## 180 Appendix for

# Ability of AZD1222 vaccination to elicit neutralising antibodies against SARS-CoV-2 VOC B.1.617.2 (Delta)

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## 216 Methods

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#### 218 Clinical cohort

219 Two prospective cohorts of Legacy participants were established in January 2021 220 (NCT04750356). Participants were included if they were an employee of either UCLH or the 221 Francis Crick Institute and had submitted at least one sample for RT-gPCR occupational 222 health testing for COVID-19 using the Crick testing pipeline. Participants consisted of patient-223 facing healthcare workers at UCLH, who had received at least one dose of a currently licensed 224 COVID-19 vaccine and Crick staff. Participants were sampled at approximately 3 weeks post-225 vaccination and invited for follow-up visits at approximately 6 and 12 weeks. All participants 226 were sampled at each visit with additional nasopharyngeal RT-gPCR for SARS CoV-2 (in 227 addition to their occupational health testing) to exclude concurrent active infection, blood was 228 collected for serological assays. Participants were analysed by vaccine type, vaccine dose 229 number, date since vaccine dose, and self-reported prior COVID-19 symptoms.

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## 231 Serological Analysis and Live-virus Neutralisation

- All serological analysis, including live-virus neutralisation assay, were performed exactly as previously described (**Wall, Wu et al., Lancet, 2021**)
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## 235 Data analysis, statistics

236 Study data were collected and managed using REDCap electronic data capture tools hosted at University College London<sup>8,9</sup>. Data were exported from REDCap into R for visualisation and 237 238 analysis. IC50 values above the quantitative limit of detection of the assay (>2560) were 239 recoded as 5120; IC<sub>50</sub> values below the quantitative limit of the assay (< 40) but within the 240 qualitative range were recoded as 10 and data below the qualitative range (i.e. no response 241 observed) were recoded as 5. These changes do not affect any statistical parameters 242 considered in the analysis and we do not perform analyses that consider that consider the 243 absolute value of the points - i.e. rank-based analyses are used instead: statistical 244 significance of the difference in median viral neutralisation IC<sub>50</sub> values between different 245 strains was performed using a paired Wilcoxon Ranked sum test. p-values reported have not 246 been corrected for multiple testing. Fold-changes in median NAbTs (and 95% confidence 247 intervals) between BNT162b2 and AZD1222 cohorts were determined using bootstrap 248 statistics using the 'boot' package in R, specifying vaccine type using the strata option. All 249 graphs were generated using the 'ggplot2' package. Analyses of stratified NAb responses by 250 strain, vaccine type, and COVID symptoms of participants, were carried out using the prop.test 251 function of the 'stats' package in R, and ordered logistic regression using the Irm function of the Regression Modeling Strategies (*'rms'*) package in R, using the formula IC50 -Strain\*VaccineType or IC50 -Strain\*COVIDsymptoms, and *p*-values were calculated using the Wald Chi-Square test. Analysis of variance was carried out using the *anova* function in R.

## 256 Data Sharing

All data (anonymised) and full R code to produce all figures and statistical analysis presented
 in this manuscript are freely-available online on Github: <u>https://github.com/davidlvb/Crick-</u>
 <u>UCLH-Legacy-AZ-VOCs-2021-06</u>

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### 261 Ethics

The Legacy study was approved by London Camden and Kings Cross Health Research
Authority (HRA) Research and Ethics committee (REC) IRAS number 286469 and sponsored
by University College London.

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#### 279 Contributors Statement

- Emma C Wall Investigation, Data Curation, Writing original draft. Has access to & has verified underlying data.
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- 290 Emine Hatipoglu Project administration, Conceptualization
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- 292 Saira Hussain Investigation, Resources
- 293 Karen Ambrose Supervision, Software, Methodology

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