

# Estimated half-life of SARS-CoV-2 anti-spike antibodies more than double the half-life of anti-nucleocapsid antibodies in healthcare workers

Jan Van Elslande,<sup>1§</sup> Lien Gruwier,<sup>1§</sup> Lode Godderis,<sup>2,3</sup> Pieter Vermeersch,<sup>1,4\*</sup>

<sup>1</sup> Clinical Department of Laboratory Medicine and National Reference Center for Respiratory Pathogens, University Hospitals Leuven, Leuven, Belgium

<sup>2</sup> Environment and Health, Department of Public Health and Primary Care, KU Leuven, Leuven, Belgium

<sup>3</sup> IDEWE, External Service for Prevention and Protection at Work, Heverlee, Belgium

<sup>4</sup> KU Leuven, Department of Cardiovascular Sciences, Leuven, Belgium

§ authors contributed equally

\* Correspondence to:

Pieter Vermeersch, Clinical department of Laboratory Medicine, University Hospitals Leuven, Herestraat 49, 3000 Leuven, Belgium. Email pieter.vermeersch@uzleuven.be

Dear editor:

Lumley et al. studied the duration, and dynamics of SARS-CoV-2 antibody responses in 452 individual healthcare workers (HCW) over a 6-month period [1]. SARS-CoV-2 IgG anti-nucleocapsid (N) antibodies started to decline within one month after first positive PCR with an estimated half-life of 85 days and an estimated 50% of HCW becoming seronegative after 7 months. Confirming these results, we recently reported that 61.1% of mild SARS-CoV-2 infected patients became seronegative within 6 months after first positive PCR [2]. Anti-spike (S) antibodies, in contrast, remained positive up to 7 months in an estimated 94% of participants. The authors were unable to determine whether the longer anti-spike response was due to slower waning or higher initial antibody levels since most results were above the upper limit of quantification of their assay [1].

We report antibody levels for anti-S and anti-N in 118 individual HCW with a previous SARS-CoV-2 infection. Participants were sampled 1-3 months (28-103 days) and 7-10 months (209-315 days) after positive PCR. Seroconversion for anti-S and anti-N typically occurs within 28 days after positive PCR [3]. Antibodies were measured on Abbott Architect with the SARS-CoV-2 IgG (anti-N) and IgG II Quant (anti-S) assays using the manufacturer's cut-offs for positivity of 1.4 S/CO and 50 AU/mL, respectively. The median age was 48 years old (range 20-62), with 88.1% women. Most participants experienced mild disease and only six participants were briefly hospitalized.

At 1-3 months, 98.3% were positive for anti-S compared to 85.6% for anti-N ( $p < 0.01$  with Fisher's exact test). At 7-10 months, 92.4% of patients were still positive for anti-S compared to only 17.8% for anti-N ( $p < 0.01$ ). To estimate the antibody half-life, we used a simple linear regression model (RStudio version 1.3.1093) correlating the  $\log_{10}$  antibody level to days after positive PCR. Only patients who tested positive for anti-N ( $n=101$ ) or anti-S ( $n=116$ ) 1-3 months after PCR were included to estimate half-life. The computed mean half-life was 76.4 days for anti-N [95% confidence interval (CI): 68.3-86.7] compared to 198.8 days for anti-S [CI: 143.6-323.0] with an estimated 50% of patients becoming seronegative for anti-N 201.2 [CI: 179.9-228.3] days after positive PCR compared to 803.2 [CI: 580.2-1305.0] days for anti-S. We also calculated the half-life by dividing the  $\log_{10}$  antibody level difference between the paired samples by the number of days between the

two samples for each patient. The results were normally distributed for anti-S and anti-N (Shapiro-Wilk test) and the estimated mean half-life was 74.8 days [CI: 70.1-80.1] for anti-N and 197.2 days [CI: 172.4-230.4] for anti-S.

Our results confirm a recent study that reported more than 90% anti-S seropositivity up to 8 months after positive PCR [4]. This could have implications on the estimated duration of the antibody response after vaccination which appears to be similar to the antibody response after infection during the first 8 weeks [5]. Of note, anti-N antibodies wane significantly slower in moderate to critical COVID-19 patients [2]. Further studies are needed to determine the dynamics of anti-S antibodies in these patients.

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## **NOTES**

### **Author contributions**

PV conceived the study. JVE, LGr, PV, conducted experiments and drafted the manuscript. LGo aided in collecting data and all authors critically reviewed the manuscript.

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### **Conflicts of interest**

The authors report no conflicts of interest.

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**Figure legend:**

**Figure 1: Longitudinal evolution of SARS-CoV-2 antibody titers against nucleocapsid (panel A) and spike (panel B) and correlation between both antibody levels 1-3 months (panel C) and 7-10 months (panel D) after positive PCR in 118 health care workers. S: spike, N: nucleocapsid, S/CO: signal-to-cut-off, AU: arbitrary units. Thick blue line represents line of best fit (red: 95% confidence interval). Dashed orange and red lines represent the manufacturer's cut-offs for positivity for anti-N (1.4 S/CO) and anti-S (50 AU/mL), respectively.**

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Figure 1

