

1 **Third-dose BNT162b2 vaccination elicits markedly high-level SARS-CoV-2-neutralizing**  
2 **antibodies in vaccinees who poorly responded to second dose in Japan**

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4 Masayuki Amano<sup>1</sup>, M.D., Ph.D., Kenji Maeda<sup>2</sup>, M.D., Ph.D., Kiyoto Tsuchiya<sup>3</sup>, Ph.D., Shinya Shimada<sup>4</sup>,  
5 M.D., Ph.D., Hiroaki Mitsuya<sup>2\*</sup>, M.D., Ph.D.

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7 <sup>1</sup>Department of Hematology, Rheumatology, and Infectious Diseases, Kumamoto University  
8 Hospital, Kumamoto, 860-8556, Japan; <sup>2</sup>Department of Refractory Viral Infections, National Center for  
9 Global Health and Medicine (NCGM) Research Institute, Tokyo, 162-8655, Japan; <sup>3</sup>AIDS Clinical  
10 Center, NCGM, Tokyo, 162-8655, Japan; <sup>4</sup>JCHO Kumamoto General Hospital, Kumamoto, 866-8660,  
11 Japan.

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13 \*Corresponding Author: Hiroaki Mitsuya ([hmitsuya@hosp.ncgm.go.jp](mailto:hmitsuya@hosp.ncgm.go.jp)).

14 National Center for Global Health and Medicine Research Institute,  
15 1-21-1 Toyama, Shinjuku, Tokyo 162-8655, Japan.

16 Tel: +81-3-3202-7181

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1 To the Editor - We read with great interest the article by Saciuk *et al.* demonstrating that, in a  
2 retrospective cohort study in Israel, an additional dose of BNT162b2 vaccine 6 months after initial 2-dose  
3 vaccination bolsters protection against infection, with a vaccine effectiveness of 89% as assessed during  
4 August-October 2021, when the majority of infection was due to the Delta variant [1]. Recent SARS-  
5 CoV-2 studies using pseudovirus have shown that 3<sup>rd</sup>-dose of BNT162b2 well elicits neutralizing  
6 antibodies against VOCs (variants of concern) including the Omicron (B.1.1.529, BA.1) [2-4]. However,  
7 Cheng *et al.* very recently reported a single source outbreak of Omicron BA.2 sublineage in Hong Kong,  
8 which indicates high transmissibility of the Omicron/BA.2 [5], which poses further concerns on the  
9 efficacy of anti-SARS-CoV-2 vaccines.

10 In the present prospective study enrolling 225 health care workers (see demographic  
11 characteristics in **Supplementary Table 1**), who received 3-doses of BNT162b2 in Japan, we  
12 consecutively determined SARS-CoV-2 neutralizing activity (NT<sub>50</sub>) of their sera using VeroE6<sup>TMPRSS2</sup>  
13 cells over 300 days following the 1<sup>st</sup>-dose and its kinetics/profiles, which is the continuation of our  
14 previous study [6]. We also determined NT<sub>50</sub>s of selected sera using VeroE6<sup>TMPRSS2</sup> and HeLa<sup>hACE2-TMPRSS2</sup>  
15 cells against infectious variants of concern VOCs including Delta and Omicrons (BA.1 and BA.2), whose  
16 emergence has been associated with a steep increase in COVID-19 cases and hospitalizations  
17 (experimental details are provided in the Methods section of Supplementary materials).

18 There was significant neutralizing activity on day-28 post-1<sup>st</sup> dose (NT<sub>50</sub>=501 at one-week post-  
19 2<sup>nd</sup> dose), while there was a continual decrease until day-280. NT<sub>50</sub> values further decreased to 51 by day-  
20 280 when ~85% of the participants had NT<sub>50</sub> values of <100 and ~36% had less than 20 NT<sub>50</sub> or  
21 undetectable (**Supplementary Figure 1**). However, 2 weeks after 3<sup>rd</sup>-dose administration (205  
22 participants [91.1%] had remained in the cohort on day-300), there was a substantial rise in neutralizing  
23 activity, achieving an average NT<sub>50</sub> of 3,531. There was a concern that individuals who poorly responded  
24 to 2<sup>nd</sup>-dose might again fail to produce sufficient neutralizing antibodies. Therefore, we specifically  
25 determined neutralization activity in vaccinees, who had achieved the bottom 10% levels of neutralization  
26 following the 2<sup>nd</sup>-dose (n=22, average-NT<sub>50</sub>=110 on day-28; an inset of **Supplementary Figure 1**).

1 Notably, by day-300, all those low responders achieved markedly greater levels of neutralizing activity  
2 with the average-NT<sub>50</sub> of 2,341 (**Table 1**, range 482-9,113 in VeroE6<sup>TM<sub>PRSS2</sub></sup>). In HeLa<sup>hACE2+TM<sub>PRSS2</sub></sup> cells,  
3 sera from those low responders substantially neutralized SARS-CoV-2<sup>05-2N</sup>, Alpha, Beta, Gamma, and  
4 Delta (geometric mean [gMean]-NT<sub>50</sub>=1,777, 1,350, 480, 1,015, and 959, respectively), but had only  
5 marginal activity against Omicron/BA.1 with gMean-NT<sub>50</sub> being 52 (range ≤ 20-197; **Table 1**). The same  
6 sera had similar neutralization profiles in VeroE6<sup>TM<sub>PRSS2</sub></sup> cells. On the other hand, sera from participants  
7 who achieved the top10% level neutralization on day-300 (n=22, average-NT<sub>50</sub>=10,885 in VeroE6<sup>TM<sub>PRSS2</sub></sup>)  
8 had high neutralizing activity against SARS-CoV-2<sup>05-2N</sup>, Alpha, Beta, Gamma, and Delta (gMean-  
9 NT<sub>50</sub>=9,774, 4,906, 2,279, 3,271 and 3,377, respectively) in HeLa<sup>hACE2+TM<sub>PRSS2</sub></sup> cells and good neutralizing  
10 activity against Omicron/BA.1 (gMean-NT<sub>50</sub>=500, range 171-979). Notably, all day-280 sera of the top-  
11 10% participants had failed to neutralize both Omicron/BA.1 and BA.2 (**Supplementary Figure 2**, NT<sub>50</sub>  
12 values were ≤20); however, those participants' sera on day-300 also well neutralized Omicron/BA.2  
13 (**Table 1**, gMean-NT<sub>50</sub>=702, range 262-1,653).

14 The present data clearly show that 3<sup>rd</sup>-dose BNT162b2 elicits high-level SARS-CoV-2-  
15 neutralizing antibodies even in those who poorly responded to the 2<sup>nd</sup>-dose although low responders to the  
16 vaccines may be vulnerable to infection with Omicron sublineages, BA.1 and BA.2. Of note, however, in  
17 terms of the effectiveness of 3<sup>rd</sup>-dose BNT162b2 against Omicron sublineages, the morbidity and  
18 mortality have yet to be determined between individuals who received the 3<sup>rd</sup> dose but contracted  
19 symptomatic Omicron-related COVID-19 and those not receiving the 3<sup>rd</sup> dose who contracted  
20 symptomatic Omicron-related COVID-19.

## 21 **Notes**

### 22 **Author contributions**

23 MA and HM had access to all data in this study and took and hold all responsibility for the  
24 integrity of the data and the accuracy of the data analysis. MA and HM: Concept and design. MA, KM,  
25 and KT: Acquisition, analysis, and/or interpretation of data. SS: Administrative and material support.  
26 MA and HM: Original draft writing. All authors: Writing and reviewing manuscript.

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10 **Potential conflicts of interest**

11 All authors: No reported conflicts of interest. All authors have submitted the ICMJE Form for  
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19 **Corresponding author contact information**

20 Hiroaki Mitsuya ([hmitsuya@hosp.ncgm.go.jp](mailto:hmitsuya@hosp.ncgm.go.jp)).  
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- 1 Table 1. Neutralization activity of top and bottom 10% responders' sera against SARS-CoV-2s including the Wuhan strain and six  
 2 VOCs.

	SARS-CoV-2 <sup>05-2N</sup> (Wuhan)	SARS-CoV-2 <sup>QK002</sup> (Alpha)	SARS-CoV-2 <sup>TY8-612</sup> (Beta)	SARS-CoV-2 <sup>TY7-501</sup> (Gamma)	SARS-CoV-2 <sup>1734</sup> (Delta)	SARS-CoV-2 <sup>NCGM-929-1N</sup> (Omicron/BA.1)	SARS-CoV-2 <sup>2037</sup> (Omicron/BA.2) In VeroE6 <sup>TMPRSS2*</sup>
gMean NT <sub>50</sub> of top 10% sera in HeLa <sup>hACE2+TMPRSS2</sup> cells	9,774 (3,745-27,921)	4,906 (1,926-11,018)	2,279 (844-8,996)	3,271 (1,723-8,849)	3,377 (1,157-8,053)	500 (171-979)	702 (262-1,653)
gMean NT <sub>50</sub> of bottom 10% sera in VeroE6 <sup>TMPRSS2</sup> cells	1,654 (482-9,113)	1,544 (458-4,335)	483 (114-3,486)	928 (278-2,877)	1,014 (371-4,246)	130 (≤20-487)	115 (≤20-649)
in HeLa <sup>hACE2+TMPRSS2</sup> cells	1,777 (410-7,608)	1,350 (429-4,337)	480 (96-2,861)	1,015 (528-2,410)	959 (386-5,905)	52 (≤20-197)	n.d.

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1 Geometric mean (gMean) NT<sub>50</sub> titers of day 300 sera of bottom 10% responders (n=22) and top 10% responders (n=22) against SARS-  
2 CoV-2<sup>05-2N</sup> and 6 VOCs were determined in cell-based assays using each SARS-CoV-2 strain and VeroE6<sup>TMPrSS2</sup> cells or  
3 HeLa<sup>hACE2+TMPrSS2</sup> cells. The numbers in parentheses denote ranges of NT<sub>50</sub> values determined for each strain. \*Only VeroE6<sup>TMPrSS2</sup>  
4 cells were used for SARS-CoV-2<sup>2037</sup> (Omicron/BA.2) since SARS-CoV-2<sup>2037</sup> did not well propagate in HeLa<sup>hACE2+TMPrSS2</sup> cells.  
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