Characterization of vaccine-breakthrough infections of SARS-CoV-2 Delta and Alpha variants and within-host viral load dynamics in the community in France

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- Abstract: We compare test results of SARS-CoV-2 positive patients, depending on their vaccine status,
- the presence of symptoms and whether they are infected by the Delta variant or not, using a large num-
- ber of PCR tests done in the community in France from 14 June 2021 to 30 July 2021. In asymptomatic
- individuals, Ct values at the first positive test were higher in fully vaccinated individuals (> 2 weeks after
- final dose) than non fully vaccinated individuals (1.7 [1, 2.3], p < 1e-6). In symptomatic individuals
- however, Ct values at the time of symptoms were not significantly different in vaccinated compared
- to unvaccinated individuals (p = 0.26). This was true both for infections by Delta and non-Delta
- (essentially Alpha in France at the time) variants. These results suggest that some infected vaccinated
- individuals, especially if symptomatic, may transmit the virus as much as unvaccinated individuals.

The SARS-CoV-2 variant of concern Delta, first detected in India, spread across the world in 2021,

- and in particular in Europe in late spring early summer 2021, where it displaced the previously
- dominant Alpha variant. Delta was shown to be fitter than Alpha, 1-3 and may be associated with higher
- virulence⁴⁻⁶ and lesser vaccine effectiveness^{6,7} against symptomatic disease, especially after just one
- Delta has spread in countries with high vaccination levels, and breakthrough infections have been
- reported, with Ct values suggesting similar viral loads between vaccinated and unvaccinated infected

individuals. 8–10 A longitudinal study has confirmed similar Ct values between Delta-infected vaccinated and unvaccinated patients in the first week after diagnosis or symptom onset, with later faster decline in vaccinated patients. 11 Comparisons of Ct values in infections with Delta compared to infections with previous variants require controlling for infection age when variants has different epidemiological dynamics. This is because viral load depends on infection age, and the distribution of infection ages depends on whether the number of cases is growing or shrinking. 12–16

We studied the determinants of Ct values at the time of test and, for symptomatic individuals, as a function of the time since symptoms, in data from 292284 patients tested by a large private laboratory in the community in France, from 14 June 2021 to 30 July 2021 in three regions (Bretagne, Île-de-France, Provence-Alpes-Côte d'Azur). These data include information on the result of the PCR test, the associated Ct value, the patient's self-reported vaccine status (whether fully vaccinated since at least two weeks, or not), whether the patient has been symptomatic and the time since the onset of symptoms. Positive tests were screened for the L452R mutation, which characterizes the Delta variant (9343 positive tests with mutation information). In the case of multiple tests per individual, we kept the last negative test if there were no positive tests, and the first positive test otherwise.

Consistent with the French vaccination campaign, vaccinated individuals are on average older than non-vaccinated patients in our dataset (12 years older). The proportion of vaccinated individuals in the dataset (24%) is lower than in the community (47.5% by 10 July 2021), reflecting the fact that the data are not surveillance-based.

Reasons for testing may vary between vaccinated and non-vaccinated individuals. This may especially be the case since France introduced a "sanitary passport," requiring a proof of either full vaccination or a negative test for specific events, which may artificially inflate the proportion of negative tests among non-vaccinated individuals. Conversely, vaccinated individuals may get tested only if they have good reasons to suspect an infection; these reasons may also vary if symptoms differ depending on the infecting variant.

We compared the cycle threshold (Ct; targeted at gene RdRp) values of the PCR of positive tests depending on vaccine status, the presence of symptoms, and the infecting variant (Delta: presence of the L452R mutation), for the 8437 individuals for which all pieces of information are available. The Ct is the number of PCR cycles needed to detect a target; it is negatively correlated with viral load. We find that the presence of symptoms is associated with significantly lower Ct values (ANOVA; -2.7 Ct [-3, -2.5]; adjusted p < 1e-6 (Tukey's Honest Significant Difference)). An infection with the Delta variant is also associated with lower Ct values in these data (-6.7 Ct [-7.1, -6.3]; adjusted p < 1e-6)); note that age of infection is not controlled for here, but will be later on. Comparing vaccinated and non-vaccinated individuals, we find that vaccinated individuals have significantly higher Ct values for both Delta and non-Delta asymptomatic infections (1.7 [1, 2.3] Ct difference; adjusted p < 1e-6), but that the differences are not significant for symptomatic infections (p = 0.8). For non-Delta variants, this result may be due to too small a sample size (only N = 18 vaccinated symptomatic individuals infected with non-Delta).

Ct values also depend on the age of infection of tested individuals. It is therefore useful to control for age of infection, especially when comparing Ct values of variants with different epidemiological dynamics, ^{13,16} as was the case for the Delta (increasing numbers of infections) and Alpha (decreasing numbers of infections) in the early summer in France. To this end, we add time since symptoms onset

as a continuous variable in the linear model. We find that the Delta variant has Ct at day of symptoms -3.32 [-4.38, -2.25] lower than non-Delta (Alpha) (p < 1e-6, N = 3439). The slope of Ct as function of time is 0.6 [0.54, 0.66] per day for Delta and 0.92 [0.73, 1.1] for non-Delta variants (p < 1e-6). Vaccine status does not significantly alter the outcomes, whether regarding the Ct at symptom onset (p = 0.256) or the slope of Ct as function of time since symptoms (p = 0.947) and was therefore not included in the final model.

Limitations of our study stem from the way the data were collected: this is a community-based study. Reasons for seeking a PCR test are unknown and may vary among individuals and across time. Symptom and vaccine information are self-reported. Yet our dataset is unique for France, because variant information and vaccine status data have not been linked yet in public datasets, and Ct values are not reported at the national level (only positive/negative test results are). Our results are in line with a retrospective cohort study which found lower Ct values with Delta and longer duration of infection with low Ct.⁵ Regarding vaccine-breakthroughs, our results confirm studies finding similar Ct values among fully vaccinated individuals and those who were not, with the majority of infections being due to Delta.^{8,9}

Another limitation of our dataset is the lack of longitudinal data (in Figure 2, each point corresponds to a single patient). A recent study in Singapore found similar Ct values among vaccinated and unvaccinated individuals infected by Delta, at the time of diagnosis or of symptom onset. After a week however, Ct values increased faster (i.e. viral load declined faster) among vaccinated individuals than unvaccinated individuals, even after excluding asymptomatic individuals (personal communication). With transmission occurring early in infection, this delayed differential decrease is expected not to have much of an impact on relative transmissibility.

Ct values are linked to viral load, and viral load has been shown to be positively associated with probability of transmission in household contacts – but there is also high inter-individual variation, and transmission from individuals with high Ct values is possible. 17,18 In spite of these limitations, our confirmatory results indicate that epidemic control may require similar measures for symptomatic PCR-positive vaccinated individuals as non-vaccinated infected individuals, and that it is important to not to stop testing vaccinated individuals.

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References

1. Campbell F, Archer B, Laurenson-Schafer H, Jinnai Y, Konings F, Batra N, et al. Increased transmissibility and global spread of SARS-CoV-2 variants of concern as at June 2021. Eurosurveillance [Internet]. 2021 [cited 2021 Jul 18];26. Available from: https://www.eurosurveillance.org/content/10.2807/1560-7917.ES.2021.26.24.2100509

- 2. Mlcochova P, Kemp S, Dhar MS, Papa G, Meng B, Mishra S, et al. SARS-CoV-2 B.1.617.2 Delta variant emergence and vaccine breakthrough [Internet]. In Review; 2021 Jun [cited 2021 Aug 3]. Available from: https://www.researchsquare.com/article/rs-637724/v1
- 3. Alizon S, Haim-Boukobza S, Foulongne V, Verdurme L, Trombert-Paolantoni S, Lecorche E, et al. Rapid spread of the SARS-CoV-2 Delta variant in some French regions, June 2021. Eurosurveillance [Internet]. 2021 [cited 2021 Jul 18];26. Available from: https://www.eurosurveillance.org/content/10.2807/1560-7917.ES.2021.26.28.2100573
- 4. Fisman DN, Tuite AR. Progressive Increase in Virulence of Novel SARS-CoV-2 Variants in Ontario, Canada [Internet]. Infectious Diseases (except HIV/AIDS); 2021 Jul [cited 2021 Aug 3]. Available from: http://medrxiv.org/lookup/doi/10.1101/2021.07.05.21260050
- 5. Ong SWX, Chiew CJ, Ang LW, Mak T-M, Cui L, Toh MPH, et al. Clinical and Virological Features of SARS-CoV-2 Variants of Concern: A Retrospective Cohort Study Comparing B.1.1.7 (Alpha), B.1.315 (Beta), and B.1.617.2 (Delta). SSRN Electronic Journal [Internet]. 2021 [cited 2021 Aug 3]; Available from: https://www.ssrn.com/abstract=3861566
- 6. Sheikh A, McMenamin J, Taylor B, Robertson C. SARS-CoV-2 Delta VOC in Scotland: Demographics, risk of hospital admission, and vaccine effectiveness. The Lancet [Internet]. 2021 [cited 2021 Jul 18];397:2461–2. Available from: https://linkinghub.elsevier.com/retrieve/pii/S01 40673621013581
- Lopez Bernal J, Andrews N, Gower C, Gallagher E, Simmons R, Thelwall S, et al. Effectiveness
 of Covid-19 Vaccines against the B.1.617.2 (Delta) Variant. New England Journal of Medicine
 [Internet]. 2021 [cited 2021 Aug 3];NEJMoa2108891. Available from: http://www.nejm.org/doi/10.1056/NEJMoa2108891
- 8. Brown CM, Vostok J, Johnson H, Burns M, Gharpure R, Sami S, et al. Outbreak of SARS-CoV-2 Infections, Including COVID-19 Vaccine Breakthrough Infections, Associated with Large Public Gatherings Barnstable County, Massachusetts, July 2021. MMWR Morbidity and Mortality Weekly Report [Internet]. 2021 [cited 2021 Aug 2];70. Available from: http://www.cdc.gov/mmwr/volumes/70/wr/mm7031e2.htm?s_cid=mm7031e2_w
- England PH. SARS-CoV-2 variants of concern and variants under investigation in England. Technical Briefing 16 [Internet]. 2021 Jun. Available from: https://assets.publishing.service.gov. uk/government/uploads/system/uploads/attachme%20nt_data/file/994997/Variants_of_C oncern_VOC_Technical_Briefing_16.pdf
- 10. Elliott P, Haw D, Wang H, Eales O, Walters CE, Ainslie KEC, et al. REACT-1 round 13 final report: Exponential growth, high prevalence of SARS-CoV-2 and vaccine effectiveness associated with Delta variant in England during May to July 2021 [Internet]. 2021 Aug [cited 2021 Aug 9]. Available from: https://spiral.imperial.ac.uk/bitstream/10044/1/90800/2/react1_r13_final_p reprint_final.pdf
- 11. Chia PY, Ong S, Chiew CJ, Ang LW, Chavatte JG, Mak TM, et al. Virological and serological kinetics of SARS-CoV-2 Delta variant vaccine-breakthrough infections: A multi-center cohort study [Internet]. Infectious Diseases (except HIV/AIDS); 2021 Jul [cited 2021 Aug 2]. Available from: http://medrxiv.org/lookup/doi/10.1101/2021.07.28.21261295

- 12. Alizon S, Selinger C, Sofonea MT, Haim-Boukobza S, Giannoli J-M, Ninove L, et al. Epidemiological and clinical insights from SARS-CoV-2 RT-PCR cycle amplification values [Internet]. Infectious Diseases (except HIV/AIDS); 2021 Mar [cited 2021 Aug 9]. Available from: http://medrxiv.org/lookup/doi/10.1101/2021.03.15.21253653
- 13. Hay JA, Kennedy-Shaffer L, Kanjilal S, Lennon NJ, Gabriel SB, Lipsitch M, et al. Estimating epidemiologic dynamics from cross-sectional viral load distributions. Science [Internet]. 2021 [cited 2021 Jul 18];373:eabh0635. Available from: https://www.sciencemag.org/lookup/doi/10.1126/science.abh0635
- 14. Cosentino G, Bernard M, Ambroise J, Giannoli J-M, Guedj J, Débarre F, et al. SARS-CoV-2 viral dynamics in infections with Alpha and Beta variants of concern in the French community. Journal of Infection [Internet]. 2021 [cited 2021 Aug 9];S0163445321003741. Available from: https://linkinghub.elsevier.com/retrieve/pii/S0163445321003741
- 15. Althaus CL, Baggio S, Reichmuth ML, Hodcroft EB, Riou J, Neher RA, et al. A tale of two variants: Spread of SARS-CoV-2 variants Alpha in Geneva, Switzerland, and Beta in South Africa [Internet]. Epidemiology; 2021 Jun [cited 2021 Jun 18]. Available from: http://medrxiv.org/lookup/doi/10. 1101/2021.06.10.21258468
- 16. Hay JA, Kennedy-Shaffer L, Mina MJ. Viral loads observed under competing strain dynamics [Internet]. Epidemiology; 2021 Jul [cited 2021 Aug 2]. Available from: http://medrxiv.org/look up/doi/10.1101/2021.07.27.21261224
- 17. Marc A, Kerioui M, Blanquart F, Bertrand J, Mitjà O, Corbacho-Monné M, et al. Quantifying the relationship between SARS-CoV-2 viral load and infectiousness [Internet]. Epidemiology; 2021 May [cited 2021 Aug 9]. Available from: http://medrxiv.org/lookup/doi/10.1101/2021.05.07.21 256341
- Lyngse FP, Mølbak K, Træholt Franck K, Nielsen C, Skov RL, Voldstedlund M, et al. Association between SARS-CoV-2 Transmissibility, Viral Load, and Age in Households [Internet]. Epidemiology; 2021 Mar [cited 2021 Aug 9]. Available from: http://medrxiv.org/lookup/doi/10.1101/2021. 02.28.21252608

Figures

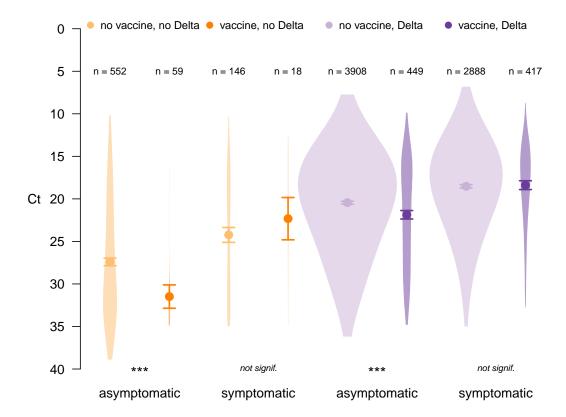


Figure 1: Distributions of Ct values, according to vaccine status (light: unvaccinated, dark: vaccinated), infecting variant (orange: non-Delta, purple: Delta) and whether the individual was symptomatic (left: asymptomatic at least until the test, right: symptomatic). The widths of the violin plots reflect the number of tests; points and arrows represent predicted values and confidence intervals. "***" means that the corresponding comparison of unvaccinated and vaccinated individuals is statistically significant with p < 0.001.

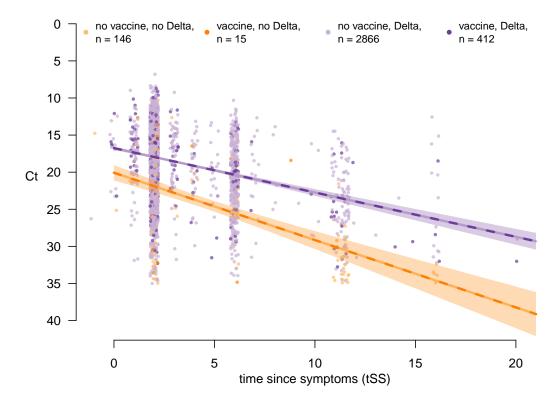


Figure 2: Regression of Ct value against time since symptoms, for symptomatic individuals, depending
 on vaccine status and infecting variant. The lines are the predicted values, the shaded areas the
 confidence intervals. The vaccination effect was not significant and therefore removed from the final
 model.

99 Appendix

Variables

name	type	description
sympf	factor (0, 1)	Whether the individual is fully vaccinated (1) or not (0)
deltaf	factor (0, 1)	Whether the L452R is detected (1) or not (0)
vacf	factor (0, 1)	Whether the individual is fully vaccinated (1) or not (0)
Ct	numeric	Ct value, RdRp gene
tSS	numeric	Time since symptom onset (days)

```
Model for Figure 1
   mdlAov$call
  ## aov(formula = Ct ~ vacf * sympf * deltaf, data = tmp)
   summary(mdlAov)
                          Df Sum Sq Mean Sq F value
   ##
                                                        Pr(>F)
103
                                 351
                                         351
                                               12.108 0.000505 ***
   ## vacf
   ## sympf
                            1
                              15200
                                       15200 524.896 < 2e-16 ***
105
   ## deltaf
                              32358
                                      32358 1117.379 < 2e-16 ***
                           1
   ## vacf:sympf
                                         775
                                               26.766 2.35e-07 ***
                                 775
                           1
   ## vacf:deltaf
                                         144
                                               4.970 0.025819 *
                                 144
108
   ## sympf:deltaf
                                 359
                                         359 12.412 0.000429 ***
                           1
   ## vacf:sympf:deltaf
                                 227
                                         227
                                               7.837 0.005130 **
                            1
   ## Residuals
                        8429 244096
                                          29
   ## ---
   ## Signif. codes: 0 '***' 0.001 '**' 0.05 '.' 0.1 ' ' 1
   thsd
   ##
        Tukey multiple comparisons of means
114
          95% family-wise confidence level
115
116
   ## Fit: aov(formula = Ct ~ vacf * sympf * deltaf, data = tmp)
118
   ## $vacf
119
               diff
                          lwr
                                    upr
                                            p adj
   ## 1-0 0.6470032 0.2825148 1.011492 0.0005046
   ##
122
   ## $sympf
123
               diff
                          lwr
   ## 1-0 -2.726566 -2.960009 -2.493124
   ##
126
```

```
## $deltaf
              diff
                         lwr
                                   upr p adj
128
   ## 1-0 -6.72394 -7.121566 -6.326314
   ##
   ## $`vacf:sympf`
131
                    diff
                                lwr
                                           upr
                                                   p adj
132
   ## 1:0-0:0 1.6816459 1.0341760 2.3291159 0.0000000
   ## 0:1-0:0 -2.5080529 -2.8335307 -2.1825750 0.0000000
   ## 1:1-0:0 -2.7595748 -3.4541112 -2.0650384 0.0000000
   ## 0:1-1:0 -4.1896988 -4.8526381 -3.5267595 0.0000000
   ## 1:1-1:0 -4.4412207 -5.3445110 -3.5379303 0.0000000
   ## 1:1-0:1 -0.2515219 -0.9605014 0.4574576 0.7986775
   ##
139
   ## $`vacf:deltaf`
                    diff
                                 lwr
                                                   p adj
                                           upr
141
   ## 1:0-0:0 2.0758433
                          0.4153934 3.736293 0.0072293
   ## 0:1-0:0 -6.5769166 -7.1265213 -6.027312 0.0000000
   ## 1:1-0:0 -5.9746925 -6.6780558 -5.271329 0.0000000
   ## 0:1-1:0 -8.6527600 -10.2374675 -7.068052 0.0000000
   ## 1:1-1:0 -8.0505358 -9.6949058 -6.406166 0.0000000
   ## 1:1-0:1 0.6022242 0.1033012 1.101147 0.0104180
147
   ##
148
   ## $`sympf:deltaf`
                   diff
                              lwr
                                        upr p adj
150
   ## 1:0-0:0 -3.824406 -5.040470 -2.608343
   ## 0:1-0:0 -7.225312 -7.822622 -6.628002
   ## 1:1-0:0 -9.324285 -9.933266 -8.715303
153
   ## 0:1-1:0 -3.400906 -4.500778 -2.301033
                                                0
   ## 1:1-1:0 -5.499879 -6.606133 -4.393624
                                                0
   ## 1:1-0:1 -2.098973 -2.417982 -1.779963
156
   ##
157
158
   ## $`vacf:sympf:deltaf`
                         diff
                                      lwr
                                                   upr
                                                           p adj
159
   ## 1:0:0-0:0:0
                   4.0748024
                               1.8402263
                                            6.30937863 0.0000009
   ## 0:1:0-0:0:0 -3.1720965 -4.6903764 -1.65381653 0.0000000
   ## 1:1:0-0:0:0 -5.0857054 -8.9932302 -1.17818060 0.0020482
   ## 0:0:1-0:0:0 -6.9645855 -7.7063452 -6.22282583 0.0000000
   ## 1:0:1-0:0:0 -5.5406910 -6.5774897 -4.50389237 0.0000000
   ## 0:1:1-0:0:0 -8.8873726 -9.6453033 -8.12944188 0.0000000
   ## 1:1:1-0:0:0 -9.0238193 -10.0823280 -7.96531060 0.0000000
   ## 0:1:0-1:0:0 -7.2468989 -9.7636751 -4.73012268 0.0000000
   ## 1:1:0-1:0:0 -9.1605078 -13.5534270 -4.76758868 0.0000000
   ## 0:0:1-1:0:0 -11.0393880 -13.1792936 -8.89948235 0.0000000
## 1:0:1-1:0:0 -9.6154935 -11.8746836 -7.35630334 0.0000000
```

```
## 0:1:1-1:0:0 -12.9621750 -15.1077397 -10.81661041 0.0000000
## 1:1:1-1:0:0 -13.0986217 -15.3678571 -10.82938634 0.0000000
## 1:1:0-0:1:0 -1.9136089 -5.9890944 2.16187654 0.8466421
## 0:0:1-0:1:0 -3.7924891 -5.1676397 -2.41733844 0.0000000
## 1:0:1-0:1:0 -2.3685946 -3.9228736 -0.81431555 0.0001056
## 0:1:1-0:1:0 -5.7152761 -7.0992165 -4.33133582 0.0000000
## 1:1:1-0:1:0 -5.8517228 -7.4205671 -4.28287852 0.0000000
## 0:0:1-1:1:0 -1.8788802 -5.7330487
                                      1.97528842 0.8194703
## 1:0:1-1:1:0 -0.4549857 -4.3766383 3.46666698 0.9999686
## 0:1:1-1:1:0 -3.8016672 -7.6589806 0.05564621 0.0567588
## 1:1:1-1:1:0 -3.9381139 -7.8655620 -0.01066581 0.0488069
## 1:0:1-0:0:1 1.4238945 0.6109881 2.23680092 0.0000031
## 0:1:1-0:0:1 -1.9227871 -2.3231923 -1.52238184 0.0000000
## 1:1:1-0:0:1 -2.0592338 -2.8996539 -1.21881362 0.0000000
## 0:1:1-1:0:1 -3.3466816 -4.1743701 -2.51899298 0.0000000
## 1:1:1-1:0:1 -3.4831282 -4.5926552 -2.37360130 0.0000000
## 1:1:1-0:1:1 -0.1364467 -0.9911733 0.71827990 0.9997296
```

188 Model for Figure 2

189 Full model

```
mdl$call
## lm(formula = Ct ~ vacf * deltaf * tSS, data = dat.nodupl)
   car::Anova(mdl)
   ## Anova Table (Type II tests)
192
   ## Response: Ct
193
   ##
                     Sum Sq Df F value
                                            Pr(>F)
   ## vacf
                         27
                                   1.2884 0.256427
195
   ## deltaf
                       3192
                               1 152.3081 < 2.2e-16 ***
                               1 452.6392 < 2.2e-16 ***
   ## tSS
                      9487
   ## vacf:deltaf
                          5
                                   0.2289 0.632364
   ## vacf:tSS
                          0
                                 0.0044 0.947141
                               1
                               1 10.0434 0.001542 **
   ## deltaf:tSS
                       211
   ## vacf:deltaf:tSS
                        44
                               1 2.1114 0.146299
   ## Residuals
                      71911 3431
   ## ---
   ## Signif. codes: 0 '***' 0.001 '**' 0.05 '.' 0.1 ' ' 1
  Reduced model with significant effect only (used for the Figure)
   mdl1$call
## lm(formula = Ct ~ deltaf + tSS + deltaf * tSS, data = dat.nodupl)
   car::Anova(mdl1)
   ## Anova Table (Type II tests)
   ##
208
   ## Response: Ct
                Sum Sq Df F value
                                      Pr(>F)
                 3231
   ## deltaf
                        1 154.156 < 2.2e-16 ***
211
212 ## tSS
                 9512 1 453.905 < 2.2e-16 ***
  ## deltaf:tSS 228
                          1 10.872 0.0009863 ***
   ## Residuals 71987 3435
   ## ---
216 ## Signif. codes: 0 '***' 0.001 '**' 0.05 '.' 0.1 ' ' 1
```