

Supplementary Materials for

Distinct inflammatory profiles distinguish COVID-19 from influenza with limited contributions from cytokine storm

Philip A. Mudd*, Jeremy Chase Crawford, Jackson S. Turner, Aisha Souquette, Daniel Reynolds, Diane Bender, James P. Bosanquet, Nitin J. Anand, David A. Striker, R. Scott Martin, Adrianus C. M. Boon, Stacey L. House, Kenneth E. Remy, Richard S. Hotchkiss, Rachel M. Presti, Jane A. O'Halloran, William G. Powderly, Paul G. Thomas* and Ali H. Ellebedy*

*Corresponding author. Email: pmudd@wustl.edu, paul.thomas@stjude.org, and ellebedy@wustl.edu

Published 13 November 2020, *Sci. Adv.* **6**, eabe3024 (2020)
DOI: [10.1126/sciadv.abe3024](https://doi.org/10.1126/sciadv.abe3024)

This PDF file includes:

Figs. S1 to S13

Other Supplementary Material for this manuscript includes the following:

(available at advances.sciencemag.org/cgi/content/full/sciadv.abe3024/DC1)

Tables S1 to S2

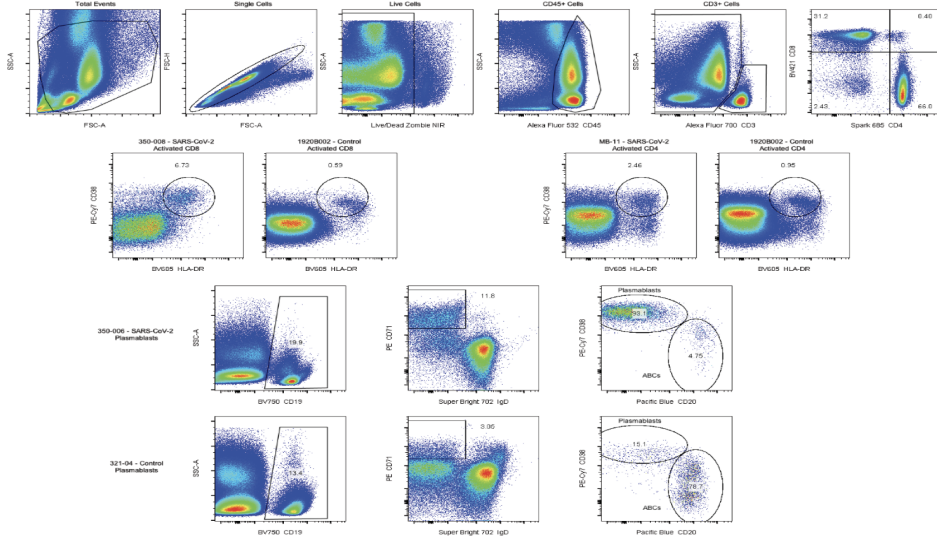
Supplementary Tables are available for download separately.

Supplementary Table 1. Flow cytometry, cytokine, and metadata for all study subjects. In the “Data” tab, columns A-Y contain metadata (e.g., age, ethnicity), Z-BH are cytokines levels (in pg/mL), and BI-CI contain flow cytometry results. Descriptions of metadata variables are located in the “Dictionary” tab.

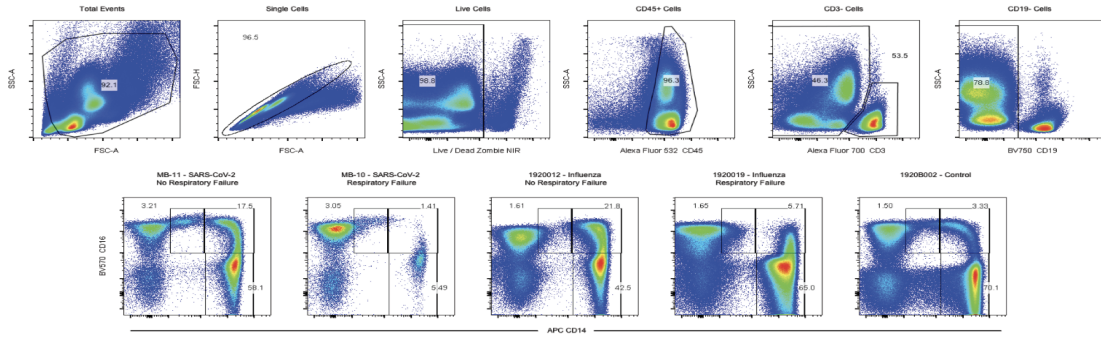
Supplementary Table 2. COVID-19 versus influenza differential gene expression results by major cell subsets. Differential gene expression analysis was conducted in Seurat, comparing cells from COVID-19-infected patients to those from influenza-infected patients for each major subset annotated in clustering analyses. A positive average log fold change (avg logFC) indicates an upregulation among COVID-19 relative to influenza. Pct.1 corresponds to the percentage of cells from COVID-19 subjects within a given subset expressing a given gene, whereas Pct.2 corresponds to the percentage of cells from influenza subjects within a given subset expressing a given gene. The statistical test utilized was “MAST”, with no log fold change or minimum percent threshold. P-values were adjusted for multiple comparisons using Bonferroni correction.

Supplementary Figure 1:

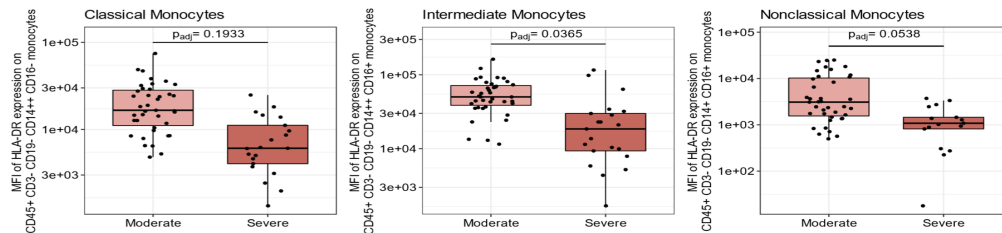
A



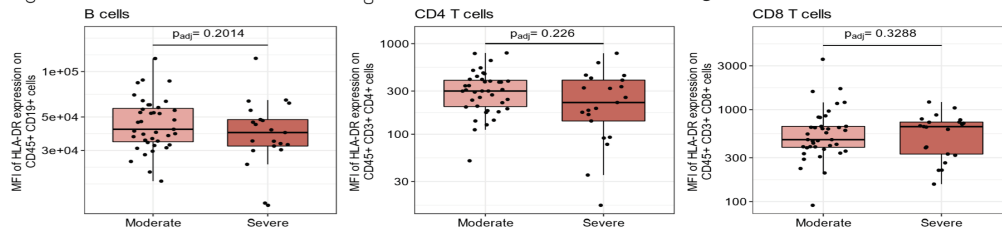
B



C

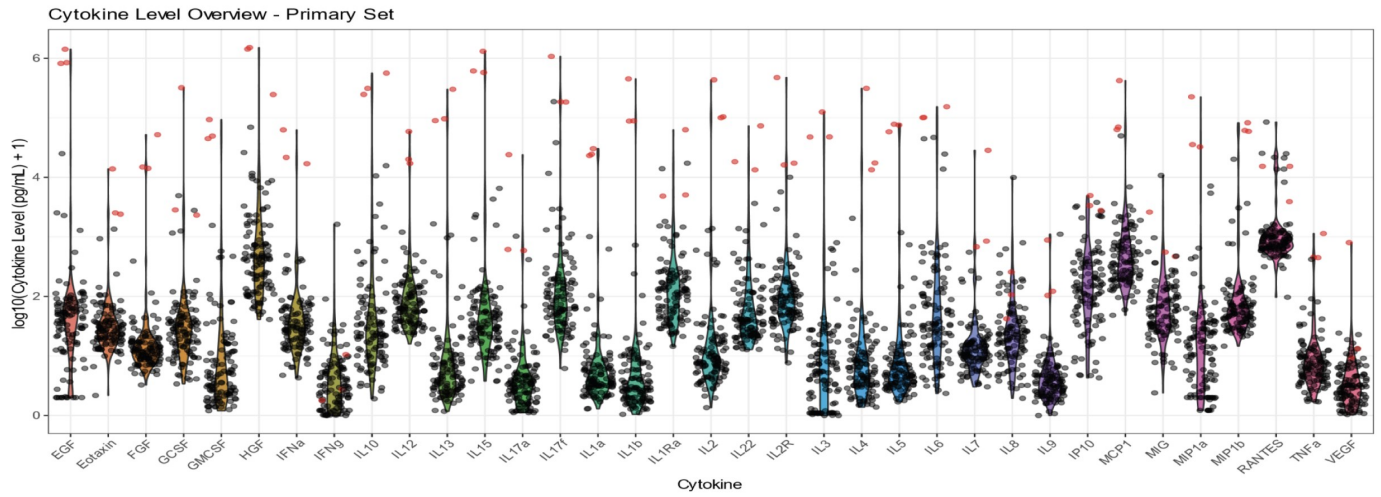


D



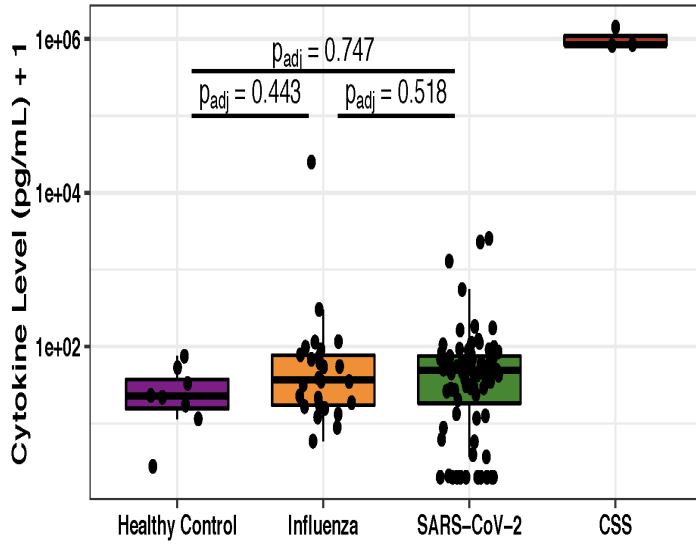
Supplementary Figure 1. Gating strategy for flow cytometry analyses. Gating strategy and representative plots for lymphocyte (A) and monocyte (B) subsets. Evaluation of HLA-DR abundance as a function of disease severity on monocyte (C) and lymphocyte (D) subpopulations in select SARS-CoV-2-infected subjects (N=22) as measured by geometric mean fluorescence intensity (MFI) using flow cytometry. Severe patients were those who required intubation and mechanical ventilation or who expired as a result of their illness, whereas moderately ill patients were all others who sought hospital care for their illness. Presented p-values are from pairwise comparisons of estimated marginal means of linear regression models that adjust for ethnicity, sex, age, days of symptom duration at study enrollment, and all comorbidities (immunocompromised, end stage renal disease, chronic lung disease, chronic heart failure, and diabetes mellitus). P-values were adjusted for multiple comparisons using Tukey's method.

Supplemental Figure 2.

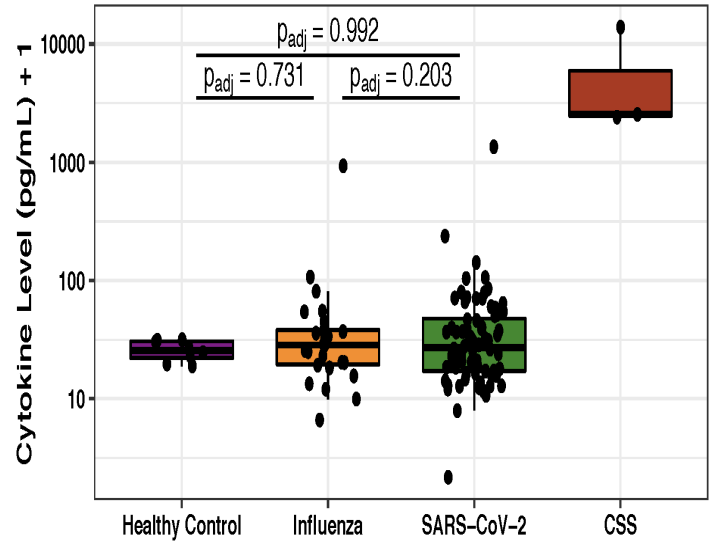


Supplementary Figure 2. Overview of cytokine levels across all primary cohort subjects. Data points from the 3 COVID-19 patients with extremely high cytokine concentrations (deemed cytokine storm profiles) are shown in red.

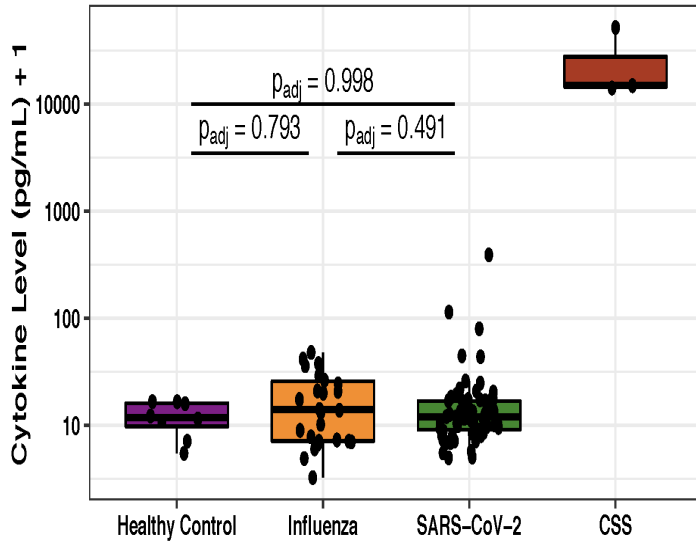
EGF



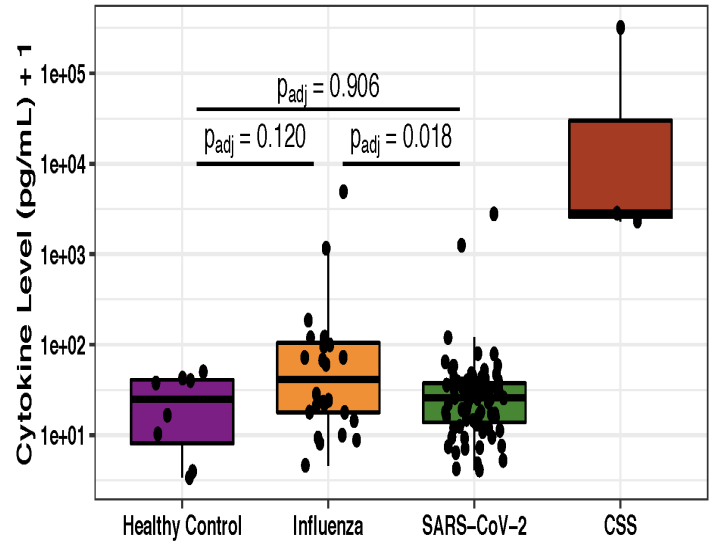
Eotaxin



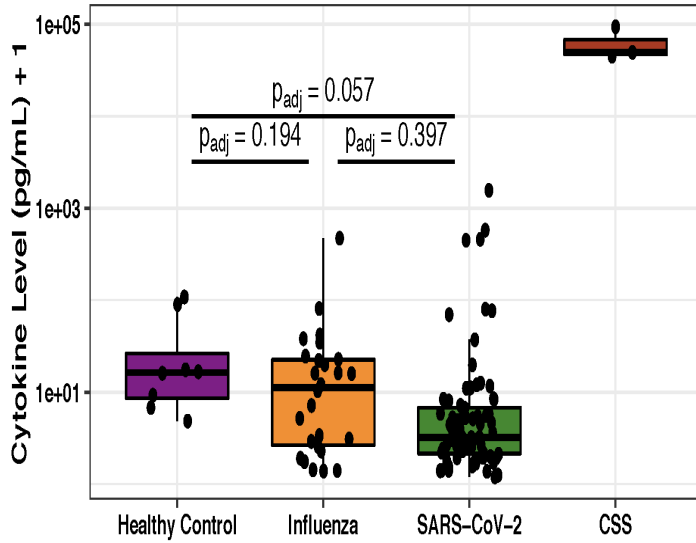
FGF



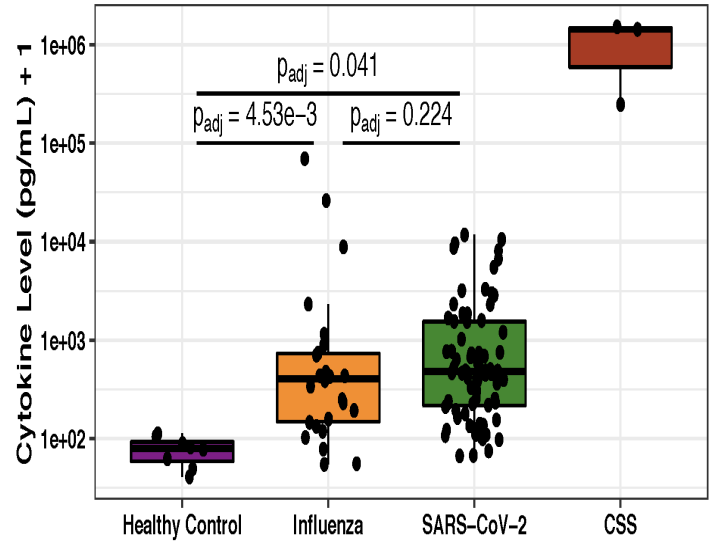
GCSF



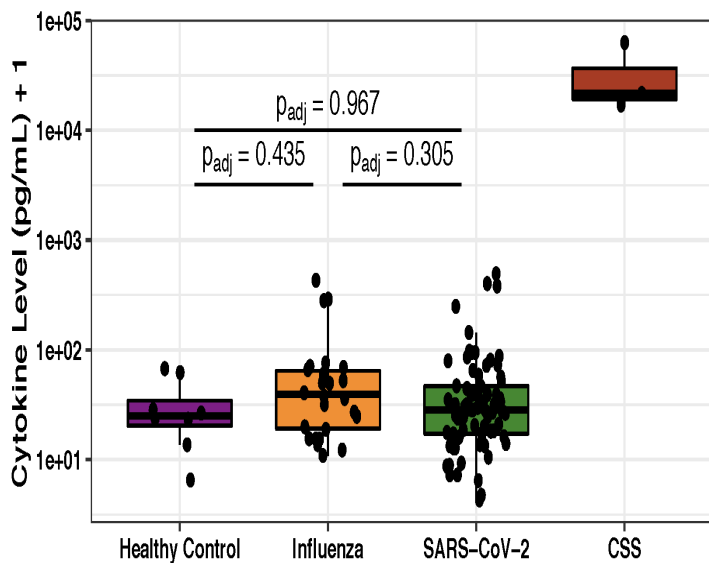
GMCSF



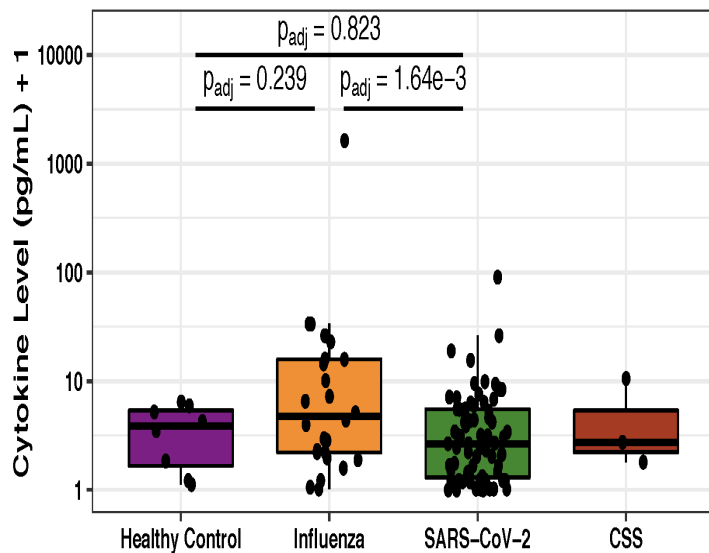
HGF



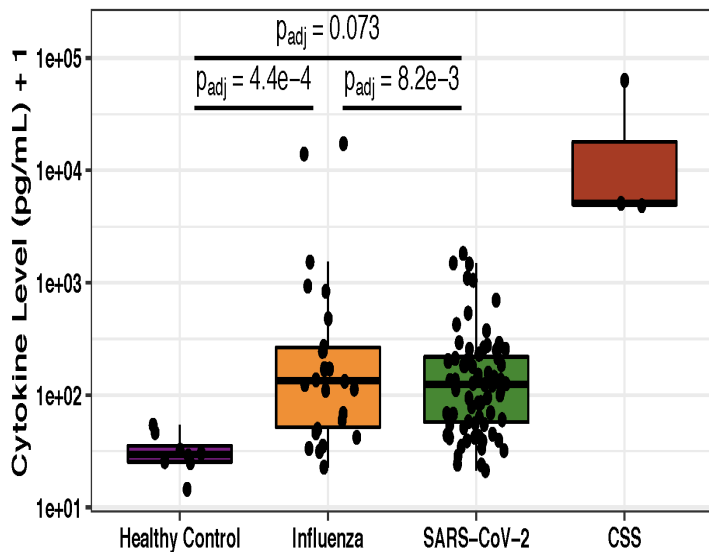
IFNa



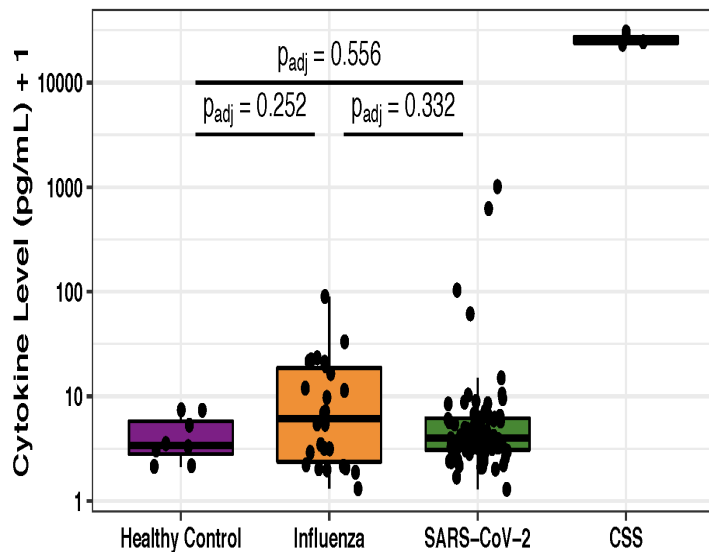
IFNg



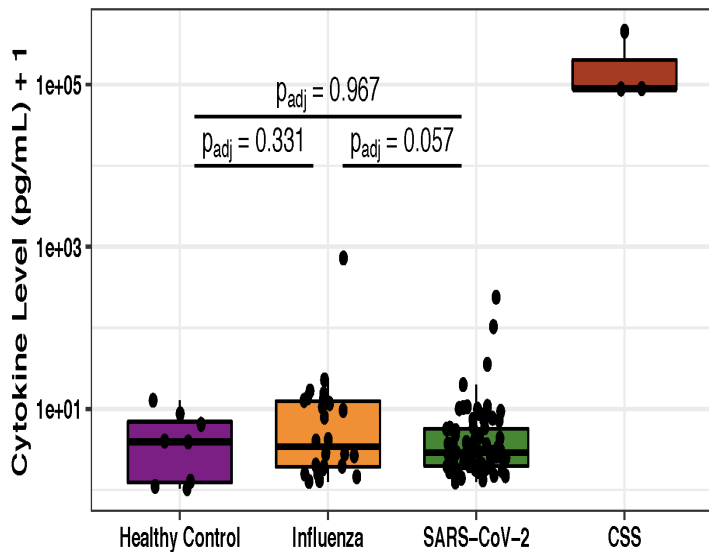
IL1Ra



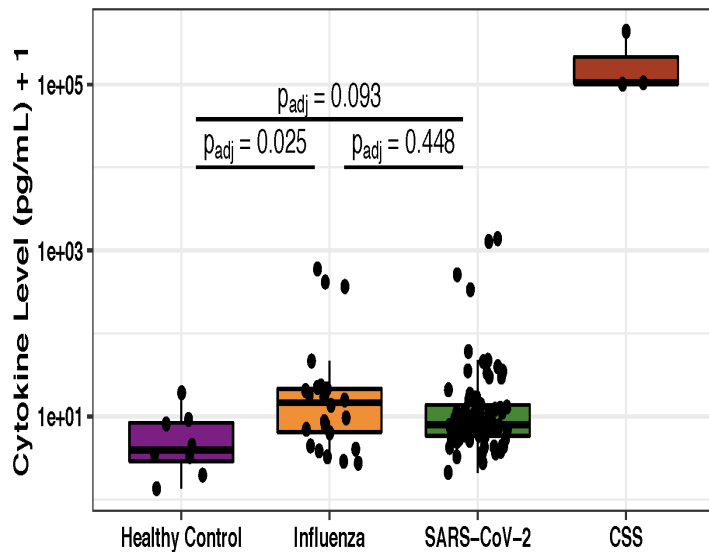
IL1a



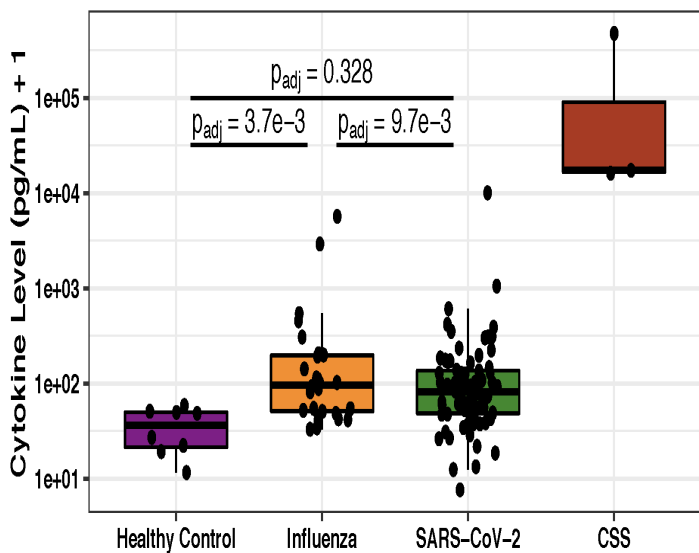
IL1b



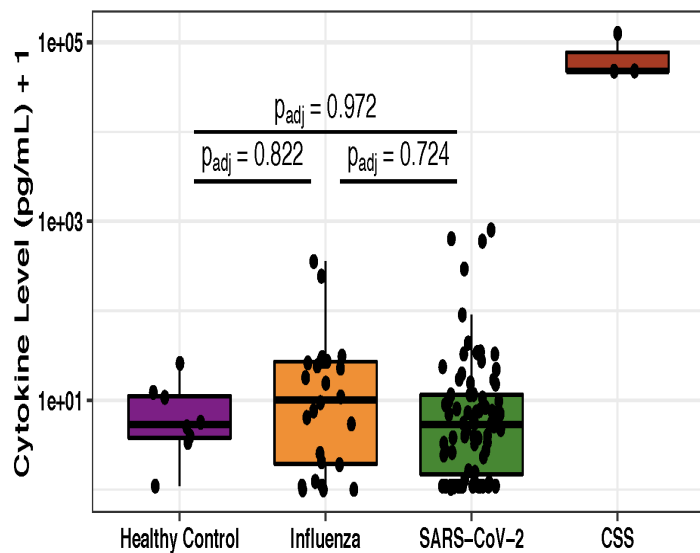
IL2



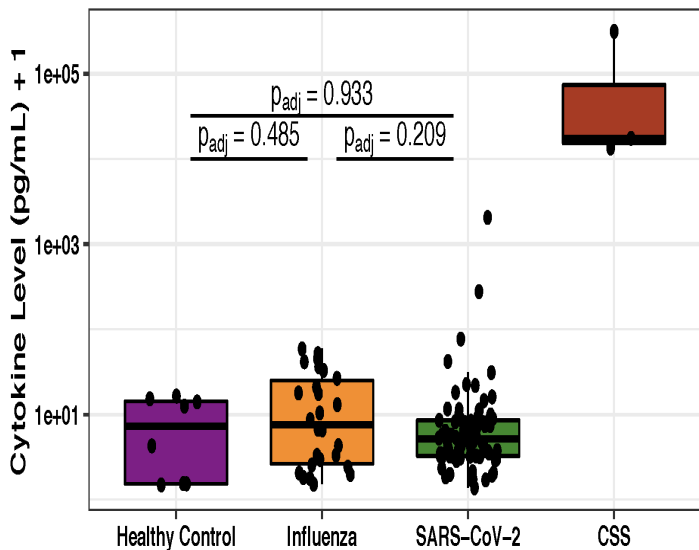
IL2R



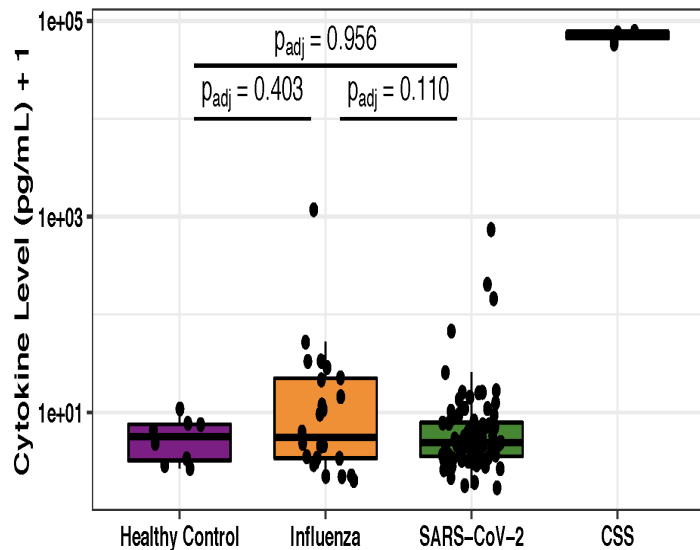
IL3



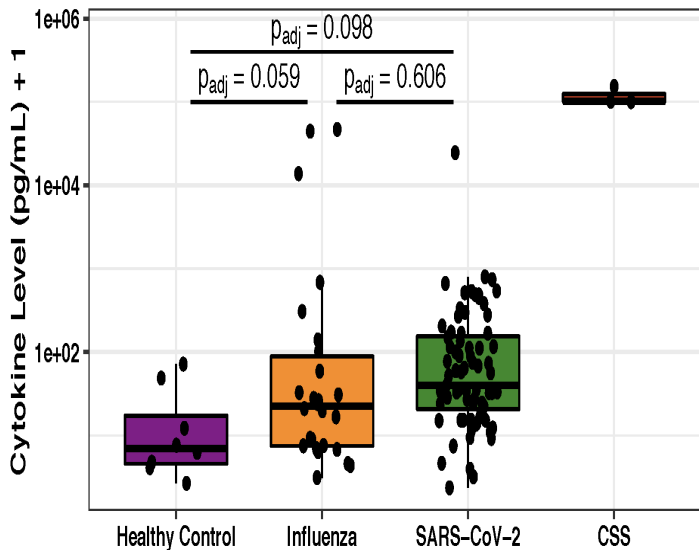
IL4



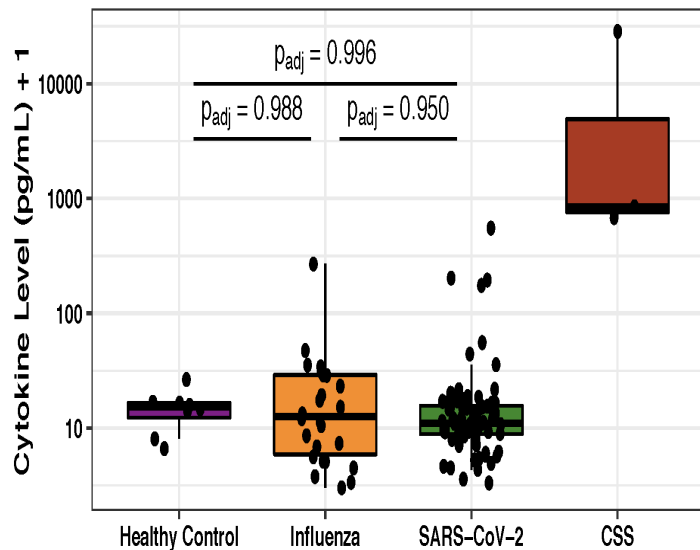
IL5

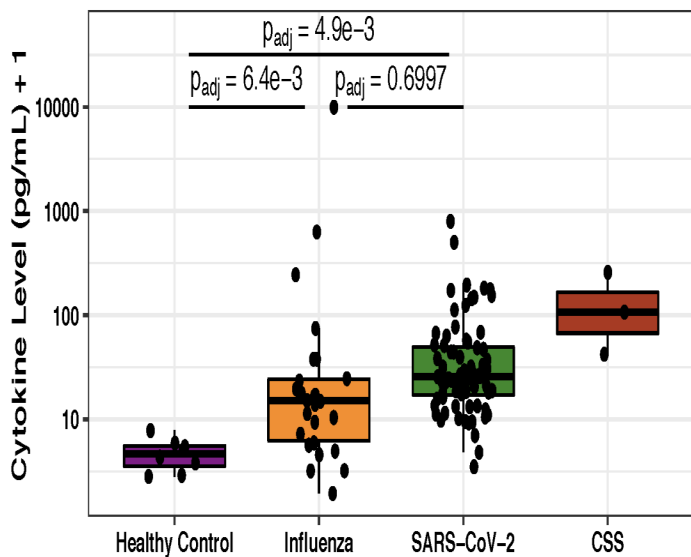
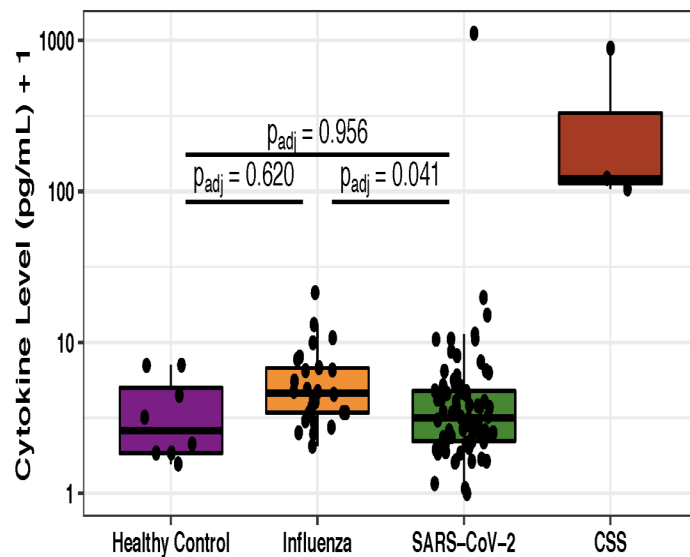
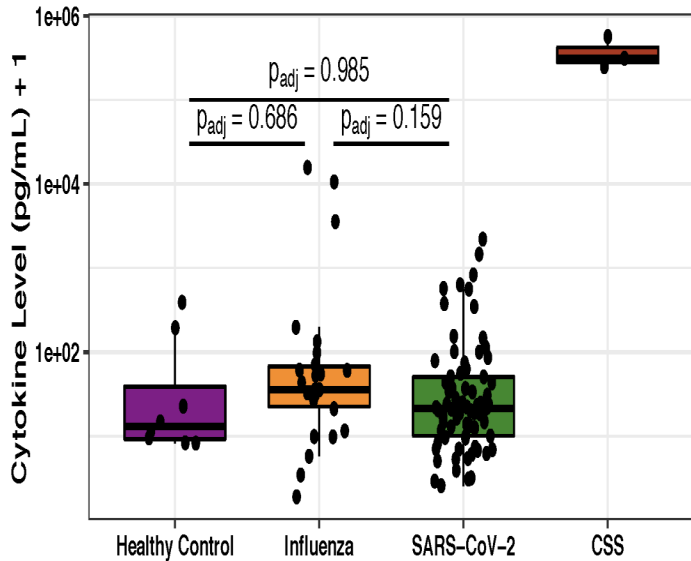
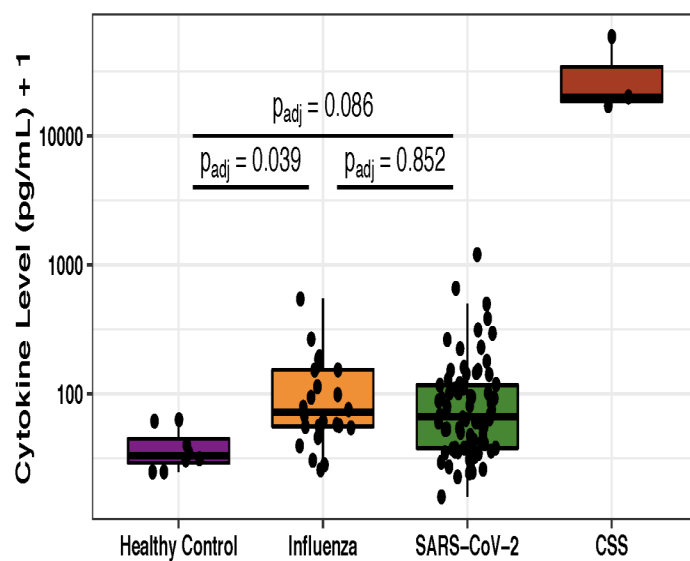
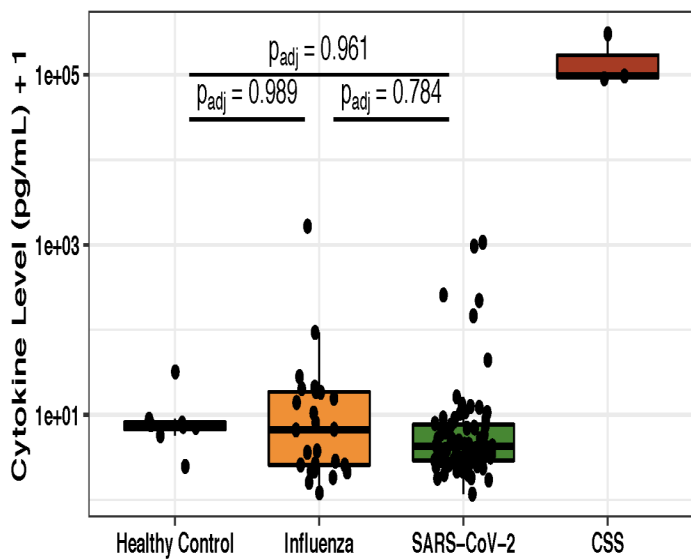
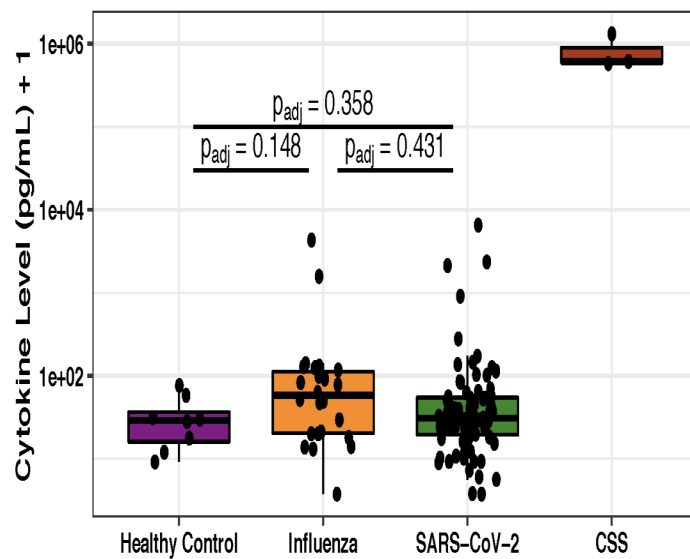


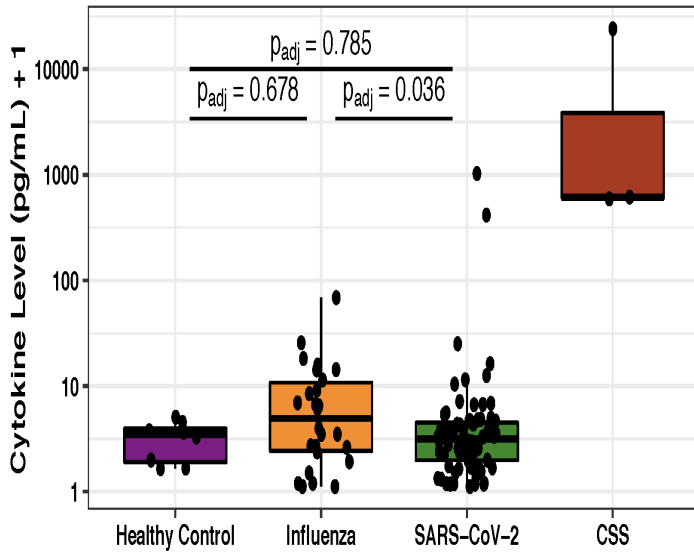
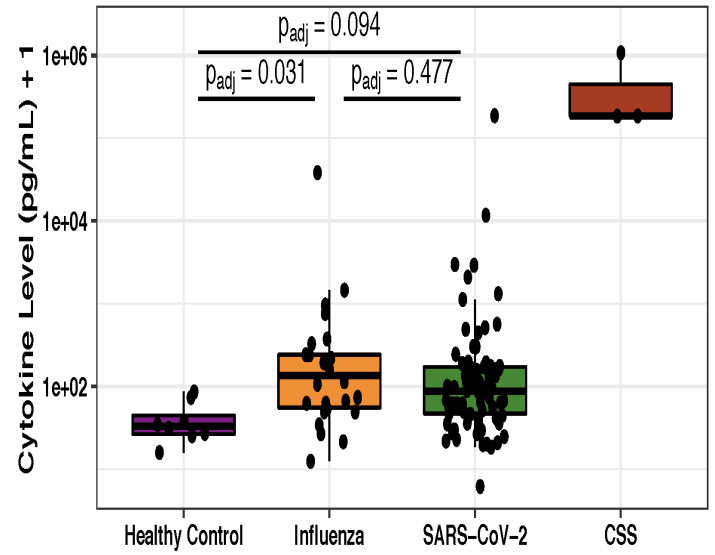
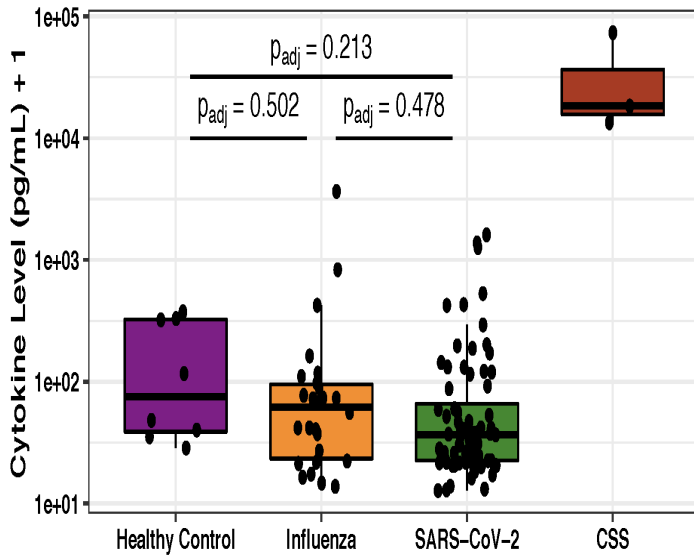
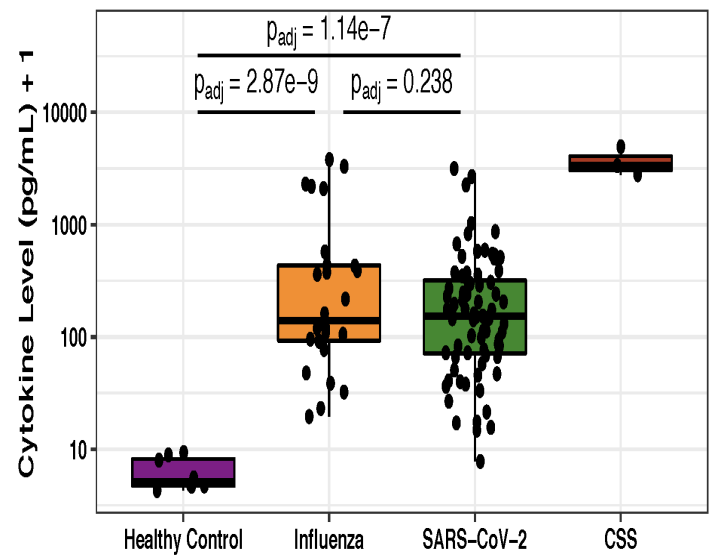
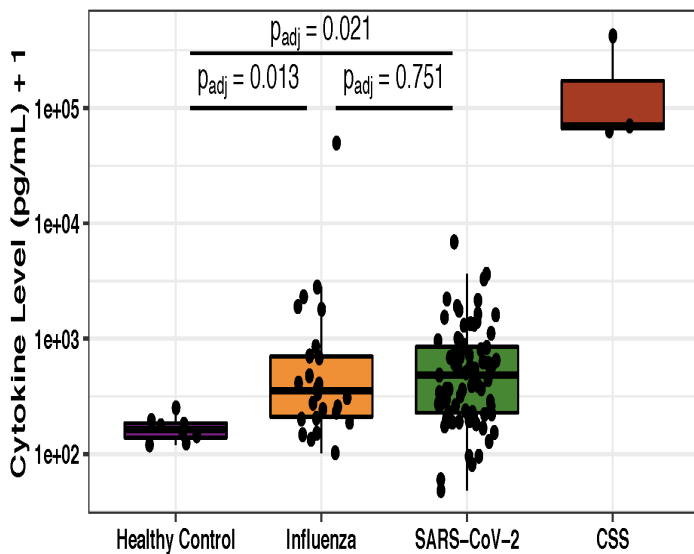
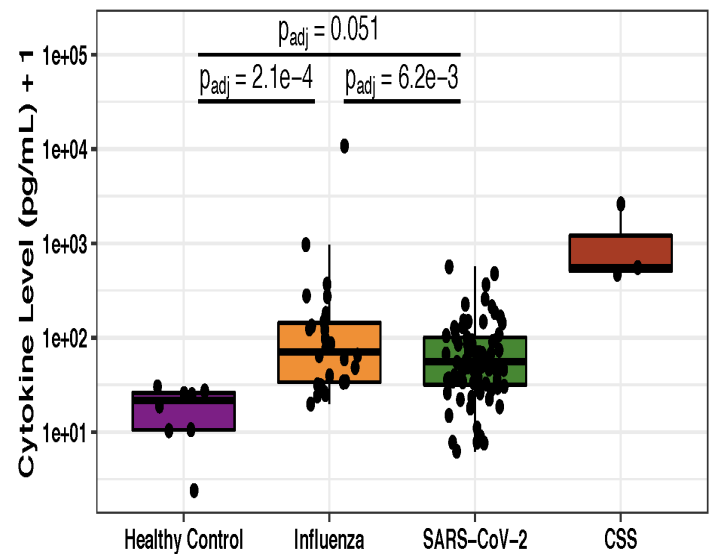
IL6

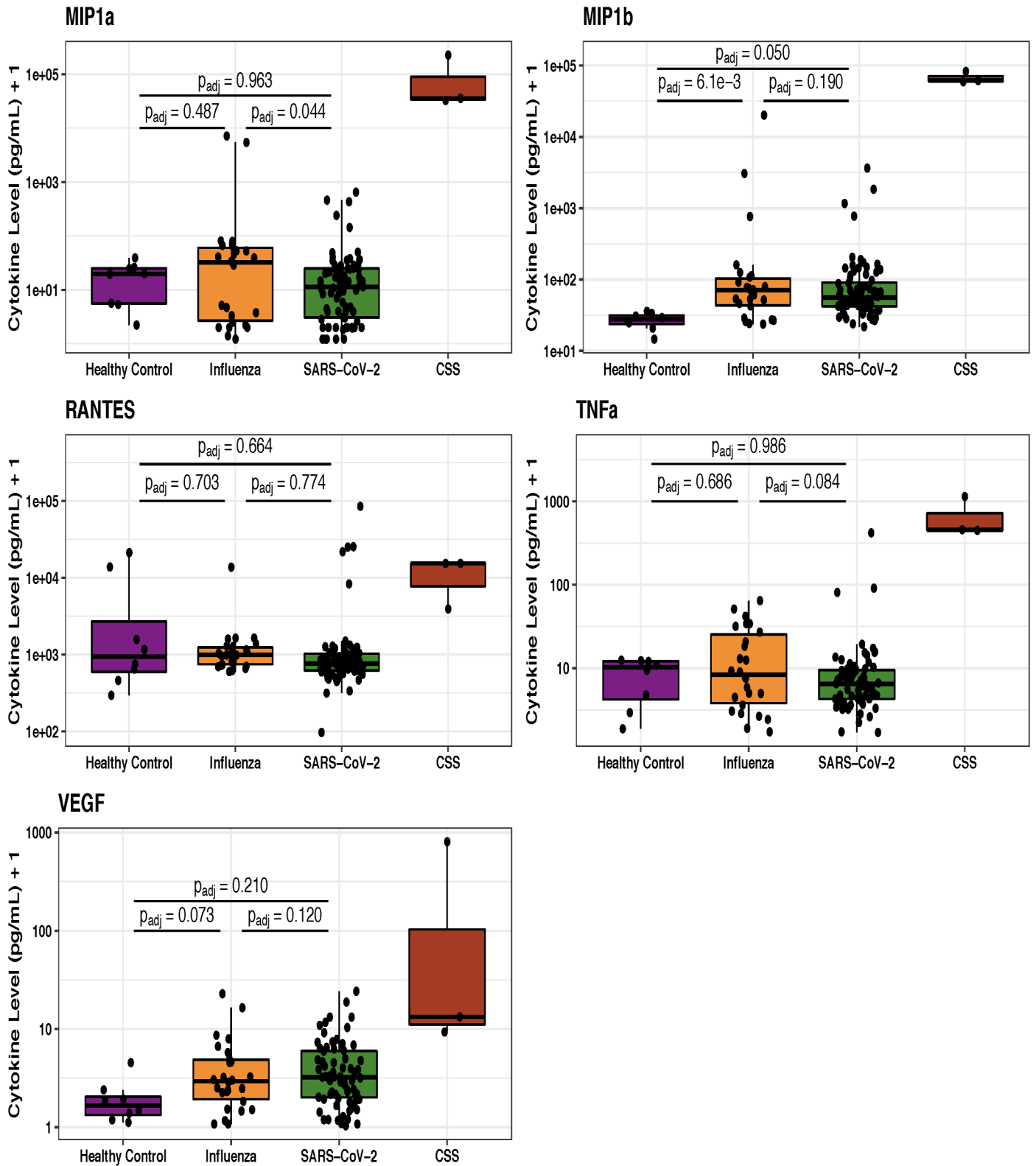


IL7



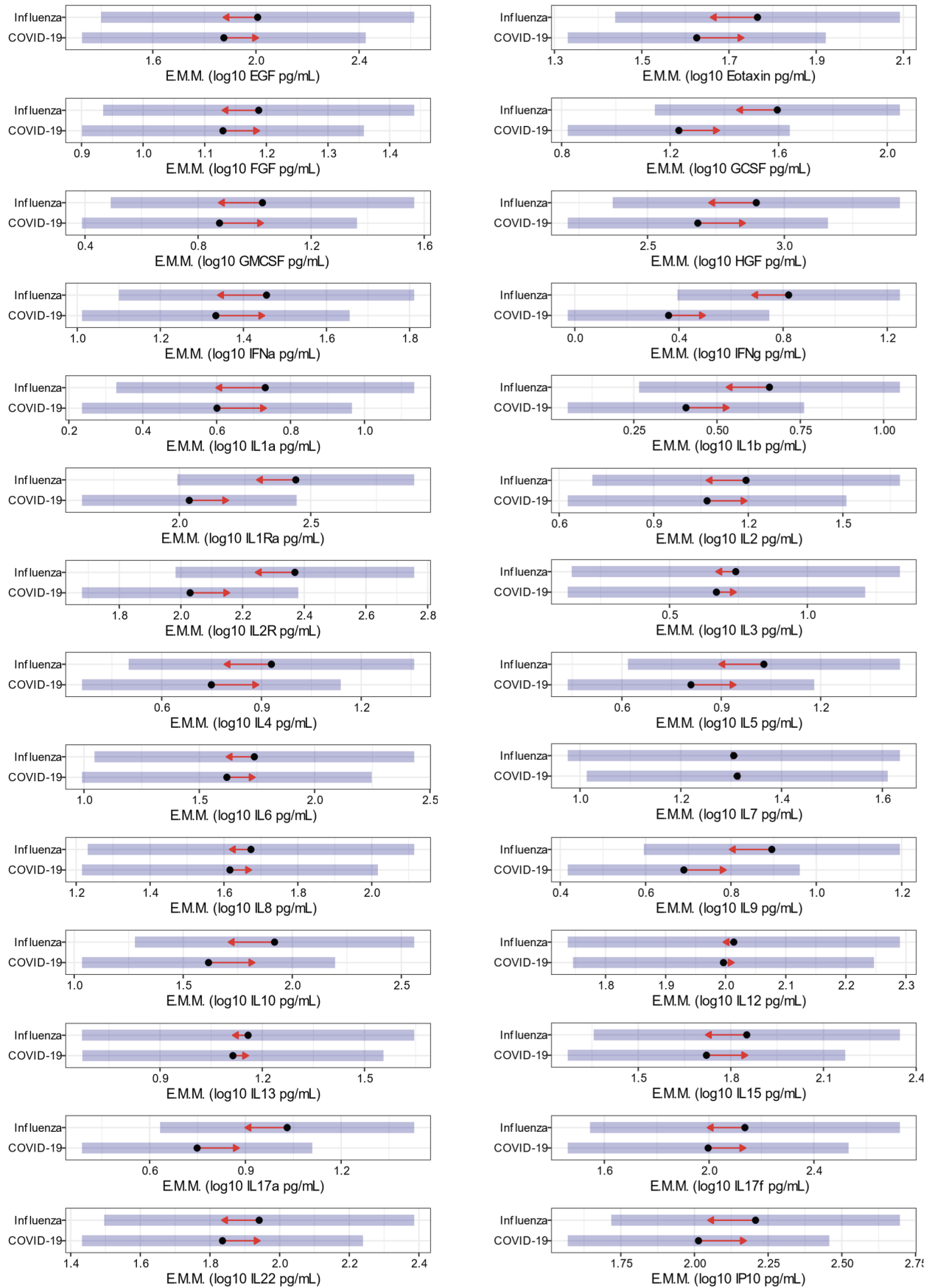
IL8**IL9****IL10****IL12****IL13****IL15**

IL17a**IL17f****IL22****IP10****MCP1****MIG**

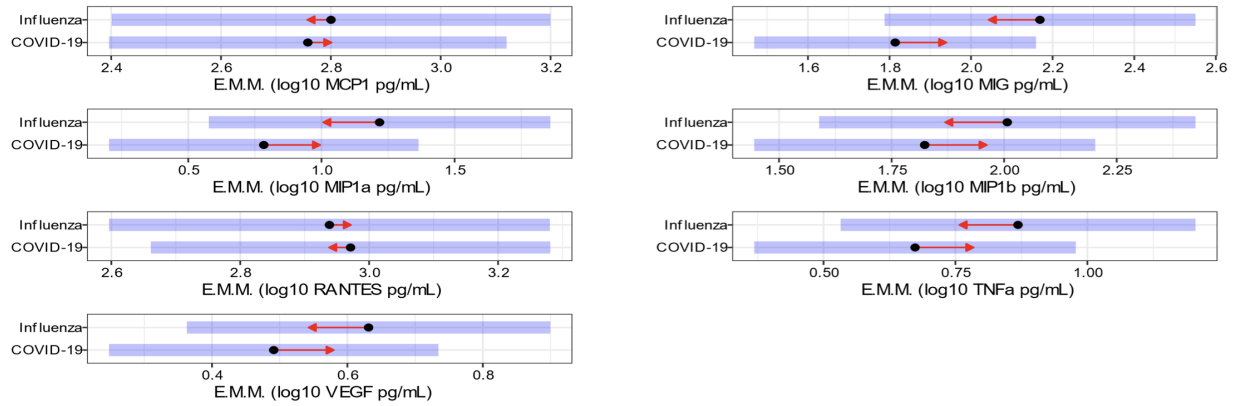


Supplementary Figure 3. Box plots show cytokine concentrations in healthy, influenza, COVID-19, and CSS (cytokine storm syndrome) subjects for all 35 cytokines measured, with raw values plotted on the log₁₀ scale. Presented p-values are from estimated marginal means (EMM) comparisons, averaging over all demographic and clinical factors that were included as covariates and p-values adjusted for multiple comparisons.

Supplementary Figure 4: Primary Flu-Covid EMM Plots

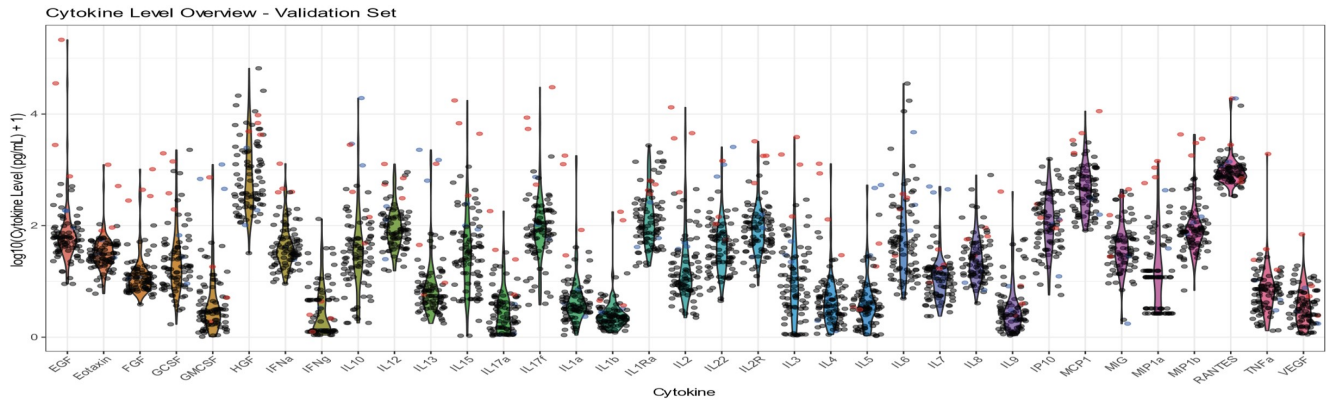


Supplementary Figure 4 part 2



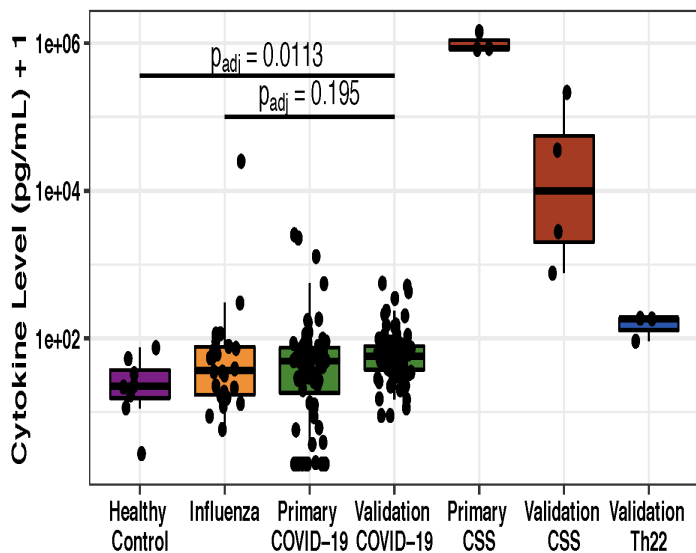
Supplementary Figure 4. Estimated marginal means (EMM) plots comparing cytokine expression between influenza and primary COVID-19 patients. The black dot represents the estimated marginal mean for the log₁₀ concentration of the cytokine for a given condition, averaged over the levels of all other covariates (e.g. age, sex, ethnicity), and the blue shading represents the corresponding 95% confidence interval. The red arrows represent the standard error (SE) in one direction. Overlapping SE arrows indicate no significant difference between the EMM of a given cytokine in influenza subjects versus COVID-19 subjects.

Supplemental Figure 5.

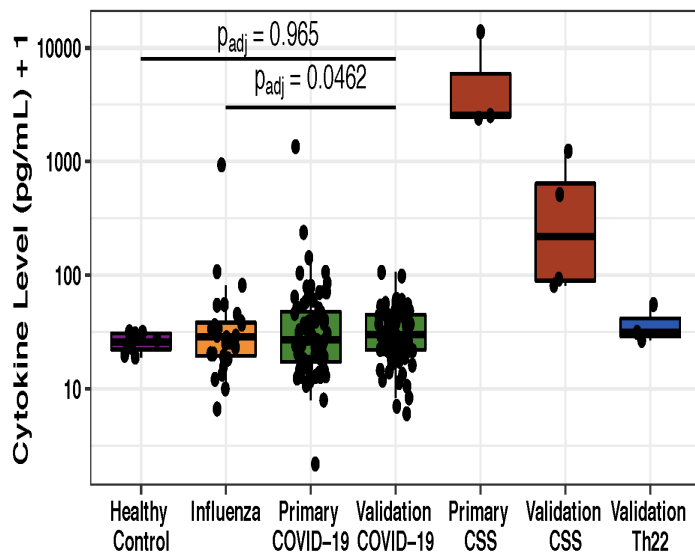


Supplementary Figure 5. Overview of cytokine levels across all validation cohort subjects (all of which were positive for COVID-19). Data points from the 4 patients with CSS (cytokine storm syndrome) profiles are shown in red, and data points from the 3 patients with Th22 cytokine profiles are shown in blue.

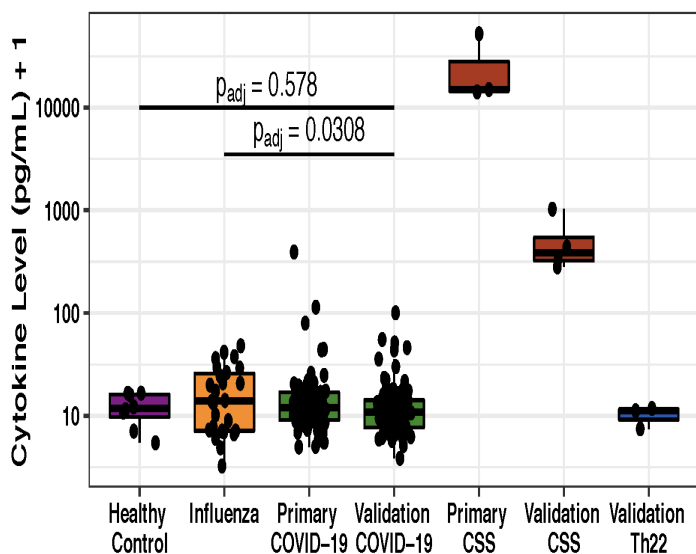
EGF



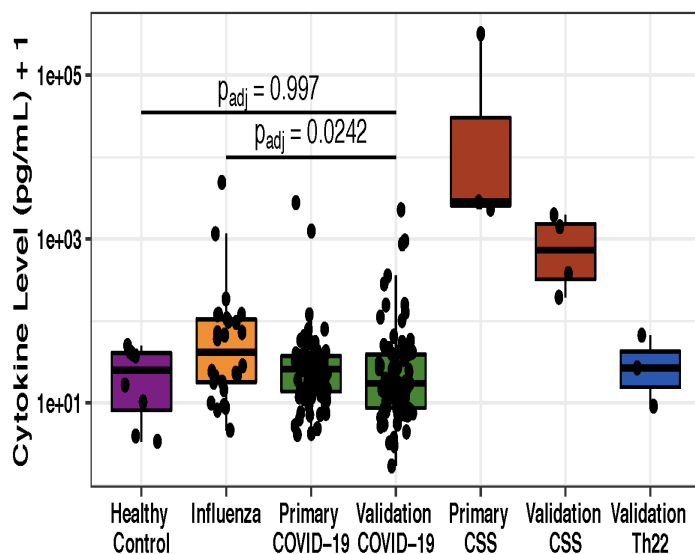
Eotaxin



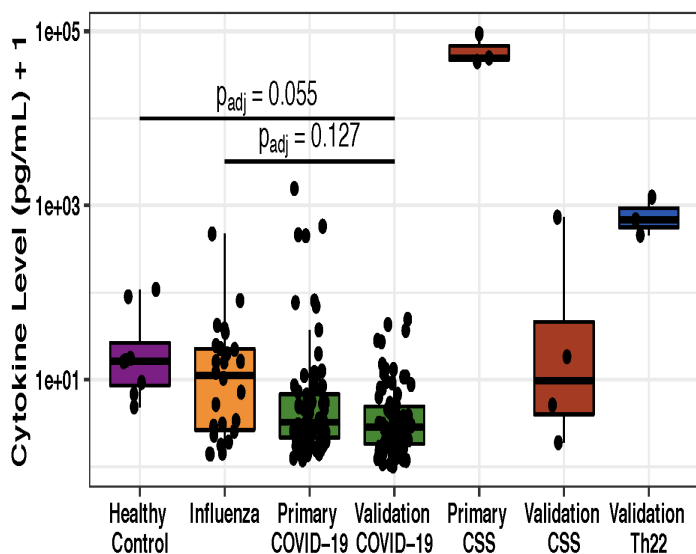
FGF



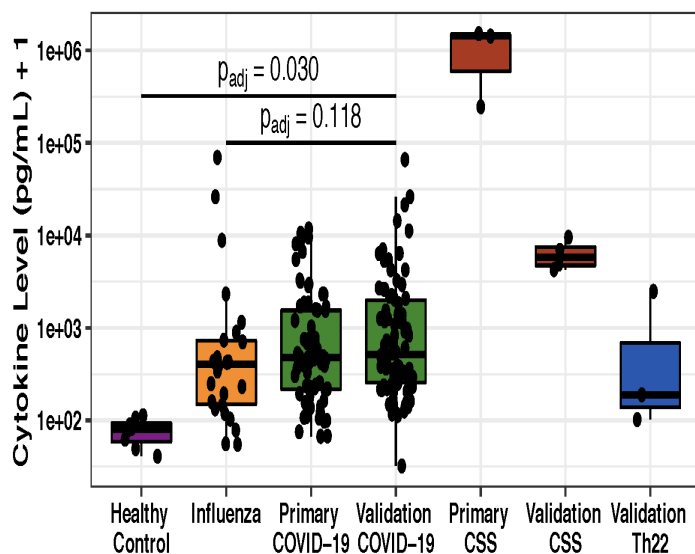
GCSF



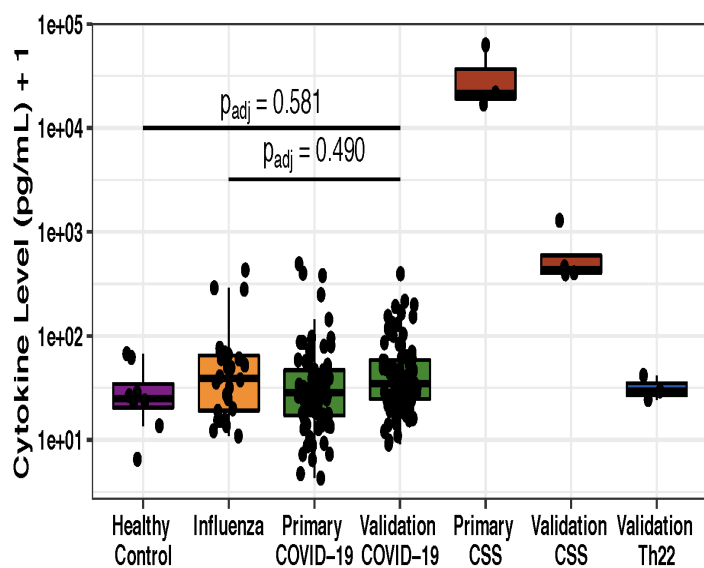
GMCSF



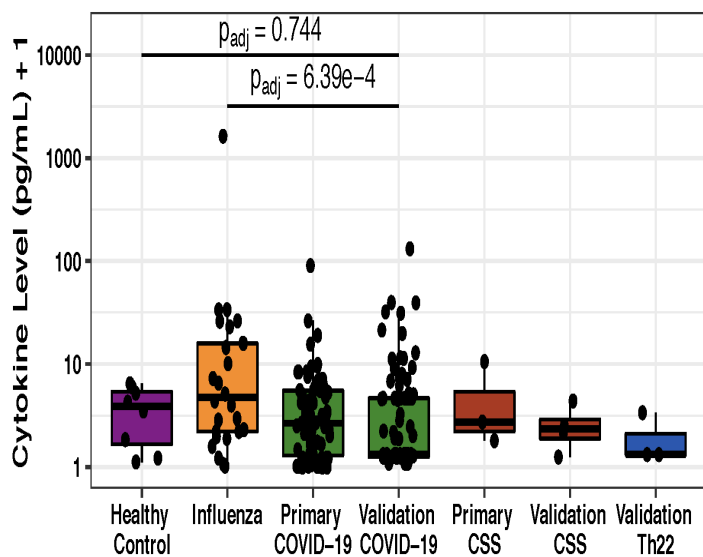
HGF



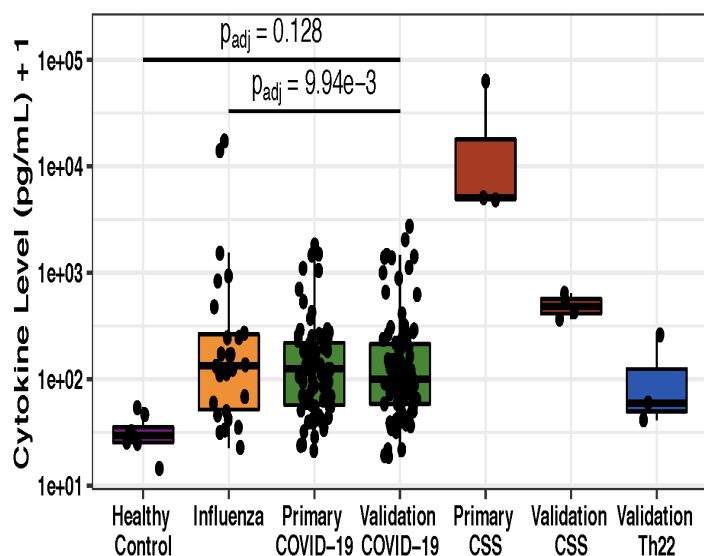
IFN α



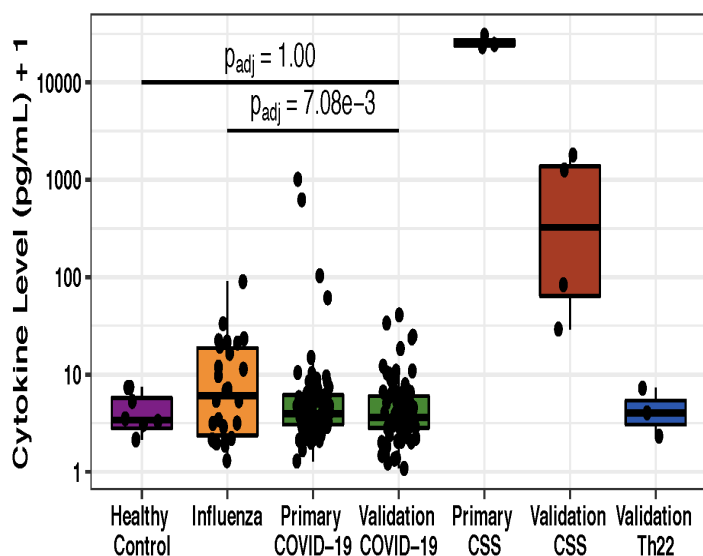
IFN γ



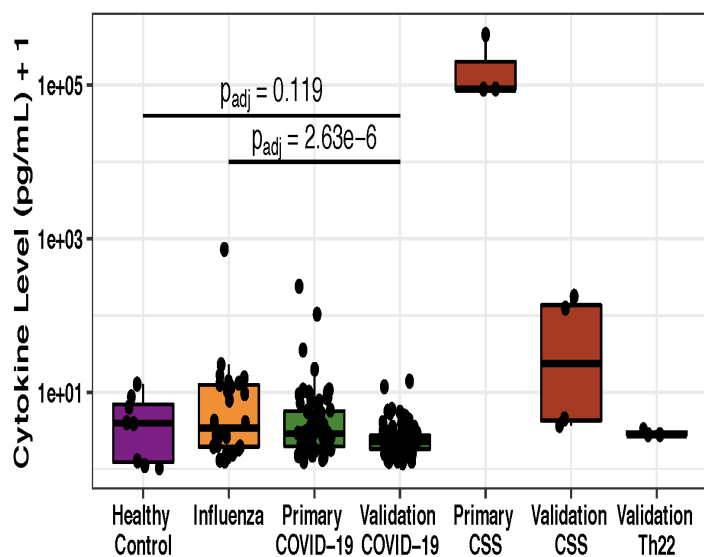
IL1Ra



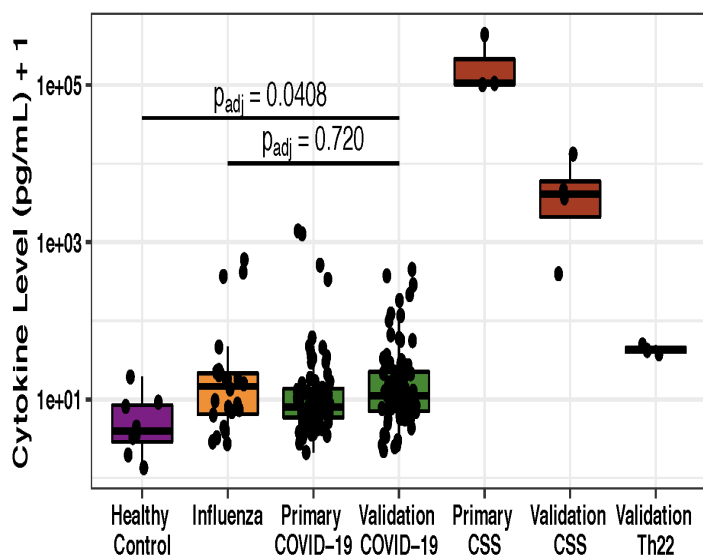
IL1a



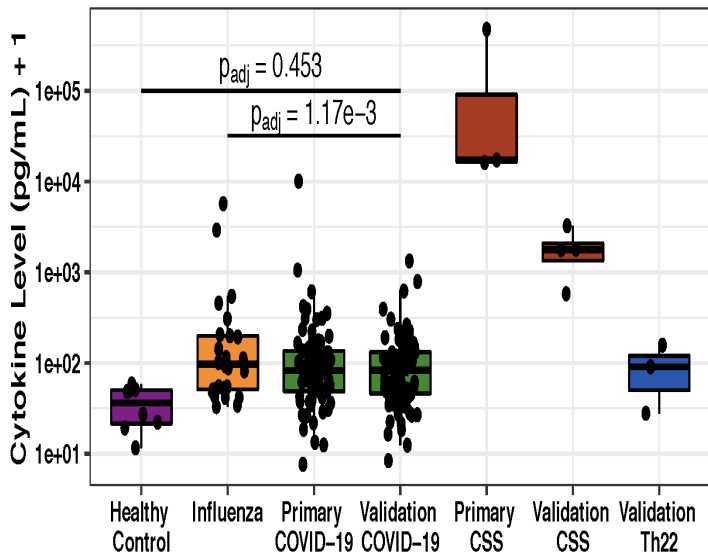
IL1b



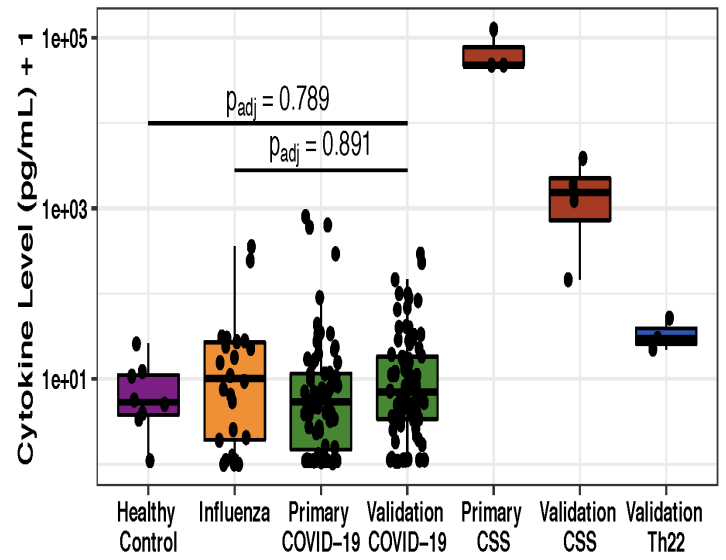
IL2



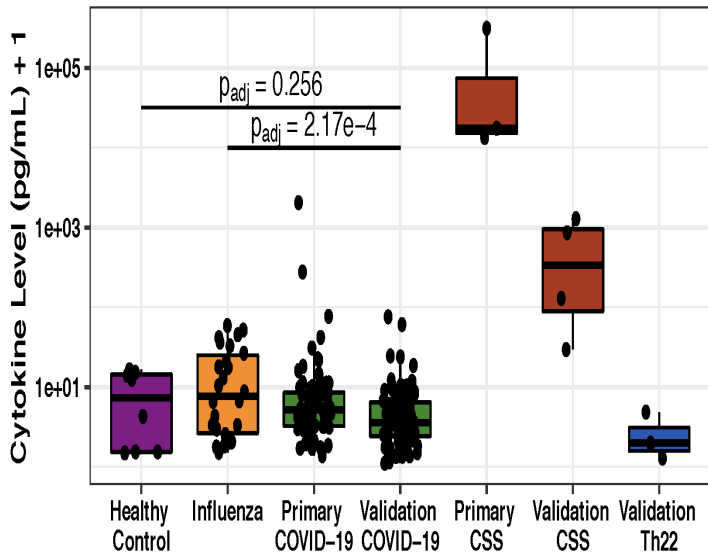
IL2R



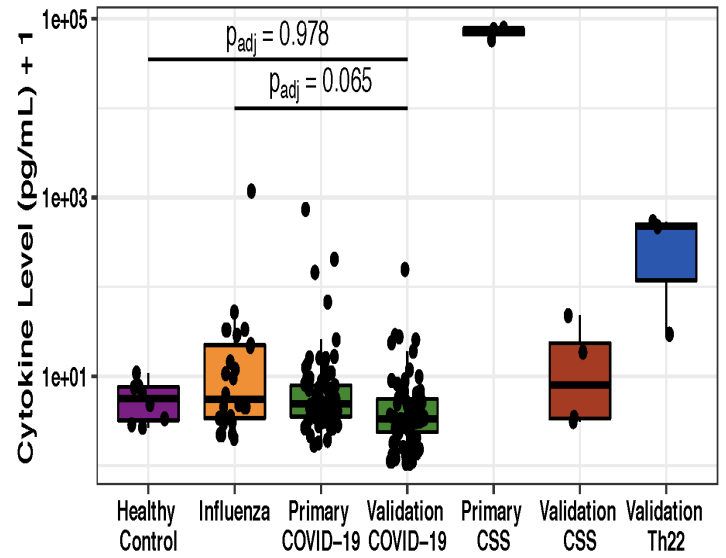
IL3



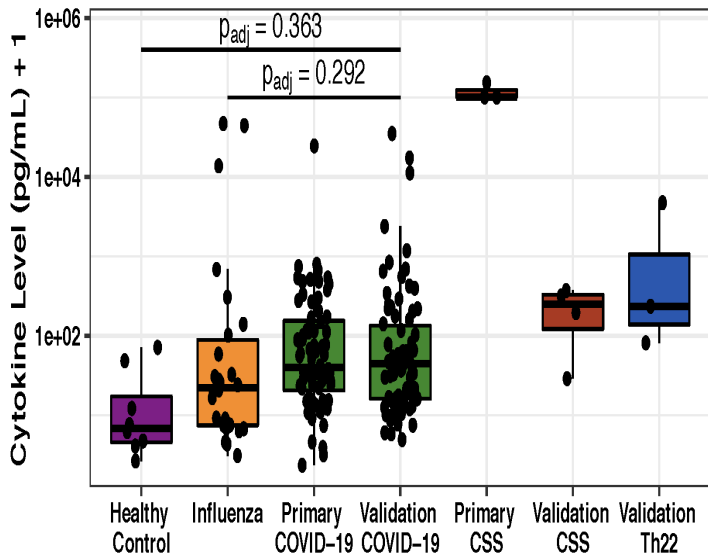
IL4



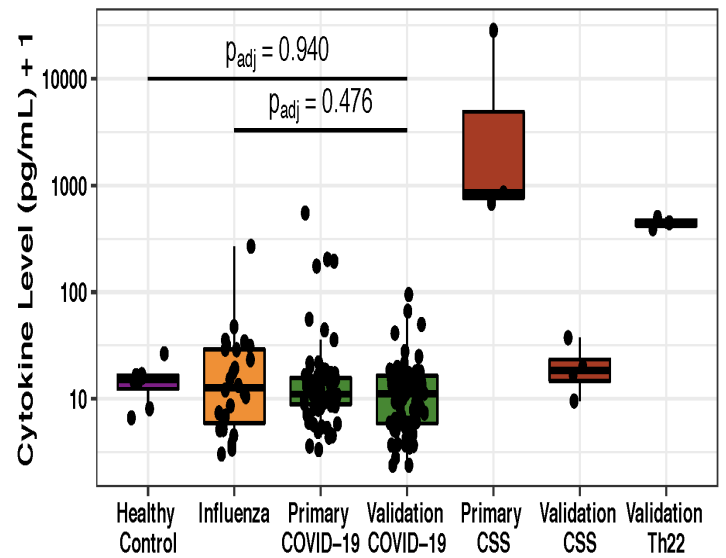
IL5



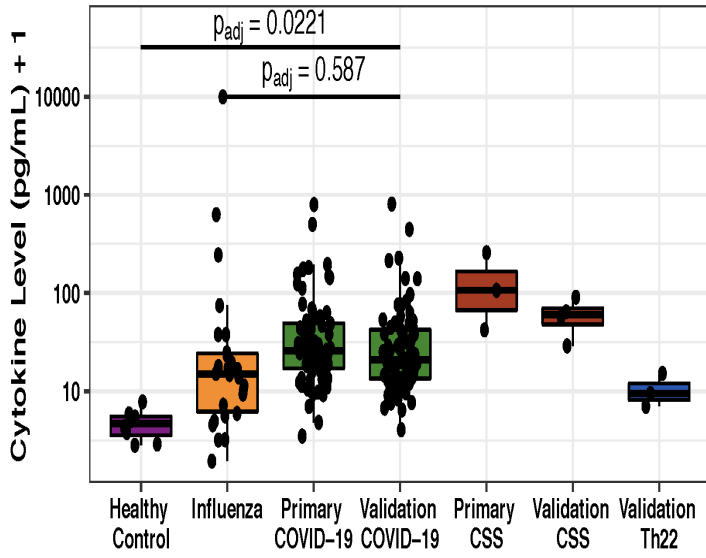
IL6



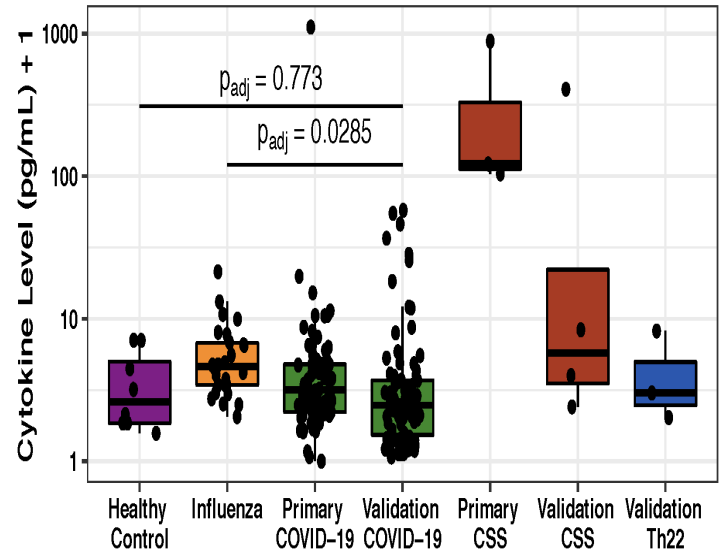
IL7



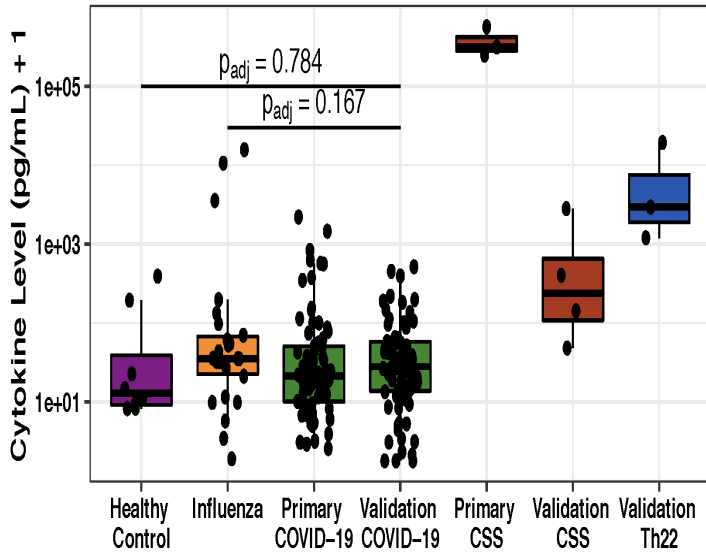
IL8



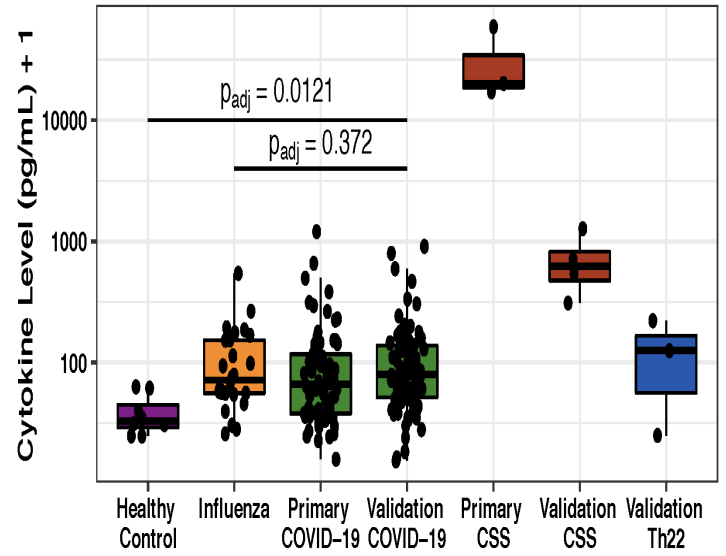
IL9



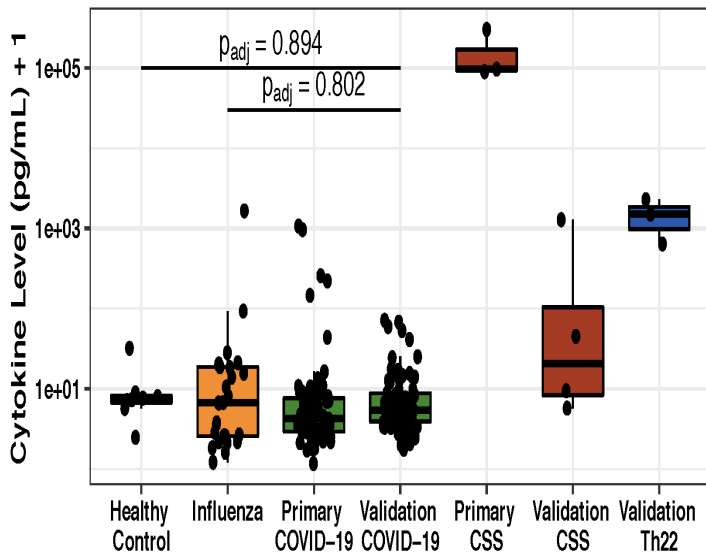
IL10



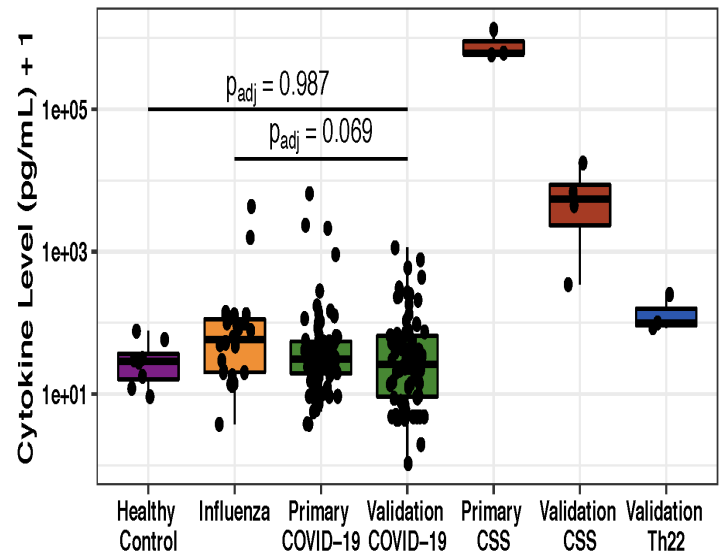
IL12

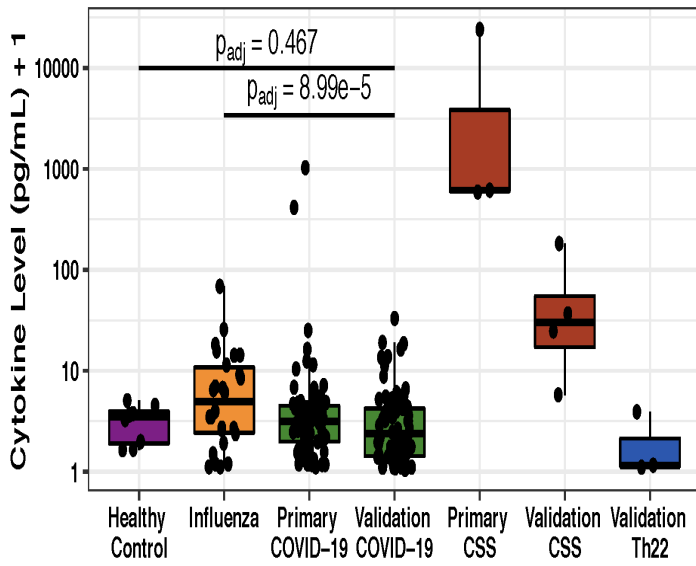
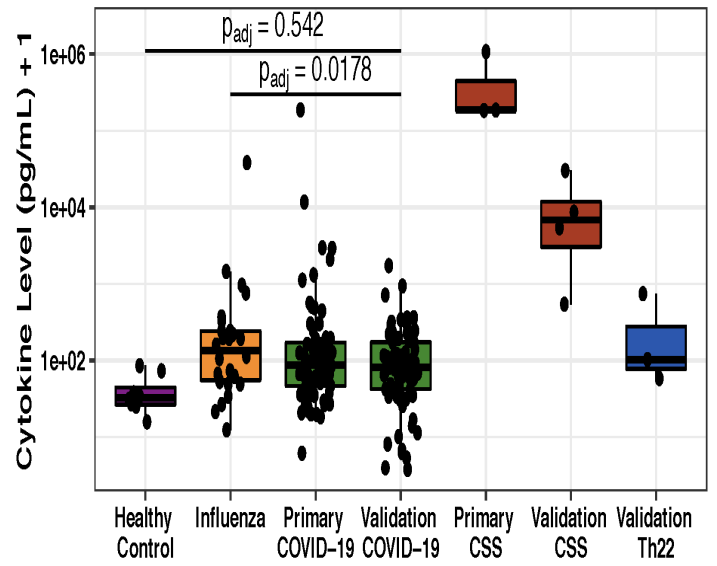
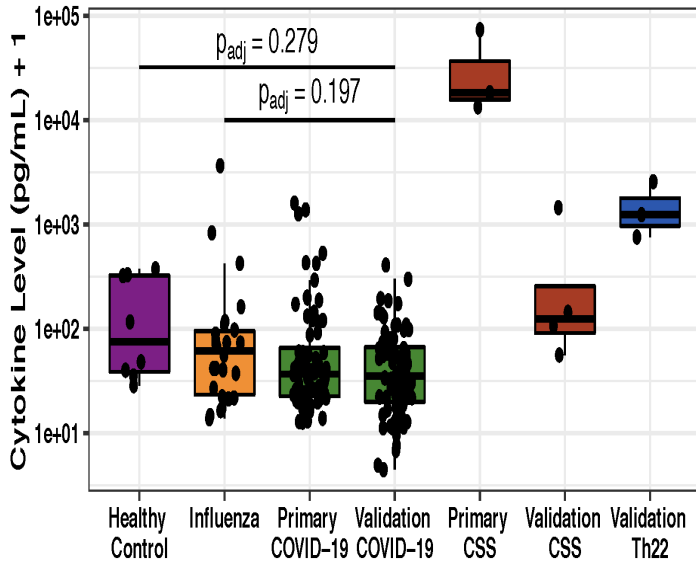
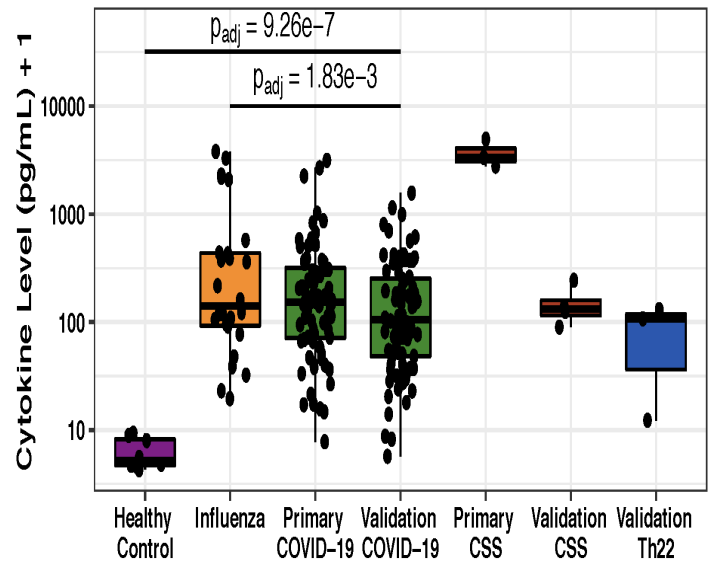
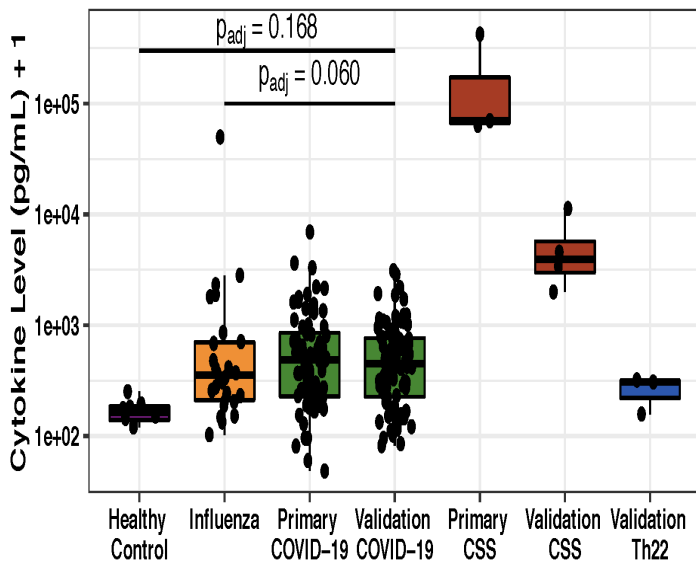
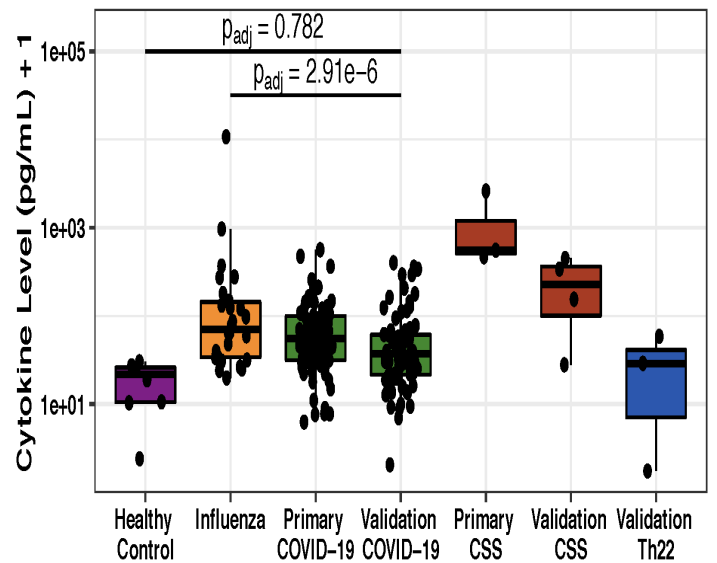


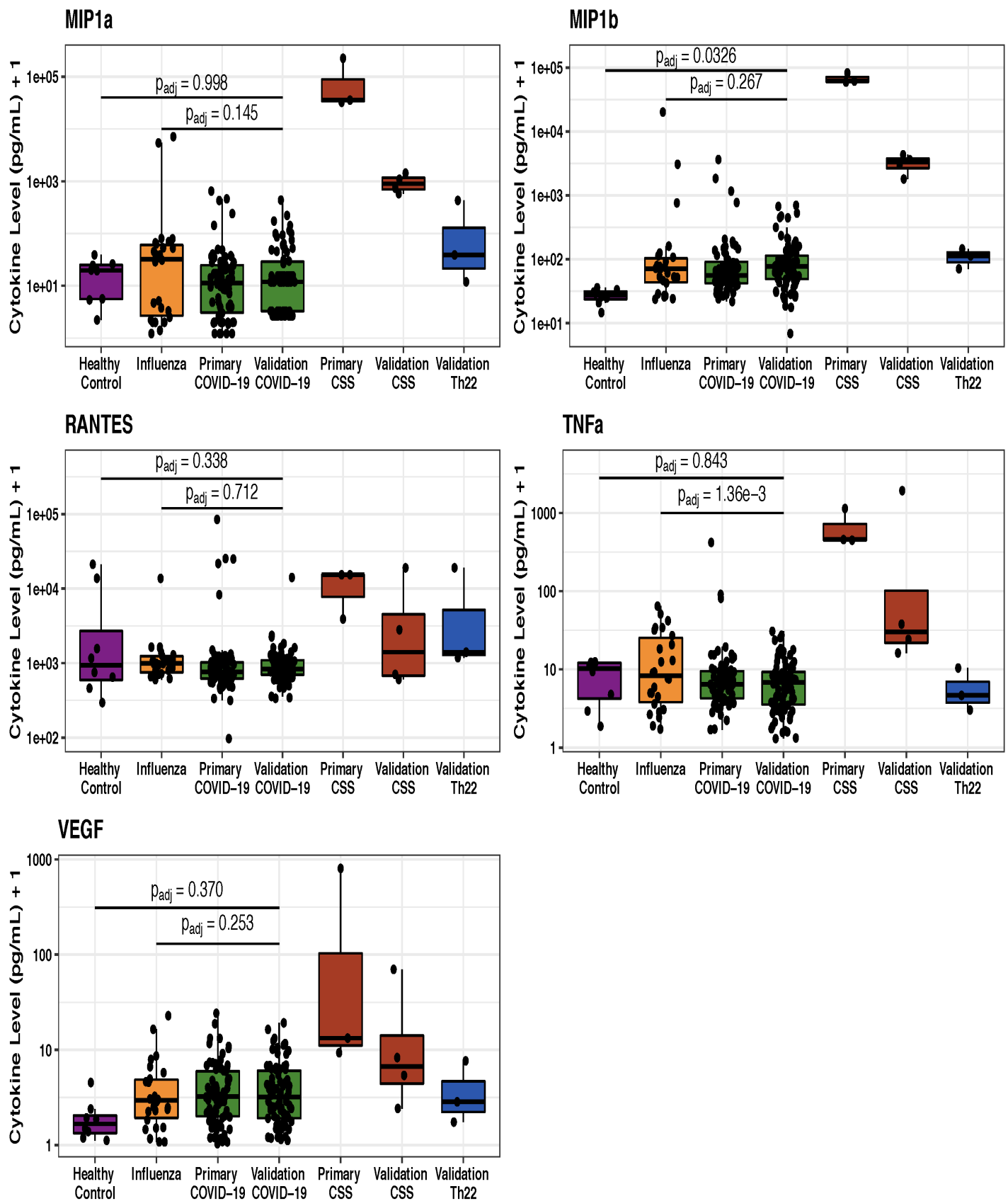
IL13



IL15

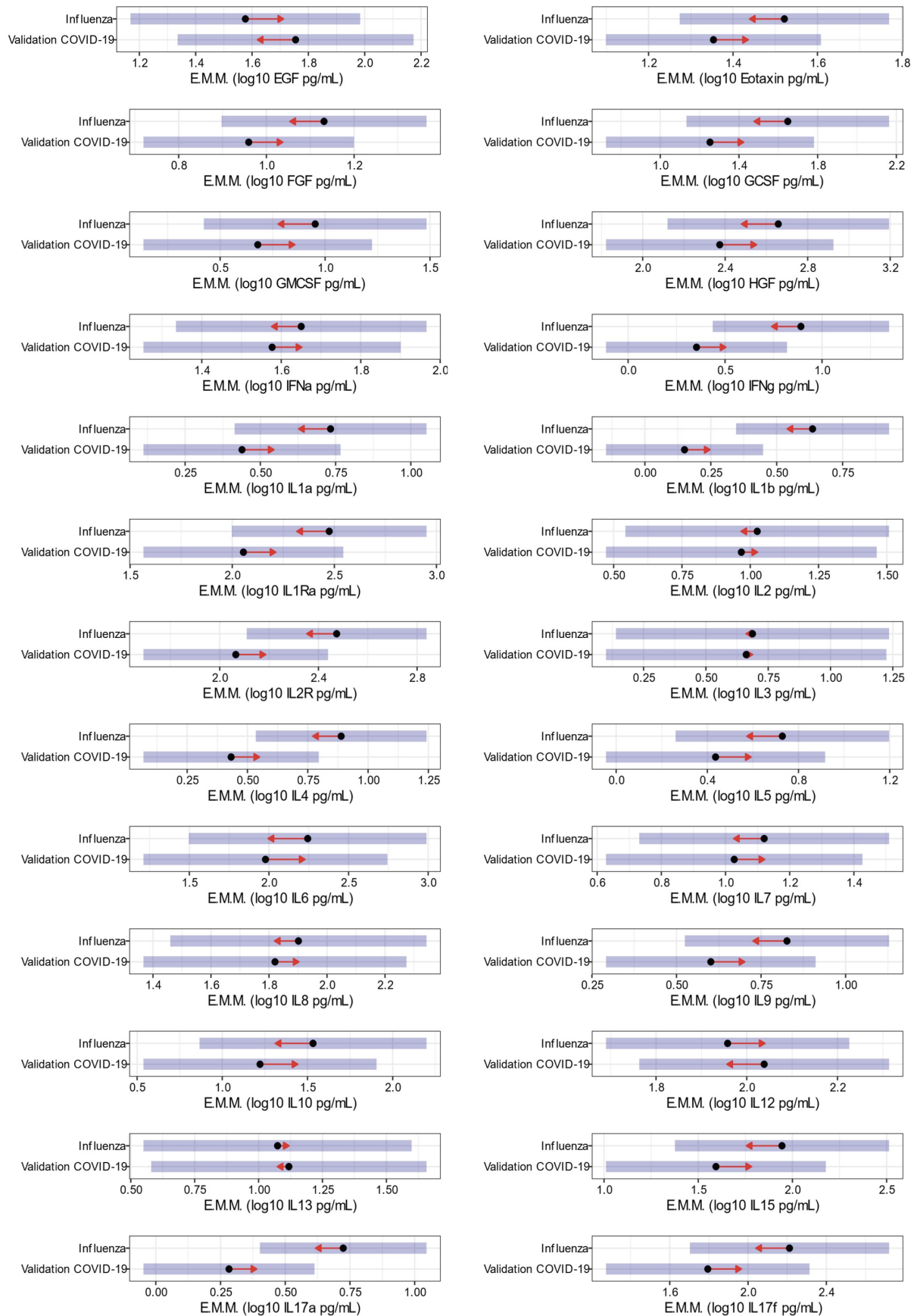


IL17a**IL17f****IL22****IP10****MCP1****MIG**

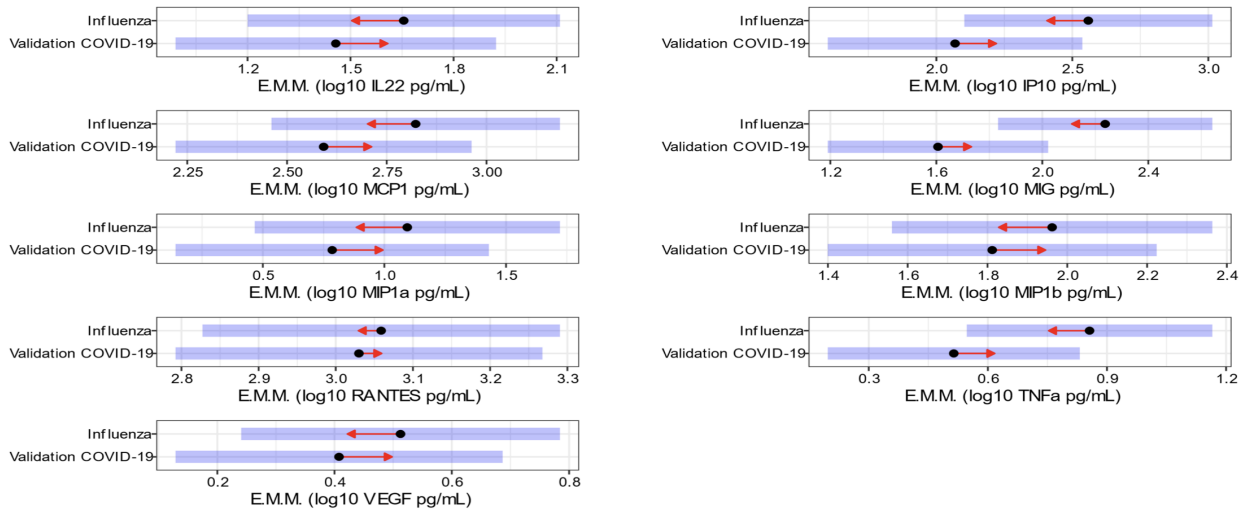


Supplementary Figure 6. Box plots show cytokine concentrations in healthy, influenza, primary COVID-19, validation COVID-19, primary CSS, validation CSS, and validation Th22 groups for all 35 cytokines measured, with raw values plotted on the log₁₀ scale. Presented p-values are from estimated marginal means (EMM) comparisons, averaging over all demographic and clinical factors that were included as covariates and p-values adjusted for multiple comparisons. Although Th22 samples were visualized separately, they were included as validation COVID-19 samples in the underlying statistical analyses.

Sup Fig 7-EMM plots of Flu vs Validation

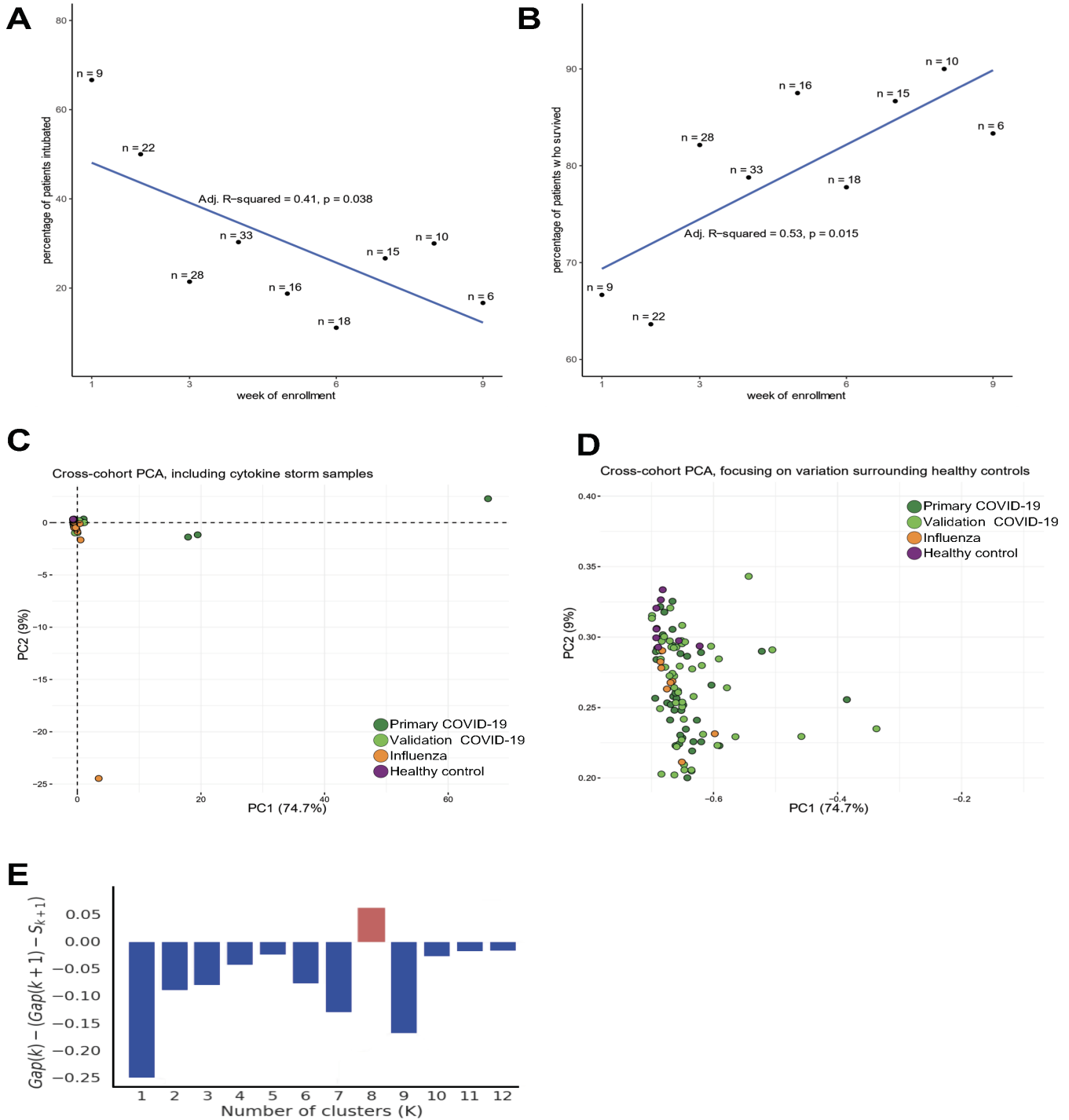


Sup Fig 7 part 2



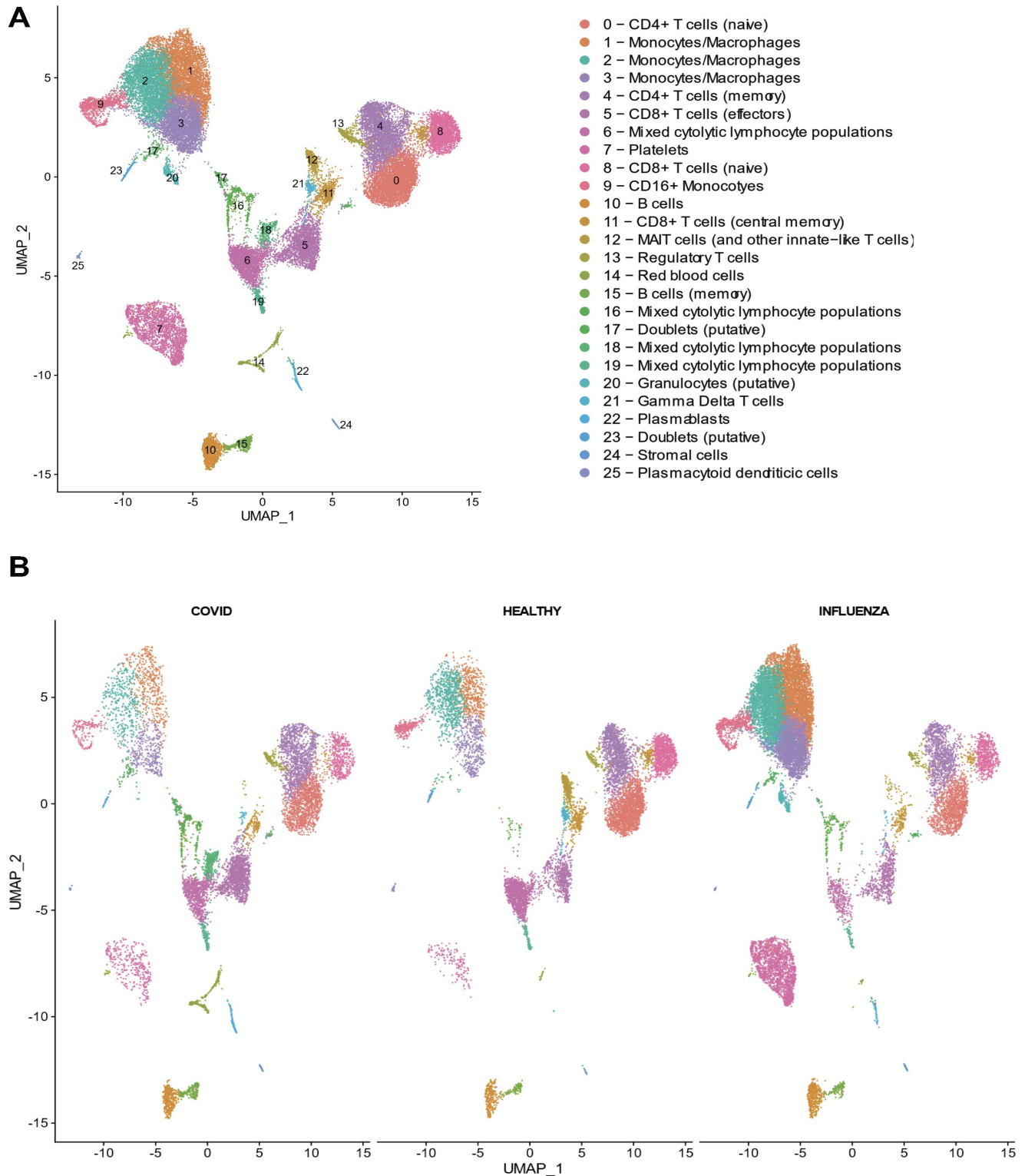
Supplementary Figure 7. Estimated marginal means (EMM) plots comparing cytokine expression between influenza and validation COVID-19 patients. The black dot represents the estimated marginal mean for the log₁₀ concentration of the cytokine for a given condition, averaged over the levels of all other covariates (e.g. age, sex, ethnicity), and the blue shading represents the corresponding 95% confidence Interval. The red arrows represent the standard error (SE) in one direction. Overlapping SE arrows indicate no significant difference between the EMM of a given cytokine in influenza subjects versus COVID-19 subjects.

Supplemental Figure 8.

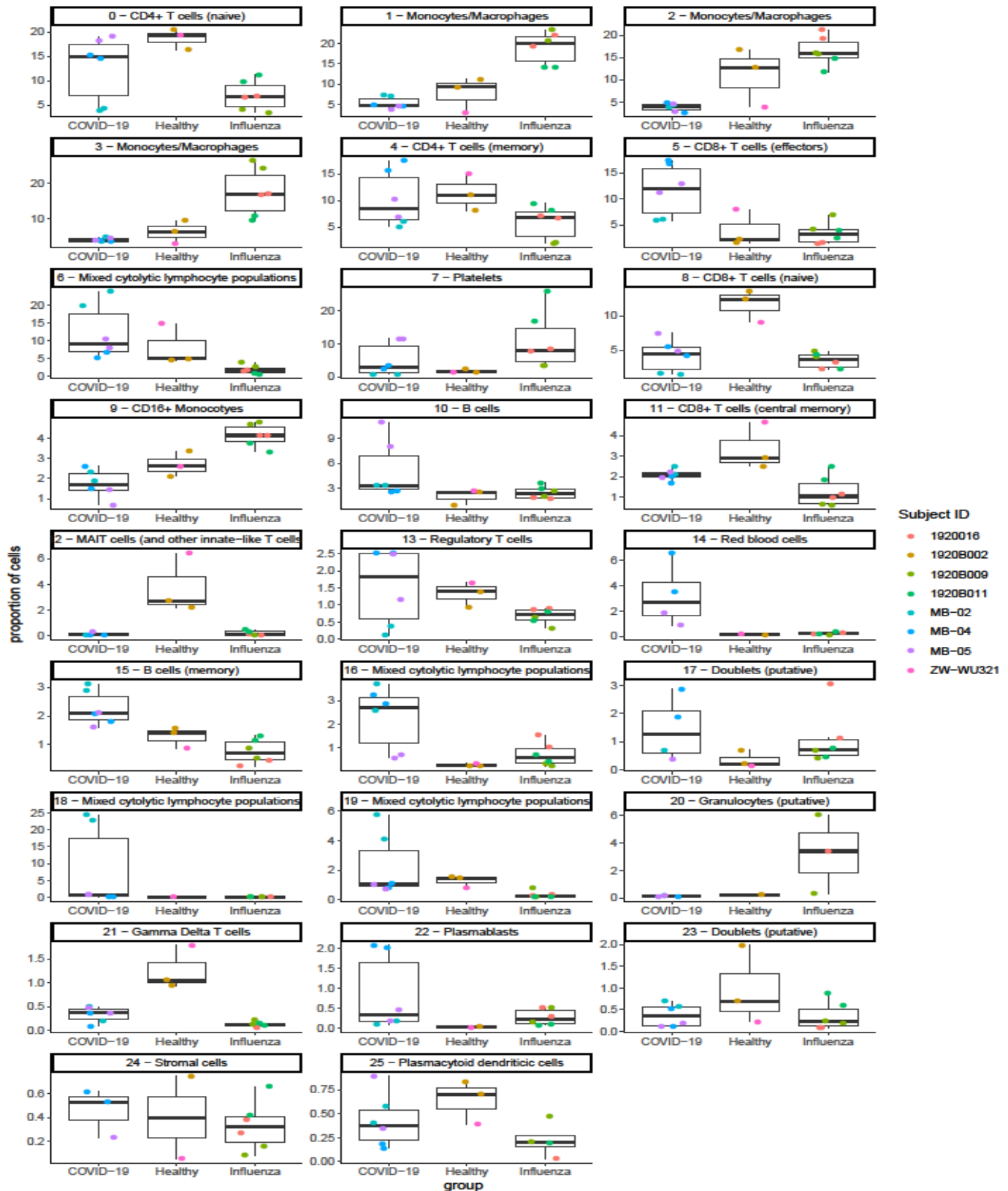


Supplementary Figure 8. Additional cross-cohort comparisons and supporting figures. **(A)** Linear regression of intubation rates binned by week of enrollment shows a significant negative correlation between intubation and time. **(B)** Linear regression of survival rates binned by week of enrollment shows a significant positive correlation between survival and time. **(C)** Principal component analysis (PCA) of all 35 cytokines measured across all patient groups in both the primary and validation cohorts, visualizing all samples with complete cytokine data. **(D)** The same PCA shown in (C) but focused on the variation immediately surrounding healthy controls (i.e., variation owing more extreme values are beyond the bounds of the plot). Magenta circles represent samples from healthy controls, orange circles represent samples from influenza-infected patients, dark green circles represent COVID-19-infected patients from the primary cohort, and light green circles represent COVID-19-infected patients from the validation cohort. **(E)** Change in gap statistic across numbers of clusters (k) for CytoMod module analysis demonstrates an optimal value of $k=8$.

Supplementary Figure 9



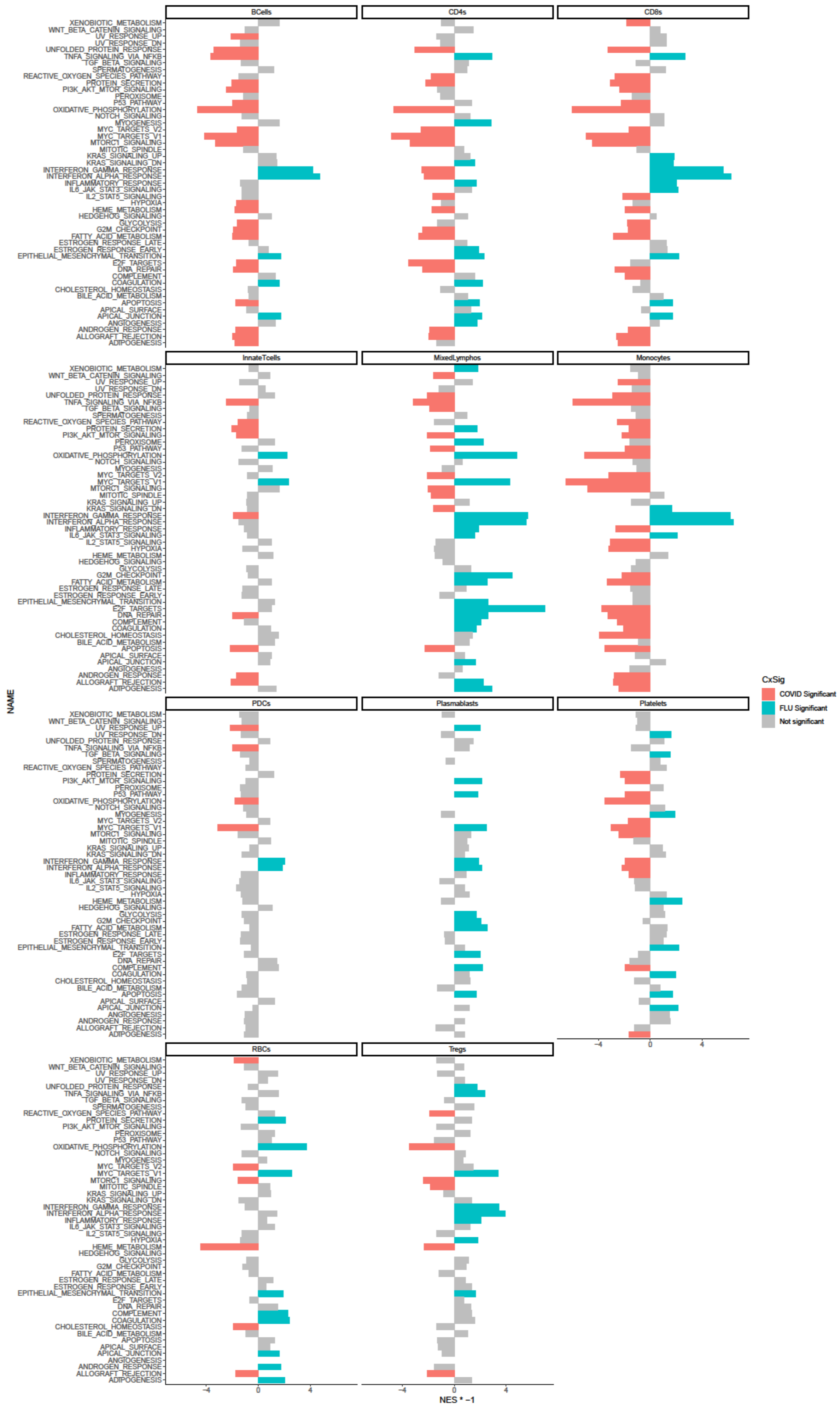
Supplementary Figure 9. Single-cell gene expression analyses of PBMCs from COVID-19-infected, influenza-infected, and healthy subjects demonstrate consistency in major cell subsets despite underlying transcriptional differences across conditions. **(A)** UMAP (uniform Manifold Approximation and Projection) plots depict transcriptional clusters used to define cell subsets. In this case, any differences between subjects has been obscured by merging the data sets with integration anchors via canonical correlation analysis. **(B)** UMAPs split by condition demonstrate the consistency transcriptional cluster identity and presence across conditions.



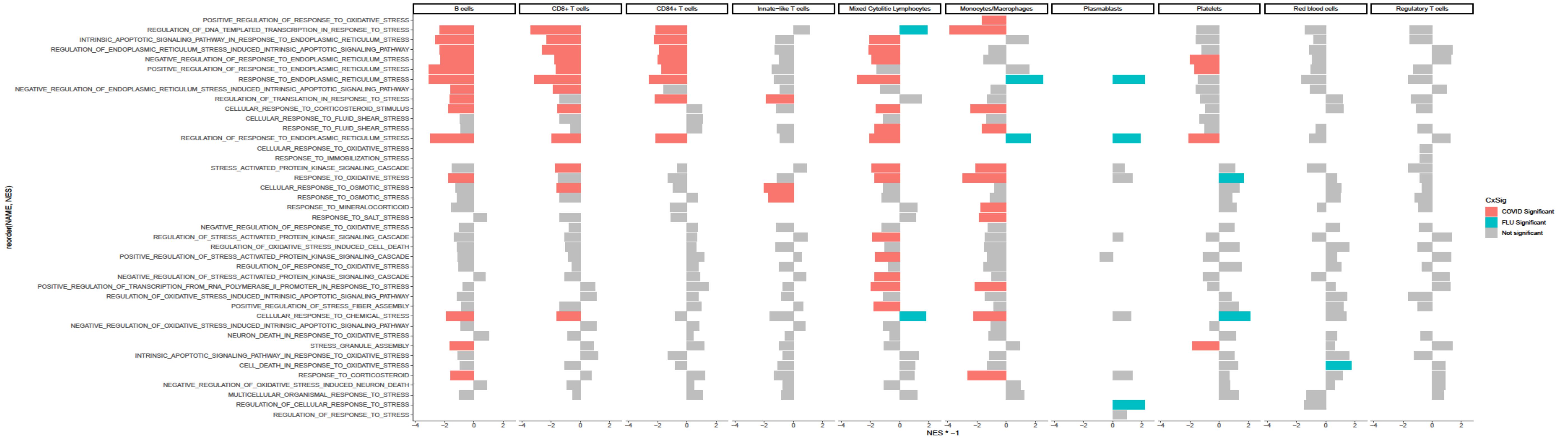
Supplementary Figure 10. For each transcriptionally identified cell subset, the proportion of cells from each single-cell gene expression library that were assigned to that subset is presented. Colors correspond to the patient from which the sample was obtained, with each patient except ZW-WU321 represented by two independent gene expression libraries constructed from distinct cell aliquots from the same PBMC sample (i.e., colors indicate the linked nature of the underlying biological samples). Omission of a point for a cluster indicates failure to detect that cluster in that library.



Supplementary Figure 11. Graphs depicting selected results from Preranked Gene Set Enrichment Analysis of Gene Ontology gene sets. Gene Ontology Biological Processes gene sets that passed default GSEA thresholds were tested, with all results with the term “interferon” in the gene set name that were significant in either direction for at least one cell subset plotted. Red: significantly enriched in cells from COVID-19-infected patients; blue: significantly enriched in cells from influenza-infected patients; grey: not statistically enriched in either condition.



Supplementary Figure 12. Graphs depicting all results of Preranked Gene Set Enrichment Analysis of Hallmark gene sets when comparing COVID-19-infected and influenza-infected subjects on a per-cell-subset basis. Red: significantly enriched in cells from COVID-19-infected patients; blue: significantly enriched in cells from influenza-infected patients; grey: not statistically enriched in either condition.



Supplementary Figure 13. Graphs depicting selected results from Preranked Gene Set Enrichment Analysis of Gene Ontology gene sets. Gene Ontology Biological Processes gene sets that passed default GSEA thresholds were tested, and all results with the terms “cortico”, “cortisol”, or “stress” in the gene set name that were significant in either direction for at least one cell subset plotted. Red: significantly enriched in cells from COVID-19-infected patients; blue: significantly enriched in cells from influenza-infected patients; grey: not statistically enriched in either condition.