Supplement

Table S1: Diagnostic codes

Diabetes	ICD-10 codes for diabetes with complication: E102,E103,E104,E105,E107,E112,E113,E114,E115,E117, E122,E123,E124,E125,E127,E132,E133,E134,E135,E137, E142,E143,E144,E145,E147. ICD-10 codes for diabetes without complication: E100, E101, E106, E108, E109, E110, E111, E116, E118, E119, E120, E121, E126, E128, E129, E130, E131, E136, E138, E139, E140, E141, E146, E148, E149.
Cancer	ICD-10 codes for cancer: C00 to C97
Cardiac disease	ICD-10 codes I21, I22, I252 for Myocardial Infarction Or ICD-10 codes I43, I50, I099, I110, I130, I132, I255, I420, I425, I426, I427, I428, I429, P290 for Congestive Heart Failure
Coronavirus-19 (COVID-19)	ICD-10 code for COVID-19, virus identified: U071

Table S2: STROBE Statement – checklist of items that should be included in reports of observational studies

	Item No.	STROBE items	Location in manuscript where item is reported
Title and abstract			
	1	(a) Indicate the study's design with Title and abstract 1 a commonly used term in the title or the abstract (b) Provide in the abstract an informative and balanced summary of what was done and what was found	Title Page, page 1 Abstract, page 5
Introduction			
Background/ rationale	2	Explain the scientific background and rationale for the investigation being reported	Introduction, page 6
Objectives	3	State specific objectives, including any prespecified hypotheses	Introduction, page 6
Methods			
Study design	4	Present key elements of study design early in the paper	Materials and Methods, page 7
Setting	5	Describe the setting, locations, and relevant dates, including periods of recruitment, exposure, follow-up, and data collection	Materials and Methods, page 7
Participants	6	(a) Cohort study—Give the eligibility criteria, and the sources and methods of selection of participants. Describe methods of follow-up (b) Cohort study—For matched studies, give matching criteria and number of exposed and unexposed	Materials and Methods, page 7
Variables	7	Clearly define all outcomes, exposures, predictors, potential confounders, and effect modifiers. Give diagnostic criteria, if applicable	Materials and Methods, page 8
Data sources/ measurement	8	For each variable of interest, give sources of data and details of methods of assessment (measurement). Describe comparability of	Materials and Methods, page 8

		assessment methods if there is more than one group	
Bias	9	Describe any efforts to address potential sources of bias	Materials and Methods, page 9-10
Study size	10	Explain how the study size was arrived at	Materials and Methods, page 7
Quantitative variables	11	Explain how quantitative variables were handled in the analyses. If applicable, describe which groupings were chosen and why	Materials and Methods, page 8-9
Statistical methods	12	(a) Describe all statistical methods, including those used to control for confounding (b) Describe any methods used to examine subgroups and interactions (c) Explain how missing data were addressed (d) Cohort study—If applicable, explain how loss to follow-up was addressed (e) Describe any sensitivity analyses	Materials and Methods, page 10-12
Results			
Participants	13	(a) Report numbers of individuals at each stage of study—eg numbers potentially eligible, examined for eligibility, confirmed eligible, included in the study, completing follow-up, and analysed (b) Give reasons for non-participation at each stage (c) Consider use of a flow diagram	Results, page 13
Descriptive data	14	(a) Give characteristics of study participants (eg demographic, clinical, social) and information on exposures and potential confounders (b) Indicate number of participants with missing data for each variable of interest (c) Cohort study—Summarise follow-up time (eg, average and total amount)	Results, page 13
Outcome data	15	Cohort study—Report numbers of outcome events or summary measures over time	Results, page 14-15

Main results	16	(a) Give unadjusted estimates and, if applicable, confounder-adjusted estimates and their precision (eg, 95% confidence interval). Make clear which confounders were adjusted for and why they were included (b) Report category boundaries when continuous variables were categorized (c) If relevant, consider translating estimates of relative risk into absolute risk for a meaningful time period	Results, page 14-15
Other analyses	17	Report other analyses done—eg analyses of subgroups and interactions, and sensitivity analyses	Results, page 14-15
Discussion			
Key results	18	Summarise key results with reference to study objectives	Discussion, page 15-16
Limitations	19	Discuss limitations of the study, taking into account sources of potential bias or imprecision. Discuss both direction and magnitude of any potential bias	Discussion, page 18-19
Interpretation	20	Give a cautious overall interpretation of results considering objectives, limitations, multiplicity of analyses, results from similar studies, and other relevant evidence	Discussion, page 16-18
Generalisability	21	Discuss the generalisability (external validity) of the study results	Discussion, page 18-19
Other information			
Funding	22	Give the source of funding and the role of the funders for the present study and, if applicable, for the original study on which the present article is based	Funding, page 22

Table S3: Non-COVID-19 related reasons for study exit by vaccine group in SARS-CoV-2 infection analysis

Reason for study exit	Unvaccinated	One Dose	Two Doses	Adjusted HR (95% CI)	
Patients, N	2,403	1,203	10,153	One Dose	Two Doses
Non-COVID-19 death	490 (20%)	182 (15%)	147 (1%)	0.70 (0.57 - 0.85)	0.36 (0.29 - 0.45)
Recovered kidney function	154 (6%)	45 (4%)	30 (0.3%)	0.48 (0.30 - 0.75)	0.28 (0.17 - 0.48)
Transfer out of province	11 (0.5%)	9 (1%)	7 (0.1%)		
Solid organ Transplant	108 (5%)	26 (2%)	43 (0.4%)	0.98 (0.56 - 1.71)	1.36 (0.78 - 2.36)
Withdrawal from dialysis	136 (6%)	53 (4%)	52 (1%)		

Non-COVID-19 death and withdrawal from dialysis events were aggregated to conduct the competing risk analysis for non-COVID-19 death.

Lost to follow-up and transfer out of province events were censored in the competing risk analyses due to very low proportions within group.

Table S4: Adjusted Hazard Ratios (HRs) for risk factors for SARS-CoV-2 infection including two doses of vaccine

	Estimate	HR (95% CI)	P-value
Vaccination status (Ref. Unvaccinated)			
Unvaccinated		Reference	
≥14 days post dose 1	-0.52	0.59 (0.46,0.76)	<0.001
≥7 days post dose 2	-1.18	0.31 (0.22,0.42)	<0.001
Sex			
Female		Reference	
Male	-0.13	0.88 (0.75,1.03)	0.11
Age, yr			
18-39		Reference	
40-69	0.05	1.05 (0.75,1.47)	0.77
70+	-0.24	0.78 (0.55,1.11)	0.17
Ethnicity			
Caucasian		Reference	
Asian/Oriental	0.03	1.03 (0.75,1.40)	0.86
Black	0.43	1.53 (1.18,1.98)	<0.001
Indian Sub-Continent	0.24	1.27 (0.99,1.64)	0.06
Other, Non-Caucasian	0.52	1.69 (1.36,2.08)	<0.001
Unknown/Not Given	-0.05	0.96 (0.63,1.46)	0.83
Modality			
In-home		Reference	
In-Centre hemodialysis	0.57	1.77(1.42,2.21)	<0.001
Charlson Comorbidity Index	0.06	1.07(1.03,1.11)	<0.001
Long-term care residence			
No		Reference	
Yes	0.84	2.31 (1.70,3.16)	<0.001
Vintage			
3 years or less		Reference	
>3 years	-0.24	0.79 (0.67,0.93)	<0.001
Number of tests in previous 12 months			
One or less	-0.02	0.98 (0.77,1.24)	0.87
Two	0.43	1.54 (1.28,1.86)	<0.001

Three or greater		Reference	
Economic Dependency			
1		Reference	
2	-0.10	0.90 (0.70,1.16)	0.43
3	-0.07	0.94 (0.73,1.21)	0.61
4	0.05	1.05 (0.83,1.34)	0.67
5 (highest)	0.11	1.12 (0.88,1.42)	0.38
Average Cases rate	0.06	1.06 (1.05,1.07)	<0.001