

Supplementary Material

Promiscuous *Coxiella burnetii* CD4 Epitope Clusters Associated with Human Recall Responses Are Candidates for a Novel T-cell Targeted Multi-Epitope Q fever Vaccine

Authors

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Table S1. Accuracy of T-cell epitope predictions determined in HLA binding assays

HLA Class	Allele	Total	True positive prediction³	False positive prediction⁴	True negative prediction⁵	False negative prediction⁶	Positive predictive accuracy
Class II¹	DRB1*0101	50	43	3	1	3	88%
	DRB1*0301	50	21	16	9	4	60%
	DRB1*0401	50	33	13	1	3	68%
	DRB1*0701	50	40	3	1	6	82%
	DRB1*0801	50	25	15	7	3	64%
	DRB1*1101	50	39	6	1	4	80%
	DRB1*1301	50	34	6	3	7	74%
	DRB1*1501	50	43	4	0	3	86%
	Total	400	278	66	23	33	75%
Class I²	A*0101	11	8	3	-	-	73%
	A*0201	11	11	0	-	-	100%
	A*0301	10	10	0	-	-	100%
	A*2402	11	11	0	-	-	100%
	B*0702	11	8	3	-	-	73%
	B*4403	11	8	3	-	-	73%
	Total	65	56	6	-	-	86%

¹ HLA class II peptides were selected for broad reactivity and assayed for binding to all class II alleles available regardless of positive or negative prediction

² HLA class I peptides were assayed for binding only to the primary allele they were predicted to bind

³ Bioinformatic prediction was confirmed by *in vitro* binding

⁴ Bioinformatic prediction was not confirmed by *in vitro* binding

⁵ Binding was neither predicted nor observed *in vitro*

⁶ *In vitro* binding was observed despite negative bioinformatic prediction

Table S2. Human donor selection for HLA class II T-cell epitope antigenicity screening

Group	Total cohort				Subcohort for HLA class II T-cell epitope antigenicity screening			Expected frequency ³
	Total cohort	A (contr.)	B (asympt.)	C (sympt.)	A (contr.)	B (asympt.)	C (sympt.)	
N	136	26	73	37	21	33	23	
Coxiella-specific IFNγ response in pg/ml (median, IQR)¹		3 [1-10.3]	330 [168-660]	348 [180-717]	3 [1-8]	460 [214-699]	434 [312-988]	
HLA-DR1²	28 (20.6%)	8 (30.8%)	12 (16.4%)	8 (21.6%)	7 (33.3%)	6 (18.2%)	5 (21.7%)	12.2 – 19.8%
HLA-DR3	29 (21.3%)	5 (19.2%)	19 (26.0%)	5 (13.5%)	5 (23.8%)	8 (24.2%)	5 (21.7%)	12.9 – 25.0%
HLA-DR4	39 (28.7%)	4 (15.4%)	25 (34.2%)	10 (27.0%)	3 (14.3%)	9 (27.3%)	6 (26.1%)	15.1 – 28.3%
HLA-DR7	31 (22.8%)	4 (15.4%)	15 (20.5%)	12 (32.4%)	4 (19%)	9 (27.3%)	6 (26.1%)	11.2 – 26.2%
HLA-DR8	8 (5.9%)	2 (7.7%)	6 (8.2%)	0 (0.0%)	2 (0.9%)	4 (12.1%)	0 (0.0%)	3.9 – 5.5%
HLA-DR11	22 (16.2%)	4 (15.4%)	13 (17.8%)	5 (13.5%)	4 (19%)	7 (21.1%)	5 (21.7%)	11.3 – 17.0%
HLA-DR13	41 (30.1%)	8 (30.8%)	20 (27.4%)	13 (35.1%)	7 (33.3%)	5 (15.2%)	7 (30.4%)	12.0 – 28.4%
HLA-DR15	35 (25.7%)	9 (34.6%)	19 (26.0%)	7 (18.9%)	5 (23.8%)	9 (27.3%)	5 (21.7%)	8.0 – 25.5%

¹ At inclusion into the study in October 2015, medium only background subtracted

² Frequencies of subjects expressing a copy of the indicated HLA allele within each group. Donors that were homozygous for a single allele are counted once. Shown as total N per group and (%)

³ Range of HLA frequencies reported in the Dutch population by (i) allelefrequencies.net, combination of the “Germany DKMS – Netherland minority”, “Netherlands Leiden”, and “Netherlands UMCU” populations, (ii) by Schipper et al. [1] and (iii) by Southwood et al. [2], (Caucasian population, HLA class II only)

Table S3. Human donor selection for HLA class I T-cell epitope antigenicity screening

	Total cohort				Subcohort for HLA class I T-cell epitope antigenicity screening			Expected frequency ³
Group	Total cohort	A (contr.)	B (asympt.)	C (sympt.)	A (contr.)	B (asympt.)	C (sympt.)	
N	136	26	73	37	20	32	25	
Coxiella-specific IFNγ response in pg/ml (median, IQR)¹		3 [1-10.3]	330 [168-660]	348 [180-717]	3.5 [1.3-10.5]	441 [203-699]	378 [212-949]	
HLA-A1²	52 (38.2%)	6 (23.1%)	31 (42.5%)	15 (40.5%)	5 (25%)	11 (34.3%)	9 (36%)	24.3 – 44.6%
HLA-A2	66 (48.5%)	15 (57.7%)	33 (45.2%)	18 (48.6%)	10 (50%)	13 (40.6%)	13 (52%)	30.2 – 52.6%
HLA-A3	56 (41.2%)	12 (46.2%)	32 (43.8%)	12 (32.4%)	9 (45%)	14 (43.8%)	8 (32%)	21.1 – 38.7%
HLA-A11	18 (13.2%)	6 (23.1%)	8 (11.0%)	4 (10.8%)	4 (20%)	4 (12.5%)	3 (12%)	5.2 – 11.6%
HLA-A24	29 (21.3%)	5 (19.2%)	14 (19.2%)	10 (27.0%)	5 (25%)	12 (37.5%)	10 (40%)	11.1 – 19.1%
HLA-A68	25 (18.4%)	4 (15.4%)	15 (20.5%)	6 (16.2%)	3 (15%)	6 (18.8%)	4 (16%)	7.2 – 14.9%
HLA-B7	58 (42.6%)	13 (50.0%)	27 (37.0%)	18 (48.6%)	8 (40%)	15 (46.9%)	12 (48%)	18.4 – 37.1%
HLA-B8	29 (21.3%)	5 (19.2%)	18 (24.7%)	6 (16.2%)	5 (25%)	7 (21.9%)	6 (24%)	12.6 – 22.7%
HLA-B27	23 (16.9%)	4 (15.4%)	16 (21.9%)	3 (8.1%)	3 (15%)	9 (28.1%)	3 (12%)	5.4 – 13.9%
HLA-B35	45 (33.1%)	9 (34.6%)	21 (28.8%)	15 (40.5%)	7 (35%)	10 (31.3%)	9 (36%)	17.9 – 33.5%
HLA-B44	72 (52.9%)	13 (50.0%)	40 (54.8%)	19 (51.4%)	10 (50%)	13 (40.6%)	11 (44%)	31.3 – 57.2%

¹ At inclusion into the study in October 2015, medium only background subtracted

² Frequencies of subjects expressing a copy of the indicated HLA allele within each group. Donors that were homozygous for a single allele are counted once. Shown as total N per group and (%)

³ Range of HLA frequencies reported in the Dutch population by (i) allelefrequencies.net, combination of the “Germany DKMS – Netherland minority”, “Netherlands Leiden”, and “Netherlands UMCU” populations, (ii) by Schipper et al. [1] and (iii) by Southwood et al. [2], (Caucasian population, HLA class II only)

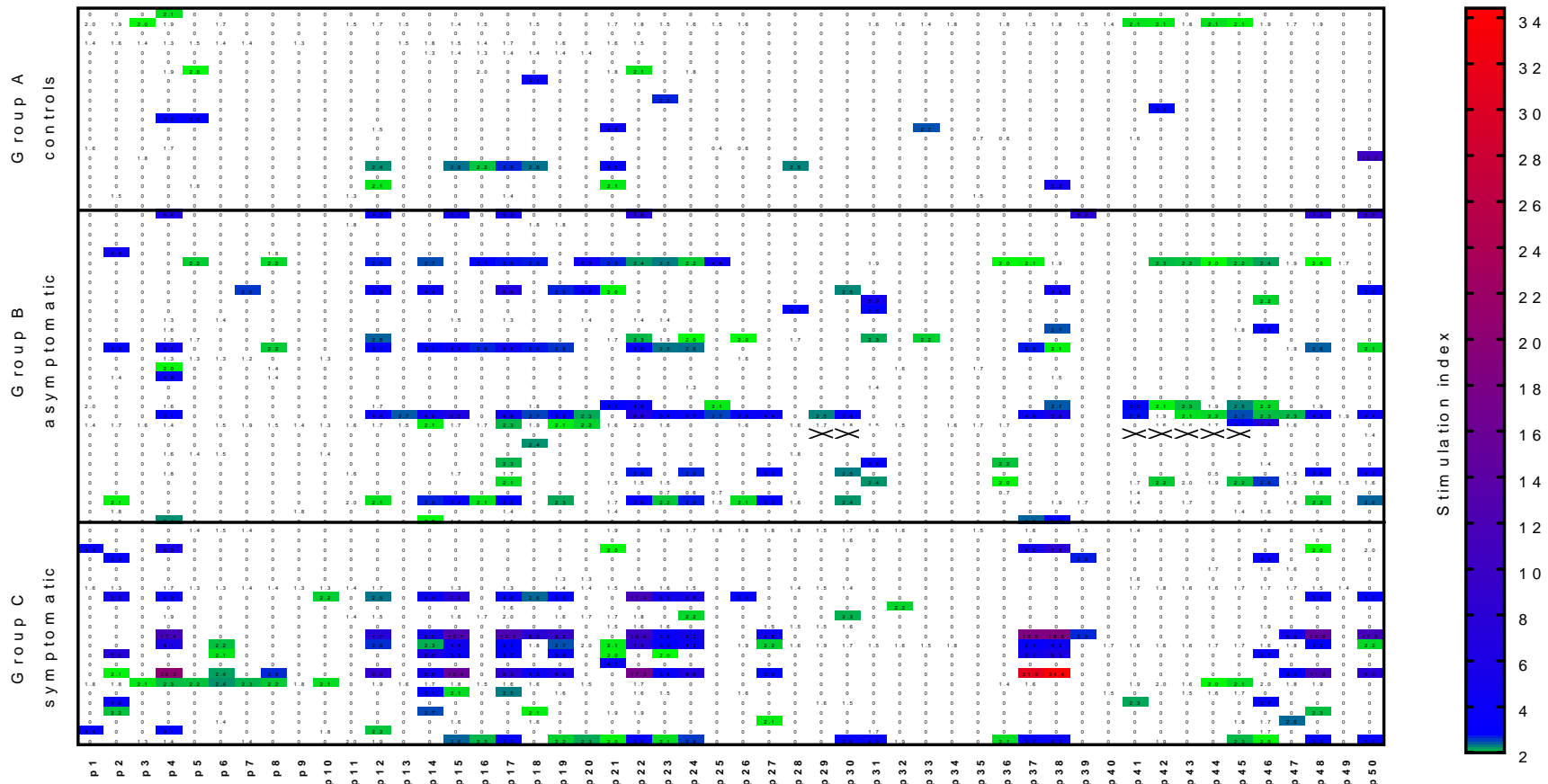


Figure S1. Overview of human IFN γ responses to HLA class II peptides. Individual IFN γ responses to HLA class II peptides determined by cultured ELISpot are depicted as stimulation indices (SI) for all donors from group A (n=21), B (n=33) and C (n=23). Each row shows data from one donor, each column responses to one of the 50 class II peptides. Responses not significantly different from background and/or lower than an average of 10 spots/well are denoted as 0. Significant responses with a SI \geq 2 are color coded as per heatmap legend. Crosses indicate conditions for which no data are available due to technical error or insufficient cell numbers.

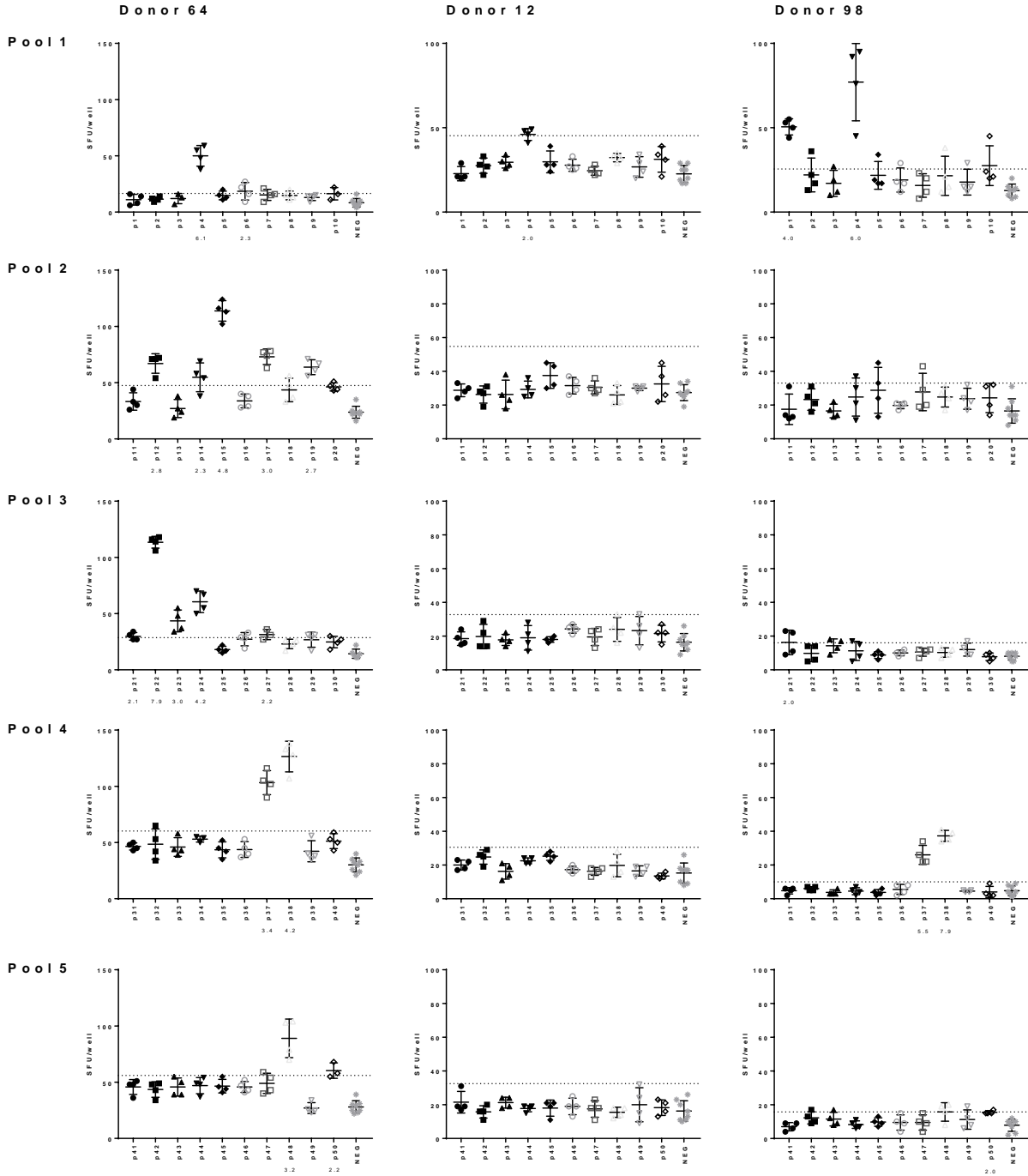


Figure S2. Representative human IFN γ cultured ELISpot responses to HLA class II peptides. HLA class II peptide specific IFN γ responses are shown as absolute spot forming units (SFU) per well for three individual donors. Data are shown per peptide pool expansion culture. Dotted lines indicate the cut-off for positivity, namely a stimulation index (SI) of 2 in reference to medium-only wells (negative control, NEG) per expansion culture, or 10 SFU/well if SI=2 would otherwise be reached at a lower spot count. Positive responses further needed to be significantly higher than NEG wells by one-way ANOVA with Holm-Šídák multiple comparisons post-hoc test. SI values for positive responses are denoted underneath the respective peptide label on the x-axis.

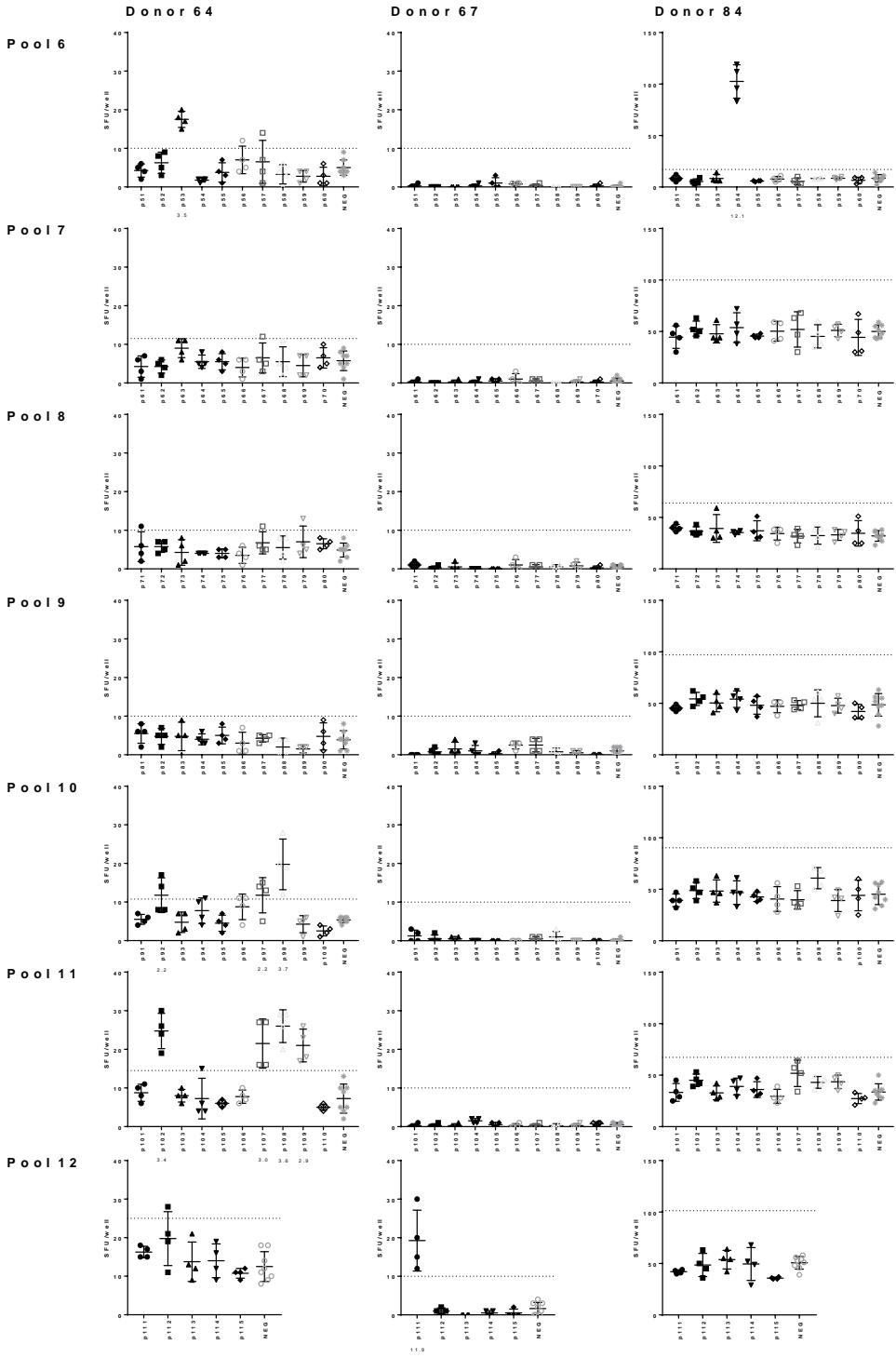


Figure S4. Exemplary human IFN γ cultured ELISpot responses to HLA class I peptides. HLA class I peptide specific IFN γ responses are shown as absolute spot forming units (SFU) per well for three individual donors. Data are shown per peptide pool expansion culture. Dotted lines indicate the cut-off for positivity, namely a stimulation index (SI) of 2 in reference to medium-only wells (negative control, NEG) per expansion culture, or 10 SFU/well if SI=2 would otherwise be reached at a lower spot count. Positive responses further needed to be significantly higher than NEG wells by one-way ANOVA with Holm-Šídák multiple comparisons post-hoc test. SI values for positive responses are denoted underneath the respective peptide label on the x-axis.

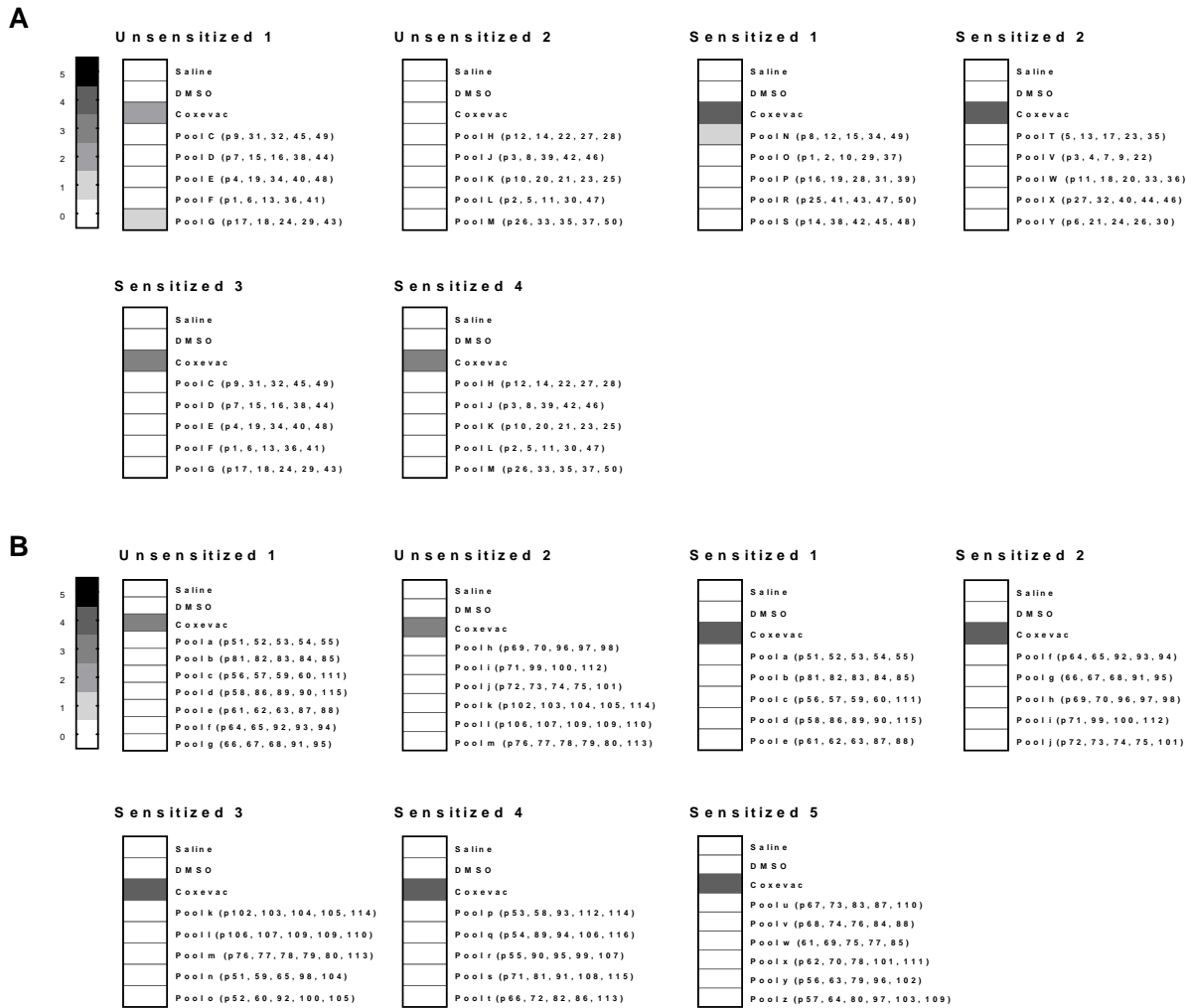


Figure S5: Reactogenicity screening of HLA Class II and I peptides in guinea pigs. Histology scores of guinea pigs challenged intradermally with pools of peptides were assessed separately for HLA class II (A) and class I peptides (B). Each peptide was tested once in unsensitized animals, and twice (in two different pool compositions) in sensitized animals, 42 days after intranasal inoculation with 10^6 *C. burnetii* Nine Mile. Histological scores from skin biopsies collected at day 7 post challenge are represented as gray scale.

Supplementary References

1. Schipper RF, Schreuder GM, D'Amaro J, Oudshoorn M. HLA gene and haplotype frequencies in Dutch blood donors. *Tissue Antigens*. 1996;48(5):562-74. PubMed PMID: 8988539.
2. Southwood S, Sidney J, Kondo A, del Guercio MF, Appella E, Hoffman S, et al. Several common HLA-DR types share largely overlapping peptide binding repertoires. *J Immunol*. 1998;160(7):3363-73. PubMed PMID: 9531296.