

Vaccine effect on household transmission of omicron and delta SARS-CoV-2 variants

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Introduction

We evaluated the household secondary attack rate (SAR) of the omicron and delta SARS-CoV-2 variants, according to the vaccination status of the index case and household contacts; further, in vaccinated index cases, we evaluated the effect of the antibody levels on household transmission.

Methods

A prospective cross-sectional study of 92 index cases and 197 quarantined household contacts was performed. Tests for SARS-CoV-2 variant type and antibody level were conducted in index cases, and results of PCR tests (during the quarantine period) were collected from contacts. Association of antibody levels in vaccinated index cases and SAR was evaluated by multivariate regression analysis.

Results

SAR was higher in households exposed to omicron variant than those exposed to delta variant. SAR was 35% and 23% for unvaccinated and vaccinated delta variant exposed contacts, respectively. SAR was 44% and 41% for unvaccinated and vaccinated omicron exposed contacts, respectively. Booster dose immunisation of contacts or vaccination of index cases reduced SAR of vaccinated omicron variant exposed contacts. In a model with adjustment, anti-receptor binding domain antibody levels in vaccinated index cases were inversely correlated with household transmission of both delta and omicron variants. Neutralising antibody levels had a similar relationship.

Conclusions

Our data suggest that immunisation of household members may help to mitigate the current pandemic.

Table and figure

Table 1. The secondary attack rate among household contacts of index cases with delta and omicron variant infections according to vaccination status of contacts

	Household exposed to delta variant			Househo	Household exposed to omicron variant			
	Total	PCR (+)	SAR (95% CI)	Total	PCR (+)	SAR (95% CI)	P value	
All contacts	77	21	0.27 (0.18–0.39)	120	50	0.42 (0.33–0.51)	*0.04	
Unvaccinated contacts	29	10	0.35 (0.18–0.54)	34	15	0.44 (0.27–0.62)	0.436	
Vaccinated contacts	48	11	0.23 (0.12–0.37)	86	35	0.41 (0.3–0.52)	*0.038	
Booster-vaccinated contacts	10	3	0.3 (0.07–0.65)	30	9	0.3 (0.15–0.49)	>.999a	

SAR, secondary attack rate; CI, confidence interval

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Table 2. The secondary attack rate according to vaccination status of household contacts linked to that of index cases

		Toto	1	Household exposed to			Household exposed to			
		Total			delta variant			omicron variant		
	m . 1	PCR (+)	SAR	 1	DCD ()	SAR Total (95% CI)	m . 1	DCD ()	SAR	
	Total		(95% CI)	Total	PCR (+)		PCR (+)	(95% CI)		
Unvaccinated index cases-	22	14	0.44	24	10	0.42	8	4	0.5	
unvaccinated contacts	32		(0.26–0.62)			(0.22–0.63)			(0.16–0.84)	
Unvaccinated index cases-	20	13	0.46	16	5	0.31	12	8	0.67	
vaccinated contacts	28		(0.28–0.66)			(0.11–0.59)			(0.35–0.9)	
Vaccinated index cases-	21	11	0.36	5	0	NA 26	11	0.42		
unvaccinated contacts	31		(0.19–0.55)					(0.23–0.63)		
Vaccinated index cases-	106	33	0.31	32	6	0.19	74	27	0.37	
vaccinated contacts	106		(0.28-0.66)			(0.07–0.36)			(0.26–0.49)	

Fig. 1. Study flow chart

A 0.8

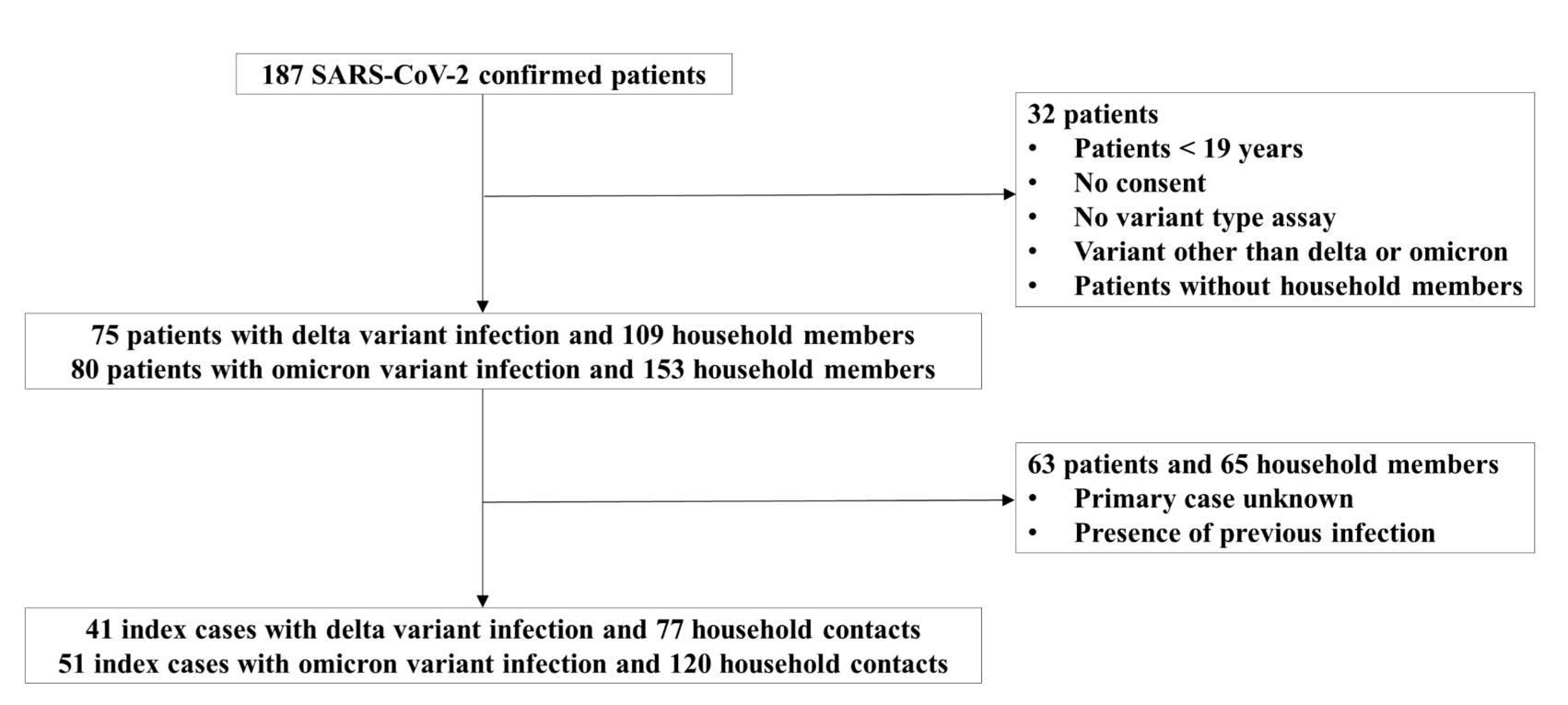


Fig. 2. The link between index cases and household contacts based on their vaccination status

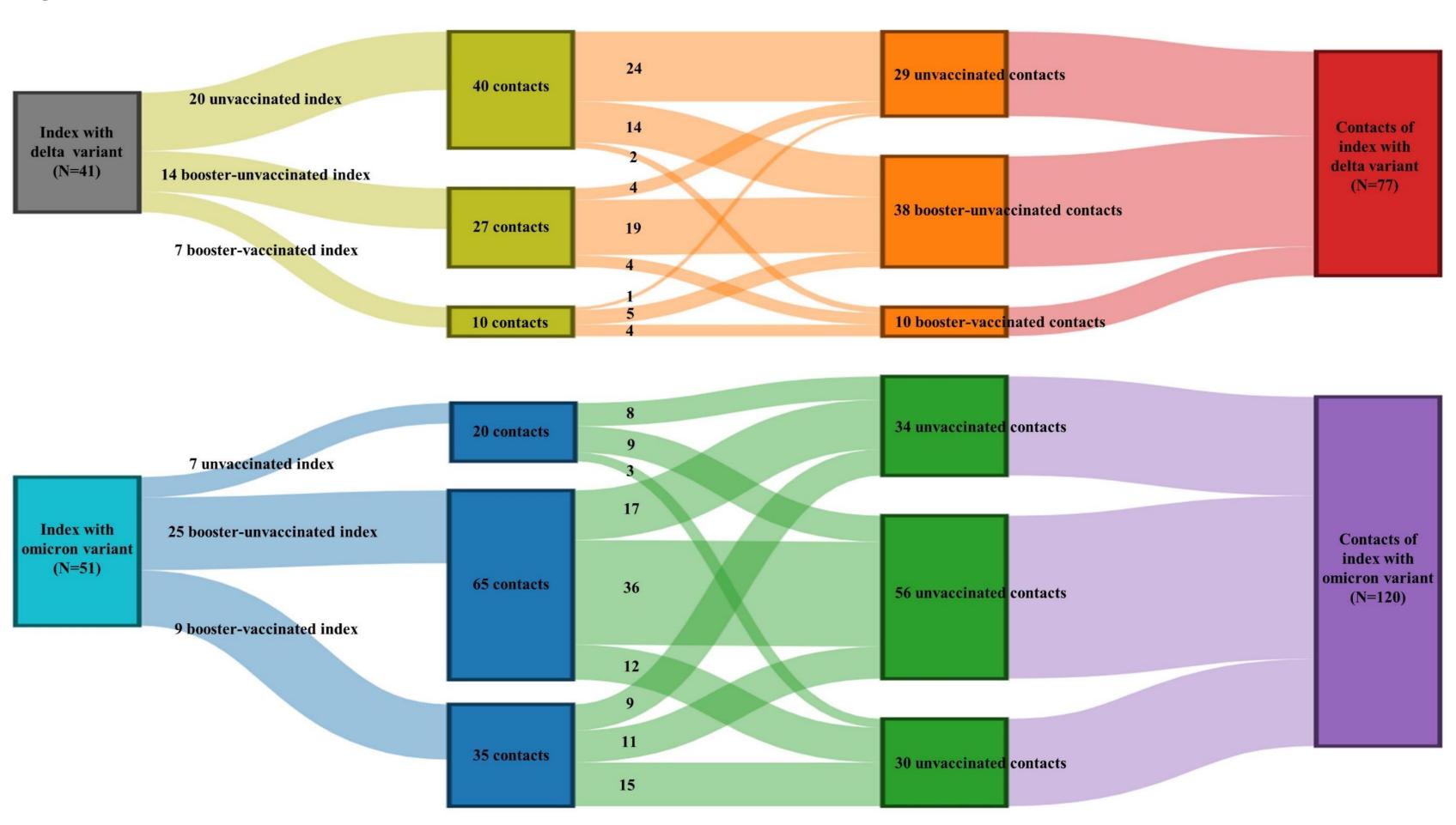
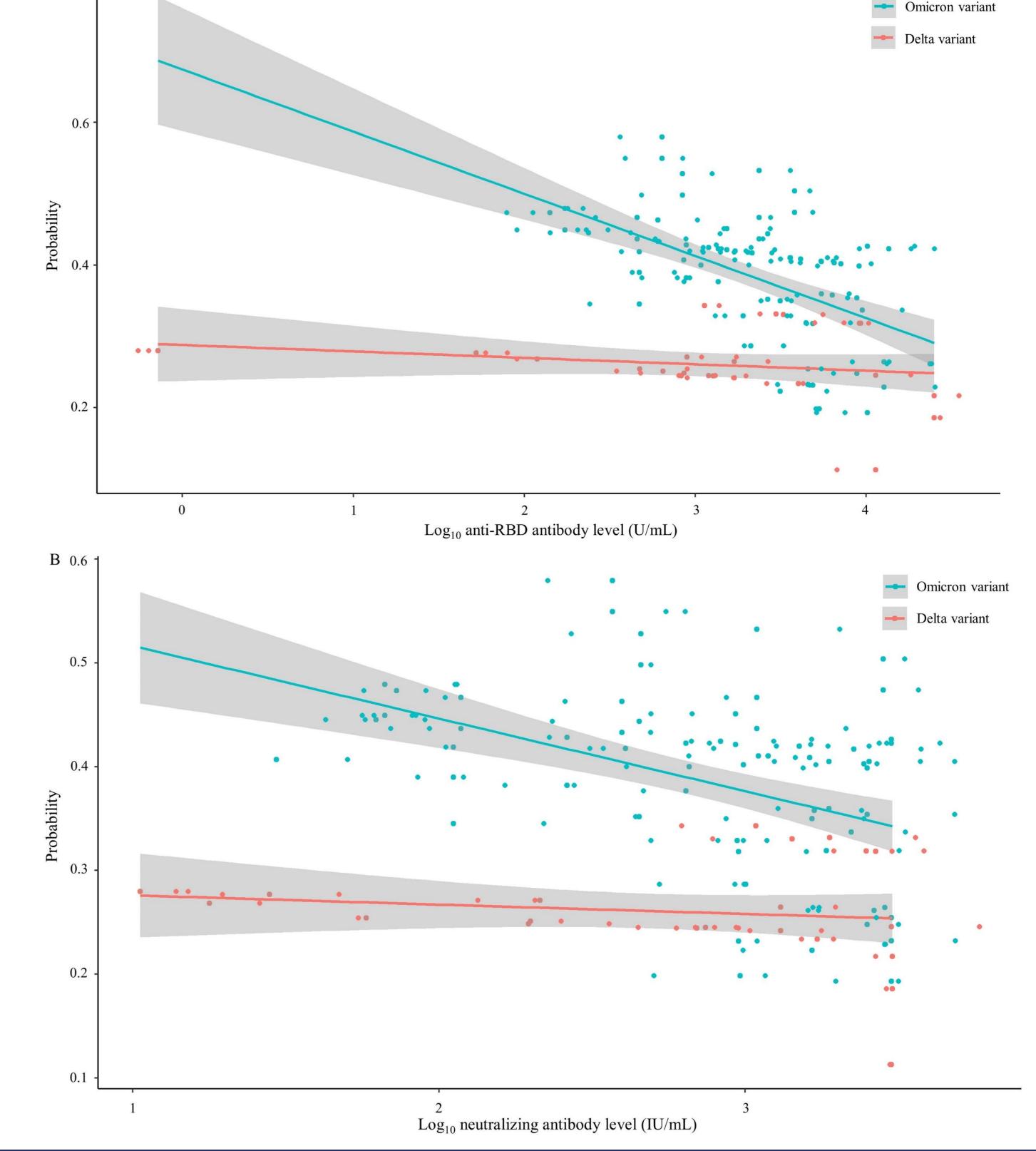


Fig. 3. The association of antibody levels in vaccinated index cases and household transmission. In a model with adjustment for factors that could affect the household transmission, the estimated probabilities of SARS-CoV-2 infection among 132 contacts according to the level of anti-RBD antibodies (A) and neutralising antibodies (B) of 62 index cases. Serum samples for antibody tests were collected within 7 days of symptom onset or diagnosis, whichever was earlier, in vaccinated index cases. Shaded areas indicate 95% confidence intervals.



^aP value was calculated using the Fisher's Exact Test.