Supplemental information

Association between SARS-CoV-2 RNAemia, skewed

T cell responses, inflammation, and severity

in hospitalized COVID-19 people living with HIV

Matteo Augello, Valeria Bono, Roberta Rovito, Camilla Tincati, Silvia Bianchi, Lucia Taramasso, Antonio Di Biagio, Annapaola Callegaro, Franco Maggiolo, Elisa Borghi, Antonella d'Arminio Monforte, and Giulia Marchetti

Supplemental information

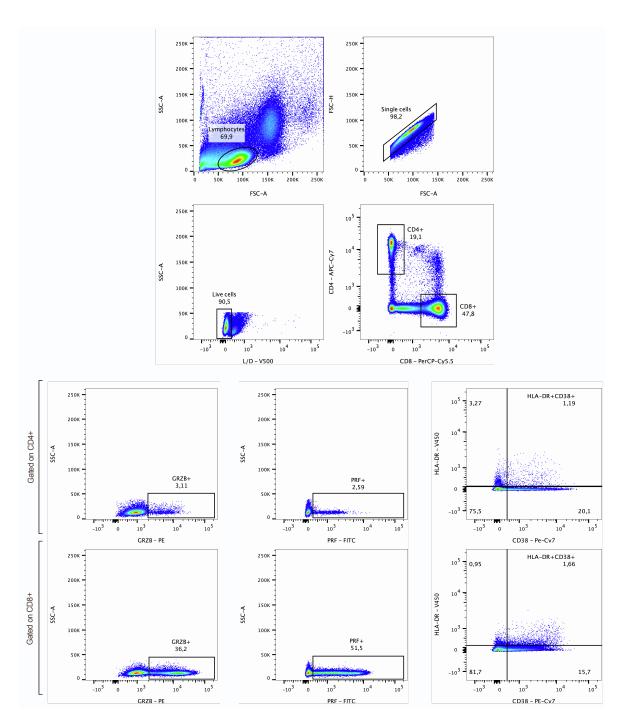


Figure S1 (related to *Methods details, Immunophenotyping*). Representative plots of the flow cytometry gating strategy for immunophenotyping. Lymphocytes, single and live cells were identified, and further divided into CD4+ and CD8+ cells. Granzyme-B-producing (GRZB+) and perforin-producing (PRF+) cells were determined within both CD4+ and CD8+ cells, as were activated (HLA-DR+CD38+) cells.

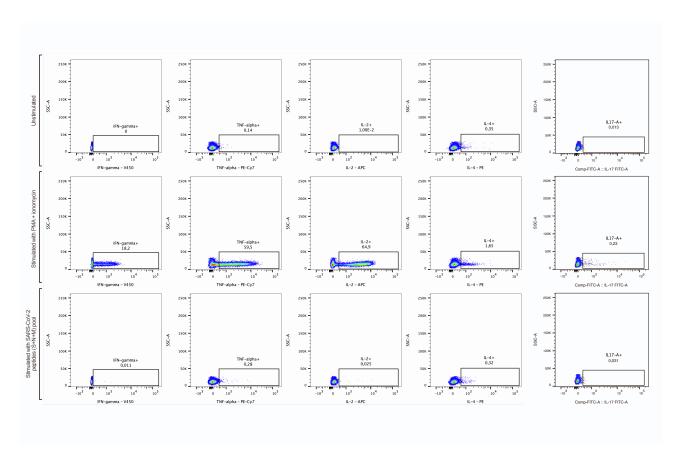


Figure S2 (related to *Methods details, Intracellular Cytokine Staining assay*). Representative plots of the flow cytometry gating strategy for intracellular cytokine staining (ICS) assay. Flow cytometry gating strategy used for the measurement of ICS+ (IFN- γ +, TNF- α +, IL-2+, IL-4+, IL-17A+) CD4 and CD8 T-cells in PBMCs unstimulated, stimulated with PMA+ionomycin, and stimulated with wild-type SARS-CoV-2 S+N+M peptides pool. SARS-CoV-2–specific T-cells were measured subtracting unspecific background cytokine production in unstimulated samples from samples stimulated with SARS-CoV-2 peptides pool; samples stimulated with PMA+ionomycin were used as positive controls.