Date:	2/25/2022
Your Name:	Marissa Hetrich
Manuscript Title:	Binding and Neutralizing Antibody Responses to SARS-CoV-2 in Very Young Children Exceed Those in Adults
Manuscript Number (if known):	157963-INS-CMED-RV-3

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

		e all entities with whom you have this onship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
		Time frame: Since the initial planning	of the work
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for this item.	None	Click the tab key to add additional rows.
		Time frame: past 36 month	S
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)  Specifications/Comments (e.g., if payments were made to you or to your institution)	e
4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
6	Payment for expert testimony	[⊠] None	
7	Support for attending meetings and/or travel	[⊠] None	
8	Patents planned, issued or pending	[⊠] None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
11	Stock or stock options	[⊠] None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	[⊠] None	
13	Other financial or non-financial interests	[⊠] None	
Plea 🖂	Please place an "X" next to the following statement to indicate your agreement:    I certify that I have answered every question and have not altered the wording of any of the questions on this form.		

Date:	2/25/2022
Your Name:	Maria Garcia Quesada
Manuscript Title:	Binding and Neutralizing Antibody Responses to SARS-CoV-2 in Very Young Children Exceed Those in Adults
Manuscript Number (if known):	157963-INS-CMED-RV-3

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		Time frame: past 36 month	S
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3	Royalties or licenses	None	

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4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
6	Payment for expert testimony	[⊠] None	
7	Support for attending meetings and/or travel	[⊠] None	
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11	Stock or stock options	[⊠] None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	[⊠] None	
13	Other financial or non-financial interests	[⊠] None	
Plea [⊠]	Please place an "X" next to the following statement to indicate your agreement:    I certify that I have answered every question and have not altered the wording of any of the questions on this form.		

Date:	2/25/2022
Your Name:	Nicole A Doria-Rose
Manuscript Title:	Binding and Neutralizing Antibody Responses to SARS-CoV-2 in Very Young Children Exceed Those in Adults
Manuscript Number (if known):	157963-INS-CMED-RV-3

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		Time frame: past 36 month	S
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)  Specifications/Comments (e.g., if payments were made to you or to your institution)	e
4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
6	Payment for expert testimony	[⊠] None	
7	Support for attending meetings and/or travel	[⊠] None	
8	Patents planned, issued or pending	[⊠] None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
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11	Stock or stock options	[⊠] None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	[⊠] None	
13	Other financial or non-financial interests	[⊠] None	
Plea 🖂	Please place an "X" next to the following statement to indicate your agreement:    I certify that I have answered every question and have not altered the wording of any of the questions on this form.		

Date:	2/25/2022
Your Name:	Maria Deloria Knoll
Manuscript Title:	Binding and Neutralizing Antibody Responses to SARS-CoV-2 in Very Young Children Exceed Those in Adults
Manuscript Number (if known):	157963-INS-CMED-RV-3

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		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
		Time frame: Since the initial planning	of the work
1	All support for the present	[□] None	
	manuscript (e.g., funding, provision	US CDC	Payments for contract made to institution
	of study materials, medical writing,		Click the tab key to add additional rows.
	article processing		
	charges, etc.)  No time limit for		
	this item.		
		Time frame: past 36 month	ns
2	Grants or contracts from	□ None	
	any entity (if not	World Health Organization	Unrelated. For tracking COVID-19 vaccine
	indicated in item #1 above).		studies conducted by others and vaccine introduction globally. Payments made to
	"I doore,"		institution
		Coalition for Emergency Preparedness	Unrelated. For tracking COVID-19 vaccine
			studies conducted by others and vaccine introduction globally. Payments made to
			institution
		Pfizer (makes COVID-19 vaccine)	Unrelated (non-COVID-19). PCV impact study.
		Merck (makes COVID-19 vaccine)	Payments made to institution Unrelated (non-COVID-19). Assessing events
		INICION (Makes COVID-13 Vaccine)	following pneumonia (pre-pandemic data).
			Payments made to institution

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
3	Royalties or licenses	None     Non	
4	Consulting fees	Merck (makes COVID-19 vaccine)	Unrelated. Scientific advisory group for pneumococcal vaccines
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	[⊠] None	
7	Support for attending meetings and/or travel	[⊠] None	
8	Patents planned, issued or pending	[⊠] None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	[⊠] None	
10	Leadership or fiduciary role in	[⊠] None	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
	other board, society, committee or advocacy group, paid or unpaid		
11	Stock or stock options	[⊠] None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	[⊠] None	
13	Other financial or non-financial interests	[⊠] None	
Plea	Please place an "X" next to the following statement to indicate your agreement:    I certify that I have answered every question and have not altered the wording of any of the questions on this form.		

3 12/13/2021 ICMJE Disclosure Form

Date:	2/25/2022
Your Name:	Elizabeth A. Schappell
Manuscript Title:	Binding and Neutralizing Antibody Responses to SARS-CoV-2 in Very Young Children Exceed Those in Adults
Manuscript Number (if known):	157963-INS-CMED-RV-3

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		Time frame: Since the initial planning	of the work
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for this item.	[⊠] None	Click the tab key to add additional rows.
		Time frame: past 36 month	ns
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)  Specifications/Comments (e.g., if payments we made to you or to your institution)	re
4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	[⊠] None	
7	Support for attending meetings and/or travel	None None	
8	Patents planned, issued or pending	[⊠] None	_
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	[⊠] None	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
11	Stock or stock options	[⊠] None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-financial interests	[⊠] None	
Plea	•	t to the following statement to indicate your agreeme answered every question and have not altered the wo	

Date:	2/25/2022
Your Name:	Fatimah S. Dawood
Manuscript Title:	Binding and Neutralizing Antibody Responses to SARS-CoV-2 in Very Young Children Exceed Those in Adults
Manuscript Number (if known):	157963-INS-CMED-RV-3

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		Time frame: past 36 month	ns
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3	Royalties or licenses	None	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)  Specifications/Comments (e.g., if payments were made to you or to your institution)	e
4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
6	Payment for expert testimony	[⊠] None	
7	Support for attending meetings and/or travel	[⊠] None	
8	Patents planned, issued or pending	[⊠] None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
11	Stock or stock options	[⊠] None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	[⊠] None	
13	Other financial or non-financial interests	[⊠] None	
Plea [⊠]	•	t to the following statement to indicate your agreeme answered every question and have not altered the wo	

Date:	2/25/2022
Your Name:	Vic Veguilla
Manuscript Title:	Binding and Neutralizing Antibody Responses to SARS-CoV-2 in Very Young Children Exceed Those in Adults
Manuscript Number (if known):	157963-INS-CMED-RV-3

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		Time frame: Since the initial planning	of the work
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for this item.	None  Time frame not 26 month	Click the tab key to add additional rows.
		Time frame: past 36 month	15
2	Grants or contracts from any entity (if not indicated in item #1 above).	⊠ None	
3	Royalties or licenses	None	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)  Specifications/Comments (e.g., if payments were made to you or to your institution)
4	Consulting fees	None
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None
6	Payment for expert testimony	□ □
7	Support for attending meetings and/or travel	None None
8	Patents planned, issued or pending	[⊠] None
9	Participation on a Data Safety Monitoring Board or Advisory Board	None None
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None    Output   Outp

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)	
11	Stock or stock options	[⊠] None		
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	[⊠] None		
13	Other financial or non-financial interests	[⊠] None		
Plea [🖂]	Please place an "X" next to the following statement to indicate your agreement:     I certify that I have answered every question and have not altered the wording of any of the questions on this form.			

Date:	2/27/2022
Your Name:	Ruth A. Karron
Manuscript Title:	Binding and Neutralizing Antibody Responses to SARS-CoV-2 in Very Young Children Exceed Those in Adults
Manuscript Number (if known):	157963-INS-CMED-RV-3

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		Time frame: Since the initial planning of	of the work
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for this item.	Centers for Disease Control and Prevention	My institution  Click the tab key to add additional rows.
		Time frame: past 36 months	s
2	Grants or contracts from any entity (if not indicated in item #1 above).	[⊠] None	
3	Royalties or licenses	None	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)  Specifications/Comments (e.g., if payments we made to you or to your institution)	re
4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	[⊠] None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	[⊠] None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	[⊠] None	

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13	Other financial or non-financial interests	[⊠] None	
Plea	•	t to the following statement to indicate your agreeme answered every question and have not altered the wo	

# STROBE (Strengthening The Reporting of OBservational Studies in Epidemiology) Checklist

A checklist of items that should be included in reports of observational studies. You must report the page number in your manuscript where you consider each of the items listed in this checklist. If you have not included this information, either revise your manuscript accordingly before submitting or note N/A.

**Note:** An Explanation and Elaboration article discusses each checklist item and gives methodological background and published examples of transparent reporting. The STROBE checklist is best used in conjunction with this article (freely available on the Web sites of PLoS Medicine at <a href="http://www.plosmedicine.org/">http://www.plosmedicine.org/</a>, Annals of Internal Medicine at <a href="http://www.annals.org/">http://www.annals.org/</a>, and Epidemiology at <a href="http://www.epidem.com/">http://www.epidem.com/</a>). Information on the STROBE Initiative is available at <a href="http://www.strobe-statement.org">www.strobe-statement.org</a>.

Section and Item	Item No.	Recommendation	Reported on Page No.
Title and Abstract	1	(a) Indicate the study's design with a commonly used term in the title or the abstract	
		(b) Provide in the abstract an informative and balanced summary of what was done and what was found	
Introduction	1		l
Background/Rationale	2	Explain the scientific background and rationale for the investigation being reported	
Objectives	3	State specific objectives, including any prespecified hypotheses	
Methods	•		
Study Design	4	Present key elements of study design early in the paper	
Setting	5	Describe the setting, locations, and relevant dates, including periods of recruitment, exposure, follow-up, and data collection	
Participants	6	(a) Cohort study—Give the eligibility criteria, and the sources and methods of selection of participants. Describe methods of follow-up  Case-control study—Give the eligibility criteria, and the sources and methods of case ascertainment and control selection. Give the rationale for the choice of cases and controls  Cross-sectional study—Give the eligibility criteria, and the sources and methods of selection of participants  (b) Cohort study—For matched studies, give matching criteria and number of exposed and unexposed  Case-control study—For matched studies, give matching criteria and the number of controls per case	
Variables	7	Clearly define all outcomes, exposures, predictors, potential confounders, and effect modifiers. Give diagnostic criteria, if applicable	

Section and Item	Item No.	Recommendation	Reported on Page No.
Data Sources/ Measurement	8*	For each variable of interest, give sources of data and details of methods of assessment (measurement). Describe comparability of assessment methods if there is more than one group	
Bias	9	Describe any efforts to address potential sources of bias	
Study Size	10	Explain how the study size was arrived at	
Quantitative Variables	11	Explain how quantitative variables were handled in the analyses. If applicable, describe which groupings were chosen and why	
Statistical Methods	12	(a) Describe all statistical methods, including those used to control for confounding	
		(b) Describe any methods used to examine subgroups and interactions	
		(c) Explain how missing data were addressed	
		(d) Cohort study—If applicable, explain how loss to follow-up was addressed	
		Case-control study—If applicable, explain how matching of cases and controls was addressed	
		Cross-sectional study—If applicable, describe analytical methods taking account of sampling strategy	
		(e) Describe any sensitivity analyses	
Results			l
Participants	13*	(a) Report numbers of individuals at each stage of study—eg numbers potentially eligible, examined for eligibility, confirmed eligible, included in the study, completing follow-up, and analysed	
		(b) Give reasons for non-participation at each stage	
		(c) Consider use of a flow diagram	
Descriptive Data	14*	(a) Give characteristics of study participants (eg demographic, clinical, social) and information on exposures and potential confounders	
		(b) Indicate number of participants with missing data for each variable of interest	
		(c) Cohort study—Summarise follow-up time (eg, average and total amount)	
Outcome Data	15*	Cohort study—Report numbers of outcome events or summary measures over time	
		Case-control study—Report numbers in each exposure category, or summary measures of exposure	
		Cross-sectional study—Report numbers of outcome events or summary measures	

Section and Item	Item No.	Recommendation	Reported on Page No.
Main Results	16	(a) Give unadjusted estimates and, if applicable, confounder-adjusted estimates	
		and their precision (eg, 95% confidence interval). Make clear which confounders	
		were adjusted for and why they were included	
		(b) Report category boundaries when continuous variables were categorized	
		(c) If relevant, consider translating estimates of relative risk into absolute risk for a meaningful time period	
Other Analyses	17	Report other analyses done—eg analyses of subgroups and interactions, and sensitivity analyses	
Discussion			L
Key Results	18	Summarise key results with reference to study objectives	
Limitations	19	Discuss limitations of the study, taking into account sources of potential bias or	
		imprecision. Discuss both direction and magnitude of any potential bias	
Interpretation	20	Give a cautious overall interpretation of results considering objectives, limitations,	
		multiplicity of analyses, results from similar studies, and other relevant evidence	
Generalisability	21	Discuss the generalisability (external validity) of the study results	
Other Information		1	I.
Funding	22	Give the source of funding and the role of the funders for the present study and, if	
		applicable, for the original study on which the present article is based	

<sup>\*</sup>Give information separately for cases and controls in case-control studies and, if applicable, for exposed and unexposed groups in cohort and cross-sectional studies.

Once you have completed this checklist, please save a copy and upload it as part of your submission. DO NOT include this checklist as part of the main manuscript document. It must be uploaded as a separate file.