SUPPLEMENTARY METHODS

Recruitment and data collection

Supplementary Table 1. Name of participating hospitals

Hospital code	Hospital name
Low-incidence regions	
A	Hôpital de l'Enfant-Jésus du Centre hospitalier universitaire de Québec
B	Hôtel-Dieu du Centre hospitalier universitaire de Sherbrooke
High-incidence region	
C	Centre hospitalier de l'Université de Montréal
D	Centre hospitalier universitaire Sainte-Justine
E	Jewish General Hospital (CIUSSS du Centre-Ouest-de-l'Île-de-Montréal)
F	McGill University Health Centre (Glen site)
G	Hôpital général du Lakeshore (CIUSSS de l'Ouest-de-l'Île-de-Montréal)
H	Hôpital Maisonneuve-Rosemont (CIUSSS de l'Est-de-l'Île-de-Montréal)
I	Hôpital de Verdun (CIUSSS du Centre-Sud-de-l'Île-de-Montréal)
J	Hôpital du Sacré-Cœur de Montréal (CIUSSS du Nord-de-l'Île-de-Montréal)

Serological tests

A subset of sera was analyzed using the second method, the NADAL® COVID-19 IgG/IgM test. The NADAL® COVID-19 IgG/IgM test is a lateral flow immunoassay that detects specific anti-S1-Receptor-Binding Domain (RBD) IgG/IgM directed against SARS-CoV-2. A total of 10 µL of the blood sample is required. A sensitivity of 100% (≥35 days post-infection) and a specificity of 98% was reported for this immunoassay in a Quebec-based study(1). Three categories of participants were included in this subset: all those who had reported a positive PCR test result (comparison of sensitivity), participants with an S1/S2 IgG test result between 3.8 and 14.9 AU/mL, and participants positive for S1/S2 IgG but without PCR-confirmed infection.

Appendix 1, as submitted by the authors. Appendix to: Brousseau N, Morin L, Ouakki M, et al. SARS-CoV-2 seroprevalence in health care workers from 10 hospitals in Quebec, Canada: a cross-sectional study. *CMAJ* 2021. doi: 10.1503/cmaj.202783.

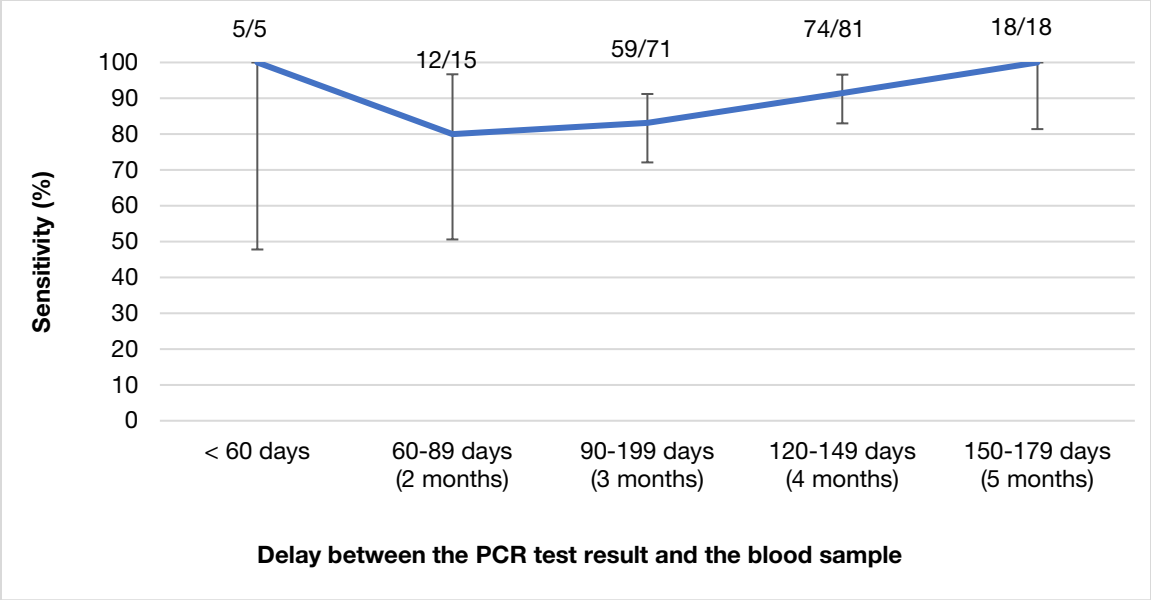
SUPPLEMENTARY RESULTS

Laboratory results

S1/S2 IgG antibodies were present in 168/190 participants with a previous positive SARS-CoV-2 PCR (88.4%; 95%CI 83.0-92.6). Sensitivity was non-significantly higher in 170 HCWs who reported COVID-19 symptoms than in 20 HCWs who did not report such symptoms (89.4% vs. 80.0%; p=0.23). Furthermore, sensitivity did not decrease with time (Supplementary Figure 1).

The sensitivity of the anti-S1-RBD IgG/IgM assay was slightly lower (161/190; 84.7%; 95%CI 78.8–89.5) than the S1/S2 IgG assay. Among 22/190 HCWs with negative S1/S2 serology, 6 were positive with the anti-S1-RBD assay. Furthermore, among 146 additional HCWs whose initial result with the S1/S2 assay ranged from 3.8 to 14.9 AU/mL, only eight positive test results (5.5%) were obtained with the anti-S1-RBD assay. Considering these 14 additional positive results identified with the anti-S1-RBD assay, the overall seroprevalence would have increased by 0.3–0.8% in low (from 3.0% to 3.3%) and high (from 14.0% to 14.8%) incidence regions. Finally, among the 70 HCWs with a positive S1/S2 serology but no PCR-confirmed infection, 25 (35.7%) were negative with the anti-S1-RBD assay. Considering these 25 results as false positives, the overall seroprevalence would have decreased by 1.1–1.6% in low (from 3.0% to 1.4%) and high (from 14.0% to 12.9%) incidence regions.

Appendix 1, as submitted by the authors. Appendix to: Brousseau N, Morin L, Ouakki M, et al. SARS-CoV-2 seroprevalence in health care workers from 10 hospitals in Quebec, Canada: a cross-sectional study. *CMAJ* 2021. doi: 10.1503/cmaj.202783.



Supplementary Figure 1. Proportion of HCWs with S1/S2 IgG antibodies among 190 HCWs with a PCR-confirmed COVID-19 diagnosis, grouped according to the delay between the PCR test result and the blood sample. In the "5 months" category, IgG antibodies were found in the 18 HCWs who had a blood sample taken almost 6 months after their PCR-confirmed infection. HCWs: health care workers; PCR: polymerase chain reaction.

REFERENCES

1. Therrien C, Serhir B, Bélanger-Collard M, Skrzypczak J, Shank DK, Renaud C, et al. Multicenter Evaluation of the Clinical Performance and the Neutralizing Antibody Activity Prediction Properties of 10 High-Throughput Serological Assays Used in Clinical Laboratories. J Clin Microbiol [Internet]. 2021;59(3). Available from: https://journals.asm.org/doi/10.1128/JCM.02511-20