

Supplementary Materials for
Early cross-coronavirus reactive signatures of humoral immunity against COVID-19

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Supplementary materials

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Table S1. Samples distribution across disease severity and days intervals since symptoms onset.

Table S2. The raw data (Excel datasheet).

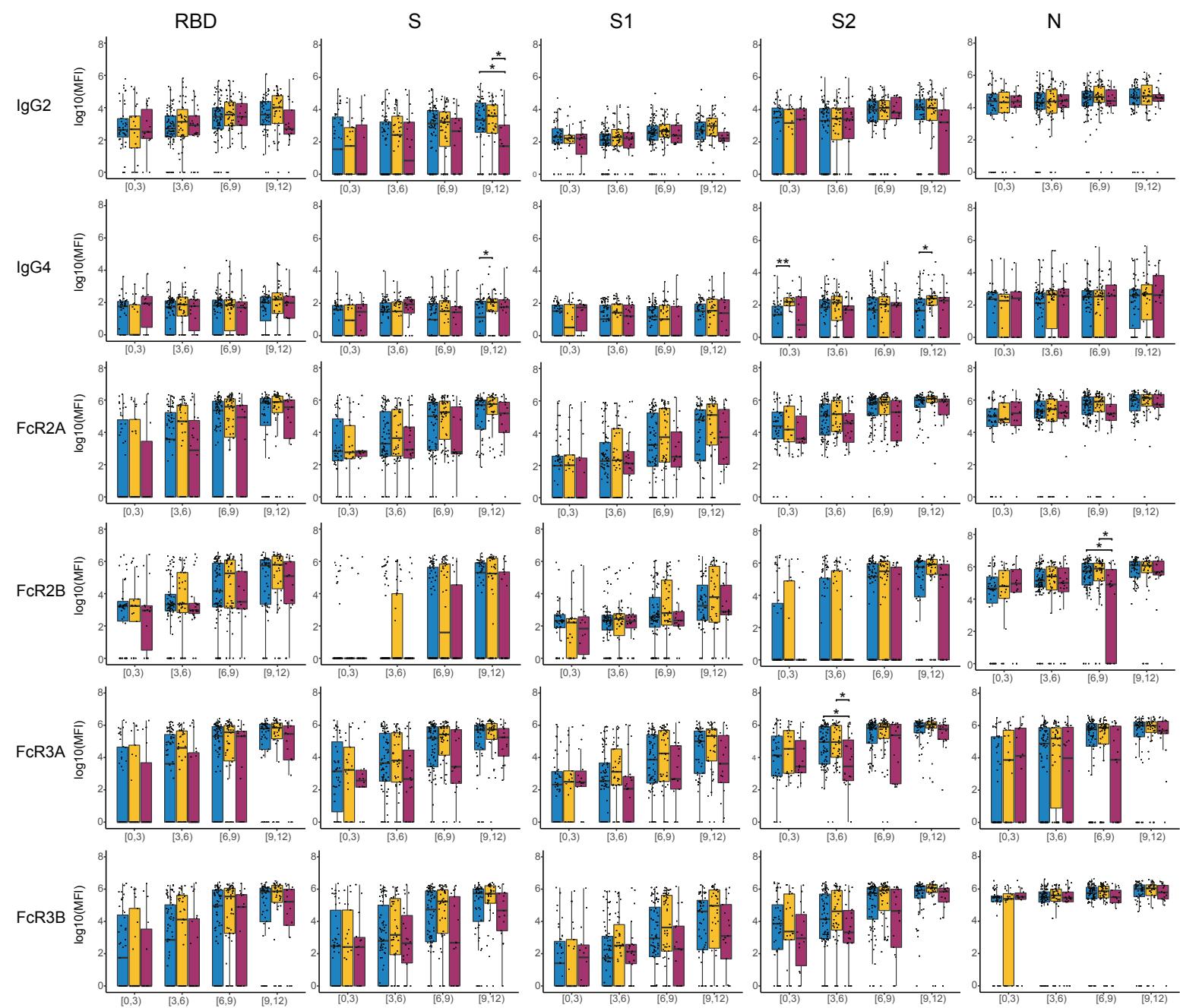


Fig. S1. Distribution of RBD-, S-, S1-, S2- and N-specific antibody isotypes/ subclasses and their ability to bind Fc-receptors across acutely ill COVID-19 patients.

The immune response of SARS-CoV-2 infected individuals was profiled against SARS-CoV-2 antigens. Distributions of IgG2, IgG4 as antibody titers and binding to Fc γ R2A, Fc γ R2B, Fc γ R3A, Fc γ R3B across moderate (blue), severe (yellow) and deceased (red) COVID-19 patients are shown as box-plots over the time intervals (0-3, 3-6, 6-9, 9-12) following symptom onset. The solid black line represents the median, and the upper and bottom lines of box plots show the first and third quartiles. Values are reported as log₁₀ MFI. A two-sample Wilcox test was used to evaluate statistical differences across groups for all the intervals and features. The P-values were corrected from multiple hypothesis testing using the Benjamini-Hochberg procedure per each interval. Here, significance corresponds to the adjusted P-values. (* p < 0.05, ** p < 0.01).

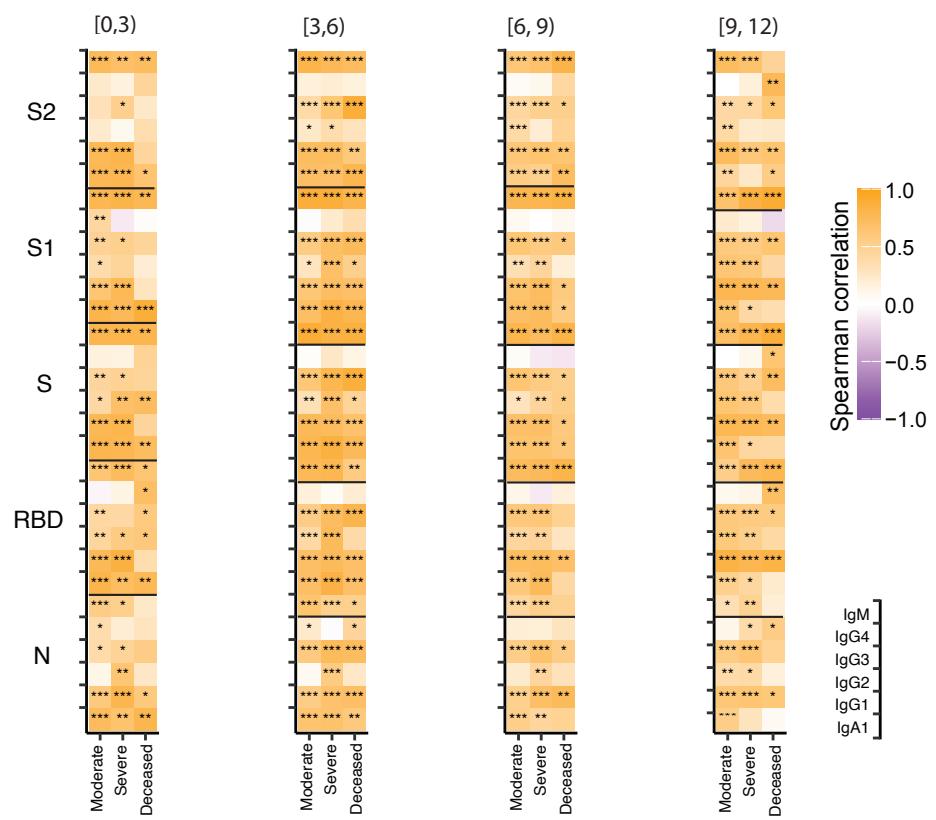


Fig. S2. The Spearman correlation between SARS-CoV-2 and human cCoV OC43 antibody levels and neutralization level over time.

(A) The correlation heatmap between isotypes/subclasses and neutralization level across different SARS-CoV-2 epitopes measured by Spearman Correlation. (B) The correlation heatmap between OC43 -specific isotypes/subclasses and neutralization across different time courses. The adjusted p values by the Benjamini-Hochberg procedure were labeled as asterisk (* $p < 0.05$, ** $p < 0.01$, *** $p < 0.001$).

IgM / IgG1

IgM / IgG3

IgM / IgA

IgG1 / IgA1

IgG3 / IgA1

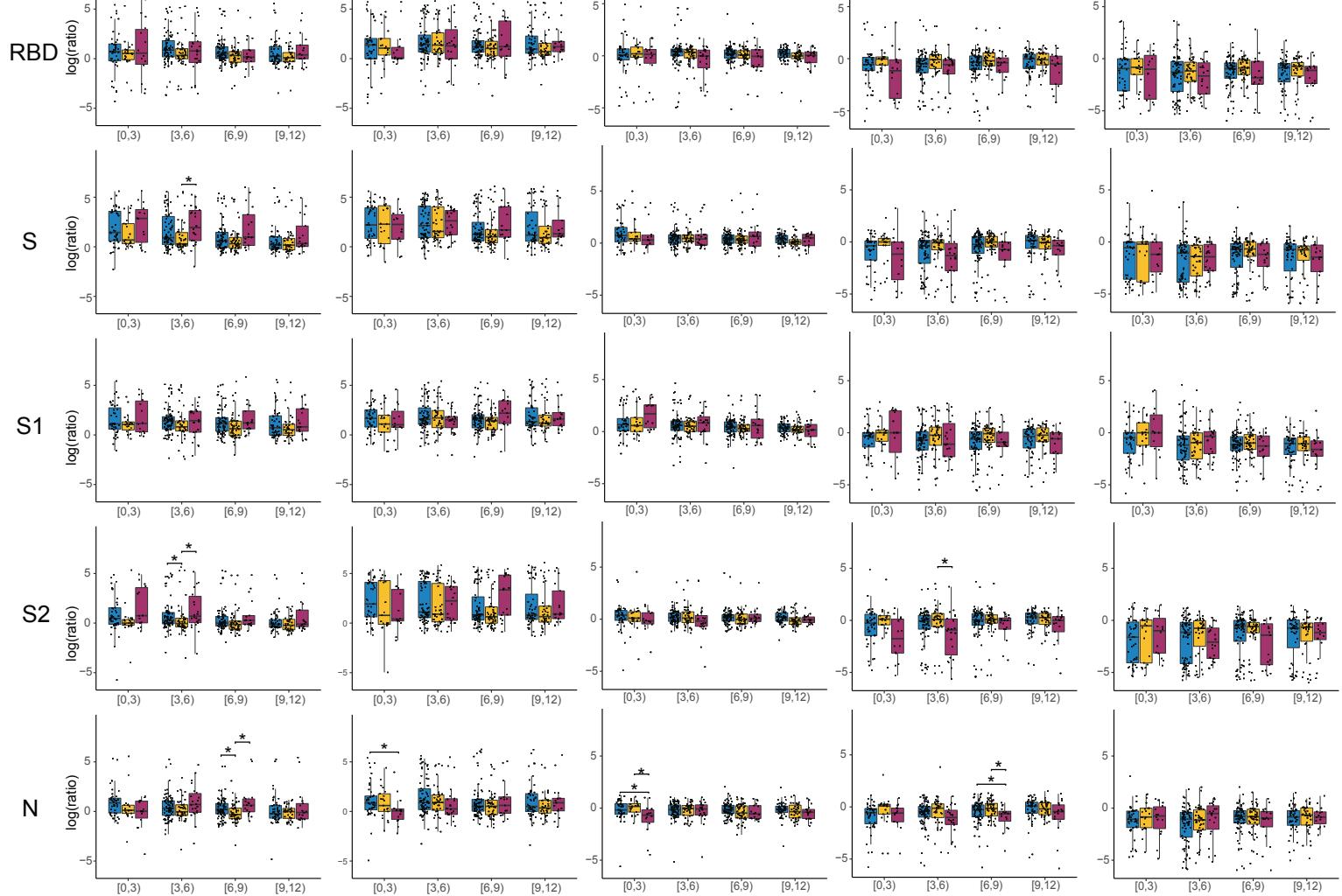


Fig. S3. Temporal evolution of SARS-CoV-2 specific antibody.

Distributions of IgM, IgG1, IgG3, and IgA1 ratios among multiple SARS-CoV-2 specific antibodies across the different time course. A two-sample Wilcox test corrected from multiple hypothesis testing using the Benjamini-Hochberg procedure pre-time course was used to evaluate statistical differences. Significance represents the adjusted P-values: (* $p < 0.05$, ** $p < 0.01$, *** $p < 0.001$).

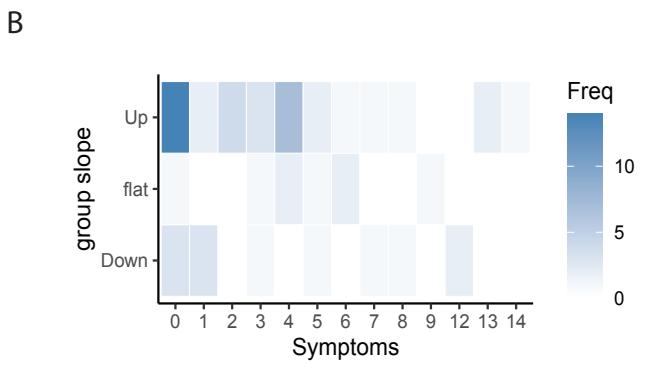
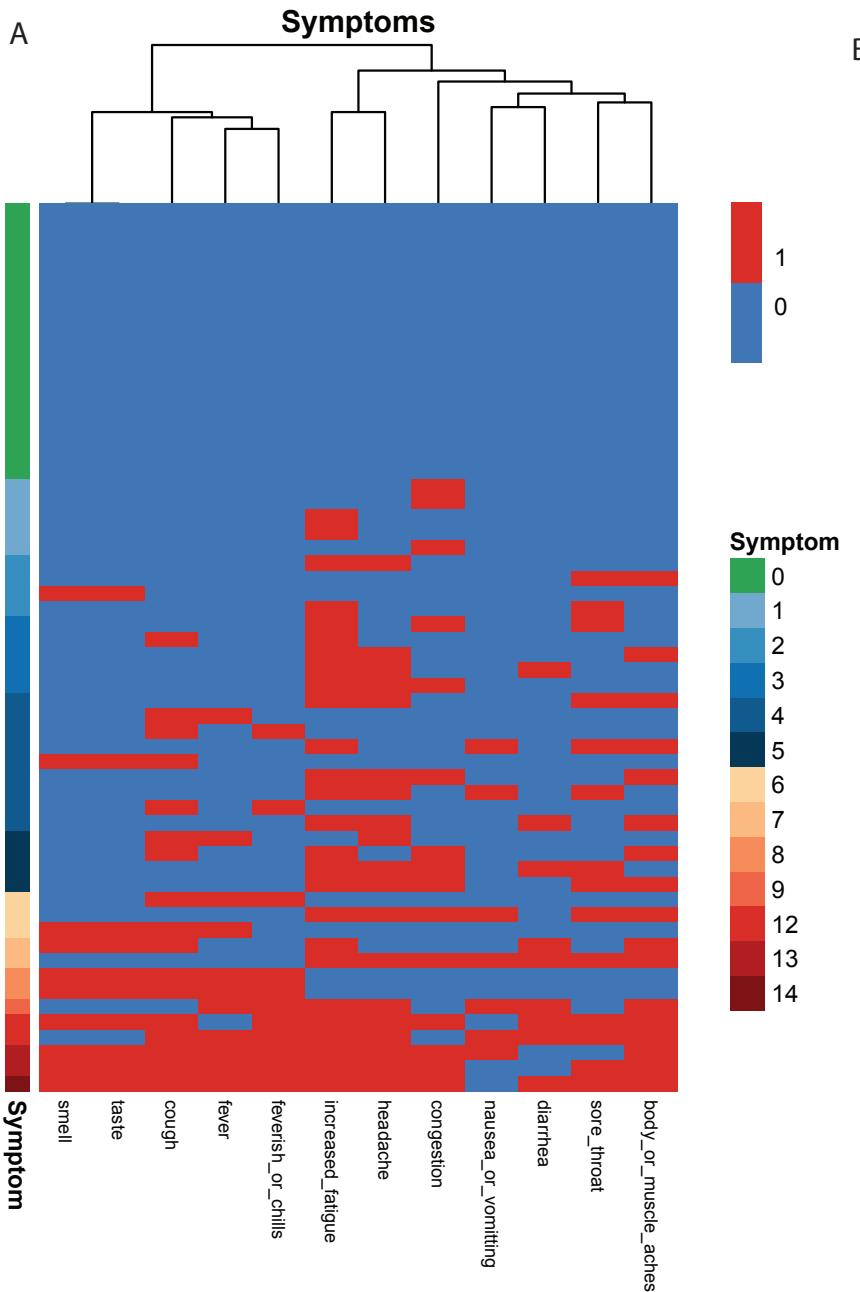


Fig. S4. Defined symptom groups for community acquired-COVID-19 mild and asymptomatic individuals.

The patients were divided into groups with or without COVID-19 symptoms based on 14 symptoms reported in a questionnaire. More severe COVID-19 symptoms, such as loss of smell/taste, fever, feverish/chills, or cough, were scored higher (2 points), and other, such as increased fatigue, headache, congestion, nausea/vomiting, diarrhea, sore throat, and body/muscle aches, were score with 1 point. The scale shows weighted numbers of observed symptoms and is visualized from the top (asymptomatic group: red) to bottom (an asymptomatic group with an increased number of symptoms: blue to red). **(A)** The symptom heatmap. Patients with reported clinical symptoms were marked in red, lack of symptoms was reported in blue. **(B)** The counts of relationships between defined symptoms and groups defined by the titer difference between pre-existing OC43 S-IgG1 and its corresponding titer value after SARS-CoV-2 infection.

#samples/#patients	Deceased	Severe	Moderate	Total
Day 0-3	14/14	21/21	43/43	78/78
Day 3-6	22/22	42/42	77/77	141/141
Day 6-9	17/17	50/50	76/76	143/143
Day 9-12	17/17	38/38	52/52	107/107
Total	70/37	151/62	248/118	469/217

Table S1. Samples distribution across disease severity and days intervals since symptoms onset.