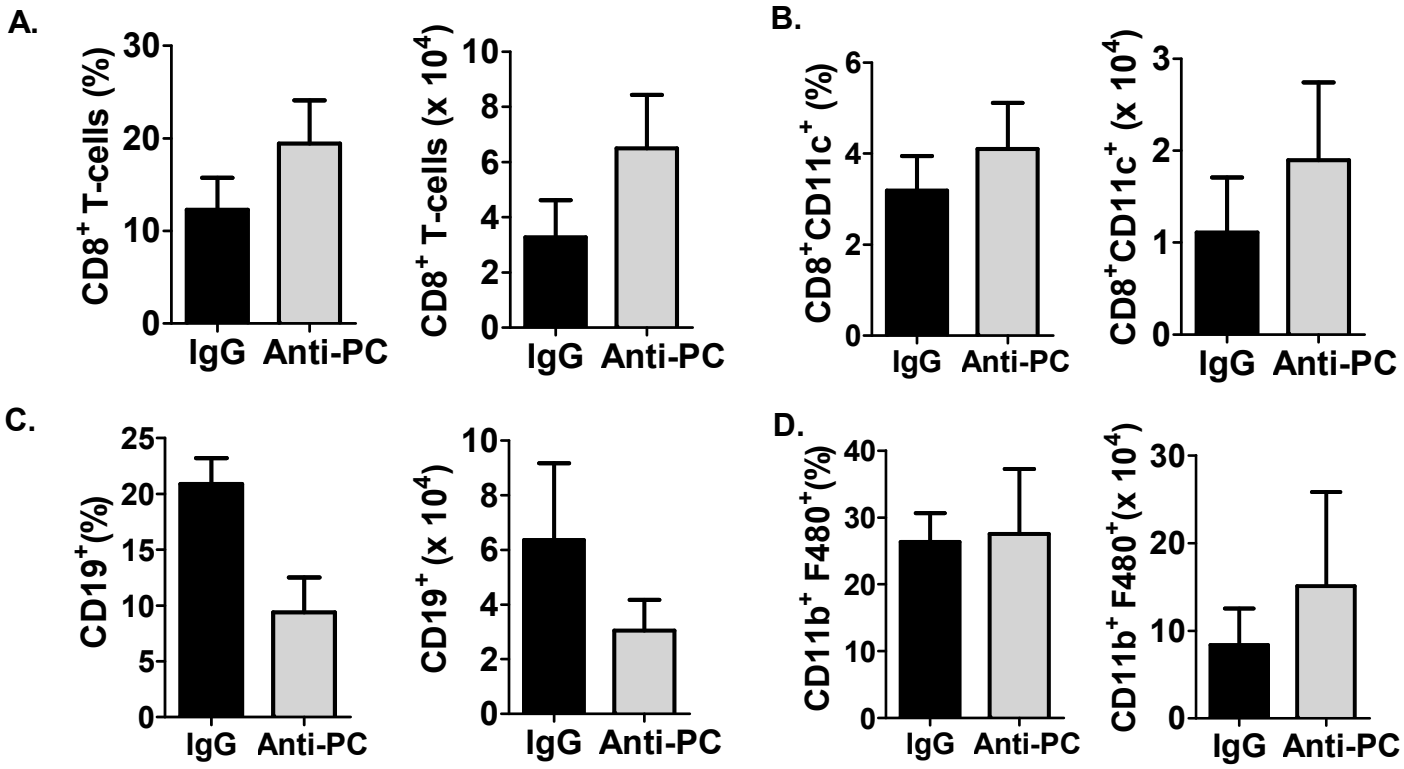
Supplemental Table I. Anti-PC mice exhibit considerable infiltration in the brain despite attenuated clinical signs.

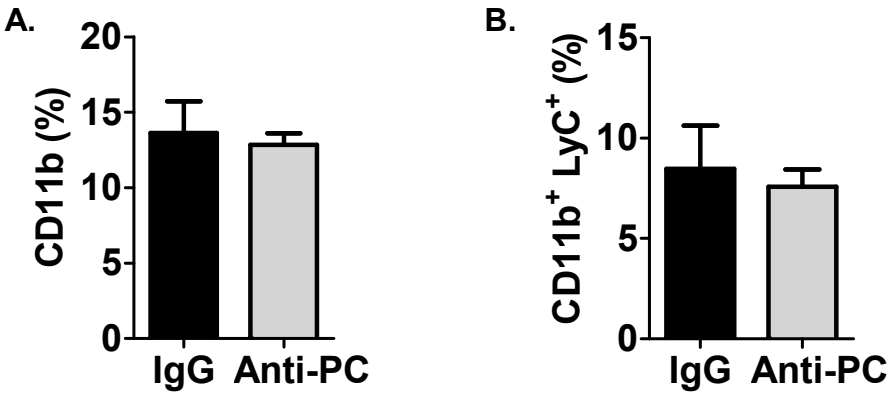
	IgG Control	Anti-PC
Severe CNS infiltration with clinical signs (Day 14-17)	**62.5 %**	**16.6 %**
Severe CNS infiltration with no clinical signs (Day 14-17)	**0 %**	**33.3 %**
No CNS infiltration with no clinical signs (Day 14 – 17)	**37.5 %**	**50 %**

Supplemental Figure 1



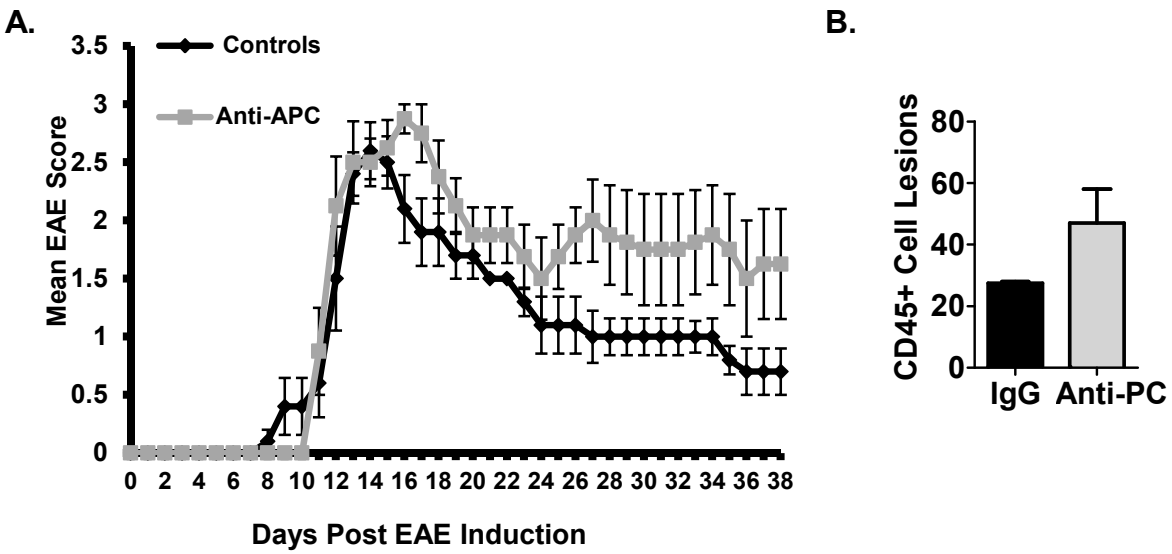
Supplemental Figure 1. The absolute numbers of various infiltrating leukocyte populations in the CNS are not considerably different between anti-PC and IgG mice. Cellular infiltrates from the brains of anti-PC and control mice were isolated by percoll gradient, and cells were subjected to flow cytometry analysis to assess the frequency (among $CD45^{high}$ cells) and absolute cell counts of **(A)** $CD8^+$ T-cells, **(B)** $CD8^+CD11c^+$ cells, **(C)** $CD19^+$ cells, and **(D)** $CD11b^+F480^+$ cells. Data are represented as means $\pm$ SEM.

Supplemental Figure 2



Supplemental Figure 2. The frequency of splenic CD11b+ populations in naïve mice was not altered following anti-PC treatment. Splenocytes were harvested from naïve mice following anti-PC or IgG treatment and the frequency of **(A)** $CD11b^+$ cells **(B)** $CD11b^+Ly6C^+$ cells was assessed by flow cytometry.

Supplemental Figure 3



Supplemental Figure 3. Anti-PC treatment after EAE onset does not attenuate disease severity. (A) Mice induced with EAE were treated with anti-PC of IgG after disease onset, specifically on days 12, 14, 16 post EAE induction. Mice were monitored daily to assess clinical signs. Scores were plotted as means ± SEM (anti-PC n = 4, IgG n = 5). **(B)** $CD45^+$ cell aggregates in brain sections of mice from anti-PC or IgG groups were individually counted at 10X magnification using a Zeiss Axio Imager M1 microscope. Counts are represented as means ± SEM.