

Predictors of SARS-CoV-2 antibody levels following two COVID-19 vaccine doses: Results from the CHILD COVID-19 Add-on Study

Rilwan Azeez^{1,3}, Larisa Lotoski^{2,3}, Natalie Rodriguez^{2,3}, Geoffrey L. Winsor⁴, Fiona S.L. Brinkman⁴, Emily E. Cameron⁵, Leslie Roos^{3,5}, Elinor Simons^{2,3}, Theo J Moraes⁶, Piush J Mandhane⁸, Stuart E Turvey⁹, Shelly Bolotin¹⁰, Deborah McNeil^{11,12}, David M. Patrick^{13,14}, Jared Bullard^{2,15}, Marc-André Langlois¹⁶, Corey R. Arnold¹⁶, Yannick Galipeau¹⁶, Martin Pelchat¹⁶, Padmaja Subbarao^{6,7}, Meghan B. Azad^{1,2,3}

¹Department of Immunology, University of Manitoba, Winnipeg, MB, Canada, ²Department of Pediatrics and Child Health, University of Manitoba, Winnipeg, MB, Canada, ³Children's Hospital Research Institute of Manitoba, Winnipeg, MB, Canada, ⁴Department of Molecular Biology and Biochemistry, Simon Fraser University, Burnaby, BC, Canada, ⁵Department of Psychology, University of Manitoba, Winnipeg, MB, Canada, ⁶Division of Respiratory Medicine, Department of Pediatrics and Program in Translational Medicine, SickKids Research Institute, The Hospital for Sick Children, ON, Canada, ⁷Department of Medicine, Faculty of Health Sciences, McMaster University, Hamilton, ON, Canada, ⁸Department of Pediatrics, University of Alberta, Edmonton, AB, Canada, ⁹Department of Pediatrics, University of British Columbia, Vancouver, BC, Canada, ¹⁰Centre for Vaccine Preventable Diseases, University of Toronto; Dalla Lana School of Public Health, University of Toronto; Department of Laboratory Medicine and Pathobiology, University of Toronto; Public Health Ontario, ¹¹Department of Community Health Sciences, Cumming School of Medicine, University of Calgary, Calgary, AB, Canada, ¹²Strategic Clinical Networks, Alberta Health Services, Calgary, AB, Canada, ¹³School of Population and Public Health, University of British Columbia, Vancouver, BC, Canada, ¹⁴British Columbia Centre for Disease Control, Vancouver, BC, Canada, ¹⁵Cadham Provincial Laboratory, Manitoba Health, Winnipeg, MB, Canada, ¹⁶Department of Biochemistry, Microbiology and Immunology, University of Ottawa, Ottawa, ON, Canada.

BACKGROUND

- COVID-19 vaccine-induced immune antibody responses vary among individuals and wane over time¹.
- The **variation** and **timing** of this immune response is **not fully understood**, particularly in children.

OBJECTIVE

To identify health and sociodemographic factors associated with vaccine-induced SARS-CoV-2 antibody levels among Canadian families after two COVID-19 vaccine doses.

METHODS

We studied a subset of **children (n=172; mean age: 12.5±1.5 years)** and **adults (n=1159, 43.7±5.9 years)** vaccinated with **two doses** of the COVID-19 vaccine recruited from the **CHILD Cohort Study**.

The CHILD Study: A general population birth cohort of 3455 families recruited from 2008-12 across four Canadian sites. The CHILD COVID-19 Add-On Study (Jan 2020 - Mar 2021) is embedded in the CHILD Study and was designed to understand the impact of the COVID-19 pandemic on Canadian families www.childstudy.ca



RESULTS

Fig. 1 Age and biological sex of participants (n= 1331)

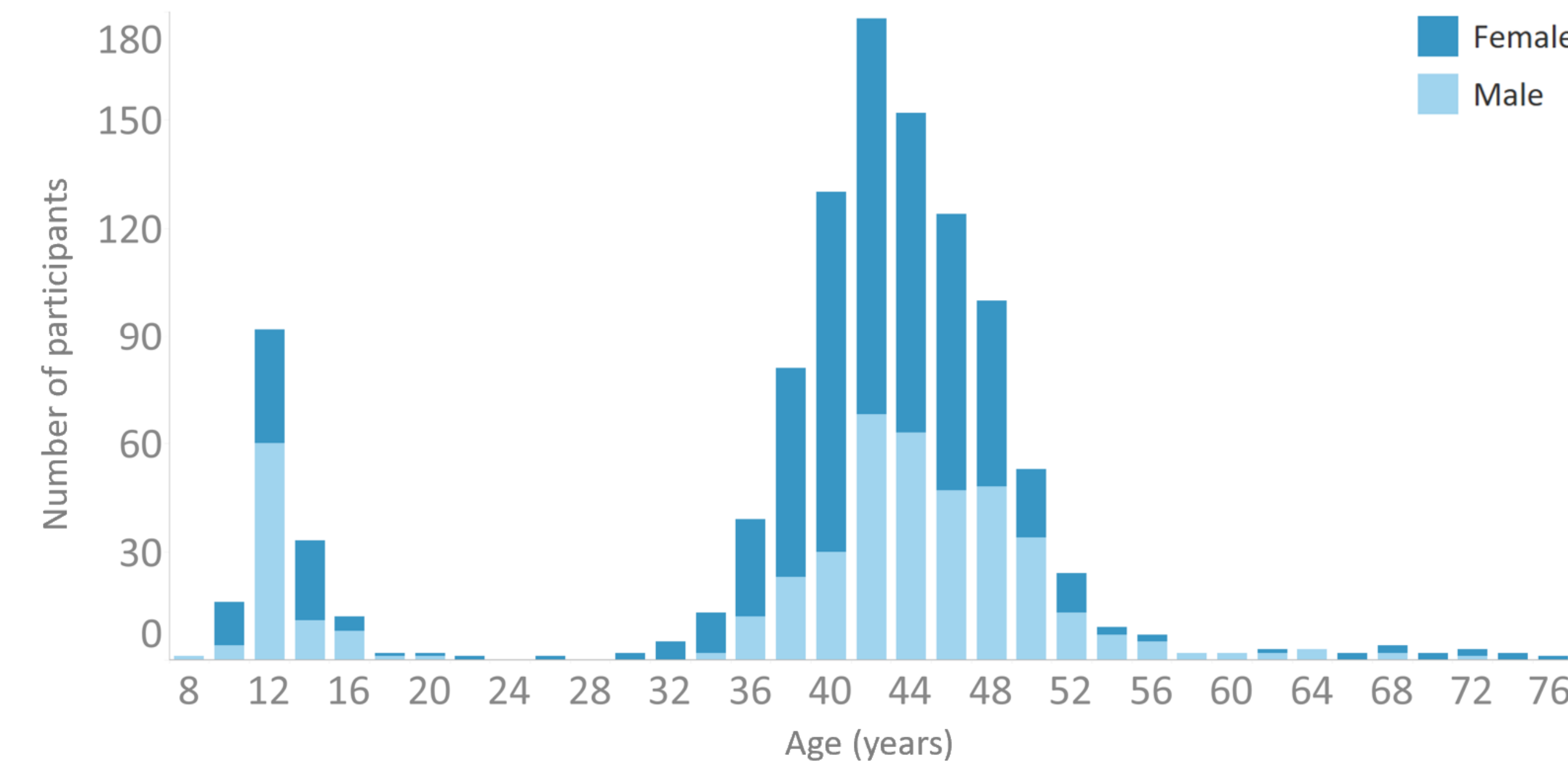


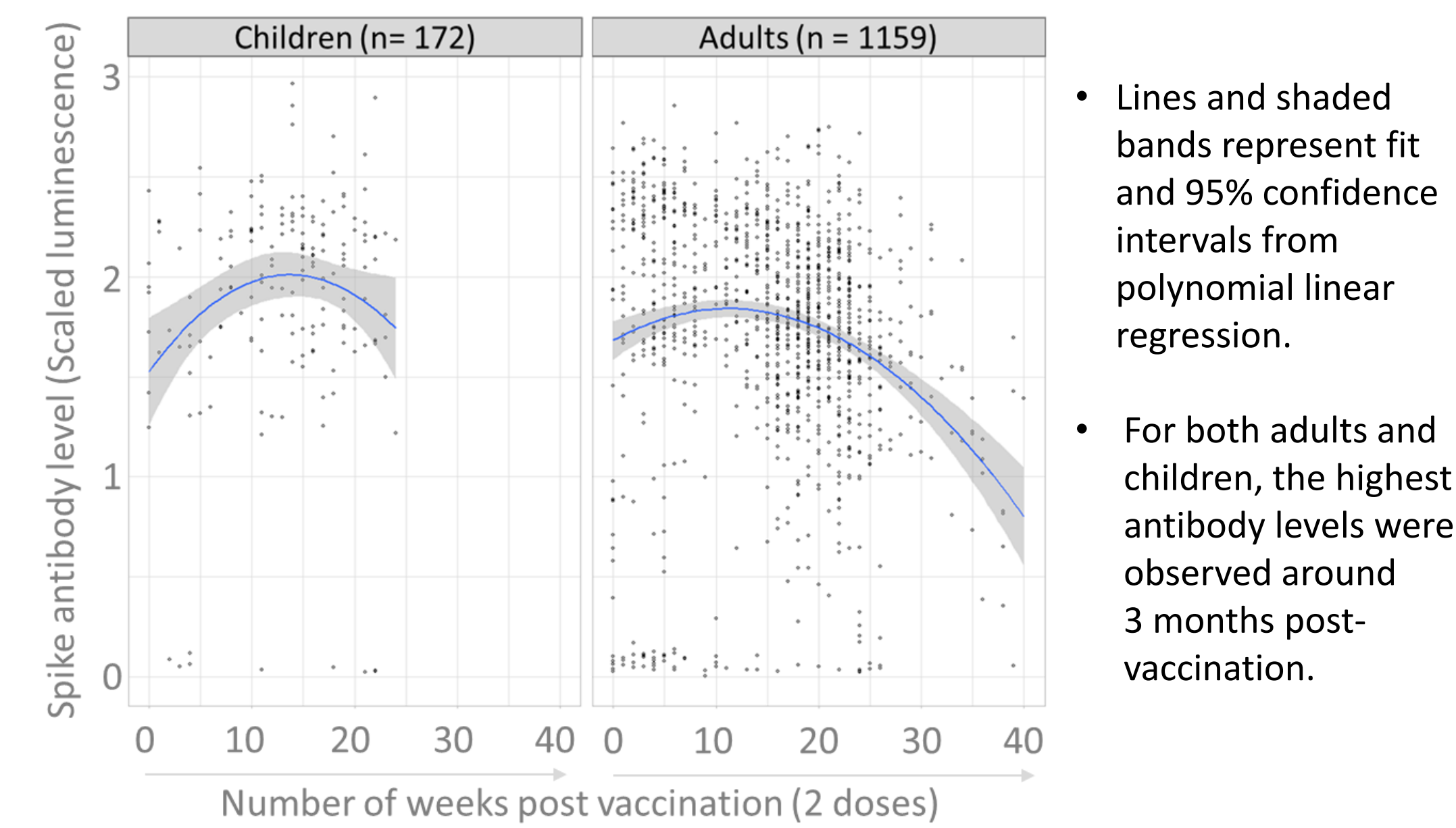
Fig. 3 Multivariable linear regression: predictors of SARS-CoV-2 antibody levels following two COVID-19 vaccine doses (n= 1329)

Predictors	n (%)	β - Estimates	95% CI
Vaccine type			
Mixed mRNA-viral vector vaccine	327 (25)	0.00	[reference]
AstraZeneca-Oxford vaccine	37 (3)	-0.54	(-0.73, -0.35)***
Mixed mRNA vaccine	92 (7)	0.12	(-0.01, 0.25)
Moderna mRNA vaccine	131 (10)	0.17	(0.06, 0.29)**
Pfizer-BioNTech vaccine	725 (55)	0.07	(-0.01, 0.15)
SARS-CoV-2 infection status			
No previous infection	1143 (86)	0.00	[reference]
Previous SARS-CoV-2 infection	186 (14)	0.20	(0.11, 0.29)***
Comorbidities			
No immunosuppressive comorbidities	1159 (87)	0.00	[reference]
Underlying immunosuppressive comorbidities	170 (13)	-0.08	(-0.18, 0.02)
Age-group			
Adults	1159 (87)	0.00	[reference]
Children	172 (13)	0.11	(0.01, 0.21)*
Biological sex			
Female	786 (59)	0.00	[reference]
Male	543 (41)	0.01	(-0.05, 0.08)
Interval between vaccine doses			
9 - 16 weeks	710 (55)	0.00	[reference]
3 - 8 weeks	581 (45)	0.02	(-0.05, 0.09)
Elapsed time post-vaccination			
0 - 1 months	168 (13)	0.00	[reference]
2 - 3 months	270 (20)	0.18	(0.07, 0.30)**
4 - 6 months	807 (61)	0.07	(-0.03, 0.17)
> 6 months	83 (6)	-0.28	(-0.44, -0.12)**

*Immunosuppressive comorbidities include current diagnosis of cancer, diabetes, pneumonia and severe obesity.

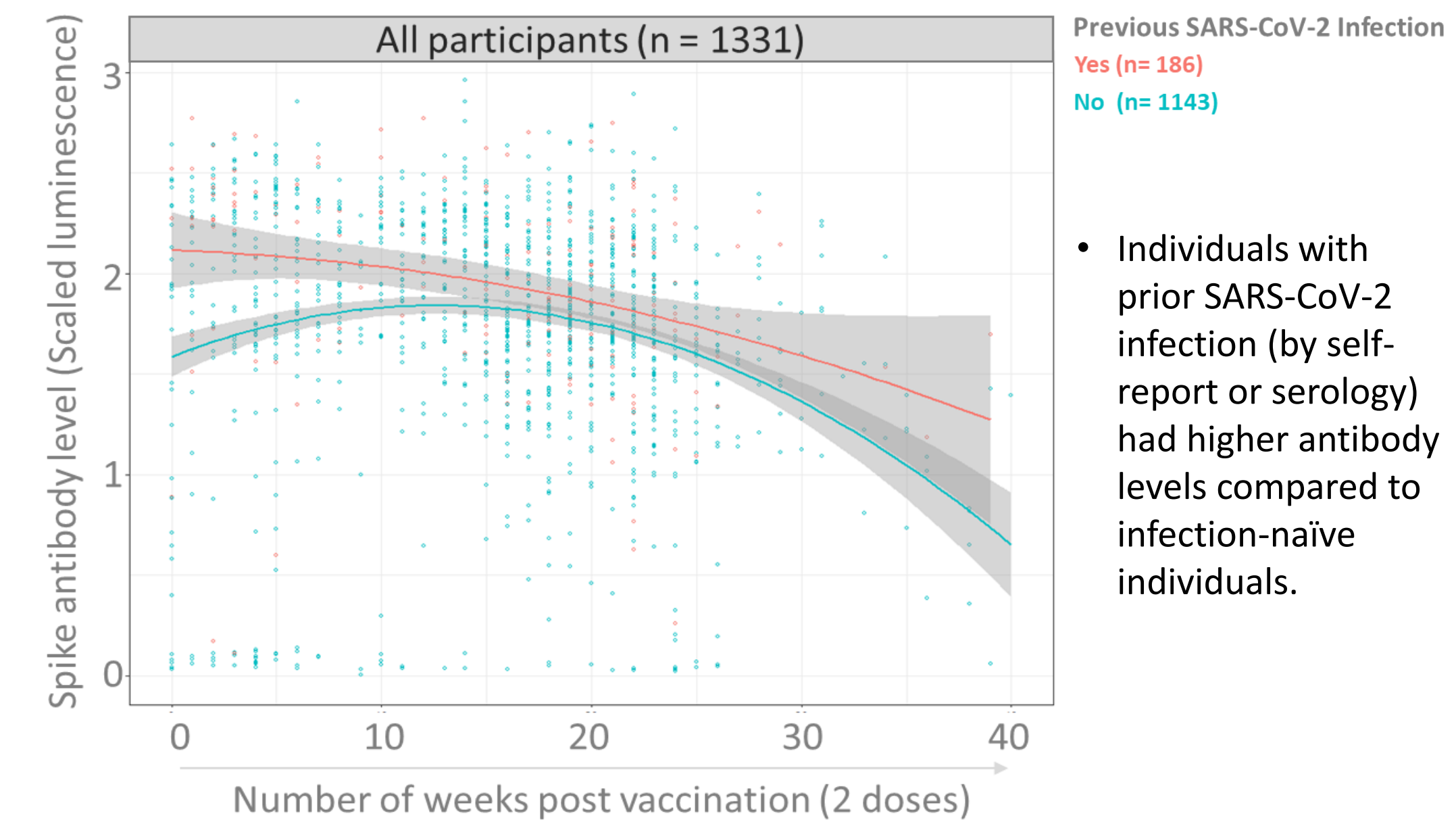
← Lower SARS-CoV-2 antibodies Higher SARS-CoV-2 antibodies →

Fig. 2 Antibody levels after two COVID-19 vaccine doses



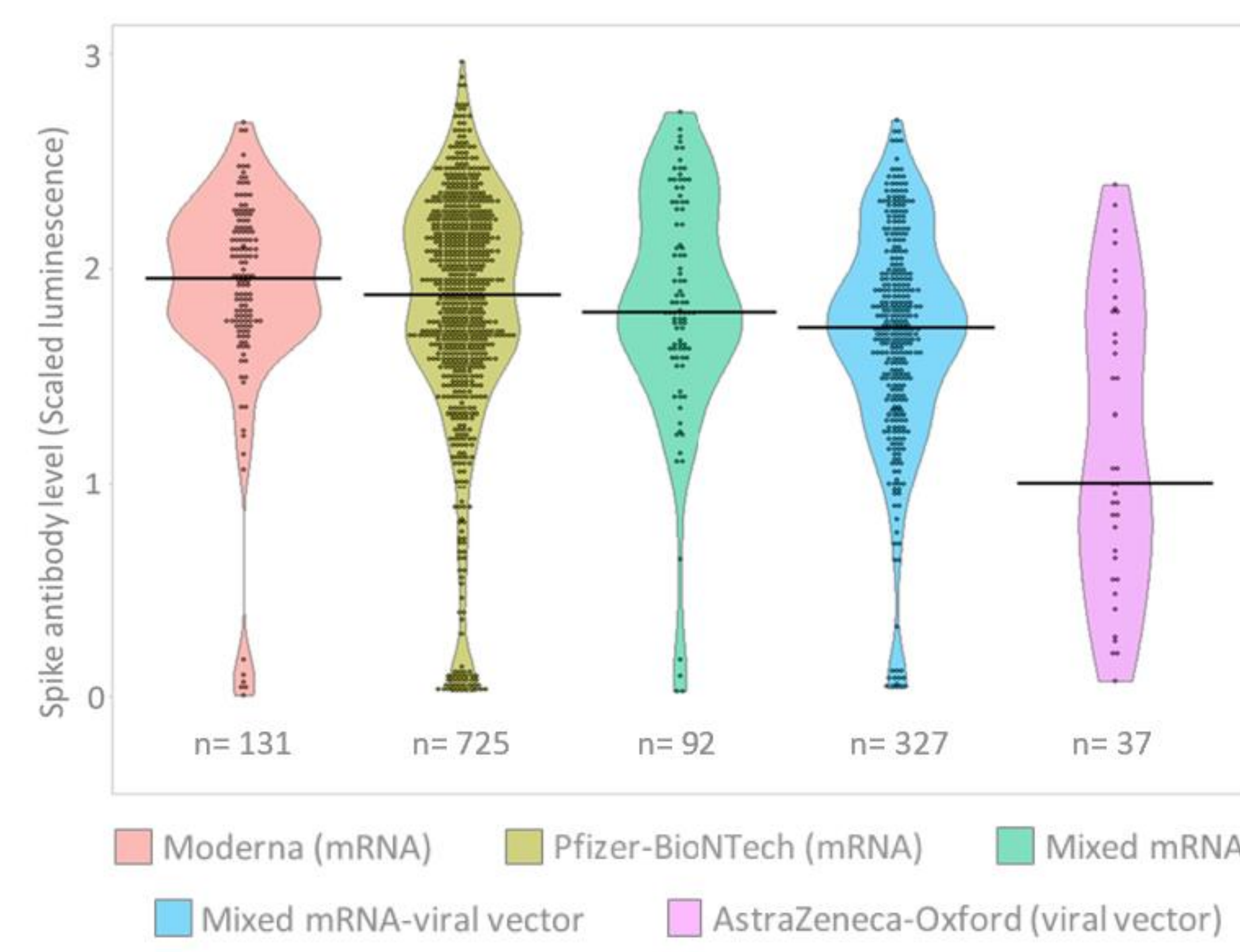
- Lines and shaded bands represent fit and 95% confidence intervals from polynomial linear regression.
- For both adults and children, the highest antibody levels were observed around 3 months post-vaccination.

Fig. 4 Antibody levels after two COVID-19 vaccine doses in infected & infection-naïve participants



- Individuals with prior SARS-CoV-2 infection (by self-report or serology) had higher antibody levels compared to infection-naïve individuals.

Fig. 5 Antibody levels by COVID-19 vaccine received (n= 1331)



KEY FINDINGS

- Multiple factors** contribute to the **heterogeneity** of COVID-19 vaccine-induced **antibody response**.
- SARS-CoV-2 anti-spike IgG antibodies are **highest approximately 3 months post-vaccination** in both adults and children (cross-sectional data). Fig. 2
- In a multivariate model Fig. 3 :
 - HIGHER antibody levels** were associated with: **previous SARS-CoV-2 infection** Fig. 4 ($\beta=0.20$), **age <18 years** ($\beta=0.11$), and receiving the **Moderna vaccine** for both doses (vs. a combination of Moderna or Pfizer or AstraZeneca vaccines; $\beta=0.17$).
 - LOWER antibody levels** were associated with: receiving the **AstraZeneca vaccine** Fig. 5 for both doses ($\beta= -0.20$;) and being **>6 months post-vaccination** (vs <1 month; $\beta= -0.28$).

CONCLUSION

Antibody levels following two doses of COVID-19 vaccination are associated with age, previous SARS-CoV-2 infection, vaccine type, and time since vaccination.

RELEVANCE & NEXT STEPS

This study uniquely offers the opportunity to study COVID-19 vaccine-induced antibody immune response in an established, deeply-phenotyped general population longitudinal cohort.

Next steps will include investigating:

- Other potential correlates of vaccine responses
- Whether predictors differ among children vs. adults
- The role of pre-existing health conditions

ACKNOWLEDGEMENTS: We sincerely thank the CHILD Cohort Study families and research team.

