Association Between Low Anti-spike Antibody Levels After the Third Dose of SARS-CoV-2 Vaccination and Hospitalization due to Symptomatic Breakthrough Infection in Kidney Transplant Recipients

Ahram Han, M.D.¹, Sangil Min, M.D., Ph.D.¹, Eun-Ah Jo, M.D.¹, Hajeong Lee, M.D., Ph.D.², Yong Chul Kim, M.D., Ph.D.², Seung Seok Han, M.D., Ph.D.², Hee Gyung Kang, M.D., Ph.D.³, Yo Han Ahn, M.D., Ph.D.³, Inseong Oh, M.D.⁴, Eun Young Song, M.D., Ph.D.⁴, and Jongwon Ha, M.D., Ph.D.^{1,5}

¹Department of Surgery, Seoul National University College of Medicine, Seoul, Korea; ²Department of Internal Medicine, Seoul National University College of Medicine, Seoul, Korea; ³Department of Pediatrics, Seoul National University College of Medicine, Seoul, Korea; ⁴Department of Laboratory Medicine, Seoul National University College of Medicine, Seoul, Korea; ⁵Transplantation Research Institute, Seoul National University College of Medicine, Seoul, Korea

Supplemental Data Table S1. Factors associated with a negative antibody response after booster mRNA vaccination in a multivariable logistic model

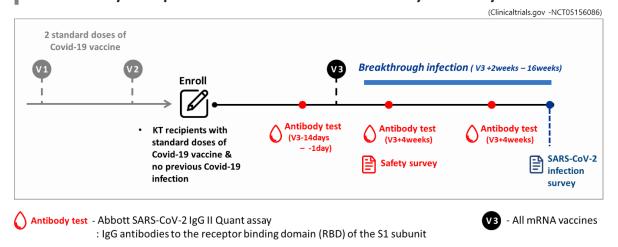
Baseline characteristics	Model 1*			Model 2 [†]		
	HR	95%CI	P	HR	95%CI	P
Age	0.95	0.91, 1.00	0.04			
Male sex	0.22	0.06, 0.80	0.02			
Body mass index, kg/m ²				0.90	0.81, 1.01	0.07
Time since transplantation, yrs	0.89	0.80, 0.98	0.02	0.91	0.85, 0.98	0.01
Antimetabolite use						
None	Ref			Ref		
Mizoribine	0	0, NA	> 0.9	0	0, NA	> 0.9
MPA or MMF ≤ 500 mg/day	2.30	0.24, 21.87	0.47	5.98	1.06, 33.76	0.04
MPA or MMF > 500 mg/day	8.12	0.94, 69.83	0.06	19.01	3.49, 103.46	< 0.01
Hb				0.70	0.54, 0.91	0.01
MDRD eGFR	0.95	0.92, 0.99	0.01	0.96	0.93, 0.98	< 0.01
Tacrolimus trough level	1.10	1.00, 1.23	0.06	1.16	1.01, 1.33	0.03
Type of primary vaccination						
mRNA/mRNA vaccine				Ref		
ChAdOX1-S/ChAdOX1-S				3.34	1.38, 8.06	0.01
ChAdOX1-S/BNT162b2				1.10	0.45, 2.68	0.84
Pre-third dose anti-RBD IgG	158.56	58.12, 659.59	< 0.01			
seronegativity	136.30	30.12, 039.39	\ U.U1			

^{*}Multivariable logistic regression model 1 included sex, age, and factors with $P \leq 0.2$ in univariate tests (i.e., body mass index, time since transplantation, three or more types of immunosuppression medication, antimetabolite use, Hb, MDRD eGFR, tacrolimus trough level, and pre-third dose anti-RBD IgG seronegativity).

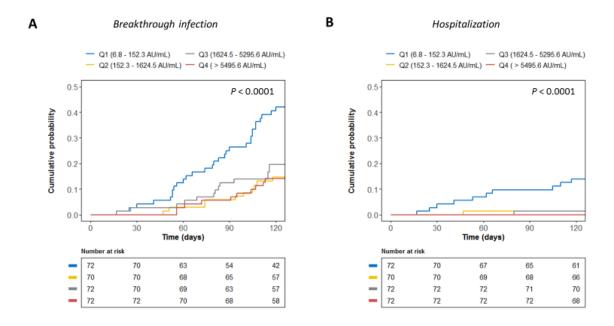
[†]Model 2 included the type of primary vaccination instead of pre-third dose anti-RBD IgG seronegativity because these two variables showed collinearity.

Abbreviations: NA, not available; MDRD, modification of diet in renal disease; MPA, mycophenolic acid; MMF, mycophenolate mofetil; eGFR, estimated glomerular filtration rate; RBD, receptor-binding domain; Ref, reference

CoVaKT Study: Prospective trial of booster vaccine efficacy and safety in RTRs



Supplemental Data Figure S1. Scheme of the study.



Supplemental Data Figure S2. Cumulative risk of symptomatic breakthrough infection or hospitalization in the four subgroups according to post-third vaccination anti-RBD IgG level quartiles. When the patients were grouped into four groups according to the quartile values of anti-spike IgG levels after the third vaccination (Q1, 6.8 - 152.3; Q2, 152.3 - 1,624.5; Q3, 1,624.5 - 5,495.6; Q4, > 5,495.6 AU/mL), the risk of symptomatic breakthrough infection did not differ among the Q2, Q3, and Q4 groups (P < 0.0001). When the patients were grouped into four groups according to the quartile values of anti-spike IgG levels after the third vaccination (Q1, 6.8 - 152.3; Q2, 152.3 - 1,624.5; Q3, 1,624.5 - 5,495.6; Q4, > 5,495.6 AU/mL), the risk of symptomatic breakthrough infection requiring hospitalization did not differ among the Q2, Q3, and Q4 groups (P < 0.0001).

Abbreviation: RBD, receptor-binding domain.