randomly selected subset of subjects in terms
137 of Interferon-gamma secreting PBMC's post stimulation with SARS-COV-2 RBD
138 peptides to detect an antigen-specific T-cell immune response. This was done using the
139 Interferon-gamma ELISpot assay. The enzyme-linked immune absorbent spot (ELISpot)
140 relies on visualizing cytokine secretion by individual T cells following *in vitro* stimulation
141 with antigen. This assay identifies biologically active, cytokine-secreting cells from
142 isolated peripheral blood mononuclear cells (PBMC), at the single-cell level. It is a highly

143 sensitive technique that detects the presence of IFN- γ -producing CD4⁺ and/or CD8⁺ T
144 cells following their stimulation with specific antigens. The PBMC's isolated from whole
145 blood samples collected from subjects were resuspended in appropriate growth medium
146 and from each subject sample was added to six wells (0.25 million PBMC's per well) in
147 MAbtech ELISpot plate. Three stimulants were added to the wells (each in two wells):
148 SARS-COV-2 RBD peptide pool (procured from JPT, Berlin, Germany) for antigen-
149 specific stimulation assessment, DMSO for non-specific stimulation assessment and PHA
150 for assay validity assessment. After 20 hrs of incubation, the plate was washed with PBS
151 and the ELISpot assay was performed according to the MAbtech ELISPOT assay kit's
152 manufacturer's instructions. Briefly, the detection antibody was added to the wells at a
153 1 μ g/ml concentration, and the plate was incubated for 2 hours at room temperature. The
154 plate was again washed, and Streptavidin-ALP was added to the wells and left for
155 incubation for 1 hour at room temperature. This was followed by adding a filtered ready-
156 to-use substrate solution for developing the spots until distinct spots emerged. The color
157 development was stopped by washing the plate extensively with deionized water. The plate
158 was then left to dry overnight, and the spots were quantified as Spot Forming Units (SFU's)
159 using an AID iSPOT reader on the next day. The antigen specific Spot Forming Units were
160 calculated by subtracting the SFU's from DMSO stimulation from the SFU's observed post
161 stimulation with SARS-COV-2 RBD peptides. The Interferon-gamma SFU's were then
162 reported in terms of million PBMC's for each subject. Additional details of the assay are
163 provided in the preprint version of the manuscript by Thiruvengadam et al.⁴

164 **Statistical analysis**

165 Geometric mean titres (GMT/C) of SARS-CoV-2 specific neutralising antibodies will be
166 calculated at baseline and at day 42 (14 days after completion of 2-dose immunization schedule)
167 in both the treatment groups. The geometric mean titres (GMT/C) calculation will be performed
168 by taking the anti-log of the mean of the log transformations. Descriptive summary of titre will
169 include min, Max, GMT, GSD, 95% CI of GMT, median & its IQR and range. Natural log
170 transformed titre data will also be presented graphically. Ratio of means between test and
171 comparator will be assessed and superiority of test over comparator will be established if the low
172 limit of the two sided 95% confidence interval (CI) for the ratio of two means (log normalised) is
173 >1.0. The analysis will be performed by using Analysis of Covariance (ANCOVA) in which the
174 log transformed value of titres at post-vaccination will be included as outcome variable,
175 Test/Comparator group as fixed effect and baseline log transformed titre as covariates. The GMT
176 will be the anti-log value of least square mean obtained from the ANCOVA model and the GMTR
177 will be the ratio of GMTs of the two groups.

178 The test hypothesis is defined as,

179 **Null hypothesis:** The null hypothesis asserts that Corbevax is not better than or same as
180 Covishield, in terms of Geometric Mean Titre ratio.

181 $H_0: \text{GMTT} / \text{GMTR} \leq 1$

182 **Alternate hypothesis:** It is defined as Corbevax is Superior to the Covishield, in terms of
183 Geometric Mean Titre ratio.

184 $H_1: \text{GMTT} / \text{GMTR} > 1$

185 The null hypothesis will be rejected if the lower limit of the two sided 95% confidence interval
186 (CI) for the ratio of two means (log normalised) is >1.0.

187 The ANCOVA model is defined as,

188 $\log(\text{titre}) = \beta_0 + \beta_1 \text{Test/Comparator} + \beta_2 \text{Baseline titre}$

189 Proc Mixed in SAS 9.4 or higher will be used to perform the ANCOVA.

190 **List of study Investigators**

S. No.	Site Code	Name of the Investigator	Institutional Affiliations and Site Locations
1.	02	Dr.J.S Khushwaha,M.B.B.S, MD (General Medicine)	Prakhar Hospital, 8/219, Khalasi Line, Arya Nagar, Kanpur 208002, Uttar Pradesh, India
2.	03	Dr.Shiva Narang M.B.B.S, MD (General Medicine)	GTB Hospital, Delhi, Tahirpur Rd, GTB Enclave, Dilshad Garden, Delhi 110095, India
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4.	06	Dr.Indranil Basu M.B.B.S, MD (General Medicine)	Shubham Sudbhawana Hospital, B 31/80, 23B - Bhogabeer, Lanka, Varanasi, 221005, Uttar Pradesh, India
5.	07	Dr.A.Venkateshwara Rao M.B.B.S, DNB	St.Theresas Hospital (STH), 1st Floor, Room No. 05, Erragadda Main Road, Czech Colony Sanath Nagar, Hyderabad 500038, Telangana, India
6.	09	Dr.Madhav Prabhu M.B.B.S, MD (General Medicine)	KLES Dr. Prabhakar Kore Hospital & Medical Research Centre, Department of Medicine, Nehru Nagar,Belgavi-590010, Karnataka, India
7.	10	Dr.P.Naveen Chander Reddy M.B.B.S, MD (General Medicine)	AIG Hospital, 4th floor, Plot No. 2/3/4/5, Survey No. 136/1, Mindspace Road, Gachibowli, Hyderabad--500032, Telanagana, India
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9.	16	Dr.Khobragade Akash Ashok Kumar M.B.B.S, MD (General Medicine)	Grant Medical College & Sir J.J Hospital, J J Marg, Nagpada, Mumbai Central, Mumbai 400008, Maharashtra, India
	18	Dr.Veer Bhadur Singh M.B.B.S, MD (General Medicine)	JLN Medical College , Kala Bagh, Ajmer 305001, Rajasthan, India
	19	Dr.Clarence.J Samuel M.B.B.S, MD (Community Medicine)	Christian Medical College & Hospital, Brown Rd, CMC Campus, Ludhiana - 141008, Punjab, India
	20	Dr.Vipul Khandelwal M.B.B.S, MD (Internal Medicine)	Apex Hospital, SP 4& 6 MIA Malviya Nagar near apex circle, Jaipur-302017, Rajasthan, India
	21	Dr. Sushila Kataria M.B.B.S, MD (General Medicine)	Medanta Institute of Education and Research, Sector 38, CH Baktawar Singh Rd, Medicity, Islampur Colony, Sector 38, Gurgaon - 122018, Haryana

S. No.	Site Code	Name of the Investigator	Institutional Affiliations and Site Locations
	23	Dr. Parshottam Koradia M.B.B.S, MD (Internal Medicine)	BAPS Pramukh Swami Hospital, Shri Pramukh Swami Maharaj Marg, Adajanchar rasta. Adajan. Surat- 395 009, Gujarat, India
	25	Dr Shilpa Avarebeel M.B.B.S, DNB (General Medicine)	JSS Hospital, Mahatma Gandhi Road, Fort Mohalla, Mysuru-570004, Karnataka, India
	26	Dr. Bishan Swarup Garg M.B.B.S, MD (Community Medicine)	Mahatma Gandhi Institute of Medical Sciences (MGIMS), Sewagram, Wardha 442102, Maharashtra, India
	28	Dr.Chandramani Singh M.B.B.S, MD (Community Medicine)	All India Institute of Medical Sciences (AIIMS), Room No. 17 Department of Community & Family Medicine, Aurangabad Road Phulwari Sharif, Patna 801507, Bihar, India
	29	Dr. Monica Gupta M.B.B.S, MD (General Medicine)	Samvedna Hospital, B-27/88-G, New Colony, Varanasi-221005, Uttar Pradesh, India

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192 Institutional Ethics Committees (IECs) and approvals

Sl. No.	Centre Code (Name)	EC Reg. No	Date of EC approval
1.	Centre- 2: Prakhar Hospital, Kanpur	ECR/1017/Inst/UP/2017/RR-21	30 Aug 21
2.	Centre- 3: GTB Hospital, Delhi	ECR/510/Inst/DL/2014/RR-20	14 Sep 21
3.	Centre- 5: ESIC Medical College & Hospital, Faridabad	ECR/1539/Inst/HR/2021	30 Aug 21
4.	Centre- 6: Shubham Sudbhawana Hospital, Varanasi	ECR/667/Inst/UP/2014/RR-20	04 Sep 21
5.	Centre- 7: St.Theresas Hospital (STH), Hyderabad	ECR/230/Inst/AP/2013/RR-19 ECR/230/Inst/AP/2013/RR-22	30 Aug 21
6.	Centre- 9: KLES Dr. Prabhakar Kore Hospital & Medical Research Centre, Belgavi	ECR/211/Inst/KA/2013/RR-19	03 Sep 21
7.	Centre- 10: AIG Hospital, Hyderabad	ECR/346/Inst/AP/2013/RR19 ECR/346/Inst/AP/2013/RR-22	14 Sep 21
8.	Centre- 12: National Institute of Medical Sciences (NIMS), Jaipur	ECR/665/Inst/RJ/2014/RR17 EC/NEW/INST/2022/RJ/0118	11 Sep 21
9.	Centre- 16: Grant Medical College & Sir J.J Hospital, Mumbai	ECR/382/Inst/MH/2013/RR-19	13 Sep 21
10.	Centre- 18: JLN Medical College, Ajmer	ECR/1156/Inst/RJ/2018 ECR/1156/Inst/RJ/2018/RR-22	21 Sep 21
11.	Centre- 19: Christian Medical College & Hospital, Ludhiana	ECR/120/Inst/PB/2013/RR-19	25 Sep 21
12.	Centre- 20: Apex Hospital, Jaipur	ECR/380/Inst/RJ/2013/RR-19	09 Sep 21
13.	Centre- 21: Medanta Institute of Education and Research, Gurgaon	ECR/282/Inst/HR/2013/RR-20	09 Sep 21
14.	Centre- 23: BAPS Pramukh Swami Hospital, Surat	ECR/639/Inst/GJ/2014/RR-20	06 Sep 21
15.	Centre- 25: JSS Hospital, Mysuru	ECR/387/Inst/KA/2013/RR-19	16 Sep 21

		ECR/387/Inst/KA/2013/RR-22	
16.	Centre- 26: Mahatma Gandhi Institute of Medical Sciences (MGIMS), Wardha	ECR/47/Inst/MH/2013/RR-19	04 Sep 21
17.	Centre- 28: All India Institute of Medical Sciences (AIIMS), Patna	ECR/1387/Inst/BR/2020	09 Sep 21
18.	Centre- 29: Samvedna Hospital, Varanasi	ECR/45/Inst/UP/2013/RR-20	11 Sep 21

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204 infection due to SARS-CoV-2 B. 1. 617. 2 delta variant despite reduced virus neutralisation.
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