## THE LANCET Infectious Diseases

## Supplementary appendix

This appendix formed part of the original submission. We post it as supplied by the authors.

Supplement to: Ghafari M, KadivarA, Katzourakis A. Estimates of anti-SARS-CoV-2 antibody seroprevalence in Iran. *Lancet Infect Dis* 2021; published online Feb 15. http://dx.doi.org/10.1016/S1473-3099(21)00053-0.

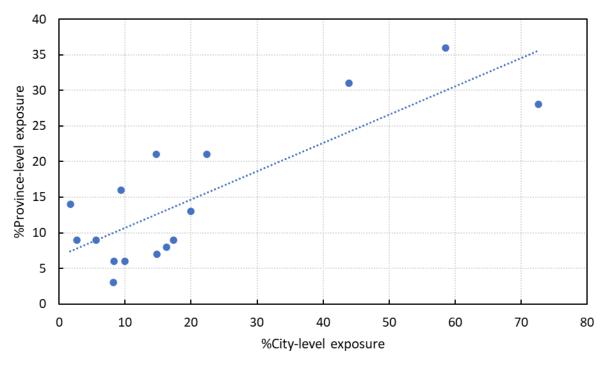
Table S1: Comparing the percentage of exposure in 18 cities of Iran based on seroprevalence data in late April/early June<sup>1</sup> to provincial estimates for population-level exposure based on excess mortality by the end of spring (20 June 2020) and summer (21 September 2020) 1399 in solar Hijri<sup>2</sup>. (.) shows the 95% confidence intervals.

Province	City	City-level exposure	Province-level exposure in spring	Province-level exposure in summer
Khuzestan	Ahvaz	9.4%(0.7-21.6)	16%(12-19)	47%(37-57)
Ardabil	Ardabil	20.0%(3.2-46.8)	13%(10-17)	37%(28-47)
Mazandaran	Babol*	22.4%(11.9-35.1)	21%(15-27)	35%(25-45)
Esfahan (Isfahan)	Esfahan	2.7%(0.0-9.8)	9%(6-11)	21%(15-27)
Golestan	Gorgan	43.9%(31.4-58.3)	31%(24-38)	56%(44-69)
Hamedan	Hamedan	8.3%(1.6-17.0)	6%(4-8)	24%(17-31)
Kerman	Kerman	8.2%(2.2-16.6)	3%(2-4)	21%(13-26)
Kermanshah	Kermanshah	17.3%(5.3-30.9)	9%(6-11)	22%(16-28)
Razavi Khorasan	Mashhad	14.8%(8.2-23.1)	7%(5-8)	29%(22-36)
Qom	Qom	58.5%(37.2-83.9)	36%(28-44)	57%(44-69)
Gilan (Guilan)	Rasht	72.6%(53.9-92.8)†	28%(19-36)	33%(22-44)
Kurdistan	Sanandaj	1.7%(0.0-6.0)	14%(11-18)	41%(31-51)
Mazandaran	Sari*	14.7%(7.8-22.4)	21%(15-27)	35%(25 - 45)
Fars	Shiraz	7.3%(1.2-14.5)	NA**	14% (10 - 17)
East Azerbaijan	Tabriz	5.6%(0.0-13.0)	9%(6-11)	25% (18 - 32)
Tehran	Tehran	16.3%(13.5-19.5)	8%(6-11)	22% (16 - 28)
West Azerbaijan	Urmia	10.0%(0.2-24.3)	6%(5-8)	24% (18 - 30)
Sistan- Baluchistan	Zahedan	12.1%(2.3-23.3)	NA**	24% (20 - 27)
Overall	Overall	17.0%(14.6-19.5)	10%(2-17)	27% (20 - 34)

\*Babol and Sari are both located in Mazandaran province. \*\*No excess mortality was recorded in this province during spring.

†The authors note that their estimated prevalence for Rasht might be biased due to reasons outlined in the

discussion<sup>2</sup>. A more recent seroprevalence study in Rasht suggests the level of exposure in this city was 23.7% (18.6-29.6) by the end of April<sup>3</sup>.



**Figure S1:** A regression analysis based on the percentage of city-level seroprevalence estimates in late April/early June and percentage of provincial-level estimates by the end of spring (20 June 2020) according to seasonal excess mortality data. The line of best fit (dashed line) corresponds to  $R^2 = 0.67$ . This analysis excludes Fars and Sistan-Baluchsitan provinces which did not show significant levels of excess mortality in spring [3]. If we include those two provinces with an assumed zero excess deaths in spring (and include the two cities, Shiraz and Zahedan, with their corresponding seroprevalence estimates), then the correlation drops to  $R^2 = 0.63$ . Also, if we remove the 72.6% exposure in Rasht based on seroprevalence as an outlier data, the correlation increases to  $R^2 = 0.71$  (and  $R^2 = 0.66$  if we assume the two provinces have zero excess deaths). In all these instances, the p-value is very significant (p < .001).

## References

- Poustchi H, Darvishian M, Mohammadi Z, et al. SARS-CoV-2 antibody seroprevalence in the general population and high-risk occupational groups across 18 cities in Iran: a population based cross-sectional study. Lancet Infect Dis 2020; published online Dec 15. https://doi.org/10.1016/S1473-3099(20)30858-6.
- Ghafari M, Kadivar A, Katzourakis A. Excess deaths associated with the Iranian COVID-19 epidemic: a province-level analysis. medRxiv 2020; published online Dec 8. https://doi.org/10.1101/2020.12.07.20245621 (preprint).
- Shakiba M, Nazemipour M, Salari A, et al. Seroprevalence of SARS-CoV-2 in Guilan province, Iran, April 2020. Emerg Infect Dis 2020; published online Dec 21. https://doi.org/10.3201/eid2702.201960.