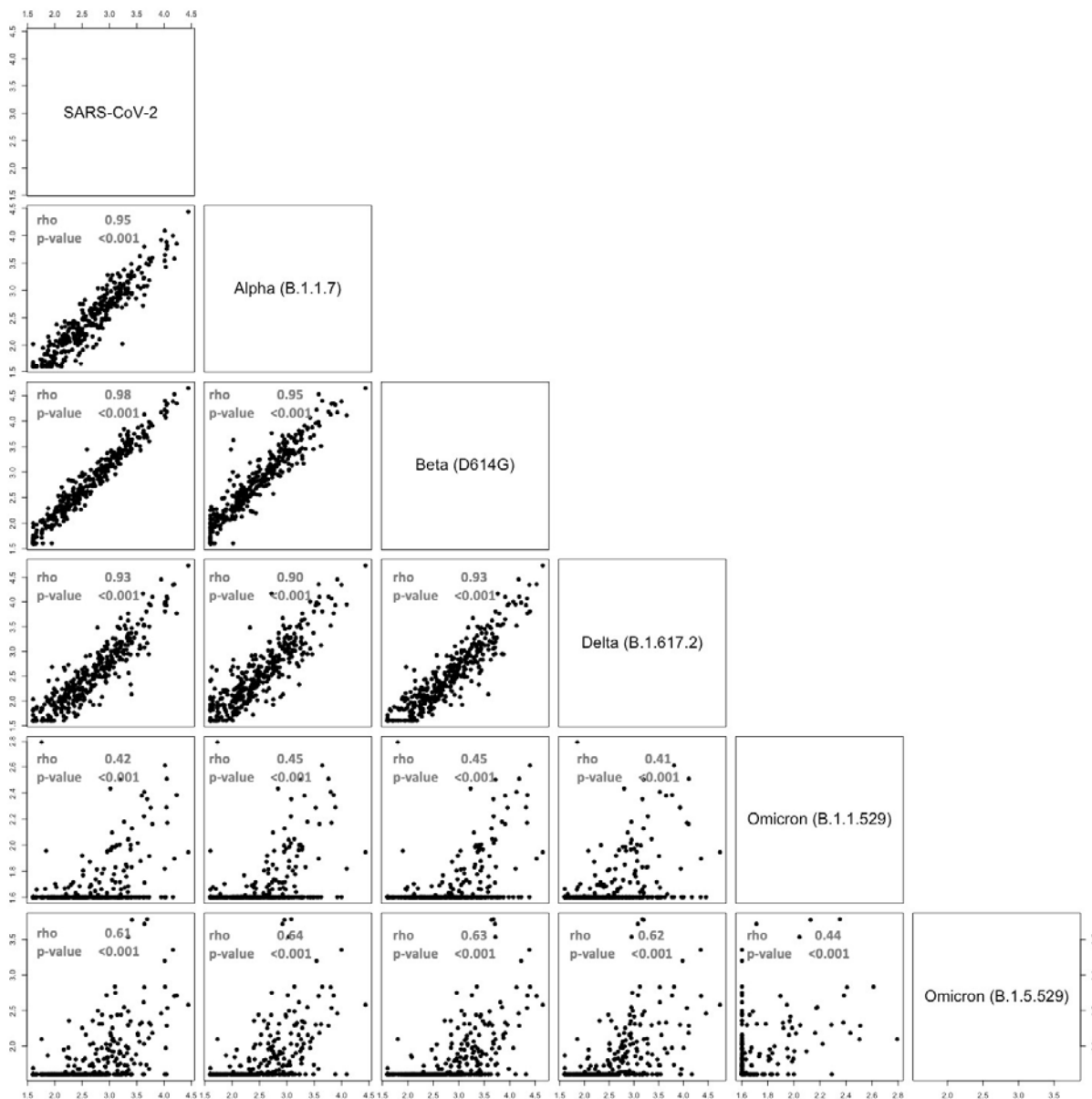


500 SUPPLEMENTARY MATERIALS

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503 **Supplementary Figure 1. Correlation Matrix of Neutralization ID50s For SARS-CoV-2 variants**

504 **tested.** Data across all time points are shown in the matrices. R and P values from non-parametric

505 Spearman rank correlation analyses.

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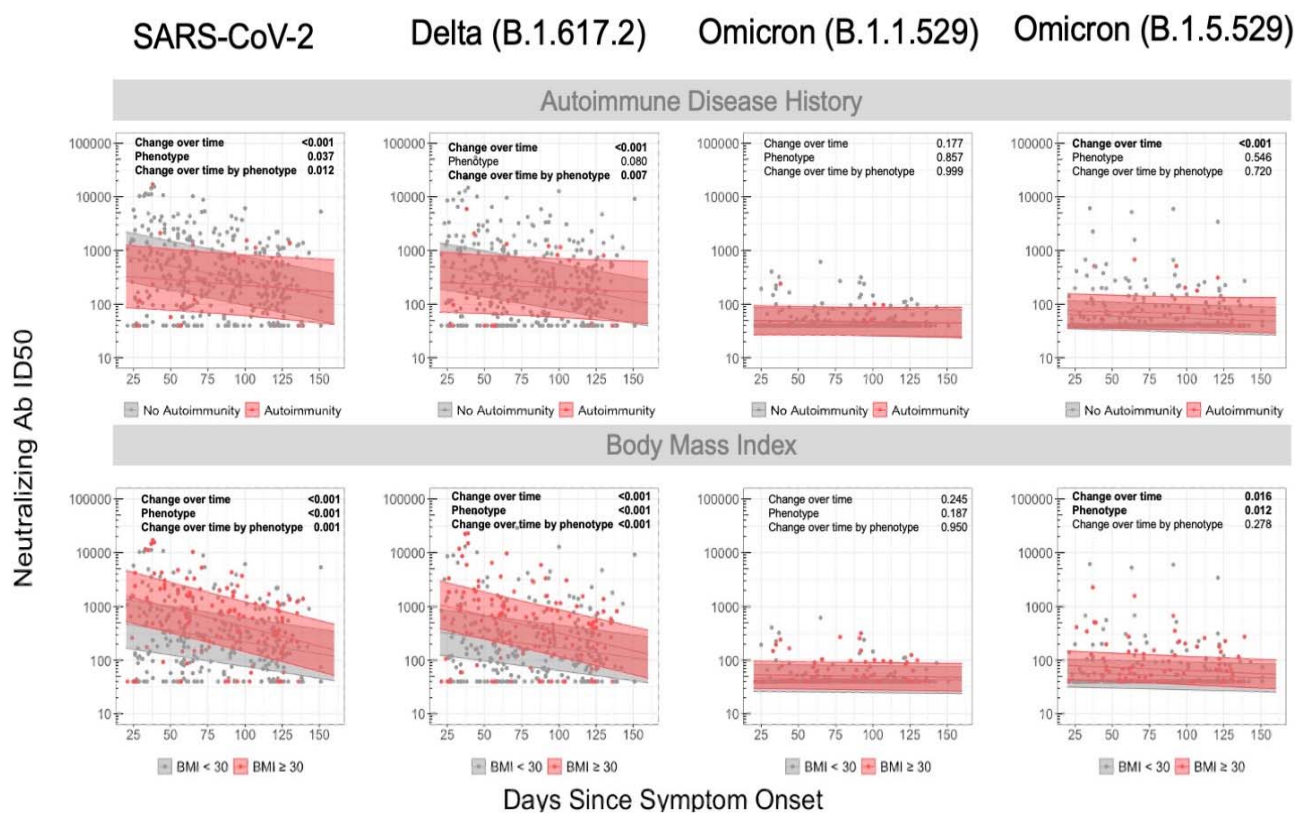
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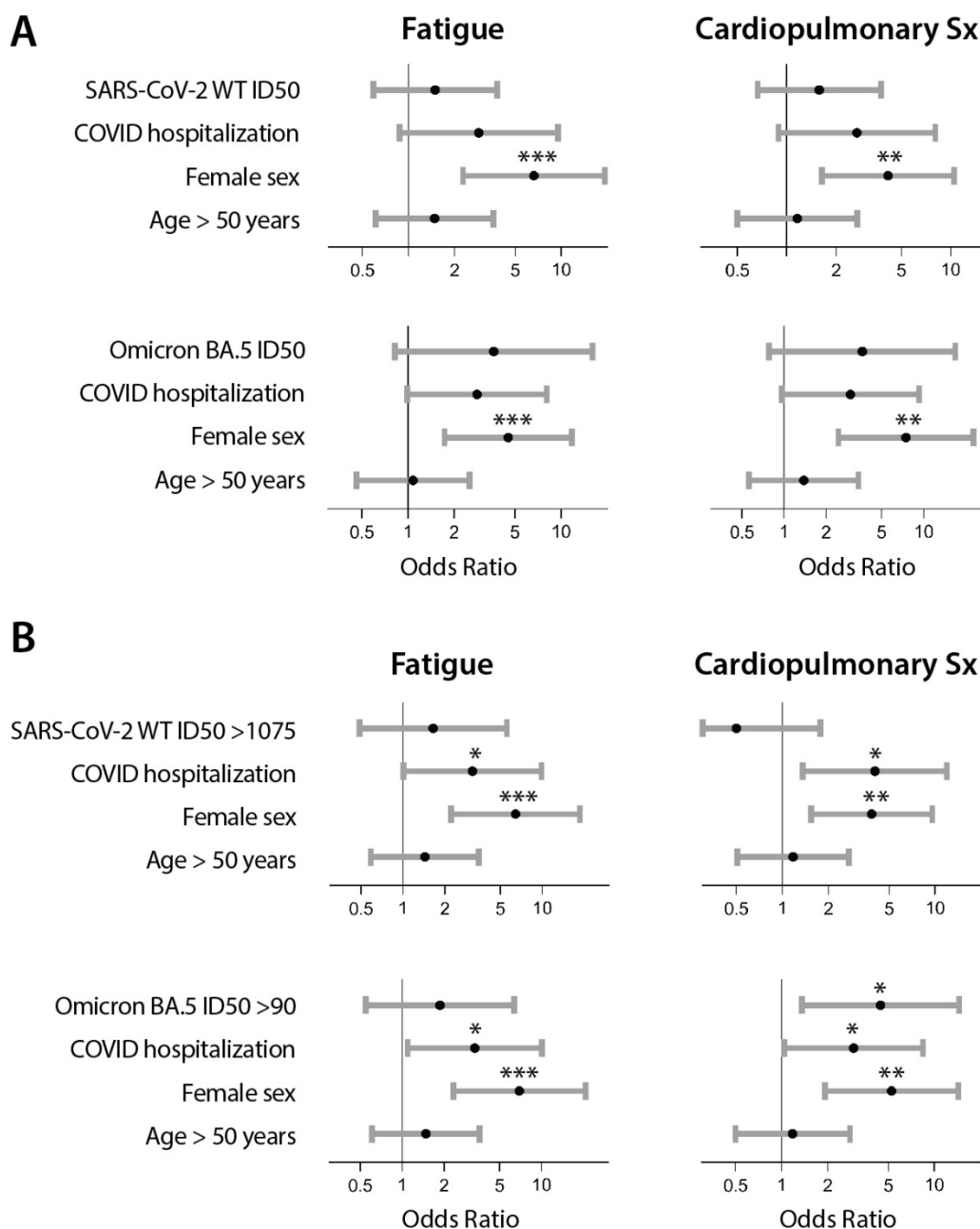
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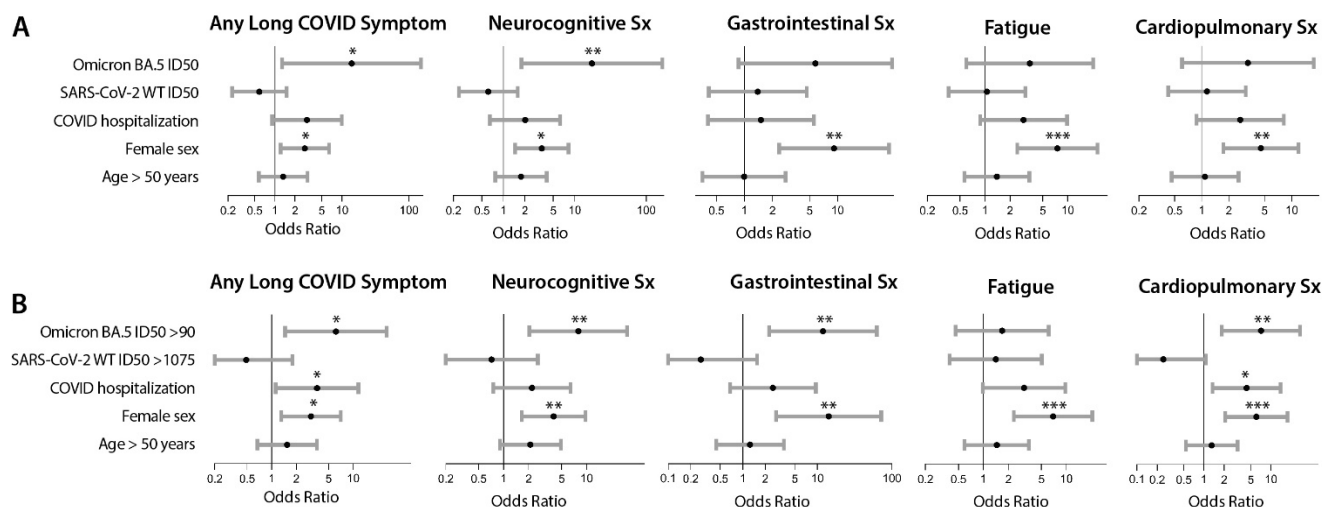
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**Supplementary Figure 2. Longitudinal analysis of antibody neutralization by clinical factors and SARS-CoV-2 variant.** Mixed-linear regression model with two covariates (body mass index and autoimmune disease history) for different variants: SARS-CoV-2, B.1.617.2, B.1.1.529 and BA.4/5. P-values denote if a significant difference was observed for change in antibody neutralization over time (Change over time), between subgroup (Phenotype, e.g., BMI  $\geq$  30), and difference in change over time by subgroup (Change over time by phenotype). Shaded region represents 95% confidence intervals around the median line.



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**Supplementary Figure 3. Association between SARS-CoV-2 neutralization, hospitalization during acute infection and demographic factors and the odds of experiencing fatigue or cardiopulmonary symptoms approximately four months following acute COVID-19.** The top panel shows odds ratios (points) and 95% confidence intervals (bars) for each variable included in logistic regression models using continuous neutralization ID50 values for assays using the original and Omicron BA.5 pseudoviruses (A). The bottom panel shows odds ratios and 95% confidence intervals of developing PASC or specific PASC phenotypes for logistic regression models incorporating a binary variable indicating if a sample had a neutralization ID50 in the top 15% of the cohort to either original SARS-CoV2 or Omicron BA.5 pseudoviruses (B). \*P<0.05, \*\*P<0.01, \*\*\*P<0.001 from covariate adjusted logistic regression.



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**Supplementary Figure 4. Association between SARS-CoV-2 neutralization, hospitalization during acute infection and demographic factors and the odds of experiencing fatigue or cardiopulmonary symptoms approximately four months following acute COVID-19.** The top panel shows odds ratios (points) and 95% confidence intervals (bars) for each variable included in logistic regression using continuous neutralization ID50 values for assays using the original and Omicron BA.5 pseudoviruses in the same model (A). The bottom panel shows odds ratios and 95% confidence intervals of developing PASC or specific PASC phenotypes for logistic regression incorporating a binary variable indicating if a sample had a neutralization ID50 in the top 15% of the cohort to the original SARS-CoV2 and Omicron BA.5 pseudoviruses (B). \*P<0.05, \*\*P<0.01, \*\*\*P<0.001 from covariate adjusted logistic regression.