

Supplements

Table S1. Questionnaire for data collection and adverse effects (carried out online a week after vaccination date).

| | Question | Answer 1 | Answer 2 | Comments |
|-----|--|----------------|----------|----------------|
| 1. | What is your child date of birth? | | | |
| 2. | What is your child gender? | Male | Female | |
| 3. | Did the child experience pain at the injection site? | Yes | No | |
| 4. | Did the child experience redness at the injection site? | Yes | No | |
| 5. | Did the child experience swelling at the injection site? | Yes | No | |
| 6. | Did the child experience itching at the injection site? | Yes | No | |
| 7. | Did the child experience other local symptoms? | Yes | No | Describe |
| 8. | How many days did the child experience the local symptoms? | Number of days | | |
| 9. | Did your child experience a fever above 37.5°C? How many days did it last? | Yes | No | Number of days |
| 10. | Did your child experience fatigue or weakness? How many days did it last? | Yes | No | Number of days |
| 11. | Did your child experience muscle aches (myalgia)? How many days did it last? | Yes | No | Number of days |
| 12. | Did your child experience enlargement of glands? How many days did it last? | | | Number of days |
| 13. | Did your child experience a headache? How many days did it last? | Yes | No | Number of days |
| 14. | Did your child experience facial nerve palsy? How many days did it last? | Yes | No | |
| 15. | Did your child experience paresthesia? How many days did it last? | Yes | No | |
| 16. | Did your child experience allergy? How many days did it last? | Yes | No | |
| 17. | Did your child experience changes in laboratory tests, if performed? | Yes | No | |
| 18. | Did your child miss school? For how many days? | Yes | No | Number of days |
| 19. | Did your child need medical treatment? | Describe | | Describe |
| 20. | Did your child need hospitalization due to the vaccine side effects? | Yes | No | Describe |

Table S2. Questionnaire of description of symptoms including long COVID-19.
(Carried out online at day 180 of the study)

| | Question | Answer 1 | Answer 2 | Comments |
|---------------|--|----------------|----------|----------|
| 1. | Was your child infected with COVID-19? | Yes | No | |
| 2. | How many days has your child been sick with COVID-19? | Number of days | | |
| 3. | How many school days did your child lose? | Number of days | | |
| 4. | Were there any symptoms? | Yes | No | |
| 5. | Did your child experience a fever above 37.5 for up to 2 days? | Yes | No | |
| 6. | Did your child experience a fever above 37.5 for over than 2 days? | Yes | No | |
| 7. | Did your child experience fatigue or weakness? | Yes | No | |
| 8. | Did your child experience a headache? | Yes | No | |
| 10. | Did your child experience reduced/change sense of test and smell? | Yes | No | |
| 11. | Did your child experience shortness of breath? | Yes | No | |
| 12. | Did your child experience cough? | Yes | No | |
| 13. | Did your child experience rhinorrhea? | Yes | No | |
| 14. | Did your child experience a sore throat? | Yes | No | |
| 15. | Did your child experience gastrointestinal inconvenience/diarrhea? | Yes | No | |
| 16. | Did your child need hospitalization? | Yes | No | |
| 17. | Did your child experience any other symptoms? | Describe | | |
| Long COVID-19 | | | | |
| 1. | Did your child experience any long COVID-19 symptoms (more than 2 weeks after the initial illness? | Yes | No | |
| 2. | Did your child experience long COVID-19 symptoms such fatigue? | Yes | No | |
| 3. | Did your child experience long COVID-19 symptoms such as trouble with concentration/ Confusion/ Memory loss? | Yes | No | |
| 4. | Did your child experience long COVID-19 symptoms such feelings of sadness/ depression? | Yes | No | |
| 5. | Did your child experience long COVID-19 symptoms such as Agitation\ Anxiety? | Yes | No | |
| 6. | Did your child experience long COVID-19 symptoms such as reduced/change sense of test and smell? | Yes | No | |
| 7. | Did your child experience long COVID-19 symptoms such as shortness of breath? | Yes | No | |
| 8. | Did your child experience long COVID-19 symptoms such as cough? | Yes | No | |
| 9. | Did your child experience long COVID-19 symptoms such as headache? | Yes | No | |
| 10. | Did your child experience long COVID-19 symptoms such as gastrointestinal inconvenience/diarrhea? | Yes | No | |
| 11. | Did your child experience long COVID-19 symptoms such as decreased physical fitness? | Yes | No | |
| 12. | Did your child experience long COVID-19 symptoms such as chest pain? | Yes | No | |

| | | | |
|-----|---|----------|----|
| 13. | Did your child experience long COVID-19 symptoms such palpitations? | Yes | No |
| 14. | Did your child experience long COVID-19 symptoms such as shortness of breath at rest? | Yes | No |
| 15. | Did your child experience any other symptoms? | Describe | |

Table S3. GeoMean (CI 95%) of IgG titer of all children and of infected and uninfected children (BAU/IU).

| IgG | All Children GeoMean (CI95%) | Infected Children GeoMean (CI95%) | Uninfected Children GeoMean (CI95%) |
|----------------|---|--|--|
| Day 0 | 0.44 (0.36 -0.55) | - | - |
| Day 21 | 178.5 (129.2 – 245.3) | - | - |
| Day 90 | 1523.0 (1163.0 -1996.0) | 1670.0 (1131.0 - 2466.0) (P>0.05) | 1291.0 (929.6 - 1792.0) |
| Day 180 | 1076 (712.3 -1624.0) | 1479.0 (878.2 - 2490.0) (*p<0.05) | 535.3 (288.4 - 933.6) |

Table S4. GeoMean (CI 95%) of neutralizing antibody titer of all children and of infected and uninfected children.

| IgG | All Children GeoMean (CI95%) | Infected Children GeoMean (CI95%) | Uninfected Children GeoMean (CI95%) |
|----------------|---|--|--|
| Day 0 | 0.1 (0.1-0.12) | - | - |
| Day 21 | 78.2 (54.4 – 114.3) | - | - |
| Day 90 | 892.7 (630.5–1264.0) | 1057.0 (645.9 - 1730.0) (P>0.05) | 664.0 (425.6 - 1036.0) |
| Day 180 | 1203.0 (698.5–2072.0) | 2250.0 (1185.0 – 4272.0) (*p<0.05) | 658.8 (291.9 - 1487.0) |

Table S5. Description of long COVID-19 symptoms.

| | Long COVID-19 symptoms | N (%) |
|-----|--|--------------|
| 1. | Any long COVID-19 symptoms (more than 2 weeks after the initial illness) | 3 |
| 2. | Fatigue/weakness | 1 |
| 3. | Trouble with concentration/Confusion/Memory loss | 0 |
| 4. | Sadness/depression | 0 |
| 5. | Agitation\ Anxiety | 0 |
| 6. | Reduced/change sense of taste and smell | 1 |
| 7. | Shortness of breath | 0 |
| 8. | Cough | 0 |
| 9. | Headache | 1 |
| 10. | Gastrointestinal inconvenience/diarrhea | 0 |
| 11. | Decreased physical fitness | 0 |
| 12. | Chest pain | 0 |
| 13. | Palpitations | 0 |
| 14. | Shortness of breath at rest | 0 |
| 15. | Any other symptoms | 0 |