

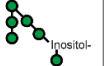











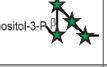





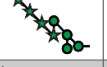









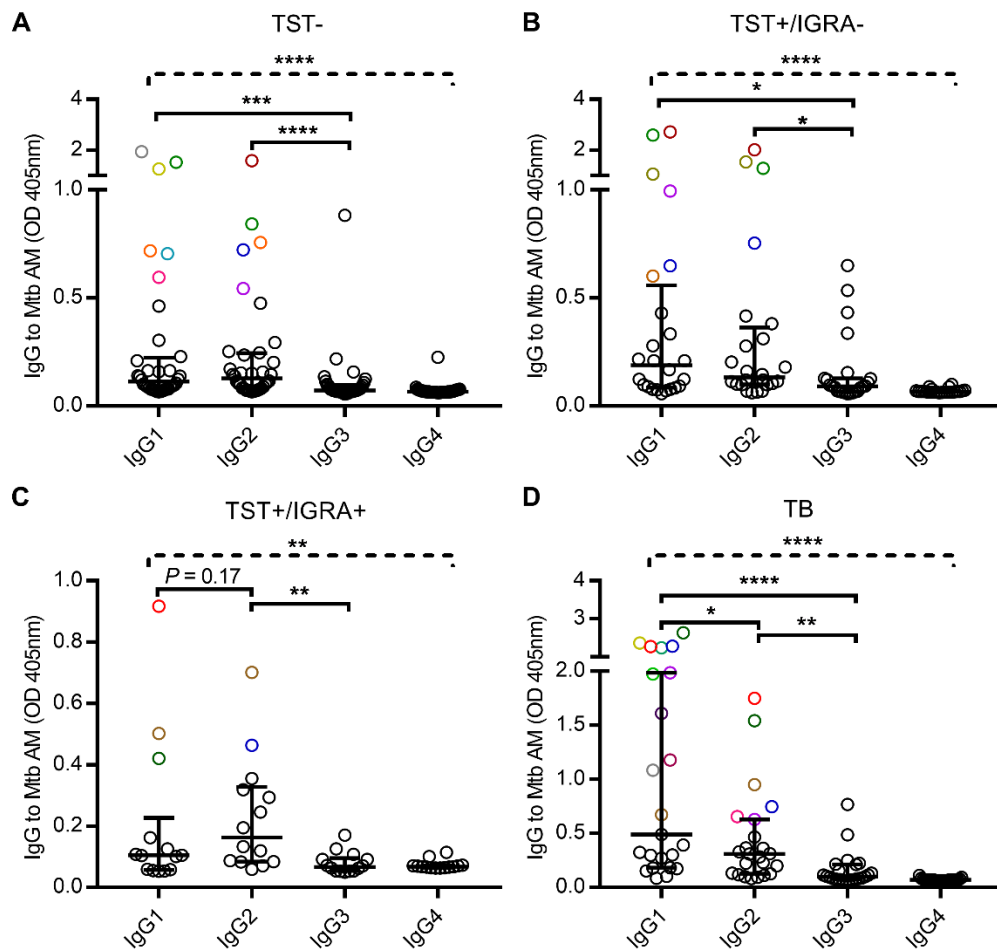


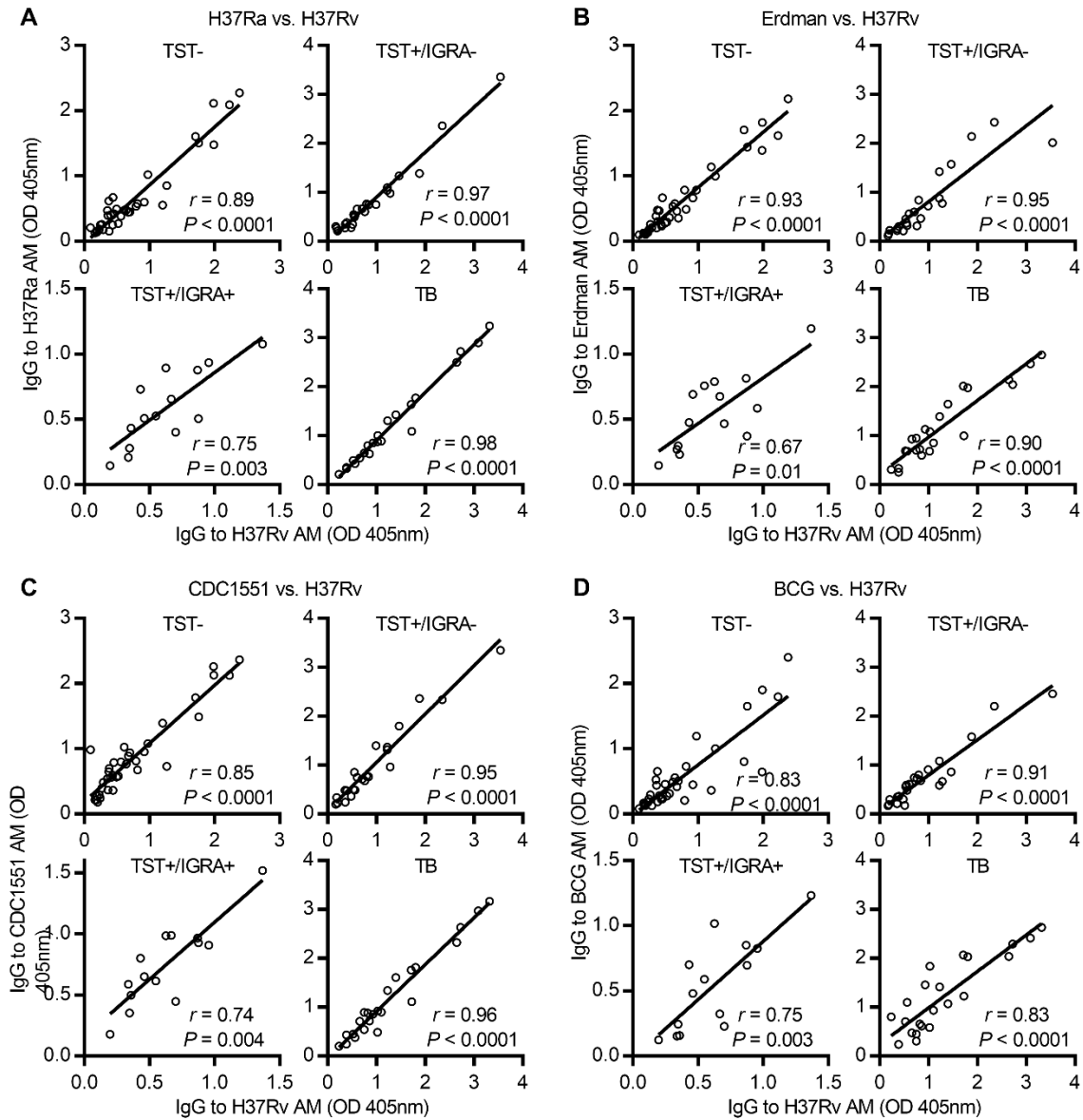
**Supplemental Table 1. AM oligosaccharide structures and correlations between serum IgG reactivity to each AM OS and Mtb macrophage phagocytosis in TST+/IGRA+ and TB subject groups**

		TST+/IGRA+		TB				TST+/IGRA+		TB				TST+/IGRA+		TB	
		r	p	r	p			r	p	r	p			r	p		
<b>S#1</b>		0.39	0.26	0.40	0.18	<b>S#11</b>		0.18	0.63	0.26	0.39	<b>S#23</b>		0.21	0.56	0.22	0.47
<b>S#2</b>		0.61	0.07	0.35	0.24	<b>S#12</b>		0.20	0.58	-0.27	0.37	<b>S#25</b>		0.28	0.43	-0.25	0.40
<b>S#3</b>		<b>0.70</b>	<b>0.03</b>	0.38	0.20	<b>S#15</b>		0.38	0.28	0.24	0.42	<b>S#44</b>		0.13	0.73	-0.09	0.77
<b>S#4</b>		0.36	0.31	-0.22	0.46	<b>S#16</b>		0.33	0.35	0.43	0.14	<b>S#46</b>		-0.18	0.63	0.11	0.71
<b>S#5</b>		0.05	0.89	-0.02	0.95	<b>S#17</b>		0.16	0.66	-0.69	0.01	<b>S#49</b>		<b>0.68</b>	<b>0.03</b>	0.29	0.33
<b>S#6</b>		0.14	0.70	0.04	0.91	<b>S#18</b>		0.45	0.19	0.21	0.48	<b>S#50</b>		-0.17	0.64	-0.34	0.26
<b>S#7</b>		<b>0.68</b>	<b>0.03</b>	0.27	0.38	<b>S#19</b>		0.56	0.10	0.03	0.92	<b>S#56</b>		0.58	0.09	0.26	0.40
<b>S#8</b>		<b>0.77</b>	<b>0.01</b>	0.47	0.10	<b>S#20</b>		0.43	0.22	0.43	0.14	<b>S#57</b>		0.55	0.10	0.16	0.61
<b>S#9</b>		<b>0.76</b>	<b>0.01</b>	0.03	0.92	<b>S#21</b>		0.55	0.10	0.14	0.64	<b>S#58</b>		-0.43	0.21	-0.46	0.11
<b>S#10</b>		-0.02	0.97	-0.02	0.96	<b>S#22</b>		0.47	0.18	0.24	0.43	<b>S#59</b>		0.01	> 0.99	-0.04	0.90

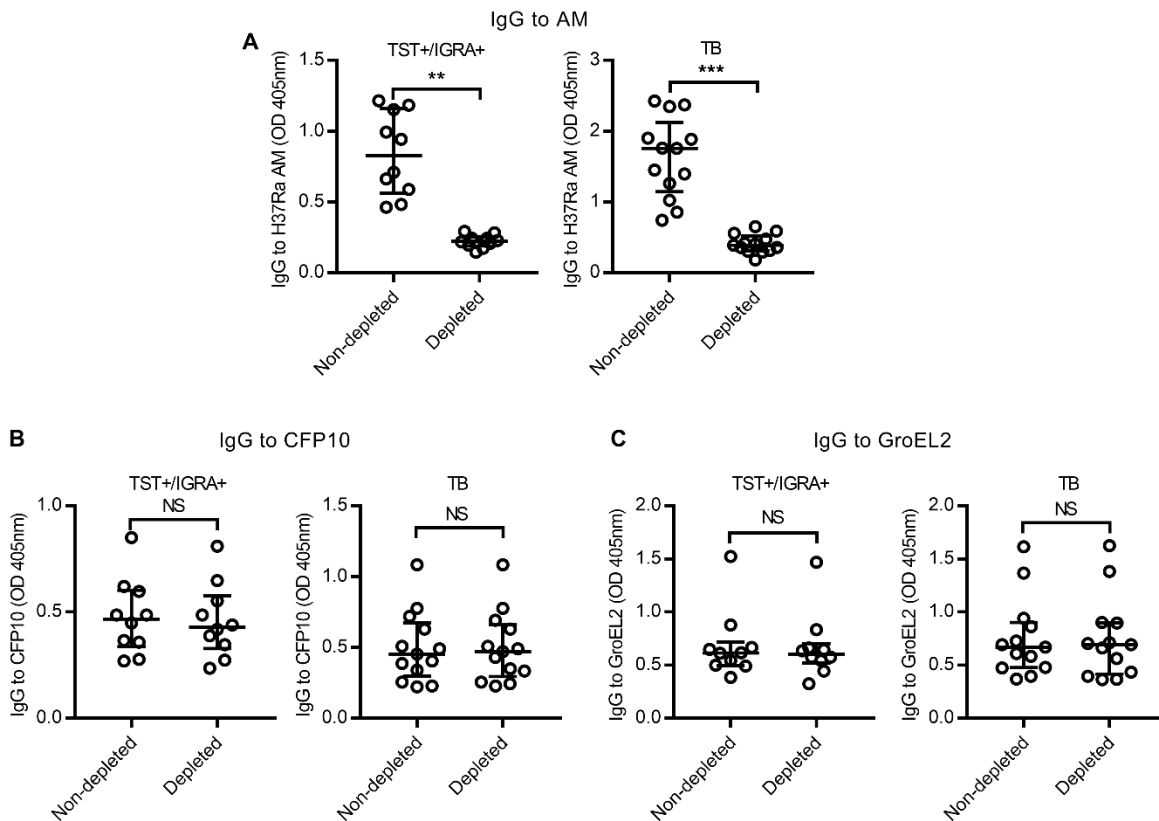
Green star: Araf residue; green circle: mannose; orange star: xylose residue. Spearman rank correlation. Compound S#46 is an OS motif of the mycobacterial capsular PS alpha-glucan, which served as a control. TST+/IGRA+: Tuberculin skin-test positive, interferon-gamma release assay positive asymptomatic subjects; TB: subjects with active tuberculosis.



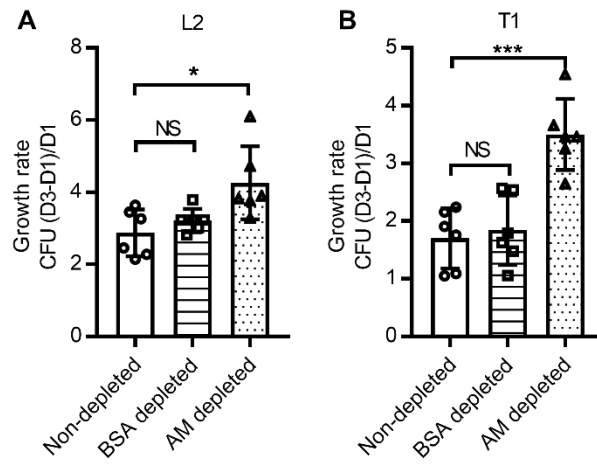
**Supplemental Figure 1. Comparison of IgG1-4 subclass responses to Mtb (H37Rv) capsular AM among subjects at various Mtb infection states. (A–D)** Sera (1:50) from (A) asymptomatic TST- subjects,  $n = 36$ ; (B) Asymptomatic TST+/IGRA- subjects,  $n = 24$ ; (C) Asymptomatic TST+/IGRA+ subjects,  $n = 14$ ; and (D) TB patients,  $n = 23$ . Subjects with an anti-IgG subclass titer  $> 0.4$  in TST+/IGRA+ group, and  $> 0.5$  in other groups have been assigned individual different colors. TST: Tuberculin skin-test; IGRA: Interferon-gamma release assay; TB: active tuberculosis. Dashed lines represent Friedman test for comparison of paired values of multiple groups. Solid lines represent Wilcoxon matched-pairs signed rank test. Lines and error bars represent medians with interquartile ranges. \*:  $P < 0.05$ , \*\*:  $P < 0.01$ , \*\*\*:  $P < 0.001$ , and \*\*\*\*:  $P < 0.0001$ .



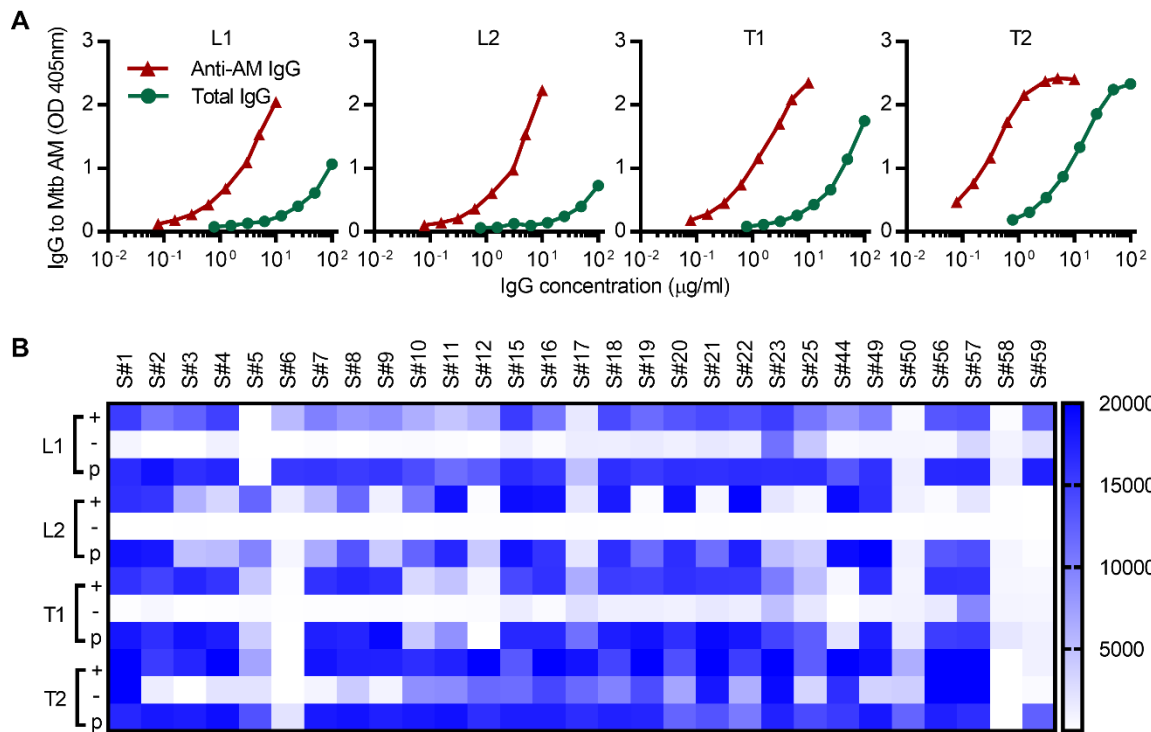
**Supplemental Figure 2. Cross-reactivity of IgG to capsular AM isolated from different strains of the Mtb complex group irrespective of Mtb infection state.** (A–D) Scatter plots show correlations between serum (1:50) IgG responses to AM isolated from Mtb H37Rv versus (A) the avirulent Mtb strain H37Ra; (B) the lab Mtb strain Erdman; (C) the clinical Mtb strain CDC1551; and (D) the *M. bovis* BCG vaccine strain (Pasteur) for each subject group. TST-: Asymptomatic TST negative subjects,  $n = 36$ ; TST+/IGRA-: Asymptomatic TST positive IGRA negative subjects,  $n = 24$ ; TST+/IGRA+: Asymptomatic TST positive IGRA positive subjects,  $n = 14$ ; and TB: patients with active tuberculosis,  $n = 23$ . TST: Tuberculin skin-test; and IGRA: Interferon-gamma release assay. Spearman rank.



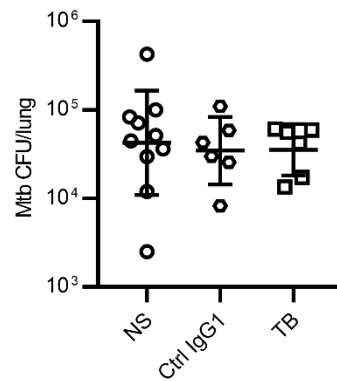
**Supplemental Figure 3. Significant reduction of IgG reactivity to AM but not to other *Mtb* antigens in heat-inactivated sera depleted of anti-AM antibodies. (A)** IgG responses to capsular AM isolated from *Mtb* H37Ra in non-depleted compared to anti-AM Ab depleted sera (1:100) by AM-coupled beads. **(B–C)** IgG responses in non-depleted compared to anti-AM Ab depleted sera to **(B)** the secreted *Mtb* protein CFP10, and **(C)** the surface protein GroEL2. Lines and error bars represent medians with interquartile ranges. TST+/IGRA+: Tuberculin skin-test positive, interferon-gamma release assay positive asymptomatic subjects,  $n = 10$ ; and TB: subjects with active tuberculosis,  $n = 13$ . Wilcoxon matched-pairs signed rank test. \*\*:  $P < 0.01$ , \*\*\*:  $P < 0.001$ , and NS: not significant ( $P \geq 0.05$ ).



**Supplemental Figure 4.** Depletion of sera with AM-coupled beads enhanced Mtb intracellular growth compared to non-depleted sera or sera depleted with BSA-coupled beads. Columns and error bars represent mean and SD. Unpaired t test. \*:  $P < 0.05$ , \*\*\*:  $P < 0.001$ , and NS: not significant ( $P \geq 0.05$ ).



**Supplemental Figure 5. Purification of anti-AM polyclonal IgG from human sera. (A)** Anti-AM polyclonal IgG purified from two TST+/IGRA+ (L1 & L2) and two TST+/IGRA- sera (T1 & T2) showed higher binding capacity to capsular AM than the corresponding total IgG used at the same concentrations. **(B)** Reactivity of serum IgG to AM OS motifs before (+) and after AM-specific Ab depletion (-), and for purified AM-specific IgG (p). Color features represent the median fluorescent reactivity (MFI) to each of the OS motifs.



**Supplemental Figure 6. Passive transfer of purified human anti-AM polyclonal IgG from a TB patient showed no effect on mycobacterial burden in Mtb-infected mice.** Lung CFU (mean and SD) 2 weeks after low-dose infection (Erdman; mean lung CFU 35±3 one day post infection) in mice receiving i.p. normal saline (NS;  $n = 10$ ), irrelevant IgG1 control mAb (Ctrl IgG1;  $n = 6$ ) or anti-AM IgG (8  $\mu\text{g}$  i.p. one day pre-infection, 4  $\mu\text{g}$  at one day and 4  $\mu\text{g}$  at one week post-infection) from one high-titer pulmonary TB patient ( $n = 6$ ). One-way ANOVA  $P = 0.9$ .