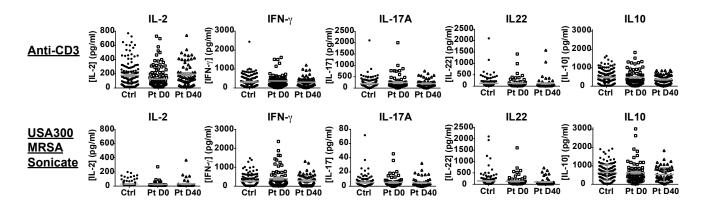
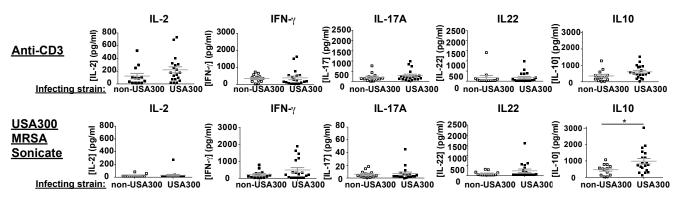


Supplemental Figure 1. The reduction in cytokine levels in serum and supernatants of stimulated PBMCs between D0 and D40 was similar in patients treated with trimetoprim/sulfamethoxazole and clindamycin. The difference in cytokine levels between D0 and D40 was measured for serum IL-6 (top left panel) and supernatants of USA300 sonicate-restimulated PBMCs for IL-6, IL-1 $\beta$  and TNF (other 3 panels). The plots represent the mean - SEM from patients treated with trimetoprim/sulfamethoxazole versus clindamycin (n=28/group). No statistical differences were found between the 2 groups.

## Stimulation of PBMCs from uninfected controls and SSTI patients:



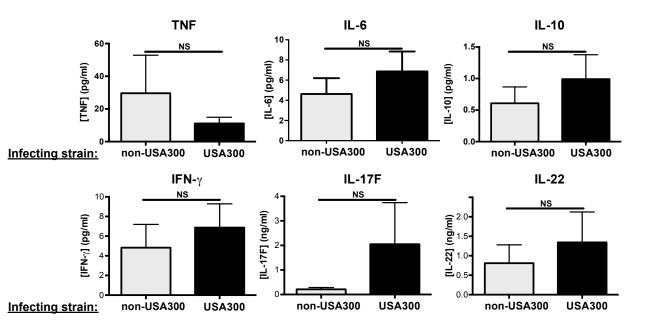
## B <u>Stimulation of D0 PBMCs from SSTI patients:</u>



Supplemental Figure 2. Adaptive cytokines are similar is SSTI patients and controls and in SSTI patients infected with non-USA300 and USA300 *S. aureus* strain types. A. PBMCs from uninfected controls and infected patients were stimulated with anti-CD3 or USA300 MRSA sonicates and production of adaptive cytokines was measured in the supernatant at 24h by ELISA. B. Adaptive cytokines produced by PBMCs from SSTI patients with documented USA300 and non-USA300 infection were compared. Plots show Mean + SEM. \*p<0.05, Mann-Whitney.

## Body Temperature 40 39 38 37 36 35 34 33 32 Individual Patients

Supplemental Figure 3. Body temperature of SSTI patients. Body temperature was measured in infected patients on D0.



Supplemental Figure 4. Serum cytokines are similar is SSTI patients infected with non-USA300 and USA300 *S. aureus* strain types. Serum from SSTI patients on D0 was analyzed for cytokine content by multiplex and cytokine levels were compared between patients infected with documented non-USA300 (n=12) versus USA300 (n=20) *S. aureus* strain types. NS, not significant.