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Introduction

Previous studies have demonstrated the waning of vaccine effectiveness against COVID-19 and immune responses after two-dose vaccination [1-2]. Also, vaccine effectiveness against hospitalization decreased from 91% to 78% after 4 months, even after a booster vaccination [3], and this waning vaccine effectiveness is correlated with waning antibody levels [4]. However, it is not known whether waning depends on the type of COVID-19 vaccine. We thus conducted a prospective cohort study examining waning antibody levels after two-dose and booster COVID-19 vaccination comparing homologous BNT162b2 (Pfizer–BioNTech) booster, homologous mRNA-1273 (Moderna) booster, and heterologous two-dose ChAdOx1 nCoV-19 (AstraZeneca) followed by BNT162b2 booster.

Methods

<u>1. Study participants</u>

Healthcare workers (HCWs) who received the COVID-19 vaccine and agreed to peripheral blood sampling were enrolled in this study from March to October 2021 in Asan Medical Center, a tertiary care hospital in Seoul, South Korea. Booster vaccination was given 6 months after the two-dose ChAdOx1 and BNT162b2 vaccines, but 4 months after mRNA-1273. All HCWs given two-dose ChAdOx1 received a subsequent booster vaccination with BNT162b2 because of the TTS issue.

2. Measurement of immune responses and statistical analysis

Blood sampling was scheduled 2 weeks and 3 months after the second dose and booster vaccinations, respectively. SARS-CoV-2 S1-specific IgG antibody titers were measured using an in-house developed enzyme-linked immunosorbent assay (ELISA) standardized with reference pooled sera from the International Vaccine Institute (Seoul, South Korea). S1-specific IgG antibody titers are presented in International Units per milliliter (IU/ml), as described in our previous study [5].

A linear mixed model was used to compare the slopes of lines drawn between peak antibody titers 2 weeks after vaccination and the lowest antibody titers 3 months after vaccination. Log transformation of the response variable was performed to confirm the normality assumption. We also performed age-based stratification.

Waning of humoral immunity depending on the types of COVID-19 vaccine

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Results

Figure 1. Estimated slopes (red lines) of waning antibody responses with BNT162b2, ChAdOx1, and mRNA

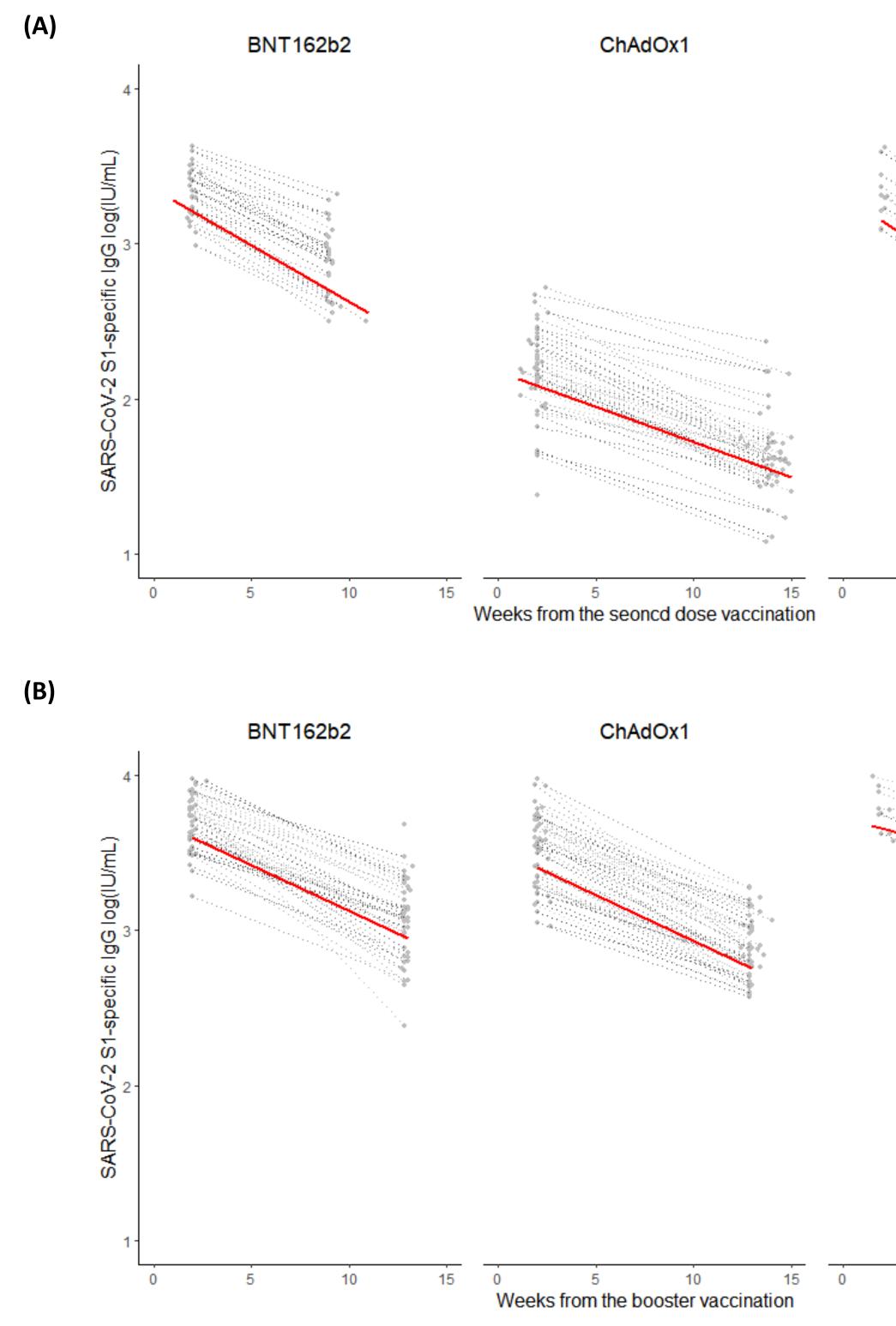


	Table 1. Baseline ch
A-1273. A. two-dose vaccination. B. Booster vaccination.	
mRNA-1273	Sex
	Female
	Male
	Age,
	median years (IQF
	Age range
	<40
	40-60
	>60
5 10 15	The interval betw the second and the dose
mRNA-1273	
	Two-dose homol
	vaccination appea
	homologous mRN
	dose ChAdOx1 fo
5 10 1 5	 Chemaitelly H, Tan Qatar. N Engl J Med 202 Levin EG, Lustig Y, N Engl J Med 2021; 385(Ferdinands JM, Ra Associated Emergency D Delta and Omicron Varia Wkly Rep 2022; 71(7): 2 Khoury DS, Crome symptomatic SARS-CoV- Kim JY, Lim SY, Parl
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characteristics of the study participants				
	BNT162b2 (n = 48)	ChAdOx1 nCoV-19 (n = 52)	mRNA-1273 (n = 13)	p value
				0.277
	32 (67)	41 (79)	8 (62)	
	16 (33)	11 (21)	5 (39)	
(R)	29.0 (26, 35)	36.0 (30, 43)	26.0 (25 <i>,</i> 28)	<0.001
				<0.001
	42 (87.5)	32 (61.5)	12 (92.3)	
	6 (12.5)	20 (38.5)	0 (0.0)	
	0 (0.0)	0 (0.0)	1 (7.7)	
ween				
third	197 (196, 201)	175 (169, 182)	134 (127, 135)	<0.001

Conclusion

logous ChAdOx1 vaccination or homologous three-dose mRNA-1273

ars to induce more-durable antibody responses than two-dose

NA vaccination, homologous three-dose BNT162b2 vaccination, or 2-

ollowed by BNT162b2 boosting.

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