Title: Correlates of protection for booster doses of the SARS-CoV-2 vaccine BNT162b2

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Supplementary Materials

Supplementary Figs. 1 to 5

Supplementary Tables 1 to 16

Supplementary Fig. 1: Comparing SARS-CoV-2 antibody levels in pre-pandemic and pandemic serum samples. Normalized AUC IgG antibody levels to the S1 and receptor binding domain (RBD) proteins of SARS-CoV-2 Wuhan strain were measured using an antigen microarray. Negative control samples of 30 individuals collected prior to the SARS-CoV-2 pandemic were compared with 14 individuals that received 3 doses of the Pfizer-Biontech BNT162b2 vaccine. IgG AUC levels were computed across 6 antigen concentrations (2.03 µg/mL - 65 µg/mL). A two sided Wilcoxon ranksum test was used to compare the two groups. p value ≤ 0.0001

Supplementary Fig. 2: Infection with omicron elicited binding and neutralizing antibodies against SARS-CoV-2. Responses of individuals that were infected with omicron within the first 30 days after enrollment were analyzed at enrollment (day 0) and at day 30 using multiple serological assays. Individuals that received three $(n=41)$ or four doses $(n=32)$ of the vaccine were analyzed separately. **a** IgG and IgA magnitude to antigens from the Wuhan strain and SARS-COV-2 variants. Antigen microarrays spotted with receptor binding domain (RBD), S1 and spike proteins of the Wuhan vaccine strain and multiple other variants of concern were used to measure the magnitude of responses at day 0 (enrollment) and day 30 post enrollment. Black lines denote the median. P-values were computed using the two-sided wilcoxon ranksum test. * $p < 0.05$; ** $p < 0.001$; *** $p < 0.0001$. **b** Spider plots depicting the enrollment (pink) and day 30 (green) antibody levels to Wuhan antigens (gold), variants of concern (red) and RBD mutants (blue). The average normalized magnitude to each antigen is plotted in individuals that received three or four doses. **c** IgG and IgA anti RBD ELISA binding titers for a subset of 74 participants. **d** infectious virus neutralization half maximal effective concentration (EC50) titers of the same individuals in panel c. **e** Pseudovirus neutralization titers of uninfected individuals that received four doses (n=13, blue).

Supplementary Fig. 3: Correlation between IgG and IgA selected markers. The correlation between the IgG and IgA markers that were used for combinations are presented. We used Pearson correlation coefficient to assess the association between the IgG and IgA markers. Black lines represent the linear regression model fit, and gray band line denotes the 95% confidence intervals.

Supplementary Fig. 4: Baseline correlates of protection in a validation cohort at an interim timeopint. An independent cohort of 46 individuals was followed for 290 days. Individuals were ranked by several baseline binding antibody markers into low- mid- and high response groups, and SARS-CoV-2 infection rates of each group were compared at day 198 at the end of the omicron wave in Israel (April 2022). **a** Infection rates in the low- mid- and high-baseline response groups based on: IgA magnitude to SARS-CoV2

variants, IgA magnitude to Wuhan, IgG magnitude to SARS-CoV-2 variants, IgG magnitude to Wuhan (top row) and their combinations (bottom row). P-values were computed using a cox proportional hazard model, adjusted for age, sex and number of vaccine doses. **b** Hazard ratios for the four primary baseline markers (n=24) and their combinations comparing low to high baseline response groups (n=13-15). The dot represents the hazard ratios, error bars denote the 95% confidence intervals. Hazard ratios were computed using a cox proportional hazard model adjusted for age, sex and number of vaccine doses.

Supplementary Fig. 5: Nucleocapsid IgG antibody levels at day 30. Boxplots of the IgG levels to the nucleocapsid (NC) protein as measured using the Rad Bioplex SARS-CoV-2 assay. The positivity threshold is defined as values > 24 . We compared the un-infected (n=452) and infected (n=156) individuals at day 30 of the study. We found that 13 (2.9%) un-infected individuals had positive NC antibody responses suggesting they were asymptomatically infected. Importantly, 82 (52%) infected individuals had no detectable NC antibodies. Black lines represent the median, and boxes indicate the 25th and 75th percentiles. Whiskers represent 1.5 times the interquartile range. P-values were computed using the twosided wilcoxon ranksum test. **** p < 0.00001.

Supplementary Table 1.

P-values were computed using a two-sided Cox proportional hazard model estimating vaccine efficacy for 30 follow up days. The model used calendar days as the time-axis and was adjusted for age, occupation, medical center, and time from the third vaccination.

Supplementary Table 2.

P-values were computed using a two-sided Cox proportional hazard model estimating vaccine efficacy at 60-90 follow up days. The model used calendar days as the time-axis and was adjusted for age, occupation, medical center, and time from the third vaccination.

Supplementary Table 3.

P-values were computed using a two-sided Poisson regression estimating vaccine efficacy for 30 follow up days. The model was adjusted to the daily proportion of positive PCR tests to Covid-19, age, occupation, medical center, and time from the third vaccination and subjects as a random effect.

Supplementary Table 4.

P-values were computed using a two-sided Poisson regression estimating vaccine efficacy for 60-90 follow up days. The model was adjusted to the daily proportion of positive PCR tests to Covid-19, age, occupation, medical center, and time from the third vaccination and subjects as a random effect.

Supplementary Table 5.

P-values were computed using a two-sided Cox proportional hazard model comparing infection hazard at 30 follow up days in the low-baseline with high-baseline response groups, using the five primary analysis baseline markers. The model used calendar days as the time-axis and was adjusted for age, occupation, medical center, and time from the third vaccination.

Supplementary Table 6.

P-values were computed using a two-sided Cox proportional hazard model comparing infection hazard at 60-90 follow up days in the low-baseline with high-baseline response groups, using the five primary analysis baseline markers. The model used calendar days as the time-axis and was adjusted for age, occupation, medical center, and time from the third vaccination.

Supplementary Table 7.

P-values were computed using a two-sided Cox proportional hazard model comparing infection hazard at 30 follow up days in the low-baseline with high-baseline response groups, using all pairwise combinations of the five primary analysis baseline markers. The model used calendar days as the timeaxis and was adjusted for age, occupation, medical center, and time from the third vaccination.

Supplementary Table 8.

P-values were computed using a two-sided Cox proportional hazard model comparing infection hazard at 60-90 follow up days in the low-baseline with high-baseline response groups, using all pairwise combinations of the five primary analysis baseline markers. The model used calendar days as the time axis and was adjusted for age, occupation, medical center, and time from the third vaccination.

Supplementary Table 9.

P-values were computed using a two-sided Poisson regression comparing infection incidence at 30 follow up days, of the low-baseline and high-baseline response groups using the five primary analysis baseline markers. The model was adjusted to the daily proportion of positive PCR tests to Covid-19, age, occupation, medical center, and time from the third vaccination and subjects as a random effect.

Supplementary Table 10.

P-values were computed using a two-sided Poisson regression comparing infection incidence at 60-90 follow up days, of the low-baseline and high-baseline response groups using the five primary analysis baseline markers. The model was adjusted to the daily proportion of positive PCR tests to Covid-19, age, occupation, medical center, and time from the third vaccination and subjects as a random effect.

Supplementary Table 11.

P-values were computed using a two-sided Poisson regression comparing infection incidence at 30 follow up days of the low-baseline and high-baseline response groups using all pairwise combinations of the five primary analysis baseline markers. The model was adjusted to the daily proportion of positive PCR tests to Covid-19, age, occupation, medical center, and time from the third vaccination and subjects as a random effect.

Supplementary Table 12.

P-values were computed using a two-sided Poisson regression comparing infection incidence at 60-90 follow up days of the low-baseline and high-baseline response groups using all pairwise combinations of the five primary analysis baseline markers. The model was adjusted to the daily proportion of positive PCR tests to Covid-19, age, occupation, medical center, and time from the third vaccination and subjects as a random effect.

Supplementary Table 13.

Demographic characteristics of the Validation cohort participants

Supplementary Table 14.

P-values were computed using a two-sided Cox proportional hazard model comparing infection hazard at 198 follow up days in the low-baseline with high-baseline response groups, using all pairwise combinations of the four primary analysis baseline markers. The model used calendar days as the timeaxis and was adjusted for age, sex and number of vaccine doses.

Supplementary Table 15.

P-values were computed using a two-sided Cox proportional hazard model comparing infection hazard at 290 follow up days in the low-baseline with high-baseline response groups, using all pairwise combinations of the four primary analysis baseline markers. The model used calendar days as the timeaxis and was adjusted for age, sex and number of vaccine doses.

Supplementary Table 16.

Numbers of individuals per vaccine group is for each pairwise combination markers.

