

# THE LANCET Microbe

## Supplementary appendix

This appendix formed part of the original submission and has been peer reviewed.  
We post it as supplied by the authors.

Supplement to: S Jangra, C Ye, R Rathnasinghe, et al. SARS-CoV-2 spike E484K mutation reduces antibody neutralisation. *Lancet Microbe* 2021; published online April 7. [https://doi.org/10.1016/S2666-5247\(21\)00068-9](https://doi.org/10.1016/S2666-5247(21)00068-9).

**Table 1: Description of serum samples obtained from human subjects**

SERUM					
Seropositive, vaccine	Spike IgG response	Sex	Age group (yrs)	Days post 1 vaccine dose (Pfizer)	
V1	Strong positive	F	>60	68	
V2	Strong positive	M	30-40	47	
V3	Strong positive	F	50-60	47	
V4	Strong positive	F	40-50	49	
V5	Strong positive	F	30-40	48	
Seropositive, infection	Spike IgG response	Sex	Age group (yrs)	Days post onset of symptoms	
P1	Weak positive	M	20-29	260	
P2	Weak positive	M	50-59	NA	
P3	Weak positive	F	30-39	111	
P4	Weak positive	F	30-39	221	
P5	Weak positive	F	30-39	254	
P6	Weak positive	F	20-29	247	
P7	Weak positive	M	30-39	220	
P8	Weak positive	F	20-29	Asymptomatic	
P9	Moderate positive	M	30-39	NA	
P10	Moderate positive	F	30-39	197	
P11	Moderate positive	F	50-59	Asymptomatic	
P12	Moderate positive	F	30-39	Asymptomatic	
P13	Moderate positive	M	30-39	234	
P14	Moderate positive	F	20-29	273	
P15	Moderate positive	M	30-39	Asymptomatic	
P16	Moderate positive	F	20-29	258	
P17	Moderate positive	F	20-29	246	
P18	Moderate positive	M	20-29	Asymptomatic	
P19	Moderate positive	F	50-59	204	
P20	Strong positive	F	50-59	NA	
P21	Strong positive	F	30-39	245	
P22	Strong positive	M	NA	170	
P23	Strong positive	F	>60	Asymptomatic	
P24	Strong positive	F	40-49	NA	
P25	Strong positive	F	50-59	191	
P26	Strong positive	F	30-39	NA	
P27	Strong positive	F	50-59	113	
P28	Strong positive	M	>60	Asymptomatic	
P29	Strong positive	M	18-19	218	
P30	Strong positive	M	50-59	219	
Seronegative, post pandemic	Spike IgG response	Sex	Age group (yrs)	Days from last negative serology	
N1	Negative	F	40-50	23	
N2	Negative	F	20-29	24	
N3	Negative	F	20-29	23	
N4	Negative	F	30-35	22	

## Methods section:

### 50% tissue culture infective dose (TCID<sub>50</sub>) calculation and *in vitro* microneutralization assay:

To estimate the neutralizing efficiency of human sera, *in vitro* microneutralization assays were performed. Human sera were inactivated at 56°C for 30 min. Serum samples were serially diluted 3-fold starting from 1:30 dilution in Vero-E6-infection medium (DMEM+ 2% FBS+ 1% non-essential amino acids). The samples were incubated with 450 tissue culture infective dose 50 (TCID<sub>50</sub>) of either USA-WA1/2020 or rSARS-CoV-2 E484K for 1 hour in an incubator at 37°C, 5% CO<sub>2</sub> followed by incubation with pre-seeded Vero-E6 at 37°C for 48 hours. The plates were fixed in 4% formaldehyde at 4°C overnight. For TCID<sub>50</sub> calculation, the virus stock was serially diluted 10-fold starting with 1:10 dilution and incubated on Vero-E6 cells for 48 hours followed by fixation in 4% Formaldehyde. The cells were washed with 1xPBS and permeabilized with 0.1% Triton X-100 in 1XPBS. The cells were washed again and blocked in 5% non-fat milk in 1xPBS+ 0.1% Tween-20 for 1 hour at room temperature. After blocking, the cells were incubated with anti-SARS-CoV-2 NP and anti-spike monoclonal antibodies, mixed in 1:1 ratio, for 1.5 hours at room temperature. The cells were washed in 1xPBS and incubated with 1:5000 diluted HRP-conjugated anti-mouse IgG secondary antibody for 1 hour at RT followed by a brief PBS wash. Finally, 100µl tetramethyl benzidine (TMB) substrate was added and incubated at RT until blue color appeared, and the reaction was terminated with 50µl 1M H<sub>2</sub>SO<sub>4</sub>. Absorbance was recorded at 450nm and 650nm and percentage reduction in infection was calculated as compared to negative control. We performed all experiments in a blinded manner.

### Serum samples from human subjects:

The study protocols for the collection of clinical specimens from individuals with and without SARS-CoV-2 infection by the Personalized Virology Initiative were reviewed and approved by the Mount Sinai Hospital Institutional Review Board (IRB-16-00791; IRB-20-03374). All participants provided informed consent prior to collection of specimen and clinical information. All specimens were coded prior to processing.

### Preparation of virus stocks and virus sequencing:

Virus stocks were rescued and grown on Vero E6 cells (multiplicity of infection: 0.05) in infection medium (DMEM+ 2% FBS+ 1% non-essential amino acids) for 3 days. The E484K mutant rSARS-CoV-2 was generated using previously described reverse genetics based on the use of a bacterial artificial chromosome (BAC).<sup>1-3</sup> Viral RNA was extracted from 1ml virus supernatant with TRIzol reagent (ThermoFisher Scientific) according to the manufacturer's instruction. For Sanger sequencing, RT-PCR amplification of the viral genome spanning nucleotides 22853 to 24027 was performed using SuperScript II reverse transcriptase (ThermoFisher Scientific) and the Expand high-fidelity PCR system (Sigma-Aldrich). The 1,175 bp amplified RT-PCR products were subjected to Sanger sequencing (ACGT). The primers used for RT-PCR are available upon request. For deep sequencing of the entire viral genome, we generated libraries using a KAPA RNA HyperPrep kit with a 45-min adapter ligation incubation, including 6 cycles of PCR with 100 ng of viral RNA and a 7 mM adapter concentration. Samples were sequenced on an Illumina HiSeq X machine. The sequencing data were assembled and aligned a SARS-CoV-2 reference genome (GenBank accession no. MN985325) by Integrative Genomic Viewer (IGV 2.9.0).

## References

- 1 Chiem K, Morales Vasquez D, Park J-G, *et al.* Generation and Characterization of recombinant SARS-CoV-2 expressing reporter genes. *J Virol* 2021; published online Jan 11. DOI:10.1128/JVI.02209-20.
- 2 Chiem K, Ye C, Martinez-Sobrido L. Generation of Recombinant SARS-CoV-2 Using a Bacterial Artificial Chromosome. *Curr Protoc Microbiol* 2020; **59**. DOI:10.1002/cpmc.126.
- 3 Ye C, Chiem K, Park J-G, *et al.* Rescue of SARS-CoV-2 from a Single Bacterial Artificial Chromosome. *mBio* 2020; **11**. DOI:10.1128/mBio.02168-20.

**Personalized Virology Initiative (PVI) study group:**

**PVI study group** (in alphabetical order):

H.	Alshammary
A.	Amoako
M.	Awawda
K.	Beach
C.M.	Bermúdez-González
R.	Chernet
L.	Eaker
E.	Ferreri
D.	Floda
C.	Gleason
G.	Kleiner
D.	Jurczyszak
J.	Matthews
W.	Mendez
LCF	Mulder
K.	Russo
A.	Salimbangon
M.	Saksena
A.	Shin
L.	Sominsky
K.	Srivastava

Department of Microbiology, Icahn School of Medicine at Mount Sinai New York, NY, USA

Global Health and Emerging Pathogens Institute, Icahn School of Medicine at Mount Sinai New York, NY, USA

The Personalized Virology Initiative study group declares no competing interests.