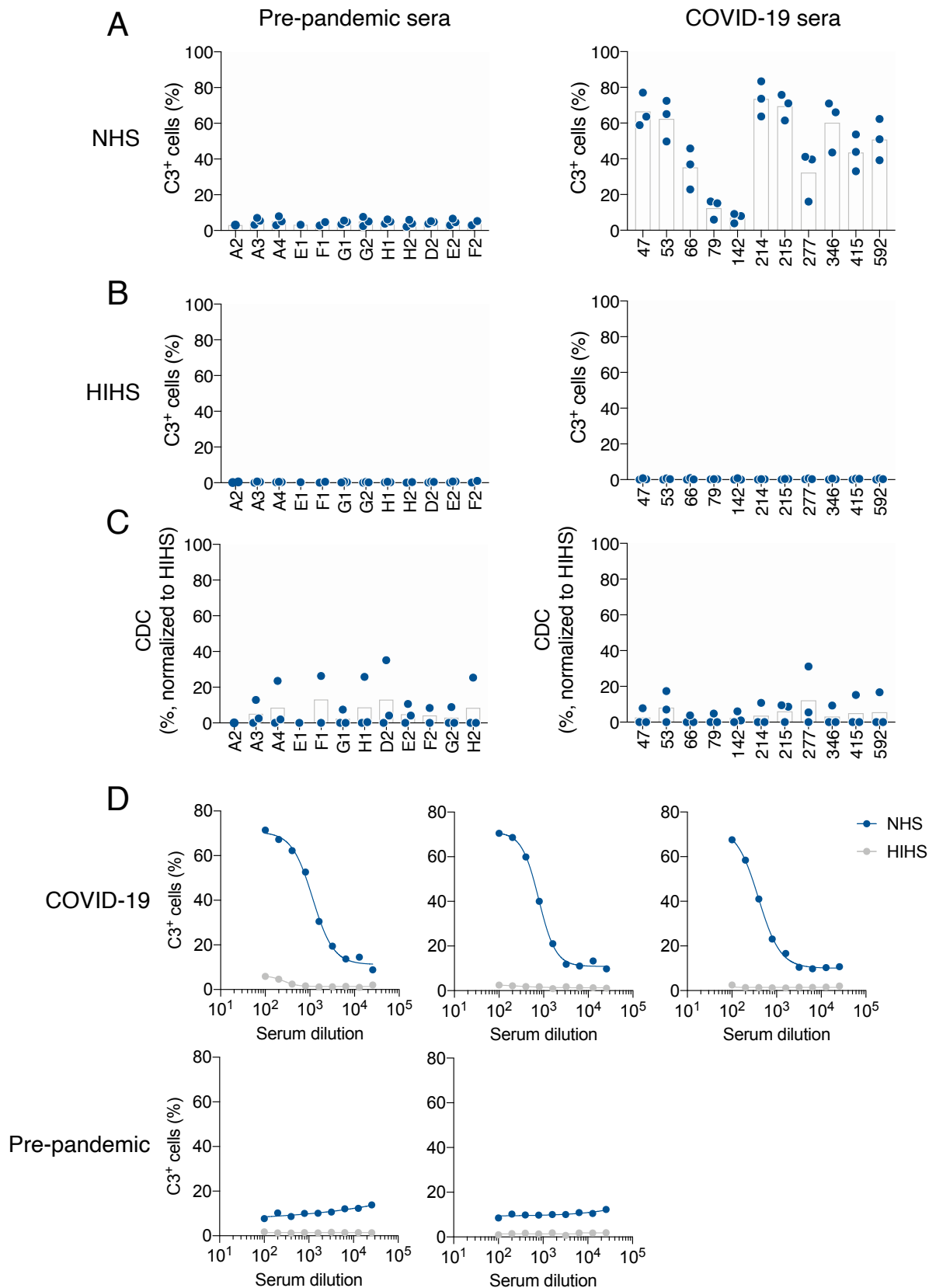


**Cell Reports Medicine, Volume 2**

**Supplemental information**

**Asymptomatic and symptomatic SARS-CoV-2  
infections elicit polyfunctional antibodies**

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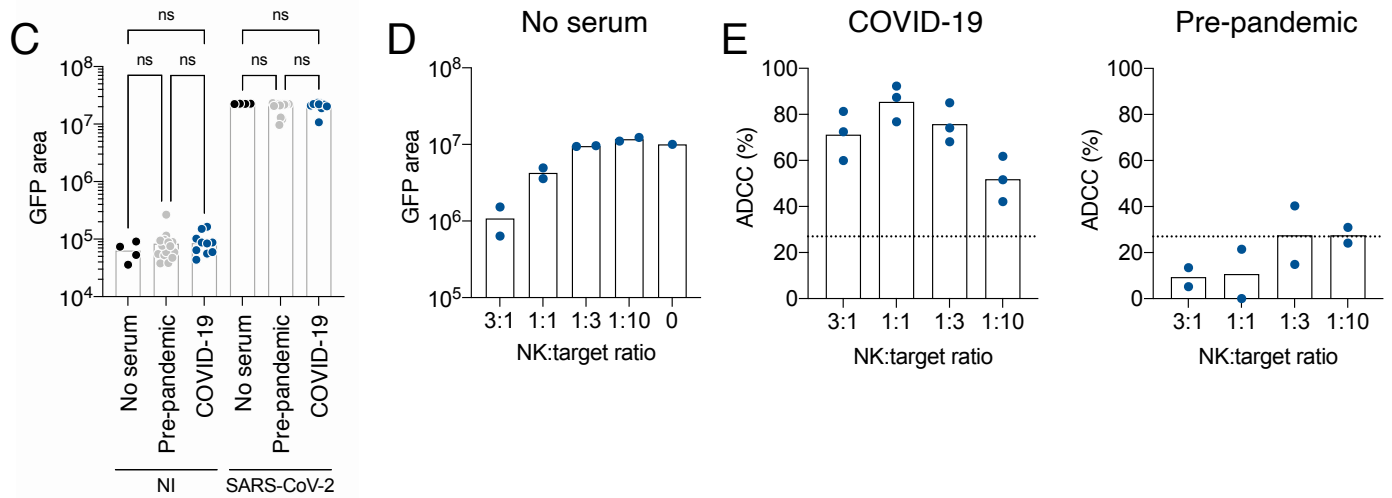
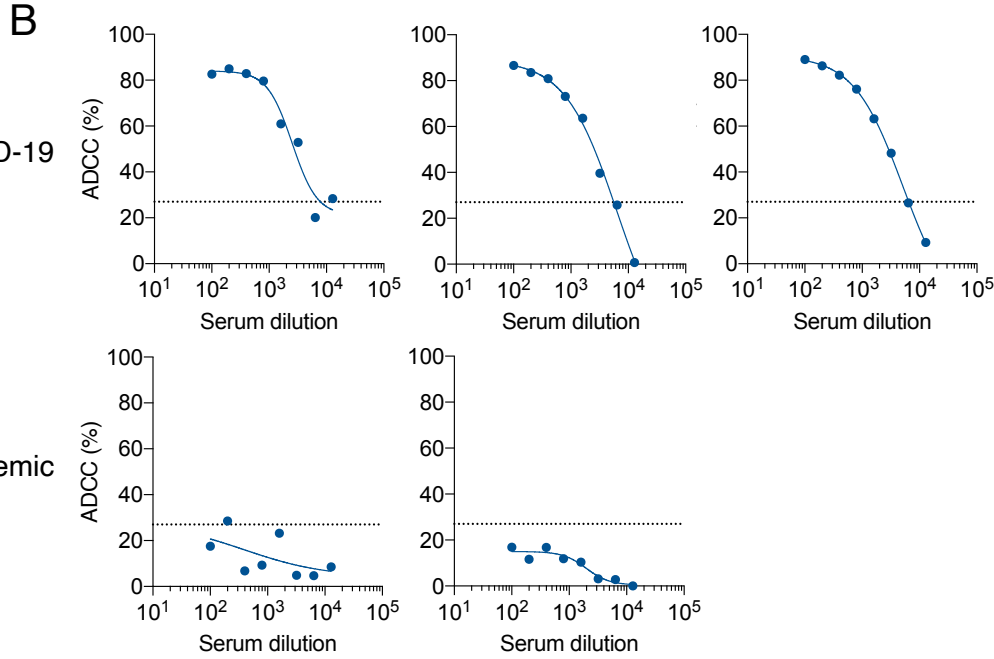
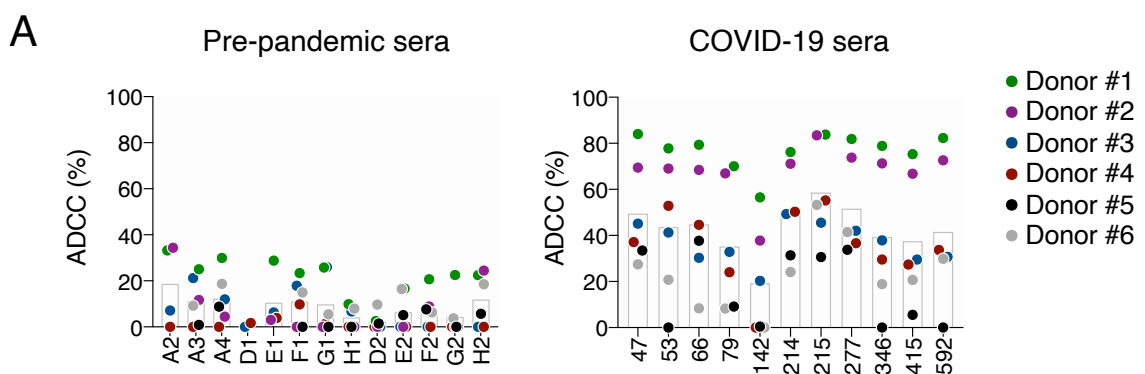
**Figure S1. COVID-19 sera induce complement activation on SARS-CoV-2-infected cells. Related to Figure 1.**

**A.** Percentage of C3<sup>+</sup> cells among infected cells (Spike<sup>+</sup>) for each pre-pandemic (left) and COVID-19 (right) serum in presence of normal human serum (NHS) as a source of complement. Each dot represents an independent experiment (n=3).

**B.** Percentage of C3<sup>+</sup> cells among infected cells (Spike<sup>+</sup>) for each pre-pandemic (left) and COVID-19 (right) serum in presence of heat-inactivated human serum (HIHS) as a control. Each dot represents an independent experiment (n=3).

**C.** Complement-dependent cytotoxicity (CDC) of infected A549-ACE2 cells was measured for each pre-pandemic (left) and COVID-19 (right) serum as the relative disappearance of Spike<sup>+</sup> cells in the NHS condition compared to the HIHS condition. Each dot represents an independent experiment (n=3).

**D.** Percentage of C3<sup>+</sup> cells among infected cells (Spike<sup>+</sup>) after incubation with increasing dilutions of 3 COVID-19 sera (top) and 2 pre-pandemic sera (bottom), and normal (NHS; blue) or heat-inactivated human serum (HIHS; grey). One representative experiment is shown.



**Figure S2. COVID-19 sera trigger antibody-dependent cellular cytotoxicity by NK cells. Related to Figure 2.**

**A.** The percentage of ADCC of infected cells was measured for each pre-pandemic (left) and COVID-19 serum (right). Each dot represents a different donor of NK cells (n=2-6).

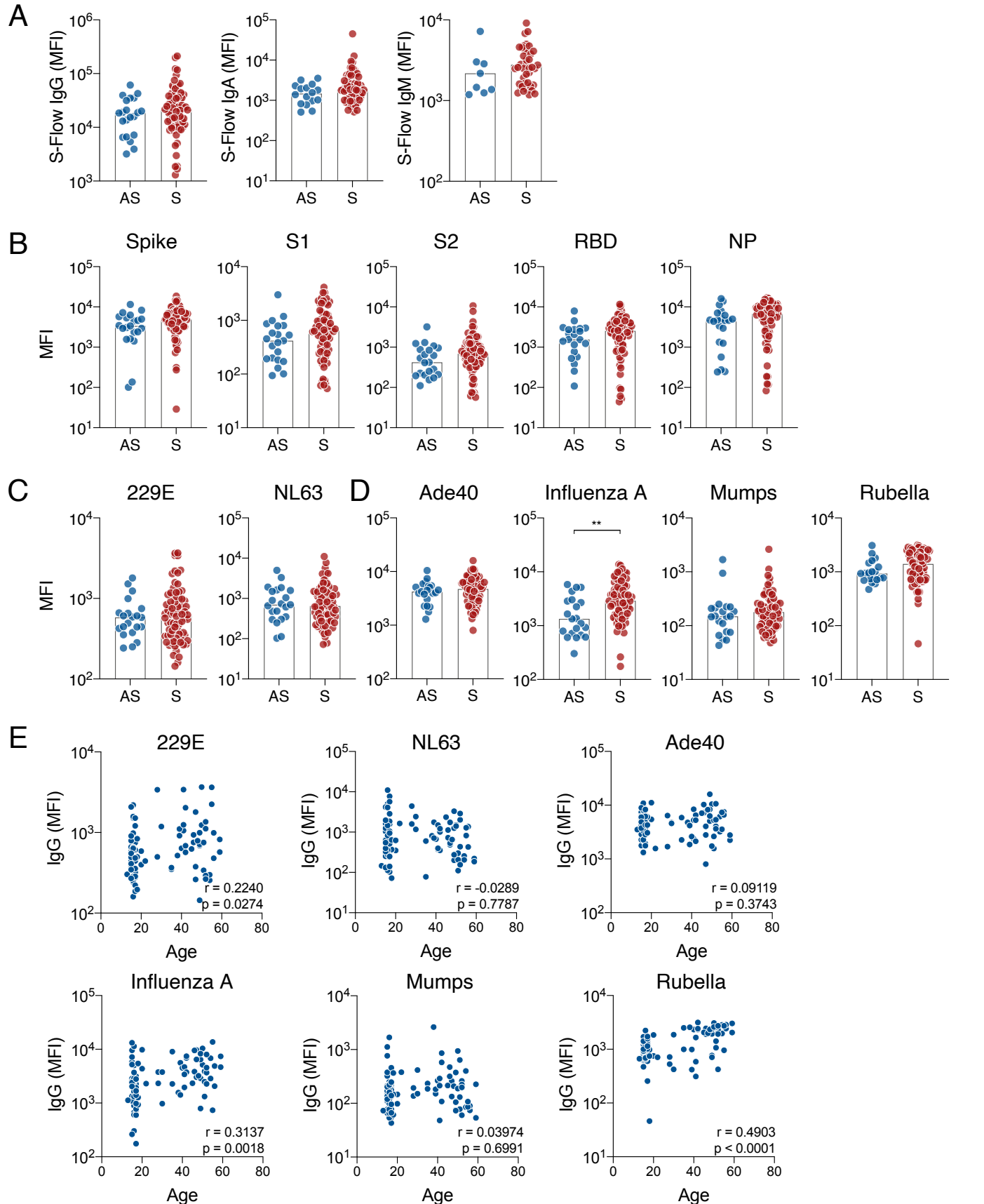
**B.** The percentage of ADCC of infected cells was measured with increasing dilutions of 3 COVID-19 sera (top) and 2 pre-pandemic sera (bottom). The mean of two donors of NK cells is shown.

**C.** U2OS-ACE2 cells infected or not with SARS-CoV-2 were incubated for 6h with pre-pandemic sera (n=15) or COVID-19 sera (n=10) (dilution 1:100). Cells incubated without serum were included as a control. The area of GFP is plotted. Each dot represents a different donor of serum. ns: not significant (Kruskal-Wallis test).

**D.** U2OS-ACE2 cells were infected with SARS-CoV-2 and co-cultured for 6h with NK cells at different NK cells:U2OS-ACE2 cells ratios. A control without NK cells (0) was included. The GFP area was then measured to detect any spontaneous killing of infected cells (GFP+) by NK cells. Each dot represents a different donor of NK cells (n=2).

**E.** U2OS-ACE2 cells were infected with SARS-CoV-2 and co-cultured for 6h with NK cells at different NK cells:U2OS-ACE2 cells ratios and COVID-19 sera (n=3; left) or pre-pandemic sera (n=2; right). Each dot represents the mean ADCC for a donor of serum measured with NK cells from two different donors.

In B and E, the dashed line represents the threshold of positivity calculated with pre-pandemic sera.

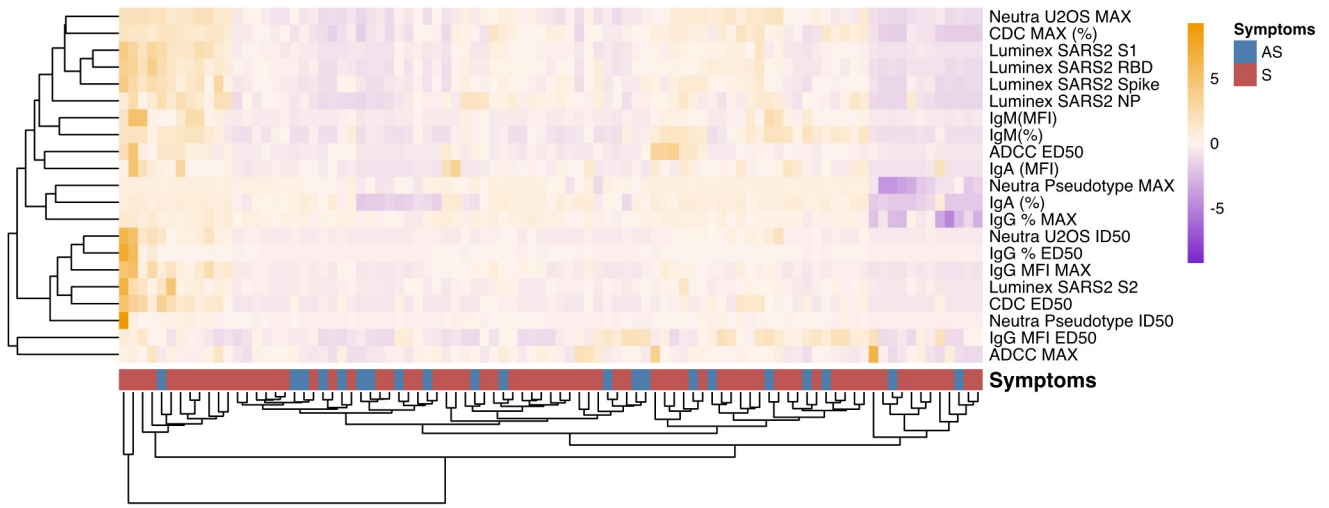


**Figure S3. Antibody response against SARS-CoV-2, 229E and NL63 seasonal coronaviruses and control antigens. Related to Figure 3.**

**A.** IgG (left), IgA (middle) and IgM (right) levels were quantified in asymptomatic (AS; blue; n=21) and mildly symptomatic (S; red; n=76) individuals using the flow-cytometry-based S-Flow assay. The median fluorescence intensity (MFI) of staining in S-Flow+ individuals is represented.

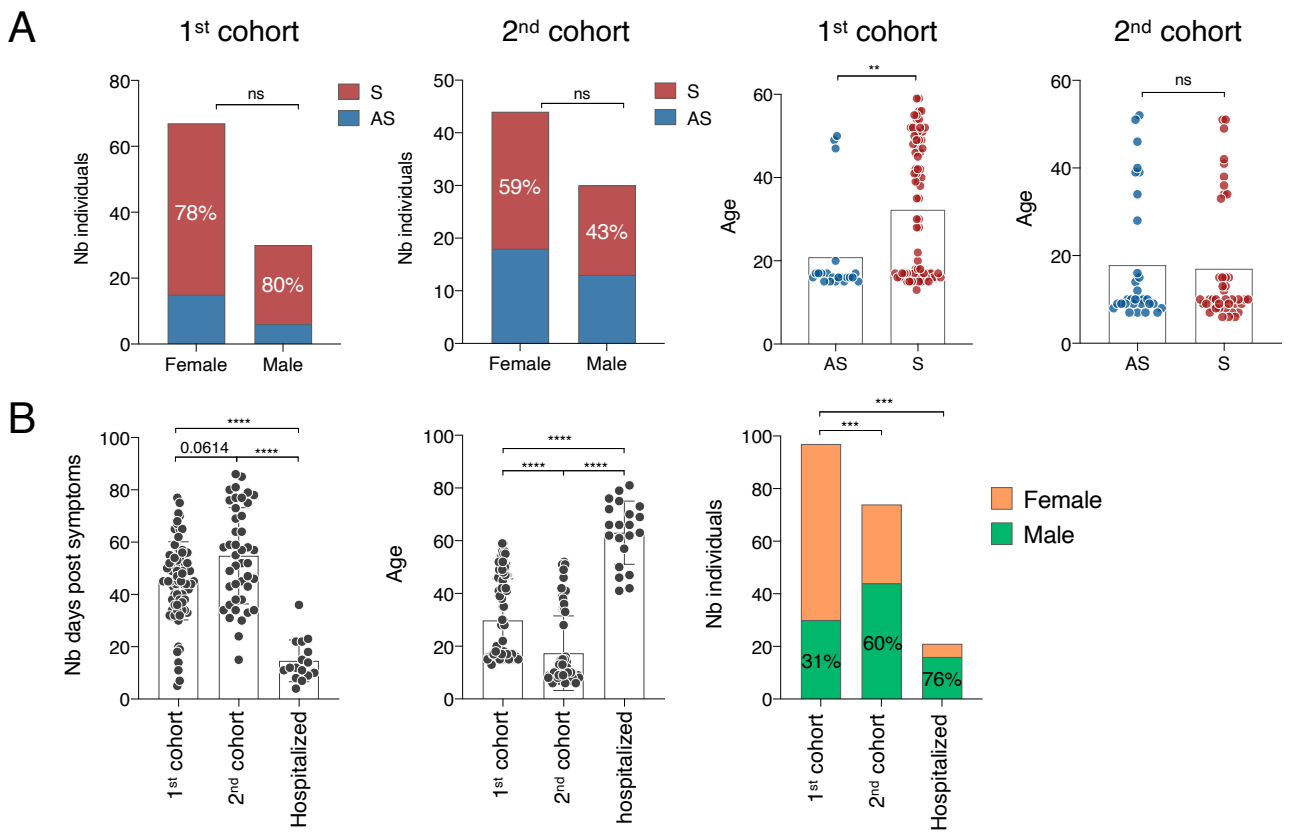
**B-D.** Asymptomatic (n=21; AS) and symptomatic (n=76; S) sera were analyzed by Luminex to measure the antibody response against SARS-CoV-2 viral antigens (**B**), seasonal coronaviruses 229E and NL63 (**C**) and control antigens (**D**). The median fluorescence intensities (MFI) are represented. The bar represents the median. \*\*p<0.01 (Mann-Whitney test).

**E.** Correlation between the age and the antibody levels against the indicated antigens (n=97 individuals). A Spearman correlation test was performed and the correlation r and p-value are indicated.



**Figure S4. Hierarchical clustering of antibody features in asymptomatic and symptomatic individuals. Related to Figure 5.**

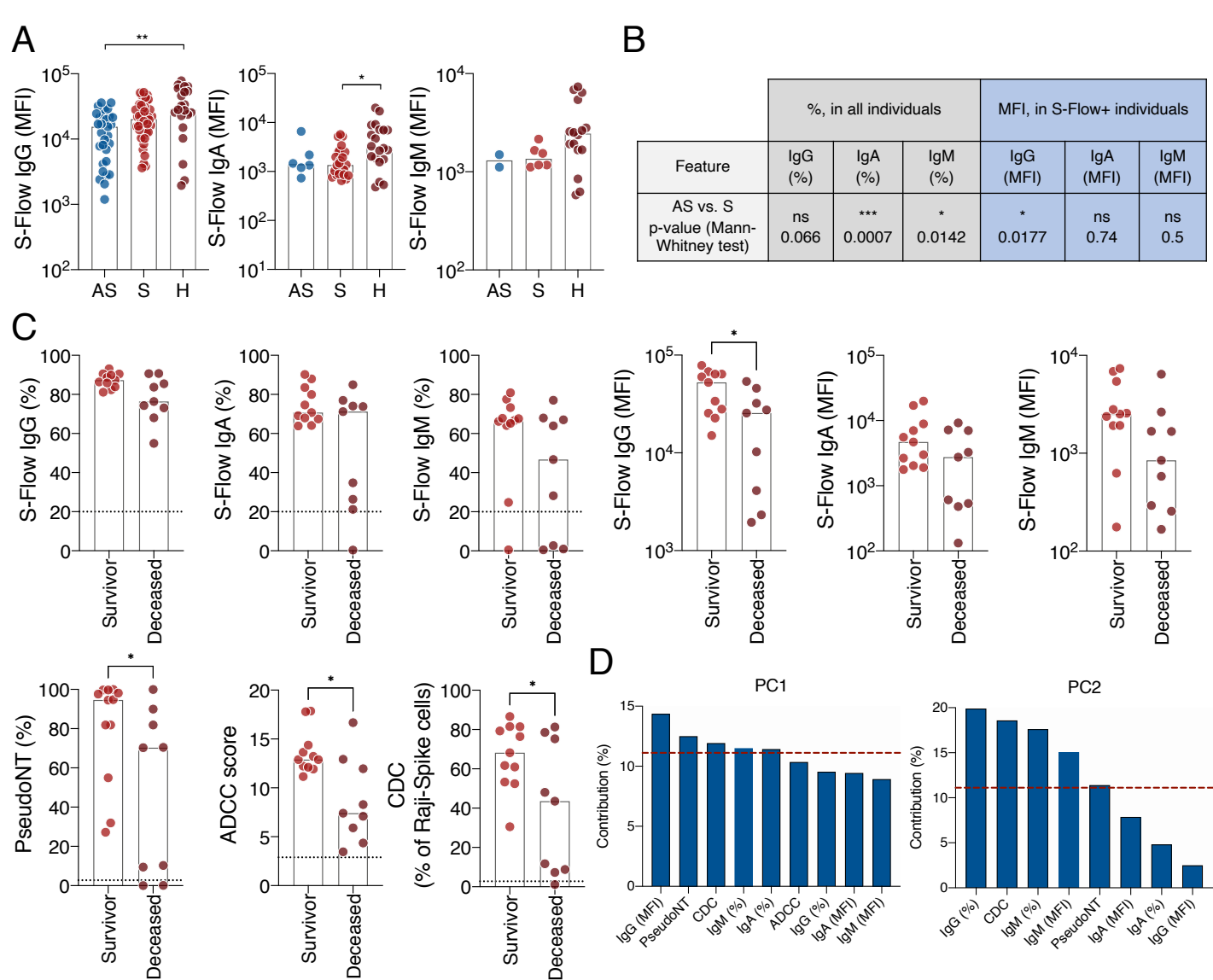
Hierarchical clustering of asymptomatic and symptomatic patients based on serological features. Patients and antibody features were clustered using k-means clustering. Each column represents an individual patient. Each feature (line) was normalized with minimum value in purple and maximum value in orange. Patients were tagged as asymptomatic (blue, n=21) or symptomatic (red, n=70).



**Figure S5. Age and gender composition of the different cohorts. Related to Figure 6.**

**A.** The gender ratio and the age was compared between asymptomatic and symptomatic patients from the first and second cohorts. A Mann-Whitney test was performed. ns. not significant, \*\* $p < 0.01$ .

**B.** The duration post-symptom onset, the age and the gender ratio were compared between the first cohort (AS and S), the second cohort (AS and S) and the hospitalized patients (H). A Kruskal-Wallis test was performed. \*\*\* $p < 0.001$ , \*\*\*\* $p < 0.0001$ .



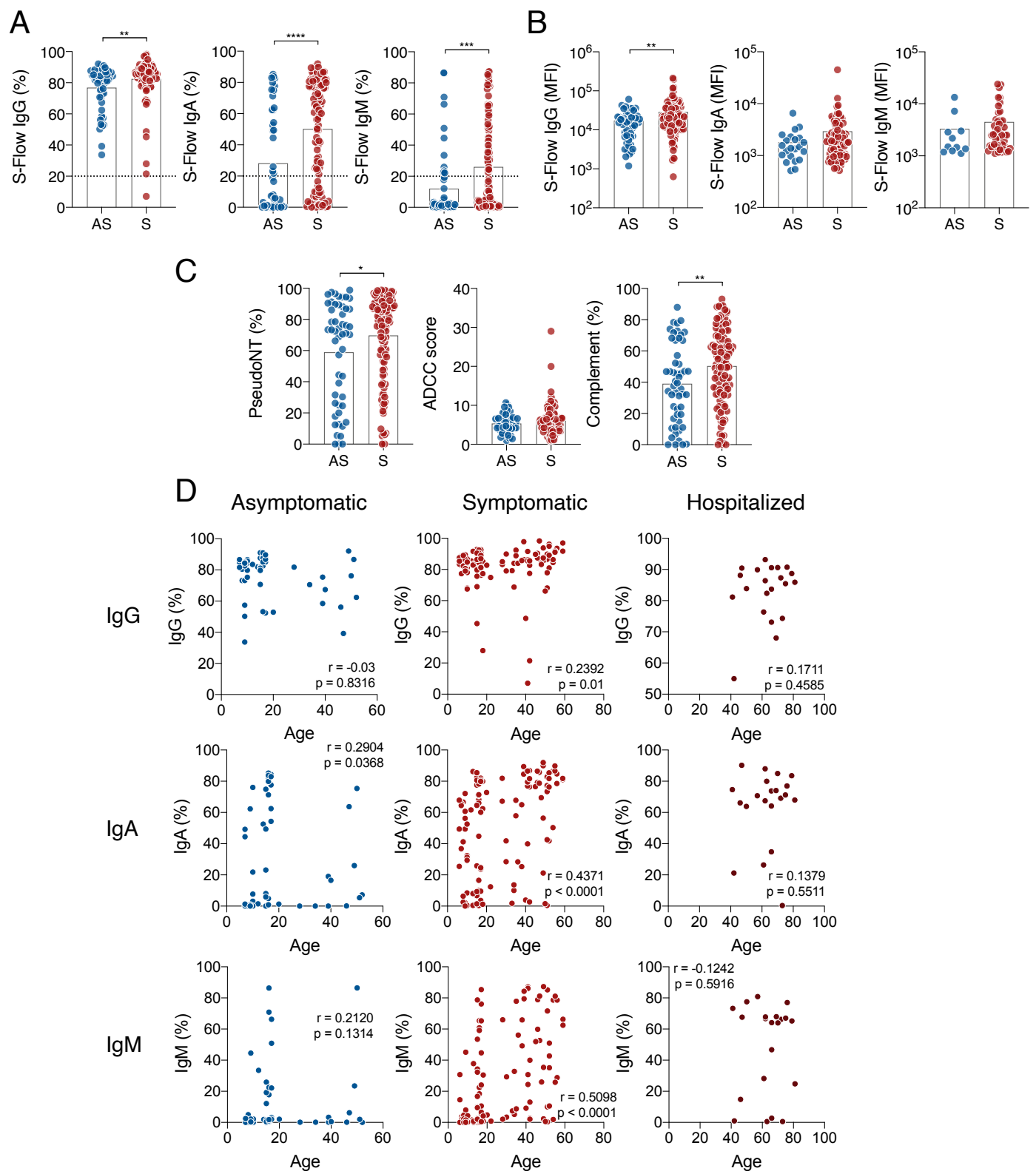
**Figure S6. Antibody response in other cohorts of asymptomatic, symptomatic and hospitalized individuals. Related to Figure 6.**

**A.** IgG (left), IgA (middle) and IgM (right) levels were quantified in asymptomatic (AS; blue; n=31), mildly symptomatic (S; red; n=43) and hospitalized (H; brown; n=21) individuals using the flow-cytometry-based S-Flow assay. The median fluorescence intensity (MFI) of staining in S-Flow+ individuals is represented. The bar represents the median \*p<0.05, \*\*p<0.01 (Kruskal-Wallis test).

**B.** IgG, IgA and IgM levels in asymptomatic and symptomatic patients were compared using a Mann-Whitney test. Comparisons include the percentages of positive cells in all individuals (grey) and the MFI of staining in S-Flow+ individuals only (blue).

**C.** Antibody features were compared between hospitalized patients who survived (n=11) or died (n=9) from the infection. \*p<0.05 (Mann-Whitney test).

**D.** Contribution percentages to first (left) and second (right) dimensions of the 9 antibody features included in the principal component analysis performed on asymptomatic (n=31), symptomatic (n=43), and hospitalized patients (n=21).



**Figure S7. Pooled analysis of antibody responses in asymptomatic symptomatic individuals from the two cohorts. Related to Figure 6.**

**A.** IgG (left), IgA (middle) and IgM (right) levels were quantified in asymptomatic (AS; blue; n=52) and mildly symptomatic (S; red; n=119) individuals from the two cohorts using the flow-cytometry-based S-Flow assay. The percentage of positive cells is represented. The dotted line represents the threshold of positivity measured with pre-pandemic sera.

**B.** IgG (left), IgA (middle) and IgM (right) levels were quantified in asymptomatic (AS; blue; n=52) and mildly symptomatic (S; red; n=119) individuals from the two cohorts using the flow-cytometry-based S-Flow assay. The median fluorescence intensity (MFI) of staining in S-Flow+ individuals is represented.

**C.** AS (n=52) and S (n=119) sera from the two cohorts were tested for their ability to neutralize Spike pseudoparticles (left), trigger ADCC in the Jurkat-CD16-NFAT-rLuc/Raji-Spike system (middle) or trigger CDC of Raji-Spike cells (right).

**D.** Correlation between the age of donors and IgG (top), IgA (middle) or IgM (bottom) levels in asymptomatic (left; n=52), symptomatic (center; n=119) or hospitalized (right; n=21) patients. A Spearman correlation test was performed and the correlation  $r$  and  $p$ -value are indicated.

In A-C, the bar indicates the median. Mann-Whitney tests were performed (\* $p < 0.05$ ; \*\* $p < 0.01$ ; \*\*\* $p < 0.001$ ; \*\*\*\* $p < 0.0001$ ).



**Table S1. Characteristics of the pre-pandemic individuals and donors of NK cells. Related to Figures 1-2.**

	<b>Pre-pandemic N=28</b>	<b>NK cells donors N=6</b>
Gender ( N (%) ) <i>male</i>	10 (35.7)	4 (66.6)
Age ( <i>median (IQR)</i> )	46 (35-52)	>18; <70
Sampling date (interval)	September 2014 - April 2019	July 2019 - September 2019

**Table S2. Characteristics of patients enrolled in Crépy-en-Valois high school. Related to Figures 1-5.**

	<b>Asymptomatic N=21</b>	<b>Symptomatic N=76</b>	<b>total N=97</b>
	<i>N (%)</i>	<i>N (%)</i>	<i>N (%)</i>
Gender			
<i>male</i>	6 (28.6)	24 (31.6)	30 (30.9)
Age ( <i>median (IQR)</i> )	16 (16-17)	30 (16.5-48.5)	18 (16-47)
Status			
<i>teacher</i>	0	17 (22.4)	17 (17.5)
<i>staff (other than teacher)</i>	0	8 (10.5)	8 (8.2)
<i>parents</i>	2 (9.5)	12 (15.8)	14 (14.4)
<i>relatives</i>	1 (4.8)	5 (6.6)	6 (6.2)
<i>students</i>	18 (85.7)	33 (43.4)	51 (52.6)
<i>other</i>	0	1 (1.3)	1 (1.0)
Hospitalization (outpatients)	0	8 (10.5)	8 (8.2)
Symptomes			
<i>fever</i>	0	40 (52.6)	40 (41.2)
<i>cough</i>	0	35 (46.0)	35 (36.1)
<i>shortness of breath</i>	0	21 (27.6)	21 (21.6)
<i>loss of taste</i>	0	28 (36.8)	28 (28.9)
<i>loss of smell</i>	0	30 (39.5)	30 (30.9)
<i>muscle pain</i>	0	37 (48.7)	37 (38.1)
<i>sore throat</i>	0	29 (38.2)	29 (29.9)
<i>rhinorrhea</i>	0	37 (48.7)	37 (38.1)
<i>diarrhea</i>	0	26 (34.2)	26 (26.8)
<i>cephalgia</i>	0	41 (53.9)	41 (42.3)
<i>asthenia</i>	0	41 (53.9)	41 (42.3)

**Table S3. Characteristics of patients enrolled in Crépy-en-Valois primary schools. Related to Figure 6.**

	<b>Asymptomatic N=31</b>	<b>Symptomatic N=43</b>	<b>total N=74</b>
	<i>N (%)</i>	<i>N (%)</i>	<i>N (%)</i>
Gender			
<i>male</i>	13 (41.9)	17 (39.5)	30 (40.5)
Age ( <i>median (IQR)</i> )	10 (9-28)	10 (9-15)	10 (9-16)
Status			
<i>teacher</i>	0	1 (2.3)	1 (1.3)
<i>staff (other than teacher)</i>	0	0	0
<i>parents</i>	8 (25.8)	9 (20.9)	17 (23.0)
<i>relatives</i>	4 (12.9)	7 (16.3)	11 (14.9)
<i>students</i>	19 (61.3)	26 (60.5)	45 (60.8)
<i>other</i>	0	0	0
Hospitalization	0	0	0
Symptomes			
<i>fever</i>	0	21 (48.8)	21 (28.4)
<i>cough</i>	0	16 (37.2)	16 (21.6)
<i>shortness of breath</i>	0	7 (16.3)	7 (9.5)
<i>loss of taste</i>	0	6 (13.9)	6 (8.1)
<i>loss of smell</i>	0	5(11.6)	5 (6.8)
<i>muscle pain</i>	0	10 (23.3)	10 (13.5)
<i>sore throat</i>	0	12 (27.9)	12 (16.2)
<i>rhinorrhea</i>	0	15 (34.9)	15 (20.3)
<i>diarrhea</i>	0	12 (27.9)	12 (16.3)
<i>cephalgia</i>	0	17 (39.5)	17 (23.0)
<i>asthenia</i>	0	22 (51.2)	22 (29.7)

**Table S4. Characteristics of hospitalized patients. Related to Figures 6-7.**

	<b>Total N=21</b>
	<i>N (%)</i>
Gender	
<i>male</i>	16 (76.2)
Age ( <i>median (IQR)</i> )	63 (55-72)
ICU admission	
<i>yes</i>	19 (90.5)
<i>no</i>	1 (4.8)
<i>missing information</i>	1 (4.8)
Treatment	
<i>antivirals (remdesivir or lopinavir/ritonavir)</i>	14 (66.7)
<i>antibiotics</i>	18 (85.7)
<i>corticostereoids</i>	11 (52.4)
<i>antifungal agent</i>	3 (14.3)
<i>hydroxychloroquine</i>	3 (14.3)
<i>missing information</i>	1 (4.8)
Outcome	
<i>discharge alive</i>	11 (52.4)
<i>death</i>	9 (42.8)
<i>missing information</i>	1 (4.8)
Symptomes	
<i>fever</i>	19 (90.5)
<i>cough</i>	14 (66.7)
<i>cough with sputum</i>	4 (19)
<i>sore throat</i>	1 (4.8)
<i>wheezing</i>	3 (14.3)
<i>myalgia</i>	6 (28.6)
<i>arthralgia</i>	3 (14.3)
<i>fatigue or malaise</i>	10 (47.6)
<i>dyspnea</i>	16 (76.2)
<i>headache</i>	2 (9.5)
<i>altered consciousness or confusion</i>	1 (4.8)
<i>abdominal pain</i>	2 (9.5)
<i>nausea</i>	4 (19)
<i>diarrhea</i>	4 (19)
<i>skin rash</i>	1 (4.8)
<i>missing information</i>	1 (4.8)
Comorbidities	
<i>hypertension</i>	9 (42.9)
<i>chronic kidney disease</i>	3 (14.3)
<i>diabetes</i>	4 (19)
<i>chronic cardiac disease</i>	6 (28.6)
<i>chronic pulmonary disease</i>	2 (9.5)
<i>asthma</i>	2 (9.5)
<i>chronic neurological disorder</i>	1 (4.8)
<i>malignant neoplasm</i>	1 (4.8)
<i>chronic hematologic disease</i>	1 (4.8)
<i>rheumatologic disorder</i>	1 (4.8)
<i>missing information</i>	1 (4.8)