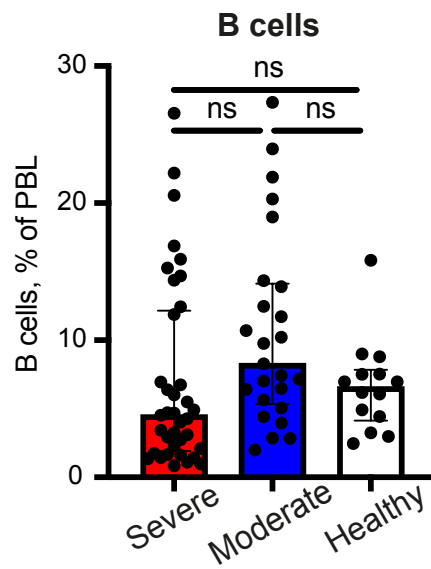
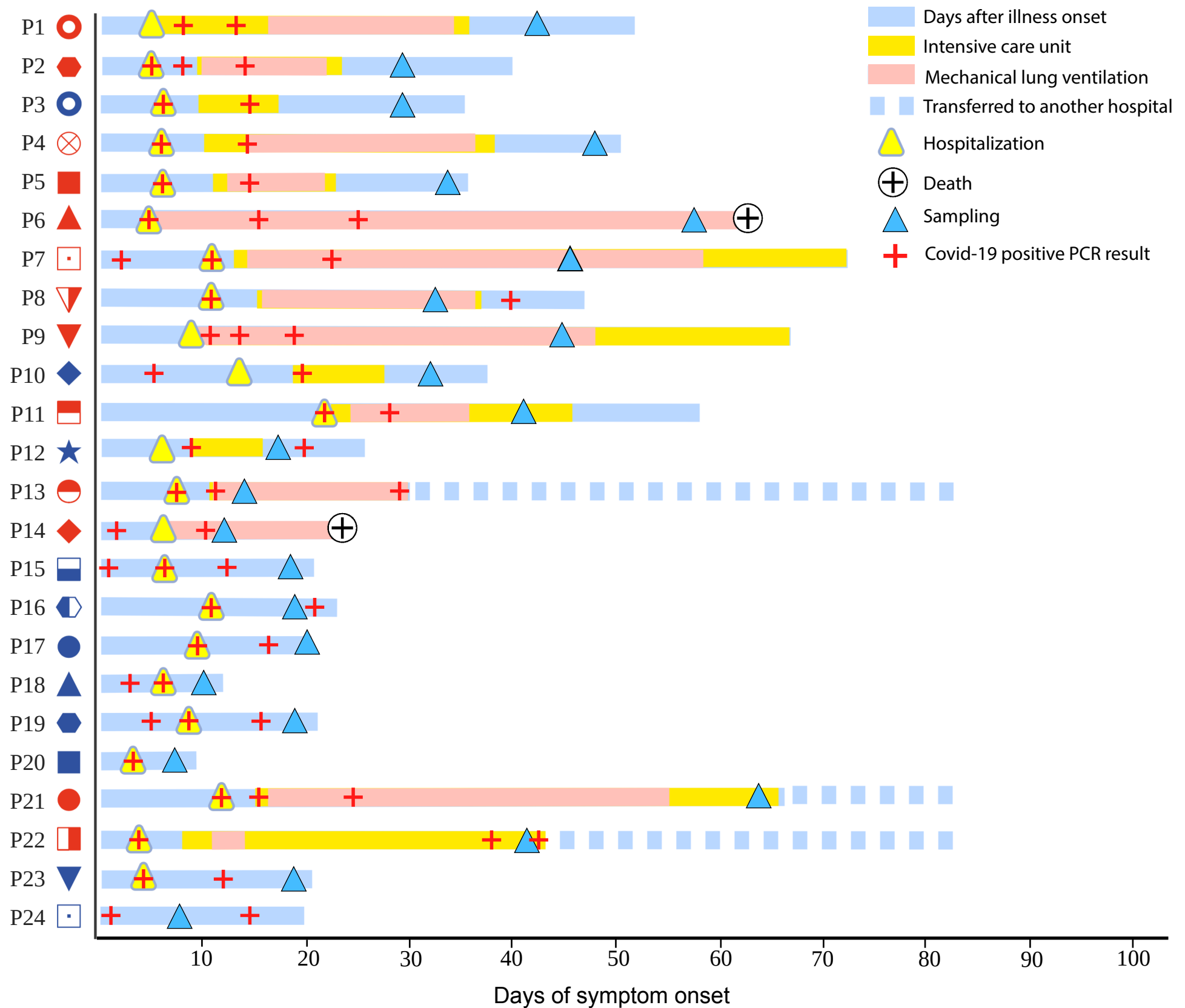


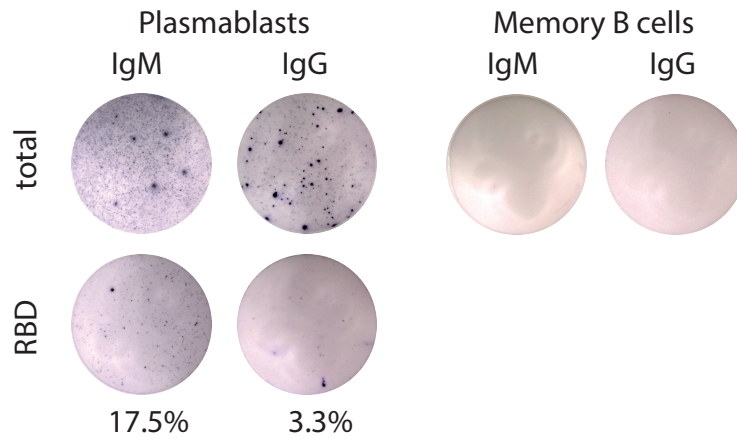
Supplementary figure 1. Study design and analysis of B cell response in patients with acute COVID-19. The cohorts of severe ($n = 13$) and moderate ($n = 11$) patients, and healthy donors ($n = 10$) were included in the study. (a) Blood was collected and peripheral mononuclear cells (PBMCs) were isolated by density gradient centrifugation. Plasma samples were collected and stored at -80°C . (b) The level of plasma antibodies against SARS-CoV-2 RBD was measured using ELISA. (c) Virus-neutralization activity of plasma was evaluated in pseudotyped virus neutralization assay. (d) The frequencies of total and RBD-binding plasmablasts in PBMC population were measured by flow cytometry. (e) Circulating RBD-specific antibody secreting cells were evaluated by ELISpot assay. (f) B cells were purified from PBMCs using immunomagnetic cell separation. (g) To stimulate the differentiation of Bmem cells into ASCs, purified B lymphocytes were stimulated using A549-CD40L feeder cells in the presence of 25 ng mL^{-1} IL-21 for 7 days. (h) After stimulation for 7 days, (i) the concentration of secreted IgM or IgG in the culture supernatants of IL-21/CD40L-stimulated B cells was quantified using ELISA. (j) The generation of total and RBD-binding plasmablasts were measured by flow cytometry. (k) The supernatants from the cultures of stimulated B cells were analyzed in a neutralization assay using HIV-1-based virions pseudotyped with spike proteins of SARS-CoV-2. (l) Bmem-derived RBD-specific antibody secreting cells were evaluated by ELISpot. Illustration was created with BioRender.



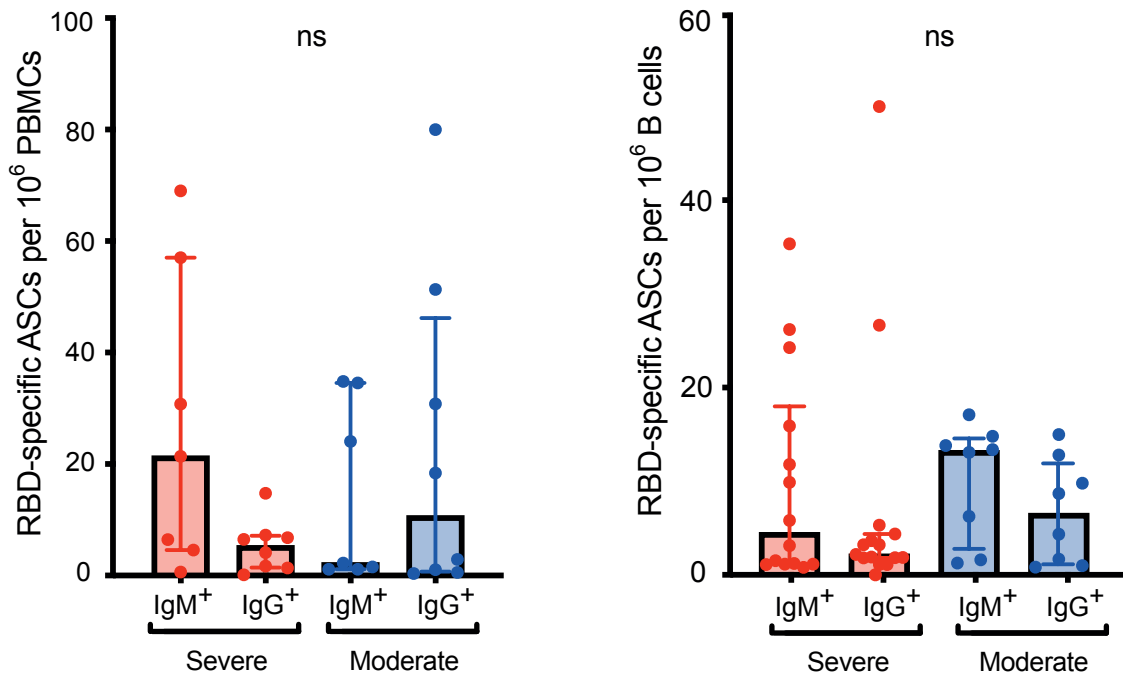
Supplementary figure 2. The frequencies of total CD19⁺ B cells did not change significantly in patients with COVID-19 compared to those of healthy donors. Results are shown for individual samples (symbols) from HDs (n = 12), moderate (n = 25), and severe (n = 38) COVID-19 cases.



Supplementary figure 3. Swimmer plot of 24 patients with COVID-19. The study group included 11 patients with the moderate form (blue symbols) and 13 patients with the severe form (red symbols) of COVID-19. Patient numbers and corresponding symbols are indicated on the left of the Y-axis.

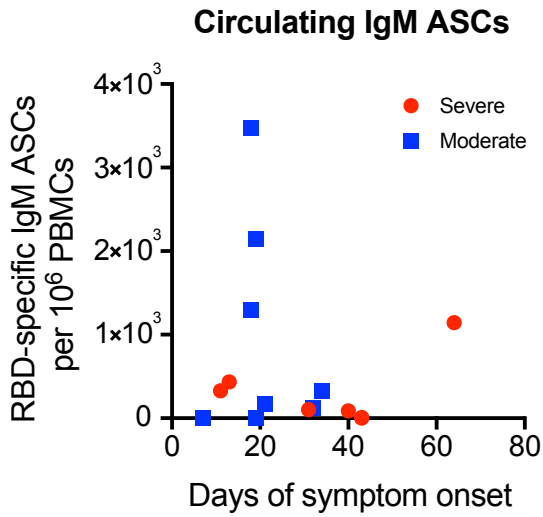


Supplementary figure 4. Preliminary experiment, which showed that spontaneous ASCs were detected in the plasmablast population, but not in the unstimulated Bmem cell population. Plasmablasts ($CD19^+CD27^{hi}CD38^{hi}$) (two left columns) and Bmem cells ($CD19^+CD27^+CD38^-$) (two right columns) were sorted separately by flow cytometry and their capacity to secrete total (top row) or RBD-specific (bottom row) IgM or IgG antibodies were determined. The percentages indicated beside the wells represent the frequencies of antigen-specific ASCs relative to the total number of IgMs or IgGs.

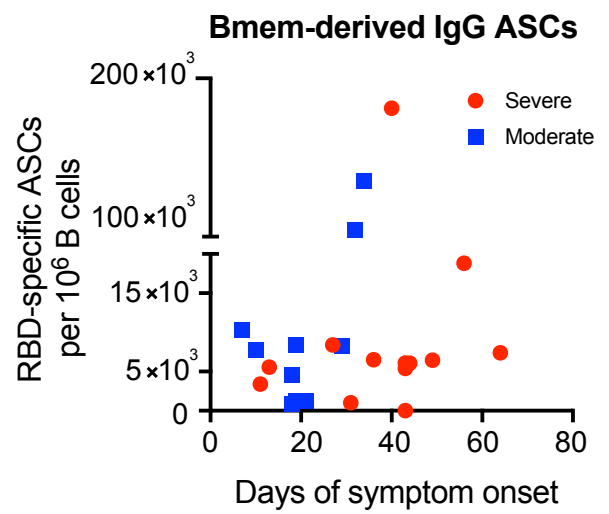
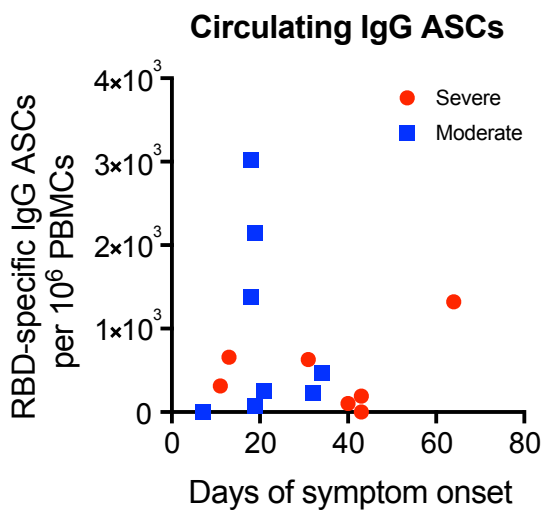
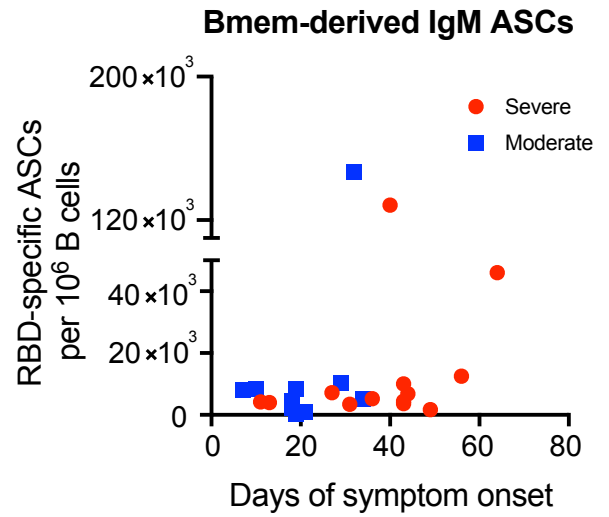


Supplementary figure 5. The percentage of total IgM or IgG-secreting cells that were RBD-specific in patients with severe and moderate COVID-19. ELISpot assay of circulating ASCs (left panel) or Bmem cell-derived ASCs (right panel).

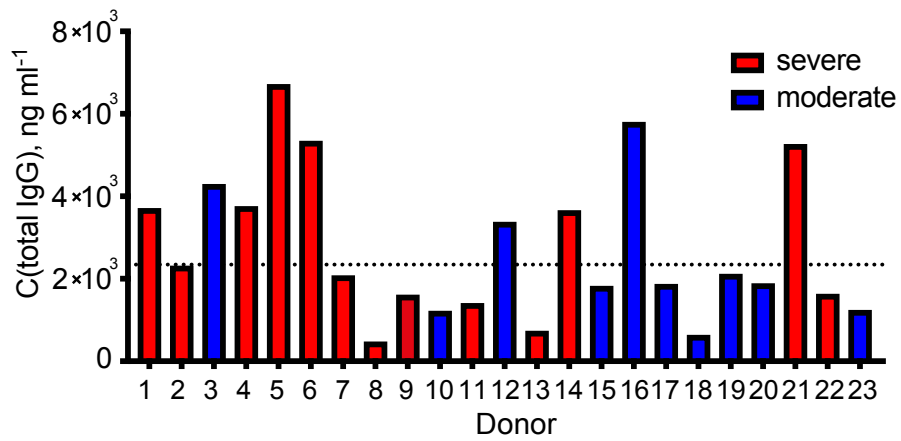
(a)



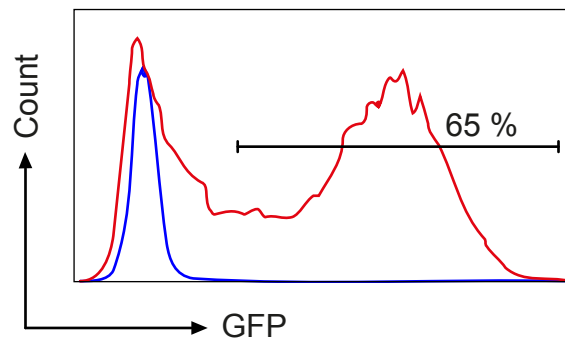
(b)



Supplementary figure 6. Dynamic changes in RBD-specific ASCs based on the number of days after symptom onset. (a) RBD-specific circulating ASC IgMs (top panel) or IgGs (bottom panel) collected from 15 patients with COVID-19 determined using the ELISpot assay. (b) RBD-specific Bmem cell-derived ASC IgMs (top panel) or IgGs (bottom panel) collected from 23 patients with COVID-19 determined using the ELISpot assay.



Supplementary figure 7. Production of total IgGs in cultures of IL-21/CD40L-stimulated B cells obtained from different patients with COVID-19 evaluated using ELISA. Results from three independent experiments. The dotted line indicates the mean level of total IgGs observed in the HD group.



Supplementary figure 8. Infection of ACE2-expressing HEK293T cells measured with lentiviral particles (VLP) pseudotyped with protein S from SARS-Cov-2.VLP infected approximately 50% of cells based on GFP expression (red line), the human monoclonal antibody 34B12 against RBD domain at a concentration of 60 ng ml^{-1} completely blocked SARS-Cov-2 infection (blue line). Representative plot from three independent experiments.

Supplementary table 1. Participant characteristics.

	Severe patients (n = 43)	Moderate patients (n = 28)	Healthy donors (n = 14)
Age	median = 65 min = 35 max = 93	median = 58.5 min = 24 max = 84	median = 59 min = 45 max = 73
Sex			
Female	21 (48.8%)	11 (39.3%)	7 (50%)
Male	22 (51.2%)	17 (60.7%)	7 (50%)
Days since onset of symptoms to the hospitalization	median=6	median=7	0
Comorbidity			
Hypertension	27 (62.8%)	15 (53.6%)	8 (57.1%)
Diabetes	13 (30.2%)	3 (10.7%)	0
Obesity	3 (7%)	4 (14.3%)	0
Coronary artery disease/myocardial infarction	11 (25.6%)	2 (7.1%)	1 (7.1%)
Length of stay in ICU[§]	median = 29	median = 7	0
Mechanical ventilation	60.0%	0%	0%
NIV/HFNC^{§§}	22.2%	0%	0%
Total duration of mechanical ventilation	median = 11 min = 2 max = 62	0	0
Hospital mortality	37.2%	0%	0%

[§] intensive care unit

^{§§} non-invasive ventilation or high-flow nasal cannula oxygen therapy

